

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS**

19-UF-PSE-34982

**OCCUPIED PALESTINIAN TERRITORY
UNDERFUNDED EMERGENCIES ROUND I
DISRUPTION OF BASIC SERVICES
2019**

RESIDENT/HUMANITARIAN COORDINATOR	JAMIE MCGOLDRICK
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REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	19/03/2020
<p>Due to the COVID-19 pandemic and restrictions on movement in the occupied Palestinian territories (oPt), the CERF AAR meeting was conducted virtually on the 19th of March 2020, facilitated by the UN Office for the Coordination of Humanitarian Affairs (OCHA) oPt Country Office. The meeting was attended by the reporting and programming focal points of the following grant recipient agencies: United Nations Children’s Fund (UNICEF), The Food and Agriculture Organization of the United Nations (FAO), The United Nations Population Fund (UNFPA) and The United Nations World Food Programme (WFP) and the Health Cluster Coordinator. WHO and UNRWA were both absent. However, following the meeting, minutes of the AAR were shared with all agencies and additional input and feedback were shared by all lead agencies.</p>	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>The draft report was shared with the relevant in-country stakeholders, including CERF recipient agencies and cluster coordinators on the 24 August 2020, for their review, before being finalized by the RC/HC.</p>	
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>The draft report was shared with the relevant in-country stakeholders, including CERF recipient agencies and cluster coordinators.</p>	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

In 2019, CERF funding proved essential in enabling grant recipient agencies to respond to urgent and critical humanitarian needs and support humanitarian response activities for around 666,787 people of the most vulnerable groups in the oPt, including refugees, women (including pregnant and lactating women) and girls at higher risk of mortality, trauma and non-trauma patients, Bedouins and herders and vulnerable youth and children, including refugee children. CERF funding was channeled to support a comprehensive set of urgent response activities within the Food Security, Water, Sanitation and Hygiene (WASH) Protection, Health and Education clusters.

In both Gaza and the West Bank, funding responded to time critical needs in a holistic approach. It enabled lead agencies to bridge the funding gap and continue to support critical needs of people. Coupled with strategic partner coordination, CERF funding, enabled better response to health care service provision to newborn children, children, women and girls, strengthened the livelihood of marginalized herding and Bedouin communities and supported essential protection, education and WASH activities.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

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a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	350,000,000
FUNDING RECEIVED BY SOURCE	
CERF	7,748,483
Country-Based Pooled Fund (if applicable)	27,408,481
Other (bilateral/multilateral)	314,843,036
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	\$ 255,285,415

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

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Agency	Project code	Cluster/Sector	Amount
FAO	19-UF-FAO-016	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	1,500,000
UNFPA	19-UF-FPA-020	Health - Health	942,764
UNICEF	19-UF-CEF-046	Education - Education	538,404
UNICEF	19-UF-CEF-046	Health - Health	489,474
UNICEF	19-UF-CEF-046	Water Sanitation Hygiene - Water, Sanitation and Hygiene	391,612
UNICEF	19-UF-CEF-046	Protection - Protection	244,820
UNICEF	19-UF-CEF-047	Water Sanitation Hygiene - Water, Sanitation and Hygiene	600,000
UNICEF	19-UF-CEF-047	Health - Health	200,000
UNICEF	19-UF-CEF-047	Protection - Protection	100,000

UNICEF	19-UF-CEF-047	Education - Education	100,000
UNRWA	19-UF-RWA-001	Health - Health	758,000
WFP	19-UF-WFP-029	Food Security - Food Assistance	783,409
WHO	19-UF-WHO-028	Health - Health	1,100,000
TOTAL			7,748,483

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	5,748,954
Funds transferred to Government partners*	0
Funds transferred to International NGOs partners*	933,735
Funds transferred to National NGOs partners*	1,065,794
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,999,529
TOTAL	7,748,483

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

Cause of the Crisis and Humanitarian Context:

A protracted protection crisis continued in 2019 in the oPt, driven by Israel's occupation, including the blockade on the Gaza Strip; insufficient respect for international law; the internal divide between the Palestinian Authority (PA) and Hamas; and recurrent escalations of hostilities between Israeli military forces and Palestinian armed groups.

In the Gaza Strip, after years of a relative calm, there has been a sharp deterioration in the humanitarian, human rights, security and political situation since 2018. This has included a dramatic rise in Palestinian casualties, in the context of the "Great March of Return" demonstrations. Between 30 March and end October, 228 Palestinians, including 43 children, have been killed by Israeli forces in the demonstrations and other circumstances. Over 24,000 Palestinians have been injured, including over 5,800 wounded by live ammunition, overwhelming the already overstretched health sector in Gaza.¹ Patients referred outside for medical treatment unavailable in Gaza, especially those injured in the demonstrations, face major access constraints through the Israeli-controlled Erez crossing, with only 59 per cent of requests having been approved in the first half of 2018. Access restrictions in Gaza have only been partly alleviated by the re-opening of the Egyptian-controlled Rafah crossing since May. At Rafah, passengers are subject to unclear selection criteria, challenging crossing procedures and long delays. Although some participants in the demonstrations have launched incendiary and explosive devices and breached the perimeter fence into Israel, the large number of casualties among unarmed participants who pose no imminent threat of life or deadly injury to Israeli soldiers, has raised concerns about the excessive use of force and calls for an independent and transparent investigation into these incidents.² For much of 2018, power cuts of 18 to 20 hours a day have impeded the delivery of basic services and crippled productive activity, with hospitals, water and sewage treatment facilities, and solid waste collection services almost completely reliant on UN-coordinated emergency fuel to maintain essential services: in October, the delivery of fuel funded by Qatar provided a welcome, if temporary, improvement in the electricity supply. The coastal aquifer, Gaza's sole water source, has been virtually depleted by over-extraction and the intrusion of seawater, forcing

¹ Injury figures for Palestinians are from the Ministry of Health in Gaza. In the same period there has been one Israeli military fatality and 40 injuries. According to the Israeli authorities, the "Great March of Return" has been "planned and led by Hamas" and the launching of incendiary kites and balloons from Gaza towards Israel has resulted in more than 2,600 hectares of agricultural fields and forests damaged by fire. <http://mfa.gov.il/MFA/ForeignPolicy/Terrorism/Palestinian/Pages/Wave-of-terror-October-2015.aspx>

² Regarding the "Great March of Return", Israel's Supreme Court rejected a petition filed by human rights NGOs, which challenged the legality under international law of the open fire regulations used during the demonstrations.

the impoverished population to buy trucked water, often of poor quality, at up to 20 times the expense of water from the network.³ Israel's 11-year-long land, air and sea blockade, imposed following the violent takeover of Gaza by Hamas, has crippled the economy, resulting in high levels of unemployment, food insecurity and aid dependency. The Gaza economy is in 'free fall' according to the World Bank.⁴ Unemployment reached 54 per cent in the second quarter of 2018, and over 70 per cent of young people and 78 per cent of women were unemployed.⁵ Rates of poverty have reached 53 per cent and food insecurity 68 per cent. This has been compounded by severely reduced purchasing power and the PA policy of withholding the payment of salaries and allowances to employees, alongside a cut in reconstruction and development aid, particularly by the US government. As a result, the real income of a Palestinian in Gaza now about 30 per cent less than it was in 1999.⁶ There was a palpable loss of hope and rising desperation among the population in Gaza, which was eroding coping mechanisms and resilience, while rising violence and tension fueled concerns of a renewed escalation of hostilities.

In the West Bank, including East Jerusalem, Israel's direct military occupation continued in 2018 and 2019, and with it the appropriation of land and resources. While the humanitarian situation was less grave than in Gaza, the economy was "expected to slow considerably in the coming period," according to the World Bank.⁷ Standards of living, economic growth and employment prospects continued to be undermined by limitations on access to land while freedom of movement is significantly restricted by a multi-layered system of administrative, bureaucratic and physical constraints, citing security concerns. The PA was prevented from operating in East Jerusalem and Area C, which represents more than 60 per cent of the West Bank and contains the most valuable natural resources. After a decline in recent years, settler violence resulting in Palestinian casualties or in damage to property increased in 2018 and 2019 with 217 incidents recorded by the end of October 2019, compared with 197 in all of 2017.⁸ The demolition of residential, livelihood and service infrastructure has continued in the West Bank, including East Jerusalem. As of 31 October, 361 structures were demolished or seized and 381 people displaced, marking a 4 and 36 per cent decline, respectively, compared to the equivalent figures in 2017. Demolitions represent one element of a coercive environment affecting many Palestinians throughout the West Bank, including East Jerusalem, which also included the restrictions on access to natural resources; the denial of basic service infrastructure and the lack of secure residency. In addition promotion of plans to relocate communities to urban townships continued, with the case of Khan al Ahmar–Abu al Helu most prominent in 2018.⁹ These practices are often implemented against a backdrop of the establishment and expansion of Israeli settlements. The coercive environment has also resulted in instances of forcible transfer of Palestinians from their homes in the settlement area of Hebron city, reducing a once thriving area to a 'ghost town'. This deterioration in 2018 throughout the oPt is exacerbated by significant shortfalls in donor support for the PA, UNRWA and humanitarian operations in general, undermining the ability of the international community to effectively respond to increasing need. In addition, these developments were accompanied by increasing restrictions and attacks on humanitarian partners, which were generating an increasingly constrained operational context

Needs Assessment and Affected Population:

The 2019 Humanitarian Response Plan (HRP) marked the second year of the 2018-2020 multi-year humanitarian response strategy. Some 2.5 million people were jointly identified by the humanitarian community as in need of humanitarian assistance and protection in 2019. These needs were being addressed through efforts that protect the rights of Palestinians living under occupation, provide access to basic services for those who are vulnerable, and support the ability of Palestinians to cope with and overcome the effects of the protracted crisis, while more sustainable solutions are sought.

The 2019 HRP maintained the centrality of protection¹⁰ at all levels of humanitarian action, as a shared system-wide responsibility. Furthermore, humanitarian actors remain committed to ensuring principled humanitarian action in the current restrictive operational context. Humanitarian partners will continue to urge relevant authorities to uphold their responsibilities and dedicate resources for humanitarian protection and assistance. The geographical scope of the strategy continued to be Area C, East Jerusalem, H2/Hebron and the Gaza Strip. During 2019, humanitarian partners continued to address the needs jointly identified by the humanitarian community in the 2019 Humanitarian Needs Overview (HNO), by protecting the rights of Palestinians living under occupation, providing access to basic services for those who

³ According to recent study by the RAND Corporation, illness caused by water pollution is responsible for more than a quarter of illnesses in Gaza and is a leading cause of child mortality. As 97 per cent of drinking water does not meet international standards, a third of residents' monthly wages goes toward the purchase of bottled water compared to 0.7 per cent of monthly wages in the West in general. 'Polluted Water Leading Cause of Child Mortality in Gaza, Study Finds', Ha'aretz, 16 October 2018.

⁴ World Bank, Economic Monitoring Report to the Ad Hoc Liaison Committee, 27 September 2018, para. 1.

⁵ World Bank, Economic Monitoring Report to the Ad Hoc Liaison Committee, 27 September 2018, para. 1.

⁶ UNCTAD: Report on UNCTAD assistance to the Palestinian people: Developments in the economy of the Occupied Palestinian Territory July 2018, para. 31.

⁷ World Bank, Economic Monitoring Report to the Ad Hoc Liaison Committee, 27 September 2018, para. 1.

⁸ OCHA Protection of Civilians database. At the same time 149 incidents resulting in Israeli casualties or damage carried out by Palestinians in, or from, the West Bank were recorded.

⁹ The community is among dozens of Palestinian Bedouin communities, the majority of whom are refugee, at risk of forcible transfer in the central West Bank. For nine years, the residents have fought a legal struggle at the Israeli High Court of Justice (HCJ) to prevent the destruction of their community. On 23 September, following a HCJ ruling, the Israeli authorities warned residents that they had to self-demolish their homes and other structures by 1 October, otherwise the authorities would do so: on 21 October Israel temporarily froze the demolition.

¹⁰ For more information on the Centrality of Protection in Humanitarian Action, please see https://interagencystandingcommittee.org/sites/default/files/centrality_of_protection_in_humanitarian_action_statement_by_iasc_princi.pdf

are vulnerable, and supporting the ability of Palestinians to cope with, and overcome, the protracted crisis, while more sustainable solutions are sought. Despite increasing needs, the number of people targeted for humanitarian assistance and protection in 2019 will be lower than the previous year. With a more focused 2018-2020 HRP- due to limited resources for the oPt- criteria of identification of people in need of humanitarian assistance was refined, leading to lower numbers of targeted people. Some 1.4 million people will be targeted in 2019 of which 1.2 million are targeted in Gaza and 0.2 million in the West Bank.

Humanitarian consequences and need for CERF funding:

The huge numbers of patients with gun-shot wounds is overwhelming an already fragile health system. These are complex and serious injuries that require specialized treatment over a period of time. In order to cope with the crisis, many patients are discharged early to make room for the subsequent wave of injured patients, there is limited essential supplies for treatment, particularly for orthopedic surgery. Elective surgeries are postponed and postoperative care is largely dependent on NGOs. Meanwhile, rates of bone infection amongst injured patients have continued to grow, increasing the risk of amputations and even death (repetition of above, so please only keep it where it is more relevant).

In Gaza, Palestinian children are growing up with a deep sense of hopelessness and insecurity about their future. Family and community-based support and psychosocial interventions are urgently needed to prevent the progression of psychosocial distress to mental health disorders, and to strengthen the ability of facilities to support over 26,049 children in need of Mental health and psychosocial support (MHPSS). With one in four children in Gaza in need of psychosocial support, the lack of support for child protection interventions will mean that families with complex problems will not receive the support and referrals they need. More importantly psychosocial distress and disorders especially among children if unattended will not only trigger negative social behaviour but significantly affect learning outcomes, emotional growth, academic performance which adds to increased school dropouts among children. With reports of attempted suicide and school attrition on the increase, PSS support to vulnerable children will further contribute to reducing the possibility of boys and girls to be involved in violence and life-threatening activities.

Funding has been absolutely critical to maintaining the provision of life-saving health and WASH services in the oPt with limited resources and policies of the occupation regime imposed on area C of the West Bank and the Gaza Strip and affecting such services. Thus, without funding, the functionality of emergency services at hospitals, provision of clean water, and sewage treatment would nearly grind to a halt. Nearly two million people will be forced to live without clean water; pools of raw sewage are nearly overflowing in densely-populated urban areas, and it is projected that more children will die as a result of the inability to receive urgent care at hospitals, as emergency wards are consolidated and equipment unable to run due to lack of electricity. The health sector would collapse without additional support, given that 90 per cent of the population rely on the public hospitals for healthcare. 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. Funding is needed to deliver food and livelihoods assistance to Bedouins communities particularly living in or dependent on Area C who are targeted by repeated settler violence, affected by the demolition and confiscation policies strongly enforced by the occupation regime, threatened by forcible displacement, and finally exposed to harsh weather conditions that put at risk their fragile livelihoods. Should the shortage in funding for activities that support vulnerable livelihoods continue there is a high risk of more erosion of their livelihoods whose sources of income cannot easily be developed or transformed. This will lead to the adoption of irreversible negative coping mechanisms, further exposing the most vulnerable members of the households (girls, boys, women, elders, and people with disabilities) to protection concerns. Funding is also urgently needed for health and nutrition, mental health/psychosocial support, child protection and education support, including but not only protective presence in H2 area of Hebron City, without which, further deterioration of the current socio-economic conditions will result in increased poverty and heightened protection risks which compromise the rights and living conditions of families living there.

In Gaza, CERF funding allowed about 10,000 children to receive adequate protection and psychosocial support and about 1,000 of the most vulnerable children to receive case management support. Without this support children are vulnerable to manifesting mental health disorders exacerbating vulnerabilities, eroding coping strategies and undermining their ability to fulfil their potential. Through CERF funding about 40,000 children will benefit, and 2,000 newborns will receive quality lifesaving health and nutrition services. CERF funds will be utilized to rehabilitate water network, storm water networks, waste-water networks and pumping stations in zones prone to flooding. This will protect communities in zones prone to flooding from flooded water which might include wastewater as well. Also, will allow vulnerable communities to secure uninterrupted WASH services during power grid outages, maintain operations during floods and strengthen the service providers' resilience, in line with a disaster risk reduction strategy. CERF funds will also enable rehabilitation of water and waste-water networks, storm water drainage systems for targeted vulnerable communities in households and health institutions as well as hygiene promotion and awareness campaigns. Not funding these activities will lead to the blocking of several roads, students will not be able to attend public and UNRWA schools, health facilities cannot be reached by patients, as well as routinely preventing many Gazans from reaching their workplace. In the West Bank, CERF funding will allow multi-sectoral interventions in the areas of health and nutrition, education and child protection will serve to provide critical services to families in the H2 area and Hebron city to address the growing needs as a result of the deteriorating socio-economic conditions. Finally, CERF funds will also be used to support activities that provide immediate protection to livelihoods of

vulnerable Bedouin and herding communities living in or dependent on Area C of the West Bank by distributing inputs necessary to protect the animals, such as shelters, seeds for fodder production, animal health inputs. Most vulnerable Bedouin households will also receive direct food assistance, in order to support their food security status. In the absence of food assistance will not be provided and if the capacity of Bedouins communities to carry on with their typical livelihoods is further decreased, their overall food security status will progressively deteriorate, and they will be exposed to a higher risk of forcible transfer.

