

# HUMANITARIAN RESPONSE PLAN

## OPT

HUMANITARIAN  
PROGRAMME CYCLE  
2023

ISSUED JANUARY 2023



# About

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This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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## PHOTO ON COVER

Member of the Masafer Yatta herding community. © Tanya Habjouqa

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Majdoleen Abu-Abdo 28 years old, one of the beneficiaries of the Gaza Protection Consortium in her house yard sitting with her daughters Khan Younes. ©Photo by NRC

# Foreword by the Humanitarian Coordinator

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Elias was only four months old when he was diagnosed with anemia, a condition often associated with inadequate nutrition. He lives with his older sibling and their mother in a rented apartment in one of the Gaza Strip's refugee camps. Even where available, the capacity of government-run health facilities is limited by financial and management challenges and restrictions on importation of medical equipment. Instead, Elias' family is able to rely on a UNRWA-run local health center to secure the care required for their son.

Every year, to help children like Elias and their families, 78 UN and humanitarian partners operating in the Occupied Palestinian Territory (OPT) come together under the umbrella of the Humanitarian Country Team to work with Palestinians to identify their needs and develop a comprehensive plan of how they can be addressed. This is reflected in the Humanitarian Response Plan (HRP).

In 2023, UN Agencies and humanitarian partners estimate that 2.1 million Palestinians across the OPT require humanitarian assistance, representing 58 per cent of Gaza Strip residents and one quarter of West Bank residents. While the overall number of people in need has remained relatively constant, the severity or depth of needs has increased with one quarter of all households identified as being in severe, extreme, or catastrophic conditions, an increase of 20 percent over the past year. In Gaza, the situation is more pronounced, with 29 per cent of households falling into the two highest tiers of severity, compared with ten per cent in 2022.

Over the past 15 years, the humanitarian community has proven its capacity to scale-up to meet new needs, including in response to escalations in the Gaza Strip and increasing violence and protection concerns in the West Bank, including East Jerusalem. 2022 was the deadliest year for Palestinians in the West Bank since the UN began systematically tracking Palestinian fatalities in 2005. And, while short in duration, the escalation in Gaza devastated the already traumatized Gazan population. I am proud to say that despite the numerous challenges created by the increasing violence, political instability and chronic access restrictions, humanitarian organizations have persistently proven their commitment to advocating for the rights of Palestinians while providing vital assistance.

In 2023, humanitarian organizations aim to assist 1.6 million of the most vulnerable people in meeting their basic needs, provide essential protection support and serve as a critical stabilizing force. To do this, the 2023 HRP requires US\$ 502 million for 231 projects. The consequences of late or inadequate funding are real. Many are still without homes, access to lifesaving and sustaining medical services, clean water, appropriate educational opportunities for children, and are unable to exercise their most fundamental rights. The largest UN agency in the OPT, UNRWA, faces chronic underfunding that threatens its ability to pay staff who provide basic education, health, and sanitation services, and other fundamental services to Palestinian refugees.

Generous funding, however, is not enough to reduce needs over time. First, we look to Member States to help us ensure our ability to operate and access the people we seek to assist. In 2022, seven Palestinian NGOs faced possible closure while others faced growing access restrictions. One hundred thirty-seven structures provided by donors to people who desperately needed them were demolished or confiscated, including schools, and medical teams and vehicles were hit by live fire or otherwise attacked. Humanitarian personnel and infrastructure should never be a target.

Second, the depth and breadth of needs will only continue to increase in the absence of political engagement to address the root causes of this crisis. Violations of human rights and international humanitarian law by all duty bearers must stop; the closure regime and other movement restrictions throughout the OPT must be lifted, the Palestinians must reconcile, and repeated escalations must end to arrive at a sustainable political solution.

Elias and his mother should get the immediate help they require but their greatest need is a means of living with dignity, security and in peace.

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**LYNN HASTINGS**

Humanitarian Coordinator for OPT

# Needs and Planned Response

PEOPLE IN NEED

**2.1M**

PEOPLE TARGETED

**1.6M**

WOMEN

**49%**

of people targeted

CHILDREN

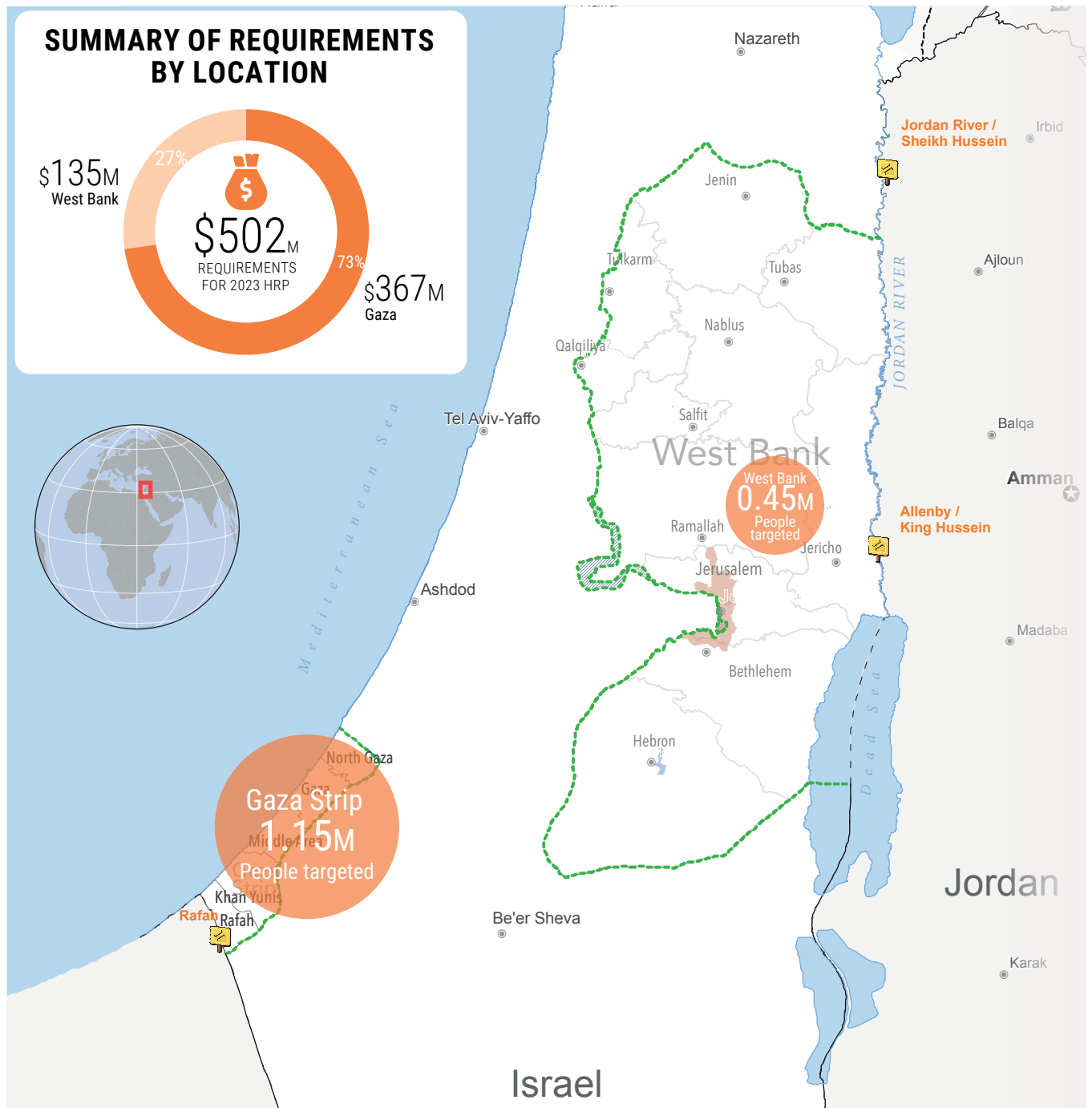
**50%**

of people targeted

WITH DISABILITY

**21%**

of people targeted



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Gaza © Photo by WFP

## Crisis Context and Impact

The occupied Palestinian territory (OPT) is one of the most complex and challenging environments in which the United Nations operates. The OPT remains a protracted political crisis characterized by 55 years of Israeli military occupation. This crisis is exacerbated by a lack of adherence to international humanitarian and human rights law, internal Palestinian divisions and the recurrent escalation of hostilities between Israel and Palestinian armed groups. The results are chronic protection concerns and humanitarian needs which will continue in the absence of a sustainable political solution and opportunities for further development.

At the same time, the OPT has undergone rapid demographic growth and urbanization, trends that will continue for the foreseeable future. The absence of and barriers to livelihood opportunities are subsequently driving a cycle of aid dependency and their reliance on negative coping strategies to meet basic needs. The high reported levels of debt, and use of savings to meet basic needs further exacerbates the financial precariousness of households and may reduce their resilience to or ability to recover from future shocks.<sup>1</sup>

In Gaza, the Israeli occupation and 15 years of an Israeli-imposed blockade/movement restrictions and recurrent escalations between Israel and armed groups in Gaza have contributed to Gaza's dire living conditions. In June 2007, after the 2006 legislative elections and following the takeover of Gaza by Hamas, the Israeli authorities implemented a

blockade citing security concerns, virtually isolating the 2.2 million Palestinians in Gaza from the rest of the OPT and the world more broadly. This land, sea and air blockade on the Gaza Strip (the terms "Gaza Strip" and "Gaza" are hereafter used interchangeably) intensified previous restrictions, imposing strict limits on the number and specified categories of people and goods allowed through the Israeli-controlled crossings. Restrictions imposed by Egypt on the movement and access of people and goods at Rafah, the Gaza-Egypt crossing further exacerbates the situation. Rapid population growth coinciding with challenges to development gains and limited resources have resulted in further deterioration of living standards and development prospects in Gaza.

In the West Bank, including East Jerusalem, Israel's military occupation continues to impede basic human rights of Palestinians. Under the Oslo Accords, the West Bank was divided into East Jerusalem and Areas A, B and C, whereby each area is governed by different administrative and security regulations. The ongoing conflict, including the possible indiscriminate use of force against civilians by Israeli forces, Hamas, Palestinian Islamic Jihad (PIJ) and/or other armed groups, and Israeli occupation practices including the possible excessive use of force, demolitions, evictions, settlement expansion and settler related violence all drive insecurity, reverse and prevent socioeconomic progress, breed a climate of mistrust and tension between Palestinians and Israelis, and undermine political solutions.

1. OCHA-REACH, Multi Sectoral Need Assessment OPT MSNA Report. 2022.

In 2002, the Israeli authorities initiated the construction of a barrier with the stated aim of preventing violent attacks inside Israel by Palestinians from the West Bank. In 2004, the International Court of Justice (ICJ) found the route of the barrier to be illegal where it runs inside the green line. It is now a key component of the range of restrictions imposed by Israel on the movement of Palestinians since 1967, which include physical obstacles, permit requirements and the designation of areas as “restricted” or “closed” to be used as firing or military zones. The Barrier has transformed the geography, economy, and social life of Palestinians living in the West Bank including East Jerusalem. The geographic and administrative fragmentation in the West Bank isolates families and communities from each other and from needed services, directly affecting the wellbeing, both physical and psychosocial, of Palestinians.

The intra-Palestinian divide between Hamas and the Fatah-led Palestinian Authority (PA) that began in 2007 remains unresolved, deepening territorial fragmentation between Gaza and the West Bank including East Jerusalem, and reducing the capacity of local institutions in Gaza to deliver basic services to the population. Political divisions and sense of disenfranchisement in the West Bank are further entrenched given the absence of elections since 2006, the dismissal of the Palestinian Legislative Council (PLC) in 2018 and the issuance of Presidential decrees.

### Security Environment

The security environment in the OPT remains volatile. 2022 has been the deadliest year for West Bank Palestinians since the United Nations started systematically counting fatalities in 2005. In 2022, 209 Palestinians, including 16 women and 53 children, were killed in the OPT and Israel. 155 Palestinians, including 36 children, out of the total of 209, were killed in the West Bank, including East Jerusalem. 152 of those, including 35 children, were killed by Israeli forces, and 10,587 Palestinian injuries were recorded in the OPT in 2022, including 228 women and 1,203 children.

In 2022, according to the UN, 21 Israelis and three foreign nationals were killed by Palestinians from the West Bank in incidents related to the OPT, including one child.<sup>2</sup> Four of those killed were Israeli forces. According to Israeli sources, 31 Israelis have been killed.

A steep rise in Israeli settler attacks in the West Bank has further eroded public safety and security, increasing fear among the population with an already high baseline of severity, particularly among children. The number of settler-related incidents against Palestinians is at its highest since 2005 when OCHA first started recording this data. When compared with 2021, there has been a 58 per cent increase in the number of settler-related incidents resulting in either Palestinian casualties or property damage or both, and a 123 per cent increase when compared with 2020. Some settler attacks occur in the presence of or through active support by

Israeli forces, raising concerns of failure by law enforcement to ensure public order and the safety and security of the occupied population as required by IHL.<sup>3</sup>

The prevailing security environment including ongoing demolitions and settler violence in the West Bank deepens the coercive environment and increases the risk of forced displacement for individuals and communities in Area C, East Jerusalem, and the Israeli-controlled part of Hebron city (H2), which may amount to individual or mass forcible transfer under international law.

Increasing movement restrictions continue to limit access to health care, education, livelihoods, and economic opportunities furthering humanitarian concerns.

### Legal and policy issues

Despite its various responsibilities as an occupying power and party to the Geneva Conventions, the Government of Israel continues to implement policies in the OPT that elevate the protection risks facing the Palestinian population, exacerbate humanitarian needs, and threaten the humanitarian community’s ability to respond effectively.

The restrictive and discriminatory planning regime applied in Area C and in East Jerusalem continues to prevent Palestinians from addressing basic housing, livelihood, and service needs, with continuing high rates of demolitions and seizures of Palestinian structures, including ‘self-demolitions’ in East Jerusalem, on the grounds of lacking an Israeli-required building permit.

Citing security reasons, the Israeli authorities continue to impose physical and administrative restrictions on humanitarian programmes, including constraints on the delivery of materials needed for humanitarian projects, and limitations on the implementation of projects that involve building, expanding or rehabilitating infrastructure in the Gaza Strip, Area C, the H2 area of Hebron and in East Jerusalem.



*Read more about humanitarian needs and drivers in the Occupied Palestinian Territories 2023 Humanitarian Needs Overview.*

2. Figures exclude eight Israelis killed in Israel; two where the immediate cause of death, or the perpetrator’s identity or motives remain disputed or unknown, and six where the attack did not involve Palestinians from the OPT)

3. Protection Cluster OPT. Protection Analysis Update. West Bank, August 2022.



# HRP Key Figures

## Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
Non-Refugees	900K	676.4K
Refugees	1.15M	937.1K
- Refugees outside camps	687K	597.1K
- Refugees inside camps	466K	340.1K
Female headed households	247K	143.1K
Male headed households	1.8M	1.5M
People with disabilities	783K	336.2K
Internally displaced people	6 K	1.5K

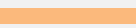







## Humanitarian Response by Gender

GENDER	IN NEED	TARGETED	% TARGETED
Male 0- <18	532.0K	402.3K	76%
Female 0- <18	515.0K	388.2K	75%
Male 18-65	528.0K	413.6K	78%
Female 18-65	510.0K	413.6K	81%
Male 65+	32.0K	26.0K	81%
Female 65+	32.0K	26.0K	81%

## Humanitarian Response for Persons with Disability

GENDER	IN NEED	TARGETED	% TARGETED
Persons with disabilities	783 K	336 K	43%

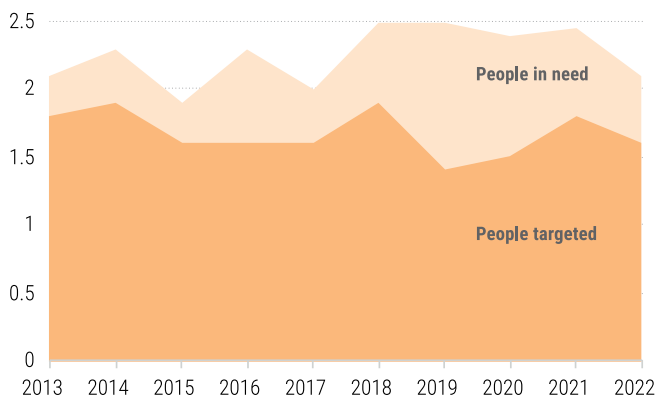
## Financial Requirements by Sector and Multi-Sector

SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS (US\$)
Food Security	\$279.7 Million 
Health	\$46.2 Million 
Protection	\$40.2 Million 
Education	\$35.0 Million 
Shelter and NFI Cluster	\$34.8 Million 
WASH	\$34.7 Million 
Multi-cluster/Multi-Purpose Cash	\$19.0 Million 
Coordination and Support Services	\$12.7 Million 

# Historic Trends

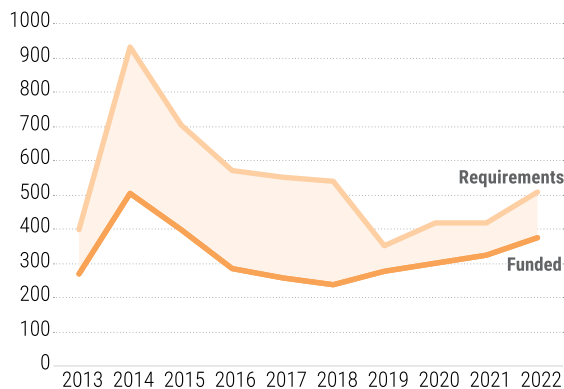
## Humanitarian Response (2013 - 2022)

In millions of people



## Financial Requirements (2013 - 2022)

In millions of US\$



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2013	2.1m	<b>1.8m</b>	<b>400.8m</b>	270.0m	67.4%
2014	2.3m	<b>1.9m</b>	<b>931.1m</b>	506.4m	54.4%
2015	1.9m	<b>1.6m</b>	<b>706.1m</b>	399.5m	56.6%
2016	2.3m	<b>1.6m</b>	<b>570.7m</b>	284.4m	49.8%
2017	2.0m	<b>1.6m</b>	<b>551.9m</b>	258.9m	46.9%
2018	2.5m	<b>1.9m</b>	<b>539.7m</b>	239.6m	46.4%
2019	2.5m	<b>1.4m</b>	<b>350.6m</b>	277m	79%
2020	2.4m	<b>1.5m</b>	<b>420m</b>	300.5m	71.5%
2021	2.45m	<b>1.8m</b>	<b>417.6m</b>	385.2m	92%
2022	2.1m	<b>1.6m</b>	<b>510m</b>	376.8m	74%

## Part 1

# STRATEGIC RESPONSE PRIORITIES

Flooding in Gaza city, 22 December 2022. © Photo by OCHA





## 1.1

# Scope of action and response priorities

Of the 2.1 million in need, the humanitarian community will target 1.6 million identified as the most vulnerable across the OPT. Of these, 1.3 million are in the Gaza Strip and approximately 800,000 in the West Bank, including East Jerusalem.

Efforts will be dedicated to reducing vulnerabilities and ensuring that Palestinians in the West Bank, including East Jerusalem, and the Gaza Strip are able to meet their basic needs and rights under IHL and IHRL. Addressing key protection risks and threats and access to livelihoods will be a priority as both have been identified as key secondary drivers of needs, with the continued occupation and political instability as primary drivers.

Advocacy with duty bearers on their responsibilities under IHL and IHRL is a central theme running through the 2023 HRP, and the need for accountability to address the multi-dimensional protection risks faced by Palestinians daily. Further, the humanitarian community in the OPT aims to uphold commitments to the centrality of protection through protection mainstreaming, accountability to affected populations and monitoring of the protection environment. A gender and intersectional lens will be applied, with historically marginalized and vulnerable groups taken into specific consideration.

Given the broad scope and depth of vulnerabilities and needs across OPT, as well as the questionable outlook for the coming year, the populations of concern for the 2023 HNO and HRP remain the same as those highlighted in 2022 with a focus on children, female-headed households, Bedouins, persons with disabilities (PWD), and the elderly, while prioritizing GBV interventions. Refugees remain a priority vulnerable group, with the Refugee Response outlined in Section 4.

