

ACT Alliance

APPEAL

PSE231

Rev 3

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

actalliance

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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: 31 May 2026 No. of months: 31 Months - DSPR 31 Months for ELCJHL 31 Months for LWF 31 Months for HEKS-EPER 19 Months for Christian Aid (CA) 19 Months for Diakonie Katastrophenhilfe (DKH) 31 Months for Finn Church Aid (FCA) 10 Months for EJ YMCA						
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 • Swiss Church Aid (HEKS-EPER) • Finn Church Aid (FCA) • Christian Aid (CA) • Diakonie Katastrophenhilfe (DKH) • The East Jerusalem Young Men's Christian Association (EJ YMCA) 						
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
Name	George Stephan , APF Coordinator						
Email	finance.mgr.co@dspir.org						
Other means of contact (WhatsApp, Skype ID)	Skype: George. DSPR						
Local partners	<ul style="list-style-type: none"> - Al Ahli Hospital - Latin and Orthodox churches in Gaza - MA'AN MA'AN Development Center - PWWSD (Palestinian Working Woman Society for Development) - HEKS/EPER will work with 6 local partners: Rabbis for Human Rights (RHR), Kav laOved (KLO), Sidreh, Institute for Civil Society Studies (CIVITAS), MAAN Development Center (MAAN), Palestinian Working Women Society for Development (PWSSD), Gaza Urban & Peri-urban Agriculture Platform (GUPAP), Palestinian Youth Association for Leadership and Rights Activation (PYALARA). - CA will work with 6 partners: – CFTA, PCHR, IOCC, working across Gaza; EJ-YMCA across West Bank including East Jerusalem; and Adalah in Israel. CA will also work with Sadaka Reut via CAFOD in Israel. - DKH working with 2 longstanding local partners: PARC, PAEEP 						

Thematic Area(s)	<input checked="" type="checkbox"/> Public Health <input checked="" type="checkbox"/> Community Engagement <input checked="" type="checkbox"/> Preparedness and Prevention <input checked="" type="checkbox"/> WASH <input checked="" type="checkbox"/> Livelihood <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Other: Unconditional Cash	<input checked="" type="checkbox"/> Shelter and household items <input checked="" type="checkbox"/> Food Security <input checked="" type="checkbox"/> MHPSS and CBPS <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Engagement with Faith and Religious leaders and institutions <input checked="" type="checkbox"/> Advocacy
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<p>Project Outcome(s)</p>	<ol style="list-style-type: none"> 1. People affected by the hostilities receive immediate lifesaving, multi-sectoral emergency support through cash transfers, livelihoods, food and emergency health services and delivery of medical supplies and medicines. 2. Women, vulnerable individuals and children, in affected areas and overcrowded localities have improved psychosocial wellbeing. 3. Families have access to improved shelter solutions (shelter & NFI kits and promoting circular construction) and affected ACT Members and partners premises are functional to support the target population. 4. People and communities have enhanced local capacities to cope with, and respond to emergencies, whilst reducing the vulnerability of the most marginalized demographics. 5. People and communities affected have an enhanced understanding and awareness of IHR and IHL Violations in the oPt, with dedicated legal and protection advocacy efforts to provide support to people at risk. 6. Teachers, parents, school personnel and pedagogical professionals in East Jerusalem, the West Bank and Gaza have enhanced support capacities in responding to emergency educational and coping needs of crisis-affected vulnerable children. 																																																																																																																																																																																																																																																			
<p>Project Objectives</p>	<p>Objective 1: To provide immediate and life-saving multi-sectoral emergency support to the people affected by the violence in the Gaza Strip, and the West Bank, including East Jerusalem.</p> <p>Objective 2: To enable access to and restoration of basic services for violence affected people in the Gaza Strip, and the West Bank, including East Jerusalem.</p>																																																																																																																																																																																																																																																			
<p>Target Recipients</p>	<p><input checked="" type="checkbox"/> Refugees <input checked="" type="checkbox"/> IDPs <input checked="" type="checkbox"/> host population <input type="checkbox"/> Returnees</p> <p><input checked="" type="checkbox"/> Non-displaced affected population</p> <p>No. of households (based on average HH size)¹: 5 Person / HH</p> <p>Sex and Age Disaggregated Data:</p> <table border="1" data-bbox="427 1402 1380 2074"> <thead> <tr> <th colspan="9">Sex and Age</th> </tr> <tr> <th></th> <th>0-5</th> <th>6-12</th> <th>13-17</th> <th>18-49</th> <th>50-59</th> <th>60-69</th> <th>70-79</th> <th>80+</th> </tr> </thead> <tbody> <tr> <td colspan="9">DSPR</td> </tr> <tr> <td>Male</td> <td>3050</td> <td>4600</td> <td>6125</td> <td>4350</td> <td>3075</td> <td>1115</td> <td>1320</td> <td>61</td> </tr> <tr> <td>Female</td> <td>4300</td> <td>5225</td> <td>7750</td> <td>8150</td> <td>4925</td> <td>1365</td> <td>1570</td> <td>61</td> </tr> <tr> <td colspan="9">ELCJHL</td> </tr> <tr> <td>Male</td> <td>175</td> <td>350</td> <td>438</td> <td>350</td> <td>263</td> <td>53</td> <td>70</td> <td>5</td> </tr> <tr> <td>Female</td> <td>195</td> <td>390</td> <td>488</td> <td>390</td> <td>293</td> <td>59</td> <td>78</td> <td>5</td> </tr> <tr> <td colspan="9">LWF</td> </tr> <tr> <td>Male</td> <td>39</td> <td>77</td> <td>96</td> <td>77</td> <td>58</td> <td>12</td> <td>15</td> <td>1</td> </tr> <tr> <td>Female</td> <td>39</td> <td>77</td> <td>96</td> <td>77</td> <td>58</td> <td>12</td> <td>15</td> <td>1</td> </tr> <tr> <td colspan="9">HEKS</td> </tr> <tr> <td>Male</td> <td>2782</td> <td>2789</td> <td>1789</td> <td>9676</td> <td>2112</td> <td>1724</td> <td>1274</td> <td>43</td> </tr> <tr> <td>Female</td> <td>2798</td> <td>2805</td> <td>1799</td> <td>9730</td> <td>2124</td> <td>1734</td> <td>1281</td> <td>43</td> </tr> <tr> <td colspan="9">CA</td> </tr> <tr> <td>Male</td> <td>13114</td> <td>11528</td> <td>14412</td> <td>13066</td> <td>10112</td> <td>1731</td> <td>2304</td> <td>173</td> </tr> <tr> <td>Female</td> <td>6534</td> <td>13376</td> <td>16334</td> <td>11528</td> <td>8649</td> <td>1776</td> <td>2363</td> <td>177</td> </tr> <tr> <td colspan="9">FCA</td> </tr> <tr> <td>Male</td> <td>32</td> <td>3670</td> <td>1702</td> <td>262</td> <td>116</td> <td>39</td> <td>0</td> <td></td> </tr> <tr> <td>Female</td> <td>29</td> <td>3676</td> <td>1661</td> <td>413</td> <td>217</td> <td>41</td> <td>0</td> <td></td> </tr> <tr> <td colspan="9">DKH</td> </tr> <tr> <td>Male</td> <td>1358</td> <td>1528</td> <td>1528</td> <td>1095</td> <td>530</td> <td>150</td> <td>120</td> <td>4</td> </tr> <tr> <td>Female</td> <td>1566</td> <td>1887</td> <td>1897</td> <td>3990</td> <td>900</td> <td>200</td> <td>150</td> <td>5</td> </tr> <tr> <td colspan="9">YMCA</td> </tr> <tr> <td>Male</td> <td>100</td> <td>1500</td> <td>1920</td> <td>5120</td> <td>1160</td> <td>300</td> <td>160</td> <td>2</td> </tr> <tr> <td>Female</td> <td>140</td> <td>1300</td> <td>1340</td> <td>5180</td> <td>1220</td> <td>300</td> <td>200</td> <td>4</td> </tr> <tr> <td>Total</td> <td>36251</td> <td>54778</td> <td>59375</td> <td>73454</td> <td>35812</td> <td>10611</td> <td>10920</td> <td>589</td> </tr> </tbody> </table>	Sex and Age										0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+	DSPR									Male	3050	4600	6125	4350	3075	1115	1320	61	Female	4300	5225	7750	8150	4925	1365	1570	61	ELCJHL									Male	175	350	438	350	263	53	70	5	Female	195	390	488	390	293	59	78	5	LWF									Male	39	77	96	77	58	12	15	1	Female	39	77	96	77	58	12	15	1	HEKS									Male	2782	2789	1789	9676	2112	1724	1274	43	Female	2798	2805	1799	9730	2124	1734	1281	43	CA									Male	13114	11528	14412	13066	10112	1731	2304	173	Female	6534	13376	16334	11528	8649	1776	2363	177	FCA									Male	32	3670	1702	262	116	39	0		Female	29	3676	1661	413	217	41	0		DKH									Male	1358	1528	1528	1095	530	150	120	4	Female	1566	1887	1897	3990	900	200	150	5	YMCA									Male	100	1500	1920	5120	1160	300	160	2	Female	140	1300	1340	5180	1220	300	200	4	Total	36251	54778	59375	73454	35812	10611	10920	589
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<p>Project Budget (USD)</p>	<p>13,421,684 Previous budget Rev (12,738,499)</p>																																																																																																																																																																																																																																																			

	Received to date (30/04/2026): 5,047,118 USD
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Reporting Schedule

Type of Report	Due date – External Deadline to Funding Members <small>Please refer to HPC emails for internal deadlines</small>
Final narrative and financial report of Y1 and Y2 and Y3 (60 days after the ending date)	31 July 2026
Audit Report (90 days after the ending date) (Covering all of the appeal and explicitly mentioning the amounts received from FM and Back Donor)	31 August 2026
External Evaluation (Covering full appeal period)	31 August 2026

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, George Majaj George.Majaj@actalliance.org
ACT Humanitarian Programme Coordinator, Jana Nasr

jana.nasr@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

Gaza: Following the outbreak of the Israeli war on Gaza in the aftermath of the October 7, 2023, attacks on Israel, and up until October 20, 2025, more than 68,000 Palestinians in Gaza had been killed by Israeli forces – an estimated 29% of whom were children and 19% women¹ – while 1,875 Israelis were reported killed². These figures remained approximate due to the collapse of the health system and the thousands of victims still buried under the rubble, estimated at around 11,200 people (including 4,700 women and children). The war also recorded the highest-ever death toll among UN staff in the organization’s history (203 people), alongside the killing of 252 journalists³.

On October 8, 2025, Hamas and the Israeli government reached an agreement on the first phase of a Gaza peace plan proposed by U.S. President Donald Trump, which led to a ceasefire that took effect on October 10, 2025. However, the agreement remained fragile, with serious doubts regarding Israel’s full commitment — particularly as it continued to control the Rafah crossing, the main entry point for humanitarian, food, and medical aid to those affected by the war in Gaza.

Throughout the two years of war, the Israeli bombardment across Gaza had forcibly displaced at least 85% of the population and injured more than 179,000 people. Areas previously designated by the Israeli military as “safe zones” including Rafah and Khan Younis were subjected to relentless bombardment, leaving civilians with nowhere to seek refuge. In the months preceding the ceasefire, the Israeli army intensified its operations in Gaza City, ordering displaced civilians to evacuate amid escalating attacks. The widespread destruction of civilian infrastructure had left nearly the entire population of Gaza without access to clean drinking water or adequate nutrition. According to UN reports, approximately 2.2 million people were at risk of famine, as noted in the UN update of August 22, 2025, while OCHA estimated that 0% of the population in Northern Gaza had access to safe drinking water. Gaza’s healthcare system had completely collapsed, with medical staff and patients repeatedly targeted and denied safe access to services, in blatant violations of international humanitarian and human rights law. Since October 11, 2023, Gaza had been under a complete electricity blackout, alongside regular and prolonged communication shutdowns. The International Court of Justice (ICJ) stated that there was a plausible case that Israel’s military actions could constitute acts of genocide and ordered provisional measures to prevent further violations.

The ongoing war continued to pose a grave threat to vulnerable groups, particularly children, who bore the heaviest toll. Approximately one million children needed urgent psychosocial support, while around 39,384 children had lost one or both parents after 534 days of conflict, including 17,000 children who lost both parents⁴. Cross-cutting protection issues such as gender-based violence (GBV), mental health and psychosocial support (MHPSS), and women’s access to healthcare — remained severely underfunded. As living spaces in Gaza shrank and population density increased, living conditions further deteriorated, eroding the social fabric of the community.

In terms of food security, 2.2 million people were at imminent risk of famine, requiring urgent humanitarian intervention. Among them, 495,000 people were in IPC Phase 5 (Catastrophic Hunger), while at least one million others were in Phase 3 or above, indicating emergency levels of food insecurity. The collapse of Gaza’s healthcare infrastructure exposed the population — particularly those with chronic illnesses, the injured, pregnant women, and children under five — to severe health risks. Without access to basic medical services, these vulnerable groups faced extreme threats to their health, safety, and survival.

