



Rapid Response Fund

ACT Secretariat Approval

Project Code 06/2023

Emergency response to the urgent needs in the Occupied Palestinian Territories

Project Name following Gaza Crises

The ACT Secretariat has approved the use of **USD148,705** from its Global Rapid Response Fund (GRRF23) and would be grateful to receive contributions to wholly or partially replenish this payment.

For further information please contact:

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A handwritten signature in black ink, appearing to read "Cyra".

Cyra Michelle Bullecer

Global Humanitarian Operations Manager

ACT Alliance Secretariat

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Rapid Response Fund

Project Proposal

Emergency Prepared and Response Plan

EPRP last updated	Jun-23
Do you have a Contingency Plan for this response?	Yes
EPRP link on the online platform (or attach hard copy with proposal)	Consolidate Forum EPRP.docx

Please submit this form to the Regional Humanitarian Programme Officer in your region with a copy to the Regional Representative

Date submitted to ACT Secretariat

6/19/2023

Section 1 Project Data

Project Information

Project Name	Emergency response to the urgent needs in the Occupied Palestinian Territories following Gaza Crises	
Project Code	06/2023	
Country Forum	ACT Palestine forum	
ACT Requesting Member (if there are more than one member, please use ALT+<Enter> to add another member)	Department of Service to Palestinian Refugees "DSPR"	
Name of person leading the project	George Stephan	
Job Title	ACT Palestine forum - Coordinator	
Email	georgeabuemil@gmail.com	
Tel no./Whatsapp/Skype	Mobile 009722505522446	
Location(s) of project (city / province)	Jerusalem	
Project start date (dd/mm/yyyy)		01/Jul/23
Project end date (dd/mm/yyyy)		30/Sep/23

Which sectors your response activities most relate to

(please indicate number of planned beneficiaries per organisation in each sector where you plan to give assistance)

Sectors	Member (DSPR - NECC Gaza)	
	Male	Female
Cash/ Vouchers		
Camp Management		
Education		
Food/Nutrition	1800	1200
Health	1100	1900
Household items		
Livelihood		
Psychosocial	624	506
Shelter		
Wash		

Section 2 Project Description

2.1 Context

1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project (maximum 5 bullet points)

On 9 May, Israeli forces launched a military operation in the Gaza Strip. Israeli airstrikes struck residential buildings and houses where three members of the Palestinian Islamic Jihad were staying, killing them along with ten family members. In the Gaza Strip, the United Nations Human Rights Office (OHCHR) has verified 33 Palestinian fatalities from 9 to 14 May. Out of the verified fatalities, at least 12 were civilians. Among the 12 civilians were four girls, 2 boys, 4 women and 2 men.

According to the Ministry of Health (MoH) in Gaza, 190 Palestinians were injured, including 64 children and 38 women. During the escalation, there was damage to housing units, schools, health facilities, and infrastructure. A total of 2,943 housing units were damaged, with 103 destroyed, 140 severely damaged, and 2,700 otherwise damaged. It is estimated that 1,244 Palestinians were internally displaced as a result.

The escalation came to worsen the already fragile systems in the Gaza strip, along with the siege, blockade, high unemployment, economic collapse, extreme psychosocial distress and all of hostilities resulted in a direct humanitarian impact on education, livelihoods, access to basic services, shelter, water and sanitation."

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help (maximum 5 bullet points)

The escalation and the associated closure of the Israeli-controlled crossings severely affected people's access to essential services. For example, patients were unable to reach health facilities, including those who needed referral to hospitals in the West Bank, including East Jerusalem and schools were closed throughout the hostilities. Rapid assessment conducted by Atfaluna Society for Deaf Children between the period 9th to 13th May 2023. This assessment covers the Gaza Strip area, where 104 of the respondents from Gaza, 15 in north of Gaza 13 middle area 40 were from Khan Younis and Rafah.

The assessment showed that 94.4% of the mothers expressed that their children experience nightmares, sleeping disorders, behavioural changes, lack of concentration, all in severe posttraumatic stress disorder. (Symptoms among mostly children and women). According to OCHA updated flash report, 2023, Mental health and psychosocial support (MHPSS), gender-based violence (GBV) and child protection services hotlines continued to operate during the escalations and noted a relative increase in incoming calls indicating increased levels of stress, fear, anxiety, insecurity, and panic attacks as well as domestic violence especially among women and children.

