

HUMANITARIAN RESPONSE PLAN

OPT

HUMANITARIAN
PROGRAMME CYCLE
2022

ISSUED DECEMBER 2021

WORKING DOCUMENT



About

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PHOTO ON COVER

Member of a herding community impacted by settler violence. @Manal Massalha

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27-year-old fisher, Shadi Abdul-Jaber Qanan, from Khan Yunis camp, Gaza ©Mercy Corps 2020

Foreword by the Humanitarian Coordinator

In 2022, millions of Palestinians across the occupied territory will be highly vulnerable to humanitarian shocks, driven by multiple political and socio-economic factors present in 2021.

In the West Bank, including East Jerusalem, Israeli settlement activity and related violence, loss of land, destruction of property and movement restrictions, and restricted access to basic services and livelihoods continued throughout 2021. These actions contribute to a coercive environment which can deny Palestinians their basic rights and pressure some to leave their communities.

May 2021 witnessed extensive clashes between Palestinians and Israeli security forces in the West Bank in particular in East Jerusalem, triggered by the threat of eviction of Palestinian families from their homes and violent clashes between Palestinians and Israeli civilians and police, in the Old City, including in the Holy Esplanade.

In Gaza, 2021 saw the most serious escalation of hostilities between Palestinian armed factions and Israeli forces since 2014. The conflict caused significant damage and loss of life, increased aid dependency and exacerbated poverty. The economy remained almost stagnant in the first half of 2021, with unemployment reaching 44.7 per cent and poverty almost 60 per cent.

The use of excessive force by Israeli soldiers, in particular during protests often results in the death or serious injury of Palestinians; any violations of international law must be investigated and those responsible held accountable.

Against this already challenging backdrop, the humanitarian situation in both the West Bank and Gaza has been exacerbated by the ongoing COVID-19 pandemic, which has strained healthcare systems, increased economic degradation, contributed to high unemployment, and caused challenging mobility restrictions. All these factors put pressure on the socio-economic and cultural fabric of Palestinian society.

Women and girls continue to face significant risks in the oPt, including GBV, early and forced marriage, intimate partner/family violence, sexual harassment, rape, incest, denial/inequitable access to resources, psychological abuse and risk of sexual exploitation and abuse. Patriarchal norms continue to undermine women and girls' rights. Isolation at home because of the COVID-19 pandemic further exacerbated domestic violence.

Children are also among the most vulnerable. Across the oPt, 90 per cent of children face some form of violent discipline and 10 per cent of children aged 5-17 are engaged in child labour. Around 25 per cent of children aged 16-17 and five per cent between 10 and 15 are out of school. The situation is worse for children with disabilities (CWDs) of whom 46 per cent aged 6-17 are not enrolled in school. These vulnerabilities have been compounded by increased conflict-related violence affecting children, and the continuing COVID-19 pandemic, causing increased distress and negative coping mechanisms, such as child marriage and school drop-out. In these circumstances, in 2022 at least 678,000 Palestinian children are in need of child protection services including mental health and psychosocial support and case management.

The result of these underlying vulnerabilities and the ongoing protracted protection crisis affects approximately 2.1 million Palestinians across the oPt who will require some form of humanitarian assistance in 2022, of whom 64 per cent, or 1.3 million people, live in Gaza. Of these people, humanitarian partners will aim to assist 1.5 million people.

The objectives of this response plan are to protect the rights of Palestinians under Israeli occupation, provide acutely vulnerable people with access to quality basic services, support people to cope with prolonged stress, and prevent the further deterioration in the humanitarian situation. All this in the hope and expectation that more durable solutions will be found to underlying drivers of the humanitarian situation.

Implementation of the plan will cost \$510 million, with about 76 per cent targeting needs in Gaza. The focus is on the Gaza Strip and Area C, H2 and East Jerusalem in the West Bank. For the humanitarian community to respond to the most urgent needs, it needs generous, predictable, and consistent funding - and political support from the international community.

Although UNRWA is facing a severe funding crisis, the plan is based on the understanding that it will be fully funded in 2022. UNRWA is a critical actor in the humanitarian architecture providing basic education, health and sanitation services to refugees in both the West Bank, including East Jerusalem and in Gaza, where the majority of the population is refugees. While not directly addressed in the HRP, UNRWA's core programming plans form part of the foundational assumptions for other humanitarian actors, as any reduction in UNRWA's

support would see a significant rise in the humanitarian needs detailed in the HNO. One recent indication of the importance of UNRWA's key role in Gaza was clearly highlighted during the May escalation, when some 59 of its schools were used as temporary shelters for up to 77,000 people.

The costs of doing business in the oPt have risen by as much as 30 per cent, including for construction and basic commodities together with shipping costs. We also need stronger support for our Cluster Response, and more assistance channeled through NGOs.

In parallel to sufficient funding, ongoing political engagement is needed to prevent both operational space from shrinking

and the ongoing violations of international law that lie at the heart of this ongoing and protracted protection crisis.

While the commitments made at the Ad Hoc Liaison Committee in Oslo in November are welcomed, they – together with even more policy changes - must be implemented. All unilateral actions by all parties must cease and they and all member states must act in accordance with their obligations under international law if the humanitarian situation is to improve.

LYNN HASTINGS

Humanitarian Coordinator for oPt



Radya Jaber Sbaih 60 years old, is seen Infront of her newly rehabilitated structure in Talet Khader in Tubas governorate © Photo by (WWGVC)

0.2 Summary of the Crisis Context and Impact

The context in the occupied Palestinian territory (oPt) remains a protracted protection crisis, characterized by more than 54 years of Israeli military occupation, a lack of respect for international humanitarian and human rights law, internal Palestinian political divisions, and recurrent escalations of hostilities. In 2021, humanitarian vulnerabilities have been exacerbated by the ongoing COVID-19 pandemic and related mobility restrictions, which are overburdening the already-stretched healthcare system and aggravating socioeconomic conditions across the oPt. An outbreak of violence in May, the most serious escalation of hostilities between Palestinian armed factions in the Gaza Strip and Israel since 2014, has increased people's aid dependency and their reliance on negative coping strategies to address basic needs. In both Gaza and the West Bank, 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.

In Gaza, the May escalation resulted in 261 Palestinians killed and over 2,200 injured, and up to US\$380 million in physical damage to core infrastructure assets, including buildings, health, educational and WASH facilities, in addition to \$190 million in economic losses.¹ Although the ceasefire is holding, and the Israeli authorities have eased some of the restrictions imposed in May, citing security concerns, the blockade remains in place, impeding the access and movement of people and goods in and out of Gaza, the implementation of infrastructure projects and delaying economic recovery. The long standing intra-Palestinian divide between Hamas and the Fatah-led Palestinian Authority (PA) remains unresolved, reducing the capacity of local institutions in Gaza to deliver basic services to the population: humanitarian operations in Gaza are also increasingly impeded by restrictions imposed by Hamas, including the imposition of taxes and audits on international NGOs and interference in NGO surveys and assessments. Gaza's economy remained almost stagnant in

the first half of 2021 due to the May conflict, unemployment has reached 44.7 per cent and poverty almost 60 per cent.² In 2022, the Humanitarian Country Team (HCT) estimates that approximately 2.1 million Palestinians across the oPt will require some form of humanitarian assistance, of whom 64 per cent, or 1.3 million people, live in Gaza.

May 2021 also witnessed extensive clashes between Palestinians and Israeli forces in the West Bank, focused around the threat of eviction of Palestinian families, arising from court cases initiated by Israeli settler organizations, with the risk of evictions ongoing. Overall, 2021 has seen a significant increase in conflict-related Palestinian casualties in the West Bank, including East Jerusalem, and in settler-related violence against Palestinians and their property. The restrictive and discriminatory planning regime applied in Area C and in East Jerusalem continues to prevent Palestinians from addressing basic housing, livelihood and service needs, with continuing high rates of demolitions and seizures of Palestinian structures, including 'self-demolitions' in East Jerusalem, on the grounds of a lack of Israeli-required building permits. Demolitions, evictions and settler violence are some

of the ongoing Israeli policies and practices, many linked to the presence of Israeli settlements, which intensify the coercive environment on vulnerable communities in Area C, East Jerusalem and the Israeli-controlled part of Hebron city.

The Israeli authorities, citing security reasons, continue to impose physical and administrative restrictions on humanitarian programmes, including constraints on the delivery of materials needed for humanitarian projects and limitations on the implementation of projects that involve building, expanding or rehabilitating infrastructure in the Gaza Strip, Area C, the H2 area of Hebron and in East Jerusalem. These limits on operating space are accompanied by continuing shortfalls in funding, which are generating an increasingly constrained operational context. In this context, and absent evidence substantiating the allegations, the designation of six Palestinian human rights and humanitarian NGOs as 'terror organizations' by the Israeli authorities in late 2021 risks further undermining the humanitarian community's ability to provide assistance and protection to Palestinians throughout the oPt.

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 8 per cent of the overall financial request is intended to achieve this objective. As identified in the 2022 Humanitarian Needs Overview (HNO), violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL) are at the heart of the oPt crisis and are the main driver of the humanitarian needs in the 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 impact 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. Accordingly, protection and humanitarian assistance interventions will be gender-sensitive and focused on populations most affected.

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. Mainstreaming protection and gender through the work of all the clusters is also 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 IHL

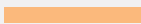


Almost 24 per cent of the overall financial request is intended to achieve this objective. In accordance with the needs analysis (see HNO 2022), where the occupying power and other duty bearers fail to provide for the basic needs of the population in the occupied territory, and such failures create vulnerabilities that fall below minimum standards, threatening life and dignity, it is incumbent on humanitarian actors to provide assistance to meet basic needs. The 2022 HNO findings demonstrated that many Palestinians, including refugees, are highly vulnerable and need improved access to basic services, including food, education, health, WASH and adequate shelter.

The already overburdened healthcare system in the oPt requires continuous support, including to address new/additional challenges generated by the ongoing pandemic, through the provision of supplies and capacity building. The reallocation of resources, along with mobility restrictions, resulting from the pandemic, have further undermined the access of people to regular healthcare, including mental health, obstetric and neonatal care, emergency nutrition and Sexual and Gender Based Violence (SGBV) services. In Gaza, the severe degradation of infrastructure and services, including in the areas of health, education, protection, and water and sanitation (WASH), was compounded by extensive damage caused during the May escalation.

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

About 67 per cent of the overall financial request contributes to achieve this objective. In accordance with the needs analysis (see HNO 2022), 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 blockade on Gaza now in its 14th year, and four significant outbreaks of armed hostilities in Gaza, the resilience of Palestinians living under occupation is increasingly threatened. The 2022 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 also 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 impacts of inadequate water and sanitation services and electricity. Humanitarian partners will prioritize programming that addresses these long-term stresses more effectively.

#	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.	1.8 M	0.7 M 	41.1M
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 M	0.8 M 	123.9 M
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.	1.8 M	1.6 M 	344.1 M

Part 1

Planned Response

Internally displaced people in Gaza following of Israeli airstrikes in May 2021. ©Photo by Mohammad Iubbad



Response Plan Overview

PEOPLE IN NEED

2.1M

PEOPLE TARGETED

1.6M

REQUIREMENTS (US\$)

510M

OPERATIONAL PARTNERS

77

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.



Palestine refugee children are pretty sad while watching the rubble of the homes destroyed during the ongoing armed conflict in Gaza Strip. © 2021 UNRWA Photo By Mohamed Hinnawi

Needs and Planned Response

PEOPLE IN NEED

2.1M

PEOPLE TARGETED

1.6M

WOMEN

49%

CHILDREN

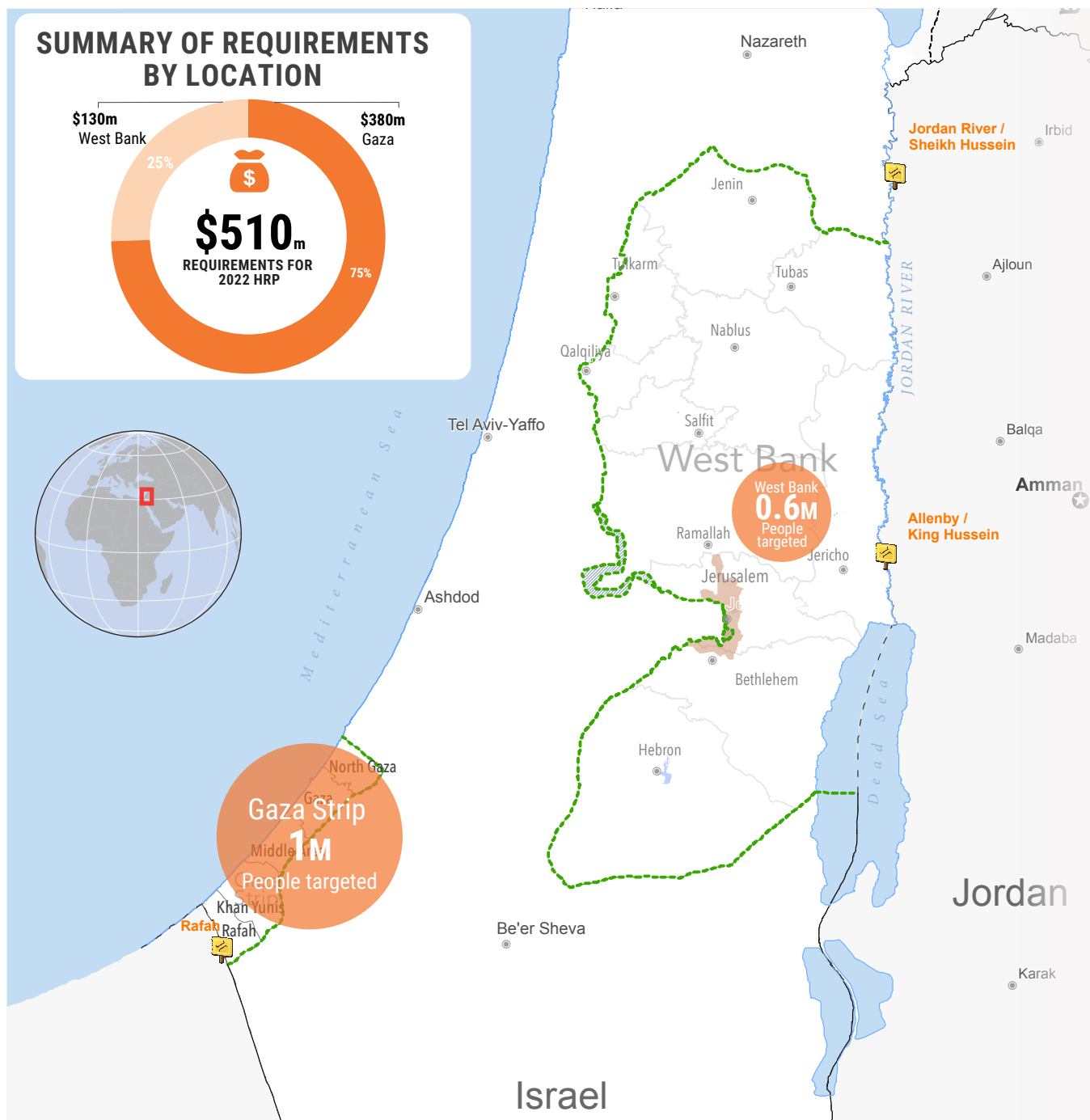
45%

WITH DISABILITY

2.4%

Overview map

More on pages 22-23



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HRP Key Figures

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
People living under poverty line	800 k	632 k
Children	900 k	734 k
Children with disability	16 k	10 k
Refugees	1.4 m	1.3 m
Female Head-of-Household	222 k	201 k
People whose primary source of income is agriculture, live-stock or herding	165 k	117 k
People living with disabilities	50 k	40 k
Elderly	62 k	49 k
People whose shelter has been damaged or destroyed in the recent escalation (May 2021)	80 k	28 k
IDPs in Gaza	12 k	4 k

Humanitarian Response by Gender

GENDER	IN NEED	TARGETED	% TARGETED
Boys	473 k	375 k	79%
Girls	452 k	359 k	79%
Men	596 k	470 k	79%
Women	555 k	427 k	79%








Humanitarian Response for Persons with Disability

GENDER	IN NEED	TARGETED	% TARGETED
Persons with disabilities	50 k	40 k	79%

Humanitarian Response by Age

AGE	IN NEED	TARGETED	% TARGETED
Children (0 - <18)	0.9 m	734 k	79%
Adults (18 - 64)	1.07 m	837 k	78%
Elders (>64)	82 k	60 k	73%

Financial Requirements by Sector and Multi-Sector

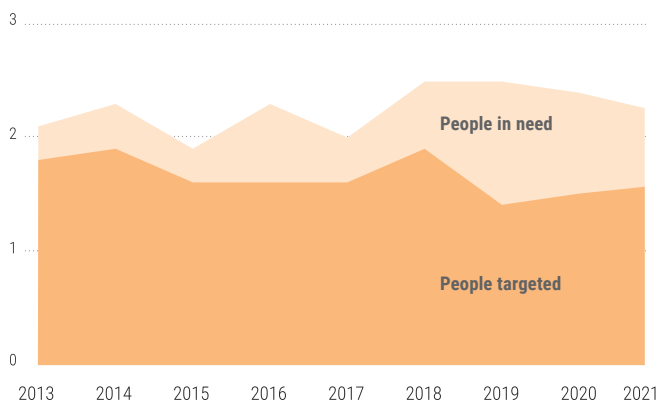
SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS (US\$)
Food Security	\$271.1 million 
Shelter/NFIs	\$60.6 million 
Health and Nutrition	\$48.4 million 
Protection	\$47.1 million 
Education	\$37.3 million 
Water, Sanitation and Hygiene	\$31.9 million 
Coordination and Support Services	\$13.3 million 

* The Protection funding requirement includes all the AoR requirements which form part of the Protection Cluster [insert the AoRs were specifically identified for that response]

Historic Trends

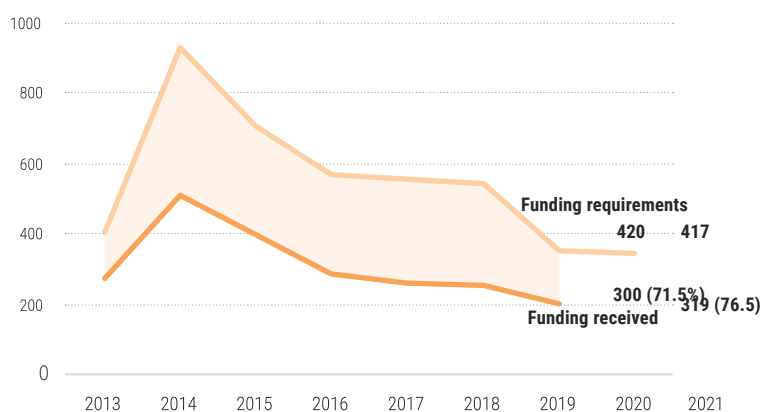
Humanitarian Response (2013 - 2021)

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	239.6m	46.4%
2019	2.5m	1.4m	350.6m	277m	79%
2020	2.4m	1.5m	420m	300.5	71.5
2021	2.45m	1.8m	417.6m	319.5m	76.5%

Part 1

Strategic Response Priorities

Destruction in Gaza following Israeli strike May 2021. ©Photo by UNDP



1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

In 2022, the strategic objectives of the Humanitarian Response Plan (HRP) remain largely unchanged since 2021. However, this year, the HRP has been underpinned by a strengthened needs assessment process which featured the first-ever household-level Multisectoral Needs Assessment (MSNA) which provided an inter-sectoral analysis of the magnitude, severity and disaggregation of humanitarian needs in the oPt. This has enabled the calculation of sectoral and inter-sectoral 'people in need' figures and a five-scale severity index, as well as the identification of vulnerable population groups and geographic areas with the most acute needs. The MSNA indicators are designed to measure humanitarian conditions across three inter-sectoral 'sub pillars' - physical and mental wellbeing, living standards, and coping mechanisms. These, in turn, are linked to the three strategic objectives, lack of protection and displacement; limited access to essential services; and the erosion of resilience and preparedness, respectively.

The MSNA household survey was conducted in July, which enabled an assessment of the impact of the 11-day May conflict in Gaza, a main driver of the deterioration in humanitarian conditions in 2021. The HRP also draws on the findings of the World Bank-led Rapid Damage and Needs Assessment (RDNA), which was carried out immediately after the cessation of hostilities in May.³ Also utilized are data and indicators included in the interagency Flash Appeal.⁴ The HRP is also complemented by data from additional sectoral specific assessments and surveys: see the Sectoral Objectives and Response section below.

In 2022, the Humanitarian Country Team (HCT) estimates that approximately 2.1 million Palestinians across the oPt will require some form of humanitarian assistance. In absolute terms, the number of People in Need (PIN) has declined by 300,000 compared with 2021 despite the deepening of needs, given the ongoing COVID-19 pandemic, the devastation resulting from the conflict in Gaza in May, and the rise in casualties, settler violence and demolitions in the West Bank in 2021, as detailed in the 2022 HNO. The 2022 PIN is the result of the first-ever household-level MSNA in the oPt, which generated the most comprehensive and accurate cross-sectoral needs analysis to date, based on a representative geographic, demographic and gender and age disaggregated dataset. The MSNA will be adjusted and refined in future years for an increasingly accurate estimate of needs.

Underlining the long-term recognition that the severity of need is greater in the Gaza Strip, according to the MSNA, about 64 per cent of those in need of assistance, or 1.3 million people, live in the Gaza Strip and 36 per cent, 750,000 people, in the West Bank, including East Jerusalem. In addition to the significant variance in the severity of needs between Gaza and the West Bank, pockets of extreme severity are found in geographical areas within the two territories.

Refugees outside of camps and people living below the poverty line represent the two groups with the most severe levels of need, 45.6 per cent and 29.2 per cent, respectively, followed by refugees inside camps, at 22.4 per cent. People with damaged shelter, female-headed households, farmers and persons with disabilities, and IDPs each represented less than 15 per cent.

Aid dependency in the oPt (particularly in Gaza) is almost unparalleled, creating a very fragile stability, and undermining the opportunity for truly sustainable development. In addition, although a relatively large number of households appear to be meeting their very basic needs, a high percentage are employing negative coping mechanisms, such as taking on debt, to meet those basic needs, adding to their long-term vulnerability.

Humanitarian Condition 1: Physical and Mental Wellbeing

Protection remains a cross-cutting concern, mainstreamed into all sectoral responses, and is the primary component of the 'Physical and Mental Wellbeing' sub pillar, accounting for 19 per cent of the PIN.