## Localization

In 2022, a Localization Task Force (LTF) was established comprised of select donors, UN agencies, international and national NGO consortia. The LTF in the OPT is an initiative to come to a more favourable balance of power dynamics between national humanitarian actors and international

humanitarian actors. Locally led responses are widely understood to be more timely, sustainable, and cost-effective. While OCHA facilitates the task force, it operates under a shared leadership among its members. The LTF provides updates to the Humanitarian Coordinator and reports advancements on localization efforts to the Humanitarian Country Team Plus to ensure that the work of the LTF reflects and responds to field needs and realities.

The LTF's commitment to localization addresses key reforms as agreed at the 2016 World Humanitarian Summit, as part of the Grand Bargain agreement, including by aid agencies and donors to "Support and complement national coordination mechanisms where they exist and include local and national responders in international coordination mechanisms as appropriate and in keeping with humanitarian principles."<sup>4</sup>

The LTF is currently in the final stages of developing a concrete, accountable, and actionable workplan on localization, which in turn will help enable and strengthen meaningful engagement and leadership of local and national actors in the humanitarian response.

Currently, 35 national partners participate in the HRP 2023, a 15 per cent increase from the 2022 HRP. Eight of these partners received funding through the OPT Humanitarian Fund in 2022.

4. IFRC, "Localization: What it Means and How to Achieve it", p. 5.

### Humanitarian-Development-Peace Nexus

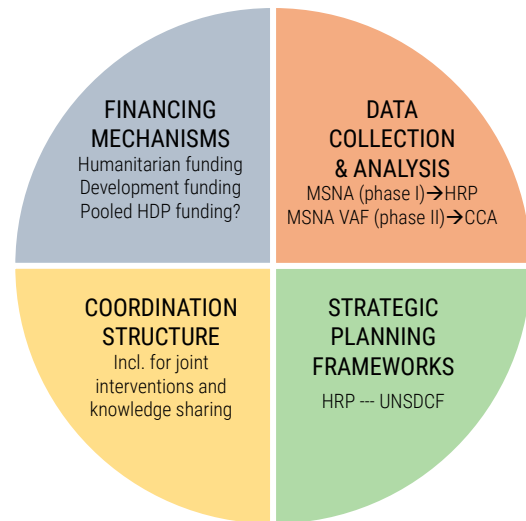
Work in support of linking humanitarian and development efforts in OPT began in 2018 and saw substantive movement since 2020 after some delay due to COVID. In early 2020, the UNCT agreed on a two-pronged strategy for the nexus: (1) to align the data and analysis, and (2) to align the strategic planning processes and identify opportunities to operationalize the nexus. OCHA, the Office of the Resident Coordinator (RCO) and the United Nations Country Team (UNCT) have taken some concrete steps which have proven to be important in building what we believe to be a solid foundation for continued work on the nexus:

- The separate UNCT and HCT data groups were merged to form the “Nexus Data Group”.
- The HCT and UNCT agreed on an initial timeline for phased integration of the Humanitarian Programme Cycle (HPC) and United Nations Sustainable Development Cooperation Framework (UNSCDF) processes.
- The first MSNA, undertaken in 2021, was done collaboratively between humanitarian and development partners in a manner that allowed for data to be used to identify both immediate needs and vulnerability. Through this approach, the MSNA data was used to inform both the CCA and 2022 HNO. The Common Country Analysis (CCA) was subsequently used to inform the 2023 HNO, cementing shared use of data for both humanitarian and development purposes, and cross-fertilization of analysis.
- The UNCT has undertaken a mapping of existing activities which could already be considered ‘nexus’, with a similar mapping of the 2023 HRP projects to be undertaken to identify projects that could be high impact drivers for nexus work.

To leverage the existing gains made on joint data and analysis and alignment of the UNSDCF and HRP planning cycles, closer integration will require:

- Developing a strategic planning framework to link humanitarian and development interventions. This will involve identifying nexus opportunities within the UNSDCF 2023 – 2025 and HRP 2023, identifying specific programmes and projects to be prioritized;
- Agreeing on modalities for integration of humanitarian pillar in UNSDCF, and HRP 2024.
- Outlining efficient mechanisms and customized coordination structure; and
- Identifying opportunities for nexus funding to address lack of donor financing and modalities that enable a nexus approach.

### FURTHER OPERATIONALIZING THE HDP NEXUS APPROACH IN THE OPT



The humanitarian and development planning cycles will continue to be progressively aligned with the goal of a fully integrated Cooperation Framework in 2026-2030 that are based on collective outcomes and integrated humanitarian, development, and peace programmatic interventions. The existing Nexus Data group will be expanded into monitoring, evaluation, and learning group of the HRP and UNSDCF Results Frameworks in a way that builds upon the existing integration to datasets to include indicators that include HDP Nexus elements and will inform capacity building activities, project design and evaluations.

In early 2023, a network of stakeholders will be developed that includes development partners, the PA, civil society, the Palestinian Non-Governmental Organization Network (PNGO) and Association of International Development Agencies (AIDA) the private sector, and international financing institutions (IFIs). This network will discuss broader HDP Nexus opportunities and challenges and develop ideas to extend and transform systems for the OPT that are locally based and community driven. A particular focus will be on understanding the joint project design tools, such as the conflict sensitivity & human security toolkits, and financing instruments that are needed to support a greater systematic focus. The ability to better define, measure, and communicate on HDP Nexus outcomes has been identified as a clear priority.

It is important to note that despite this alignment, there will be a standalone HRP implemented in accordance with Humanitarian Principles.

## 1.2

# Strategic Objectives and Response Approach

Building on the analysis elaborated in the HNO, the humanitarian community has established three strategic objectives to guide the 2023 humanitarian response. Each strategic objective is supported by a set of cluster objectives and associated response priorities to be achieved through a combination of direct service provision, in-kind support, cash and voucher assistance (CVA), community-based support and capacity-strengthening. Providing immediate humanitarian

assistance while addressing the root causes of vulnerability, including peace and reconciliation, is the essence of the Humanitarian – Development – Peace (HDP) Nexus approach. Strategic Objective 3 reflects this approach, and interventions under this objective will be linked to more medium- to longer-term interventions, in consultation with development actors and in alignment with the UNSDCF.

**STRATEGIC OBJECTIVE 1: The rights of Palestinians living under occupation, including those living under the blockade and other restrictions, are protected, respected, and promoted in accordance with International Humanitarian Law (IHL) and International Humanitarian Rights Law (IHRL), while duty-bearers are increasingly held to account.**

PEOPLE TARGETED	REQUIREMENTS (US\$)
2.1M	42.3M

In 2023, the aim is to strengthen the protection of 600,000 affected people by promoting and advocating for respecting IHL and IHRL, accountability and mitigating the impact of violations of IHL and IHRL which are at the heart of the OPT crisis. While all Palestinians in the OPT are affected, direct interventions will focus on the most vulnerable and in need of specific protection measures. Accordingly, protection and humanitarian assistance interventions will be focused on the populations most affected.

While the primary responsibility for respect of IHL in the West Bank lies with Israel as the occupying power, this objective also addresses all duty-bearers under IHRL which includes Israel, Palestinian authorities, third states and non-state actors. Mainstreaming protection and gender equality and the empowerment of women and girls (GEEWG) through the work of all clusters is a key component of this objective, ensuring that assistance is targeted and delivered to the most vulnerable with respect for their safety and dignity.

In 2023, humanitarian partners will continue advocacy for the rights of Palestinians under IHL and IHRL to be respected,

and by enhancing coordination within and amongst the clusters and with national counterparts. Strengthening legal frameworks in line with international treaty obligations is also addressed.

Interventions under this objective will include monitoring and documentation of IHL and IHRL violations and conflict-related violence, particularly aimed at informing advocacy with the purpose of preventing further violations through increased accountability; rights-based advocacy with duty bearers, including third states; documenting and monitoring barriers and attacks against healthcare and education; provision of legal aid services; inclusive multi-sectoral responses to gender-based violence (GBV); child protection services; implementation of mental health and psychosocial support services (MHPSS) for adults and youth; and explosive remnant of war (ERW) risk mitigation and education responses, documenting and reporting of education-related violations; and advocacy on the right to health.



**STRATEGIC OBJECTIVE 2:** The basic needs of vulnerable Palestinians living under occupation are met through the provision of quality basic services and improved access to resources, in accordance with the rights of protected persons under IHL.

PEOPLE TARGETED **1M** REQUIREMENTS (US\$) **147.8M**

In 2023, humanitarian partners will utilize interventions that address both immediate needs, as well as the underlying drivers of those needs. To mitigate the impact of a lack of access to basic services, humanitarian actors are providing essential services, such as healthcare, water and sanitation, and mental health and education support.

Interventions under this objective will be aimed at meeting health needs and providing basic inclusive health services such as primary and secondary healthcare services, including for trauma, maternal and child health, sexual and reproductive health (SRH) including Sexual and Gender-Based Violence (SGBV), mental health and psychosocial support services (MHPSS), and the rehabilitation of persons with disabilities (PWD).

Thousands of families across the OPT residing in sub-standard homes (including in refugee camps, that do not meet minimum requirements of living space requirements per person, weather protection, hygiene facilities or privacy)

will be provided with urgent rehabilitation or reconstruction of their homes.

WASH interventions will aim to support unserved and underserved populations to improve their access to basic WASH services. The proposed responses will target vulnerable by providing assistance that improves their access to adapted WASH services in accordance with the relevant national and international standards. This includes the construction/rehabilitation of basic WASH structures to improve services at community and household levels.

Education interventions will aim to strengthen distance learning; provide emergency education inclusive supplies to vulnerable, unserved, or underserved students and teachers, and provide essential and basic emergency rehabilitation to ensure that school environments are appropriate and safe for students and teachers.

**STRATEGIC OBJECTIVE 3:** The capacity of vulnerable Palestinians to cope with and overcome the protracted crisis, including from environmental threats, is supported, while solutions to violations and other root causes of threats and shocks are pursued.

PEOPLE TARGETED **1.6M** REQUIREMENTS (US\$) **313M**

In 2023, humanitarian partners will promote humanitarian projects that improve the resilience of households and communities to cope with and mitigate shocks and environmental hazards. For example, increasing support to communities' livelihoods will improve the general food security situation and have a positive impact on their overall nutrition and health status; investing in solar energy sources in agriculture, WASH and health projects will improve the sustainability of these humanitarian interventions through reinforcing the link between immediate response and sustainable impact. In parallel, humanitarian actors will continue to enhance synergies, coordination, and advocacy with national and development actors on projects that address some of the root causes of vulnerability, for example, desalination and irrigation projects in Gaza.

Humanitarian partners will also prioritize programming that enhances Palestinians' ability to cope with sudden shocks, such as conflict in Gaza, demolitions in the West Bank, and natural or environmental hazards, such as winter storms, the longer-term effects of climate change, and the environmental impacts of inadequate energy and sanitation services.

Interventions under this objective will include the provision and rehabilitation of productive assets for farmers,

herders, livestock holders, and fishers; the provision of winterization assistance to vulnerable households at risk of exposure to, or affected by, natural or manmade hazards; strengthening surveillance, capacity building in the health sector, prepositioning essential supplies and strengthened communication and coordination; and supporting schools, health and WASH facilities in emergency preparedness and contingency-planning exercises.

In 2023, humanitarian partners aim to assist 1.6 million people affected by severe or moderate food insecurity and require food assistance, and/or support to maintain their farming, herding- or fishing-based livelihoods.

Interventions will also provide support to the most vulnerable schools in the West Bank and the Gaza Strip, including UNRWA schools, in responding to emergencies through structured preparedness packages and post emergency responses; providing and disseminating inclusive gender-sensitive hygiene packages to schools and utilizing all social media platforms awareness raising, hygiene promotion, child friendly videos; and providing emergency education supplies.

## 1.3 Costing Methodology

The 2023 HRP consists of 209 projects with a cost of \$502 million to address the needs of 1.6 million people, including 1.1 million refugees and 500,000 non-refugees living in Gaza and West Bank.

For the 2023 HRP, the HCT and humanitarian partners agreed to continue the use of a project-based costing methodology, summing the funding requirements by cluster of all projects submitted in the Project Module by humanitarian organizations participating in the HRP. Before the projects' submission online, clusters and partners defined cluster objectives and key activities which support achievement of the OPT-wide strategic objectives, which then served as the basis for project development. Cluster coordinators and OCHA established vetting criteria which were utilized to assess the eligibility of projects for inclusion in the HRP. The projects address specific needs identified through the MSNA and other needs assessments, consider assessed response capacity, and link directly to Sectoral and Strategic Objectives.

All approved projects were sent to the Humanitarian Coordinator for final approval, together with an analysis highlighting differences in costing from cluster to cluster and comparing financial requirements by cluster over the past two years. Although cost drivers and average cost per capita vary, depending on parameters that are specific to different clusters and their interventions, including location and targeted groups, overall costs for 2023 have increased because of the global price increases and the economic decline.

For 2024, OCHA will work with clusters and partners to determine whether a shift to activity-based costing is feasible, how it might be tailored to OPT given the geographical divisions and different operating environments, and develop a roadmap based on decisions taken.

*Children standing on the rubble of their homes that were bombed in the last war on Gaza in the town of Beit Hanoun. © Photo by Tdh/Samar Abu Elouf.*



# 1.4 Operational Capacity and Access

## Operational Capacity

In 2022, 75 partners delivered humanitarian assistance across OPT, 60 per cent in Gaza and 40 per cent in the West Bank; 33 national NGOs, 29 International NGOs and 13 UN agencies. In 2022 decreasing resources were compounded by the war in Ukraine, slow recovery from the 2021 May and 2022 August escalations of hostilities in Gaza and escalating violence in the West Bank, affecting the presence and operational capacity of partners in different area of the OPT. In addition, shrinking humanitarian space and attacks on healthcare workers have increasingly challenged the provision of humanitarian assistance, driven by Israeli military operations, regular demolitions and evictions, increased use of live ammunition, and settler violence. Rising prices and market disruptions threaten the food security of vulnerable families across OPT, particularly in the Gaza Strip. Despite those challenges, in the nine months that saw increasing violence and escalations, humanitarian partners reached close to 1 million people with assistance.

## Access

Humanitarian organizations face a range of obstacles on movement and access of personnel and goods, mainly by Israeli and the de facto authorities (DFAs) in Gaza. Impediments to access include restrictions on obtaining permits to move between Gaza and the West Bank, including East Jerusalem, as well as movement within the West Bank, notably for national employees of United Nations agencies, NGOs, and diplomatic missions. It is expected these access restrictions will continue to hamper the timely delivery of materials needed for the implementation of humanitarian projects.

At the end of 2022, 208 permits for staff of humanitarian organizations to exit Gaza had been rejected and 76 were pending, despite ongoing dialogue with support from the ACU. The Israeli authorities continue to block NGO access to areas near the fence, impacting the implementation and

monitoring of projects and potential projects. DFAs also restrict the movement of humanitarian personnel, including procedures for those entering and exiting the Strip, which have included questioning and searches of equipment belonging to humanitarian organizations and personnel. While the ACU interventions have mitigated these demands, the incidents continue and have resulted in some delays for humanitarian personnel and in some missions being postponed.

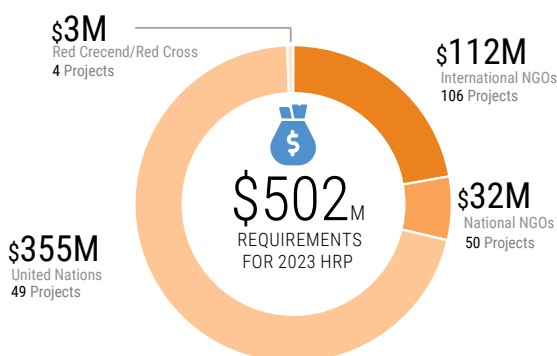
Humanitarian organizations in Gaza continue to face long audits by the DFAs which do not appear to be related to financial issues. In addition, they experience delays in carrying out need assessments as a result of DFAs positioning, and national staff are frequently subject to questioning about their work by the DFAs

Palestinian movement in certain areas of the West Bank, including into East Jerusalem, remains restricted by physical and administrative measures, undermining access to basic services, as well as hindering the ability of humanitarian organizations to deliver relief. Physical obstacles such as the Barrier, checkpoints, and administrative requirements, particularly permits, continue to restrict Palestinian access and movement within the West Bank, including into East Jerusalem, areas isolated by the Barrier (the "Seam Zone"), "firing zones" and land around or within Israeli settlements.

Several restrictions faced by organizations remain in place including physical barriers, their occasional and unannounced closures, and confiscation of aid. Movement restrictions and the risk of attack and violence during the provision of services were major constraints for the Protection Cluster partners and are expected to continue in the coming year.

The increased presence, harassment and intimidation by armed Israeli settlers in previously unaffected locations across the West Bank, have compounded security concerns for humanitarian personnel and contributed to their restricted movement and delayed delivery of responses.

PROJECTS BY PARTNER TYPE



OPERATIONAL PARTNERS





## 1.5

**Accountability to Affected People (AAP)****AAP Strategy**

OCHA will coordinate at the inter-agency level through the HCT on advancing our collective accountability per guidance provided by the Inter-Agency Standing Committee. OCHA will continue coordination efforts with specialized bodies (PSEA Network, Gaza CWC) to ensure proper streamlining of AAP/PSEA in programming throughout the year. OCHA will also continue to deliver and coordinate capacity building training and refresher sessions throughout the year at the Cluster level.

A common list of AAP capacity building activities and standard operating procedures has been established and incorporated into Cluster Response Plans. OCHA has developed tools to support Cluster coordinators in mainstreaming and tracking AAP and PSEA in their work, including an Assessment Tracking Tool to enable all Clusters to benefit from the results of assessments, avoid duplication and fill information gaps, particularly drawing on the results of PSEA, AAP and Gender components.

All HRP projects apply the Gender with Age Marker (GAM). This is supplemented by measurements of protection mainstreaming across all projects, and an assessment of Protection against Sexual Exploitation and Abuse mandatory activities, in line with IASC commitments to consider assurances to prevent misconduct from humanitarian workers towards beneficiaries. Cluster coordinators have provided partners with the required information and access

to technical assistance for PSEA, AAP, Protection, Gender and disability inclusion mainstreaming with the assistance of the Protection Cluster, the Disability Focal Point, PSEA Network, and OCHA and UN Women Gender Focal Points.

In 2022, for the second consecutive year, a Multi Sectoral Needs Assessment (MSNA) was carried out. The MSNA built on the questions included in the 2021 concerning AAP, PSEA and Gender and which formed a base line for measuring progress on forwarding the needs on these issues. The information contributed to shaping the PSEA, AAP and Gender Humanitarian Working Group action plan. In liaison with the AAP OCHA Focal Point and PSEA Network coordinators, the assessment incorporated specific questions on AAP and PSEA, including to measure the percentage of aid recipients who were dissatisfied with the quality, quantity, duration or persons delivering aid, by geographical location and type of aid received. The MSNA also enquired about awareness on existing complaint channels, and the perceptions of beneficiaries of the complaint systems. Findings showed that knowledge of how to access complaint response mechanisms (CRM) was low, with only 4 per cent of aid recipient households reporting awareness of CRM.

These results have been shared with Clusters and further analysis will be generated to support a more targeted approach to tailoring and designing capacity building activities by the OCHA AAP Focal Point, in coordination with the PSEA Network and Cluster coordinators.

*Demolition in Sur Bahir, East Jerusalem. November 2022 © Photo by OCHA*



## 1.6

## Protection Against Sexual Exploitation and Abuse (PSEA)

The PSEA Network in the OPT is the only fully-fledged PSEA system in the MENA region. Eighty-four humanitarian partners have signed onto the Standard Operating Procedures: 100 per cent of UN Agencies, 31 per cent of PNGO members and 11 per cent of AIDA members.

The PSEA Network has established the Inter-Agency Community Complaint Mechanism to enable mutual accountability and provides a reliable platform for people receiving aid and assistance to report. Accountability for following up on the reports lies with the individual organizations and UN agencies.

Two common complaint channels with a listening centre helpline are available through WhatsApp, social media contact points, and a generic email address. Channel operators have received in-depth training and the network has developed interagency Community- Based Complaint Mechanism (CBCM) SOPs which lay out the appropriate protocols on handling cases in a safe and confidential manner and codify the procedures for agencies to refer cases amongst themselves.

