

# HUMANITARIAN RESPONSE PLAN OPT

HUMANITARIAN  
PROGRAMME CYCLE  
2021

ISSUED DECEMBER 2020



# 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.

*The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.*

## PHOTO ON COVER

Students in Am'ari Girls School participate in back to school activities on the first day back to learning. © 2020 UNRWA Photo by Iyas abu Rahmeh

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This document is based on planning figures generated for the 2021 Humanitarian Needs Overview for the occupied Palestinian territory; unless otherwise noted, data is valid as of end September 2020.

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## Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

[www.humanitarianresponse.info/en/operations/occupied-palestinian-territory](http://www.humanitarianresponse.info/en/operations/occupied-palestinian-territory)



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

[www.hum-insight.com](http://www.hum-insight.com)



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

[fts.org/appeals/2019](http://fts.org/appeals/2019)

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# Foreword by the Humanitarian Coordinator

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As is the case globally, the COVID-19 pandemic has been the dominant concern in the occupied Palestinian territory (oPt) in 2020. Due to swift and decisive action on the part of the authorities after the first cases were detected in early March, by the time the initial emergency measures were eased in late May, only 630 Palestinians were confirmed to have contracted COVID-19, including just 60 people in the Gaza Strip, with five fatalities reported in total. However, there has been a subsequent upsurge, in particular, since community infection was first confirmed in Gaza in late August. As of 27 November, despite the reintroduction of lockdown measures, infections are escalating. The cumulative number of people confirmed to have had the virus stands at over 93,000, including about 18,500 who are currently with COVID-19, and 776 who have died (*As of the time of publication, the number of confirmed cases in the oPt had risen sharply to over 126,000*).

The situation in Gaza is especially concerning, due to its population density, degraded infrastructure and deteriorating living conditions. Gaza's fragile health-care system is ill-equipped to deal with the current surge, having been undermined during the over-decade-long Israeli blockade, the internal Palestinian divide, a chronic power deficit, shortages in specialized staff, drugs and equipment, and the large number of serious injuries from the 'Great March of Return' demonstrations. Between May and November 2020, the Palestinian Authority (PA) halted almost all contacts with Israel, in response to Israel's plan to formally annex parts of the West Bank; as a result, the access of patients, in particular from Gaza, to health care in East Jerusalem and in Israel was further restricted.

While the situation in the West Bank, including East Jerusalem, is less severe than in Gaza, settlement activities, settler violence, access restrictions, demolitions and evictions have continued or increased during 2020, intensifying the coercive environment on vulnerable Palestinian communities and undermining hopes for a two-state solution. Throughout the oPt, women and children are bearing the brunt of the combined impact of the pandemic and the economic consequences of COVID-19 restrictions, with protection partners reporting a surge in domestic gender-based violence (GBV) and limited access

to support services, due to the pandemic-related movement restrictions.

According to the World Bank, some 121,000 Palestinians lost their jobs in the second quarter of this year, due to COVID-19 related restrictions and the PA's decision to stop accepting the tax clearance revenues that Israel collects on its behalf. The socio-economic impact is again disproportionately marked in Gaza, with unemployment reaching 48.6 per cent in the third quarter of 2020, while it reached 18.7 per cent in the West Bank. In October, the [World Bank projected](#) a contraction of about eight per cent in the Palestinian economy in 2020. On 9 November, in a development that may further exacerbate socioeconomic conditions, UNRWA announced that it had run out of money to pay the November salaries of its 28,000 staff. The Gaza Strip, with 13,000 employees, will be the most adversely affected of the Agency's five fields of operations in the Middle East.

To respond to the pandemic, by April, most of the regular Humanitarian Response Plan (HRP) activities had been reprogrammed by April. The cumulative appeal for 2020 now stands at US\$426 million, combining the original \$348 million HRP request and \$78 million in subsequent COVID-19 appeals. In total, some 1.2 million Palestinians have received humanitarian assistance thus far in 2020, including 300,000 targeted in the original plan.

The severity of the health and economic crisis facing the oPt is reflected in the funding requested, and in the number of people targeted, in the 2021 Humanitarian Response Plan (HRP). Humanitarian partners are appealing for \$417 million, significantly more than the \$350 million sought in 2019, but slightly below the combined request of \$426 for 2020. Some 2.4 million people have been identified as in need of humanitarian assistance and protection in 2021, about one in every two Palestinians in the oPt; the full range of these needs is set out in detail in the accompanying Humanitarian Needs Overview (HNO). Of these, 1.8 million of the most vulnerable will be targeted, an increase from 1.5 million in 2019. However, this means that over half a million vulnerable people, mainly in the Gaza Strip, will not receive any assistance, even if the HRP is fully funded.

Underfunding of humanitarian operations in the oPt has been a serious constraint in recent years. By end-November, 67 per cent of the funds requested for the 2020 HRP had been secured, while 58 per cent of the amount requested in the COVID-19 Response Plan, had been raised.<sup>1</sup> Regular and realistic donor funding is critical to not only alleviate the worst effects of the health and socio-economic consequences of the pandemic, but to act as a stabilizing factor in the current uncertain political and socio-economic climate. Humanitarian funding must be complemented by efforts to tackle increasing attacks that delegitimize humanitarian actors, and by political engagement to address the violations of international law that lie at the heart of the protection crisis in the oPt.

Despite the current surge in COVID-19 cases, there are some grounds for optimism as 2021 approaches. The recently announced resumption of PA-Israel coordination is expected

to ease the PA's financial crisis, facilitate the import of COVID-related supplies, and the movement of patients and staff throughout the oPt. The inauguration of a new US administration in January 2021 will hopefully lead to a resumption of funding to UNRWA on the part of what, previously, has been the Agency's major donor, as well as pushing back on plans for the formal annexation of West Bank territory. Recent announcements concerning the availability of a number of COVID-19 vaccines are welcome.

Despite these developments, the humanitarian situation in the oPt remains fragile. It is critical that the 2021 Humanitarian Response Plan is strongly supported, while a more sustainable solution to the protracted protection crisis in the oPt is achieved, consistent with United Nations resolutions and international law.

# Response Plan Overview

PEOPLE IN NEED

**2.45M**

PEOPLE TARGETED

**1.8M**

REQUIREMENTS (US\$)

**417M**

OPERATIONAL PARTNERS

**74**

**1**

**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 Human Rights Law (IHRL), while duty-bearers are increasingly held to account.

**2**

**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.

**3**

**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.



Ras El Teen, east Ramallah (November 2020), JLAC provides legal aid to the Bedouin community facing forced displacement. © Photo by Protection Cluster

# Needs and Planned Response

PEOPLE IN NEED

**2.45M**

PEOPLE TARGETED

**1.8M**

WOMEN

**49%**

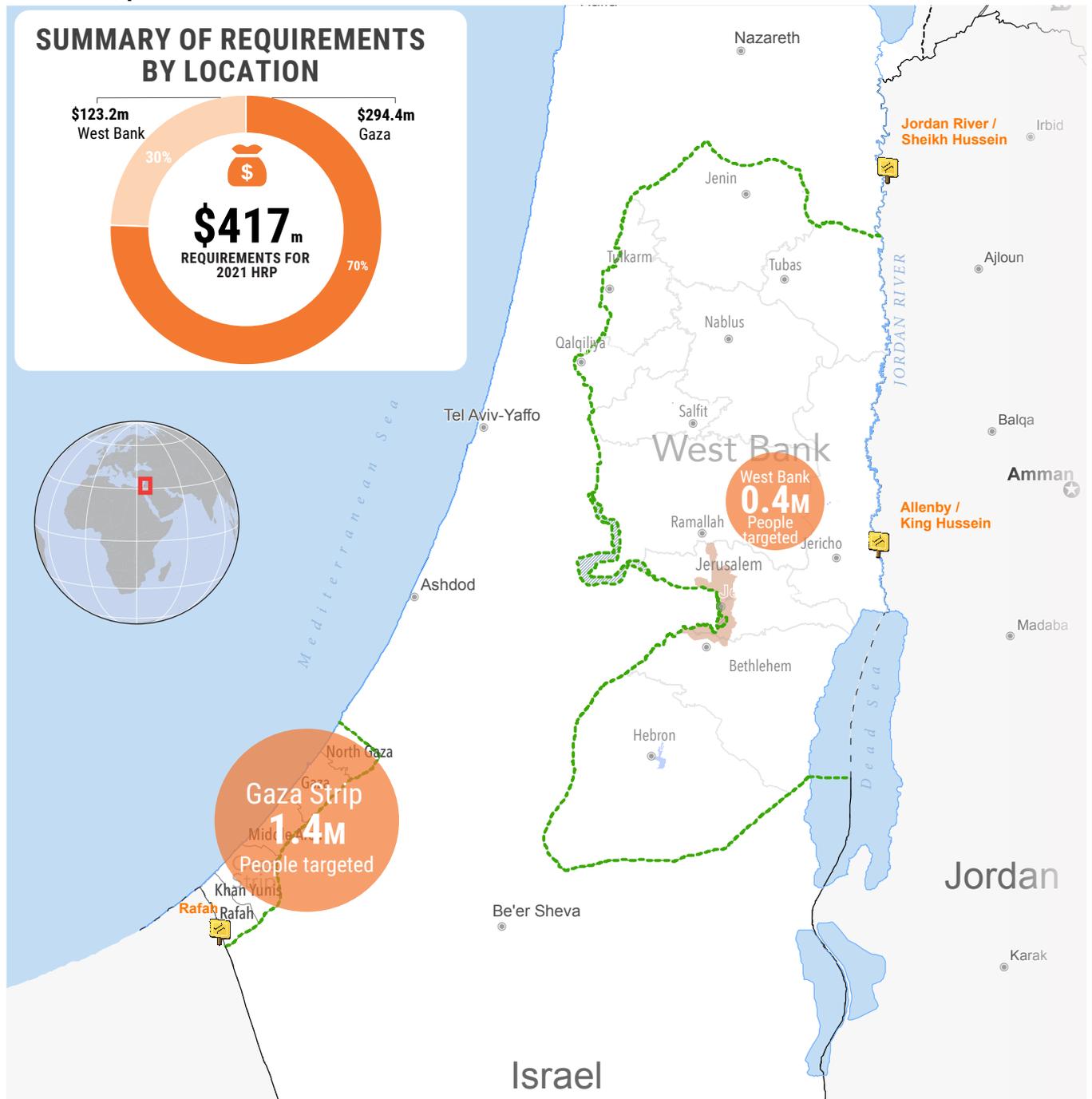
CHILDREN

**50%**

WITH DISABILITY

**5.8%**

## Overview map



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# HRP Key Figures

## Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
People living under poverty line	<b>1.5m</b>	<b>1.2m</b>
Refugees	<b>1.3m</b>	<b>1.3m</b>
People affected by conflict related violence	<b>928k</b>	<b>431k</b>
FHH	<b>200k</b>	<b>87k</b>
Small-scale farmers, herders and fisherfolk in Gaza	<b>150k</b>	<b>55k</b>
People living with disabilities	<b>115k</b>	<b>31k</b>
Bedouin & Herders in Area C	<b>37k</b>	<b>15k</b>
IDPs	<b>16k</b>	<b>9k</b>

## Humanitarian Response by Gender

More on pages 24-25

AGE GROUP	IN NEED	TARGETED	% TARGETED
Female	1.2m	<b>912k</b>	49%
Children	1.2m	<b>919k</b>	51%
Elderly	80k	<b>57k</b>	3%

## Humanitarian Response for Persons with Disability

More on pages 24-25

GENDER	IN NEED	TARGETED	% TARGETED
Persons with disabilities	140 k	<b>65.2 k</b>	4%

## Humanitarian Response by Age

More on pages 24-25

AGE	IN NEED	TARGETED	% TARGETED
Male 0- <18	631k	<b>452k</b>	25%
Female 0- <18	598k	<b>467k</b>	26%
Male 18-65	582k	<b>410k</b>	23%
Female 18-65	564k	<b>415k</b>	23%
Male 65+	36k	<b>27k</b>	1%
Female 65+	44k	<b>30k</b>	2%

## Financial Requirements by Sector and Multi-Sector

More on pages 34

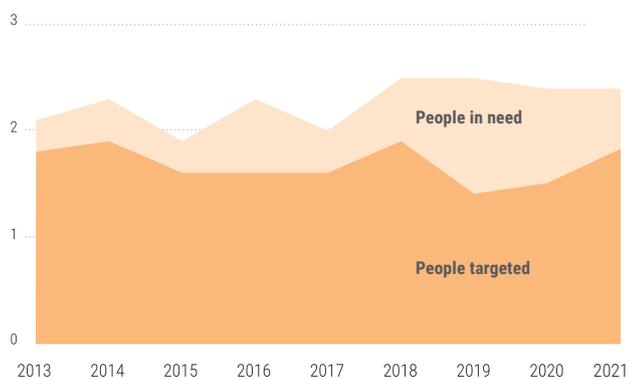
SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS (US\$)
FSS	<b>262.1m</b>
Health	<b>46.4m</b>
Protection	<b>29.4m</b>
WASH	<b>26.7m</b>
Education	<b>25.3m</b>
Shelter and NFI Cluster	<b>16.9m</b>
Coordination and Support Services	<b>10.7m</b>

\* The Protection Cluster request includes all the related AoR requirements.

# Historic Trends

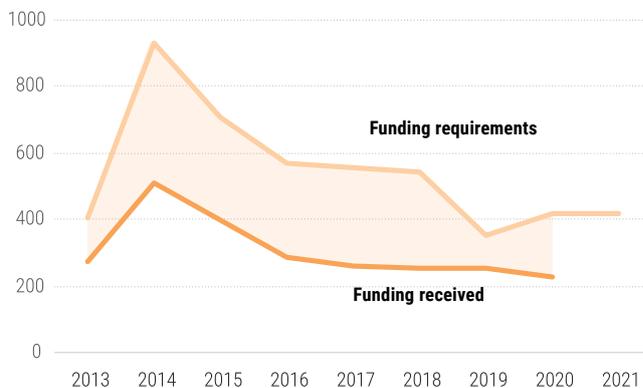
## Humanitarian Response (2013 - 2021)

In millions of people



## Financial Requirements (2013 - 2021)

In millions of US\$



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2013	2.1m	1.8m	400.8m	270.0m	67.4%
2014	2.3m	1.9m	931.1m	506.4m	54.4%
2015	1.9m	1.6m	706.1m	399.5m	56.6%
2016	2.3m	1.6m	570.7m	284.4m	49.8%
2017	2.0m	1.6m	551.9m	258.9m	46.9%
2018	2.5m	1.9m	539.7m	250.3m	46.4%
2019	2.5m	1.4m	350.6m	255m	73.0%
2020	2.4m	1.5m	420m	230m	55%
2021	2.4m	1.8m	417m	NA	NA



Student-Hand Washing-Um Al Kheir Bedouins. © Photo by WASH Cluster

## Summary of the Crisis Context and Impact

A protracted protection crisis facing women, men, boys and girls continues in the occupied Palestinian territory (oPt), leaving many Palestinians struggling to live a life with dignity. It is driven by Israel's military occupation, including the blockade on the Gaza Strip, insufficient respect for international law, continuing internal Palestinian political divisions, and recurrent escalations of hostilities between Israel and Palestinian armed groups.

In 2020, the humanitarian situation in the oPt was aggravated by two major developments. The first is the outbreak of COVID-19: as of 21 October, over 60,000 Palestinians<sup>2</sup> have contracted the virus and nearly 500 have died. The measures imposed to contain the pandemic - including recurrent lockdowns and travel restrictions, school closures, reduction of commercial activities and mandatory quarantines - have severely undermined living conditions across the oPt. The World Bank forecasts that by the end of the year, the Palestinian economy will shrink between 2.6 to 7.6 per cent compared with 2019.<sup>3</sup> Additionally, the state of emergency, and the subsequent lockdown, have exacerbated women and children's vulnerabilities, placing them at increased risk of various forms of violence, including intimate partner violence. Fears about the virus, economic stress and quarantine

measures, have increased household tension, compounding domestic violence.

The second development in 2020 is the decision by the Palestinian Authority (PA) to halt almost all bilateral contacts with Israel, in response to Israel's plan to formally annex parts of the West Bank. In this context, the PA has stopped accepting the tax clearance revenues that Israel collects on its behalf. This policy undermined Israeli-Palestinian joint efforts to contain the pandemic, which were implemented during the two months following the initial outbreak. Coupled with the economic slowdown due to the pandemic, the PA has lost 80 per cent of its income, reducing its capacity to pay salaries, deliver services and maintain social safety nets. The burden of this worsening situation falls hardest on vulnerable groups including: women-headed households, persons with disabilities, refugees, Bedouin and herders in Area C, internally displaced persons, small-scale farmers, herders and fisher-folk in Gaza, people affected by conflict-related violence and people already living below the poverty line.<sup>4</sup>

So far in 2020, there has been a significant decline in conflict-related violence and casualties, primarily in the Gaza Strip,

**Latest developments:** By mid-November 2020, the PA indicated that it would resume civil and security coordination with Israel. This may reduce or eliminate some of the Palestinian Authority no-contact policy's negative humanitarian ramifications. However, the actual implementation of this decision and its effect on vulnerable Palestinians is yet to be assessed.

and to a lesser extent in the West Bank. Between January and September, 25 Palestinians were killed by Israeli forces, compared with 91 and 229 fatalities in the equivalent periods in 2019 and 2018 respectively, while Palestinian injuries have declined by nearly 85 per cent compared with 2019 (approximately 2,000 vs 13,000).<sup>5</sup> While the occasional shooting of projectiles and launching of incendiary balloons from Gaza towards southern Israel, and Israel's subsequent airstrikes in Gaza continued, these did not result in casualties or further escalation. However, concerns about excessive use of force by Israeli soldiers resulting in the killing or serious injury of Palestinians, as well as lack of accountability for such possible violations of international law, remain.<sup>6</sup>

These developments have been compounded by the unprecedented funding crisis affecting UNRWA. This HRP was developed under the assumption that the Agency's large-scale humanitarian operations will continue in 2021; however, as of the time of writing, this scenario remains uncertain.

### Gaza Strip

In the Gaza Strip, the two million Palestinians who have been living under intensified access restrictions for over 13 years, have been further isolated from the external world by COVID-19 related restrictions. Since the outbreak, Israel has allowed only the most serious medical cases to exit Gaza via the Erez Crossing, a situation exacerbated by the PA's halt in the processing of applications for exit permits. Accordingly, some 7,000 workers, previously employed in Israel, have lost their jobs.

The Egyptian-controlled crossing with Gaza (Rafah) has been largely closed for passengers, except for a few scheduled openings. Although the Kerem Shalom crossing for goods has been operating as previously, longstanding import restrictions imposed by Israel citing security concerns, as well as lack of agreement and coordination between the PA and Israel, continue to impede the implementation of infrastructure projects, economic recovery and employment generation.<sup>7</sup> Continuing insecurity discourages farming activity in land located up to 1,000 metres from Israel's perimeter fence, while fishing livelihoods are disrupted by Israeli restrictions on access to the sea off the Gaza coast.<sup>8</sup>

Prolonged electricity blackouts of about 12 hours a day negatively affect the delivery of essential services and increase the domestic burden on women and girls, while unresolved divisions between Hamas and the Fatah-led PA undermine the payment of salaries to civil servants,<sup>9</sup> and the local authorities' ability to meet the needs of the Gaza's population in general. Combined, these factors have increased unemployment, which

reached an historical high of over 49 per cent<sup>10</sup>, in the second quarter of 2020, while further reducing the already low labour force participation rate.<sup>11</sup>

Despite UNRWA's financial crisis, the assistance and services it provides to the majority of Gaza's population has not been affected, as of November 2020.

