

ACT Alliance

APPEAL

PSE231

**ACT Palestine Forum Emergency response in
the Occupied Palestinian Territories - Gaza
Conflict**

actalliance

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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

Project Summary Sheet															
Project Title	ACT Palestine Forum Emergency Response in the Occupied Palestinian Territories - Gaza Conflict														
Project ID	PSE231														
Location	Occupied Palestinian Territory; Gaza Strip, West Bank and Jerusalem														
Project Period	Start Date: 1 November 2023 End Date: 30 October 2025 No. of months: 24 Months - DSPR 12 Months for ELCJHL 6 months for both HEKS-EPER and LWF														
Requesting Forum	ACT Palestine Forum <input checked="" type="checkbox"/> The ACT Forum officially endorses the submission of this Appeal														
Requesting members	<ul style="list-style-type: none"> • Department of Service to Palestinian Refugees - DSPR • Evangelical Lutheran Church in Jordan and the Holy Land - ELCJHL • Lutheran World Federation/ Augusta Victoria Hospital – LWF/AVH • HEKS-EPER 														
Contact	<table border="1"> <tr> <td>Name</td> <td>George Stephan , APF Coordinator</td> </tr> <tr> <td>Email</td> <td>finance.mgr.co@dspir.org</td> </tr> <tr> <td>Other means of contact (WhatsApp, Skype ID)</td> <td>Skype: George. DSPR</td> </tr> </table>	Name	George Stephan , APF Coordinator	Email	finance.mgr.co@dspir.org	Other means of contact (WhatsApp, Skype ID)	Skype: George. DSPR								
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Project Outcome(s)	<p>1. People affected by the hostilities receive immediate lifesaving, multi-sectoral emergency support through cash transfers, livelihoods and emergency health services and delivery of medical supplies and medicines.</p> <p>2. Women, vulnerable individuals and children, in affected areas and overcrowded localities have improved psychosocial wellbeing.</p> <p>3. Families affected have safe accommodation and places to live in, and affected ACT Members and partners premises are functional to support the target population.</p>																																																																																																																																																																			
Project Objectives	<p>Objective 1: To provide immediate and life-saving multi-sectoral emergency support to the people affected by the conflict in the Gaza Strip, Jerusalem and the West Bank.</p> <p>Objective 2. To enable access to and restoration of basic services for conflict affected people in the Gaza Strip, Jerusalem and the West Bank.</p>																																																																																																																																																																			
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¹ Please note: calculations of people reached are based on 5 per house hold average (Palestine Central Bureau of Statistics, 11.07.2021)

Reporting Schedule

Type of Report	Due date
Situation report	15 Feb 2024 <i>First SitRep due, then</i> Quarterly
Interim narrative and financial report <i>(Final report for HEKS and LWF)</i>	30 November 2024
Final narrative and financial report (60 days after the ending date)	31 December 2025
Audit report (90 days after the ending date)	31 January 2025

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 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: [☐_00 Appeals reports](#), **Appeal Code PSE231** The ACT spreadsheet provides an overview of existing pledges/contributions and associated earmarking for the appeal.

Please, inform the **ACT Humanitarian Team** at humanitarianfinance@actalliance.org about all the pledges or 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 results of these applications. We thank you in advance for your kind cooperation.

For further information, please contact:

ACT Palestine Forum Coordinator, George Stephan finance.mgr.co@dSpr.org
ACT Regional Representative, Rachel Luce Rachel.Luce@actalliance.org
Humanitarian Advisor, George Majaj George.Majaj@actalliance.org

Visit the Act Alliance Website: <https://actalliance.org>

Niall O' Rourke

Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

On October 7, the Government of Israel declared war and initiated a series of airstrikes on the densely populated Gaza Strip, after Palestinian armed groups breached the security barrier at several points resulting in significant loss of life while simultaneously launching barrage of rockets into Israel. The attacks from both parties, led to the loss of thousands of Palestinian and Israeli lives, with tens of thousands of individuals sustaining injuries.

In Palestine, the ongoing hostilities have created a humanitarian crisis, with homes, schools, medical facilities, and critical infrastructures being extensively damaged or destroyed. In the Gaza Strip, the conflict has led to significant and alarming mass displacement of people. Approximately 1.4 million out of Gaza's 2.2 million residents are currently displaced. Many sought refuge in the UNRWA schools as well as in churches and hospitals, although some of these safe locations have also been impacted by airstrikes. On October 21, the Gaza Ministry of Public Works and Housing reported 15,749 housing units destroyed, 10,935 uninhabitable and 142,500 housing units sustained minor to moderate damage. The total number of housing units reported as destroyed or damaged accounts for at least 43% of all housing units in the Gaza Strip.

The attacks have affected 34 healthcare facilities and 24 ambulances. Twelve hospitals and 46 primary care clinics are no longer functioning. Hospitals are implementing emergency contingency plans that affect the functioning and access to health care by the civilian population. The extent of damage sustained by educational facilities and other civilian infrastructure is also a growing concern.