As detailed in the 2022 HNO, violations of IHL and IHRL continue to be the main drivers of the deteriorating humanitarian situation in the oPt. Almost all Palestinians are impacted by a protection crisis to some degree, with those in Gaza most affected by restrictions and cyclical escalations of violence, as witnessed again in May. In the West Bank, concerns of a coercive environment have intensified, driven by demolitions and other Israeli-related practices and policies. Due to a lack of accountability and effective remedy, advocacy to prevent further violations and end the cycle of impunity remain paramount. In a serious development, on 22 October, the Israeli Ministry of Defense stated that it had designated six

Palestinian human rights and humanitarian NGOs as ‘terror organizations.’ On 7 November the Israeli army extended the Defense Ministry’s declaration to the West Bank, which, absent evidence substantiating the allegations risks worsening an increasingly constrained operational context, limiting partnerships and hampering the humanitarian community’s ability to provide assistance and protection to Palestinians throughout the oPt.

Overall, 2021 has witnessed a significant increase in conflict-related Palestinian casualties in the West Bank, including East Jerusalem, and in settler-related violence against Palestinians and their property. The MSNA findings indicate that 12 per cent of households in the West Bank reported settler violence, primarily verbal abuse or harm.⁵ In East Jerusalem, Palestinian families still face the threat of forced eviction by the Israeli authorities from their homes, arising from court cases initiated by Israeli settler organizations.

This year has also witnessed a high level of demolition of Palestinian structures, on the grounds of a lack of Israeli-required building permits, including a sharp rise in so called ‘self-demolitions’ in East Jerusalem, and an increase in the seizure and confiscation of structures and material goods in Area C. Demolitions, evictions and settler violence are some of the ongoing Israeli practices and policies many linked to the presence of Israeli settlements, which intensifies concerns of a coercive environment on vulnerable communities in Area C, East Jerusalem and the Israeli-controlled part of Hebron city.

Trauma is prevalent across Palestinian society and among all vulnerable groups, particularly women, children, and youth. The May escalation has further impaired physical and mental wellbeing, with those injured or traumatized requiring follow-up treatment and rehabilitation, putting additional strain on mental health and psychosocial support (MHPSS). In the MSNA, 38 per cent of households in Gaza reported that at least one member was showing signs of psychosocial distress in the 30 days prior to data collection, with 20 per cent reporting that at least one child displayed signs of psychosocial distress. The additional pressures generated by the recurrent lockdowns in the context of the pandemic, have also generated an increased need for MHPSS, in particular for children and women, who have been exposed to conflict-related or gender-based violence.

According to the Shelter Cluster in Gaza, there are still about 9,500 IDPs, primarily those whose houses were destroyed or so severely damaged as to be uninhabitable. The widespread destruction of homes has led to a significant increase in demand for legal aid support for affected households, including for GBV survivors and widowed women relating to issues of denial of resources, custody of children and the loss of identity documents due to destruction of houses or while taking refuge.

Humanitarian Condition 2: Living Standards

(Restrictions on) access to services come under the ‘Living Standards’ sub pillar, which accounts for 64 per cent of the PIN.

Given the continuing failure of the occupying power and other duty-bearers to provide for the basic needs of the Palestinian population in the oPt, it is incumbent on humanitarian actors to provide assistance to meet their basic needs. The MSNA findings underline that many Palestinians, including refugees both inside and outside of refugee camps, are highly vulnerable and need improved access to basic services, including education, health, WASH, and adequate shelter. The overwhelming majority of the two million Palestinians in Gaza are still unable to access the remainder of the oPt and the outside world;⁶ in the West Bank, especially in East Jerusalem, Area C, the H2 area of Hebron city, housing infrastructure and related education and health services, have been undermined by the discriminatory planning regime and by longstanding occupation-related movement restrictions. The intra-Palestinian divide between Hamas and the Fatah-led Palestinian Authority (PA) also reduces the capacity of local institutions in Gaza to deliver basic services to the population, while Palestinian access to resources is aggravated by the PA’s lack of sovereignty over much of the land and water reserves in the oPt.

COVID-19 restrictions have also undermined access to social services across the oPt, with greater impact on the most vulnerable, including the elderly, persons with disabilities, cancer patients in Gaza, Bedouin communities in Area C. People with disabilities, of which many are children, continue to face special challenges, especially for rehabilitative and caregiving services. According to the MSNA, 14 per cent of all households reported having at least one household member with a physical and/or cognitive difficulty, among whom 33 per cent cannot access at least one basic service due to their condition. Among households with children with disabilities (CWD), 61 per cent reported experiencing challenges to accessing education services (71 per cent in Gaza, 45 per cent in the West Bank), while 19 per cent of households reported that at least one CWD was not attending school (25 per cent in Gaza, 9 per cent in the West Bank).

In Gaza, the severe degradation of infrastructure and services, including in the areas of health, education, protection, and water, sanitation and hygiene (WASH), was compounded by extensive devastation in the May escalation. Based on the findings of this RDNA, the social sectors (defined as housing, health, education, and social protection and jobs), bore the brunt of damage, estimated at between US\$ 140 – 180 million. Economic losses amounted to between US\$ 105 - 190 million, with the social sectors again incurring the largest share of losses, ranging between US\$ 60 - 80 million.⁷

Across the oPt, tens of thousands of families are residing in sub-standard homes that do not meet minimum requirements of living space per person, weather protection, hygiene facilities and privacy, and need urgent rehabilitation or reconstruction. According to the MSNA, some seven per cent report living in 'critical shelters', the vast majority in Gaza, with five per cent of households oPt-wide reporting being at risk of eviction, mainly from lack of funds to pay rental costs or requests from the owner to vacate the premises. In Gaza, the shelter situation has worsened due to the May escalation. About 58,000 housing units were damaged or destroyed, of which 9,500 housing units suffered moderate to severe damage and 1,255 housing units were destroyed and rendered uninhabitable, leaving 8,250 people still displaced. Some 3,000 Palestinians in Gaza are still displaced from previous escalations:⁸ according to the MSNA, 63 per cent of respondents have had their shelter damaged or destroyed since 2014, and 85 per cent of these reported no capacity to repair their homes.

Some 33 health facilities in Gaza sustained damage during the May escalation, putting additional pressure on Gaza's health system, already overwhelmed by chronic drug shortages and inadequate equipment, which is struggling to meet the needs of those injured during the escalation. The health system oPt-wide also requires additional support to address the additional challenges generated by the ongoing COVID-19 pandemic, due to the reallocation of resources and mobility restrictions, which have further undermined the access of people to regular health-care, including mental health, obstetric and neonatal care, and emergency nutrition services. According to the MSNA, among the households accessing health services, 23 per cent reported facing access barriers, mainly that the cost of services and medicine was too high.

Across the oPt, the main drivers of education-related vulnerabilities include attacks on schools, COVID-19 restrictions, lack of MHPSS support, insufficient or inadequate safe school infrastructure, and poverty. 31 per cent of the households interviewed for the MSNA in Gaza and 14 per cent in the West Bank reported having trouble meeting essential education needs (such as tuition fees, books) due to poverty, 331 schools and kindergartens operated by the government, UNRWA or private actors, sustaining damage. The ongoing COVID-19 pandemic has also led to the prolonged closures of schools and kindergartens, as part of measures adopted to contain the virus. According to the MSNA, 88 per cent of households with school-aged children in Gaza, and 72 per cent in the West Bank, reported that their children were in need of catch-up programmes due to COVID-19-related school closures. In addition, four per cent of households with school-aged children reported that had at least one child dropped out of school during the course of the pandemic.

The importance of UNRWA

A unique aspect of the humanitarian and development context in the oPt is the provision of services to refugees by UNRWA. In Gaza, where the majority of the population are refugees, and the West Bank including East Jerusalem, UNRWA provides basic education, health and sanitation services. Funding is through voluntary contributions for the agency's Programme Budget, which has been significantly reduced in recent years. While not directly addressed in the HRP, UNRWA's core programming plans form part of the foundational assumptions for other humanitarian actors, as any reduction in UNRWA's support would see a significant rise in the humanitarian needs detailed in the HNO. One recent indication of the importance of UNRWA's key role in Gaza was clearly highlighted during the May escalation. when some 59 Agency schools were used as temporary shelters for up to 77,000 displaced people.

Humanitarian Condition 3: Coping Mechanisms

Supporting resilience comes under the 'Coping Strategies' sub pillar, which accounts for 17 per cent of the PIN.

A recurrent cycle of shocks, natural and manmade, has eroded the resilience of vulnerable households to cope with the prolonged nature of the humanitarian crisis in the oPt and the open-ended occupation, now in its 55th year. In Gaza, although the ceasefire is largely holding, the main factors driving the fragile humanitarian situation remain in place, primarily the blockade, imposed by Israel citing security concerns, which impedes the implementation of infrastructure projects and delays economic recovery. Negative coping mechanisms have been aggravated by the fourth major escalation in twelve years, exacerbating pre-existing vulnerabilities and increasing the already high poverty, food insecurity, and unemployment rates; 17 per cent of households in Gaza credit humanitarian assistance as their primary source of income, according to the MSNA.⁹ In the West Bank, the Israeli authorities continue to impose physical and administrative restrictions that impact humanitarian programmes, including constraints on the delivery of materials needed for humanitarian projects, and limitations on the implementation of projects that involve building, expanding or rehabilitating infrastructure in Area C, the H2 area of Hebron and in East Jerusalem.

Although the oPt economy is estimated to have grown by 5.4 per cent in real terms in the first half of 2021, this improvement was completely driven by the West Bank economy, while Gaza's economy remained almost stagnant in 2021 due to the 11-day conflict in May. The unemployment rate in Gaza was 44.7 per cent in the second quarter of 2021: the World Bank estimates that the May conflict has increased poverty in Gaza to 59.3 per cent in 2021, "2.3 percentage points higher than

the COVID-19 induced peak in 2020, and a 16.3 percentage point increase above the 2016-2017 values.”¹⁰

According to the MSNA, 27 per cent of households report that at least one adult over the age of 18 is unemployed and seeking work, 42 per cent in Gaza and 18 per cent in the West Bank. Economic deterioration has led to an increase in negative coping mechanisms, such as child labour: for example, some seven per cent of households report at least one person under the age of 18 working, five per cent in Gaza and eight per cent in the West Bank.

Many of the vulnerabilities identified through the MSNA are directly or indirectly linked to a lack of livelihood opportunities, which increases people’s aid dependency and their reliance on negative coping strategies in order to afford basic needs. In Gaza, some 36 per cent of households reported that, as a result of the escalation, their typical monthly income had decreased ‘a lot’, and 14 per cent ‘a little’. Some 85 per cent of households surveyed in the MNSA in Gaza, and 49 per cent in the West Bank report being in debt to the amount of NIS 5,000 to 20,000.

Between 1.3 million to two million Palestinians (26.3 to 36.7 per cent of the population) are estimated to be moderately to severely food insecure.¹¹ As poverty and unemployment are the key drivers of food insecurity, the escalation exacerbated serious food insecurity in Gaza.¹² Some 62 per cent of the population of Gaza (or 1.4 million people) were food insecure in May 2021 following the escalation.¹³ According to the MSNA, food accounts for 50 per cent of household expenditure, with 40 per cent reporting buying food on credit, with a large variation between 75 per cent in Gaza and 18 per cent in the West Bank.¹⁴ Some four per cent of households report that food is the primary reason for taking on debt; eight per cent in Gaza and one per cent in the West Bank.

The COVID-19 pandemic is amplifying needs and vulnerabilities; 62 per cent of households reported that their monthly income had decreased as a result of COVID-19; 68 per cent in the West Bank; and 53 per cent in Gaza, with 68 per cent oPt-wide reporting an increase in debt as a result of COVID-19. Some 36 per cent of households in the oPt reported family members losing their jobs, permanently or temporarily, as a result of the outbreak.

1.2

Strategic Objectives and Response Approaches

Building on the analysis elaborated in the HNO, the humanitarian community has established three strategic objectives to guide the 2022 humanitarian response. Each strategic objective is informed by cluster 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.

Providing immediate humanitarian assistance while addressing the root causes of vulnerability, including peace and reconciliation, is the essence of the Humanitarian –

Development – Peace (HDP) Nexus approach. In particular, Strategic Objective 3 reflects this approach, and interventions under this objective will be linked to more medium- to longer-term interventions, in consultation with development actors. The MSNA phases I and II have been key to holistically analysing data from a humanitarian and development perspective, and to strengthening interlinkages across interventions. The development of the next phase of the UN SDG Cooperation Framework will be an opportunity to advance the HDP Nexus approach in the oPt.

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



1.8 m
PEOPLE IN NEED

0.7 m
PEOPLE TARGETED

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



1.0 m
PEOPLE IN NEED

0.8 m
PEOPLE TARGETED

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



1.8 m
PEOPLE IN NEED

1.6 m
PEOPLE TARGETED

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

Rationale and intended outcome

In 2022, the aim is to strengthen the protection of 1.2 million affected people by promoting and advocating for respecting IHL and IHRL, accountability and mitigating the impact of violations of IHL and IHRL which are at the heart of the oPt crisis and 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 on the populations most affected.

While the primary responsibility for respect of IHL lies with Israel as the occupying power, this objective also addresses duty-bearers under IHRL which include Israel, Palestinian authorities, third states and non-state actors. Mainstreaming protection and gender through the work of all the clusters is also 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 2022, humanitarian partners will increase 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 amongst the clusters and with national counterparts, including government actors. Strengthening legal frameworks in line with international treaty obligations is also addressed.

Interventions under this objective will include monitoring and documentation of IHL and IHRL violations and conflict-related violence, particularly aimed at increasing accountability and informing advocacy with the purpose of preventing further violations; rights-based advocacy with duty bearers, including third states; documenting and monitoring barriers to healthcare access and attacks on healthcare, and advocating for the right to health for all; provision of legal aid services; inclusive multi-sectoral responses to gender-based violence (GBV) survivors, including economic empowerment; child protection services, including individual case management; implementation of 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

Rationale and intended outcome

In 2022, humanitarian partners will utilize interventions that address both immediate needs, as well as the underlying drivers of those needs. To mitigate the impact of a lack of access to basic services, humanitarian actors are providing essential services, such as healthcare, water and sanitation, and mental health and education support, including support to meet COVID-19 safety measures and, where necessary, to minimize threats to life and dignity.

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

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

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

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

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

Rationale and intended outcome

In 2022, humanitarian partners will promote humanitarian projects that improve the resilience of households and communities to cope with and mitigate shocks and environmental hazards. For example, increasing support to communities' livelihoods will improve the general food security situation and have a positive impact on their overall nutrition and health status; investing in solar energy sources in agriculture, WASH and health projects will improve the sustainability of these humanitarian interventions through reinforcing the link between immediate response and sustainable impact. In parallel, humanitarian actors will continue to enhance synergies, coordination and advocacy with national and development actors on projects that address some of the root causes of vulnerability, for example, desalination and irrigation projects in Gaza.

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

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

In 2022, humanitarian partners aim to provide assistance to 1.6 million people affected by severe or moderate food insecurity and require food assistance, and/or support to maintain their farming, herding- or fishing-based livelihoods.

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

1.3 Costing Methodology

Humanitarian response planning in oPt has applied a project-based costing methodology since the first HRP was developed in 2014. It is based on combining the funding requirements of selected projects of different organizations to identify the financial resources needed to provide an appropriate humanitarian response. The projects take into account assessed response capacity and are fully aligned with pre-identified activities as well as sectoral and multisectoral outputs and outcomes aligned with the Strategic Objectives of the overall plan.

The 2022 HRP consists of 193 projects with a cost of \$510 million to address the needs of 1.6 million people, including 1.1 million refugees and 500,000 non-refugees living in Gaza and West Bank. (For a breakdown of costs per Strategic Objective, see Part 1.2).

As in previous years, all projects have been self-assessed using the Gender with Age Marker (GAM) to ensure that they sufficiently address the specific, differentiated needs of women, men, girls and boys. For the 2022 planning cycle, projects include information on the type of modalities utilized in the response that will be delivered, and the reason for choosing them (service delivery; voucher assistance, cash assistance, in-kind assistance).

Furthermore, significant efforts have been made to strengthen overall protection mainstreaming across all projects, including disability mainstreaming and Accountability towards Affected Populations (AAP), by encouraging cluster coordinators to incorporate protection mainstreaming principles (safety and dignity, meaningful access, accountability, participation and empowerment). Protection against Sexual exploitation and Abuse (PSEA) mandatory activities, in line with the Inter-Agency Standing Committee (IASC) commitments to consider assurances to prevent misconduct from humanitarian workers towards beneficiaries, is substantively assessed and given due weight in the HRP vetting process. Cluster coordinators have ensured that partners received adequate information and access to technical assistance for PSEA, AAP, Protection and disability mainstreaming (provided by the Protection Cluster, the Disability Focal Point, the PSEA Network and OCHA) to address AAP and PSEA mandatory requirements.

The humanitarian response is committed to addressing issues of safe, dignified and meaningful access and AAP. The humanitarian response will be underpinned by strengthened monitoring, data collection and analysis. This includes prioritizing a people-centred and accountable humanitarian response through an enhanced feedback mechanism. This will take the form of strengthening the interagency common feedback mechanism, which features improved referral systems and regular reporting to ensure that affected communities have access to information on humanitarian assistance, and are able to provide feedback on their needs and preferences, as well as on organizations' conduct and performance.

Training sessions on the Project Module System, the GAM, Protection Mainstreaming and AAP/PSEA commitments as well as the integration of CVA modalities were delivered online for Gaza and West Bank partners in Arabic and English to support project registrations by partners. Significant outreach was conducted with cluster members and other key stakeholders to ensure wide access and use of the findings of the first-ever MSNA for the oPt for determining priority needs and shaping strategic responses. A rigorous cluster vetting process is applied on a yearly basis in order to produce a fully prioritized portfolio of projects. Across all the clusters, the 2022 portfolios of projects include only projects which:

- target needs identified in the 2022 Humanitarian Needs Overview (HNO).
- target the most vulnerable groups/areas, as identified through cluster-specific vulnerability criteria.
- implement priority humanitarian activities, as defined by each cluster.

The geographic scope of the humanitarian response for 2022 will remain focused on Gaza, and in the West Bank, Area C, East Jerusalem, the H2 area of Hebron, and some pockets of vulnerability in Areas A and B. Clusters have outlined the prioritization of activities and geographical scope of their cluster-specific response in more detail in Part III.

1.4

Planning Assumptions, Operational Capacity and Access

Humanitarian organizations face a range of obstacles on the 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 UN organisations and NGOs. As of November 2021, 79 UN and INGO Gaza-based national personnel have been denied their permit requests to travel to Jerusalem by the Israeli authorities, and another 72 are pending. The local authorities in Gaza also restrict the movement of humanitarian personnel, including continuation of COVID-19 related measures (prior coordination), which have included questioning and confiscation and searches of equipment belonging to humanitarian organisations and personnel. Access and movement into and out of Gaza was severely restricted during the May escalation.

Other access difficulties at border crossings and checkpoints, such as intermittent closures or security procedures often result in delay or denial of passage, and may include searches of UN vehicles, in contravention of agreed and accepted United Nations privileges and immunities. Additionally, access restrictions continued to hamper the timely 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 2022.

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. Increased harassment and intimidation by armed Israeli settlers across the West Bank,

have compounded security concerns for humanitarian personnel and contributed to their restricted movement and delayed delivery of responses. While a community-based mechanism to mitigate the impact of settler violence has been activated, the absence of an international protective presence since the outbreak of COVID-19 restrictions continues to undermine operations.

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

Since March 2020, in the context of COVID-19 containment measures, the Israeli authorities have prohibited the entry of foreign nationals, with a few exceptions. These measures have restricted the entry and return of international humanitarian personnel, especially those working for NGOs. Since July 2020, following interventions by the UN and humanitarian partners, the entry of 318 NGO and UN international personnel has been facilitated through an ad-hoc mechanism coordinated by the UN Access Coordination Unit (ACU). Since August 2021, the return of in-country staff has been made easier, with NGOs still experiencing difficulties in bringing in new long-term personnel, including a number of country directors and senior staff. The slow relaxation of restrictions at land borders has further exacerbated access. 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 the severity of the crisis, into 2022.

1.5

Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA).

Shaping responses on community engagement findings: The MSNA has complemented the results of individual and joint assessments, workshops, focus groups, and other tools used by cluster members to communicate with the community. In their totality, these tools have informed the needs of the affected population, and contributed to shaping the responses and prioritization of responses at the cluster level for 2021-2022 programmes.

In liaison with the AAP OCHA Focal Point and PSEA Network coordinators, the assessment incorporated specific questions on AAP and PSEA, including to measure the percentage of aid recipients who were dissatisfied with the quality, quantity, duration or persons delivering aid, by geographical location and type of aid received. The MSNA also enquired about awareness on existing complaint channels, and the perceptions of beneficiaries of the complaint systems. Findings showed that some 82 per cent of surveyed households were unaware of this option or lacked trust in positive outcomes of filing AAP/SEA related complaints.

These results have been shared with clusters and further analysis will be generated to support a more targeted approach to tailoring and designing capacity building activities by the OCHA AAP Focal Point, in coordination with the PSEA Network and cluster coordinators. The PSEA Network will coordinate efforts, provide technical support and guidance to clusters, with a particular focus on how to raise the awareness of the affected population regarding their right to file complaints, the channels available to them, and the type of support and safeguards put in place to protect them.

Shaping Risk Communication responses: The Risk Communication and Community Engagement (RCCE), established by UNICEF and WHO to address risk communications in the context of COVID-19, continued in 2021, albeit with modified activities in the wake of national vaccination efforts. In May 2021, the RCCE expanded its activities to incorporate risk communications pertaining to the escalation in hostilities across the oPt. This was done in collaboration with the Gaza CWC and, in the absence of an AAP structure in the West Bank, OCHA coordinated the receipt of inputs and messages from the West Bank clusters, as well as the cross-cutting issues of gender and PSEA, in coordination with the relevant working groups.

The identification of preferred methods of communication and information needs was collected through surveys, the most recent of which were conducted by WHO and UNICEF in June-July 2021, and by UNICEF in August-September 2021. Based on the findings, communication modalities heavily focused on social media platforms and addressed information regarding vaccination safety and its possible implications.

Furthermore, during the last quarter of 2021, the RCCE created a COVID-19 website and included information and links to the PSEA and AAP complaint channels, as provided by the PSEA Network.

