

ACT Alliance

APPEAL

PSE211

**ACT Palestine Forum Emergency response in the
Occupied Palestinian Territories (Gaza escalation)**

Appeal target: USD 1,358,309

Balance requested: USD 1,358,309

actalliance



SECRETARIAT: 150, route de Ferney, P.O. Box 2100, 1211 Geneva 2, Switz. **TEL.:** +4122 791 6434 – **FAX:** +4122 791 6506 –
www.actalliance.org

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Project ID	PSE211																																																																																						
Location	Occupied Palestinian Territory, West Bank and Gaza Strip																																																																																						
Project Period	From 1 June 2021 to 31 May 2022 - DSPR From 1 June 2021 to 15 August 2021 - DCA/NCA Total duration: 12 (months) DSPR 2.5 (months) DCA/NCA																																																																																						
Modality of project delivery	<input checked="" type="checkbox"/> self-implemented <input type="checkbox"/> CBOs <input type="checkbox"/> Public sector <input checked="" type="checkbox"/> local partners <input type="checkbox"/> Private sector <input type="checkbox"/> Other																																																																																						
Forum	ACT Palestine Forum "APF"																																																																																						
Requesting members	1. Department of Service to Palestinian Refugees- DSPR 2. DCA/NCA Joint Country Program- Palestine																																																																																						
Local partners	MAAN Development Center - DCA/ NCA Partner																																																																																						
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	NCA DCA	150	200	390	319	300	294	39	37	879	850
	Total	850	1000	935	964	2120	2114	689	687	4594	4765
	<p>The ACT Appeal is aiming to assist more than 10,000 individual beneficiaries affected by recent conflict in Gaza and the protracted conflict in the West Bank, 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. Selection criteria of HH beneficiaries will include but not limited to:</p> <ul style="list-style-type: none"> - Family size. - Vulnerable and impoverished families, living in marginalized areas. - Families lost their sources of income or breadwinner is currently unemployed, have damages in their house. - Families with persons with disability and or chronic diseases, - Women headed HH. 										
Project Cost (USD)	1,358,309 (USD)										

Reporting Schedule

Type of Report	Due date
Situation report (15 days after each quarter)	15 September 2021 <i>First SitRep due then quarterly</i>
Interim narrative and financial report (30 days after 6 months implementaion) Final Reports and Audit for DCA	31 December 2021
Final narrative and financial report (60 days after the ending date)	31 July 2022
Audit report (90 days after the ending date)	31 August 2022

*** Note:**

*Narrative and Financial reports and audit should be sent to ACT Secretariat 1 week before the due date.
SitReps should be sent to ACT Secretariat 2 days before the due date.*

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 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/>, Appeal Code: PSE211. The ACT spreadsheet provides an overview of existing pledges/contributions and associated earmarking for the appeal.

Please inform the Director of Operations, Nancy Ette (nancy.ette@actalliance.org) and Head of Humanitarian Affairs, Niall O'Rourke (niall.orourke@actalliance.org), with a copy to Finance Officer, Marjorie Schmidt (Marjorie.Schmidt@actalliance.org) 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 back donor and other funding, and the subsequent results.

In line with Grand Bargain commitments to reduce the earmarking of humanitarian funding, if you have an earmarking request in relation to your pledge, a member of the Secretariat's Humanitarian team will contact you to discuss this request. 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 MENA Humanitarian Advisor, George Majaj: (George.Majaj@actalliance.org)

ACT Web Site address: <http://www.actalliance.org>

Niall O'Rourke

Head of Humanitarian Affairs
ACT Alliance Secretariat

1. BACKGROUND

1.1. Context

As the conflict escalated between Israel and Palestinian armed groups in Gaza, airstrikes on Gaza and rocket attacks on Israel continued for eleven consecutive days. Most of the victims were reported to be civilians. According to the Palestinian Ministry of health (as of 25 May), a total of 253 Palestinian people were killed in Gaza, including 66 children and 38 women and 17 elderly people; there were more than 1,900 Palestinians injured, including many children and women. Tens of thousands have been displaced from their homes and many were forced to find shelter in UNRWA schools. On the Israeli side, 12 people in Israel, including one soldier, have been killed and hundreds have been injured.

Despite the ceasefire reached on May 21 between Israel and Palestinian armed groups ending the hostilities, the escalation has exacerbated an already dire humanitarian situation in Gaza, generated by nearly 14 years of blockade and internal political divisions.

According to the initial assessments, the impact is devastating overall: 58 educational facilities, including schools, UNRWA vocational training centres, colleges, were affected since the start of the escalation. 1042 buildings (commercial and residential) have been destroyed and about 769 housing units have suffered major damage; 4,134 housing units have sustained minor damages. The damage due to the conflict include infrastructure including roads, electricity network and water installations and agricultural lands. Large agricultural areas and several agricultural facilities such as farms, greenhouses, water wells, have been damaged or disrupted, decreasing agricultural production. All fishing activity remains prohibited off the Gaza coast which is a main source of living for many families. WASH Infrastructure has also been severely affected, including wastewater networks, pipelines, sewage evacuation vehicles, four water wells and a wastewater pumping station due to damages, lack of power and difficult access.

