

actalliance

APPEAL

Humanitarian Response to the Protracted Crisis in the Occupied Palestinian Territory (OPT)

PSE 191



Appeal Target: US\$ 684,269

Balance requested: US\$ 684,269



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List of Acronyms

APF	ACT Palestine Forum
CBOs	Community Based Organization
DSPR	Department of Service to Palestinian Refugees
DRR	Disaster Risk Reduction
EJ YMCA	East Jerusalem Young Men Christian Association
FAO	Food and Agriculture Organization
GMR	Great March of Return
HR	Human Resources
ICC	International Christian Committees
IDP	Internally Displaced Person
MCH	Maternal Child Health
M&E	Monitoring and Evaluation
MHPSS	Mental Health Psychosocial
MoH	Ministry of Health
MoL	Ministry of Labor
MOU	Memorandum of Understanding
NECC	Near East Council of Churches
NFIs	Nonfood Items
NGO	Nongovernmental organization
OPT	Occupied Palestinian Territory
PHC	Primary Health Care
PFI	Palestinian Federation of Industries
PFTU	Palestinian Federation of Trade Union
PVCA	Participatory Vulnerability and Capacity Analysis
PSS	Psychosocial
TVET	Technical and Vocational Education training
UN	United Nations
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees
UNICEF	United Nations International Children's Emergency Fund
USD	United States Dollar
VTC	Vocational Training Center
WASH	Water, Sanitation and Hygiene

Project Summary Sheet																													
Project Title	Humanitarian Response to the Protracted Crisis in the Occupied Palestinian Territory (OPT)																												
Project ID	PSE 191																												
Location	Occupied Palestinian Territory / West Bank and Gaza Strip, Jordan Valley and Rural West Bank (Area C) and Gaza City: Shijaia, El Daraj, Qarara, Rafah areas																												
Project Period	From 1 September 2019 to 31 August 2020 Total duration: 12 months																												
Modality of project delivery	<input checked="" type="checkbox"/> self-implemented <input type="checkbox"/> CBOs <input type="checkbox"/> Public sector <input type="checkbox"/> local partners <input type="checkbox"/> Private sector <input type="checkbox"/> Other																												
Forum	ACT Palestine Forum (APF)																												
Requesting members	DSPR Gaza /Near East Council of Churches – NECC DSPR Jerusalem and West Bank /International Christian Committee - ICC The East Jerusalem YMCA Women Development Program – EJ-YMCA																												
Local partners	N/A																												
Thematic Area(s)	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Shelter / NFIs</td> <td><input checked="" type="checkbox"/></td> <td>Protection / Psychosocial</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Food Security</td> <td><input checked="" type="checkbox"/></td> <td>Early recovery / livelihoods</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Education</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Health / Nutrition</td> <td><input checked="" type="checkbox"/></td> <td>Unconditional cash</td> </tr> <tr> <td></td> <td>Advocacy</td> <td></td> <td></td> </tr> <tr> <td></td> <td>DRR/Climate change</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Resilience</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/>	Shelter / NFIs	<input checked="" type="checkbox"/>	Protection / Psychosocial	<input type="checkbox"/>	Food Security	<input checked="" type="checkbox"/>	Early recovery / livelihoods	<input type="checkbox"/>	WASH	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Health / Nutrition	<input checked="" type="checkbox"/>	Unconditional cash		Advocacy				DRR/Climate change			<input checked="" type="checkbox"/>	Resilience		
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	Advocacy																												
	DRR/Climate change																												
<input checked="" type="checkbox"/>	Resilience																												
Project Impact	This project aims at responding to the current humanitarian situation through reducing the suffering of the affected population and build a resilient community in the Occupied Palestinian Territory (OPT).																												
Project Outcome(s)	<p>A. Improved access to health services (primary health care, emergency care) and reduction of crisis induced health risks (such as malnutrition) for conflict affected persons.</p> <p>B. Women and children in poor and overcrowded localities have improved psychosocial wellbeing</p> <p>C. Increased access to employment, technical and vocational trainings, business start-up support and livelihood opportunities for vulnerable individuals in affected communities.</p> <p>D. To meet the basic needs of highly vulnerable families, including unconditional cash services</p> <p>E. Emergency preparedness and resilience Strengthened and affected Communities are better prepared and resilient during emergencies</p>																												
Target beneficiaries	Beneficiary profile																												

	<input checked="" type="checkbox"/> Refugees <input checked="" type="checkbox"/> IDPs <input type="checkbox"/> host population <input type="checkbox"/> Returnees <input checked="" type="checkbox"/> Non-displaced affected population									
	Age / Gender									
	0 - 5 yrs		6 - 18 yrs		19 - 65 yrs		above 65 yrs		Total	
Gaza	5,500	5,500	1,966	1,514	4,958	7,521	0	0	12,524	14,535
WB	0	0	500	500	153	202	0	0	653	702
Total Appeal	5,500	5,500	2,466	2,014	5,111	7,723	0	0	13,177	15,237
	<p>The ACT Appeal is aiming to assist 28,414 individual beneficiaries affected by the protracted conflict composed of Internally Displaced Persons (IDPs), refugees, host communities and returnees. Special attention will be given to the needs of the most vulnerable groups: women and children, elderly people and persons living with disability.</p> <p><i>Note: disaggregated beneficiary data to be included in Sitreps</i></p>									
Project Cost (USD)	(USD) 684,268.71									

Reporting Schedule

Type of Report	Due date
Situation report	15 December 2019 (for the first report and then every quarter)
Interim narrative and financial report	31 March 2020
Final narrative and financial report (60 days after the ending date)	31 October 2020
Audit report (90 days after the ending date)	30 November 2020

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

US dollar

Account Number - 240-432629.60A
432629.50Z
IBAN No: CH46 0024 0240 4326 2960A

Euro

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

Account Name: ACT Alliance

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

Please note that as part of the revised ACT Humanitarian Mechanism, pledges/contributions are **encouraged** to be made through the consolidated budget of the country forum, and allocations will be made based on agreed criteria of the forum. For any possible earmarking, budget targets per member can be found in the "Summary Table" Annex, and detailed budgets per member are available upon request from the ACT Secretariat. For pledges/contributions, please refer to the spreadsheet accessible through this link <http://reports.actalliance.org/>. The ACT spreadsheet provides an overview of existing pledges/contributions and associated earmarking for the appeal.