Ensuring progressive mainstreaming of AAP and PSEA across clusters: The OCHA AAP Focal Point and PSEA Network coordinators have upgraded the requirements on AAP and PSEA, in better alignment with best practice and IASC guidance, with a view to ensuring a more systematic approach to AAP and PSEA mainstreaming and to fostering collective actions. The PSEA Network upgraded certain criteria and activities that were previously presented as optional to mandatory, to correspond to the IASC reporting requirements on three mandatory indicators that are inserted in all cluster monitoring and evaluation frameworks.

All cluster response plans incorporated a list of activities to ensure systematic mainstreaming of PSEA and AAP. These focused on the number of people reached through PSEA awareness materials, sites covered by PSEA IEC materials, and consultations held with communities to establish their preferred manner to report SEA. All projects submitted in the HRP have mainstreamed PSEA and coordinated with the PSEA Network to secure technical assistance to implement PSEA assurances.

OCHA will increase coordination efforts with specialized bodies (PSEA Network, RCCE, Gaza CWC) to ensure proper mainstreaming of AAP/ PSEA in programming throughout the year. OCHA will also continue to deliver and coordinate capacity building training and refresher sessions throughout the year at the cluster level.

For AAP, all clusters have incorporated a common list of activities to build capacity, to ensure that clusters are fit-for-purpose, regarding standard operating procedures (SOPs) and existing mechanisms, and to ensure proper coordination and engagement within existing AAP structures, including the Gaza-CWC, the PSEA Network and the RCCE.

In support of cluster coordination AAP/PSEA activities, OCHA has developed tools to support cluster coordinators in mainstreaming and tracking AAP and PSEA in their work, including an Assessment Tracking Tool to enable all clusters to benefit from the results of assessments, avoid duplication and fill information gaps, particularly drawing on the results of PSEA, AAP and Gender components. OCHA has also developed an AAP, PSEA and Gender Activities tool to assist cluster coordinators in tracking progress on AAP, PSEA and gender against proclaimed commitments according to project modules. These tools will continue to be used and improved in 2022.

Receipt and processing of complaints on behalf of the humanitarian community: The PSEA Network has made two common complaint channels available to the humanitarian community (listening centre helpline, WhatsApp and social

media contact points, and generic email address) mainly to receive allegations involving sexual exploitation and abuse. The provision of such channels has been accompanied by implementing in-depth training to the channel operators. The network has developed the interagency Community-Based Complaint Mechanism (CBCM) SOPs which lay out the appropriate protocols on handling cases in a safe and confidential manner, and codify the procedures for agencies to refer cases amongst themselves. For the upcoming cycle, the network will continue to raise awareness among humanitarian staff on their obligations, and build organizational capacity to prevent, detect and respond to cases, with special focus on providing technical support and guidance to partners on awareness-raising activities among the affected population.

The World Food Programme (WFP), through funding from the oPt Humanitarian Fund, is establishing an Inter-Agency common feedback mechanism hotline which will answer queries, receive comments, and refer queries for help, feedback and complaints to partner agencies on behalf of the humanitarian community.

1.6

Overview of Cash and Voucher Assistance across sectors

Context

Cash and Vouchers Assistance (CVA) is a flexible modality implemented across a range of sectors, and is recognized globally for its capacity to improve dignity, flexibility and choice for beneficiaries, and to facilitate cost-efficiency and effectiveness of response for humanitarian and development agencies. In 2016, the Grand Bargain set the increased use and coordination of cash-based programming as one of its three priorities, leading to 20 per cent of all humanitarian assistance provided as CVA by 2020. The majority of people receiving assistance cite CVA as their preferred assistance modality: according to the MSNA, 77 per cent of oPt respondents prefer assistance to be provided in the form of cash. However, there are specific risks and challenges in implementing cash distribution in the oPt, given UN, donor country and bank sanctions regimes.

CVA in oPt

CVA is used by a growing number of humanitarian agencies throughout the West Bank and Gaza for a diverse set of sectoral (and multi-sectoral) programmes and objectives, including rent support, shelter repair, material aid to GBV survivors, livelihoods promotion, basic needs assistance (including food security and WASH), cash for work, and multi-purpose cash assistance (MPCA). In addition to its benefits in facilitating regular programmes, CVA has proven to be an effective tool in responding to emergencies. After the May escalation of hostilities in Gaza, MPCA, cash for shelter, and cash for livelihoods programmes were used by multiple agencies to assist affected populations.

In parallel to humanitarian CVA programmes, social protection programmes are also implemented in the oPt. The PA provides cash support to thousands of vulnerable households across the oPt through its National Cash Transfer Programme, although shrinking financial resources are limiting its scope.

Since 2018, the largest safety net programme in Gaza – supporting approximately 120,000 households – has been funded by the State of Qatar. There is potential to further align and develop greater complementarity between humanitarian CVA and social protection programmes. At the same time, there is some concern that CVA should not be short term in nature, and should be a sustainable intervention.

Gaza Cash Working Group (CWG)

The Gaza CWG was established in 2012, and in 2020 appointed a full time CASH Coordinator, a move which has helped to increase the use of CVA in Gaza. The CWG is a multi-sectoral thematic group, providing a technical platform to promote a harmonized approach to CVA across all sectors. Its responsibilities include coordination and harmonization of CVA programs, updating the Minimum Expenditure Basket (MEB), recommending transfer values, creating relevant programme tools, provision of capacity building plus technical advice to all sectors and agencies, monitoring market conditions, and sharing evidence and best practices.

Next Steps

Several initiatives are being considered to continue mainstreaming and improving CVA programmes in the oPt. The Gaza CWG will require further resources, given the growth of CVA as an implementation modality. The focus of the working group will be to build capacity across sectors and agencies, in order to facilitate the effective design and implementation of CVA programmes. Referrals from basic needs programmes such as MPCA and value vouchers to livelihoods programs will be strengthened, while further alignment and complementarity with existing social protection schemes will be sought.

Part 2

Response Monitoring

Internally displaced people in Gaza following of Israeli airstrikes in May 2021. ©Photo by Mohammad Lubbad



2.1

Monitoring Approach

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

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

Response monitoring

The 2022 humanitarian activities will be monitored and measured against cluster objectives and activity levels by means of data based on the agreed predefined indicators, targets and timelines. Existing tools and platforms designed or rolled out by OCHA and other partners, including the Response Planning Module (RPM) and the Financial Tracking Service (FTS), will be used for monitoring purposes.

Humanitarian Response Plan Strategic Objectives

The oPt 2022 monitoring framework consists of one-year strategic objectives and related outcome indicators which are linked to the individual cluster objectives and related activity and outcome indicators. The strategic level monitoring framework contains one-year targets for the three higher-level 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 linking it to 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 for each Strategic Objective. The information derived from the funding coverage and the achievements against targets by strategic objective provides a comprehensive analysis on the extent to which the humanitarian community is meeting the goals set out in the multi-year strategy. The achievements against Strategic Objectives are monitored 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 to a cluster monitoring framework which is comprised of a small number of cluster activities. Progress towards these activities is measured by a number of output level indicators set by each cluster, with monitoring undertaken by the ICCG. Indicators included as part of each cluster portfolio contribute in turn to these cluster level outputs. These projects are monitored by the members of the relevant clusters.

Reporting

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

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

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

Humanitarian Programme Cycle Timeline

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Humanitarian Needs Overview							●	—————	—————	—————	—————	●
Humanitarian Response Plan									●	—————	—————	●
Periodic Monitoring Report	●						●					●

2.2 Strategic Objectives and Indicators

2022 STRATEGIC OBJECTIVES AND INDICATORS

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				
INDICATOR	Organisation(s) responsible for data collection	IN NEED	BASELINE	TARGET 2022
% of high level statements (Humanitarian Coordinators / Humanitarian Country Team (HCT) / Strategic Communications Branch) including protection concerns and /or reference to violations of IHL and IHRL	OCHA Advocacy WG tracking matrix	100%		100%
# of people in need receiving protection prevention and mitigation services (Child Protection, MHPSS, Legal Aid)	Protection partners	Total: 1,818,888 Gaza: 1,188,829 WB: 630,059 Boys: 417,435 Girls: 392,152 Men: 510,198 Women: 499,103	N/A	Total: 640,158 Gaza: 386,685 WB: 253,473 Boys: 102,509 Girls: 113,544 Women: 259,435 Men: 173,670
# of humanitarian staff (non-protection specialists) who received training in protection mainstreaming, disability inclusion	Protection partners	N/A	N/A	Total: 1,533 Gaza: 973 WB: 560 Men: 666 Women: 867
# of individuals receiving CVA for protection outcomes	Protection partners	N/A	N/A	Total: 17,780 Gaza: 15,460 WB: 2320 Boys: 3,220 Girls: 3,860 Women: 6,600 Men: 4,100 PWD: 531
# of children and caregivers affected by conflict related violence and violence in households benefiting from child protection interventions (level 2)	Protection partners	Children: 678,000 (345,800 boys, 332,200 girls) Caregivers: 185,000	N/A	Total: 40,004 Gaza: 26,367 WB: 13637 Boys: 17,250 Girls: 15,092 Women: 5,412 Men: 2,250 PWD: 2,430
# of people received WASH response to demolition, confiscation, settler violence and attacks incidents	WASH partners	Total: 70,325 Gaza: 64,212 WB: 6,113	0	TOTAL: 6,114 Gaza: 0 WB: 6,114
# Of awareness products on access restrictions to WASH (reports, fact sheets, presentations, etc..)	WASH partners	Total: 70,325 Gaza: 64,212 WB: 6,113	0	TOTAL: 64,212 Gaza: 58,098 WB: 6,114
# of patients, companions and healthcare workers benefitting from documentation, monitoring and advocacy activities (sex, age and disability disaggregated indicator)	Health partners	92,157	N/A	71,700 (GS: 20,420; WB: 51,280)

# of education-related violations monitored and documented	Education partners	N/A	N/A	TOTAL: 90%
% of children and teachers in need of PSS receiving school-based psychosocial support	Education partners	TOTAL: 170,680 Male: 73,716 Female: 96,964 Children: 165,680 Adults: 5000 GAZA: 146,035 WB: 24,645	TOTAL: 56,864	TOTAL: 91,597 Male: 46,570 Female: 45,027 Children: 88,021 Adults: 3,576
% of households provided with adequate temporary shelter support	Shelter partners	TOTAL: 39,250 Gaza: 38,250 WB: 1,000	N/A	TOTAL: 8045 Gaza: 7,495 WB: 550
% of households received timely post-demolition shelter response	Shelter partners	TOTAL: 4,200 Gaza: 0 WB: 4200	N/A	TOTAL: 2925 Gaza: 0 WB: 2925
% of families protected from settler violence	Shelter partners	TOTAL: 5,520 Gaza: 0 WB: 550	N/A	TOTAL: 10716 Gaza: 0 WB: 10716
# of people received WASH response to demolition, confiscation, settler violence and attacks incidents	WASH partners	Total: 70,325 Gaza: 64,212 WB: 6,113	0	TOTAL: 6,114 Gaza: 0 WB: 6,114
# Of awareness products on access restrictions to WASH (reports, fact sheets, presentations, etc..)	WASH partners	Total: 70,325 Gaza: 64,212 WB: 6,113	0	TOTAL: 64,212 Gaza: 58,098 WB: 6,114

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				
INDICATOR	Organisation(s) responsible for data collection	IN NEED	BASELINE	TARGET 2022
# of most vulnerable people in oPt accessing quality lifesaving health interventions by type of service, including primary healthcare, nutrition, child health, sexual and reproductive health, including SGBV, mental health and psychosocial support (MHPSS), healthcare for elderly, and rehabilitation services for people with disabilities (PwD) (sex, age and disability disaggregated indicator)	Health partners	1,064,224	N/A	758,015 (GS: 515,450; WB: 242,565)
# of people with improved access to a sufficient quantity of water for drinking and domestic purposes	WASH partners	Total: 687,558 Gaza: 300,712 WB: 386,845	0	TOTAL: 21,288 Gaza: 5,458 WB: 15,830
% of assisted HH living in upgraded unit in accordance with minimum standards	Shelter partners	TOTAL: 383,000 Gaza: 338,500 WB: 44,500 TOTAL: 103,000 Gaza: 80,000 WB: 23,000	N/A	TOTAL: 24,829 Gaza: 14,740 WB: 10,089
% of households protected and have enhanced their coping capacities	Shelter partners		N/A	TOTAL: 26,648 Gaza: 20,573 WB: 6,075
% of vulnerable female and male students and teachers with improved access to safe and inclusive education in vulnerable areas of West Bank and Gaza	Education partners	TOTAL: 396,656 Male: 190,218 Female: 206,438 Children: 384,722 Adults: 11,934 Gaza: 233,999 WB: 162,657	57,779	TOTAL: 245,784 Male: 122,660 Female: 123,118 Children: 235,725 Adults: 10,059
# of people with improved access to functional and safe sanitation facilities and services.	WASH partners	Total: 392,819 Gaza: 183,450 WB: 209,369	0	TOTAL: 242,341 Gaza: 169,131 WB: 73,210

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				
INDICATOR	Organisation(s) responsible for data collection	IN NEED	BASELINE	TARGET 2022
% of children, teachers and other education personnel unable to effectively respond to emergencies supported in preparing and responding to emergencies, including education-related violations, escalations in conflict and natural disasters	Education partners	TOTAL: 332,305 Male: 142,961 Female: 189,344 Children: 318,004 Adults: 14,301 Gaza: 317,384 WB: 14,921	307,516	TOTAL: 331,576 Male: 157,054 Female: 174,522 Children: 326,906 Adults: 4,670
% of FSS beneficiaries targeted who received agricultural /non-agricultural livelihood support	FSS partners	TOTAL: 221,210 Male: 112,817 Female: 108,393 Children: 99,545 Adults: 115,029 Gaza: 167,860 WB: 53,350		TOTAL: 107,492 Male: 54,821 Female: 52,671 Children: 48,371 Adults: 55,896
% of targeted beneficiaries receiving food and cash throughout 2022	FSS partners	TOTAL: 1,524,422 Male: 777,455 Female: 746,967 Children: 685,990 Adults: 792,699 Gaza: 1,156,768 WB: 588,864		TOTAL: 1,513,765 Male: 772,020 Female: 741,745 Children: 681,158 Adults: 787,158
# of healthcare facilities with capacity to respond to emergencies (including COVID-19) and are prepared to cope with impact of current and future crises	Health partners	85	N/A	75 (GS:28; WB:47)
# of individuals able to be supported with shelter NFIs (cash/in-kind) at the onset of an emergency	Shelter partners	TOTAL: 350,000	N/A	TOTAL: 17,837 Gaza: 17,148 WB: 689
% of people in need with increased WASH capacity during emergencies and shocks	WASH partners	Total: 1,053,737 Gaza: 183,450 WB: 784,295	0	TOTAL: 888,104 Gaza: 453,136 WB: 434,968
# and % of children and adults who have access to a reporting mechanism that can handle SEA complaints	All Cluster partners	N/A	N/A	100%
% of the affected population (disaggregated by sex and age) reached through consultation in the establishment of community-based complaint mechanisms (CBCMs), awareness activities and community mobilization interventions on PSEA including how to report SEA-related complaints (disaggregated by type of PSEA communication materials developed for each population group identified).	All Cluster partners	N/A	N/A	100%
% of sites reached with communications materials on PSEA, how to report on SEA and how to access victim/survivor-centered assistance (disaggregated by type of PSEA communication materials developed for each population group identified).	All Cluster partners	N/A	N/A	100%

Part 3

Sectoral Objectives and Response

3.1

Overview of Sectoral Response

The planned response cuts across six sectoral areas – education, food security, health, protection, shelter and non-food items, water and sanitation.

There are different asks by sectors, based on needs, the number of partners, the overall capacity, and the costs of operating. Almost 53 per cent (\$271 million) of the total requirement is to support the provision of food assistance, followed by Shelter and NFIs (61 million), Health and Nutrition (48 million) and Protection (47 million) programming.

Self-demolition Khirbet Khamis Bethlehem 10 Aug 2020 © Photo by community



3.2

Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
579.2k	467.8k	\$37.2M	16	19

Objectives

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 education-related violations and the COVID-19 pandemic benefit from a protective environment.

Objective 2 – Increase equitable safe access to inclusive, quality educational services for vulnerable children.

Objective 3 – Children and school staff in vulnerable schools are supported in preparing and responding to emergencies.

During the COVID-19 pandemic and recurrent escalations, the Education Cluster will focus on safe, and equitable access to quality education for children in Gaza, Area C and East Jerusalem. The cluster aims to deliver a comprehensive education response based on evidence-based data collected through various assessments and reports published by partners and service providers.

The education in emergencies response in the oPt is driven by protection-sensitive activities, under the umbrella of the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies. In addition to school-based psychosocial support, providing a protective presence for students and teachers, and local initiatives to protect schools from attacks, the cluster is linking schools with child protection service providers to address protection

needs in the most vulnerable schools. The cluster will lead coordinated advocacy efforts and initiatives to ensure that all duty bearers take concrete steps to protect, respect and fulfil children's right to access to education.

Response

Through service delivery, advocacy and capacity building, the cluster response plan seeks to mitigate, prepare for, and provide immediate response to emergencies such as localized natural disasters, COVID-19, resurgence of conflict, forced displacement and attacks on schools. Cluster partners work with all stakeholders to ensure accountability to the affected population. Advocacy efforts will focus on addressing the increasing trend of education-related violations, with a focus on prevention and support to the most vulnerable groups.

People in Need	People Targeted	Requirements (US \$)	Partners	Projects
Total: 579,173 Boys: 245,630 Girls: 312,620 Females: 11,688 Male: 9,234 Children with Disability: 13,398	Total: 467,848 Female: 232,575 Male: 235,273 Girls: 224,030 Boys: 228,983 Children with Disability: 10,268	37,266,934	16 1. Action Against Hunger 2. Atfaluna Society for Deaf Children 3. Civic Coalition for Palestinian Rights in Jerusalem 4. EducAid Onlus 5. Emaar for Development and Rehabilitation 6. Humanity & Inclusion - Handicap International 7. Norwegian Refugee Council 8. Rawan Association for Child Development & Learning Difficulties 9. Save the Children 10. Teacher Creativity Centre 11. Terre des Hommes - Lausanne 12. The Society of Women Graduates in Gaza strip 13. United Nations Children's Fund 14. United Nations Educational, Scientific and Cultural Organization 15. United Nations Relief and Works Agency for Palestine Refugees in the Near East 16. War Child Holland	19 including 3 multi-sectorial projects

Mitigation, preparedness and response measures for affected schools in the West Bank, East Jerusalem and Gaza will include provision of various modalities for distance learning (blended learning), the delivery of teaching and learning materials, safe spaces or alternative learning facilities, and pre-positioning of key education materials. A key priority will be supporting protected access to schools, reintegrating students who have dropped out of the school system, through the strengthening of remedial/catch-up education, as well as referral to alternative education pathways. Further priorities will include psycho-social programmes for teachers and students, including students with special needs, emergency rehabilitation of education facilities and applying the building back better approach to improve the quality learning environment in schools in Gaza.¹⁵

Cross-sectoral linkages will be made with the Protection Cluster on strengthening data collection and reporting on grave violations, supporting awareness-raising of legal rights and sources of legal aid, as well as the provision of school-based Psychosocial Support (PSS). The cluster will work with the WASH Cluster to ensure WASH facilities are rehabilitated and schools have adequate hygiene and cleaning materials to control the spread of COVID-19. To promote recovery and resilience, partners will work on capacity strengthening of the Ministry of Education (MoE) and ensuring that schools are ready for emergencies, as well as contingency planning and disaster risk reduction (DRR). These include plans on how best to control the spread of COVID-19 in schools and local communities.

Through its core funding, UNRWA provides primary education to over 300,000 refugee students in 374 UNRWA schools in the oPt. Cluster partners will work with UNRWA to provide refugee students with additional services that are not covered through its core funding. These include 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 2022, the Education Cluster will target 467,848 children and school staff in need of education assistance. This target number will be disaggregated along locality, gender, age and disability status. In Gaza, the cluster will target children out of school, with disabilities and from the most vulnerable and poorest households. In the West Bank, including East Jerusalem, specific focus will be given to students and teachers who are subject to education-related violations, such as school demolitions, confiscation of school equipment, harassment or violence experienced on their way to school. Students who are under house arrest, injured or ex-detainees will also be supported. In response to COVID-19, special attention will be paid to children in need of PSS, offline distance learning, support and remedial education.

In Gaza, the cluster's focus is on the most vulnerable schools, including but not limited to those in the Access Restricted Areas (ARA) and others damaged during the May 2021 escalation. In the West Bank, the focus is primarily on Area C, Hebron H2, and East Jerusalem. Priority locations include areas where students have to travel long distances to school, where students and teachers have to cross checkpoints, military areas or firing zones, and areas affected by frequent violations against education. Further priority areas include those where there are significant shortages of education staff, areas with movement restrictions (such as Hebron H2), and locations where there is a shortage of adequate school infrastructure and resources to support the schools (such as parts of Gaza, Bedouin localities and other parts of Area C).

Criteria used to prioritize interventions

In the West Bank, including East Jerusalem, the Education Cluster and the MoE maintain a list of the most vulnerable schools, based on criteria that include obstacles to access and other conflict-related risks children face on the way to school. Information Management tools such as the 5Ws and the incident reporting mechanism will also be used. In addition, the cluster has prioritised supporting children above the age of 10 who are out of school, or at risk of dropout as a direct result of conflict and COVID-19. Due to the pandemic, the cluster will also prioritize vulnerable children in need of support to access distance learning solutions, especially those who do not have access to internet or IT devices.

In Gaza, in consultation with partners, the cluster has prioritised the following: schools that have been damaged in the latest escalations, children in need of MHPSS interventions due to conflict or COVID-19, and children with disabilities and out-of-school children.

Inter-sectoral Linkages

Education response is built around different inter-sectoral linkages. The cluster targets schools that are most in need of a holistic, multi-sectoral response. The cluster's activities include working within schools to provide child protection referrals and school-based psychosocial support to students, teachers and parents, as well as the provision of legal aid and protection advocacy, which are implemented through inter-cluster coordination.

Activities with the WASH Cluster include the construction of gender-segregated school toilets, the provision of hygiene and cleaning kits, the implementation of hygiene promotion sessions to students, the rehabilitation of water and sanitation infrastructure in schools and the establishment of environment clubs. The cluster works closely with the Health Cluster to ensure the provision of assistive devices for students with disabilities, and to ensure COVID-19 related Infection and Protection Control measures are rolled out appropriately in each school. The cluster also coordinates closely with the Food Security Sector to prioritize conditional cash support to

families with children out of school or at risk of dropping out. The cluster requires that any school-based intervention by the humanitarian community should be implemented in close collaboration with the Education Cluster.