The two main crossing borders are still not fully operational; Erez Crossing remains closed for most Palestinians in Gaza, with the exception of urgent medical referrals and foreign staff of international organization and foreign journalist. The Kerem Shalom Crossing for goods remains open for specific basic commodities, including fodder and medical supplies.

The West Bank continues to bear the economic brunt from 2020. Palestinians in the West Bank went through several waves of COVID19 pandemic spread with the first in Spring of 2020; several waves continued throughout the year including the start of 2021. According to World Bank the Palestinian Territories experienced one of the largest economic contractions on record in 2020. According to UNCTAD, the pandemic struck at a particularly distressing time for the oPt. Even before it hit, forecasts for the Palestinian economy in 2020 and 2021 were already bleak, with GDP per capita projected to decrease by 3% to 4.5%. High poverty and unemployment rates had persisted and GDP per capita declined for the third consecutive year as the Palestinian economy continued to slide in 2019 and the first half of 2020.

1.2. Needs

Implementing members 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:

- Multipurpose cash: Thousands of families have lost their homes as it was completely or partially, providing families with small cash amounts to ensure that some of the most urgent needs by these households are met including food, NFI and other basic needs (for West Bank and Gaza).
- Health Support: medications and medical follow up of conflict affected patients is highly needed; these include general health services, dressing services to the wounded (with minor injuries),

medication hand out such as antibiotic or any other medical supplies to those directly affected by the escalation.

- House repairs: Thousands of housing units are in need for minor to major rehabilitation to be uninhabitable. Providing cash to families that need to repair their houses to be livable again, primarily through repairing of windows, doors, water and electricity networks and any structural damages. According to initial assessment of NECC/DSPR facilities, some minor damages occurred in the different facilities that require some rehabilitation works, mainly in the main office in Gaza city.
- Psychosocial Support and professional counselling is needed for individuals who suffer trauma and had their family members and friends injured and /or killed in the escalation.
- Emergency Cash for work for unskilled laborers

COVID-19 Relief supplies to allow staff to provide needed and timely services while protecting themselves of the pandemic.

1.3. Capacity to respond

The implementing members DSPR and DCA/NCA 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.

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 ensure 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 responding to the emergency. DCA/NCA has developed very strong experience in responding to humanitarian crises in Gaza, with proven capacities to provide responsive, efficient, and accountable services to the affected population. Since 2013, DCA has been strengthening food security in Gaza through improving access of food insecure people to their needs of food. Through Danida Humanitarian Fund, more than 5000 families (about 30,000 individuals) have reached through CVA programs.

DCA/NCA has extensive experience in cash and voucher assistance and will support partner to implement high quality and accountable intervention including proper monitoring and reporting, in addition to tools of information sharing, participation and access to complaint mechanism. Additionally, DCA/NCA is ensuring that the intervention is coordinated with other actors in food security cluster and cash working group.

DCA/NCA works to standardize the CVA tools and already set the minimum expenditure basket (MEB) in close coordination with the cash working group and the food security cluster. Additionally, DCA/ NCA has participated in the cash working group’s task force to develop the Unified Vulnerability Assessment Tools for CVA and contributes to Market monitoring activities in Gaza.

DSPR 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 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.

1.4. Core Faith values

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”.

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

2.1. Intervention strategy and theory of change

The response will focus primarily on:

- 1) Livelihood: through providing multipurpose unconditional cash distribution and emergency job creation schemes for unskilled laborers. This will reduce the suffering, meet the basic needs, and improve the livelihoods of the affected population.
- 2) Health: with focus on medical services, medical examinations, and appropriate treatment to those affected by the conflict, so they will enjoy better health status.
- 3) Shelter through house repairs for households that have been damaged by the airstrikes. Five percent of the funds will also support the repair of DSPR’s community and training center.
- 4) MHPSS: improving mental health and psychosocial interventions, counselling, individual counselling, consultation, psycho education, group sessions, group counselling, open fund days and toys for recreation activities will lead to improve the psychosocial services and wellbeing in the targeted area.

The target areas for DSPR Gaza in this appeal is mainly in Gaza strip with special focus on Gaza city, Al-Shijaeya, Al-Daraj, and Khirbet Al-Adas. For DCA/NCA the focus will be the affected people across the Gaza Strip. For DSPR West Bank, the focus of the interventions will be mainly in East Jerusalem, Ramallah and Jenin governorates.

Unexploded Ordnance’s and the continuation of the COVID-19 pandemic in the Gaza strip remain as the two main operational challenges to the response; staff will be extra cautious when moving in the field while abiding by the authorities COVID-19 directives in attempt to curb the spread (and not play a role in its spread in the target areas).

2.2. Impact

The Appeal aims at reducing the suffering to the Gaza crisis affected population and contribute to provide the need for shelter and livelihoods of vulnerable households affected by the conflict in the occupied Palestinian Territories, especially Gaza, thereby reducing the social and economic impact of the conflict.

2.3. Outcomes

OUTCOME 1: The needs of people affected by the Gaza crisis in oPt have been provided across multiple response sectors, protection, Health, shelter, and livelihoods of vulnerable households.

2.4. Outputs

1. Livelihood: Access to employment opportunities and cash for basic needs for vulnerable individuals in affected communities.