Most of the 65 sewage pumping stations present in Gaza are not operational, increasing the risk of sewage flooding. All five wastewater treatment plants in Gaza have been forced to shut down due to lack of power, which previously provided water and sanitation services to over 1.1M people, resulting in substantial amounts of raw sewage being continuously dumped into the sea. The cut off of the water supply to Gaza is exacerbating an already severe shortage of potable water.

Israeli airstrikes also targeted telecommunication installations, destroying two of the three main lines for mobile and internet communications. This is hindering the communication between separated families within Gaza Strip itself, the West Bank, and the outside world.

As a result of the war in Gaza, the West Bank and East Jerusalem are witnessing an escalation of violence, including casualties, settler violence, and attacks on healthcare facilities and staff (OCHA Flash Update, Oct-2023). In the West Bank and in East Jerusalem, 64 Palestinians, including eighteen children lost their lives during recent confrontations. Among them, five were killed by settlers, while 28 were killed by Israeli security forces. Additionally, 500 Palestinians, including 81 children, sustained injuries inflicted by Israeli forces. Most of these injuries (426) occurred during demonstrations expressing solidarity with Gaza residents, with over 35 percent of all injuries resulting from live ammunition (OCHA Flash Update, Oct-2023). Since the 7th of October, settler violence has increased and resulted in the displacement of several communities in the West Bank including South Hebron Hills and other locations². In addition, due to the security situation, Israeli has put many restrictions on movement and access throughout the West Bank, putting more strains on people's livelihoods and are severely impacting access to essential services.

In Gaza, due to the lack of water resources, limited access and movement restriction, herders don't have access to clean drinking water for themselves and for their livestock. They haven't been able to reach pasture lands and the grazing areas.

² [Hostilities in the Gaza Strip and Israel | Flash Update #11 | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory \(ochaopt.org\)](https://ochaopt.org/)

Based on the initial assessment conducted by ACT members on the ground in Gaza, West Bank and East Jerusalem, the situation represents a large-scale emergency. The significant number of casualties, both in terms of fatalities and injuries, as well as the extensive impact of the Gaza conflict in the region, indicate the magnitude of this crisis. The large number of people affected by the hostilities, the massive displacements, and the widespread humanitarian and medical needs in addition to the very high number of buildings and home destruction further affirm the classification of this situation as a large-scale emergency. The main challenge at this stage of the crisis is humanitarian access as only 35 UN trucks were allowed to enter through the Rafah crossing as at 22.10.2023.

According to OCHA, these are some highlights of the humanitarian needs³:

- Access to basic needs and services is severely restricted by the lack of resources and the security situation.
- Depletion of stocked items is worsening.
- Need to open roads, safe access to basic needs, medicines, mental health support, and ambulance services in the West Bank.
- Thousands of people in need of specialized mental health services, including mental health drugs
- Urgent need to provide services and basic Shelter and NFI to IDPs.
- Provision of NFIs and house maintenance for people displaced in urban centers and with host families.
- Provision of shelter cash assistance for IDPs (reintegration package and belongings loss compensation)
- Addressing shortages of medical supplies impacting case management.
- Fuel supply for hospitals and ambulances.
- Urgent need to restock medical supplies given depletion of stocks in the local market.
- Need for short and long-term mental health and psychosocial support services for large numbers of psychologically traumatized people.
- Safe access to schools and communities.
- Delivery of essential WASH services and provisions to IDPs in collective centers, including drinking water and hygiene kits.
- Provision of clean drinking water to the population.

Capacity to respond

The ACT Palestine Forum's members DSPR, ELCJHL, LWF and HEKS-EPER, are organizations deeply rooted in the local communities and have a history of participating in previous humanitarian relief efforts under ACT appeals in different regions. During this emergency, they will maintain an ongoing collaboration through the ACT Palestine Forum, from the proposal to the implementation stages. Leveraging their collective experience, they will ensure a prompt and efficient response. The principle of capacity-sharing will be employed, allowing members with specific expertise to complement one another's capabilities. The members will also continue to collaborate with all ACT members in Palestine and engage with other faith-based organizations that can contribute significantly to the emergency response efforts.

ELCJHL has long experience in distributing humanitarian aid to the local communities. Through their Diaconal centres/ministries and the local churches located in Jerusalem, Ramallah, Bethlehem, Beit Sahour, and Beit Jala, the ELCJHL has built strong connections with the local communities, civil society organizations, and the local municipal councils. This proved to be instrumental during the COVID-19 crisis,

³ [Hostilities in the Gaza Strip and Israel | Flash Update #17 | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory \(ochaopt.org\)](https://ochaopt.org/)

when they managed to reach all the families who needed support in a timely manner. The ELCJHL has a very strong psychosocial program implemented in its three schools in addition to highly qualified social workers.