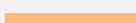
### West Bank

In the West Bank, Palestinian households and communities in Area C, East Jerusalem and the H2 area of Hebron city continue to face a coercive environment, due to a range of longstanding Israeli policies and practices. The restrictive and discriminatory planning regime applied in Area C and in East Jerusalem prevents Palestinians from addressing basic housing, livelihood and service needs. Between January and September, 550 structures were demolished or confiscated for lack of building permits, displacing some 750 Palestinians, a significant increase compared with 2019.<sup>12</sup> Further components of the coercive environment of continuing concern are continuing attacks and intimidation by Israeli settlers, along with the Israeli authorities' lack of adequate law enforcement.<sup>13</sup>

Palestinian access to areas separated from the remainder of the West Bank by the Barrier has deteriorated in 2020. Following a tightening of the eligibility criteria for farmers to obtain permits to access their land in the closed area behind the Barrier, some 84 per cent of such applications were rejected in the first half of 2020.<sup>14</sup> The halt in PA coordination with Israel has affected Palestinian access to the central part of H2, which is still permitted only to those registered as residents of that area.<sup>15</sup>

Many of the above restrictions are aimed at protecting and providing space for the growth of Israeli settlements and their gradual annexation to Israel, some de jure (as in East Jerusalem) and others de facto (as in Area C), in contravention to international law. Despite a slowdown in the number of building permits issued, and housing unit starts during the first half of 2020 compared with same period in 2019, settlement activities continued.<sup>16</sup>

# Summary Response by Strategic Objective

#	STRATEGIC OBJECTIVE	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
S01	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 Human Rights Law (IHRL), while duty-bearers are increasingly held to account.	2.1 million	0.7 million 	38.5 million
S02	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.	1.5 million	1.1 million 	95.7 million
S04	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.	2 million	1.6 million 	283.3 million

Total targets by SOs are based on highest number of list of outcome level indicators listed per SO given that some beneficiaries are targeted by more than one intervention.

**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.**

Almost 9% per cent of the overall financial ask is intended to achieve this objective. As identified in the 2021 HNO, violations of IHL and IHRL are at the heart of the oPt crisis and are the main driver of the humanitarian needs in oPt. The aim of this strategic objective is to enhance protection by promoting and advocating for the respect for IHL and IHRL, demanding accountability, and mitigating the negative effect of violations. All Palestinians in the oPt are affected by the protection crisis in some way, however, direct interventions will focus on those identified as especially vulnerable and in need of specific protection measures. Protection and humanitarian

assistance interventions will be gender-sensitive and focus mainly on people residing in Area C, East Jerusalem, and the H2 area of Hebron in the West Bank, and in the Gaza Strip. While the primary responsibility for respect of IHL lies with Israel as the occupying power, this objective also addresses duty-bearers under IHRL, which includes Israel, Palestinian authorities, third states and non-state actors. Integrating protection and gender through the work of all the clusters is a key component of this objective, ensuring that assistance is targeted and delivered to the acutely vulnerable, with respect for their safety and dignity.

**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.**

Almost 23% per cent of the overall financial ask is intended to achieve this objective. In accordance with the needs analysis (see HNO 2021), where the occupying power and other duty-bearers fail to provide for the basic needs of the population in the occupied territory, and such failures create vulnerabilities that fall below minimum standards, threatening life and dignity, it is incumbent on humanitarian actors to provide assistance to meet basic needs. The 2021 HNO findings demonstrated that many Palestinians, including refugees, are highly vulnerable and need improved access to basic services, including education, health, WASH and adequate shelter.

The already overburdened health-care system in the oPt requires continuous support to address the new/additional challenges

generated by the ongoing pandemic, including through the provision of supplies and capacity-building. The reallocation of resources and mobility restrictions resulting from the pandemic, have further undermined the access of people to regular health-care, including mental health, obstetric and neonatal care and emergency nutrition services, and SGBV services. Public institutions, including UNRWA, require support to adapt their WASH facilities to meet COVID-19 safety and protection measures, while quarantine centres need non-food items (NFIs). Public institutions require support to adapt their WASH facilities to meet COVID-19 safety measures, while quarantine centres need non-food items (NFIs), including hygiene kits.

**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.**

Sixty-eight per cent of the overall financial ask contributes to achieve this objective. In accordance with the needs' analysis (see HNO 2021), humanitarian partners will be able to promote humanitarian projects that improve coping abilities and reduce shocks and environmental hazards. As a result of the prolonged nature of the occupation, including the severe restrictions on the movement of people and goods to and from Gaza, and three outbreaks of hostilities in Gaza, the resilience of Palestinians living under occupation is threatened. The 2021 HNO identified the multiple ways in which the erosion of resilience of

Palestinians takes place. People vulnerable to rights violations struggle to cope with prolonged stresses to their livelihoods. These prolonged stresses have left Palestinians less able to cope with sudden shocks, such as spikes in 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 effects of inadequate water and sanitation services and electricity. Humanitarian partners will prioritize programming that addresses these long-term stresses more effectively.

# Part 1

# Strategic Response Priorities

*Children with and without disabilities using resource room materials in Gaza. © Photo by HI*



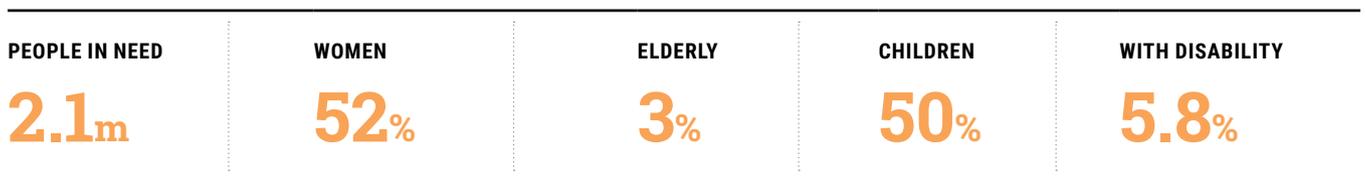
# Priority Humanitarian Consequences

Recognising that the situation in the oPt is effectively a chronic protection crisis, protection concerns continue to be the primary drivers of humanitarian need. Palestinians in the oPt, including Palestinian refugees, face a range of protection threats, including threats to life, liberty and security, destruction or damage to homes and other property, forced displacement, restrictions on freedom of movement and on access to livelihoods, and lack of accountability and effective remedy. Critical problems of concern relate to the protection of civilians and forced displacement, access to essential services, and erosion of resilience with associated humanitarian consequences that translate into needs. 2020 witnessed a significant increase in the severity of humanitarian needs across the oPt, due to the COVID-19 outbreak and measures taken by the Palestinian Authority in response to Israel’s threat to annex parts of the West Bank.

In 2021, the Humanitarian Country Team (HCT) estimates that approximately 2.45 million Palestinians across the oPt will require some form of humanitarian assistance. Although this is only slightly more than the estimate for 2020 (2.41 million), due to the new developments detailed above, the number of people suffering from severe need, as opposed to moderate, has increased by 346,000. About 64 per cent of those in need of assistance, or 1.57 million people, live in the Gaza Strip and 36 per cent, 880,000 people, in the West Bank, including East Jerusalem.

The nature of humanitarian need and the assistance required can be grouped in three categories, according to the critical problems that underlie them: those related to lack of protection and displacement; limited access to essential services; and erosion of resilience and preparedness.

## Critical problems related to displacement and protection of civilians



Over 85 per cent of the people in need, or 2.1 million Palestinians, are estimated to be affected by problems related to the lack of protection and displacement. Many of these are registered refugees and face risk of a repeat displacement.

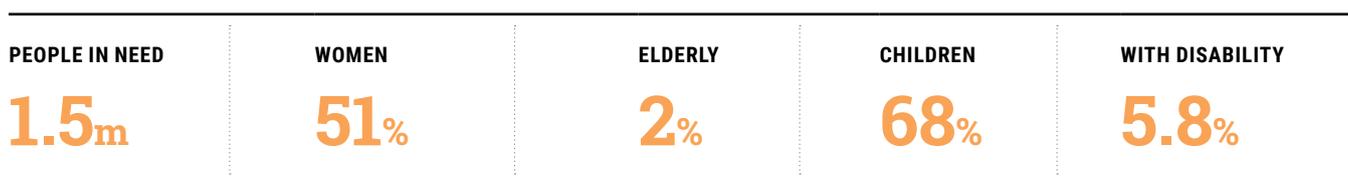
People in this category include those affected by the blockade of Gaza and the coercive environment in the West Bank, including those who require legal aid to protect their housing, land and property rights, or secure their access and movement. Those displaced due to demolitions or evictions and require emergency shelters, or cash assistance, and, often, support to maintain their livelihoods and to ensure access to basic services, are included as well.

The same factors, along with the additional pressures generated by the recurrent lockdowns in the context of the pandemic, have generated an increased need for mental health and psychosocial

support (MHPSS), in particular for children and women, who have been exposed to conflict-related or gender-based violence. Hundreds of those injured or traumatized in the context of the 2018-19 protests at the fence in Gaza, still require follow-up treatment and rehabilitation. Protection measures addressing explosive remnants of war (ERW) in the Gaza Strip, and settler violence in the West Bank, are needed.

The continuous monitoring and documentation of violations of international law, as well as advocacy to prevent further violations and end the cycle of impunity, remain overarching needs.

## Critical problems related to lack of access to basic services



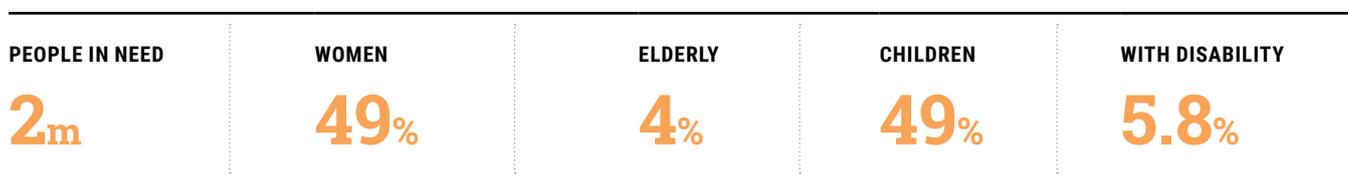
More than 1.5 million Palestinians are affected by problems related to their limited access to basic services. The already overburdened health-care system in the oPt, including UNRWA, requires continuous support to address the new/additional challenges generated by the ongoing pandemic, including through the provision of supplies and capacity-building. The reallocation of resources and mobility restrictions resulting from the pandemic, have further undermined the access of people to regular health-care, including mental health, obstetric and neonatal care and emergency nutrition services. Public institutions, including UNRWA, require support to adapt their WASH facilities to meet COVID-19 requirements, while quarantine centres need non-food items (NFIs), including hygiene kits.

In Gaza, the longstanding restrictions on the movement of people and goods, internal Palestinian divide and chronic

electricity shortages have contributed to the severe degradation of infrastructure, including in the areas of health, education, protection, and water and sanitation. In the West Bank, especially in East Jerusalem, Area C, the H2 area of Hebron city and the 'Seam Zone', infrastructure and related services have been undermined by the discriminatory planning regime and by movement restrictions, the latter of which disproportionately affect women and girls, who already face restrictions due to social norms.

In the same context, tens of thousands of families across the oPt are residing in sub-standard homes that do not meet minimum requirements of living space per person, weather protection, hygiene facilities and privacy; they need urgent rehabilitation or reconstruction. Access to education in the context of the ongoing pandemic has generated new needs, including for remote learning.

## Critical problems related to resilience and recovery



Almost 82 per cent of Palestinians in need, or about 2 million people, are affected by problems related to the erosion of their resilience, which is their capacity to cope with various shocks.

These people are estimated to suffer from severe, or moderate, food insecurity and will require food assistance, and/or support to maintain their farming-, herding- or fishing-based livelihoods to generate at least minimal income and reduce their aid dependency.<sup>17</sup> Driven by an increase in poverty and unemployment generated by the above developments, this represents a net increase of approximately 300,000 newly food-insecure people compared with 2019. Furthermore, over 217,000

people, previously considered moderately food insecure, have become severely food insecure, mainly as a result of the COVID 19 pandemic and related measures on their productive capacities, income, purchasing power and consumption.

People residing in low-lying areas are exposed to the risk of flooding during the rainy season, as well as the overflow of stormwater facilities and sewage pumping stations, due to the poor status of the sanitation infrastructure.

*For additional detailed information, see the 2021 Humanitarian Needs Overview for the oPt.*

# Strategic Objectives, Specific Objectives, and Response Approaches

Building on the analysis elaborated in the HNO, the humanitarian community has established three strategic objectives to guide the 2021 humanitarian response. Each strategic objective is complemented by a set of specific objectives that detail the intermediate desirable results to be achieved through a combination of direct service provision; in-kind support, cash and voucher assistance (CVA), community-based support and capacity-strengthening.

**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.**

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	ELDERLY	CHILDREN	WITH DISABILITY
2.1m	0.7m	52%	3%	50%	5.8%

## Rationale and intended outcome

In 2021, the aim is to strengthen the protection of 2.1 million affected people by promoting and advocating for respecting IHL and IHRL, accountability and mitigating the effect of violations of IHL and IHRL which are at the heart of the oPt crisis and are the main driver of the humanitarian needs in oPt. All Palestinians in the oPt are affected by the protection crisis in some way, however, direct interventions will focus on those identified as especially vulnerable and in need of specific protection measures. Accordingly, protection and humanitarian assistance interventions will be focused, mainly, on people residing in Area C, East Jerusalem, and the H2 area of Hebron in the West Bank, and in the Gaza Strip.

While the primary responsibility for respect of IHL lies with Israel as the occupying power, this objective also addresses duty-bearers under IHRL which includes Israel, Palestinian authorities, third states and non-state actors. Integrating protection and gender through the work of all the clusters is a key component of this objective, ensuring that assistance is targeted and delivered to the acutely vulnerable, with respect for their safety and dignity.

In 2021, humanitarian partners will invest in strengthening advocacy for the rights of Palestinians under IHL and IHRL to be respected, including by improving longer-term monitoring of trends and data collection to support advocacy, and by enhancing coordination within and among the Clusters and with national counterparts, including government actors. Strengthening legal frameworks to bring them in line with international treaty obligations is addressed.

Interventions under this objective will include, for example, monitoring and documentation of IHL and IHRL violations and conflict-related violence, particularly aimed at increasing accountability and informing advocacy with the purpose of preventing further violations; rights-based advocacy with duty-bearers, including third states; a protective presence for communities at risk of settler violence and displacement; legal aid services; inclusive multisectoral responses to gender-based violence (GBV) survivors, including economic empowerment; child protection services, including individual case management; mental health and psychosocial 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 International Humanitarian Law.**

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	ELDERLY	CHILDREN	WITH DISABILITY
1.5m	1.1m	51%	2%	68%	5.8%

**Rationale and intended outcome**

In 2021, humanitarian partners will use interventions that address both immediate needs, as well as the underlying drivers of those needs. To mitigate the effect of lack of access to basic services, humanitarian actors provide essential services, such as health care, water and sanitation, and mental health and education support, including support to adapt their programmes to meet COVID-19 safety measures, while quarantine centres need non-food items (NFIs) and, where necessary, support to ensure threats to life and dignity are minimized.

Interventions under this objective will include, for example, provision of adequate lifesaving maternal and neonatal health

care and nutrition services in Gaza. Thousands of families across the oPt residing in sub-standard homes, including in refugee camps, that do not meet minimum requirements of living space per person, weather protection, hygiene facilities and privacy; will be provided urgent rehabilitation or reconstruction of their homes.

Education interventions will aim to support the Ministry of Education and UNRWA in strengthening distance learning modalities; providing emergency education supplies to vulnerable, unserved or underserved students and teachers, and providing essential and basic emergency rehabilitation to schools 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 protracted crisis, including from environmental threats, is supported, while solutions to violations and other root causes of threats and shocks are pursued.**

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	ELDERLY	CHILDREN	WITH DISABILITY
2m	1.6m	49%	4%	49%	5.8%

**Rationale and intended outcome**

In 2021, humanitarian partners will promote humanitarian projects that improve resilience of households and communities to cope with and mitigate shocks and environmental hazards. For example, increasing support to communities' livelihoods is expected to improve the general food security situation and have a positive effect on their overall nutrition and health status, while investing in solar energy sources to support humanitarian projects in agriculture, WASH and health could improve the sustainability of the effect of those humanitarian interventions through reinforcing attention to the link between immediate response and sustainable effect. In parallel, humanitarian actors will continue to use opportunities for enhanced synergies, coordination and advocacy with national and development actors on projects that could address some of the root causes of vulnerability, for example, desalination and irrigation projects in Gaza.

Humanitarian partners will prioritize programming that enhances Palestinians ability to cope with sudden shocks, such as spikes in 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 effects of inadequate energy and sanitation services.

Interventions under this objective will thus include, for example, provision and rehabilitation of productive assets for farmers, herders, breeders, and fisher folk; provision of winterization assistance to vulnerable households at risk of exposure or affected by natural or manmade hazards; developing the capacity of emergency response at primary and secondary health-care in Gaza; and supporting schools in emergency preparedness and contingency-planning exercises.

In 2021, humanitarian partners aim to provide assistance to 1.683.000 people who suffer from severe, or moderate, food insecurity and require food assistance, and/or support to maintain their farming, herding- or fishing-based livelihoods, a net increase of approximately 300,000 newly food-insecure people compared with 2019 and an increase of over 217,000 people, previously considered moderately food insecure, who have become severely food insecure.

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

# Planning Assumptions, Operational Capacity and Access

## Impact on humanitarian access

Humanitarian organizations face a range of obstacles on movement and access of personnel and goods, mainly by Israeli and Gaza authorities. Impediments to access include restrictions on obtaining permits demanded by Israeli authorities to move between Gaza and the West Bank, including East Jerusalem, as well as movement within the West Bank, in particular for national employees of United Nations organisations and NGOs, as well as other access difficulties at border crossings and checkpoints, such as intermittent closures or security procedures that often result in delay or denial of passage, and may include searches of United Nations vehicles in contravention of United Nations privileges and immunities. Additionally, access restrictions continued to hamper the delivery of materials needed for the implementation of humanitarian projects, including projects that involve building, expanding or rehabilitating infrastructure in the Gaza Strip and Area C of the West Bank, and responding to demolitions of housing or essential infrastructure. No significant change in these restrictions is envisioned in 2021.

During 2019, the UN Access Coordination Unit (ACU) provided support and advice to over 7,000 personnel. Support to personnel included direct intervention and follow up with relevant authorities in obtaining travel permits and coordination, advice on access procedures, and dissemination of relevant information including opening hours of crossings, alternative routes and closures to help the personnel plan their movement in the most cost-efficient manner.

As elsewhere around the world, following the outbreak of the COVID-19 pandemic, the Israeli, Palestinian, Jordanian and Egyptian authorities have imposed a range of access restrictions to, from and within the oPt. While essential in containing the spread of the virus, these restrictions further constrained the operational capacity of humanitarian actors, who have been required to limit movements to essential and emergency activities.

Since March 2020, the Israeli authorities have prohibited the entry of foreign nationals, with a few exceptions. These measures restricted the entry and return of international humanitarian personnel, especially those working for NGOs, and including those working on the coronavirus response. Following

interventions by the United Nations and humanitarian partners, since July 2020 the entry of 100 NGO and UN international personnel has been facilitated through an ad-hoc mechanism coordinated by the UN Access Coordination Unit. Additional COVID-19 related restrictions imposed by the Jordanian and Egyptian authorities have further limited access to and from the oPt. Restrictions related to COVID-19 are expected to continue, to varying degrees depending on nature and severity of crisis, into 2021.

Humanitarian access was affected by the decision taken by the Palestinian Authority (PA) to suspend coordination with Israel in response to its plans to annex parts of the occupied West Bank. The UN engaged with Israel and the PA to enable the coordination of humanitarian deliveries under UN support. In early September, the Palestinian Authority re-engaged on its support to donor-funded projects in Gaza and the UN brokered arrangements enabled patient transfers from Gaza with the support of WHO. Movement between East Jerusalem and the rest of the West Bank, as well as access to and from Gaza has been particularly affected by the measures.

## Gaza Strip

Access impediments include Israeli restrictions imposed for Gaza-based national staff to access Jerusalem and the rest of the West Bank, as well as procedures imposed by the local authorities for personnel to cross in and out of Gaza and to reach areas near the fence.

In 2019, almost all Gaza-based national personnel were forbidden from exiting Gaza for the West Bank, including East Jerusalem. Following reinforced advocacy efforts coordinated by the ACU, which included Security Council Briefings by the UN Special Coordinator and interventions by member states, the Israeli authorities removed bans and began issuing permits in October 2019 for approximately 150 UN and INGO Gaza-based national personnel. Unfortunately, over 160 UN and INGO staff members were still unable to obtain such permits and the ACU continues to advocate approval for the movement of these colleagues in cooperation with the Humanitarian Coordinator.