Indicators:

- 1.1: 2004 Vulnerable households received multipurpose unconditional cash allowance.
- 1.2: 200 people affected from the escalation in Gaza received Cash for work for 3 months through an emergency job opportunity.

Activities:

- 1.1.1 Household identification and selection; Families will be selected carefully through social workers’ family assessment- case study.

- 1.1.2 Provide emergency cash transfer for basic sustenance from the local market through the local banks to beneficiaries' accounts in one payment.
 - 1.1.3 DCA/NCA unconditional cash transfer given monthly for two months.
 - 1.1.4 Monitoring through post cash distribution
- * CASH amount is identified based on the UNOCHA recommendations.

- 1.2.1 Household identification and selection; Families will be selected carefully through social workers' family assessment- case study.
- 1.2.2 Provide short term job opportunities for 200 young men and women for a duration of up to 3 months. A stipend of up to 350 USD per month is given to employed people through these schemes.

* Cash amounts close to the minimum living wage in PA territories, it also matches the wages provided by previous job creation initiatives carried out by NECC.

Budget: 712,455USD

2. Health: Affected population receives accessible quality health care services, medications, and COVID-19 hygiene kits

Indicators:

- 2.1: 5,000 people affected by the conflict in Gaza received medical service/ consultation and medication packages.
- 2.2: 3 clinics are supported with medical disposables, supplies and COVID19 kits.
- 2.3: 500 HH have access to COVID-19 hygiene kits and other personal care services

Activities:

- 2,1.1: Provide medication to 10,000 beneficiaries including antibiotic or any other medical supplies to those directly affected during the war.
- 2.1.2: Provide medical follow up to health 10,000 cases especially those from affected families: services include dressing services to the wounded (incurred minor injuries).
- 2.2.1: Supply NECC's 3 clinics with medical disposable that are critically important to allow staff to conduct their daily health work in the clinics.
- 2.2.2: Provide COVID19 materials to clinics and office staff during relief work (masks, hygiene kits, PPE for staff)
- 3.1.1: Household identification and selection; Families will be selected carefully through social workers' family assessment- case study.
- 3.1.2: Provide COVID19 materials and hygiene kits to beneficiaries (households) at risk of COVID19 effects.

Budget: 150,000USD

3. Shelter: 50 HH and 1 premises receive assistance in rehabilitating their homes

Indicators:

- 3.1: 50 HH benefited from Cash for rehabilitation of shelter for structural damages to their residence places.
- 3.2: 1 NECC / DSPR Gaza premise renovated due to damages as a result of the escalation.

Activities:

- 3.1.1: Household identification and selection; Families will be selected carefully through social workers' family assessment- case study.
- 3.1.2: Provide cash transfer (3000USD) for minor home renovations through the local banks to beneficiaries' accounts or checks in one payment; repairing windows and doors shattered glass and other structural damages during the conflict; this includes.

- 3.2.1: conduct reparation work in the NECC buildings towards damages that occurred because of the conflict. Works include rehabilitation works (cracked walls, broken doors, shattered windows).

Budget: 200,000USD

4. MHPSS: Improved PSS wellbeing and decreased distress among target population directly and indirectly affected by the escalation

Indicators:

- 4.1: 1,010 men, women and children participated in MHPSS sessions, special summer camps, recreational and PSS activities.
- 4.2. # of patients experiencing PTSD are addressed or referred and receive appropriate legal, medical or psychosocial support assistance services.

Activities

- 4.1.1: Provide psychosocial support and professional counselling to 500 traumatized individuals affected by the escalation (KG children, school children, and women).
- 4.1.2 Conduct 3 short summer camps for 90 children especially those affected / traumatized by the conflict.
- 4.1.3 Conduct recreational activities for 120 men and women (while following COVID19 health directives)
- 4.1.4 Conduct clown shows for 300 children in KGs and primary schools.
- 4.2.1: protection cases (women and children) are addressed or referred and receive appropriate legal, medical or psychosocial support services

Budget: 50,000USD

2.5. Preconditions / Assumptions

- Relative calm and smooth continuation of different appeal components; Prices of hygiene kits remain reasonable.
- Materials for house rehabilitation are available and prices remain reasonable.
- Market allows for new job opportunities to be absorbed despite general and COVID19 situation.
- Health clinics remain accessible considering rise in COVID19 cases.
- 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.

2.6. Risk Analysis

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

- Further deterioration of the current socio-political situation resulting into a full-fledged escalation of the situation, including violence (in Gaza).
- Deterioration of the security situation in East Jerusalem and West Bank.
- Occupation practices including settlers' violence, and or Israel's decision to annex area C.

Further analysis is provided in annex (Risk analysis)

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

This project contributes to improving the overall wellbeing of affected people by the emergency in the oPt. While the project attempts through its different components to respond to the urgent needs in the served localities in livelihood, health, shelter/NFI's and MHPSS, it focuses on allowing households and individuals to pass beyond their current vulnerability due to the situation. Children and women is expected to have a sustained impact on the quality of their life, increasing their self-confidence, improving their communications skills and mechanisms. The economic support through cash and job creation to face better the challenging times because of the escalation 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 and proper support in MHPSS, so as once the emergency is over, they can go back to normal life. Also, the health components including medical services and medication are focused on the medical wellbeing of the general public in the target areas and those who are affected by the escalation to slowly go through wellness towards improved health. Additionally, by utilizing their network and local knowledge, ACT members are able to maximize the intended outcomes of the proposed project.