DSPR is a department of the Middle East Council of Churches, founded in the early 1950s with the launch of a humanitarian programme to assist Palestinians who took refuge in the Gaza Strip, Jerusalem and West Bank, Galilee, Lebanon and Jordan. DSPR is an active member of ACT Alliance and has a long experience in responding to emergency responses, including by establishing health services, and providing medicines and supplements for sick children and mothers, psychosocial support, cash relief, and cash vouchers, distribution of food and non-food items and vouchers. DSPR in Gaza have 80 full time employees and 20 part time employees to run the centers and activities in Gaza supported by the Head office in Jerusalem. DSPR operates in Gaza and coordinates its work with local partners and stakeholders, with community-based organizations and community entities and with the ACT Palestine Forum. In addition to that, DSPR coordinates with the UN-led health and nutrition clusters to ensure complementarity and exchange lessons learned with different players.

LWF Jerusalem started in 1948 as a refugee operation and continues, 75 years later, to serve 5 million Palestinians. LWF Jerusalem owns and operates the Augusta Victoria Hospital (AVH) in East Jerusalem. It is the only hospital in the West Bank and Gaza with radiation therapy for cancer patients and a medical facility in the West Bank offering pediatric kidney dialysis. On average, 40% of patients come from Gaza, primarily for cancer treatment that is not available in Gaza. Around 15% of these are children under the age of 18. Since 2019, LWF has been working in partnership with the Anglican Al-Ahli hospital, with the aim to establish cancer diagnostic services within Gaza, the AVH Gaza Diagnostic Centre, closer to the patients' homes. The work to rehabilitate two floors in Al Ahli and to recruit and train relevant personnel was ongoing when the war started; the centre itself was originally due to open in October. In Jerusalem (Beit Hanina) and the West Bank (Ramallah), LWF also operates a Vocational Training Programme, empowering young Palestinian by enabling access to technical and life skills and market employment. The LWF Jerusalem Programme supports the Palestinian people through three key areas: health care, vocational training and livelihoods, and protection and psychosocial support.

HEKS/EPER is the Swiss Protestant Church Organization, HEKS/EPER is providing humanitarian assistance in various global contexts including the Middle East (e.g. Lebanon, Iraq, Syria and oPt). Based in Gaza since 2014, is working through different partners. HEKS has responded to previous escalations in Gaza providing multi-purpose cash assistance, MHPSS and IDP counseling and support. HEKS/EPER partners are present in the North, Middle and South Gaza. In addition to humanitarian assistance, HEKS/EPER is also conducting development projects in Gaza focusing on economic resilience of communities, women and youth.

The requesting members for the appeal, DSPR, LWF, HEKS and ELCJHL will use the Appeal funds to meet the urgent needs with special focus on people who have been directly affected by the current war.

RESPONSE STRATEGY

The implementing ACT Alliance Palestine Forum members will work through coordinated efforts to develop the different components of the appeal, each with their own expertise and local staff.

The response will focus primarily on responding to the primary needs categories as identified by and through different members in Gaza, West Bank and East Jerusalem:

1. **Cash:** Through multipurpose and cash for basic needs distribution in Gaza, the West Bank and Jerusalem

2. **Livelihoods:** Short term job opportunities for unskilled laborers. In addition to provision of water and food to displaced herders and farmer communities in the West Bank.
3. **Health** medical services, medication support and hygiene Kits.
4. **MHPSS:** activities to improve mental health and psychosocial interventions for target groups and for the staff of the requesting members.
5. **Shelter and Households and premises:** coverage of accommodation cost for affected people and patient accompaniers receiving treatment at AVH Hospital, and rehabilitation / reconstruction of affected homes and ACT members work premises (DSPR and Al Ahli Arab Hospital)

The ACT Palestine Forum plans and pre-assessments have been done in coordination with the local communities which helped us identify the priority needs areas in addition to the areas of intervention and the locations.

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

DSPR Gaza has devised a comprehensive response strategy to address the critical needs of the affected communities in Gaza. Our strategy encompasses both cash and non-cash assistance, psychosocial support, and rehabilitation efforts. Here are the key components of our response plan:

Cash and Non-Cash Assistance: Providing financial support to the most vulnerable individuals and families to meet their immediate needs also including distributing essential non-cash items such as food, hygiene kits, and other necessities to those affected by the crisis.

Psychosocial Support: Offering psychosocial assistance to help individuals and communities cope with the emotional and psychological toll of the conflict through providing counseling and mental health services to those in need, ensuring their well-being during these challenging times.

Rehabilitation of Minor Damaged Homes: Initiating the rehabilitation of homes that have sustained minor damage during the conflict, and provision of rent and ensuring safe and habitable living conditions for the affected families. Rehabilitating also includes DSPR Gaza premises and offices main building, clinic and Al Ahli Arab Hospital that have been severely damaged, ensuring they can continue to serve as vital hubs for the community.

Partnership with Al Ahli Hospital: DSPR and LWF /AVH both have an existing partnership with the Al Ahli hospital, and both requesting partners seek to provide different types of support to the hospital. DSPR will provide material support (essential equipment, medication etc) and psychosocial support to staff and target communities, addressing the immediate and long-term needs of the community during times of emergency and war. By focusing on both material support and psychosocial care, DSPR aims to help individuals and communities in Gaza regain stability and rebuild their lives. DSPR's partnership with Al Ahli Hospital underscores the commitment to ensuring access to vital healthcare services during these challenging times. While LWF/AVH will support Al Ahli with specialized cancer medication and the rehabilitation of the cancer Diagnostic Centre.