3. CONSIDERATION OF FOUR PRIORITY AREAS¹¹

The country team strategy continues to take into account the four thematic priorities in each of the cluster responses that have been outlined in the oPt UFE strategy. Through discussions with Cluster Leads and Lead Agencies, it is evident that the 2019 CERF allocation enhanced the focus on the four thematic areas, and these have been adequately considered in the wider humanitarian response.

All lead agencies provided examples highlighting that programming ensured that a gender perspective is appropriately integrated and monitored throughout the programme cycle and in all project activities, and that programme outputs and results demonstrate that both genders benefit equally from interventions; women and girls' participation is encouraged during needs assessment and beyond.

a. Women and girls, including gender-based violence, reproductive health and empowerment

In Gaza, the Health Cluster's efforts focused on emergency departments, in addition to maternity wards, paediatric units and neonatal units, this directly supported women and girls by providing lifesaving supplies for sexual and reproductive, including maternal, health care; and also, children who are classified as vulnerable. The small-scale infrastructure improvements in the emergency departments are designed to ensure a separate space for female patients in need of emergency care. Furthermore, UNICEF contributed significantly to gender equality and gender-sensitive programming focusing on the needs of gender-specific vulnerabilities among high risk pregnant lactating women and newborns. In the West Bank, mobile health clinics included services for women and girls, including sexual and reproductive health services, such as antenatal and postnatal care. UNFPA and WHO coordinated to ensure that healthcare providers for the mobile clinics were trained in detection and referral of GBV cases, as well as some that have been trained in MHPSS. During the design phase of FAO's project, certain aspects of the intervention such as the provision of the heating resources were directly addressing women needs as they are known to be responsible for such activities.

b. Programmes targeting persons with disabilities

through their food security interventions in the West Bank, FAO and WFP delivered support at the household level. Eligibility criteria and beneficiaries' selection took into account specific vulnerabilities of the Bedouin and herding communities in Area C such as the presence of people with disabilities, households headed by women, small farmers, residential proximity to settlements and large households. Food assistance to Bedouin and herding communities is complemented with nutrition sensitive awareness activities targeting women, girls and boys in particular. While these activities aim at maximizing the impact of food assistance by increasing the participants' knowledge of the best health and nutrition practices, they provide opportunities for women to meet socially for discussions in group settings outside their domestic spheres. Livelihoods support to Bedouins communities improved working and living conditions of women through improved animal shelters, more affordable energy source and availability of animal fodder in nearby places. This have also reduced exposure of women and young children to protection risks due to long distance they have usually to feed their animals. WASH partners have strongly committed to gender sensitive WASH programming, as well as engaging individuals with disabilities. For example, UNICEF addressed WASH needs, at the Household level in the H2 area, that are outdated, not functional and insufficient. This activity especially targeted people living with disabilities (PLWD) who face more complicated problems in these households. UNFPA supported the provision of necessary primary health care services to PLWD through the mobile clinics in the vulnerable communities in Area C.

c. Education in protracted crises

In both Gaza and the West Bank, the Education Cluster activities ensured that gender societal relations and norms can be positively influenced through classroom learning and related support activities. Interventions addressed the need for inclusion and equality at all educational levels, especially for children with disabilities. Discriminatory socio-cultural norms that affect some groups more than others, for

¹¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf

example children with disabilities in their access to quality education were addressed through teacher training on inclusive education in government schools to ensure that their learning needs are adequately addressed, and they have proper access to safe and enabling learning environment. Interventions geared towards insuring protection of the most vulnerable children from violence in and out of schools.

As another example, UNICEF contributed to education in protracted crisis by providing protective presence in four Hebron-H2 high risk checkpoint locations related to 12 area schools. Through six deployed International volunteers, 597 children and 15 teachers were able to access their schools safely in four Hebron-H2. In Gaza, additional 4,595 students in grades three to five, in 50 most vulnerable schools were supported with a remedial programme to mitigate their risk of dropping out of school. UNICEF aimed to build a protective environment for these children and caregivers who are constantly witnessing and experiencing disturbing events and given them the opportunity to seek support, share their concerns and fears and, build on their own resilience and coping mechanisms in order to better deal with the difficulties they are facing in their daily lives.

d. Other aspects of protection

In both Gaza and the West Bank, Child Protection actors ensured that in individual and group counselling gender and age sensitive resilience building approaches are used, in addition to parent/child interaction programs and expressive arts programs, especially for injured children. UNFPA ensured that support to women and girls was at the core of their programming. UNFPA managed to train all mobile clinic staff carrying out activities supported by CERF funding in the detection and referral of GBV cases.

4. PRIORITIZATION PROCESS

Focus and prioritisation process:

The process for developing this CERF application was led by the Humanitarian Coordinator, in consultation with the cluster lead agencies and coordinators of the coordination groups. An HCT meeting was held between cluster lead agencies, cluster coordinators and OCHA to identify a joint strategy for the CERF and oPt Humanitarian Fund (HF) allocations, to run in parallel, framed by priority locations (Gaza Strip and West Bank) as identified in the 2019 HRP.

Agency principals agreed to a set of prioritised actions that would contribute to each strategic objective identified for the joint CERF and HF strategy. This ensured the CERF and the HF allocations will complement each another. For Gaza, the prioritization for this CERF grant is based on the priorities in the 2019 HRP that will respond to the immediate needs and the potential for significant impact over a short time frame. For the West Bank, the area of Hebron H2 area has been prioritized as a vulnerable area in the HRP 2019 in light of the acute protection needs in the area particularly now following Temporary International Presence in Hebron's (TIPH) nonrenewal of its mandate and the continuing harassment of protection service providers. The Bedouin and herding communities in Area C were prioritized as acutely vulnerable particularly in terms of their food security needs and the risk of displacement. All clusters have based the prioritization of activities from the 2019 HRP project sheets. The type of activities proposed for this CERF grant were considered as top priorities having the most added value and positive impact possible. These activities aimed to decrease the need for responsive activities, address underlying causes of humanitarian vulnerabilities. All clusters, except for Shelter, were identified for this CERF grant; the HF will support some Shelter components to complement CERF activities. The activities proposed in this CERF grant request are all in line with and contribute to the overall framework for the humanitarian action in the oPt, as articulated in the 2019 HRP. As such, the requirements in this strategy will assist in meeting the overarching goals of humanitarian action in oPt.

Needs assessments and community engagement:

1. Numerous cluster and agency sources of information have informed the HNO, as well as OCHA's information systems/portals. Given the word count limit in the proposal please see the assessment registry which contains a detailed list of relevant assessments, databases and reports gathered from the HCT members.
https://www.dropbox.com/s/7vjvd65k550kpl4/Mastercopy_assessment%20registry_2019.xlsx?dl=0
2. The humanitarian situation in the H2 area of Hebron city: Findings of needs assessment
3. OCHA along with humanitarian partners conducted an inter-cluster needs assessment in summer 2018. This consisted of a survey carried out on a representative sample of 280 families living in the most affected areas of H2. The findings have been used to prioritize humanitarian interventions that were subsequently incorporated into the 2019 Humanitarian Response Plan.
46 Bedouin Communities at risk of forcible transfer in the central West Bank
4. Many Palestinians throughout the West Bank are at risk of forcible transfer due to a coercive environment generated by Israeli policies and practices. In the central West Bank, 46 Palestinian Bedouin/herding communities are considered to be at high-risk of forcible transfer due to a "relocation" plan advanced by the Israeli authorities. The Vulnerability Profile dashboard is an online tool

designed to visualize the key findings of this comprehensive data set, which are presented through charts on specific indicators under several thematic sections. Updated demographic figures are also available. <http://bit.ly/2VyUJk5>

Complementarity with CBPF allocations:

The process for developing this CERF application was led by the Humanitarian Coordinator, in consultation with the cluster lead agencies and coordinators of the coordination groups. An HCT meeting was held between cluster lead agencies, cluster coordinators and OCHA to identify a joint strategy for the CERF and oPt Humanitarian Fund (HF) allocations, to run in parallel, framed by priority locations (Gaza Strip and West Bank) as identified in the 2019 HRP.

Agency principals agreed to a set of prioritised actions that would contribute to each strategic objective identified for the joint CERF and HF strategy. This ensured the CERF and the HF allocations will complement each another. In March 2019, the First Standard Allocation for the CBPF - oPt Humanitarian Fund (HF) of US \$12 million was launched. The HCT through the leadership of the HC ensured the CERF allocation was complementary with the HF First Standard Allocation and ran both processes in parallel, this guaranteed maximisation of coverage of needs and proper use of resources.

Both the CERF and CBPF objectives aimed at filling the gaps of the needs prioritised by the HRP in the West Bank and Gaza. Together, the CERF and the Country-based Pooled fund (oPt Humanitarian Fund) funding supported the ongoing fundraising campaign by the HC, OCHA oPt and all HCT members.

In 2019, \$255 million in funding were contributed by donors towards the \$350 million required as per the HRP, amounting to 73 per cent of total HRP requirements of the year.

Seventy-five per cent of the oPt HF allocation went to Gaza (US\$ 9 million) while 25 per cent went towards supporting activities in the West Bank (\$3 million). A combined total of 1.5 million people was targeted in 2019 in the West Bank and Gaza.

5. CERF RESULTS

CERF allocated \$7.7 million to the oPt from its window for underfunded emergencies to address critical needs of vulnerable Palestinians in the oPt. The funding allowed UN agencies and partners to provide immediate livelihoods support benefiting 70,419 vulnerable Bedouin and herding communities living in Area C of the West Bank by distributing inputs necessary to protect the animals, such as shelters, seeds for fodder production, animal health input and diverse and nutritious food to improve their dietary diversity. A total of 10,604 people (690 in the West Bank and 9,914 in Gaza) benefited from safe access to schools and to quality remedial learning opportunities. Additionally, around 51,815 people (40,000 in Gaza and 11,815 in the West Bank) benefited from improved WASH facilities and services which resulted in protecting vulnerable children and families from flooding as a result of rehabilitated water, wastewater and storm water networks in Gaza and benefiting children and their families benefit from WASH services in H2 area in Hebron and from unconnected water networks in Area C. CERF funding enabled around 7,022 vulnerable children; (1,898 West Bank and 5,124 in Gaza) to receive adequate protection and psychosocial support services. Finally, through CERF funding about 526,927 people benefitted from quality lifesaving health and nutrition services.

Through CERF UFE grant **UNICEF** and partners provided health, education, protection and WASH services in Area C and Hebron-H2 areas in the West Bank reaching over 13,000 people. Screening of 6,738 women and children for anaemia in Hebron H2, and provision of nutritional supplies for an estimated 3,000 children and women; 55 nutrition awareness sessions and 55 cooking demonstrations took place reaching 1,247 pregnant and lactating women. Protective presence to promote safe access to schools in Hebron-H2 benefited 690 school children and their teachers provided through international volunteers who accompanied them on their daily commute. Child protection interventions, including structured psychosocial activities, reached 1,898 people. Psychosocial first aid was provided to people affected from emergency incidents, while a coordination team was formed of 20 Child Protection actors in H2 with six coordination meetings held. WASH interventions supported 11,815 people in unserved and underserved communities in Area C and H2 under threat of forcible transfer.

UNICEF, under this CERF Under-Funded Emergency grant, reached at least 48,720 vulnerable persons living in Gaza with a package of Health, WASH, Education and Child Protection services. Health interventions supported over 27,000 vulnerable children to access essential life-saving services through provision of equipment, drugs, furniture and medical consumables. Interventions also supported the mitigation of flood risks associated with deteriorating WASH facilities reaching 40,000 people. Three water wells in Gaza City and four wastewater pumping stations in the northern governorate were upgraded and rehabilitated. In the Education sector UNICEF and partners provided

remedial education in numeracy and literacy skills to 5,411 children (2,020 girls) in grades 3,4 and 5, 210 vulnerable children were referred to family centres for protection services; and 6,336 children were provided with school bags and stationery kits and 330 teachers (130 females) were trained on how to provide remedial education to children. To improve access to Child Protection (CP) services, UNICEF through two partners supported 12 Family Centres in the Gaza Strip, which served as places of convergence for CP interventions. Through these partners 4,565 children received protection interventions including psychosocial support, and 559 of the most vulnerable children received case management support.

FAO's project supported 7,017 households (33 482 individuals) from 11 herding communities located in the West Bank. CERF funds were used to provide seeds of high resistance, drought tolerant fodder crop to 4,000 households who collectively received around 600 MT of seeds to cultivate over 50 000 dunums. Each household received an average of 150 kg of drought tolerant seeds and is estimated to have produced 1,800 kg of serial fodder, and around 1,000-1,500 kg of hay. The cultivation of drought tolerant crops was aimed at improving grazing land carrying capacity and ensuring feed for animals, in the absence of sufficient grazing land. 2,172 herding families received waterproof animal sheds to rehabilitate their damaged animal sheds and protect their animals from extreme rain and cold, which adversely affects animal health and productivity. The provision of plastic sheds has also led to animal shelters being less muddy and dirty, requiring less time and effort in cleaning by women who can now redirect their time to other productive activities. Additionally, 845 women and men herders received one MT of olive-cake energy blocks to be used as an alternative energy source in lieu of wood. This is expected to contribute to reduced lamb mortality and reduce the burden on women who are usually responsible for collecting wood for heating.

UNFPA and its partners supported improved primary and secondary healthcare in Gaza and the West Bank. The intervention ensured access to life-saving primary health care, including for sexual and reproductive health, using Ministry of Health standards, through mobile clinics for 13,900 people living in 22 of the most vulnerable communities in the West Bank. This included providing health services for 553 pregnant women/girls. The mobile clinic teams conducted 11,418 total curative consultations and reached 5,250 people with health information. The project trained 191 community members, mostly women and young people, in first aid, ensuring that people in the community can provide life-saving aid when ambulances are delayed in arriving due to distance or Israeli military disruptions. In Gaza, the interventions supported around 27,800 pregnant women and girls through the provision of critical medical supplies and training of 116 health care providers on life saving topics, such as emergency obstetric care. In total, the project reached 41,700 people in the West Bank and Gaza Strip, between May and December 2019, with critical health care services, including supporting a safe pregnancy and delivery for women and neonates.

UNRWA provided individual counselling to 3,295 children (1,491 girls, 1,802 boys), group sessions to 2,925 children (1,522 girls, 1,403 boys), parents and teachers sessions to 9,175 parents (7,707 females, 1,468 males) and 3,133 teachers (2,256 females, 877 males) through 250 counsellors deployed to UNRWA schools throughout the Gaza Strip. The counsellors were working full-time, but the project covered half of their salaries for one semester from September to a part of December 2019. 21 MHPSS specialists were responsible for overall coordination, gap filling in areas where counsellors were not available, quality assurance, reporting and day to day supervision of the counsellors in schools.

WFP provided in-kind food parcels to 36,937 Bedouins and herders living in Area C of the West Bank, representing almost 100 percent of the targeted beneficiaries. Most of the assisted people (70 percent) were women (8,389), girls (8,216) and boys (9,421). The targeted communities are a mixture of refugees and non-refugees and hence the quarterly food distributions were coordinated with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The household food ration consisted of fortified wheat flour, chickpeas, lentils, fortified vegetable oil and iodised salt. The CERF contribution enabled WFP to provide full and timely food parcels to the assisted beneficiaries covering their needs. During the assistance period and through the CERF AFA contribution, WFP procured, shipped and distributed 1,201.70 metric tons of wheat flour, 64.48 metric tons of chickpeas, 35.90 metric tons of lentils, 73.70 metric tons of vegetable oil and 30.78 metric tons of iodised salt. The CERF UFA contribution was critical for WFP to respond to the immediate food needs of the vulnerable Bedouin and herding communities living in Area C of the West Bank, providing them a fundamental safety net and empowering tool in the face of increasing hardships and protecting them from suffering further food insecurity and poverty.

WHO reached over 433,000 people in Gaza and the West Bank between April and December 2019. WHO and its implementing partners provided lifesaving health services to 432,323 people including 126 PWD; provided reproductive health services to 2,135 female patients; trained 2 mobile clinics of 12 members; and supported 4 Gaza MoH hospitals with 45 drug item procurement and minor gender-sensitive renovations.

In Gaza, total 421,414 trauma and non-trauma patients including approximately 200,000 female patients have access to and benefit from improved-life saving health interventions and gender-sensitive environment in four major MoH hospitals across Gaza which cumulatively provide around two thirds of the total emergency consultations in the Strip. The WHO's procurement of medical and non-medical equipment benefitted to an estimated 308,989 people.

In Area C in the West Bank, 12,011 people in 19 communities have improved access to integrated essential life-saving primary health care services. Regular integrated life-saving primary health care interventions by two mobile clinics were provided to 10,909 people including 126

PWD. For women and girls, reproductive health services were given to 2,135 female community members including pregnant or lactating women, covering 95 per cent pregnant women in the target communities with antenatal care. During the project period, total 18572 consultations and 3300 lab services were provided.

6. PEOPLE REACHED

Lead agencies have used an evidence-based approach to estimate the number of beneficiaries from this intervention. Each activity was designed to meet a specific group of beneficiaries with considerations to avoid double counting of beneficiaries kept in mind.

For example, within the health cluster, double counting was avoided by dividing the beneficiaries between WHO, UNICEF, and UNFPA based on each agency's comparative advantage. For Gaza, WHO targeted beneficiaries in the emergency departments, UNICEF targeted neonates and young children, and UNFPA targeted pregnant women in primary health care and maternity wards. Therefore, there should be no double counting, except for the possibility that a small number of pregnant women also used services in the emergency department (unrelated to maternal health care). For the West Bank, there was no double counting as WHO and UNFPA coordinated which communities to cover and none of the communities overlapped.