The education sector was also devastated, leaving 625,000 students — the entire school-aged population of Gaza — without access to education for a second consecutive year. More than 9,211 students and 397 educational staff were killed, according to the Ministry of Education, while 85% of school buildings were either damaged or being used as shelters, illustrating the enormous challenges facing Gaza’s education system.

¹ According to the: Palestinian Central Bureau of Statistics
https://www.pcbs.gov.ps/site/lang_en/1405/Default.aspx

² <https://holocaustremembranceassociation.org/day-600/>

³ According to the: Palestinian Central Bureau of Statistics
https://www.pcbs.gov.ps/site/lang_en/1405/default.aspx?lang=en

⁴ <https://una-oic.org/en/palestinians/2025/04/03/>

Between January 1 and February 12, 2024, aid missions faced severe restrictions in both northern and southern Gaza. Although the Rafah crossing with Egypt and Kerem Shalom crossing with Israel were technically open for authorized goods, access to medical evacuation routes and coastal areas remained completely restricted.

On March 2, 2025, Israel completely halted the entry of humanitarian aid including food, medicine, and fuel into Gaza, coinciding with the breakdown of negotiations for the second phase of the truce. This abrupt closure resulted in an almost total blockade of humanitarian assistance through the Kerem Shalom and Erez (Beit Hanoun) crossings.

From October 7, 2023, to the end of September 2025, the West Bank and East Jerusalem witnessed a series of alarming incidents that heightened tensions. 1,038 Palestinians, including 210 children, were killed — the highest toll recorded by OCHA since 2005. During the same period, 14 Israelis — nine Israeli security personnel and five settlers — were killed by Palestinians. There was also a sharp escalation in settler violence, with between 2,800 and 2,900 incidents recorded since October 7, 2023, resulting in Palestinian casualties and property destruction, and increasing the need for psychosocial support in the West Bank and East Jerusalem. Movement restrictions also continued to impede children's access to education, according to the Ministry of Education.

Since the start of the war, medical referrals from Gaza to the West Bank and Israel had been suspended due to the closure of the Erez and Kerem Shalom crossings. Patients receiving treatment outside Gaza were unable to return, while those in need of care abroad were prevented from leaving. Ongoing hostilities in the West Bank forced kidney and cancer patients, including children, to reside temporarily in hotels to continue their treatment and radiotherapy sessions.

The Bedouin communities were also disproportionately affected since the onset of the war, lacking shelters or protection from rockets. Many lost their sources of income. A preliminary study on household poverty impacts revealed that 15.5% of 350 respondents had lost their jobs since October 7, 6.5% were placed on unpaid leave, and 0.86% were dismissed. Basic commodities became increasingly scarce and expensive, worsening household poverty.

According to National Insurance Institute (2022) data, 50% of Bedouin families in the Negev and 60% of Bedouin children lived below the poverty line. With the onset of war, 70% of women in unrecognized villages reported a severe deterioration in food security. A study by the Adva Center and the Negev Coexistence Forum found that Bedouin women, responsible for family management, developed coping mechanisms such as mutual support networks, collective food purchasing and sharing, and even foraging from nature to survive the crisis.

West Bank and Jerusalem remained focal points of the Israeli-Palestinian conflict, characterized by a complex system of control and escalating tensions. Palestinians in the West Bank faced physical and bureaucratic restrictions that severely limited their freedom of movement and access to basic rights. According to the Colonization & Wall Resistance Commission, the Israeli forces and settlement apparatus had established hundreds of checkpoints, roadblocks, metal-detector gates, sand berms and cement blocks across the West Bank including East Jerusalem. Meanwhile, the overall permit systems, area closures and movement restrictions isolated communities and disrupted daily life.

The humanitarian situation in Gaza remains extremely difficult, with partners facing significant operational and access constraints. Coordination with CNCC and COGAT continues to be complex, though there are indications that new procedures at CNCC may gradually provide slightly more flexibility for humanitarian access.

Humanitarian organizations remain active on the ground despite challenges. ELCJHL continues its work in East Khan Younis and Deir al-Balah, focusing on psychosocial support and preparing to submit its completion report in November. DCA/NCA has reported positive signals following ongoing INGO-level negotiations, although trucks of food and hygiene kits continue to be rejected access. Advocacy efforts are ongoing at the EU level to address this, and while access to Gaza is still restricted, preliminary approval has been granted for humanitarian teams to enter under COGAT coordination.

HEKS/EPER is still having issues with goods destined for Gaza being denied entry, though resolution is expected in the coming period. Members are calling on donor partners to strengthen advocacy efforts to improve humanitarian access and response coordination. DSPR remains operational through its clinics and maintains a warehouse in Deir al-Balah. Health services are the main focus, with ongoing needs for medical equipment and consumables. Donations have been received from WHO and the

Ministry of Health, but financial constraints, transportation difficulties, and damaged infrastructure continue to hinder the delivery of medical supplies and staff movement.

Economically, while prices have slightly decreased compared to earlier in the year, they remain above pre-war levels, and the cost of living continues to rise. Winterization needs are becoming increasingly urgent as colder weather approaches. Blankets and other basic supplies are starting to enter through local merchants, and partners are encouraged to procure locally when possible. Cost restraints remain a significant concern, and despite the continued functioning of banking services, cash availability is extremely limited. Operational liquidity remains restricted, and even essential services face growing difficulty in sustaining activities and transferring staff or supplies within Gaza.

Overall, while some administrative signals suggest potential openings for improved humanitarian access, the situation on the ground remains dire, with constrained movement, high costs, and persistent shortages of critical supplies and cash. Continued advocacy, coordination, and flexible donor engagement remain essential to sustain response efforts in the coming weeks.

Following the announcement of the ceasefire in Gaza in January 2025, the West Bank witnessed a significant escalation in Israeli military and settler actions. For example, large-scale operations targeted refugee camps and urban centers, and displacement of Palestinian communities increased. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), since 7 October 2023 until early October 2025, more than 1000 Palestinians had been killed by Israeli forces or settlers in the West Bank region. During a seven-day period in October 2025 alone, 71 settler-attacks were documented, resulting in 99 injuries and property damage. The olive-harvest season further heightened vulnerability, with many attacks registered in agricultural communities⁵.

Settlement expansion continued to reshape the landscape of the West Bank. Estimates indicated between 600,000 and 750,000 Israeli settlers living across more than 250 settlements and outposts in the occupied West Bank and East Jerusalem⁶. Settlement authorizations and infrastructure development proceeded in parallel with Palestinian restrictions, especially in Area C (which comprises approximately 60% of the West Bank under full Israeli civil and military control). The result was further fragmentation of Palestinian communities, restricted planning and construction rights, and increased socioeconomic vulnerability.

These policies and actions contributed to the displacement of Palestinians, erosion of livelihoods, and heightened humanitarian needs. According to OCHA, from 7 October 2023 to early October 2025, at least 3,095 Palestinians including 1,544 children had been displaced in the West Bank, mostly from Bedouin and herding communities, citing settler violence and access restrictions⁷.

Access to East Jerusalem remained restricted for many Palestinians from the West Bank, due to permit regimes, checkpoint systems, and planning/political barriers. Healthcare referrals, especially for patients from Gaza or the West Bank to East Jerusalem hospitals, were severely affected by the closures of key crossings and the movement restrictions.

Regardless of location whether in Area C, East Jerusalem, or other parts of the West Bank Palestinians were systematically denied access to essential services, freedom of movement, adequate housing, and humanitarian aid. The cumulative effect of settlement expansion, military and settler violence, and bureaucratic restrictions deepened the humanitarian crisis and undermined any prospects for a contiguous Palestinian territory or viable two-state solution.

Capacity to respond

The ACT Palestine Forum's members DSPR, ELCJHL, LWF, HEKS-EPER, FCA, CA, EJ-YMCA and DKH, 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. APF members through this project participate both directly as implementing members, and/or through their local partners. 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

⁵ <https://www.ochaopt.org/content/humanitarian-situation-update-332-west-bank>

⁶ <https://www.aljazeera.com/news/2025/10/14/mapping-the-rise-in-israeli-settler-attacks-across-the-occupied-west-bank>

⁷ <https://www.ochaopt.org/content/humanitarian-situation-update-330-west-bank>

prompt and efficient response, the action aligned wherever feasible to the triple nexus approach. 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, 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.

The Department Service to Palestinian Refugees of the Middle East Council of Churches (DSPR) was, founded in the early 1950s with the launch of a humanitarian program 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 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 currently have More than full time employees and part timers project and program staff who run the different humanitarian initiatives covering the different geographical areas of the Gaza strip supported by the Head office in Jerusalem. The focus of the services of DSPR are around health (primary health care, Child and mother, maternal, dental, pharmacy, medical laboratory... etc) through its permanent and temporary clinics or medical points, MHPSS support for women and children is offered widely, Cash distribution to needy families, as well as distribution of dignity and hygiene kits. 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, DSPR coordinates with the UN-led health and nutrition clusters among other 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 Palestinians 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, HEKS/EPER is working through different partners. HEKS / EPER has responded to previous escalations in Gaza providing multi-purpose cash assistance, MHPSS and IDP counseling and support. HEKS/EPER partners are present across the Gaza Strip and the West Bank including East Jerusalem. In addition to humanitarian assistance, HEKS/EPER is also conducting development projects in Gaza and the West Bank including East Jerusalem focusing on economic resilience of communities, women and youth. HEKS/EPER also works with a number of partners in the West Bank and Isarel. In Israel HEKS will work with partners to address the needs of effected population through food security

and agricultural interventions and supporting returnees of vulnerable groups in northern Israel to access their rights.

FCA, a Finnish church aid organization with over 70 years of experience, operates in some of the world's most fragile contexts, working with the most vulnerable communities while advocating for human rights at the international level. Since establishing operations in the West Bank and East Jerusalem in 2016, FCA has focused on sustainable livelihoods, quality education, and—since October 2023—education in emergencies (EiE). Its interventions are rooted in the needs of the Palestinian education sector, prioritizing inclusive and special-needs education, teacher capacity development, school-based child protection, disability inclusion, and, more recently, the provision of mental health and psychosocial support (MHPSS) for vulnerable children and their caregivers.

As part of its EiE response, FCA delivers a comprehensive package of emergency support to schools in crisis-affected areas of Gaza and the West Bank to ensure continuity of learning during conflict. This includes enabling schools to provide inclusive distance and hybrid learning for children who cannot reach classrooms due to Israeli military operations, settler violence, or other access restrictions. The approach combines training for teachers in inclusive and learner-centred pedagogy, hybrid and blended teaching methods, and the provision of essential technology and learning equipment, including tailored resources for children with disabilities. In parallel, FCA strengthens MHPSS and child protection systems within schools and engages caregivers to reinforce children's well-being and learning. All interventions are fully aligned with the Palestinian Ministry of Education's humanitarian response plan.

FCA's EiE work extends beyond formal schooling to non-formal education and temporary learning spaces (TLSs), especially in Gaza, where children benefit from remedial classes, distribution of enabling items such as stationery and snacks amid scarcity and famine, as well as structured psychosocial support. In doing so, FCA ensures that even in the most challenging circumstances, children are able to maintain educational progress and psychosocial stability. FCA also invests heavily in building the capacity of educators on inclusive education, hybrid teaching, disability inclusion, child protection, MHPSS, and caregiver engagement—promoting continuity of education throughout the crisis.

Implementation is carried out through a robust network of local education experts, FCA's global Teachers Without Borders network, and long-term Palestinian partner organizations such as Qader (disability inclusion), Al-Nayzak (EiE expertise), and PYALARA (MHPSS and non-formal education/summer schools). Through these partnerships, FCA provides responsive, Ministry-aligned educational and psychosocial support interventions tailored to the needs of both Palestinian Authority (public) and non-Palestinian Authority (private and Latin Patriarchate) schools. FCA is also an active member of the Education Cluster in Palestine and the Continuity of Learning Taskforce, ensuring its interventions are harmonized with broader humanitarian coordination mechanisms.

Complementing these interventions, FCA organizes summer schools that create safe and supportive environments for children to continue learning, re-establish daily routines, and access psychosocial support. By combining academic refreshers with creative, recreational, and well-being activities, the summer schools help children regain confidence, rebuild peer relationships, and prepare for the new school year. Teachers and facilitators are equipped with tools in psychosocial first aid, child protection, and inclusive teaching to ensure sessions meet diverse needs. Caregiver involvement strengthens children's participation, while coordination with education and protection actors facilitates effective referrals and safeguarded practices. Despite obstacles such as access restrictions and varied learning levels, flexible programming and strong community engagement have ensured meaningful outcomes, leaving children better prepared both emotionally and academically for their return to school.

