

**ACT Alliance**

**Global Response to the COVID-19  
Pandemic – ACT201**

**Appeal**

**ACT 201- PSE201**

**Response to Refugees and Vulnerable communities  
Impacted by COVID-19 in Palestine and Israel**

**actalliance**

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Project Summary Sheet															
Project Title	ACT Palestine Forum Response to Refugees and Vulnerable communities Impacted by COVID-19 in Palestine and Israel														
Project ID	ACT 201, - PSE 201														
Location	Occupied Palestinian Territory / East Jerusalem, West Bank, Gaza Strip, Israel														
Project Period	Start Date                    1 September 2020. End Date                        28 February 2021. No. of months                6														
Requesting Forum	Act Palestine Forum (APF)  <input checked="" type="checkbox"/> The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)														
Requesting members	1. Department of Service to Palestinian Refugees- DSPR 2. HECKS- EPER 3. Evangelical Lutheran Church in Jordan and in the Holy Land –ELCJHL 4. East Jerusalem YMCA														
Contact	<table border="1"> <tr> <td>Name</td> <td>George Stephan</td> </tr> <tr> <td>Email</td> <td><a href="mailto:georgeabuemil@gmail.com">georgeabuemil@gmail.com</a></td> </tr> <tr> <td>Other means of contact (whatsapp, Skype ID)</td> <td>George.dspr</td> </tr> </table>	Name	George Stephan	Email	<a href="mailto:georgeabuemil@gmail.com">georgeabuemil@gmail.com</a>	Other means of contact (whatsapp, Skype ID)	George.dspr								
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	<b>OUTCOME 2:</b> Improved and sustained access to humanitarian assistance across multiple response sectors, and protection services for human assets and rights, social cohesion, and livelihoods.																																																				
Project Objectives	<p>1. Provide public health education and access that will contribute to prevention and building awareness of COVID 19.</p> <p>2. Provision of vouchers or Cash to people effected by the pandemic to cover essential needs of food and Hygiene.</p> <p>3. Improved Psychosocial well- being of vulnerable People suffering from psychosocial distress caused by Covid-19.</p> <p>4. Increased protection, assistance and advocacy for refugees, particularly vulnerable to the pandemic.</p>																																																				
Target Recipients	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #c00000; color: white;"> <th colspan="4">Profile</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Refugees</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">IDPs</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">host population</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Returnees</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="3" style="text-align: center;">Non-displaced affected population</td> </tr> </tbody> </table> <p>No. of households (based on average HH size): <u>  6  </u></p> <p><b>Sex and Age Disaggregated Data:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #c00000; color: white;"> <th colspan="9">Sex and Age</th> </tr> <tr style="background-color: #f2f2f2;"> <th></th> <th>0-5</th> <th>6-12</th> <th>13-17</th> <th>18-49</th> <th>50-59</th> <th>60-69</th> <th>70-79</th> <th>80+</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Male</td> <td>2000</td> <td>2000</td> <td>12000</td> <td>15900</td> <td>6000</td> <td>1500</td> <td>1500</td> <td>500</td> </tr> <tr> <td style="text-align: left;">Female</td> <td>2600</td> <td>2600</td> <td>15000</td> <td>19600</td> <td>8000</td> <td>2000</td> <td>2000</td> <td>600</td> </tr> </tbody> </table>	Profile				<input checked="" type="checkbox"/>	Refugees	<input type="checkbox"/>	IDPs	<input type="checkbox"/>	host population	<input type="checkbox"/>	Returnees	<input checked="" type="checkbox"/>	Non-displaced affected population			Sex and Age										0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+	Male	2000	2000	12000	15900	6000	1500	1500	500	Female	2600	2600	15000	19600	8000	2000	2000	600
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Project Budget (USD)	(USD) 718,000																																																				

## Reporting Schedule

Type of Report	Due date
Situation report	30/11/2020 <i>First SitRep due.</i>
Final narrative and financial report (60 days after the ending date)	30/4/2021. 14/2/2020- YMCA
Audit report (90 days after the ending date)	30/5/2021 14/3/2021- YMCA

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

**US dollar**

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

**Euro**

Euro Bank Account Number - 240-432629.50Z  
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 global approach for this Appeal, pledges/contributions are encouraged to be made towards the total budget of the Appeal, and subsequent allocations will be made through proposal submissions assessed using the defined criteria. Detailed narrative documents and budgets of approved proposals will be communicated to donors of the Appeal. For status of pledges/contributions, please refer to the spreadsheet accessible through this link <http://reports.actalliance.org/>, Appeal Code ACT201.