Additionally, the Israeli authorities continue to impose closures on Gaza, including at short notice, increasing the effect on humanitarian operations, including the movement of personnel

and goods. Since the start of the pandemic in March 2020, the Israeli authorities have forbidden the exit and entry of national personnel from and to Gaza, with permission granted only for a limited number of personnel serving at missions abroad. The Gaza authorities restricted the entry of humanitarian personnel, allowing only those staff with Gaza duty stations or those critical to the coronavirus response.

The local authorities in Gaza restrict the movement of humanitarian personnel, including procedures for those entering and exiting the Strip, which have included questioning. Moreover, they hamper access of international organizations to areas near the fence, effecting the implementation and monitoring of projects, and risking ongoing and potential projects.

Following a coronavirus outbreak in the community in August 2020, the Gaza authorities imposed a complete lockdown of all areas in the Strip, while facilitating the movement of critical humanitarian personnel on 700 missions through a mechanism administered by the ACU on behalf of the Humanitarian Coordinator and the cluster system.

### **West Bank**

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. Following the outbreak of COVID-19, Palestinian access to East Jerusalem hospitals has been limited by the Israeli and Palestinian authorities, mostly to cancer patients; in turn, this has further undermined the financial situation of these hospitals. Several restrictions faced by organizations remain in place including physical barriers, their occasional and unannounced closures, and confiscation of aid. Measures by Israel and the PA to counter and contain the coronavirus have added to these long-term restrictions.

The Palestinian Authority introduced restrictions on movement in the West Bank in March 2020, while facilitating over 1,000 critical humanitarian missions, including those related to the coronavirus response and other essential activities, through a mechanism administered by OCHA and ACU on behalf of the Humanitarian Coordinator.

Additional restrictions imposed by the Israeli authorities on movement between East Jerusalem and the rest of the West Bank effected humanitarian missions, especially those of national personnel. Since March 2020, the ACU facilitated over 2,000 such critical missions with the Israeli authorities.

# Accountability to Affected Populations

In 2021, the Humanitarian Country Team (HCT) will further institutionalize the work on community engagement (CE) at the national level and strengthen accountability to affected populations (AAP), at the leadership and operational level. These include development of an AAP strategy for the HCT and the establishment of a Community Engagement Working Group (CEWG) for the West Bank, similar to the existing working group in the Gaza Strip; the two working groups will work closely with cluster coordinators to monitor the tracking systems for monitoring CE activities within the approved HRP projects at the cluster level; the tracking system will help cluster coordinators report against AAP related indicators in the Monitoring Framework throughout the 2021 programme cycle. To complement this initiative, OCHA, as the Chair of ICCG in the Gaza Strip and West Bank, will work with cluster coordinators, as well as the CEWGs and oPt PSEA Network to establish a Community Based Complaint Mechanism (CBCM). To encourage implementation, AAP will be placed on the HCT agenda on a quarterly basis. In addition, the HCT, with development partners, will undertake a multi-sectoral needs assessment in the oPt; this comprehensive project includes a component on community engagement, including communication questions and satisfactory survey. Its findings will provide a clear picture on community engagement and will help cluster coordinators and members to better understand gaps and better strategize responses in this area of work.

To ensure alignment and complementarity with the work of the Risk Communication and Community Engagement (RCCE) group that was established since the COVID-19 outbreak in March 2019 in the oPt, OCHA has played an integral role in ensuring strong links and cooperation between the RCCE and the West Bank/Gaza ICCGs as well as the Gaza CEWG. For 2021, the close cooperation between these coordination mechanisms will continue, and in the event of an end to the pandemic, the plan is to absorb the RCCE within the CEWGs, maintain the active participation of its members and capitalize on the enormous work that has been undertaken on community engagement.

For the 2021 project cycle, at least 96 per cent of the 186 projects in the HRP has planned communications with affected people in at least one stage of the project cycle. Of the total projects in the HRP, 179 involved communities in needs assessments; 174 in project design; 177 in implementation; and 176 in monitoring and evaluation activities. Focus groups and interviews are the most common forms of engagement with community. Of projects with some form of a built-in feedback

## Feedback and complaints

CATEGORY	# OF PROJECTS	% OF TOTAL
Generic email	117	63%
Project hotline	105	56%
Complaint box	111	60%
Satisfaction survey	137	74%
Field visit	149	80%

and complaints mechanism, complaint box and satisfaction surveys are the most popular form of feedback mechanisms. Overall, there is a significant increase in feedback mechanisms in 2021 projects, compared with 2020. In addition to individual project engagement, all Cluster Coordination projects in the 2021 HRP include development of a tracker to monitor community engagement at all stages of the HPC process for funded projects.

## Prevention of sexual exploitation and abuse (PSEA)

During 2021, the Humanitarian Country Team Protection Against Sexual Exploitation and Abuse Network (HCT PSEA Network) will activate the inter-agency PSEA community-based complaint mechanism and referral system (CBCM), which includes the roll-out of the awareness raising strategy among affected communities. The CBCM, while ensuring a survivor-centred system of assistance and investigations, will entail giving support to members to meet global standards on PSEA and training on SoPs and referral systems. Acknowledging that organizational capacities are generally not homogeneous at the CBO level, the HCT PSEA Network will support CBO capacity-building on PSEA, in alignment with the UN IP assessment tool and will support training activities and monitoring progress of clusters and organizations in strengthening internal PSEA policies and practices: this exercise will involve the follow-up on the recommendations of an ongoing consultancy on cross referencing and hiring practices. Additionally, the HCT PSEA Network will liaise with the local authorities in coordination with the Humanitarian Coordinator on essential matters regarding assistance and rights of survivors and continue to integrate PSEA in the context of COVID-19 as informed by IASC guidance. Of 186 projects in the 2021 HRP, 98 per cent, 183, include some form of PSEA activities, with the most common being training (160) and that project-related contracts include standard clause on PSEA in accordance with IASC principles and guidance (122).

## PSEA in the Humanitarian Programme Cycle

	# OF PROJECTS	% OF TOTAL
Project staff are required to attend PSEA training	160	86%
Project has built-in clear process for receipt and referral of complaints of PSEA	107	58%
Project-related contracts include standard clause on PSEA in accordance with IASC principles and guidance	122	66%
Project staff will directly or indirectly engage in the HCT oPt PSEA Network	90	48%
Project will carry out PSEA-related awareness activities with people in need	62	33%
Other	18	10%

### Accountability to Affected Population, including PSEA, by Cluster

The **Education Cluster** will establish a tracking tool to follow on the progress of AAP implementation throughout the HPC, in projects that receive funding in 2021. The tracker will enable cluster coordinators to generate analysis and report on AAP outcomes in the HRP Monitoring Framework, share findings with the ICCG and HC/HCT on delivery against Cluster AAP commitments. Cluster partners will engage communities to draft messages and organize the resources needed to return and retain children in learning. Community engagement will be enhanced by the establishment of school-based safety 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 be involved in key education advocacy, in addition to collecting feedback from community members to enhance accountability to affected people with due consideration of gender equity. Student groups will ensure that students' voices are integral to the design and implementation of emergency education activities. The Education Cluster will monitor partners to establishment of feedback and complaint mechanisms, where students and people in need can raise their concerns and participate in projects' design and share recommendations. The Education Cluster Coordinator will ensure active engagement of the cluster in the PSEA Network. All 21 cluster projects committed to carrying out PSEA activities in 2021 (*see table*).

The **Food Security Sector** will establish a tracking tool to follow on the progress of AAP implementation throughout the HPC, in FSS HRP projects that receive funding in 2021. The tracker will enable the FSS Coordinator to generate analysis and report on AAP outcomes in the HRP Monitoring Framework, share findings with the ICCG and HC/HCT on delivery against Sector AAP commitments. Community engagement in FSS is ensured through consultations and two-way communication with

affected communities and households, based on strong links and networking, throughout the project cycle. The Food Security Sector Coordinator will ensure active engagement of the sector in the PSEA Network. The FSS will establish responsibilities on the implementation of PSEA procedures and activities as well as raising awareness and building capacity of partner's staff on PSEA, in which community-based complaints mechanism will be a corner stone in this process. All 40 cluster projects have committed to carrying out PSEA activities in 2021 (*see table*).

The **Health Cluster** will establish a tracking tool to follow on the progress of AAP implementation throughout the HPC, in projects that receive funding in 2021. The tracker will enable cluster coordinators to generate analysis and report on AAP outcomes in the HRP Monitoring Framework, share findings with the ICCG and HC/HCT on delivery against Cluster AAP commitments. Empowerment and participation of communities will be promoted at all stages of health project design, implementation, monitoring and evaluation, including through consultation, open channels for communication and promotion of access to health-related information. The Health Cluster will promote accountability introducing robust response to feedback and complaints and adjustments of its interventions based on the received feedback from affected population. All partners are required to reflect this in their 2021 health projects. The Health Cluster will continue participating in the Community Engagement Working Group (CEWG). Risk communication and community engagement will be used not only as tools to enhance public awareness on improved health seeking behaviour and practices, but as part of ensuring accountability to affected populations across oPt. Finally, the Health Cluster will be environmentally accountable through promoting environmentally friendly solutions and proper environmental health control in all health-care facilities. The Health Cluster Coordinator will ensure active engagement of the cluster in the PSEA Network. The Cluster will offer regular and periodic PSEA trainings to its members and partners. Staff contracts (and any contract with sub-contractors, including consultants, service delivery, etc) will include the standard clause on PSEA

in accordance with IASC principles and guidance. The Health Cluster will designate a PSEA focal point to engage with the national PSEA network and with the PSEA Task force at international level. This focal point will support partners and monitor their achievements and challenges addressing PSEA concerns and providing them with the necessary tools such as protocols and trainings developed. All 37 cluster projects have committed to carrying out PSEA activities in 2021 (*see table*).

The **Protection Cluster** will establish a tracking tool to follow on the progress of AAP implementation throughout the HPC, in projects that receive funding in 2021. The tracker will enable cluster coordinators to generate analysis and report on AAP outcomes in the HRP Monitoring Framework, share findings with the ICCG and HC/HCT on delivery against Cluster AAP commitments. In collaboration with the thematic AoRs, the Protection Cluster will monitor implementation of protection integrating elements in the HRP, including accountability to affected people, community engagement and participation. The Protection Cluster will continue to engage partners through workshops and discussions aimed at sharing best practices and experiences from the field. For the 2021 HRP, the Protection Cluster and its partners have made efforts to address accessibility barriers, such as disability and COVID-19 related issues. In addition, the monitoring framework for community engagement and participation will include systematic mapping of feedback and complaints mechanisms and protocols, including communication pathways to ensure communities are aware of programming changes and feedback effect on project design. The Protection Cluster Coordinator will ensure active engagement of the cluster in the PSEA Network, with the aim of improving Protection Cluster partners' knowledge of and incorporation of PSEA tools. OHCHR, Protection Cluster Lead Agency, will continue to organize trainings on PSEA. All 46 cluster projects have committed to carrying out PSEA activities in 2021 (*see table*).

The **Shelter Cluster** will establish a tracking tool to follow on the progress of AAP implementation throughout the HPC, in projects that receive funding in 2021. The tracker will enable cluster coordinators to generate analysis and report on AAP outcomes in the HRP Monitoring Framework, share findings with the ICCG and HC/HCT on delivery against Cluster AAP commitments. Particular emphasis will be placed on ensuring that partners consider all the data received through the feedback and complaint mechanisms and that it shapes project design. Communities are increasingly involved in the planning and implementation of projects, enabling selection of the right materials and timing to prevent and/ or minimize exposure of people in need to protection risks; this will continue in 2021. The cluster will improve the partners' capacity through training and awareness materials available locally and globally. The Shelter Cluster Coordinator will ensure active engagement of the cluster in the PSEA Network and will work closely to improve the main elements of PSEA in Shelter/NFIs intervention and the partners

internal policies. This includes the formulation of clear SoPs and steps to be taken and considered, as well as to encourage the partners to assign a focal point for this purpose, to increase staff awareness and disseminate the related messages to people in need. In addition, the Cluster will support efforts to develop the community-based complaints mechanism (CBCM) and ensure review, monitoring and addressing of complaints, including evaluating victim assistance. The evaluation results, lessons learned and feedback from the partners will be collated, analyzed and reshared by the Cluster, to improve the integration of PSEA. All 22 cluster projects have committed to carrying out PSEA activities in 2021 (*see table*).

The **WASH Cluster** will establish a tracking tool to follow on the progress of AAP implementation throughout the HPC, in projects that receive funding in 2021. The tracker will enable cluster coordinators to generate analysis and report on AAP outcomes in the HRP Monitoring Framework, share findings with the ICCG and HC/HCT on delivery against Cluster AAP commitments. Regarding Community Engagement, the Cluster members will work closely with affected communities, partner governorates, area focal points, and service providers to involve affected communities in the identification of needs and the design and implementation of interventions; and using participatory approaches that consider COVID 19 protection measures to evaluate and to assuring feedback/complaint mechanisms and WASH partners emergency response and preparedness interventions. The WASH Cluster Coordinator will ensure active engagement of the cluster in the PSEA Network. Of 34 total cluster projects, 31 have committed to carrying out PSEA activities in 2021 (*see table*).

The **Coordination and Support Services** sector will ensure that Cluster coordination projects establish a tracking tool to follow on the progress of AAP implementation throughout the HPC, in all cluster projects that receive funding in 2021. As noted herein, there are plans in motion to expand the HCT's AAP work in 2021, supported in large part by projects in the CSS sectors. The trackers will enable cluster coordinators to generate analysis and report on AAP outcomes in the HRP Monitoring Framework, share findings with the ICCG and HC/HCT on delivery against Cluster AAP commitments. Accountability is at the heart of the Humanitarian Fund work. It is especially ascertained through a set of different components forming the accountability framework. Reporting is mandatory for all oPt HF's implementing partners (interim and final reports). Reporting templates include questions on CE components, including participation of and accountability of the affected population, how they engaged with communities throughout the project and how feedback is addressed. CSS projects enable significant support to the ability of the PSEA Network to deliver on its action plan. All 10 total cluster projects have committed to carrying out PSEA activities in 2021 (*see table*).

### Mainstreaming of disability, gender and protection in the response

Cluster have integrated protection, gender and considerations related to persons with disability in all aspects of their response. Cluster responses aim to enable meaningful access, prioritize the safety and dignity of affected people and adhere to ‘do not harm’ considerations.

Projects were formulated taking the different needs and vulnerabilities of boys, girls, men and women, as well as people with disability into consideration. Capacity-building and awareness raising activities on gender, protection and the specific needs of persons with disability will be carried out. Project activities are designed to be accessible and inclusive. Strengthened equity monitoring includes disaggregation of data along gender, age and disability, where possible.

For the 2021 project cycle 183 of the 186 projects in the HRP received a GAM scoring between 1 and 4, with 86 per cent receiving the highest rating of 4 (4M and 4T). All 186 projects have mainstreamed some level of protection in their programme delivery by ensuring no harm and equal and impartial access to aid for vulnerable Palestinians through their programme delivery, including in their needs analysis, activities, and monitoring and evaluation processes.

### Mainstreaming of protection, gender and disability in the response across Clusters

The *Protection Cluster* has supported the appointment and training of *Protection Mainstreaming Focal Points in each of the six Clusters*, and works with them to enhance partner organizations’ understanding of protection principles and methods in integrating community-centered and human rights-based approach in project design, implementation and monitoring and evaluation. Through regular discussion at

Cluster meetings to reflect upon good practices and common challenges in protection mainstreaming within their respective Cluster, Cluster partners develop nuanced knowledge of tools best suited to their programming needs, target population, and operational context.

Specific protection mainstreaming activities planned in 2021, in the context of COVID-19, include trainings for non-protection responders, particularly those staffing isolation and quarantine facilities, in order to bolster identification of gender-specific and other vulnerabilities, and strengthening referral of specialized cases. The Protection Cluster will engage with the Risk Communications and Community Engagement (RCCE) group, including related to inclusion of vulnerable groups (e.g. persons with disabilities) and preventing stigma and discrimination. In addition, partners continue to provide gender-based violence awareness, detection and referral training for frontline humanitarian staff across sectors, psychological first aid training, and capacity-building on ensuring accountability to affected communities.

Within the *Protection Cluster* itself, gender-specific vulnerabilities and disability are considered throughout its needs analysis and response planning, as evidenced by the detailed assessment of vulnerabilities and gender-responsive programming included herein. The Cluster monitors and feeds back to partners through workshops and discussions on best practices relating to ensuring accountability to affected people, meaningful access, do no harm and participatory approaches to Protection interventions from the needs assessment stage through project design and implementation. The cluster has endeavored to adapt this dialogue with partners in the context of the COVID-19 emergency, to ensure, in particular, adherence to ‘do no harm’ and consideration of the effect of remote service provision on meaningful access to vulnerable groups, particularly persons

### GAM

Category	# OF PROJECTS	% OF TOTAL	FUNDING
2 (M): The project addresses age differences but does not intentionally contribute to gender equality.	2	1%	\$792,665
2 (T): The project addresses age differences and aims to promote gender equality but without the necessary gender equality measures.	2	1%	\$1,107,523
3 (M): The project will contribute to gender equality but without full attention to age groups.	11	6%	\$80,686,452
3 (T): The project is principally about promoting gender equality without full attention to age groups.	9	5%	\$7,696,194
4 (M): The project will significantly contribute to gender equality, including across age groups.	139	75%	\$307,511,327
4 (T): The project is principally about promoting gender equality, including across age groups.	20	11%	\$10,819,587
N/A: The project does not have any contact with or direct influence on the affected population, and the programming actions are not linked.	3	2%	\$8,953,582

with disability, the elderly, and GBV survivors.

The **Education Cluster** aims to ensure that all interventions planned by partners are protective, inclusive and taking into consideration gender equity. This is particularly important as in emergency situations, the most marginalized people are the most affected, especially children with disabilities, females with disabilities and children from poor socioeconomic situations. Each vulnerable groups experiences emergencies differently and, thus, have different needs and coping mechanisms. Not only do children have limited access to services, but they lack opportunities to be heard. All data collected by the education cluster partners should be age, gender and disability-disaggregated, where possible. Projects will address gender discrimination in terms of access to education, as well as the different risks that boys and girls face on their way to, from and inside, school. 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 (CWD) will be addressed through different intervention, including adaptation of school to meet their needs, capacity-building of school staff to respond to CWD needs and accessibility of distance learning materials.

The **Health Cluster** will ensure that protection is integrated throughout across the partners' interventions through upholding a human rights-based approach, alongside with the centrality of protection, core principles of accountability, meaningful access, prioritization of safety, dignity and the do no harm principle, participation and empowerment of people in need. Strengthened equity monitoring includes disaggregation of data for gender, age and disability. The Health Cluster will prioritise disability mainstreaming, through field monitoring and promoting the safety and dignity of affected people during service delivery. Partners will contribute to gender equality through gender-mainstreaming programming and addressing gender-specific vulnerabilities faced by men, women, girls and boys.

**WASH Cluster** partners in 2021 will use gender-sensitive quantitative data as the core part of the project's M&E system to track needs and impacts on beneficiaries' (women, men,

girls, boys, and elderly, with and without disabilities). Most WASH projects ensure participation of vulnerable groups in the planning and design of project activities; the Knowledge, Attitude and Practice (KAP) survey, completed in 2020, will assess and evaluate the effects on women, men, girls and boys. In 2021, the WASH Cluster will facilitate the recovery of targeted right holders and all WASH activities will include advocacy components that promote IHL and IHRL. WASH partners will contribute to gender equality and gender-sensitive/responsive programming by collecting sex and age disaggregated data, conducting a gendered analysis, and designing interventions that address gender needs, integrate gender considerations, and include meaningful participation of different vulnerable people. The Cluster will promote use of the WASH gender toolkit.

The **Food Security Sector (FSS)** focuses on enhancing gender quality and contributing to gender sensitivity responses to gender-based vulnerabilities for vulnerable families and groups. FSS will continue to analyze needs related to increasing gender mainstreaming in food security programming. FSS gender and protection focal points will keep working in coordination with UN focal points feeding FSS partners with inputs/analysis on gender-related issues and supporting FSS and partners in promoting gender equality and integrating protection in all activities.

Finally, cluster and sub-cluster coordination projects within the **Coordination and Support Services Sector** form the basis of broader efforts across the system aimed at gender, protection and disability mainstreaming within the different stages of the HPC. In 2021, the coordination effort will support implementation of cluster response plans in a manner that responds to gender, age, and disability-differentiated needs. Support will continue to be provided for strengthening gender in the humanitarian coordination system in collaboration with UN Women, in particular, support to the GBV WG (under protection) and the convening of cluster gender focal points.