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

As emergency education activities and development overlap, the education cluster recognises the importance of coordination between the two. This is done and facilitated through strong coordination between the Education Sector Working Group and the cluster.

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 Recovery and Protection Plan.

The Education Cluster is focusing on responding to the immediate needs of children and school staff caused by COVID-19 and the ongoing conflict. They focus on safe access to education, emergency supplies and rehabilitations, DRR and MHPSS services. The COVID19 response will focus on ensuring schools have adequate cleaning and hygiene kits, adequate WASH facilities, and that children with no access to internet can access distance learning through offline solutions.

Mainstreaming: People with Disabilities, including during COVID, protection, gender, and AAP

The cluster aims to provide a comprehensive education response by promoting relevant cross-cutting issues and principles, and in ensuring that all interventions are protective, gender sensitive and gender responsive. These issues are rendered even more relevant and important in emergency situations, where marginalised populations, particularly children with disabilities, women with disabilities and children from poor socioeconomic backgrounds often bear a disproportionate impact of the crisis. The cluster calls for special attention to this group of marginalised children as their voices remain unheard and their needs unattended to.

Good quality gender equality and gender-responsive programming is enhanced through a strong gender analysis which is attentive to the different needs and protection concerns of both women and men in health, protection and education. For example, all data collected by cluster partners should be age- and gender-disaggregated. Under an effective gender-responsive approach, projects should address issues such as gender discrimination in access to education, as well as the different risks boys and girls face on their way to, from and inside, school. Partners should aim to ensure the equal participation of boys and girls in student clubs, and that WASH facilities are gender segregated and appropriately equipped. The needs of children with disabilities should be addressed through ensuring schools are equipped to meet their needs, staff are trained to respond to the needs of

Children with Disabilities (CWD) and that they should have full access to distance learning materials, including through distance learning materials and modalities.

AAP is an essential element of emergency response in the oPt, and partners should ensure that this is incorporated in their Education in Emergencies (EiE) programmes. While the cluster works to harmonize the response at the national level, interventions must also be contextualised to reflect the priorities of local communities, who should play an active role in identifying their needs and determining the most appropriate solutions. All cluster partners should consider effective community engagement as an essential element of their measures to ensure accountability to affected populations.

Similarly, cluster partners should determine how they will establish functional feedback loops and the effective sharing of information with communities and schools with which they work. Communities are perhaps the most important stakeholder in the provision of education, and have a key role in ensuring the equitable distribution of resources to enable children to enrol in, return to and stay in school. Cluster partners have an important role to play, in mobilizing local capacity to promote educational enrolment, and to organize communication campaigns to enhance community awareness around this important issue.

Community engagement will be enhanced through various modalities, including school-based safety committees and existing community structures, whose role it is to identify priorities, map existing resources within the community, prepare school-based contingency plans and coordinate activities in the school. Parent-teacher associations will also be involved in key education advocacy initiatives, and in collecting feedback from community members in order to enhance accountability to affected populations. Student groups will also ensure that students' voices are integral to the design and implementation of emergency education activities. The cluster will encourage partners to establish feedback and complaint mechanisms, where students and beneficiaries can raise their concerns and participate in project design.

Prioritization of needs in accordance with MSNA assessments:

In accordance with the MSNA results, the cluster will prioritize raising awareness among affected people on their rights concerning humanitarian assistance, aid workers IASC code of conduct and the CBCM mechanism. The above mentioned schools based committees will support this exercise and will help advertise existing feedback and complaint channels, while will foster consultations with affected communities on their preferred communication channels (hotline number, email address and WhatsApp application) in a culturally, gender and age sensitive manner. The cluster will strengthen its collaboration with the PSEA Network, also as means to rely on the Network's common complaint channels and a referral systems to cover for the gaps on partners with less capacities.

Cluster level activities and coordination: The cluster coordinator will continue to ensure the effective mainstreaming of AAP and PSEA within the cluster through the following activities:

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

Communication with communities/risk communications:

The cluster will enhance access to COVID-19 information and will continue risk communication messaging using various tools as informed by the Risk Communication and Community Engagement (RCCE) 2020 assessment. The cluster will increase access to education-related information at all stages of the programme cycle. The cluster will also focus on other strategies to ensure effective community consultations, including use of surveys and focus group discussions. The cluster will make sure that consultations with communities address SEA and treatment and referral of sensitive feedback. In addition, RCCE will be used both to enhance public awareness on improved health seeking behaviour and practices and to ensure accountability to affected populations across the oPt by increasing access to feedback and complaints mechanisms.

Environment friendly projects: As part of its contribution to addressing the climate crisis, the Education Cluster will continue promoting environmentally-friendly solutions to

health interventions and the implementation of effective environmental health control strategies in all educational facilities.

Cash and Voucher Assistance (CVA) Programmes

Education Cluster partners use cash assistance as a response modality for programmes targeting families with children out of school or at risk of dropping out. The key condition for this type of assistance is that the children who are recipients of this assistance remain in school and continue their education. Cluster partners will continue and expand this type of response modality for 2022 interventions. In this respect, several partners have already received CVA trainings and are members of the CWG in Gaza. Further standardization of CVA activities within the Education Cluster will be sought in close coordination with the CWG in 2022.

One of the main challenges posed by the use of the cash assistance modality in education-related programmes remains monitoring. However, with the growth and expansion of CVA globally in education-related interventions, there is increasingly knowledge and expertise on how to implement it successfully. This is likely to contribute to additional funds being directed towards CVA in education related programmes.

Monitoring

To successfully coordinate and implement the Education Cluster response plan, the cluster team relies on timely and updated information from key partners, on information pertaining to:

1. Current needs (partner assessment data, etc.)
2. Types and locations of partner activities per cluster indicator.
3. Targets and achieved results of partner activities (disaggregated by age and gender).

To accomplish this, the cluster team utilizes the online 5Ws Monitoring Tool, which is an easy to use tool for partners to report this information. The activities contained in the 5Ws 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 5Ws data on a quarterly basis. Within two weeks of submission, the cluster team will compile and analyse the data, produce various 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 needs and gaps, avoid duplication of response, and assist partners in their operational planning. This information will also be shared with donors to advocate for increased funding for education, and with OCHA for inter-cluster coordination purposes.

3.2

Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.75m	1.63m	\$271.1M	21	36

Objectives

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

Objective 1: The resilience of vulnerable households is enhanced, and their agriculture-based livelihoods and income generating opportunities are restored and protected [S03]. Under this objective the sector envisages undertaking interventions to support livelihoods and the economic empowerment of food-insecure households; restore agriculture production capacities to stimulate local food production and safeguard livelihoods, through rehabilitating damaged productive assets; and provide time-critical productive inputs and tailored technical support for farmers, herders, livestock holders, fishers, and urban and rural food-insecure households following the Build Back Better (BBB) approach. Support to non-agricultural livelihoods is also envisaged.

Objective 2: Low-income households who are facing limited access to food are able to meet their basic food needs [S03]. Under this objective, the sector will undertake interventions to provide direct access to food through unrestricted cash and voucher modalities.

Objective 3: FSS activities, including advocacy and awareness, are planned and implemented in a coordinated manner, with equitable partnerships among concerned parties, including civil society organizations, key national ministries and concerned donors [S0 1 and 3]. Under this objective, the sector will undertake interventions that aim at: raising awareness (advocacy/policy influencing sessions / dialogue / trainings); supporting line ministries' coordination; and promoting and ensuring the inclusion of a rights-based approach within food security related national and international advocacy initiatives, as well as other sector coordination activities, in partnership with key national ministries.

People in Need	People Targeted	Requirements (US \$)	Partners	Projects
Total: 1,758,144 Female: 861,491 Male: 896,653 Girls: 379,056 Boys: 403,494	Total: 1,631,129 Female: 782,942 Male: 848,178 Girls: 358,810 Boys: 375,123	271.1	21 1. ACT Alliance / Dan Church Aid - Norwegian Church Aid Joint office in Palestine 2. Action Against Hunger 3. Agency for Technical Cooperation and Development 4. Agriculture Development Association 5. Applied Research Institute Jerusalem 6. CARE International 7. Catholic Relief Services 8. Food & Agriculture Organization of the United Nations 9. Islamic Relief Worldwide 10. MA'AN Development Center 11. Mercy Corps 12. NGO Development Center 13. OXFAM Netherlands (NOVIB) 14. Palestinian Al Nakheel Association for Progress and Development 15. Première Urgence Internationale 16. Save the Children 17. UNFPA/WFP 18. Union of Agricultural Work Committees 19. United Nations Relief and Works Agency for Palestine Refugees in the Near East 20. WeWorld - Gruppo Volontariato Civile Onlus 21. World Food Programme	36

Response

The FSS response will focus on supporting the livelihoods of food insecure households, with particular attention to gender-based vulnerabilities. FSS partners will protect and promote the livelihoods of food-insecure households across the oPt, including rural male and female farmers, herders, livestock holders, fishers and urban and peri-urban producers, in order to decrease their aid dependency, enhance their resilience, and increase their capacity to cope and adapt to human-made and natural shocks. In response to the May hostilities in Gaza and the increase in demolitions and settler violence in the West Bank, the Cluster will support the restoration of access to livelihoods, opportunities and assets, in close coordination with local institutions. Key cluster partners will focus on providing food commodities and cash transfers such as food vouchers, cash-for-work and conditional and unconditional cash assistance. These modalities will represent a crucial response to food insecurity and to support livelihoods interventions.

In Gaza, a very high proportion of household income is spent on food. To date, in response in kind assistance has been the broadest and most sustained form of social assistance, with the regular distribution of basic food commodities to refugees having a wider stabilizing impact and forming a collective safety net in a highly constrained market environment under protracted access and movement restrictions, now further exacerbated by current global price fluctuations.

The use of vouchers ensures that food insecure households have access to nutritious locally-produced foods, that local food systems are protected, and the local economy is supported. Conditional cash assistance will enable food-insecure households to protect the household and community assets, crucial components to both generate income and protect and preserve community resilience.

An important aspect in restoring and enhancing the productive capacity of vulnerable food-insecure households includes the rehabilitation and provision of basic assets, improving the quality and sustainability of local production and supporting access to employment, education and training opportunities for such households. The Food Security Sector Socio-Economic and Food Security assessment carried out in 2020, combined with the MSNA results, facilitates and effective and accurate appraisal of beneficiaries' backgrounds, profiles, age and sex, and the identification of acutely vulnerable individuals and communities.¹⁶ A refined analysis will enable sector partners to identify and address factors that constrain access to nutritious foods, household and community resilience and vulnerability to food insecurity, especially among women and young men, as well as the low economic participation of women.

Finally, the sector response supports advocacy initiatives focused on highlighting the impact on food insecurity of economic and access constraints, settler violence and demolitions of livelihoods assets. Similarly, advocacy initiatives will be conducted on the importance of access to natural resources to maintain livelihoods and livelihood assets as well as community-based engagement for local food security solutions. To the extent possible, sectoral responses will make use of local capacities through the involvement of affected communities and with a view to restore assets with a direct social protection value, providing food assistance through integrated Nexus programme design, which also support development, peace and stability outcomes.

People Targeted and Geographical Scope

Support for direct access to food is targeted at the household level. In the West Bank, agricultural and economic livelihood supporting activities will focus on Area C, the southern West Bank, and the Jerusalem governorate.¹⁷ In the Gaza Strip, activities will focus on the Access Restricted Area (ARA), both on land and by sea, and areas where access to sources of livelihoods is restricted, including the many farmers, livestock holders, herders and fishers affected by the May conflict. Other geographical areas will be included as needed.

In 2022, the Food Security Sector will target 1.63 million of the 1.75 million Palestinians identified as people in need of assistance. The People in Need (PIN) figure has been determined by using the internationally agreed measure for food insecurity; the prevalence of (moderate and severe) food insecurity (SDG2.1.2 indicator). The targeted figure has been estimated based on partners planned programmed interventions across the oPt. It includes about 1.33 million people in Gaza and 300,000 in the West Bank. It is disaggregated by refugee status, 1 million in Gaza and 78,595 in West Bank; 334,500 non-refugees in Gaza Strip and 218,034 in the West Bank. Some 99,416 people are the target for humanitarian agriculture-based livelihood assistance. Some 1.53 million persons are targeted with unrestricted direct food assistance (FSS Objective 2).

Criteria used to prioritize interventions

The sector's portfolio for 2022 focuses on projects which feature priority activities agreed through a participatory process among sectoral partners. A detailed set of guidelines was shared with implementing agencies ahead of the response planning process, including the agricultural livelihood activities the sector agreed to implement in 2022. These include the rehabilitation of agricultural water facilities such as wells, springs, ponds, carrier lines, water reservoirs, cisterns; land rehabilitation and seeds/fodder crops cultivation; the rehabilitation and restoration of agricultural roads, greenhouses, water networks; fishing tools and

materials; solar energy for critical farming operations such as irrigation, and the provision of time critical production inputs. The sector also prioritizes direct food assistance support to ensure households have access to nutritious foods.

Following the sector's approach to determine its PIN for 2022, referencing the Food Insecurity Experience Scale (FIES), the sector has included projects aimed at protecting and promoting livelihoods for vulnerable and food insecure groups. The sectoral response is also tailored to include projects that include the provision of emergency and recovery food assistance, through multiple distribution modalities (food parcels and cash-based distributions, including electronic vouchers and cash assistance). In the West Bank, communities at risk of forcible transfer and subject to demolitions and settler violence will be targeted. In Gaza, drawing on key findings of the MSNA and sectoral ad hoc assessments, small farmers/herders, and fishers will be targeted.

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

Sectoral partners have identified issues where a developmental rather than a humanitarian response would have a complementary or a greater impact. Partners agree that the role and work of developmental actors in addressing poverty, promoting economic growth, the development of the local economy and addressing social inequities is critical to tackling vulnerabilities and breaking the cycle of protracted and repeated need for humanitarian interventions. The objective of sectoral partners is therefore to ensure humanitarian projects are closely coordinated with the development workstream, and that they build capacities and support local solutions to local food security challenges. Humanitarian food security interventions remain critically urgent, although it is equally important that additional resources are directed towards early recovery and developmental work, so as to reduce the need for humanitarian assistance.

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

The core of the sector's response focuses on supporting food-insecure people and on increasing the number of self-reliant households by supporting their livelihoods. To prioritize the most urgent interventions, the 2022 plan will support the development of medium-large scale producers and manufacturers, and exclude activities related to the introduction of large-scale new technologies.

Mainstreaming: People with Disabilities, protection, gender, and AAP

For the 2022 HRP, the sector's interventions are designed to strengthen protection mainstreaming, by decreasing

threats, reducing vulnerability and enhancing the involvement of affected people. By adopting a Do No Harm approach to programme design, and informed decisions around distribution and implementation modalities, partners will improve food security status at the household level, reducing negative coping strategies. This will be covered through regular interviews and focus group discussions with community leaders, beneficiary households, and by ensuring that protection concerns are incorporated within food security interventions.

Gender mainstreaming:

The sector's partners will prioritize the identification of gender-based vulnerabilities and will support groups such as female-headed households. To ensure that assistance reflects their unique vulnerabilities, sector partners will take into account the gender specific needs and concerns of boys, girls, PwDs, the elderly and other marginalized persons.

Prioritization of needs in accordance with MSNA/ assessments:

In accordance with partner assessments and the MSNA results on PSEA and AAP, the sector will prioritize raising awareness among affected people on their rights concerning humanitarian assistance, aid workers IASC code of conduct and the CBCM mechanism. The sector will make public existing feedback and complaint channels, while fostering consultations with affected communities, using their preferred communication channels (hotline number, email address and WhatsApp). These will be implemented in a culturally, gender and age sensitive manner. The sector will strengthen its collaboration with the PSEA Network, common complaint channels and referral systems to cover for the gaps on partners with fewer capacities. For AAP, the WFP-managed Inter-Agency common feedback mechanism toll-free Hotline provides affected populations information on assistance programmes; allows them to submit their feedback; receive answers to questions and concerns, and is connected to the PSEA Network channel (SAWA hotline) for sensitive cases in a confidential and efficient manner.

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

Sector level activities and coordination: The FSS coordinator will continue to ensure proper mainstreaming of AAP and PSEA within the Sector through the following activities:

- Coordinating the delivery of trainings focused on mainstreaming PSEA, AAP, Protection (including Persons with Disabilities, and Gender) to sector members throughout the year.
- Tracking AAP, PSEA, Protection and Gender activities for projects that received funding, during the three phases of the project cycle, using the Activity Tracking Tool provided by OCHA which will be linked to the 5Ws system in 2022.
- Gathering data from partners to periodically report on the three PSEA indicators reflected in the FSS monitoring framework.
- Coordinating with partners and the PSEA Network for a technical assistance and training plan for the year.
- Introducing cross-cutting issues as a standard agenda item at sectoral meetings in coordination with the PSEA Network, RCCE, Communications with Communities (CwC), Gender Task Force (GTF) with a view to: a) soliciting regular and relevant updates, guidance; b) sharing contextualized awareness raising content; c) holding learning sessions to identify best practices and identify partner needs; d) developing and updating community engagement material.
- Continuing to update and promote the usage of the Assessment Registry Tool developed by OCHA with information regarding assessments carried out jointly or individually. The tool is designed to extract and provide access to results of surveys with a special focus on the cross-cutting issues.

Involving affected people in decision making:

In addition to the MSNA, which was used to inform the design, needs, and prioritization of FSS projects, the cluster will seek to maintain and enhance community engagement through continuous consultations at community and household level during the various phases of project cycles. This stages and implementation modalities include assessments, focus group discussions, monitoring tools, complaints mechanisms, and offering concrete linkages with, and involvement of, beneficiaries. The active participation of local NGOs and community organizations is a key element in keeping strong linkages with affected people, which requires increased financial support.

Communication with communities/risk communications:

The sector will promote access to Food Security-related information and will continue risk communication messaging through the RCCE, using various tools as informed by the RCCE 2020 assessment. The sector will also ensure the promotion of access to food security-related information at all stages of the programme cycle. Other strategies to

ensure adequate community consultations include the use of surveys and focused group discussions. The sector will ensure that consultations with communities also address SEA and the referral of sensitive feedback. The sector will utilize the (5W+) database information to produce maps and periodic situation reports, in order to highlight vital and core food security information. Bulletins and newsletters will be updated to monitor the situation, showcase sectoral activities and risk situations at the country level. The sector will work with partners to ensure greater dialogue with the targeted population on food security emergencies.

Cash and Voucher Assistance (CVA) Programmes

Partners use different types of CVA distribution modalities for the provision of food assistance and basic livelihood support for households below the deep poverty line, including farmers, herders, livestock holders, and fishers, as well as other vulnerable groups, such as female-headed households and youth. Food security support is provided to households who continue to suffer from the protracted crisis, and those affected by COVID-19 pandemic, as well as the May 2021 hostilities in Gaza.

Food assistance interventions typically take the form of cash-based interventions either conditional or unconditional assistance). CVA interventions planned in 2022 include direct household food assistance using CVA distribution modalities (electronic vouchers and cash assistance). Additionally, one-off emergency food assistances activities use cash distribution modalities to address a variety of food security needs.

In the HRP 2022, the sector will continue the implementation of cash-based interventions using voucher and cash distribution modalities to support the provision of food and basic livelihood support for farmers, herders, livestock holders, and fishers, as well as other vulnerable groups like female-headed households, youth, and households who no longer have access to employment or continue to suffer from the protracted crisis, and people who were affected by the COVID-19 pandemic and escalation of hostilities in May 2021. The sector supports the coordination and alignment of food assistance with national Social Protection schemes, through alignment and coordination regarding financing, targeting, transfer values, and distribution mechanisms.

Monitoring

The FSS sector regularly monitors the humanitarian situation, context, and ongoing response to ensure that personnel, supplies, and services are directed towards the areas of highest needs.

The sector regularly analyses the humanitarian response to track progress towards the FSS's three strategic objectives, and to ensure that resources are channelled in a principled

manner according to highest and most urgent needs. A bi-annual FSS Response Dashboard will be compiled to illustrate who is doing what, where, when, and for whom (5Ws), and to update operational partners and donors on progress against sector-level targets.

The FSS sector has developed a monitoring framework in order to facilitate its response planning. The framework identified sources of data against which indicators can be measured and monitored, and the potential frequency at which such

data could be collected. The online 5Ws Monitoring Tool will be used to track response and analyse gaps while the online RPM will be used to enable real-time, continuous monitoring.

Destroyed homes- Beit Hanoun . © 2021 UNRWA Photo By Mohamed Hinnawi



3.3 Health and Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.5m	1.21m	\$48.4M	21	37

Objectives

The Health Cluster response for 2022 will be guided by three cluster objectives aimed at improving humanitarian conditions of vulnerable people across the occupied Palestinian territory (oPt) as well as their physical and mental wellbeing. The Health Cluster objectives are linked to the related strategic objectives (SO), as follows:

Objective 1: Ensure the availability of acceptable and quality essential healthcare services to vulnerable communities in the oPt (SO2).

The Health Cluster will undertake interventions aimed at meeting health needs and providing basic health services, such as primary and secondary healthcare services, including for trauma, maternal and child health, sexual and reproductive health (SRH) including Sexual and Gender-Based Violence (SGBV), mental health and psychosocial support (MHPSS), and the rehabilitation of persons with disabilities (PwDs).

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. (SO3).

The Health Cluster will implement interventions to enhance preparedness through contingency planning, strengthening surveillance, capacity building, and prepositioning essential supplies and strengthened communication and coordination.

Objective 3: Advocate for unhindered and equitable access to healthcare and the protection of the right to health for all, including the most vulnerable (SO1).

The Health Cluster will document and monitor barriers to healthcare access and attacks on healthcare, and advocate for the right to health for all.

People in Need	People Targeted	Requirements (US \$)	Partners	Projects
Total: 1.5 million Female: 735,000 Male: 765,000 Girls: 323,400 Boys: 344,250	Total: 1.21 million Female: 684,407 Male: 525,762 Girls: 165,613 Boys: 168,924	\$48,402,400	21 1. ACT Alliance / Lutheran World Federation 2. Ard El Insan Palestinian Benevolent Association 3. CARE International 4. Gaza Community Mental Health Programme 5. Health Work Committees 6. Humanity & Inclusion - Handicap International 7. Médecins du Monde France 8. Médecins du Monde Suisse 9. Medical Aid for Palestinians 10. Physicians for Human Rights Israel 11. Première Urgence Internationale 12. Public Aid Society 13. Qatar Red Crescent Society 14. Save the Children 15. Union of Health Work Committees 16. United Nations Children's Fund 17. United Nations Population Fund 18. United Nations Relief and Works Agency for Palestine Refugees in the Near East 19. WeWorld - Gruppo Volontariato Civile Onlus 20. World Food Programme 21. World Health Organization	37

Response

The Health Cluster will implement humanitarian interventions focusing on the most vulnerable groups across the oPt. Essential healthcare services include COVID-19 response, primary and secondary care, emergency and trauma, maternal and child health (MCH), sexual and reproductive health (SRH), including sexual and gender-based violence (SGBV), non-communicable diseases (NCDs), mental health and psychosocial support (MHPSS), and rehabilitation of PwDs.