Livelihood restoration, DSPR will work with people who have lost their main source of income and provide them with an emergency job opportunity for one month to three months.

DSPR will also intervene in the West Bank and support 500 medical cases that require hosting in Jerusalem, Bethlehem, and Ramallah. Our strategic approach will include the following key components: two weeks of accommodation and food support for accompaniers. This will involve logistics and coordination through compiling comprehensive lists of available accommodation sites, including information about their capacity, status, and proximity to hospitals. Regular support visits to accompaniers to provide emotional support and to demonstrate that they are not alone in this situation.

Based on its initial assessment, **ELCJHL's** intervention will be restricted to unconditional cash assistance throughout the West Bank and Jerusalem to help people that have been affected by the conflict in Gaza. The plan is based on ELCJH's previous experience, and on the feedback received from the stakeholders, cash advances for humanitarian aid are the most effective method to provide immediate and emergency response in a timely manner. During emergencies, people lose their source of income, and the cost of commodities goes up drastically. So, the commodities are available, but people lack the financial resources to buy what they need. Also, the needs of the stakeholders vary: some might need medications, or food or other home supplies. This would give the stakeholders the freedom to use the cash advances according to their urgent needs. Additionally, through its three schools and the experienced social workers and experts, the ELCJHL will provide psychosocial activities and other recreational activities for the children who are affected by this conflict. The ELCJHL will provide 700 households with cash support, and 3,000 students and parents with psychosocial support.

LWF/AVH, will support Al Ahli by seeking to rehabilitate the parts of the AVH Gaza Diagnostic Centre that were damaged during the explosion. The initial assessment of damages and needed repairs have already been done remotely, and a plan has been put in place to implement the needed works as soon as possible. In addition, LWF/AVH will support Al Ahli with specialized cancer medication, to ensure that this life-saving treatment becomes available to cancer patients in Gaza who have been prevented from accessing their treatments. LWF / AVH and Al Ahli remain firmly committed to the partnership and to continuing to develop the Gaza Diagnostic Centre. DSPR and LWF/AVH will closely coordinate the work to avoid overlaps and ensure synergies in their support to Al Ahli.

Furthermore, In Jerusalem, the focus will be on support to 1) the patients and their companions from Gaza, who have been unable to return home since the start of the conflict, and are accommodated in hotels with which AVH has an agreement; 2) patients from the West Bank who need daily / frequent treatment and cannot risk being held back at the checkpoints and are therefore accommodated in the same hotels, 3) essential staff from outside East Jerusalem who are provided with accommodation at AVH or in nearby hotels to ensure their availability for work. In addition to offering support from the AVH in-house psychosocial team, LWF will provide *dignity kits* to these three groups to mitigate the risk of cross infectious diseases. While the number of people part of group 1, as identified above, has remained constant since the outbreak of the conflict, it is likely that the number of patients and staff in the second and third group may increase, especially if the security situation worsens in Jerusalem and the West Bank. In Jerusalem and in the West Bank, the focus will also be on the Vocational Training Centres (VTC) in Beit Hanina and Ramallah respectively, to provide mental health and psychosocial support to the young students in the centres. While LWF already made significant investments to be able to move the vocational training online during the C-19 pandemic, additional support is needed to make MHPSS available in different forms (including remote) and to offer recreational activities. Outside of the appeal, LWF will seek support for students and parents who are unable to pay the tuition fees for the VTCs. Finally, LWF will work in Gaza supporting the Al Ahli hospital, for the rehabilitation of the Gaza Diagnostic Centre and for the distribution of cancer medication to cancer patients in Gaza who have been unable to access life-saving treatments.

In the initial stage of the appeal, **HEKS/EPER** will focus on the very immediate needs of the people and will conceptualize the long-term components at a later stage. Given the current humanitarian situation and the scarcity of supplies in Gaza and the West Bank, HEKS/EPER has started its response to support the IDP population by distributing food parcels at the UNRWA Vocational Center in Khan Younis where 20K-24K IDPs are currently located. HEKS/EPER will also give attention to the escalation in the West Bank. The organization has also deployed a senior humanitarian coordinator to Egypt to ensure future access of supplies to the Gazan community. Through this appeal, HEKS/EPER will implement two components (1) In

Gaza, Multipurpose Cash Assistance (MCPA) for IDP families staying in IDP shelters in southern Gaza. (2) Targeted humanitarian assistance to settler-violence-affected Households in the West Bank to improve their living conditions and address their most pressing needs. The main implementing partner for HEKS/EPER is MA'AN Development Center (MA'AN).

Exit Strategy

The project aims to enhance the overall well-being of individuals affected by the ongoing emergency in the occupied Palestinian territories. While the project encompasses various components designed to address the pressing needs in areas such as livelihood, health, shelter, and Mental Health and Psychosocial Support (MHPSS), its primary focus is to enable households and individuals to move beyond their current vulnerabilities caused by the humanitarian emergency.