Please inform the Director of Operations, Line Hempel (Line.Hempel@actalliance.org) and Finance Officer, Marjorie Schmidt (Marjorie.Schmidt@actalliance.org) with a copy to the Regional Representative, Rachel Luce of all pledges/contributions and transfers, including funds sent direct to the requesting members.

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

For further information please contact:

ACT Palestine Forum Coordinator: George Stephan (georgeabuemil@gmail.com)
ACT MENA Regional Representative, Rachel Luce (Rachel.Luce@actalliance.org)
ACT Humanitarian Advisor, George Majaj (George.Majaj@actalliance.org)

ACT Website: <http://www.actalliance.org>

Alwynn Javier

Head of Humanitarian Affairs
ACT Alliance Geneva



1. BACKGROUND

1.1. Context

A protracted protection crisis continues in the occupied Palestinian Territory (oPt), which remains largely attributable to Israel's ongoing occupation (UN OCHA 2019¹).

In Gaza: After years of a relative absence of armed conflict since the 2014 hostilities, there has been a sharp deterioration in the humanitarian, human rights, security and political situation in the Gaza Strip. With the ongoing siege imposed on the Gaza Strip since June 2006, people have a sense of hopelessness and desperation which is eroding coping mechanisms and resilience, while rising violence and tension are driving concerns of a renewed escalation of hostilities.

The health system, on the verge of collapse following years of blockade and de-development, is now overburdened with massive casualties from the ongoing "Great March of Return" demonstrations. The economy is in 'free fall' according to the World Bank, and poverty, unemployment and food insecurity are increasing, as are other core drivers of humanitarian need. Power cuts for most of the day is impeding the delivery of basic services and crippled productive activity (with the delivery of fuel funded by Qatar is temporarily improving the electricity supply). Hospitals, water and sewage treatment facilities, and solid waste collection services are still reliant on UN-coordinated emergency fuel to maintain essential services. The situation has triggered acute levels of psychosocial distress, especially among children and adolescents which also affects the nutritional status of these vulnerable categories. According to UNOCHA 52,000 people including 26,000 children need mental and psychosocial health as a result of Gaza ongoing tension.

In the West Bank: the humanitarian situation in the West Bank is less acute, but economic growth there is slowing down. Palestinians are subject to a complex system of control, including physical (the barrier, checkpoints, roadblocks) and bureaucratic barriers (permits, closure of areas) which restrict their right to freedom of movement. The expansion of settlements, restrictions on access to land and natural resources and ongoing displacement due to demolitions in particular, are ongoing. Israeli policies curtail the ability of Palestinians in Area C to plan their communities and build homes and infrastructure.

According to UNOCHA, 350,000 people living in 67 communities in the West Bank are vulnerable to settler violence. The Palestinian Authority is unable to access this area to provide vital services (such as education, health, social services and civil policing). Restrictions on construction hamper economic and social development too therefore this area has not had the same opportunity for economic development as other areas of the West Bank. Economic restrictions, demolitions and land confiscations severely affect the social fabric too. Employment opportunities are very limited in areas C. Access to and control over natural resources remains one of the paramount issues facing community livelihoods.

For the first time, the ACT Appeal for the OPT was developed from a lens that understands the differences between Gaza and the West Bank in terms of humanitarian impact and scale of needs, but with a strong recognition of the shared and broader needs of the Palestinian people. The ACT Palestine Forum was organized using the same analysis, and Forum coordination is proactively managed between Jerusalem and Gaza despite the access and mobility issues. This Appeal is an expression of the Forum's desire to make direct operational links between the two areas and strengthen its existing platform for coordination, learning, and resourcing across the two areas.

¹ [Humanitarian Needs Overview 2019](#)

1.2. Needs

Participating partners have conducted a desk review for assessing general needs and then conducted a quick anecdotal assessment among their beneficiaries to identify the most urgent needs. In some instances, the identification of needs was requested by the communities themselves. In Gaza, the deterioration of the humanitarian situation because of the siege and the deadly Great March of Return (GMR) demonstrations.

According to UNOCHA 2019 Humanitarian needs overview:

- In 2018, the Gaza Strip witnessed a significant increase in Palestinian casualties in the context of the Great March of Return demonstrations and hostilities. A total of 277 people were killed (52 children) and 31,214 injured. 6,846 people suffered from gunshot wounds, of which 6,196 (91%) presented limb wounds).
- More than 80,000 are in need for maternal and reproductive health and more than 100,000 in need for neonates and children under 5 health services. The need to further intervene was verified by NECC DSPR clinics following its quick assessment conducted among their beneficiaries in their clinics.
- The violence in Gaza has generated widespread mental health and psychosocial (MHPSS) consequences with over 50,000 people, half of them children, in need of MHPSS responses. Women of children continue to request such interventions during the current health and PSS programs where the mothers and children are attending.
- In the second quarter of 2018, poverty has soared to 53%, food insecurity to 68%, unemployment in Gaza reached 54% with over 70% of young people and 78% of women unemployed. NECC conducts a periodic check with the students who graduate from their VTC school program- during the recent check, the need to help with emergency job creation has come back as an important (among other issues).

In the West Bank:

- Standards of living, economic growth and employment prospects in the West Bank continue to be undermined by limitations on access to land, natural resources and construction
- Incidents of settler violence have risen again. In 2018, by the end of October, there had been 217 incidents that resulted in Palestinian casualties or damage to Palestinian property compared with 157 and 98 in all of 2017 and 2016 respectively.
- In Area C, many children are exposed to all the elements of the coercive environment (demolitions, violence and harassment, movement restrictions, lack of services). Following the implementation of similar pilot project in other locality by the East Jerusalem YMCA Women development program, communities from surrounding villages about building resilience contacted the staff and requested that such interventions are among the much needed interventions due to their difficult context.
- Farmers and herders, especially small-scale, who depend for their livelihoods on Area C face increasing restrictions on accessing land and water and are at risk of demolition and confiscation of their productive assets and equipment. FAO has identified “rehabilitation of farms and productive assets” as part of its 2018 humanitarian and response plan. In an assessment conducted by DSPR West Bank and Jerusalem, communities in the West Bank have specifically requested interventions to restore their livelihoods as an important and much needed intervention.