For the 2023 HPC cycle, all cluster response plans incorporated a list of activities to ensure systematic mainstreaming of PSEA and AAP. These focused on the number of people reached through PSEA awareness materials, sites covered by PSEA IEC materials, and consultations held with communities

to establish their preferred manner to report on SEA. Approval of all HRP projects was contingent on commitment to fulfill three mandatory activities have committed to streamlining PSEA and coordinated with the PSEA Network to secure technical assistance to implement PSEA assurances.

This year, in line with IASC commitments, all projects had to consider assurances to prevent misconduct by humanitarian workers towards beneficiaries. The IASC has introduced three PSEA indicators against which reporting is mandatory, which have been included in this year's Strategic Objectives' framework, and against which all partners are required to report at mid-year and end-of-year intervals.

In 2023, The PSEA Network will continue to coordinate efforts, provide technical support and guidance to clusters, with a particular focus on how to raise the awareness of the affected population regarding their right to file complaints, the channels available to them, and the type of support and safeguards put in place to protect them. The network will aim to encourage wider membership by I/NGOs and have a more common approach by UN Agencies to supporting implementing partners. Funds for the PSEA coordination positions are in place until September 2023; future funding must be secured for the sustainability of these efforts.



## 1.7

## Promoting Gender in Humanitarian Action

UN Women and OCHA leverage the complementary capacities and mandates of both agencies to advance gender equality in humanitarian action and promote effective gender mainstreaming.

The Humanitarian Gender Group (HGG) is an arm of the Inter Cluster Coordination Group (ICCG) comprised of Gaza and West Bank Gender Focal Points, Cluster Coordinators and the GBV Area of Responsibility Sub-Cluster. Co-chaired by UN Women and OCHA, the group provides technical assistance and coordination support to their respective clusters and partners. Currently, the HGG is expanding its membership to include local women-led organizations and women's rights organizations operating in humanitarian context with an aim to strengthen the localized approach. It is anticipated that the involvement of local women's organizations will greatly support the humanitarian policies and programming in better reflecting the priorities/dynamics of crisis-affected women, girls, boys and men in all their diversities going forward.

In late 2021, an end-term external joint evaluation of the UN Women and OCHA Joint Action Plan on strengthening gender in humanitarian action was conducted along with a series of multi-stakeholder consultations. A key recommendation was to strengthen collective accountability of the HCT on gender equality and women's empowerment. In response, a joint action plan to develop a Gender in Humanitarian Action (GiHA) Accountability Framework in the OPT was developed. The Framework will support delivery on the prescribed standards and roles and responsibilities for the HCT and clusters set outlined in the Inter-Agency Standing Committee (IASC) Gender Policy.

*Women processing cooperative in West Bank. © Photo by FAO*





## 1.8

## Consolidated Overview on the Use of Multi-Purpose Cash

### Cash and Voucher Assistance as a modality to meet a range of needs

Cash and Voucher Assistance (CVA) is a modality used across the response in OPT to support the most vulnerable individuals and households in accessing a broad array of needs and services, support their capacities to meeting basic needs.

Under the HRP 2022, 33 per cent of the funding requirement was represented by Cash and Voucher Assistance, for a total of US \$167 million, 65 percent Multi-Purpose Cash Assistance (MPCA) and 35 percent vouchers. This represents an important shift from restricted sectoral assistance to more flexible and basic-need oriented interventions. The shift has supported the increased consideration and planning for MPCA, which featured 13 projects in the HRP 2022.

In 2023 CVA will remain a consistent part of the HRP appeal amounting to US \$152.8 million or 30 per cent of the total financial requirements of the HRP. Of this percentage, cash assistance amounts to \$82.1 million or 54 per cent of the CVA portion, representing the higher share of the activity compared to voucher assistance, which amounts to \$70.6 million or 46 per cent. The majority of CVA is being provided in Gaza (\$116.1 million or 76 per cent of the total CVA requirements). All Clusters in the OPT have adopted CVA as one of the response modalities available to partners. Some of the interventions using CVA include cash and vouchers for food, rent support, shelter repair, material aid to GBV survivors, livelihoods promotion, cash for work, and Multi-Purpose Cash Assistance (MPCA).

CVA is coordinated through the Cash Working Group (CWG), which underwent a complete restructuring in 2022 to better serve the needs of the CVA community in the OPT, and to align with the IASC-endorsed global model for cash coordination.

### Multi-Purpose Cash Assistance

CVA refers to all programs where cash transfers or vouchers for goods or services are directly provided to recipients, Multipurpose Cash (MPC) is an unrestricted modality of cash transfers that people affected by crises can use to cover their basic needs. By its nature, MPC is the assistance modality which offers people a maximum degree of choice, flexibility, and dignity.<sup>5</sup>

Since 2020, Multi-Purpose Cash Assistance (MPCA) has

gained momentum among the humanitarian community in the OPT and has been increasingly recognized as an effective modality of assistance to support individuals and households in need of both in the immediate aftermath emergencies and in the medium-term.

Deprivation and lack of development opportunities are among the main drivers of socio-economic vulnerability in the OPT, where access to basic needs for vulnerable households is often hampered by lack of means to quickly recover from shocks and meet their short- and medium-term needs. Additionally, economic barriers are consistently reported among the top obstacles faced by households to meet their basic needs.

Target communities have expressed an overwhelming preference for unrestricted cash compared to other forms of assistance, including vouchers. More than half of households surveyed through the 2022 MSNA indicated a preference for unrestricted cash assistance, 46 per cent in the West Bank and 70 per cent in Gaza.

Gaza and the West Bank alike are largely market-based economies where people access their multi-sectoral basic needs through markets which are functional and relatively stable and have traditionally recovered extremely fast after escalations and emergencies. The financial service landscape in OPT is also developed and further expanding with digital options, allowing humanitarian organizations to choose from a vast array of mechanism through which to disburse assistance.

MPCA contributes to HRP SO2, which aims at supporting vulnerable Palestinians in meeting their basic needs through the provision of quality basic services and improved access to resources.

In 2023 MPCA will be used by humanitarian partners for both emergency responses to:

- address critical and essential needs and to save lives
- support households with persisting socio-economic vulnerabilities to meet their multi-sectoral basic needs, as per each household's own definition and prioritization, and
- enhance safety nets and protect assets.

5. <https://www.calpnetwork.org/themes/multipurpose-cash-assistance/>

MPCA activities will be coordinated through the CWGs and will be integrated into the humanitarian response structure through engagement with ICCGs at field and national levels. As MPCA addresses some needs traditionally addressed through cluster-specific interventions, the CWG will work closely with Clusters and ICCGs to strengthen coordination, assess best placed modalities of response and assistance, and manage overlaps.

Fourteen organizations are planning to use MPCA in 2023. The majority of those are international NGOs, with two UN Agencies involved and only one national NGO. Twelve organizations are active in Gaza, while two are active in the West Bank.

### Cash Coordination

Currently the CWG is made up of three bodies: a National CWG, supporting the national ICCG and providing strategic and policy advice, and two sub-national groups in Gaza and the West Bank, providing operational and technical coordination for activities at the field level.

MPCA Objectives, Activities and Targets	
<b>OBJECTIVE CO1 TARGET</b>	<p><b>Target: 2,870 HHs</b>  <b>(WB: 100 HHs, Gaza: 2,770 HHs)</b></p> <p>Emergency MPCA to highly vulnerable household within one month after the crisis to address critical and essential needs to save lives.</p> <p>Contributes to Specific Objective 2</p>
<b>CONTRIBUTES TO OBJECTIVE 2</b>	<p><b>Target: 8,121 HHs</b>  <b>(WB: 96 HHs, Gaza: 8,025 HHs)</b></p> <p>Depending on socio-economic vulnerability, provide at least 3 months of MPCA to highly vulnerable families affected by the crisis to meet their multiple basic needs to enhance safety nets and protect assets.</p> <p>Contributes to Specific Objective 2</p>
	<p><b>Total Target: 10,991</b>  <b>HHs (WB: 196 HHs, Gaza: 10,795 HHs)</b></p>

Total financial requirement	By Region
<b>19,054,949 USD</b>	<p><b>West Bank: 321,706 US\$</b>  <b>Gaza: 18,733,243 US\$</b></p> <p><i>This represents 12% of all CVA in HRP 2023 and 4% of the overall financial requirement of the HRP.</i></p>

The CWG in Gaza and the West Bank have worked on the definition and updating the Minimum Expenditure Baskets (MEB) for Gaza and the West Bank, respectively, which inform transfer values for both emergency response and socio-economic support.

### Social Protection

In parallel to humanitarian CVA, social protection programmes are also implemented in the OPT The Palestinian Authority provides cash support to thousands of vulnerable households across the OPT through its National Cash Transfer Programme (NCTP), although unreliable financial resources, are limiting its scope. The social protection system is currently undergoing a significant reformation which will affect the shape and scope of its intervention. This offers an opportunity for humanitarian CVA actors to explore linkages and influence processes. The CWG will continue leading the collaboration process with relevant authorities in this regard.

### Looking Forward

In 2023 the CWG will focus on strengthening its role at both national and sub-national levels, while continuing to promote adaptation and mainstreaming of CVA across the humanitarian response in Gaza. The CWG will require further resources considering the size of CVA in the humanitarian response in OPT, the requirements needed to coordinate MPCA, and to coordinate with social protection actors and systems. On a technical level, the focus of the group will remain with the coordination and harmonization of CVA assistance and capacity building efforts for all actors working with cash assistance.



## Part 2

# RESPONSE MONITORING

*Connecting communities to water networks to improve their access to water services in An Nue'imeh community, Jericho. © Photo by the WASH cluster*





## 2.1 Monitoring Approach

The humanitarian community in the OPT will continue to strengthen accountability for aid delivery, through effective monitoring and reporting on the impact and reach of the response. The various clusters will continue to fine-tune their monitoring and information management activities to ensure assistance goes to those who most urgently need it in a timely manner, and any critical gaps are identified.

### Response monitoring

The 2023 humanitarian activities will be monitored and measured against cluster objectives and activity levels by means of data based on the agreed predefined indicators, targets, and timelines. Existing tools and platforms designed or rolled out by OCHA and other partners, including the Response Planning Module (RPM) and the Financial Tracking Service (FTS), will be used for monitoring purposes. Response monitoring information will be collected quarterly and presented in quarterly Humanitarian Response Plan dashboards which are publicly available on the OCHA OPT website.

### Humanitarian Response Plan Strategic Objectives

The 2023 monitoring framework consists of one-year strategic objectives which are linked to the individual cluster objectives and related activity indicators. The strategic level monitoring framework contains one-year targets for the three higher-level Strategic Objectives. The indicators under the Strategic Objectives have been developed to measure the outcome of humanitarian assistance, e.g., reduction in caseloads.

Financial figures have been generated for each Strategic Objective, allowing the ICCG to track funding requirements and the funding received for each Strategic Objective. The information derived from the funding coverage and the achievements against targets by strategic objective provides a comprehensive analysis on the extent to which the humanitarian community is meeting the goals set out in the multi-year strategy. The achievements against Strategic Objectives are monitored quarterly and published through the Humanitarian Dashboard.

### Cluster monitoring

Each cluster has agreed to a cluster monitoring framework which is comprised of a small number of cluster activities. Progress towards these activities is measured by selecting output level indicators set by each cluster, with monitoring undertaken by the national ICCG. Indicators included as part of each cluster portfolio contribute in turn to these cluster level outputs. These projects are monitored by the members of the relevant clusters.

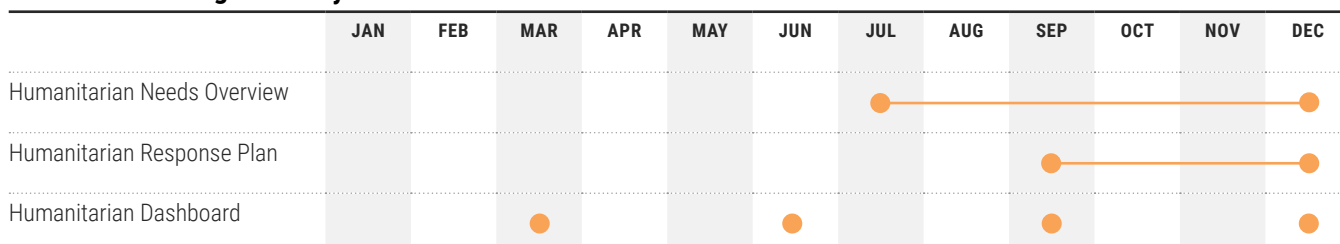
### Reporting

The indicators under the Strategic Objectives, Cluster Objectives and Cluster Activities continue to be monitored by the ICCG through data analysis that is disaggregated by gender, age, disability, and geographical area, where available. Monitored data will be tracked through the Period Monitoring Report (PRM) and visualized through a HPC tools viewer that will be publicly available. HPC tools are the information services provided by OCHA which enable the humanitarian community to manage the structured information around the HPC: needs indicators, strategic and cluster plan frameworks, response indicators, caseloads, activities and projects, and financial data.

The Projects Module connects projects to the overall strategic framework, and allows the disaggregation of projects by location, vulnerable geographic areas and by activity type, playing a critical role in supporting the development of a well-targeted plan. The intuitive nature of the HPC suite of modules allows the humanitarian community to conduct a rapid and thorough analysis of projects in terms of monitoring and reporting, thus better informing and enabling high level strategic planning processes.

The monitoring data will be made publicly available on the Humanitarian Response website on a quarterly basis, and complements cluster specific products (maps, interactive dashboards, etc.). Overall, these monitoring reports will include revised data and analysis, thus informing response planning and strategic decisions, including adjustments to project direction where necessary.

### Humanitarian Programme Cycle Timeline



## 2.2 Strategic Objectives and Indicators

<b>STRATEGIC OBJECTIVE 1: The rights of Palestinians living under occupation, including those living under the blockade and other restrictions, are protected, respected and promoted in accordance with IHL and IHRL, while duty-bearers are increasingly held to account</b>					
<b>Indicator CustomRef</b>	<b>Indicator description</b>	<b>Indicator unit</b>	<b>Organisation(s) responsible for data collection</b>	<b>PIN 2023</b>	<b>Target 2023</b>
S01/IN1	% of high level statements (Humanitarian Coordinators / Humanitarian Country Team (HCT) / Strategic Communications Branch) including protection concerns and /or reference to violations of IHL and IHRL	Products	OCHA Advocacy WG tracking matrix	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: N/A</b> <b>Total : N/A</b>	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: N/A</b> <b>Total : 100%</b>
S01/IN2	# of people in need receiving protection prevention and mitigation services (Child Protection, MHPSS, Legal Aid, GBV and Mine Action)	People	Protection partners	Boys: 474,962 Girls: 459,685 Men: 471,417 Women: 456,014 Elderly: 57,248 PwD: 74,554 <b>Total WB: 734,747</b> <b>Total Gaza: 1,129,103</b> <b>Total : 1,863,850</b>	Boys: 138,137 Girls: 146,522 Men: 111,723 Women: 203,618 Elderly: 24,000 PwD: 21,921 <b>Total WB: 248,975</b> <b>Total Gaza: 351,025</b> <b>Total : 600,000</b>
S01/IN3	# of humanitarian staff (non-protection specialists) who received training in protection mainstreaming, disability inclusion	Staff	Protection partners	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: N/A</b> <b>Total : N/A</b>	Boys: N/A Girls: N/A Men: 1,293 Women: 1,079 Elderly: N/A PwD: 49 <b>Total WB: 546</b> <b>Total Gaza: 1,826</b> <b>Total : 2,372</b>
S01/IN4	# of individuals receiving CVA for protection outcomes	People	Protection partners	Boys: 2,604 Girls: 2,554 Men: 2,648 Women: 3,088 Elderly: 570 PwD: 389 <b>Total WB: 6,475</b> <b>Total Gaza: 4,419</b> <b>Total : 10,894</b>	Boys: 2,554 Girls: 2,604 Men: 3,088 Women: 2,648 Elderly: 570 PwD: 389 <b>Total WB: 6,475</b> <b>Total Gaza: 4,419</b> <b>Total : 10,894</b>
S01/IN5	# of GBV survivors of violence in need of support who received GBV services (legal aid, MHPSS, economic empowerment, DK, shelter)	Prople	Protection partners	Boys: 84,476 Girls: 517,554 Men: 152,106 Women: 733,923 Elderly: 45,705 PwD: 59,522 <b>Total WB: 800,479</b> <b>Total Gaza: 687,581</b> <b>Total : 1,488,060</b>	Boys: 28,074 Girls: 18,249 Men: 107,129 Women: 40,633 Elderly: 3,217 PwD: 8,617 <b>Total WB: 40,961</b> <b>Total Gaza: 153,124</b> <b>Total : 194,085</b>
S01/IN6	# of people received WASH response to demolition, confiscation, settler violence and attacks incidents	Households	WASH partners	Boys: 218,187 Girls: 208,388 Men: 196,204 Women: 192,433 Elderly: 25,261 PwD: 18,177 <b>Total WB: 191,878</b> <b>Total Gaza: -</b> <b>Total : 191,878</b>	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: 4,737</b> <b>Total Gaza: N/A</b> <b>Total : 4,737</b>

SO1/IN7	# Of awareness products on access restrictions to WASH (reports, fact sheets, presentations, etc..)	Households	WASH partners	Boys: 218,187 Girls: 208,388 Men: 196,204 Women: 192,433 Elderly: 25,261 PwD: 18,177 <b>Total WB: 191,878</b> <b>Total Gaza: 648,596</b> <b>Total : 840,474</b>	Boys: 220,679 Girls: 210,846 Men: 207,896 Women: 202,254 Elderly: 27,790 PwD: 17,569 <b>Total WB: 438,852</b> <b>Total Gaza: 430,613</b> <b>Total : 869,465</b>
SO1/IN8	# of patients, companions and healthcare workers benefitting from documentation, monitoring and advocacy activities (sex, age and disability disaggregated indicator)	Households	Health partners	Boys: 7,547 Girls: 6,106 Men: 27,527 Women: 22,320 Elderly: N/A PwD: N/A <b>Total WB: 25,000</b> <b>Total Gaza: 38,500</b> <b>Total : 63,500</b>	Boys: 4,456 Girls: 3,605 Men: 16,253 Women: 13,179 Elderly: 23,192 PwD: 1,862 <b>Total WB: 23,399</b> <b>Total Gaza: 14,094</b> <b>Total : 37,493</b>
SO1/IN9	% of education-related violations (targeted formal and informal education facilities, students, teachers, and other education personnel) monitored and documented.	People	Education partners	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: N/A</b> <b>Total : N/A</b>	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: 80%</b> <b>Total Gaza: 80%</b> <b>Total : 80%</b>
SO1/IN10	# of school-aged children and schools' staff in need of PSS have received school-based psychosocial support.	People	Education partners	Boys: 100,824 Girls: 97,485 Men: 3,737 Women: 3,607 Elderly: N/A PwD: 3,488 <b>Total WB: 91,656</b> <b>Total Gaza: 113,996</b> <b>Total : 205,652</b>	Boys: 48,398 Girls: 48,199 Men: 3,397 Women: 3,606 Elderly: N/A PwD: 1,831 <b>Total WB: 51,957</b> <b>Total Gaza: 51,643</b> <b>Total : 103,600</b>
SO1/IN11	# of households provided with adequate temporary shelter support	People	Shelter partners	Boys: 3,074 Girls: 2,920 Men: 3,808 Women: 3,689 Elderly: 1,486 PwD: 351 <b>Total WB: 13,051</b> <b>Total Gaza: 440</b> <b>Total : 13,491</b>	Boys: 3,074 Girls: 2,920 Men: 3,808 Women: 3,689 Elderly: 1,486 PwD: 351 Total WB: 13,051 Total Gaza: 440 Total : 13,491
SO1/IN12	# of households received timely post-demolition shelter response	People	Shelter partners	Boys: 544 Girls: 522 Men: 546 Women: 496 Elderly: 178 PwD: 51 <b>Total WB: 2,108</b> <b>Total Gaza: -</b> <b>Total : 2,108</b>	Boys: 544 Girls: 522 Men: 546 Women: 496 Elderly: 178 PwD: 51 <b>Total WB: 2,108</b> <b>Total Gaza: -</b> <b>Total : 2,108</b>