All of FCA's education work in Palestine is carried out in close partnership with the Palestinian Ministry of Education and Higher Education (MoEHE). This collaboration is structured through a signed Memorandum of Understanding (MoU), ensuring alignment with national priorities, enhancing sustainability, and reinforcing FCA's role as a trusted partner in advancing education and protection for children in crisis.

CA is the official relief, development and advocacy agency of 41 sponsoring churches in Britain and Ireland, working as part of a worldwide church community. With extensive experience in supporting community-led humanitarian responses in conflict and non-conflict settings globally, CA's signature is survivor and community-led response (sclr). This is a cornerstone of CA's approach to localization, the end goal of which is to link response, preparedness, and recovery. Learning generated from supporting partners is used to adapt programming and advocate for community-led reform of the humanitarian sector including via publications and sectoral level discussions on letting go of power through sclr.

In Israel and the occupied Palestinian territory (IoPt) CA has been working via local partnerships for decades. In IoPt as elsewhere globally, CA has strong, trusted partnerships rooted in the communities it serves. The program strategy is rooted in protection of rights, promotion of resilience and accountable humanitarian responses. For the last decade CA has worked with local partners on multisectoral humanitarian response including Health, FSL, Shelter, DRR, advocacy and accountability. This experience means that a combination of community-led approaches used by CA aims to help people where they are, whilst also challenging the structures that got them there. This core work has been supported by multi-annual development program funding from Irish Aid since 2003, with evaluations showing very strong impact. The context of occupation means that all partners' development work has been co-designed to pivot to humanitarian, when there are escalations of violence and forced displacement. Development work is community-led, with people supported to develop community protection committees and groups to help address their short, medium and long-term needs. These groups are the mechanisms by which communities respond when there is a crisis and this is where the connection between development and humanitarian is clear. They have also been proven to deliver stronger community responses to community cohesion, and therefore resilience, and improvements to governance structures. CA's work is underpinned by a strong nexus approach, also brought to this ACT action, which is driven by action-orientated conflict analysis that supports partners and communities to identify and address conflict drivers and empowers communities to tackle barriers to social cohesion, making them more resilient to external shocks that undermine community structures.

CA uses a hybrid approach to implement its programming including this proposed action, with staff based in the UK and a long-term consultant staff based in Gaza supporting local programs and global advocacy. **The CA IoPT partnership portfolio for this Appeal includes 6 partners CFTA, EJ-YMCA and PCHR and Adalah, IOCC and Sadaka Reut via CAFOD, who are a diverse set of high-capacity organizations with whom CA has long-term, strong and trusted relationships.** Each of these partners has a high absorptive capacity and is rooted in and derived from the communities served as detailed below:

- **CFTA:** in Gaza have operated community centers for children and adolescents, women's health centers and a cultural center in Khan Younis for decades. CFTA has shifted to provide lifesaving shelter, cash, and community-led humanitarian initiatives. CFTA are engaged with the OCHA cluster system, the Gaza CWG, and coordinate with PARC and other agencies to provide holistic support to IDPs.
- **EJ-YMCA:** is the East Jerusalem YMCA connected to the global YMCA movement. Engaged in supporting community resilience in the West Bank through cash grants and community-led initiatives, including community protection groups in Area C.
- **PCHR:** Gaza based PCHR was established in 1995 to investigate and document human rights violations and provide legal aid. PCHR offices are across Gaza working to protect human rights, promote rule of law in line with international standards, support development of democratic institutions, culture and civil society. PCHR holds consultative status with ECOSOC (United Nations); is an affiliate of the International Commission of Jurists-Geneva and International Federation for Human Rights (FIDH) and member of the Euro-Mediterranean Human Rights Network and Arab Organization for Human Rights, and has received multiple awards for their

defense of human rights.

- **Adalah:** is a human rights organization and legal center founded in 1996. Adalah's mission is to promote human rights in Israel and in general and the rights of the Palestinian minority, citizens of Israel, in particular (around 1.5 million people, or 20% of the population). This work also includes promoting and defending the human rights of all individuals subject to the jurisdiction of the State of Israel (e.g. Palestinian residents of oPt). Adalah is the first Palestinian Arab-run legal center in Israel, and the sole Palestinian organization that works before Israeli courts to protect the human rights of Palestinians in Israel and in the oPt.
- **IOCC** has worked in oPt since 1997, collaborating with local Orthodox Church and other partners as well as with hospitals, schools and other community groups to improve quality of life. IOCC has been providing lifesaving assistance to communities in Gaza via its local staff and partners since October 2023 including emergency food, water and supplies, medical support and help for infants and children.
- **CAFOD** are the official aid agency of the Catholic Church in England and Wales and hold an existing partnership with **Sadaka Reut**, who will be supported via the Appeal, through an agreement between CA and CAFOD. Sadaka Reut have been around for over 40 years, and are one of the oldest binational civil society organizations in Israel. Before October 7th they worked primarily with Palestinian and Jewish youth groups across Israel on education, political participation and activism. Since Oct 7th they have been providing tools to youth for resilience and mental health.

DKH: DKH has been actively engaged in the Gaza Strip since 2006, collaborating with long standing programmatic local partners such as the Agricultural Development Association (PARC) and the Palestine Association for Environment and Education (PAEEP). Operating with dedicated staff and volunteers in the Gaza Strip, DKH has focused on projects centered around food security and community-based interventions, all viewed through the lens of Disaster Risk Reduction (DRR). During the recent military operations post-October 7th, DKH started implementing emergency responses together with its longstanding partners:

- **PARC:** in Gaza, DKH and PARC were very operational from the very first weeks of the conflict, addressing critical needs for IDPs families in food security through food-restricted cash assistance, food baskets distribution, and the establishment of a community kitchen; Sanitation & Hygiene (WASH) through water trucks distribution and IDPs centers sanitation, and Shelter/NFI. PARC and DKH are both members of the Gaza Cash WG and National Food Security sector.
- **PAEEP:** in Gaza, thanks to the emergency preparedness plan set up together in the past years, DKH and PAEEP were able to address critical needs for IDP families in food security and nutrition through food parcels distribution and baby formula, WASH through water distribution, NFI through clothes distribution for kids and pregnant/lactating women and dignity kits.

Ensuring effective coordination and synergy, DKH has meticulously collaborated with relevant Gaza clusters to prevent duplication of efforts and bridge existing gaps. Specifically, as key players in cash and food security interventions, DKH and local partners have actively ensured participation at the weekly Cash working groups meetings, and at the Food Security Sector coordination meeting.

The EJMCA: The East Jerusalem Young Men's Christian Association (EJ-YMCA) founded in 1948, is a vibrant and integral part of the Palestinian social movement and a leader among Palestinian Non-Governmental Organizations. It is an independent, neutral and professional organization, affiliated with the global YMCA movement. As a member of the World Alliance of YMCAs, the EJ-YMCA is committed to a unique vision of community, based on the universal values of human dignity, peace, and justice.

The EJ-YMCA is deeply rooted in Palestinian society and runs a variety of programs based on local priorities in areas of: vocational and technical training (TVET), economic empowerment and employment, rehabilitation and mental health, advocacy, youth participation, and women empowerment.

EJYMCA Strategic Goal: To contribute to an enabling and safe environment for youth where they are actively engaged in realizing their full potential

EJYMCA Specific Objectives

Specific Objective 1: Empowered disadvantaged youth and communities to realize their rights and access to quality services

Specific objective 2: Engaged and active communities creating positive change for youth to learn, grow, and contribute

Specific Objective 3: Enhanced EJYMCA organizational capacities and sustainable development

The EJ-YMCA is deeply rooted in the Palestinian society and runs a variety of programs based on local priorities in areas of: athletics, employment, rehabilitation, advocacy, youth participation, and women empowerment, they are:

Women Development Program - Ramallah: Established in 1992, the program fosters agency among women and men to participate and contribute on equal terms to realize their economic, political, cultural, and social rights. The program targets men and women from across Palestine through supporting community resilience in the West Bank through cash grants and community-led initiatives, including community protection groups in Area C.

The Vocational Training Center - Jericho: Established in 1951, the VTC works on poverty reduction through empowering Palestinian youth to access the labour market and earn income. To achieve this the VTC contributes to enhanced quality technical and vocational education of Palestinian youth and adults from across Palestine, with consideration to inclusive approaches to gender and persons with disabilities, to enhance their access to the labour market.

The Rehabilitation Program- Beit Sahour: Established in 1989, the program aims at empowering persons with disabilities, and survivors of political violence in Palestine to reach their full potential and inclusion in their communities, through providing quality and holistic mental health and vocational rehabilitation services.

The Joint Advocacy Initiative, a joint program with YWCA: Established in 2003, JAI works to engage a large number of people in programs and advocacy work to create and develop country-based networks, to be a resource advocacy program on Palestine, to empower and engage Palestinian youth to participate in the JAI activities and to work for peace and justice.

Community Centers: they are located in East Jerusalem, Beit Sahour, and Ramallah. These centers work on enhancing physical health of their members, by providing access to a variety of sports facilities and activities that include: swimming pools, a gym, a sauna, and playgrounds, in addition to multiple sports classes such as Zumba and aerobics, karate, boxing, HIIT / body weight cardio, gymnastics as well as football and basketball. It's worth noting, that the revenues of the community centres contribute to the service provision of EJ-YMCA overall programs targeting youth, women, and children.

Career Advancement Center in Jerusalem: Established in 2020, the CAC seeks to create a safe workspace for Jerusalemite youth, within the age group of 15-35 years old, aiming to enhance their professional identity and develop their job skills, to be able to compete in the job market and to attain better opportunities in their careers. The CAC follows the EJ-YMCA's model for vocational rehabilitation for youth that relies on three interrelated steps; career counseling, vocational assessment, and skilling and employability, to enable youth to develop a vocational identity that

would lead to success and satisfaction at the career level.

RESPONSE STRATEGY

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

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 using a Nexus approach as identified by and through different members in Gaza, West Bank (including East Jerusalem), with CA also including in their response a plan for advocacy and emergency preparedness and anticipatory actions, in addition to the gender and disability mainstreaming and advocacy that DSPR is including in its response. DKH will include conflict sensitivity analysis and gender analysis, to be conducted prior to and throughout the intervention. Core areas covered in the appeal by RMs include:

1. **Cash:** Through multipurpose and cash for basic needs distribution in Gaza, the West Bank, Jerusalem and Galilee; and through group cash transfers (GCT) for meeting immediate needs at scale in Gaza and the West Bank via a survivor community-led response (sclr) approach.
2. **Livelihoods:** Short term job opportunities for unskilled laborers and restoration of livelihoods/businesses because of the war. In addition to provision of NFIs, water and food to affected communities in Gaza and farmer communities in the West Bank.
3. **Health** medical services, primary healthcare consultations via mobile health outreach, medication support and medical referrals
4. **Water and Sanitation (WASH)** including the distribution of hygiene Kits and two water purification units in shelters.
5. **MHPSS and PSS wellbeing activities:** activities to improve mental health, psychosocial interventions and social cohesion and resilience activities for target groups and for the staff of the requesting members. In Israel this will be a key focus of the work carried out by CA's partner, Sadaka Reut.
6. **Shelter and Households and premises:** coverage of accommodation cost for affected people and patient companions receiving treatment at AVH Hospital, and rehabilitation / reconstruction of affected homes and ACT members work premises (DSPR and Al Ahli Arab Hospital). As soon as the opportunity allows, DSPR will start rehabilitating its main offices and clinics in Gaza through structural works allowing the staff to slowly return to using the offices (depending on the security situation. Additional works will be done through DSPR's support to the Orthodox church in rehabilitating the main church premises affected by shelling and bombing. Providing emergency shelter material and technical support to IDPs. HEKS/EPER will provide shelter and NFI kits as per Shelter Cluster standards. HEKS/EPER's will distribute these items to people living in damaged buildings, makeshift shelters, or those without shelter. The same beneficiaries will receive in parallel Multi-Purpose Cash assistance aligned with Cash Working Group Standards, allowing them to obtain complementary shelter items while covering other basic needs. In addition, the Palestinian Working Women Society for Development (PWWSD) will provide MHPSS services to the same households and their community.
7. **Prevention and Preparedness:** Across Gaza and the West Bank, communities will be supported by CA partners to develop and deliver Community based disaster management (CBDRM) plans, and community protection committees to prepare for, prevent and respond to impacts of crisis where possible. **This same approach will be adopted by EJMCA in the refugee camps across the West Bank.**

