# ACT Alliance APPEAL

**PSE221** 

ACT Palestine Forum humanitarian response in the Occupied Palestinian Territories

Appeal target: USD 853,713

Balance requested: USD 853,713





# **Table of contents**

# **Project Summary Sheet**

# **BACKGROUND**

Context and needs
Capacity to Respond

# **RESPONSE STRATEGY**

Response Strategy Impact Outcomes Outputs Exit Strategy

# **PROJECT MANAGEMENT**

Implementation Approach
Implementation Arrangements
Project Consolidated Budget
Project Monitoring, Evaluation, and Learning
Safety and Security Plans

# **PROJECT ACCOUNTABILITY**

Code of Conduct
Safeguarding
Conflict Sensitivity / Do No Harm
Complaint Mechanism and Feedback
Communication and Visibility

# **ANNEXES**

Annex 1 Summary Table

Annex 2 Security Risk Assessment
Annex 3 Results Framework





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Project Sun	nmar	y Sneet								
Project Title	ACT Palestine Forum Emergency response in the Occupied Palestinian Territories									
Project ID	PSE221									
Location	Occupied Palestinian Territory; Gaza Strip (special focus on Gaza city, Al-Shijaia, Al-Daraj, and Khirbet Al-Adas), West Bank (Jericho, Nablus, Hebron, Bethlehem, Ramallah & Bireh Governorates and Al Taybeh Village)									
Project Period	, , , , ,									
	Start Date: 1 August 2022									
	End Date: 31 July 2023 No. of months: 12 Months									
Requesting Forum	ACT	Palestine Forum								
	$\boxtimes$	The ACT Forum offi	cially endors	ses the	submission of this Sub-Appeal					
Requesting members	<ol> <li>Department of Service to Palestinian Refugees - DSPR</li> <li>East Jerusalem YMCA (EJ-YMCA)</li> </ol>									
Contact	,									
	Nan		George Ste							
	Email georgeabuemil@gmail.com									
	Other means of Skype: George. DSPR contact (WhatsApp,									
		pe ID)								
Local partners		s self-implemented Appe	eal							
Thematic Area(s)	$\boxtimes$	Public Health			Shelter and household items					
		Community Engage	ement		Food Security					
		Preparedness and Prevention			MHPSS and CBPS					
	$\boxtimes$	WASH		$\boxtimes$	Gender					
		Livelihood			Engagement with Faith and Religious leaders and institutions					
		Education			Advocacy					
	$\boxtimes$	Other: Uncondition	al Cash							
Project	A. Early recovery / livelihood restoration									
Outcome(s)	A.1. Women and vulnerable individuals in affected communities have their basic needs addressed, through unconditional cash grants.									
	A.2. Women and vulnerable individuals in affected communities have improved their economic situation, through increased access to employment opportunities.									
	B. Health and nutrition									





	<ul> <li>B.1. Affected people in the Gaza Strip have improved access to health services (primary health care, emergency care) and reduction of crisis induced health risks (such as malnutrition).</li> <li>C. Protection / Psychosocial support</li> <li>C.1. Women and vulnerable individuals, including children, in poor and overcrowded localities have improved psychosocial wellbeing.</li> </ul>								
Project	To provide immediate and life-saving multi-sectoral emergency support for affected								
Objectives	people in th	ne Gaza S	trip and tl	he West B	ank.				
Target									
Recipients					Profile				
	<ul> <li>✓ Refugees</li> <li>✓ IDPs</li> <li>✓ host</li> <li>✓ population</li> <li>✓ Non-displaced affected population</li> </ul>								ees
	No. of households (based on average HH size): HH 3,520  Sex and Age Disaggregated Data:								
				S	ex and Ag	ge			
		0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+
	DSPR								
	Male     1,000     570     525     1210     760     300     350       Female     1,100     620     475     1910     910     350     300								350
									300
	YMCA         Image: Control of the								
								120	100
Female 304 294 644 613 279 150 100								100	80
	Total	2,720	1,790	2,319	4,350	2,127	959	870	830
Project Budget (USD)	USD 853,71	.3	4		A		A	4	<u> </u>

