

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
OCCUPIED PALESTINIAN TERRITORY  
RAPID RESPONSE  
DISRUPTION OF BASIC SERVICES 2017**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Jamie McGoldrick**

## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

*The AAR meeting was conducted on 21 May 2018, facilitated by the UN Office for the Coordination of Humanitarian Affairs (OCHA) in Jerusalem and Gaza (with VTC link), and was attended by the reporting and programming focal points of all three grant recipient agencies: United Nations Children's Fund (UNICEF), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and World Health Organization (WHO).*

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES  NO

*The draft report was shared with the Humanitarian Country Team (HCT), which includes UN agencies, international and national non-governmental organizations (NGOs), the International Committee of the Red Cross (as an observer), for their review before being finalized by the RC/HC.*

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

*The draft report was shared with the relevant in-country stakeholders, including CERF recipient agencies, their implementing partners and local counterparts and cluster coordinators.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 25,249,758		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,238,419
	COUNTRY-BASED POOLED FUND (if applicable)	5,161,465
	OTHER (bilateral/multilateral)	1,907,734
	<b>TOTAL</b>	<b>11,307,618</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 21/08/2017			
Agency	Project code	Cluster/Sector	Amount
UNICEF	17-RR-CEF-083	Water, Sanitation and Hygiene	1,193,478
UNRWA	17-RR-RWA-001	Water, Sanitation and Hygiene	2,010,700
WHO	17-RR-WHO-034	Health	1,034,241
<b>TOTAL</b>			<b>4,238,419</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,562,010
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	270,000
Funds forwarded to government partners	406,409
<b>TOTAL</b>	<b>4,238,419</b>

### HUMANITARIAN NEEDS

**Humanitarian context:** The humanitarian situation in the Gaza Strip, which has become increasingly fragile over the past 10 years since the violent take-over of Gaza by Hamas, the enforcement of a blockade by Israel, and the internal Palestinian political divide, deteriorated dramatically in 2017, following an escalation of the political conflict between the Hamas de facto authorities and the Ramallah-based Government of Palestine (GoP). At the heart of the deteriorating situation was a severe aggravation in June 2017 of Gaza's longstanding electricity crisis, which prompted the request for CERF rapid response funds.

**Cause of the crisis:** The Gaza Strip has suffered from precarious electricity supply since 2006, resulting from damages to the Gaza Power Plant (GPP) in 2014, and during earlier escalations of armed conflict (in 2009 and 2012); political disputes between Hamas and the Ramallah-based authorities over the levying of taxes on fuel imported to run the GPP; and frequent malfunctioning of Egyptian-based electricity lines coming into Gaza. The volatile situation had been stabilized to a degree over the years by the consistent provision of 120 MW of electricity by the Israeli Electricity Company (IEC), paid for by the Palestinian authorities in Ramallah. In June 2017 however, the IEC reduced the supply to Gaza by one-third as per Ramallah's instructions to reduce payment for electricity supplied to Gaza. Almost,

concurrently, the GPP resumed operations from fuel which entered via Egypt. However, the GPP's operations only offset the reductions in the Israeli supply. With the GPP still reliant on fuel from Egypt, which is often in limited supply and subject to the opening of Rafah crossing, and the Egyptian lines continuing to malfunction unexpectedly since 5 July 2017, a new era of humanitarian crisis was ushered in. Since the IEC cuts were imposed, the overall electricity available to the Gaza population was reduced to only four to six hours per day, on average. However, some days, when neither the Egyptian lines nor the GPP were functioning, there was as little as zero to two hours of electricity provided in a 24-hour period.

**Affected population:** The situation deeply affected all aspects of public and private life for the approximately 1.9 million people living in Gaza, of whom 70 per cent are refugees. Considering the extensive impact of a significant reduction of electricity on any public health sector, the Health Cluster assessed that all 1.9 million residents in Gaza would be potentially affected by the electricity cuts. In the WASH sector, the WASH Cluster analysis found that the electricity crisis was putting 1.45 million people at risk of contracting waterborne diseases due to the consumption of unsafe water, a behaviour resulting from the electricity shortage and its impact on the operation of approximately 160 critical water and sanitation facilities.

**Humanitarian consequences and need for CERF funding:** Mobilizing resources quickly to respond to the deteriorated electricity crisis in Gaza over the summer months of 2017 was absolutely critical, to maintain a basic minimum provision of health and WASH services for the population of Gaza. Without urgent funding, nearly two million people would have been forced to live without clean water, with pools of raw sewage at spill-over point in densely-populated urban areas, and with life-saving risks to patients who would be unable to receive urgent care at hospitals. At the outset of the crisis, several donors had unofficially informed OCHA oPt that they were working internally to influence their capitals to release funding for this Gaza crisis. However, these local donor representatives consistently noted that they face significant resistance from their own political counterparts, who would not want to be seen to be undermining the political manoeuvres of the GoP against Gaza. CERF rapid response funding was seen as an unequivocal signal to Member States that a critical red line in the humanitarian situation had been crossed in the Gaza Strip, one that was pushing the health and WASH systems towards collapse, and that decision makers in the region and across the world must put the humanitarian needs of the people of Gaza at the centre of their decision making. CERF funding was thus expected to significantly support the ongoing fundraising campaign for the response by the HC, OCHA oPt and all HCT members.