For instance, the project provides economic support in the form of cash assistance and job creation opportunities to help individuals better navigate the challenging times brought about by the escalating crisis and its associated economic hardships. Additionally, the project seeks to build the capacity of affected communities, equipping them with the necessary tools and support for MHPSS during this acute emergency period, which persists as the protracted crisis and the current conflict continues. The health components of the project, including medical services, medication, and rehabilitation of medical facilities, are concentrated on improving the overall health of the public and of specific sub-groups such as cancer patients, in the targeted areas and those impacted by the escalation, gradually guiding them toward enhanced well-being.

The forum intends to review and adapt as required the appeal within a maximum of three months as the situation in Gaza is still unpredictable. Thus, the project activities and the exit plan might be adapted accordingly.

PROJECT MANAGEMENT

Implementation Approach

The implementation approach will involve a nationally coordinated appeal for organizations that are responsible for its execution, including DSPR, EJCJHL, HEKS-EPER and LWF.

The proposed modalities are identified as the most relevant and effective for the context according to information collected during rapid needs assessments, coordination meetings and from previous experience from similar projects conducted by the requesting members.

Members will coordinate project planning, reporting, and monitoring. Each of the participating members will take on the responsibility for implementing their proposed activities. The coordination of the appeal will be overseen by the Forum coordinator and Forum who will receive support from the ACT Secretariat in the MENA region.

The implementing members will ensure coordination with other Forums/ bodies, including Palestinian NGO Network (PNGO)⁴ and The Association of International Development Agencies (AIDA)⁵, to align their interventions. They will actively seek collaboration on logistics and program activities. To enhance data collection and implementation, religious and community leaders will be consulted and coordinated with. The members have skilled and experienced staff who will carry out the planned activities. Continuous monitoring of all project activities will occur both during and after program implementation. Reporting will adhere to ACT formats and will encompass Sitrep, interim, and final reports.

⁴ [Palestinian NGO Network \(pngo.net\)](http://pngo.net)

⁵ [The Association of International Development Agencies - Aida \(aidajerusalem.org\)](http://aidajerusalem.org)

Implementation Arrangements

The appeal intervention is designed to address emerging needs at field level. As the situation is still uncertain, and movement and access are restricted, a follow-up assessment will be undertaken within 3 months to re-evaluate needs and to help determine if the emergency response needs to be adapted in the 2nd quarter of the appeal cycle.

DSPR will implement all components of the appeal including livelihood: unconditional cash distribution and short-term emergency job creation schemes for unskilled laborers (once the situation is relative calm and people are able to move again); health: medical and medication support; shelter: including minor home renovations for affected households /buildings; MHPSS: Improved PSS wellbeing and decreased distress among target population directly and indirectly affected by the conflict.

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

ELCJHL will implement project activities through the Women Development Program, the Rehabilitation Program and the Community Centers who have a wide reach across and strong presences in the West Bank through their field offices and staff. The ELCJHL 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 duplications. ELCJHL staff (mainly the social workers, project coordinators in close coordination with financial team) will lead the process to ensure an effective and timely implementation of the project.

LWF / AVH will implement all activities described in this appeal within its existing institutions, projects, staff and management lines: the Augusta Victoria Hospital, managed by the AVH CEO and its management team; the Gaza Diagnostic Centre project with the Al Ahli Hospital, managed by a project manager supported by the LWF/AVH Management Team; the Vocational Training Programme, with its two centres in Jerusalem (Beit Hanina) and the West Bank (Ramallah), managed by the VTP Director and his two deputies; and the LWF Jerusalem central office, on the Mount of Olives, managed by the LWF Jerusalem Representative. LWF Jerusalem 580 staff, including 10 staff employed in the AVH Gaza Diagnostic center, will be involved in their regular capacities to support the implementation of the project. For the specific rehabilitation works in the Al Ahli hospital, it will be supported and overseen by a LWF senior engineer who has already been involved in remote assessment of the damages and the required work. LWF coordinates with many stakeholders, including the East Jerusalem Hospital Network, the World Health Organization, UN Health cluster, members of AIDA/Association of International Development Agencies

HEKS/EPER will implement the appeal by ensuring that IDP shelters have more access to their basic needs through multi-purpose cash assistance as well as supporting the herding and farming communities depending on livestock breeding. HEKS/EPER will implement the project through its partner MA'AN. MA'AN is a Palestinian non-governmental, non-partisan organization first established in Jerusalem in 1989. It operates as a non-profit organization throughout the West Bank, East Jerusalem, and Gaza, and has over 34 years of experience implementing over 1000 humanitarian and development projects. Relevance to the proposed project: MA'AN is an active member in several humanitarian clusters (such as MPCA, WASH,

Shelter and NFIs, Food Security and Protection Clusters) and part of the coordination and implementation of national humanitarian response plans coordinated by UNOCHA. HEKS has had a long-standing partnership with MA'AN in the West Bank and Gaza since 2017.