As the COVID-19 pandemic continues, the oPt is also heavily impacted, with over 450,000 confirmed cases and 4,780 deaths as of November 2021. The Health Cluster will offer response support to the Ministry of Health (MoH) and health authorities through the provision of technical support, surveillance, diagnosis, case management, infection prevention and control, risk communication and community engagement, as well as vaccination. In addition to the COVID-19 response, the cluster will implement interventions aimed at the prevention and management of other communicable diseases. The escalation of hostilities in May 2021 and continuing sporadic unrest across the oPt highlight the need for increasing trauma and emergency care response in Gaza, as well as new and increasing needs in the West Bank (including East Jerusalem). The cluster will increase its response to meet the needs of those requiring emergency and trauma care and limb reconstruction, and will focus on rehabilitation services.

The cluster will continue to support the response to major childhood illnesses and causes of neonatal and maternal morbidity and mortality. Partners will ensure the availability of effective support and referral mechanisms to groups which are especially vulnerable, including neonates, children under five years of age, and pregnant/lactating women. Key interventions include activities to ensure clean and safe deliveries, integration of early essential new-born care, community case management of childhood illnesses and the effective treatment of malnutrition. As the need for SRH services remain high, the cluster will work to ensure access to sufficient and quality services, including access to family planning. In parallel, the cluster will work to embed gender-sensitive case management procedures into routine healthcare services for women, infants, children, and adolescents. The socio-economic impact of COVID-19 pandemic led to increased incidences of sexual and gender-based violence (SGBV), creating more demand for interventions such as clinical management of rape.

Similarly, mental health and psychosocial support (MHPSS) needs continue to rise among adults, adolescents, and children across the oPt, due to conflict-related violence and the ongoing COVID-19 pandemic. Cluster partners will provide specialized mental health care and integrate MHPSS services into essential healthcare service delivery, while strengthening community and family support and psychosocial first aid (PFA) following trauma. MHPSS services will also include

services to health workers as well as other humanitarian workers who have been working under increasing pressure, especially since the outbreak of the COVID-19 pandemic and the escalation in May 2021.

The MSNA findings reiterated data showing the high prevalence of chronic diseases across the oPt. Partners will therefore work to address the issue of non-communicable diseases (NCDs) through ensuring enhanced support and monitoring of essential medicines and supplies. Interventions will include support for the procurement of supplies, capacity-building for the management of NCD cases and support to preventative programmes and diagnostic services targeting key NCDs, which include diabetes, cancer, and cardiovascular diseases.

The ever-decreasing humanitarian space, especially in the West Bank, only reinforces the importance of documenting and monitoring barriers to access and attacks on healthcare, and of advocating for the right to health for all Palestinians in the oPt. As part of protecting the right to health for Palestinians, the cluster will continue to advocate for the unhindered operation of local NGOs, who are increasingly under attack.

The cluster will expand its activities related to the Health Resources and Availability Monitoring System (HeRAMS), improve and expand early warning alert systems, and enhance emergency preparedness and surveillance to incorporate the West Bank. The cluster will put in place various preparedness measures, including developing contingency plans, strengthened surveillance, the provision of capacity building, and ensuring the prepositioning of essential supplies and strengthened communication and coordination with partners.

Lastly, the cluster will work closely with other clusters where appropriate to enhance health outcomes and impact, and to provide technical support and guidance where needed. The cluster will continue ongoing collaborations on issues such as MHPSS (Protection and Education) and WASH in health facilities (WASH). On PSEA and GBV SGBV response, the cluster will ensure appropriate means of SGBV detection, reporting and response; an effective system that addresses the clinical management and referral of rape (CMR) cases, and an integrated response coordinated with the GBV sub-cluster. The Health Cluster is responsible for the medical management of cases at the facility level.

People Targeted and Geographical Scope

In 2022, the cluster will target 1.2 million Palestinians who are most vulnerable and at high risk of morbidity and mortality. The vulnerable population includes children under the age of five, adolescents, women of reproductive age, the elderly, PwDs, patients with non-communicable diseases (NCD), and other groups that face the risk of death or a severe deterioration in their health status. Humanitarian health interventions will

focus on key geographical areas, including: the whole of the Gaza Strip, and Hebron/ H2, communities behind the Barrier, and acutely vulnerable people in East Jerusalem, who cannot access healthcare services. Populations in hotspot locations around the West Bank will be targeted for emergency and trauma interventions.

Criteria used to prioritize interventions

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

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

The complex political and socio-economic context of the oPt requires a multi-faceted approach to address the multi-dimensional challenges affecting the healthcare system. The Health Cluster will therefore endeavour to ensure that humanitarian and development programming is coherently aligned. This approach is recognized to provide the most durable and sustainable assistance to vulnerable people.

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

The Health Cluster will only focus on key lifesaving and life-sustaining activities targeting the most acutely vulnerable people in the oPt. However, there may well be many people who lie outside this most vulnerable group, who nevertheless need assistance. The Government has the responsibility to ensure appropriate care for people under their authority, therefore, the cluster continues to advocate with local authorities to provide healthcare service delivery to the general population, including groups who may not fall under the mandate of the Health Cluster response. The cluster will advocate with potential donors to engage in longer-term investment in the Palestinian the healthcare system.

Mainstreaming: people with disabilities, protection, gender, PSEA, AAP and the environment

The Health Cluster will ensure the mainstreaming of five key cross-cutting issues, including protection, gender, prevention of sexual exploitation and abuse (PSEA), accountability to

affected population (AAP) and disability. These areas of vulnerability are in line with the results of the 2021 MSNA, as well as specific guidance/ results of assessments carried out by relevant working groups, including the Gender Task Force, the oPt HCT PSEA Network, the Gaza Community Engagement Working group, and the RCCE.

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

Disability mainstreaming: To address access issues highlighted in the results of the MSNA, the cluster will ensure that health facilities and services are made accessible to persons with disability.

Prioritization of needs in accordance with MSNA/ assessments:

In accordance with the MSNA results, the cluster will prioritize awareness raising awareness among affected people on their rights concerning humanitarian assistance, aid workers IASC code of conduct and the CBCM mechanism. The cluster will make public existing feedback and complaint channels, while fostering consultations with affected communities on their preferred communication channels (hotline number, email address and WhatsApp) in a culturally, gender and age sensitive manner. The cluster will strengthen its collaboration with the PSEA Network, also as a means of relying on the Network's common complaint channels and a referral system to cover for partners with fewer capacities. For AAP, the WFP-managed Inter-Agency common feedback mechanism toll-free Hotline provides affected populations with information on assistance programmes; allows them to submit their feedback; receive answers to questions and concerns, and to be connected to the PSEA Network channel (SAWA hotline) for sensitive cases in a confidential and efficient manner.

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

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

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

Involving affected people in decision making: The MSNA was crucial in informing the design, needs, and prioritization of health cluster projects. In addition, the Health Cluster will ensure that project adjustments are based on consultations with community members, including different gender groups and vulnerable groups. These consultations will include focus groups, field visits, and assessments carried out by the cluster or other clusters or partners during the implementation and monitoring and evaluation phases of projects. Programmes will be adapted based on community feedback.

Communication with communities/risk communications: The cluster will promote access to health-related information, including at all stages of the programme cycle, and will continue to provide risk communication messaging through the risk communication and community engagement (RCCE), using different tools as informed by the RCCE 2020 assessment. The Health Cluster will also focus on other key strategies to ensure impactful community consultations, including the use of surveys and focus group discussions. The cluster will make sure that consultations with communities also address SEA and treatment and referral of sensitive feedback. In addition, the RCCE will be used not only as tools to enhance

public awareness on improved health seeking behaviour and practices, but also as part of ensuring accountability to affected populations across the oPt by increasing access to feedback and complaints mechanisms.

Environment friendly projects: As part of its contribution to tackling the climate crisis, the cluster will continue promoting environmentally friendly solutions to health interventions and the implementation of proper environmental health control strategies in all healthcare facilities.

Cash and Voucher Assistance (CVA) Programmes

There are currently a few partners implementing voucher-based assistance to patients in need of specialised nutritional support and to households in need of COVID-19 prevention hygiene kits. Multi-purpose cash assistance (MPCA) is also considered in some interventions in support of patients' families. The cluster with guidance from the Global Health Cluster and the Cash Learning Partnership (CaLP), and the Cash Working Group will explore other CVA interventions that would be appropriate in the oPt health context. The MSNA showed that cost is a major barrier to accessing health for many households. Previous assessments on how MPCA is spent by households revealed that quite a significant amount was spent on health. Therefore, efforts will be aimed at ensuring reduced need for households to spend money on health needs.

Monitoring

The Health Cluster monitoring framework will use indicators from each major area of humanitarian health intervention to monitor cluster progress against set targets. These indicators include the number of people with access to Level 2 primary healthcare services; the number of women of child-bearing age, children under five years of age, and adolescents reached through various specialised interventions; the number of patients who received trauma and emergency care; the number of facilities with emergency response capacity; the number of confirmed COVID-19 cases; the number of people fully vaccinated against COVID-19; and healthcare workers trained on different topics of public health interest, etc. In addition, the cluster will conduct regular quality of care assessments as well as quality improvement initiatives to ensure that partners are providing services at a minimum standard, based on global and national guidelines. The cluster will use Partner Activity Reporting Platform (PARP) to monitor progress and achievements.

3.4 Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.82m	640.1k	\$47.1M	29	48

Objectives

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

Objective 1: Increased respect for International Humanitarian Law (IHL) and International Human Rights Law (IHRL) and accountability for violations [SO 1].

Objective 2: Ensuring protection response mechanisms are in place to prevent and mitigate the compounded risks arising from the occupation and conflict related violence, and the impacts of COVID19 [SO 1 and 2].

The Protection Cluster objectives seek to address the most urgent protection concerns in the oPt, in line with needs identified through the MSNA analysis, and extensive research and documentation carried out by protection partners. The most urgent needs range from the ongoing human rights and IHL concerns arising from military occupation, the Gaza blockade and recurrent hostilities, to those driven by longstanding Israeli policies and practices, or caused by compounded risks associated with deteriorating living standards and COVID-19.

People in Need	People Targeted	Requirements (US \$)	Partners	Projects
Total: 1.82 million Female: 363,979 Male: 276,179 Girls: 113,544 Boys: 102,509	Total: 640,158 Female: 149,789 Male: 113,657 Girls: 46,727 Boys: 42,186	\$47,143,024	29 1. ACT Alliance / Dan Church Aid - Norwegian Church Aid Joint office in Palestine 2. Action Against Hunger 3. AISHA Association for Woman and Child Protection 4. Alianza por la Solidaridad 5. Al Mezan Center for Human Rights 6. Asamblea De Cooperacion Por La Paz 7. Atfaluna Society for Deaf Children 8. B'Tselem - the Israeli Information Center for Human Rights in the Occupied Territories 9. CARE International 10. Gaza Community Mental Health Programme 11. Humanity & Inclusion - Handicap International 12. Médecins du Monde France 13. Médecins du Monde Suisse 14. Norwegian People's Aid 15. Norwegian Refugee Council 16. Palestinian Center for Democracy and Conflict Resolution 17. Save the Children 18. Terre des Hommes - Lausanne 19. Treatment and Rehabilitation Center for Victims of Torture 20. UNFPA/WFP 21. Union of Health Work Committees 22. United Nations Children's Fund 23. United Nations Mine Action Service 24. United Nations Population Fund 25. United Nations Relief and Works Agency for Palestine Refugees in the Near East 26. UN Women 27. War Child Holland 28. Wefaq Society for Women and Child Care 29. Women's Affairs Center	48

Response

The Protection Cluster and the GBV, Child Protection/Mental Health and Psychosocial Support (CP/MHPSS) and Mine Action sub-clusters will continue to work closely with partners and authorities, enhancing their capacity to ensure inclusion of those in need of protection. Across the various responses, the cluster has prioritized the inclusion of persons with disability (PWD). Some remote work modalities, adapted to the constraints generated by the COVID-19 pandemic, will continue in line with global minimum standards. The main thematic areas and related interventions planned for 2022 are the following:

- Monitoring, documentation and advocacy will continue in 2022, with partners implementing their work through a combination of in-person and remote monitoring. The focus of these interventions will remain on IHL and IHRL violations and conflict-related violence. In Gaza this will focus on escalations of hostilities, with a particular focus on the most recent May 2021 escalation, and in the West Bank, on monitoring and documenting 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 take-over 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, as will monitoring, reporting and advocacy aimed at reducing and preventing human rights violations related to COVID-19. Advocacy oriented towards accountability and respect of HRL and IHL will remain central to the cluster response.
- Protective Presence partners expect to resume protective presence and accompaniment of individuals (including children) in the West Bank in 2022, particularly in communities exposed to settler violence and friction with Israeli forces.
- Protection Mainstreaming interventions, particularly those that aim to promote meaningful access including disability inclusion, and with a focus on introducing effective safeguards to protect people against stigma and discrimination across the humanitarian response, including in the context of COVID-19.
- Partners will continue to provide legal aid services through in-person and remote modalities, targeting those affected by, or at risk of, violations of their right to life, liberty and

physical integrity; forcible transfer; demolitions, forced evictions and displacement; revocation of residency rights; arrest and ill-treatment. A multitude of legal aid services will be implemented to respond to the significant number of legal and administrative developments in the West Bank, measures which are expected to further intensify the coercive environment. These services include information sessions to raise community legal awareness; counselling sessions on seeking domestic legal remedies; individual legal representation to protect individual households from displacement; public interest cases by filing principled petitions; technical assistance to substantiate legal arguments (surveys, spatial plans, aerial photographs, GIS maps, expert opinions etc.); and increased advocacy coordination. Priority groups and issues include children; IDPs and affected households in Gaza following the latest May 2021 escalation, including widows facing housing, land and property issues (HLP), issues of inheritance, custody of children and the loss of identity documents; people affected by access restrictions in general; survivors of GBV; and discrimination in the application of COVID-19 related restrictions. Legal work on HLP issues will be coordinated closely with other sectors providing responses such as shelter and WASH.

- Mental health and psychosocial support (MHPSS) services will be coordinated with the Health and Education Clusters.¹⁸ Intersectoral MHPSS activities for children and caregivers (particularly males) will include psychological first aid, structured psychosocial support through age and gender-appropriate individual or group interventions, suicide and parasuicide prevention, supportive parenting programming, clinical mental health and psychosocial services targeting beneficiaries with severe symptoms through the support of mental health professionals. Key actors will train and support service providers on MHPSS guidelines and MHPSS skills such as psychological first aid, problem solving, active listening, detection and referrals including referrals to mental health specialized service providers. In the ongoing context of COVID-19, partners will continue to provide both in-person and remote services to enhance availability, accessibility, and continuity of specialized services for mental health support. 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 services include specialized individual case management and age and gender sensitive actions.¹⁹ These include awareness sessions for children and caregivers, family support and child/parent interaction programmes, life-skills programmes, youth-led protection initiatives and other programmes aimed at supporting

vulnerable children and adolescents and reducing negative coping mechanisms, especially for those children affected by conflict and household violence, and grave violations. Partners will prioritize multi-sectoral and integrated approaches, including approaches targeting families, to strengthen children's access to protection and MHPSS services and address inter-related factors contributing to their vulnerabilities, which may be compounded by COVID-19 pandemic conditions. In the context of COVID-19, child protection, case management, and MHPSS, counselling services will continue to include remote modalities in alignment with IASC standards. Most vulnerable groups of children to be prioritized for protection services including individual case management. Children include those who are displaced/living in insecure shelter situations, are impacted by demolitions, have suffered life-changing injuries and lost one or both parents, who have been detained, or who are affected by domestic violence. Child protection partners will also provide legal assistance to children who have been detained or affected by grave violations. Partners in the West Bank will continue to strengthen their ability to undertake rapid assessments and service referrals in communities affected by critical conflict-related incidents such as demolitions, settler violence or killings and injuries of children by the Israeli Forces (IF). Child protection professionals will be trained on remote service delivery and CP minimum standards.

- The gender-based violence (GBV) sub-cluster activities will centre on increasing high quality, comprehensive, multi-sectoral services such as essential GBV services; health services; MHPSS for both survivors and service providers; sheltering services; emergency services such as Dignity Kits and cash vouchers; legal aid and representation; economic empowerment; and ensuring referrals to specialized, trained GBV service providers.
- GBV actors will prioritize the most vulnerable groups, especially women and girls with disabilities. Partners will strengthen GBV services and access for women and girls with disabilities, adapt existing GBV protocols to women and girls with disabilities, and train service providers. The GBV sub-cluster will work closely with other clusters, in particular the Child Protection Working Group and Health Cluster, and will continue to use health and psychosocial support services as entry points for referral of GBV cases. Efforts to strengthen data collection and analysis of GBV trends and gaps, to update referral pathways, and to facilitate coordination between government and non-government service providers will continue. Partners will work to strengthen the national referral system to adequately respond to highly sensitive cases, including incest, rape and sexual abuse within the family, and GBV perpetrated on women and girls with disabilities. In

addition, capacity building will be provided for both GBV and non-GBV specialists in order to ensure effective GBV service referral and safe remote service provision. Advocacy and coordination will focus on strengthening the referral system and building awareness among GBV survivors of services available at the district level and increase the engagement of men and boys in combating GBV.

- Mine Action partners in the cluster will continue to respond to the severe contamination of Explosive Remnants of War (ERW) and explosive ordnance as a result of the May 2021 escalation in Gaza, through life-saving mine action interventions, including ERW risk assessments, Explosive Ordnance Disposal (EOD) responses, and ERW risk and Conflict Preparedness and Protection (CPP) messaging. Partners will also continue to pursue activities focused on Gaza to determine the extent of ERW contamination and risk assessment (survey), recovery and removal of ERW (clearance), providing information to mitigate the risks posed by ERW exposure (risk education and conflict preparedness and protection), including targeted interventions for children. Partners will coordinate with local authorities to provide specialized support on risk surveys and complex clearance operations. 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 2022 the Protection Cluster will target 640,000 Palestinians living across all areas of the oPt, identified as directly affected by violations and protection risks arising from the context of the occupation and conflict-related violence.

In Gaza, the cluster will continue to target households directly affected by the May 2021 hostilities, including IDPs, as well as those most critically affected by movement and access restrictions, primarily medical patients. Other priority groups include vulnerable female-headed households, divorced women in need of legal support and court representation to obtain their entitlements; GBV survivors, and women, children and persons with disabilities at risk of GBV who lack information and inclusive access to appropriate services.

In the West Bank, the cluster will continue to prioritize specialized service provision targeting the most vulnerable households in Hebron (H2), East Jerusalem and Area C. The cluster will also target those facing pronounced exposure to protection risks in Areas A and B, particularly households which have seen protection risks compounded in the context of the socio-economic impact of COVID-19. For all areas, this

includes female-headed households, especially those who have lost their livelihoods due to COVID-19; women and girls with disability; female farmers; Bedouins and other Palestinians at risk of displacement, particularly in communities vulnerable to a coercive environment; communities living in or around the military training sites and minefields that face risks related to ERW; and 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 and detention and violations by Israeli forces; and refugee camps most affected by violence in the context of Israeli operations.

Throughout the oPt, the cluster focuses protection interventions on children at risk of resorting to negative coping mechanisms or being the victims of harmful practices, notably children dropping out of schools, children involved in labour, children vulnerable to child marriage, and those exposed to both severe physical and psychological violence at home.

Criteria used to prioritize interventions

Protection interventions prioritize critical emergency humanitarian responses to address the immediate needs of the most vulnerable groups of the Palestinian population, defined by the Protection Cluster as those directly affected by conflict-related violations and protection risks, and violence in households, an issue very much exacerbated by the COVID-19 crisis. Consultations were conducted with partners in Gaza and the West Bank to prioritize humanitarian interventions. In addition, the cluster is relying on data and findings from the MSNA to guide prioritization. Partners have additionally incorporated a range of community engagement and consultation methodologies across the needs identification and design phases of projects included in the HRP.

The 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 of the project partner.

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 a protection one, and the result of decades of Israeli occupation, closures and other related policies and measures. A consistent gap in accountability for violations has perpetuated a protection crisis in the oPt. The Palestinian internal political divide has also increased exposure of Palestinians to drivers of vulnerabilities. Therefore, to reduce the humanitarian caseload, political progress is fundamentally required. The end of the occupation, including

the lifting of closure policies, such as the Gaza blockade, and other measures detrimental to human rights, and must be immediately addressed. Palestinian authorities are also urged to fulfil their responsibilities in their areas of responsibility in both Gaza and the West Bank, scaling up their responses to child protection, MHPSS and GBV needs.

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

The cluster engagement in the oPt is interlinked with the 2030 Sustainable Development Agenda and connects to the achievement of the Sustainable Development Goals (SDGs), in particular #3: Good health and well-being, #5 Gender equality, and #16 Peace, Justice, and Strong Institutions. It is in line with the overall commitment to leave no one behind with a focus on inclusion of marginalized communities and vulnerable groups such as women, children and persons with disabilities.

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

N/A

Mainstreaming: protection, gender, age, persons with disabilities, PSEA and AAP

Protection Cluster interventions will ensure the mainstreaming of the five cross cutting issues i.e. protection, gender, prevention of sexual exploitation and abuse (PSEA), Accountability to Affected Population (AAP) and disability, in line with the results of the MSNA that was conducted in 2021, as well as specific guidance/results of assessments carried out by relevant working groups, including the Gender Task Force, the oPt HCT PSEA Network, the Gaza Community Engagement Working group, and the RCCE.

To enhance protection outcomes and impact, the cluster will continue to provide technical support and guidance to other clusters/sectors to mainstream protection in

their interventions. This will contribute to inter-cluster operations that address protection vulnerabilities, including food insecurity, gender-based violence, displacement, and disabilities.

Do No Harm will be a crosscutting guiding principle in the cluster's response. Protection mainstreaming in the broader context of the COVID-19 pandemic will continue, including training on the application of principles of Do No Harm, accountability, meaningful participation, and access.