# **Reporting Schedule**

Type of Report	Due date
Situation report	15 Nov 2022 First SitRep due
	Quarterly
Interim narrative and financial report	28 February 2023
Final narrative and financial report (60 days after the ending date)	30 September 2023
Audit report	30 October 2023
(90 days after the ending date)	





# Please kindly send your contributions to the following ACT bank account:

### **US** dollar

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

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 the status of pledges/contributions, please refer to the spreadsheet accessible through this link Appeal reports. Appeal Code PSE221

Please inform the **ACT Humanitarian Team** at <a href="https://humanitarianfinance@actalliance.org">humanitarianfinance@actalliance.org</a> of all pledges/contributions and transfers mentioning the appeal code in the subject of the email. 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:

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ACT Regional Representative, Rachel Luce <a href="mailto:Rachel.Luce@actalliance.org">Rachel.Luce@actalliance.org</a>
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Visit the Act Alliance Website: <a href="https://actalliance.org">https://actalliance.org</a>

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# **BACKGROUND**

# **Context and Needs**

The situation in the <u>Palestinian Territories</u> can be best described as a protracted protection crisis. The humanitarian conditions have continued to deteriorate as hostilities, heightened tensions and violence in recent times have exacerbated an already dire situation.

On 5 August, Israeli airstrikes were conducted in multiple locations in Gaza, including Gaza city, Beit Hanoun and Khan Younis. Subsequently, several rockets were fired from multiple locations across Gaza towards Israel. Exchanges of fire continued throughout 6 August. The Gaza Power Plant (GPP) shut down at noon on 6 August due to lack of fuel, causing rolling power cuts exceeding 20 hours per day. This places at severe risk the continuation of basic essential services. Due to the limited availability of fuel, aggravated by the closure of Gaza's crossings since 2 August, the general electricity supply in Gaza is already limited and expected to stop in the next days. This will seriously impact economic and social rights, including the supply of clean water, hygiene and healthcare (updated context, added on from 6<sup>th</sup> August 22, OCHA Statement).

The COVID-19 pandemic has had damaging and devastating effects on Palestinians<sup>1</sup>, and the May 2021's escalation has destabilized the lives of individuals and communities across the oPt. According to the Office of the United Nations Special Coordinator for the Middle East Peace Process (UNSCO), the economic and fiscal situation in the oPt remains dire: "A sharp decline in GDP per capita in 2020 followed years of economic stagnation in the West Bank <sup>2</sup>. In the Gaza Strip, the economy continues its multi-decade decline and there is persistently high unemployment, particularly among women."

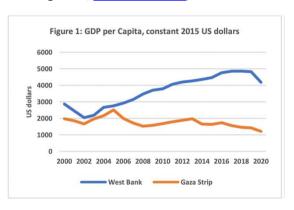


Figure 1 from the Office of the UN Special Coordinator for the Middle East Peace Process, 17 November 2021<sup>3</sup>

The Gaza Strip continues to face critical conditions. The entire population has endured for the last 15 years a land, air, and sea blockade. The already severe strain on the population of having to live through four conflicts in the last 14 years have had devastating consequences for mental health with many across the Gaza Strip struggling to cope with complex trauma. During the May 2021 hostilities, 260 Palestinians were killed, including 66 children, and 2,200 were wounded, "some of whom may suffer a long-term disability requiring rehabilitation". According to Shelter Cluster Palestine, 2,600 housing units were made uninhabitable (destroyed or severely damaged) and over 59,000 units had different levels of damage; 7,250 people remained internally displaced as of May 2022<sup>5</sup>.

The Gaza economy requires considerable support if the negative effects of the pandemic and recent hostilities are to be mitigated. With high unemployment of 50.2% in the third quarter of 2021 – the people of Gaza are increasingly susceptible to deteriorating socio-economic conditions. According to UNRWA, the West Bank, including East Jerusalem, has experienced a disturbing increase in armed incursions in the past twelve months. During these incursions into refugee camps, there is use of live ammunition against civilians and settler violence, while displacement and demolition remain constant threats. Israeli settlers killed five Palestinians, wounded 137, and caused property damage in 287 incidents. The number of incidents of settler violence



<sup>&</sup>lt;sup>1</sup> https://news.un.org/en/story/2021/03/1088262

<sup>&</sup>lt;sup>2</sup> https://news.un.org/en/story/2021/11/1105602

<sup>&</sup>lt;sup>3</sup> https://unsco.unmissions.org/sites/default/files/unsco\_report\_to\_the\_ahlc\_- 17\_november\_2021.pdf

<sup>&</sup>lt;sup>4</sup> https://www.ochaopt.org/content/overview-november-2021



against Palestinians in the first half of 2021 was more than double the figure for the first half of 2020 and more than all of 2019, according to government data.