1.3. Capacity to respond

The ACT Palestine Forum was established in 2009 in response to the ongoing crisis and has been actively responding and closely coordinating amongst members since. The Forum builds on decades of ACT Alliance members’ experience in Palestine in providing humanitarian response to all people

in need, without discrimination. ACT members involved, actively participate in the UN-led working groups and/or cluster meetings, such as WASH, Food Security, Health and Protection.

Both DSPR and EJ YMCA are reputable and positively perceived organizations that have strong roots in the community. They also have taken part of previous humanitarian relief operation implemented as an ACT appeal in the different and respective geographical areas.

DSPR/NECC -GAZA has been operating in Gaza since 1952 and has developed accumulative long experience in the provision of mother & child health (MCH) services. The organization has a strong community acceptance, involvement and participation which are essential to promote stewardship, community ownership and involvement, in project related issues, which contribute to the community acceptance and gaining support to the project.

DSPR ICC -Jerusalem and West Bank has served Palestinians since 1949 and has impacted more than 450 villages focusing on rural communities towards community resilience within the agriculture sector which remains the primary source of income for Palestinians.

The EJ-YMCA has been implementing a Resilience Program over the past 7 years. The program was implemented in 28 communities in the West Bank. The program has supported marginalized Palestinian communities to develop their community action plans using the PVCA method which allows them to analyze the needs and risks in their communities. Out of the 28 communities, the EJ-YMCA has supported 18 communities by providing them with community cash grants to implement small projects that would respond to priorities on their Community Action Plans.

1.4. Core Faith values

DSPR NECC and DSPR ICC both are under the umbrella of DSPR which is an Ecumenical Church Related Organization. DSPR reflects the core values in its witness and diakonia in partnership with local and global actors. Its aim is to foster and advance socio-economic conditions of Palestinians and marginalized communities through provision of health care, education, social programming and empowerment. The support provided through this appeal will be directed towards the poorest and the most vulnerable regardless of race, color, or religious affiliation while keeping dignity and respect while abiding to “do no harm approaches”.

The EJ-YMCA’s mission is to “build and empower individuals and communities by offering programs that develop a healthy spirit, mind, and body based on Christian principals”. Centered on our core values of caring, honesty, respect, dignity, justice and responsibility, the East-Jerusalem YMCA is an association that practices inclusion for all ages, incomes, abilities, races, religions, ethnicities, and genders.

2. PROJECT RATIONALE (*Logical Framework [Annex 3]*)

2.1. Intervention strategy and theory of change

The ACT PSE191 appeal is a continuation/ follow up of previous response appeals in the oPt that is primarily self-implemented by ACT local members of the APF forum.

A. Health and Nutrition

If the health care system has sufficient capacity, personnel and supplies, at shajayia, Daraj, and Rafah areas, the individuals and families finding themselves in vulnerable situation can access their health rights to the full.

If vulnerable families receive medical examinations, services and counseling are provided then services are available to those affected by the conflict receive adequate and appropriate treatment and services.

If women, children, and adult beneficiaries receive adequate and appropriate treatment and services then they will enjoy good health status.

If they will enjoy good health status and wellbeing then this will reduce the suffering and improve the livelihoods of the affected population.

B. Protection /Psychosocial interventions

If family counselling, individual counselling, consultation, psycho education, group sessions, group counselling, open fund days and toys for recreation activities are provided then this will improve the psychosocial services in the target area, if these services are available and accessible then women and children have improved wellbeing

C. Early Recovery /Livelihood

Intervention in the northern west bank will target women by investing in this significant and important workforce capital, by enhancing their skills in areas they best excel at, provide them with tools needed for their enterprise and assist them with better access to market.

D. Unconditional Cash distributions

If families are provided with cash and or stipends from emergency job creation, or a coupon then their basic needs are met.

If their basic needs are met for a specific timeframe, then families affected by humanitarian situation will have improved humanitarian status.

If families affected by difficult humanitarian situation have improved status then this will reduce the suffering and improve the livelihoods of the affected population.

E. Emergency preparedness (community cash grants)

If community members are organized and have the capacity to analyze, anticipate, prepare, and respond to risks then they will be able to increase their resilience to natural and human made hazards and advocate for change which will contribute to build resilient communities that are able to withstand shocks, mitigate protection threats, and flourish.

2.2. Impact

This project aims at responding to the current humanitarian situation through reducing the suffering to the affected population and build a resilient community in the Occupied Palestinian Territories.

Specifically, this means that Palestinians will have access to their health rights and services which will contribute to reduce maternal and infant morbidity and mortality rate. They will have improved psychosocial wellbeing and deal with many of the challenges that they face as a result of the chronic emergency that they live in. Furthermore, restoring livelihood to young men, women and breadwinner will help many of the people impacted by the situation to become again an economically productive member of the community and able to cover the needs of their household. Similarly, with the conditional cash, families can provide for the most pressing needs of their households- finally, resilience and emergency preparedness communities as a collective become readier to face future disasters and are better organized for such situations. It is aimed that the different beneficiaries will have hope through the different components in Gaza and the West Bank.

2.3. Outcomes

A. Health and nutrition

A.1.: Improved access to health services (primary health care, emergency care) and reduction of crisis induced health risks (such as malnutrition) for conflict affected persons.;

Indicators:

- At least 70% of women in targeted locality received timely quality post-natal care at least twice.
- 50% of anemic and/or malnourished cases improved, recovered or stayed the same and prevented from further deterioration

B. Protection / psychosocial support

B.1.: Women and children in poor and overcrowded localities have improved psychosocial wellbeing,

Indicator:

- At least 30% of persons with psychosocial problems improved after receiving support from DSPR staff as verified by objective assessment.