## II. FOCUS AREAS AND PRIORITIZATION

The focused and prioritized key activities that were included in the CERF rapid response application were implemented as planned, by the partners UNICEF, UNRWA and WHO. CERF rapid response funds were sought to enable the provision of emergency fuel for critical WASH and health facilities, the procurement and repair of essential equipment to enable critical health and WASH facilities to keep running, and the implementation of urgent hygiene promotion activities at the household level.

**Relevant needs assessment findings and data – Health:** At the time of submission of the CERF application, the Health Cluster had found that life-saving medical equipment itself was already becoming increasingly damaged due to the constant fluctuations in electrical currents, as well as the lack of sterilisation capacity, which also requires electricity. Over 300 pieces of essential life-saving medical equipment had been damaged by the electricity problems and needed to be replaced or repaired. The life-threatening impact of the reduced electricity was particularly felt on the critical departments in Gaza's 14 public hospitals, i.e. the emergency wards, ICUs, NICUs, and kidney dialysis units, where patients rely on electrical equipment. To give a sense of the impact of, Health Cluster noted that while all 1.9 million residents in Gaza would be potentially affected, the specific groups of people that would be most in need were: patients requiring major surgical operations done at the MoH hospitals (on average at the time over 4,700/month); over 200 ICU patients receiving treatment at any given time in the MoH hospitals; over 21,200 patients admitted to MoH hospitals monthly; and over 103,000 patients receiving treatment at 14 MoH hospitals Emergency Rooms on a monthly basis, at the time of submission of the CERF application.

**Relevant needs assessment findings and data – WASH:** In terms of WASH Cluster findings, the power shortages and lack of repairs had reduced the overall water supply in Gaza from 84 litres per capita per day to about 54 litres per capita per day, at the time of submission of the CERF application. However, the real access of people to piped water was estimated to be even further reduced to only once every three to five days, and only for four to six hours, due to the power shortages affecting the pumping of piped water. Moreover, due to its poor quality, the piped water could only be used for domestic purposes (not for drinking and cooking). For the latter, people – particularly the vulnerable who cannot afford bottled water – were forced to rely on buying tankered desalinated water from unregulated water vendors. In addition, the production capacity of the 48 water desalination plants decreased to 15 per cent of their maximum capacity. The five sewage treatment facilities, one in each governorate, also decreased capacity. At the time of submission of the CERF

application, over 110 million litres of raw or poorly treated sewage was being discharged into the Mediterranean Sea every single day – equivalent to 40 Olympic-sized swimming pools of raw sewage daily. The 55 pumping stations located throughout Gaza are at constant risk of breaking down, with sewage pools at risk of overflowing and spilling thousands of litres of sewage into the streets of the heavily urban, densely-populated neighbourhoods of the Gaza Strip.

**Geographical coverage:** Considering the wide-reaching impact of the deteriorated electricity crisis across the entire Gaza Strip, all five Governorates of Deir Al-Balah, Gaza, Khan Yunis, North Gaza and Rafah were covered by the CERF funded activities, as planned at the application stage.

**Complementarity with CBPF allocations:** In 2017, the oPt country-based pooled fund (i.e. the oPt Humanitarian Fund (HF)) released a total of \$5.2 million throughout the year specifically for projects addressing this humanitarian crisis in Gaza. The oPt HF allocations complemented the CERF rapid response funds by addressing elements of the overall humanitarian response strategy to the crisis in Gaza that did not directly relate to the June 2017 electricity cuts (such as the provision of essential medicines), or that would not have an immediate impact on the situation, but nevertheless were critical and urgent as well (such as food security/ livelihoods projects).

### III. CERF PROCESS

**Coordination and prioritisation:** Under the leadership of the Humanitarian Coordinator (HC), the humanitarian community in oPt developed the Gaza Urgent Funding Appeal, which was released by the Humanitarian Country Team (HCT) on 3 July 2017, as a document compiling the most critically prioritized activities in the context of the deteriorating situation in Gaza. Some two million people were identified as in need in the appeal, and 600,000 people were estimated to be direct targets of the plan.<sup>1</sup> The appeal required US\$25 million in order to respond to the most urgent needs in the Health, WASH and Food Security clusters/sectors. The needs and priorities included in the Gaza Appeal represented a response to new needs resulting from a new crisis within the already dire situation. The CERF application was thus developed on the basis of the Gaza Urgent Funding Appeal, as part of coordinated efforts by the oPt humanitarian community to mobilise resources for the deteriorating situation. The HCT identified a set of early warning indicators to regularly monitor any change in the deterioration of the crisis in Gaza; these have continued to serve as a monitoring tool through the remainder of 2017 and into 2018, with some adjustments made to reflect shifts in context and priorities. The distribution of emergency fuel to key facilities was coordinated by the relevant actors (clusters and OCHA at the Gaza sub-national level) through the Emergency Fuel Coordination Group, which meets regularly and works to continuously maintain a list of the critical prioritised facilities in Gaza requiring emergency fuel provision for the maintenance of basic life-saving public services.