Please inform the Director of Operations, Line Hempel ([Line.Hempel@actalliance.org](mailto:Line.Hempel@actalliance.org)) and Finance Officer, Marjorie Schmidt ([Marjorie.Schmidt@actalliance.org](mailto:Marjorie.Schmidt@actalliance.org)) of all pledges/contributions and transfers. We would appreciate being informed of any intent to submit applications for back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

**For further information, please contact:**

**Middle East and North Africa**

ACT Regional Representative, Rachel Luce ([Rachel.Luce@actalliance.org](mailto:Rachel.Luce@actalliance.org))  
Humanitarian Advisor, George Majaj ([George.Majaj@actalliance.org](mailto:George.Majaj@actalliance.org))

Visit the ACT COVID-19 webpage: <https://actalliance.org/covid-19>

**Alwynn JAVIER**

Head of Humanitarian Affairs  
ACT Alliance Secretariat, Geneva

## BACKGROUND

### *Context and Needs*

As both Israeli and the Palestinian governments struggle to contain the outbreak of the virus, communities continue to suffer the social and economic impact of this pandemic in many ways. For several weeks, the pandemic has halted daily life and forced tens of thousands of people to entering home Quarantine. The Palestinian Authority issued a decree for a state of emergency when the first cases were diagnosed on 5 March 2020 and launched robust national containment measures. All PA ministries and institutions except the ministry of health suspended the work. The Israeli Authorities has also introduced stringent measure as a counter measure against the spread of Coronavirus in the country. Furthermore, the pandemic has not only resulted in a public health crisis, but an economic predicament that exacerbates entrenched social inequalities. The need for isolation puts day to day life on hold, and with this comes job losses and significantly reduced income, inevitably having greater impact on poorer communities.

According to WHO report on 11 May, the total cases in all occupied Palestinian territory have reached 547 cases including 527 cases in West Bank and 20 cases in Gaza; furthermore, there were 329 cases recovered and a total of 4 deaths. In Israel there are more than 16,436 cases reported, there were also 11,229 cases that have recovered and a death toll of 245 cases.

In the West Bank and in Israel, the MoH have placed more thousands of people coming from abroad under the quarantine. At the time of writing, the surge in the number of cases and in the number of affected countries is continuing, including in the Middle East, increasing concerns on the capacity of national health systems to respond and provide the necessary care, in particular in countries with weaker health systems. The WHO risk assessment report stressed out that the OPT is considered to be a very high-risk area. One major challenge in OPT COVID-19 response is the readiness and capacity of the national health systems, especially in the Gaza strip.

In April unemployment rate in Israel has reached 24% with more than one million people registered as jobless; the vast majority of the unemployed have been put on unpaid leave by employers hit by the coronavirus crisis. While a good proportion are expected to go back to their previous jobs, many will continue to be unemployed.

In Palestine, more than fifty thousand families fell below the poverty line due to COVID-19 which is an additional challenge to the government's efforts in the fight against the epidemic and ramifications on the community. Without any early warning families have lost their main source of income especially in the tourism sector as a result of the ban of tourists from visiting the city and holy sites. In the light of the fast spreading of the pandemic in Israel, The Palestinian Authority Prime Minister has even called on Palestinian workers in Israel to return to the West Bank even though Israel agreed to allow them to stay in the territory for one to two months.

WHO's Head of Office for the oPt Dr Gerald Rockenschaub visited the Gaza Strip on a two day mission from March 22 to support health authorities in the COVID-19 response, with addressing the substantial capacity gaps in the health System. While containment remains the immediate priority, with a focus on early detection, isolation. The Gaza strip has been under Israel's 12-year-long land, air and sea blockade which has crippled the economy, resulting in high levels of unemployment, food insecurity and aid dependency. Unemployment in Gaza reached 54% in the second quarter of 2018, with over 70 per cent of young people and 78 per cent of women unemployed. This

unprecedented health challenge, the Palestine refugee community can be among the most affected due to living in overpopulated, economically poor areas.