C. Early recovery / livelihood restoration

C.1.: Increased access to employment, technical and vocational trainings, business start-up support and livelihood opportunities for vulnerable individuals in affected communities.

Indicators:

- At least 90% of students trained have graduated and placed in an emergency job opportunity after graduation.
- at least 70% within the women network have successful businesses and enhancing their socio-economic conditions.

D. Unconditional cash grants

D.1.: To meet the basic needs of highly vulnerable families, including unconditional cash services

Indicators:

- Over 90% of assisted beneficiaries can purchase basic needs that cover 2-4 weeks-time (cash for work, cash distribution, coupons).
- % of community members who were involved in decision on using of cash grant for the benefit of the community

E. Emergency preparedness / resilience

E.1.: Emergency preparedness and resilience Strengthened and affected Communities are better prepared and resilient during emergencies

indicators

- Communities hold greater knowledge of local vulnerabilities, as well as local capacities and 'assets' to address these vulnerabilities
- # of male and female stakeholders/ community members commit or develop resources and skills to implement action plans
- # review meetings held to reassess the relevance of the action plans with community

2.4. Outputs

Output A.1.1: Health care services and treatment provided to vulnerable men, women, children;

Indicators

- 21,400 beneficiaries including women, children, adolescence, adults, and injured people in targeted areas receive health care services.

(breakdown 2000 women received follow up visits; 7,000 sick children up to 6 years old received medical examination and treatment; 6,000 patients examined, tested and received treatment; Over 3,000 women, children and adults in targeted areas receive dental care annually; 3,400 people received medication and medical supplies)

Budget: 207,000 USD

Output B.1.1: Appropriate psychosocial services are provided to children and women attending the PHC clinics.

Indicators

- 3000 children and women received psychosocial support services (breakdown: 1000 school age children and 1000 kindergarten age children received PSS activities through the health centers, 1000 mothers received PSS activities at DSPR NECC -GAZA health centers, Open fun days are conducted to the above 2000 children)

Budget: 27,036 USD

Output C.1.1 Families' basic needs are met for a specific timeframe;

Indicators:

- 159 Training subsidies covered for trainees in vocational skills.
- 100 Job created (100 beneficiaries)

Budget: 90,900 USD

Output C.1.2 Community members implement micro income generation projects;

Indicators

- 4 productive units established (Pastry, thyme, juices, cheese)
- Onsite training on mushroom planting and production performed
- 55 women participate in the training enhancing their capacities in production, administration, finances and e-marketing.
- Indirect beneficiaries of 1000 will be benefiting from the sale of their products in schools and market.

Budget: 42,672 USD

Output D1: Families and communities access emergency cash grants

Indicators:

- 500 vulnerable families received relief cash
- # of communities received cash grant

Budget: 60,169 USD

Output E1: PVCA community skills acquired and implemented

Indicators:

- # of male and female community members trained in PVCA
- # of male and female community conduct community PVCA training
- A copy of the Action Plan
- # of micro projects implemented

Budget: 8,192 USD

2.5. Preconditions / Assumptions

- Women abide by the health program and attend the clinic as scheduled.
- Parents escort their children to clinics and psychosocial sessions.
- Young men and women roll genuinely desire to find a job after graduating from the program.
- Staff are able to reach project sites.
- No further deterioration of socio-political situation.
- Medications and material supplies are allowed to project area or designated areas including electricity fuel, energy sources maintained.
- Safe ways of cash distributions are available.
- Market conditions improve to the level where there is demand for the products and services provided by livelihood activities.

2.6. Risk Analysis

Three main risks were reviewed while designing interventions for this appeal:

1. Further deterioration of the current socio-political situation resulting into a full-fledged escalation of the situation, including violence (in Gaza).
2. Deterioration of the security situation in East Jerusalem and West Bank.
3. Occupation practices including settlers' violence, and or Israel's decision to annex area C.
4. Delays in the commitment of funding to the appeal may hinder implementation, as such, APF members will ensure that as soon as funds are received implementation begins.

APF appeal members take a participatory approach for all its planned activities. By involving beneficiaries in the project cycle from the very beginning, ACT ensures that the needs are being responded to and also ensuring participation and support from the beneficiaries and local stakeholders.

APF appeal members will continue to participate in local and international NGO forums. Through participating in coordination mechanisms and cluster working groups, ACT members will coordinate its activities with UN agencies and international and national non-governmental organization where appropriate.

2.7. Sustainability / Exit strategy

The resilience approach strengthens the initiative, confidence and capacity of community members to self-mobilise, self-organise, anticipate, design, plan and implement their own projects and initiatives based on their own collective analyses of opportunities, threats, and priorities. This approach is all about the transfer of power, ownership and leadership from donors and INGOs to local organizations, community groups, and households.

This project contributes to improving health and wellbeing of Palestinians in the three served localities, and empowering Palestinian youth in Gaza through health education and appropriate practices of nutrition, hygiene, danger signs, etc. Primary Health Care and PSS are critical for the survival and the wellbeing of the benefited mothers and children on the long term. Thus, it contributes to reduction in mortality and morbidity on short- and long-term perspectives.

The project will help developing the capacity of the DSPR NECC -GAZA to provide quality health care and PSS, and build on the project success. Skills, strategies, and tools, will continue to operate despite the discontinuity of the project funds.

DSPR NECC-GAZA is planning to include a special section in its curricula for its TVET-students designated for the enterprise and start-up business management. This endeavor will result more accessibility to the self-employment approach and culture, and thus directing to easier attainability to job opportunity.

As for the agricultural activities implemented in the West Bank, the ministry and the local governance will continue to maintain through the local community the assets provided through the project. This will be ensured through the MOU signed between DSPR ICC - Jerusalem and West Bank and the entities.

2.8. Building capacity of national members

In this appeal, there are no specific capacity building activities planned as the appeal members are only the national members. However, the resilience initiatives in the communities will enabled communities to develop an organisation system and to establish a sustainable informal community structures (protection groups) that are recognized within the community and local governmental bodies.