2.8. Building capacity of national members

ACT members are committed to the Charter for Change, and therefore put emphasis on localisation. Members actively engage in the capacity building of their local partners by offering training opportunities and contributing to their organizational development plans directly. Capacity building events are planned as part of the appeal for staff to upgrade staff capacity to ensure project implementation in line with CHS commitments

3. PROJECT IMPLEMENTATION

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.

Yes No

As ACT Alliance secretariat is CHS certified, ACT appeals will be implemented with adherence to CHS commitments.

ACT Palestine Forum implementing members are committed to abide the Safeguarding policies of ACT Alliance and PSEA policies of their own organizations. Requesting members and implementing partners build "culture of safety" in the workplace and project locations in which children and women are protected from abuse and harm in all areas of its service delivery. Staff and volunteers will be oriented on child protection policy and respective function will ensure the effective implementation of policy implementation.

DSPR Gaza and West Bank as well as DCA/NCA continue to mainstream child safeguarding through providing awareness sessions, distributing brochures and booklets to beneficiaries at the health centres and project implementation areas. 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.

In 2017 the ACT Child Safeguarding guidelines were translated to Arabic, so they can easier be shared with field staff in the region, and there have been recent training (Spet 2020) on CoC, CRM

and Quality and Accountability to ACT Members in the region. Appeal members will prioritize capacity building and best practice of CHS during implementation. In case of reports/allegations received on PSEA, the members will act immediately based on its policy of Zero tolerance.

3.1. ACT Code of Conduct

ACT member and the ACT Secretariat have a responsibility to ensure that all staff are aware of the Code of Conduct, and that they understand what it means in concrete behavioural terms and how it applies to their program context. The Code of Conduct applies to all the work performed by all members of the ACT Alliance and clearly defines the required behaviour of staff. Members, where appropriate, will also provide implementing partners with training on Code of Conduct and make sure that all staff sign it. Staff members of the implementing members have already received training of ACT code of conduct and have signed it and that they abide to it.

Local implementing partners, volunteers and interns, contractors and suppliers will also be oriented and required to adhere to the Code of Conduct. The beneficiaries will be oriented to core values and Code of Conduct.

Different partners will use suggestion / complaint box in their field locations to allow those who are not able to provide feedback to the project staff on issues of accountability. Furthermore, both NECC / DSPR Gaza and DCA/NCA will use their already functional complaint mechanism during this emergency response.

3.2. Implementation Approach

Both members 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 and key stakeholders, PNGO and AIDA and all represented members in Gaza to coordinate interventions. 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.

NECC / DSPR Gaza is self-implementing member and will implement all relevant components of the appeal in through current staff of the different clinics including doctors, nurses, social workers, volunteers, admin, finance staff etc. additional human resources will also be hired to be able to provide timely.

DCA/NCA will implement the proposed project through the local partner, MAAN, capitalizing on their intensive experience in cash and voucher assistance. In response to the escalation, DCA/NCA partner, MAAN, had activated the community-based emergency structures (CBES) that have been established and trained through DCA/NCA previously. CBES's consist of 15 CBOs and 15 local emergency response committees. The CBES's and four community groups (established and trained on survival and community led response) have been involved in assessing the security situation in the different areas of the Gaza Strip and collecting information about the status of displacement and the needs of IDPs in the hosting communities.

A model of unconditional/unrestricted cash transfer will be applied (multi-purpose cash). The transfer value will consider the survival minimum expenditure basket (SMEB) as a recommended emergency transfer value in the event of an escalation in Gaza. The transfer value equals SMEB minus average monthly income, 45USD/Person/Month. A total of 504 families, IDPs, will receive two cash transfer through banks.

DSPR West Bank (ICC) and NCA / DCA will only implement unconditional cash distribution interventions in East Jerusalem / the West Bank and Gaza respectively. Both members have agreed to coordinate amongst themselves especially in the cash distribution components as a way to avoid duplication of beneficiaries.

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.

3.4. Field Coordination

In Gaza, this intervention does not require special form of coordination beyond what is already done by the project staff especially already established networking with ACT Members, ACT Palestine forum, peer organizations, stakeholders, official entities and governmental parties. DSPR has continuous coordination with Ministry of health, WHO, Health and Nutrition, child protection and mental health and psychosocial 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 Referring severe cases with mental disorders identified at NECC centers to MOH/Department of mental health. Forum Members will regularly share their activities and lessons learned. Members will also, where appropriate, form technical working groups where more detailed discussions on particular topics are needed. In line with the Grand Bargain goal of localisation, local implementing partners of Forum members will be invited to these working groups. The requesting members will apply the ACT Guidelines on branding, social media and communications and visibility of the ACT Alliance will be ensured in all activities.

3.5. Project Management

The implementing organizations DSPR and DCA/NCA 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. All 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 SitRep narrative and financial reports are submitted in good quality and with accurate, relevant information.