This new and unprecedented crisis is generating stress throughout the population and there is a noticeable worry among people in OPT about the corona virus the fear of spread to a community.

### ***Capacity to respond***

The Implementing Members being DSPR, HEKS/EPER, E. Jerusalem YMCA and ELCJHL 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. The implementing Members will continue to coordinate among each other through the local forum "ACT Palestine forum", and the forum mechanism will be active from proposal stage to implementation.

The members will build on their experience to insure timely and effective response; however, the principle of capacity sharing will be applied, where members with specific expertise will work to complement the capacities of other members.

The members will continue to work and coordinate work with all ACT members in Palestine, and with other faith-based organizations who can play a significant role in preventing and responding to COVID-19.

Following the lockdown of Bethlehem Governorate in March 2020, Members was proactive and initiated a drive with help from the communities of Jerusalem, Ramallah and Jericho to gather donations of basic foods, sanitizers and medicines, to service relief for quarantined and marginalized families of Beit Sahour, Bethlehem and Beit Jala cities. Members relied on its community network of members and volunteers to disseminate awareness of the relief-drive. Coordination has already been initiated and set up with the emergency committees of both the Bethlehem Governorate and the three cities. Members was also proactive in sharing regular updates with partners on the alarming situation on the Ground with special emphasis on the health, movement and economic repercussion and effects of the Virus. Jointly and individually we will continue with the fundraising efforts in order to ensure proper coverage to this important and needed intervention.

## **RESPONSE STRATEGY**

The overall objective of the Palestine Forum response strategy is to Contribute to the improvement of human assets and livelihood of vulnerable households affected by COVID-19 pandemic in Palestine and Israel.

Two outcomes reflect ACT Palestine forum response plan and its implementation:

**OUTCOME 1:** Increased preparedness and resilience of communities through public health interventions, community preparedness and prevention, and community engagement.

**OUTCOME 2:** Improved and sustained access to humanitarian assistance across multiple response sectors, and protection services for human assets and rights, social cohesion, and livelihoods.

Through the implementation of this appeal, ACT Palestine forum will ensure our program are in line with the mandate of the ACT Global strategy and guided by the principles as stressed out in the ACT Global response and that the needs as been identified are met and members are committed to working with the most vulnerable beneficiaries.

Members determine vulnerability criteria based on the needs specific activities address and that are in-line with each organization's criteria. In some cases, the list of potential beneficiaries will be formed in cooperation with the local parishes databases or with local councils, which will be reviewed by the members social works.

In this appeal, member have shared some common criterion for beneficiary's selection such as, Female House Hold, Households that has been directly affected COVID 19, House Holds with members with disability or chronic illnesses and Elderly.

ACT Palestine Forum Members have strong links with the communities and through its long experience and networks they can mobilize people and volunteer to help in implementation of planned activities. Members will insure to work and coordinate their implementation with their local partners and other groups, especially local faith actors (LFAs), who can play a significant role in preventing and disseminating information on the risk of the Virus and its impact.

Participating partners have conducted a desk review for assessing general needs and then conducted a rapid assessment in the target communities where they work to identify the most urgent needs. Identified needs were around 4 main pillars:

- First: food items to families affected by the COVID 19 pandemic. The families most affected are those who have lost their income and employment due to the pandemic. While some sectors might be able to go back to work, others in sectors such as tourism and hospitality may continue to be unemployed for several months to come. Distribution of food parcels so started by local and national parties since the beginning of the pandemic and many families in the West bank and East Jerusalem continue to express their needs for fresh and canned food items. ACT partners will distribute food vouchers allowing families to buy their basic and most urgent needs
- Second non-food items including Hygiene Kits. The pandemic has created a more urgent needs among the families to purchase hygiene kits as one way to fight and limit the spread of the virus. One of the issues identified by the assessment is that over the last few weeks the cost of the hygiene materials has skyrocketed creating a bigger challenge especially among the most vulnerable to buy these materials. ACT members will provide hygiene kits and vouchers to purchase hygiene kits as a needed response among the households
- Third: health awareness: while COVID19 has gone through a critical wave and people over the course of the last 6 to 8 weeks continued to learn how to mitigate the spread of the virus, while this has slowed the spread, but it did not stop it. ACT partners will provide health awareness materials to all their beneficiaries recipients of goods and services as communities their struggle to stop the pandemic
- Forth: unconditional cash distribution: again, the families most affected are those who have lost their income and employment due to the pandemic. Providing families with cash is one way through which ACT members will ensure that some of the most urgent needs by these households are met beyond the other needs identified in this assessment such as rent, etc.
- Fifth: This new and unprecedented crisis has also generated a widespread mental health and Psychosocial consequences in the community, which will also be addressed by members. ACT