3. PROJECT IMPLEMENTATION

Does the proposed response honour ACT's commitment to Child Safeguarding? Yes No

ACT Member staff and volunteers who work closely with beneficiaries in the field are trained on child protection. Everyone who represents any of ACT's organization in the presence of children is trained to behave appropriately toward children and respond swiftly and productively to issues of child abuse or sexual exploitation.

DSPR and volunteers are committed to child safeguarding in project and interventions. DSPR continues to mainstreaming child safeguarding and child abuse through providing awareness sessions, distributing brochures and booklets to beneficiaries at the health centres and TVET-VTCs. DSPR updated its own child protection policy. Psychosocial counsellors are the gatekeepers in child protection and psychosocial activities/interventions to detect any child abuse regardless of any official reporting. In addition of the existence of complaint box for beneficiaries for handling the complaint.

The EJ-YMCA has a child protection policy.

In 2017 the ACT Child Safeguarding guidelines were translated to Arabic, so they can easier be shared with field staff in the region.

3.1. ACT Code of Conduct

Staff members have already received training in ACT code of conduct and have signed on the policy that they understand it and that they abide by it.

ACT members are committed to guard against the abuse of power by those responsible for protection and assistance to vulnerable communities. Especially in protracted humanitarian crises, the situation of affected populations presents a particular ethical responsibility and duty of care on the part of ACT members and other humanitarian actors. Therefore, ACT members have a responsibility to ensure that all staff and volunteers are aware of the code of conduct, sign it, and understand what it means in concrete behavioral terms. ACT members also ensure that there are proper mechanisms in place to prevent and respond to sexual exploitation and abuse. ACT member staff, volunteers, and visitors are expected to sign and adhere to the ACT Code of Conduct.

3.2. Implementation Approach

This is a self-implantation appeal as both organizations have their experienced staff and the knowledge is available, both members have extensive experience in providing such activities and achieving the results. Members provides regular monitoring and guidance for the staff in the field and focuses on continued close coordination with the relevant clusters. This is maintained to ensure

that the project responds to emerging need and ensures a well-coordinated and efficient response. Selection of beneficiary households is based on needs assessment and analysis.

In Gaza, a group of community relief activities will be conducted and lead by the DSPR / NECC -GAZA staff members and projects teams. Any consultations needed will be done through bringing in different experts or stakeholders as needed.

In the West Bank, ICC performs the intervention following policy guidelines whereby the selection criterion is dependent upon a socio economic survey that we perform to determine prioritized eligibility. Once the target group is identified a group meeting is held to introduce the organization, aims and objectives, introducing implementation mechanism of intervention. Contractual agreement is signed highlighting role distribution and responsibilities. Implementation is performed in partnership with women ensuring compliance to mechanism, monitored by the site agronomist who is there to assist women through training and provide technical on site advice in addition to her other responsibilities towards ICC. Implementation is performed by women who are accompanied by the agronomist and trainer throughout implementation process.

The resilience approach focuses on building the capacity of communities to be able to respond for crisis, by formulating protection groups from the communities, train them, make a community mapping of the risks and hazards. This aims to create the space necessary for the marginalized groups to flourish by challenging the barriers and restrictions on developing livelihoods and ability to cope and be more resilient. In addition, it provides them with the connections and safe platforms to raise their voices, advocate for their rights and mobilize the available resources to meet the needs of their communities.

3.3. Project Stakeholders

Beneficiaries, communities, local authorities, ACT members, humanitarian workers, clusters and UN agencies are considered as key stakeholders. The project design fits the humanitarian principles and needs. The project will encourage local authorities and communities who have interest to be a part of the project and make decisions based on their knowledge about area and affected people. Information regarding selection/targeting criteria, complaints/feedback mechanism is shared with them. Information related to targeted areas and list of beneficiaries will be cross checked and shared with clusters and other actors working in same areas to coordinate and avoid duplication.

In a more specific to the Gaza context the program activities are coordinated with the main health provider, particularly the MoH and UNRWA and in cooperation with local community-based organizations.

Following is a summary of stakeholders involved positively and negatively in the intervention, for more details, kindly see Annex 5.

3.4. Field Coordination

Members are active in all of the relevant UN-led sectorial working group meetings, ensuring continuous coordination and collaboration with the UN agencies and other NGOs. Each requesting member is responsible for coordinating with the relevant national line ministries associated with the area in which the member is working.

- *DSPR has continuous coordination with Ministry of health and with WHO in terms of attending health nutrition clusters . DSPR is a member of child protection cluster, and mental health and psychosocial cluster, and always coordination with the local and international organizations -to obtain drugs, humanitarian assistance and other assistive modalities.*

- Coordination with preschools and CBOs to provide outreach health education activities and PSS activities at these organizations, in addition to Coordination with the Thalassemia Society to do hemoglobin electrophoresis for cases that didn't show improvement in hemoglobin level.
- NECC TVET program is being running with the full cooperation and integration of the private sector in the whole process; NECC has signed cooperation agreements with Palestinian Federation of Industries "PFI" the Palestine Federation of Trade Union "PFTU" in order to support the trainees and approach the outdoor training for them within the workshops fulfilling the PFI and PFTU.

3.5. Project Management

The implementing organizations will work together through the ACT Palestine forum in planning, reporting and monitoring of the project. They will also seek to collaborate on logistics (such as delivery of medicines and supplies) and program activities as much as possible.

In Gaza, for DSPR, each component of the appeal activities has a special team, however the main two leads are in health and vocational training: health team, psychosocial team, dental care is managed by the health team. As for the relief activities (cash for work, education, vocational training, job creation) are managed by the VTC lead and team.

In the West Bank, the program team will manage the different components of the appeal activities and monitoring of the project will be continuous during and after the implementation of the programs.

The APF Forum Coordinator is responsible to ensure that regular narrative and financial reports are submitted in good quality and with accurate, relevant information

3.6. Implementing Partners

In Gaza, DSPR will implement the appeal activities without any needed partnership or intervention with any other partner.

In the West Bank implementation is performed in partnership with women ensuring compliance to mechanism, monitored by the site agronomist who is there to assist women through training and provide technical on site advice in addition to her other responsibilities towards ICC. Implementation is performed by women who are accompanied by the agronomist and trainer throughout implementation process.

