ACT Alliance

Multi-Sector Emergency and Recovery Response in Gaza and the Occupied Palestinian Territory – PSE 261

Appeal

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Appeal Summary Sheet

Appeal Code and Title	Multi-Sector Emergency and Recovery Response in Gaza and the Occupied Palestinian Territory – PSE 261
Budget (USD)	Total Requesting Members' Budget: 7,833,102$ SMC 3%: 234,993$ Total Budget: 8,068,096$
Revision Schedule	*First revision at month 3. Mid-term review at month 12. Final at month 24*
Location	Occupied Palestinian Territory, Gaza Strip, West Bank including East Jerusalem, Israel and Al-Naqab Bedouin communities.
Response Period	Start Date: 1 June 2026 End Date: 31 May 2028 No. of months: 24 months No. of months for LWF: 6 months
Requesting Forum	ACT PALESTINE FORUM (APF) ☒ The ACT Forum officially endorses the submission of this Appeal (tick box to confirm) List all organisations' names

Requesting members *(add rows if needed)*

Requesting Member	Budget
HEKS	2,173,631
FCA	820,176
YMCA	331,578
ELCJHL	305,160
LWF	248,024 for 6 months
CA	1,236,149
DSPR	2,953,379

Appeal Coordinator

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Email	advocacyapf@gmail.com
Other means of contact (whatsapp, Skype ID)	+970598307441

Implementing partners *(add rows if needed)*

Requesting Member	Implementing Partners
LWF	Al-Ahli Arab Hospital (AAH), northern Gaza.
CA	Culture and Free Thought Association (CFTA); International Orthodox Christian Charities (IOCC); Beit Lahia Development Association (BLDA); Adalah; Sadaka Reut via CAFOD.
FCA	Qader; Palestinian Youth Association for Leadership and Rights Activation (PYALARA); Al Nayzak; Ministry of

		Education and Higher Education (MoEHE) coordination.
	HEKS	Sidreh; Station J; MAAN Development Center; Gaza Urban and Peri-urban Agriculture Platform (GUPAP); Civil Independent Volunteer Initiative Towards Achieving Sustainability (CIVITAS); Palestine Housing Council (PHC); Arab Center for Alternative Planning (ACAP); Rabbis for Human Rights (RHR); Palestinian Working Women Society for Development (PWWSD); Saint Yves Society linkages.
	ELCJHL	ELCJHL Diaconal Center; ELCJHL congregations and schools in Bethlehem, Beit Jala, Beit Sahour, East Jerusalem, and Ramallah.
	EJ-YMCA	EJ-YMCA, EJ-YMCA community structures; PVCA-trained Community Protection Groups (CPGs).
	DSPR	DSPR centers, offices, and health centers • Al Ahli Arab Hospital • Local churches and church-related organizations

Response Strategy Summary *(add rows if needed)*

Sector	LWF	HEKS	CA	FCA	ELCJHL	YMCA	DSPR	Total
Health	249	0	0	0	0	0	40000	**40249**
Shelter and NFI	-	2125	-	-	-	-	1000	**3125**
Multi-Purpose Cash Assistance (MPCA)	-	2000	-	-	1250	200	5000	**8450**
Food security and agriculture	-	1810	-	-	-	-		**1810**
Livelihoods	-	1016	-	-	-	-		**1016**
Mental Health and Psychosocial Support (MHPSS)	-	1906	-	1500	700	-	9500	**13606**
Education in Emergencies	-	-	1200	4600	200	-		**6000**
Protection (child, planning, protective presence, EORE, emergency rooms)	-	1330	-	200	-	-		**1530**
Legal aid and advocacy	-	200	50000	-	-	-		**50200**
Community-led approaches and SCLR	-	-	76000	-	-	11800		**87800**
TOTAL (excluding subsets)	**249**	**10387**	**127200**	**6300**	**2150**	**12000**	**55500**	**213786**

Outcome(s)

Conflict-affected people across the occupied Palestinian territory have lives saved, basic services restored, rights protected and dignity preserved through a coordinated ACT Palestine Forum response.

Objectives

Obj 1. Deliver immediate life-saving and early-recovery multi-sectoral support to conflict-affected households across Gaza, the West Bank and Al-Naqab.
Obj 2. Enable access to and restoration of basic services with rights-based protection, education and unified advocacy.

Target Participants

Profile
☐ Refugees ☒ IDPs ☒ host population ☒ Returnees ☒ Non-displaced affected population

No. of households (based on average HH size of 5 members per households for all Occupied Palestinian Territories): 42,757.2

Sex and Age Disaggregated Data:

Gender and Age									
	0-5	12-May	13-17	18-49	50-59	60-69	70-79	80+	Total
HEKS	1283	1299	827	4446	945	759	629	199	10387
Male	642	650	414	2225	473	380	278	100	
Female	641	649	413	2221	472	379	351	99	
ELCJHL	200	535	675	310	260	100	40	30	2150
Male	100	230	305	155	130	50	20	15	
Female	100	305	370	155	130	50	20	15	
YMCA	1440	2160	1440	4820	940	600	360	240	12000
Male	717	1082	719	2400	490	300	175	123	
Female	723	1078	721	2420	450	300	185	117	
CA	0	1200	400	25120	25120	25120	25120	25120	127200
Male	0	600	200	12560	12560	12560	12560	12560	
Female	0	600	200	12560	12560	12560	12560	12560	
FCA	0	1575	1525	3000	200	0	0	0	6300
Male	0	725	675	500	100	0	0	0	
Female	0	850	850	2500	100	0	0	0	
LWF	0	0	0	62	83	70	34	0	249
Male	0	0	0	25	33	27	15	0	
Female	0	0	0	37	50	43	19	0	
DSPR	10000	9000	11000	11000	4250	4650	3350	2250	55500
Male	4500	3500	3500	2500	2000	2500	2000	1000	
Female	5500	5500	7500	8500	2250	2150	1350	1250	
Total	12923	15769	15867	48758	31798	31299	29533	27839	213786

Total number of rights holders supported: *213,1786*

Reporting Schedule

Type of Report	Due date
Situation report	7 December 2026 Then at a quarterly basis
Interim Report (narrative and financial)	7 September 2026 (Covering till end of August 2026)

	7 January 2026 (Covering till end of December 2026) 7 July 2027 (Covering till end of June 2027)
Final narrative and financial report (60 days after the ending date)	17 July 2028
Audit report (90 days after the ending date)	31 August 2028

Please kindly send your contributions to this 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 requesting members, and allocations will be made based on agreed criteria of the forum or task group.

Please send an email to Humanitarian Finance (humanitarianfinance@actalliance.org) of pledges and contributions, **including funds sent directly to the requesting members**. Please also inform us of any pledges or contributions if there are any contract agreements and requirements, especially from back donors. In line with Grand Bargain commitments to reduce the earmarking of humanitarian funding, if you have an earmarking request in relation to your pledge, a member of the Secretariat's Humanitarian team will contact you to discuss this request. We thank you in advance for your kind cooperation.

For further information, please contact:

Middle East and North Africa
Regional Representative, George Majaj (George.Majaj@actalliance.org)
Humanitarian Programme Coordinator, Jana Nasr (Jana.nasr@actalliance.org)

Visit the ACT website: https://actalliance.org/

Niall O'Rourke
Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

Context Analysis

Since the 7th of October 2023, the war on Gaza has caused unprecedented humanitarian devastation, with massive destruction of civilian infrastructure, widespread displacement, collapse of essential services, and millions of Palestinians in urgent need of humanitarian assistance and protection. The scale of destruction and civilian suffering has also raised grave concerns under international law, with the International Court of Justice finding in its January 2024 provisional measures ruling that there is a plausible risk of genocide against Palestinians in Gaza and ordering urgent measures to prevent further harm and ensure humanitarian assistance.[1] The occupied Palestinian territory is facing a continuing, large-scale, complex humanitarian emergency driven by the ongoing consequences of the war in Gaza since 7 October 2023, the destruction of civilian infrastructure, mass displacement, severe restrictions on humanitarian access and movement, and the sharp deterioration of protection conditions across the West Bank, including East Jerusalem. Although the October 2025 ceasefire subsequent political arrangements created limited space for humanitarian operations and early recovery planning, repeated breaches of the ceasefire and continued Israeli attacks on Gaza have placed civilians at the centre of ongoing violence, resulting in further casualties, displacement, and destruction.[2] OCHA reports that humanitarian conditions across the occupied Palestinian territory remain "dire and often life-threatening," with humanitarian action still constrained by import restrictions, movement impediments, insecurity, and disruptions affecting service delivery.[3]

In Gaza, the humanitarian impact has been particularly severe on women and children. Since October 2023, more than 73,000 Palestinians have been killed and over 170,000 injured, with children accounting for an estimated one-third of fatalities and women representing around one-fifth to one-quarter. Children and women also constitute a significant proportion of the injured, including a high burden of life-altering trauma. Approximately 1.4 million people remain displaced, with children estimated to make up around half of the displaced population and women and girls approximately one quarter to one third, reflecting the disproportionate impact on vulnerable groups.[4]