members will be creative in providing online support to the families who need PSS while observing social distancing.

Our Intervention is needed now more than before, we will use our experience to better respond to the most urgent needs in the communities and will adapt to the new realities and the context as the situation of the pandemic also changes.

Responding and providing goods and services will be different than any other previous response primarily because of the social distancing and certain movement restrictions: Thus, the new adapted intervention will focus on providing coupons to affected families and elderly to allow them to directly purchase from their neighborhood supermarket and pharmacy.

The localities for the intervention will be in Jerusalem, West Bank, Gaza and in Israel.

### **Impact**

The impact of the project is to contribute to the improvement of human assets and livelihoods of vulnerable households affected by COVID19 in Palestine and Israel.

This project will contribute to the ACT global response through supporting vulnerable families to recover from the financial and economic losses caused by COVID-19 pandemic by providing Food and non Food items , Unconditional cash distribution for Hygiene and food , Psychosocial Service and distribution of information and education materials in local languages designed to offer public health education on prevention from the Virus .

### **Outcomes**

APF partners will focus all of their interventions around two outcomes:

#### **A. Outcome 1:**

Increased preparedness and resilience of communities through public health interventions, community preparedness and prevention, and community engagement.

This will include Public Health interventions, preparedness and awareness raising activities.

#### **B. Outcome 2:**

Improved and sustained access to humanitarian assistance across multiple response sectors, and protection services for human assets and rights, social cohesion, and livelihoods.

This will include WASH interventions, food security, livelihood (including cash distribution) and MHPSS.

### **Outputs**

#### **A.1 Preparedness and prevention**

Information and education materials in local languages designed to offer public health education on prevention, early detection and available treatment options within their respective communities.

#### **Indicators:**

- 60,000 people reached over different channels of media in public health campaigns.
- Materials / campaign messages made available.
- Engagement with Civil Society Organizations in local forums and conduct awareness and related activities and messaging around issues for COVID19.

**Activities:**

A.1.1 Provide support for medical supplies and Medicine to have a better health care facility (NECC Gaza).

A.1.2 Educate and build the awareness among the community about COVID-19 and the implications of being infected through an intensive social media campaign and key messages. (HEKS/EPER)

A.1.3 Strengthen local advocacy forums in influencing decision makers on their duties towards civilians in times of pandemic spread (HEKS/EPER).

**B.1 WASH**

People and communities affected by COVID-19 demonstrate improved hand hygiene practices.

**Indicators:**

- 1000 households received hygiene vouchers / packages (HEKS/EPER).

**Activities:**

B.1.1 Provide vulnerable households with vouchers / In kind or cash for water; Hygiene items and materials from the local market through vouchers for the most vulnerable communities.

B1.2 Post monitoring distribution.

**B.2 Food Security**

People with limited food supply and access will be able to meet their nutritional needs.

**Indicators:**

3000 households received cash / vouchers for food basic needs.

(500 DSPR-ICCI Nazareth, 400 DSPR -ICC WB&EJ, 500 DSPR-NECC Gaza; 600 ELCJH "200 HH /Month"; 1000 EJ YMCA)

**Activities:**

B.2.1 Provide vulnerable households with vouchers for acquiring food staples from the local market that includes necessary Hygiene needs

B.2.2 Provide food to people with limited mobility or access to food especially for sick persons, PWD and the elderly.

B 2.3 Distribution will be over three months period and amount calculated based on organizational, and cluster assessment /per Area.

B2.4 Post monitoring distribution

B2.5 Creating a network of groceries and pharmacies in target areas that will accept our coupon and participate in the relief effort.

**B.3 Livelihood**

Cash transfers / distributions made available to cover essential needs.