Monitoring is performed at various layers by different people. At the grassroot level agronomist and trainer perform attendance monitoring and reporting to the main office for the material shared and on site training performed in line with the set timeframe. The project officer at the main office follows up with the agronomist and trainer the actions performed with results and prepares for next actions to be implemented. Periodic reports are shared by the project manager with the DSPR ICC management who in turn shares progress with the Board.

Tools used in the monitoring phase is a standard moitoring form highlighting who is to perform what task and at what level with clear indication of report dissimulation.

3.7. Project Advocacy

ACT members are working in close coordination with a broad range of different actors for advocacy purposes such as clusters, the government, local CBOs and international NGO forums that specialize in advocacy, Monthly prayer Vigil will continue to be organized on monthly basis.

In the West Bank, the network performance and modality will inspire women to become more proactively engaged in community and will have a role to play in social change and stance towards women role in society.

DSPR's current advocacy efforts aim at mobilizing and empowering disadvantaged groups and vulnerable Palestinian communities seeking just, equality, socio-economic rights. DSPR will promote provision of quality postnatal care services to reduce morbidity and mortality rates among mothers and neonates in the three served localities, advocating for exclusive breast-feeding for at least the first six months of babies' age, as well as promoting Technical and Vocational Training centers to raise awareness among partners and stakeholders in an academic approach.

Simplified Work Plan

Activity /Months	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Health and Nutrition												
Screening, testing & treatment												
Protection PSS												
Counselling,												
group sessions, group counselling												
Organizing Fun Days												
Unconditional CASH												
Emergency job creation												
Family Cash Distribution												
Livelihood												
Agronomist hired												
Project Announcement												
Beneficiary selection												
Food production training												
Procurements of inputs												
financial management and e-marketing training												
E marketing introduced												
Exhibition of food products												
Resilience												
Area Research and Initiation												
Forming protection groups												
Implementing Action Plans												

4. PROJECT MONITORING

4.1. Project Monitoring

The requesting members will be responsible for the overall monitoring and regular reporting of the appeal, in line with the new humanitarian mechanism. Requesting Members will conduct monitoring and evaluation in line with their respective policies, in accordance with requirements from the donors.

APF members adhere to strict monitoring and evaluation (M&E) methods. Members are committed to ensuring that all activities are being implemented in a timely fashion as per the action plan and that beneficiaries receive quality assistance in a dignified and respectful manner.

DSPR has developed a balanced score card as a tool of monitoring and evaluation and utilizes the following to ensure the proper monitoring:

- Review program/project action plans and log frame;

- Conduct effective reporting system including all types of reports such as monthly, quarterly, interim, annual etc. for both narrative and financial;
- Develop check lists and staff performance assessment;
- Conduct supervisory field visits;
- Hold regular staff meetings;
- Conduct focus groups and workshops;
- Assess students' performance through monthly and final examination; and;
- Graduates follow-up mechanism lasting for 1-year from their graduation.
- Hires external evaluators to conduct project and program evaluations per the donor's requests

4.2. *Safety and Security plans*

Appeal members closely monitor the situation on the ground and coordinate with other humanitarian actors, communication with staff in all project locations is carried out regularly, and security information is shared with staff accordingly. In the course of their field work, DSPR NECC -GAZA and ICC - staff place a special emphasis on the safety and security of staff members who adhere to the organization's security rules and regulations to minimize risks linked to the nature of the work. As APF member activities take place in settings that are politically sensitive, assessments take place on a regular basis. Members have their own security plans, and daily monitoring of the current environment is used to inform and update the security situation and any impacts it may have on the programming. ACT members are in regular coordination and communication with one another and with relevant actors to provide better and timely safety and security for staff and beneficiaries.

4.3. *Knowledge Management*

All members of the ACT Palestine forum use the forum as a platform to share with the different members the progress, lessons and reflections on the appeal intervention. In addition to meeting regular narrative and financial reporting requirements to ACT Alliance and back donors on project progress, challenges, and plans, APF members will also coordinate with various UNHCR-led working groups and task forces to share project progress and learnings throughout implementation. Appeal members will also continue focusing on complaints handling through set procedures in from previous appeals. Members will focus on CHS compliance, and building capacities of field workers, volunteers, board, and staff. Assessing the training needs of office and field staff is crucial in order to plan further trainings and upgrade performance. DSPR also meets with related stakeholder organizations with whom they liaise and work in the community where they share important landmarks and information to the different community members about the progress of the projects (person-to-person, meetings, electronically).

5. PROJECT ACCOUNTABILITY

5.1. *Mainstreaming Cross-Cutting Issues*

Gender (gender sensitivity/gender equality) and Gender Based Violence: Given the high priority the requesting members attach to gender equality, and the organisations' intention to deliver on its commitments to end violence against women and girls, the current appeal endeavours to meet the specific needs of women, girls, boys and men across the response. Members will provide services without any kind of discrimination including gender discrimination. DSPR has developed gender policy and the DSPR has received staff trained on the policy. Also, the staff signed the policy and its implementation is being monitored. Members' main core values is to serve people irrespective of their faith, color, gender, political affiliation or geographical locality. - Additionally, DSPR provides equitable opportunities for male and female students in its TVET offered trades to develop their career in order to be able to more easily get decent job.

employment opportunities. The new enrolled female students' percentage is 21% and 79% for males, the increase of male percentage could be explained by the fact that NECC runs five TVET professions for males versus two professions for females.

Environmental sensitive and climate change: Environmental and political factors such as closures, incursions and the destruction of the infrastructure could explain the high incidence of infectious diseases and diarrhea. Contextual and environmental factors—such as disruption of the water infrastructure, poor quality of water, electricity cuts, lack of tools play key roles in the increasing the incidence of infectious diseases such as diarrhea.

DSPR-NECC have a specific and safe protocol for disposal of the hazardous waste without affecting the environment in cooperation with the MOH.