Project Consolidated Budget

		Appeal Total	DSPR	HECKS	LWF	ELCJHL
Direct Costs		4,790,221	2,676,073	129,091	1,741,737	243,320
1	Project Staff	364,659	310,248	19,675	34,736	-
1.1	Appeal Lead	-	-	-	-	-
1.2	International Staff	9,820	-	7,300	2,520	-
1.3	National Staff	354,839	310,248	12,375	32,216	-
2	Project Activities	4,221,362	2,178,925	104,916	1,700,701	236,820
2.1	Public Health	1,935,642	390,000	-	1,545,642	-
2.2	Community Engagement	-	-	-	-	-
2.3	Preparedness and Prevention	-	-	-	-	-
2.4	WASH	-	-	-	-	-
2.5	Livelihood	969,916	690,000	104,916	-	175,000
2.6	Education	-	-	-	-	-
2.7	Shelter and Household items	1,043,219	924,385	-	118,834	-
2.8	Food Security	60,000	60,000	-	-	-
2.9	MHPSS and Community Psycho-social	212,585	114,540	-	36,225	61,820
2.10	Gender	-	-	-	-	-
2.11	Engagement with Faith Leaders	-	-	-	-	-
2.12	Advocacy	-	-	-	-	-
3	Project Implementation	81,500	81,500	-	-	-
3.1	Forum Coordination	51,500	51,500	-	-	-
3.2	Capacity Development	30,000	30,000	-	-	-
4	Quality and Accountability	47,800	31,500	3,500	6,300	6,500
5	Logistics	63,400	62,400	1,000	-	-
6	Assets and Equipment	11,500	11,500	-	-	-
Indirect Costs		265,749	176,740	21,018	52,391	15,600
Staff Salaries		165,986	87,240	13,156	52,391	13,200
Office Operations		99,763	89,500	7,863	-	2,400
Total Expenditure		5,055,970	2,852,813	150,109	1,794,128	258,920
Appeal External evaluation		30,000				
ACT Secretariat management and coordination cost SMC @3%		151,679	85,584	4,503	53,824	7,768
Total Expenditure + SMC		5,237,649	2,938,397	154,613	1,847,952	266,688

Project Monitoring, Evaluation and Learning

Monitoring is a multi-tiered process conducted by each organization. At the grassroots level, social workers and healthcare professionals are responsible for visitor monitoring and reporting, specifically regarding clinics and psychosocial activities that adhere to predetermined timeframes. Project supervisors oversee the monitoring of the livelihood and shelter components, which includes tracking minor home improvements and restoration, maintaining lists of beneficiaries receiving unconditional cash assistance, overseeing short-term emergency employment initiatives (using monitoring log frames), and compiling distribution lists.

Regular reports are submitted by the project manager to DSPR management, who, in turn, shares progress updates with the Board. The DSPR's response is subject to scrutiny by both the DSPR Management team at the central office and an internal auditor.

DSPR GAZA has developed a and evaluation tool that 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 are 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.

DSPR 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 DSPR /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 DSPR/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 complaint system is in place. Moreover, DSPR/NECC management organizes focus groups discussions with beneficiaries to solicit their feedback.

The ELCJHL has very well-established structures in place to carry out relief projects and do the needed monitoring and evaluation. These structures include church bodies, boards, relevant committees, and individuals in key positions. The ELCJHL has field coordinators, a diaconal center, and 5 pastors who will be identifying the needs, the right-holders, and the distribution of cash relief assistance. The pastors and field officers will monitor the project through receiving feedback from the participants, draft periodical reports that would help re-examine the project. ELCJHL also has a Communication Officer who visits ELCJHL projects and document stories of success and documents the project implementation process. Then all the collected data get sent to the administrative team. The administration team (consisting of 11 employees {6 Female, 5 male}, have long experience in administration, planning, monitoring, supervision, evaluation, organization and management) will do the overall supervision and will ensure that projects is well-run and executed. The administrative staff and financial team will verify the data submitted and will produce the administrative and financial reports to be submitted to the donors.

In case the project is not going as planned, the field officer and the communication officer will report that to the administration in order to propose an alternative. Usually, there will be a contingency plan in place. If the change is major, the administrative team will contact the donors to get approval for making amendments to the activities and changes to the budget items.

The LWF response will be closely monitored by the LWF Jerusalem program senior management (LWF Representative, AVH CEO, CFO, Assistant CEO, Director). The Health Emergency Project Coordinator reports to the AVH CEO and is assigned to tracking the performance and ensuring that the targets and results are met and reported against. The hospitals with whom the LWF works are participating and contributing in this exercise through verification. After each phase of the project the senior management will assess the validity of the approach with the Health Emergency Project Coordinator and will make adjustments as needed. This will be necessary due to the volatility of the situation and evolution of the political events influencing the emergency health needs. If major changes are necessary, the stakeholders, including donors, will be informed proactively.