3.6. Implementing Partners

DCA/NCA will work through its partner in Gaza MA'AN Development Center. MA'AN is an independent Palestinian development organization and training institution established in Jerusalem in January 1989. MA'AN has extensive experience working in emergencies with proven capacity to work on Cash and Voucher Assistance (CVA) and to access and provide responsive, efficient, and accountable services to the affected population. MA'AN is local partner with DCA/ NCA in Gaza since many years.

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. DSPR and DCA/NCA current advocacy efforts aim at mobilizing and empowering disadvantaged groups and vulnerable Palestinian communities seeking just, equality, socio-economic rights. NCA / DCA as well as DSPR will promote provision of services to those who are most affected. Partners will continue to work through Act Palestine Forum to message through forum members on updates of the situation and advocacy needs in the different target areas.

Simplified Work Plan

Activity/ Month	1	2	3	4	5	6	7	8	9	10	11	12
Public Health/ Health												
Medical Fees (Gaza)												
Medications & Medical Supplies (Gaza)												
Hygiene Kits (Gaza)												
Community Engagement												
Job Creation (Gaza)												
Shelter and Household items												
Rehabilitation of damaged homes (Gaza)												
Renovations & replacement for NECC Head Quarter and Premises for (Gaza)												
MHPSS and Community Psycho-social												
PS Sessions (Gaza)												
summer camps (Gaza)												
Recreational trips (Gaza)												
Clowns shows (Gaza)												
Livelihoods/ Unconditional CASH												
Unconditional Cash (Gaza)												
Unconditional Cash (Jerusalem and WB)												
Unconditional Cash (Gaza) DCA/NCA												
Job Creation (Gaza)												

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. While members don't have a remote monitoring policy in place, NECC has introduced phone consultation, which we can easily adapt for monitoring purposes.

The project will be monitored against the project level indicators at the output and outcome levels. There will be participatory consultations through focus group discussions and the project will take feedback from the community members and key stakeholders. In particular, the members will utilize post distribution monitoring (PDM) following all distributions to ensure that beneficiaries received the assistance needed and can provide feedback. There will be functional complaints handing systems at the community level.

For this appeal, monitoring is performed at various layers by different people of the different organizations. At the grassroots level social workers and health workers will perform visitors monitoring and reporting to the clinics and psychosocial activities performed in line with the set timeframe. The project supervisor will monitor the livelihood and shelter components including lists of beneficiaries who receive unconditional cash and short-term emergency employment schemes (through monitoring logsheet) and Post distribution monitoring.

Periodic reports are shared by the project manager with DSPR Gaza management who in turn shares progress with the Board. DSPR response will be closely monitored by DSPR Management at the central office in addition to internal auditor. Throughout the monitoring process, staff will apply their utmost care and observe COVID19 directives of social distance and wearing a facial mask.

DSPR/NECC -GAZA 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;

Tools used 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.

In addition, DCA/NCA will involve their CBES's and SCLR community groups in the targeted locations to support in verifying beneficiaries' information and needs, accessing to target groups and monitoring of the intervention. Post distribution monitoring will be conducted for a representative sample of the target group to assess their satisfaction, the quality of the provided service, how cash has been used, etc.

DCA/NCA is committed to the Prevention of Sexual Exploitation and Abuse (PSEA) and to Accountability to Affected Populations (AAP) at all times; and will reinforce communications with the beneficiaries by offering safe and confidential reporting channels and this will be ensured through:

- Advertising reporting channels whether individually established or those offered through the PSEA network
- Handle SEA claims under SEA Protocols
- Refer AAP reports to the appropriate cluster

Upon the completion of the project components, DSPR and NCA /DCA staff will work on internally evaluating the performance of the project, "members will conduct a review exercise to examine lessons learned and look back at the process of the project". With log sheets and phone numbers of beneficiaries collected during the emergency appeal, staff will randomly contact these beneficiaries to get their feedback each according to their respective component.

It is planned that ACT Secretariat conduct monitoring visit (if possible) to the appeal based on agreed upon ToR.

ACT Secretariat will also provide the needed support for members during implementation and will be discuss best way to have remote monitoring as needed.

The members will provide regular situation reports, narrative and financial reports consolidated by the forum to ACT secretariat regional office. At the end of the appeal each member will provide a financial audit through an internationally recognized auditing firm.

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, members 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. Special attention to COVID-19 directives will be followed by all intervention staff to avoid spreading of the virus in the different reached community of the targeted geographical areas.

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.

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

Staff of both organizations will particularly pay attention to ensure that they or the beneficiaries in Gaza are at risk in the area where they work in terms of unexploded ordinance (UXO).

4.3. Knowledge Management

DSPR and DCA/NCA are members of the ACT Palestine forum and use the forum as a platform to share with the different members the progress, lessons and reflections on the appeal intervention. 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

Humanitarian Principles:

All activities will be implemented within the international standards on humanitarian principles. These consist of four key principles to be maintained throughout all activities: Humanity, Neutrality, Impartiality and Independence.

DSPR and DCA/NCA will provide services without any kind of discrimination including, their faith, color, gender, political affiliation or geographical locality.

- Gender:

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.