The project implementation is environmentally friendly and no environmental hazards were associated with the project operation. Waste management were done according to the safe standards of the MOH and incoordination with municipalities

ECC's-VTCs adopts the cost-effective 3R procedure where the minimal amounts of the raw materials in the centers are consumed due to the reuse of the old projects conducted by the students in the formation of new project. Small pieces of wood are used to produce architecture handcrafts.

Participation: members conducts regular community meetings and involve people from the served areas and usually include women and men from different backgrounds and different characteristics However, usually, the local community leaders are consulted about the very basic ideas of all the members programs and projects and their support and commitment are obtained prior to the implementation of any project.

Recently DSPR -NECC adjusted its premises to include ramps, in all health facilities. NECC needs to strengthen coordination with other facilities to deals with different disabilities, and its worth mentioning that all health staff received training on disability inclusion and language signs

Anti-terrorism / corruption: members committed to its child protection policy, code of conduct, gender policy, and. Anti-Fraud policy and anticorruption policy. DSPR NECC staff continued the mainstreaming of child safeguarding, child abuse. through providing sessions and distributing brochures and booklets to the beneficiaries at the health centers and TVET-VTCs as well. Suggestion and complaint boxes are available at NECC. Clients are encouraged to raise their issues and regularly the organization responds to their requests. As a part of the NECC monitoring, NECC organizes focus group discussions with beneficiaries to solicit their feedback. NECC conducts regular evaluations and client's perspectives are seriously considered in these evaluations.

5.1.1. Environmental Marker

In Gaza, this project provides an important positive environmental impact through the prevention of the spread of disease. With the healthcare system in crisis, there is an increased chance of disease, particularly through blood borne and waterborne pathogens.

5.1.2. Participation

No specific process was undertaken for the design of the program beyond what is already conducted as part of the engagement of the beneficiaries in the previous intervention. DSPR have consulted with the different stakeholders are part of the partnership process.

The YMCA initiatives in the communities will enabled communities to organise in a sustainable informal community structures (protection groups) that are recognized within the community and local governmental bodies. Protection groups are nominated or elected volunteers from the

community. The protection groups are responsible to mobilize and organize community members to address the risks they face. The process has revived the sense of volunteerism and collective efforts that has the Palestinians have lost for a while.

5.1.3. Social inclusion / Target groups

The needs assessment conducted for this project is part of the ongoing project implementation with further consultation with onsite and ongoing projects beneficiaries and stakeholders.

5.1.4. Anti-terrorism / Corruption

Both members will be following its Finance Manual and related policies for procurement, operations, risks and other related disciplines. These will reduce the risks related to the project implementation.

5.2. Conflict sensitivity / do no harm

DSPR have been working in these communities for decades and have been practicing “DO NO HARM” mechanisms as part of their interventions. In this appeal both will continue to work and consult with local community stakeholders to eliminate and minimize possible short and long term harm, taking into consideration the code of conduct principles. As part of the planning and design of this project, NECC -GAZA and ICC - have conducted meetings with the beneficiary communities to ensure applicability of intervention will also utilize protocols and guidelines of medical professionals.

5.3. Complaints mechanism + feedback

Members will utilize the complaints mechanisms system of their organization, as they will be working in these locations alongside their staff. To support this, DSPR has developed and finalized two manuals in HR and financial related issues and has its code of conduct to ensure that the complaints will be addressed and feedback actively gathered. YMCA include quality and accountability trainings in their interventions and set a complaints mechanism in the communities where the implementation is done.

5.4. Communication and visibility

Thus, Requesting Members - shares its valuable experience internally and externally through the following methods:

- Meeting presentations: Releases its progress and annual reports and shares them with the interested local and international organizations including MOH, MOL, UNRWA, and UNICEF, and other ACT partners/members in the APF,
- Internet / website posts: uploading publications including reports and success stories
- ACT Alliance co-brand have been used inside the centers and on posters, banners, together with briefing the local community on ACT Alliance’ support,
- Meeting visitors and stakeholders of programmes and receive updated information about the general situation,
- Informing beneficiaries on the source of funding,
- Video conference: Regular video conference through ACT Palestine forum members in Gaza and in Jerusalem with sharing updates on the appeal.
- Plaque is situated in the target area of intervention highlighting act alliance engagement and role in the project.

6. PROJECT FINANCE

6.1. Consolidated Budget

	Appeal Budget <i>local currency</i>	Appeal Budget USD
DIRECT COSTS		
1 PROGRAM STAFF		
Appeal Lead	0	0.00
Total international program staff	0	0.00
Total national program staff	110,191	110,191
TOTAL PROGRAM STAFF	110,191	110,191
2 PROGRAM ACTIVITIES		
2.1. Shelter and settlement / Non-food items	0	0.00
2.2. Food security	0	0.00
2.3. Water, sanitation & hygiene (WASH)	0	0.00
2.4. Health / Nutrition	207,000	207,000
2.5. Protection / Psychosocial support	27,036	27,036
2.6. Early recovery & livelihood restoration	133,572	133,572
2.7. Education	0	0
2.8. Emergency Preparedness / Resilience	8,192	8,192
2.9. Unconditional CASH grants	60,169	60,169
2.10. Camp Management	0	0
TOTAL PROGRAM ACTIVITIES	435,970	435,970
3 PROGRAM IMPLEMENTATION		
TOTAL PROGRAM IMPLEMENTATION	0	0
4 PROGRAM LOGISTICS		
Transport-logistics	43,743	43,743.39
TOTAL PROGRAM LOGISTICS	43,743	43,743
5 PROGRAM ASSETS & EQUIPMENT		
TOTAL PROGRAM ASSETS & EQUIPMENT	1,638	1,638
6 OTHER PROGRAM COSTS		
6.1. SECURITY		
TOTAL SECURITY	0	0
6.2. FORUM COORDINATION		
TOTAL FORUM COORDINATION	26,000	26,000
6.3. STRENGTHENING CAPACITIES		
TOTAL STRENGTHENING CAPACITIES	706	706