**Use of the CBPF for prioritisation:** As the process for the allocation of funds through the oPt HF were ongoing already at the time of submission of the CERF application, synergies and complementarity were found in funding projects and activities not already covered by the oPt HF allocation. The OCHA oPt Humanitarian Financing Unit (HFU) furthermore provided technical review of the CERF application budget.

**Gender aspects:** Gender was taken into account in the design and implementation of the activities under the CERF allocation, through the UNICEF and WHO projects, which were both marked 2A in the Gender Marker section of the project sheets. The impact of the WASH activities were designed to alleviate additional burdens on women due to the deteriorated WASH situation in Gaza. The Health activities included direct targeting of maternal and paediatric units in the hospitals targeted.

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<sup>1</sup> The CERF application listed all 1.9 million people in Gaza as targets of CERF funding. The figure differs from the Gaza Appeal only in that all beneficiaries – direct and indirect – were counted in the CERF proposal.

## IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup>**

Total number of individuals affected by the crisis: 1,900,000									
Cluster/Sector	Female			Male			Total		
	Girls ( $< 18$ )	Women ( $\geq 18$ )	Total	Boys ( $< 18$ )	Men ( $\geq 18$ )	Total	Children ( $< 18$ )	Adults ( $\geq 18$ )	Total
Health	180,516	120,344	<b>300,860</b>	172,227	140,913	<b>313,140</b>	352,743	261,257	<b>614,000</b>
Water, Sanitation and Hygiene	258,937	255,955	<b>514,892</b>	262,063	259,045	<b>521,108</b>	521,000	515,000	<b>1,036,000</b>

<sup>1</sup> Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

### BENEFICIARY ESTIMATION

In terms of programmatic response under each of the clusters (Health and WASH), the implementing partners and cluster-lead agencies WHO and UNICEF respectively provided the numbers of beneficiaries directly reached under each cluster (Table 4). There is no double-counting for each cluster as only one responding agency provided a response under each cluster.

The CERF grant undoubtedly benefitted the entire Gaza population of 1.9 million people indirectly, as it enabled critical public services in the health and WASH sectors to keep running throughout the project implementation period, providing an essential stabilising effect on the Gaza Strip as a whole. In terms of direct beneficiaries, both the Health and WASH clusters estimate that around 1.6 million people were direct beneficiaries of their respective CERF-funded emergency fuel-run services. For Health, an estimated 1.6 million people received medical services at hospitals and clinics during the project implementation period, benefitting from the CERF-funded emergency fuel specifically. For WASH, an estimated 1.6 million people in the catchment areas of service-provision during the project implementation period were protected from the discharge of untreated sewage into the sea. The same population catchment area was served by both sectors during the project implementation period. The gender and age breakdown is provided below.

**TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup>**

	Children ( $< 18$ )	Adults ( $\geq 18$ )	Total
<b>Female</b>	371,607	412,393	784,000
<b>Male</b>	388,319	427,681	816,000
<b>Total individuals (Female and male)</b>	<b>759,926</b>	<b>840,074</b>	<b>1,600,000</b>

<sup>2</sup> Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

### CERF RESULTS

The key outcomes of the interventions under this CERF rapid response grant were: the procurement of life-saving medical equipment by WHO; the procurement and repair of essential WASH equipment by UNICEF, as well as the conduct of hygiene promotion activities at the household level; and the provision of emergency fuel by UNRWA for critical WASH and health facilities, to enable the continuation of basic life-saving services in the Gaza Strip.

WHO's CERF-funded project involved the procurement and dissemination of life-saving medical equipment across Gaza's 14 public hospitals, which are the main source of secondary care to 90 per cent of Gaza's population. During the project implementation period, a total of 614,000 people in need were served, which was less than planned at the project application stage. The lower number of beneficiaries reached was due to the delays in the delivery of the items (as explained in the WHO project report under section VI). As of September 2017, around 300 essential items had stopped functioning as a direct result of the electricity crisis, due to the increased and continuous electricity fluctuations. With the funding received from CERF, WHO was able to replace critical medical equipment; a total of 258 pieces of medical items, across 22 different types of items, necessary for life-saving treatment were procured and delivered to Gaza's hospitals. All the items had been delivered and disseminated at the start of March 2018. Although only 614,000 people were reached within the scope of this project timeframe, since the equipment is now procured, the total amount of beneficiaries continuing to be served in 2018 is estimated at over 950,000 this year. The 2017 CERF rapid response intervention has therefore meant that life-saving activities and treatments could continue during further deteriorations experienced in Gaza since 30 March 2018 in the context of the mass demonstrations at the security fence with Israel.

The CERF funding was utilized by UNICEF for activities in the WASH sector that addressed priority needs through the provision of critical spare parts and specialized services for repairs and refurbishment of water and wastewater facilities; the increase of the water storage capacity at the household level; and the distribution of critical hygiene items, linked to awareness sessions. In this sense, the CERF funded project achieved a substantial reduction in the risks of public health deterioration and environmental pollution for Gaza's most vulnerable population groups. Around 1,036,000 people had the coverage of their water and sanitation services in Gaza uninterrupted and maintained at least to the minimum pre-crisis levels through the CERF funded UNICEF project, as well as an improved water storage capacity and increased access to hygiene items and awareness.