8. **Advocating for Protection:** CA with PCHR will scale up its ongoing work on documentation of violations of international human rights law and international humanitarian law. PCHR's work is linked in with a Protection Information Management (PIM) system using documentation to support a stronger protection response through undertaking supportive work at a local and global level. CA with Adalah proposes to carry out a combination of legal actions before the Israeli courts and state and military authorities, using international media, to challenge laws, policies and practices that impede the lives and welfare of Palestinians, as well as deprive them of their basic rights and freedoms.
- DSPR has engaged an advocacy and awareness officer who has been able to lead the advocacy process for the entire forum, under the supervision of the steering committee, in keeping the issue of Gaza's siege, famine, displacement on the partners' agenda in throughout its different interventions throughout the humanitarian response framework.
9. **Education in Emergencies:** FCA's Education in Emergencies (EiE) response initially focuses on children and young people in East Jerusalem and the West Bank, with planned expansion to Gaza. Working through its long-term Palestinian partner organizations and its own education experts—including the global *Teachers Without Borders* network—FCA promotes a holistic approach to the education sector that bridges immediate crisis response with longer-term recovery. In the short term, FCA prioritizes urgent crisis needs, ensuring continuity of learning through distance and hybrid education, remedial classes, and temporary learning spaces for children unable to access schools due to conflict, movement restrictions, or displacement. Special attention is given to disability inclusion, child protection, and integrating structured mental health and psychosocial support (MHPSS) into schools. Teachers and facilitators are equipped with learner-centred, inclusive methodologies and psychosocial first aid, while caregivers are engaged to reinforce children's resilience and well-being at home. A central partner in this work is **Qader for Community Development**, which provides technical leadership on disability inclusion. Qader supports schools, educators, and caregivers to apply inclusive education practices, adapt teaching and learning materials, and secure specialized equipment, ensuring that children with disabilities are meaningfully included in EiE interventions. This collaboration helps address one of the most urgent needs in the Palestinian education system: ensuring that no child is excluded from learning opportunities during times of crisis. Beyond the immediate emergency response, FCA invests in recovery-oriented strategies designed to reduce dropout rates, improve learning outcomes, and foster collaborative community resilience. Interventions emphasize strengthening the capacity of educators, promoting inclusive education practices, and embedding psychosocial well-being in school systems. These efforts are aligned with national humanitarian and education strategies. In Gaza, FCA's future work will build on this foundation by expanding non-formal education opportunities, establishing child-friendly spaces and temporary learning spaces (TLSs), and providing nutritious snacks to help address food insecurity. MHPSS services will be delivered in parallel to support children and their caregivers in coping with trauma and stress. Through partnerships with **Al-Nayzak, PYALARA, and IOCC**, FCA will further enhance academic recovery by providing remedial classes to address learning gaps and organizing extracurricular activities that nurture holistic child development and restore a sense of normalcy. Complementing these interventions, FCA also implements **summer schools**, which provide children with safe and supportive environments to continue learning, rebuild daily routines, and access psychosocial support during the break. By combining academic refreshers with recreational and well-being activities, the summer schools help children regain confidence, strengthen peer connections, and prepare for the new academic year emotionally and academically. Together, these interventions reflect FCA's commitment to safeguarding the right to education even in the most challenging circumstances—ensuring that Palestinian children not only continue learning during crises but also regain hope, stability, and the foundation for long-term resilience.
10. **Protection/Prevention:** Through HEKS/EPER and Rabbis for Human Rights, protective presence

will be provided to Palestinian communities in the Jordan Valley, with Israeli activists conducting regular visits and sleepovers to counter aggressive settler violence. Additionally, support will be extended to returning IDPs in northern Israel to access their rights and entitlements. In collaboration with Kav LaOved, HEKS/EPER will assist marginalized workers affected by the current crisis through Disaster Risk Reduction interventions. HEKS/EPER will also enhance the humanitarian capacity of its partners to ensure compliance with humanitarian principles, accountability to affected populations, and continuous learning. **HEKS/EPER with its partner CIVITAS will build IDP resilience through capacity strengthening, protection advocacy, information management, and community participation during the ongoing Gaza crisis**

The ACT Palestine Forum plans and pre-assessments have been done in coordination with the local communities triangulated closely with secondary wider assessments undertaken, including SitReps from OCHA (UNOCHA) Flash Updates, oPt Health Cluster Status Dashboards, oPt Emergency Situation Updates, IPC Special Brief, Gaza Strip, UNFPA reports, Palestine Protection Cluster Updates which helped us identify the priority needs areas in addition to the areas of intervention and the locations.

The target areas for **DSPR** will be mainly in Gaza, Jerusalem, West Bank and in Galilee.

DSPR has devised a comprehensive response strategy to address the critical needs of the affected communities in Gaza, Jerusalem, West bank and in Galilee. Our strategy encompasses both cash and non-cash assistance, health and mental health including, including health awareness, psychosocial support, staff care 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 in Gaza, The West Bank and Galilee. In Gaza, DSPR will also upscale its mission in providing food in shelters to include hot meals for households and individuals depending on available resources; hot meals that would include rice, meat, chicken, veggies, fresh water. Ability to distribute these meals depend on availability of raw materials and the security situation.

Mental health and 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. In addition to beneficiaries DSPR will dedicate a special component for staff care especially those who are currently working under challenging circumstances. Staff will continue to offer in the clinics, shelters, shelters and any community hub MHPSS support especially for women and children through individual as well as group counseling, fun and open days,.

Shelter and household items including 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 contributing to maintaining Al Ahli Arab Hospital that have been severely impacted , ensuring they can continue to serve as vital hubs for the community. Furthermore, DSPR will support some rehabilitation works in the Orthodox church in areas inside the church premises that were affected by the Israeli attacks to church compound . These works include works minor structural works depending on the availability of the materials and skills around the church area who can conduct such works.

Water and Sanitation: Providing hygiene kits to beneficiaries in the different target communities and shelters; DSPR is also planning and providing two water purification units to be placed in shelters to make water potable.

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 (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, this could be renewed when needed. This will help them and their families as well as contribute to offering services in a time of destruction at all levels. DSPR will continue focusing on emergency job creation opportunities as a way of allowing breadwinners seek job opportunity in professions including paramedical, social work, office work rubble removal, minor rehabilitation jobs to gain their income with dignity for an average of 3 months (depending on the security situation in Gaza).

Public Health, DSPR is also planning on receiving patients in its different health facilities and mobile clinics to provide basic and primary, dental health care as well as medical checkups and treatment, offering free of charge medicine and supplementary in addition to medical referrals services. To be able to be functional again, DSPR will do basic maintenance to the clinics and centers, and purchase some medical equipment and supplies to serve the community in which it works. As there are many communities in need to reach, outreach medical services are offered and need to be strengthened to be able to offer lifesaving services for communities lacking medical services and have difficulties in reaching the health care centers. DSPR will also use its health venues for awareness and educational materials pertaining health issues as well as other issues such as prevention and preparedness. **DSPR will consolidate its work through its current clinics, temporary medical points, outreach clinics and respond to the greater need, especially in Gaza due to the collapse of the health system in most of the major hospitals in the strip. Considering the growing need (as requested by the communities who come to DSPR's clinic) the team identified that a significant number of survivors of the Israeli attacks are developin permanent disabilities are in dear need for assistive devices. As such in the coming phase, DSPR will provide assistive devices to those who might need and depending on their availability including item such as wheelchairs, crutches, prosthetics hearing aid, eyeglasses, etc.**

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 centers. 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.

HEKS/EPER

(1) Partner capacity development.

HEKS/EPER will support the capacity development of partners throughout all stages of the project cycle. In particular HEKS will support monitoring, evaluation and learning. HEKS will develop monitoring and operational capacity of partners in order to monitor compliance of the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, relevant Grand Bargain commitments, the Core Humanitarian Standards, the Sphere Standards, and relevant Sustainable Development Goals. HEKS/EPER will also conduct tailored capacity development interventions as regards accountability to affected populations including feedback and complaints mechanisms and safeguarding. In addition, HEKS will provide capacity development in regards to financial controlling.

To build capacity, HEKS/EPER will conduct formal training with certified trainers as appropriate based on capacity needs assessments in addition HEKS will accompany partners providing coaching and mentoring as appropriate through the entire project. **HEKS and partner Civitas work to Capacity build the IDPs League to ensure members can network effectively and advocate for IDP rights.**

(2) Multipurpose cash assistance.

The project will contribute to MPCA cash for work to 3,773 HHs from the Gaza Strip and West Bank. The situation in Gaza is currently so volatile that movements within Gaza are not predictable. Therefore, no geographical focus of this project can be provided at this stage and will be decided upon based on the situation project start and taking in mind the needs. While cash for work opportunities will be provided to the Gazan farmers who lost access to their land to support their peers who can still access their land. HEKS/EPER constantly observes the market situation. According to WFP market assessment for July 2025, Gaza's market system has deteriorated to its worst state since the conflict began in October 2023. Market access is severely restricted, with 66-82% of households across different regions unable to reach markets. Food prices have reached catastrophic levels. Cash withdrawal fees have reached 45%. Retailers face severe stock shortages of 43-95% across regions. Dietary diversity has collapsed to its worst level since conflict began, with households consuming only one meal per day on average. During the 30 days prior to survey, 97% of households went to bed hungry and 89% completely ran out of food. The market system faces imminent collapse, requiring sustained large-scale deliveries to stabilize food availability and prevent total breakdown. However, considering the complex import situation and the famine declaration cash can be considered despite the strongly affected markets according to the recommendations of the Cash Working Group. The beneficiaries will be selected in coordination with the cash working group and other humanitarian actors based on current practice on a master list managed by OCHA. Each household will receive 1'250 NIS (transfer value from the Cash Working Group as of September 2025). In case this amount will be adjusted, the project will be aligned accordingly. Transfers will be paid by PalPay, and beneficiaries will be informed by SMS. Considering the problems in the mobile network and accessibility of PalPay agents, close follow-up will be given to ensure that people will receive their money. A PDM will be implemented.

(3) Support for emergency shelter.

Short-term solutions such as temporary shelters serve a dual purpose, functioning not only as a crucial tool for an immediate humanitarian response but also facilitating sustainable recovery. It is imperative to protect the rights of IDPs facing challenges in their current displacement conditions. As a result, and by following the Shelter guidelines, Shelter/NFI kits will be sent to Gaza, and MA'AN will be receiving and storing the goods. After a selection of beneficiaries, 800 families will be provided with Shelter/NFI Kits and they will be provided technical support during construction. Implementation will be coordinated with shelter actors, and shelter cluster standards will be followed. The component will require substantial efforts in importing goods, in which HEKS/EPER has invested significant efforts over the past months to make this happen. HEKS with partner Civitas works to promote accountability in transitional shelter provision by conducting needs assessments Supporting IDPs League institutionalization through its working teams, the Resilience Building Team (RBT) and the Research, Information, Advocacy & Media, and Database Referral Officers (RIAD); Increasing community participation through policy dialogue and visibility actions;

(4) MHPSS

The PWWSD will provide family therapy for the beneficiary households who suffer from trauma and stress and survived experiences that affect their cohesion as a family including ongoing displacement, sharing overcrowded shelters with other families and having to separate the male from the female members of the family due to shortage in shelters. The PWWSD will also provide group counselling and psychological debriefing sessions for the beneficiary households and their community to promote cohesion and create connections, especially that the displacement has separated people from their original communities and gather with new neighbors from all over the Gaza Strip. They will also provide MHPSS to children and mothers in hot-spots in the West Bank who faced destructions of homes and livelihoods assets, displacement and horror. Moreover, PYALARA will provide psychological support to 500 Gaza laborers stuck in the West Bank in harsh living conditions after being dismissed from their workplaces in Israel following October 2023.

(5) Supporting settler-violence-affected Households in the West Bank

HEKS/EPER collaborates with Rabbis for Human Rights (RHR) to support Palestinian communities in the Jordan Valley. This partnership focuses on protecting rights and enhancing livelihoods through various initiatives. RHR provides protective presence and in certain cases legal assistance to farmers and shepherds facing land confiscation and settler violence, ensuring access to their lands and enabling continued agricultural activities. RHR distributes essential Humanitarian supplies to those affected by displacement and violence through humanitarian aid programs. Additionally, they run educational and public awareness campaigns to inform the international community about the human rights situation in the Jordan Valley, advocating for policy changes and greater protection for Palestinian communities. This collaboration strengthens the resilience of these communities, helping them maintain their livelihoods and uphold their rights amid ongoing challenges.

(6) Enhance food security and livelihoods by supporting agricultural production for war-affected farmers in Gaza.

Distribution of critical agricultural inputs (seeds, conditional cash, fertilizers) alongside technical advice to help farmers cultivate their land and produce fresh products, , Offering grants to women-led agricultural SMEs to purchase production inputs and providing them with technical support. Additionally, HEKS/EPER offers cash-for-work opportunities to farmers who have lost access to their land, enabling them to support peers who can still farm. It also helps sustain GUPAP's local seed bank, ensuring the availability of local seeds for farmers

(7) Strengthening Livelihoods and Resilience for Bedouin women in Southern Israel and the West Bank.

HEKS /EPER working with Sidreh through agriculture interventions. Supporting livelihoods recovery to stabilize economic conditions and foster resilience. Provide immediate support for agricultural

activities such as herb cultivation (e.g., thyme) and beekeeping. Distribute essential tools, seeds, and equipment. Throughout the project period, cooperative members will receive continuous agricultural training and advice from Sidreh's project team, who will support beneficiaries to advance product development, marketing strategies, and cooperative management. The grant will also support repairs to greenhouses, replacement equipment and seedlings, and compensation for each kilo of raw thyme harvested. Finally, two educational trips for inspiration and role modelling will take place during this phase, introducing members to Arab women in other areas who are running businesses. Sidreh will also advocate with local authorities for improved access to income generation for Bedouin women.

HEKS /EPER working with PWSSD will create a mobile business incubator, which allows expert trainers to provide regular, on-site support to women's cooperatives and home-based entrepreneurs. This model reduces barriers to participation for rural and marginalised women, while enhancing the quality, packaging, and marketing of their products to access local and external markets. At the same time, targeted awareness-raising, capacity building, and engagement with duty bearers are fostering stronger community recognition of women's rights and roles.

(8) Ensuring Rights Access for Vulnerable IDPs Returning to Northern Israel The war displaced 70,000 Israelis from the northern border communities to further south in Israel where they remained displaced, further marginalizing already vulnerable groups. Through HEKS/EPER Rabbis for Human Rights (RHR) has identified the most vulnerable populations among the returning groups and will focus on four communities: Kiryat Shmona, Metula, Arab al-Aramshe, . RHR will conduct a mapping of the rights needs of these returning community members and develop a multilingual "rights manual," explaining the legal situation of returnees, potential entitlements from the government, and how to access them. RHR will then disseminate this information using a variety of fora as appropriate to the target groups. As part of the information distribution phase, RHR will also develop partnerships with local players and carry out targeted social media campaigns to publicize this crucial information

(9) Disaster Risk Reduction (DRR)

HEKS/EPER will work with Kav laOved – The Workers' Hotline in Israel to build a Disaster Risk Reduction (DRR) Mechanism for Vulnerable Workers in Israel. Since 7 October 2023, the war has severely disrupted the lives and livelihoods of workers across Israel. Workers are grappling with mass evacuations, sudden job losses, school and daycare closures, significant income reductions, employer abuse, lack of law enforcement, and insufficient knowledge of updated emergency regulations. The objective of this project is to establish a comprehensive Disaster Risk Reduction (DRR) mechanism to safeguard all vulnerable workers in Israel, including Ethiopians, Eritreans, migrant workers, Palestinians, refugees, and asylum seekers. The initiative addresses the lack of a cohesive system to ensure timely legal and paralegal assistance for workers' labor rights during crises. By proactively preparing for disasters, Kav laOved (KLO) aims to mitigate risks, enhance resilience, and ensure equitable access to support for all workers, regardless of their background. The project will adopt a preventative approach by establishing a national core group of volunteers trained to provide legal, paralegal, and emergency assistance to vulnerable workers in Israel in the respective locations and languages. In addition, this project will operate a hotline accessible to all workers in Israel, providing year-round legal and paralegal assistance while being ready for activation during crises.

HEKS/EPER works with Partner Civitas to provide legal assistance for vulnerable IDPs in Gaza, particularly women and persons with disabilities Increasing community participation through policy dialogue and visibility actions; HEKS/EPER works with PWSSD to provide legal aid and court representation for women and young women in the west bank.

FCA

Over 6,000 children, caregivers, and educators directly participate in activities across Gaza, the West Bank, and East Jerusalem. This includes learners in formal and non-formal settings, children with

disabilities, parents, and teaching staff—ensuring a comprehensive and integrated Education in Emergencies response that safeguards learning continuity, strengthens psychosocial well-being, and promotes inclusive, safe education for crisis-affected communities.

- (1) **Education in Emergencies:** FCA is responding to the urgent education and mental health needs of children and young people in the West Bank, East Jerusalem, and Gaza, where displacement, movement restrictions, and ongoing violence have severely disrupted access to safe learning. Our approach combines immediate crisis response with longer-term recovery, ensuring continuity of learning, psychosocial support, and inclusive education for the most vulnerable.
- (2) **Gaza Response: In Gaza** FCA is partnering with **Al-Nayzak** and **PYLARA** to provide remedial and accelerated education for children through Temporary Learning Spaces (TLSs) located near displacement camps and shelters. These TLSs offer safe and adapted environments, including for children with disabilities. Using a curriculum developed with the Ministry of Education and the Education Cluster, learning focuses on Arabic, English, Maths, and Science, with integrated MHPSS activities. Teachers are also trained to deliver sessions weekly, supported with new training on EiE, child protection, disability inclusion, and caregiver engagement. This program ensures conflict-affected children receive consistent education while addressing trauma and supporting their holistic development. In parallel, FCA works with a nationally recognized mental health partner to address the severe psychosocial needs of conflict-affected children, caregivers, and educators. Services include psychosocial first aid (PFA), counselling, child protection consultations, and the distribution of emergency resources. This comprehensive MHPSS package helps children and families regain emotional stability, build coping skills, and strengthen resilience during and beyond the crisis.
- (3) **West Bank and East Jerusalem Response:** In the West Bank, FCA supports 10 crisis-affected schools with inclusive distance and hybrid learning solutions to overcome barriers caused by military activity, settler violence, and restricted movement. With support from Finnish experts in FCA's *Teachers Without Borders* network and Palestinian specialists, teachers receive training in learner-centred pedagogy, hybrid teaching, MHPSS integration, emergency preparedness, and child protection. Tailored coaching and mentoring ensure these practices are embedded and sustainable. Through our disability inclusion partner **Qader**, schools are supported to adapt methods and materials, and children with disabilities receive specialized equipment as needed. Teachers are also provided with tools to manage their own stress, while parents and caregivers participate in structured activities that reinforce learning and psychosocial well-being at home. In addition, FCA equips schools with the technology and resources required for inclusive learning, ensuring children can continue their education despite disruptions.
- (4) **Integrated Approach and Alignment:** Across both contexts, FCA prioritizes an integrated approach to **EiE, Child Protection, and MHPSS**, ensuring interventions benefit not only children in school but also out-of-school youth, households, and wider communities. Activities are designed in close coordination with the Education Cluster and the Continuity of Learning Taskforce, and are fully aligned with the Palestinian Ministry of Education's Humanitarian Response Plan. By working hand-in-hand with the Ministry and local partners, FCA promotes sustainable practices and contributes to the development of inclusive education policies that will strengthen the sector in years to come.
- (5) **Impact and Sustainability:** Through this holistic response, FCA is improving access to quality, safe, and inclusive education, and is building a resilient system that protects learning continuity, addresses trauma, and empowers vulnerable children—especially those with disabilities—to thrive during crisis and recovery, while fostering psychosocial well-being for children, caregivers, and educators via enhancing the skills of teachers, school counsellors, and community networks.

CA's proposed action is a Locally-led lifesaving, life preserving, and resilience enhancing response in Gaza the West Bank and Israel, targeting up to approximately **122,985** people with survivor and community led response (sclr), community based resilience actions, protection and support to women's immediate healthcare needs via distribution of kits and mental health referrals, support to remedial education for displaced children, trauma and resilience activities for women and youth, and legal support for protection. CA's response prioritizes working in collaboration with its partners through locally led approaches.

In **Gaza**, the action is designed to meet **immediate needs at scale** prioritizing the survivor and

community led response (sclr) approach with community led initiatives (CLIs) facilitated through Group Cash Transfers (GCT) where possible and in-kind support where not supporting up to 59,869 people. This will take a nexus approach using action-orientated conflict analysis, supporting communities to identify initiatives which support their immediate needs in a way which strengthens social cohesion and resilience to conflict drivers. Alongside this, protection including the documentation and response to violations of IHL and IHRL with a specific focus on internally displaced women (2600 people).

CA is already responding at scale and has identified that a combination of community-led response and specific technical approaches with highly skilled local partners continues to be the most effective approach to meet immediate needs efficiently in a rapidly evolving context. The approach has proved to be inherently flexible and adaptive, with a focus for this ACT Appeal on **survivor and community-led response (sclr)** allowing CA and partners to reach across the whole of the Gaza Strip and to the most vulnerable and isolated people in both the Gaza Strip and West Bank.

CA's partner PCHR in Gaza will also continue and scale up the work of **documenting and reporting on human rights**, and humanitarian law violations with a specific focus on documenting and amplifying the experiences of internally displaced women (IDW) and detainees in Gaza. This Protection Information Management will be used to provide **direct health support** (200 hygiene kits to 600 IDW), **re-establish and strengthen referral for MHPSS, providing legal aid**, and linking protection information to the global protection cluster. Regular and sensitive documentation will enable invaluable data to be gathered for tailoring support services more effectively, **supporting PCHR protection work** to better address the needs of IDW. PCHR will provide quality data and information in a safe, reliable way via its quality Protection Information Management (PIM) resources.

CA's partner IOCC in Gaza will provide **emergency educational support to at least 600 children in Gaza**. Thousands of children are now without access to schools, basic educational resources and extracurricular activities. IOCC will **establish safe learning spaces**, and provide **remedial classes and extracurricular activities** to 600 displaced children (boys and girls) aged 6-12 years old in the middle area of Gaza. Specific focus will be on children who are struggling academically, children from low-income families and children with special needs or disabilities. IOCC will cooperate with a local organisation on the project activities.

Across IoPt CA's partner Adalah will **defend the rights of at least 500 Palestinians** who have come under threat, targeting at least 500 of the most vulnerable including children, Bedouins and prisoners. This will be achieved by carrying out a **combination of legal actions within the Israeli legal system** and internationally. For Palestinian Citizens of Israel (PCI) Adalah will aim to limit damage incurred to hundreds of individual PCI through legal representation of individuals arrested for protest activities and speech-related offenses. For Bedouin, Adalah will represent entire Bedouin villages in the Naqab facing threats of demolition/evacuation, which have been stepped up under the cover of the war on Gaza. For Palestinians in the West Bank, including East Jerusalem, and Gaza, Adalah will challenge Israel's laws, policies and actions, for example demanding to allow entry of humanitarian aid into Gaza and fighting an unconstitutional amendment to the "unlawful combatants" law.

In **Israel**, CA will, through CAFOD, support Israeli organization **Sadaka Reut** to offer various programs in high schools and universities and with communities in the Naqab, which since 7/10, has focused on trauma resilience support. A total of 141 youth will be given tools & resources to deal with the current reality. Safe places will be offered for the groups where youth can go to with their traumas (trauma processing).

In the **West Bank**, CA and partners are working on Community Based Disaster Risk Management (CBDRM), through sclr with EJ-YMCA. **CBDRM and sclr** will reach up to 58,675 people through community action plans facilitated by and EJ-YMCA. CA and partners will **conduct capacity building of sclr groups and Community Protection Committees (CPCs)** to support the strengthening of, and coordination between, community action plans with a goal to enhance the sustainability of community-led action with capacity building focused not only on emergency response, but also on preparedness, lobbying, advocacy, and Anticipatory Action. Working closely with other APF members as well as

partners directly, CA will also look to **strengthen nexus approach programming** through mainstreaming conflict analysis, supporting communities across CA target locations to identify the root causes of conflict drivers within their communities and empowering them to address those drivers through the Community Action Plans.

The projects will be coordinated by CA with 6 partners, CFTA, PCHR and IOCC in Gaza, EJ-YMCA in the occupied West Bank including East Jerusalem, and Adalah and Sadaka Reut (via CAFOD) in Israel.

DKH's response in Gaza through the local partners (PAEEP and PARC) will be focused on cash assistance for 6 months, along with restoration of livelihood for 250 farmers and business' owners, and the provision of PSS wellbeing activities to promote social cohesion, conflict prevention and resilience. Projects activities will be cascaded following the logic:

Rapid community assessment to map and locate pre-identified most vulnerable communities in the Gaza strip: through different phases of a CBDRM project implemented with PARC in the Gaza Strip since 2017, DKH identified 17 most vulnerable communities prone to hazards and suffering high levels of socio-economic vulnerability. Due to the conflict, DKH expects that these 17 communities members got displaced and are now even more vulnerable, with a potential loss of livelihoods. DKH will conduct a rapid community assessment to map and locate the different communities and assess the damage of the conflict on their livelihood (farms and businesses).

Conflict sensitivity analysis and Gender analysis, production: at least four (4) analyses will be conducted to understand the impact of the conflict on the 17 communities, the existing gender dynamics post-conflict on Gaza, and to inform DKH and local partners' response (Do not harm). Prior to starting any intervention, DKH will conduct a gender analysis and a conflict sensitivity analysis through consultancies, to be replicated at the mid and/or end-term of the intervention, according to the funding of the baseline. Consultants will be asked to follow a participatory process with partners and local communities. The reports will help DKH to ensure keeping conflict and gender sensitivity throughout the whole intervention and ensuring the do no harm throughout the appeal. The participatory approach will be promoted by looking at the capacity of DKH's local partners PARC and PAEEP as well as target communities, to lead the shaping and the implementing response.

MPCA for 6 months for 300 vulnerable HH that lost their livelihoods: following the Cash Working group guidelines, unrestricted cash assistance will be provided for a period of 6 months for 300 vulnerable small business owners (1,500 individuals) who lost their livelihood due to the war, from the pre-identified 17 vulnerable communities, in alignment with the rapid community assessment. Priority will be given to women-led HH. The cash transferred will reflect 60% of the total SMEB value, estimated by the Gaza Cash Working group. Although the amount differs from the current recommended 1,000 NIS (reflecting 80% of the total SMEB value due to price increases and inflation across the Gaza Strip in the last months), we assume that the project will be implemented during a ceasefire when prices will start to decrease and consequently the transfer value will return to the previous recommended amount. Transfers will be made by the Cash WG approved Financial Service Provider PalPay, with transfer fees (20 NIS) included in the budget. Due to the high volatility of the context, DKH and partner will keep monitoring and analyzing the markets, however continuing to support unrestricted cash assistance.

High coordination will be ensured with other members of the appeal and with other relevant stakeholders to avoid overlapping interventions.

Restructuring the livelihood for 200 HH (100 farmers, 100 business owners): in coordination with other Act members delivering MPCA assistance, DKH will identify 100 vulnerable farmers, not beneficiaries of DKH MPCA assistance but referred from other Act members' MPCA intervention, and include 100 business' owners, from DKH MPCA assistance, in the restoration of their livelihood. During the assessment phase, DKH and local partners will already identify livelihoods who could be restored. For both groups, restoration works will aim to restart the activities and will be adapted to the needs. Further support in cash (cash for livelihood) will be delivered for all beneficiaries benefitting from the livelihood component (200 HH, 1,000 individuals).

PSS, wellbeing activities and community engagement: Informed by the products released prior to the

beginning of the intervention, DKH and local partners will implement different activities in the 17 most vulnerable communities interested by the MPCA and livelihood interventions. The PSS activities might span from individual and group counseling, recreational activities, peer support groups, and referral mechanism for more specialized mental health services to specific protection awareness concerning rights and entitlements under international humanitarian law and applicable national laws, ensure that marginalized groups, such as women, children, the elderly, and people with disabilities understand their equal rights and protection from discrimination, empower communities to know how to identify and report violations of their rights, and where to seek assistance and redress. DKH and the local partners might also implement activities to foster resilience, social cohesion and conflict prevention in the 17 most vulnerable communities. The nature of the activities will be determined by the communities. Community resilience activities will be realized through a combination of SCLR and CBDRM approaches, reaching at least 17,000 beneficiaries (at least 1,000 individuals per community).

DKH will coordinate with other members, clusters and DKH sister organization “Bread for the World” in Gaza, to ensure high levels of communication, avoid activities overlapping and ensure, where appropriate and possible, complementarity and referrals among different activities for beneficiaries of the members of the Act appeal.

DKH project will be scalable according to the funding flow.

The EJMCA in the West Bank refugee camps, will implement the Survivor and Community-Led Response (sclr) approach, aiming to reach up to 10,000 people—both directly and indirectly—through community-driven action plans. The sclr process begins with introducing the project methodology to the communities, who then form Protection Groups (PGs) that represent diverse segments of the population, including women and youth. These PGs receive training in Participatory Vulnerability and Capacity Assessment (PVCA), equipping members to identify risks, vulnerabilities, and available assets and resources within their communities.

With this knowledge, the groups collaboratively develop informed action plans based on local needs. They can then apply for community cash grants to implement the priority initiatives outlined in their plans. At the core of this approach is the shift of power to the communities themselves—empowering them to build resilience by utilizing their own capacities and resources. The focus goes beyond emergency response to include preparedness, advocacy, and anticipatory action

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, education, 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. The project, building on years of ACT member agencies existing work across oPt, recognizes that communities that are empowered can more effectively mobilize local municipalities, organizations and aid agencies to shift the way they provide support. To this end, 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.

Acknowledging that communities will always be the first and last responders to any crisis, the action adopts a Survivor and Community-Led (sclr) approach along with the Participatory Vulnerability and Capacity Assessment (PVCA) to effectively prevent, mitigate, and respond to disasters. (see CALP Guidance)⁸. This methodology, successfully implemented in various contexts by ACT members such as

⁸ [Group-Cash-Transfers-Guidance-and-tools.pdf \(calpnetwork.org\)](https://calpnetwork.org/Group-Cash-Transfers-Guidance-and-tools.pdf)

the Haiti earthquake and Ukraine conflict, enables context-specific responses that leverage community capacities, enhancing resilience and reducing reliance on external support. Notably, empowering women within the sclr approach leads to positive changes in decision-making and services for women.

In the West Bank and Gaza, resilience-building efforts, along with Community-Led Initiatives (CLIs) training and capacity building, aim to strengthen DRR and community action plans. The focus extends beyond emergency intervention to include lobbying, advocacy, and Anticipatory Action, promoting sustainability and addressing immediate and long-term needs. The collaboration with active CLIs emphasizes scalability and sustainability, contributing to long-term strategies for reducing humanitarian needs and vulnerability. The members' 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 project at a wider level aims to leverage and support members' own ongoing active legal support and protection work, particularly for CA partners around IHRL and IHL violations to bring awareness and address root causes of humanitarian needs.

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. A protection risk analysis carried out by the respective implementing members will inform all activities, ensuring that proper mitigation planning is conducted at the outset and revisited during implementation.

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, LWF, FCA, CA and DKH.

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 project approach adopted by members puts communities and people affected by the crisis at the center of activities, a key tenet of the Core Humanitarian Standards (CHS). By upholding the principle of humanity, neutrality, impartiality and independence, the intervention will maximize its positive impact on the lives of people it serves. Communities have been included in consultations and the intervention is designed based on the priority needs and current situation.

The implementing members will ensure coordination with other Forums/ bodies, as well as actively participate in different UN clusters to align their interventions. They will actively seek collaboration on logistics and program activities. To enhance data collection and implementation, accountability, transparency, gender justice and disability mainstreaming, religious and community leaders will be consulted and coordinated with. In doing this, practicable feedback and complaint-receiving mechanisms that ACT members employ will be replicated in the proposed project locations.

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.

The program carefully considers the wider conflict dynamics in the targeted areas and its related risks e.g. access, safety and security as well as in decision making. Thus, the ACT members will monitor the evolving situation, and adapt, while understanding the dynamics. Besides being sensitive to the political and socio-cultural environment of the intervention areas, a Do-no-harm approach will be applied following member standards. Central to ACT's implementation approach is also its partnership and community-led approach. By working with trusted partners embedded in the communities they serve ACT's aims to build contextual knowledge and sensitivity. Conflict dynamics are therefore understood and considered from design through to delivery.

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 and health awareness; shelter: including minor home renovations for affected households /buildings; MHPSS: Improved PSS wellbeing and decreased distress among the staff and the target population directly and indirectly affected by the conflict, and make sure that all the services provided are in line with the Consolidated Humanitarian Standards

All DSPR's work components will be implemented through the current staff of the different clinics including doctors, nurses, counsellors and social workers, volunteers, admin, finance staff etc. Additional human resources will also be hired to be able to provide timely support, with direct involvement of the Central Office in supervising and monitoring the work, in close coordination with the emergency leading team on the ground. 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 WHO and the main health services providers, 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 support 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

HEKS/EPER continues to implement through long established existing partnerships and new partnerships that are appropriate to address emerging unmet needs. HEKS/EPER's relationships with local partners bring valuable technical skills and enhances the reach and relevance of its projects.

HEKS/EPER will implement the project in partnership with MA'AN, PWWSD, CIVITAS, GUPAP, PYALARA, Sidreh, Rabbies for Human rights and Kav LaOved HEKS/EPER international experience and learning in programming in fragile contexts will be utilised to support implementing partners . HEKS/EPER will lead the procurement of shelter items as it is best placed as an INGO to coordinate with Israeli Authorities and the logistics cluster on importing goods into Gaza. The HEKS/EPER logistician who is based in Jerusalem will facilitate this process by managing HEKS warehouse in Jerusalem and securing the necessary import permits and documentation from local stakeholders .

HEKS/EPER's Gaza response is jointly supervised by the Country Director (Jerusalem) and Humanitarian Desk Officer (Zurich) to ensure that the humanitarian response is embedded into the development-focused country office . The humanitarian program and team are led by an expatriate Humanitarian aid Delegate who is currently based in Jerusalem and will be based in Gaza, once the security situation allows. The Delegate oversees the development, planning, implementation, monitoring, and evaluation of the emergency interventions. The Logistics and MEAL functions are based in Jerusalem and supported by the administration and finance department to ensure that they can coordinate with relevant stakeholders including the partners HQs as appropriate and follow up all aspects related to the activities and budget monitoring and FCRM.

Project implementation in Gaza will be managed by the Gaza Area Manager who manages the HEKS team and office in Gaza.

Partners working in Norther Isreal will be supported by the Humanitarian Delegate, Country program Manager and M&E officer based in Jerusalem.

In Gaza, this project responds to immediate humanitarian needs, focusing on shelter , agriculture and MHPSS. HEKS/EPER will provide shelter and NFI kits as per Shelter Cluster standards. HEKS/EPER's will distribute these items to people living in damaged buildings, makeshift shelters, or those without shelter. The same beneficiaries will receive in parallel Multi-Purpose Cash assistance aligned with Cash Working Group Standards, allowing them to obtain complementary shelter items while covering other basic needs. In addition, the Palestinian Working Women Society for Development (PWWSD) will provide MHPSS services to the same households and their community. **Agriculture follows the same integrated aid approach as HEKS/EPER provide agricultural inputs, technical support along with MPCA or labor hand support through cash for work.**

Considering the availability of destruction-related partially reusable building elements, the importing restrictions for many construction items, which might also persist in the future, and for environmental reasons, HEKS/EPER cooperates with SKAT to integrate circular construction elements and promote those to the humanitarian community during this and future projects.

In the WB, the project involves a series of targeted activities designed to support Palestinian farmers and shepherds in the the Jordan Valley. RHR conducts 4-6 weekly trips of 8-10-person volunteer groups to provide a protective presence to these communities as they engage in their daily agricultural tasks. This protective presence aims to deter violence from settlers and overreach by the Israeli Forces. Additionally, RHR offers an online Palestinian Arabic course tailored for providing protective presence, complemented by monthly training sessions with experts, documents training, and professional

counseling for volunteers. To ensure effective coordination and implementation, RHR hires a dedicated Logistics Coordinator and a Field Professional. Furthermore, RHR distributes 30 additional medical kits to Palestinian communities in the Nablus region and provides first aid training to enhance the communities' emergency response capabilities. Lastly, RHR establishes a mechanism to document and disseminate its protective presence efforts through various media formats to policy bodies and changemakers, raising awareness within Israeli society about its work and the situation in the OPT. HEKS/EPER, in partnership with the Palestinian Working Woman Society for Development (PWWSD), is advancing a comprehensive approach to women's rights and resilience in Bethlehem and Hebron governorates. The interventions combine mental health and psychosocial support, legal aid and court representation, and economic empowerment to address the intersecting challenges Palestinian women face. Women and young women are supported to overcome trauma, assert their rights through legal channels, and strengthen their livelihoods in the face of widespread poverty, unemployment, and gender-based violence.

The partnership exemplifies localisation and gender justice by shifting resources and leadership to PWWSD, a grassroots women's rights organisation with over four decades of experience. By strengthening PWWSD's institutional capacity, the project ensures sustainability while reinforcing women's civic engagement and economic independence. Building on the proven impact in Bethlehem and Hebron, HEKS/EPER and PWWSD are now preparing to extend these interventions to Jenin, Tulkarem, and vulnerable villages in northern Ramallah, applying a rapid assessment approach to ensure context-sensitive design. This scaling-up strategy will allow the partnership to reach more women in highly exposed areas, maximising resilience and contributing to long-term social transformation

The beneficiaries of this initiative primarily include Palestinian farmers, shepherds, and their families across targeted communities in the OPT. These beneficiaries directly benefit from RHR's protective presence, medical kits, and first aid training, aimed at enhancing their safety and access to agricultural lands amidst threats from settler violence and Israeli Forces overreach. Indirect beneficiaries encompass broader Palestinian communities, benefiting from improved security measures. Israeli and international volunteers involved in the initiative also benefit from training and contribute to human rights protection efforts, while Israeli democratic institutions gain from documented evidence and advocacy efforts aimed at promoting accountability and policy change.

HEKS/EPER also provide MHPSS to children and parents in hot spot areas who survived demolition of homes and livelihood assets, displacement and horror. It also provide MHPSS to Gazan laborers who were dismissed from their workplace in Israel following the war and are stuck in the West Bank in hard life conditions.

Given the high level of food insecurity in Gaza HEKS will continue to work on supporting food security, agriculture and livelihood interventions with existing and new partners as appropriate in coordination with the relevant clusters and sector working groups. By prioritizing these interventions, HEKS/EPER provides immediate relief while laying the groundwork for sustainable recovery. The organization continuously monitors changes in context, promoting practical solutions, community engagement, and effective use of local resources.

In addition HEKS/EPER will support Rabbis for Human rights in ensuring Rights Access for Vulnerable IDPs Returning to Northern Israel and Sidreh in strengthening Livelihoods and Resilience for Bedouin women in Southern Israel as well as working with Kav laOved on DRR Intervention.

HEKS/EPER's membership in key coordination groups -including the Transitional Shelter Assistance Working Group, the Site Management Working Group, and the House, Land, and Property (HLP) Working Group- highlights its commitment to collaboration and innovation. Its role in co-developing technical guidelines for Gaza's shelter response showcases its leadership and technical expertise in delivering effective aid. Through active collaboration with humanitarian clusters, such as Protection,

Shelter, and Food Security, and involvement in OCHA's Gaza Coordination and Planning meetings, HEKS/EPER demonstrates its commitment to a coordinated, impactful response that effectively addresses the evolving needs of Gaza's communities in a volatile environment

FCA will implement in the Education in Emergencies (EiE) and in the MHPSS areas of the appeal, focusing on targeted activities in the West Bank and Gaza, with efforts from local education, **EIE, child protection, disability inclusion** and psychological support experts, the Teachers Without Borders network, and with FCA's local partner organizations **Qader, Al-Nayzak, and Pyalara**. All activities will be coordinated with the UN education taskforces, such as the Education Cluster. All the project interventions are developed through a needs-based approach, with local and international thematic experts, are in alignment with the MoE's Emergency Response Plan, **Palestinian curriculum** and will be accounted for through local FCA staff based in East Jerusalem. FCA will supervise and manage the project activities of this appeal through its existing program management structures, which includes daily project coordination and management responsibilities by the Project Coordinator and Humanitarian Coordinator based at the FCA office in Jerusalem To guarantee quality assurance and impactful program implementation, support is given by a dedicated technical team consisting of FCA's Global **Lead** Education advisors, Child protection Advisor, Humanitarian Advisor and Finnish Education Sector Experts from the Teacher Without Border Network as well as local education and MHPSS experts, Disability Inclusion experts and local Education in Emergencies support staff. These draw further from FCA's role in the Global Education Cluster, the Inter-Agency for Education in Emergencies (INEE), where FCA leads the Psycho-Social Support and Social Emotional Learning Collaborative, and the Teachers in Crisis Context (TiCC), all enhancing quality assurance and sustainable impact of the implementation moving forward in the appeal. Materials developed by FCA (such MHPSS support mechanisms, teacher training packages, etc.) can be utilized in future humanitarian response interventions, which enhance their sustainable impact and scalability with possibilities to expand upon them towards operations to Gaza and/or wider outreach in the West Bank.

CA will implement the following key sector areas of the appeal: Unconditional Cash (GCTs via sclr)/in kind support, supporting FSL and Prevention and Preparedness (Gaza and West Bank including East Jerusalem); Health, MPHSS and Protection specifically focusing on IDW (Gaza) and defense of rights of Palestinians who have come under threat, particularly those from most vulnerable groups including children, Bedouins and prisoners; establishment of safe learning spaces, and provision of remedial classes and extracurricular activities for displaced children in Gaza; and provision of support to MPHSS and trauma counselling for young people in Israel. CA will respond to key assessed multi-sectoral needs across both Gaza and the West Bank, East Jerusalem and Israel.. The action will be coordinated by CA with 6 partners - CFTA, PCHR, IOCC in Gaza, EJ-YMCA in West Bank including East Jerusalem; Adalah in Israel; and Sadaka Reut, via CAFOD in Israel. Due to the context, CA plans to manage its overall operations with strategic and operational oversight from CA-UK. Partners will receive coordination and program quality support from CA's Program Quality Coordinator (PQC) based in Gaza.

Supervision: The project will be managed and overseen partially remotely by CA-UK. CA-UK provides technical support in M&E, gender sensitive programming and adaptation and humanitarian technical support. The CA-UK team hold the long-term relationships with partners, coordinate with networks (e.g. OCHA clusters etc.) and provide program quality oversight.

Program Quality: Program quality will be maintained through engagement with, and support from, a team of CA Global Advisors and experts in the themes of, amongst others, Safeguarding, Cash and Markets, Resilience, Quality, and Accountability, Peacebuilding, Conflict Prevention and the Nexus. In relation to the Nexus CA's peacebuilding unit will offer to provide program quality technical support to the APF on Nexus approaches, with a focus on strengthening community-level peace outcomes under humanitarian and development actions through integration of conflict sensitivity and resilience, enabling communities to reduce intra-community conflict which arises during heightened stress and reduced access to resources. Exact form of this support will be flexible but could include provision of training and/or virtual accompaniment for various APF members/partners as required.

Action locations: CFTA,IOCC, PCHR, EJ-YMCA. Sadaka Reut and Adalah will directly implement all

activities in the project locations, through their project teams in Gaza and the West Bank including East Jerusalem and Israel, sometimes in partnership with CBOs. Where necessary, CA will coordinate third-party monitoring (TPM) services to also monitor activities and triangulate data from partner reporting.

Overall Oversight: CA's Head of Program Development and Funding (HPDF), PDF Manager, Global Humanitarian Manager, and oPt Program Manager, based at CA Office in London, with support from CA's Global MEAL and safeguarding and finance functions will have overall oversight of Action implementation. The PDFM will manage all communications with ACT, including reporting and overall compliance. They will be responsible for reporting, as well as capitalization of lessons learned and experience.

With the IASC accountability principles and frameworks of the recent "giving account, being held to account and taking account", DKH will implement the action through their local partners. Building on the previous emergency response implemented in the Gaza strip, the entire intervention will be implemented through PARC and/or PAEEP, defining better the role and the capacity to cover each part of the planned intervention according to the operational capacity of each partner at the moment of starting the project activities. Together with its local partners, DKH will follow best practices from previous recovery projects implemented in the Gaza strip. In fact, DKH has worked with its program partner Palestinian Agricultural Development Association (PARC), since 2006 on agriculture, community-based disaster risk reduction, water and sanitation as well as support to agricultural infrastructure and improving people's food security. DKH has also worked with its program partner Palestine Association for Education and Environmental Protection (PAEEP) since 2018 in Cash, food security, and livelihood. This cooperation has been centered around communities, localizing knowledge, and fostering inclusion and engagement in projects to support ownership and strong cooperation.

DKH's Amman office will be supporting and supervising the entire implementation through the program portfolio team (Country Program Coordinator, Finance Program Officer and Program Officer), while the DKH technical unit will guide and support the team in Amman and the local partners. Particularly, the regional DKH Cash & Markets advisor, along with DKH global Protection and Peace-Nexus advisors will be largely consulted and involved prior and throughout the intervention.

The EJYMCA: The proposed action will be designed and implemented by the EJ-YMCA through its Women's Development Program (WDP). The action team will consist of WDP staff, supported by EJ-YMCA program departments and headquarters personnel.

The WDP team, will be responsible for implementing all program activities, including monitoring and evaluation, capacity building, progress tracking, and providing strategic guidance. The team will also ensure compliance with partner requirements and serve as the primary liaison for partner communications. Additionally, WDP will coordinate with other EJ-YMCA programs to expand outreach and increase the number of beneficiaries and target areas.

Meanwhile, the EJ-YMCA headquarters staff, will provide essential support in finance, procurement, human resources, IT, programming, and communications and media.

Project Consolidated Budget

	Appeal Total	DSPR	HEKS	LWF	ELCJHL	CHRISTIAN AID	FCA	EJ-YMCA WDP	DKH
Direct Costs	12,138,261	4,249,576	2,214,422	1,741,737	243,320	1,145,669	439,187	188,200	1,916,151
1 Project Staff	1,697,740	345,794	430,466	34,736	-	496,226	80,540	12,300	297,678
1.1 Appeal Lead	-	-	-	-	-	-	-	-	-
1.2 International Staff	136,191	-	56,925	2,520	-	31,846	-	-	45,000
1.3 National Staff	1,561,549	345,794	373,641	32,216	-	464,380	80,540	12,300	252,678
2 Project Activities	9,555,446	3,509,912	1,483,986	1,700,701	236,820	561,699	321,694	167,900	1,572,734
2.1 Public Health	2,284,567	738,925	-	1,545,642	-	-	-	-	-
2.2 Community Engagement	256,007	-	139,215	-	-	-	-	-	116,792
2.3 Preparedness and Prevention	130,321	50,000	38,606	-	-	28,815	-	12,900	-
2.4 WASH	175,000	175,000	-	-	-	-	-	-	-
2.5 Livelihood	2,998,339	865,800	241,911	-	175,000	298,000	-	155,000	1,262,628
2.6 Education	457,799	-	-	-	-	132,011	321,694	-	4,094
2.7 Shelter and Household Items	1,938,179	1,218,972	600,373	118,834	-	-	-	-	-
2.8 Food Security	343,700	146,604	197,096	-	-	-	-	-	-
2.9 MHPS and Community Psycho-social	754,237	254,612	180,711	36,225	61,820	51,650	-	-	189,220
2.10 Gender	-	-	-	-	-	-	-	-	-
2.11 Engagement with Faith Leaders	-	-	-	-	-	-	-	-	-
2.12 Advocacy	217,296	60,000	106,073	-	-	51,224	-	-	-
3 Project Implementation	159,525	116,000	22,865	-	-	-	-	-	20,660
3.1 Forum Coordination	66,000	66,000	-	-	-	-	-	-	-
3.2 Capacity Development	93,525	50,000	22,865	-	-	-	-	-	20,660
4 Quality and Accountability	167,663	49,907	40,183	6,300	6,500	19,696	12,087	8,000	25,000
5 Logistics	444,485	137,766	222,716	-	-	59,058	24,866	-	79
6 Assets and Equipment	113,403	90,157	14,206	-	-	9,000	-	-	-
Indirect Costs	842,957	351,680	279,364	52,391	15,600	80,308	16,736	18,736	28,142
Staff Salaries	492,284	132,060	228,413	52,391	13,200	51,673	-	12,000	2,546
Office Operations	350,673	219,620	50,950	-	2,400	28,635	16,736	6,736	25,596
Total Expenditure	12,981,218	4,601,256	2,493,785	1,794,128	258,920	1,225,977	455,923	206,936	1,944,294
Appeal External evaluation	30,000	-	-	-	-	-	-	-	-
ACT Secretariat management and coordination cost SMC @3%	260,224	92,025	49,876	35,883	5,178	27,051	9,118	4,139	38,886
Total Expenditure + SMC	13,273,374	4,693,281	2,543,661	1,830,010	264,098	1,253,028	465,041	211,075	1,983,180

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.

For DSPR, 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 an evaluation tool that utilizes the following to ensure comprehensive monitoring:

- Review program/project action plans and log frame.
- Conduct an 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 with 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.

Beneficiary's 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 compliant 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 area manager will closely monitor the project activities. Support services will be provided periodically by the Finance Officer based in Jerusalem. HEKS/EPER and its partners 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. HEKS/EPER 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. For partners working in Northern Israel the MEAL officer and team in Jerusalem with support and monitor all projects including focusing on capacity development activities.

Implementation is coordinated by FCA in alignment with its partners' capabilities, peer organizations MOs, the proposed modalities of action linked to previous experience in similar projects, needs and

partner agreements. All proposed activities will be monitored in line with FCA's compliance, finance and monitoring guidelines. FCA has a well-established and comprehensive project monitoring and evaluation structure in place, including project management, support and supervision mechanisms and tools for detailed planning, MEAL framework, needs, results and impact assessments as well as financial and risk management mechanisms. FCA has also established a global Knowledge and Learning management system to ensure linkages and synergies from local, regional and global actions, which is of added value during humanitarian interventions like this. FCA project coordination responsibilities are ensured by the Project Coordinator and Humanitarian Coordinator based at the FCA office in Jerusalem. Further monitoring and project implementation, financial risk management and donor compliance will be supported, overseen and managed by the Country Director, FCA Financial Controller, FCA Finance Manager, and international technical and thematic advisors such as FCA's Finance, Risk and Compliance experts. Moreover, as a Core Humanitarian Standards (CHS) certified rights-based actor, FCA is approaching the principle of participation from an equity perspective, ensuring and advocating for equal participation of the different groups involved (especially those vulnerable, in minority and marginalized) and placing the people it serves at the centre of its humanitarian response, being responsive to their aspirations, feedback and perspectives and making the services and assistance more effective, relevant, and appropriate, as well as the decisions and actions more accountable towards the affected population and communities. The FCA oPt country team will plan the interventions and detailed project activities with its partners, local schools and dedicated local and international experts, support its activities and conduct regular monitoring visits in West Bank to ensure the implementation is on track and achieve its intended objectives, in alignment with MOEHE's response plans. Frequent project review meetings will be conducted with the local partners and relevant stakeholders to discuss the progress, implementation challenges and risks and identify appropriate mitigation actions for successful and effective delivery of the project. Any coordination will be actively aligned with enhancing the desired program effects as well consulting with relevant stakeholders (implementers, governmental parties, community leaders and educators, skilled staff etc.). FCA will work in close collaboration with Palestinian Education Cluster and Palestinian MoE, other ACT members and ACT secretariat to ensure coordination and harmonization for integrated humanitarian response for the affected population.

CA's Program Quality Management Approach (PQMA), based on CHS, includes mandatory actions to ensure all work is evidenced through rigorous, robust, and responsible M&E. In line with CAs organizational commitments to decolonization and localization, the action will ensure project participants' engagement in all stages of the M&E cycle. CA monitoring takes place on two levels: at CA partner implementation level, (through a CA standard Monitoring Template for all partners), on a quarterly basis; and at partner level where progress and timeliness of interventions will be monitored for transparency and accountability purposes. Where possible, monitoring will include direct observation in the community, using contextualized and light-touch feedback tools to encourage accountability. If it is not possible, remote monitoring will be conducted. CA has a remote monitoring policy, adapted through experience of working in OPT with partners through COVID-19 and previous conflicts – third party monitoring (TPM) is also permissible, if the context allows.

Data collection, verification, and analysis of each indicator will take place where possible and relevant, remaining mindful of staff safety for in-person data collection. Meta data regarding the beneficiaries' demographic will be recorded to ensure representative samples, and the most vulnerable are reached. With ongoing risk assessments before implementing activities, the CA partner consortium has a lower risk acceptance for follow-up monitoring activities, than for lifesaving support. Where not included as part of activity implementation, output monitoring will be conducted using rapid PDMs after community-led interventions.

DKH will monitor the project in close collaboration with the partner's MEAL units, responsible for the management of beneficiary data and reporting. Appropriate monitoring at the project level will be ensured by preparing a MEAL plan at the project design phase.

During the implementation of the project, the MEAL system will help tracking progress, support learning, contribute to adaptive management and meet stakeholder information needs while addressing challenges and gaps and adapting to meet changing information and learning needs. It will include the following activities:

- Monitoring the beneficiary selection process: announcement, application distribution, cross-checking of applicants with related key stakeholders, verification process, and selecting of final beneficiaries

based on the selection criteria.

- Regular monitoring visits for project activities (monthly) by the local partners.
- Monitoring the progress of implemented work with regular follow-up and incident reporting.
- Conducting FGDs as per the MEAL plan and IPTT.
- Data quality assurance and verification of the collected information through the regular monitoring activities and field visits to identify data quality concerns.
- Data analysis and reporting throughout the project life to use the information and provide recommendations to inform adaptive management and contribute to timely and effective project reporting.

Lessons learned exercise, which requires regular formal meetings among teams to analyze successes, learnings, and recommendations for future work. The exercise also reviews beneficiaries' feedback and how that helped adapt programming.

The regular update from DKH's conflict sensitivity and gender analysis will also inform adaptive program management.

Throughout the implementation of the project, DKH regional MEAL coordinator guidance will support the project MEAL activities.

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 endeavor 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. All monitoring activities will be carried in a way that endeavors to ensure SAD disaggregated data, consider Do No Harm and Protection Mainstreaming Principles. Member's ongoing participation in relevant clusters will ensure learnings are shared from and with projects in similar areas.

The EJ-YMCA project team will conduct regular monitoring visits to review the progress of community-led action activities. During these visits, they will engage beneficiaries in discussions about their level of participation, access to the EJ-YMCA's complaints and feedback mechanisms, the quality of information sharing by implementing partners, the involvement of women in the project, and gather suggestions to improve implementation.

Central to EJ-YMCA's survivor and community-led response (sclr) approach is a strong commitment to local leadership, which guides all aspects of project planning and execution. In collaboration with Protection Groups (PGs), community members, and other stakeholders, a participatory monitoring framework was developed during previous projects. Through focus groups, consultations, and interviews with PG members, a set of community-driven indicators was created to periodically assess the impact of the sclr. This set of indicators is treated as a living tool, allowing for adjustments as the process evolves.

Flexibility and adaptability are key principles of the EJ-YMCA's sclr projects. Whenever lessons are learned, they are immediately integrated into the ongoing implementation. The EJ-YMCA will submit regular updates, including narrative and financial reports, in accordance with ACT Alliance requirements.

At the outset of the project, EJ-YMCA administrative staff will monitor progress, address emerging challenges, and initiate necessary corrective measures. PG representatives will be actively involved in this process to ensure their perspectives and feedback are incorporated. Alongside the EJ-YMCA team, PGs will also play a key role in overseeing the implementation of community action plans and initiatives to ensure effective management and accountability.

To engage diverse community groups and ensure robust monitoring, a variety of data collection tools will be used. These include maintaining records of Protection Group members, tracking attendance and participation in action plan meetings, preserving community-developed action plans, conducting focus

group discussions, documenting activities through photographs, managing financial records, and performing monitoring visits.

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 organization 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 behavioral 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. Towards better accountability and transparency, DSPR added a tab on its website for feedback and complaints giving all stakeholders covered in this appeal and any other projects and programs to provide comments, feedback or complaint to its leadership. 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. With the inclusion of gender and disability mainstreaming to the work DSPR is conducting, more confidence will be added to the accountability of its interventions.

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/EPER 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/EPER also has an online international hotline where project participants can directly send feedback to the HEKS/EPER Director's office in Switzerland. HEKS/EPER will support partners working in northern Israel to develop an appropriate FCRM mechanism in line with accountability to affected populations.

FCA has a solid global Child Safeguarding Policy and Prevention of Sexual Exploitation and Abuse Policy in place, and due to its existence and successful implementation, FCA has received a Core Humanitarian Standard Certificate in 2017 and the recertification in 2021 until 2025. This re-affirms FCA's commitment to core principles of CHS, such as human rights-based approach, fostering participation and inclusiveness. FCA has a global Code of Conduct in place which all staff members including

volunteers, consultants, contractors, and local partners sign and abide by to ensure the protection of children and accountability to beneficiaries

CA requires all partners to share its commitment to safeguarding and CA supports them to do so. CA has already been working with the 4 local partners it has included in this Appeal project to strengthen each partner's respective locally led complaints channels through community-based accountability approaches (CBAA), backed up by CA's safeguarding, fraud, and financial crime policies throughout the lifetime of the partnership it has held with each of them. All CA's local partners in this project therefore have pre-existing high quality safeguarding policies, and accountability processes.

Serious complaints will be managed in line with CA and respective partners' policies. Safeguarding, fraud, and financial crime complaints will be escalated to CA for prompt action and prevention of further harm. CA and partner staff have strong existing developed capacity in managing feedback and to strengthen this, focal points will have regular review sessions on managing serious complaints and ensuring confidentiality for survivor-led approaches.

Assessed needs for individual situations will guide DKH to have tailored assistance and to define the settings/form into which assistance is provided. Activities will be implemented by considering gender-specific needs, PSEA and child safeguarding measures, according to DKH/EWDE own code of Conduct, a mandatory document that each local partner abides when signing the cooperation agreement. Moreover, both local partners will communicate their complaint and safeguarding policies and the available alternatives for the beneficiaries to use in case there is a complaint or a concern. Feedback and response mechanisms are ensured to respect the Core Humanitarian Standards.

Zero tolerance policy will be applied on any sensitive complaint for PSEA and GBV incidents, and then referred to the national referral line, ensuring confidentiality.

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.

FCA is committed to improving the application of the core principles of Do-No-Harm (key focus in CHS) and reflects them in diverse policies, guidelines and approaches of its work including in its Education in Emergency response. A conflict sensitivity analysis has been integrated into all FCA's program cycles to avoid harm to direct or indirect beneficiaries. By having a good understanding of its operational (conflict-affected or fragile) context, it allows FCA to have a good overview of the "what" and "how" of the projects, as well as impacts of interventions on the conflict dynamics.

DKH will dedicate specific resources to produce conflict sensitivity analysis and gender. The assessment will be essential to guide the setup of the PSS and wellbeing activities, to engage directly communities and to reduce conflicts and harm throughout the project.

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 complaints 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 Feedback, complaint mechanisms' 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.

HEKS/EPER operates according to the localized HEKS/EPER office Feedback, Response and Compliant Mechanism with different channels to reach all of beneficiaries in the project. Inputs are analyzed in a careful and confidential manner to ensure transparency, feedbacks are used as learning lessons for future projects.

FCA will enable the use of its Complaint Response Mechanism (CRM) to ensure that all program activities are designed and implemented in a way that considers the views of the affected population through safe, accessible, confidential, and transparent channels. It implies systematically using the feedback garnered from listening to the perspectives of the beneficiaries to inform decisions and program adaptations throughout the entirety of the program life cycle. FCA's CRM also emphasizes providing responses to complaints and feedback, as well as increasing the organization's transparency and accountability.

All CA's local partners in this proposed project have pre-existing high quality safeguarding policies and accountability processes. Feedback and complaints mechanisms include phone numbers and emails as standard. Where safe to do so and aligned with other MEAL processes, rapid community accountability assessments (CAA) will be conducted during the project with diverse groups, including IDW headed households and people living with disabilities in the community, the findings of which will be shared with appropriate clusters. This process will be led by CA and will provide documentation of the communities preferred feedback and complaints channels and establish those who currently have no access to complaints channels and identify how to close those gaps given the current communication infrastructure within Gaza and the West Bank.

The CAA process will also establish the communities preferred way to receive information so that CA and local partners can communicate about the scope of the CFRMs and manage expectations given the scale of unmet needs. The channels will also be regularly reassessed for risks, to ensure that they don't cause any harm in the context. Feedback will be recorded and tracked using feedback trackers which will provide trends to inform activity adaptation where appropriate. In line with CA and local partner policies, all feedback loops will be closed with individuals and community members where safe and possible to do so. Community awareness sessions on the existing and established channels will be done

where safe to do so, during all community engagement activities; at distribution sites, community out services, and through text messages.

Information on how to submit feedback, what will happen to their feedback and complaints, how to report serious complaints including on staff behavior will be shared with people affected by activities related to the project. All communications by partners to communities are in Arabic. CA's local partners complement information sharing with existing messaging especially on protection principles by the IASC. CA and partners will regularly assess any appropriate means to refer unmet needs including protection cases to relevant agencies/service providers throughout the response.

DKH and its local partners pledge to be accountable to donors, local and national authorities, and all stakeholders, to be committed to humanitarian principles and human rights, as well as the Core Humanitarian Standard commitments and DKH/EWDE Code of Conduct. Local partners have dedicated emails and hotlines (call and WhatsApp), available for the beneficiaries to use in case there is a complaint or a concern. These channels will be utilized to receive feedback and complaints. Both DKH's local partners have operative complaints and feedback mechanisms (CFCM) to allow beneficiaries and community members to provide their feedback and report in a formal and confidential manner. PARC's policies and procedures are easy to be accessed and informative messages are distributed widely through online outlets such as websites, frequent SMS messaging and useful social media posts. In addition, the CFCM officers train all personnel on the mechanism and inform beneficiaries during every activity as part of minimum quality standards, monitored by their administrators and MEAL Officers. CFCM reports are included in monthly MEAL reports which are sent to project and program managers, enabling learnings to be integrated into the project cycle.

Likewise, PAEEP has in place a system that ensures protection and enable PAEEP to address any grievances promptly and transparently. Through a dedicated phone number and email address, in addition to submitting complaints through CBOs and local committees, beneficiaries can use these channels to share their thoughts, concerns, and suggestions regarding the project.

The EJ-YMCA is committed to providing a transparent and accessible feedback and complaints mechanism (channels: landline, WhatsApp, email, in-person) for stakeholders, literate, illiterate, and PWDs. In line with AAP principles, the organization promotes open dialogue with beneficiaries, staff, and partners to ensure concerns are addressed. The mechanism allows stakeholders to raise issues related to program implementation, staff behavior, or violations of the code of conduct, including safeguarding, sexual exploitation, and abuse. Complaints can be submitted through multiple channels: email, phone, in-person, or via the organization's website. All complaints are handled confidentially, with a focus on timely and impartial resolution. Complaints are categorized into operational, behavioral, and sensitive issues, each following a specific review protocol. Complainants are kept informed of the progress and outcome, with protection from retaliation. Regular evaluations are conducted to strengthen the feedback mechanisms, ensuring accountability and fostering trust among stakeholders.

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.

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.

<i>Impact</i> \ <i>Probability</i>	Negligible	Minor	Moderate	Severe	Critical
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.