- Resilience

The integration of psychosocial support program is one of the most effective ways to overcome the social stigma of mental illness. This integration is one of the key factors that helped the team achieve the expected outcomes. Additionally, involving mothers with the psychosocial support has contributed substantially to the effectiveness of this program.

The integration of psychosocial in the health program might impose some limitations due to the nature of the provided services within the family health care centres. Assess the program incorporation of cross cutting issues such as gender and disability, the psychosocial program has positive impact on children's behavior as it reduced the level of violent behavior (especially among boys) and improved the academic achievement for children. Below are examples of such improvements

- Environmental sensitive and climate change

The Members are committed to the protection of the environment by integrating environmental considerations into the planning and implementation of activities, regardless of their sector or focus.

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 in coordination with municipalities.

Finally, ACT members encourage their respective partners to install workable environmental policies and guidelines for all their project locations

- Participation

The Members will enable and encourage affected populations to play an active role in the decision-making processes through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalized are represented.

DSPR and DCA/NCA 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 DSPR programs and projects and their support and commitment are obtained prior to the implementation of any project. Beneficiary selection criteria will also be communicated to the target population to avoid potential conflict at the community level.

Records and minutes of the community meetings are maintained at the DSPR facilities. During community meetings various issues are discussed such as the quality of the services provided and community perceptions about them, community requests for new services, approaches to delivering services and community suggestions for improving the provided services.

- Social inclusion

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

- Anti-terrorism / corruption

DSPR and DCA/NCA are committed to its child protection policy, code of conduct, gender policy, and. Anti-Fraud policy and anticorruption policy.

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.

Suggestion and complaint boxes are available. Clients are encouraged to raise their issues and regularly the organization responds to their requests.

5.1.1. Gender Marker / GBV

Gender Age marker will be used during the design of the ACT Appeal to enable effectively planned programs that consider age and gender throughout. Gender with Age Marker will be used to look at the extent to which essential programming actions address gender- and age-related differences in humanitarian response. It will be used in response to requests to strengthen the original IASC Gender Marker by including age and, most significantly, by adding a monitoring component. Participation of women will be ensured at all stages of the project implementation. Women and children specific needs will be identified and addressed. Special attention will be paid to the protection of children and women of the target groups that are impacted by the protracted displacement crises.

5.1.2. Participation

The project will ensure accountability to the targeted beneficiaries by the implementation of a participatory approach that is based on 4 main cross-cutting points. These are the provision of timely and accurate information to beneficiaries, consultation in the project design and implementation

phases through continuous assessments and focus group discussions (both gender segregated and mixed), participation of local communities and local authorities who can provide valuable inputs throughout the project, programmatic approaches and the availability of a complaint and feedback mechanism both for communities and staff members.

5.1.3. Anti-terrorism / Corruption

DSPR 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. The forum members will strictly follow the ACT Alliance anti-terrorism/ corruption policy and their own anti-terrorism/ corruption policies during the entire implementation period

5.2. Conflict sensitivity / do no harm

ACT Alliance programming is underpinned by the 'Do No Harm' principle and gender and conflict sensitivity. Complaints feedback mechanism and on-going participatory monitoring will allow for community participation and input into members programs. All requesting members apply CHS commitments and standards throughout all their activities. 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. During 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

5.3. Complaints mechanism + feedback

The robust ACT Alliance complaints and response mechanism is accessible to all ACT members and stakeholders including affected populations and people in need.

ACT Forums members take complaints seriously. Through regular contact with the beneficiaries, complaints are addressed in a timely manner. ACT members commit to address all issues of sexual exploitation, abuse of power, corruption and breach of the ACT policies and standards. All partners have active feedback and complaints mechanisms, which include feedback/complaint boxes, telephone lines, and information desks at distribution sites. The ACT members and implementing partners ensure that beneficiaries are aware of and know what constitutes a complaint, where the complaints can be lodged and the process of addressing the complaints. The target population will be involved throughout the project cycle through initial needs assessment, participatory techniques to ensure the voices of different gender and age groups are heard, and an active feedback mechanism.

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.

5.4. Communication and visibility

ACT members adhere to ACT Communications Policies, including the requirement to co-brand the emergency response. ACT members will also receive support from their respective HQ communication teams who shall assist in the documentation, and communications work. Press releases and other communication materials, especially on websites, will be produced to provide updates on the emergency response by ACT members.

Requesting Members - share 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 programs 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.
- The ACT Forum implementing members will capture human interest stories, visualize project reports, and publish an end-of-project material on the overall ACT response in Palestine.