In the West Bank, including East Jerusalem, over 1,100 Palestinians have been killed and more than 11,000 injured since October 2023, with children among those killed and heavily affected by injuries, displacement, and protection risks linked to ongoing military operations, settler violence, and[5][6]

The humanitarian needs across the occupied Palestinian territory remain immense and continue to grow. In Gaza, populations require life-saving assistance, including food, safe drinking water, healthcare, shelter, non-food items, protection services, mental health and psychosocial support (MHPSS), education in emergencies, and early recovery interventions. The collapse of health, water, sanitation, and electricity systems, combined with severe restrictions on humanitarian access, has left millions without access to essential services and exposed vulnerable groups particularly women, children, older persons, and people with disabilities to heightened protection risks. In the West Bank, including East Jerusalem, increasing movement restrictions, settler violence, forced displacement, demolitions, and economic deterioration have intensified needs for

[1] Application of the Convention on the Prevention and Punishment of the Crime of Genocide in the Gaza Strip (South Africa v. Israel) - The Court indicates provisional measures https://www.icj-cij.org/index.php/node/203453?utm

[2] Israel steps up attacks on Gaza since Iran truce, as military says Hamas rearming | Reuters https://www.reuters.com/world/middle-east/israel-steps-up-attacks-gaza-since-iran-truce-military-says-hamas-rearming-2026-05-13/?utm

[3] Humanitarian Situation Report: 1 May 2026 https://www.ochaopt.org/content/humanitarian-situation-report-1-may-2026

[4] Reported impact snapshot: Gaza Strip (13 May 2026) https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-13-may-2026

[6] Humanitarian Situation Report: 7 May 2026 https://www.ochaopt.org/content/humanitarian-situation-report-7-may-2026#west-bank

protection, emergency livelihoods, food security, legal assistance, education, healthcare, and psychosocial support. Humanitarian actors continue to face significant operational constraints, limiting the scale and timeliness of assistance despite rapidly increasing needs.[7]

Response Strategy

Forum response strategy over the Appeal period

The ACT Palestine Forum (APF) response is organized around two strategic Objectives and four Outcomes, delivered through the coordination, capacities, and geographical presence of seven requesting members (LWF, CA, FCA, HEKS/EPER, ELCJHL, EJ-YMCA, DSPR) and their local implementing partners over a 24-month implementation period.

The appeal combines life-saving humanitarian assistance, early recovery, restoration of essential services, protection, education, and rights-based advocacy through a coordinated forum-wide approach. It is fully aligned with The Core Humanitarian Standards (CHS), localization commitments, accountability to affected populations, gender equality, disability inclusion, safeguarding, and conflict-sensitive programming. Operational flexibility is maintained to respond to access constraints and evolving dynamics. The interventions can be seen within the Triple Nexus '*Humanitarian-Development- Peacebuilding*' framework.

The response prioritizes a coherent multi-sectoral humanitarian and early recovery response across Gaza, the West Bank including East Jerusalem, and Al-Naqab, integrating health, shelter, multipurpose cash assistance (MPCA), food and non-food items (NFI), agriculture and livestock recovery, livelihoods, and community-led response mechanisms.

Protection-centered and inclusive programming that prioritizes women-headed households, persons with disabilities, children, older persons, internally displaced persons (IDPs), Bedouin communities, and other vulnerable populations.

Sustained access to safe, inclusive, and quality education with integrated mental health and psychosocial support (MHPSS), child protection, and disability inclusion.

One unified advocacy approach across partners, APF, and ACT-global levels, grounded in shared evidence generation, documentation, legal aid, and collective influence to address violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL), planning-related protection risks, protection of healthcare and education, access to medicines, and accountability.

Objective 1: Life-Saving Multi-Sectoral Support and Early Recovery

Deliver immediate life-saving and early-recovery multi-sectoral support, including health services, multipurpose cash assistance (MPCA), shelter, food and non-food items, agriculture and livestock recovery, livelihoods, and community-led response mechanisms to conflict-affected households across Gaza, the West Bank, and Al-Naqab, prioritizing IDPs, women-headed households, persons with disabilities, and Bedouin communities.

Outcome 1.1

People affected by the conflict receive immediate lifesaving, multi-sectoral emergency support and early recovery through cash transfers, livelihoods, food and emergency health services, shelter and Cash for Shelter Repairs, and community-led response mechanisms.

The outcome will be delivered through the complementary contributions of APF members:

[7] Report: Gaza Strip Rapid Damage and needs assessment - European Union, United Nations and World Bank - Question of palestine. (n.d.-c). https://www.un.org/unispal/document/report-gaza-strip-rapid-damage-20apr26/

1. LWF/AVH will provide life-saving health services through Al Ahli Arab Hospital, including oncology, diagnostics, pathology services, surgical interventions, tele-oncology support, and continuity of care for cancer patients in Gaza.
2. HEKS/EPER will provide shelter rehabilitation, Cash for Shelter Repairs, MPCA, food and NFI assistance, agriculture and livestock recovery, livelihood restoration, protection interventions, and community-based disaster risk reduction activities across Gaza, Israel and the West Bank.
3. Christian Aid will support community-led recovery, food security, WASH, livelihoods, legal protection, health outreach, and locally led reconstruction through its network of local partners.
4. ELCJHL will provide humanitarian assistance, emergency cash support, livelihoods support, psychosocial services, educational support, and community-based interventions.
5. EJ-YMCA will implement community-led resilience initiatives, MPCA, community grants, and local development interventions through Community Protection Groups (CPGs) and participatory vulnerability assessments while implemeting an sclr approach (supporting community led response)
6. FCA will contribute to community resilience through educational continuity, school-based protection interventions, and community engagement activities.
7. DSPR contributes to improved access for crisis-affected individuals and communities to life-saving emergency assistance and early recovery support, with a primary focus on health services, complemented by cash assistance, livelihoods, food security, shelter, and community-led response initiatives.

Localization is embedded throughout the response through Community Resilience Enhancement Committees (CRECs), Community Protection Groups (CPGs), GUPAP Baladi seed banks, Sidreh Emergency Supply Rooms, CIVITAS site coordination, and leadership within the Shelter Cluster Local Coping Strategies Working Group.

Objective 2: Access to and Restoration of Basic Services with Rights-Based Protection, Education, and Unified Advocacy

Enable access to and restoration of basic services for conflict-affected people across Gaza, the West Bank including East Jerusalem, and Al-Naqab Bedouin communities by improving psychosocial wellbeing, child protection, and disability inclusion; sustaining access to safe, inclusive, and quality education; and delivering one unified advocacy approach that challenges discriminatory laws and practices, addresses planning-related protection risks, advances access to medicines and protection of healthcare, and contributes to accountability for IHL and IHRL violations.

Outcome 2.1

Improved psychosocial wellbeing, protection, and inclusion for women, men, children including children with disabilities, persons with disabilities, the elderly, and other vulnerable individuals.

Members will integrate protection, safeguarding, disability inclusion, MHPSS, and accountability mechanisms throughout all sectors.

1. FCA will provide child protection, disability inclusion, MHPSS services, caregiver awareness, and referral pathways within education programming.
2. ELCJHL will provide psychosocial support, counselling, community-based support services, and targeted interventions for vulnerable households.
3. HEKS/EPER will provide MHPSS, community protection interventions, rights-awareness activities, and referral pathways for specialized services.
4. Christian Aid will support safe community spaces, resilience initiatives, and community-based psychosocial interventions through local partners.
5. EJ-YMCA will strengthen community protection mechanisms and social cohesion through participatory approaches and community-led action plans.
6. DSPR will provide mental health and psychosocial support (MHPSS) interventions for children, women, vulnerable groups, and frontline staff of ACT requesting members through psychosocial activities, psychological first aid, ventilation sessions, and staff wellbeing initiatives aimed at promoting resilience, protection, inclusion, and emotional wellbeing

Outcome 2.2

Sustained access to safe, inclusive, and quality education for crisis-affected children in East Jerusalem, the West Bank, and Gaza, with MHPSS, child protection, and disability inclusion integrated into learning environments.

The response will support children affected by conflict, displacement, and disruption of educational services through formal, informal, and non-formal learning opportunities.

1. FCA will lead Education in Emergencies programming through Temporary Learning Spaces (TLSs), school rehabilitation and support, teacher training, blended learning approaches, inclusive education, and caregiver engagement.
2. Christian Aid and its partners will provide informal education, remedial learning, extracurricular activities, and child-friendly spaces.
3. ELCJHL will provide educational support, scholarships, tuition assistance, and educational outreach to vulnerable children and youth.

Special attention will be given to children with disabilities, displaced children, and children at risk of dropout, ensuring safe learning environments and continuity of education.

Outcome 2.3

Enhanced understanding and awareness of IHR and IHL violations, with one unified advocacy approach across partner, APF, and ACT-global levels delivering legal aid, accountability, and collective influence.

Advocacy will be delivered through three interconnected levels—partner, APF, and ACT-global—and through five complementary tools: legal aid, IHL/IHR documentation, public advocacy, faith-based parliamentary briefings, and accountability litigation.