<b>STRATEGIC OBJECTIVE 2: The basic needs of vulnerable Palestinians living under occupation are met through the provision of quality basic services and improved access to resources, in accordance with the rights of protected persons under International Humanitarian Law</b>					
<b>Indicator CustomRef</b>	<b>Indicator description</b>	<b>Indicator unit</b>	<b>Organisation(s) responsible for data collection</b>	<b>PIN 2023</b>	<b>Target 2023</b>
SO2/IN1	# of most vulnerable people in OPT accessing quality lifesaving health interventions by type of service, including primary healthcare, nutrition, child health, sexual and reproductive health, including SGBV, mental health and psychosocial support (MHPSS), healthcare for elderly, and rehabilitation services for people with disabilities (PwD) (sex, age and disability disaggregated indicator)	People	Health partners	Boys: 217,639 Girls: 349,788 Men: 253,336 Women: 480,567 Elderly: NA PwD: NA <b>Total WB: 486,588</b> <b>Total Gaza: 814,742</b> <b>Total : 1,301,330</b>	Boys: 164,845 Girls: 169,223 Men: 184,655 Women: 308,644 Elderly: 15,396 PwD: 13,518 <b>Total WB: 340,989</b> <b>Total Gaza: 486,378</b> <b>Total : 827,367</b>
SO2/IN2	# of people with improved access to a sufficient quantity of water for drinking and domestic purposes	People	WASH partners	Boys: 292,761 Girls: 279,748 Men: 279,769 Women: 271,516 Elderly: 37,807 PwD: 22,965 <b>Total WB: 684,944</b> <b>Total Gaza: 476,655</b> <b>Total : 1,161,599</b>	Boys: 87,878 Girls: 83,956 Men: 82,120 Women: 80,002 Elderly: 10,908 PwD: 7,053 <b>Total WB: 157,484</b> <b>Total Gaza: 187,379</b> <b>Total : 344,863</b>
SO2/IN3	# of assisted HH living in upgraded unit in accordance with minimum standards	People	Shelter partners	Boys: 117,000 Girls: 108,000 Men: 112,500 Women: 117,000 Elderly: 16,200 PwD: 13,500 <b>Total WB: 100,000</b> <b>Total Gaza: 350,000</b> <b>Total : 454,500</b>	Boys: 20,307 Girls: 19,512 Men: 28,666 Women: 21,728 Elderly: 10,055 PwD: 3,017 <b>Total WB: 8,427</b> <b>Total Gaza: 92,122</b> <b>Total : 90,213</b>
SO2/IN4	# of households protected and have enhanced their coping capacities	People	Shelter partners	Boys: 37,500 Girls: 36,000 Men: 37,500 Women: 39,000 Elderly: 5,400 PwD: 4,500 <b>Total WB: 50,000</b> <b>Total Gaza: 100,000</b> <b>Total : 150,000</b>	Boys: 2,659 Girls: 2,485 Men: 3,343 Women: 2,601 Elderly: 1,099 PwD: 382 <b>Total WB: 130</b> <b>Total Gaza: 12,057</b> <b>Total : 12,187</b>
SO2/IN5	# of vulnerable female and male students and schools' staff with improved access to safe and inclusive education in vulnerable areas of OPT	People	Education partners	Boys: 206,383 Girls: 166,373 Men: 5,181 Women: 5,001 Elderly: NA PwD: 25,385 <b>Total WB: 179,772</b> <b>Total Gaza: 203,166</b> <b>Total : 382,938</b>	Boys: 60,841 Girls: 55,730 Men: 3,548 Women: 3,508 Elderly: N/A PwD: 8,666 <b>Total WB: 40,517</b> <b>Total Gaza: 83,110</b> <b>Total : 123,627</b>


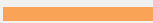






<b>STRATEGIC OBJECTIVE 3: The capacity of vulnerable Palestinians to cope with and overcome protracted crisis, including from environmental threats, is supported, while solutions to violations and other root causes of threats and shocks are pursued</b>					
<b>Indicator CustomRef</b>	<b>Indicator description</b>	<b>Indicator unit</b>	<b>Organisation(s) responsible for data collection</b>	<b>PIN 2023</b>	<b>Target 2023</b>
SO3/IN1	# of children, teachers and other education personnel unable to effectively respond to emergencies supported in preparing and responding to emergencies, including education-related violations, escalations in conflict and natural disaster	People	Education partners	Boys: 136,742 Girls: 181,262 Men: 6,150 Women: 8,151 Elderly: NA PwD: 5,596 <b>Total WB: 14,921</b> <b>Total Gaza: 317,384</b> <b>Total : 332,305</b>	Boys: 108,578 Girls: 157,425 Men: 1,456 Women: 2,125 Elderly: N/A PwD: 4,373 <b>Total WB: 14,921</b> <b>Total Gaza: 254,663</b> <b>Total : 269,584</b>
SO3/IN2	# of FSS beneficiaries targeted who received agricultural /non-agricultural livelihood support	People	FSS partners	Boys: 29,998 Girls: 29,100 Men: 28,895 Women: 29,053 Elderly: 3,446 PwD: 28,594 <b>Total WB: 27,573</b> <b>Total Gaza: 92,919</b> <b>Total : 120,492</b>	Boys: 25,334 Girls: 24,445 Men: 29,261 Women: 28,268 Elderly: 4,858 PwD: 3,978 <b>Total WB: 81,505</b> <b>Total Gaza: 30,661</b> <b>Total : 112,166</b>
SO3/IN3	# of targeted beneficiaries receiving food and cash throughout 2023	People	FSS partners	Boys: 353,859 Girls: 343,259 Men: 340,839 Women: 342,706 Elderly: 40,653 PwD: 337,293 <b>Total WB: 325,247</b> <b>Total Gaza: 1,096,069</b> <b>Total : 1,421,316</b>	Boys: 298,841 Girls: 288,351 Men: 345,162 Women: 333,449 Elderly: 57,302 PwD: 66,155 <b>Total WB: 108,782</b> <b>Total Gaza: 1,214,323</b> <b>Total : 1,323,105</b>
SO3/IN4	# of healthcare facilities with capacity to respond to emergencies (including COVID-19) and are prepared to cope with impact of current and future crises	Facilities	Health partners	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: 13</b> <b>Total Gaza: 9</b> <b>Total : 22</b>	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: 13</b> <b>Total Gaza: 9</b> <b>Total : 22</b>
SO3/IN5	# of individuals able to be supported with shelter NFIs (cash/in-kind) at the onset of an emergency	Facilities	Shelter partners pin 100,000	Boys: 25,000 Girls: 24,000 Men: 25,000 Women: 26,000 Elderly: 3,200 PwD: 3,000 <b>Total WB: NA</b> <b>Total Gaza: 100,000</b> <b>Total : 100,000</b>	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: 21,269</b> <b>Total : 21,269</b>
SO3/IN6	% of people in need with increased WASH capacity during emergencies and shocks	Individuals	WASH partners	Boys: 346,286 Girls: 330,865 Men: 327,363 Women: 318,289 Elderly: 43,876 PwD: 27,470 <b>Total WB: 718,084</b> <b>Total Gaza: 648,596</b> <b>Total : 1,366,680</b>	Boys: 220,679 Girls: 210,846 Men: 207,896 Women: 202,254 Elderly: 27,790 PwD: 17,568 <b>Total WB: 438,852</b> <b>Total Gaza: 430,613</b> <b>Total : 869,465</b>
SO3/IN7	# and % of children and adults who have access to a reporting mechanism that can handle SEA complaints	People	All Cluster partners	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: N/A</b> <b>Total : N/A</b>	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: N/A</b> <b>Total : 100%</b>

SO3/IN8	% of the affected population (disaggregated by sex and age) reached through consultation in the establishment of community-based complaint mechanisms (CBCMs), awareness activities and community mobilisation interventions on PSEA including how to report SEA-related complaints (disaggregated by type of PSEA communication materials developed for each population group identified).	People	All Cluster partners	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: N/A</b> <b>Total : N/A</b>	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: N/A</b> <b>Total : 100%</b>
SO3/IN9	% of sites reached with communications materials on PSEA, how to report on SEA and how to access victim/survivor-centred assistance (disaggregated by type of PSEA communication materials developed for each population group identified).	People	All Cluster partners	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: N/A</b> <b>Total : N/A</b>	Boys: N/A Girls: N/A Men: N/A Women: N/A Elderly: N/A PwD: N/A <b>Total WB: N/A</b> <b>Total Gaza: N/A</b> <b>Total : 100%</b>



## Part 3

**CLUSTER OBJECTIVES AND RESPONSE**

Cluster	People in Need	People Targeted	Requirements \$US	Operational partners	Number of projects
Education	608,556	496,811	\$35.0M 	19	22
Food Security	1,541,808	1,393,347	\$279.7M 	22	35
Health	1,611,601	1,111,982	\$46.2M 	24	40
Multi-cluster/Multi-Purpose Cash	82,393	50,841	\$19.0M 	7	14
Protection	1,863,850	661,668	\$40.2M 	28	45
Shelter and NFI Cluster	663,103	126,629	\$34.8M 	15	27
WASH	1,366,680	869,465	\$34.7M 	36	35
Coordination and Support Services			\$12.7M 	10	13

*Palestinian property shortly after it was demolished by the Israeli authorities in Duma (Nablus) resulting in the displacement of three households. 21 November 2022.  
©Photo by OCHA*



# 3.1 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
<b>0.6M</b>	<b>0.49M</b>	<b>\$34.96M</b> \$11.99M for West Bank \$22.97M for Gaza	<b>19</b> (2 UN, 10 INGOs, 7 NNGOs)	<b>22</b> (12 WB & OPT, 10 Gaza) <i>*Including 5 multi-sectoral projects</i>

### Cluster Objectives

In 2023, the Education Cluster will focus on safe and equitable protected access to safe and quality education for girls and boys in Gaza, Area C and East Jerusalem. The Cluster aims to deliver a holistic education response by promoting and integrating fundamental cross-cutting issues and principles to ensure interventions are protective and inclusive.

- 1. Ensure protection is at the heart of the response in line with IASC Minimum Standards for Education in Emergencies (INEE).** In addition to provision of school-based psychosocial support for 103,600 students and teachers, providing protective presence for 14,900 students and teachers, and local initiatives to protect schools from attacks, the Education Cluster will link schools with child protection service providers to address protection needs in the most vulnerable schools. The education Cluster will lead coordinated advocacy efforts and initiatives to ensure all duty bearers take concrete steps to protect, respect and fulfil children’s right to access safe and quality education.
- 2. Ensure equitable safe access to inclusive, quality educational services for vulnerable children through provision of support to strengthen the learning modalities and quality education services** for 108, 844 students and teachers, provision of essential and basic emergency rehabilitation to schools to ensure that school environments are inclusive and safe for 38,182 students and teachers, and support 14,870 school-aged children with disabilities to access education services. The third Cluster objective is to support 269,584 children and school staff in vulnerable schools in preparing and responding to emergencies.

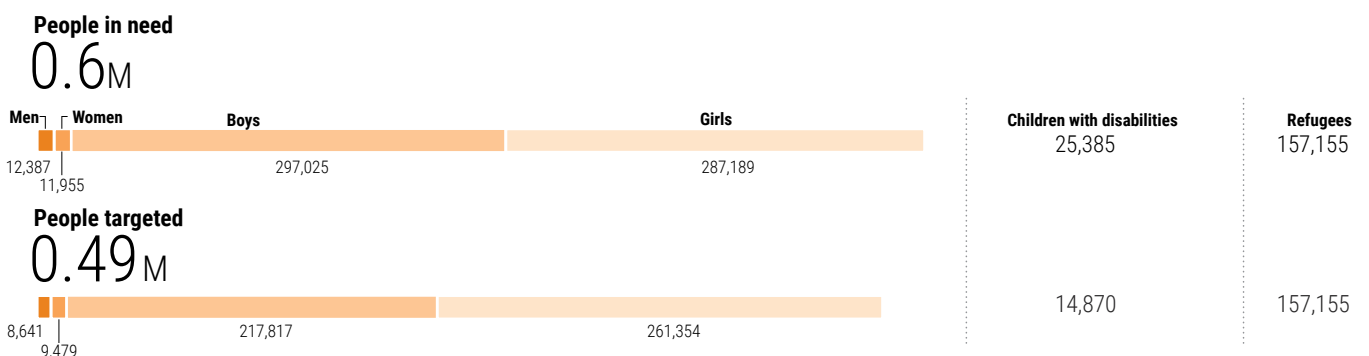
### Response Strategy and Modalities

In line with MSNA findings, education interventions will increase focus on protection risks facing children while commuting to schools in West Bank, offer more school based MHPSS and recreational interventions in Gaza, scale up learning support and remedial programs due to learning loss related to COVID, scale up the distribution of learning materials to children in vulnerable areas, and support children with disabilities to access quality education.

Through service delivery, advocacy and capacity building, the education Cluster response plan seeks to mitigate, prepare for, and provide immediate response to emergencies such

as localized natural disasters, pandemics, resurgence of conflict, forced displacement and attacks on schools. Cluster partners work in strong partnership with all stakeholders, and through high levels of participation and consultation to ensure accountability to the affected population. Advocacy efforts will focus on addressing the increasing trend of education-related human rights’ violations with a focus on prevention and support to the most vulnerable groups.

Mitigation, preparedness and response measures for affected schools in the West Bank, including East Jerusalem and the Gaza Strip will include provision of teaching and learning materials, safe spaces or alternative learning facilities,



pre-positioning of key education materials, support protected access to schools, reintegration of dropout students into school system through strengthened remedial/catch-up education and referral to alternative education pathways, psycho-social programs for teachers and students including students with special needs, emergency rehabilitation of education facilities to improve the quality learning environment in schools in the Gaza Strip.

Cross-sectoral linkages will be made with the Protection Cluster on strengthening data collection and reporting of grave violations, supporting awareness raising of legal rights and sources of legal aid as well as the school-based Psychosocial Support (PSS). The Education Cluster will work with the WASH Cluster to ensure WASH facilities in schools are rehabilitated in a gender sensitive and disability accessible manner. In partnership with the Health Cluster, assistive devices for children with disabilities will be provided, where education partners will cover hearing and visual aids while health partners will cover other needs.

Through its core funding, UNRWA provides primary education to over 300,000 refugee students in 354 UNRWA schools. Cluster partners will work with UNRWA to provide refugee students with additional services not covered through their core funding. These include services for refugee girls and boys with learning difficulties or other special needs, school supplies for poorest families and remedial support and extracurricular activities for girls and boys suffering from psychosocial stress.

To promote transitions to sustainable paths to recovery and resilience, partners will work on capacity strengthening of the Ministry of Education (MoE) and schools for emergency preparedness, contingency planning, and disaster risk reduction (DRR).

### People Targeted and Geographical Scope

In 2023, the Education Cluster will target 496,811 girls and boys and school staff identified as in need of education assistance and disaggregated along locality, gender, age and disability status. In the Gaza Strip, children out of schools, children with disabilities and children from the most vulnerable and poorest households will be targeted. In the West Bank, including East Jerusalem, specific focus will be given to students and teachers who are subject to education-related violations, such as school demolitions, confiscation of school equipment, harassment or violence experienced on their way to school. Out of school children, and students who are under house arrest, injured or ex-detainees, will also be supported.

In Gaza, the Cluster's focus is on the most vulnerable schools, including but not limited to those in the Access Restricted Areas (ARA) and others damaged during the May 2021 escalation. In the West Bank, the focus is on Area C, Hebron H2, and East Jerusalem. Priority locations include areas where students have to travel long distances to school,

where students and teachers have to cross checkpoints, military areas or firing zones, areas affected by frequent violations against education, areas where there are significant shortages of education staff, areas with movement barriers (such as Hebron H2), and locations where there is a shortage of adequate school infrastructure and resources to support the schools (such as parts of Gaza, Bedouin areas and other parts of Area C).

### Prioritization Criteria

In the West Bank, including East Jerusalem, the Education Cluster and the MoE maintain a list of the most vulnerable schools, based on criteria that include obstacles and other conflict-related risks girls and boys face on the way to school, including gender-based violence (GBV), Israeli violations and attacks on schools and proximity to Israeli settlements. Children above the age of ten who are out of school or at risk of dropping out as a direct result of conflict and economic barriers have also been prioritized for 2023.

In the Gaza Strip, in consultation with partners, the Cluster has prioritized children in need of MHPSS interventions due to conflict and/or COVID-19, children with disabilities and out-of-school children.

### Linkages and Synergies with Interventions Outside of the Humanitarian Plan

This Education Cluster response plan is aligned with other key sectors and policies, both globally and nationally. These include the Education Cannot Wait Multi Year Resilience Strategy, MoE Education Sector Strategic Plan and Recovery and Protection Plan.

### Accountability and Inclusion

Education Cluster aims to provide a relevant and holistic education response by promoting and integrating all fundamental cross-cutting issues and principles. This will help ensure all interventions planned by partners are protective, gender sensitive and gender responsive and inclusive. Gender equality and gender-responsive programming is promoted through conducting gender analysis with due care to the different needs and protection concerns in health, protection and education of girls and boys. Partners will ensure equal participation of boys and girls in student clubs and that school WASH facilities are gender segregated.

Needs of children with disabilities will be addressed through adaptation of school including WASH facilities infrastructures will be made accessible to children with physical disabilities to meet their needs, capacity building of school staff to better respond to children with disabilities needs, contextualisation of distance learning materials such as providing Braille, big letters learning materials for children with visual impairments, video/audio supports etc to be accessible by children with disabilities and provision of assistive devices. Projects will address gender and disability discrimination in terms of



access to education, as well as the different risks boys and girls and children with disabilities face on their way to, from and inside, school.

Accountability to the affected population is an essential element of emergency response in the OPT and partners should ensure that this is incorporated in their Education in Emergencies (EiE) programmes. Communities and girls and boys including children with disabilities will take part in identifying needs and determining the most appropriate solutions. All Cluster partners will consider this type of engagement as an essential element of their accountability to affected populations measures. Similarly, Cluster partners will also determine how they will share information back with the communities and schools with which they work in. Communities, as the most important stakeholders in the provision of education, will also be called upon to provide the messages and organise the resources needed to return and retain girls and boys in learning.

Community engagement will be enhanced by the establishment of school-based committees, through existing community structures, in some targeted schools to identify priorities, map existing resources within the community, prepare school-based contingency plans and coordinate activities in the school. Parent-teacher associations will also be involved in key education advocacy, in addition to collecting feedback from community members to enhance accountability to affected populations with due consideration of gender equity. Student groups will also ensure that students' voices are integral to the design and implementation of emergency education activities. The Education Cluster will encourage partners to establish different channels of accessible feedback and complaint mechanisms, where students, teachers and community members can safely raise their concerns and participate in projects' design and share recommendations.

### Cluster level activities and coordination

The Cluster coordinator will continue to ensure proper mainstreaming of AAP and PSEA within the Cluster through the following activities:

- Coordinating the delivery of trainings focussed on mainstreaming PSEA, AAP, Protection (including Disability Inclusion, and Gender) to Cluster members throughout the year.

- Tracking the AAP, PSEA, Protection, Disability Inclusion and Gender activities for projects, which received funding, during the three phases of the project cycle, using the Activity Tracking Tool provided by OCHA which will be linked to the 5Ws system in 2022.
- Gather data from partners to periodically report on the three PSEA indicators reflected in the Health Cluster monitoring framework.
- Coordinate with partners and the PSEA Network for a technical assistance and training plan for the year.
- Introducing the cross-cutting issues as a standard agenda item at Cluster meetings in coordination with the PSEA Network, RCCE, Gaza CWC with a view of a) soliciting regular and relevant updates, guidance; b) sharing contextualized awareness raising content; c) holding learning sessions to identify best practices and identify partner needs; d) to develop/ update community engagement material.
- Continuing to update and promote the usage of the Assessment Registry Tool developed by OCHA with information regarding assessments carried out jointly or individually across Clusters. The tool is designed to extract and give access to results of surveys with special focus on the cross-cutting issues.

### Cash Programming

In 2023, the Education Cluster will build on global research to start piloting cash in education projects. Needs linked to transportation fees, school supplies and school clothes and uniforms will be the primary target to be responded to using different cash modalities.