At the peak of the lockdown and economic restrictions, around 110,000 additional Palestinians entered poverty: 'With 20% of previously employed main income earners losing their jobs, income fell in more than 60% of Palestinian households during the height of the pandemic.' The new poor were concentrated in rural areas of the West Bank and were more likely to be living in female-headed households. With 20% of previously employed main income earners losing their jobs, income fell in more than 60% of Palestinian households during the height of the pandemic. Women in Palestine constitute about 49 percent of the total population and hence a significant proportion of production capacity in local economies is not being realised. Moreover, women are most vulnerable to poverty and discrimination due to their reduced level of income, social exclusion, their lack of professional skills and their limited access to and/or control over productive assets. This impact is most pronounced on female-headed households, who tend to suffer from poverty and food insecurity at a disproportionately high level.

According to a UN OCHA, more than 80% of Palestinians in Gaza need humanitarian aid; however, DSPR Gaza will target the areas in which it works covering a population of more than 200,000 people.; for example, DSPR Gaza works in Gaza City in the north, Khan Younis in the center and Rafah in the south mainly through its clinics in Al-Shijaeya, Al-Daraj, and Khirbet Al-Adas; Vulnerable households are the most affected by unemployment and need emergency jobs and unconditional cash . As for the needed MHPSS and health services, they are mostly needed by women and children.

The Palestinian population in the West Bank is estimated by UN agencies at around 3 million people. However, the vulnerable population in area C is approximately 300,000 people. DSPR West Bank focuses its work in Qalqilya and Tulkarem especially among vulnerable households in Area C. Vulnerable households in area C are the most affected by poverty due to the current situation and post-COVID 19 especially the women headed households.

DSPR Jerusalem & West Bank will focus upon women's active engagement and participation in local economies, who are unemployed, with traditional skills and participation in the agriculture sector. We aim at promoting gender equality among Palestinians by increasing the agriculture opportunities available to women and at the same time enhance the well-being and economic growth enabling beneficiaries to secure additional income and improve food security for their families. These women will receive appropriate training in basic management, basic accounting, branding and marketing for their ventures.

As for the EJ YMCA, the organization has community centres across the West Bank (Nablus in the North of West Bank all the way to Hebron in the South). The EJ-YMCA targets the most marginalized community members across 6 geographic areas in the West Bank. The project targets low income and poor families, female headed families, women at risk and/or survivors of GBV, and people with disabilities in the governorates of (Jericho, Nablus, Hebron, Bethlehem, Ramallah & Bireh and the village of Taybeh). The total target number of families is 1050 with an average 4.7 household members. It's also estimated that the project will target 49% women and 51% men. DSPR West Bank and EJ YMCA are expected to coordinate all beneficiary's selection to avoid any double selection in case some areas are targeted by both organizations).

# Identified needs were around 4 main pillars:

Multipurpose cash (unconditional/unrestricted): providing families and women cooperatives with small
cash amounts to households to ensure that some of the most urgent needs by these households are met
including food or any other need.

<sup>&</sup>lt;sup>3</sup> https://www.worldbank.org/en/news/press-release/2022/05/09/the-palestinian-economy-will-continue-to-operate-below-potential-without-concrete-policy-actions



<sup>&</sup>lt;sup>6</sup>https://documents1.worldbank.org/curated/en/099407305062233565/pdf/IDU091fed1da019eb042d6090100a93 20aa572de.pdf



- 2. *Health and Nutrition:* medications, medical follow up of medical cases affected by current situation n in Gaza; medication such as antibiotic, multivitamins and supplements or any other medical supplies to those directly affected and for anaemic and malnourished children.
- 3. *Protection and Psychosocial Support:* components and professional counselling to individual who suffer trauma and had their family members and friends injured and /or killed due to escalation.
- 4. Job creation: schemes targeted towards the needlest laborers.