The local authorities estimated losses related to the cessation of economic activity at US\$40 million and infrastructure losses at about \$1 million, including to 159 water lines and 173 sewage lines, 304 power lines and transformers, in addition to damage to roads. The Gaza Power Plant, which depends on regular fuel deliveries through Kerem Shalom crossing, had to shut down one of its three operating turbines between 10 and 15 May. This reduced electricity provision to around 12 hours per day, on average, disrupting the already challenged provision of basic services, including water, sanitation and health care causing larger reliance on backup generators and reducing access to piped water. <https://www.ochaopt.org/content/flash-update-5-15-may-2023>

The damage to housing units is estimated at \$9 million.

The escalation exacerbated pre-existing shortages of urgent medical supplies needed for critical health services, including treatment for the wounded.

3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis. (maximum 3 bullet points)

DSPR Central Office together with the Executive Directors and Staff of Gaza initiate discussion of the emergency situation and carry forward the process of planning for the appeal/RRF and its eventual implementation, supervision and evaluation. The Area Committees (ACs) and Central Committee (CC) of DSPR are informed of the ACT RRF and of the progress done at each stage.

The discussion continued at the ACT Palestine forum level in which urgent meeting was held to assess the situation and the forum has agreed that DSPR NECC being a member of ACT Palestine forum to apply to ACT Alliance requesting for RRF, this was due to urgency of the situation.

DSPR NECC have its facilities and staff and will respond to the crisis accordingly.

2.2 Activity Summary

1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis. *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

NECC-DSPR Gaza launch this emergency response aiming to counteract and to reduce the vulnerability of people resulting from the ongoing disasters in Gaza. DSPR NECC has identified three urgent priorities which are common to Gaza: health, food vouchers, and psychosocial support and relief. These priorities focus on preventing further deteriorations in health, psychological status, food security, promoting, protecting and upholding the rights of Palestinians, including in accessing services. These priorities meet the needs and challenges present in the unique operating contexts of Gaza. DSPR NECC beneficiaries will be included in this response including affected families by recent escalations in Gaza, with focus on families with low economic status, children with anemia and malnutrition, and people with special needs .

Health support services will be provided to people including medication and medical supplies and medical fees. The MHPSS interventions with focus on children, women, and TVET students, the proposed activities will include psychosocial first aid sessions, debriefing sessions, relaxation techniques sessions, stress release and building resilience, recreational trips, open fun days, and case management of affected and traumatized women, children, TVET students, in addition to staff care who has been affected by the recent escalation in Gaza.

This emergency response project supports the pledge to 'Leave No One Behind', and to reach those furthest behind first, especially vulnerable , affected families in poor and marginalized areas.

It is worth mentioning that the consecutive Palestinian–Israeli violent clashes- including the last aggression in May 2023- have worsened the multi-faceted vulnerabilities and risks already facing people in Gaza with children and women suffering the most.

2. CHS Commitment 2. Explain how you will start your activities promptly. *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

"1. Coordination meetings with local forum, partners to organize planning, implementation, monitoring, and evaluation strategies.

2. Hold meetings with local structures such, as well as national NGOs and other local structures of civil society, for the coordination of assistance.

3. Socialization of the project with local actors and civil society

4. Conduct meeting with staff to launch a plan to Carry out psychosocial support activities and psychological first aid for affected women, children, and TVET students: (1,130 persons)

5. Prepare the list of affected and vulnerable families carefully through social workers' family assessment- case study. According to the selection criteria, support them with food and non-food vouchers, then prepare for tender to select a suitable vendor. (500 affected households).

6. To ensure access to healthcare services in the Gaza Strip, DSPR- NECC proposes to provide sufficient levels of primary healthcare services (including quality antenatal, and postnatal care, family planning, well-baby services, nutrition services, Lab testing, medical diagnosis), essential medical consumables and supplies at NECC Health Care centres to respond to the increased demand caused by the shortage of similar medicines and supplies in Ministry of Health (MoH) and private clinics, so the provision of health care services to 3,000 beneficiaries living in DSPR-NECC catchment areas.

7. Follow-up and supervision meetings, post-distribution monitoring.

NECC has a long experience in responding to emergency interventions, including health services and providing medicines and supplements for sick children and mothers, psychosocial support, cash relief, and cash vouchers, distribution of feed and non-food items and vouchers. DSPR -NECC operates in Gaza since the year 1952 and coordinates its work with local partners and stakeholders, and with community-based organizations and community entities and with the ACT Palestine forum and uses their premises for awareness and community related activities. In addition to that, DSPR-NECC coordinates with the UN-led health and nutrition clusters in order to ensure complementarity and exchange lessons learned with different players.