HEKS/EPER will conduct periodic visits to the implementing partners to ensure high-quality project implementation. HEKS/EPER's Gaza-based coordinator will closely monitor the project activities. Support services will be provided periodically by the Finance Officer based in Jerusalem. Ma'an capitalizes on its intensive experience implementing cash transfer interventions in the Gaza Strip. Post distribution monitoring (PDM) will be conducted to ensure the effectiveness of the cash transfer. Ma'an monitoring teams will supervise this. Structured questionnaires will be used for data collection. The accountability of the aid delivery process will be ensured along the process.

Interim and final financial and narrative reports will be prepared based on the guidelines set by ACT Alliance and will be in conformity with ACT policies. During the implementation period, Situation Reports will also be prepared on a regular basis. The project will be financially audited by independent auditing companies per each of the ACT members' policies.

It is planned that the ACT Secretariat will conduct a monitoring visit to the Appeal project locations twice each year based on the agreed upon ToR, this could be also done as remote monitoring if security situation and access continue to be an issue. The forum also will endeavour to accommodate any FM request for a joint monitoring visit during the appeal cycle, based upon agreed TOR and if access and security situation allows. An external appeal evaluation will be conducted at the end of the Appeal. ToR to be shared and approved by ACT Secretariat, requesting members, and funding members.

Safety and Security plans

Members working in Gaza are facing uncertain security development related to the ongoing armed conflict. In such emergency situations, members' ability to keep staff and property safe and implement project activities is highly compromised. Members will continually assess the situation and advise on movements and implementation as needed.

During field work (when the context allows), members implementing the appeal will place special emphasis on the safety and security of staff and will adhere to the organization's security rules and regulations to minimize risks. The Forum has identified three risk areas related to the deterioration in the security situation.

Members will maintain an adequate level of emergency preparedness through:

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

Through coordination with local communities and Forum members, the implementing members will work to avoid duplications and monitor the availability of food and non-food items in the local market.

In this appeal members will continue to work and consult with local community stakeholders to eliminate and minimize possible short- and long-term harm, taking into consideration the code of conduct principles.

PROJECT ACCOUNTABILITY

Does the proposed response honour ACT's commitment to safeguarding including PSEA? All staff and volunteers of requesting members, particularly those involved with the response, will be required to sign the requesting members' Code of Conduct. If you don't have one, members can use [ACT's Code of Conduct](#). Yes No

Code of Conduct

Every ACT member organisation and the ACT Secretariat have a responsibility to ensure that all staff are aware of the ACT Code of Conduct, that they understand what it means in concrete behavioural terms and how it applies to their program context. Dissemination of this Code of Conduct is supported by ACT guidance and policy documents, namely the ACT Alliance Guidelines for the Prevention of Sexual Exploitation and Abuse, ACT Child Safeguarding Policy and Policy Guidance Document, and the ACT Alliance Guidelines for Complaints Handling and Investigations

ACT member staff, volunteers, and visitors are expected to sign and adhere to the ACT Code of Conduct as well as to special code of conduct of ACT requesting members. In case any incident occurs, a complaints response mechanism is in place to address beneficiary feedback, including addressing violations of the ACT Code of Conduct.

Staff members from various partner organizations have undergone training on the ACT code of conduct and have formally affirmed their understanding of the policy, as well as their commitment to adhere to it. 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, Members will use their already functional complaint mechanism during this emergency response.

All LWF/AVH have signed the 2023 LWF Code of Conduct for Staff and have received relevant training to fully understand and internalize the different aspects of the CoC.

Safeguarding

Implementing partners, members and volunteers are committed to child safeguarding when developing projects and interventions. ACT Members' staff and volunteers who work closely with stakeholders in the field are trained in child and adult protection. Everyone who represents any ACT organizations, in the presence of children is trained to behave appropriately and respond swiftly and effectively to issues of child abuse or sexual exploitation. All activities are assessed for potential risks and mitigation strategies are developed, ensuring that not only individual children are protected, but that the organizations are inherently child safe spaces. Specific measures, such as ensuring that staff are not alone with children whenever possible, obtaining permission from a parent or guardian prior to utilizing a child's photograph or interview for communications purposes, and seeking feedback from youth beneficiaries regarding programming, are employed to the fullest possible extent. Many ACT members' staff completed online trainings on preventing SGBV.

DSPR continues to mainstream child safeguarding and prevention of child abuse through providing awareness sessions, distributing brochures and booklets to stakeholders at the health centers. Psychosocial counsellors are the gatekeepers of child protection and psychosocial activities/interventions to detect any child abuse regardless of any official reporting. In addition to these provisions, a complaint box exists for stakeholders to report complaints. In their field work, Members would place 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 ELCJHL has a child safeguarding and protection policy, this policy is meant to protect children from all kinds of abuse, violence, discrimination, and exploitation, while ELCJHL 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.

In 2022, LWF World Service achieved a milestone in its commitment to strengthen country program capacities in the prevention of, and response to, all forms of violence against children. Two practical guidelines were rolled out: Child Protection Guidelines and Toolkit and Child Safeguarding Guidelines and Toolkit. More than a hundred frontline staff from all over the world including LWF Jerusalem participated in a series of nine workshops to validate and become familiar with the guidelines and toolkits. Senior managers have been taught to use the platform to communicate LWF's zero-tolerance policy towards child violence, exploitation, and abuse.