The two food security projects were ultimately coordinated by the Food Security Cluster, ensuring a harmonised response and avoiding duplication of assistance. FAO's beneficiaries selection process was conducted with an aim to avoid double counting through involving local stakeholders and national counterparts such as the Ministry of Agriculture (MoA) and the creation of a local committee to assist with the selection. To avoid double counting, FAO used a database form, which contains essential individual information such as ID Number, gender, phone number, locality, district etc. This meant every beneficiary that filled in the application had to provide a copy of his ID, allowing a system of verifying and avoiding double counting.

In Gaza, given their multi-cluster programme, UNICEF has avoided double counting through its estimation approach of project beneficiaries and by not including beneficiaries of the other interventions in the calculation due to the overlap of areas of intervention. Beneficiaries of UNICEF interventions include over 9,900 children reached with Education and over 5,100 children reached with Child Protection interventions. Furthermore, geographical coverage has been considered as all interventions targeted at risk areas across Gaza Governorates where access to basic social services is most challenging. For example, the health interventions targeted areas compromised by electricity problems undermining basic health care services and which were already facing restrictions on the import of medical supplies. The 12 Child Protection Family Centres also covered all five Gaza governorates through fixed and outreach services. As for the education intervention, the 60 schools implementing the remedial education project were selected from across the 7 directorates.

In the West Bank, UNICEF's calculation took into account the geographical distribution of interventions between Area C and Hebron H2, and ensures no double counting in interventions across these areas. For example, the 374 beneficiaries of hygiene promotion in Area C are not included in the calculation to avoid double counting with the other WASH interventions delivered in Area C. Education projects implemented in both the West Bank and Gaza targeted two geographically separate locations and this ensured targeting unique beneficiaries through the interventions.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached)
Host communities	109,304	289,198
Refugees	185,641	340,652
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	0	36,937
Total	294,945	666,787

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	61,177	85,365	70,743	77,660	294,945
Reached	151,929	179,302	168,682	166,874	666,787

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	275	345	190	210	1,020
Reached (Out of the total reached)	38	124	360	344	866

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education	7	1,258	6,651	5,849	13,765
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	6,232	6,487	5,528	5,753	24,000
Food Security - Food Assistance	9,546	8,214	10,730	8,510	37,000
Health - Health	61,177	86,365	72,243	79,160	298,945
Protection - Child Protection	0	0	2,200	2,200	4,400
Protection - Protection	625	625	750	500	2,500
Water Sanitation Hygiene - Water, Sanitation and Hygiene	13,312	13,312	13,313	13,313	53,250

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education	10	22	6534	4047	10,015
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	7,017	7,017	9,071	10,377	33,482
Food Security - Food Assistance	10,911	8,389	9,421	8,216	36,937
Health - Health	117,131	154,522	126,794	128,480	526,927
Protection - Child Protection	0	0	2,481	2,643	5,124
Protection - Protection	300	811	396	391	1,898
Water Sanitation Hygiene - Water, Sanitation and Hygiene	13,592	13,395	12,518	12,310	51,815

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

7. CERF'S ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

The fast delivery of funding to lead agencies meant that they can rapidly respond and fill the gap of most critical needs. Immediately upon receipt of CERF funds, lead agencies initiated the different component of project implementation.

For health lead partners, and given the protracted crises in the oPt, health needs such as disposables and medications etc. did not arise suddenly due to a crisis but were known to the health cluster partners and prioritized as urgent needs, the fast delivery of funding from the initial meeting with the health cluster to the actual disbursement, meant that delivery of assistance is also rapid. For example, upon receipt of funds, WHO and UNFPA initiated procurement and delivery of life-saving medical supplies, drugs, disposables and laboratory equipment as well as supported their sub-implementing partner to operate the mobile clinics.

CERF funds allowed UNICEF to provide essential humanitarian services to the most vulnerable communities in Hebron-H2 and Area C, require continued humanitarian support for critical service provision. The rapid support provided under this grant for students and teachers to safely access schools in Hebron-H2 as they cross Israeli military checkpoints to access their schools and risk exposure to settler violence. The continued provision of protective presence to and from schools allows these students and teachers to safely access education.

For UNRWA, the funds, received less than a month after the proposal submitted, enabled UNRWA to rapidly support and fill the critical gap to continue with essential MHPSS support to Palestinian refugees in Gaza.

b) Did CERF funds help respond to time-critical needs?

YES

PARTIALLY

NO

CERF funding allowed lead agencies to respond to time critical needs of the most vulnerable groups including refugees, women and girls at higher risk of mortality, trauma and non-trauma patients, Bedouins and herders and vulnerable youth and children, including refugee children. WHO and despite the escalating violence in Gaza, travel restrictions for Palestinians within the West Bank, funding constraints, movement restrictions of personnel and humanitarian supplies into and within Gaza, WHO could respond timely to the critical humanitarian needs of the most vulnerable groups including trauma and non-trauma patients, high-risk women, and children.

CERF funding allowed UNICEF to support vulnerable Palestinian populations in Area C and Hebron H2 to build resilience against the persistent threats of occupation, violence and construction restrictions. UNICEF was able to respond to critical needs in the context of a highly challenging funding environment in the State of Palestine and the frequent shocks faced by the country as highlighted by the COVID-19 pandemic and the threat of annexation in 2020. In the health sector, UNICEF responded timely to high-risk pregnant and lactating women and young children in H2 area in Hebron city and Area C at risk of malnutrition. The risk of severe cases of anaemia and its consequences were reduced and the continuum of care was supported for the reduction of medical complications. In the WASH sector the proposed interventions targeted unserved and underserved communities with essential services. This resulted in improving vulnerable people's access to safe water and sanitation and protected the most vulnerable families under threat of forcible transfer in Area C. Furthermore, the rehabilitation/upgrading of WASH facilities in households in H2 has provided safe access for vulnerable people with disabilities to access sanitation facilities.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

Lead agencies have especially commended the improved coordination and the successful joint inter-agency efforts amongst the different partners, within the one cluster and amongst various stakeholders such as PA ministries (MoH, MoA etc.) and also with sub-implementing partners.

For example, WHO implemented its intervention in close coordination with the MoH and other Health cluster partners, including UNFPA and UNICEF which also received the CERF funds. Coordination amongst the humanitarian community with Health cluster partners was evident during all phases of project implementation. There were close consultations and collaborations in the preparation of project proposals, selection of hospitals and areas for mobile clinic coverage, Bill of Quantities for medical supplies and implementation to ensure delivery of services to the affected communities.

CERF funds enabled FAO to contribute effectively to coordination within the livestock-working group under the Food Security Sector (FSS). In addition, collaboration with the local NGO – Inaash Al Qarya, for the implementation of activities allowed mutual reinforcement of both parties' comparative advantages and capacity building for the local NGO. Additionally, due to the high relevance and urgent nature of the needs addressed by the CERF, FAO experienced a high level of responsiveness and ownership by the MoA at the headquarters' and field levels. There was full cooperation with the government, during the delivery of assistance and follow up.

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

YES

PARTIALLY

NO

CERF funds promoted successful collaboration that resulted in well-coordinated and harmonised resource mobilisation and provision in humanitarian response. The complementarity with the Humanitarian Pooled Fund (1st Standard Allocation) was a great example of joint resource mobilisation approach.

Following successful implementation of CERF, UNFPA was able to mobilize further humanitarian funding from the OCHA Country Based Pooled Funds (\$941,271) and Canada (\$3 million for SRH/GBV). It was also used to build the partnership with UNICEF and WHO, which helped mobilize development funding for a joint programme for Gaza from AFD (\$1.4 million for UNFPA).

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

CERF funding encouraged coordination among relevant sectors. For example, during a monitoring visit, UNFPA was alerted to a land mine incident in one of the villages, where a man and his child were severely injured. UNFPA immediately alerted UNMAS, who quickly sent a team to assess any ongoing risks and need for action.

In the WASH sector UNICEF and its partner adopted a beneficiary direct implementation mechanism to: a) ensure low profile implementation in the targeted areas; b) improve cost-efficacy; and c) increase beneficiary ownership toward the newly constructed/ rehabilitated cisterns. Also, connecting communities in Area C with a water network and enabling them to have a water tap in their houses for the first time improved their access to water, promoted personal hygiene practise and supported them to stay in their houses and land. This CERF funding continued to allow WHO to systematically apply human-rights based approach to all its programming, including in humanitarian situations. The right to health has been central to WHO's identity and mandate. The right to health for all people means that everyone should have access to the health services they need, when and where they need them. It is also re-affirmed by the Sustainable Development Goal 3, which aims to achieve universal health coverage, including access to essential health services.

In addition, CERF-funded projects were a model to other Health cluster agencies for the joint UNFPA, UNICEF and WHO intervention and provision of coordinated and harmonized humanitarian response.

8. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Continue to focus on Area C, and H2 area, maintaining a focus on areas that might be affected by annexation, and consider a multi-sectoral approach to support the people living there.	Fundraise for multi-sectorial interventions in Area C, and Hebron-H2. Include a focus on areas that might be affected by annexation.
A longer implementation timeframe could be allowed, especially when the project includes construction and procurement of items unavailable in Gaza for example.	Consider CERF UFE funding timeframes given specifically challenging areas such as Gaza which face importation bottlenecks
The education programme targets the school year which runs over two calendar/ fiscal years, the CERF timeline thus challenges implementation.	Consider education programme implementation to run across two calendar/ fiscal years to allow continuity of programming.

Some inter-sectoral activities, such as training of mobile clinic staff in GBV detection and referral and MHPSS issues proved to be very successful. This was done in coordination with the WHO intervention (UNFPA conducted GBV training and WHO conducted MHPSS training), which worked out well.	Encourage, place incentives, and facilitate administrative processes for clusters and partners to be able to engage in inter-cluster activities, such as training health providers in GBV detection and referral.
Coordination is key, so it is helpful for CERF and other donors to support coordination platforms/roles, such as the SRH humanitarian coordinator (currently funded under the Pooled Funds), the mobile clinic sub-cluster.	Continuation of support to coordination within and between clusters.
Consider flexibility and amendments. For example, medical supply needs are constantly changing and might differ from the time of proposal writing to the time a proposal is approved.	CERF Secretariat should be flexible in what supplies are being procured throughout project implementation, as the needs can rapidly change.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The key obstacle during the project implementation were related to the procurement and delivery process of medical supplies to Gaza.	WHO ensured coordination with the Israeli authorities to accelerate the entry of offshore-procured items into Gaza. With regards to the local procurement of medical disposables, market research was conducted by WHO and offers from reliable suppliers were collected and considered.	Health Cluster agencies
Child Protection: The need for MHPSS services for people with disabilities and their families is high in H2 area especially after the closure of some residential care facilities for disabled people in Hebron	Multi-sectoral programming targeting people with disabilities in H2	Inter-Cluster Coordination
Education: Teachers and community members have expressed concerns for the need to strengthen the protective environment for children. UNICEF and stakeholders realize the need to expand the format of safe access so that interventions are more comprehensive to ensure and respond to issues of access, equity and gender equality, increased continuity of education and protection of crisis-affected children. Children who may have experienced traumatic events on their way to or from school need adequate support from their teachers who are trained in identification, basic support, and referral for psychosocial support. Schools and communities need to be better equipped to provide safe spaces for children to learn and play through child-driven recreational and psychosocial interventions.	Work with partners and MoE schools to support safeguarding of children and teachers' commute to and from school through: i) Establishment/strengthening of school management committees (SMCs) and training them to provide protective learning environments and safe access to school for children and teachers. The SMCs will work closely with Child Protection Networks for protection mainstreaming; ii) Train teachers on how to provide psycho-social support (PSS) to children who may have been traumatized after being exposed to conflict going to or returning from school. Teachers will be trained on how to provide PSS, and children identified who need protection services will be referred to relevant protection service providers; iii) Provision of school recreational activities for children in selected schools or local community centres to serve as safe hubs for art, sports and educational activities.	Education and Protection Cluster partners
WASH: Continue the consultation and collaboration with PWA, relevant village councils and community members to ensure all needs and voices are heard and to increase their ownership	Accountability to affected people are considered in all interventions.	All actors involved

toward the new facilities rehabilitated and constructed.		
WASH: Continue working at low profile involving the community members to ensure works are implemented and to manage and reduce the existing risks.	Political situation and Israeli restrictions are considered in all interventions in Area C and H2 area.	All actors involved
Protection and MHPSS needs of children in Gaza continue to far exceed the available child protection services	Provide funding to support scale-up of services, including additional staffing and enhancing technical capacity of existing service providers	OCHA/ HC
Protection: High needs and strain on available services means protection and MHPSS personnel are themselves being exposed to high levels of stress and distress.	Include a core component of 'caring for the carers' in future interventions to address needs of professional frontline workers	UN Agencies
Health and Nutrition: The key obstacle during the project implementation was related to the duration of the procurement process of medical supplies, and the delays in delivery and production from the factories due to COVID-19. UNICEF ensured coordination with the Israeli authorities to accelerate the entry of offshore-procured items into Gaza.	Ensure close coordination with the Israeli authorities to expedite the import of supplies into Gaza.	Health Cluster agencies
Health and Nutrition: The procurement of the micro-nutrient supplements was delayed due to prolonged process of the getting approval from the Ministry of Health on the type of supplements and quantity per age group. The MoH preference was to go for local procurement and change specifications of supplies with this type of change of specification not within the standard UNICEF procedure.	To maintain the functioning of the health sector and respond to the urgent humanitarian needs in Gaza, a suggestion for future improvement is prepositioning of required essential drugs and medical supplies with the agencies under the health cluster using the common drugs store and medical supplies warehouse in Gaza. Specifications should be agreed with the national authorities in advance to avoid delays.	Health Cluster agencies
WASH: The installation and replacement of pumping station components was delayed as a result of bad weather conditions especially at peak times in Gaza.	The weather conditions to be considered in a well-timed workplan to avoid delays.	All actors involved in construction
WASH: Non-availability of electromechanical equipment has impacted the timeframe for construction.	Request reasonable time frames for components requiring electromechanical equipment.	All actors involved in construction
UNFPA and WHO, with the implementing partners (PMRS, Health Work Committees, and CARE), coordinated the mobile clinic responses very closely. This started during the planning / proposal writing phase and ensured a coordinated response. The lesson is the more coordination the better.	No change from what is currently happening, but UN agencies, with implementing partners, to continue to coordinate as much as possible with similar interventions. OCHA and other donors to continue to support coordination platforms and roles.	UN agencies and IPs
The procurement list for Gaza included many items, which was challenging to coordinate in a short amount of time.	Be more strategic with procuring fewer items of larger quantities to ensure sufficient stock of the most critically needed items. This can then be coordinated among the different funding streams among different agencies to distribute the items.	Agencies procuring medical supplies

<p>It is good to continually assess the supply needs, as the needs may change between initial assessment at the time of proposal preparation and time of project approval.</p>	<p>This was done throughout the project period, which was very helpful. This was a lesson that was carried through to other projects. It is good if OCHA/CERF is flexible with supply lists, as the needs rapidly change.</p>	<p>Agencies procuring medical supplies and OCHA/CERF Secretariat</p>
<p>It is helpful to have long-term procurement agreements with local suppliers for frequently supplied items to expedite the procurement process. In addition, it will protect from price fluctuations due to high demand of certain items.</p>	<p>UN agencies to work on signing long term agreements with local suppliers on frequently procured items.</p>	<p>Agencies</p>

PART II

9. PROJECT REPORTS

9.1. Project Report 19-UF-FAO-016 – FAO

1. Project Information			
1. Agency:	FAO	2. Country:	occupied Palestinian territory
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	4. Project Code (CERF):	19-UF-FAO-016
5. Project Title:	Protection of Bedouins' and Herders' Livelihoods in the West Bank		
6.a Original Start Date:	11/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,500,000
	c. Amount received from CERF:		US\$ 1,500,000
	d. Total CERF funds forwarded to implementing partners		US\$ 11,190
	of which to:		
	Government Partners		US\$ N/A
	International NGOs		US\$ N/A
	National NGOs		US\$ 11,190
	Red Cross/Crescent		US\$ N/A

2. Project Results Summary/Overall Performance

Through the CERF UFE grant, FAO supported 7,017 households (33,482 individuals) from 11 herding communities located in the West Bank. Funds were used in providing seeds of high resistance, drought-tolerant fodder crop to 4,000 households who collectively received around 600 MT of seeds to cultivate over 50,000 dunums. Each household received an average of 150 kg of drought tolerant seeds and is estimated to have produced 1,800 kg of serial fodder, and around 1,000 to 1,500 kg of hay. The cultivation of drought tolerant crops was aimed at improving grazing land carrying capacity and ensuring feed for animals, in the absence of sufficient grazing land. Also, 2,172 herding families received waterproof animal sheds to rehabilitate their damaged animal sheds and protect their animals from extreme rain and cold. This is expected to decrease mortality rates among new-born animals. The provision of plastic sheds has also led to animal shelters being less muddy and dirty, requiring less time and effort in cleaning from women who can now redirect their time to other productive activities. Additionally, 845 women and men herders received one MT of olive-cake energy blocks to be used as an alternative energy source in lieu of wood, used for heating houses and sheds for newly born lambs to protect them from diseases caused by exposure to the cold. This is expected to contribute to reduced lamb mortality and reduce the burden on women who are usually responsible for collecting wood for heating.

3. Changes and Amendments

There were no significant changes, deviations or amendments in the project from the original proposal or project plan during the project implementation. The only deviation of note is a positive one in the number of beneficiaries. As although the project initially planned to target 6,232 households, a decrease in the estimated price of inputs allowed the project to support 7,017 households.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	6,232	6,487	5,528	5,753	24,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	6,232	6,487	5,528	5,753	24,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	7,017	7,017	9,071	10,377	33,482
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	7,017	7,017	9,071	10,377	33,482
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

Although the project initially planned to target 6,232 households, fluctuations in the estimated price of inputs allowed the project to support 7,017 households.