# 3.2 Food Security



<b>PEOPLE IN NEED</b>	<b>PEOPLE TARGETED</b>	<b>REQUIREMENTS (US\$)</b>	<b>PARTNERS</b>	<b>PROJECTS</b>
<b>1.54m</b>	<b>1.39m</b>	<b>\$279.7M</b> \$45.4M West Bank \$234.3M Gaza	<b>22</b>	<b>35</b>

### Cluster Objectives

- 1. Enhance resilience of vulnerable households, restoring and protecting their agriculture-based livelihoods and income-generating opportunities [SO3].** The Sector plans to undertake interventions supporting livelihoods and the self-reliance of food-insecure households. The intervention will focus on restoring agriculture capacities, stimulating local food production and safeguarding livelihoods. Specifically, interventions will focus on rehabilitating damaged productive assets and providing time-critical productive inputs and tailored technical support for farmers, herders, livestock holders, fishers, and urban and rural food-insecure households following the Build Back Better (BBB) approach.
- 2. Low-income households facing limited access to food can meet their basic food needs [SO3].** Under this objective, the Sector will undertake interventions to provide direct access to food through unrestricted cash and voucher modalities.
- 3. FSS activities, including advocacy and awareness, are coordinated and implemented with equitable partnerships among concerned parties, civil society organizations, critical national ministries and concerned donors [SO1/SO3].** Under this objective, the Sector will undertake interventions aiming at raising awareness (advocacy/policy influencing sessions / dialogue/training); supporting line ministries' coordination; and promoting and ensuring the inclusion of a rights-based approach within food security-related national and international advocacy initiatives, as well as other sector coordination activities, in partnership with critical national ministries.

### Response Strategy and Modalities

The FSS response will focus on sustaining the livelihoods of food-insecure households, particularly on gender-based vulnerabilities. FSS partners will protect and promote the livelihoods of food-insecure families across the OPT, including farmers, herders, livestock holders, fishers and urban and peri-urban producers. Moreover, responses will aim to decrease households' aid dependency, enhance their self-reliance, and increase their capacity to cope with and adapt to human-made and natural shocks.

In response to the hostilities in Gaza, and the increase in demolitions and settler violence in the West Bank, the Cluster will support restoring access to livelihoods, opportunities and assets in close coordination with local institutions. The Cluster's main partners will focus on delivering food

commodities and cash transfers such as food vouchers, cash for work, and conditional and unconditional cash assistance. The vouchers allow households experiencing food insecurity to access locally produced nutritious food, protect local food systems and support the local economy. In addition, conditional cash assistance enables food-insecure households to protect household and community assets, which is essential for income generation and community resilience. In addition, thanks to the integrated design of the Nexus program, food assistance will also support development, peace and stability.

In Gaza, a substantial proportion of household income is devoted to food. To date, in-kind assistance has been the broadest and most sustained form of social assistance, with the regular distribution of essential food commodities to refugees having a broader stabilizing impact and forming

#### People in need

1.54M



#### People targeted

1.39M



<b>Female-headed households</b>	<b>People with disabilities</b>	<b>Refugees</b>
192,566	365,887	937,109
143,110	336,205	937,109

a collective safety net in a highly constrained market environment under protracted access and movement restrictions, now further exacerbated by current global price fluctuations.

The sector's response will support advocacy initiatives highlighting the impact of food insecurity, economic and access restrictions, settler violence, and the demolition of livelihoods. Finally, the Sector's response sustains advocacy initiatives highlighting the impact of food insecurity, economic and access constraints, settler violence and destruction of livelihoods. Sector responses will leverage the local capacity through the involvement of impacted communities to restore assets with direct social protection value.

### People Targeted and Geographical Scope

In the West Bank, agricultural and economic activities will concentrate on Area C, the southern West Bank, the governorate of Jerusalem and partially on areas A and B<sup>6</sup>. In the Gaza Strip, activities will focus mainly on the Access Restricted Area (ARA) - both on land and by the sea - and where access to livelihood sources is restricted. This includes farmers, livestock holders, herders and fishers affected by the recurrent hostilities. Other geographical areas will be included as needed.

In 2023, the Food Security Sector will target a 1.39 million of the 1.54 million Palestinians identified as needing assistance based on the MSNA conducted in July 2022. The targeted figure has been estimated based on the MSNA results that 73 per cent of Gaza households reported having received humanitarian assistance in the 6 months prior to the MSNA data collection, of which nearly 94 per cent were food assistance<sup>7</sup>. The targeted figure has been filled with partners planned, programmed interventions across the OPT. It includes about 1.2 million people in Gaza and over 270,000 in the West Bank. When disaggregating by refugee status, less than a million in Gaza and approximately 73,000 in West Bank; about 320,000 non-refugees in the Gaza Strip and 128,000 in the West Bank. In addition, some 1 million people are targeted with unrestricted direct food assistance (FSS Objective 2). Some 104,000 people will receive, in addition to that, humanitarian agriculture-based livelihood assistance.

### Prioritization Criteria

The Sector's portfolio for 2023 focuses on projects featuring priority activities agreed upon through a participatory process among sectoral partners. The Sector considered direct food aid to guarantee households nutritious food a top priority intervention. Sectoral interventions also include projects that provide emergency food assistance and recovery through multiple distribution modalities. (Food parcels and cash-based distributions, including electronic vouchers and cash assistance.

A detailed set of guidelines was shared with implementing agencies ahead of the response planning process, including the Sector's agricultural livelihood activities agreed to implement in 2023. These include:

Sustain the livelihoods of vulnerable farmers, herders, and fishers by increasing their asset's productivity, accessibility, and utilization, Such as Land rehabilitation and seeds/fodder crops cultivation; the rehabilitation and restoration of agricultural roads, greenhouses and Water networks; fishing tools and materials, and rehabilitation of agricultural water facilities.

Provision of inputs and critical farming operations such as irrigation and time-essential production outcome.

### Linkages and Synergies with Interventions Outside of the Humanitarian Plan

Sectoral partners have identified criticalities where a developmental rather than a humanitarian response would have a complementary or a more significant impact. They recognized the importance of the role played by developmental actors in addressing poverty, promoting economic growth, developing the local economy, and addressing social inequities. Drawing from the UNCSF, accelerating progress in strengthening equitable access to high-quality essential services, building climate resilience, accessing natural resources, and leveraging food systems are critical to tackling vulnerabilities and breaking the cycle of the protracted and repeated need for humanitarian interventions. Moreover, leveraging on the private sector, the food system plays a crucial role in generating sustainable employment and building sustainable livelihoods. To this end, the objective of sectoral partners is to ensure humanitarian projects are closely coordinated with the development Workstream, building capacities and supporting local solutions to food security challenges

### Accountability and Inclusion

For the 2023 HRP, the Sector's interventions are designed to strengthen protection mainstreaming by decreasing threats, reducing vulnerability and enhancing the involvement of the affected population. By adopting a 'Do No Harm' approach in programming and implementation modalities, partners will improve food security status at the household level, reducing negative coping strategies. This will be covered through regular interviews, focus group discussions with community leaders and beneficiary households, and ensuring that protection concerns are incorporated within food security interventions. Moreover, the Sector's partners will prioritize gender-based vulnerabilities and the support of specific groups, such as female-headed households. In addition, partners will address gender-specific needs and concerns, particularly for boys, girls, persons with disabilities, the elderly and marginalized people, reflecting their unique vulnerabilities. The sector will

<sup>6</sup> Those represent areas where the percentage of food insecurity is higher and agricultural-dependent communities face an increased risk of losing their livelihoods because of settler violence, demolitions and confiscation of productive assets.

strongly contribute to ensuring protection against sexual exploitation and abuse in programming, including providing programmatic and capacity SEA risk mitigation.

The sector aims to develop a culturally appropriate and protection-sensitive strategy for two-way communication with communities, enabling access to information and direct engagement by/with various groups within the communities, including marginalized and vulnerable people in risk communication and community engagement.

Following partner assessments and the MSNA results on PSEA and AAP, the Sector will prioritize raising awareness among the affected population of their rights concerning humanitarian assistance, aid workers' IASC code of conduct and the CBCM mechanism. These will be implemented in a culturally, gender and age-sensitive manner. In addition, the Sector will strengthen its collaboration with the PSEA Network, common complaint channels and referral systems to cover the gaps in partners with fewer capacities. For AAP, the WFP-managed Inter-Agency common feedback mechanism toll-free Hotline provides affected populations with information on assistance programmes, thus allowing feedback submission and concerns.

### Cash Programming

Partners will use different CVA distribution modalities to provide food assistance and essential livelihood support for households below the deep poverty line, including farmers,

herders, livestock holders, fishers, and other vulnerable groups, such as female-headed households and youth. In addition, food security support is provided to households who continue to suffer from the protracted crisis, the disruption of the global value chain as a direct impact of the conflict in Ukraine, and the recurrent hostilities in Gaza.

Food assistance interventions typically take the form of cash-based interventions (either conditional or unconditional assistance). CVA interventions planned in 2023 include direct household food assistance using CVA distribution modalities (electronic vouchers and cash assistance). Additionally, one-off emergency food assistance activities use cash distribution modalities to address various food security needs.

In the HRP 2023, the sector will continue implementing cash-based interventions using voucher and cash distribution modalities to support the provision of food and essential livelihood support for farmers, herders, livestock holders, and fishers, as well as other vulnerable groups like female-headed households, youth, and households who no longer have access to employment or continue to suffer from the protracted crisis, and recurrent hostilities. In addition, the sector supports the coordination and alignment of food assistance with national Social Protection schemes through alignment and coordination regarding financing, targeting, transfer values, and distribution mechanisms.

## 3.3

# Health and Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.6m	1.1m	\$46.2M	23	40

## Cluster Objectives

The Cluster objectives for 2023 remain the same and just as relevant as they were in 2022, aiming at tackling critical problems related to the living standards of vulnerable people across OPT as well as their physical and mental wellbeing to improve their health outcomes.

- 1. Ensure the availability of acceptable inclusive and quality essential healthcare services to vulnerable communities (SO2).** Through direct implementation and support to Ministry of Health, the Health Cluster will enhance access to essential health services including primary and secondary healthcare services as well as specialized services.
- 2. Strengthen the healthcare system's capacity to respond to emergencies and build community resilience to cope with the impact of current and future crises (SO3).** The Health Cluster will enhance preparedness through contingency planning, strengthening surveillance, prepositioning essential supplies and capacity building of health workers and communities.
- 3. Advocate for unhindered and equitable access to healthcare and protection of the right to health for all, including the most vulnerable (SO1).** The Health Cluster will advocate for the right to health for all and monitor barriers to healthcare access and attacks on healthcare.

## Response Strategy and Modalities

As part of ensuring access to essential healthcare services, the Health Cluster will implement several humanitarian interventions aimed at addressing some of the health issues that affect the most vulnerable across OPT. The essential healthcare services include primary and secondary care, trauma and emergency, maternal and child health, sexual and reproductive health, including sexual and gender-based violence, non-communicable diseases, mental health and psychosocial support, and rehabilitation of persons with disabilities.

The Gaza escalation of hostilities in August 2022 and continuing unrest in the West Bank including East Jerusalem emphasizes the need for increasing and maintaining the capacity for trauma and emergency care response not only in Gaza but in the West Bank especially governates most affected such as Jenin, Nablus, Hebron, and East Jerusalem. The Cluster will increase its response to meet the needs of those requiring trauma and emergency care, limb reconstruction, and rehabilitation services.

The Cluster will continue to support the humanitarian response to major childhood illnesses and causes of neonatal and maternal morbidity and mortality through ensuring the availability of effective support and referral mechanisms to neonates, children under five years, pregnant and lactating women. Key interventions include activities to ensure clean and safe deliveries, integration of early essential new-born care, community case management of childhood illnesses and the effective treatment of micronutrient deficiencies. As the need for sexual and reproductive health services remains high, the Cluster will work to ensure access to sufficient and quality services, including access to family planning. In parallel, the Cluster will work to embed age and gender-sensitive case management procedures into routine healthcare services for women, infants, children, and adolescents. As health facilities are main entry points for cases of sexual and gender-based violence (SGBV), the Cluster will ensure appropriate means of detection, clinical and psychosocial management as well as referral in an integrated response coordinated with the GBV sub-Cluster. The Health Cluster is responsible for the medical management of SGBV cases at the facility level.

### People in need

1.6M



Female-headed households	People with disabilities	Refugees
166,351	266,566	1,126,764

### People targeted

1.1M



114,908	26,862	579,331
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As shown in the results of the MSNA, mental health and psychosocial support services (MHPSS) needs continue to rise among all ages across the OPT due to conflict-related violence and socio-economic issues. Cluster partners will provide specialized mental health care and continue efforts to integrate MHPSS services into essential healthcare service delivery, while strengthening community and family support and psychosocial first aid (PFA) following trauma. MHPSS services will also include services to health workers as well as other humanitarian workers who are working under increasing pressure.

The 2022 MSNA findings also further highlighted the high prevalence of chronic diseases across the OPT. Partners will therefore work to address the issue of non-communicable diseases (NCDs) through ensuring enhanced support and monitoring of essential medicines and supplies which are mainly due to the financial crisis of the Palestinian Authority are constantly in shortage especially in Gaza where drugs at zero-stock average 40 per cent (MoH, 2022). Interventions will include support for the procurement of supplies, capacity-building for the management of NCD cases and support to preventative programmes and diagnostic services targeting key NCDs, which include cancer, diabetes, and cardiovascular diseases.

The increasing restrictions and insecurity further threaten right to health for Palestinians reinforcing the need to document and monitor barriers to accessing health services and advocate for the removal of such impediments. The increasingly coercive environment and increased attacks on healthcare require intensified efforts in advocating for the protection and respect of health workers ensuring their unhindered operations.

The Cluster will continue with the expansion of its activities related to the Health Resources and Availability Monitoring System (HeRAMS), early warning alert systems, emergency preparedness and surveillance across OPT. The Cluster will put in place various preparedness measures, including developing contingency plans, strengthened surveillance, the provision of capacity building, and ensuring the prepositioning of essential supplies and strengthened communication and coordination with partners. Working closely with development partners under the umbrella of the Health Sector Working Group, the Cluster will offer support to the Ministry of Health (MoH) to strengthen the healthcare system's capacity to respond to multi-hazard emergencies and build resilience of the system.

To enhance health outcomes, the Cluster will work closely with other Clusters where appropriate providing and/ or receiving technical support and guidance where needed. The Cluster will continue ongoing collaborations on issues such as MHPSS (inter-Cluster) and WASH in health facilities (WASH).

Based on the context, the Cluster will utilize service delivery (74 per cent) as the main response modality, followed by in-kind (22 per cent) while cash and voucher assistance (CVA)

will only constitute about four per cent of the humanitarian health response.

To ensure a people-centered approach, the Cluster has used feedback from the MSNA, assessments conducted by partners in the communities and health facilities to develop the humanitarian health response strategy. Partners also conduct focused group discussions to obtain views and perceptions from the affected population. The Cluster conducts field visits to health facilities monitoring service delivery.

### People Targeted and Geographical Scope

The Cluster will target 1.1 million Palestinians who are most vulnerable. The vulnerable population includes children under five years, adolescents, both women of reproductive age and menopausal, the elderly, persons with disabilities, patients with NCDs, and other groups that face the risk of severe deterioration in their health status and death. Humanitarian health interventions will focus on key geographical areas, including: the whole of the Gaza Strip, and Hebron/ H2, communities behind the Barrier, and acutely vulnerable people in East Jerusalem, who cannot access healthcare services. Populations in hotspot governorates in the West Bank such as Jenin, Nablus and Hebron will be targeted for trauma and emergency interventions and MHPSS.

### Prioritization Criteria

The Cluster used key data and information from the MSNA and health reports in the selection of priority Cluster interventions. The Cluster determined the vulnerability threshold and the need for timely interventions based on the likelihood of death or severe morbidity, including disability, or deterioration of physical or mental health. The thresholds for each indicator were guided by both global and regional standards for healthcare service delivery. The Cluster also considered vulnerabilities based on structural discrimination, such as gender and disability. In Gaza, the entire geographical area is included; as well as West Bank locations such as Area C, Hebron (H2), specific groups within East Jerusalem and behind the Barrier, governorates of Jenin, Nablus, and Hebron. These groups were identified as locations where negative health outcomes are more likely to occur if no health interventions are implemented.

### Linkages and Synergies with Interventions Outside of the Humanitarian Plan

The Cluster will endeavour to ensure that humanitarian and development programming is coherently aligned with the health strategy of the MoH and the UNSCF. The Cluster works closely with the Health Sector Working Group. This approach is recognized to provide the most durable and sustainable assistance to vulnerable people.

### Accountability and Inclusion

The Health Cluster will ensure the mainstreaming of six key cross-cutting issues, including protection, gender, prevention of sexual exploitation and abuse (PSEA), Accountability to Affected Populations (AAP), disability and the environment.

These areas of vulnerability are in line with global guidance and results of assessments conducted by partners and other stakeholders including the 2022 MSNA.

Equity monitoring will be continued through ensuring disaggregation of data along gender, age, and disability, and other social determinants, as relevant. Partners will contribute to gender equality through gender-mainstreaming programming and addressing gender-specific vulnerabilities faced by men, women, girls, and boys. The Gender and Age Marker (GAM) will be used by all partners at the design and monitoring phases, and the UN Women OPT Gender Alert will continue to inform both the HNO and HRP.

To address disability inclusion and access issues highlighted in the results of the MSNA, the Cluster will ensure that health facilities and services are made accessible to persons with disabilities and continue to provide partners with opportunities for continuous learning on disability mainstreaming.

Based on the MSNA results, the cluster will prioritize awareness raising among the affected population on their rights concerning humanitarian assistance, aid workers IASC code of conduct and the CBCM mechanism. The cluster will continue making public existing feedback and complaints channels, while fostering consultations with affected

communities on their preferred communication channels in a safe, culturally, gender and age sensitive manner. The cluster will strengthen and rely on its collaboration with the PSEA Network channel and WFP-managed inter-agency common feedback mechanism to receive feedback and complaints. Complaints, allegations concerning SEA will be processed, addressed, or referred in accordance with the PSEA referral protocol and SOPs.

As part of its contribution to addressing the climate crisis, the Cluster will continue promoting environmentally friendly solutions to health interventions and the implementation of proper environmental health control strategies in all healthcare facilities especially related to medical waste management.

### Cash Programming

CVA programming in humanitarian health response is limited to specific activities such as nutritional support for patients and procurement of medications that are not available at public health facilities. In addition, MPCA offered to households as part of multi-sectoral programming caters for some health needs of households such as transportation costs to health facilities, procurement of hygiene items, etc.

# 3.4 Protection



<b>PEOPLE IN NEED</b>	<b>PEOPLE TARGETED</b>	<b>REQUIREMENTS (US\$)</b>	<b>PARTNERS</b>	<b>PROJECTS</b>
<b>1.8m</b>	<b>600k</b>	<b>\$40.2M</b>	<b>32</b>	<b>45</b>

### Cluster Objectives

- Increase respect for IHL and IHRL and accountability for violations** which ensures that the practices and impact of a coercive environment, displacement, and a deterioration in physical well-being due to violence and conflict are addressed.
- Ensure that protection response mechanisms are in place to prevent and mitigate the effects of the occupation and conflict related violence**, through addressing the psychosocial distress and deterioration in mental well-being, child protection threats including the impact of grave violations against children, specific protection risks facing women and girls, including gender-based violence in all its forms, child, early and forced marriage, and the presence of explosive remnants of war in Gaza.

### Response Modalities and Strategy

The Protection Cluster and the Legal Task Force, Gender-Based Violence (GBV) sub-Cluster, Child Protection Area of Responsibility (CP-AoR) and Mine Action Working Group will continue to work closely with partners and authorities, enhancing their capacity to ensure inclusion of those in need of protection. Across the various responses, the Protection Cluster has prioritized inclusion of persons with disabilities. The main thematic areas and related interventions planned for 2023 are the following:

**Monitoring, documentation, and advocacy interventions** will focus on IHL and IHRL violations, conflict-related violence, risk of forcible transfer, and settlement related activities including settler violence. Advocacy oriented towards accountability and respect of HRL and IHL will remain central to the Protection Cluster response.

**Child Protection interventions** will respond to child protection needs arising from the coercive environment and increased

conflict-related violence (HNO 2023, SG CAAC Report 2022), including grave violations, detention, and other impacts of the coercive environment affecting children and their mental well-being – and which compound underlying child protection issues such as high levels of violence at home (MICS 2020) and the lasting impacts of the COVID-19 pandemic, and increase risks of negative coping mechanisms. Interventions will include inclusive age and gender-sensitive emergency child protection services such as: specialized individual case management; awareness sessions for children and caregivers; positive parenting and child/parent interaction programmes; life-skills and youth-led protection initiatives to reduce negative coping mechanisms; legal assistance for children detained or affected by grave violations; rapid assessments and service referrals in communities affected by conflict-related incidents. Targeted interventions will include vulnerable children in areas impacted by demolitions, suffering life changing injuries, having lost one or both parents and those who are affected by domestic violence.