## Part 2

# Response Monitoring

*A family from Gaza benefiting from WFP's food program. © Photo by WFP*



# Monitoring Approach

The humanitarian community in oPt will continue to strengthen accountability for aid delivered by monitoring and reporting on the impact and reach of the response. The various clusters will continue to finetune their monitoring and information management activities to make sure assistance goes to those who most urgently need it in a timely manner and critical gaps are identified.

## Response monitoring

The 2021 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 or global tools or 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.

## Humanitarian Response Plan Strategic Objectives

The oPt 2021 monitoring framework consists of one-year strategic objectives and related outcome indicators which are linked to the cluster objectives and related outcome indicators, and the single-year cluster activities and output indicators.

The 2021 monitoring framework was finalized in 2020. The strategic level monitoring framework contains one-year targets for the higher level three Strategic Objectives and has been designed to assess outcomes derived directly from cluster objective outcomes. The indicators under the Strategic Objectives have been developed to measure the outcome of humanitarian assistance, e.g. reduction in caseloads, rather

than measuring the outcome monitored by linking it to other spheres of work, for example, recovery and development. In addition, financial figures have been generated for each Strategic Objective, allowing the ICCG to track funding requirements and the funding received by 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 in the oPt is meeting its goals. In terms of monitoring and reporting, the achievements against Strategic Objectives are monitored twice a year and published through the HRP Periodic Mid-Year Monitoring Report (PMR) and the End-of-Year Report.

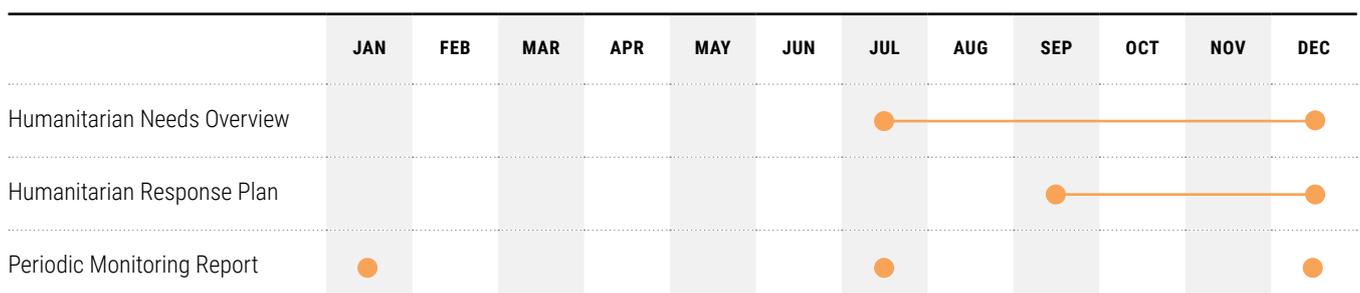
## Cluster monitoring

Each cluster has agreed upon a cluster monitoring framework comprised of a small number of cluster activities to which progress will be measured through a number of output level indicators set by each cluster. Cluster activities are monitored by the ICCG. Indicators in the projects included as part of each cluster portfolio in turn contribute to these cluster level outputs. These projects are monitored by the individual organizations members of the clusters.

## Reporting

The indicators under the Strategic Objectives, Cluster Objectives and Cluster activities continue to be monitored by the ICCG with disaggregated data by gender, age, disability and geographical area, where available. The monitored data

## Humanitarian Programme Cycle Timeline



will be tracked through the Response Planning Module (RPM), which will display the data through HPC tools viewer that will be available to the public. HPC tools are the information services provided by OCHA which enables 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. This has played 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 quick, but thorough, analysis of the projects vis-à-vis monitoring and reporting to inform the upper level strategic planning process.

Monitoring data will be made publicly available on the Humanitarian Response website on a biannual basis and complement cluster specific products (maps, interactive dashboards, etc.). These monitoring reports will include revised data and analysis to adjust response planning and inform strategic decisions.

# Sector Contributions to Strategic Objectives

**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.**

## Specific Objectives: Targets and Response

CLUSTER	CLUSTER OBJECTIVES	CLUSTER ACTIVITIES	ACTIVITY TARGETS
Protection	Increased respect for International Humanitarian Law (IHL) and International Human Rights Law (IHRL) and accountability for violations	Monitoring and documentation of violations and related trends, focused on IHL and IHRL violations, and conflict-related violence	214
		Evidence generation and advocacy on the impact of violations on children, including grave violations	59
		Advocacy initiatives that aim to address protection concerns, prevent violations or enhance accountability for violations of IHL and IHRL by all duty-bearers	368
		Awareness raising and consultations on protective mechanisms with communities exposed to settler violence	154
	Protection response mechanisms are in place to prevent and mitigate the effects of the occupation and conflict-related violence	West Bank protective presence and accompaniment of individuals	252
		CHILD PROTECTION: Provision of emergency child protection responses, including case management, psychosocial support and programmes aimed at supporting vulnerable children and families who have been affected by conflict-related violence and violations or household violence	34,084
		CHILD PROTECTION AND MHPSS: Child protection workers are trained on guidelines for mental health and psychosocial support	739
		MINE ACTION: Conflict preparedness and protection (CPP - emergency preparedness training); community based explosive ordnance risk education (EORE); ERW clearance (explosive ordnance disposal (EOD) task); ERW risk assessment support to UN/ humanitarian projects upon request	35,000
		LEGAL AID GAZA: Legal aid to secure freedom of movement for patients in need of medical care outside Gaza; legal aid to most vulnerable HH/groups displaced or at risk of displacement (housing, land, property rights); awareness raising on accessing legal aid in context of IHL/IHRL violations, freedom of movement and displacement	2,340
		LEGAL AID WEST BANK: Provision of legal assistance and case-specific counselling to Palestinians affected or at risk of displacement; awareness raising on access to legal aid in context of IHL/IHRL violations and displacement	20,711
Education	Strengthen advocacy and reporting on education-related violations across Gaza and the West Bank and ensure that school staff and students affected by education-related violations and COVID-19 pandemic benefit from protective environment	Strengthening documentation, monitoring and reporting to the Cluster to generate responses and advocacy (including dialogue with national and international authorities, and media outreach) on education-related violations	5
		Provision of protection services while commuting to schools for children in the most vulnerable areas. (This can include protective presence and transportation.)	8,453
		Provision of school-based psychosocial support to school staff and students affected by education-related violations and COVID-19 pandemic.	82,506

Food Security	FSS activities, including advocacy and awareness, are planned and implemented in a coordinated manner, in fair partnerships among concerned parties, including civil society organizations, key national ministries and concerned donors	Promotion and inclusion of rights-based Food Security issues within national and international advocacy initiatives	1
Health	Advocate for unhindered and equitable access to healthcare and protection of the right to health for all, including the most vulnerable in oPt	Document and monitor barriers to healthcare services access, including for patients requiring and receiving permits to reach essential healthcare services, as a basis for evidence-based advocacy	37,887
		Document and monitor attacks on healthcare as a basis for prevention efforts and evidence-based advocacy	3,300
Shelter NFIs	Displaced populations are provided support that mitigates immediate harm and ensures adequate and safe temporary shelter solutions	Provision of shelter assistance to IDPs from conflict	1,378
		Provision of shelter assistance to households affected by demolitions	2,494
		Provision of protective shelter materials to families under protection concerns (settler violence) or at risk of displacement	1,391
		Provision of temporary shelter assistance to families (tenants) evicted or at risk of eviction	1,461
WASH	In accordance with International Humanitarian Law (IHL) and International Human Rights Law (IHRL), Palestinians living under occupation access safe and adequate WASH services with dignity	The provision of WASH response for households and communities affected by settler violence and demolition incidents	528,713
		Cluster needs assessments conducted on access restrictions to WASH	528,713
		Developing awareness products on access restrictions to WASH (reports, fact sheets, presentations, etc.)	528,713

**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.**

**Specific Objectives: Targets and Response**

CLUSTER	CLUSTER OBJECTIVES	CLUSTER ACTIVITIES	ACTIVITY TARGETS
Specific Objective 2.1.			
Education	Increase equitable safe access to inclusive, quality educational services for vulnerable children	Support MoE and UNRWA in strengthening distance learning modalities. (This can include development and printing of self-learning materials, capacity building for teachers, offering IT solutions for teachers and students, and innovative solutions to reach the most vulnerable children.)	141,384
		Provision of essential and basic emergency rehabilitation to schools to ensure that school environments are appropriate and safe for students and teachers	11,032
		Support school-aged children with disabilities. (This can include assistive devices, appropriate transportation, specialized and adapted remote learning materials, adaptations to school infrastructure, building the capacity of school staff to accommodate for CWDs needs and provision of appropriate referrals in collaboration with relevant clusters.)	2,491
		Provision of remedial education and learning support to vulnerable school-aged children (for example, children who drop out, students under home arrest, injury or ex-detainees, children with a disability, IDPs children, children at risk of dropout) through face to face or remote support	28,248

Health	Ensure the availability of acceptable and quality essential healthcare services to vulnerable communities in oPt	Deliver essential elective surgery, emergency and trauma care at all levels of the pathway, through lifesaving and limb-saving training, triage and injury protocols, deployment of emergency medical teams, timely data and multidisciplinary rehabilitation	151,020
		Provide essential medical supplies (medicines, disposables, blood components, etc) for acutely vulnerable NCD patients and preventive activities at the community level	64,456
		Provide access to healthcare and nutrition that prevent excessive maternal and newborn morbidity and mortality by ensuring that a clean and safe delivery, essential newborn care, and emergency obstetric and newborn care services are available at all times	355,979
		Deliver multidisciplinary management of neglected people with disabilities (PWD), including rehabilitation services, psychosocial support, and community awareness of disabilities and other crosscutting issues	4,300
		Establish MHPSS services that ensure inclusion of marginalized people, provide psychological first aid to those exposed to traumatic events, integrate MH into all health facilities through provision of MHPSS training for healthcare workers' essential psychotropic medicines, and ensure that clinical case management is evidence-based	196,650
Shelter & NFI	Vulnerable households exposed to harsh weather and protection concerns are supported to meet basic needs and enhance their coping capacity	Rehabilitation of damaged and/or substandard shelters (fully or partially) to meet basic shelter needs and minimum standards, including adaptation of shelters to meet the needs of PWDs, upgrade/separate shared toilet and kitchen facilities, and improving the living area to include adequate isolation space for people at higher risk of COVID-19	17,843
		Provision of winterization/summer weather assistance or shelter/household non-food items (NFIs) to vulnerable households at risk of exposure or affected by natural or man-made hazards (e.g. winter storms)	7,474
		Provision of adequate and timely standard or customized NFIs to quarantine/isolation facilities	3,884
		Provision of essential shelter NFIs, hygiene and disinfection materials (in kind, voucher or cash) to families and individuals living in substandard and overcrowded shelters at higher risk of COVID-19, and to families in home quarantine	3,200
WASH	Ensure equitable, affordable and sustainable safely managed access to sufficient WASH services for the most vulnerable Palestinians	Installation/rehabilitation/extension of water networks and HH connections; transmission water pipelines; community water cisterns/reservoirs; household water cisterns; public water desalination units; household sanitation facilities	671,480
		The provision of water facilities' critical operational and maintenance materials and tools	190,953
		Provision of trucked water; PE water tanks; chlorine tablets for cisterns; chlorination systems; wheeled tanks; household latrines; sewer collection network and HH connections; sanitation facilities' critical operational and maintenance materials and tools; environmental and cleaning kits for quarantine/isolation centres and health workers	270,877
		Provision/installation of water treatment units (innovative solution, after PWA approval)	2,638
		The installation/rehabilitation of WASH facilities in quarantine/isolation centres (handwashing, latrines, sewer system)	4,861
		Hygiene awareness campaigns in schools	5,751

**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.**

### Specific Objectives: Targets and Response

CLUSTER	CLUSTER OBJECTIVES	CLUSTER ACTIVITIES	ACTIVITY TARGETS
Specific Objective 3.1			
Education	Children and school staff in vulnerable schools are supported in preparing and responding to emergencies	Support the most vulnerable schools in West Bank and Gaza to respond to emergencies through structured preparedness packages and post emergency responses. (This can include capacity building training and awareness raising for teachers, students and community members.)	51,930
		Provision and dissemination of hygiene packages to schools; utilize all social media platforms for awareness raising, hygiene promotion and child-friendly videos	250,492
		Provision of emergency education supplies (including caravans, stationery, school bags, student kits, teaching supplies, uniforms, solar systems or fuel, winterization kits etc.) for vulnerable and unserved students and teachers	
Food Security	Livelihoods of vulnerable households are protected, and their resilience, food security and productive capacity restored/enhanced	Rehabilitation and provision of productive assets and inputs for farmers, herders, breeders and fishers, including promotion of technical capacities and small- scale production units, and using the BBB (Build-Back Better) approach for increased resilience	146,749
		Support to non-agricultural livelihoods and income-generating activities (IGA)	1,500
		Promotion of local production	93
	Households suffering from limited access to food and to income opportunities are able to meet their basic food needs	Providing direct access to food	1,740,611
		Providing support through unrestricted cash modalities	312,376
	FSS activities, including advocacy and awareness, are planned and implemented in a coordinated manner in fair partnerships among concerned parties, including civil society organizations, key national ministries and concerned donors	Awareness sessions (advocacy/policy influencing sessions / dialogue/training)	3,796
		Consolidating and improving line ministries' engagement on coordination issues	16
Health	Strengthen the healthcare system's capacity to respond to emergencies and build community resilience to cope with the impact of current and future crises	Provide essential medical supplies: laboratories; hospital and community-based case management; infection prevention and control items to build the capacity of the health system to respond in a timely and effective manner to outbreaks of new and re-emerging infectious diseases	243,953
		Enhance preparedness within the health sector to better deal with sudden onset events such as heightened conflict and disease outbreak by stockpiling lab supplies, drugs, disposables and IPC supplies; capacity building; and enhanced coordination and communication	243,953
		Strengthen health information management systems, including disease surveillance, to improve the speed and effectiveness of emergency responses	104
		Support risk communication and community engagement, especially targeting high-risk groups and to combat misconceptions and stigma	200,005

Shelter and NFI	Increase capacity to respond to natural or man-made hazards in a timely, efficient and effective manner	Physical stockpiling of emergency NFIs at agency level warehouse/s or arrangements in place to procure/import NFIs immediately	38,204
		Capacity building of local NGO's, community committees, municipal forums and volunteers through training and tools for emergency response, self-recovery or protection measures to support IDPs and affected people during and post-emergencies	1,213
		Preparedness and upgrading of isolation/quarantine centres	4
		Improve urban displacement settings to host IDPs in case of emergency	
WASH	Strengthen WASH preparedness and response capacity to the most vulnerable Palestinians to reduce threats, and cope with emergencies and shocks	The construction/rehabilitation of stormwater network/ rainwater drainage systems	34,350
		The installation of household flood mitigation measures	2,600
		The provision of stormwater systems' critical operational and maintenance materials and tools	10,811
		Conduct technical assessments about specific WASH cases and concerns	2,300
		Develop WASH services contingency plans, operational and management plans, and analysis	17,547
		Conduct technical capacity building training	17,660

### People reached under 2020 HRP

Cluster	People in Need 2021	Targeted People 2021	People Reached Mid-2020	
Protection	2.1 m	359 k	128 k	
FSS	2.0 m	1.7 m	1.5 m	
WASH	1.6 m	752 k	115 k	
Health & Nutrition	1.4 m	1.2 m	198 k	
Education	504 k	413 k	129 k	
Shleter&NFIs	431 k	99 k	17 k	

## Part 3

# Sectoral Objectives and Response

*Huda, 9 years old, sitting in her room which she shares with her siblings, in Al-Zaytoon Neighborhood /Gaza. © Photo by: Rehaf Albatniji/OXFAM 2020*



## Part 3

# Overview of Sectoral Response

The planned response for 2021 cuts across seven sectoral areas: Education, Food Security, Health, Protection, Shelter and Non-food Items, Water, Sanitation and Hygiene, Coordination and Support Services.

There are different asks by sector based on needs, the number of partners, the overall capacity, and the costs of operating. Almost 51 per cent (\$214 million) of the total requirement is to support the Provision of food assistance, followed by Health, Protection and WASH programming.

## Overview of Sectorial Response

Sector	People in Needs	People Targeted	Requirements (US\$)	Oper. Partners	Number of Projects
FSS	2m	1.7m	262.1 million	22	40
Health	1.4m	1.2m	46.4 million	20	37
Protection	2.1m	359k	29.4 million	31	46
WASH	1.6m	752k	26.7 million	22	34
Education	504k	413k	25.3 million	16	21
Shelter and NFI	431k	99k	16.9 million	14	22
Coordination and Support Services	NA	NA	10.7 million	9	10
<b>Total</b>	<b>2.4 million</b>	<b>1.8 million</b>	<b>417 million</b>	<b>134*</b>	<b>210**</b>

\* Operational organizations operate in different clusters and might have appealed for joint projects. The number of appealing organizations are 74.

\*\*Multi-cluster projects are counted under different clusters. The total number of projects including multi-cluster projects is 186.

# 3.1 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
503k	413k	\$25M	16	21

## Objectives

The Education Cluster Objectives are directly linked to the following Strategic Objectives:

- Education Cluster Objective 1: Strengthen advocacy and reporting on education-related violations across Gaza and the West Bank, and ensure that school staff and students affected by the education-related violations and COVID-19 pandemic benefit from a protective environment [SO1].** Under this objective, the Cluster will undertake interventions that aim to provide protection services for girls and boys of different age groups in the most vulnerable areas while they are commuting to school (while ensuring the needs of girls are safety factored in to access to education); providing school-based psychosocial support to school staff and students affected by education-related violations and the COVID-19 pandemic; and strengthening documentation, monitoring and reporting to the Cluster to generate responses and advocacy (including dialogue with national and international authorities, and media outreach) on education-related violations.
- Education Cluster Objective 2: Increase equitable safe access to inclusive, quality educational services for vulnerable children [SO 2].** Under this objective, the Cluster will undertake interventions that aim to support MoE and UNRWA in strengthening distance learning modalities, including support to parents, especially women supporting their children in home learning; providing essential and basic emergency rehabilitation to schools to ensure that school environments are appropriate and safe for children and teachers; supporting school-aged children with disabilities; and providing remedial education and learning support to vulnerable schoolgirls and boys (for example, dropout children, students suffering from home arrest, injury or ex-detainees, children with a disability, children IDPs, married students and children at risk of dropout) through face-to-face or remote support.
- Education Cluster Objective 3: Children and school staff in vulnerable schools are supported in preparing and responding to emergencies [SO3].** Under this objective, the Cluster will undertake interventions that aim to support the most vulnerable schools in the West Bank and Gaza in responding to emergencies through structured

preparedness packages and post-emergency responses; providing and disseminating gender-sensitive hygiene packages to schools and utilizing all social media platforms for awareness raising, hygiene promotion and child friendly videos; and providing emergency education supplies.

## Response

Through service delivery, advocacy and capacity development, the Cluster plan seeks to mitigate the effects of and ensure preparedness for an immediate response to emergencies such as localized natural disasters, resurgence of conflict, pandemic, forced displacement and attacks on schools. Cluster partners work in strong partnership with stakeholders and with high levels of participation and consultation to ensure accountability to the affected population. Advocacy efforts will focus on addressing education-related violations where there is little or no accountability for perpetrators. Mitigation, preparedness and response measures for affected schools in the West Bank, including East Jerusalem, and in Gaza will include provision of various modalities for distance learning, provision of teaching and learning materials, safe spaces or alternative facilities, pre-positioning of key education materials, provision of protected access to schools, reintegration of students into the school system through strengthened remedial/catch-up education to children who miss school during the conflict or the deterioration in security, psycho-social programmes for teachers and students, including students with special needs, rehabilitation of existing buildings and provision of semi-permanent classrooms constructions.

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

## People Targeted and Geographical Scope

In 2021, the Education Cluster will target 413,126 (7 per cent boys and 53 per cent girls) children and 14,918 school staff identified as in need of education assistance, with due consideration of locality, gender, age and disability status. In Gaza, children out of schools, children with disabilities and children from the most vulnerable and poorest households will be targeted, with due consideration for gender concerns. 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 on their way to school, and students who are under house arrest, injured or ex-detainees. On a national level, special attention will be paid to children in need of PSS, offline distance learning support and remedial education, in response to COVID-19.