It was planned to target 1,000 beneficiaries for the plastic sheds vs the actual beneficiaries which were 2,172. While for the energy blocks, it was planned to target 1,000 beneficiaries vs the actual 845 beneficiaries (due to prices changes).

The two activities impacted were the distribution of plastic sheds and the distribution of energy blocks.

	<p>Distribution of plastic sheds: The project initially planned to target 1,000 beneficiaries for the plastic sheds. This number was calculated based on price estimates. The tender for the procurement of the plastic sheds was highly competitive, and many suppliers were interested. This led to a significant decrease in the prices offered by the bidders. As a result, the project was able to procure more sheds than initially planned, increasing the number of beneficiaries from 1000 to 2,172.</p> <p>Energy blocks: The project initially planned to target 1,000 beneficiaries for the energy blocks. This number was calculated based on price estimates. However, there was only one supplier who responded to the tender to supply the energy blocks, and a survey of the market showed that re-tendering would not produce different results given the unique and specialised nature of the product. The supplier's price offer was higher than the initial price estimate. Hence the number of beneficiaries decreased from 1 000 to 845 because of the price deviation between the estimated cost and the actual cost.</p> <p>Additionally, it became very clear during the beneficiary selection process that the plastic sheds were in higher demand than the energy blocks as it was a rainy season. Taking this into consideration and bearing in mind the time-critical nature of the activities, the project team discussed and agreed with the Ministry of Agriculture that the changes in beneficiary numbers were acceptable and it would not be necessary to request a budget revision to cover the costs of additional energy blocks.</p> <p>Targeted farmers preferred to use less land for fodder crops so they can plant other crops on the remaining dunums. It is usually possible to do this if the rains are good, and this was the case at the beginning of last year's rainy season. This allowed farmers to plant the seeds provided by the project on an average of 12 dunums instead of the previously estimated 18 dunums. The amount of fodder harvested remains the same in both cases; however, using less dunums is more efficient and saves land for the beneficiaries who have limited access to land.</p>
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4.c Persons Indirectly Targeted by the Project
N/A

5. CERF Result Framework	
Project Objective	The overarching objective is to provide agricultural-based livelihood support to men, women and youth in herding households affected by man-made and natural shocks

Output 1	Increased production of drought tolerant animal fodder crops in the targeted herder communities			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	No. of women, youth and men herders targeted with improved fodder crop production	4,000 women, youth and men herders benefited from improved fodder crop production	4,000 beneficiaries received and planted their land	Beneficiary list
Indicator 1.2	No. of dunums planted with Drought Tolerant Seed (DTS)	72,000 dunums are planted with DTS (18 dunums per beneficiary)	48,000 dunums were planted as herders plant 12 dunums instead of 18 dunums per beneficiary	Project follow up visits and progress monitoring

Indicator 1.3	Quantity of DTS (in MTs) distributed	600 MTs of DTS are distributed (150 Kg per beneficiary)	600 Mt distributed	Beneficiary list and procurement record
Explanation of output and indicators variance:		Indicator 1.2: targeted farmers preferred to use less land for fodder crops so they can plant other crops on the remaining dunums. It is usually possible to do this if the rains are good, and this was the case at the beginning of last year's rainy season. This allowed farmers to plant the seeds provided by the project on an average of 12 dunums instead of the previously estimated 18 dunums. The amount of fodder harvested remains the same in both cases; however, using less dunums is more efficient and saves land for the beneficiaries who have limited access to land.		
Activities	Description	Implemented by		
Activity 1.1	Identification/Selection of Beneficiaries	FAO, MoA and Inaash Al Qarya		
Activity 1.2	Obtaining clearance on technical specifications	FAO team		
Activity 1.3	Issuance of tender, issuance of PO and relevant procurement	FAO Team		
Activity 1.4	Distribution of DTS to beneficiaries (planned for the planting season)	FAO, MoA and Inaash Al Qarya		

Output 2	Improved animal shelter basic conditions and reduced animal disease and lamb mortality through supporting targeted herder communities to rehabilitate and improve basic conditions of their animal shelters to become increasingly resilient to extreme weather conditions			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	No. of women, youth and men herders targeted for improved animal shelter basic conditions	1,000 women, youth and men herders benefited from improved shelter basic conditions	2,172 women, youth and men herders benefited from improved shelter basic conditions	Beneficiary list
Indicator 2.2	per cent reduction in lamb mortality rate	A reduction of 10 per cent in lamb mortality	10 per cent	FAO monitoring and beneficiaries reporting.
Indicator 2.3	Quantities of animal shelters (in square meters of shelter materials) distributed	96,000 square meters are distributed (96 square meters per beneficiary)	208,512 square meters	beneficiary list
Explanation of output and indicators variance:		Fluctuations in the estimated price of inputs allowed for increase in numbers. As part of the selection process methodology, herders apply for support through submitting application forms that are ranked by a selection committee. The project then selects the beneficiaries with the highest scores in accordance with the planned number of beneficiaries. At all times, the number of applications received is always higher than the number of planned beneficiaries. Hence in the case of additional resources such as this, the next ranked applicants are considered.		
Activities	Description	Implemented by		
Activity 2.1	Identification/Selection of Beneficiaries	FAO, MoA		
Activity 2.2	Obtaining clearance on technical specifications	FAO team		
Activity 2.3	Issuance of tender, issuance of PO and relevant procurement	FAO team		
Activity 2.4	Distribution of animal shelters to beneficiaries	FAO, MoA		

Output 3	Improved availability of energy blocks to be used by the targeted herder communities to reduce lamb mortality through providing heating for the livestock in the shelters and to reduce physical burdens on women resulting from wood collection for household use, particularly for heating			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	No. of women, youth and men herders targeted for improved household and shelters heat conditions	1000 women, youth and men herders benefited from improved household and shelters heat conditions	845	Beneficiary list
Indicator 3.2	Quantity of energy blocks (in MT) distributed	1000 MTs of energy blocks distributed (1 MT per beneficiary)	845 MT	Beneficiary list
Indicator 3.3	per cent Reduction in herders' expenditures on veterinary medications	A reduction of 10 per cent in medication costs	10 per cent	Rapid survey of project beneficiaries.
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Identification/Selection of Beneficiaries	FAO, MoA		
Activity 3.2	Obtaining clearance on technical specifications	FAO team		
Activity 3.3	Issuance of tender, issuance of PO and relevant procurement	FAO team		
Activity 3.4	Distribution to beneficiaries	FAO, MoA		

Output 4	Improved technical capacity of the targeted herder communities.			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	per cent of beneficiaries with increased knowledge and awareness in the areas and topics covered	80 per cent of the beneficiaries have increase their knowledge and awareness in the areas and topics covered	80 per cent of the beneficiaries have increase their knowledge and awareness in the areas and topics covered	Beneficiary list (training attendance sheet)
Indicator 4.2	No. of beneficiaries targeted through the development and distribution of information materials and guidelines tailored to the needs of beneficiaries	5000 beneficiaries benefited through the development and distribution of information materials and g	5,000 beneficiaries benefited through the development and distribution of information materials and g	Inputs distribution lists
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 4.1	Provision of technical support and follow up to the targeted beneficiaries through the development and distribution of information materials and guidelines tailored to the needs of beneficiaries.	MoA staff		

6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
<p>The key target group of the project - Bedouins and herders are considered among of the most vulnerable groups in the West Bank. Bedouins and herders depend on grazing for feeding their animals and they often have to move from area to area in search of fodder, water and hot weather. However, as a result of access restrictions, in addition to climate change and increase in the international fodder prices, Bedouins and herders suffer from an increase in the production costs particularly from purchasing fodder most of the year, as well as decreased productivity and high mortality caused by the cold weather. By targeting the herders with plastic sheds, energy blocks, and drought-tolerant seeds, the basic needs of the herders were addressed which enhanced their production, strengthened their resilience and reduced their losses by lowering the mortality rate among lambs.</p>	
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?	
<p>The beneficiary selection process was undertaken through a participatory approach involving local committees and in coordination with the livestock working group and the MoA. The activities of this project were designed with a specific focus on alleviating the gender disparities that exist in Bedouin communities. Bedouin women are traditionally responsible for productive activities that take place within the household, including grazing the animals and cleaning animal shelters, in addition to other regular household chores. Because of this gender-based distribution of labor, women are the most affected by the deterioration of production systems and obstacles to accessing grazing land, animal health and energy issues that this project sought to address. Moreover, female applicants and women-headed households were prioritized during beneficiary selection and awarded an extra point during scoring. This resulted in 17 percent of the project's primary beneficiaries being women-headed households.</p>	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
<p>FAO-West Bank and Gaza Strip (FAO-WBGS) has dedicated confidential channels of communication to receive grievances and complaints by beneficiaries and affected populations, including possible social and environmental violations as well as complaints on Sexual Exploitation and Abuse. All beneficiaries were provided with information sheets that encouraged them to report any grievances through the listed confidential channels.</p>	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	
<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes – all beneficiaries were provided with information sheets that encouraged them to report any grievances through the listed confidential channels.</p>	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	
<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>FAO-WBGS has dedicated confidential channels of communication to receive grievances and complaints by beneficiaries and affected populations, including possible social and environmental violations as well as complaints on Sexual Exploitation and Abuse. All beneficiaries were provided with information sheets that encouraged them to report any grievances through the listed confidential channels.</p>	
Any other comments (optional):	
N/A	

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

Within FAO's project, a post distribution monitoring is planned to take place in May 2020 in order to measure the effect of the support on the herders' life and how they benefited from it.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

9.2. Project Report 19-UF-FPA-020 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	occupied Palestinian territory
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-UF-FPA-020
5. Project Title:	Supporting Gaza Health system in providing life-saving reproductive health services, and ensuring access to life saving primary health care to the most vulnerable communities in the West Bank		
6.a Original Start Date:	10/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,890,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,184,128
	c. Amount received from CERF:		US\$ 942,764
	d. Total CERF funds forwarded to implementing partners		US\$ 280,078
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 280,078
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNFPA and its partners supported improved primary and secondary healthcare in Gaza and the West Bank. The intervention ensured access to life-saving primary health care, including for sexual and reproductive health, using Ministry of Health standards, through mobile clinics for 13,900 people living in 22 of the most vulnerable communities in the West Bank. This included providing health services for 553 pregnant women and girls. The mobile clinic teams conducted 11,418 total curative consultations and reached 5,250 people with health information. The project trained 191 community members, mostly women and young people, in first aid, ensuring that people in the community can provide life-saving aid when ambulances are delayed in arriving due to distance or Israeli military disruptions. In Gaza, the interventions supported around 27,800 pregnant women and girls through the provision of critical medical supplies and training of 116 health care providers on life saving topics, such as emergency obstetric care.

In total, the project reached 41,700 people in the West Bank and Gaza Strip, between May and December 2019, with critical health care services, including supporting a safe pregnancy and delivery for women and newborns.

3. Changes and Amendments

Overall, there were no major changes or amendments from the proposal to the project implementation. There was not a need to re-programme any funds, as the activities proceeded as planned and according to the timeline. All of the UNFPA CERF UFE funding was used within the original programme period (from 4 April to 31 December 2019).

There were a couple of minor adjustments to the project:

- A change in one community receiving mobile clinic services in the West Bank. This was due to the changing landscape of where and when MOH and other partners provide services. In order not to duplicate, the CERF funded mobile clinic team started providing services to a couple of other communities instead. This was coordinated with the health cluster, mobile clinic sub-

working group. This happens regularly within the mobile clinic sub-cluster due to the ever-changing needs. The change was communicated to OCHA.

- The health outreach in the West Bank reached more beneficiaries than originally anticipated, because of very high demand for the information.

The services in Gaza reached more beneficiaries than anticipated, due to high demand.

Cost related to group sessions is calculated per session rather than per individual. This has resulted in more people being reached with the same amount of funding.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		860	8,406	877	950	11,093
Refugees		1,990	14,931	2,045	2,215	21,181
Returnees		0	0	0	0	0
Internally displaced persons		0	0	0	0	0
Other affected persons		0	0	0	0	0
Total		2,850	23,337	2,922	3,165	32,274
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people planned")	45	75	110	135	365	

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health - Health					
	Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		1900	10,010	3,710	6,580	22,200
Refugees		150	15,610	320	3,420	19,500
Returnees		0	0	0	0	0
Internally displaced persons		0	0	0	0	0
Other affected persons		0	0	0	0	0
Total		2,050	25,620	4,030	10,000	41,700
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people reached")	22	107	34	89	252	

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

The target reached was higher than originally planned, as there was a higher demand for some services than originally anticipated.

4.c Persons Indirectly Targeted by the Project

The intervention also indirectly supported newborns, pregnant women, and health and well-being of families more broadly in Gaza. Although the services only went directly for pregnant women, by supporting her health and a safe delivery, the interventions supported their babies. Furthermore, the entire family is supported, because when you ensure that women do not die in childbirth, it also impacts her wider family, including children she has already had and her family as a whole.

5. CERF Result Framework

Project Objective	To improve the availability, accessibility, acceptability, and quality of essential lifesaving health services to the most vulnerable communities in the occupied Palestinian territories to reduce preventable morbidity and mortality
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Output 1	Around 20,000 pregnant and lactating women benefit from improved life-saving healthcare services in selected major hospitals in Gaza			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of Gaza health facilities benefited from equipment and supplies provided	7	7	MOH and NGO reports
Indicator 1.2	# of women/pregnant women benefited from enhanced maternity and PHC services, quality, coverage of obstetric care	20,000	27,800	Based on how many facilities the supplies were provided to, how many patients those facilities had over the project period, and the quantity of supplies provided compared to overall supply needs
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procure life-saving reproductive health (RH), including maternal health, drugs and disposables	UNFPA		
Activity 1.2	Deliver life-saving RH, including maternal health, drugs and disposables to MOH Gaza Central Stores and NGO maternity hospitals in Gaza	UNFPA		
Activity 1.3	Monitor the procurement activities through field visits.	UNFPA		

Output 2	12,174 people living in 18 highly vulnerable communities in Hebron and Jenin districts have improved access to life-saving primary health care services, including maternal and reproductive health			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of women and girls, including pregnant lactating women, received reproductive health services in Hebron and Jenin	1,300	1,870, including 553 pregnant women/girls	Mobile clinic registration book, PMRS Reports
Indicator 2.2	# of affected people who receive regular integrated life-saving primary health care	12,174	13,900	PMRS Reports

	interventions by mobile clinics/team, disaggregated by sex and age			
Indicator 2.3	# of vulnerable communities served by two mobile clinic teams	18	22	PMRS Reports
Indicator 2.4	# of beneficiaries reached through community campaign sessions	3,750	5,250	PMRS Reports
Explanation of output and indicators variance:		<p>Indicator 2.2 – As advised by the health cluster, one of the communities that the CERF teams was serving needed to be changed. When this change happened, the mobile clinic teams discovered several additional <i>msafers</i>/ hamlets (small communities) that were close to the selected communities. These communities were also attending mobile clinic services and therefore the total population served was 13,900. Original target was based on IP estimation. This said, the primary funding of the CERF grant was to operate the mobile clinic by funding staffing and medications of the clinic rather than individual cases. The clinic was able to accommodate needs without increased costs.</p> <p>Indicator 2.3 – Same as 2.2</p> <p>Indicator 2.4 - There was an unexpected high demand from schools for health awareness for students.</p>		
Activities	Description	Implemented by		
Activity 2.1	Establish 2 mobile clinics/teams and equip with essential medical supplies, including pharmaceuticals and disposables.	PMRS		
Activity 2.2	The 2 mobile teams regularly visit the targeted communities in Hebron and Jenin to provide life-saving curative and preventative PHC services, including maternal and reproductive health, critical acute and chronic diseases, injuries, services for people living with disabilities, GBV detection and referral, and preventative health needs.	PMRS		
Activity 2.3	Conduct community health outreach and awareness raising sessions on topics such as anaemia, nutrition, chronic diseases, reproductive health (risky sexual behaviour, unwanted pregnancy, STIs, infertility), and acute infections.	PMRS		
Activity 2.4	Follow up monitoring of activities and the needs through field visits and supportive supervision, jointly with MOH and the local district health authorities.	UNFPA and PMRS		

Output 3	Increase the capacity of the health system to provide primary health care services in the West Bank and secondary services in Gaza to respond to the ongoing health and protection needs in the protracted humanitarian crisis			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of community members (primarily women and youth) trained in first aid in Hebron and Jenin districts.	100	191	PMRS Reports
Indicator 3.2	# of healthcare workers trained in the WB and Gaza on GBV detection and referral, including healthcare workers trained under the CERF funded WHO project in the WB (no CERF cost)	35	39	PMRS Report and internal UNFPA involvement in implementation
Indicator 3.3	# of healthcare workers received training on lifesaving interventions (EMoC, MISP)	100	116	PMRS Reports

Indicator 3.4	# of community members receiving care from the community members trained in first aid	1000	1,090	PMRS Reports
Explanation of output and indicators variance:		<p>Indicator 3.1 - The increased number of trainees was due to the fact that a high number of youth were interested in first aid training and the budget allowed for more people to be trained.</p> <p>Indicator 3.3 – The proposal included 4 trainings for healthcare workers. 4 trainings were carried out; however, additional staff attended the trainings leading to a total of 116 providers instead of 100.</p>		
Activities	Description	Implemented by		
Activity 3.1	Train 10 groups of community members (10 people/group) on first aid to allow for community based emergency/first aid in cases where it is impossible for healthcare workers to enter the community or the injured parties to leave.	PMRS		
Activity 3.2	Train 100 healthcare service providers in Gaza in life saving MISP and emergency obstetric care protocols.	PMRS		
Activity 3.3	Train 35 healthcare service providers in Gaza and the WB (including HCWs in the WHO CERF project) in early detection and referral of GBV cases.	PMRS and UNFPA		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

For the WB mobile clinics, PMRS consulted local communities during the design phase of the project and have been in constant dialogue with local CSOs and local authorities to ensure that the services provided were tailored to the needs of each individual community. Local communities provided facilities for the mobile clinic visits and local grassroots groups (such as women's cooperatives) contributed to identifying potential beneficiaries and spreading information about the mobile clinic visits. The local stakeholders also helped identify local volunteers to assist during the mobile clinic visits (for example with setting up tables and supplies). They also facilitated outreach activities with schools and other community groups. Finally, they mediated in cases where challenges arose during the mobile clinic visits.