Gender mainstreaming: In 2022, cluster projects will contribute towards gender equality through gender-mainstreaming programming and addressing gender-specific vulnerabilities faced by women, girls, boys and men, the elderly, and PwDs within affected groups and sub-groups, through analysis and participatory methods for sex, age, and geographically-disaggregated data collection. Equity monitoring will continue through ensuring disaggregation of data along gender, age, and disability, and other social determinants, as relevant.

Prioritization of needs in accordance with MSNA/assessments: In accordance with the MSNA results, the cluster will prioritize raising awareness among affected people on their rights concerning humanitarian assistance, aid workers IASC code of conduct and the CBCM mechanism.

Accountability to Affected Population: The cluster will continue to use a tracking tool to follow up on the progress of AAP implementation throughout the HPC, in projects that receive funding in 2022. The tracker will enable the cluster to generate analysis and report on AAP outcomes in the HRP Monitoring Framework, and share findings with the ICCG and HC/HCT on delivery against Cluster AAP commitments. In collaboration with the thematic AoRs, the cluster will monitor implementation of protection integration elements in the HRP, including accountability to affected people, community engagement and participation. The cluster will continue to engage partners through workshops and discussions aimed at sharing best practices and experiences from the field. For the 2022 HRP, the cluster and its partners have made efforts to address accessibility barriers, including developing a disability inclusion checklist. 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 that communities are aware of programming changes and feedback effect on project design. All cluster partners will commit to have at least one feedback/complaint mechanisms for beneficiaries in their projects. The cluster AoRs will advertise existing feedback and complaint channels, while fostering consultations with affected communities on their preferred communication channels (hotline number, email address and WhatsApp) in a culturally, gender and age sensitive manner. The cluster will strengthen

its collaboration with the PSEA Network, also as means to rely on the Network's common complaint channels and a referral system to cover for the gaps on partners with less capacities.

Receipt and processing of complaints: The cluster AoRs will continue to receive, process, and act upon requests for help, feedback, and complaints. Complaints, allegations concerning SEA will be processed, addressed, or referred in accordance with the PSEA referral protocol and SOPs, which the cluster and the GBV-SC contributed inputs into. The cluster will foster the endorsement of the SOPs by all its members and liaise with the PSEA Network for technical assistance.

To ensure accountability, beneficiaries will also be actively engaged in the regular monitoring of results to assess the reach and quality of the responses and identify any potential unintended negative impact for review.

Cluster level activities and coordination: The cluster coordinator in coordination with AoRs will continue to ensure proper mainstreaming of AAP and PSEA within the cluster through the following activities:

- For the 2022 HRP, it is mandatory for all cluster projects to carry out PSEA activities.
- Ensure the active engagement of the cluster in the PSEA Network with the aim of improving cluster partners' knowledge and incorporation of PSEA tools.
- Coordinating the delivery of orientations, trainings and refreshers focused on mainstreaming PSEA, AAP, Protection (including Persons with Disabilities, and Gender) to cluster members throughout the year.
- Tracking the AAP, PSEA, Protection and Gender activities for projects that received funding, throughout all phases of the project cycle.
- Gather data from partners to periodically report on the PSEA indicators reflected in the Protection Cluster monitoring framework.
- Coordinate with partners and the PSEA Network for a technical assistance and training plan for the year.
- Introducing the cross-cutting issues at cluster meetings in coordination with the PSEA Network, RCCE, Gaza CWC, GTF with a view to: a) soliciting regular and relevant updates and guidance; b) sharing contextualized awareness raising content; c) holding learning sessions to identify best practices and identify partner needs; d) developing/ updating community engagement material.

- Continuing to update and promote the usage of the Assessment Registry Tool developed by OCHA with information regarding assessments carried out jointly or individually across clusters. The tool is designed to extract and give access to results of surveys, with special focus on the cross-cutting issues.

Involving affected people in decision making: In addition to the MSNA, which was used to inform the design, needs, and prioritization of protection cluster projects, the cluster and AoRs will ensure project adjustments are based on consultations with community members, including different gender and vulnerable groups. These consultations will be conducted using focus groups, field visits, assessments carried out by the cluster, AoRs or other clusters/partners during the implementation and monitoring and evaluation phases of projects. Programmes will be adapted based on community feedback. All cluster projects will involve beneficiaries in the needs assessment phase, design of activities, and feedback mechanisms.

Communication with communities/risk communications: All cluster partners will commit to using community engagement tools in the implementation of their projects. The cluster and its AoRs will promote access to protection-related information and will continue risk communication messaging through the RCCE, using different tools as informed by the RCCE 2020 assessment. The cluster will also ensure the promotion of access to protection-related information at all stages of the programme cycle. Other strategies to ensure adequate community consultations include use of surveys and focus group discussions. The cluster will ensure that consultations with communities also address SEA and treatment and referral of sensitive feedback. In addition, risk communication and community engagement (RCCE) will be used not only as tools to enhance public awareness but also as part of ensuring accountability to affected populations across the oPt, by increasing access to feedback and complaints mechanisms.

Cash and Voucher Assistance (CVA) Programmes

The opportunities presented by cash modalities are clear - including a more effective way to support vulnerable households to meet their urgent needs in a dignified manner, which aligns with beneficiary preferences, allowing for a positive social impact and potential protection outcomes.

In 2021, the cluster response has included CVA to respond to the urgent needs of economically vulnerable families and women at risk of GBV, through the provision of hygiene vouchers, livelihood opportunities and cash transfers including cash for work, in addition to unconditional cash assistance for female cancer patients. Moreover, other CVA is currently provided as part of the full package of cluster case management services to vulnerable children and their families, including CVA for transportation to reach the case management service providers, and referral to private service providers.²⁰

These interventions are expected to continue during 2022, with the expansion of cash interventions accounting for the rise in the Protection Cluster envelope for next year, particularly in Gaza. Cash assistance projects in 2022 will support the provision of essential protection services and will be aligned with existing social protection programmes, focusing on GBV and Child Protection outcomes, as well as emergency support for communities exposed to conflict-related violence. Cluster partners have shown increased interest in introducing Multi-Purpose Cash Assistance (MPCA) during 2022, particularly in the context of their continued response targeting households displaced by the May 2021 hostilities, and in support of communities at risk of forcible transfer in the West Bank. This modality will be further explored in the context of the 2022 HRP in collaboration with OCHA and the Cash Working Group, to ensure close monitoring of protection as well inter-sectoral outcomes in the roll-out of MPCA projects under the Protection Cluster.

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

MONITORING AND RESPONSE ADJUSTMENTS:

The cluster will monitor achievements in line with HRP monitoring and reporting schedules. Ongoing monitoring of outputs will be carried out through a 5Ws platform, which will be rolled out in early 2022, as well as through AoR periodic reporting on gaps and operational developments. Gaps and bottlenecks will be analysed 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. The Protection Cluster and its AoRs will carry out field visits, spot checks and bilateral meetings with partners to assure, monitor and validate quality of services, avoid potential duplication and strengthen coordination mechanisms and complementarity among partners. The Protection Cluster identifies and proposes action to address gaps, including in information gathering, management, analysis and coordinated response to priority protection concerns. Regular reporting will feed into different SitReps and updates.

3.5

Shelter and Non-Food Items



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
0.94m	91k	\$60.6M	14	22

Objectives

The Shelter Cluster addresses critical problems related to the living standards of vulnerable groups through three strategic objectives aiming at mitigating harm and ensuring safe and dignified living standards. These are achieved through the provision of immediate and essential shelter support to internally displaced people (IDPs) during and after emergencies, vulnerable households lacking proper protection from weather extremes, or to those living under critical shelter conditions.

Objective 1: Displaced populations are provided with 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 immediate shelter/NFIs assistance to 11,250 existing IDPs and any emergent caseload from conflict or natural disaster estimated at 350,000 IDPs; 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.

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 54,000 damaged and/or substandard shelters (fully or partially) to meet basic needs and shelter minimum standards, including adaptation of shelters to meet the needs of PWDs; upgrade/separate shared toilet and kitchen facilities and improve living areas; and provide essential shelter NFIs, hygiene, and disinfection materials (in kind, voucher or cash) for people at higher risk of COVID-19. Partners will be encouraged to integrate gender, age and diversity approaches to shelter programming and mainstream GBV risks mitigation measures while implementing Shelter/NFI interventions.

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 warehouses or have arrangements in place to procure/ import NFIs immediately at the onset of an emergency; 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 including GBV risk mitigation) to be able to support IDPs and affected people during and post emergencies; and to maintain the Designated Emergency Shelter (DES) to serve the IDPs.

People in Need	People Targeted	Requirements (US \$)	Partners	Projects
Total: 0.94 million Female: 463,000 Male: 479,700 Girls: 204,000 Boys: 216,000	Total: 91,000 Female: 27,062 Male: 29,101 Girls: 17,432 Boys: 17,405	60,617,187	14 1. Action Against Hunger 2. Agency for Technical Cooperation and Development 3. Catholic Relief Services 4. Humanity & Inclusion - Handicap International 5. Islamic Relief Worldwide 6. MA'AN Development Center 7. Norwegian Refugee Council 8. OXFAM 9. Palestinian Housing Council 10. Première Urgence Internationale 11. Secours Islamique France 12. United Nations Development Programme 13. United Nations Relief and Works Agency for Palestine Refugees in the Near East 14. WeWorld - Gruppo Volontariato Civile Onlus	22

Response

Key priorities for cluster response given the humanitarian context include support to IDPs, people suffering from protection concerns, people living in substandard and overcrowded conditions, Female-Headed Households (FHH), PWDs and people at higher risk of COVID-19 pandemic.

Overcrowded, unsecure shelters with no proper lighting or privacy, and no easy access to WASH facilities expose women and girls to GBV risks. The number of IDPs has increased as a result of May 2021 escalation, with the new caseload creating new vulnerable people who are unable to cover their basic needs, including rental costs. This places additional pressure on the existing housing shortage, exacerbated by the dire economic conditions in Gaza, and the spread of COVID-19 variants. Cluster partners will use different modalities to provide assistance, such as cash to cover rental expenses for six to 12 months for the displaced families. In addition, the cluster will respond to eligible demolition cases in the West Bank, including East Jerusalem, by providing either shelter materials or cash assistance, based on risk evaluation and legal advice.

The cluster will use a combination of cash and material/in kind assistance to address substandard shelter repair and upgrading needs across the oPt for around 57,000 families, as indicated in the MSNA assessment, including WASH facilities and shelter adaptation interventions to improve PWD access (9,000 individuals). The Shelter Cluster will deliver community-based training sessions to promote Household resilience and self-recovery to households at risk. The cluster will also ensure the distribution of vouchers, cash and NFIs to households in need of protection against displacement, COVID-19 and /or adverse weather events. The cluster will also maintain appropriate stockpiles in accordance with an updated inter cluster-inter agency contingency plan and preparedness measures.

The cluster response also addresses the shortage in housing stock and the increasing number of substandard, overcrowded and unhygienic shelters, and integrates COVID-19-related shelter needs. Furthermore, barriers to reconstruction that can prolong displacement are addressed through advocacy and support for HLP concerns and efforts to overcome inadequate security of tenure, particularly for elderly, divorced and widowed female-headed households and PWDs.

The Shelter Cluster pursues an approach that is closely integrated and coordinated with other sectors. For example, WASH, protection, and livelihood components are essential elements of any shelter intervention at household level. Such interventions are closely informed by field experience and lessons learned on how to improve quality of response and to ensure beneficiaries' satisfaction.

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

People Targeted and Geographical Scope

In 2022, the cluster will target 21,686 people displaced or at risk of displacement or eviction, including all eligible vulnerable families affected by demolitions or settler violence in the West Bank, including East Jerusalem. The cluster will provide support through the provision of cash, materials, or NFI assistance. In total, 4,800 households (24,829 people) will be targeted with the rehabilitation and upgrading of poor and substandard shelters, including WASH facilities. 5,200 vulnerable households (27,000 people) at risk of exposure or affected by natural or man-made hazards in Gaza and the West Bank (area A, B, C) will be supported with seasonal-specific interventions and protective materials; 1,500 households (3,032 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 15,160 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 2,145 people. In Gaza, a specific focus will be on areas at risk of flooding and on host communities with poor shelters that are in need of 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. To limit the impact and spread of the pandemic, shelter partners will incorporate specific activities to improve living spaces, create suitable isolation areas inside homes where needed, and separate shared toilets and kitchen facilities for 3,500 households.

Criteria used to prioritize interventions

For 2022, cluster partners adopted a multidimensional prioritization approach based on the MSNA results, May 2021 escalation damage assessment, partners updated assessments, displacement figures, people and communities at higher risk of COVID-19 pandemic, and the geographical areas targeted for the proposed interventions.

The cluster gives priority to projects that target particularly vulnerable groups such as herding and marginalised communities located in Area C, and social cases in Area A and B, as registered and recommended by the MoSD. It also prioritizes the people with disabilities (9,000 people) particularly in northern Gaza, and vulnerable FHHs (14,000 people). The cluster will also target vulnerable households in areas at risk of 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. In addition, the cluster prioritizes projects that reduce the number of people in need. COVID-19 shelter-related responses and needs will be addressed and prioritized based on government policies and Health Cluster guidance, both of which may evolve depending on the direction and trajectory of the COVID-19 pandemic.

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

Greater investment and funding towards the reconstruction and development budgets for the housing sector are associated with a substantial decrease in the humanitarian caseload. If reconstruction funds for destroyed and damaged shelters were made available, the IDP caseload covered under this humanitarian plan would be cleared. However, in the absence of funding for this outstanding reconstruction, the need for regular shelter assistance will remain the top priority for vulnerable people in rented accommodation and suffering from multiple evictions.

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 are the significant factors which can address the issue of poor housing conditions, and the resulting humanitarian needs and protection concerns. In the West Bank, including East Jerusalem, changes in Israeli

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

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

Supporting quarantine centres and home quarantine with NFIs and hygiene kits is deprioritized for next year according to the change in the authorities' policy related to the COVID-19 response. Shelter COVID-19 related needs are integrated directly in substandard and shelter rehabilitation interventions such as increasing covered space, improving kitchen and toilet facilities.

Mainstreaming: Persons with Disabilities, including during COVID, Protection, Gender, and AAP

Persons with Disabilities (PWDs)

PWDs are one of the main vulnerable groups identified in the MSNA and will be targeted and prioritized in the shelter interventions. Shelter adaptation works to help and serve the PWDs and the elderly with access issues through the provision of ramps, handrails, wide doors, and suitable latrines. In addition, cluster partners are encouraged to strengthen their knowledge and understanding of the rights of PWDs, to enable them to participate actively in all processes of humanitarian programmes and try to eliminate existing barriers that prevent PWDs from accessing services and addressing their needs. Moreover, appropriate indicators have been included and monitored for the inclusion and targeting of PWDs.

Protection

Protection mainstreaming is an essential practice in shelter work, and the Protection Cluster has developed a protection mainstreaming checklist to help partners to effectively mainstream in projects. This guidance takes into account the protection concerns emerging from COVID-19, with good practice included to ensure protection of people living in substandard shelters. This includes ensuring families have adequate space and isolation locations, and that hygienic and cleaning materials, awareness leaflets and brochures are made available to affected populations.

Gender mainstreaming

The provision of safe and dignified shelter solutions for differentiated needs of women, girls, boys and men is one of the most fundamental principles of protection and GBV risk mitigation. The cluster has advanced steps in gender mainstreaming through the active participation of beneficiaries in the needs assessment phase, in order to best determine the needs of different groups. Shelter partners will work together with Protection Cluster and GBV AoR to integrate GBV risk mitigation efforts into Shelter/NFI programming (i.e. safety audits, gender sensitive, participatory shelter designs etc.)

AAP

Systematically and meaningfully engaging the affected people and aid recipients in the design of the projects are key steps in having successful shelter programmes and achieving quality output and outcome results. The cluster encourages partners to ensure people, especially women and adolescent girls, have a voice in the decisions that affect their lives. This is achieved through consulting beneficiaries during assessment, design, implementation, monitoring, and evaluation of programmes; establishing open channels of communication for feedback, complaints and information sharing; and facilitating a participatory process for decision-making and mutual learning. From the assessment surveys and the findings of the MSNA, the partners prioritized PWDs, FHHs, displaced families, and communities living under constant risk of displacement in Area C and East Jerusalem. The caseload and geographical areas have been analysed and shared with partners, so that they are able to endorse the specific focus on areas of high vulnerability.

PSEA

With support from the PSEA network, cluster partners participated in sessions to improve their knowledge and capacity on PSEA. The cluster will ensure that the partners include and track specific PSEA indicators and integrate a PSEA related clause in their contracts. Practically, the field staff should receive more in-depth training on causes and consequences of SEA, in addition to any available field reference materials. The beneficiaries should be aware of the referral and confidential reporting system for any SEA.

Cash and Voucher Assistance (CVA) Programmes

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

In 2022:

- 70 displaced families received cash assistance in East Jerusalem for three months (US\$ 3,366), the same number is expected for 2022.
- 32 displaced families received cash assistance in West Bank for three months (US\$ 1,620), the same number is expected for 2022.
- 2,000 families received shelter self – help approach cash assistance for shelter upgrade and rehabilitation with total amount of US\$ 6M.
- 285 families at risk of eviction supported with cash rental, six months with amount of 427,500, the same level of assistance expected in 2022.

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

Opportunities: The implemented CVA interventions in shelter are more cost effective and provide more options and flexibility to aid recipients. VA promotes greater engagement of people and projects require less time for implementation. Additionally, the unrestricted nature of cash assistance provided within the sector allows targeted populations to pull together assistance and resources from different sources, in order to effectively address their basic needs. IDPs and conflict affected people can benefit from MPCA activities and flexible value vouchers approaches in case of escalations or natural disasters.

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

Monitoring

Activities and indicators for Shelter/NFI programmes have been identified and selected based on historical experience in the oPt, coupled with close consideration of emerging needs, which are mainly COVID-19-related shelter needs and potential scenarios for mass displacement in the case of further conflict.

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) or associated monitoring. Cluster partners will measure the impact of their activities through

post-distribution and post-implementation monitoring, and will apply corrective measures where necessary.

Simultaneously, the 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 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, GBV risk mitigation 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 and engages directly with beneficiaries to assess and take into account observations and feedback as a means of improving the performance of partners in future projects.

3.4

Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.36m	888k	\$32M	27	34

Objectives

The WASH Cluster aims to provide safe and adequate access to water, sanitation, and hygiene services for the most vulnerable groups in Gaza and the West Bank. The WASH response will be based on three cluster objectives to address the WASH needs of people in the most vulnerable communities in the West Bank and Gaza. The objectives, and their relationship to the HRP Strategic Objectives, are:

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 on the rights of Palestinians affected by the crisis, particularly those residing in Area C of the West Bank and the Gaza Strip. It will help those affected by restrictions and attacks against their WASH assets restore and maintain their access to sufficient WASH services through the provision of the appropriate WASH response.

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 WASH unserved and underserved populations to improve their access to basic WASH services. The proposed responses will target vulnerable households through the provision of WASH assistance that improves their access to WASH services in accordance with the relevant national and international standards. This includes the construction/ rehabilitation of basic WASH structures to improve WASH services on community and household levels.

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 potential shocks that affect their access to WASH services. The proposed actions will enhance the resilience of national and community WASH actors to deal with emerging shocks through improving their response and preparedness capacities.

People in Need	People Targeted	Requirements (US \$)	Partners	Projects
Total 1.36 million Female: 667,567 Male: 694,815 Girls: 293,730 Boys: 312,667	Total: 888,104 (453,137 in Gaza and 434,967 in the WB) Female: 437,843 Male: 450,261 Girls: 210,574 Boys: 221,515	31,988,154 US\$ (15,607,188.7 US\$ for Gaza and 16,380,965.2 US\$ for the WB)	27 1. Action Against Hunger 2. Agency for Technical Cooperation and Development 3. Agricultural Development Association 4. American Near East Refugee Aid 5. Applied Research Institute - Jerusalem 6. Arab Agronomists Association 7. Ard El Insan Palestinian Association 8. Asamblea de Cooperación por la Paz (ACPP) 9. Cooperazione E Sviluppo (CESVI) 10. DanChurchAid/Norwegian Church Aid (DCA/NCA) 11. Global Communities (CHF) 12. House of Water and Environment (HWE) 13. Human appeal 14. Islamic Relief Palestine (IR) 15. MA'AN Development Center 16. Norwegian Refugee Council (NRC) 17. OXFAM 18. Palestinian Environmental NGOs Network – Friends of Earth Palestine 19. Palestinian Hydrology Group (PHG) 20. Première Urgence Internationale - PUI 21. Qatar Red Crescent Society (QRCS) 22. Save the Children International (SCI) 23. United Nation Children Fund (UNICEF) 24. United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) 25. WeWorld-GVC (WW-GVC) 26. World Vision (WVI) 27. Youth Empowerment Center (YEC)	34 (16 Gaza, 17 WB, 1 oPt) 7 th of WASH projects are multi-sectoral ones

Response

The WASH Cluster response plan seeks to address the basic WASH needs of vulnerable communities and households in the Gaza Strip and the West Bank through a combination of service provision activities involving targeted repairs/improvements to networks and institutional or household facilities, enabling mechanisms such as the distribution of water vouchers for targeted vulnerable people and capacity building of service providers. In addition, the WASH Cluster will advocate for more durable solutions to be considered and funded following the emergency response interventions.

During 2022, the WASH Cluster response will be the following:

- **Household-level:** Through material assistance and awareness modalities, the proposed responses will support vulnerable families, including through the construction or rehabilitation of household WASH facilities, the demolition response in Area C, the provision of hygiene materials and awareness raising on 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 and health-care facilities.
- **Institutional level:** The institutional WASH sector structure will also be targeted, through operation and maintenance support, capacity building and WASH infrastructure installation and rehabilitation. The response aims to enhance the technical and managerial capacities of the Palestinian Water Authority (PWA) and WASH service providers.

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

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

to ensure the sustainability and the future operation of the provided WASH structures.

People Targeted and Geographical Scope

In 2022, the WASH Cluster will target 888,104 people, 453,137 in Gaza, and 434,967 in the West Bank. In Gaza, the focus is to reach vulnerable people who are exposed to one or more of the following situations: affected by attacks against WASH structures during the May escalation; lacking access to safe drinking and domestic water; at risk of winter flooding; and exposed to environmental health risks. In the West Bank, the WASH Cluster targets communities with the least access to services (unserved and underserved communities), affected by inadequate service provisions, communities affected by demolitions and settler violence in Area C. In general, WASH Cluster activities will prioritize humanitarian response for vulnerable populations with disabilities, COVID-19 affected, the elderly, widows, children, female-headed households, people under the poverty line and refugees/IDPs.