# Capacity to respond

The implementing members DSPR and YMCA are reputable organisations 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 with each other through the local forum "ACT Palestine Forum", and the forum mechanism will be active from the 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 wok with all ACT members in Palestine, and with other faith-based originations who can play a significant role in responding to the emergency.

The EJ-YMCA has been implementing a Resilience Program over the past 7 years. The program was implemented in 14 communities and is currently still being implemented in 14 other communities in the West Bank. The program has supported marginalized Palestinian communities to develop their community action plans using the PVCA method which allows them to analyze the needs and risks in their communities. Out of the 28 communities, the EJ-YMCA has supported 18 communities by providing them with community cash grants to implement small projects that would respond to priorities on their Community Action Plans.

Near East Council of Churches Committee for Refugees Work (NECCCRW)-the Gaza Area Committee is part of the Department of Service to the Palestine Refugees (DSPR). The DSPR is a department of the Middle East Council of Churches. NECCCRW Gaza is an integral part of the Palestinian Society and culture and operates with support from the churches, ecumenical and secular organizations. DSPR was founded in the early fifties launching a humanitarian program to assist Palestinians who took refuge in the Gaza Strip, Jerusalem and West Bank, Galilee, Lebanon and In Jordan.

DSPR work has rested on respecting the humanity and dignity of those whom it helps and on adherence to clear transparency and accountability standards. NECC supports the Palestinian people through six key areas: Health (Maternal and Child Primary Health Care), Technical Vocational Education and training (Empowering Youth Economic Status), Educational Loans for university students, Psychosocial Support for children, mothers, and students to cope with the negative impact of Gaza Violence, Emergency Relief projects including cash Relief and Job Creation initiatives, Advocacy policies and activities shared with the community, and community development program.

Both organisations have already sensitised their partners to the current appeal and will be sharing the appeal with them once issued.

# RESPONSE STRATEGY

The implementing members response is guided by the Forum plans and preassessment done in coordination with local communities which helped us to identify the most area of needs in addition to Areas of intervention and locations.

The response will focus primarily on responding to the primary needs categories as identified. These categories are:

1. **Livelihood:** Through providing multipurpose and unconditional/unrestricted cash distribution.





- 2. Health and Nutrition: Focusing on medical services and medication support.
- 3. **Job creation schemes:** for unskilled laborers
- 4. MHPSS: through improving mental health and psychosocial interventions.

The target areas for DSPR Gaza will be mainly in the Gaza strip with special focus on Gaza city, Al-Shijaia, Al-Daraj, and Khirbet Al-Adas.

In the West Bank, DSPR West Bank has intervened through unconditional cash and aims to contribute further by enhancing coping and recovery mechanisms in this protracted emergency, by enhancing economic well-being of women, who will contribute to their own family's well-being.

Based on its initial assessment, DSPR West Bank plans on intervening in enhancing economic well-being of women initiatives in rural communities and refugee camps.

As for the East Jerusalem YMCA, based on its initial assessment, EJ YMCA plans on working in only intervening in unconditional cash throughout the West Bank (Jericho, Nablus, Hebron, Bethlehem, Ramallah & Bireh Governorates and Al Taybeh Village). The number of beneficiaries across the different interventions of the EJ YMCA is expected to be 1050 households reaching an approximate 4935 household members.

# **Impact**

This project aims at mitigating the suffering and improving livelihoods of the affected population in the Occupied Palestinian Territories, and to contribute to the improvement of human assets and livelihoods of vulnerable households affected by the current situation.

# **Outcomes**

# A. Early recovery / livelihood restoration

- A.1. Women and vulnerable individuals in affected communities have their basic needs addressed, through unconditional cash grants.
- A.2. Women and vulnerable individuals in affected communities have improved their economic situation, through increased access to employment opportunities.

# B. Health and nutrition

B.1. Affected people in the Gaza Strip have improved access to health services (primary health care, emergency care) and reduction of crisis induced health risks (such as malnutrition).

### C. Protection / Psychosocial support

C.1. Women and vulnerable individuals, including children, in poor and overcrowded localities have improved psychosocial wellbeing.

# Outputs

# **Unconditional cash distribution**

# Indicators:

Unconditional cash allowance. (600HH @150 USD- NECC / DSPR Gaza)

Unconditional cash allowance. (1,050HH@150USD - EJ-YMCA)

The purpose of the of this cash is to allow affected and most needy households to cover their basic needs: food, non-food etc.

# **Activities:**





- A1.1 Household identification and selection; families will be selected carefully through social workers' family assessment, case study and in coordination with religious and community leaders, and through the data base of the Ministry of Social Development. The selection criteria will include identifying, but not limited to, support to female Headed Households.
- A1.2 Provide emergency cash Coupons /Cash transfer for basic sustenance from the local market through the local banks to beneficiaries' accounts in one payment.
- A1.3 Monitoring through post cash distribution survey including Handling of SEA claims under SEA Protocols and referring AAP reports to the appropriate cluster.

### Livelihood: Cash for work for unskilled laborers / Women Cooperatives

### **Indicators:**

150 households affected from the current situation in Gaza receive 350 USD for 3 months through j opportunities. (150 NECC / DSPR Gaza)

20 Women cooperatives economic well-being enhanced in rural communities and refugee camps.

### **Activities:**

- A2.1 Household identification and selection; Families will be selected carefully through social workers' family assessment- case study.
- A2.2 Provide short term job opportunities for 150 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, based on average daily rate used in Gaza strip.
- A2.3 Identify and select target women associations and cooperatives / women organizations (field visits, signing an MOU with selected organizations and agree on process and way forward
- A2.4 Conduct capacity building trainings to General assembly members, organizations executives and members

# **Health: Medical and Medication Support**

### **Indicators:**

5,000 people affected by the conflict in Gaza receive medication packages (5,000 NECC / DSPR Gaza); cases especially those from affected families received health services include general medical and dressing services to the wounded (incurred minor injuries).

500 Hygiene Kits distributed in Gaza strip

### **Activities:**

Sick and anemic and malnourished to DSPR's clinics will be assisted; health and social workers will select the most vulnerable to be subsidized by the relief work. Medical follow up will be conducted through the 3 health clinics and medication distribution will be distributed on site (clinics' pharmacies).

- B 1.1 Provide medication to 5,000 beneficiaries including antibiotic, nutritive supplement, or any other medical supplies.
- B1.2 Provide medical follow up to health 5,000 cases especially those from affected, and most vulnerable families: services include medicines, supplements, and nutritive supplements.
- B1.3 Household identification and selection; Families will be selected carefully through social workers' family assessment- case study.





B.1.4 Provide hygiene 500 kits to vulnerable households and at risk of cross infection from communicable diseases

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

### Indicators:

1000 men, women and children participated in MHPSS sessions, special summer camps, recreational and PSS activities (DSPR-NECC Gaza)

# **Activities:**

- D1.1 Provide psychosocial support and professional counselling sessions to 500 traumatised individuals affected by the current situation in Gaza (KG children, school children, and women).
- D1.2 Conduct recreational activities for 200 men and women
- D1.3 Conduct clown shows for 300 children in KGs and primary schools

# Exit strategy

The 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 (supported by unconditional grants) and MHPSS, it focuses on allowing households and individuals to pass beyond their current vulnerability due to the situation. For example, the economic support through cash and job creation to face better the challenging time 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 during this acute emergency period, as the protracted crisis continues. 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.

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

# PROJECT MANAGEMENT

# Implementation Approach

The implementing Approach will be through a coordinated national appeal for two organizations DSPR and EJ-YMCA. Opportunities for planning, reporting, and monitoring of the project will be identified to ensure coordination and learning. Each of the requesting members will be responsible for implementing their respective proposed activities and coordination of the appeal will be done by the forum coordinator, who will have a close support from the ACT Secretariat in MENA.

Implementing Members will be coordinating their interventions with other forums such as PNGO and AIDA. And will seek to collaborate on logistics and program activities as much as possible. Religious and community leaders will also be consulted and coordinated with for proper data collection and implementation. Members have capable and experienced staff to undertake the planned activities, all activities and monitoring of the project will be continuous during and after the implementation of the programs. The reporting will be done according in line with ACT formats in the Sitrep, interim and final reports.

# **Implementation Arrangements**





DSPR will implement all components of the appeal including livelihood: Unconditional cash distribution / handout and short-term emergency job creation schemes for unskilled laborers; health: medical and medication support; shelter: including minor home renovations for affected households /premises; MHPSS: Improved PSS wellbeing and decreased distress among target population directly and indirectly affected by the escalation and hygiene kits distribution.

All components will be implemented 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. Regular updates on the progress of the appeal will be shared with the local forum and partners. This intervention does not require special form of coordination beyond what is already done by the project staff in terms of networking with ACT Members, ACT Palestine forum, peer organizations, stakeholders, official entities, and governmental parties. DSPR has continuous coordination with Ministry of health and with WHO in terms of attending health nutrition clusters. DSPR -is a member of child protection cluster, and mental health and psychosocial cluster in addition, DSPR coordinates its efforts with nutritional sectorial committee organized by UNICEF.

On the other hand, the EJ-YMCA will implement the project activities through the Women Development Program, the Rehabilitation Program and the Community Centers who have a wide reach across and strong presences the West Bank through their field offices and staff. The EJ-YMCA staff will coordinate with relevant community leaders, religious leaders, municipalities and through the Ministry of Social Development to collect and validate information of the target households to avoid duplication. The EJ-YMCA staff mainly the social workers, project coordinators in close coordination with financial team will lead the process to ensure and effective and timely implementation of the project.

# **Project Consolidated Budget**

		Appeal Total	DSPR	EJ -YMCA	
Direct Costs		749,722	572,868	176,854	
1	Project Staff	84,322	71,568	12,754	
1.1	Appeal Lead	-	-	-	
1.2	International Staff	-	-	-	
1.3	National Staff	84,322	71,568	12,754	
2	Project Activities	610,000	452,500	157,500	
2.1	Public Health/ Health	75,000	75,000	_	
2.5	Livelihood	237,500	237,500	-	
2.7	Shelter and Household items	-	-	_	
2.9	Protection/MHPSS	50,000	50,000	-	
2.12	Unconditional Cash	247,500	90,000	157,500	
3	Project Implementation	27,000	27,000		
3.1.	Forum Coordination	27,000	27,000		
3.2.	Capacity Development	-	-	-	
4	Quality and Accountability	18,000	14,000	4,000	
5	Logistics	10,400	7,800	2,600	
6	Assets and Equipment	-	-	-	
Indi	rect Costs	44,430	35,300	9,130	
Staff	Salaries	31,930	24,300	7,630	
Office	Operations	12,500	11,000	1,500	
Tota	l Expenditure	794,152	608,168	185,984	
	ACT Secretariat Monitoring cost SMC	7,942			
	ACT Secretariat Managment cost SMC	51,620			
Tota	I Expenditure + SMC	853,713	608.168	185.984	

# Project Monitoring, Evaluation and Learning





Monitoring is performed at various levels by each organization. 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, where minor improvements/restoration has been made to homes, including lists of beneficiaries who receive unconditional cash and short-term emergency employment schemes (through monitoring log frame), and distribution lists. Periodic reports are shared by the project manager with DSPR 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.

DSPR/NECC -GAZA has developed a balanced score card as a tool of monitoring and evaluation and utilizes the following to ensure comprehensive 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;
- Use feedback and complaint mechanisms, following the Core Humanitarian Standard;
- Ensure strategic coordination other humanitarian actors, following Core Humanitarian Standard; with emphasis on information sharing and networking;
- 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, the local community leaders are consulted about the very basic ideas of our programs and projects and their support and commitment are obtained prior to the implementation of any project. One of the key philosophies of primary health care is community involvement and involving the community in the planning, the implementation and the evaluation of services.

This approach is also supportive to the concept of shared ownership of the health services and lies at the heart of quality.

NECC conducts quarterly community meetings in each area and involves people from the served areas and usually include women and men from different backgrounds and different characteristics. Records and minutes of the community meetings are maintained at the NECC 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. Community requests and opinions are usually discussed within the Medical Committee of the NECC, and tentative decisions are taken accordingly. The MOH, and MOL are actively involved, and their approval/support is essential before introducing any new services as discussed in the community meetings.

Clients' feedback is systematically monitored and usually reflects positive attitudes as the satisfaction assessments reveal that over 90% of NECC clients are satisfied. Suggestions boxes and complaint system are available at premises and publicly advertised. Clients are encouraged to raise their issues and regularly the organization responds to their requests. In addition, appeal and electronic compliant system is in place. Moreover, DSPR/NECC management organizes focus groups discussions with beneficiaries to solicit their feedback.

# Safety and Security plans

During the 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. The forum has identified three risk area related to the deterioration in the security situation and spread of COVID-19 in addition to duplication of efforts with other actors and availability of food and non-food items due to closure of market. These threats will be mitigated by paying special attention to COVID-19 directives





by all intervention staff to avoid spreading of the virus in the different reached community of the targeted geographical areas and though coordination with local and forum members to avoid duplication and by monitoring of availability of food and non-food items in the local market.

DSPR will keep maintaining an adequate level of emergency preparedness

- Fostering good relationships with the local communities and other stakeholders
- Maintaining inclusiveness and neutrality
- Maintaining adequate stock of supplies, fuel, drugs, disposables

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 at risk in the area where they work in terms of unexploded ordinance (UXO)

# 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.

	_
⊠ Yes	□ No

# **Code of Conduct**

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

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

# Safeguarding

Implementing partners members and volunteers are committed to child safeguarding in project and interventions.

DSPR continues to mainstream child safeguarding and child abuse through providing awareness sessions, distributing brochures and booklets to beneficiaries at the health centres. 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. During 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.

While EJ-YMCA has a child safeguarding and protection policy, all staff members have signed on this policy as well as the code of conduct. This policy is meant to protect the children from all kinds of abuse, violence, discrimination, and exploitation, while EJ-YMCA is committed to all treaties that protect the rights of children, it doesn't tolerate any type of misconduct against children, and holds any individual accountable in case of proven violation of the policy.

# Conflict sensitivity / do no harm

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. Applying members had a track record of working and understanding the local context and local dynamics and have enough experience and know how to avoid local conflict.





# 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 it code of conduct to ensure that the complaints will be addressed, and feedback actively gathered. For EJ-YWCA, they adhere to the following policies and standards, which are mandatory to all involved staff, volunteers, and relevant suppliers: Accountability Framework (including the CRM), Anti-Fraud and Corruption Policy, Child Protection Policy, Diversity, Inclusion and Equity Policy, Code of Conduct, Protection from Sexual Exploitation and Abuse (PSEA), and Core Humanitarian Standards (CHS).

# **Communication and visibility**

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\_programmes and receive updated information about the general situation,
- Informing beneficiaries on the source of funding,
- Video conference: Regular video conference through ACT Palestine forum members in Gaza and in Jerusalem with sharing updates on the appeal.





# Annexes Annex 1 – Summary Table

	DSPR					EJ-YMCA			
Start Date	01/8/2022					01/8/2022			
End Date	31/7/2023				31/7	7/2023			
Project Period (in months)	12 months					12 months			
Response Locations	OPt- Gaza and West Bank					OPt - West bank			
Sectors of response		Public Health		Shelter and household items		Public Health		Shelter and household items	
		Community Engagement		Food Security		Community Engagement		Food Security	
	$\boxtimes$	Preparedness and Prevention	$\boxtimes$	MHPSS and Community Psycho-social		Preparedness and Prevention		MHPSS and Community Psycho-social	
		WASH	×	Gender		WASH		Gender	
		Livelihood		Engagement with Faith and Religious leaders and institutions		Livelihood		Engagement with Faith and Religious leaders and institutions	
		Education		Unconditional Cash		Education		Unconditional Cash	
Targeted Recipients (per sector)	Health (5,000), Job Creation (150), Preparedness and Prevention 500HH, Hygiene Kits, Women Cooperatives 20 HH, MHPSS 1500HH, Unconditional Cash 600 HH			Unc	onditional Cash	n 1,050	НН		
Requested budget (USD)	USD 608,168				US\$ 185,984				





# Annex 2 – Security Risk Assessment

# **Principal Threats:**

Threat 1: Deterioration in the security situation due to man-made disasters and the spread of COVID-19.

Threat 2: There is duplication of efforts with other actors.

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

Place the above listed threats in the appropriate corresponding box in the table below. For more information on how to fill out this table please see the ACT Alliance Security Risk Assessment Tool (<a href="http://actalliance.org/documents/act-alliance-security-risk-assessment-tool/">http://actalliance.org/documents/act-alliance-security-risk-assessment-tool/</a>)

Impact	Negligible	Minor	Moderate	Severe	Critical	
Probability						
Very likely	Low	Medium	High	Very high	Very high	
	Click here to					
	enter text.					
Likely	Low	Medium	High	High	Very high	
	Click here to	Click here to	Click here to	Threat 1	Click here to	
	enter text.	enter text.	enter text		enter text.	
Moderately	Very low	Low	Medium	High	High	
likely	Click here to	Click here to	Click here to	Threat 3	Click here to	
	enter text.	enter text.	enter text.		enter text.	
Unlikely	Very low	Low	Low	Medium	Medium	
	Click here to	Click here to	Threat2	Click here to	Click here to	
	enter text.	enter text.		enter text.	enter text.	
Very unlikely	Very low	Very low	Very low	Low	Low	
_	Click here to					
	enter text.					





### **Annex 3 Results Framework**

### **Consolidated Results Framework PSE 221** Goal Target **Data Source/Collection** Frequency of **Objectives** Outcome Outputs **Key Indicator** Organisation No of Persons Location Method reporting 1. Phone call to households to check names # vulnerable Gazan households receive 600 House Holds A. Early recovery / livelihood DSPR 2. Distribution lists (bank 150 USD as unconditional cash for basic Gaza Quarterly / 3000 people restoration Vulnerable households transfer slips) needs (DSPR) receive cash transfers / 3. Reports Women and vulnerable distributions, which cover individuals in affected their essential needs. # Vulnerable Households in West Bank 1050 House communities have their EJ YMCA Holds / 5250 receive 150 USD as Uncondictional Cash West Bank (Jericho, Nablus Quarterly basic needs addressed, for basic Needs (EJ-YMCA) people through unconditional cash grants. Job opportunities for # vulnerable households receive 350 USD Women and vulnerable vulnerable households are for 3 months through emergency job DSPR 150 Gaza Quarterly individuals in affected created, including in the opportunties communities have improved informal working sector. their economic situation, Objective 1. through increased access to Women cooperatives employment opportunities. economic well being is To provide #Women Cooperative economic well 20 cooperatives / West Bank Area C, Qalqilya enhanced with job DSPR Quarterly being enhanced 100 people Tulkarem immediate and opportunities and cash life-saving multitransfers/distributions. sectoral # health visits provided to vulnerable B. Health and nutrition emergency households affected by the escalation Gaza (Al- Shijaeya, Al Daraj Names of patients from DSPR support for Quarterly affected people Affected people in the Gaza (5000 beneficiairies from different age Khirbet Al Adas ) clinics as per records received in the Gaza Strip Strip have improved access Affected populations receive # households under COVID19 risk receive Names / distribution lists of to health services (primary medical services, including and the West hygiene kits household of hygiene kits health care, emergency care) medication. 500 House holds Bank. DSPR and reduction of crisis Quarterly / 2500 People induced health risks (such as malnutrition). # number of family members Benificaries reports participating in councelling sessions. Stories / Photographs DSPR 500 Gaza Quarterly C. Protection / Psychosocial support # Men and women participate in PSS Benificaries reports Directly and indirectly 300 Gaza activities DSPR Stories / Photographs Quarterly Women and vulnerable affected population access individuals, including PSS, which improves well-# children engaged in PSS activities Benificaries reports children, in poor and being and addresses distress. 200 Gaza Stories / Photographs overcrowded localities have DSPR Quarterly improved psychosocial wellbeing.

Please note: calcultations of peopel reached are based on 5 per house hold average (Palestine Central Bureau of Statistics, 11.07.2021)