6. PROJECT FINANCE

6.1. Consolidated Budget

	Appeal Total	DSPR	DCA/NCA
Direct Costs	1,266,203	1,026,598	239,605
1 Project Staff	102,018	96,448	5,570
1.1 Appeal Lead	-	-	-
1.2 International Staff	2,570	-	2,570
1.3 National Staff	99,448	96,448	3,000
2 Project Activities	1,112,455	885,000	227,455
2.1 Public Health/ Health	150,000	150,000	-
2.5 Livelihood	210,000	210,000	-
2.7 Shelter and Household items	200,000	200,000	-
2.9 Protection/MHPSS	50,000	50,000	-
2.12 Unconditional Cash	502,455	275,000	227,455
3 Project Implementation	20,000	20,000	-
3.1. Forum Coordination	20,000	20,000	-
3.2. Capacity Development	-	-	-
4 Quality and Accountability	22,080	18,000	4,080
5 Logistics	9,650	7,150	2,500
6 Assets and Equipment	-	-	-
Indirect Costs	52,543	35,300	17,243
Staff Salaries	39,043	24,300	14,743
Office Operations	13,500	11,000	2,500
Total Expenditure	1,318,747	1,061,898	256,849
ICF (3%)	39,562	31,857	7,705
Total Expenditure + ICF	1,358,309	1,093,755	264,554

7. Annexes

- 7.3. ANNEX 3 – Logical Framework (compulsory template)
- 7.4. ANNEX 4 – Risk assessment *Matrix (compulsory template)*
- 7.7. ANNEX 7 – Summary table (compulsory template)
- 7.8. ANNEX 8 – Budget (compulsory template)

Annex 3 – Logical Framework

Logical Framework			
<p>IMPACT</p> <p>The Appeal aims at reducing the suffering to the Gaza crisis affected population and contribute to provide the need for shelter and livelihoods of vulnerable households affected by the conflict in the occupied Palestinian Territories, especially Gaza, thereby reducing the social and economic impact of the conflict.</p>			
<p>OUTCOME(S)</p> <p>1. The needs of people affected by the Gaza crisis in oPt have been provided across multiple response sectors, protection, Health, shelter, and livelihoods of vulnerable households.</p>	<p>Objectively verifiable indicators</p> <p>% of vulnerable households are now able to acquire relief services from different emergency interventions</p>	<p>Source of verification</p> <p>Phone call to households Monitoring reports Photos Lists</p>	<p>Assumptions</p> <p>Relative calm and smooth continuation of different appeal components</p>
<p>OUTPUT(S)</p> <p>1.1: Access to employment opportunities and cash for basic needs for vulnerable individuals in affected communities.</p> <p>2.1: Health: 5,500HH have access and receives quality health care services and medication and awareness.</p>	<p>Objectively verifiable indicators</p> <p>2004 vulnerable households receive as unconditional cash allowance. (1000 NECC, 504 NCA/DCA, 500 ICC) 200 vulnerable households receive 350 USD for 3 months through emergency job opportunities</p> <p>5,000 people affected by the conflict in Gaza received medical service/ consultation and medication packages.</p>	<p>Source of verification</p> <p>Names / distribution lists (bank transfer slips Names / log-sheets or timesheets of beneficiaries in</p> <p>Names of patients from clinics as per receives received</p> <p>Photos Lists</p>	<p>Assumptions</p> <p>Availability and Prices of hygiene kits remain reasonable Materials for house rehabilitation are available and prices remain reasonable Market allows for new job opportunities to be absorbed despite general and COVID19 situation</p> <p>Health clinics remain accessible in light of rise in COVID19 cases</p>

<p>3.Shelter: 50 HH and 1 premises receive assistance in rehabilitating their homes</p> <p>4. Protection/ MHPSS: Improved PSS wellbeing and decreased distress among target population directly and indirectly affected by the escalation</p>	<p>3 clinics are supported with medical disposables, supplies and COVID19 kits. 500 HH have access to COVID-19 hygiene kits and other personal care services</p> <p>50 HH benefited from CASH for rehabilitation of shelter for structural damages to their residence places. 1 NECC / DSPR Gaza premise renovated due to damages as a result of the escalation.</p> <p>1,010 people receive MHPSS components divided as follows:</p> <ul style="list-style-type: none"> • 500 individuals receive professional counselling, • 90 children participate in special summer camps • 120 men and women participate in recreational activities • 300 children participate in clown shows <p># of patients experiencing PTSD are addressed or referred and receive appropriate legal, medical or psychosocial support assistance services</p>	<p>Procurement documents Names / distribution lists of household of hygiene kits</p> <p>Rehabilitated household lists Photos Receipts</p> <p>Lists of participants Psychologists/social workers monthly reports Photos</p>	
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Activities	Pre-conditions
<p>1. Livelihood</p> <ul style="list-style-type: none"> • 1.1.1 Household identification and selection; Families will be selected carefully through social workers’ family assessment- case study. • 1.1.2 Provide emergency Cash transfer for basic sustenance from the local market through the local banks to beneficiaries’ accounts in one payment. • 1.1.3 DCA/NCA Disbursement of cash for 2 months. • 1.1.4 Monitoring through post cash distribution survey including Handling of SEA claims under SEA Protocols and referring AAP reports to the appropriate cluster <p>*(1000HH @ USD 200 NECC / DSPR Gaza; 504HH @USD 225*2 times DCA/NCA; and 500 HH @ 150 USD ICC)</p> <ul style="list-style-type: none"> • 1.2.1 Household identification and selection; Families will be selected carefully through social workers’ family assessment- case study. <p>1.2.2 Provide short term job opportunities for 200 young men and women for a duration of up to 3 months. A stipend of up to 350 USD is given to employed people through these schemes.</p> <p>2. Health</p> <ul style="list-style-type: none"> • 2.1.1: Provide medication to 10,000 beneficiaries including antibiotic or any other medical supplies to those directly affected during the war. • 2.1.2: Provide medical follow up to health 10,000 cases especially those from affected families: services include dressing services to the wounded (incurred minor injuries). • 2.2.1: Supply NECC’s 3 clinics with medical disposable that are critically important to allow staff to conduct their daily health work in the clinics. • 2.2.2: Provide COVID19 materials to clinics and office staff during relief work (masks, hygiene kits, PPE for staff) • 3.1.1: Household identification and selection; Families will be selected carefully through social workers’ family assessment- case study. • 3.1.2: Provide COVID19 materials and hygiene kits to beneficiaries (households) at risk of COVID19 effects. <p>3. Shelter:</p> <ul style="list-style-type: none"> • 3.1.1: Household identification and selection; Families will be selected carefully through social workers’ family assessment- case study. 	<p>Banks and cash transfers are still possible and available</p> <p>Different economic venues for employment of young men and women</p> <p>COVID19 and its spread in the different parts of Gaza remain as the main risk especially in the community.</p> <p>UXOs remain as a security issue especially for staff to be able to move in the field</p>