In terms of geographical scope, in Gaza, the focus of emergency WASH interventions is on flood-prone areas, areas with limited access to WASH services and those exposed to public/environmental health risks (i.e., COVID-19 red zones). In the West Bank, the cluster's response will focus on Area C, including areas affected by the Barrier, Israeli restrictions, settlements, demolition orders, areas of Areas A and B, East Jerusalem, and H2 in Hebron.

Criteria used to prioritize interventions

For HRP 2022, the cluster adopted multi-dimensional prioritization criteria. The severity of WASH vulnerability, referring to international and humanitarian standards, was the main criterion. Other intersectoral vulnerabilities, including economic, social, protection and COVID-19 vulnerabilities were also considered. The cluster developed a ranking method to prioritize responses and targets.

In consultation with WASH partners, the following activities have been prioritized for 2022 in the West Bank and Gaza Strip:

- Emergency interventions to maintain essential WASH services in the most vulnerable communities directly exposed to water-borne diseases and the COVID-19 outbreak. These activities will be implemented through WASH service provisions to people with limited access to safe water, operational interventions for service providers to maintain existing essential WASH services, response to demolitions, other man-made and natural disasters and household water treatment and safe storage.
- WASH response to people's needs under public health risk and deteriorated WASH conditions through the provision of WASH services in health facilities, schools, and other

key institutions; provision of WASH services to unserved/underserved communities and households; hygiene promotion/awareness raising and sanitation facilities.

- Strengthening national WASH governance systems in terms of accountability, advocacy, evidence-based planning to reduce threats and cope with emergencies/shocks. These activities will build WASH service providers' capacities, improve operation and maintenance, strengthen the sector's governance and knowledge management, improve coordination, advocacy, emergency preparedness, and enhance gender and protection.

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

The WASH Cluster coordinates with the PWA, UNRWA, UNDP, UNICEF, and other partners involved in non-HRP and development-focused WASH programmes. The cluster developed its interventions based on intensive coordination and analysis to ensure the maximum application of the emergency-development nexus approach. Therefore, sustainability, upgradability, and durability of the proposed WASH interventions were considered during the development of the WASH HRP 2022.

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

- WASH HRP interventions could provide a temporary solution for WASH vulnerability, until other development actors intervene to provide permanent or long-term solutions.
- The vulnerable groups targeted by development actors' long-term interventions will be removed from WASH vulnerability, allowing the cluster to focus its targets within the HRP 2022.
- WASH HRP assessment and intervention could be the basis for other development responses. The cluster will encourage development actors to build upon what will be achieved in 2022, taking advantage of the regular cluster coordination with PWA and the UNICEF participation in various development platforms.

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

The cluster did not exclude any of the targeted groups in the HRP 2022. However, it has specified its target by defining WASH vulnerabilities based on thresholds linked with international and humanitarian standards regarding access to

basic WASH services, benefiting from the WASH vulnerability profile developed by the cluster and its partners for all Gaza and West Bank communities.

However, the response for some WASH vulnerabilities is outside the HRP scope, especially for the vulnerabilities related to national capacities such as insufficient water resources and limited water treatment capacities. Such responses will be referred to the local authorities and WASH development actors.

Mainstreaming: People with Disabilities, including during COVID, protection, gender, and AAP

Gender and protection mainstreaming are key to maximizing the positive impacts of WASH interventions. WASH partners will use gender-sensitive quantitative data analysis as a core part of the project's M&E system to track beneficiaries' satisfaction, participation, acceptance, knowledge and practices. Moreover, the cluster will ensure maximum protection mainstreaming in the WASH response by prioritizing the most vulnerable groups affected by protection issues.

Prioritization of Cluster programmatic responses: In 2022, the cluster will increase protection capacity by enhancing community resilience through increased access to natural resources and livelihood opportunities. Based on WASH Cluster vulnerability assessments and MSNA findings, the highest priority will be given to communities affected during the May escalation, by the COVID-19 outbreak, Israeli restrictions in Area C, the Barrier, Israeli military zones, Israeli settlements and conflict. WASH interventions will also include an advocacy component that promotes IHL and IHRL.

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

Prioritization of AAP/PSEA needs in accordance with MSNA/assessments: In accordance with the MSNA results, the cluster will prioritize raising awareness among affected people on their rights concerning humanitarian assistance, aid workers IASC code of conduct and the CBCM mechanism. The cluster will make public existing feedback and complaint channels, while fostering consultations with affected communities on their preferred communication channels (hotline number, email address and WhatsApp) in a culturally, gender and age sensitive manner. The cluster will strengthen its collaboration with the PSEA Network, its common complaint channels and referral systems to cover for the gaps on partners with fewer capacities. For AAP, the WFP-managed Inter-Agency common

feedback mechanism toll-free Hotline provides affected populations information on assistance programmes; allows them to submit their feedback; receive answers to questions and concerns, and be connected to the PSEA Network channel (SAWA hotline) for sensitive cases in a confidential and efficient manner.

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

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

- Coordinating the delivery of trainings focused on mainstreaming PSEA, AAP, Protection (including Persons with Disabilities, and Gender) to cluster members throughout the year.
- Tracking the AAP, PSEA, Protection and Gender activities for projects, that received funding, during the three phases of the project cycle, using the Activity Tracking Tool provided by OCHA, which will be linked to the 5Ws system in 2022.
- Gather data from partners to periodically report on the three PSEA indicators reflected in the Health Cluster monitoring framework.
- Include accountability to affected population and gender mainstreaming in the WASH Cluster partners' performance reports.
- Coordinate with partners and the PSEA Network for a technical assistance and training plan for the year.
- Introducing the cross-cutting issues as a standard agenda item at cluster meetings in coordination with the PSEA Network, RCCE, Gaza CWC, GTF with a view to a) soliciting regular and relevant updates, guidance; b) sharing contextualized awareness raising content; c) holding learning sessions to identify best practices and identify partner needs; d) developing/ updating community engagement material.
- Develop WASH Cluster assessments toolkit to provide harmonized assessment tools and mechanisms and ensure the mainstreaming of Gender and PSEA in WASH Cluster partners assessments.

- Continuing to update and promote the usage of the Assessment Registry Tool developed by OCHA with information regarding assessments carried out jointly or individually across clusters. The tool is designed to extract and give access to results of surveys with special focus on the cross-cutting issues.

Involving affected people in decision making: In addition to the MSNA which was used to inform the design, needs, and prioritization of WASH projects, cluster members will work closely with affected communities, partner governorates, area focal points, and service providers in Gaza to involve affected communities in the identification of needs and the design, and implementation of interventions to ensure timely adjustments are introduced. The cluster will use participatory approaches that consider COVID-19 protection measures to evaluate and to assure feedback/complaint mechanisms and WASH partners emergency response and preparedness interventions. The cluster will make sure that consultations with communities also address PSEA and treatment and referral of sensitive feedback.

Cash and Voucher Assistance (CVA) Programmes

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

CVA plans for 2022:

- Support 2,159 families suffering limited access WASH facilities with cash assistance to rehabilitate/upgrade their household water and sanitation facilities.
- The provision of 12,578 household WASH and hygiene items vouchers for the most vulnerable families with limited access to WASH and hygiene materials.
- Support 83 families suffering limited access to sufficient water quantities with cash assistance to rehabilitate/ upgrade their household water cisterns.

Most of the WASH HRP interventions are community-level activities that aim to improve access to WASH services for the whole community. Such interventions require advanced technical expertise and close coordination with WASH service

providers. Therefore, it will not be possible to expand the CVA modalities to cover such interventions. Moreover, although CVA are the preferred modalities for implementing WASH interventions in high-risk areas such as Area C communities, families' restricted access to market is a serious challenge against expanding such implementation modalities.

Cluster partners are considering the CVA as a preferable modality for household-level interventions. Such modalities have a good level of cost efficiency, short timeframe, low implementation visibility (particularly in high-risk areas) and allow for beneficiary contribution/upgrading. The cluster will encourage partners to adopt CVA modalities in their WASH household interventions where applicable and will work with partners to develop the relevant harmonized tools, coordination mechanisms and technical guidance to ensure the proper implementation of such interventions.

The cluster will coordinate with CWG to develop the relevant CVA harmonized tools, coordination mechanisms and technical guidance. The cluster will coordinate with the CWG with regard to the WASH component included in the MEB. The cluster in coordination with CWG will arrange the required CVA capacity building sessions for its partners.

Many WASH household interventions could be covered by CVA, including:

- Household limited access to hygiene materials could be covered by hygiene items vouchers.
- Substandard household WASH facilities could be covered by cash assistance for WASH facilities rehabilitation/upgrading.
- Limited access to sufficient quantity of water could be covered by trucked water and PE tank vouchers and direct cash for the construction/rehabilitation of household water cisterns.

Monitoring

The cluster has developed its monitoring mechanism based on various monitoring, tracking and follow up tools. The HRP indicators were divided based on the HRP focus areas, in coordination with partners. For 2022, the cluster developed an HRP matrix which includes the WASH HRP eligible actions, eligible targeted communities, activities units, and the related outcome indicators.

Under the three HRP objectives, the cluster has developed six main outcome indicators considering age, gender, diversity and protection segregation. The cluster has also developed more than 40 output indicators to ensure that each HRP action will be measured based on technical and vulnerability factors.

During 2022, the cluster will develop its monitoring tools to ensure adequate tracking and monitoring of WASH HRP interventions. These include:

- Desk monitoring review: the cluster will review the secondary data for all the WASH projects reported by partners in the 5Ws system. This review will consider the project alignment with the WASH HRP, project objective, output and outcome indicators, Age and Gender Data (AGD) segregation, cost efficiency, level of funding per WASH component, reached beneficiaries per WASH component.
- Field monitoring: the cluster will conduct field monitoring visits for each WASH HRP project to assess how appropriate and how efficient each intervention is, and the level of community engagement and coordination with the relevant stakeholders.
- Monitoring report: the cluster will generate a monitoring report for each WASH HRP project based on the field monitoring visits, Project HRP sheet, 5Ws system, and the project field visit findings. This report will include the cluster revisions' findings and the proposed corrective measures and recommendations for partners. Moreover, the cluster will document each project's good practices to be disseminated to other partners as a learning opportunity.

The cluster will ensure that its partners have adequate M&E capacities during the planning, design and implementation of their WASH interventions. The cluster will develop harmonized WASH assessment tool kit and will include the M&E within the cluster partners' capacity building programmes.

3.7

Coordination and support services



REQUIREMENTS (US \$)	PARTNERS	PROJECTS
\$9.8m	9k	11

Objectives

The aim of the Coordination and Support Services (CSS) sector is to provide coordination for the implementation of a principled, timely, effective and efficient humanitarian strategy and operational response in the oPt, within the geographical scope identified as the area of operations for the 2022 HRP.

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

Objective 1: Humanitarian response is implemented through effective coordination mechanisms and supported by the timely allocation of humanitarian pooled funds [SO 1, 2, 3].

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]

Requirements (US \$)	Partners	Projects
13,310,395	<p>11</p> <ol style="list-style-type: none"> 1. Agency for Technical Cooperation and Development 2. Food & Agriculture Organization of the United Nations 3. Norwegian Refugee Council 4. Office for the Coordination of Humanitarian Affairs 5. Office of the High Commissioner for Human Rights 6. United Nations Children's Fund 7. United Nations Office for Project Services 8. United Nations Population Fund 9. UN Women 10. World Food Programme 11. World Health Organization 	14

Response

The CSS sector will achieve this aim through a multi-pronged approach, capitalizing on the roles of each of the partners and their responsibilities within the humanitarian architecture in the oPt.

- First, CSS partners will ensure an effective coordination system is in place, in compliance with IASC policies and guidance, that is responsive and effective in meeting the needs of humanitarian partners.
- Second, partners will ensure improved, inter-sectoral and inter-agency vulnerability and needs analysis, response planning and monitoring.
- Third, CSS partners will ensure the promotion of international humanitarian law and humanitarian principles, as well as the neutrality of staff, installations and premises

including through coordinated technical access support and security advice provided to humanitarian personnel, in order to better direct assistance to the civilian population.

- Fourth, lead and effectively coordinate the HPC process, including the development of a high quality, accurate, strategic, and well-designed HNO, and HRP. Convene the Nexus Data and Analysis Group meetings to facilitate and support data collection, conduct inter-agency assessments, address information gaps, and agree on inter-sectoral needs and response analysis. It is the role of the sector to ensure IASC commitments on AAP, including PSEA commitments, are reflected in the HRP. CSS will continue to coordinate with cluster leads and provide tracking tools and supportive clinics on how to report on their work, including their AAP and PSEA activities.

Priority response interventions

The following CSS activities have been prioritized for 2022:

- Activities that will support national and international organizations' response activities to be coordinated through humanitarian coordination fora throughout the HPC. Particularly, by increasing the participation of national NGOs in coordination fora, the role and capacity of national NGOs will be expanded. Humanitarian financing, including the oPt Humanitarian Fund and Central Emergency Response Fund (CERF), will be strategically used to address particular needs according to HCT priorities, while allocations are awarded to address the most urgent needs in a manner that maximizes value for money. The provision of key services and assistance is coordinated based on needs identified by inter-sectoral 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, in order to better direct assistance to the civilian population. This includes access support provided to humanitarian staff and programmes via a 24/7 hotline; visas, permits, approvals and coordination facilitated for humanitarian personnel; and, negotiations on improving humanitarian access, including the facilitation of critical movement.
- Activities that will include the implementation of core processes and structures for humanitarian action, including secretariat functions in support of humanitarian leaders, the HCT, ICCG, HCT Advocacy Working Group, inter-agency PSEA Network and the Nexus Data and Analysis Group, and the co-chairing of the CWG. Close partnership with line ministries will be maintained. Inter-cluster coordination will focus on cross-cutting issues, including strengthening of partner capacity around AAP, including PSEA, gender mainstreaming and protection mainstreaming, CVA, to address the 2022 Strategic Objectives. Information management will improve situation awareness and influence decision-making and planning 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 are in line with 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. This includes coordination, advocacy and private diplomacy activities, as well as reporting on restrictions on humanitarian space to support advocacy efforts undertaken by the humanitarian community and other stakeholders to improve humanitarian access.

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

None.

Inter-sectoral Linkages

CSS partners will leverage their roles and responsibilities 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, enhancing the coordination between clusters and partners, and strengthening the response in a holistic way, through multi-sector and inter-cluster linkages. Enhancing local NGO participation in the humanitarian response will 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 is expected – if met by 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, in order to avoid the duplication of interventions by humanitarian and development actors.

Part 4

Annexes

Palestinian Farmers in Gaza © Photo by Mercy Corps



4.1

Response Analysis

The joint humanitarian needs analysis relied on the findings of the first-ever joint Multi-Sectorial Needs Assessment (MSNA) conducted in the oPt, which has provided a robust evidence base of the needs of vulnerable people in Gaza and in the West Bank, including East Jerusalem. The goal was to generate a comprehensive and consolidated understanding of the operational context in the oPt, across the whole spectrum of humanitarian and development needs and vulnerabilities, through the provision of multi-sectoral household data, upon which humanitarian and development plans can be built. The MSNA is part of efforts to advance the Humanitarian Development Nexus agenda in the oPt in 2021, through the cooperation of the HCT and the UN Country Team (UNCT).

The joint needs analysis conducted for the 2022 HNO provided the evidence base for the scope of the 2022 response, the needs to be prioritized for response, and the vulnerable groups to be targeted through the provision of a comprehensive, multisectoral household-level dataset. The MSNA provides a detailed inter-sectoral analysis of the magnitude and severity of humanitarian needs among crisis-affected population groups in the oPt, to support the calculation of sectoral and inter-sectoral People in Need (PIN) and severity figures, in alignment with the Joint Intersectoral Analysis Framework (JIAF) methodology and identifies vulnerable population groups and geographic areas with the most acute needs. The response analysis and approach thus remain focused on the needs identified in the HNO, while being flexible to adjust the response as needed.

The following groups were identified as most vulnerable in the oPt and integrated in the MSNA data collection and need analysis: people living below the poverty level; Palestine refugees living in refugee camps; Palestine refugees living in outside refugee camps; People with shelter damage due to the last escalation; female-headed households; small-scale farmers; People with disabilities; and internally displaced people. In coordination with cluster coordinators and consultation with the cluster leads, the MSNA geographic scope disaggregated to 48 areas/strata with a statistically representative needs analysis (33 localities in Gaza and 15 areas in the West Bank).

The MSNA survey developed over 250 needs indicators across all clusters, including AAP and gender indicators. The indicators are selected to measure humanitarian conditions across three sub pillars: living standards, coping mechanisms, and physical and mental wellbeing. These, in turn, are linked to the three HRP strategic objectives; lack of protection and displacement; limited access to essential services; and the erosion of resilience and preparedness, respectively. Underlining the long-term recognition that the severity of need is greater in Gaza, the MSNA found that about 64 per cent of those in need of assistance, or 1.57 million people, live in Gaza and 36 per cent, 880,000 people, in the West Bank, including East Jerusalem.

In addition to a significant variance in the severity of needs between Gaza and the West Bank, pockets of extreme severity are found in geographical areas within the two territories. One of the main findings of the MSNA is that although the severity of core sectoral needs appears to be significantly lower than in many other humanitarian contexts, aid dependency in the oPt (particularly in Gaza) is almost unparalleled, creating a very fragile stability and a high degree of aid dependency. In addition, although a relatively large number of households appear to be meeting their very basic needs, a high percentage are employing negative coping mechanisms, such as taking on debt, in order to meet these needs, adding to their long-term vulnerability. Consequently, the joint humanitarian response in 2022 will remain focused on addressing the acute humanitarian needs of the vulnerable groups identified in the HNO who face a range of protection threats, lack of accountability and effective remedy.

The MSNA also found that COVID-19 restrictions have undermined access to social services across the oPt, with greater impact on the most vulnerable, including the elderly, persons with disabilities, cancer patients in Gaza, Bedouin communities in Area C. People with disabilities, of whom many are children, continue to face special challenges, especially for rehabilitative and caregiving services. Targeting was further refined based on the severity of humanitarian need among the different population groups, to ensure that those in acute humanitarian need were prioritized for response.

The drivers of humanitarian needs cannot be addressed through a humanitarian response alone. In the 2022 HNO, clusters have identified common categories of vulnerable groups and drivers of vulnerability that both humanitarian and development actors will address in the coming years, in order to identify the entry points for the transition from humanitarian to development responses. Through the HCT and ICCG, linkages and synergies are explored systematically throughout the HPC, wherever possible and appropriate, for example by facilitating and promoting the systematic analysis of the root causes of vulnerability and the scope of possible action, outside the humanitarian operations by clusters in the HPC products (the HNO and HRP). A Nexus Data Information Management Group was formed in 2020 with the aim of coordinating and facilitating data collection and analysis in support of humanitarian and development actors, and to

mobilize coordinated action addressing underlying drivers of humanitarian need, and is led and facilitated jointly by OCHA and the Resident Coordinator's Office (RCO).

Humanitarian actors will remain committed to ensuring principled humanitarian action in the current restrictive operational context. The 2022 HRP only includes activities aimed at targeting the most vulnerable people in need, in accordance with available humanitarian capacities. The purpose of this approach is to draw a clearer distinction between humanitarian programmes, recovery and development interventions; and to remove projects with recovery and development activities from the HRP. The HRP ensures the greatest impact possible, with priority given to the most vulnerable.