With the CERF rapid response grant, UNRWA was able to deliver emergency fuel to maintain critical hospitals and health clinics, water and sewage treatment facilities, and solid waste collection services in Gaza, based on the needs and priorities identified by the relevant clusters, resulting in a prevention of total collapse of basic services. The project targeted 32 hospitals, 22 primary health care facilities, more than 160 water and sewage treatment and 30 solid waste facilities (including water wells, sewage treatment plants, pumping stations, and solid waste management facilities and vehicles). The total distributed fuel amount was scaled down to 2,912,543 litres, falling short of the planned 3,718,318 litres due to increases in the fuel prices in late 2017 related to VAT issues, for which there was no ability at the time to arrange for exemption. With the maintenance of basic health and WASH services during the project implementation period, the entire population of Gaza (approximately 1.9 million people) was served through this project.

## **CERF's ADDED VALUE**

### **a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES  PARTIALLY  NO

The CERF rapid response funds enabled a fast delivery of fuel by UNRWA as the UN service provider for emergency fuel to Gaza, in order to maintain critical health and WASH services in Gaza running without interruption during the project implementation period. CERF funds furthermore supported the immediate WASH response in the areas prioritized, minimizing the potential public health risk in communities living with poor access to water and sanitation services. Finally, CERF rapid response funds enabled the procurement and dissemination by WHO of essential life-saving medical equipment across Gaza's main hospitals. While all the medical equipment had been delivered by March, the procurement took longer than planned, as items were unable to be shipped from Europe (as explained in the WHO project report under section VI). In order to fulfil the project objectives, a no-cost extension was thus requested for the WHO component, for an additional two months. However, within the context of the blockaded-Gaza Strip, where extended delays in approvals for the entry of equipment have been common, the implementation timeframe for the medical equipment procured under this CERF is seen locally as being fast, and as the result of intense negotiations by the UN and provision of quick approvals by the relevant bodies within the Government of Israel.

### **b) Did CERF funds help respond to time critical needs<sup>2</sup>?**

YES  PARTIALLY  NO

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<sup>2</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

The CERF funds were extremely timely, allowing partners to respond in Gaza in a time-critical manner, as the impact of the electricity crisis in Gaza became increasingly pronounced. The funds essentially prevented critical health and WASH services in Gaza from total collapse during the project implementation period, achieved through the provision of fuel on time to the targeted facilities. In terms of the WHO project, the CERF funds enabled the procurement and distribution of life-saving medical equipment in public hospitals, which had stopped functioning properly due to the current fluctuations caused by the unstable electricity supply. The items selected for procurement with CERF funds were selected on the basis of two strictly applied criteria: 1) the scale of benefit (i.e. equipment that prevents avoidable mortality amongst the highest number of patients possible), and 2) the frequency of use (i.e. equipment that is used on a daily basis or with otherwise highest frequency). By using these criteria, the project aimed to ensure a high level of cost-effectiveness, and that the project would benefit the highest possible number of patients with the most critical needs. Public health risks associated with the impact of the electricity crisis on the WASH sector in Gaza during the summer months were also minimized. Monthly monitoring of the key WASH Cluster indicators showed that water services at the community level were maintained at least to the minimum pre-crisis level of WASH services.

**c) Did CERF funds help improve resource mobilization from other sources?**

YES  PARTIALLY  NO

The CERF rapid response grant helped raise awareness amongst the donor community about the need for an urgent response to the deteriorated situation in Gaza over the summer months in 2017, despite the political sensitivities related to the electricity crisis at that time. The CERF funding helped bring attention to the need for emergency operation and maintenance works to be carried out on approximately 350 essential WASH facilities and their associated energy supply systems (i.e. stand-by generators and other electro-mechanical equipment), which, based on previous experience, would otherwise have gone unnoticed, although these form the backbone of the WASH service provision in Gaza. As a result of the successful interventions carried out in the WASH sector thanks to CERF funding, additional funding was mobilized for emergency operation and maintenance of further WASH facilities, as well as for the installation of water storage tanks in additional households, and the provision of hygiene items with associated hygiene promotion sessions. Following the successful application for this CERF rapid response grant, WHO secured additional essential funding from the Austrian Government in order to meet the humanitarian health needs in Gaza, as well as through the oPt HF. The funding from CERF thus helped to bridge the gap in available resources for the Health Cluster while other resources were mobilized. After completion of the CERF project, UNRWA has received new funding for other donors for the same project scope, i.e. ongoing fuel provision to Gaza. For the fuel component, the CERF rapid response grant thus also helped bridge a critical funding gap, and importantly served to maintain a humanitarian focus on the nature of this intervention vis-à-vis the donor community, with a continued impact even after the conclusion of the CERF project itself.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