**Indicators**

- 500 households receive cash for BN (DSPR-NECC Gaza).

**Activities:**

B.3.1 Provide emergency cash to vulnerable households for basic sustenance from the local market.

**B.4 Ensure informal workers' livelihood options are restored**

Provide shepherd communities in Area C with fodder

**Indicators:**

80 of affected shepherds in area C in the Jordan valley received fodder (DSPR –ICC WB&EJ)

**Activities:**

80 of affected shepherds in area C received two tons of fodder

**B.5 MHPSS**

Improved PSS wellbeing and decreased distress among target population directly and indirectly affected by COVID 19 pandemic

**Indicators:**

- 500 households with focus on women and children participating in MHPSS sessions (DSPR-NECC Gaza)

**Activities**

- B.5.1 Community members actively engage in information and experience sharing on identified positive coping strategies and self care strategies that improve wellbeing. (DSPR-NECC Gaza)

**Exit strategy**

This project contributes to improving health, wellbeing and Hygiene practices of people in the served localities and empowering people in health education and appropriate practices of nutrition, hygiene. It also provides the economic support needed to better face the challenging time due to spread of virus and effects that comes with it such as economic hardships. The project will help developing the capacity of effected communities and give them the tools needed, so as once the emergency is done they can go back to normal life.

## PROJECT MANAGEMENT

### Implementation Approach

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 supplies etc) and program activities as much as possible.

The members have capable and experienced staff to undertake the planned activities In Gaza, Jerusalem West Bank and in Israel. All appeal activities and monitoring of the project will be continuous during and after the implementation of the programs. The reporting will be done according to ACT formats, in the Sitrep, interim and final report and the Act Palestine forum coordinator will be the person to coordinate all reports.

The variety of interventions and activities will ensure that target population will have access to most needy assistance and services and members apply a gender sensitive approach to address the risk on women.

Members have chosen a mix between Cash and voucher assistance in serving the vulnerable communities effected by COVID 19, The proposed intervention shall focus on creating a network of groceries and pharmacies in target areas that will accept our coupon and participate in the relief effort. Cash assistance as a fast and efficient mechanism is also needed in which we will give the needed families the space to cover their priority needs.

ACT Palestine forum members (DSPR and YMCA ) has a current ACT Appeal and the activates between the current Appeal and this appeal which is response to COVID19 and it's implications will be aligned in order to avoid duplications and better impact , especially in the field of PSS activities .

The beneficiaries will be identified through local parishes, emergency committees, Governor's office and municipalities.

Along with the voucher or Cash distribution, messages from members will be delivered to selected families, that will include health messages about the virus, in addition to relevant information about complains mechanism.

### Implementation Arrangements

The implementing members will coordinate their intervention with local authorities, ACT Palestine forum members, peer organizations, stakeholders, official entities and governmental parties. Members are part of UN clusters specially on health and child protection cluster and DSPR Gaza has continuous coordination with Ministry of health and with WHO in terms of attending health clusters. All Information acquired from cluster and updates will be shared with all members through the local forum coordinator to all members.

The beneficiaries and target communities will be identified through local emergency committees, Governor's office, municipalities and emergency response of the Red Crescent Society.