Key advocacy priorities include:

- Protection of civilians and respect for IHL and IHRL.
- Accountability for violations and protection concerns.
- Planning-related demolition and displacement risks in Area C and East Jerusalem.
- Protection of healthcare facilities and access to medicines.
- Protection of education and safe access to learning.
- Defense of civic space and support for local civil society organizations.

Lead pathways will include Adalah, RHR, ACAP, APF member advocacy teams, and the APF Advocacy Coordinator function. Shared evidence generation, joint communications, legal interventions, policy engagement, and coordinated ACT Alliance advocacy will strengthen collective influence at local, regional, and international levels.

Humanitarian caseloads for emergency shelter, food assistance, NFI distributions, and MPCA are expected to reduce by approximately 50% during Year 2 as conditions permit a gradual transition toward early recovery.

At the same time, livelihoods, agricultural recovery, resilience-building, community-led initiatives, and local economic recovery interventions are expected to increase significantly during Year 2 as opportunities for recovery emerge.

Education, MHPSS, protection, legal aid, and advocacy interventions will continue throughout both years at relatively stable levels. LWF/AVH's health intervention is planned as a six-month engagement from June to November 2026, with continuity measures supported through other member interventions where feasible.

Forum Coordination and Complementarity

The APF response is coordinated through the ~~Reuqesting~~Requesting Members that ensures coherence, complementarity, and collective impact through joint targeting and participants complementarity to ensure that assistance reaches those most in need while minimizing duplication. They will use harmonized participants counting methodologies to ensure consistency and accuracy in reporting, conduct shared assessments, and jointly generate evidence to inform programming and decision-making. Members will also establish and strengthen integrated referral pathways to facilitate access to appropriate services, while collaborating on shared MEAL systems and learning processes to promote accountability, learning, and

continuous improvement. In addition, members will undertake joint advocacy, communications, and visibility initiatives to amplify key messages and enhance the visibility of the collective response, while participating in regular coordination meetings and ensuring alignment with relevant humanitarian clusters and working groups.

This approach enables members to leverage their comparative advantages while ensuring wider geographic coverage, stronger localization, reduced duplication, and maximum impact for affected communities.

Targeting is based on humanitarian principles and vulnerability criteria, including socio-economic vulnerability assessments, shelter and structural assessments, agricultural assessments, protection risk assessments, MHPSS assessments, and participatory vulnerability and capacity assessments.

Primary participants include conflict-affected households and IDPs in Gaza; Vulnerable Palestinian communities in the West Bank and East Jerusalem; Bedouin communities in Al-Naqab; Women-headed households; Children, including children with disabilities; Caregivers, teachers, and education personnel; People with disabilities and older people; Cancer patients and individuals require specialized healthcare; Small-scale farmers and livelihood-dependent households; Civil society organizations, lawyers, and rights defenders engaged in advocacy and accountability efforts.

Capacity to respond

The ACT Palestine Forum (APF) combines the capacities of seven requesting members (LWF, CA, FCA, HEKS/EPER, ELCJHL, EJ-YMCA, DSPR) and an extensive network of local implementing partners with longstanding operational presence across Gaza, the West Bank including East Jerusalem, and Al-Naqab. Together, APF members bring expertise in health, shelter, cash assistance, agriculture, livelihoods, education, psychosocial support, protection, legal aid, community resilience, and advocacy.

Since October 2023, APF members and their partners have maintained continuous humanitarian operations despite severe access restrictions, movement constraints, infrastructure destruction, and escalating protection risks. The Forum benefits from established community networks, local leadership structures, participation in humanitarian coordination mechanisms, and trusted relationships with affected communities.

LWF / Augusta Victoria Hospital (AVH)

LWF operates Augusta Victoria Hospital (AVH) in East Jerusalem, one of the most important specialized Palestinian referral hospitals providing oncology, nephrology, diagnostic imaging, and advanced medical services. AVH has decades of experience responding to humanitarian crises and ensuring continuity of specialized healthcare for Palestinians from Gaza, the West Bank, and East Jerusalem.

Under this appeal, LWF works primarily through its partnership with Al Ahli Arab Hospital (AAH) in Gaza. Through this partnership, LWF supports cancer diagnosis and treatment services, tele-oncology consultations, pathology services, procurement of laboratory and diagnostic supplies, remote case management, surgical interventions, and continuity of care for vulnerable patients. With Geographic presence in East Jerusalem (AVH) and Gaza Strip through Al Ahli Arab Hospital, LWF will focus on providing Oncology and cancer care, diagnostic and pathology services, telemedicine and tele-oncology, hospital systems strengthening, emergency medical response and referral and continuity of care

Since October 2023, AVH has continued supporting cancer patients affected by interruptions in treatment pathways while strengthening AAH's capacity to provide life-saving oncology and diagnostic services inside Gaza.

HEKS/EPER

HEKS/EPER has maintained a continuous presence in Palestine since 2006 and is registered with the Palestinian Authority. The organization operates through its Jerusalem Country Office and field offices in Gaza and has extensive experience managing large-scale humanitarian and early recovery programs across the occupied Palestinian territory. HEKS/EPER is a recognized humanitarian actor with strong technical expertise in shelter, multipurpose cash assistance (MPCA), agriculture, livelihoods, protection, mental health and psychosocial support (MHPSS), food security, and community resilience. It actively contributes to humanitarian coordination

mechanisms, including the Shelter Cluster Local Coping Strategies Working Group as co-lead, and is a member of the Cash Working Group, Housing, Land and Property Working Group, Emergency Damage Assessment Working Group, Debris Management Working Group, and AIDA.

Under this appeal, HEKS/EPER will implement interventions through a network of experienced local partners with complementary technical expertise. MAAN Development Center supports food security, livelihoods, emergency cash assistance, agricultural recovery, and community resilience programming across Gaza and the West Bank. The Palestine Housing Council (PHC) and CIVITAS Institute contribute specialized expertise in shelter rehabilitation, housing, urban recovery, site coordination, community planning, and protection-sensitive reconstruction. GUPAP supports agricultural recovery, food sovereignty, and climate-resilient farming through community-based approaches, while Sidreh Association implements resilience and emergency preparedness activities with Bedouin communities in Al-Naqab. Rabbis for Human Rights provides protective presence, accompaniment, and legal advocacy for communities at risk of settler violence and displacement, the Society of St. Yves delivers legal aid and representation on residency, housing, planning, and demolition-related issues in East Jerusalem and Area C, and the Palestinian Working Women Society for Development (PWWSD) supports the delivery of gender-responsive protection, mental health and psychosocial support, gender-based violence response, and women's economic empowerment.

HEKS/EPER operates across Gaza Strip, East Jerusalem, Area C, the South Hebron Hills, the Jordan Valley, and Al-Naqab, enabling a geographically diverse response tailored to the needs of conflict-affected communities. The organization has continued implementing shelter rehabilitation, MPCA, food assistance, agricultural recovery, protection, and MHPSS interventions.

Christian Aid (CA) has worked in the occupied Palestinian territory for decades through long-term partnerships with Palestinian civil society organizations, adopting a localization approach that emphasizes community leadership, flexibility, and community-based accountability. Through its network of local partners, Christian Aid delivers integrated humanitarian and early recovery interventions across food security, WASH, livelihoods, health, informal education, legal aid, protection, and advocacy, ensuring that assistance is responsive to the priorities and capacities of affected communities.

Under this appeal, Christian Aid will work through a consortium of experienced local partners with complementary technical expertise. CFTA leads community resilience initiatives in Gaza through Community Resilience Enhancement Committees (CRECs) and community-led response mechanisms. Through its local partners, including BLDA, the International Orthodox Christian Charities (IOCC) supports informal education, child protection, mental health and psychosocial support (MHPSS), and safe learning environments for displaced children. The Palestinian NGO Network (PNGO) strengthens humanitarian coordination, civil society engagement, advocacy, and policy dialogue, while Adalah contributes legal aid, strategic litigation, legal advocacy, human rights documentation, and accountability interventions.

Christian Aid and its partners operate across the Gaza Strip, the West Bank, East Jerusalem, and Al-Naqab, enabling a broad, community-based humanitarian response. Since October 2023, Christian Aid has continued supporting conflict-affected communities through interventions that strengthen food security, WASH, healthcare, education, protection, livelihoods, and legal accountability while reinforcing local capacities and community resilience throughout the ongoing humanitarian crisis.

Finn Church Aid (FCA) is a recognized leader in Education in Emergencies (EiE), inclusive education, child protection, disability inclusion, and teacher professional development. FCA works closely with the Ministry of Education and Higher Education, the Education Cluster, schools, and local communities to ensure continued access to safe, inclusive, and quality education for children affected by crisis. Its programming integrates education, protection, mental health and psychosocial support (MHPSS), and capacity strengthening to enhance the resilience of learners, teachers, and education systems.