The implementation of the CERF grant fuel component was coordinated through the Emergency Fuel Coordination Group in Gaza. Coordination through this group was strengthened in the process of implementing the CERF funding, with several meetings taking place amongst Gaza partners and stakeholders to decide on the prioritization of facilities to receive fuel through the programme. In terms of the health activities under the CERF grant, coordination between WHO and relevant Israeli authorities, with intense support from OCHA and the Access Coordination Unit, was strengthened during the project implementation period, in order to ensure common understanding and commitment and the quick provision of approvals by Israeli authorities for the entry of materials, including those on the “dual use” list (those considered by Israel as having dual military and civilian use, the entry of which is restricted and requires special approval). Furthermore, the Health Cluster established an online platform to remove any duplication of medical supplies being contributed in Gaza, strengthening coordination between Gaza level and national level actors. The platform can be accessed at the following link: <http://healthclusteropt.org/pages/13/procurement-activities>. Finally, the CERF funding helped UNICEF to maintain and strengthen its collaboration with its governmental partners, the Coastal Municipalities Water Utility (CMWU) and the Palestinian Water Authority (PWA) for the implementation of the urgent repair interventions. It also helped UNICEF to strengthen its partnership with other WASH Cluster partners such as ACF, as well as with other UN agencies such as WFP through the hygiene promotion activities at the household level.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**



## V. LESSONS LEARNED

<b>TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Valuable allocation of CERF rapid response funds to Gaza	Consider how CERF can establish criteria to measure marked deteriorations and/or the onset of a crisis within a protracted crisis situation.	CERF
Guidance on budget adjustments	The approved budget adjustment of 15 per cent without donor clearance should be stated in the guidance more clearly.	CERF

<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Delays in procurement if suppliers do not have the equipment available in their stocks	Do not select suppliers that are unable to firmly commit to the delivery period. Consider pre-positioned stock items to speed up the process.	WHO
Fuel ceiling imposed by Israeli Authorities hindering larger distribution and coverage	Coordination to revisit the current situation and fuel ceiling.	Clusters/OCHA

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	05/09/2017 - 04/03/2018		
2. CERF project code:	17-RR-CEF-083		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Immediate response to basic life-saving water, sanitation and hygiene needs in Gaza					
7. Funding	a. Total funding requirements <sup>3</sup> :	US\$ 4,012,507	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>4</sup> :	US\$ 3,696,918	▪ NGO partners and Red Cross/Crescent:		US\$ 270,000	
	c. Amount received from CERF:	US\$ 1,193,478	▪ Government Partners:		US\$ 406,409	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	258,937	262,063	521,000	258,937	262,063	521,000
Adults (≥ 18)	255,955	259,045	515,000	255,955	259,045	515,000
<b>Total</b>	<b>514,892</b>	<b>521,108</b>	<b>1,036,000</b>	<b>514,892</b>	<b>521,108</b>	<b>1,036,000</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	725,200			725,200		
IDPs						
Host population						
Other affected people	310,800			310,800		
<b>Total (same as in 8a)</b>	<b>1,036,000</b>			<b>1,036,000</b>		

<sup>3</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>4</sup> This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>In order to accurately reflect the proportion of Gaza's population who are refugees (approximately 70 per cent), consistent with the approach elsewhere in the report, the figures in section 8b above (beneficiary category distribution) were updated to reflect 70 per cent refugees planned and reached, and 30 per cent as "other affected". This change does not affect the total figures, nor the sex and age disaggregation figures.</p>
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CERF Result Framework	
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<b>9. Project objective</b>	Uninterrupted coverage of water and sanitation services in Gaza for 1,036,000 people (50 per cent children) and improved water storage capacity and hygiene for the most affected households.
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<b>10. Outcome statement</b>	Around 1,036,000 people received uninterrupted coverage of water and sanitation services in Gaza, including improved water storage capacity and hygiene for the most affected households.
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11. Outputs	
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	<p><b>Output 1: Around 1,036,000 vulnerable people in all Gaza governorates have uninterrupted access to water and sanitation services through the following activities:</b></p> <p><b>Activity 1.1: Carry out all critical electromechanical repairs, maintenance works and procurement of materials and spare parts required for 160 backup electric generators to operate key water and wastewater facilities.</b>  In partnership with the Coastal Municipality Water Utility (CMWU), UNICEF has completed the required critical repairs through procurement and supply of spare parts and consumables, as well as repair of 160 electric power supply generators. These interventions enabled the WASH services at community level to be maintained at least to the minimum pre-crisis level of WASH services and helped avoid the dire WASH situation to degrade even further.</p> <p><b>Activity 1.2: Carry out all critical electromechanical repairs, maintenance works and procurement of materials and spare parts required for 160 WASH facilities including water wells, booster stations, desalination plants, wastewater pumping stations and treatment facilities, as well as 10 heavy WASH machineries.</b>  In partnership with the Coastal Municipality Water Utility (CMWU), UNICEF completed the implementation of the following:</p> <ul style="list-style-type: none"> <li>• Critical electromechanical repairs of malfunctioning and/or damaged WASH facilities, including all associated procurement of materials and service contracts for 10 water desalination plants, 90 water production wells, and 15 booster station.</li> <li>• Critical and specialized electromechanical repairs, refurbishment works and all associated procurement of materials and service contracts for 40 waste water lifting stations and 5 wastewater treatment plants.</li> <li>• Urgent maintenance of 10 Emergency Municipal Heavy Machineries has been completed.</li> </ul> <p><b>Output 2: Around 27,947 vulnerable people in Khan Younis, Rafah and Gaza City have increased water storage capacity and improved access to hygiene services through the following activities:</b></p> <p><b>Activity 2.1: Provision of 1,000 litre storage water tanks.</b>  In partnership with Action Against Hunger (ACF Spain), UNICEF managed to distribute and install 2,100 storage water tanks to 2,100 households instead of 2,000. The distribution and installation of tanks benefitted 17,166 people, including 204 households in East Gaza, 1,596 households in Khan Younis, and 300 households in Rafah.</p> <p><b>Activity 2.2: Provision of hygiene kits through the e-voucher program, and hygiene awareness sessions.</b>  In partnership with the World Food Programme (WFP), UNICEF managed to distribute 4,254 hygiene vouchers instead of 4,120 vouchers. This benefitted 10,781 people who redeemed their e-vouchers for hygiene kits including 2,323 households in Gaza City, 1,102 households in Khan Younis, and 829 households in Rafah. In addition, 4,252 women from the targeted households participated in the hygiene promotion sessions focusing on personal and household hygiene, as well as on the prevention of infectious diseases.</p>
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**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