### People in need

1.8M



### People targeted

600k



Female-headed households	People with disabilities	Refugees
197,942	307,729	970,947
69,280	210,719	341,725

In an emergency where access is difficult for staff, remote modalities for case management and counselling services will be activated in align with IASC standards. Child Protection actions will include and complement MHPSS responses.

**Mental Health & Psychosocial Support Services (MHPSS)** services will be coordinated with the Health and Education Clusters through the newly established MHPSS technical working groups. Interventions include psychological first aid, structured psychosocial support through age and gender-appropriate individual or group interventions, suicide and parasuicide prevention, supportive parenting programming, clinical MHPSS services targeting beneficiaries with severe symptoms. Service providers will be trained in MHPSS guidelines, skills and referrals. To reinforce sustainability of MHPSS responses, partners will continue actions to promote mental health and psychosocial well-being among staff, frontline workers, and volunteers. This will include sessions on self-care provided by professionals.

**Gender-based violence response** will center on increasing high quality, comprehensive multi-sectoral face-to-face and remote services, including case management for GBV and high-risk cases and referral for emergency medical services, MHPSS and well-being for GBV survivors and service providers, Cash and Voucher Assistance (CVA) for GBV response and dignity kits, legal aid, sheltering services, cash for protection, and outreach and awareness for GBV risk mitigation and prevention.

A range of **legal aid services** are needed to respond to significant legal and administrative developments, targeting those affected by, or at risk of, forcible transfer, demolitions, forced evictions, displacement, and revocation of residency rights in the West Bank, including East Jerusalem. Those interventions include legal support and consultation, thematic legal information sessions to raise community legal awareness, tailored legal counselling sessions and paralegal services on seeking domestic legal remedies, individual legal representation to protect individual households from displacement, strategic litigation and public interest cases, and technical assistance to substantiate legal arguments.

In Gaza, legal counselling and support is required for households who have been displaced during recent escalations. Legal aid partners will continue to provide support to secure freedom of movement for patients in need of medical care outside Gaza.

**Protective Presence and accompaniment of individuals**, particularly in communities exposed to settler violence and friction with Israeli Forces.

**Emergency response / minimum preparedness** will focus on monitoring and operational protection responses particularly in hotspot areas, to mitigate effects of spikes of violence and displacement particularly for children and vulnerable groups.

**Mine Action** partners will provide Explosive Ordnance Risk Education (EORE) and Conflict Preparedness and Protection (CPP) across Gaza, with a focus on populations in heavily bombarded areas; and will aid victims injured by explosive remnants of war (ERW) during escalation, including through protection assessments and multi-disciplinary rehabilitation. This will entail a focus on risk assessments for ERW at sites of operation and routes of passage to ensure safe access for humanitarian partners; removal of Deep Buried Bombs in different locations of the Gaza Strip because of the May 2021 escalation, and widespread risk education and CPP messaging, including building capacity of local partners to raise awareness in communities.

#### People targeted and geographical scope

In 2023, the Protection Cluster will target 600,000 Palestinians living across all areas of the OPT identified as directly affected by violations and protection risks arising from the context of the occupation and conflict related violence.

Priority areas in West Bank based on severity of risks and needs are most vulnerable households in Hebron (H2), East Jerusalem and Area C. Those areas recently facing pronounced exposure to protection risks in Areas A and B will also be targeted. In Gaza all areas will be targeted.

Protection partners will prioritize those groups who suffer from multiple vulnerabilities across the identified protection risks, including women, children, persons with disabilities, (GBV survivors, those displaced or at risk thereof, children affected by grave violations or detention, residents of refugee camps and other marginalized persons and those affected by access restrictions in general.

#### Prioritization criteria

Interventions prioritise critical emergency humanitarian responses to address the immediate needs of the most vulnerable groups of the Palestinian population, defined by the Protection Cluster as those directly affected by conflict-related violations and protection risks, and violence in households. As part of the development of Protection Analysis Updates, consultations were conducted with partners and in Gaza and the West Bank to prioritise humanitarian interventions. In addition, the protection Cluster is relying on data and findings from the recent multi-sector needs assessment (MSNA) to guide prioritisation. Partners have additionally incorporated a range of community engagement and consultation methodologies across needs identification and design phases of projects included in the HRP.

The Protection Cluster prioritises projects that incorporate multi-sectoral partnerships aimed at achieving wide ranging and meaningful protection outcomes. Finally, strict technical standards are applied for acceptance of projects, based on proven technical capacity and track record.



### Linkages and Synergies with Interventions Outside the Humanitarian Plan

The Protection Cluster recognises the central role of national duty bearers as well as development actors in efforts to reduce humanitarian needs over time. In this context, the Protection Cluster will seek to engage, partner with, and influence development actors in a more systematic manner to target the needs of the affected population. While continuing to address immediate protection needs, the Protection Cluster will seek to develop a shared understanding of the structural drivers for needs with development actors in the fields of rule of law, good governance, and gender equality. An emphasis will be placed on identifying key institutional and legal frameworks for potential reform and ensuring alignment and complementarity of responses. At the same time, strengthening social protection systems of extremely poor households will help mitigate the risk of slipping into acute insecurity and further erosion of household resilience.

The Protection Cluster engagement in the OPT is interlinked with the 2030 Sustainable Development Agenda and connects to the achievement of the Sustainable Development Goals (SDGs), in particular SDG 3 on health and well-being, SDG 5 on gender equality, and SDG 16 on peace, justice, and strong institutions.

### Accountability and Inclusion

The Protection Cluster interventions will ensure the mainstreaming of the five cross cutting issues i.e. protection, gender, PSEA, AAP, and disability inclusion, in line with the results of the MSNA that was conducted in 2022, as well as specific guidance/results of assessments carried out by relevant working groups, including the Gender Task Force, the OPT HCT PSEA Network, the Gaza Community Engagement Working group, and the RCCE.

To enhance protection outcomes and impact, the Protection Cluster will continue to provide technical support and guidance to other Clusters/sectors to mainstream protection in their interventions. This will contribute to inter-Cluster operations that address protection vulnerabilities, including food insecurity, gender-based violence, displacement and disabilities.

In line with the findings of the 2022 MSNA, acknowledging an expected underreporting of PSEA, the Protection Cluster will prioritize strengthening awareness raising among the population on the availability of programme based as well as inter-agency/common complaint channels, including confidential SEA complaint channels. The Cluster will sensitize protection partners on AAP and PSEA and their role in streamlining these throughout the response cycle; track the activities of partners and facilitate targeted support using the inter-agency AAP/PSEA tracking tool; and strengthen responses to incoming feedback and complaints to build confidence among the affected population. The PSEA Network will moreover be involved in regular engagement with

Protection Cluster partners, to enhance awareness and usage of the different tools and focal points.

In addition to the MSNA, which was used to inform the design, needs, and prioritization of Protection Cluster projects, the Cluster and AoRs will ensure project adjustments are based on inclusive consultations with community members. These consultations will be conducted using a range of tools depending on the project specificities, including focus groups, field visits, assessments carried out by the Cluster, AoRs or other Clusters/partners during the implementation and monitoring and evaluation phases of projects. Programmes will be adapted based on community feedback. All Protection Cluster projects will involve beneficiaries in the needs assessment phase, design of activities, and feedback mechanisms.

### Cash Programming

In 2022, the Protection Cluster response included cash and voucher assistance to respond to the urgent needs of economically vulnerable families and women at risk of GBV, through provision of hygiene vouchers, livelihood opportunities and cash transfers including cash for work, in addition to unconditional cash assistance for female cancer patients. Moreover, other CVA is currently provided as part of the full package of Protection Cluster case management services to vulnerable children and their families, including CVA for transportation to reach the case management service providers, and referral to private service providers.

These interventions are expected to continue during 2023, with the expansion of cash interventions in proportion to service provision as reflected in the Protection Cluster envelope for next year, particularly in Gaza. Cash assistance projects in 2023 will support the provision of essential protection services and will be aligned with existing social protection programs, focusing on GBV and Child Protection outcomes, as well as emergency support for communities exposed to conflict-related violence.

The main challenges to the implementation and expansion of CVA programs, in addition to ongoing need for harmonized approaches and additional mapping of existing CVA interventions, relates to the need for parallel and sustainable case management services, and the need for specialized protection service providers that usually do not function in the private sector. In Gaza, the effectiveness of vouchers and MPCA can be undermined by supply issues in the context of the blockade and closures. The Protection Cluster will support partners in the development and implementation of robust mitigation measures focusing on Do No Harm risks associated with the impact of cash assistance in household and community dynamics. Studies on the effects of CVA on gender and household dynamics are being carried out and will likely shed further light on risks and recommend solutions and/or mitigating measures.

3.5

# Shelter and Non-Food Items



<b>PEOPLE IN NEED</b>	<b>PEOPLE TARGETED</b>	<b>REQUIREMENTS (US\$)</b>	<b>PARTNERS</b>	<b>PROJECTS</b>
<b>663k</b>	<b>127k</b>	<b>\$34.8M</b>	<b>15</b>	<b>27</b>

### Cluster Objectives

- 1. Protect displaced people and address their immediate shelter needs** through solutions such as the provision of essential NFIs for IDPs from conflicts or natural disasters, responding to eligible HHs affected by demolition, and providing temporary shelter assistance to families evicted or at risk of eviction.
- 2. Improve the living conditions of vulnerable households exposed to harsh weather and protection concerns to meet shelter basic needs and enhance their coping capacity** through the rehabilitation of damaged and substandard shelters fully or partially, including the adaptation of shelters to meet the needs of persons with disabilities, upgrade and separate the shared toilet and kitchen facilities and improve living areas.
- 3. Preparedness for natural or man-made hazards to allow for timely, efficient and effective response** through appropriate prepositioning of NFIs stockpiles/arrangements for rapid procurement or import of NFIs, and capacity building for local NGOs, community committees, municipalities, local councils and volunteers.

### Response Strategy and Modalities

Key priorities for Cluster response given the humanitarian context include support to IDPs, people suffering from protection concerns, people living in substandard and overcrowded conditions, FHHs, persons with disabilities and people at higher risk of eviction or forcible transfer.

In Gaza, the frequent escalations and slow pace of reconstruction of destroyed houses leave approximately 5500 IDPs unable to cover their basic needs, including rental costs. This places additional pressure on the existing housing shortage, exacerbated by the dire economic conditions in Gaza. Cluster partners will use different modalities to aid, such as cash to cover rental expenses for six to 12 months for displaced families. In addition, the Cluster will respond to eligible demolition cases in the West Bank, including East Jerusalem, by providing either shelter materials or cash assistance, based on risk evaluation and legal advice, the

MSNA shows that 1.6 per cent of HHs reporting feeling that their shelter is at imminent risk of demolition and 0.4 per cent of HHs reported having a standing demolition order on their primary shelter.

Overcrowded, unsecure shelters with no proper lighting or privacy, and no easy access to WASH facilities expose women and girls to GBV risks. The Cluster will use a combination of cash and material/in kind assistance to address the needs of substandard shelters for repair and upgrading across the OPT for around 57,000 families, including WASH facilities and shelter adaptation interventions to improve access for persons with disabilities access with particular focus of targeting of vulnerable FHHs. The Shelter Cluster partners will deliver community-based training sessions to promote household resilience and self-recovery to households at vulnerable communities. The Cluster will also ensure the distribution of vouchers, cash and NFIs to households in need

### People in need

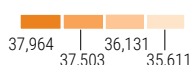
663k



Female-headed households: 57,325  
People with disabilities: 16,877

### People targeted

127k



13,929      3,798

of protection against displacement and adverse weather events. The Cluster will also maintain appropriate stockpiles in accordance with an updated inter Cluster-inter agency contingency plan and preparedness measures.

The Cluster response also addresses the shortage in housing stock and the increasing number of substandard, overcrowded, and unhygienic shelters. Furthermore, barriers to reconstruction that can prolong displacement will be addressed through advocacy.

The Shelter Cluster pursues an approach that is closely integrated and coordinated with other sectors. For example, WASH, protection, and livelihood components are essential elements of any shelter intervention at household level.

### People Targeted and Geographical Scope

In 2023, the Cluster will target 125,424 vulnerable people.

- 14,389 displaced individuals comprising 2,160 households, or people at risk of displacement or eviction, including eligible vulnerable families affected by conflicts or natural disasters in Gaza or demolitions or settler violence in the West Bank and East Jerusalem will be supported with transitional shelter assistance, essential NFIs, functional assistive devices for IDPs, and protective shelter materials.
- 21,949 people comprising 2,970 households will be targeted with the rehabilitation of damaged and/or substandard shelters to meet basic needs and minimum standards including WASH facilities.
- 86,073 people comprising 15,455 vulnerable households exposed to, at risk of exposure or affected by natural or man-made hazards in Gaza and the West Bank Areas A, B, and C will be supported with seasonal-specific interventions and protective materials
- 3,500 people comprising 1,500 households with members with a disability will receive shelter adaptation assistance to facilitate access and transfer to different housing facilities.
- Stockpiles or prepositioning targets aim to have NFIs in place for up to 21,269 people at risk of flooding or displacement during winter storms or large-scale conflict in Gaza, and capacity building for 300 host families with a hosting history through training, cash support, prepositioned NFIs, or shelter adaptation to be able to host 1680 IDPs at time of emergency. 2,647 members of community committees, municipal forums, emergency staff and volunteers will also receive capacity building and tools for emergency response.

In Gaza a specific focus will be on areas at risk of flooding, host communities, IDPs, conflict affected shelters, and marginalized localities with substandard shelters that need rehabilitation. In the West Bank, interventions will focus

on areas affected by demolitions; in Area C on Bedouin and herding communities; and in East Jerusalem, H2 and communities at high risk of forcible transfer or settler violence.

### Prioritization Criteria

For 2023, Cluster partners adopted a multidimensional prioritization approach based on the MSNA 2022 results, escalations damage assessments, partners' updated assessments, displacement figures, people and communities at higher risk of forcible transfer, and the geographical areas targeted for the proposed interventions.

### Linkages and Synergies with Interventions Outside the Humanitarian Plan

The Cluster response plan includes steps that will be taken to drive forward effective coordination and engagement with government actors and the Palestinian Red Crescent Society (PRCS); partnership with INGOs, NGOs and civil society, alongside integration with other Clusters to ensure coordinated and sustainable interventions. The coordination work of the Cluster in relation to emergency response and contingency stockpiles will also be supported by partners aligned with, but not included, in the HRP, particularly ICRC, PRCS, Palestinian Civil Defense (PCD), UNRWA, the Ministry of Social Development (MoSD) and some INGOs. The Cluster recognizes the vital role played by community-based organizations and municipalities who respond to shocks and thus, will work to map and strengthen community-based mechanisms. The Cluster will also work with all actors to cover the needs of people displaced or affected by conflict by providing different NFI kits, cash reintegration packages, temporary shelter solutions, and to add destroyed and severely damaged houses to the reconstruction list. This is in addition to coordination with UNRWA to provide an emergency response to displaced refugees in the West Bank and Gaza.

In the West Bank, including East Jerusalem, changes in Israeli planning and development policy practices to give more housing rights to Palestinians would lead to a reduction in demolition, displacement and covering the yearly growing housing needs. In areas where development actors face difficulties in implementing projects, particularly in Area C, obstructed development interventions result in higher demands for humanitarian assistance. To address this in a more sustainable way, Cluster partners remain informed of new master plans granted to any community in Area C that might facilitate development interventions and reduce, or eliminate, the need for humanitarian assistance, even though approval for such plans is a very complicated process with limited results.

### Accountability and Inclusion

Persons with disabilities are one of the main vulnerable groups identified in the MSNA and will be targeted and prioritized in the shelter interventions. Shelter adaptation works to help

and serve the persons with disabilities and the elderly with access issues through the provision of ramps, handrails, wide doors, and suitable latrines. In addition, Cluster partners are encouraged to strengthen their knowledge and understanding of the rights of persons with disabilities to enable them to participate actively in all processes of humanitarian programmes and try to eliminate existing barriers that prevent persons with disabilities from accessing services and addressing their needs. Moreover, appropriate indicators have been included and monitored for the inclusion and targeting of persons with disabilities. Tip sheets and short guidance have been developed to highlight the key elements for the persons with disabilities inclusion in the shelter interventions.

Protection mainstreaming is an essential practice in shelter work, and the Protection Cluster has developed a protection mainstreaming checklist to help partners to effectively mainstream in projects. This guidance considers the protection concerns with good practice included to ensure protection of people living in substandard shelters. This includes ensuring families have improved security of tenure and HLP rights maintained, adequate space, privacy, lockable shelter, sufficient insulation to withstand extreme weather conditions, safe access to different shelter facilities, sufficient lighting, interventions that reduce the GBV, and awareness leaflets and brochures are made available to affected populations for shelter safety, good hygienic practices and firefighting.

The provision of safe and dignified shelter solutions for differentiated needs of women, girls, boys and men is one of the most fundamental principles of protection and GBV risk mitigation. The Cluster has advanced steps in gender mainstreaming through the active participation of beneficiaries in the needs assessment phase, to best determine the needs of different groups. Shelter partners will work together with Protection Cluster and GBV AoR and Humanitarian Gender Group to integrate GBV risk mitigation efforts into Shelter/NFI programming.

Systematically and meaningfully engaging the affected people and aid recipients in the design of the projects are key steps in having successful shelter programmes and achieving quality output and outcome results. The Cluster encourages partners to ensure people, especially women and adolescent girls, have a voice in the decisions that affect their lives. This is achieved through consulting beneficiaries during assessment, design, implementation, monitoring, and evaluation of programmes; establishing open channels of communication for feedback, complaints, and information sharing; and facilitating a participatory process for decision-making and mutual learning.

### Cash Programming

Several cash modalities are adopted by shelter actors including: Transitional Shelter Cash assistance (TSCA) as a rental support and one time reintegration cash for displaced families as a result of conflicts and escalations in Gaza; rental cash support for poor families (tenants) at risk of eviction from their rented accommodation; cash assistance provided to displaced families in East Jerusalem and the rest of the West Bank as a rental subsidy for three months; cash tranches as a self-help modality for repair of shelter damage as well as upgrading and rehabilitation of substandard shelters, in addition to cash for NFIs and minor shelter adaptation and protection support.

Displaced families currently received cash assistance in East Jerusalem for three months (US\$ 3,366), the same number is expected for 2023. In West Bank for three months (US\$ 1,620), the same number is expected for 2023, and the partners carry out a survey to modify the value according to the market prices.

Many targeted families in Gaza, East Jerusalem and West Bank received shelter self – help approach cash assistance for shelter upgrade and rehabilitation according to the identified needs to match the minimum shelter Cluster standards. Families at risk of eviction supported with cash rental for six months and the same level of assistance expected in 2023.

To ensure adequate level of quality and safety during shelter repair activities, implementing agencies will need additional financial and human resources with technical expertise for follow up and monitoring. In addition, home visits and post distribution assessments following each tranche will be required and accompanied by training for both service providers and recipients of assistance.

CVA shelter interventions are more cost effective and provide greater flexibility to aid recipients. CVA promotes greater engagement of people and projects require less time for implementation. Additionally, the unrestricted nature of cash assistance provided within the sector allows targeted populations to combine assistance and resources from different sources to address their basic needs more efficiently. In the case of cash-based interventions, the Cluster recommends a restricted modality for purchasing items (e.g., vouchers) and a conditional modality for services (e.g., cash for repairs, cash for rent).

Several partners have received CVA training and are members of the CWG in Gaza and West Bank. Further standardization of CVA activities within the Shelter Cluster will be sought in cooperation with the CWG.