For Gaza, as the activities were primarily supplies, UNFPA consulted with MOH on the major deficits they have in maternal and child health supplies and drugs to sustain their services, reviewed them with maternities and verified against the essential drugs list with central drug stores. UNFPA also consulted the MOH department responsible for coordination with NGOs to identify the NGO health providers based on their caseload and location, as to ensure wide coverage of the CERF support and decrease stock outs for women in different areas.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

In the WB, existing local mechanisms were used to help form the response, as outlined above, through grassroots groups, such as women's cooperatives. In addition, the project utilized existing national mechanisms, such as the Mobile Clinic Sub-Cluster. In the sub-cluster organizations that focus on women/girls and people living with disability are engaged and regularly advise. This helped to support, for example, that the mobile clinic teams identify people living with disabilities in the communities they serve and conduct regular home visits to reach these vulnerable people. Furthermore, where appropriate and with consent, referring gender-based violence cases to the appropriate local agencies/institutions according to the district and the national referral system. PMRS relied heavily on local grassroots associations, both in order to identify marginalized community members who might otherwise be overlooked, and also to facilitate PMRS's contact with those patients. The partnership PMRS builds with local stakeholders and organizations is

paramount to the mobile clinic work, particularly, as local groups are able to identify at-risk cases (such as a woman suffering from GBV or a disabled person hidden in a family home) and mediate with families to discuss how PMRS can support them.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

In the preparation of the mobile clinics in the WB, the IP staff met regularly with community leaders and affected populations, to provide information about how the services will work and what they can expect. Roles and responsibilities of each of PMRS's staff were outlined, as well as providing the community with a contact person, in case there were any issues. The mobile clinic teams communicate with people in the communities on what days the teams will come and what services will be provided. The implementing partner, PMRS, is a trusted organization in the targeted communities, as they have a long and trusted reputation in Palestine. Lastly, the PMRS management and UNFPA regularly conducted field visits and provided beneficiaries and local stakeholders with the opportunity to give feedback on the quality of the services they were receiving, including the behaviour of the mobile clinic staff. In Gaza, the supported facilities (MOH and NGOs) and providers are well known and deeply rooted in the community. Their services are open for all.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

For the mobile clinic teams, IP management and UNFPA regularly conducted visits with community leaders and beneficiaries, asking for feedback and complaints. This allowed for consistent follow up and improvement of the quality of services, for example by changing or adding what medications were available and the rate of visits.

In Gaza, all of the facilities have a complaint box and there is a complaints department.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

UNFPA has a focal point for PSEA and a mechanism for reporting PSEA complaints. PSEA is part of UNFPA training programme for staff and IPs, MOH and major NGOs have official rules and code of conduct to prevent sexual exploitation and abuse, as per their internal assurance and performance regulations. This is supported/encouraged by UNFPA through community outreach, sessions and messages on SRH issues, including GBV.

For the mobile clinics, PSEA complaints are immediately sent to PMRS' program's director who informs PMRS's management and board. The board decides whether to launch a confidential inquiry into the employee who is accused of misconduct and whether to suspend that employee in the meantime. According to the results of the inquiry, the board and the higher management make the decision to either discipline or terminate the employee. In cases where an official complaint has been filed with the police, the IP follows the results of the official inquiry and cooperate with the authorities.

PMRS also takes the following actions to prevent misconduct by its teams:

- All mobile clinics staff must sign PMRS's code of conduct and are regularly trained on SRHR, GBV, the national referral system.
- Awareness raising sessions to women and men in targeted communities about SRHR, GBV, and the national referral mechanism.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
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No	No
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8. Evaluation: Has this project been evaluated or is an evaluation pending?

<p>No formal evaluation was planned, or is being carried out, as part of the 2019 CERF implementation.</p> <p>In the 2020 Humanitarian Response Plan, the Health Cluster agreed that WHO should take the lead on a system wide evaluation of the mobile clinics. UNFPA also anticipates to conduct an evaluation of the mobile clinics in 2020, particularly in their wider capacity to provide sexual and reproductive health services, including for gender based violence.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

9.3. Project Report 19-UF-CEF-046 – UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	occupied Palestinian territory
3. Cluster/Sector:	Education - Education Health - Health Water Sanitation Hygiene - Water, Sanitation and Hygiene Protection - Protection	4. Project Code (CERF):	19-UF-CEF-046
5. Project Title:	Providing essential integrated protection, education, Health and WASH services to vulnerable children and their families in Gaza Strip		
6.a Original Start Date:	18/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/07/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 20,349,921 WASH - US\$ 11,278,451 Health and Nutrition - US\$ 2,810,736 Child Protection - US\$ 2,857,931 Education - US\$ 3,402,803
	b. Total funding received for agency's sector response to current emergency:		WASH - US\$ 2,663,383 (US\$ 7,692,922 incl C.F.) Health and Nutrition - US\$ 1,948,018 (US\$ 2,892,587 incl. C.F.) Child Protection - US\$ 1,251,112 (US\$ 2,311,444 inc. C.F.) Education - US\$ 1,327,496 (1,995,700 incl. C.F.)
	c. Amount received from CERF:		US\$ 1,664,310
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 671,678
	Government Partners		US\$ 0
	International NGOs		US\$ 114,710
	National NGOs		US\$ 556,968
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

UNICEF, under this CERF Under-Funded Emergency grant, reached at least 48,720 vulnerable persons living in Gaza with a package of Health, WASH, Education and Child Protection services. Health interventions supported over 27,000 vulnerable children to access essential life-saving services through provision of equipment, drugs, furniture and medical consumables. WASH interventions supported

public services providers, an INGO and contractors to mitigate flood risks associated with deteriorating WASH facilities reaching 40,000 people. Three water wells in Gaza City and four wastewater pumping stations in the northern governorate were upgraded and rehabilitated. In the Education sector UNICEF and partners provided remedial education in numeracy and literacy skills to 5,411 children (2,020 girls) in grades 3,4 and 5, 210 vulnerable children were referred to family centres for protection services; and 6,336 children were provided with school bags and stationery kits and 330 teachers (130 females) were trained on how to provide remedial education to children. To improve access to Child Protection (CP) services, UNICEF through two partners supported 12 Family Centres in the Gaza Strip, which served as places of convergence for CP interventions. Through these partners 4,565 children received protection interventions including psychosocial support, and 559 of the most vulnerable children received case management support.

3. Changes and Amendments

UNICEF requested and received approval for a No Cost Extension (NCE) to this grant in April 2020. The rationale for the NCE included the delays in offshore procurement and donation approvals under the health component of the project. UNICEF remains awaiting the final medical furniture and equipment with the delivery expected on 15 August. The final supplies expected are medical furniture and supplies such as patient beds, bedside screens and laryngoscope paediatric sets. Furthermore for the WASH sector the NCE was requested until 31 March 2020 for the following reasons: i) The project experienced an initial delay as the de-facto authorities in Gaza were asking questions of the UNICEF implementing partner (Gaza INGO 1), once these issues were cleared project implementation began; ii) The repair works encountered an unforeseen delay with three pumps out of the required five not available. The pumps were eventually manufactured, shipped into Israel, and coordination arranged for them to enter Gaza by January 2020. Accordingly, the three pumps were installed in their locations at the wastewater pumping stations by February 2020. All the works at the seven WASH facilities were completed by February 2020.

Over the duration of the grant implementation the context significantly changed with the world facing the COVID-19 pandemic in 2020 and movements restrictions imposed the State of Palestine since March 2020. Fortunately, the impact of COVID-19 was felt less in Gaza, however the pandemic placed another burden on already fragile situation in Gaza.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Education – Education				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	5,000	4,500	9,500
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	5,000	4,500	9,500
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Education – Education				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	6,035	3,879	9,914
Refugees	0	0	0	0	0

Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	0	0	0
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	16,065	15,435	31,500
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	16,065	15,435	31,500
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	13,820	13,280	27,100
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	0	0	0
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

4.a Number of People Directly Assisted with CERF Funding (Planned)	
Cluster/Sector	Protection - Protection

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	0	0	0
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Protection - Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	0	0	0
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	10,750	10,750	10,750	10,750	43,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	10,750	10,750	10,750	10,750	43,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	10,639	10,441	9,564	9,356	40,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	10,639	10,441	9,564	9,356	40,000
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Protection - Child Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	2,200	2,200	4,400
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	2,200	2,200	4,400
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Protection - Child Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	2,481	2,643	5,124
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	2,481	2,643	5,124

Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	144	112	256

<p>In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:</p>	<p>Health: There is a remaining quantity of 13,200 ampules of Hydrocortisone provided to the Ministry of Health (of the total 70,000 ampules), this will cover the remaining 4,400 persons targeted to reach the total of 31,500 persons targeted. These remaining supply items will be distributed to targeted health facilities according to need and based upon expiry dates of the items.</p> <p>Child Protection: The 16 per cent greater reach than planned was achieved due to the high need for Child Protection services which UNICEF partners faced on the ground requiring service providers to expand their coverage. Nevertheless 75.6 per cent of children participating in the Family Center activities reported an improvement in their psychosocial wellbeing.</p> <p>WASH interventions reached 7 per cent less beneficiaries than planned as the actual project implementation sites were selected following the finalisation of the proposal. The communities covered by interventions therefore had a smaller catchment than was anticipated.</p>
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4.c Persons Indirectly Targeted by the Project
N/A

5. CERF Result Framework	
Project Objective	More children have better access to health, education, psychosocial support and WASH interventions

Output 1	More children and neonates have better access to emergency care services at the neonatal intensive care unit			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of children (50 per cent boys and 50 per cent girls), and infants with better access to emergency care services	31,500	27,100 <i>(Disaggregation - 13,820 boys (51 per cent); 13,280 girls (49 per cent))</i> <i>The total includes 1.512 neonates)</i>	Ministry of Health Distribution reports
Explanation of output and indicators variance:		<p>There is a remaining quantity of 13,200 ampules of Hydrocortisone provided to the Ministry of Health (of the total 70,000 ampules), this will cover the remaining 4,400 persons targeted to reach the total of 31,500 persons targeted. These remaining supply items will be distributed to targeted health facilities according to need and based upon expiry dates of the items.</p> <p>UNICEF completed the procurement of essential lifesaving drugs and medical consumables drugs and micronutrient supplements, including Glucose, Sulfamethoxazole, and Salbutamol. These supplies were procured and distributed to two Neonatal Intensive care units in Shifa and Naser Khan Younis and one pediatric unit in Gaza European treating critically vulnerable neonates</p>		

		and children under five in Gaza. Also, UNICEF through CERF funds procured 2 double wall incubators distributed to Shifa and Khan Younis neonatal departments. Through the CERF funded project, UNICEF with MOH and WHO upgraded the emergency departments in Al-Awda, Shifa and Naser Khan Younis hospitals and supported introduction of three child-friendly spaces in emergency units through the minor rehabilitation and provision of required medical supplies and furniture. However, there has also been a delay in the delivery of furniture and medical supplies including bedside screens, patient beds and laryngoscope paediatric sets for the emergency units. According to the supplier the delay was caused by the COVID-19 crisis and interruption at the factories. According to the supplier the expected arrival date of goods to customs is the 15th of August 2020. The total number of beneficiaries will not increase as the supplies will support sites which already received supplies.
Activities	Description	Implemented by
Activity 1.1	Provision of basic essential lifesaving drugs, consumables and micronutrient supplements for neonates and children under the age of 5 (boys and girls)	UNICEF
Activity 1.2	Provision of medical equipment for 2 neonatal Intensive Units and on one Pediatric Unit (Shifa and Naser Khan younis NICUs and Gaza European hospital pediatric Intensive care unit). This intervention will ensure provision of emergency services at three selected MOH and NGO Gaza hospitals treating critically vulnerable neonates and children under five at the intensive neonate and pediatric care units.	UNICEF
Activity 1.3	Mild rehabilitation and provision of child friendly furniture to 3 emergency departments in Al-Awda, Shifa and Naser Khan Younis hospitals. This intervention involves upgrading the emergency departments in Al-Awda, Shifa and Naser Khan Younis hospitals including setting up three child-friendly spaces through the provision of required medical supplies and furniture. Alongside minor rehabilitation at the emergency departments to ensure that children patients do not receive compromised emergency care will be supported	UNICEF

Output 2	Vulnerable children and families especially those affected by the Gaza fence crises, access child protection services, including structured psychosocial support			
Sector	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of children (52 per cent boys and 48 per cent girls), benefiting from structured child protection interventions including life skills, group and individual counselling and child-parent interaction programs.	4000	4,565 (2447 girls, 2118 boys)	Partner reports verified by UNICEF
Indicator 2.2	# of children receiving case management support.	400	559 (363 boys, 196 girls)	Partner reports verified by UNICEF
Explanation of output and indicators variance:	The project proposal considered children injured at the Gaza fence/ Great March of Return as priority beneficiaries as some of the most affected and in-need children in Gaza. The existing caseload of injured children from 2018 was already a high priority, however thousands more children were also injured			

		<p>during 2019. Considering this high caseload of particularly vulnerable children and their urgent needs, UNICEF partners reached 559 children with integrated case management services against the target of 400 (140 per cent). Case managers visited injured children at home, provided psychological first aid and assessed their needs, and provided or referred the affected children and their families for needed follow-up services. The increase in needs in Gaza accompanying the GMR also resulted in UNICEF partners reaching 4,565 children with child protection interventions exceeding the target of 4,000 by 14 per cent. Overall, 75.6 per cent of children participating in the Family Center activities reported an improvement in their psychosocial wellbeing.</p> <p>These results were mostly achieved by March 2020, and therefore the results were not impacted by the onset of the COVID-19 emergency.</p>
Activities	Description	Implemented by ¹²
Activity 2.1	Provide integrated psychosocial support and child protection services to the most affected boys and girls through family centres in Gaza	Gaza National NGO 1 and Gaza National NGO 2
Activity 2.2	Provide case management support to affected children and their families	Gaza National NGO 1 and Gaza National NGO 2

Output 3	Most vulnerable girls and boys access quality remedial learning opportunities in Gaza.			
Sector	Education - Education			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of children (50 per cent boys and 50 per cent girls) provided with remedial education support	4300	5,411 (2020 female and 3,391 male)	Attendance sheets and school records
Indicator 3.2	# of out of school children (90 per cent boys) due to participation in March of Return receiving non-formal remedial education	200	254	Monitoring reports from partners
Indicator 3.3	# of children age 6-18 (50 per cent boys and 50 per cent girls) provided with school bags/supplies and stationary kits	5000	6,336	Bidding documents, invoices, inventory check at warehouse
Explanation of output and indicators variance:		<p>Indicator 3.1: The project reached 5,411 children from grades 3-6 with remedial education through 60 schools in the second semester in 2019 (September-December). This was higher than the planned 4,300 children. These children were from 110 vulnerable public schools and were at risk of dropping out due to low learning outcomes. In Gaza enrolment in younger grades is very high. The higher than expected result was achieved due to the high school density particularly in area in East and West Gaza. The children were selected based on their results in the pre-test on Arabic and Maths run in the first semester of the programme. In order to enhance the capacity of teachers in identifying the low achievers and their weaknesses, a three-day training was conducted in this project to enhance grade 1-4 teachers' skills.</p> <p>Indicator 3.2: There were 254 vulnerable children identified and referred to remedial education, including through referral from Family Centres. Also,</p>		

¹² Full names of UNICEF implementing partners are provided in a separate annex. Please note that these names are highly confidential. Names of implementing partners must not be made available or disclosed in any public fora.

		during project implementation 235 out-of-school children (61 per cent boys) were identified in need for protection and referred to the Family Centers. Indicator 3.3: The difference in the quantities of the school bags provided was as a result of the competitive procurement process conducted by UNICEF which resulted in some savings that were used to procure additional bags for vulnerable children.
Activities	Description	Implemented by
Activity 3.1	Identification of target group	Gaza National NGO 3
Activity 3.2	Procurement of stationary, kits and supplies	UNICEF and Gaza National NGO 3
Activity 3.3	Distribution of kits and supplies	Gaza National NGO 3
Activity 3.4	Remedial Education sessions including summer interventions	Gaza National NGO 3

Output 4	Vulnerable children and families are protected from flooding as a result of rehabilitated water, wastewater and storm water networks			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	# of people protected from flooding	43,000	40,000	Final report by implementing partner as per the assessment study
Explanation of output and indicators variance:		There was slight deviation between estimated and actual beneficiaries as the identification of facilities could only be confirmed after the proposal approval. As an example of how the targeting was undertaken the WASH programme conducted an assessment in coordination with PWA, CMWU and related municipalities, this was based on a partner's stormwater assessment study. Through this assessment areas were identified which were most vulnerable and at risk of lacking access to basic services due to stormwater flooding. According to the stormwater assessment study during 2013-2018, 369 flood-prone locations in the Gaza Strip were identified as vulnerable to damage to public and private assets, damaging the surrounding agricultural areas, contaminating and polluting the environment due to floods by mixed stormwater and wastewater drained from poorly managed cesspits. As identified in the assessment, the facilities upgraded in this intervention improved the water and sanitation conditions for 40,000 people living within the boundaries of these flood zones, as they were facing serious public health and waterborne diseases such as diarrhoea and skin infections.		
Activities	Description	Implemented by		
Activity 4.1	Identification of facilities in coordination with service provider	UNICEF and Gaza International NGO 1		
Activity 4.2	Conduct field assessment and preparation of tender documents (BoQ and drawings)	UNICEF and Gaza International NGO 1		
Activity 4.3	Conduct the procurement process to assign local contractor(s)	UNICEF		
Activity 4.4	Implementation of rehabilitation works	UNICEF contractors supervised by Gaza International NGO 1 and UNICEF Engineers		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

In strengthening the UNICEF SoP commitment to affected populations, measures were taken to increase its accountability to affected populations (AAP), ensuring the engagement of affected populations in the planning, implementation, monitoring and evaluation of programmes. UNICEF worked extensively with implementing partners to operationalize accountability frameworks through community engagement, complaints mechanisms, transparent information sharing and feedback mechanisms. Stakeholders, direct beneficiaries and community members in the targeted communities were engaged to indicate their needs and their perceptions about the interventions to inform current and future programs. In addition, field observations were conducted to assess the experiences and satisfaction levels of targeted beneficiaries and stakeholders benefiting from the different activities.