4.2

Participating Organizations

Project Organization Name	# of Projects	Running Requirements
United Nations Relief and Works Agency for Palestine Refugees in the Near East	16	234,401,137
World Food Programme	4	69,632,597
United Nations Children's Fund	12	24,515,950
Norwegian Refugee Council	8	22,556,283
Food & Agriculture Organization of the United Nations	4	13,148,217
Action Against Hunger	7	12,126,769
World Health Organization	3	11,104,561
Agency for Technical Cooperation and Development	8	8,456,774
Office for the Coordination of Humanitarian Affairs	1	7,574,864
Save the Children	8	6,486,701
CARE International	5	5,803,585
United Nations Population Fund	7	5,074,796
WeWorld - Gruppo Volontariato Civile Onlus	4	4,632,959
MA'AN Development Center	4	4,180,936
Catholic Relief Services	2	4,086,917
Humanity & Inclusion - Handicap International	4	3,679,021
ACT Alliance / Dan Church Aid - Norwegian Church Aid Joint office in Palestine	5	3,365,055
OXFAM Netherlands (NOVIB)	3	3,320,291
United Nations Mine Action Service	1	3,319,998
Medical Aid for Palestinians	6	3,215,000
Première Urgence Internationale	6	3,177,594
Islamic Relief Worldwide	3	2,675,000
Agriculture Development Association	2	2,666,700
UN Women	3	2,574,922
Qatar Red Crescent Society	3	2,199,480
Médecins du Monde France	3	2,057,773
Mercy Corps	1	2,057,400
Global Communities	1	1,980,000
Palestinian Hydrology Group	2	1,959,050
OXFAM	3	1,750,000
United Nations Educational, Scientific and Cultural Organization	1	1,745,330
Union of Health Work Committees	3	1,723,609
Physicians for Human Rights Israel	1	1,691,295
ACT Alliance / Lutheran World Federation	2	1,623,753
United Nations Development Programme	1	1,500,000
Asamblea De Cooperacion Por La Paz	1	1,466,822
Applied Research Institute Jerusalem	2	1,436,857
UNFPA/WFP	1	1,417,710

Terre des Hommes - Lausanne	3	1,280,000
War Child Holland	2	1,190,000
Cooperazione E Sviluppo - CESVI	1	1,135,660
World Vision Jerusalem West Bank Gaza	1	1,102,608
AISHA Association for Woman and Child Protection	2	1,052,578
Teacher Creativity Centre	1	1,037,370
Médecins du Monde Suisse	3	993,908
NGO Development Center	1	991,279
American Near East Refugee Aid	1	950,000
Ard El Insan Palestinian Benevolent Association	1	931,015
United Nations Office for Project Services	1	924,694
Human Appeal UK	1	914,834
Secours Islamique France	1	856,948
Alianza por la Solidaridad	1	839,701
Agricultural Development Association	1	813,554
Atfaluna Society for Deaf Children	2	759,400
Public Aid Society	1	733,280
Office of the High Commissioner for Human Rights	1	600,000
Palestinian Housing Council	1	555,758
EducAid Onlus	1	535,385
Gaza Community Mental Health Programme	1	473,497
Women's Affairs Center	1	455,901
Palestinian Al Nakheel Association for Progress and Development	1	443,640
House of Water and Environment	1	436,240
Health Work Committees	1	413,513
Arab Agronomist Association	1	400,000
Treatment and Rehabilitation Center for Victims of Torture	1	349,922
Union of Agricultural Work Committees	1	331,500
Norwegian People's Aid	1	300,000
Youth Empowerment Center	1	255,600
B'Tselem - the Israeli Information Center for Human Rights in the Occupied Territories	1	243,655
The Society of Women Graduates in Gaza strip	1	236,650
Rawan Association for Child Development & Learning Difficulties	1	200,000
Wefaq Society for Women and Child Care	1	200,000
Emaar for Development and Rehabilitation	1	180,000
Al Mezan Center for Human Rights	1	178,280
Palestinian Center for Democracy and Conflict Resolution	1	89,126
Palestinian Environmental NGOs Network	1	51,000
Civic Coalition for Palestinian Rights in Jerusalem	1	50,000

4.3

Planning Figures by Sector and by Geography

Cluster	People in Need	People Targeted	Requirements \$US	Operational partners	Number of projects
Food Security Sector	1,758,144	1,631,129	\$271,144,107	21	36
Protection	1,818,888	640,158	\$47,143,024	29	48
Health & Nutrition	1,500,000	1,210,169	\$48,402,400	21	37
Education	579,173	467,848	\$37,266,934	16	19
WASH	1,362,383	888,104	\$31,988,155	27	34
Shleter & NFIs	942,717	91,000	\$60,617,187	14	22
Coordination			\$13,310,395	11	14
Overall	2,075,542	1,631,129	\$509,872,202	139	210

People in Need and Target by Age

Cluster	Women	Percent	Children	Percent	Elderly	Percent
Protection	363,979	56.9%	216,053	33.7%	13,936	2.2%
Education	8,545	58% (of adults)	453,013	97%	-	
Health	684,407	57%	334,537	27.6%	57,990	4.8%
Shelter	44,494	49%	34,837	38%	3,666	4%
WASH	437,843	49%	432,090	48.7%	29,726	3.3%
FSS	785,662	48%	733,933	45%	59,700	4%
Overall targets	785,662		733,933		165,017	

People in need, target and financial requirements by Area

Region	Requirements \$US	People in need	Targeted People
Gaza Strip	\$379,769,190	1,328,122	1,049,216
Area C	\$75,065,037	111,482	88,071
Area A&B	\$31,313,171	614,825	485,712
East Jerusalem	\$14,538,312	9,035	7,138
Hebron H2	\$9,186,492	12,078	9,542
Grand Total	\$509,872,202	2,075,542	1,639,678

4.4

Monitoring Framework

2022 STRATEGIC OBJECTIVES AND INDICATORS

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				
INDICATOR	Organisation(s) responsible for data collection	IN NEED	BASELINE	TARGET 2022
% of high level statements (Humanitarian Coordinators / Humanitarian Country Team (HCT) / Strategic Communications Branch) including protection concerns and /or reference to violations of IHL and IHRL	OCHA Advocacy WG tracking matrix	100%		100%
# of people in need receiving protection prevention and mitigation services (Child Protection, MHPSS, Legal Aid)	Protection partners	Total: 1,818,888 Gaza: 1,188,829 WB: 630,059 Boys: 417,435 Girls: 392,152 Men: 510,198 Women: 499,103	N/A	Total: 640,158 Gaza: 386,685 WB: 253,473 Boys: 102,509 Girls: 113,544 Women: 259,435 Men: 173,670
# of humanitarian staff (non-protection specialists) who received training in protection mainstreaming, disability inclusion	Protection partners	N/A	N/A	Total: 1,533 Gaza: 973 WB: 560 Men: 666 Women: 867
# of individuals receiving CVA for protection outcomes	Protection partners	N/A	N/A	Total: 17,780 Gaza: 15,460 WB: 2320 Boys: 3,220 Girls: 3,860 Women: 6,600 Men: 4,100 PWD: 531
# of children and caregivers affected by conflict related violence and violence in households benefiting from child protection interventions (level 2)	Protection partners	Children: 678,000 (345,800 boys, 332,200 girls) Caregivers: 185,000	N/A	Total: 40,004 Gaza: 26,367 WB: 13637 Boys: 17,250 Girls: 15,092 Women: 5,412 Men: 2,250 PWD: 2,430
# of people received WASH response to demolition, confiscation, settler violence and attacks incidents	WASH partners	Total: 70,325 Gaza: 64,212 WB: 6,113	0	TOTAL: 6,114 Gaza: 0 WB: 6,114
# Of awareness products on access restrictions to WASH (reports, fact sheets, presentations, etc..)	WASH partners	Total: 70,325 Gaza: 64,212 WB: 6,113	0	TOTAL: 64,212 Gaza: 58,098 WB: 6,114
# of patients, companions and healthcare workers benefitting from documentation, monitoring and advocacy activities (sex, age and disability disaggregated indicator)	Health partners	92,157	N/A	71,700 (GS: 20,420; WB: 51,280)

# of education-related violations monitored and documented	Education partners	N/A	N/A	TOTAL: 90%
# of children and teachers in need of PSS receiving school-based psychosocial support	Education partners	TOTAL: 170,680 Male: 73,716 Female: 96,964 Children: 165,680 Adults: 5000 GAZA: 146,035 WB: 24,645	TOTAL: 56,864	TOTAL: 91,597 Male: 46,570 Female: 45,027 Children: 88,021 Adults: 3,576
# of households provided with adequate temporary shelter support	Shelter partners	TOTAL: 39,250 Gaza: 38,250 WB: 1,000	N/A	TOTAL: 8045 Gaza: 7,495 WB: 550
# of households received timely post-demolition shelter response	Shelter partners	TOTAL: 4,200 Gaza: 0 WB: 4200	N/A	TOTAL: 2925 Gaza: 0 WB: 2925
# of families protected from settler violence	Shelter partners	TOTAL: 5,520 Gaza: 0 WB: 550	N/A	TOTAL: 10716 Gaza: 0 WB: 10716
# of people received WASH response to demolition, confiscation, settler violence and attacks incidents	WASH partners	Total: 70,325 Gaza: 64,212 WB: 6,113	0	TOTAL: 6,114 Gaza: 0 WB: 6,114
# Of awareness products on access restrictions to WASH (reports, fact sheets, presentations, etc..)	WASH partners	Total: 70,325 Gaza: 64,212 WB: 6,113	0	TOTAL: 64,212 Gaza: 58,098 WB: 6,114

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				
INDICATOR	Organisation(s) responsible for data collection	IN NEED	BASELINE	TARGET 2022
# of most vulnerable people in oPt accessing quality lifesaving health interventions by type of service, including primary healthcare, nutrition, child health, sexual and reproductive health, including SGBV, mental health and psychosocial support (MHPSS), healthcare for elderly, and rehabilitation services for people with disabilities (PwD) (sex, age and disability disaggregated indicator)	Health partners	1,064,224	N/A	758,015 (GS: 515,450; WB: 242,565)
# of people with improved access to a sufficient quantity of water for drinking and domestic purposes	WASH partners	Total: 687,558 Gaza: 300,712 WB: 386,845	0	TOTAL: 21,288 Gaza: 5,458 WB: 15,830
# of assisted HH living in upgraded unit in accordance with minimum standards	Shelter partners	TOTAL: 383,000 Gaza: 338,500 WB: 44,500 TOTAL: 103,000 Gaza: 80,000 WB: 23,000	N/A	TOTAL: 24,829 Gaza: 14,740 WB: 10,089
# of households protected and have enhanced their coping capacities	Shelter partners		N/A	TOTAL: 26,648 Gaza: 20,573 WB: 6,075
# of vulnerable female and male students and teachers with improved access to safe and inclusive education in vulnerable areas of West Bank and Gaza	Education partners	TOTAL: 396,656 Male: 190,218 Female: 206,438 Children: 384,722 Adults: 11,934 Gaza: 233,999 WB: 162,657	57,779	TOTAL: 245,784 Male: 122,660 Female: 123,118 Children: 235,725 Adults: 10,059
# of people with improved access to functional and safe sanitation facilities and services.	WASH partners	Total: 392,819 Gaza: 183,450 WB: 209,369	0	TOTAL: 242,341 Gaza: 169,131 WB: 73,210

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				
INDICATOR	Organisation(s) responsible for data collection	IN NEED	BASELINE	TARGET 2022
# of children, teachers and other education personnel unable to effectively respond to emergencies supported in preparing and responding to emergencies, including education-related violations, escalations in conflict and natural disasters	Education partners	TOTAL: 332,305 Male: 142,961 Female: 189,344 Children: 318,004 Adults: 14,301 Gaza: 317, 384 WB: 14,921	307,516	TOTAL: 331,576 Male: 157,054 Female: 174,522 Children: 326,906 Adults:4,670
# of FSS beneficiaries targeted who received agricultural /non-agricultural livelihood support	FSS partners	TOTAL: 221,210 Male: 112,817 Female: 108,393 Children: 99,545 Adults: 115,029 Gaza: 167,860 WB: 53,350		TOTAL: 107,492 Male: 54,821 Female: 52,671 Children: 48,371 Adults:55,896
# of targeted beneficiaries receiving food and cash throughout 2022	FSS partners	TOTAL: 1,524,422 Male: 777,455 Female: 746,967 Children: 685,990 Adults: 792,699 Gaza: 1,156,768 WB: 588,864		TOTAL: 1,513,765 Male: 772,020 Female: 741,745 Children: 681,158 Adults:787,158
# of healthcare facilities with capacity to respond to emergencies (including COVID-19) and are prepared to cope with impact of current and future crises	Health partners	85	N/A	75 (GS:28; WB:47)
# of individuals able to be supported with shelter NFIs (cash/in-kind) at the onset of an emergency	Shelter partners	TOTAL: 350,000	N/A	TOTAL: 17,837 Gaza: 17,148 WB: 689
# of people in need with increased WASH capacity during emergencies and shocks	WASH partners	Total: 1,053,737 Gaza: 183,450 WB: 784,295	0	TOTAL: 888,104 Gaza: 453,136 WB: 434,968
# and % of children and adults who have access to a reporting mechanism that can handle SEA complaints	All Cluster partners	N/A	N/A	100%
% of the affected population (disaggregated by sex and age) reached through consultation in the establishment of community-based complaint mechanisms (CBCMs), awareness activities and community mobilization interventions on PSEA including how to report SEA-related complaints (disaggregated by type of PSEA communication materials developed for each population group identified).	All Cluster partners	N/A	N/A	100%
% of sites reached with communications materials on PSEA, how to report on SEA and how to access victim/survivor-centered assistance (disaggregated by type of PSEA communication materials developed for each population group identified).	All Cluster partners	N/A	N/A	100%

4.6

What if We Fail to Respond?

MORE THAN 1.5 MILLION PALESTINIANS ACROSS THE OPT HAVE BEEN IDENTIFIED AS REQUIRING HEALTH-RELATED HUMANITARIAN ASSISTANCE IN 2022, TWO-THIRDS OF THEM IN THE GAZA STRIP AND ONE THIRD IN THE WEST BANK. The persisting COVID-19 pandemic, recurring flare-ups in violence and escalation in hostilities, access barriers, along with a weakened, overstretched, and fragile healthcare system in the Gaza Strip, the internal Palestinian political divide, and limited human and financial resources, are the main contextual factors driving humanitarian health needs in the oPt. Further key drivers include the marginalization of locations and access restrictions in the West Bank especially in Area C, Hebron/ H2, and specific groups within East Jerusalem.

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 678,000 (345,800 boys, 332,200 girls) Palestinian children will be exposed to several child protection concerns and risk potentially preventable mental health illness and are in need of child protection and MHPSS services²¹, including 122,000²² in need of focused non-specialized support or specialised services. More than half (53%) of all children in Gaza are in need, and 12 percent of all children in the West Bank, including East Jerusalem. Additionally, 185,000 caregivers, including 137,000 caregivers in Gaza, are in need of various MHPSS services.²³ During 2021, child protection needs in the oPt have been exacerbated by the continuing COVID-19 pandemic, as well as an increase in conflict-related violence in the West Bank including East Jerusalem and the May 2021 escalation in Gaza. Against the backdrop of multi-sectoral and household vulnerabilities contributing to child protection risks, there are considerable needs for Mental Health and Psychosocial Support (MHPSS) interventions including specialised case management and approaches targeting adolescents and caregivers, particularly males.

AN ESTIMATED 943,000 PALESTINIANS ACROSS THE OPT (92% IN THE GAZA STRIP AND 8% IN THE WEST BANK) WILL BE IN NEED OF HUMANITARIAN ASSISTANCE IN 2022 TO ACCESS AN ADEQUATE SHELTER (INCLUDING BASIC HOUSEHOLDS SUPPLIES), including 104,000

individuals of female headed households, 41,000 of whom live in severe and extreme shelter conditions that do not meet minimum standards for protection, privacy, covered living space, resistance to extreme weather conditions, unrepaired damages and inadequate WASH facilities. Similarly, 23,000 people with disabilities (including 10,000 children) live in shelters with some kind of damage or defect, of whom 9,000 individuals live in severe shelter conditions. Women and girls living in substandard, overcrowded, unsafe shelters with lack of privacy and limited access to hygiene facilities are highly exposed to the risk of gender-based violence (GBV). These conditions are likely to increase protection related concerns and consequent negative coping mechanisms such as early marriages, and greater exposure to GBV-related risks, among others.

AN ESTIMATED THAT OVER 1.35 MILLION PALESTINIANS ACROSS THE OPT ARE SUFFERING FROM INSUFFICIENT ACCESS TO WASH SERVICES AND WILL BE IN NEED OF RELATED HUMANITARIAN ASSISTANCE IN 2022. The four main factors generating people's need for WASH assistance are insufficient water supply to households, poor sanitation and solid waste services, limited WASH services to public facilities, and risk of flooding. Without funding for interventions to provide clean and safe water, up to 1.35 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 the Gaza Strip, more than 290 WASH infrastructures were affected during the May 2021 escalation,²⁴ constraining access to water and sanitation services for more than 1.2 million Palestinians. Due to the limited financial and technical capacities of the local authorities, and the Israeli restrictions on the entry of materials, WASH service providers are still struggling to fully restore and maintain the functionality of WASH services in the Gaza Strip. In the West Bank more than 620,000 Palestinians in the West Bank reside in areas that are not connected to piped water services or are poorly supplied; who consequently consume less than 50 litres of water per capita per day, well below the 100 litres recommended by the WHO.²⁵ This undermines the hygiene practices of those families and their living conditions, especially those in Area C who depend on herding and agricultural livelihoods. More than 100 communities in Area C

still rely on rainwater harvesting cisterns and trucked water to satisfy their water needs. They are challenged by high water prices that can reach more than 30 ILS/m³, and water quality issues.

EDUCATION WILL CONTINUE TO BE AFFECTED BY CONFLICT AND OCCUPATION WITHOUT MITIGATION. An estimated 579,173 Palestinians (56 percent females) across the oPt, the vast majority (96 percent) of whom are school-age children, including around 13,398 Children with Disabilities (CWDs), will need humanitarian assistance to access education in 2022. Nearly 74 percent live in the Gaza Strip and over 26 percent in the West Bank, including East Jerusalem. The main drivers of education-related vulnerabilities include attacks on schools, COVID-19 restrictions, lack of MHPSS support, insufficient and/or inadequate safe school infrastructure, and poverty. These factors undermine the quality of education, generate protection concerns and contribute to early school dropout. 31 percent in Gaza and 14 percent in the WB of the households interviewed as part of the MSNA reported having difficulties meeting essential education needs (such as tuition fees, books) due to financial reasons, in the 30 days prior to

the data collection.²⁶ In 2021, these challenges have been compounded by the escalation in conflict in May and the outbreak of COVID-19, which led to the prolonged closures of schools and kindergartens, as part of the measures adopted to contain the pandemic.

THE PLIGHT OF 1.5 MILLION FOOD INSECURE PALESTINIANS WILL FURTHER DETERIORATE. 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. Two million Palestinians (36.7 per cent of the population) are estimated to be moderately to severely food insecure.²⁷ In 2021, almost two out of five people are food insecure.²⁸ Seventy-three per cent of those in need of humanitarian assistance are in the Gaza Strip and 27 percent in the West Bank (WB). Eighty-two percent of those in the WB (about 350,000) are in Area A & B, and about 11 percent are female headed households (171,395 across oPt). Nearly 70 percent of those are suffering from poor access to nutritious and sufficient food (1,090,700 out of 1,558,144).

4.7

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.ochaoPt.org/hrp-2022>

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: <https://cerf.un.org/donate>

3. DONATING THROUGH THE COUNTRY HUMANITARIAN FUND

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

Acronyms

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

End Notes

1. World Bank: Gaza Rapid Damage and Needs Assessment, June 2021. [The Gaza 2021 Rapid Damage and Needs Assessment- June 2021 \(worldbank.org\)](https://www.worldbank.org/en/operations-projects-activities/short-reports/gaza-rapid-damage-and-needs-assessment-june-2021)
2. World Bank: Economic Monitoring Report to the Ad Hoc Liaison Committee, 17 November 2021. <https://www.un.org/unispal/document/world-bank-economic-monitoring-report-to-ad-hoc-liaison-committee-ahlc-17-november-2021/>
3. The RDNA was conducted by the World Bank Group, the UN, and the European Union, in close cooperation with the Palestinian Authority (PA) and in consultation with civil society and private sector actors in Gaza.
4. The plan complements the \$417 million appealed for in the 2021 oPt Humanitarian Response Plan, covering pre-existing humanitarian needs.
5. Some 57 per cent reported this. The other threats were menacing behaviour (e.g. threats, pointing of weaponry, firing weaponry) 44 per cent; obstructed access to areas in HH's vicinity (e.g. farm or pastureland) 20 per cent.
6. On 1 September, the Israeli authorities eased some of the restrictions imposed on Gaza during the May conflict, including expanding the permissible fishing zone along the southern part of the Gaza coast to 15 nautical miles; issuing some thousands of permits for businessmen to exit Gaza; and expanding the operation of Kerem Shalom crossing for the transfer of goods and equipment. In September, steel bars entered Gaza through Israel for the first time since 2014, outside of the Gaza Reconstruction Mechanism (GRM).
7. World Bank: Gaza Rapid Damage and Needs Assessment, June 2021. [The Gaza 2021 Rapid Damage and Needs Assessment- June 2021 \(worldbank.org\)](https://www.worldbank.org/en/operations-projects-activities/short-reports/gaza-rapid-damage-and-needs-assessment-june-2021)
8. MoPWH, detailed damage assessment August 2021, [Shelter Cluster Dashboard #3, https://www.sheltercluster.org/response/palestine](https://www.sheltercluster.org/response/palestine)
9. At the time of MSNA survey in July, some 53 per cent of households in Gaza reported having received some type of assistance since the beginning of the escalation in May. However, 23 per cent households in Gaza, with an income of less than 200 NIS per person, also reported not having received any assistance in the previous six months.
10. World Bank: Economic Monitoring Report to the Ad Hoc Liaison Committee, 17 November 2021, p.4. <https://www.un.org/unispal/document/world-bank-economic-monitoring-report-to-ad-hoc-liaison-committee-ahlc-17-november-2021/>
11. Different sources cite different figures. The 26.3 per cent figure draws on The State of Food Security and Nutrition in the World (FAO, IFAD, UNICEF, WHO, and WFP, 2021) that covers the period 2018-2020. Socio-Economic and Food Security Survey preliminary results (SEFSec - PCBS, FSS 2020) suggests that 34.5 per cent of the population is moderately or severely food insecure. According to the MSNA, 36.7 per cent of the population (about 2 million people) are moderately or severely food insecure. Food Security Analysis, World Food Programme, June 2020.
12. Ibid.
13. <https://reliefweb.int/report/occupied-palestinian-territory/gaza-rapid-damage-and-needs-assessment-june-2021>, p.52
14. The other coping strategies reported: Reducing expenditure on non-food items 26 per cent; Selling household properties 19 per cent; Sent household members to eat elsewhere, eight per cent.
15. Building Back Better (BBB) is a strategy aimed at reducing the risk to the people of nations and communities in the wake of future disasters and shocks. See https://www.recoveryplatform.org/assets/tools_guidelines/GFDRR/Disaster%20Recovery%20Guidance%20Series-%20Building%20Back%20Better%20in%20Post-Disaster%20Recovery.pdf
16. Including widows/widowers, female-headed households, male-headed households, households with disabled members and elderlies, and refugee living inside camps.
17. Especially where food insecurity rates are high and agricultural-dependent communities face a high risk of losing their livelihoods because of settler violence, demolitions and confiscation of productive assets
18. Most actions described under MHPSS services are at layer 3 and 4 of the IASC MHPSS pyramid. Interventions at layer 3 are included under the section on Child Protection activities below.
19. At Layer 2 of the IASC MHPSS pyramid
20. The bulk of these activities were implemented in Gaza under the GBV Sub-Cluster, where CVA was provided for 4733 women and girls during 2021. The total amount provided for these interventions in 2021 was \$1,031,672.
21. Children in Need figures is calculated according to the child protection model applied to the 2021 MSNA data, using the common indicators and severity scales adopted at country level.
22. Of which 80,000 in Gaza and 22,000 in the West Bank; Calculated per CP-AoR "[Guidance for MHPSS aspects of child protection in the HNO/HRP 2021](#)" and in line with IASC MHPSS pyramid
23. Calculated per CP-AoR "[Guidance for MHPSS aspects of child protection in the HNO/HRP 2021](#)" and in line with IASC MHPSS pyramid.

24. [WASH Cluster, Gaza WASH sector damage assessment 2021](#).
25. Water Sector Regularity Council 2021.
26. OCHA Multi Sectorial Needs Assessment 2021
27. According to the official SDG indicator 2.1.2, as reported in the latest edition of the State of Food Security and Nutrition in the World (FAO, IFAD, UNICEF, WHO, and WFP, 2021) 26.3% of the population (or about 1.3 million people) has been food insecure over the 2018-20 triennium. More recent data from the latest Socio-Economic and Food Security Survey preliminary results (SEFSec - PCBS, FSS 2020) suggests that the SDG 2.1.2 indicator for 2020 increased to 34.5% of the population being moderately or severely food insecure. Even more recent FIES estimates based on the data collected as part of the MSNA survey (reference) conducted in 2021, point to a percentage of 36.7% of the population (or about 2 million people) being moderately or severely food insecure (of which 3.4% would be in the SDG "severe" category). The national average hides large differences, with a prevalence of 16.8% in the West Bank, and 57.9% in the Gaza Strip.
28. WFP, VAM food security analysis, June 2021, [Thousands of Palestinians face food insecurity amid escalating conflict](#).