3. CHS Commitment 6. How are you co-ordinating and with whom? *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs*

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 other faith-based organizations who can play a significant role in responding to the emergency. Coordination with other organizations depends on the nature of the activity undertaken. In Gaza, ongoing coordination and cooperation with UNRWA, the Ministry of Health, Ministry of Labour, UNICEF, Private sector, NGO’s and CBOs is part of our work and its implementation. In the Primary Family Health Care Centres, DSPR NECC has good Coordination with Ministry of health to get licence of the family care centres and referring cases to MOH hospitals and clinics, Coordination with Thalassemia Centre to conduct electrophoresis for special cases of anaemia non-responding to Iron supplementation, Contacting ANERA for donating some items of medications, Coordination with WHO – Health nutrition cluster regular meetings.

4. CHS Commitment 3, 9. How are you planning to procure your goods or services? (This includes cash transfer methodologies) Please tick boxes that apply. *Goods and services procured locally supports and revitalises*

Locally or within the affected areas	x	Nationally		Regionally or neighbouring countries		Internationally	
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Do you have a procurement policy? What factors did you consider when you made this decision?

NECC- DSPR Gaza has administrative and financial manual, these policies and procedures are applicable to all procurement activities with no exceptions noted. Any exceptions granted shall be written and recommended by the Executive Director subsequent to consultation with the Chief Accountant and approved by the Area Committee. The listed hereinafter policies and procedures are intended to specify the procurement authorities, limits and to determine stipulations which shall be adhered to in all procurement activities to ensure that such activities are performed in an efficient and effective manner and in compliance with the terms of the approved budget by the DSPR-NECC Area Committee. Some general criteria to be followed is: Reliability and reputation of the supplier, the quality of good and services, the competitiveness and cost. In addition Procurement includes the functions of planning, identification of needs, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration. The DSPR-NECC is responsible for protecting the integrity of the procurement process and maintaining fair, impartial, transparent procurement activities.

2.3 Description of Target Population

1. CHS Commitment 1, 9. How do you calculate the beneficiary numbers for this project? *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

Health Support: To provide medications, and medical follow-up of cases affected by the conflict, as there is a noticeable increase in the caseload attending the DSPR NECC clinics to seek medical and health services in the light of severe shortages of drugs in governmental primary health care centres.

Psychosocial components include psychosocial First Aid, Debriefing, stress relief, recreational activities and recreational trips, support, and professional counselling to traumatize children, women, TVET students, and staff care to NECC employees, family members, and friends.

DSPR NECC a will target the following geographic areas (Gaza City, Khan Younis in the center, and Rafah in the south, mainly through its clinics in Al-Shijaeya, Al-Daraj, and Khirbet Al-Adas in Rafah).5. The number of beneficiaries across the different interventions in Gaza is expected to be providing 500 poor and needy families (3000 persons) with food voucher in the amount of \$75 per family; 500 HH (3000 persons) *\$75 Food Vouchers, 1130 persons will receive PSS sessions and recreational trips staff care including 130 NECC employee, board committee, and consultancy staff,3,000 patients receive health services mainly mother and child care.

The number of beneficiaries across the different interventions in Gaza is expected to be households 500 HH Food Vouchers, 1,130 beneficiaries receive PSS including 130 NECC employee, board committee, and consultancy staff, 3,000 patients receive health services).

2. CHS Commitment 1, 2, 3, 4. Which vulnerable groups are you specifically targeting? What makes them vulnerable? *Please explain.*

The primary geographical focus of the interventions is centralized around target areas where the interested ACT members already have presence and working. According to a UN organization, more than 80% of Palestinians in Gaza needed humanitarian aid; however, DSPR-NECC Gaza will target the areas in which it works covering a population of more than 250,000 people. DSPR Gaza has presence in Gaza City in the north, Khan Younis in the center and Rafah in the south mainly through its clinics in Shijaia ,Daraj, and Khirbet Al-Adas. The target group are the most vulnerable displacement affected people (refugees, internally displaced people, host communities) in three areas of Gaza Strip, specifically children, unemployed youth, mothers of children under 6 and/or pregnant women, and teenage boys / male youth from low socioeconomic backgrounds. The beneficiaries of the project are regular beneficiaries who seek NECC services to meet their needs. The clinics are open and accessible to all. Usually, people self-refer themselves to the DSPR-NECC clinics. However, DSPR-NECC also conducts some outreach activities to reach beneficiaries who need services and didn't present to the clinics. DSPR- NECC Gaza will provide the interventions in several sectors including multi-purposes, providing nutrition and food assistance and hygiene kits for families, where families are unable to afford the basic needs of nutrition and food for their children, they reported in the recent survey conducted by DSPR-NECC through need assessment they are highly in need to food assistances even before escalations.