In terms of geographic scope, in Gaza, the Cluster's focus for all interventions is on vulnerable schools, including, but not limited to, the Access Restricted Areas (ARA). In the West Bank, the focus is primarily on Area C, Hebron H2, and East Jerusalem, while COVID-19-related interventions will expand to other areas of the West Bank. 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), areas where schools are at risk of being used as shelter for displaced people during emergencies (such as Gaza), and locations where there is a shortage of school infrastructure and resources to support schools (such as parts of Gaza, Bedouin areas and parts of Area C).

## Criteria Used to Prioritize Interventions

In the West Bank including East Jerusalem, the Education Cluster and the MoE have developed a list of the most vulnerable schools based on criteria that include obstacles and other conflict-related risks that children face on the way to school, including gender-based risks, Israeli violations and attacks on schools and proximity to Israeli settlements, by utilizing Information Management tools such as the 4Ws (who, what, where, when) and the incident reporting mechanism. In addition, the Education Cluster has prioritized support for children out of school, at risk of dropout or children out of school as a direct result of conflict (ex-detainees, home arrest, injured or disabled, etc.). Due to COVID-19, the Cluster will also prioritize vulnerable children in need of support to access distance learning solutions and who lack access to internet or IT devices.

In Gaza, in consultation with Cluster partners, the Cluster has prioritized schools located in the ARA, children in need of MHPSS interventions due to conflict and/or COVID-19, children with disabilities and out-of-school children. Due to COVID-19, the Cluster will also prioritize vulnerable children in need of support to access distance learning solutions and who lack access to internet or IT devices.

## Intersectoral Linkages

Linkage with the Protection Cluster includes work within schools to provide child protection referrals and school-based psychosocial support to students, teachers and parent victims of violence, including GBV, domestic and conflict-related violence. Legal aid and protection advocacy are also conducted through inter-Cluster coordination.

Activities with the WASH Cluster include the construction of gender-segregated school toilets adapted to the needs of children with disabilities, provision of gender-appropriate hygiene and cleaning kits, hygiene promotion sessions for students, rehabilitation of water and sanitation infrastructure in schools and establishing environment clubs. Collaboration with the Health Cluster ensures the provision of assistive devices for students with disabilities and partnership in ensuring all Infection and Protection Control measures for COVID-19 are contextualized in schools. Coordination with the Food Security Cluster is critical to prioritize support to families with children out of school. To ensure effective coordination, it has been agreed that all school-based interventions should be implemented in collaboration with the Education Cluster.

## Linkages and Synergies with Interventions outside the Scope of the Humanitarian Plan

Understanding the inherent overlap and the importance of coordination between development and emergency education activities, the Cluster commits to strong linkages with the education sector working group. This will be maintained through the Education in Emergencies Thematic Working Group led by MoE, which reports to the ESWG.

This Education Cluster response plan cannot exist in a vacuum and must be 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 back to school strategy, and UNCT socio-economic plan.

The Education Cluster is focused on responding to the immediate needs of children and school staff due to COVID-19 and the ongoing conflict. These needs are safe access to education, emergency supplies and rehabilitations, DRR and MHPSS services. For the COVID-19 response, the Cluster will focus on ensuring that schools have adequate cleaning and gender-appropriate hygiene kits, adequate gender-appropriate WASH facilities adapted to the needs of CWD, and that children with no access to the internet can access distance learning through offline solutions. The UNCT socio-economic plan responds to the different needs of the MoE and schools through offering longer term investment for needs. Examples include school infrastructure, investment in the MoE e-learning solutions, and capacity development of MoE and school staff.

### Excluded activities, groups and/or areas of response; likely impact/consequences; and actions needed by other actors

The MoE and UNRWA are the primary education service provider in Gaza, Area C and Hebron. Due to the financial crisis, the MoE and UNRWA may not be able to continue their support in 2021 to Education in Emergencies activities in Gaza, Area C and H2 such as school rehabilitation, paying teachers and school staff salaries, children transportation programmes, investment in distance learning solutions and MHPSS support. This may create a gap in the response where the Education Cluster partners may need to step in and scale up their support in these thematic areas.

To ensure that the needs of excluded schools and children are met in the 2021 HRP, the Cluster will continue work on the mitigating measures below:

- Close information sharing, advocacy and coordination with donors to ensure that the interventions needed to respond to emerging humanitarian needs are sufficiently funded.
- Regular follow up and information exchange with the Protection Cluster and the Legal Taskforce on legal interventions related to the education sector.
- Work closely with the WASH Cluster on responding to WASH needs in schools.

### Monitoring

To successfully coordinate and implement the Education Cluster strategy, the Cluster team must receive updated information pertaining to:

1. Current and evolving needs (partner assessment data, etc.).
2. Type and location of partner activities per Cluster indicator.
3. Targets and achieved results of partner activities

(disaggregated by age and gender, disability and geographical location).

4. Implementation of AAP activities, including levels of awareness on PSEA, and including rights and information regarding available complaint channels and services.

The Cluster team utilizes the online 4Ws Monitoring Tool for partners to report this information. The activities contained in the 4Ws are the same activities outlined in the Monitoring Framework above. Partners are responsible for monitoring their own project indicators and reporting into the IM tools of the Cluster.

Each organization updates its 4Ws data on a quarterly basis. Within two weeks of submission, the Cluster team will compile and analyze the data, produce analysis reports and share these products with all relevant stakeholders. This analysis will enable the Cluster to monitor the education response, formulate advocacy on behalf of partners, identify need and gaps, avoid duplication of response and assist partners in their operational planning. This information will be disaggregated by gender, age and disability and is shared with donors to advocate for increased funding to education, and with OCHA for inter-Cluster coordination purposes.

## 3.2

# Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.0m	1.7m	\$262M	22	40

## Objectives

The FSS Objectives are directly linked to the following Strategic Objectives:

- **FSS Objective 1:** *Livelihoods of vulnerable households are protected, and their resilience, food security and productive capacity restored/enhanced* [SO3]. Under this objective, the Cluster will undertake interventions that aim to rehabilitate and provide productive assets and inputs for farmers, herders, breeders and fishers, including promotion of technical capacities and small scale production units, and using the BBB (Build-Back Better) approach for increased resilience; support to non-agricultural livelihoods; and promote local production.
- **FSS Objective 2:** *Households suffering from limited access to food and to income opportunities are able to meet their basic food needs* [SO3]. Under this objective, the Cluster will undertake interventions that aim to provide direct access to food; and support through unrestricted cash modalities.
- **FSS Objective 3:** *FSS activities, including advocacy and awareness, are planned and implemented in a coordinated manner in equitable partnerships among concerned parties, including civil society organizations, key national ministries and concerned donors* [SO 1 and 3]. Under this objective, the Cluster will undertake interventions that aim to provide awareness sessions (advocacy/policy influencing sessions/dialogue/training); consolidate and improve line ministries' engagement on coordination issues; and promote and ensure inclusion of rights-based Food Security issues within national and international advocacy initiatives, as well as other sector coordination-related activities in partnership with key national ministries.

## Response

FSS partners will work on restoring and enhancing the productive capacity of vulnerable and affected households by promoting and protecting rural and urban livelihoods, and the assets of both women and men beneficiaries. Productive activities offering income opportunities to women will be a top priority to improve gender equality. Different needs by gender and age will drive the response plan in line with the continued commitment from the FSS structure to improve partners' gender mainstreaming understanding and operational capacity. This response includes the rehabilitation and provision of basic

assets; facilitation of access to essential services for improving the quality and increasing the sustainability of local production, as well as the promotion of income-generating activities; and the provision of essential production inputs to small-scale farmers and herders.

As part of the holistic response to COVID-19, the FSS will support and protect small productive institutions from closing or critically downsizing their activities to mitigate damage to livelihoods. The preservation of existing food resources, food supply lines and market stability, which includes enhancing the linkages between the producers and shops, is also part of the strategy.

As an immediate response to food insecurity, and to also help preserve a viable environment for livelihood support interventions, FSS partners will continue to scale up food e-vouchers, in-kind food distribution where feasible and recommended, and cash assistance, including multi-purpose cash/vouchers. The plan is to target emerging vulnerable groups who have experienced a negative impact from increased unemployment and livelihood losses related to COVID-19 movement restrictions.

Finally, the FSS response also supports advocacy initiatives focused on settler violence; the impact of the demolition of livelihood assets on food insecurity; and the right of Palestinians to access natural resources and maintain assets.

The FSS will work in cooperation with line ministries to jointly agree on modalities for building local capacities to shape a coordinated and inclusive environment, ensuring the consistency of humanitarian and development interventions.

## People Targeted and Geographical Scope

In terms of geographical scope, support for direct access to food has no specific focus. In the West Bank, agricultural livelihood activities focus on Area C and the Jerusalem governorate, where agricultural-dependent communities are at high risk of losing their livelihoods as a result of settler violence, demolitions and the confiscation of productive assets, plus Israeli relocation plans for Palestinian communities. In the Gaza Strip, agricultural livelihood activities focus on the ARA, both land and sea, due to access restrictions on sources of livelihoods. Other geographical areas in Gaza are not excluded due to the deterioration in socio-economic conditions resulting

from stringent restrictions on the movement of goods and people for more than 13 years.

In 2021, the FSS will target 1.6 million of the 1.9 million Palestinians identified as food insecure and in need of assistance according to estimates in the SEFSec survey 2018 (PCBS) projections for 2021. This FSS target has been estimated on the basis of partners' planned interventions and includes approximately 1.4 million people in the Gaza Strip; 283,000 in the West Bank; xxxx refugees in Gaza and xxxx in West Bank; xxxx non-refugees in Gaza and xxxx in the West Bank. Some 149,556 people are the target for humanitarian agriculture-based livelihood assistance. Households in the West Bank affected by the demolition or confiscation of productive assets are also targeted. In total, 33,000 female headed-households in Gaza and 6,000 in the West Bank will be targeted.

### Criteria Used to Prioritize Interventions

FSS project activities in 2021 will contribute to the sector's objectives and priorities. Projects have been vetted against criteria that target vulnerable groups and geographical areas as outlined in the 2021 HNO. FSS projects will aim to protect and promote livelihoods for vulnerable groups such as Bedouins, small farmers/herders and fishers, and to ensure direct access to food for food-insecure groups.

Selection criteria will vary depending on the nature of the project itself but will have in common the criteria utilized for the analysis of food security status. Tools to define people's eligibility to receive humanitarian assistance are based on an assessment of beneficiaries' poverty, resilience and food deprivation in line with the SEFSec methodology. All projects accepted in the FSS portfolio for 2021 will propose a set of priority activities that have been agreed through a participatory process. A detailed set of guidelines was shared with implementing agencies in the response planning process, including the type of activities that the sector agreed on for implementation in 2021. These will include, but are not limited to, the rehabilitation of agricultural water facilities such as wells, ponds, carrier lines, water reservoirs and cisterns; land rehabilitation and seeds/forage cultivation; rehabilitation and restoration of agricultural roads, greenhouses and water networks; cash-based support to inject money into poor households, and urgent support to ensure direct access to food, whether in-kind or food vouchers.

### Intersectoral Linkages

FSS will work with relevant partners, in particular with the Health Cluster, to adopt implementation measures for increased safety in all activities, including door-to-door delivery systems, distancing measures at distribution sites or cash transfers via safe modalities. The FSS will also continue to work closely with

the Protection Cluster partners to ensure the integration of protection principles in the delivery of humanitarian assistance, and to support farmers in the Gaza Strip ARAs with the intersectoral cash-based programming working group. Finally, the FSS will continue coordination with the WASH Cluster for any agricultural response related to water, mainly activities that target water source rehabilitation for use for domestic and farming purposes.

### Linkages and synergies with interventions outside the scope of the humanitarian plan

The nature of the crisis in the oPt requires a strict preservation of the humanitarian space within which humanitarian actions take place, balanced against ongoing mutually influencing streams of action in the development and political spheres. The FSS activities seek to enhance engagement with the spheres of influence outside the scope of humanitarian action to create deeper and durable positive impacts for people in need. The integration of humanitarian projects focused on immediate relief with projects that aim to reduce the cycle of humanitarian assistance over time should be promoted and properly funded. Humanitarian interventions remain critically urgent, although it is equally important that additional resources are simultaneously and in parallel, directed to implement a more transformative agenda that can promote longer-term dignity and equality for the Palestinian people, and to lessen the need for humanitarian assistance.

### Excluded activities, groups and/or areas of response; likely impact/consequences; and actions needed by other actors

As a percentage of the total, activities related to livelihood support and agricultural support designed to reduce reliance on external assistance, protect livelihoods and ensure a supply of essential fresh food to preserve nutrition for all consumers, have been reduced mainly in the West Bank. Also, cash for work projects have been substantially reduced as a percentage of the whole request.

The huge numbers of unemployed, with increasing levels of poverty due to the COVID-19 pandemic, require special attention to cover basic daily needs and promote sustainable employment. Solutions are also required for the increasing numbers of graduates who cannot find job opportunities in the already exhausted labour market. Failure to provide urgent assistance to access food and basic needs will accelerate a deterioration of food security status in both the West Bank and Gaza Strip.

## Monitoring

The FSS developed a monitoring framework comprised of all activities and corresponding output level indicators that will help to assess progress. FSS level monitoring is informed by project monitoring by partners. The 2021 HRP indicators identify sex and age disaggregated targets, including specific indicators to address gender-based vulnerabilities and ensure a gender-equitable humanitarian response.

In view of COVID-19, different modalities of monitoring approach will be applied by FSS partners. Partners will use mechanisms

and tools to monitor, document and assess progress towards the sector's objectives and targets: field visits, joint monitoring, community workshops and gender and age-sensitive focus group discussions, and discussions with other actors in line with safety measures in place.

The FSS is committed to assuring accountability to stakeholders in all aspects of a project cycle. The design of the FSS interventions took into consideration the different needs of various groups in the communities (sex and age).

## 3.3

# Health and Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.4m	1.2m	\$46.4M	20	37

## Objectives

The Health Cluster Objectives are directly linked to the following Strategic Objectives:

- Health Cluster Objective 1: *Ensure the availability of acceptable and quality essential healthcare services to vulnerable communities across oPt*** [SO 2]. Under this objective, the Cluster will undertake interventions aimed at meeting health needs and providing basic health services. The Cluster will work to ensure the availability of essential 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 (MHPSS), and rehabilitation of persons with disabilities.
- Health Cluster Objective 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*** [SO 3]. Under this objective, the Cluster will undertake interventions that aim to enhance preparedness through the development of contingency plans, strengthened monitoring, capacity building, prepositioning essential supplies, and strengthened communication and coordination.
- Health Cluster Objective 3: *Advocate for unhindered and equitable access to healthcare and protection of the right to health for all, including the most vulnerable in oPt*** [SO 1]. Under this objective, the Cluster will undertake interventions aimed at upholding respect, protection and fulfilment of the rights of Palestinians living under occupation. The Health Cluster will document and monitor barriers to healthcare access and attacks on healthcare, and advocate for the right to health for all.

## Response

Health Cluster partners will scale up the COVID-19 response through technical support to the MoH and health authorities, as well as procurement of supplies, laboratory testing, infection prevention and control, surveillance and contact tracing, case

management, training, risk communication and community engagement. The Health Cluster will expand its activities in the Health Resources Availability Mapping System (HeRAMS), the early warning alert system, emergency preparedness and surveillance.

Focusing on the most vulnerable communities in the Gaza Strip and West Bank, including Area C, H2 and the Seam Zone, Health Cluster partners will provide primary healthcare, including preventive health services. Health Cluster partners will also work to tackle non-communicable diseases (NCDs), the major cause of mortality in the oPt, through enhanced monitoring of shortages of medicines and other essential supplies; capacity-building for enhanced quality of lifesaving healthcare; and support to preventive programmes and diagnostic services.

Children under the age of five are highly vulnerable to health risks, especially in times of emergencies. Health Cluster partners will scale up their response to major childhood illnesses and causes of neonatal morbidity and mortality while ensuring effective systems and referrals for child protection. These will include integration of early essential newborn care, community case management of childhood illnesses and treatment of malnutrition.

Needs for sexual and reproductive healthcare services, including interventions targeting SGBV survivors remain high, particularly during the lockdown associated with the COVID-19 outbreak.

The Health Cluster will work to ensure access to sufficient and quality healthcare and family planning that prevents maternal and newborn morbidity and mortality. Gender-sensitive case management procedures will be embedded into routine healthcare services for women, infants, children and adolescents.

Mental Health and Psychosocial Support (MHPSS) needs continue to rise among adults, adolescents and children across the oPt as a result of violence and COVID-19 restrictions. Health Cluster partners will provide specialised mental health care and integrate MHPSS services in essential healthcare service

delivery, while strengthening community and family support and Psychosocial First Aid (PFA) following trauma.

Time-sensitive and longer term trauma care needs remain, particularly in the Gaza Strip. The Health Cluster will increase its response to meet the needs of those requiring limb reconstruction and elective surgeries, as well as rehabilitation services, working at the level of community first aid, triage, emergency care, surgery and specialised services, and rehabilitation.

Given the shrinking humanitarian space, movement restrictions, and vulnerability to attacks on healthcare, the Health Cluster will promote protection of the right to health for Palestinians in the oPt through monitoring and documenting barriers and attacks on access, enhanced capacity of rights holders and duty-bearers, and evidence-based advocacy.

### People Targeted and Geographical Scope

In 2021, the Health Cluster will target 1,445,534 Palestinians identified as most vulnerable and at high risk of morbidity and mortality, including women of reproductive age; children, including neonates; the elderly; people with disabilities (PWD); and non-communicable disease (NCD) patients (including mental health patients) who face the risk of death or a severe deterioration in their health status. Interventions will be focused on key geographical areas: the whole of the Gaza Strip, and including within the West Bank, Area C, H2 of Hebron, the "Seam Zone", communities living behind the "Barrier" in East Jerusalem, and acutely vulnerable people in East Jerusalem who cannot access healthcare services.

### Criteria Used to Prioritize Interventions

The Health Cluster determined the vulnerability threshold based on the likelihood of death or severe morbidity, such as disability or deterioration of physical or mental health, if timely healthcare services are not made available. The Health Cluster also considered vulnerabilities based on structural discrimination such as that based on gender and ad hoc discrimination like that against COVID-19 infected patients. In the Gaza Strip, the entire geographic location is considered while in the West Bank, locations such as Area C, H2 of Hebron, the "Seam Zone", and specific groups within East Jerusalem and behind the "Barrier" were identified as locations where negative health outcomes are more likely if no health interventions are implemented.

Consequently, the Health Cluster prioritised the following interventions for 2021:

- Life-saving health interventions
- Life-sustaining health interventions

### Intersectoral Linkages

In order to enhance health outcomes and impact, the Health Cluster will provide technical support and guidance to other Clusters and aims to identify key areas for joint programming. In particular, the Health Cluster will work closely with the Protection Cluster to advocate for the protection of healthcare services against violent attacks and ensure mainstreaming of protection in the health humanitarian response.

Mental Health and Psychosocial Support (MHPSS) remains a critical crosscutting issue. In 2021, the Health Cluster will work with the Protection and Education Clusters to ensure the effective implementation and coordination of MHPSS activities across the oPt. This includes establishing and maintaining clear referral mechanisms, as well as ensuring quality of care at all levels.

An integrated response to SGBV will also be coordinated with the Protection Cluster as SGBV encompasses protection, psychosocial and medical elements, with the Health Cluster focusing more on the medical aspects at the facility level to ensure appropriate SGBV detection, Clinical Management of Rape (CMR) and referral.

Finally, the Health Cluster will work with the WASH Cluster to ensure that healthcare facilities have access to water and sanitation, and that hygiene education is integrated into health promotion materials.

### Linkages and synergies with interventions outside the scope of the humanitarian plan

The lack of access to essential healthcare services for vulnerable groups in the oPt is the result of multi-dimensional challenges affecting the availability, accessibility, affordability, acceptability and quality of the healthcare system available to Palestinians. Such a complex environment requires a multi-faceted approach over the immediate, medium and long term. Humanitarian and development interventions need to occur simultaneously in order to be effective. Where opportunities exist, the Health Cluster will aim to ensure that humanitarian and development programming is coherently aligned to provide more durable and sustainable assistance to vulnerable people, in order to more effectively reduce needs and vulnerability and build resilience. Ultimately, the chronic and political nature of the crisis in the oPt is the main driver of humanitarian needs and requires action outside the scope of humanitarian interventions.