For example, in the WASH sector the accountability to the crises-affected populations was 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 flooding assessment study prepared by the partner in coordination with the WASH Cluster and the service providers. The response addressed the prioritized needs of the affected population in North Gaza and Gaza City, which were jointly identified with the national stakeholders in the mapping of flood zones. However, the WASH interventions did not include direct support to beneficiaries, as they were focused on improving WASH services to the affected population.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Local mechanisms were used through the UNICEF implementing partners. UNICEF and the partners developed and established robust and functional mechanisms for receiving beneficiaries and stakeholders' feedback and responses. Subsequently, effective and efficient appropriate mechanisms were identified through surveying existing formal and informal in-country and building upon them. Standard operating procedures and flowcharts that have clear structures and guidelines in place on how complaints will be redressed in all stages of the complaints handling process were developed.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNICEF works with our implementing partners to ensure that they have appropriate Accountability Frameworks built into their programme design. UNICEF supports our partners to ensure that they have effective community engagement mechanisms which include informing the targeted communities about themselves as an implementing partner and to have mechanisms in place for community members to provide feedback, ask questions and receive feedback. UNICEF is building this into the partners M&E systems and is in the process to build the capacity of some of partners with less capacity in this area including national NGOs. UNICEF has also been leading the inter-agency PSEA systems and capacity building process as outlined below.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

UNICEF worked with partners to develop their participatory monitoring and evaluation systems which include community feedback mechanisms. UNICEF embedded a requirement within all partners monitoring and evaluation plans to demonstrate their accountability frameworks, and that these plans detail what the partners were doing to receive, process and take action on beneficiary feedback. This accountability systems building within partners is an ongoing process and in 2020 UNICEF is working to target partners with less capacity. UNICEF also held workshops with partners to discuss participatory monitoring and evaluation systems. However, noting that not all partners accountability systems are robust UNICEF is in the process of engaging an organisation to work with partners to build their accountability systems with this capacity building initiative planned to start in the second half of 2020.

As an example of community feedback, UNICEF's WASH implementing partner had its own complaints mechanism for targeted households through the local CBOs and Site Engineers. Municipalities also had a customers' service system through which people could easily reach Municipalities if they had any concerns.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

UNICEF supports the UN inter-agency PSEA working group with UNFPA and is in the process of supporting inter-agency PSEA processes. This includes assessing all partners' PSEA systems and capacity building needs to respond to gaps such as for reporting and investigation of PSEA cases. For example, UNICEF SoP is collaborating with the Palestinian NGO network (PNGO) to roll out an assessment of all national NGOs PSEA policies, systems and procedures. All UNICEF INGO partners have already been assessed through a global assessment process.

UNICEF partners and people who worked on this project received training on the child protection safeguarding policy and prevention of sexual exploitation and abuse of authority including procedures and complaining mechanisms for the children if they were exposed to violence.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

WASH: Pending - The WASH component of this project will be part of an ongoing evaluation of UNICEF WASH projects from 2016-2019. The evaluation is expected to be complete by the end of 2020 and the report will be shared with OCHA upon completion.
 Child Protection: Carried Out - The Family Centre programme was evaluated in 2018 and UNICEF is working with partners to implement the Management Response to the evaluation findings and recommendations.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

9.4. Project Report 19-UF-CEF-047 – UNICEF**

1. Project Information			
1. Agency:	UNICEF	2. Country:	occupied Palestinian territory
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene Health - Health Protection - Protection Education - Education	4. Project Code (CERF):	19-UF-CEF-047
5. Project Title:	Providing essential integrated protection, education, Health and WASH services to vulnerable children and their families in the H2 area in Hebron city and Emergency WASH interventions for unconnected vulnerable communities in Area C		
6.a Original Start Date:	24/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/07/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		WASH - US\$ 11,278,451 Health and Nutrition - US\$ 2,810,736 Child Protection - US\$ 2,857,931 Education - US\$ 3,402,803
	b. Total funding received for agency's sector response to current emergency:		WASH - US\$ 2,663,383 (US\$ 7,692,922 incl C.F.) Health and Nutrition - US\$ 1,948,018 (US\$ 2,892,587 incl. C.F.) Child Protection - US\$ 1,251,112 (US\$ 2,311,444 inc. C.F.) Education - US\$ 1,327,496 (1,995,700 incl. C.F.)
	c. Amount received from CERF:		US\$ 1,000,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 786,584
	Government Partners		US\$ 0
	International NGOs		US\$ 569,025
	National NGOs		US\$ 217,559
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through CERF UFE grant UNICEF and partners provided health, education, protection and WASH services in Area C and Hebron-H2 areas in the West Bank reaching over 13,000 people. Screening of women and children for anaemia reached 6,738 people in Hebron H2, and provision of nutritional supplies benefiting an estimated 3,000 children and women; 55 nutrition awareness sessions and 55 cooking demonstrations took place reaching 1,247 pregnant and lactating women. Protective presence to promote safe access to schools in Hebron-H2 reached 690 school children and their teachers provided through international volunteers who accompanied children and

teachers on their daily commute to schools. Child protection interventions, including structured psychosocial activities, reached 1,898 people. Psychosocial first aid was provided to people affected by emergency incidents. A coordination team was formed of 20 Child Protection actors in H2 with six coordination meetings held. Finally, WASH interventions supported 11,815 people in unserved and underserved communities in Area C and H2 under threat of forcible transfer. Of this total, 11,553 people benefited from improved piped water services; 72 people benefited from the rehabilitation/ upgrading of 12 WASH facilities; 80 people from the rehabilitation/construction of eight household water cisterns; and two school cisterns were constructed.

3. Changes and Amendments

UNICEF requested and received approval for a No Cost Extension (NCE) to this grant in April 2020. The rationale for the NCE included the delays in offshore procurement and donation approvals under the health component of the project. While supplies were awaited from abroad UNICEF borrowed supplements from the available stock at MoH to treat malnourished children and women. UNICEF procured the supplies and delivered the supplements to MoH, during the extended implementation period.

Over the duration of the grant implementation the context has significantly changed with the COVID-19 pandemic in 2020 and resulting movements restrictions imposed in the State of Palestine since March 2020. COVID-19 has impacted differently on the various parts of the project. While funds approved for the WASH projects were fully utilised as of December 2019, the Child Protection project implementation in 2020 was affected with the children's camps planned for summer 2020 in Hebron cancelled due to COVID-19 this resulted in a reduced number of people reached through the project.

The unstable political and security situation in H2 area required UNICEF and partners to adapt operational modalities. The sudden closures and blockades setup by the Israeli Forces meant that on some days partners' teams had to negotiate entry to some of the areas planned within the project.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Education – Education				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	7	8	151	349	515
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	7	8	151	349	515
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Education – Education				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	10	22	490	168	690
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0

Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	10	22	490	168	690
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health – Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	1,000	1,500	1,500	4,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	1,000	1,500	1,500	4,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health – Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	3,286	1,553	1,899	6,738
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	3,286	1,553	1,899	6,738
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	94	77	171

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection – Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Host communities	625	625	750	500	2,500
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	625	625	750	500	2,500
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Protection – Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	300	811	396	391	1,898
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	300	811	396	391	1,898
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	1	1	30	17	49

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	2,562	2,562	2,563	2,563	10,250
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	2,562	2,562	2,563	2,563	10,250
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	2,953	2,954	2,954	2,954	11,815
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	2,953	2,954	2,954	2,954	11,815
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	2	1	8	1	12

<p>In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:</p>	<p>The following is a summary justification for each programmatic area covered and how/ why there was an over- or under-achievement against the targets.</p> <p>Education: The non-renewal of the TIPH mandate created a gap in human rights monitoring. Given the urgent need, one of the implementing partners agreed to provide protective presence to additional children and teachers without additional funding. One of UNICEF's implementing partners of the project provided volunteers (without further charge to the project budget) to provide protective presence to children and school teachers by accompanying them through high risk area and through checkpoints in the H2.</p> <p>Health: To reach 1,000 anaemic pregnant and lactating women, UNICEF and its partners had to screen over 3,000 women. Nevertheless, only 622 (21 per cent) women were found with anaemia and referred for treatment. Of the 3,452 children under 5 screened, a total of 1,187 (34 per cent) children were found anaemic and were referred for treatment. No remaining funds. Budget cost was for screening activities of anaemic pregnant and lactating women and children and these were completed as per the project original plan. Referral services of anaemic women and children did not require funding per se.</p> <p>Child Protection: The lower than planned results were due to the impact of COVID-19 following the PA declaration of a state of emergency which restricted movements and closed educational facilities. The sustained increase in positive cases in Hebron prevented the implementation of the planned summer camp activities. CERF funding was mainly covering psychosocial counsellors, facilitators and administrative cost. Some small amounts were budgeted for refreshments during summer camps and were shifted to fund additional counsellors/facilitators. After the PA declared a state of emergency on 06 March restricting movements and closing educational facilities, in an attempt to limit the spread of the coronavirus, UNICEF had several scenarios in the contingency plan and attempted to reschedule the summer camps working in capsules "with lower number of beneficiaries / camp", the situation in Hebron kept deteriorating with increased number of people testing positive for coronavirus and the subsequently the camps were suspended by the MOE. Eventually, UNICEF worked closely with one of its sub-implementing partners to continue the implementation of planned activities remotely reaching to the highest number possible of vulnerable people. Hence, summer camps were replaced by remote awareness raising session for caregivers to increase their knowledge and skills to protect their children from harm and reduce harmful practices psychosocial support were engaged in structured psychosocial sessions "team up sessions" that were held using social application.</p>
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	WASH: The actual number of beneficiaries reached was higher than the target due to savings in the project due to: a) actual cost of supplies and works were less than the estimated budget; and b) involvement of community in the implementation of the works. Based upon the savings UNICEF was able to target an additional community with the installation of water networks in Area C and additional WASH facilities in two households with the CERF funds.
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4.c Persons Indirectly Targeted by the Project
N/A

5. CERF Result Framework
Project Objective Palestinians living in the H2 area of Hebron city receive nutrition, mental health/psychosocial support, child protection and education support, including but not only protective presence.

Output 1	More children in H2 area, have better nutritional status and opportunities for their growth, academic achievements and better earning potential later in life			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of children (0 to 12 years old; 50:50 ratio boys and girls) benefiting from targeted nutrition interventions (e.g nutrition screening, awareness, provision of supplements)	3,000	3,452	Partner progress reports
Indicator 1.2	# of pregnant and lactating women (PLW) benefiting from targeted nutrition interventions (e.g. awareness sessions, cooking demonstration, emergency IYCF counselling)	1,000	1,247	Partner progress reports
Explanation of output and indicators variance:		To reach planned 1,000 pregnant and lactating women with anaemia, UNICEF and its partners had to screen over 3,000 women. Of these women only 622 (21 per cent) were found malnourished and were referred for treatment. However, 1,247 women were reached with a broader set of interventions such as awareness raising and cooking demonstrations. Out of the 3,452 children under 5 years screened, a total of 1,187 (34 per cent) children were found anaemic and were referred for treatment.		
Activities	Description	Implemented by		
Activity 1.1	Screening 3,000 children under 5 to assess the haemoglobin levels and anthropometry indicators	UNICEF, West Bank National NGO 2		
Activity 1.2	50 awareness sessions will be conducted to reach the caregivers of the targeted malnourished children. (1,000) on infant and young child feeding practices, complementary feeding and diet diversity	UNICEF, West Bank National NGO 2		
Activity 1.3	50 cooking demonstration sessions will be conducted to targeted families reaching 1,000 PLW	UNICEF, West Bank National NGO 2		
Activity 1.4	Micronutrient supplements will be provided to 1,000 malnourished children and 1000 anaemic PLW	UNICEF, National NGO partner through MoH clinics		

Output 2	More children and parents in H2 area in Hebron, are benefiting from the provision of PFA, group psychosocial counselling for children, group psychosocial counselling for parents, stress releasing and recreational activities, awareness sessions on children's rights and needs.			
Sector	Protection – Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of children benefiting from group and individual psychosocial counselling support	1,250	787	Partner reports verified by UNICEF
Indicator 2.2	# of parents who receive awareness sessions and group psychosocial support.	1,250	1,111	Partner reports verified by UNICEF
Explanation of output and indicators variance:		In total, 1,878 beneficiaries were reached with protection activities in the H2 area, 75 per cent of the target (2,500). The planned activities included reaching 1,200 beneficiaries (900 children and 300 caregivers) with structured stress release activities through summer camps that were scheduled for summer 2020, which were not completed due to the prevailing COVID-19 emergency. Following the PA declaration of a state of emergency on 6 March movement restrictions were put in place and educational facilities closed. In the event of easing of movement restrictions UNICEF and its partner planned different scenarios to reschedule group summer camp activities with lower numbers of participants or in a shorter time frame. However, the sustained increase in positive cases in Hebron prevented the implementation of any camp activities. UNICEF and its partner worked closely to continue the implementation of other planned protection activities remotely to reach the highest number of vulnerable people possible.		
Activities	Description	Implemented by		
Activity 2.1	Vulnerable children and families, especially those affected by conflict related violence, access child protection services, including structured psychosocial support	West Bank National NGO 1 ¹³		

Output 3	More school children and teachers in vulnerable areas have safe access to schools			
Sector	Education – Education			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of school children and teachers benefiting from Protective Presence services to safely access their schools	515	690	Partner Reports and Programmatic Visits
Explanation of output and indicators variance:		The non-renewal of the Temporary International Presence in Hebron (TIPH) mandate in January 2019, created a gap in human rights monitoring and protection, heightening the risk of further serious human rights violations. This led to an increased request by schools for international volunteers to provide protective presence support. The addition of Haj Ziyad Jaber Boys School led to the additional number of children and teachers who were provided with protective presence. Given the urgent need, one of the implementing partners agreed to provide protective presence to these additional children and teachers without additional funding.		

¹³ Full names of UNICEF implementing partners are provided in a separate annex. Please note that these names are highly confidential. Names of implementing partners must not be made available or disclosed in any public fora.

		With children in Hebron-H2 continuing to face chronic protection issues on their way to and from their schools, assessments continue to show that the realization of the right to education remains severely compromised due to armed search operations in schools, harassment, intimidation, and violence towards students and teachers. Assessments have also found that in response to these threats, families adopt negative coping mechanisms. To address these issues awareness raising sessions were conducted for 210 parents, students, teachers and community members on how to identify and provide a safe and protective learning environment for children and teachers in Hebron-H2.
Activities	Description	Implemented by
Activity 3.1	Provide protective accompaniment through volunteers to children in high risk areas to and from their schools	West Bank International NGO 2 and West Bank International NGO 3 supported protective presence, and West Bank National NGO 3 conducted awareness raising on safe and protective learning environments.