### Project Consolidated Budget

	Appeal Total	DSPR	ELCJHL	EJ-YMCA	HEKS
<b>Direct Costs</b>	<b>662,155</b>	<b>328,160</b>	<b>110,000</b>	<b>125,495</b>	<b>98,500</b>
<b>1 Project Staff</b>	<b>47,695</b>	<b>38,160</b>	-	<b>9,535</b>	-
1.1 Appeal Lead	9,000	9,000	-	-	-
1.2 International Staff	-	-	-	-	-
1.3 National Staff	38,695	29,160	-	9,535	-
<b>2 Project Activities</b>	<b>578,500</b>	<b>286,000</b>	<b>90,000</b>	<b>110,000</b>	<b>92,500</b>
2.1 Public Health	-	-	-	-	-
2.2 Community Engagement	-	-	-	-	-
2.3 Preparedness and Prevention	102,500	50,000	-	-	52,500
2.4 WASH	40,000	-	-	-	40,000
2.5 Livelihood	90,000	90,000	-	-	-
2.6 Education	30,000	-	30,000	-	-
2.7 Shelter and Household items	-	-	-	-	-
2.8 Food Security	300,000	130,000	60,000	110,000	-
2.9 MHPSS and Community Psycho-social	16,000	16,000	-	-	-
2.10 Gender	-	-	-	-	-
2.11 Engagement with Faith Leaders	-	-	-	-	-
2.12 Advocacy	-	-	-	-	-
<b>3 Project Implementation</b>	<b>17,000</b>	-	<b>17,000</b>	-	-
3.1 Forum Coordination	-	-	-	-	-
3.2 Capacity Development	17,000	-	17,000	-	-
<b>4 Quality and Accountability</b>	<b>12,328</b>	<b>4,000</b>	<b>3,000</b>	<b>3,328</b>	<b>2,000</b>
<b>5 Logistics</b>	<b>6,632</b>	-	-	<b>2,632</b>	<b>4,000</b>
<b>6 Assets and Equipment</b>	-	-	-	-	-
<b>Indirect Costs</b>	<b>34,933</b>	<b>16,620</b>	<b>7,200</b>	<b>9,273</b>	<b>1,840</b>
Staff Salaries	18,383	9,420	-	7,123	1,840
Office Operations	16,549	7,200	7,200	2,149	-
<b>Total Expenditure</b>	<b>697,087</b>	<b>344,780</b>	<b>117,200</b>	<b>134,767</b>	<b>100,340</b>
ICF (3%)	20,913	10,343	3,516	4,043	3,010
<b>Total Expenditure + ICF</b>	<b>718,000</b>	<b>355,123</b>	<b>120,716</b>	<b>138,811</b>	<b>103,350</b>

### Project Monitoring, Evaluation and Learning

The ACT forum and members will put significant emphasis on Monitoring and Evaluation. Members and during the monthly forum meeting will update the members on implemented activities in comparison with the planned activities. In addition Joint meetings and calls will be undertaken between implementing members with the objective of timely monitoring of planned activities and that activities are going as planned, and sharing of experience and leaning.

Priority will also be given for post monitoring distribution in particular to Cash distribution and members will make sure to collect feedback from beneficiaries on activities undertaken, to ensure proper implementation and to build on lessons learned from this intervention. Information will also be shared with beneficiaries on complaints response mechanisms (CRMs) and members will take immediate action to address urgent issues, as and if needed.

In addition to all of the above The Implementing members will on a regular basis:

- 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;

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

The members will provide regular situation reports, narrative and financial reports which will be consolidated by forum coordinator to be sent to ACT secretariat regional office in Amman. The members at the end of the project will provide a financial audit through a recognized audit firm.

### **Safety and Security plans**

In the course of their field work, members would 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.

In this appeal Members 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.

## **PROJECT ACCOUNTABILITY**

*Does the proposed response honour ACT's commitment to safeguarding including PSEA? All staff and volunteers of requesting members, particularly those involved with the response, will be required to sign the requesting members' Code of Conduct. If you don't have one, members can use [ACT's Code of Conduct](#).*

X Yes  No

### **Code of Conduct**

In order to better protect beneficiaries from any source of abuse of power ACT Member staff and volunteers are committed to sign and understand the Code of conduct and CRM mechanism. ACT members will also ensure that there are proper mechanisms in place to prevent and respond to sexual exploitation and abuse. In Case of any violation or incidents of any sorts that basically violates the code of conduct, a complaint response mechanism is in place. Like In Gaza, beneficiaries right, child

protection policy and how to submit a complaint is available and highlighted in the centers, and well communicated to beneficiaries.

### ***Safeguarding***

Members and volunteers are committed to ACT Alliance child safeguarding in project and interventions. Members like 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. In the course of their field work, Members would 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.

### ***Conflict sensitivity / do no harm***

A potential programmatic risk is the rise of power struggles and conflicts within certain communities. Such conflicts can impede further progress of relevant projects, thus members will adopt certain measures and resources to safeguard power dynamics within communities. Members also realize that social tensions this is why members will take into consideration a continuous careful analysis of the political and social context that goes in line and as well is indispensable to the project planning and implementation. In conflict zones as in the geographical intervention areas, to ensure quick intervention and provision of assistance without overlooking the danger that may entail the beneficiaries and the population groups involved in order to make sure that no social tensions are triggered. Members will adopt a systematic criterion of selections with full coordination with relevant Duty Bearers and relevant stakeholders including village councils. Members takes working with strong civil society and thus encouraging and promoting a strong civil society is foreseen as a prerequisite for sustainability in development with full cooperation of the beneficiaries and the communities. From another side, in a situation that is fostered by increasing repressive laws and restrictions.