### **Excluded activities, groups and/or areas of response; likely impact/consequences; and actions needed by other actors**

The Health Cluster will focus on key lifesaving and life-sustaining activities targeting the most acutely vulnerable. As a result, other people in need of healthcare services may suffer negative outcomes. For example, although people with disabilities (PWDs) have been identified as a vulnerable group, the Health Cluster will only prioritise PWDs with no alternative access to healthcare or who are suffering from a conflict-related injury. Additionally, although drugs and disposables continue to deplete, with an impact on non-communicable disease patients, the Health Cluster has prioritized the elderly (60+) as being at highest risk of mortality, in addition to patients with diseases for which treatment interruption may cause rapid deterioration and death, such as insulin-dependent diabetic patients, patients with severe hypertension and those in need of dialysis.

Local authorities are encouraged to take on responsibility for excluded groups. This has proven successful in the past and the Health Cluster will continue to advocate such mechanisms.

### **Monitoring**

The Health Cluster will use indicators from each major area of intervention to monitor Cluster progress against targets. These indicators include outpatient consultations; the number of facilities (both primary and secondary care) supported by partners; patients receiving physical and mental rehabilitation services; number of acute surgeries conducted; number of facilities with emergency response capacity; women of child-bearing age receiving reproductive health services; children vaccinated; and health workers trained on different topics of public health interest, etc. In addition, the Cluster will conduct regular quality of care assessments and quality improvement initiatives to ensure that partners are providing services to a minimum standard, based on global guidelines. The Cluster will use the Partner Activity Reporting Platform (PARP) to monitor progress and achievements.

## 3.4

# Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.1m	359k	\$29.4M	31	46

## Objectives

The Protection Cluster Objectives are directly linked to the following Strategic Objectives:

- **Protection Cluster Objective 1:** *Increased respect for International Humanitarian Law (IHL) and International Human Rights Law (IHRL) and accountability for violations [SO 1].*
- **Protection Cluster Objective 2:** *Ensuring protection response mechanisms are in place to prevent and mitigate the effects of the occupation and conflict-related violence [SO 1 and 2].*

## Response

The Protection Cluster will continue to work closely with partners and authorities to enhance their capacity to ensure inclusion of those in need of protection. Across the various responses, the Protection Cluster has prioritized inclusion of persons with disability. Work modalities have been adapted to the constraints generated by the pandemic, in particular the enhancement of remote responses in line with global minimum standards. The main thematic areas and related interventions planned for 2021 are the following:

**Monitoring, documentation and advocacy** will continue in 2021, with partners implementing their work through a combination of in-person and remote monitoring. The focus of these interventions will remain IHL and IHRL violations and conflict-related violence. In Gaza this will focus on escalations of hostilities and in the West Bank, on monitoring and documenting the risk of forcible transfer, particularly in East Jerusalem, H2 and Area C. Across the oPt, the monitoring of protection issues affecting human rights defenders will continue. Partners will undertake monitoring and analysis of settlement-related activities, ranging from settler violence through retroactive legalization of settlement outposts, land takeover and expropriations, with a view to understanding and mitigating their effect on Palestinians. Documentation and monitoring of grave violations against children (as defined by UN Security Council Resolution 1612) will also continue.

Monitoring, reporting and advocacy aimed at reducing and

preventing human rights violations related to COVID-19 will be scaled up. This includes activities to ensure that restrictive measures, including quarantine and isolation, are implemented proportionally, and that people are treated with dignity. Advocacy oriented towards accountability and respect of HRL and IHL will remain central to the Protection Cluster response.

**Protective Presence** partners expect to re-deploy by the second half of 2021 to resume protective presence and accompaniment of individuals (including children) in the West Bank, particularly in communities exposed to settler violence and friction with Israeli forces.

**Protection Mainstreaming** interventions have been introduced in the context of the COVID-19 emergency aimed at ensuring that the most vulnerable have equal access to healthcare and other services, and that effective safeguards are introduced to protect people against stigma and discrimination. Related activities include protection training and capacity building for non-protection responders and government staff directly involved in the related activities, such as those working in quarantine and isolation facilities. Most of this training will be conducted remotely.

**Legal counselling and representation** will continue through in-person and remote modalities. The main targets will include those affected by or at risk of violations of their right to life, liberty and physical integrity; demolitions, forced evictions and displacement; revocation of residency rights; arrest and ill-treatment, especially among children; discrimination in the application of COVID-19-related restrictions; IDPs in Gaza, including widows facing housing, land and property issues (HLP); people affected by access restrictions in general; and survivors of GBV. Legal work on housing, land and property issues will be coordinated closely with other sectors providing responses such as Shelter and WASH.

**Structured mental health and psychosocial support (MHPSS) services and child protection services**, including specialized individual case management, will be carried out in close coordination with the Health and Education Clusters. Activities include support for parenting programming, structured

psychosocial support through individual or group interventions for emotional support, clinical mental health and psychosocial services targeting beneficiaries with severe symptoms, and support of mental health professionals. Key actors will train case managers in MHPSS skills such as psychological first aid, problem solving, active listening, detection and referrals, including referrals to mental health specialized service providers. In light of COVID-19, partners will scale up outreach services to enhance availability, accessibility and continuity of specialized services for mental health support, which will be provided both in person and remotely. Partners will promote mental health and psychosocial well-being among staff, frontline workers and volunteers through training and awareness sessions in self-care conducted both in person and remotely.

**Child protection activities** include age and gender-sensitive counselling, family support and child/parent interaction programmes, life skills programmes, youth-led protection initiatives and programmes aimed at supporting vulnerable children, especially those affected by conflict and household violence. In the context of COVID-19, existing activities related to child protection case management and MHPSS counselling services will be adapted to remote modalities in alignment with Inter-Agency Standing Committee (IASC) standards. Similarly, support will be provided for awareness raising on COVID-19, child protection and MHPSS focused on people stigmatized for contracting COVID-19, children with disabilities, and marginalized and discriminated groups. Child protection actors will provide individual case management services both in person and remotely to the most vulnerable children, including those who are displaced/living in insecure shelter situations, are impacted by demolitions, have suffered life-changing injuries and lost one or both parents, and are affected by domestic violence. Partners in the West Bank will continue to strengthen their ability to undertake rapid assessments in communities affected by critical incidents such as demolitions, settler violence or killings and injuries of children by the ISF.

**To address the specific needs of survivors of GBV** within the humanitarian context, the Cluster will enhance and support provision of awareness raising activities, multi-sectoral face-to-face and remote services, including psychosocial support, cash and voucher assistance, dignity kits, legal aid, and support access to emergency medical care. GBV actors will focus on the most vulnerable groups, especially women and girls with disabilities, GBV cancer survivors and female-headed households. They will work closely with other Clusters, in particular the Child Protection Working Group and Health Cluster, and continue to use health and psychosocial support services as the best entry point for detection, treatment and referral of GBV cases. Efforts will continue to strengthen data collection and analysis of GBV trends and gaps, update referral pathways, and facilitate coordination between government and non-government service providers. In addition, self-care and stress management support will be provided to frontline staff,

with capacity building for both GBV and non-GBV specialists to ensure effective GBV detection, referral and safe remote service provision.

**Mine Action** partners in the Cluster will continue to pursue activities focused on Gaza such as Explosive Ordnance Risk Education (EORE) and Conflict Preparedness and Protection (CPP) training to increase resilience and help in mitigating the risks posed by Explosive Remnants of War (ERW) in the community, including targeted interventions for women. Furthermore, in coordination with local authorities, an emergency Explosive Ordnance Disposal (EOD) capacity will be in place to support the safe clearance of ERW from UN and humanitarian partner sites. A risk assessment capacity will be in place to assess and clear UN and humanitarian partner sites upon request. In the West Bank, there will be continued support to the Palestinian Mine Action Centre (PMAC) in the delivery of Explosive Ordnance Risk Education, clearance activities and assistance to the victims of explosive remnants of war.

### People Targeted and Geographical Scope

In 2021 the Protection Cluster will target 358,680 Palestinians living **across all areas of the oPt** identified as affected by conflict-related violations and protection risks, including risk of forcible transfer; collective punishment and restrictions on freedom of movement; grave violations against children; settler violence; attacks on human rights defenders and organizations; and violence in households, including gender-based violence.

In the Gaza Strip, adolescent children severely injured in the context of the "Great March of Return" continue to be vulnerable and require follow-up for case management support; families affected by excessive use of force; those who live in close proximity to or work in the ARAs; those affected by movement and access restrictions, including medical patients, women and children in isolation/quarantine and cancer survivors; vulnerable female-headed households and divorced women in need of legal support and court representation to obtain their entitlements; and the most vulnerable households and groups displaced or at risk of displacement, with a focus on IDPs, families at risk of eviction and female-headed households; GBV survivors, as well as women, children and persons with disabilities at risk of GBV who lack information and inclusive access to appropriate services; adults, adolescents and children in need of case management and protection services; individuals, particularly children and adolescents in the ARA and near military training sites, who face risks related to ERW and the use of tear gas; and vulnerable refugees from the region (primarily Syria) who lack documentation and face challenges in accessing humanitarian assistance.

In the West Bank, the most vulnerable are people living in Hebron (H2), East Jerusalem and Area C, where access to government protection services has been suspended following the halt in coordination between the PA and the Israeli authorities. Those most vulnerable to protection risks in Areas A and B will also

be targeted in 2021. For all areas, this includes female-headed households, especially those who have lost their livelihoods due to COVID-19; women and girls with disabilities; female farmers; Bedouins and other Palestinians at risk of forcible transfer, particularly in communities vulnerable to a coercive environment, including those at risk of forced eviction, demolition and destruction of property; communities living in or around military training sites and minefields that face risks related to ERW; those targeted for relocation or for revocation of residency rights by the Israeli authorities; communities affected by settler violence and harassment and settlement-related restrictions on movement and access to land; people, especially children, who are particularly vulnerable to violence, arrest, detention and violations by Israeli forces; and refugee camps most affected by violence in the context of Israeli operations.

Throughout the oPt, children at risk of resorting to negative coping mechanisms or being the victims of harmful practices are particularly targeted for protection interventions, notably children who drop out of schools, children involved in labour, children vulnerable to child marriage, and those exposed to both severe physical violence and psychological violence in households.

### Criteria Used to Prioritize Interventions

Interventions prioritize critical emergency humanitarian responses to address the immediate needs of the most vulnerable groups in the Palestinian population. These are defined by the Protection Cluster as those directly affected by conflict-related violations and protection risks, and by violence in households, which has been exacerbated by the COVID-19 crisis. Remote consultations were conducted with partners and key informants in Gaza and the West Bank to prioritize humanitarian interventions in the context of COVID-19. The Protection Cluster relies on recent needs assessments, including the Needs Identification and Analysis Framework (NIAF) for Child Protection Planning during COVID-19, and the findings of the 2019 violence survey to guide prioritization. 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 prioritizes 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.

### Intersectoral Linkages

- To enhance protection outcomes and impact, the Protection Cluster will 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.
- Protection mainstreaming in support of COVID-19 related responses and in the broader context of the COVID-19 emergency, including training on the application of principles of do no harm, accountability, meaningful participation and access.
- Intersectoral efforts on MHPSS coordination, primarily through the MHPSS Technical Advisory Group which works to bridge mental health and psychosocial programs, and to provide technical guidance, coordination and clarification of how different approaches to mental health and psychosocial support complement one another. The group comprises Health, Protection and Education Cluster representatives and is accountable for a consolidated intersectoral action plan that guides the MHPSS work of all three Clusters. It also provides technical advice and support to each Cluster to address issues and eliminate work overlaps and gaps.
- Support to the Education Cluster on child protection mechanisms in schools, including ERW risk education and Conflict Preparedness and Protection (CPP), taking into consideration the Ministry of Education (MoE) back to school strategy; cross-sectoral emergency case management interventions to reach seriously injured children in hospitals, and highly vulnerable and at-risk children through schools; collaboration and joint programming with the Education Cluster to address issues such as children dropping out of school, early marriage and child labour, and ensure that legal aid responses are available to support schools vulnerable to conflict-related violations;
- Support to Shelter, WASH and NFI operations through the provision of legal counselling and representation; ensuring security of tenure for IDPs and other vulnerable groups.
- Linkages with the Health Cluster to strengthen gender sensitivity and support to GBV survivors, as well as ERW victim assistance.
- Crosscutting ERW risk mitigation activities, including risk assessments and clearance, will be coordinated in support of UN installations and humanitarian project sites in Gaza.
- ERW actors will work closely with other Clusters and development actors to enable reconstruction, rehabilitation and recovery of livelihoods.

## Linkages and synergies with interventions outside the scope of the humanitarian plan

The Protection Cluster recognizes that the humanitarian crisis in the oPt is first and foremost the result of decades of Israeli occupation, closures, and other related policies and measures affecting the human rights of Palestinian civilians, including access to livelihoods. A consistent gap in accountability for violations has perpetuated a protection crisis in the oPt. The Palestinian internal divide has also increased Palestinian exposure to drivers of vulnerabilities. Hence, to reduce the humanitarian caseload, political progress is fundamentally required. The end of the occupation, including the lifting of closure policies and other measures detrimental to human rights, are no longer deferrable. The Palestinian authorities are also urged to fulfill their responsibilities in their areas of competence in both Gaza and the West Bank, scaling up their responses on child protection, MHPSS and GBV needs.

Chronic protection problems require structural solutions. The Protection Cluster recognizes the central role of national duty-bearers and 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 of need with development actors in the fields of rule of law, good governance and gender equality. Emphasis will be placed on identifying key institutional and legal frameworks for potential reform, and ensuring alignment and complementarity of responses. Strengthening social protection systems of extremely poor households will help them to mitigate the effects of risks, and will avoid them slipping into acute insecurity and further erosion of household resilience.

In this regard, intensified advocacy with the Palestinian authorities is critical to ensure a unified and functional legal and justice system that complies with international human rights standards. Enactment of the Family Protection Act and review of enforcement and accountability mechanisms can also bring about meaningful protection of women and children from violence. Continuous engagement with line ministries, including capacity-building, will allow the integration of a gender-sensitive perspective in development programmes and protect women from different forms of violence and discrimination.

## Excluded activities, groups and/or areas of response; likely impact/consequences; and actions needed by other actors

- In the West Bank, interventions to build the capacity and resources of key stakeholders, including the Ministry of Social Development (MOSD), MoE, Child Protection Networks (CPN), CBOs and NNGOs, have been limited to adapting to remote working modalities. Failure to address existing capacity gaps jeopardizes the overall quality of child protection services, particularly the response to high-risk cases of child abuse, neglect, violence and exploitation in hard-to-reach areas and the anticipated impact on MHPSS levels.
- Interventions to strengthen the national GBV system in the oPt are excluded due to funding limitations. Their exclusion compromises the quality of services and could result in increased distress for GBV survivors, and even death (suicide or killings) in the worst scenario. Development interventions will be required to establish and sustain the national GBV referral system, and to provide medium and long-term support and economic enablement to GBV survivors.
- The absence of an international protective presence due to COVID-19 travel restrictions is expected to continue during the first half of 2021. This leaves communities across the West Bank highly exposed to settler violence in particular. Protective presence partners have activated their community contacts during the COVID-19 emergency and continue to contribute to situation monitoring, which informs Protection Cluster responses, and to advocate on behalf of affected communities. Redeployment in 2021 will be contingent on PP partners' ability to operate without harm to communities.

## Monitoring

The Protection Cluster will monitor achievements in line with HRP monitoring and reporting schedules. Ongoing monitoring of outputs is carried out through the AoRs, which report periodically to the Protection Cluster. GBV, Child Protection Sub-Clusters and the Legal Task Force run internal IMS systems to monitor responses; the GBV IMS will be reactivated and adapted in 2021.

Gaps and bottlenecks will be analyzed and discussed in the Protection Cluster Strategic Advisory Group throughout the year to consider adjustments to the response strategy and/or changes in implementation modalities.

3.5

# Shelter and Non-Food Items



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
0.43m	99k	\$16.9M	14	22

## Objectives

The Shelter Cluster Objectives are directly linked to the following Strategic Objectives:

**Shelter Cluster Objective 1:** *Displaced populations are provided support that mitigates immediate harm and ensures adequate and safe temporary shelter solutions [SO1].* Under this objective, the Cluster will undertake interventions aimed at providing shelter assistance to IDPs from conflict; providing shelter assistance to households affected by demolitions; providing protective shelter materials to families under protection concerns (settler violence) or at risk of displacement; and, providing temporary shelter assistance to families (tenants) evicted or at risk of eviction.

**Shelter Cluster Objective 2:** *Vulnerable households exposed to harsh weather and protection concerns are supported to meet basic needs and enhance their coping capacity [so2].* Under this objective, the Cluster will undertake interventions aimed at rehabilitating damaged and/or substandard shelters (fully or partially) to meet basic shelter needs and minimum standards, including adaptation of shelters to meet the needs of PWDs; upgrade/separate shared toilet and kitchen facilities and improve living areas; include adequate isolation space for people at higher risk of Covid-19; provide adequate and timely standard or customized NFIs to quarantine/isolation facilities; provide essential shelter NFIs, hygiene and disinfection materials to families in home quarantine; and provide essential shelter NFIs, hygiene and disinfection materials (in kind, voucher or cash) to people living in substandard and overcrowded shelters at higher risk of COVID-19.

**Shelter Cluster Objective 3:** *Increase capacity to respond to natural or man-made hazards in a timely, efficient and effective manner [SO 2 and 3].* Under this objective, the Cluster will undertake interventions aimed at stockpiling emergency NFIs at agency level warehouse/s or arrangements in place to procure/import NFIs immediately; build the capacity of local NGOs, community committees, municipal forums and volunteers by providing training and tools (for emergency response, self-recovery or on protection measures) to be able to support IDPs and affected people during and post emergencies; and prepare and upgrade isolation/quarantine centres.

## Response

Support to internally displaced people (IDP) and people suffering from protection concerns is a key priority in the Cluster responses. While the number of IDPs dropped due to progress in reconstruction, the dire economic conditions in Gaza, exacerbated by the spread of COVID-19, creates new vulnerable people who are unable to cover their basic needs, including rental costs. The Cluster partners will use different modalities to provide assistance, such as cash to cover rental expenses for a few months pending more durable solutions. 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 Cluster will use a combination of cash and materials assistance to address substandard shelter repair and upgrading needs across the oPt, including WASH facilities and shelter adaptation interventions to improve PWD access. Household resilience and self-recovery will be promoted through community-based training sessions to households at risk, alongside the distribution of vouchers and NFIs to COVID-19 quarantine and isolation facilities, households in need of protection against displacement, pandemic spread or response to weather extremes. Stockpiles will be maintained in accordance with an updated contingency plan and preparedness measures, including improved resilience i.e. capacity to respond to emerging needs of COVID-19 and to support households' ability to host IDPs in urban displacement settings in case of an escalations of hostilities or natural disaster.

The Cluster response also addresses the shortage in housing stock and the increasing number of substandard, overcrowded and unhygienic shelters, and integrates COVID-19-related shelter needs. Furthermore, barriers to reconstruction that can extend displacement are addressed through targeted support for Housing, Land and Property (HLP) concerns and efforts to overcome inadequate security of tenure, particularly for elderly, divorced and widowed female-headed households and people living with disabilities (PWDs).

The Cluster response plan includes coordination and engagement with government actors and PRCS; partnership

with INGOs, NGOs and civil society, alongside integration with other Clusters to ensure coordinated and sustainable interventions (see related section herein). The coordination work of the Cluster related 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 Defence (PCD), UNRWA, the Ministry of Social Development and some INGOs. The Cluster recognises 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 NFIs 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.