# 3.6

## Water, Sanitation and Hygiene



<b>PEOPLE IN NEED</b>	<b>PEOPLE TARGETED</b>	<b>REQUIREMENTS (US\$)</b>	<b>PARTNERS</b>	<b>PROJECTS</b>
<b>1.36m</b>	<b>869k</b>	<b>\$34.7M</b>	<b>36</b>	<b>35</b>

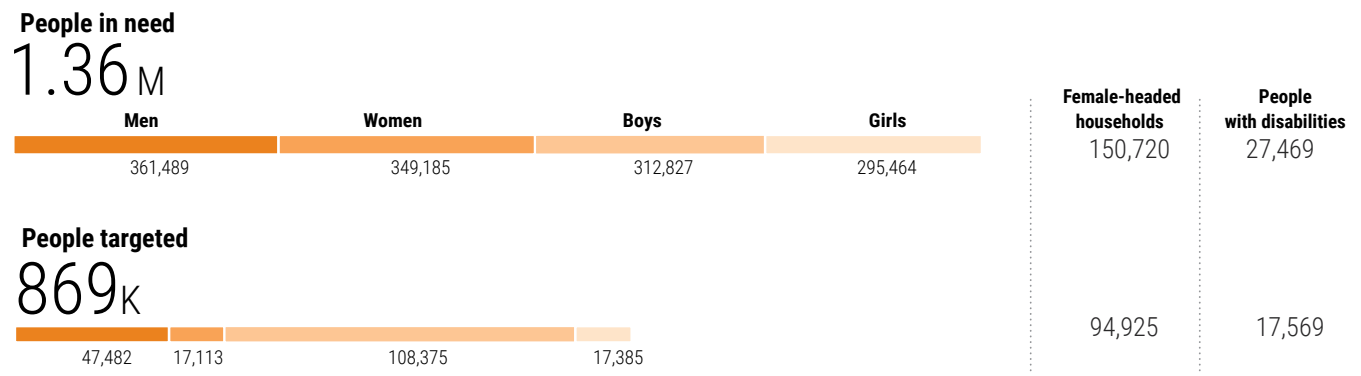
### Cluster Objectives

- 1. Provide Palestinians living under occupation access safe and adequate WASH services with dignity in accordance with IHL and IHRL (SO1).** The Cluster will undertake activities that involve advocacy on the rights of Palestinians affected by the crisis, particularly those residing in Area C of the West Bank and the Gaza Strip. Such advocacy efforts will help those affected by restrictions and attacks against their WASH assets restore and maintain their access to sufficient WASH services through the provision of the appropriate WASH response.
- 2. Ensure equitable, affordable, and sustainable safely managed access to sufficient WASH services for the most vulnerable Palestinians (SO2).** Under this objective, the Cluster will support WASH unserved and underserved populations to improve their access to basic WASH services. The proposed responses will target vulnerable households through the provision of WASH assistance that improves their access to WASH services, in accordance with the relevant national and international standards. This includes the construction/ rehabilitation of basic WASH structures to improve WASH services on community and household levels.
- 3. Strengthen WASH preparedness and response capacity to the most vulnerable Palestinians, to reduce threats and cope with emergencies and shocks (SO3).** Under this objective, the Cluster will undertake interventions that aim to enhance targeted groups’ capacities to deal with potential shocks that affect their access to WASH services. The proposed actions will enhance the resilience of national and community WASH actors to deal with emerging shocks through improving their response and preparedness capacities.

### Response Strategy and Modalities

The WASH Cluster response plan seeks to address the basic WASH needs of vulnerable communities and households in the Gaza Strip and the West Bank through a combination of service provision activities involving targeted repairs/improvements to networks and institutional or household

facilities, enabling mechanisms such as the distribution of water vouchers for targeted vulnerable people and capacity building of service providers. In addition, the WASH Cluster will advocate for more durable solutions to be considered and funded following the emergency response interventions.



In 2023, the WASH Cluster response will be the following:

- **Household-level:** Through material assistance and awareness modalities, the proposed responses will support vulnerable families, through the construction or rehabilitation of household WASH facilities, the demolition response in Area C, the provision of hygiene materials and WASH awareness raising.
- **Community-level:** The proposed response will target the most vulnerable communities through improving public WASH services. The response includes installing/rehabilitating water and sanitation networks, promoting solid waste services and upgrading WASH facilities in community institutions, such as schools and health care facilities.
- **Institutional level:** The institutional WASH sector structure will also be targeted, through operation and maintenance support, capacity building and WASH infrastructure installation and rehabilitation. Moreover, the WASH response aims to enhance the technical and managerial capacities of the Palestinian Water Authority (PWA) and WASH service providers.

WASH partners will adopt various response modalities based on technical, logistical, and coordination characteristics. The activities that require specialized techniques such as the installation of WASH facilities in institutions and the provision of operation and maintenance materials will be coordinated through qualified suppliers. Additionally, conditional cash and voucher assistance will be utilized for household-level activities, such as the rehabilitation of WASH facilities at home and the provision of trucked water and hygiene materials.

On the coordination level, the Cluster will be coordinating its response with related stakeholders and authorities. The PWA is consulted on interventions targeting WASH services at community and institutional levels, and the Ministry of Education and the Ministry of Health on schools and health care WASH facilities. Cluster partners will conduct direct coordination with WASH service providers and local councils to facilitate their community-level interventions to ensure the sustainability and the future operation of the provided WASH structures

### People Targeted and Geographical Scope

In 2023, the WASH Cluster will target 869,465 people, 430,613 in Gaza, and 438,852 in the West Bank. In Gaza, the focus is to reach vulnerable people who are exposed to one or more of the following situations: affected by attacks against WASH structures during the May escalation; lacking access to safe drinking and domestic water; at risk of winter flooding; and exposed to environmental health risks. In the West Bank, the WASH Cluster targets communities with the least access to services (unserved and underserved communities), affected by inadequate service provisions, communities affected by demolitions and settler violence in Area C. In general, WASH Cluster activities will prioritize humanitarian response for

vulnerable populations with disabilities, the elderly, children, female-headed households, people under the poverty line and refugees/IDPs.

In Gaza, the focus of emergency WASH interventions is on flood-prone areas, areas with limited access to WASH services and those exposed to public/environmental health risks. In the West Bank, the Cluster's response will focus on Area C, including areas affected by the Barrier, Israeli restrictions, settlements, demolition orders, areas of Areas A and B, East Jerusalem, and H2 in Hebron.

### Prioritization Criteria

For HRP 2023, the Cluster adopted a multi-dimensional prioritization criterion. The severity of WASH vulnerability, referring to international and humanitarian standards, was the main criteria. This was considered alongside other intersectoral vulnerabilities, including economic, social and protection.

In consultation with WASH partners, the following activities have been prioritized for 2023 in the West Bank and Gaza Strip:

- Emergency interventions to maintain essential WASH services in the most vulnerable communities directly exposed conflicts and climate change impact. These activities will be implemented through WASH service provisions to people with limited access to safe water, operational interventions for service providers to maintain existing essential WASH services, response to demolitions, other man-made and natural disasters and household water treatment and safe storage.
- WASH response to people's needs under public health risk and deteriorated WASH conditions through the provision of WASH services in health facilities, schools, and other key institutions; provision of WASH services to unserved/underserved communities and households; hygiene promotion/awareness raising and sanitation facilities.
- Strengthening national WASH governance systems in terms of accountability, advocacy, and evidence-based planning to reduce threats and cope with emergencies/shocks. These activities will build WASH service providers' capacities, improve operation and maintenance, strengthen the sector's governance and knowledge management, improve coordination, advocacy, emergency preparedness, and enhance gender and protection.

### Linkages and Synergies with Interventions Outside the Humanitarian Plan

The WASH Cluster coordinates with the PWA, UNRWA, UNDP, UNICEF, and other partners involved in non-HRP and development-focused WASH programmes. The Cluster developed its interventions based on intensive coordination and analysis to ensure the maximum application of the emergency-development nexus approach. Therefore, sustainability, upgradability, and durability of the proposed

WASH interventions were considered during the development of the WASH HRP 2023.

Activities such as the installation/rehabilitation of WASH infrastructure, the provision of maintenance and operation materials and service providers' capacity-building programme will contribute to other non-HRP initiatives, targeting the same groups with similar interventions. Such linkages will benefit WASH vulnerable groups with the following:

WASH HRP interventions could provide a temporary solution for WASH vulnerability, until other development actors intervene to provide permanent or long-term solutions.

The vulnerable groups targeted by development actors' long-term interventions will be removed from WASH vulnerability, allowing the Cluster to focus its targets within the HRP 2023.

WASH HRP assessment and intervention could be the basis for other development responses. The Cluster will encourage development actors to build upon what will be achieved in 2023, taking advantage of the regular Cluster coordination with PWA and the UNICEF participation in various development platforms.

### Accountability and Inclusion

WASH partners will use gender-sensitive quantitative data analysis as a core part of the project's M&E system to track beneficiaries' satisfaction, participation, acceptance, knowledge and practices.

In 2023, the Cluster will increase protection capacity by enhancing community resilience through increased access to natural resources and livelihood opportunities. Based on WASH Cluster vulnerability assessments and MSNA findings, the highest priority will be given to communities affected by escalations, by the COVID-19 outbreak, Israeli restrictions in Area C, the Barrier, Israeli military zones, settlements and conflict. WASH interventions will also include an advocacy component that promotes IHL and IHRL.

WASH partners will contribute to gender equality and gender-sensitive/responsive programming by collecting sex and age disaggregated data, conducting gendered analysis, and designing interventions that address gender needs, integrate gender considerations, and include the meaningful participation of different vulnerable populations (e.g., widows, persons with disabilities, adolescent girls, farmers, and female headed households). The Cluster will promote understanding and use of the WASH gender toolkit.

In accordance with the MSNA results, the Cluster will prioritize raising awareness among affected people on their rights concerning humanitarian assistance, the IASC code of conduct and the CBCM mechanism. The Cluster

will make public existing feedback and complaint channels, while fostering consultations with affected communities on their preferred communication channels (hotline number, email address and WhatsApp) in a culturally, gender and age sensitive manner. The Cluster will strengthen its collaboration with the PSEA Network, common complaint channels and referral systems to cover for the gaps on partners with fewer capacities. For AAP, the WFP-managed Inter-Agency common feedback mechanism toll-free Hotline provides affected populations information on assistance programmes; allows them to submit their feedback; receive answers to questions and concerns, facilitates their connection to the PSEA Network channel (SAWA hotline) for sensitive cases in a confidential and efficient manner.

The Cluster will continue to receive, process, act upon WASH-related requests for help, feedback, and complaints. Complaints, allegations concerning SEA will be processed, addressed, or referred in accordance with the PSEA referral protocol and SOPs. The Cluster will foster the endorsement of the SOPs by all members and liaise with the PSEA Network for technical assistance.

In addition to the MSNA which was used to inform the design, needs, and prioritization of WASH projects, Cluster members will work closely with affected communities, partner governorates, area focal points, and service providers in Gaza to involve affected communities in the identification of needs and the design, and implementation of interventions to ensure timely adjustments are introduced. The Cluster will use participatory approaches that consider protection measures to evaluate and to assure feedback/complaint mechanisms and WASH partners emergency response and preparedness interventions. The Cluster will ensure that consultations with communities also address PSEA and treatment and referral of sensitive feedback.

### Cash Programming

For some WASH household-level interventions, Cluster partners will adopt the voucher modality for activities that involve the provision of standard WASH items, such as hygiene materials. For the rehabilitation, upgrading and adaptation of household WASH facilities, such as the construction/rehabilitation of household water cisterns, latrines, water and sewer connections, partners will adopt the restricted cash modality by providing cash support to the households to upgrade their WASH facilities. Targeted households will be requested to implement specific works to ensure that their WASH facilities meet the Cluster technical standards.

## 3.7

# Coordination and support services



REQUIREMENTS (US \$)

\$12.7m

PARTNERS

10

PROJECTS

13

## Objectives

1. Provide coordination leadership to guide a principled, timely, effective, and efficient humanitarian strategy and operational response within the geographical scope identified as the area of operations for the 2023 HRP.
2. Ensure an effective coordination system is in place, in compliance with Inter-Agency Standing Committee (IASC) policies and guidance, that is responsive and effective in meeting the needs of humanitarian partners.
3. Drive inter-sectoral and inter-agency vulnerability and needs analysis, response planning and monitoring through the Humanitarian Programme Cycle Process and in coordination with development actors through the UNSDCF and government, where appropriate.
4. Ensure centrality of protection and promotion of international humanitarian law and humanitarian principles, as well as the neutrality of staff, installations and premises, including through coordinated technical access support and security advice provided to humanitarian personnel in accordance with humanitarian principles international law in order to better direct assistance to the civilian population and support advocacy efforts undertaken by the humanitarian community and other stakeholders to improve humanitarian access.
5. Lead efforts to further strengthen accountability and inclusion throughout the humanitarian sector, with specific focus on Accountability to Affected People, PSEA, disability inclusion and gender equality in humanitarian action.

## Response Strategy and Modalities

The CSS response strategy speaks to the humanitarian community's commitment to evolving to meet the needs of humanitarian actors and aid recipients, and to the operating environment. For 2023, the CSS will continue to focus on providing overall coordination leadership at the inter-cluster and cluster levels, notably in support of the Humanitarian Coordinator, including on situation and needs analysis and monitoring, joint planning and response monitoring. Activities that will include the implementation of core processes and structures for humanitarian action, including secretariat functions in support of humanitarian leaders, the HCT, ICCG, HCT Advocacy Working Group, and the inter-agency PSEA Network will be maintained. Areas for additional attention that have been identified for 2023 are:

- Further linking humanitarian and development programming through the development of a common strategic planning framework for the HRP and UNSDCF, creation of a joint Monitoring, Evaluation and Learning data group, and harmonization of the HRP and UNSDCF.
- Enhancing and streamlining approaches to disability inclusion and gender equality in humanitarian action.
- Strengthening approaches to strategic advocacy in support of vulnerable populations. This includes coordination, advocacy and private diplomacy activities as well as reporting on restrictions to humanitarian space to support advocacy efforts undertaken by the humanitarian community and other stakeholders to improve humanitarian access.
- Localization, or increasing the participation of national NGOs.
- Expanding the work of the PSEA Network and AAP.



## Part 4

# REFUGEE RESPONSE

East Jerusalem. © Photo by the Palestinian Housing Council



A unique aspect of the humanitarian and development context in the OPT is the provision of services to refugees by UNRWA. UNRWA provides humanitarian assistance and contributes to protection of refugees through essential service delivery, primarily in the areas of basic education, primary health care and mental health care, relief and social services, microcredit, and emergency assistance, in both Gaza, where the majority of the population are refugees, and the West Bank including East Jerusalem. Nearly the entire population of the Gaza Strip receives aid from UNRWA. The agency is responsible for the majority of schools, health care facilities and some public services. In an environment of increasing needs and dependency, UNRWA has traditionally been perceived as a pillar of stability by Palestine refugees in Gaza.

UNRWA was established by [UN General Assembly resolution 302 \(IV\)](#) of 8 December 1949 and began operations on 1 May 1950. UNRWA has a humanitarian and development mandate to provide assistance and protection to Palestine refugees pending a just and lasting solution to their plight. The Agency's mandate has evolved over the years, as set out in various General Assembly resolutions, to extend to the provision of emergency services to persons in its area of operations who are currently displaced and in serious need of continued assistance as a result of the 1967 and subsequent hostilities. The mandate has also evolved to accommodate the changing needs and political situation of Palestine refugees, including with respect to protection activities.

### Gaza

Palestine refugees, already suffering from the humanitarian and socio-economic impacts of a 16-year blockade, and the consequences of recurrent hostilities, were confronted with another round of escalation of violence in August 2022.

Repeated exposure to conflict, compounded with the effects of continued restrictions on the movement of persons and goods, has created a mental health crisis in Gaza. Children are the group most affected and a recent MHPSS assessment undertaken by UNRWA identified that 42 per cent of new first grade students show signs of trauma and require intervention. The impact of a deteriorating socio-economic situation, including extremely high unemployment rates and related poverty, has resulted in a rise in cases of GBV including early marriage and domestic violence.

The presence of explosive remnants of war is another consequence of the recurrent hostilities. In 2022, 3 accidents were reported in Gaza, causing 7 injuries. While much of the explosive ordnances from the escalation have been removed, the potential for renewed conflict remains high, giving rise to the need for further Explosive Ordnance Risk Education (EORE). To mitigate and respond to the protection concerns and risk factors arising from the repeated escalation of hostilities, UNRWA will increase its protection capacities through a series of multifaceted initiatives focusing on MHPSS, child protection, GBV and EORE. Underpinning the initiatives will be a significantly increased focus on coordination with the Protection Cluster and a community based approach that

REFUGEES IN OPT	
Jenin	113,297 ■
Tubas	10,535 ▮
Tulkarm	69,534 ■
Nablus	105,561 ■
Qalqiliya	57,832 ▮
Salfit	6,214 ▮
Ramallah & Al-Bireh	102,220 ■
Jericho	26,515 ▮
Jerusalem	135,786 ■
Bethlehem	65,828 ■
Hebron	119,550 ■
<b>West Bank Total</b>	<b>813,522</b>
North Gaza	340,937 ■
Gaza	417,190 ■
Dier al Balah	296,604 ■
Khan Yunis	276,523 ■
Rafah	250,670 ■
<b>Gaza Strip Total</b>	<b>1,580,538</b>
<b>OPT Total</b>	<b>2,409,033</b>

includes Palestine refugees as partners in decision making.

Besides their human and psychosocial costs, the August 2022 military escalation affected around 1,500 housing units. UNRWA will also seek to secure a safe and dignified standard of living for 120 Palestine refugee households who suffer from man-made and natural crisis such as cold, fire, flood, settler violence and winterization by providing cash through checks. A combination of shelter support to refugees who have been displaced and/or who have had their homes damaged will be pursued and through the provision of Psychological First Aid (PFA) and short-term case management services by dedicated protection social workers. Shelter support is provided in the form of cash transfers that address immediate needs linked to protection threats. Community-wide initiatives help improve the emergency preparedness of communities under constant protection threats, and/or coordinate comprehensive response after medium to large-scale events; to improve the safety and accessibility of complaints, including complaints of SEA.

For the second consecutive year, UNRWA opened the 2022-2023 academic year with full face-to-face learning, providing quality education to 294,086 students, 142,363 girls and 151,723 boys, including 5,000 students with disabilities. In order to ensure that no child is left behind and that access to education is available to all students regardless of their available resources, UNRWA will provide: additional learning support to enhance children literacy and numeracy skills, material support to assist students' learning experience, structured recreational (after-school and summer) activities, cleaning supplies and materials to continue meeting hygiene requirements outlined by the WHO and MoH, support to



special education for children with disabilities through Community Based Rehabilitation Centers, and mental health and psychosocial support to students and parents.

UNRWA continues to provide essential primary health care services to 1.4 million Palestine refugees in Gaza. Expanding the capacity of the UNRWA health services to absorb increasing needs is necessary to support the already over-stretched public health services, ensuring access of Gaza's vulnerable population to health services. UNRWA's ability to respond to emergency health needs in Gaza is greatly constrained by the tight funding situation as well as the increasing needs and ensuring the availability of this intervention is crucial. In light of these conditions, UNRWA will support the provision of critical healthcare needs for Palestine refugees in the Gaza Strip, while alleviating the pressure on public health system, through: ensuring access to secondary and tertiary health services for poor refugees in response to MoH's long-waiting list; providing critical medicines especially for NCD patients; hiring additional staff to cope with increasing needs; enhancing telemedicine services; strengthening the infection prevention control; enhancing health response capabilities in emergency; conducting home visits for vulnerable patients; providing necessary assistive tools to children with special needs; and , providing mental health and psychosocial support especially to women, vulnerable groups, people affected by the hostilities and staff.

UNRWA's emergency food assistance operation provides a critical humanitarian lifeline to over one million Palestine refugees who depend on food aid to meet their most basic food security needs. It accounts for over 200,000 Palestine refugee families including families with persons with disabilities and female headed households. In quarterly bases, eligible families receive a food basket that is composed of a range of basic food commodities. Through its well-established monitoring system, UNRWA will continue to evaluate the food distribution system including the distribution modality that follows strict safety and security measures responding to changing environment around unpredictable situation, while guaranteeing a fair, equal, and consistent support to food-insecure Palestine refugees in Gaza.

Soaring rates of unemployment and limited income are key drivers to poverty and food insecurity among the population who are already facing challenges accessing food for most refugees struggling with deteriorating socio-economic condition compounded with recurrent hostilities and the impact of global emergencies including the Ukraine Crisis and COVID-19 pandemic. Through its Cash for Work (CfW) intervention, UNRWA aims to support Palestine refugees in Gaza coping with protracted threats and shocks and mitigate food insecurity through offering short term employment opportunities to approximately 15,400 poor Palestine refugees. These will be equal to more than 1,540,000 workdays, and will inject about US\$ 19 million into the local economy, generating 5,500 full time job equivalents (FTEs). The short-term job opportunities will include more than 11,300 unskilled positions, more than 3,900 skilled positions and around 200 professional positions. UNRWA aims to provide 40 per cent of skilled and professional job opportunities to

women; about 40 per cent of all CfW opportunities will target youth and young adults (aged 19–29) to expose them to the workplace. UNRWA ensures that beneficiaries under the Cash for Work programming have access to occupational health and safety norms for the work they agree to undertake by identifying the functions and way the Cash for Work modality can be deployed for UNRWA activities safely and in a dignified manner in order to continue providing income generation opportunities to refugees to achieve livelihood objectives.

Around 1 million refugees suffering from limited access to food and to income opportunities will be targeted with food in-kind and food vouchers and cash assistance to support their basic daily needs. In the West Bank, UNRWA will seek to provide unconditional and non-restricted cash assistance to 3,198 abject poor Palestine refugee households (approx. 20,509 individuals) through the e-card modality, to support them with covering their basic food needs and restoring their coping capacities. This intervention contributes towards the Strategic Objective 3 "The ability of vulnerable Palestinians to cope with the protracted crisis, including environmental threats, is supported, while solutions to violations and other root causes of threats and shocks are pursued" and in turn contributes to the Food Security Sector Objective "Households suffering from limited access to food and to income opportunities are able to meet their basic food needs". Distribution will be complemented by consultations with beneficiaries and awareness raising on PSEA and complaint mechanisms. The unique socio-economic conditions of the blockade, with its movement restrictions and destruction of productive capacity, are further compounded by repeated cycles of conflict and political instability, undercutting employment and livelihood opportunities in the Gaza Strip.

Given the volatility of the security situation, UNRWA in Gaza, which acts as the coordination center for humanitarian response and interventions during emergencies, requires to maintain a high and efficient level of emergency preparedness. In response, UNRWA aims to provide emergency shelter assistance for affected families through: Transitional Shelter Cash Assistance (TSCA) for up to 12 months, and shelter repair for refugee families affected by the August 2022 escalation. UNRWA will also continue to enhance its emergency preparedness through the provision and stockpiling of Non-Food Items (NFIs) in case of emergencies, the provision of assistive devices to people with disabilities affected by emergencies, the maintenance of 54 Designated Emergency Shelters (DESSs) and 25 Mobile Emergency Shelters (MESs), and equipping DESSs and MESs with emergency health response needs.

### West Bank

Palestine refugees both inside and outside refugee camps in the West Bank are considered particularly vulnerable as they continue to face various protection threats including exposure to conflict-related violence, settler violence and IF operations in Palestine refugee camps which averaged thirteen operations per week in 2022. According to OCHA, as of 30 November 2022, ISF had conducted 3294 search and arrest operations in the West Bank, of which 365 were in refugee camps.

Of the 890,000 Palestine refugees in the West Bank, focus is given to the needs of Palestine refugees living in 19 refugee camps who are particularly impacted by the occupation and military incursions. In 2023 UNRWA will seek to address the acute needs of the Palestine refugees exposed to conflict-related violence and the risk of displacement and/or forcible transfer through a three-pronged approach

- monitoring and documentation of protection incidents to advocate for the protection of Palestine refugees in accordance with International Humanitarian Law (IHL) and International Human Rights Law (IHRL) – including persuasion, mobilization and denunciation – targeting duty bearers as well as international and national interlocutors
- responding to protection threats linked to the risk of displacement and/or forcible transfer, in addition to military operations and settler violence and,
- mitigating the consequences by improving emergency preparedness and reinforcing the resilience of affected persons.

In the West Bank and East Jerusalem 20,560 school-aged, Palestine refugee students (9,853 boys and 10,707 girls) will continue to learn and to benefit from having access to quality education in a context of increased violence as a result of the protracted crisis and continued military occupation. Forty-two UNRWA schools that are affected by frequent military incursions, clashes and settler violence and are located at high-risk areas namely East Jerusalem, Hebron H2, Area C, as well as UNRWA schools that are currently affected by the increased deteriorating situation in Nablus and Jenin will be targeted. The aim will be to increase safe access and provide psychosocial support for vulnerable refugee students and teachers, in addition to other non-teaching staff. Activities will aim to support UNRWA school staff and students who are affected by the education-related violations to enjoy a protective environment as well as to assist children and school staff in vulnerable schools in preparing and responding to emergencies.

In light of the deteriorating security conditions in the West Bank with daily ISF operations, lockdowns and closures, UNRWA will support the provision of critical primary healthcare needs for Palestine refugees in the West Bank while alleviating the pressure on public health system, through ensuring access to primary health services for refugees in emergency situations due to closures, lockdowns or natural disasters; providing life-saving medicines especially for patients with non-communicable diseases (NCD); hiring and training surge staff to cope with increasing needs; visiting vulnerable patients; enhancing health response capabilities in situations of emergency; providing mental health and psychosocial support especially to women, vulnerable groups, people affected by the hostilities and staff; strengthening the capacity of current staff respond to emergency situations; and, equipping UNRWA health centers to better respond in emergency situations. Forty remote Palestine refugee

communities in Area C who are facing access restrictions to health services due to Israel's restrictive planning system will be benefiting from Mobile Health Teams (MHTs) that seek to improve accessibility to essential primary health services for vulnerable communities of Palestine refugees in the West Bank. Through the deployment of four MHTs, UNRWA will provide essential health services while taking measures to ensure accessibility for people with disabilities and a strong emphasis on accessibility of SEA complaints mechanisms.

UNRWA will seek to provide a safe and dignified standard of living for 200 Palestine refugee households through 'self-help' rehabilitation, whereby funds are provided to beneficiaries to carry out the work, with the technical support from the Agency. The most vulnerable segment of refugees that include persons with disabilities and female-headed households are targeted to help them meet shelter basic needs and minimum standards. UNRWA strives to improve the safety and accessibility of complaints, including complaints of SEA.

In 2023, UNRWA aims to ensure that the vulnerable Palestine refugee population in the West Bank will improve their access to equitable, affordable, and sustainable safely managed WASH services. This will be pursued through the provision of a comprehensive WASH package of assistance to the 19 vulnerable refugee camps. These interventions aim to improve solid waste management and access to sanitation and hygiene. Other activities will include those that aim to strengthen floods mitigation and prevention, improve access to WASH services in 96 UNRWA schools and 694,006 persons served at UNRWA health care facilities.

Funding is provided through voluntary contributions for the agency's Programme Budget, which has been significantly reduced in recent years. The Programme Budget supports core services, including recurrent staffing and non-staff costs, for basic education, health, infrastructure and camp improvement and relief and social services, as well as management and support services. In excess of 80 per cent of the Programme Budget is spent on salaries, chiefly for education (e.g., teachers, school principals, instructors), health (e.g., doctors, nurses, midwives, pharmacists) and relief and social services (e.g., social workers, relief workers, registration staff), in addition to other programme and support functions.

While not directly addressed in the HRP, UNRWA's core programming plans form part of the foundational assumptions for other humanitarian actors, as any reduction in UNRWA's support would see a significant rise in the humanitarian needs detailed in the HNO. One recent indication of the importance of UNRWA's key role in Gaza was clearly highlighted in the first half of 2022, in-kind emergency food assistance reached 1,140,876 Palestine refugees in Gaza, including women-headed households, persons with disabilities and refugees over 60.<sup>7</sup> In the 2023 HRP, UNRWA will have 14 projects for a total budget of US\$ 206 million and 970,100 targeted individuals. UNRWA's projects will contribute to SO1, SO2, SO3 of the HRP.

7. 2022 OPT emergency appeal progress report for the reporting period 1 January – 30 June 2022



## Part 5

# ANNEXES

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*Connecting communities to water networks to improve their access to water services in An Nue'imeh community, Jericho. © Photo by the WASH cluster*



## 5.1

# List of participating organizations (78)

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1. ACT Alliance / Dan Church Aid - Norwegian Church Aid Joint office in Palestine
2. ACT Alliance / Lutheran World Federation
3. Action Against Hunger
4. Agency for Technical Cooperation and Development
5. Agriculture Development Association
6. Al Awda Health and Community Association
7. Alianza por la Solidaridad
8. Al Mezan Center for Human Rights
9. American Near East Refugee Aid
10. Arab Agronomist Association
11. Ard El Insan Palestinian Benevolent Association
12. Asamblea De Cooperacion Por La Paz
13. Atfaluna Society for Deaf Children
14. Beit Lahia Development Association
15. CARE International
16. Catholic Relief Services
17. Center for Mind Body Medicine
18. Center for Women's Legal Research and Consulting
19. Cooperazione E Sviluppo - CESVI
20. Dr. Haider Abdel Shafi Center for Culture and Development
21. Economic & Social Development Centre of Palestine
22. Food & Agriculture Organization of the United Nations
23. Gaza Community Mental Health Programme
24. Global Communities
25. Handicap International - Humanity & Inclusion
26. House of Water and Environment
27. Islamic Relief Worldwide
28. Japan Campaign for Children of Palestine
29. Japan International Volunteer Center
30. MA'AN Development Center
31. Médecins du Monde
32. Médecins du Monde Suisse
33. Medical Aid for Palestinians
34. Mercy Corps
35. Mothers' School Society
36. Natuf for Environment and Community Development
37. NGO Development Center
38. Norwegian People's Aid
39. Norwegian Refugee Council
40. Office for the Coordination of Humanitarian Affairs
41. Office of the High Commissioner for Human Rights
42. Oxfam Novib Netherlands
43. Palestine Save the Children Foundation
44. Palestinian Al Nakheel Association for Progress and Development
45. Palestinian Environmental Friends
46. Palestinian Environmental NGOs Network
47. Palestinian Housing Council
48. Palestinian Hydrology Group
49. Partners for Sustainable Development
50. Physicians for Human Rights Israel
51. Première Urgence Internationale
52. Psycho Social Counselling Center for Women
53. Public Aid Society
54. Qatar Red Crescent Society
55. Rural Women's Development Society
56. Save the Children
57. Save Youth Future Society
58. Secours Islamique France
59. Society of Saint Yves
60. St. John Eye Hospital
61. Teacher Creativity Centre
62. Terre des Hommes - Lausanne
63. The Palestinian Developmental Women Studies Association
64. Union of Agricultural Work Committees
65. United Nations Children's Fund
66. United Nations Human Settlements Programme (UN-HABITAT)
67. United Nations Mine Action Service
68. United Nations Office for Project Services
69. United Nations Population Fund
70. United Nations Relief and Works Agency for Palestine Refugees in the Near East
71. War Child Holland
72. Wefaq Society for Women and Child Care
73. WeWorld - Gruppo Volontariato Civile Onlus
74. Women's Affairs Center
75. World Food Programme
76. World Health Organization
77. World Vision Jerusalem West Bank Gaza
78. Yesh Din - Volunteers for Human Rights



## 5.3

# Planning Figures by Sector and by Geography

Cluster	People in Need	People Targeted	Requirements \$US	Operational partners	Number of projects
Education	608,556	496,811	\$35.0M	19	22
Food Security	1,541,808	1,393,347	\$279.7M	22	35
Health	1,611,601	1,111,982	\$46.2M	24	40
Multi-cluster/Multi-Purpose Cash	82,393	50,841	\$19.0M	7	14
Protection	1,863,850	661,668	\$40.2M	28	45
Shelter and NFI Cluster	663,103	126,629	\$34.8M	15	27
WASH	1,366,680	869,465	\$34.7M	36	35
Coordination and Support Services			\$12.7M	10	13

### People in Need and Target by Age and Gender

Cluster	Boys	Girls	Men	Women	Elderly
Protection	116,636	133,097	162,781	239,696	12,568
Education	217,817	261,354	8,401	9,239	0
Health	207,973	209,948	288,871	405,190	58,475
Shelter	25,573	24,571	36,101	27,362	12,664
WASH	220,679	210,847	207,895	202,254	27,789
FSS	395,159	383,322	380,620	382,705	35,145
<b>Overall targets</b>	<b>402,254</b>	<b>388,179</b>	<b>413,561</b>	<b>413,561</b>	<b>51,933</b>

### People in need, target and financial requirements by Area

Region	Requirements \$US	People in need	Targeted People
Gaza Strip	\$367,277,369	1,278,023	1,158,027
Area C	\$84,334,263	100,179	100,179
Area A&B	\$27,675,362	585,502	298,049
East Jerusalem	\$13,761,534	107,096	49,143
Hebron H2	\$9,443,163	16,619	8,105
<b>Grand Total</b>	<b>\$502,305,601</b>	<b>2,087,420</b>	<b>1,613,503</b>

## 5.6

# How to Contribute

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## 1. CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN

To consult the OPT Humanitarian Needs Overview (HNO), Humanitarian Response Plan (HRP) and monitoring reports, and to link up with organizations participating to the plan through the clusters, please visit: <https://www.Ochaopt.org/hrp-2023>

## 2. DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

CERF provides rapid initial funding for lifesaving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises around the world. The OCHA managed CERF receives voluntary contributions from various donors – mainly governments, private companies, foundations, charities, and individuals – combined into a single fund. CERF also provides funding to the world's most neglected crises. When a disaster fades from the headlines, or never makes the headlines, it is much harder to raise funds. The need for help, however, is no less significant. Find out more about the CERF and how to donate by visiting the CERF website: <https://cerf.un.org/donate>

## 3. DONATING THROUGH THE COUNTRY HUMANITARIAN FUND

The Humanitarian Fund (HF) in the OPT is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC), with the support of the Review Board. In addition, an Advisory Board provides general policy and strategy guidance on the overall OPT HF process and priorities. Members of the OPT HF Advisory Board include the donors to the fund and representatives of national and international NGOs and UN agencies. Find out more about the HF in the OPT by visiting the OPT HF website: [www.ochaopt.org/hf](http://www.ochaopt.org/hf). For information on how to make a contribution, please contact Saad Abdel-Haq, OPT HF Manager: [abdel-haq@un.org](mailto:abdel-haq@un.org)



# Acronyms

<b>AAP</b>	Accountability towards Affected Population
<b>AWG</b>	Advocacy Working Group
<b>CARE</b>	Cooperative for Assistance and Relief Everywhere
<b>CBPF</b>	Country-Based Pooled Fund
<b>CSS</b>	Coordination and Support Services Sector
<b>CFW</b>	Cash-for-work
<b>CERF</b>	Central Emergency Response Fund
<b>CMWU</b>	Coastal Municipal Water Utility
<b>CPP</b>	Conflict Preparedness and Protection
<b>CWD</b>	Children with Disabilities
<b>DES</b>	Designated Emergency Shelter
<b>ECHO</b>	European Commission Humanitarian Aid Office
<b>EIE</b>	Education in Emergencies
<b>EJ</b>	East Jerusalem
<b>EOD</b>	Explosive Ordnance Disposal
<b>ER</b>	Early Recovery
<b>ERC</b>	Emergency Relief Coordinator
<b>ERF</b>	Humanitarian Emergency Response Fund
<b>ERW</b>	Explosive Remnants of War
<b>EU</b>	European Union
<b>EWASH</b>	Emergency Water, Sanitation and Hygiene Advocacy Group
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FHH</b>	Female Heading Households
<b>FTS</b>	Financial Tracking Service
<b>GAM</b>	Gender and Age Marker
<b>GBV</b>	Gender-based violence
<b>GDP</b>	Gross domestic product
<b>GiHA</b>	Gender in Humanitarian Action
<b>GMR</b>	Great March of Return
<b>H2</b>	Hebron City
<b>HC</b>	Humanitarian Coordinator
<b>HCT</b>	Humanitarian Country Team
<b>HGG</b>	Humanitarian Gender Group
<b>HI</b>	Humanity and Inclusion
<b>HNO</b>	Humanitarian Needs Overview
<b>HRC</b>	Human Rights Council
<b>HRP</b>	Humanitarian Response Plan
<b>HF</b>	Humanitarian Fund for the OPT
<b>IACP</b>	Inter-Agency Contingency Plan
<b>IASC</b>	Inter-Agency Standing Committee
<b>ICCG</b>	Inter-Cluster Coordination Group
<b>ICRC</b>	International Committee of the Red Cross
<b>IDF</b>	Israel Defense Forces
<b>IHL</b>	International humanitarian law
<b>IHRL</b>	International human rights law
<b>INGO</b>	International non-governmental Organisation
<b>MDM</b>	France Médecins du Monde
<b>MHPSS</b>	Mental health and psychosocial support services
<b>MoA</b>	Ministry of Agriculture
<b>MoE</b>	Ministry of Education
<b>MoEHE</b>	Ministry of Education and Higher Education
<b>MoH</b>	Ministry of Health
<b>MoLG</b>	Ministry of Local Government
<b>MoP</b>	Ministry of Planning
<b>MoSA</b>	Ministry of Social Affairs
<b>MoPAD</b>	Ministry of Planning and Administrative Development
<b>MoPWH</b>	Ministry of Public Works and Housing
<b>MSNA</b>	Multi-Sector Needs Assessment
<b>MPCA</b>	Multi-Purpose Cash Assistance
<b>NCD</b>	Non-communicable disease
<b>NFI</b>	Non-Food Item
<b>NGO</b>	Non-Governmental Organisation
<b>NNGO</b>	National NGO
<b>NRC</b>	Norwegian Refugee Council
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>OXFAM</b>	Oxford Committee for Famine Relief
<b>OHCHR</b>	Office of the High Commissioner for Human Rights
<b>OPT</b>	occupied Palestinian territory
<b>PA</b>	Palestinian Authority
<b>PADR</b>	Palestinian Association for Development and Reconstruction
<b>PCATI</b>	Public Committee Against Torture in Israel
<b>PCD</b>	Palestinian Civil Defense
<b>PCHR</b>	Palestinian Centre for Human Rights
<b>PCWG</b>	Protection Cluster Working Group
<b>PCBS</b>	Palestinian Central Bureau of Statistics
<b>PHC</b>	primary health care
<b>PHG</b>	Palestinian Hydrology Group
<b>PMAC</b>	Palestinian Mine Action Center
<b>PMRP</b>	Periodic Mid-Year Monitoring Report
<b>PMRS</b>	Palestinian Medical Relief Society
<b>PMTF</b>	Proxy-Means Test Formula
<b>PNA</b>	Palestinian National Authority
<b>PNGO</b>	Palestinian NGO network
<b>PoC</b>	Protection of Civilians
<b>PRCS</b>	Palestine Red Crescent Society
<b>PRDP</b>	Palestinian Reconstruction and Development Plan
<b>PSEA</b>	Protection Against Sexual Exploitation and Abuse
<b>PU-AMI</b>	Première Urgence-Aide Médicale Internationale
<b>PWA</b>	Palestinian Water Authority
<b>PWD</b>	Persons with disability
<b>RCS</b>	Red Crescent Society
<b>RH</b>	Reproductive health
<b>RI</b>	Relief International
<b>RPM</b>	Response Planning Module
<b>SC</b>	Save the Children
<b>SIDA</b>	Swedish International Development Cooperation Agency
<b>SEFSec</b>	Socio-economic and Food Security Monitoring System
<b>SOP</b>	Standard Operating Procedure
<b>UN</b>	United Nations
<b>UN</b>	Women United Nations Entity for Gender Equality and the Empowerment of Women
<b>UNCT</b>	United Nations Country Team
<b>UNDAF</b>	United Nations Development Analysis Framework
<b>UNDP</b>	United Nations Development Programme
<b>UNDSS</b>	United Nations Department of Safety and Security
<b>UNEP</b>	United Nations Environmental Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UN-HABITAT</b>	United Nations Centre for Human Settlements
<b>UNICEF</b>	United Nations Children's Fund
<b>UNMAS</b>	United Nations Mine Action Service
<b>UNODC</b>	United Nations Office on Drugs and Crimes
<b>UNOPS</b>	United Nations Office for Project Services
<b>UNRWA</b>	United Nations Relief and Works Agency
<b>UNSCO</b>	United Nations Special Coordinator's Office
<b>UXO</b>	unexploded ordnance
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WASH</b>	MP Water, Sanitation and Hygiene Monitoring Project
<b>WB</b>	West Bank
<b>WBWD</b>	West Bank Water Department
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization