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| <ul style="list-style-type: none">• 3.1.2: Provide cash transfer (3000USD) for minor home renovations through the local banks to beneficiaries' accounts or checks in one payment; repairing windows and doors shattered glass and other structural damages during the conflict; this includes.• 3.2.1: conduct reparation work in the NECC buildings towards damages that occurred because of the conflict. Works include rehabilitation works (cracked walls, broken doors, shattered windows). <p>4. Protection/ MHPSS</p> <ul style="list-style-type: none">• 4.1.1: Provide psychosocial support and professional counselling to 500 traumatize individuals affected by the escalation (KG children, school children, and women).• 4.1.2 Conduct 3 short summer camps for 90 children especially those affected / traumatized by the conflict.• 4.1.3 Conduct recreational activities for 120 men and women (while following COVID19 health directives)• 4.1.4 Conduct clown shows for 300 children in KGs and primary schools.• 4.2.1: protection cases (women and children) are addressed or referred and receive appropriate legal, medical or psychosocial support services. | |
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Annex 4 – Risk Analysis

Risk	Internal / External	Likelihood of occurring <i>(high / Medium / low)</i>	Impact on project implementation <i>(high / Medium / low)</i>	How the risk is monitored and mitigation strategy in place to minimize this risk
Limits to movement within the targeted areas for prolonged periods.	External	Medium	High	APF and its partners have experience of working under these conditions and adjust timing and approach as required. Networking with CBOs and NGOs in different areas
There is duplication of efforts with other actors.	Internal	Low	Medium	Coordinate closely with relevant UN Clusters, donor coordination mechanisms in Gaza to ensure full coordination and avoid duplication.
Deterioration in the security situation due to man-made disasters and the spread of COVID-19	External	Medium	High	APF and its partners monitors developments closely through in-country networks. It receives updates on security matters from the UNDSS radio room via SMS. Mitigation measures include adjusting implementation strategy and activities to mitigate emerging risks in consultation with stakeholders and donor. Daily assessment of the security situation in coordination with relevant organisations, partner CBO's and local committees in the area will take place. In addition, with regards to COVID-19, APF will follow the MoH regulations with regards to safety. All field staff will strictly follow the rules of hygiene, sanitization, and social distancing. Changes to the original plan may take place to respond to the emerging needs.

Violation of Code of Conduct.	Internal	Low	Medium	APF staff adheres to the ACT Alliance code of conduct and have been introduced to CHS standards and commitments. All partners have code of conduct, and will be ensuring that staff are fully aware of and adhere to their organisation CoC
Authorities restrict implementation of activities	External	Medium	High	Coordination with local authorities will take place before starting the activities, APF will share work plans in advance, arrange needed written approvals from municipalities and relevant ministries.
Corruption, fraud or financial mismanagement	Internal	Low	High	APF and its partners monitors progress of activities through field visits and follow-up by phone. APF partners will utilize the already existing complaints mechanism for the response

Annex 7 – Summary Table

Summary	DSPR	DCA/NCA
Implementation period	From 1 June 2021 to 31 May 2022 Total duration: 12 (months)	From 1 June 2021 to 15 August 2021 Total duration: 2.5 (months)
Geographical area	Palestine, West Bank and Gaza	Palestine, Gaza Strip
Sectors of response	<input checked="" type="checkbox"/> Shelter / NFIs <input type="checkbox"/> Food Security <input type="checkbox"/> WASH <input checked="" type="checkbox"/> Health / Nutrition <input type="checkbox"/> Other sector:	<input checked="" type="checkbox"/> Protection / Psychosocial <input checked="" type="checkbox"/> Early recovery / livelihoods <input type="checkbox"/> Education <input checked="" type="checkbox"/> Unconditional cash <input type="checkbox"/> Other sector:
Targeted beneficiaries (per sector)	Shelter: 50HH, and 1 premises Health: 5,000 Individual and 500HH MHPSS: 1010 Individual Unconditional Cash (Livelihood): 1,700HH	Unconditional CASH (livelihoods): 504 HH
Requested budget (USD)	US\$ 1,093,755	US\$ 264,554