### People Targeted and Geographical Scope

The Cluster and partners reviewed response modalities to take into account the changes in the economic and political work environment, and to identify appropriate responses that provide maximum benefits for the population and avoid additional exposure to risks. In 2021, the Cluster will target 6,724 people displaced or at risk of displacement or eviction with the provision of cash, materials, or NFI assistance, including all eligible vulnerable families affected by demolitions or settler violence in the West Bank, including East Jerusalem. In total, 3,362 households (19,015 people) will be targeted to rehabilitate and upgrade poor and substandard shelters, including WASH facilities. Also, 1,320 vulnerable households (7,474 people) at risk of exposure or affected by natural or man-made hazards in Gaza and Area C will be supported with seasonal-specific interventions and protective materials; 2,910 households (949 people) 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 150,000 people at risk of flooding or displacement during winter storms or large-scale conflict in Gaza, while partners in the West Bank will target the emergency response to harsh weather or protection threats for up to 560 people. In Gaza, specific focus is on areas at risk of potential flooding and potential host communities with poor shelters in need for rehabilitation. In the West Bank, interventions focus on areas affected by demolitions; in Area C on Bedouin and herding communities; and in East Jerusalem and H2 on communities at high risk of annexation, forcible transfer or settler violence. In the West Bank and Gaza, partners plan to support COVID-19 quarantine/isolation facilities and people at home quarantine with 21,104 kits of NFIs, including hygiene kits, and disinfection and cleaning materials. To limit the impact and spread of the pandemic, Shelter partners will incorporate specific activities to improve covered living spaces, create suitable isolation areas inside homes where needed, and separate shared toilets and kitchen facilities for 2,712 HHs.

### Criteria Used to Prioritize Interventions

For 2021, the Cluster will guide partners to adopt a multidimensional prioritization approach based on adequate assessment and analysis of protection, recent socio-economic conditions, shelter vulnerability, services availability, displacement, people and communities at higher risk of COVID-19 pandemic and the geographical areas targeted for the proposed interventions. The Cluster gives priority to those projects that target particularly vulnerable groups such as herding and marginalized communities located entirely in Area C. It also prioritizes vulnerable households in areas prone to flooding and weather extremes, in addition to IDPs who suffer from multiple displacement, and families evicted from their homes due to the inability to pay rental costs. Widowed, separated or abandoned female heads of households, as well as families with PWD members, will be prioritized. In addition, the Cluster prioritizes projects that aim to reduce the number of people in need and decrease recurrent assistance. COVID-19 shelter-related responses will be prioritized based on the government and Health Cluster guidance.

### Intersectoral Linkages

Collaboration with the Protection Cluster is key for demolition prevention, risk analysis and response. In particular, coordination with the Legal Task Force is essential in the implementation of shelter projects in Area C and East Jerusalem. Legal advice, overview of trends and context analysis will be sought to ensure the “do no harm” principle is upheld and to increase protection of the assistance provided by sharing guidance with partners on how to mainstream protection in shelter activities: the Cluster has a focal point to facilitate this task. In collaboration with UN Women and the Protection Cluster, checklists and tip sheets have been developed to strengthen the response to gender and protection needs. The Cluster also works closely with the WASH Cluster in upgrading WASH facilities at the household level as an essential component of minimum shelter standards. In cases of potential overcrowding of homes, COVID-19 isolation and quarantine facilities support, the inputs of WASH and Health are pertinent to hygiene protection, pandemic control and to avoid the duplication of efforts. For NFIs packages, the Shelter Cluster coordinates closely with Protection and WASH Clusters to standardize packages and the gender and age-responsive content of the kits. Additionally, the Shelter Cluster maintains good collaboration with the MoPWH and MoSD to update on needs and coordinate responses. In particular, strong linkages with development and government actors is crucial to coordinating and monitoring the reconstruction and housing shortage in Gaza.

## Linkages and synergies with interventions outside the scope of the humanitarian plan

The Shelter and NFI Cluster observes a unique causal relationship between reconstruction, development and political investment, and humanitarian need. Greater investment and funding towards the reconstruction and development budgets for the housing sector would lead to a substantial decrease in the humanitarian caseload. If reconstruction funds were to be made available, the IDP caseload covered under this humanitarian plan would be cleared. If the outstanding reconstruction funding is not provided, the needs for regular shelter assistance will remain at least for the top priority and vulnerable people suffering from multiple evictions from rented accommodation.

Development funding for programmes from UNRWA or the Ministry of Public Works and Housing or MoSD would help to alleviate serious overcrowding and substandard housing prevalent across Gaza and in vulnerable pockets of the West Bank. Investment in infrastructure and flood prevention can reduce the need for emergency humanitarian shelter response. Engagement with research institutions could also encourage exploration of alternative and sustainable shelter materials solutions that would lead to more suitable housing conditions. Ultimately, economic stimulation and access to affordable construction materials is required to alleviate poor housing conditions, and the resulting humanitarian needs and protection concerns, in a meaningful way.

In the West Bank, including East Jerusalem, changes in Israeli planning and development policy practices to give more housing rights to Palestinians will lead to a reduction in demolition and displacement, and will offer opportunities for people to live in decent and dignified shelter. In areas where development actors face difficulties in implementing projects, particularly in Area C, thwarted development interventions result in higher demands for humanitarian assistance. To address this in a more sustainable way, Cluster partners are working to 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.

## Excluded activities, groups and/or areas of response; likely impact/consequences; and actions needed by other actors

- Compensation for the repair of partially damaged shelters: this activity is completely removed from the plan for some 51,000 partially-damaged households from the 2014 conflict. Nearly all the houses affected were repaired independently or through funded interventions, even though these were not monitored or recorded.
- Rental subsidies to IDPs from the 2014 conflict: targeting this year is limited to the most vulnerable currently re-displaced or at risk of re-displacement or living in very substandard conditions due to their inability to afford rental fees.
- Rehabilitation of substandard shelters to minimum

standards: activities are limited to the repair of the most essential and core items at household level, including the elements related to physical protection from rain, settler violence, overcrowding and GBV, limited thermal insulation, provision of NFIs, maintenance of kitchen and bathroom facilities, and adaptation for PWDs (if any).

- Shelter in H2 areas classified as old and traditional buildings require special architectural consideration and therefore, interventions in the H2 area are limited to adaptation activities for PWDs, the elderly, essential WASH facilities and provision of protective shelter materials.

## Monitoring

In general, the activities and indicators for Shelter/NFI programmes have been identified and selected based on long experience in oPt and with consideration for new developments and potential emergent needs, mainly COVID-19-related shelter needs and scenarios for mass displacement. Shelter interventions have a long-lasting impact as they do not require frequent provision of support (e.g. repairs, provision of shelter materials and NFIs last multiple years) or associated monitoring. Shelter Cluster partners will measure the impact of their activities through post-distribution and post-implementation monitoring and apply corrective measures where necessary.

Simultaneously, the Shelter Cluster will continue to monitor the emerging needs of people living at heightened risk of COVID-19, people impacted by the deterioration in socio-economic conditions, and people living in substandard and overcrowded shelters. In the case of cash-based interventions, the Shelter 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). Both options will simplify regular monitoring against pre-determined objectives to ensure that the result of the programme is in line with the planned outcome. Beneficiaries' satisfaction will be included in all partners' final surveys, which should also capture protection mainstreaming elements (e.g. improved privacy, dignity and safety disaggregated by age, gender and other diversity factors). The results of the surveys are shared with the Cluster and shape future project design. The Cluster also carries out joint field visits to different response modalities to see live examples. It speaks directly to beneficiaries to assess and take into account observations and feedback as a means to improve the performance of partners in future projects.

## 3.5

# Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.62m	752k	\$26.7M	22	34

## Objectives

The WASH Cluster Objectives are directly linked to the following Strategic Objectives:

- **WASH Cluster Objective 1:** *In accordance with International Humanitarian Law (IHL) and International Human Rights Law (IHRL), Palestinians living under occupation access safe and adequate WASH services with dignity [SO1].* Under this objective, the Cluster will undertake activities that involve advocacy for the rights of Palestinians affected by the crisis, particularly those residing in Area C of the West Bank and the Gaza Strip, and to support those affected to recover their access through standard emergency response interventions.
- **WASH Cluster Objective 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 undertake interventions that aim to support unserved and underserved populations in improved access to basic WASH services. The proposed responses will target WASH services in such locations, taking into consideration the safety, privacy and dignity of the affected populations.
- **WASH Cluster Objective 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 several potential shocks that affect their access to WASH services. The responses under this objective aim to strengthen national, community, and households' capabilities to cope with and recover from emerging shocks by conducting the relevant preparedness activities.

## Response

The 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, including 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 for adequate responses. In addition, the WASH Cluster will advocate for more durable solutions following the emergency response interventions.

During 2021, the WASH Cluster designed its response on the following levels:

- **Household level:** Using material assistance and awareness modalities, the proposed responses will support vulnerable families with actions that vary from a household WASH facilities demolition response in Area C, sanitation and hand washing stations installation/rehabilitation, and the provision of hygiene materials and awareness raising in response to the COVID-19 pandemic.
- **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, healthcare facilities, and COVID-19 isolation and treatment centres.
- **Institutional level:** The institutional WASH sector structure will also be targeted through operational and maintenance support, capacity building, and WASH infrastructure installation and rehabilitation. The response aims to enhance the technical and managerial capacities of the Palestinian Water Authority and WASH service providers in providing adequate WASH services.

WASH partners will adopt several response modalities based on each activities' technical, logistic, and coordination characteristics. Activities that require specialized techniques like the installation of WASH facilities in institutions, and the provision of operational and maintenance materials, will be

coordinated through qualified suppliers. Additionally, conditional cash and vouchers 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.

The WASH Cluster will coordinate its response with the relevant stakeholders and authorities. The Palestinian Water Authority is consulted on interventions targeting water and sanitation services at community and institutional levels, and the Ministry of Education and the Ministry of Health on schools and healthcare WASH facilities. Moreover, Cluster partners will coordinate directly with WASH service providers and local councils to facilitate community-level interventions to ensure the sustainability of assistance, and that future operational and maintenance measures are granted.

### People Targeted and Geographical Scope

In 2021, the WASH Cluster will target 752 thousand Palestinians: 350,585 in Gaza and 401,818 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 poor WASH services; lack of access to safe drinking and domestic water; at risk of winter flooding; exposed to environmental health risks; people with disabilities and people affected by the COVID-19 outbreak. In the West Bank, those targeted are communities with the least access to services (unserved and underserved communities) with inadequate service provision; and communities affected by demolitions and settler violence in Area C. In general, WASH Cluster activities will prioritize a humanitarian response for vulnerable populations with disabilities, those with COVID-19, the elderly, widows, children, female-headed households, people under the poverty line and refugees/IDPs.

In the Gaza Strip, 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 (i.e. COVID-19 red zones). In the West Bank, the response will be focused on Area C, including areas affected by the Barrier, Israeli restrictions, settlements, demolition orders, some areas of Areas A and B, East Jerusalem and H2 in Hebron.

### Criteria Used to Prioritize Interventions

For the HRP 2021, the WASH Cluster adopted multidimensional prioritization criteria. The severity of WASH vulnerability, referenced against international and humanitarian standards, was the main criterion. Other intersectoral vulnerabilities, including economic, social, protection and COVID-19 vulnerabilities, were also considered. The WASH Cluster developed a ranking method to ensure the prioritization of its responses and targets.

The following WASH activities have been prioritized for 2021 in the West Bank and Gaza Strip, in consultation with WASH partners:

- Emergency interventions to maintain essential WASH services in the most vulnerable communities directly exposed to waterborne diseases and the COVID-19 outbreak. These activities will be implemented through WASH service provisions to people with limited access to safe water. Activities include 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.
- Respond to people's needs under public health risk and deteriorated WASH conditions criteria by providing WASH services in health facilities, schools and other key institutions; provision of WASH services to the underserved; 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 operations and maintenance, strengthen sector governance and knowledge management, strengthen coordination, advocacy, emergency preparedness, and enhance gender and protection.

### Intersectoral Linkages

The WASH Cluster will prioritize the collection of information about WASH services in key institutions such as schools and healthcare facilities. The existing information gap will be addressed by involving the Health, Education, and Protection Clusters. In addition, the WASH Cluster will continue to work with the Food Security Cluster and the Shelter and NFI Cluster to jointly provide comprehensive, gender and age-responsive packages of humanitarian assistance in a coordinated effort.

Moreover, during the design and implementation of its COVID-19 WASH response actions, the Cluster will coordinate with the Health Cluster to take their technical advice into consideration for activities concerning COVID-19 isolation centres, healthcare workers and persons in quarantine.

### Linkages and synergies with interventions outside the scope of the humanitarian plan

The WASH Cluster coordinates with the Palestinian Water Authority, UNRWA, UNDP, UNICEF, and other partners involved in non-HRP and development WASH programs. The Cluster developed its interventions to ensure maximum application of the Linking Relief with Recovery and Development (LRRD) and emergency development nexus approaches. Therefore, the sustainability, upgradability, and durability of the proposed WASH interventions were considered during the development of the WASH HRP 2021.

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

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

Vulnerable groups targeted by development actors' long-term interventions will be shifted from WASH vulnerability, allowing the WASH Cluster to focus its target within the HRP 2021.

WASH HRP assessment and intervention could be a basis for other development responses. Therefore, the Cluster will encourage the development actors to build upon what will be achieved in 2021, and take advantage of the permanent coordination with PWA and UNICEF participation in different development platforms.

**Excluded activities, groups and/or areas of response; likely impact/consequences; and actions needed by other actors**

The WASH Cluster did not exclude any activity of the targeted group in the HRP 2021. It specified its target by defining the WASH vulnerabilities, based on thresholds and in accordance with international and humanitarian standards for access to basic WASH services.

**Monitoring**

The WASH Cluster developed its monitoring framework based on several tools and mechanisms. The HRP indicators were divided based on the HRP focus areas. In coordination with its partners, the WASH Cluster developed an HRP matrix that enabled identification of WASH HRP eligible actions, eligible targeted communities, activities units and the related outcome indicators. Thus, the Cluster developed a baseline for its HRP 2021.

Based on the three HRP objectives, the WASH Cluster developed six main outcome indicators considering age, gender, diversity and protection segregation. Moreover, the Cluster also developed more than 40 output indicators to ensure that each HRP action will be evaluated based on technical and vulnerability factors.

During 2021 the Cluster will develop its monitoring tools to ensure adequate tracking and monitoring of the WASH HRP interventions. These tools include:

- WASH 4Ws: To be collected quarterly from partners. The WASH Cluster has developed this tool to provide output figures for comparison with the HRP matrix to identify the response gap, therefore mobilizing the resources to underfunded responses.
- Partner updates during Cluster meetings: Taking advantage of the high participation in WASH Cluster meetings (more than 40 partners), the WASH Cluster will record partner updates regarding their ongoing interventions to avoid any overlapping and ensure maximum integration and resources distribution to vulnerable areas.
- WASH area focal point updates: The WASH Cluster has 11 area focal points from its partners in the West Bank and Gaza. These focal points will provide their field updates to the Cluster team, including about the HRP response in the field. This will allow the Cluster to be updated about the actual status of the targeted communities and their vulnerability in a timely way.
- WASH Cluster team field monitoring visits: The WASH Cluster team will ensure that field visits are conducted for the main HRP actions in coordination with WASH partners and the related authorities. This assessment will ensure the quality of the services provided and the Cluster will provide support as needed.
- Palestinian Water Authority, Ministry of Education and Ministry of Health updates: The Cluster will maintain communications with these public entities to collect their feedback on WASH HRP activities. The Cluster will benefit from the presence of PA directorates in the field to ensure that the WASH activities are being implemented according to the agreed standards.

The WASH Cluster will ensure that its partners have adequate M&E plans and functions for their WASH interventions. The Cluster will develop an M&E support function for partners, thereby extending their reporting capacities to give accurate and relevant updates.

## 3.6

# Coordination and Support Services



REQUIREMENTS (US \$)

\$10.7<sub>m</sub>

PARTNERS

10

PROJECTS

10

## Objectives

The Coordination and Support Services sector (CSS) objectives are directly linked to the following Strategic Objectives:

- **CSS Objective 1:** *Humanitarian response is implemented through effective coordination mechanisms and supported by the timely allocation of humanitarian pooled funds* [SO 1, 2, 3].
- **CSS Objective 2:** *Provision of humanitarian assistance is enabled through the promotion of humanitarian principles and the rights of Palestinians living under occupation* [SO 1, 2, 3].

## Response

The CSS sector will achieve this aim via a multi-pronged approach that capitalizes on the roles of each of the partners and their responsibilities within the humanitarian architecture in the oPt. CSS partners will ensure that an effective coordination system is in place, in compliance with Inter-Agency Standing Committee (IASC) policies and guidance, and is responsive and effective in meeting the needs of humanitarian partners. Partners will also ensure improved intersectoral and inter-agency vulnerability alongside needs analysis, response planning and monitoring.

CSS partners will ensure the promotion of International Humanitarian Law and humanitarian principles, as well as the neutrality of staff, installations and premises. This includes coordinated technical access support and security advice provided to humanitarian personnel in accordance with humanitarian principles of international law to better direct assistance to the civilian population, and to support advocacy efforts undertaken by the humanitarian community and other stakeholders to improve humanitarian access. In addition, the CSS sector will support the inter-agency Prevention of Sexual Exploitation and Abuse Network (PSEA) and the development of a country-level inter-agency PSEA Action Plan in accordance with the IASC's commitments to prevent and respond to sexual exploitation and abuse. Finally, the coordination architecture will continue to prioritize the centrality of protection throughout all its areas of work, and will seek to enhance local NGO participation, gender mainstreaming and Accountability to Affected Population (AAP) through strengthening the capacity of organisations participating in the 2021 HRP.

## Criteria Used to Prioritize Interventions

The following CSS activities have been prioritized for 2021:

- Support the response activities of national and international organizations via humanitarian coordination fora throughout the HPC. In particular, the role and capacity of national NGOs will be expanded by increasing their participation in coordination fora. Humanitarian financing, including the oPt Humanitarian Fund and CERF, will be strategically used to address particular needs according to HCT priorities. Allocations are awarded to address the most urgent needs in a manner that maximizes value for money. Provision of key services and assistance is coordinated and based on the needs jointly identified by intersectoral humanitarian needs assessments. The strategic humanitarian response at all levels and sectors will be updated annually, and joint HRP monitoring and evaluation will be conducted twice a year.
- Activities that aim to provide humanitarian personnel with coordinated technical access support in accordance with humanitarian principles, international law and security advice to better direct assistance to the civilian population. This includes access support provided to humanitarian staff and programmes via a 24-hour hotline; visas, permits, approvals and coordination facilitated for humanitarian personnel; and negotiations on improving humanitarian access, including the facilitation of critical movement.
- Activities that 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, inter-agency PSEA Network, and the HCT and UN Information Management Working Group. Close partnership with line ministries will be maintained. Inter-cluster coordination will focus on crosscutting issues, including strengthening AAP partner capacity, gender mainstreaming and protection mainstreaming to address the 2021 Strategic Objectives. Information management will improve situation awareness, influence decision making and enable planning for response activities.
- Activities that will include building resilience to be better prepared for humanitarian emergencies. This includes

updating the inter-agency contingency plan and cluster-specific contingency plans, partner presence and operational capacity mapping.

- Activities that strengthen joint humanitarian development and cluster-specific needs assessments; improved joint data collection, joint analysis and information management; joint periodic monitoring of the response and impact evaluation.
- Activities that conform to the promotion of humanitarian principles and the rights of Palestinians living under occupation with the aim of strengthening mobilization of action for the provision of humanitarian assistance. These include 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.

### Intersectoral Linkages

The CSS partners will leverage their roles and responsibilities to ensure that every opportunity is maximized to improve the impact and efficiency of coordination and support services for humanitarian action. Greater efficiencies will be sought by improving the evidence base for humanitarian needs and

interventions at the ICCG and Cluster levels, including by piloting new methodologies to facilitate inter-sector vulnerability analysis and response planning. Humanitarian assistance will continue to be delivered through partner implementation of project activities that may span more than one Cluster area of responsibility to enhance coordination between Clusters and partners, and strengthen the response in a holistic way through multi-sector and inter-cluster linkages. Enhancing local NGO participation in the humanitarian response will aim to improve the sustainability, impact and cost-effectiveness of interventions. The effectiveness of the humanitarian strategy will be sought through targeted advocacy and diplomacy, including for multi-year resource mobilization. Finally, enhancing the linkages and synergies with interventions outside the scope of the humanitarian plan (see below) is expected – if met with an effective response by counterparts – to also achieve greater efficiencies and impact, and lead to a reduction in the overall levels of vulnerability, and the need for humanitarian coordination and support services in the oPt. Coordination will be improved, engagement and advocacy strengthened, and partnerships with key stakeholders encouraged to avoid the duplication of interventions by humanitarian and development actors.