3. CHS Commitment 4. Explain how the target population has been/is involved in the design of the proposed intervention *(maximum 5 bullet points)*

DSPR NECC conducts regular community meetings and involve people from the served areas and usually include women and men from different backgrounds and different characteristics. During community meetings various issues are discussed such as the quality of the services provided and community perceptions about these services, approaches to delivering services and community suggestions for improving the provided services. Suggestions boxes are available at DSPR-NECC. Clients are encouraged to raise their issues and regularly the organization responds to their requests. In addition, appeal and compliant system is in place. As a part of the monitoring, DSPR-NECC organizes focus groups discussions with beneficiaries to solicit their feedback. DSPR-NECC conducts regular evaluations and client's perspectives are seriously considered in these evaluations.

2.4 Expected Results

1. What will this project's success look like based on your time frame? *Please write your activities milestones including dates.*

The Relief Assistance through this RRF will last for at least 90 days in which

- 3,000 Patients and sick people of vulnerable areas received suitable examination and treatment
- 1,130 people receive appropriate psychosocial services
- 500 households (3,000 Beneficiaries) will be provided with food for at least 1 month

2. Describe the risks to a successful project and how you are managing them.

Following are the potential risks which would be associated with this humanitarian response project and DSPR -NECC will manage the risks adopting various appropriate measures

Political conflict and security concerns, the management will be maintaining adequate level of emergency preparedness

2- Shortages in drugs and medical supplies in the local market , Maintaining adequate stock of supplies, fuel, drugs, disposables and coordinate with MOH and UNRWA to secure the needed medications

3-Accessibility to health center , Coordination with local authorities to enable our staff to access our health centres

4- Increased Stress due to the occupation and financial issues increases social issues such as family violence, so Information in the clinics regarding how to seek help for those experiencing family violence, family counselling in the NECC PSS clinics, and integration of family violence training .

2.5 Monitoring, Accountability & Learning

1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?

Monitoring and evaluation will be an ongoing process which will involve a high degree of community participation. Appropriate participatory tools including the CHS (Core Humanitarian Standards) will be used in the monitoring and evaluation of all activities and this will be achieved through a coordinated approach with all stakeholders.

The ACT Palestine forum is planning for a monitoring visit to the Gaza strip and The DSPR NECC management through it staff and supervisors will make sure that relevant tools , action plans is in place for all the activities to ensure the right data is captured. Each center has a supervisor, and along with the head office, the Executive Director and the Program Coordinator will monitor and supervise the implementation of the program closely. DSPR-NECC is also a learning organization that are eager to learn and modify its strategies based on evidence collected from the field. Beneficiaries feedback is systematically monitored and usually reflects positive attitudes as the satisfaction assessments reveal that over 90% of NECC clients are satisfied. Suggestions and complaint boxes are available at DSPR-NECC. Moreover, DSPR-NECC management organizes focus groups discussions with beneficiaries to solicit their feedback, monitoring tools such as pretest, and post test questionnaire used to monitor the improvement of knowledge.

2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct? *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one.*

DSPR NECC has an approved child protection policy, code of conduct, gender policy, Anti-Fraud policy and anticorruption policy , Including sexual exploitation and harassment. These policies are mainstreaming through providing sessions and distributing brochures and booklets to the beneficiaries at the health centres and TVET-VTCs as well.

This Policy applies to all DSPR-NECC staff, partner employees, volunteers, interns, trainees, contractors and consultants working or involved in the DSPR-NECC program in any capacity.