TOTAL DIRECT COST	618,249	618,249
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT		
e.g. <u>Staff salaries</u>		
Salaries e. g % for Programme Director	8,280	8,280.00
Salaries e. g % for Finance Director)	8,040	8,040.00
Salaries for accountant and other admin or secretarial staff)	5,520	5,520.00
<u>Office Operations</u>		
Office rent	8,600	8,600.00
Office Utilities	2,500	2,500.00
Office stationery	1,500	1,500.00
Indirect Cost for the PS Program	9,250	9,250.00
<u>Communications</u>		
Telephone and fax	2,400	2,400.00
<u>Other</u>		
Insurance	0	0.00
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT	46,090	46,090
	7%	7%
TOTAL EXPENDITURE exclusive International Coordination Fee	664,339	664,339
INTERNATIONAL COORDINATION FEE (ICF) - 3%	19,930.16	19,930.16
TOTAL EXPENDITURE inclusive International Coordination Fee	684,268.71	684,268.71

Annex 3 – Logical Framework

Logical Framework			
<p>IMPACT- Respond to the current emergency situations through reducing the suffering to the affected population and build a resilient community in the Occupied Palestinian Territories</p>			
OUTCOME(S)	Objectively verifiable indicators	Source of verification	Assumptions
<p>A. Health and nutrition Improved access to health services (primary health care, emergency care) and reduction of crisis induced health risks (such as malnutrition) for conflict affected persons.</p>	<ul style="list-style-type: none"> At least 70% of women in targeted locality received timely quality post-natal care at least twice. 50% of anaemic and/or malnourished cases improved, recovered or stayed the same and prevented from further deterioration. 	<p>DSPR Gaza -NECC reports and database</p> <p>Analysis of health indicators</p> <p>Lists of participants</p> <p>Success stories</p> <p>Photos</p>	<p>The situation in the OPT remain relatively calm</p>
<p>B. Protection / psychosocial support Women and children in poor and overcrowded localities have improved psychosocial wellbeing</p>	<ul style="list-style-type: none"> At least 30% of persons with psychosocial problems improved after receiving support from DSPR-Gaza-NECC staff as verified by objective assessment. 		<p>No major conflicts emerge in the communities</p>
<p>C. Early recovery / livelihood restoration</p>	<ul style="list-style-type: none"> At least 90% of students trained have graduated and placed in an emergency job opportunity after graduation. 		

<p>Increased access to employment, technical and vocational trainings, business start-up support and livelihood opportunities for vulnerable individuals in affected communities.</p> <p>D. Unconditional cash grants To meet the basic needs of highly vulnerable families, including unconditional cash services</p> <p>E. Emergency preparedness / resilience Emergency preparedness and resilience Strengthened and affected Communities are better</p>	<ul style="list-style-type: none"> • At least 70% within the women network have successful businesses and enhancing their socio-economic conditions. • Over 90% of assisted beneficiaries can purchase basic needs that cover 2-4 weeks-time (cash for work, cash distribution, coupons). • % of community members who were involved in decision on using of cash grant for the benefit of the community • Communities hold greater knowledge of local vulnerabilities, as well as local 		
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<p>prepared and resilient during emergencies</p>	<p>capacities and ‘assets’ to address these vulnerabilities</p> <ul style="list-style-type: none"> • # of male and female stakeholders/ community members commit or develop resources and skills in order to implement action plans • # review meetings held to reassess the relevance of the action plans with community members 		
<p>OUTPUT(S)</p> <p>A.1 Health care services and treatment provided to vulnerable men, women, children</p> <p>B.1 Appropriate psychosocial services are provided to children and women attending the PHC clinics.</p>	<p>Objectively verifiable indicators</p> <ul style="list-style-type: none"> • 21,400 beneficiaries including women, children, adolescence, adults, and injured people in targeted areas receive health care services. • 3000 children and women received psychosocial support services 	<p>Source of verification</p> <p>DSPR NECC reports and database</p> <p>Minutes of meetings</p> <p>Lists of participants</p> <p>Photos</p> <p>List of participants</p> <p>Facebook posts sharing the Action Plan</p> <p>The financial documents</p> <p>Minutes of meetings</p>	<p>Assumptions</p> <p>Women abide by the health program and attend the clinic accordingly</p> <p>Medications and material supplies are allowed to project area or designated areas including electricity fuel, energy sources maintained</p> <p>Parents escort their children to clinics and psychosocial sessions</p>

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| <p>C.1.1 Support DSPR with additional capacity to facilitate program interventions ex: the appointment of instructors, supervisors; and the provision of material supplies.</p> <p>C.1.2 Provide trained students / adults with emergency job creation for a three-months</p> <p>C.2.1 Agronomist hired.</p> <p>C.2.2 Announcement and registration.</p> <p>C.2.3 Survey, selection and contractual agreement signed with target group.</p> <p>C.2.4 Training in food production for target groups.</p> <p>C.2.5 Inputs bidding, ordering and delivering.</p> <p>C.2.6 Training in financial management and e-marketing.</p> <p>C.2.7 E marketing introduced.</p> <p>C28 Exhibition of food products performed</p> <p>D.1.1 Provide households with unconditional cash to cover purchases of basic food necessities and commodities.</p> <p>D.1.2 Provide communities with cash to select a microproject to benefiting the community</p> <p>E.1.1 Area Research and Initiation</p> <p>E.1.2 Forming protection groups and Choosing Sectors and Mobilizing Volunteers</p> <p>E.1.3_Developing Community action plan</p> <p>E.1.4 Implementing Action Plans and distributing cash grants</p> | |
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Annex 9 – Security Risk Assessment

Principal threats:

Threat 1: War, Escalation, Internal violence and Civil Unrest

Threat 2: Availability and Access to Basic service and Natural Resources with focus on Area C

<i>Impact</i> <i>Probability</i>	Negligible	Minor	Moderate	Severe	Critical
Very likely	Low --	Medium --	High --	Very high Threat 1	Very high --
Likely	Low --	Medium --	High Threat 2	High --	Very high --
Moderately likely	Very low --	Low --	Medium --	High --	High --
Unlikely	Very low --	Low --	Low --	Medium --	Medium --
Very unlikely	Very low --	Very low --	Very low --	Low --	Low --