Under this appeal, FCA will work through experienced local partners with complementary expertise. Al Nayzak delivers innovation-based education programs, STEM education, youth empowerment, and school support interventions. QADER specializes in disability inclusion, accessibility, assistive devices, and inclusive education for children with disabilities, ensuring that educational services are accessible to all learners. PYALARA contributes expertise in youth engagement, psychosocial support, media literacy, civic participation, and educational enrichment activities that strengthen the well-being and resilience of children and young people.

FCA operates across the Gaza Strip, Ramallah, Nablus, Jenin, Tulkarm, and East Jerusalem, providing a geographically diverse education response. Since October 2023, FCA has continued supporting crisis-affected children through temporary learning spaces, teacher training, blended and inclusive learning approaches, child protection, disability inclusion, and MHPSS services, while working with education authorities and local communities to sustain learning opportunities during the ongoing humanitarian crisis.

The Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL) has a long-established presence in the occupied Palestinian territory through its churches, schools, vocational centers, community outreach programs, and social service institutions. With trusted relationships across local communities, ELCJHL has extensive experience supporting vulnerable households through education, psychosocial support, livelihoods, humanitarian assistance, and community resilience initiatives. Its institutional network enables the church to provide integrated services while responding to the evolving needs of conflict-affected communities.

Under this appeal, ELCJHL will leverage its established educational, community, and faith-based structures to deliver humanitarian assistance and protection services. Through its Lutheran schools, congregational networks, community centers, youth and women's programs, and social service structures, the church will support vulnerable children, women, older persons, and families with education, psychosocial support, livelihoods assistance, and community-based protection interventions, while strengthening local resilience and social cohesion.

ELCJHL operates across East Jerusalem, Bethlehem, Beit Jala, Beit Sahour, and Ramallah, maintaining a strong community presence and trusted local partnerships. Since October 2023, ELCJHL has continued implementing psychosocial support services, educational assistance, emergency relief, scholarships, livelihoods support, and community resilience interventions for households affected by the ongoing humanitarian crisis.

The East Jerusalem YMCA (EJ-YMCA) has extensive experience in community mobilization, livelihoods, youth empowerment, resilience-building, and community-led development across the occupied Palestinian territory. The organization has successfully managed more than 60 community grants and has strong expertise in implementing Participatory Vulnerability and Capacity Assessments (PVCA) and supporting Community Protection Groups (CPGs), enabling communities to identify priorities, strengthen local capacities, and respond to humanitarian and protection challenges.

Under this appeal, EJ-YMCA will build on its community-based approach to deliver multipurpose cash assistance (MPCA), livelihoods support, protection, youth engagement, and resilience interventions through participatory and locally led mechanisms. Its experience in community grants management and community-driven programming will support vulnerable households and strengthen local capacities to address the impacts of displacement, economic hardship, and protection risks.

EJ-YMCA operates across Hebron, Bethlehem, Area B and Area C communities, and Palestinian refugee camps, ensuring a locally grounded response tailored to community needs. Since October 2023, the organization has continued implementing community-based resilience programmes, livelihoods support, emergency assistance, and protection interventions for vulnerable households affected by the ongoing humanitarian crisis.

DSPR (Department of Service to Palestinian refugees), a department of the Middle East Council of Churches, was established in the early 1950s following the launch of a humanitarian programme aimed at supporting Palestinian refugees across the Gaza Strip, Jerusalem, the West Bank, Galilee, Lebanon, and Jordan. Over decades of continuous engagement, DSPR has developed strong operational and institutional capacity to respond to emergency appeals issued by ACT Alliance.

DSPR is an active member of ACT Alliance and has extensive experience in implementing rapid and multi-sectoral emergency responses. Its interventions include the establishment and support of primary health services, provision of essential medicines and nutritional supplements for children and mothers, psychosocial support

services, cash assistance programmes, cash-for-work and voucher modalities, as well as the distribution of food and non-food items in response to urgent humanitarian needs.

In Gaza specifically, DSPR maintains a dedicated operational structure with approximately 80 full-time staff and 20 part-time staff working across centers and field activities, supported by its head office in Jerusalem. This staffing structure enables continuity of operations, rapid mobilization of resources, and sustained service delivery during crises.

Operationally, DSPR works in close coordination with local community-based organizations and relevant stakeholders to ensure access, targeting, and accountability at community level. It also actively engages with the ACT Palestine Forum, ensuring alignment and coordinated response planning among ACT members.

In addition, DSPR also engages in UN-led coordination mechanisms, including health and nutrition clusters, which helps ensure complementarity with other humanitarian actors, avoid duplication of efforts, and integrate shared lessons learned. This coordination strengthens its overall effectiveness and preparedness in responding to ACT Alliance emergency appeals.

Beyond individual member capacities, the APF operates through a coordinated forum structure that enables joint planning, emergency preparedness, referrals, advocacy, MEAL, accountability, communications, and collective representation.

The APF Steering Committee and Coordinator function, hosted by HEKS/EPER, facilitate forum-wide coordination, joint evidence generation, shared advocacy, donor engagement, and learning processes. Members collectively participate in humanitarian clusters, sector working groups, ACT Alliance global structures, and local coordination mechanisms, enabling a coherent, localized, and scalable humanitarian response throughout the appeal period.

Appeal response plan in the first three months

During the first three months of the appeal, APF members will focus on rapid start-up, continuity of critical services, emergency assistance delivery, establishment of community structures, baseline assessments, and the launch of protection, education, health, livelihoods, and advocacy interventions. Activities will directly contribute to Outcomes 1.1, 2.1, 2.2, and 2.3 of the Results Framework.

LWF / Augusta Victoria Hospital (AVH)

Under Outcome 1.1 (Life-Saving Multi-Sectoral Support and Early Recovery), LWF/Augusta Victoria Hospital (AVH) will prioritize restoring and sustaining critical oncology and diagnostic services at Al-Ahli Arab Hospital (AAH) in Gaza. During the first three months of implementation, LWF/AVH will procure and deliver chemotherapy medications to ensure uninterrupted treatment for cancer patients, while supplying pathology kits, laboratory consumables, diagnostic materials, and biopsy supplies to restore diagnostic capacity. The organization will also complete emergency repair and maintenance of the hospital generator to ensure the uninterrupted operation of oncology and diagnostic services, initiate priority surgical and endoscopic procedures for war-affected patients currently on waiting lists, and support essential Gaza-based medical and technical personnel working in the Cancer Diagnostic Center. In parallel, coordination between AVH and AAH will be strengthened through tele-oncology and remote case management systems. These interventions will ensure continuity of life-saving healthcare services for vulnerable patients while reinforcing the functionality and resilience of the health system in northern Gaza.

HEKS/EPER

Under Outcomes 1.1 and 2.1, HEKS/EPER will implement integrated humanitarian and early recovery interventions across Gaza, the West Bank, and Al-Naqab. During the first three months, the organization will conduct shelter assessments and participants verification processes in Gaza while launching the first rounds of Multipurpose Cash Assistance (MPCA) to vulnerable households. Agricultural recovery activities will commence through the procurement of seeds, fertilizers, irrigation materials, livestock feed, veterinary supplies, and other essential agricultural inputs, alongside support for the rehabilitation of agricultural production and livestock livelihoods. In the West Bank, HEKS/EPER will initiate legal and planning support interventions in Area B/C communities and East Jerusalem to strengthen protection and resilience, while

supporting Sidreh Emergency Supply Rooms serving Bedouin communities in Al-Naqab. Community-based protection and referral mechanisms will also be established, with close coordination maintained through the Shelter, Cash, and Protection Clusters to ensure complementarity and avoid duplication. These activities will be implemented through specialized local partners, including MAAN, PHC, GUPAP, CIVITAS, Sidreh, ACAP, Station J, and other organizations according to their thematic expertise and geographic presence.

Christian Aid (CA)

Christian Aid will contribute to Outcomes 1.1, 2.2, and 2.3 through community-led recovery, education, legal protection, and advocacy interventions. During the first three months, Christian Aid and its local partners will launch community-led recovery initiatives through Community Resilience Enhancement Committees (CRECs) facilitated by CFTA, providing cash support, training, and ongoing accompaniment to enable communities to identify and implement locally prioritized recovery actions. Rehabilitation and reactivation of community centers damaged during the conflict will continue, while informal education activities will be launched through IOCC and BLDA, including remedial learning, extracurricular activities, and safe learning spaces for displaced children. At the same time, Adalah will initiate legal aid and strategic litigation to challenge discriminatory laws and practices affecting Palestinians, alongside the systematic collection of evidence, testimonies, and documentation to support national and international advocacy efforts. Christian Aid will also actively engage in humanitarian coordination mechanisms and community-led response platforms to strengthen resilience, educational continuity, accountability, and legal protection for affected communities.

Finn Church Aid (FCA)

Under Outcomes 2.1 and 2.2, Finn Church Aid (FCA) will focus on Education in Emergencies, child protection, mental health and psychosocial support (MHPSS), and disability inclusion. During the first three months, FCA will establish or continue the operation of seven Temporary Learning Spaces (TLSs) in Gaza while launching support programs in targeted schools across Gaza and the West Bank. Baseline assessments on education, inclusion, and psychosocial wellbeing will be conducted to inform implementation, followed by the first phase of teacher training on Education in Emergencies, inclusive education, and blended learning approaches. Learning materials and educational supplies will be distributed to learners, while children with disabilities will be identified through inclusion assessments to facilitate appropriate support. FCA will also establish referral pathways for child protection and specialized services and initiate caregiver awareness sessions together with psychosocial support activities through QADER, PYALARA, and Al Nayzak. These interventions will ensure safe, inclusive, and continuous learning opportunities while integrating protection and psychosocial support into education environments.