LWF's work is aligned with the six core principles of on prevention of sexual exploitation, and abuse by of IASC, UN and other international agencies (e.g., IFRC) and has passed the UN PSEA assessment. LWF recognizes PSEA and Safeguarding as crucial for LWF's operations. LWF has already a number of mechanisms in place at the global level which will be streamlined into LWF's activities in Jerusalem as well. LWF is bound to zero tolerance to SEA and having already PSEA policy in place, while a safeguarding policy is being developed.

HEKS has safeguarding and PSEAH policies implemented through offices and among HEKS partners. A feedback, Compliance and Response mechanism (FCRM) is in place with focal points in Gaza and the WB. HEKS also has an online international hotline where project participants can directly send feedback to the HEKS director's office in Switzerland.

Conflict sensitivity / do no harm

ACT Alliance programming is underpinned by the 'Do No Harm' principle. This appeal will integrate 'Do No Harm (DNH) Approach' at all stages of project implementation, monitoring, and reporting. All members of the appeal are familiar with the "Do No Harm" approach and apply its mechanisms in their interventions. ACT members will ensure that the assistance does not create harm to the safety, dignity and integrity of the women, men, girls, and boys receiving it, and is provided in ways that respect their rights. Members will regularly monitor and evaluate the impact of interventions and adjust them as needed.

To adhere to the "do no harm" principle in the design and implementation of activities, the provision of Mental Health and Psychosocial Support (MHPSS) services to the affected population will be available in order to help target groups cope with the impact of trauma and stress from the ongoing conflict. Focus on building resilience within communities will ensure that affected community relationships are not damaged. Projects will adhere to the principles of Child Protection and Gender Justice.

Complaints mechanism and feedback

ACT Forum members and their implementing partners will follow the ACT policies to ensure appropriateness, relevance, effectiveness and efficiency of their activities. Requesting members are committed to accountable and transparent processes for complaints handling. For this reason, ACT members have well-established complaints and feedback mechanisms in place and make sure that all participants and stakeholders can provide feedback, that they are informed about the various existing channels, and that all complaints are handled in a professional and consistent way. Each of the requesting members will employ their own complains policy. Feedback that will be received will be used to inform project changes and redirect assistance if need be.

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. DSPR

CRM includes feedback/complaint boxes, telephone lines, and information desks at distribution sites and premises. For ELCJHL, 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).

LWF Jerusalem operates according to the 2015 LWF Complaints Mechanism Policy and Procedures and is committed to address all complaints in a timely manner and investigate serious misconduct, particularly fraud, corruption and all types of sexual exploitation and abuse. LWF is member of the SCHR (Standing Committee for Humanitarian Response) MDC /Misconduct Disclosure Scheme to minimize the risk that perpetrators will be rehired. LWF is a member of the CHS Steering committee and in 2022, LWF Jerusalem completed the CHS self-assessment and improvement plan.

Communication and visibility

Alliance communication policy will be complied with to ensure international standards are kept and adhered to regarding any external communication about the project. Stories of change and photographs of the work done will be shared internally and externally within other networks to support fundraising efforts of the appeal members. The ACT logo will be co-branded /incorporated with the requesting members organizational brand/logo and used in various documentation and stickers/ packaging of various items that will be distributed.

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 stakeholders 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				ELCJHL				LWF																																																																											
Start Date	01/11/2023				01/11/2023				01/11/2023																																																																											
End Date	30/10/2025				30/10/2024				30/04/2024																																																																											
Project Period (in months)	24 months				12 months				6 months																																																																											
Response Locations	OPT- Gaza , West Bank and East Jerusalem				Opt - West bank and Jerusalem				OPT – Gaza, West Bank, and East Jerusalem																																																																											
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Targeted Recipients (per sector)	Health: 20,000 Individual Shelter: 500 HH Food Security: 1,000 Individual Job Creation: 100 individual MHPSS: 3,000 Individual Unconditional Cash: 3,000HH				Unconditional Cash: 700 HH MHPSS: 3,000 Student				Health: 200 Individual MHPSS: 400 Individual																																																																											
Requested budget (USD)	US\$ 2,938,397				US\$ 266,688				US\$ 1,847,952																																																																											

HEKS-EPER													
Response Locations	OPT- Gaza , West Bank and East Jerusalem												
Start Date	<u>01/11/2023</u>												
End Date	<u>40/04/2024</u>												
Project Period (in months)	<u>6 months</u>												
Response Locations	<u>OPT- Gaza and West Bank</u>												
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Targeted Recipients (per sector)	Unconditional Cash: 300 HH Livelihood: 48HH												
Requested budget (USD)	US\$ 154,613												

Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: The ongoing war threatens to worsen the well-being and living conditions of the affected population with each passing day.

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

Threat 3: Deterioration of the overall security situation in the whole of Palestine, surge in military operations and increase in killings, violent clashes.

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 (<http://actalliance.org/documents/act-alliance-security-risk-assessment-tool/>)

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