Output 4	More children and their families benefit from WASH services in H2 area in Hebron and from unconnected water networks in Area C.			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	# of children and family members benefiting from improved WASH services in H2 area in Hebron.	5,000	72	Partners' reports and field visits
Indicator 4.2	# of children and family members with improved access to safe water in the most vulnerable communities in Area C through the rehabilitation/construction of water pipe line and rehabilitation of rain water harvesting cisterns.	5,250	11,743	Partners' reports and field visits
Explanation of output and indicators variance:		<p>There was an error in the disaggregation of the overall target of 10,250 people to be reached in the original proposal with the target in H2 set too high and the target in Area C set too low. The interventions in H2 targeted the most vulnerable households and were always intended to reach a smaller proportion of the total. However, the interventions in Area C were community based and therefore reached a greater number of people. Overall, the aggregate target of 10,250 was met and exceeded.</p> <p>Against the overall target there was a slight discrepancy between the estimated and actual beneficiaries as we were able to target an additional community with the installation of water networks in Area C and additional WASH facilities in two households with the CERF funds. This was due to savings which were unforeseen in the project due to: a) actual cost of supplies and construction works were less than the estimated budget; and b) involvement of community in the implementation works</p>		
Activities	Description	Implemented by		
Activity 4.1	Construction/rehabilitation of 10 rain water harvesting cisterns for Area C communities	UNICEF, West Bank International NGO 1 with the involvement of the community members. (result 190 beneficiaries)		
Activity 4.2	Construction/rehabilitation of 20,000 ML of water pipes for Area C communities	UNICEF, West Bank International NGO 1 with the involvement of the contractor and community members (result 11,553 beneficiaries)		

Activity 4.3	Provision/construction of 10 sanitation facilities for elders, children and PLWD in Hebron's H2 area	UNICEF, West Bank International NGO 1 with the involvement of the contractor and community members (result 72 beneficiaries)
Activity 4.4	9 Hygiene promotion campaign targeting the most vulnerable households in Area C	UNICEF and West Bank International NGO 1 (result 374 beneficiaries, not counted in the overall to avoid double counting)

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

In strengthening the UNICEF's SoP commitment to affected populations, measures were taken to increase its accountability to affected populations (AAP), ensuring the engagement of affected populations in the planning, implementation, monitoring and evaluation of programmes. UNICEF has extensively worked with implementing partners to operationalize accountability frameworks through community engagement, complaints mechanisms, transparent information sharing and feedback mechanisms. Stakeholders, direct beneficiaries and community members in the targeted communities were engaged to indicate their needs and their perceptions about the interventions to inform current and future programs. In addition, field observations were conducted to assess the experiences and satisfaction levels of targeted beneficiaries and stakeholders benefiting from the different activities.

For example, in the WASH sector the response was designed and planned according to the needs outlined in Area C master plan, and the OCHA H2 multi-sectoral assessment. The response addressed the prioritized needs of the affected population in Area C and H2, which have been jointly identified with UNICEF, PWA and the implementing partner. During project implementation, UNICEF ensured that activities were implemented jointly with relevant service providers and community participation to ensure implementation at low profile. During project monitoring UNICEF ensured close collaboration with its implementing partner at the field level.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Existing local mechanisms were used for community engagement including village councils. For example, in the WASH sector UNICEF and the implementing partner carried out several coordination meetings with the service providers and community representatives to identify the most vulnerable communities and agree on the implementation modalities. UNICEF and its partners established feedback and complaints mechanisms where children and beneficiaries raised their concerns and shared recommendations. This was ensured through the distribution of the "feedback cards", the regular visits and the end line survey including focus groups discussions to hear from the community members. For the protective presence programme UNICEF built upon the existing programmes where partners bring international volunteers into the H2 area to work directly with the local community. Over the implementation period UNICEF also undertook an in-depth review/ evaluation of the Protective Presence/ Safe Access to Schools programme. This included engaging with the affected communities to provide their reflections on the programme effectiveness and sustainability, and to provide ideas about how to strengthen safe access to schools in most vulnerable areas. This review/ evaluation is informing the UNICEF design of the programme for the coming years including the HRP 2021.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNICEF works with our implementing partners to ensure that they have appropriate Accountability Frameworks built into their programme design. UNICEF is supporting our partners to ensure that they have effective community engagement mechanisms which include informing the targeted communities about themselves as an implementing partner and to have mechanisms in place for community members to provide feedback, ask questions and receive feedback. UNICEF is building this into the partners M&E systems, and is in the process of building the capacity of some of partners with less capacity in this area including national NGOs. UNICEF has also been leading the inter-agency PSEA systems and capacity building process.

In the WASH programme where UNICEF implements directly through private sector contractors this community engagement was promoted through coordination meetings with UNICEF, PWA, relevant service providers and community representatives. Also, the information was communicated in the introductory meeting and awareness sessions conducted for the community members and students.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

UNICEF worked with partners to develop their participatory monitoring and evaluation systems which include community feedback mechanisms. UNICEF embedded a requirement within all partners monitoring and evaluation plans to demonstrate their accountability frameworks, and that these plans detail what the partners are doing to receive, process and take action on beneficiary feedback. This accountability systems building within partners is an ongoing process and in 2020 UNICEF targeted partners with less capacity. UNICEF also held workshops with partners to discuss participatory monitoring and evaluation systems. However, noting that not all partner accountability systems are robust UNICEF is in the process of engaging an organisation to work with partners to build their accountability systems with this capacity building initiative planned to start in the second half of 2020. As an example, in the WASH sector “feedback cards” were distributed during the regular visits and an end line survey included focus groups discussions to receive feedback from the community members. The implementing partner received complaints and feedback while implementing the WASH facilities in households in H2 about the duration of construction. The partner explained to the families about the process, also the partner requested the contractor to accelerate the works for families.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

UNICEF supports the UN inter-agency PSEA working group with UNFPA and is in the process of supporting inter-agency PSEA processes. This includes assessing all partners’ PSEA systems and capacity building needs to respond to gaps such as for reporting and investigation of PSEA cases. For example, UNICEF SoP is collaborating with the Palestinian NGO network (PNGO) to roll out an assessment of all national NGOs PSEA policies, systems and procedures. All UNICEF INGO partners have already been assessed through a global assessment process.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

Education - For the Education Protective Presence component, UNICEF commissioned a review to assess effectiveness, sustainability, impact, relevance and efficiency of the protective presence intervention in adequately meeting the needs of children and teachers regarding protection from violations on their way to schools or around their schools. The review findings provided strategic guidance on the way forward in providing safe access to educational opportunities for children and their teachers in the high-risk areas of the West Bank. The findings emphasized the need for a comprehensive approach to safe access to schools that complements protective presence with other mechanisms such as local solutions by communities, transportation, to provide sustainable protection to students and staff. UNICEF will be expanding the programming on safe access to schools based on the

EVALUATION CARRIED OUT

EVALUATION PENDING

<p>findings so that interventions are comprehensive to ensure and respond to issues of access, equity and gender equality, increased continuity of education and protection of crisis-affected children.</p> <p>WASH - The WASH component of this project will be part of an ongoing evaluation of UNICEF WASH projects from 2016-2019. The evaluation is expected to be complete by the end of 2020 and the report will be shared with OCHA upon completion.</p>	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>
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9.5. Project Report 19-UF-RWA-001 – UNRWA

1. Project Information			
1. Agency:	UNRWA	2. Country:	occupied Palestinian territory
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-UF-RWA-001
5. Project Title:	Integrated Psychosocial Support to Vulnerable Palestine Refugee Children		
6.a Original Start Date:	12/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,482,825
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,251,716
	c. Amount received from CERF:		US\$ 758,000
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNRWA provided individual counselling to 3,295 children (1,491 girls, 1,802 boys), group sessions to 2,925 children (1,522 girls, 1,403 boys), parents and teachers sessions to 9,175 parents (7,707 females, 1,468 males) and 3,133 teachers (2,256 females, 877 males) through 250 counsellors deployed to UNRWA schools throughout the Gaza Strip. The counsellors were working full-time, but the project covered half of their salaries for one semester from September to a part of December 2019. 21 MHPSS specialists were responsible for overall coordination, gap filling in areas where counsellors were not available, quality assurance, reporting and day to day supervision of the counsellors in schools.

3. Changes and Amendments

During the proposal development stage, school counsellors were working on part-time bases due to funding constraints; therefore, the target was estimated based on part-time working modality. However, in order to respond to increasing and intensifying needs, UNRWA reinstated all counsellors back to full time starting May 2019. During this process, MHPSS provided at schools has slightly changed to focus more on comprehensive and child-centred approach to respond to increasing needs with limited resources. The counsellors provided more parents and teachers sessions so that children have wider support at school as well as at home and community, which could partially replace the effort of group sessions for children. As a result, counsellors were able to provide more individual counselling sessions to children who required more focused support. The project continued to support 50 per cent salaries of 250 counsellors, and the outcome was calculated based on 50 per cent of their workload.

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Health – Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	500	1,100	3,629	3,931	9,160
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	500	1,100	3,629	3,931	9,160
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of “people planned”)	0	0	80	75	155

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Health – Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	2,345	9,963	3,205	3,013	18,346
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	2,345	9,963	3,205	3,013	18,346
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of “people reached”)	0	0	56	30	86

<p>In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:</p>	<p>Since the psychosocial support needs was increasing while number of counsellors per students were limited (1 counsellor per more than 1,000 students), the counsellors focused more on parents and teachers sessions in order to assist children at home and at school through them. Instead, the number of group sessions were reduced, and the counsellors were able to provide more individual counselling to students who need focused support. The actual number of children with disabilities is less than the target as the beneficiaries were selected on MHPSS needs base rather than disabilities. Needs were based on children need for MHPSS support services whereas planning took into account an average of numbers of disabled children in schools.</p>
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4.c Persons Indirectly Targeted by the Project

The project primarily targeted boys and girls; however, GBV survivors and other adults with mental health needs were able to access initial support through the school-based counsellors. These were screened and further referred to health centre based counsellors for further assistance. The project indirectly contributed to enhance coping mechanism and resiliency among adults as well as promoting family relations so that children were supported within their own homes and communities.

5. CERF Result Framework

Project Objective	Increased resilience and mental wellbeing for refugee students and their families
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Output 1	Mental health and psychosocial support provided to 7,560 refugee students			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of students receiving group interventions (disaggregated)	7,560 (3,931 girls, 3,629 boys)	2,925 (1,522 girls, 1,403 boys)	UNRWA MHPSS database
Indicator 1.2	Number of students receiving individual counselling (disaggregated)	2,268 (1,180 girls, 1,088 boys)	3,293 (1,491 girls, 1,802 boys)	UNRWA MHPSS database
Indicator 1.3	Number of children with disabilities receiving MHPSS services	115 (75 girls, 80 boys)	86 (30 girls, 56 boys)	UNRWA MHPSS database
Explanation of output and indicators variance:		The number of group sessions were reduced, and the counsellors were able to provide more individual counselling to students who need focused support. Support was provided on needs-basis. During group interventions, it was evident that more individual support was in higher demand and thus the shift which was based on actual needs.		
Activities	Description	Implemented by		
Activity 1.1	Recruitment & induction sessions for mental health counsellors	UNRWA		
Activity 1.2	Identification and screening of students	UNRWA		
Activity 1.3	Delivery of group sessions and individual counselling for students	UNRWA		

Output 2	Educational and awareness sessions for 1,600 adults including parents			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of parents and teachers receiving education and awareness sessions	1600 (1,280 female, 320 male)	12,308 (9,963 female, 2,345 male)	UNRWA MHPSS database
Explanation of output and indicators variance:		Since the psychosocial support needs was increasing while number of counsellors per students were limited (1 counsellor per more than 1,000 students), the counsellors focused more on parents and teachers sessions in order to assist children at home and at school through them.		
Activities	Description	Implemented by		
Activity 2.1	Refresher sessions and meetings with teachers	UNRWA		
Activity 2.2	Training/awareness sessions for parents	UNRWA		

Activity 2.3	Feedback sessions with parents and teachers	UNRWA
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6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Throughout the project, UNRWA engaged Parent-Teacher Associations and Student Parliaments (PTAs) in the targeted schools and localities to periodically solicit community perceptions and feedback on interventions related to school based MPHSS interventions. Beneficiaries always had an access to reach PTAs and school administrations for any concerns. Regular project monitoring was ensured not only through the robust UNRWA results based monitoring system but also through regular progress reviews with school communities, teachers, parents and students. The MHPSS specialists were responsible for day to day supervision and quality assurance, and the intervention was also made use of UNRWA's database that records and tracks all key indicators related to the project onto an online platform. Day to day reports and disaggregated data of the beneficiaries were recorded and reviewed.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Palestine Refugee Committees established in all governorates act as entry points to consultations with communities where UNRWA has had interface with vulnerable groups, such as women, children and elderly and persons with disabilities. In addition, Parent-Teacher Association and Student Parliaments played an important role in ensuring beneficiary views to be incorporated in the process.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNRWA communicates with Palestine refugee population through various channels through its installations and staff, publications and media.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

Students and parents have an access to their teachers, school administrations, as well as Parent-Teacher Associations in case there is any issues related to counselling and other interventions.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

UNRWA is implementing UN's zero-tolerance for Sexual Exploitation and Abuse policy. All staff are required to take two online trainings for SEA and Sexual Harassment and Abuse of Power. SEA hotline is established with dedicated email address and phone number that is also available on WhatsApp for easy access. Zero Tolerance posters with contact details are being distributed to UNRWA installations to further disseminate the information.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation specific to this project was planned nor conducted; however, the intervention was reported on UNRWA's existing database to be recorded and reviewed.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

9.6. Project Report 19-UF-WFP-029 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	occupied Palestinian territory
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-UF-WFP-029
5. Project Title:	State of Palestine Country Strategic Plan (2018-2022). Food Assistance to Vulnerable Bedouin and Herding Communities in Area C of the West Bank.		
6.a Original Start Date:	10/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 46,402,884 ¹⁴
	b. Total funding received for agency's sector response to current emergency:		US\$ 59,159,185
	c. Amount received from CERF:		US\$ 783,409
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through the CERF grant WFP provided in-kind food parcels to 36,937 Bedouins and herders living in Area C of the West Bank, representing almost 100 percent of the targeted beneficiaries. Most of the assisted people (70 percent) were women (8,389), girls (8,216) and boys (9,421). The targeted communities are a mixture of refugees and non-refugees and hence the quarterly food distributions were coordinated with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The household food ration consisted of fortified wheat flour, chickpeas, lentils, fortified vegetable oil and iodised salt. The CERF contribution enabled WFP to provide full and timely food parcels to the assisted beneficiaries covering their needs in the third quarter of 2019 (July-September). A surplus of food commodities was distributed to the same targeted communities in the fourth quarter (October- December) of 2019. During the assistance period and through the CERF AFA contribution, WFP procured, shipped and distributed 1,201.70 metric tons of wheat flour, 64.48 metric tons of chickpeas, 35.90 metric tons of lentils, 73.70 metric tons of vegetable oil and 30.78 metric tons of iodised salt. The CERF UFA contribution was critical for WFP to respond to the immediate food needs of the vulnerable Bedouin and herding communities living in Area C of the West Bank, providing them a fundamental safety net and empowering tool in the face of increasing hardships and protecting them from suffering further food insecurity and poverty.

3. Changes and Amendments

The food assistance activities under the CERF UFE allocation were implemented as planned. The first quarterly distributions (July-September) started on 16 September and were completed on 19 October 2019, and the second quarterly distributions (October-December) started on 2 December 2019 and were completed on 8 January 2020. The CERF UFE funding was fully utilized and spent before the grant end date (31 December 2019). All food commodities were purchased, shipped and stored and most of it was distributed to the targeted beneficiaries. Few additional days were needed beyond 31 December 2019 to finalize the actual distributions under October-December 2019 distribution cycle.

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	9,546	8,214	10,730	8,510	37,000
Total	9,546	8,214	10,730	8,510	37,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Food Security - Food Assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	10,911	8,389	9,421	8,216	36,937
Total	10,911	8,389	9,421	8,216	36,937
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A
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4.c Persons Indirectly Targeted by the Project
N/A

¹⁴ Due to increase in need, WFP's financial requirements in 2019 amounted to USD 65,282,541 to project under the HRP. The total funding received in 2019 amounted to USD 59,159,185 including the CERF UFA contribution. More than USD 21 million were channelled through WFP's internal corporate allocations (multilateral funding) to mitigate the shortage in direct bilateral donor contributions.

5. CERF Result Framework

Project Objective	Food Security Objective 2 under HRP (2018-2021): Addressing the essential needs of households with limited access to nutritious and adequate food, while reinforcing the economy and food production
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Output 1	Targeted poor and severely food-insecure Bedouins and herders in Area C of the West Bank receive diverse and nutritious food to improve their dietary diversity			
Sector	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of women, men, boys and girls receiving in-kind food rations	37,000	36,937	WFP Progress Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	To procure food commodities	WFP - 30 April 2019		
Activity 1.2	To finalize commodity clearance at the port and storage in WFP warehouses	WFP - 24 July- 18 November 2019 note*: procured food commodities arrived in batches.		
Activity 1.3	To deliver food to UNRWA warehouses	WFP - For 3rd quarterly distributions: 2 September- 15 September 2019 For the 4th quarterly distributions: 17 November 2019- 1 December 2020		
Activity 1.4	To distribute the food rations to the target beneficiaries	WFP - 3rd quarterly distributions: 16 September- 19 October 2019 4th quarterly distributions: 2 December 2019- 8 January 2020		
Activity 1.5	To conduct distribution monitoring at the level of distribution points, and post-distribution monitoring at household level.	WFP - Food assistance to the Bedouin and herding communities is a multi-donor ongoing project. WFP regularly conducts monitoring at the level of distribution points during actual distributions and the household level.		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Like its other food assistance interventions, WFP's in-kind food assistance to the Bedouin and herding communities in Area C of the West Bank is based on beneficiary assessments. Food security data was collected from representative samples of people from the targeted communities. With the support of UNRWA, WFP put together and managed a two-way communication process to strengthen community engagement, promote participatory decision-making and inform programme design. WFP provided accurate, timely, transparent and accessible information about its assistance to beneficiaries. Households were informed about the dates of assistance delivery and food collection procedures, the nature (list of available commodities), modality (in-kind distributions), scope (full or reduced rations) and duration of their entitlements. This was done through close coordination with UNRWA which on its part regularly met with heads of the Bedouin and herding communities and communicated to them operational updates. The heads of communities with other representatives of the communities were able to voice their specific needs face-to-face to UNRWA and WFP staff. Furthermore, WFP's regular monitoring visits to targeted households provided an opportunity for beneficiaries express their satisfaction directly with the quality and quantity of the food assistance. Furthermore, WFP ensured that posters were available at the distribution sites informing targeted beneficiaries of food entitlements and the existing 12/7 free lot hotline.