In the course of their field work, Members would 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.

### ***Complaints mechanism and 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.

ACT Palestine forum Members will ensure that the beneficiaries will have access to and feel safe to raise and voice their concerns, and during the distribution members can provide a handout that includes information on how to access the complaints response mechanisms to ensure that all beneficiaries and other affected populations are aware of where and how to submit feedback. Appropriate cultural and local practices are respected and taken into consideration in handling and responding to complaints and feedback.

ACT Palestine forum members are committed international humanitarian standards and accountability mechanisms, such as Core Humanitarian Standards (CHS) and the Sphere Handbook.

### ***Communication and visibility***

Requesting Members will adhere to ACT Alliance co-brand policy and will continue to promote ACT Alliance identity during the project. Members will inform beneficiaries on the source of funding. The members will share information about the implementation of the project with ACT members in Palestine and during the monthly meeting and through success stories and reports. The reports produced by members such as Annual report will be published and shared with the interested local and international organizations including MOH, MOL, UNRWA, and UNICEF, and other ACT partners/members in the APF.

## Annexes

## Annex 1 – Summary Table

	DSPR	YMCA	ELCJHL																																																																								
Start Date	1/9/2020	1/9/2020	1/9/2020																																																																								
End Date	28/12/2021	14/12/2020	28/12/2021																																																																								
Project Period (in months)	6 months	4 months	4 months																																																																								
Response Locations	E Jerusalem , West Bank , Gaza , Israel	West Bank	West Bank																																																																								
Sectors of response	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input checked="" type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input checked="" type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input checked="" type="checkbox"/>	Food Security	<input checked="" type="checkbox"/>	Preparedness and Prevention	<input checked="" type="checkbox"/>	MHPSS and Community Psycho-social	<input type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input checked="" type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input checked="" type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy
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<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy																																																																								
Targeted Recipients (per sector)	Preparedness and Prevention ad 500HH, Food ( 1400 HH) , MHPSS 500HH, Livelihood 580HH	Food Security +Hygiene 1000 HH	Food Security +Hygiene 600 HH																																																																								
Requested budget (USD)	US\$ 355,123	US\$ 138,811	US\$ 120,716																																																																								

HECKS			
1/9/2020			
28/12/2021			
4 months			
E Jerusalem, West Bank			
<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items
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<input type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions
<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy
Preparedness and Prevention 60000 person+ 15 Activities Wash Hygiene 1000 HH			
US\$ 103,350			

## Annex 2 – Security Risk Assessment

### Principal Threats:

Threat 1: Second Wave of COVID 19 out break in Palestine and Israel, resulting in movement Restriction, preventing beneficiaries from accessing assistance.

Threat 2: Spread of Virus among beneficiaries and Staff

Threat 3: Unavailability of food and non-food items due to Closure of Market

<i>Impact</i> <i>Probability</i>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Severe</b>	<b>Critical</b>
<b>Very likely</b>	Low Click here to enter text.	Medium Click here to enter text.	High Click here to enter text.	Very high Click here to enter text.	Very high Click here to enter text.
<b>Likely</b>	Low Click here to enter text.	Medium Click here to enter text.	High <b>Threat 2</b>	High Click here to enter text.	Very high Click here to enter text.
<b>Moderately likely</b>	Very low Click here to enter text.	Low Click here to enter text.	Medium Click here to enter text.	High <b>Threat 1</b>	High Click here to enter text.
<b>Unlikely</b>	Very low Click here to enter text.	Low Click here to enter text.	Low <b>Threat 3.</b>	Medium Click here to enter text.	Medium Click here to enter text.
<b>Very unlikely</b>	Very low Click here to enter text.	Very low Click here to enter text.	Very low Click here to enter text.	Low Click here to enter text.	Low Click here to enter text.