UNICEF reached the overall planned targets through the implementation of the CERF funded project, as aligned with the costing in the CERF budget. The total number of households reached under output 2 were higher than planned for the two activities due to some savings. Since the number of beneficiaries per household was less than initially estimated, and the total number of households reached was more than initially planned, the overall total number of beneficiaries reached was as initially planned.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Accountability to the affected population has been ensured in this project for all activities; during project design and planning phase, the response was designed and planned according to the needs outlined in the Gaza Crisis Urgent Funding Appeal, to which the WASH Cluster contributed, addressing the prioritized needs of the affected population in the Gaza Strip, which were jointly identified with the national stakeholders. During the project implementation phase, UNICEF ensured that project activities were implemented as planned, in close collaboration with implementing partners, including the national partner CMWU. During project monitoring and evaluation, UNICEF ensured routine and regular monitoring in close collaboration with its implementing partners.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

No evaluation of this specific project is planned. Typically, UNICEF (under guidance from the Regional Office) undertakes evaluations that cover broader responses, rather than specific project-based evaluations. The UNICEF State of Palestine M&E team will thus consider the option of a broader evaluation of WASH projects.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNRWA		<b>5. CERF grant period:</b>	05/09/2017 - 04/03/2018		
<b>2. CERF project code:</b>	17-RR-RWA-001		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Fuel provision to support the health and WASH primary services in Gaza Strip					
<b>7. Funding</b>	a. Total funding requirements <sup>5</sup> :	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>6</sup> :	US\$ 4,210,700	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 2,010,700	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	444,132	464,106	908,238	371,607	388,319	759,926
<i>Adults (≥ 18)</i>	492,879	511,150	1,004,029	412,393	427,681	840,074
<b>Total</b>	<b>937,011</b>	<b>975,256</b>	<b>1,912,267</b>	<b>784,000</b>	<b>816,000</b>	<b>1,600,000</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	1,300,000			1,087,714		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	612,267			512,286		
<b>Total (same as in 8a)</b>	<b>1,912,267</b>			<b>1,600,000</b>		

<sup>5</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>6</sup> This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>The CERF grant undoubtedly benefitted the entire Gaza population of 1.9 million people indirectly, as it enabled critical public services in the health and WASH sectors to keep running throughout the project implementation period, providing an essential stabilising effect on the Gaza Strip as a whole. In terms of direct beneficiaries, both the Health and WASH clusters estimate that around 1.6 million people were direct beneficiaries of their respective CERF-funded emergency fuel-run services. The planned amount of emergency fuel to be distributed was 2,124,753 litres to Health facilities and 1,593,565 litres to WASH facilities. However, the actual disbursed fuel amounts had to be scaled down (see table 11) due to the increase in the unit cost to UNRWA in 2017. (UNRWA's VAT exemption for fuel was suspended by Gol in 2017.)</p>
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CERF Result Framework			
<b>9. Project objective</b>	Enable access to essential health care and WASH services to the population of Gaza		
<b>10. Outcome statement</b>	Prioritized hospitals and WASH facilities in the Gaza Strip received emergency fuel, enabling the maintenance of an operational ability for essential health care and WASH services		
<b>11. Outputs</b>			
<b>Output 1</b>	The Hospitals in Gaza Strip maintain their operational ability for emergency services.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	2,124,753 litres of fuel are supplied to the Health facilities throughout Gaza Strip.	14 governmental hospitals; 16 NGO hospitals; and two other critical health facilities	1,519,743 litres of fuel were supplied, distributed among 15 governmental hospitals, 17 NGO hospitals; and 22 UNRWA facilities
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of 2,124,753 liters of fuel	UNRWA	UNRWA
Activity 1.2	Provision 2,124,753 litres of fuel to support the Health Facilities in Gaza Strip. (Hospitals)	UNRWA	UNRWA
<b>Output 2</b>	WASH facilities in Gaza Strip maintain their operational ability for emergency services		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	1,593,565 litres of fuel are supplied to the WASH facilities throughout Gaza Strip.	130 WASH facilities and 30 solid waste facilities	1,392,800 litres of fuel were supplied, distributed among 163 WASH facilities, and 30 solid waste facilities
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

Activity 2.1	Procurement of 1,593,565 liters of fuel	UNRWA	UNRWA
Activity 2.2	Provision 1,593,565 litres of fuel to support the WASH Facilities in Gaza Strip. (Water wells, sewage pump stations, treatment plants, solid waste management facilities & vehicles)	UNRWA	UNRWA

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Under the UNRWA project, the planned amount of emergency fuel to be distributed was 2,124,753 litres to Health facilities and 1,593,565 litres to WASH facilities. However, the actual disbursed fuel amounts had to be scaled down to 1,519,743 litres of fuel and 1,392,800 litres of fuel respectively, due to the increase in the unit cost to UNRWA in 2017. (UNRWA's VAT exemption for fuel was suspended by GoI in 2017.)