## Part 4

# Annexes

*Area C communities that are not connected to the water network are depending on trucked water and cisterns © Photo by WASH Cluster*



## 4.1

# Participating Organizations

By Organization	Running Requirements	# of Projects
United Nations Relief and Works Agency for Palestine Refugees in the Near East	173,313,373	20
World Food Programme	68,690,641	1
Norwegian Refugee Council	17,418,560	12
United Nations Children's Fund	15,354,216	13
Food & Agriculture Organization of the United Nations	13,722,075	4
Action Against Hunger	11,459,678	8
World Health Organization	11,179,953	3
Save the Children	7,734,090	6
Office for the Coordination of Humanitarian Affairs	6,885,470	1
OXFAM Netherlands (NOVIB)	5,015,000	6
Agency for Technical Cooperation and Development	5,001,741	7
WeWorld - Gruppo Volontariato Civile Onlus	4,955,205	4
CARE International	4,906,204	4
Agriculture Development Association (formerly Palestinian Agricultural Relief Committees)	4,752,261	5
MAAN Development Center	4,344,631	4
United Nations Population Fund	4,126,400	6
Union of Agricultural Work Committees	3,769,428	4
Première Urgence Internationale	3,542,205	6
Secours Islamique France	3,345,233	6
Medical Aid for Palestinians	3,144,301	5
Handicap International / Humanity & Inclusion	2,923,953	3
Union of Health Work Committees	2,337,312	3
NGO Development Center	2,320,400	1
ACT Alliance / Dan Church Aid - Norwegian Church Aid Joint office in Palestine	2,068,346	4
UN Women	1,821,303	2
United Nations Educational, Scientific and Cultural Organization	1,746,627	1
Islamic Relief Worldwide	1,695,000	1
Palestinian Hydrology Group	1,600,000	2
World Food Programme, United Nations Children's Fund, Save the Children	1,479,430	3
War Child Holland	1,301,539	2
Médecins du Monde France	1,294,551	3
United Nations Mine Action Service	1,281,697	1
Terre des Hommes - Lausanne	1,226,800	5
Mercy Corps	1,220,000	1

Cooperazione E Sviluppo - CESVI	1,218,800	2
Norwegian People's Aid	1,210,616	3
Qatar Red Crescent Society	891,393	2
United Nations Office for Project Services	868,112	1
Alianza por la Solidaridad	843,848	1
ACT Alliance / Lutheran World Federation	838,698	1
The Arab and International Commission to Build Gaza	776,140	1
Arab Agronomist Association	765,500	2
Ard El Insan Palestinian Benevolent Association	754,617	2
Physicians for Human Rights Israel	751,903	1
Médecins du Monde Suisse, World Health Organization	745,446	2
Palestinian Al Nakheel Association for Progress and Development	709,500	1
AISHA Association for Woman and Child Protection	663,930	2
Teacher Creativity Centre	621,949	1
Asamblea De Cooperacion Por La Paz	616,372	1
Office of the High Commissioner for Human Rights	600,000	1
Médecins du Monde	522,000	1
El-Wafa Rehabilitation Hospital	520,995	1
Palestine Save the Children Foundation	490,102	2
Médicos del Mundo Spain	490,000	1
Human Appeal UK	468,809	1
Fares Al Arab for Development and Charity Works	425,226	1
St. John Eye Hospital	400,000	1
Women's Affairs Center	390,051	1
Global Communities	380,000	1
Gaza Community Mental Health Programme	369,260	2
Atfaluna Society for Deaf Children	364,940	1
Médecins du Monde Suisse	348,435	2
Stars of Hope Society for Empowerment of Women with Disabilities	341,350	1
EducAid Onlus	337,328	1
Mothers' School Society, Partners for Sustainable Development	323,856	2
House of Water and Environment	292,595	1
Center for Women's Legal Research and Consulting	224,411	1
Wafaq Society for Women and Child Care	200,000	1
Al Mezan Center for Human Rights	187,000	1
Union of Palestinian Women Committees	147,600	1
Emaar for Development and Rehabilitation	117,000	1
Palestinian Environmental NGOs Network	106,800	1
Civic Coalition for Palestinian Rights in Jerusalem	100,000	1
Palestinian Center for Human Rights	100,000	1
Palestinian Center for Democracy and Conflict Resolution	65,125	1
<b>Total</b>	<b>417,567,330</b>	<b>210*</b>

\* Operational organizations operate in different clusters and might have appealed for joint projects. The number of appealing organizations are 74.

## 4.2 Planning Figures by Sector

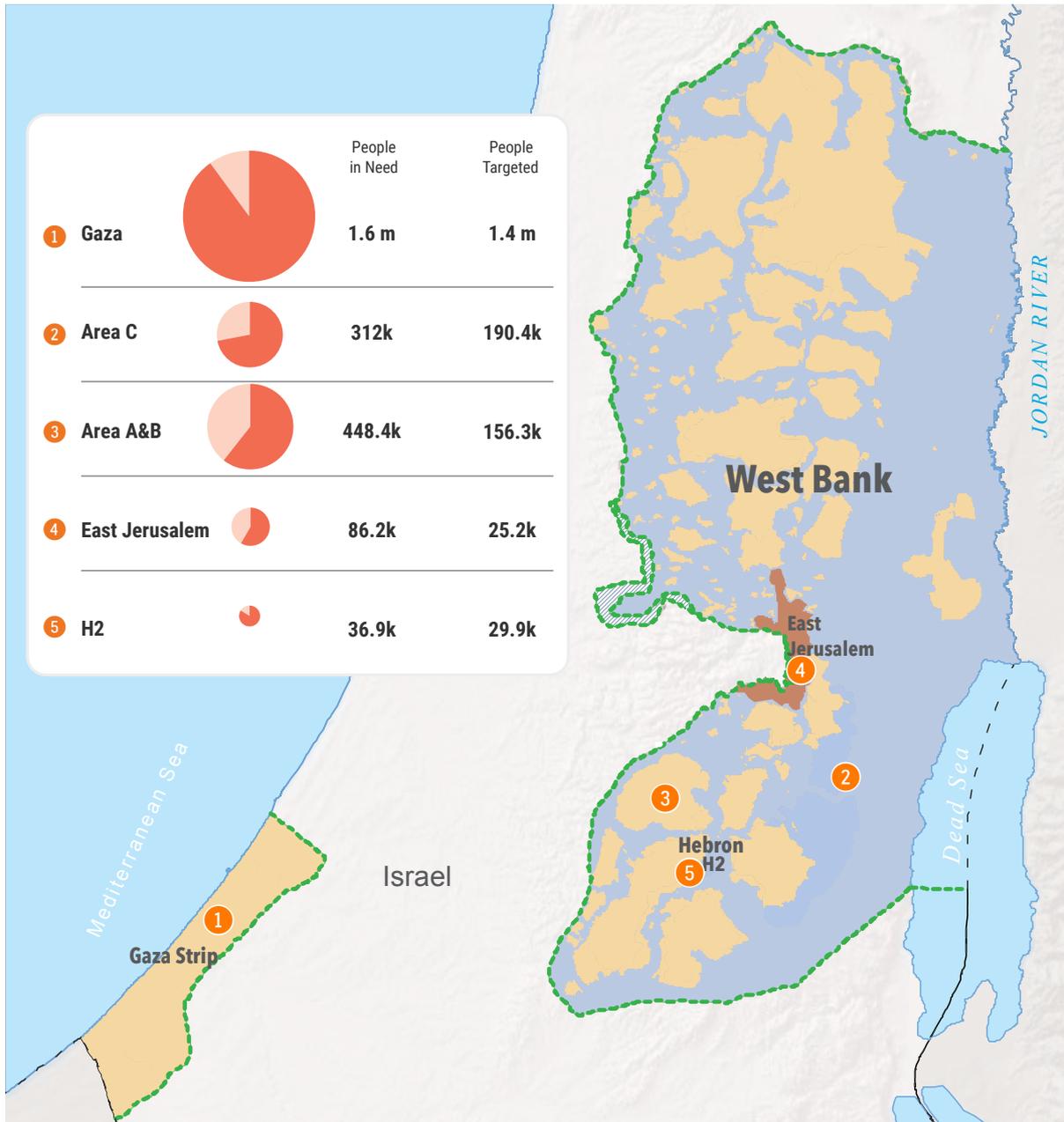
Sector	People in Needs	People Targeted	Requirements (US\$)		Oper. Partners	Number of Projects
FSS	2m	1.7m	262.1 million		22	40
Health	1.4m	1.2m	46.4 million		20	37
Protection	2.1m	359k	29.4 million		31	46
WASH	1.6m	752k	26.7 million		22	34
Education	504k	413k	25.3 million		16	21
Shelter and NFI Cluster	431k	99k	16.9 million		14	22
Coordination and Support Services	NA	NA	10.7 million		9	10
<b>Total</b>	<b>2.4 million</b>	<b>1.8 million</b>	<b>417 million</b>		<b>134</b>	<b>210</b>

Cluster	Female	Children	Elderly	Percent	
Protection	176.4k	164.2k	11,0k	49%/46%/3%	
Education	220.5k	399.6k	-	53%/97%/0%	
Health	652.6k	544.7k	46,4k	54%/45%/4%	
Shelter	46.9k	39.2k	10,0k	47%/39%/10%	
WASH	368.7k	373.8k	23,4k	49%/50%/3%	
FSS	824.7k	785.4k	51,9k	49%/47%/3%	

# 4.3

## Planning Figures by Area Level

Location	People in Needs	People Targeted	Requirements (US\$)
Gaza	1.6 million	1.4 million	294.4 million
Area C	312 k	190.4k	70.6 million
Area A&B	448 k	156.3k	31.3 million
East Jerusalem	86 k	25.2k	12.6 million
H2	36 k	29.9k	8.6 million



## 4.4

## What if We Fail to Respond?

### **1. MORE THAN 1.45 MILLION PALESTINIANS ACROSS THE OPT HAVE BEEN IDENTIFIED AS REQUIRING HEALTH-RELATED HUMANITARIAN ASSISTANCE IN 2021, TWO-THIRDS OF THEM IN THE GAZA STRIP AND ONE THIRD IN THE WEST BANK.**

Since March 2020, the already challenged healthcare system in the oPt is experiencing added pressure from the COVID-19 outbreak. The reallocation of already scarce resources to respond to the pandemic, along with the contagion of healthcare workers, has undermined people's access to healthcare. Direct mortality from the virus and indirect mortality from preventable diseases is of major concern. Overall, the pandemic has rendered an estimated 115,000 people in need of health humanitarian assistance. If we fail to respond, 1.2 million Palestinians identified as most vulnerable and at high risks of morbidity and mortality, including women of reproductive age; children, including neonates; the elderly; people with disabilities (PWD); and noncommunicable disease (NCD) patients (including mental health patients) will face the risk of death or a severe deterioration in their health status.

### **2. CHILDREN IN GAZA AND WEST BANK WILL BE EXPOSED TO HIGH RISK OF PSYCHOSOCIAL DISTRESS AND MENTAL DISORDERS.**

Without suitable and timely child protection interventions, including psychosocial support services, as well as documentation of grave violations, some 549,716 Palestinian children will be exposed to several child protection concerns and risk potentially preventable mental health illness. In light of COVID-19, partners will scale up outreach services to enhance availability, accessibility, and continuity of specialized services for mental health support, which will be provided both in person and remotely. Partners will promote mental health and psychosocial well-being among staff, frontline workers and volunteers through training and awareness sessions in self-care conducted both in person and remotely. In Gaza, children continue to be affected by psychosocial distress, mental health disorders and exposure to child protection risks. The continuous exposure to trauma and violence, the limited and/or delayed provision of health and child protection services, as well as the lack of child friendly spaces will create a generation of children developing a sense of hopelessness and insecurity about their future. In the West Bank, restrictions on movement by Israeli forces, concerns of use of excessive force, settler violence and expansion of settlements pose an increasing threat to vulnerable children with an impact on their psychosocial well-being and mental health.

### **3. AN ESTIMATED 433,000 PALESTINIANS ACROSS THE OPT WILL BE IN NEED OF HUMANITARIAN ASSISTANCE IN 2021 TO ACCESS AN ADEQUATE SHELTER (INCLUDING BASIC HOUSEHOLDS SUPPLIES),**

an essential component of providing people with a minimum level of privacy, protection and dignity. Some 83 per cent of the people in need of such assistance are in the Gaza Strip and 17 per cent in the West Bank. Across the oPt, over 276,000 Palestinians (as of end-September) have been referred to home quarantine in the context of the COVID-19 pandemic. This has generated additional hardship for families living in substandard shelters, as members who have contracted the virus could not be properly isolated, increasing the risk of transmission. These families are in need of support to adapt their housing for the isolation of members, and access hygiene items and disinfectant materials. Similarly, institutional quarantine and isolation centres require NFI support for 2,000-3,000 individuals monthly.

### **4. AN ESTIMATED THAT OVER 1.6 MILLION PALESTINIANS ACROSS THE OPT ARE SUFFERING FROM INSUFFICIENT ACCESS TO WASH SERVICES AND WILL BE IN NEED OF RELATED HUMANITARIAN ASSISTANCE IN 2021.**

The four main factors generating people's need for WASH assistance are insufficient water supply to households; gaps in sanitation and solid waste services; gaps in WASH services to public facilities; and the risk of flooding. Without funding for interventions to provide clean and safe water, up to 1.6 million people in Palestine could be exposed to severe public health risks, including an outbreak of waterborne diseases. In the West Bank, the destruction of essential WASH infrastructure has led to displacement, increased poverty, and also an increased risk of disease and illness. In Gaza, an increasing number of public WASH facilities are affected by the lack of financial resources to operate and maintain them. This situation, in addition to the lack of spare parts, electricity deficit, and blockade to import construction materials, is putting the population of Gaza, especially children, woman and vulnerable groups, at the risk of serious health risks.

## **5. EDUCATION WILL CONTINUE TO BE AFFECTED BY CONFLICT AND OCCUPATION WITHOUT MITIGATION.**

The main drivers of education-related vulnerabilities include attacks on schools, movement restrictions, insufficient and/or inadequate school infrastructure, and poverty. These factors undermine the quality of education, generate protection concerns and contribute to the early school dropout. In 2020, these challenges have been significantly compounded by the outbreak of COVID-19, which has led to the prolonged closures of schools and kindergartens, as part of the measures adopted to contain the pandemic. Without adequate protective measures and protective presence activities, material support, as well as advocacy, reporting and legal and psychosocial support, approximately 504,000 Palestinian school children and teachers will continue to risk unacceptable attacks on their access to education. In the West Bank children's education is affected for example by military activities, including military incursions onto school grounds, school demolition, student arrest and detention, firing tear gas canisters and sound bombs on schools, loss of school time and delays on checkpoints. In Gaza, school children suffer from a range of humanitarian challenges, including poverty, continuous power outages, overcrowded schooling conditions, limited hours of instruction and limited accessibility, in particular for CWDs.

## **6. THE PLIGHT OF 2 MILLION FOOD INSECURE PALESTINIANS WILL FURTHER DETERIORATE.**

2 million Palestinians in the oPt are currently considered food insecure. Food insecure people suffer from limited access to food in appropriate quantities and variety to meet their dietary needs; in the oPt, food insecurity is caused by unemployment and poverty. These two indicators have been on the rise in 2020, due to the overall slowdown of the economy, following the restrictions imposed to contain the COVID-19 pandemic. If we are not able to deliver food and livelihoods assistance to these people, food insecurity could increase, livelihood could be irreversibly lost, and families will turn to negative coping mechanisms, such as reducing their food intake, selling productive assets or reducing expenditure on basics like education and health, in order to try to keep their heads above water.

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# How to Contribute

## 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.humanitarianresponse.info/en/operations/occupied-palestinian-territory>

## 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, but also private companies, foundations, charities and individuals – which are 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: [www.unocha.org/cerf/our-donors/how-donate](http://www.unocha.org/cerf/our-donors/how-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: <http://www.ochaopt.org/content/opt-humanitarian-fund> For information on how to make a contribution, please contact Saad Abdel-Haq, HPF manager: [abdel-haq@un.org](mailto:abdel-haq@un.org)

Gaza Harbor, September 2019. © Photo by OCHA



# 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
<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>	Handicap International
<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 Defence Forces
<b>IHL</b>	International humanitarian law
<b>IHRL</b>	International human rights law
<b>INGO</b>	International non-governmental Organisation
<b>MDM France</b>	Médecins du Monde
<b>MHPSS</b>	Mental health and psychosocial 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>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 Women</b>	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 MP</b>	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

# End Notes

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1. Including resources outside the Response Plan, \$55.5 million have been mobilized in support of COVID-19 related response activities in oPt.
2. As of 30 October 2020, 53 per cent of total cases were women and 47 per cent men; 10 per cent of cases where age was reported, were boys (under 18) and 11 per cent were girls (under 18), according to Palestinian Ministry of Health data.
3. The World Bank, [Economic report to the ad-hoc liaison committee](#), June 2020.
4. For detailed differentiation of needs, see UN Women, "Gender Alert: Needs of women, girls, boys and men in humanitarian action in Palestine," August 2020.
5. This decline is primarily due the halt in the mass demonstrations that had been taking place along Israel's perimeter fence around Gaza in 2018 and 2019.
6. See for example, [Report by the High Commissioner of Human Rights](#), Ensuring accountability in the occupied Palestinian territory, March 2020.
7. Israel has agreed to a project involving the creation of an industrial estate in the area of the former Karni crossing, including the regular entry of restricted goods under the Gaza Reconstruction Mechanism (GRM), facilitated by the UN. While this project can generate significant employment opportunities, the PA and Israel failed to reach agreement about its implementation.
8. The permitted fishing zone along Gaza's southern coast was expanded by Israel in 2019 to 15 nautical miles, the largest such distance since 2007. However, the fishing livelihoods of about 4,000 families continue to be disrupted in 2020 by Israeli restrictions on access to the sea, in response to the Palestinians' launching of projectiles or incendiary balloons towards Israel.
9. Since early 2019, Gaza employees on the PA's payroll have been receiving only 70 per cent of their monthly salaries, with further deterioration taking place since mid-2020. The situation of civil servants employed by the de facto authorities is even more tenuous, as, in recent years, they have been paid only 40 per cent of the salaries every 40-50 days.
10. 44.4 per cent amongst men and 66.8 per cent amongst women. Palestinian Central Bureau of Statistics (PCBS) Labor Force Survey, Q2, 2020, p. 11. [http://www.pcbs.gov.ps/portals/\\_pcbs/PressRelease/Press\\_En\\_9-9-2020-LF-en.pdf](http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_9-9-2020-LF-en.pdf)
11. This has declined from 41 per cent of the population in 2019 to less than 35 per cent in April-June 2020, and to a mere 15 per cent among women (people outside the labour force are not counted as unemployed). PCBS, *Ibid*.
12. Of particular concern is the increasing application of military orders permitting the expedited demolition or seizure of properties in Area C, as well as the greater punitive fines against unauthorized construction in East Jerusalem, which has led to a significant increase in self-demolitions. The military "Regulations Concerning the Transfer of Goods (Judea and Samaria)" allow the seizure without prior notice of mobile structures, within 60 days of their installation, with the latter period extended in August 2020 to 90 days. Military order 1797, implemented since 2019, allows the demolition of structures built in the prior 3-6 months, within 96 hours of the issuance of a removal notice.
13. As of end-September, nearly 230 such incidents resulting in Palestinian injuries, or damage to their property, have been recorded, approximately the same rate as in 2019.
14. Hamoked, [New military data](#), 30 June 2020. New standing regulations, issued in September 2019, set a limit on the number of days that farmers can access their land over the course of a year, based on the size of the plot and the nature of the crop.
15. OCHA, [Tightened movement restrictions increase hardship on Palestinians in Hebron](#), The Humanitarian Bulletin, August-September 2020.
16. The Israeli Central Bureau of Statistics, [Monthly Bulletin September 2020](#), Construction Statistics. Of particular concern this year, is the advancement of the E1 settlement project, entailing the construction of 3,500 housing units in a strategic part of Area C, to the east of East Jerusalem. If actually implemented, this project will intensify the coercive environment on 18 Palestinian Bedouin communities located in the area, in addition to further separating East Jerusalem from the remainder of the West Bank.
17. Estimates are based on the findings of the [2018 Socioeconomic and Food Security survey](#) (SEFSec), adjusted to reflect the impact of the recent economic deterioration, as well as population growth. The current estimate will be revisited early next year, based on 2020 SEFSec survey, which is currently in the preparation stage.