FCA will organize a regional capacity-building programme targeting its implementing partners and ACT Alliance member organizations to strengthen their technical knowledge and practical skills in integrating disability inclusion throughout the entire Project Management Cycle (PMC). The training will cover inclusive programme design, disability-inclusive needs assessments, stakeholder engagement, proposal development, budgeting, implementation, monitoring and evaluation, accountability to affected populations (AAP), safeguarding, Protection from Sexual Exploitation and Abuse (PSEA), data disaggregation, reporting, and learning.
The programme will be grounded in international standards, including the UN Convention on the Rights of Persons with Disabilities (UNCRPD), the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, the Core Humanitarian Standard (CHS), and the Leave No One Behind principle. Participants will develop practical tools and action plans to strengthen the quality and inclusiveness of their own programmes while fostering peer learning and regional collaboration across ACT Alliance members.

Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL)

Under Outcomes 2.1 and 2.2, the Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL) will provide psychosocial support, education assistance, and humanitarian support to vulnerable households. During the first three months, ELCJHL will launch the initial cycle of structured psychosocial support sessions for children, youth, and caregivers while training community facilitators, teachers, church leaders, and volunteers on psychosocial support and safeguarding. The organization will begin scholarship disbursements and emergency tuition assistance for vulnerable students, conduct rapid needs assessments and participants verification for Multipurpose Cash Assistance (MPCA), and establish feedback and complaints mechanisms

alongside strengthened referral pathways. In addition, parental awareness sessions promoting education continuity and child wellbeing will be initiated, together with school-based psychosocial support activities and the establishment of safe spaces. These interventions will enhance psychosocial wellbeing, reduce the risk of school dropout, and strengthen the resilience of vulnerable children and households.

East Jerusalem YMCA (EJ-YMCA)

Under Outcomes 1.1 and 2.1, the East Jerusalem YMCA (EJ-YMCA) will implement community-led resilience and protection interventions across targeted communities in Hebron, Bethlehem, and Area B/C locations. During the first three months, the organization will identify and select target communities and establish Community Protection Groups (CPGs) representing women, youth, persons with disabilities, older persons, and other vulnerable groups. Participatory Vulnerability and Capacity Assessment (PVCA) training will be delivered to community members, followed by community-led vulnerability and risk assessments that will inform the development of Community Action Plans based on locally identified priorities. EJ-YMCA will also launch the first community grants and Multipurpose Cash Assistance (MPCA) interventions while establishing community accountability and feedback mechanisms to ensure transparent and inclusive implementation. These activities will strengthen local leadership, community ownership, resilience, and protection capacities by enabling communities to identify, prioritize, and respond to their own needs.

DSPR

During the first three months of the Appeal, under Outcome 1.1 and Outcome 2.1, DSPR will prioritize life-saving humanitarian assistance to address the urgent needs of conflict-affected populations across Gaza, Jerusalem, and the West Bank. The interventions will focus on ensuring access to essential services while maintaining the flexibility required to respond to rapidly evolving humanitarian needs in a volatile context.

The priority response will include the provision of multipurpose cash assistance and cash for basic needs to enable vulnerable households to meet urgent requirements such as food, medicines, shelter, transportation, and other essential needs. It will also include the delivery of essential health and medical services, including medicines, medical consultations, and hygiene kits for vulnerable households and displaced families. In addition, DSPR will provide Mental Health and Psychosocial Support (MHPSS) for children, women, vulnerable groups, and frontline staff of ACT requesting members through psychological first aid, psychosocial activities, recreational sessions, and staff wellbeing initiatives.

Further interventions will focus on supporting community-led emergency response initiatives that strengthen local coping capacities and ensure timely assistance. Coordination will be maintained with ACT Palestine Forum members, local authorities, UN coordination mechanisms, and community representatives to ensure effective, accountable, and complementary humanitarian action. Community engagement, accountability, and advocacy will also be strengthened through feedback and response mechanisms, alongside advocacy for the protection of civilians, humanitarian access, and access to essential services.

Subject to the evolving humanitarian context and following the planned revision of this Appeal after the first three months, DSPR will progressively transition from immediate relief to integrated early recovery interventions aimed at restoring livelihoods, strengthening community resilience, and supporting the recovery of essential services.

The revised response will prioritize expanding recovery-oriented livelihood support through financial assistance, short-term employment opportunities, and cash-for-work initiatives targeting unskilled laborers to strengthen household resilience and promote sustainable economic recovery. It will also include the preparation and equipping of clinics, service centres, and other service delivery facilities to ensure safe and enabling environments for quality service provision.

In addition, the response will support the rehabilitation and reconstruction of damaged homes and affected ACT member facilities, including DSPR premises, where security and access conditions permit, in order to restore safe living conditions and continuity of essential services, with particular consideration for persons with disabilities. Continued provision of health, psychosocial, and protection services will be maintained, alongside strengthened community capacities and local response structures.

Capacity strengthening of community-based organizations, volunteers, and local committees will also be prioritized to enhance preparedness, resilience, and sustainable service delivery. Ongoing coordination with ACT Alliance members, humanitarian clusters, local authorities, and national coordination mechanisms will ensure alignment with national humanitarian priorities, complementarity with the broader emergency response, and contribution to early recovery efforts.

Response priorities beyond the initial emergency phase will be reviewed based on updated needs assessments, humanitarian access conditions, security developments, available resources, and evolving priorities identified through the ACT Palestine Forum and national humanitarian coordination mechanisms.

The requesting members of the PSE 261 appeal will convene bi-weekly to insure well coordination of the appeal while harmonizing participants counting and reporting methodologies. The Requesting Members will aim to facilitate joint assessments, information sharing, and referral mechanisms as well as submitting regular situation updates and alert reports to ACT Alliance. Members will also coordinate advocacy messaging and evidence generation. Members will ensure alignment with local cluster coordination structures to ensure a coherent forum-wide response, strengthen accountability, and maximize collective impact across all outcomes.

Response plan after first three months

Response Plan after the First Three Months

This Appeal will be formally reviewed and revised during the third month following its launch to reflect evolving humanitarian needs, operational realities, access constraints, funding availability, and changes in the context across Gaza, the West Bank including East Jerusalem, and Al-Naqab. The revision process will be informed by members monitoring data, participants feedback mechanisms, cluster coordination updates, protection analyses, and lessons learned during the initial implementation phase.

The APF response is designed as a phased humanitarian-to-recovery approach. During the first phase, interventions focus on life-saving assistance, including emergency health services, shelter support, multipurpose cash assistance (MPCA), food and non-food item distributions, psychosocial support, temporary learning spaces, and emergency protection interventions.

As conditions allow, the response will gradually transition towards early recovery and resilience-building interventions. The transition to early recovery will focus on restoring livelihoods, strengthening community resilience, and rebuilding essential services. This will include expanding cash-for-shelter repairs and housing rehabilitation support, while scaling up livelihood restoration and income-generating opportunities to help affected households regain self-reliance. Agricultural recovery interventions will be increased through the provision of seeds, livestock restocking, irrigation rehabilitation, and the promotion of climate-resilient agricultural practices. Community-led response mechanisms will be strengthened by supporting Community Resilience Enhancement Committees (CRECs) and Community Protection Groups (CPGs), alongside efforts to restore the service delivery capacity of local institutions, schools, community centers, and health facilities. The response will also invest in strengthening local civil society organizations and community-based structures to ensure recovery efforts remain sustainable beyond the appeal period. Throughout all interventions, psychosocial wellbeing, disability inclusion, protection, and safeguarding will be integrated as cross-cutting priorities to promote inclusive, safe, and resilient recovery.

The balance between humanitarian assistance and early recovery interventions will be guided by the evolving context and humanitarian access. If conditions, including the continuation of a ceasefire and improved access, allow for early recovery, humanitarian caseloads for emergency shelter, food assistance, NFI distributions, and Multipurpose Cash Assistance (MPCA) are expected to gradually decrease during Year 2. At the same time, livelihoods, agriculture, resilience, and community-led recovery interventions will be progressively scaled up to support self-reliance, restore essential services and productive assets, and contribute to longer-term recovery. Should the humanitarian situation deteriorate, APF members will maintain the flexibility to adapt programming and continue delivering life-saving assistance according to emerging needs.

Capacity strengthening will remain a cross-cutting priority throughout the appeal. strengthening provide training, mentoring, technical support, and organizational strengthening to local partners, community committees, schools, health workers, community protection groups, and local civil society organizations to enhance preparedness, response, recovery, and advocacy capacities.

The ACT Palestine Forum (APF) recognizes the Survivor and Community-Led Response (sclr) approach as a practical and effective operational model for advancing the Triple Nexus by connecting humanitarian, development, and peacebuilding priorities through a single community-led process. Drawing on the collective experience of APF members across the occupied Palestinian territory, the approach enables communities to identify and prioritize their most pressing needs, mobilize local capacities and resources, and implement integrated solutions that address immediate risks while strengthening long-term resilience and social cohesion.

APF members' experience demonstrates that humanitarian needs, including protection, safety, access to basic services, food security, and emergency assistance, are intrinsically linked to longer-term development priorities such as livelihoods, education, health, infrastructure, and economic recovery. Communities consistently identify dignity, security, inclusion, and opportunities for sustainable development as essential components of peace and well-being, alongside the reduction of violence and protection threats.

Through participatory community engagement, inclusive decision-making processes, and locally driven action planning, APF members support communities to take a leading role in analyzing challenges, identifying solutions, and implementing responses. This strengthens local ownership, accountability, and collective problem-solving capacities while fostering trust, social cohesion, and cooperation among community members and local stakeholders.

In the context of the protracted crisis in Palestine, APF views community-led approaches such as sclr as a key pathway for operationalizing the Triple Nexus. By integrating immediate humanitarian assistance with resilience-building, sustainable development interventions, and locally defined peacebuilding outcomes, APF members contribute to strengthening communities' capacities to manage risks, recover from shocks, and pursue sustainable and inclusive development despite ongoing challenges.

The APF response will prioritize ensuring continued access to life-saving health services, shelter assistance, multi-purpose cash assistance (MPCA), food security support, and essential household items for conflict-affected populations. It will support early recovery through the restoration of livelihoods, agricultural production, and household economic resilience, while strengthening psychosocial wellbeing, protection services, disability inclusion, and targeted support for vulnerable groups, including women-headed households, children, older persons, and persons with disabilities. The response will also sustain access to safe, inclusive, and quality education through formal, informal, and non-formal learning opportunities, while protecting civic space and strengthening community resilience through locally led response mechanisms and community participation. In addition, it will advance coordinated advocacy, legal aid, documentation, and accountability efforts related to violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL), while promoting localization and community leadership through strengthened partnerships with local organizations and community-based structures.

The APF response is aligned with the priorities of the 2026 Humanitarian Response Plan (HRP), the United Nations Flash Appeal,[8] and relevant cluster strategies, particularly the Shelter, Education, Protection, Food Security, Health, and Cash Working Group frameworks.

The appeal contributes directly to national humanitarian priorities by supporting vulnerable households affected by conflict, displacement, and movement restrictions, while restoring access to essential services, including healthcare, education, protection, and basic needs assistance. It promotes early recovery and resilience-building interventions that foster sustainable recovery pathways and strengthens local leadership, localization, and meaningful community participation through coordinated implementation by national and local partners, regular information sharing and activity reporting among APF members, and active engagement in relevant UN-led coordination mechanisms and sector working groups to ensure complementarity, accountability, and effective humanitarian action. The appeal also supports accountability,

[8] https://www.ochaopt.org/content/flash-appeal-2026-glance

protection, and rights-based approaches that are consistent with humanitarian principles and international legal frameworks.

APF members will continue active participation in humanitarian clusters, sector working groups, and coordination platforms to ensure complementarity, avoid duplication, and maintain alignment with evolving humanitarian priorities and response plans throughout the appeal period.
A mid-term review will be conducted around Month 12 to assess progress, review assumptions, capture lessons learned and adjust implementation strategies as required. Final assessments, lessons learned, and transition planning will be conducted during Months 22–24 to support sustainability and inform future humanitarian and recovery programming.

Primary participants

Participant identification and targeting are informed by context analysis, needs assessments, protection monitoring, cluster guidance, and community consultations conducted by APF members and their local partners. The response priorities populations facing the highest levels of humanitarian need, protection risks, displacement, and barriers to accessing essential services across Gaza, the West Bank including East Jerusalem, and Al-Naqab.
Geographic targeting is based on the severity of humanitarian needs, displacement trends, service gaps, protection concerns, and operational access.
Gaza Strip:
Communities affected by repeated displacement, destruction of housing and infrastructure, food insecurity, and limited access to health, education, and protection services.
Areas with high concentrations of internally displaced people (IDPs), damaged shelters, and disrupted basic services.
Communities with limited access to healthcare, particularly specialized cancer and surgical services.

West Bank and East Jerusalem:
Communities exposed to military incursions, settler violence, movement restrictions, demolitions, forced displacement, and planning-related protection risks, particularly in Area B and Area C.
Communities facing restricted access to education, healthcare, livelihoods, and basic services.
Vulnerable urban, rural, and refugee camp populations are experiencing increased protection concerns.

Al-Naqab:
Bedouin communities affected by displacement risks, marginalization, inadequate access to services, and socio-economic vulnerability.

Target locations will continue to be reviewed throughout implementation based on updated assessments, humanitarian developments, access constraints, and emerging needs.
Selection of participants will follow transparent, needs-based, and vulnerability-focused criteria that are harmonized across APF members where applicable and aligned with relevant cluster standards and humanitarian principles.

Priority will be given to households and individuals experiencing heightened vulnerability as a result of conflict, displacement, and socioeconomic hardship. This includes internally displaced persons (IDPs), particularly those affected by repeated displacement; women-headed households; households caring for persons with disabilities; persons with disabilities and individuals living with chronic illnesses; older persons living alone or without adequate support networks; households with limited or no sources of income; families experiencing severe food insecurity or loss of livelihoods; and those living in damaged, unsafe, or inadequate shelter conditions. The response will also prioritize households affected by conflict-related injury, trauma, or psychosocial distress; children at risk of school dropout, child labor, violence, neglect, or other protection concerns; communities exposed to settler violence, demolitions, forced displacement, or military operations; Bedouin communities facing heightened protection risks and limited access to services; small-scale farmers and livelihood-dependent households that have lost productive assets, livestock, access to agricultural land,

or income-generating opportunities; and patients requiring specialized healthcare services, including cancer treatment and essential surgical interventions.

Participants identification will be carried out through a comprehensive and participatory targeting approach that combines household vulnerability, socio-economic, shelter and structural damage, agricultural and livelihoods, protection risk, and Mental Health and Psychosocial Support (MHPSS) assessments, alongside Participatory Vulnerability and Capacity Assessments (PVCA). These assessments will be complemented by community consultations and community-led prioritization processes, referrals from local service providers and specialized protection actors, and verification through local committees, community structures, and partner field teams to ensure that assistance reaches those most in need.

Community-based structures such as Community Resilience Enhancement Committees (CRECs), Community Protection Groups (CPGs), schools, churches, community centers, and local civil society organizations will support outreach, identification, and verification processes while ensuring accountability and community participation.
All targeting processes will integrate gender, age, disability, and diversity considerations to ensure equitable access to assistance and services. APF members will apply protection mainstreaming principles, including safety, dignity, meaningful access, participation, and accountability throughout participant selection and program implementation.
Special efforts will be made to identify and reach individuals and groups who may face barriers to accessing assistance, including women and girls, persons with disabilities, older persons, children, minority groups, and households living in remote or highly restricted locations.
Participant selection decisions will be supported by accessible feedback and complaints mechanisms to ensure transparency, accountability, and community trust throughout the appeal period.

Monitoring and evaluation

The ACT Palestine Forum (APF) and its requesting members are committed to delivering humanitarian assistance in a timely, accountable, effective, and dignified manner, in accordance with the Core Humanitarian Standard (CHS), the Sphere Humanitarian Standards, ACT Alliance policies and guidelines, safeguarding commitments, and relevant cluster technical standards.
APF members maintain established operational presence, local partnerships, community networks, and emergency response systems across Gaza, the West Bank including East Jerusalem, and Al-Naqab, enabling rapid mobilization and implementation. The Forum's Emergency Preparedness and Response Plan (EPRP), shared coordination mechanisms, and existing partnerships allow members to respond quickly to changing humanitarian needs and access constraints.

To ensure the timely and effective delivery of assistance, APF members will leverage pre-existing partnerships, field teams, and community structures to facilitate rapid implementation. Interventions will be informed by regular context monitoring, needs assessments, and market assessments, allowing the response to adapt to evolving conditions. Coordination will be maintained through the APF Requesting Members, with regular coordination meetings, information sharing, and joint planning to ensure a coherent and complementary approach. Harmonized participans targeting and deconfliction procedures will be applied to minimize duplication, while close coordination with humanitarian clusters, sector working groups, local authorities, and community-based organizations will strengthen alignment with broader humanitarian efforts. To reduce implementation delays, members will utilize phased implementation plans, established procurement systems, framework agreements, and local supply chains wherever feasible. Progress will be tracked through regular monitoring against agreed targets and indicators to ensure accountability, effectiveness, and timely course correction where needed.

All requested members are committed to the Nine Commitments of the Core Humanitarian Standard and will integrate these principles throughout program design, implementation, monitoring, and evaluation.
Members will conduct needs-based and context-specific assessments to ensure that assistance remains relevant, appropriate, and responsive to community priorities. APF members will promote meaningful

participation of affected communities throughout the program cycle, ensuring that interventions are designed and implemented in a way that avoids harm and remains sensitive to conflict dynamics, gender, age, disability, and protection risks. Accessible Feedback and Complaints Response Mechanisms will be established and maintained to enable communities to provide feedback, raise concerns, and report complaints safely and confidentially. Transparent communication will be ensured throughout implementation, including clear information sharing on selection criteria, entitlements, program objectives, and available services. All interventions will integrate safeguarding, Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH), child safeguarding, and protection policies, while regular feedback collection and accountability mechanisms will be used to monitor community satisfaction and program effectiveness. The response will also prioritize strengthening local capacities and promoting community ownership to support sustainable and inclusive interventions.

Sector-specific interventions will be designed and implemented in line with the Sphere Standards and Core Humanitarian Standard (CHS), ensuring that assistance is delivered according to recognized quality, accountability, and technical benchmarks. Shelter interventions will be guided by the Sphere Shelter and Settlement Standards and Shelter Cluster technical guidance, while multi-purpose cash assistance (MPCA) interventions will align with Cash Working Group guidance and minimum expenditure basket calculations. Food security and agricultural interventions will follow Food Security Cluster standards and livelihood recovery best practices, and health interventions will adhere to Sphere Health Standards as well as relevant Ministry of Health and World Health Organization (WHO) protocols. Education interventions will be implemented in accordance with the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards and Education Cluster guidance. Protection and Mental Health and Psychosocial Support (MHPSS) interventions will align with global protection standards, Inter-Agency Standing Committee (IASC) guidance, and disability inclusion frameworks, while WASH-related interventions will be implemented according to Sphere WASH Standards and relevant technical sector guidance.

The APF will implement a shared Monitoring, Evaluation, Accountability and Learning (MEAL) framework to support quality assurance, accountability, evidence-based decision-making, and continuous improvement across all members. This framework will include harmonized indicators and reporting systems linked to the Appeal Results Framework, routine field monitoring, post-distribution monitoring, and participants satisfaction surveys. APF members will regularly review progress against agreed outcomes, outputs, and quality benchmarks, while ensuring systematic collection and analysis of feedback from affected communities. Joint learning exercises, peer reviews, and periodic reflection sessions will be conducted among members to strengthen coordination, identify good practices, and address challenges. A mid-term review and appeal revision will be conducted during Month 3, followed by a broader review at Month 12 to assess effectiveness, capture lessons learned, and adapt programming as needed.

The APF Requesting Members, supported by the ACT Palestine Forum Coordinator, will oversee quality assurance and accountability across the appeal. This includes monitoring compliance with ACT Alliance requirements, facilitating coordination among members, promoting adherence to humanitarian standards, supporting joint learning, and ensuring that program implementation remains responsive to evolving needs and priorities. The ACT Alliance Humanitarian Progamme Coordinator will also be conducting regular monitoring visits to ensure the appeal is reaching those most vulnerable in a timely, coordinated, inclusive, accountable, and high-quality manner that upholds the dignity, rights, and priorities of affected populations.

Risk Management

The risks:

Risk	Potential Impact on the Response	Mitigation Measures
Escalation of conflict and insecurity in Gaza and the West Bank	Increased displacement, damage to infrastructure, suspension of activities, limited access to target communities, and increased humanitarian needs beyond planned targets.	Continuous context and security monitoring; contingency planning; flexible programming; remote management and monitoring modalities where required; utilisation of local partners and community structures; regular coordination with humanitarian actors and local authorities.
Restrictions on humanitarian access and movement of goods and personnel	Delays in procurement, transportation of supplies, field implementation, monitoring, and participants access to services.	Advance procurement and pre-positioning of supplies where feasible; local procurement; diversified suppliers; adaptive implementation schedules; coordination with humanitarian coordination mechanisms and relevant authorities.
Market instability, inflation, and shortages of essential commodities	Reduced purchasing power of participants, increased program costs, and challenges in implementing MPCA and procurement activities.	Regular market assessments; periodic review of transfer values; framework agreements with suppliers; budget flexibility and adaptive programming.
Funding shortfalls or delays in funding disbursement	Reduced geographical coverage, lower participants reach, delayed implementation, and inability to achieve planned outputs.	Phased implementation based on available resources; prioritization of life-saving interventions; active donor engagement and resource mobilization; regular budget monitoring and forecasting.
Protection risks, safeguarding concerns, and social tensions	Increased risks of exclusion, gender-based violence, child protection concerns, exploitation, abuse, and reduced access to assistance for vulnerable groups.	Protection mainstreaming; safeguarding and PSEAH measures; accessible feedback and complaints mechanisms; staff training; referral pathways for specialized services; gender, age, and disability-inclusive programming.
Operational and coordination challenges among multiple members and partners	Duplication of assistance, inconsistent participants counting, reporting challenges, and reduced efficiency.	APF Steering Committee oversight; harmonized participants targeting and counting methodologies; regular coordination meetings; shared MEAL framework; joint planning and information-sharing mechanisms.
Limited availability of qualified staff and partner capacity constraints due to the protracted crisis	Delays in implementation, reduced program quality, and increased pressure on local partners and service providers.	Capacity strengthening, mentoring, surge support where required, cross-learning among members, and utilization of established local partner networks.

Changes in political, legal, or regulatory environment affecting civil society and humanitarian actors	Restrictions on program implementation, advocacy activities, community engagement, or access to participants.	Regular legal and policy analysis; coordinated advocacy through APF and ACT Alliance; diversification of implementation modalities; strong engagement with local and international stakeholders.

The opportunities:

Opportunity	Potential Benefit for the Response	Actions to Maximise the Opportunity
Improved humanitarian access and reduction in hostilities	Increased access to affected communities, broader coverage, and faster implementation of recovery activities.	Rapid scale-up of shelter rehabilitation, livelihoods recovery, agriculture support, education, and resilience programming.
Transition from emergency response to early recovery	Improved self-reliance and resilience of affected households and communities.	Expand livelihoods, agricultural recovery, Cash for Shelter Repairs, local economic recovery initiatives, and community-led resilience programmes.
Strengthened localisation and community leadership	Greater sustainability, acceptance, and effectiveness of interventions.	Continue investing in local partner capacity strengthening, community structures (CRECs and CPGs), and participatory planning and monitoring processes.
Enhanced advocacy opportunities through APF and ACT Alliance networks	Increased influence on policy, humanitarian access, accountability, and protection outcomes.	Strengthen joint evidence generation, legal advocacy, international engagement, faith-based advocacy, and coordinated communications across partner, APF, and ACT-global levels.

Safety and Security plans

The forum applies the ACT Alliance Safety and Security Guidelines and aligns its safety, security, and access management with the ACT EPRP for the Occupied Palestinian Territory. The EPRP version confirmed at the 11 May 2026 Steering Committee meeting supports the appeal's safety and security framework. Members maintain organization-specific security risk assessments and protocols, with shared situational awareness through the Requesting Members under the crosscutting outputs.

In Gaza, primary implementation is in areas outside the yellow and orange lines; movement coordination procedures are followed for any access to higher-risk zones. In the West Bank, members track and adapt to checkpoint and closure dynamics, settler violence incidents, and military operation patterns.

Duty of care for frontline staff and partners is addressed through regular security briefings, contextualized travel and access protocols, communications equipment, mental-health support, and incident-response procedures. Do No Harm considerations include avoiding provision of supplies or services that could be co-opted, ensuring impartial targeting, careful management of community engagement, and explicit safeguarding measures for children and vulnerable adults. Specific support requested: training and refresher

risk assessments; communications equipment standardization; site-enhancement support where required. The forum coordinates with ACT Humanitarian Programme Coordinator

Budget

actalliance	Appeal Total	HEKS	FCA	CA	ELCJHL	YMCA	LWF	DSPR
		USD	USD	USD	USD	USD	USD	USD
Direct Costs	**6,947,385**	**1,921,207**	**702,979**	**1,046,485**	**296,272**	**305,120**	**238,800**	**2,436,521**
1 **Project Staff Salaries**	**948,380**	**280,055**	**127,618**	**190,576**	-	**81,120**	**1,400**	**267,611**
2 **Project Activities**	**4,963,283**	**1,214,029**	**544,467**	**652,220**	**269,044**	**201,200**	**232,400**	**1,849,922**
2.1 Advocacy	296,200	67,655	-	228,545	-	-	-	-
2.2 Education	504,598	20,690	258,842	122,467	102,600	-	-	-
2.3 Food and Nutrition	325,586	255,586	-	70,000	-	-	-	-
2.4 Health	1,073,535	14,483	-	16,100	-	-	199,900	843,052
2.5 Livelihood	210,741	113,241	-	-	-	-	-	97,500
2.6 Multipurpose Cash	635,626	88,276	-	157,350	100,000	40,000	-	250,000
2.7 Protection and Psychosocial	1,144,881	374,483	285,625	57,759	66,444	161,200	-	199,369
2.8 Shelter and Settlement	672,115	279,615	-	-	-	-	32,500	360,000
2.9 WASH	100,000	-	-	-	-	-	-	100,000
3 **Quality and Accountability**	**472,159**	**286,725**	**24,900**	**80,034**	**10,500**	**15,000**	**5,000**	**50,000**
4 **Logistics**	**386,138**	**69,364**	**4,003**	**94,254**	**16,728**	**7,800**	-	**193,988**
5 **Assets and Equipment**	**177,424**	**71,034**	**1,990**	**29,400**	-	-	-	**75,000**
Indirect Costs	**885,718**	**189,114**	**93,308**	**153,659**	**-**	**16,800**	**2,000**	**430,837**
Staff Salaries	516,435	135,517	48,884	98,449	-	6,000	2,000	225,585
Office Operations	369,282	53,597	44,424	55,210	-	10,800	-	205,252
Total Budget	**7,833,102**	**2,110,321**	**796,287**	**1,200,144**	**296,272**	**321,920**	**240,800**	**2,867,358**
ACT Secretariat management cost SMC @ 3	234,993	63,310	23,889	36,004	8,888	9,658	7,224	86,021
Total Budget + SMC	**8,068,096**	**2,173,631**	**820,176**	**1,236,149**	**305,160**	**331,578**	**248,024**	**2,953,379**

Quality and Accountability

Please be mindful of ACT Alliance mandatory policies including the ACT Alliance Code of Good Practice which outlines the commitment of all ACT Alliance members of continuous improvement while striving to achieve best practice principles.
As ACT Alliance secretariat is CHS certified, ACT appeals will be implemented with adherence to CHS commitments.

Code of Conduct

All requesting members of the ACT Palestine Forum (APF) are committed to upholding the highest standards of integrity, accountability, safeguarding, and ethical conduct throughout the implementation of this appeal. APF members either apply their own organizational Codes of Conduct or have adopted and aligned their policies with the ACT Alliance Code of Conduct and related safeguarding commitments. All APF member staff have signed their respective Codes of Conduct.

All staff, volunteers, consultants, community facilitators, and partner personnel engaged in the response are required to read, understand, and sign their organization's Code of Conduct before undertaking project responsibilities. This requirement is integrated into staff induction processes, partnership agreements, and ongoing capacity-building efforts, and is reinforced through regular training, supervision, and monitoring.

The APF and its members will ensure that the Code of Conduct is embedded throughout the project cycle through a range of measures, including mandatory induction and refresher training on the Code of Conduct, safeguarding, Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH), child safeguarding, anti-

fraud, anti-corruption, and protection principles. Code of Conduct requirements will be incorporated into employment contracts, volunteer agreements, consultancy contracts, and partnership agreements, while regular supervision, field monitoring, and performance reviews will be conducted to promote compliance with ethical and professional standards.

Safeguarding, accountability, gender equality, disability inclusion, and protection principles will be integrated into program design and implementation. APF members will establish accessible Feedback and Complaints Response Mechanisms (FCRMs) for affected communities and project participants, conduct safeguarding and protection risk assessments, and implement mitigation measures to address identified risks. Regular awareness sessions will be conducted for staff, volunteers, and partners on expected behaviors, reporting obligations, and safeguarding responsibilities. Field teams will receive safeguarding and PSEAH training, while community facilitators and volunteers will receive appropriate orientations. Safeguarding messages will be disseminated through community engagement activities, and compliance will be monitored through field visits and partner review meetings.

Each requesting APF member has established procedures for receiving, investigating, and responding to alleged violations of the Code of Conduct, safeguarding policies, and PSEAH commitments. Where violations are reported, complaints will be received through confidential and accessible reporting channels, and allegations will be managed according to organizational investigation procedures and safeguarding protocols. Survivors and affected individuals will be prioritized through a survivor-centered, confidential, and non-retaliatory approach. Where misconduct is confirmed, appropriate disciplinary, contractual, or legal measures will be taken. Serious safeguarding concerns, including sexual exploitation, abuse, harassment, fraud, or corruption, will be reported and managed in accordance with organizational requirements and ACT Alliance policies. Referral pathways will be activated to ensure access to specialized protection, psychosocial, legal, or medical support where required.

The Code of Conduct and related safeguarding commitments will be communicated to affected communities through multiple accessible channels to ensure awareness of their rights, entitlements, expected staff behavior, and available reporting mechanisms. Communication methods will include community meetings and awareness sessions; information boards and posters at project sites and service delivery locations; distribution of information materials in appropriate languages and accessible formats; orientation sessions during participants registration and activity implementation; and community outreach through local partners, schools, churches, community centers, Community Resilience Enhancement Committees (CRECs), and Community Protection Groups (CPGs).

Feedback and Complaints Response Mechanisms will include telephone hotlines, complaint boxes, help desks, and designated focal points to ensure communities have safe and accessible avenues to raise concerns. Special measures will be implemented to ensure that women, children, persons with disabilities, older persons, and other vulnerable groups can access information and reporting mechanisms safely and without barriers. Communities will be informed that assistance is provided free of charge, that misconduct will not be tolerated, and that complaints can be submitted confidentially without fear of retaliation.

Through these measures, APF members will promote a culture of accountability, dignity, transparency, and safeguarding while ensuring compliance with ACT Alliance standards, the Core Humanitarian Standard (CHS), and internationally recognized humanitarian principles and best practices.

Safeguarding

The ACT Palestine Forum (APF) and all requesting members are committed to implementing the ACT Alliance Safeguarding Policy Framework and ensuring that all activities are delivered in a safe, dignified, inclusive, and accountable manner. Safeguarding measures apply to all staff, volunteers, consultants, community

facilitators, and partner personnel engaged in the response, with a focus on preventing harm, promoting accountability, and protecting the rights and wellbeing of affected populations.

Safeguarding will be integrated throughout all stages of program implementation through mandatory safeguarding, Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH), and Code of Conduct training for staff, volunteers, and partners; safe recruitment and screening procedures; and the inclusion of safeguarding requirements within employment contracts, consultancy agreements, and partnership arrangements. APF members will establish accessible and confidential Feedback and Complaints Response Mechanisms (FCRMs), appoint designated safeguarding focal points, and conduct regular monitoring to ensure compliance with safeguarding commitments. Community awareness sessions will also be conducted to inform affected populations about their rights, expected staff behavior, and available reporting mechanisms.

All APF members have established procedures for reporting, managing, and investigating safeguarding concerns in line with organizational policies and ACT Alliance requirements. In the event of a safeguarding incident, immediate measures will be taken to protect survivors and affected individuals, while cases will be handled confidentially through a survivor-centered and non-retaliatory approach. Referrals will be made to appropriate medical, psychosocial, legal, or protection services where required. Allegations will be investigated according to established procedures, with appropriate disciplinary or corrective actions taken when misconduct is confirmed. Lessons learned from safeguarding cases will be used to strengthen prevention measures and improve safeguarding systems.

Affected communities will be informed of safeguarding commitments, expected standards of behavior, and available reporting channels through community meetings, awareness materials, project orientations, and outreach activities implemented with local partners. These measures will ensure that all participants can safely access information, raise concerns, and report incidents through accessible and confidential mechanisms.

Conflict sensitivity / do no harm

The intervention is designed and implemented using a conflict-sensitive approach. Continuous context analysis informs programme adaptation; inclusive community engagement supports social cohesion; operational flexibility is maintained to respond to access constraints and evolving dynamics. Specific Do No Harm measures include impartial needs-based targeting, avoiding exploitation of aid, transparent communication on selection criteria, strict adherence to humanitarian principles, and explicit attention to MPCA, livelihoods, and shelter dynamics in markets affected by import restrictions and price volatility. Conflict sensitivity is particularly material given the forum's dual Palestinian and Israeli partner footprint (RHR, Adalah).

Complaints mechanism and feedback

Each member operates FCRM with multiple accessible channels (hotlines, WhatsApp, email, in-person community focal points, suggestion boxes) adapted to the operating environment and the needs of marginalized groups including people with disabilities. Communities are informed in accessible formats. Feedback is collected, analyzed, and used to adapt programming. Cases requiring escalation are referred to through clear, survivor-centered protocols. Forum-level FCRM coherence is supported by the APF Coordinator function under the crosscutting outputs.

Communication and visibility

Requesting members will share valuable experience, lessons learned, and program updates internally and externally through a range of communication and knowledge-sharing mechanisms. Progress reports, including narrative and operational updates, will be developed and shared with ACT Alliance members as well as relevant local and international stakeholders, including the Ministry of Health (MOH), Ministry

of Labor (MOL), UNRWA, UNICEF, and other relevant actors as appropriate.

ACT Alliance co-branding will be used at project locations, including centers, posters, and banners, to promote visibility and ensure that communities are informed about ACT Alliance's support. Local communities will also be briefed on the source of funding and the support provided through the response to promote transparency and accountability.

Requesting members will regularly engage with visitors, stakeholders, and program partners to exchange information, gather updates on the evolving context, and strengthen coordination. Regular video conferences will be organized among ACT Palestine Forum members, including members operating in Gaza and Jerusalem, to share updates on appeal implementation, discuss challenges, and facilitate joint learning and coordination.