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The distribution of emergency fuel to key facilities is coordinated through the Emergency Fuel Coordination Group, which meets regularly and works to continuously maintain a list of the prioritised facilities in Gaza requiring emergency fuel provision for the maintenance of basic life-saving public services. The Group regularly engages with local actors and institutions, including the relevant Gaza ministries, such as the MoH, and with the Palestinian NGO Network (PNGO), in order to ensure continuous engagement with and accountability to the affected population on the issue of emergency fuel distribution in Gaza.

The recipient facilities maintain responsibility for ensuring that the fuel storage units are technically checked in advance to ensure their capacities and safety with the proper documentation.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

UNRWA carried out many on-the-spot checks and monitoring logs in order to ensure that the fuel provided was not diverted to purposes other than those described in the proposal. UNRWA has received acknowledgement letters from the targeted facilities that they received the fuel quantities. UNRWA conducted cross-checking with the fuel distribution plan and with the fuel vouchers/invoices. No other formal evaluation is planned.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	15/08/2017 – 05/05/2018		
<b>2. CERF project code:</b>	17-RR-WHO-034		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector:</b>	Health					
<b>4. Project title:</b>	Reducing the impact of the electricity crisis on hospitals in Gaza by ensuring access to life-saving healthcare					
<b>7. Funding</b>	a. Total funding requirements <sup>7</sup> :	US\$ 4,500,000	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i>			
	b. Total funding received <sup>8</sup> :	US\$ 3,400,000				
	c. Amount received from CERF:	US\$ 1,034,241				
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	111,264	223,033	334,297	180,516	120,344	300,860
<i>Adults (≥ 18)</i>	300,826	205,877	506,703	172,227	140,913	313,140
<b>Total</b>	<b>412,090</b>	<b>428,910</b>	<b>841,000</b>	<b>352,743</b>	<b>261,257</b>	<b>614,000</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	546,650		429,800			
<i>IDPs</i>	25,230		25,000			
<i>Host population</i>	269,120		159,200			
<i>Other affected people</i>						

<sup>7</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>8</sup> This should include both funding received from CERF and from other donors.



<b>Total (same as in 8a)</b>	<b>841,000</b>	<b>614,000</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There was a discrepancy in the caseload reached due to the delays in the delivery of the items. However, although 614,000 patients were reached within the scope of this project timeframe, since equipment is procured, the total amount of beneficiaries will continue to increase, and estimated at over 950,000 patients this year. This project intervention has thus meant that life-saving activities and treatments were possible during the recent Gaza Crisis because of the provision of this essential medical equipment.	

CERF Result Framework	
<b>9. Project objective</b>	Reduce the negative impact of the electricity crisis on Gaza's public hospitals by ensuring that 841,000 patients have access to life-saving treatment
<b>10. Outcome statement</b>	The negative impact of the electricity crisis on Gaza's public hospitals was reduced, and 614,000 patients were reached with access to life-saving treatment
11. Outputs	
	<p>The supply of medical equipment specifically targeted acutely vulnerable patients that needed emergency care, and without this treatment faced the risk of mortality. Examples and numbers of beneficiaries that benefitted from the project on a monthly basis are listed below:</p> <ul style="list-style-type: none"> <li>- More than 4,700 major surgical operations were conducted in the MoH hospitals using the medical equipment.</li> <li>- More than 200 ICU patients benefitting from the medical equipment are receiving treatment at any given time in the MoH hospitals.</li> <li>- More than 64,000 patient consultations were conducted in the emergency units using the medical equipment procured and delivered by WHO with funding from CERF. This includes critically injured patients during the recent demonstrations in 2018.</li> <li>- More than 21,200 patients are admitted in-patient to the MoH hospitals, benefitting from access to the medical equipment.</li> </ul>

CERF Result Framework			
<b>9. Project objective</b>	Reduce the negative impact of the electricity crisis on Gaza's public hospitals by ensuring that 841,000 patients have access to life-saving treatment		
11. Outputs			
<b>Output 1</b>	841,000 patients have access to life-saving treatment in the critical health departments of all 14 of Gaza's public hospitals		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of caesarians adequately performed with access to the appropriate medical equipment	23,000 (23,000 female)	12,000
Indicator 1.2	Number of surgical operations performed with access to the appropriate medical equipment	22,500 (11,475 males, 11,025 females)	4,700
Indicator 1.3	Number of critically ill outpatients have access to appropriate healthcare	250,000 (127,500 males, 122,500 females)	200,000
Indicator 1.4	Number of inpatients have access to appropriate healthcare	250,000 (127,500 males, 122,500 females)	140,000

Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of essential life saving medical equipment	WHO	WHO
Activity 1.2	Distribution of essential life saving medical equipment	WHO	WHO
Activity 1.3	Follow up monitoring of the activity and the needs through field visits	WHO	WHO

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

There was a discrepancy in the final total caseload reached under the CERF project, and the planned figures, due to the delays experienced in the delivery of the medical equipment items. WHO faced these delays in the delivery of the items of medical equipment, as the suppliers informed WHO that a number of these items required extra time for delivery, as the items were unable to be shipped from Europe. To meet the project objectives an additional two months no-cost extension was required, and was granted by CERF.