The choice of the food delivery modality (in-kind food parcels) took into account the special geographical, environmental, social and cultural conditions and norms of the targeted Bedouin and herding communities. It considered the rural and nomadic life-style of the Bedouin and herding communities and the limited access to neighbouring retailers. Furthermore, in-kind food rations have been a preferable type of food assistance by the Bedouin and herding communities. A 2017 WFP monitoring survey showed that 92 percent of the Bedouin and herding households in Area C prefer to receive their food assistance as in-kind rations, while 5 percent indicated a preference for cash assistance and 3 percent food for voucher assistance. The survey was conducted during the last quarter of 2017 as part of WFP's post distribution monitoring mechanism. The households' preference of in-kind food assistance was attributed mainly to their high reliance on wheat flour in preparing their daily meals. Although wheat flour can be purchased with WFP's electronic vouchers at local shops, these households still preferred direct in-kind food assistance given the lack of markets in close proximity to their communities and the cost of transportation to reach shops. The same high level of satisfaction with the food assistance modality is continuously reaffirmed in the findings of WFP's Post Distribution Monitoring.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Over 60 percent of the West Bank is considered Area C, where Israel retains near exclusive control, including over law enforcement, planning and construction. Most of Area C has been allocated for the benefit of Israeli settlements or the Israeli military, at the expense of Palestinian communities. This impedes the development of adequate housing, infrastructure and livelihoods in Palestinian communities, and has significant consequences for the entire West Bank population. In this context, the Palestinian Authority (PA) has no access to Area C which has significantly undermined the Palestinian Government's ability to provide services to the Palestinian communities living in Area C, including the Bedouins and herders. The humanitarian community has faced a range of difficulties in providing aid in Area C, including the demolition and confiscation of assistance by the Israeli authorities. Therefore, the CERF UFA provides a gateway for other support by the international community - including legal support, health, education and social services. If UNRWA and WFP stop providing food assistance, the level of cooperation in other areas could be diminished, leaving these communities even more vulnerable. WFP and UNRWA have access to all targeted communities and implement the food assistance in close consultation with the community leaders. Furthermore, WFP's post distribution monitoring at the household level give opportunities to different gender and age groups to voice their concerns and level of satisfaction with the assistance.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

WFP in collaboration with UNRWA have established a good two-way communication over the past decade. All food assistance activities, assessments, monitoring and donor visits are coordinated with the community leaders. Furthermore, WFP and UNRWA ensured the balance between providing food assistance and complying with the principle of do no harm to the affected communities and maintaining their dignity, safety and protection. The targeted communities were sensitised about the objective of the project, and the implementing agencies responsible. They are also aware of the mandate of the implementing agencies and the key humanitarian principles they adhere to, mainly neutrality and impartiality and independence. Food distributions sites and time of distributions are determined in close consultations with the community leaders. Accordingly, distribution sites were easily-accessible locations to all segments of the communities. Multiple food collection facilities were established to minimise travel time; crowd control mechanisms put in place and supervised to minimise waiting times and avoid disputes; and distribution workers trained on identifying, showing respect and giving priority to the most venerable such as the elderly and people living with disabilities.

In addition to the available toll-free hotline, targeted beneficiaries and non-beneficiaries can send their feedbacks/complaints/ suggestions through face-to-face interaction with WFP staff and UNRWA staff. WFP and UNRWA ensure that posters about the toll-free hotline are available at all distribution sites. WFP Field Monitors also inform the households during monitoring visits about the available feedback mechanisms.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

Throughout the implementation of the project, beneficiaries can provide feedback on their needs and concerns to both WFP and UNRWA. At food distribution points, beneficiaries can address their complaints directly to WFP and/or UNRWA staff. Furthermore, post distribution monitoring at the household level gives the beneficiaries the possibility to express their perceptions on different aspects of the assistance such as the quality and quantity of the food, as well as on protection related issues which could affect their safety and hamper their

accessibility to the assistance. WFP has a toll-free number to answer inquiries, requests for information and complaints of WFP beneficiaries. It has been also open to people not receiving but soliciting WFP's assistance in a bid to increase the transparency of the selection criteria and accountability of WFP towards its beneficiaries. Beneficiaries' feedback were handled on case to case basis and follow up actions are taken through WFP and UNRWA close consultation and coordination, helping to inform future programming.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

WFP does not a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA). Netherthoughts, WFP's toll-free hotline is accessible and can be used by callers to report in SEA cases. So far, no such cases have been reported. Under joint effort, WFP is involved in the implementation of the Humanitarian Country Team (HCT) Action Plan on Protection from Sexual Exploitation and Abuse (PSEA). The action plan is consultative bringing in specialized UN agencies, the government, INGOs, civil society and the local communities. A related mapping exercise reflected the need for enhanced awareness raising amongst the population to support safe and accessible reporting and the need to address serious gaps in terms of quality and accessible survivor assistance. WFP is leading the design and implementation of the raising awareness activities.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

9.7. Project Report 19-UF-WHO-028 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	occupied Palestinian territory
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-UF-WHO-028
5. Project Title:	Provision of life-saving primary and secondary healthcare services for the most vulnerable communities in the Gaza Strip and Area C of the West Bank		
6.a Original Start Date:	11/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 17,782,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 5,000,000
	c. Amount received from CERF:		US\$ 1,100,000
	d. Total CERF funds forwarded to implementing partners		US\$ 250,000
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 250,000
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0
2. Project Results Summary/Overall Performance			
<p>Through this CERF grant, WHO reached over 433,000 people in Gaza and the West Bank between April and December 2019. WHO and its implementing partners provided lifesaving health services to 432,323 people including 126 PWD; provided reproductive health services to 2,135 female patients; trained 2 mobile clinics of 12 members; and supported 4 Gaza Ministry of Health (MoH) hospitals with 45 drug item procurement and minor gender-sensitive renovations.</p> <p>In Gaza, a total of 421,414 trauma and non-trauma patients including approximately 200,000 female patients have access to and benefit from improved-life saving health interventions and gender-sensitive environment in four major MoH hospitals across Gaza which cumulatively provide around two thirds of the total emergency consultations in the Strip. WHO's procurement of medical and non-medical equipment benefitted to an estimated 308,989 people.</p> <p>In Area C in the West Bank, 12,011 people in 19 communities have improved access to integrated essential life-saving primary health care services. Regular integrated life-saving primary health care interventions by two mobile clinics were provided to 10,909 people including 126 PWD. For women and girls, reproductive health services were given to 2,135 female community members including pregnant or lactating women, covering 95 per cent pregnant women in the target communities with antenatal care. During the project period, a total of 18,572 consultations were carried out and 3,300 lab services were provided.</p>			
3. Changes and Amendments			
N/A			

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	17,375	18,305	14,465	16,566	66,711
Refugees	40,452	42,623	33,662	38,563	155,300
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	57,827	60,928	48,127	55,129	222,011
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	230	270	0	0	500

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	34,266	33,968	31,477	29,986	129,697
Refugees	81,438	76,831	74,185	70,172	302,626
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	115,704	110,799	105,662	100,158	432,323
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	13	15	50	48	126

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Output-1 activities, the number of beneficiaries who have benefited from improved life-saving health interventions across Gaza were as twice as the target number because the strengthened capacity with newly procured equipment funded by CERF was able to accommodate more patients than expected. The monitoring was done using the HeRAMS of the health cluster. CERF support allowed for improving the actual medical facilities which allowed for accommodating more patients.
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4.c Persons Indirectly Targeted by the Project
<p>People who live in the targeted communities as well as the catchment areas of the intervention benefitted from the project activities as health awareness sessions, health messages that were delivered by families, relatives, students neighbours, close friends, children of the individuals who attended the awareness sessions/activities. The messages were related to physical health, psychosocial health, environmental health, dealing with non-communicable disease patients, people or with people with disabilities, prevention of GBV, etc.</p> <p>An estimated 4,000 people in the Area C of the West Bank were indirectly benefitted from these sessions and more than 200,000 people in Gaza assumed to be benefitted from the availability of life-saving services in the four emergency departments.</p>

5. CERF Result Framework

Project Objective	To ensure the availability, accessibility, acceptability, and quality of essential lifesaving health services to the most vulnerable communities in the occupied Palestinian territory to reduce preventable morbidity and mortality
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Output 1	An estimated 210,000 trauma and non-trauma patients have access to and benefit from improved life-saving health interventions and gender-sensitive environment in four major MoH hospitals across Gaza			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of trauma and non-trauma patients receiving life-saving secondary health care services at the four major hospitals emergency departments, disaggregated by sex and age	210,000	421,414	MoH Report
Indicator 1.2	Number of trauma and non-trauma female patients managed at the four major hospitals emergency departments in a gender-sensitive environment, disaggregated by age.	110,000	207,799	MoH Report
Explanation of output and indicators variance:		The number of beneficiaries who have benefited from improved life-saving health interventions across Gaza were as twice as the target number because the strengthened capacity with newly procured equipment funded by CERF was able to accommodate more patients than expected. The monitoring was done using the HeRAMS of the health cluster. CERF support allowed for improving the actual medical facilities which allowed for accommodating more patients.		
Activities	Description	Implemented by		
Activity 1.1	Procure life-saving essential pharmaceuticals and disposables for four emergency departments in Gaza	WHO		
Activity 1.2	Distribute life-saving essential pharmaceuticals and disposables to the Central Drug Store of the MoH	WHO		
Activity 1.3	Upgrade emergency departments of four hospitals to ensure gender-sensitive environment for female patients	WHO		
Activity 1.4	Follow-up monitoring of the activities and the needs through field visits	WHO		

Output 2	An estimated 12,011 affected people living in 19 communities in Area C of the West Bank have improved access to integrated essential life-saving primary health care services			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of affected people who receive regular integrated life-saving primary health care interventions by mobile clinics/teams disaggregated by sex and age	12,011	10,909	CARE Report

Indicator 2.2	Number of women and girls, including pregnant lactating women, received reproductive health services, disaggregated by age	6,006	2,135	CARE Report
Indicator 2.3	Number of PWD who receive regular integrated life-saving primary health care interventions by mobile clinics/teams disaggregated by sex and age	500	126	CARE Report
Indicator 2.4	Number of mobile teams/clinics that provide regular integrated life-saving primary health care interventions in targeted communities	2	2	CARE Report
Indicator 2.5	Number of mobile teams/clinics members trained on integration of mental health and psychosocial support	24	24	CARE Report Includes 12 from UNFPA
Explanation of output and indicators variance:		<p>Number of patients were lower than expected but health access was provided to the whole 19 communities and the actual consultation number (18,572) was higher than the planned number (15,000).</p> <p>Indicator 2.1: estimation was based on actual catchment area (total population) and historical figures but then reporting was done against the actual number of people receiving services</p> <p>Indicator 2.2: again, estimations of targets were based on average of pregnant and lactating women in the targeted areas/ communities, reporting was done as per achieved figures.</p> <p>Indicator 2.3: estimations of targets of PWDs were based on the average within each of the targeted communities. Data reported is the actual PWDs who benefited from the services.</p>		
Activities	Description	Implemented by		
Activity 2.1	Establish 2 mobile clinics/teams and provide capacity building on integrated package of life-saving primary health care as per MoH protocols, including on MHPSS, GBV and protection issues.	WHO/CARE		
Activity 2.2	Equip 2 mobile clinics/teams with essential medical supplies, including pharmaceuticals and disposables and provide regular life-saving PHC services to 19 targeted communities	WHO/CARE		
Activity 2.3	Follow-up monitoring of the activities and the needs through field visits and supportive supervision jointly with the MoH and local district health authorities	WHO/CARE/MoH/UNFPA		
Activity 2.4	Build capacity of 24 mobile team members (4 teams) on integration of mental health and psychosocial support. This will also include capacity building of teams supported by UNFPA (2 out of 4 teams).	WHO		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

In the West Bank, WHO and its implementing partner, CARE, met affected people living in Area C to discuss their overall health needs before the implementation. CARE and the local partners adapted a strict monitoring plan to ensure quality of the services provided and effective implementation of the project activities which applied through all the project phase as assessment phase, locations' selection, reporting, joint field visits feedback/complaint system, schedule and workload reviewing. Strictly following this monitoring plan, the project team ensured community participating in planning and implementation throughout the project. Field team conducted regular focus group discussion with beneficiaries to assess the services and address the needs. The feedback from this FGD continuously influenced the project design throughout the project.

In Gaza, staff of all Eds were involved in the design of minor renovations. Feedback from female staffers and patients had also been taken into account.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Medical needs including drugs, disposables, and lab diagnostic kits among the targeted populations were finalized by Health Cluster Trauma and Mobile Clinics Working Groups and endorsed by the MoH to ensure that there is no duplication and procurement responds to the most acute needs in MoH hospitals.

At community level, the project team had the coordination process in the early stage of the project with the community leaders and school local councils for the publicity purposes and schedule arrangement. It was also to build linkages between the mobile team and the communities for work facilitation and to maximize our impact, also through the work we continue to have this coordination for feedback and improving the interventions.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

This project trained 2 female focal points in each location who volunteered to help the mobile teams with training, coordination including reaching out to community members. During the project implementation period, the 30 focal points informed the communities of the schedule of the mobile health clinic operation in order for them to know when and what type of services are available. WHO and CARE conducted regular visits to the communities that receive lifesaving primary health care interventions through mobile clinics to collect feedback.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

CARE had a complaint mechanism available to all beneficiaries. When serious complaints were received about the service delivery, certain behaviours or attitudes, necessary actions were taken as appropriate. This mechanism was confidential and distributed in all the clinics with detailed instructions and explanation on how to use this mechanism and for whom to report. Throughout the project, various messages were received from the community related to the services and CARE responded immediately and accordingly.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

WHO strictly follows the PSEA related guidelines: <https://interagencystandingcommittee.org/protection-sexual-exploitation-and-abuse/documents-public/guidelines-implement-minimum-operating>

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-UF-FPA-020	Health	UNFPA	NNGO	\$280,078
19-UF-FAO-016	Agriculture	FAO	NNGO	\$11,190
19-UF-CEF-046	Child Protection	UNICEF	NNGO	\$94,978
19-UF-CEF-046	Child Protection	UNICEF	NNGO	\$96,561
19-UF-CEF-046	Water, Sanitation and Hygiene	UNICEF	INGO	\$114,710
19-UF-CEF-046	Education	UNICEF	NNGO	\$365,429
19-UF-WHO-028	Health	WHO	INGO	\$250,000
19-UF-CEF-047	Child Protection	UNICEF	NNGO	\$80,410.02
19-UF-CEF-047	Health	UNICEF	NNGO	\$131,165
19-UF-CEF-047	Water, Sanitation and Hygiene	UNICEF	INGO	\$503,112
19-UF-CEF-047	Education	UNICEF	INGO	\$65,075
19-UF-CEF-047	Education	UNICEF	NNGO	\$5,983
19-UF-CEF-047	Education	UNICEF	INGO	\$838

ANNEX 2: SUCCESS STORIES

Story shared by UNFPA

The CERF funded project titled “Supporting Gaza Health system in providing life-saving reproductive health services, and ensuring access to life saving primary health care to the most vulnerable communities in the West Bank” provided primary health care mobile clinic services for 22 vulnerable communities in Hebron and Jenin of the West Bank, that have limited or no access to primary health care due to distance or Israeli military intervention. The mobile clinic teams ensured that 13,900 people had access to primary health care services, including for sexual and reproductive health, from mid-May to December 2019.

In one of the communities, the CERF funded mobile clinic team saw a 42-year-old, 28-week pregnant woman. The patient already had five children. The mobile clinic doctor discovered that she was showing signs of pre-eclampsia, a life-threatening pregnancy complication, and immediately referred her to the hospital. The patient was admitted to the hospital and was able to give birth safely, for both her and her child. After returning to the community, the woman received post-natal care services from the mobile clinic team. The team provided consultations and information on family planning, and she decided that she wanted to use modern contraception for the first time. Her husband was initially opposed to the idea, but he eventually agreed after his wife explained to him that the doctors had advised her not to get pregnant again, as it could seriously affect her health and potentially threaten her life. The woman now has an intra-uterine device (IUD), which is a long-term birth control method.

UNFPA conducted regular visibility and communications work for the CERF project. This included the development of a film on UNFPA’s work with CERF funding. The film had 36,000 views on UNFPA Palestine’s Facebook, and was re-posted by the CERF Secretariat. The video can be found [here](#).



Delivery of SRH supplies to the Ministry of Health in Gaza



Provision of antenatal care (ANC) at Al Rimal Clinic in Gaza

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
AAP	Accountability to Affected Populations
ANC	Antenatal care
CBPF	Country-based Pooled Fund
CERF	Central Emergency Response Fund
DTS	Drought Tolerant Seed
FAO	The Food and Agriculture Organization of the United Nations
FTS	Financial Tracking Service
GBV	Gender-based Violence
HCT	Humanitarian Country Team
HERAMS	Health Information Resources Availability Mapping System
HF	Humanitarian Fund
HQ	Head Quarters
HRP	Humanitarian Response Plan
ICRC	International Committee of the Red Cross
IP	Implementing Partner
MOH	Ministry of Health
MOA	Ministry of Agriculture
MHPSS	Mental health and psychosocial support
NGO	Non Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
oPt	Occupied Palestinian Territory
PLWD	People Living with Disabilities
PMRS	Palestinian Medical Relief Services
RC/HC	Resident Coordinator / Humanitarian Coordinator
UN	United Nations
UNICEF	United Nations Children Fund
UNFPA	The United Nations Population Fund
UNRWA	The United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP	The United Nations World Food Programme
WASH	Water, Sanitation and Hygiene
WHO	The World Health Organization