3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5

Usually, the local community leaders are consulted about the very basic ideas of DSPR NECC 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 regular community meetings and involve 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. NECC has suggestion boxes and complaint boxes at all its premises health and TVET. This will include

Revise the compliant system and more proactively disseminate it, organize a training session to staff about handling complaints with beneficiaries' leadership involvement, and providing training to the staff on accountability mechanisms and to the beneficiaries about their right to make a complaint or receive the services through awareness sessions

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Rapid Response Fund

Financial Budget and Report

Project Code
Project Name

06/2023
Emergency response to the urgent needs in the Occupied Palestinian Territories following Gaza Crises

Budget Exchange rate (1 USD to local currency)
Please use exchange rate from this site:

1.000000

<http://www.floatrates.com/historical-exchange-rates.html>

Description	Type of Unit	No. of Units	Unit Cost	Budget		
			local currency	local currency	USD	
DIRECT COSTS						
1 PROJECT STAFF						
1.2.1.	1 Supervisor/family health centre 32% (Gaza)	Month	3	450	1,350	1,350
1.2.2.	1 Social worker and emergency relief supervisor 30% (Gaza)	Month	3	300	900	900
1.2.3.	3 Doctors 50% (Gaza)	Month	3	1,800	5,400	5,400
1.2.4.	4 Psychosocial councillors 50% (Gaza)	Month	3	1,600	4,800	4,800
1.2.5.	1 Field Social Worker 100% (Gaza)	Month	3	500	1,500	1,500
1.2.6.	2 Support Staff 46% (Gaza)	Month	3	600	1,800	1,800
1.2.7.	1 Senior Finance Officer 25% (Gaza)	Month	3	375	1,125	1,125
TOTAL PROJECT STAFF					16,875	16,875
2 PROJECT ACTIVITIES						
2.4.	Food/Nutrition				37,500	37,500
2.4.1.	Food Vouchers	Voucher	500	75	37,500	37,500
2.5.	Health				35,000	35,000
2.5.1.	Medications & Medical Supplies (Gaza)	Lump sum	1	35,000	35,000	35,000
2.8.	Psychosocial				38,750	38,750
2.8.1.	PS Sessions (Gaza)	Person	1,130	15	16,950	16,950
2.8.2.	Children's play tools (Gaza)	Lump	1	2,500	2,500	2,500
2.8.3.	T-shirts (Gaza)	T-shirt	500	5	2,500	2,500
2.8.5.	9 recreational trips (9 Trips x 120 persons x 1 trips each)	Trip	9	1,500	13,500	13,500
2.8.7.	Transportation (Gaza)	per day	9	300	2,700	2,700
2.8.8.	Clowns shows (Gaza)	per show	3	200	600	600
TOTAL PROJECT ACTIVITIES					111,250	111,250
3 PROJECT IMPLEMENTATION						
3.1	Forum Coordination				2,100	2,100
3.1.1.	Forum Coordination	Month	3	200	600	600
3.1.2.	Forum monitoring visit to Gaza	Lump Sum	1	1,500	1,500	1,500
3.1.3.	External coordination				-	-
TOTAL PROJECT IMPLEMENTATION					2,100	2,100
4 QUALITY AND ACCOUNTABILITY						
4.6	Audit	lump sum	1	4,000	4,000	4,000
TOTAL QUALITY AND ACCOUNTABILITY					4,000	4,000
5 LOGISTICS						

Description	Type of Unit	No. of Units	Unit Cost	Budget		
			local currency	local currency	USD	
5.1.2	Vehicle Rental			-	-	
5.1.3	Fuel	Month	3	800	2,400	2,400
5.2.1	Warehouse rental			-	-	
5.2.2	Wages for Security/ Guards			-	-	
5.3.1	Salaries for Logistician/Procurement Officer	Month	3	400	1,200	1,200
5.3.2	Salaries / wages for labourers			-	-	
5.3.3	Salaries / wages for drivers			-	-	
TOTAL LOGISTICS					3,600	3,600
TOTAL DIRECT COST					137,825	137,825
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT						
	Salaries CO Programme Director) 25%	Month	3	800	2,400	2,400
	Salaries CO Finance Director /Forum Coordinator 30%	Month	3	1,060	3,180	3,180
	Staff salaries - Cost shared				5,580	5,580
	Office Occupancy 15%	Lump Sump	1	3,500	3,500	3,500
	Office Operations Cost (Stationary, Tel..)	Month	3	600	1,800	1,800
	Office Operations				5,300	5,300
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT					10,880	10,880
Percentage of Indirect Costs against Total Budget					7%	7%
Total Budget					148,705	148,705