To manage the procurement and distribution system, the following efficient procedures are in place at WHO. These are: 1) select the most cost-effective essential equipment to treat commonly encountered diseases; 2) quantify the need; 3) pre-select potential suppliers to speed up the process; 4) continuously monitor the performance of suppliers and the procurement system. On 18 September, WHO issued the tender process; in order to speed up the process, WHO issued a local tendering process. By 17 October, eight suppliers were selected. By 13 December, all selected suppliers had received a formal agreement.

Throughout the process, WHO adopted the following set of operational principles:

- Procurement procedures were transparent, following formal written procedures throughout the process and using explicit criteria to award contracts;
- Procurement and tender documents listed equipment by their international non-proprietary name, or generic name;
- Order quantities were based on a reliable estimate of actual need;
- In order to achieve economies of scale, WHO tried to ensure that the number of suppliers selected was minimal;
- The procurement was based on competitive procurement methods;
- Prospective suppliers were pre-qualified;
- Procurement procedures/systems ensure with all assurances that the medical equipment purchased is of high quality, according to international standards; and
- Finally, selected suppliers are being monitored through a process which considers product quality, service reliability, delivery time and financial viability.

In order to prevent any bureaucratic restrictions on the entry of the medical equipment into Gaza, WHO and OCHA met with the relevant Israeli authorities on a biweekly or monthly basis, as required to ensure Israeli authorities had the necessary information to quickly approve the requests for the entry of equipment. This coordination worked well and approvals were received quickly, relative to previous processing times for similar requests.

Although only 614,000 patients were reached within the timeframe of this project, due to the delays experienced in the delivery of the medical equipment, since the equipment is now procured, the total number of beneficiaries reached with the services will continue to increase throughout the current year, and is estimated that over 950,000 patients will be reached in 2018. Thanks to the provision of this essential medical equipment, this CERF project intervention has thus also meant that life-saving activities and treatments could continue during the further deterioration of humanitarian conditions in Gaza since mass demonstrations began at the security fence with Israel on 30 March 2018.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Project design and planning phase:

WHO conducted a field visit to Gaza's largest and only trauma hospital, Shifa Hospital in June 2017. During this visit, the WHO emergency team liaised with doctors, nurses and patients to understand the needs. A follow-up field visit was conducted on 16 August to re-assess the needs, during which discussions with biomedical engineers also took place.

Project implementation phase:

Throughout the implementation phase, WHO consulted to discuss and decide the best course of action with the MoH, Central Unit and key other departments, including the Referral Abroad Department (RAD).

Project monitoring and evaluation:

WHO conducted the following activities throughout monitoring and evaluation to ensure AAP:

- All field visits from WHO staff adhered to a code of conduct.
- In order to ensure that men and women would have an equal chance of being consulted when collecting data, separate sessions targeting each group were conducted.
- Patients who have been identified as victims of serious human rights violations during WHO field visits were referred to the appropriate agency.
- WHO does not have a formal complaints mechanisms for its projects. However, beneficiaries exposed to WHO staff through monthly field visits, were presented with an opportunity for feedback and complaints.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

A draft of the evaluation is available upon request, but the final copy is not yet complete. Relevant findings include:

- The CERF allocation provided life-saving assistance to key departments;
- The lack of electricity stabilisers is continuing to deteriorate medical equipment and these are required immediately;
- Biomedical engineers in Gaza need to upgrade their skills and require training. Training offered by companies outside of Gaza is not accessible due to Israeli restrictions. Over 20 training courses have been missed in the past few months due to this problem;
- There is a need for WHO to support the MoH in: 1) training of biomedical engineers 2) build a central database for monitoring medical equipment 3) develop in-house training courses.

EVALUATION PENDING

NO EVALUATION PLANNED

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-CEF-083	Water, Sanitation and Hygiene	UNICEF	INGO	\$270,000
17-RR-CEF-083	Water, Sanitation and Hygiene	UNICEF	GOV	\$406,409

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	accountability to affected populations
ACF	Action Against Hunger
CBPF	Country-Based Pooled Funds
CERF	Central Emergency Response Fund
CMWU	Costal Municipalities Water Utility
GoP	Government of Palestine
GPP	Gaza Power Plant
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HFU	OCHA oPt Humanitarian Financing Unit
HRP	Humanitarian Response Plan
ICU	Intensive Care Unit
IEC	Israeli Electricity Company
MoH	Ministry of Health
NICU	Neonatal Intensive Care Unit
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
oPt HF	oPt Humanitarian Fund
PCBS	Palestinian Central Bureau of Statistics
PNGO	Palestinian NGO Network
PWA	Palestinian Water Authority
RAD	Referral Abroad Department
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation