

**OCCUPIED PALESTINIAN
TERRITORY
RAPID RESPONSE
VIOLENCE/CLASHES
2023**

23-RR-PSE-61504

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

11/09/2024

The oPt After-Action Review (AAR) was conducted on September 11, 2024, and chaired by the UN Office for the Coordination of Humanitarian Affairs (OCHA). The meeting was attended by the reporting and programming focal points of the four grant recipient agencies: United Nations Children's Fund (UNICEF), United Nations World Food Programme (WFP), World Health Organization (WHO) and The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The meeting was very insightful and highlighted the importance of CERF funding in enabling a timely and coordinated humanitarian response, the critical role of flexibility in overcoming operational challenges and the need for ongoing advocacy and preparedness to address access and security constraints.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

The draft report was shared with the relevant in-country stakeholders, including members of the Humanitarian Country Team (HCT), CERF recipient agencies and cluster coordinators.

Please confirm that the final version of this report was 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 No

The final report was shared with the relevant in-country stakeholders, including members of the Humanitarian Country Team (HCT), CERF recipient agencies and cluster coordinators.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF Rapid Response allocation of \$12 million has been instrumental in addressing the most urgent, life-saving needs in Gaza during this critical time. Through this funding, we were able to provide immediate relief to over 1 million internally displaced people, alleviate overcrowding in UNRWA emergency shelters, and prevent further deterioration of the public health system. The prioritization of essential services, such as ensuring access to clean water, electricity for hospitals and life-saving medical supplies, has helped avert a full-scale collapse of vital infrastructure. Additionally, the allocation has supported food security interventions, safeguarding the livelihoods of the most vulnerable.

This funding not only initiated swift response efforts at the onset of emergency but also acted as a catalyst for system-wide humanitarian coordination, enhancing collective performance across agencies and improving operational efficiency. The CERF allocation demonstrated its added value by fostering collaboration among partners and attracting further donor contributions to the Flash Appeal. This collaborative approach has played a critical role in mitigating suffering and strengthening the resilience of the Palestinian population, marking a significant step towards recovery amidst ongoing hostilities.

CERF's Added Value:

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

Yes

Partially

No

The CERF funds were critical in enabling rapid procurement and delivery of supplies, especially in the initial phases of the crisis. UNICEF, WFP, UNRWA and WHO all emphasized the role of the grant in supporting fast delivery. For example, WFP was able to rapidly procure ready-to-eat food, at the onset of the crisis in Gaza, which was distributed within a month of receiving funds. For UNRWA, CERF funds were critical in supporting the largest gap of the NFIs needs under the initial UNRWA Flash Appeal launched in October 2023 and later updated in November 2023 in line with OCHA's inter-Agency Flash Appeal, to respond to the immediate food, non-food, health, shelter and protection needs.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Agencies consistently highlighted that CERF funds allowed them to respond to immediate, life-saving needs. UNICEF, for example, provided essential health and wash services, and WFP addressed urgent food security needs timely by providing ready-to-eat meals at the onset of the emergency. WHO ensured access to critical health services through the deployment of emergency teams and provision of medical supplies. For UNRWA, with stockpiles in warehouses depleting, the CERF funds were one of the earliest confirmed funds to be utilised for replenishing NFI's at the most critical of times.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Agencies collaborated effectively through their respective clusters, with CERF funding facilitating coordination across sectors. UNICEF, WFP, WHO, and others worked with partners like local NGOs, UNRWA, and the Ministry of Health, ensuring complementary responses. These efforts and each agency leading on certain sector optimized synergies and coordination and kept overlap to the minimum.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

All lead agencies confirmed that the CERF funds served as a catalyst for additional funding and mobilized other resources, especially that they came in at a very critical time. UNICEF highlighted that the early availability of CERF funds enabled them to leverage internal resources and pre-position supplies. WFP confirmed that the CERF grant has encouraged other key donors to contribute upon recognising CERF's support.

Considerations of the ERC's Underfunded Priority Areas¹:

The CERF Rapid Response allocation primarily targeted urgent, life-saving needs under health, shelter, WASH, and food security (food assistance) clusters, while maintaining programming practices that considered underfunded priority areas. WHO played a vital role in addressing GBV by coordinating with the GBV sub-cluster, establishing referral pathways and training healthcare workers to handle GBV cases with sensitivity. Both UNICEF and WHO emphasized inclusive service delivery to ensure accessibility for vulnerable groups, including people with disabilities. For instance, WHO's focus on essential health services and trauma care benefited populations with heightened vulnerability due to injury. UNRWA's operations, which included the distribution of non-food items (NFIs), were shaped by prioritization criteria that considered the needs of women, girls, and people with disabilities, even though these NFIs were not specifically designed for age or gender targeting.

Protection of vulnerable populations, including children and displaced families, was a priority for UNICEF, WFP, UNRWA and WHO in addressing the needs of the most vulnerable. Lead agencies prioritised safety and dignity of those affected. WFP, in coordination with UNRWA, carried out food distributions, adhering to protection principles, to reach displaced populations in shelters. WHO collaborated with emergency medical teams to ensure healthcare services were accessible in hard-to-reach areas, ensuring protection risks were mitigated at all stages of service delivery

Although education was not a primary focus, protection-oriented educational elements, such as hygiene promotion and GBV awareness, were integrated into UNICEF's WASH and health interventions.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	294,000,000
	2,822,000,000
CERF	12,000,000
Country-Based Pooled Fund (if applicable)	115,474,423
Other (bilateral/multilateral)	2,076,763,008
Total funding received for the humanitarian response (by source above)	2,204,237,431

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
UNICEF	23-RR-CEF-054	Health	1,000,000
UNICEF	23-RR-CEF-054	Water, Sanitation and Hygiene	1,000,000
UNRWA	23-RR-RWA-002	Shelter and Non-Food Items	3,000,000

¹ 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 HCTs/UNCTs 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. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

UNRWA	23-RR-RWA-003	Common Services - Logistics	3,000,000
WFP	23-RR-WFP-047	Food Security - Food Assistance	2,000,000
WHO	23-RR-WHO-039	Health	2,000,000
Total			12,000,000

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	11,688,252
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	33,021
Funds sub-granted to national NGO partners*	278,727
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	311,748
Total	12,000,000

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The violence between Israel and the occupied Palestinian territory (oPt) have continued to escalate since 7 October, resulting in a catastrophic humanitarian situation in the Gaza Strip. More than half of Gaza's population - approximately 1.4 million people - has been displaced, with many sheltering in UNRWA facilities that are extended almost three times the facilities' intended capacity. Gaza is under a full electricity blackout for the 17th consecutive day. All essential service infrastructure now relies on backup generators, powered by fuel that is running out. The health system is on the brink of collapse due to lack of electricity, water, supplies, specialized personnel, and infrastructure damage, while also dealing with an overwhelming number of injuries. One third of hospitals have already shut down. The water infrastructure has been drastically impacted, with people in some locations having less than 3 litres of water per day for drinking, washing, and cooking. At the same time the sewage system is not working. The lack of fuel also impacts food availability with many bakeries closed, while hostilities have completely disrupted the agri-food value chain and livestock sector, affecting supply and demand with consequences to be felt beyond the short term.

Operational Use of the CERF Allocation and Results:

This CERF Rapid Response allocation's primary objective is to address the most pressing and life-threatening needs arising in real-time due to the ongoing war. This includes supporting four main sectors: Health, Food Security, Water, Sanitation and Hygiene (WASH), and Emergency Shelter and Non-Food Items (ES/NFIs). Activities will focus on providing ready-to-eat meals, non-food items/ shelter supplies and commodities to internally displaced persons (IDPs), supporting water service providers with operation and maintenance materials and water trucking capacity to enhance water service provision to the targeted population, as well as delivery of essential medical supplies, disposables, medication, fuel and equipment to support the pre-hospital and Primary Health Care (PHC) services and hospitals of the health system in Gaza. This allocation targets a combined total of 372,600 people affected by the escalations.

People Directly Reached:

The estimation of figures has followed a scientific methodology to ensure accuracy and prevent double counting under each of the sectors. UNRWA's logistics project was not included in the calculations given it's a common services project with beneficiaries estimated to be the total population of Gaza's Southern areas; over 1.8 million.

For both UNICEF's Health and WASH interventions, estimates were calculated based on precise consumption rates and resource allocations. UNICEF, in collaboration with the Ministry of Health, used average monthly consumption rates over a three-month period to estimate Health beneficiaries. To avoid double-counting, only those receiving clean water services were included in the final tally, as it represented the highest beneficiary count and overlapped with other interventions like hygiene kit distributions.

UNICEF's and WHO's health components were closely coordinated to avoid overlap and duplication. UNICEF relied on WHO in distribution of medical supplies, including medical drugs, therapeutic nutrition and consumables. UNRWA recorded NFI distributions systematically to ensure fair reach, adjusting priorities based on vulnerability due to continuous displacement. The highest beneficiary count came from family hygiene kits to avoid double-counting, assuming that other distributed items (e.g., blankets, diapers) reached the same individuals. WFP's assistance reached 102,300 IDPs in Gaza, fewer than the planned 132,080 due to increased food prices, reducing procurement from 655 MT to 507 MT. Distributions primarily targeted southern governorates due to security and movement constraints in the north during December 2023 – February 2024.

People Indirectly Reached:

Through the CERF grant, UNRWA's logistics project has supported the delivery of aid mostly to the people displaced in south of Wadi Gaza as the operation of this project focused on the aid transported through Kerem Shalom crossing. The number of people in south of Wadi Gaza is estimated to be over 1.8 million people, and it is estimated that at least 70% of them would have received humanitarian aid transported through this project.

By enhancing the overall delivery capacity of essential services and expanding the reach of humanitarian assistance, the grant contributed to improving the living conditions of a broad segment of the Gaza population.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Food Assistance	31,678	31,859	33,462	35,081	132,080	24,536	24,676	25,917	27,171	102,300
Health	35,780	31,920	53,830	54,970	176,500	49,456	46,103	64,973	66,620	227,152
Shelter and Non-Food Items	4,862	4,927	5,000	5,211	20,000	23,678	23,994	24,350	25,378	97,400
Water, Sanitation and Hygiene	66,472	66,404	69,419	72,705	275,000	248,024	258,146	258,147	268,683	1,033,000

*Note that UNRWA's Common Services – Logistics project is not included.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	35,100	67,798
Returnees	0	0
Internally displaced people	470,009	1,367,840
Host communities	98,471	24,214
Other affected people	0	0
Total	603,580	1,459,852

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	138,792	345,694	5,215	20,768
Men	135,110	352,919	5,802	22,345
Girls	161,711	373,387	4,456	20,132
Boys	167,967	387,852	4,737	21,058
Total	603,580	1,459,852	20,210	84,303

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-CEF-054

1. Project Information			
Agency:	UNICEF	Country:	occupied Palestinian territory
Sector/cluster:	Health Water, Sanitation and Hygiene	CERF project code:	23-RR-CEF-054
Project title:	Providing essential integrated Health and WASH services to vulnerable children in the Gaza Strip		
Start date:	08/10/2023	End date:	07/04/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 10,900,000
	Total funding received for agency's sector response to current emergency:		US\$ 750,000
	Amount received from CERF:		US\$ 2,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through CERF funding, UNICEF effectively provided essential integrated Health and WASH services to vulnerable populations in the Gaza Strip from October 2023 to April 2024. The project reached a total of 1,033,000 people with clean water access and hygiene supplies, including 506,170 women, 526,830 men, 258,147 girls, and 268,683 boys. Additionally, approximately 57,646 individuals were supported through health interventions, encompassing 26,279 boys, 26,367 girls, and 5,000 women. The project notably benefitted 4,854 children under five with acute malnutrition services, and reached 3,124 individuals with disabilities, including children and women.

The outcome achieved included the rapid restoration of water supply services amidst crisis conditions, ensuring uninterrupted access to clean water and hygiene essentials. This effort was complemented by timely delivery of medical and nutrition supplies, addressing urgent health needs and preventing deterioration among affected populations. By collaborating with local partners and coordinating with relevant clusters, UNICEF maximized the impact of the CERF funds, bolstering the resilience of communities and service providers while fostering a more unified response across the humanitarian sector.

3. Changes and Amendments

The main challenge during the implementation of Health and Nutrition (H&N) interventions was high insecurity, which limited scale-up and access, particularly in North Gaza. Constant displacement, overcrowding, and inadequate hygiene and sanitation heightened vulnerability to communicable diseases and malnutrition. Additionally, disrupted telecommunications hindered data collection from partners, making it difficult to gather reports on implementation progress and challenges faced in the field.

In contrast, WASH emergency responses in the Gaza Strip were successfully implemented as planned and aligned with UNICEF's financial and technical proposals, with no changes necessary.

The project benefited from a three month no-cost extension to enable critical issues identified during implementation to be addressed and finalized.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,000	0	28,750	28,750	62,500	5,000	0	28,750	28,750	62,500
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	5,000	0	28,750	28,750	62,500	5,000	0	28,750	28,750	62,500

People with disabilities (PwD) out of the total

500	0	1,312	1,312	3,124	0	0	0	0	0
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Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	47,238	47,190	49,333	51,668	195,429	248,024	258,146	258,147	268,683	1,033,000
Host communities	19,233	19,214	20,086	21,037	79,570	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	66,471	66,404	69,419	72,705	274,999	248,024	258,146	258,147	268,683	1,033,000

People with disabilities (PwD) out of the total

1,728	1,727	1,805	1,890	7,150	17,362	18,070	18,079	18,808	72,319
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective Children, adolescents, and women in the Gaza Strip have safe and equitable access to quality life-saving and high-impact child and maternal health, nutrition services and improved WASH services.

Output 1 62,500 children, adolescents and women accessing lifesaving healthcare services

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children and women accessing primary healthcare in UNICEF supported facilities.	62,500	62,500	Partner reports, third party monitoring
Indicator 1.2	Number of pregnant women and new-borns receiving maternal/ neonatal life-saving services in UNICEF supported facilities	5,000	5,000	Partner reports, third party monitoring

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 1.1	Provision of medical supplies, including medical drugs, therapeutic nutrition and consumables	MOH, WHO
Activity 1.2	Provision of essential medical supplies, to support the maternal health services including the high-risk pregnancies	MOH

Output 2 275,000 most vulnerable children and caregivers in the Gaza Strip have access to lifesaving improved water, sanitation and hygiene services.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	275,000	1,033,000	Partner reports, third party monitoring
Indicator 2.2	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	25,000	24,000	Partner reports, third party monitoring

Explanation of output and indicators variance: The overachievement in the number of beneficiaries reached in indicator 2.1 is due to the fuel provided to water service providers which allowed for the

		operation of over 66 water systems across Khan Younis, Rafah, and Deir El Balah. This facilitated the production and distribution of clean water through both existing networks and emergency water trucking, ultimately reaching 1,033,000 people compared to the initially planned 275,000. This successful WASH response underscores the effectiveness of the interventions despite the challenges faced in the broader humanitarian context.
Activities	Description	Implemented by
Activity 2.1	Supporting water service providers with operation and maintenance materials and water trucking capacity to enhance water service provision to the targeted population.	Coastal Municipalities Water Utility (CMWU)
Activity 2.2	Provision of sanitation and hygiene kits to targeted families	UNRWA

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

UNICEF's commitment to Accountability to Affected Populations (AAP) is integrated into all project implementation, prioritizing the voices of those affected. In the WASH sector, UNICEF collaborates with UNRWA and the Coastal Municipalities Water Utility (CMWU) to ensure equitable distribution of water and sanitation supplies, focusing on vulnerable groups, including people with disabilities, women, and children. Despite access constraints in Health and Nutrition, UNICEF maintains accountability and transparency through third-party monitoring and field visits. Key achievements in 2023 include the "Voices of Change" project, which enhanced AAP capacities among Civil Society Organizations, and the establishment of interagency procedures for AAP and PSEA. UNICEF's Standard Operating Procedures guide effective feedback collection and community involvement. Future initiatives will include QR codes on supply packaging for real-time feedback and partnerships with local leaders and organizations to broaden community engagement and participation in decision-making processes.

b. AAP Feedback and Complaint Mechanisms:

UNICEF State of Palestine has established a robust Community Feedback Mechanism (CFM) with three primary channels: the Inter-Agency Hotline managed by WFP, the SAWA Hotline for PSEA, and UNICEF's feedback email. These channels are critical for ensuring Accountability to Affected Populations (AAP) and enhancing risk mitigation and safeguarding efforts.

To improve responsiveness and effectiveness, the CFM system is undergoing digitalization, including the integration of QR codes on supply packaging to collect real-time feedback from the community. This will enable UNICEF to address emerging needs swiftly. The fully digital system, anticipated to be operational within six months, will manage over 15,000 feedback items monthly and support emergency

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

response initiatives. Ongoing staff training on the new system and updated Standard Operating Procedures (SOPs) ensures that feedback management remains efficient and aligned with evolving community needs. The system consolidates platforms like Sugar CFM, RapidPro, the SAWA Hotline, and UNICEF's feedback email channel, with a goal of achieving a 75% resolution rate for the feedback received.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF's PSEA framework is strengthened through interagency collaboration, joint work plans, and a unified monitoring system. The PSEA Network enhances SGBV and SEA reporting through interagency hotlines. Specialized SOPs and monitoring systems support a people-centered approach, integrated within AAP frameworks. Capacity-building initiatives have increased AAP-PSEA policy uptake and awareness, with dedicated personnel driving these efforts. Digital platforms facilitate real-time data management, supporting coordinated SEA mitigation responses. This integration emphasizes the importance of diverse community engagement and organizational ownership of AAP principles, ensuring inclusive feedback channels and protection measures. The interconnected AAP-PSEA procedures reinforce UNICEF's commitment to safeguarding affected populations, aligning with UNICEF's and OCHA's standards for transparency and accountability in humanitarian contexts.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNICEF's project adopts a human rights-based approach, emphasizing equity and gender mainstreaming to promote gender equality and protect vulnerable groups, particularly women and children. Under the CERF grant, UNICEF equally targeted women and children, assessing malnutrition in children under five and ensuring all identified cases received appropriate treatment. High-risk pregnant women were prioritized in health services, addressing their specific needs.

In the WASH sector, the project incorporates GBV risk mitigation measures due to overcrowding in shelters and limited hygiene facilities. This includes providing gender-sensitive interventions such as separate latrines with lockable doors and accessible, safe water supply points. Additionally, to support adolescent girls and young women, family hygiene kits containing menstrual hygiene products were distributed, enhancing their dignity and wellbeing. Overall, UNICEF's efforts aim to empower women and girls while minimizing risks to GBV, contributing to a safer and more equitable environment for all, including sexual and gender minorities.

e. People with disabilities (PwD):

Children and women with disabilities were part of the cohort reached. Needs of both children and women were considered in the health and nutrition interventions. Partners were able to reach patients at shelters and through mobile teams deployed for life saving health care interventions.

The project effectively addressed the essential needs of children and women with disabilities by incorporating their specific requirements into health and nutrition interventions. Mobile teams provided lifesaving healthcare at shelters, ensuring access for all.

UNICEF's commitment to placing the most vulnerable families, including people with disabilities (PwD), at the center of its work is evident in its Core Commitments for Children. Collaborating with community structures, UNICEF identified PwD to ensure they received WASH supplies, including safe water for drinking and cooking. The project also involved cross-sectoral partners to ensure that the voices of PwD were integral to the design and implementation of emergency WASH activities.

To promote protection and safety, the project focused on inclusive practices that addressed the specific risks faced by PwD, particularly women and girls, thereby enhancing their access to vital services and safeguarding their dignity and rights within the community.

f. Protection:

Deconfliction and coordination were the main strategy that UNICEF implemented to minimize exposure by staff, partners and beneficiaries to risks, or potential risks, while moving supplies or receiving services.

WASH: UNICEF has tailored a safeguarding plan to mitigate the risk of sexual exploitation and abuse. This involves prioritizing victims' rights, ensuring accountability, partnering with civil society, and strategic community communication. Supported globally by the IASC AAP/PSEA Task Team, and under the umbrella of the PSEA Network, efforts concentrate on intensive outreach to vulnerable populations, risk mitigation measures in programming, accessible and secure reporting, effective survivor assistance adapted to the response to the emergency, and rigorous investigations. In addition, UNICEF consistently advocates for vulnerable groups, demanding direct access to understand and address their needs accurately. The organization emphasizes confidentiality, informed consent, and a do-no-harm

approach, ensuring activities do not jeopardize beneficiaries. Preconstruction awareness, monitoring compliance with health and safety plans, and prioritizing the protection of vulnerable families and children are also key.

Furthermore, the security situation remains volatile, presenting major challenges to delivering humanitarian response. Advocacy at various levels and close monitoring by a dedicated security team are key strategies for gaining humanitarian access. Collaboration with other UN agencies and authorities has helped to mitigate the risks.

Protection of all affected persons, especially those at risk, was mainstreamed in the project implementation through strategic deconfliction and coordination efforts aimed at minimizing risks for staff, partners, and beneficiaries during the movement of supplies and service delivery. UNICEF established a tailored safeguarding plan to mitigate sexual exploitation and abuse, prioritizing victims' rights and accountability by partnering with civil society and ensuring effective community communication.

Integrated protection outcomes included intensive outreach to vulnerable populations, secure reporting mechanisms, and effective survivor assistance adapted to the emergency context. The project emphasized advocacy for vulnerable groups, ensuring their needs were accurately identified and addressed, while maintaining confidentiality and a do-no-harm approach. Compliance with health and safety plans was monitored to prioritize the protection of families and children. Additionally, despite a volatile security situation, collaboration with other UN agencies and authorities facilitated humanitarian access, enhancing protection measures and ensuring that at-risk individuals received necessary support and safeguards.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not prioritised due to the emergency.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
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HIS- Voices from the Gaza Strip, Families Enduring War and Longing for Peace	https://www.unicef.org/sop/stories/gaza-strip-families-enduring-war-and-longing-peace
HIS- Children Living in the Gaza Strip are at High Risk of Severe Malnutrition	https://www.unicef.org/sop/stories/children-living-gaza-strip-high-risk-severe-malnutrition
HIS- Children face severe water shortages and dire hygiene situation in the Gaza Strip	https://www.unicef.org/sop/stories/children-face-severe-water-shortages-and-dire-hygiene-situation-gaza-strip
HIS- Women in the Gaza Strip struggle to protect their children	https://www.unicef.org/sop/stories/women-gaza-strip-struggle-protect-their-children
HIS- Hope Amidst Ruins, Echoing the Voices of Gaza Strip's Children	https://www.unicef.org/sop/stories/hope-amidst-ruins-echoing-voices-gaza-strips-children
HIS- Journey through hell	https://www.unicef.org/sop/stories/journey-through-hell-familys-story-resilience-war-torn-gaza-strip
HIS- The terrible conditions of displaced children	https://www.unicef.org/sop/stories/terrible-living-conditions-displaced-families
HIS- Routine vaccines are saving children lives	https://www.unicef.org/sop/stories/routine-vaccines-are-saving-children-lives
HIS- Being a mother in the GS: A story of resilience and determination	https://www.unicef.org/sop/stories/being-mother-gaza-strip-story-resilience-and-determination
HIS- Becoming a mother in Gaza	https://www.unicef.org/sop/stories/becoming-mother-gaza
Facebook	(20+) In the #Gaza Strip, providing... - Unicef State of Palestine Facebook
X	https://x.com/UNICEFPalestine/status/1800825892572381501
Facebook	(20+) In #Gaza, #children face severe water... - Unicef State of Palestine Facebook
X	UNICEF Palestine en X: "In #Gaza, #children face severe water shortages and a dire hygiene situation. Read more how @UNICEF is on the ground to provide water, sanitation, & hygiene. Thanks to the support of @dfat @DanishMFA @SpainMFA @eu echo & @UNCERF. #WorldWaterDay https://t.co/WeBIQx1zrN " / X
Facebook	(20+) "Their laugh is the last thing I... - Unicef State of Palestine Facebook
X	UNICEF Palestine en X: ""Their laugh is the last thing I remember from that night", says May 13, who lost her two sisters in a bombing. @UNICEF & its partners @eu echo @UNCERF @GermanyDiplo @SwissMFA @SwissInRamallah @SwedeninJERU continue to support #children in the #GazaStrip. https://t.co/jzNLNINXrq " / X
Facebook	(20+) "Every day, we receive between 200 &... - Unicef State of Palestine Facebook
X	UNICEF Palestine en X: ""Every day, we receive between 200 & 250 children in urgent need of vaccination," say a nurse in #Gaza. UNICEF with support from @GerRepRamallah, @SpainMFA, @NorwayPalestine, @UNCERF, is scaling primary health care interventions to fight diseases. https://t.co/2vw0i60bye " / X
Facebook	Video (facebook.com)
X	UNICEF Palestine en X: "UNICEF is on the ground in #Gaza delivering immediate humanitarian support. Thanks to the support of @dfat,@GermanyDiplo, @NorwayMFA, @AFD France,@eu echo,@UNCERF, @CanadaDev,@FCDOGovUK,@SwedeninJERU,@PLinPalestine that enable

	<p>UNICEF to deliver life-saving supplies to children. https://t.co/8BVmxHmu72 / X</p>
Facebook	<p>(20+) In the #gazastrap being a mother is... - Unicef State of Palestine Facebook</p>
X	<p>UNICEF Palestine en X: "In the #GazaStrip being a mother is not easy. 🙏 @GermanyDiplo, @NorwayMFA, @AFD France, @eu_echo, @UNCERF for their support that enabled UNICEF to deliver life-saving supplies to mothers and children. Read the story of Yasmine to learn more: https://t.co/54Qb3zRBS6 https://t.co/GOUtTlzEYm" / X</p>
Facebook	<p>(20+) "I've become my own doctor now." Amira... - Unicef State of Palestine Facebook</p>
X	<p>UNICEF Palestine en X: "'I've become my own doctor now.' Amira shares the daily life of more than 50K expecting women in the #GazaStrip who do not get any pregnancy monitoring. 🙏 @dfataU @GermanyDiplo, @NorwayMFA, @AFD France, @eu_echo, @UNCERF for their support to help women. https://t.co/GjEqLC9kli" / X</p>

3.2 Project Report 23-RR-RWA-002

1. Project Information			
Agency:	UNRWA	Country:	occupied Palestinian territory
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	23-RR-RWA-002
Project title:	Contribution to UNRWA Flash Appeal 90-day initial emergency response to the escalation in the Gaza Strip October 2023 - Provision of Non-Food Items to IDPs		
Start date:	08/10/2023	End date:	07/04/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 104,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 70,600,000
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The humanitarian situation that people in Gaza have been experiencing since 7 October 2023 is unprecedented beyond any assumptions previously made for emergency preparedness. Yet, years of preparedness efforts and experience allowed humanitarian community in Gaza to respond as much as possible in these difficult circumstances especially for UNRWA where a majority of people sought refuge since the first day of the conflict. With its longest and largest humanitarian presence in Gaza, UNRWA immediately started to respond to support IDPs in UNRWA shelters with food, NFIs, WASH, health among others. However, the stockpiled NFIs quickly ran out due to the scale of the displacement as the requirement for all kinds of NFIs rapidly increased.

The project aimed to provide emergency NFIs to Internally Displaced Persons (IDPs) sheltering in one of 34 UNRWA's emergency shelters mostly in Khan Younis area between November 2023 to March 2024. The project was not able to cover the entire needs of the IDPs in these shelters, but complemented with other services UNRWA was able to provide. During the project period, a total of 19,480 family hygiene kits were distributed benefiting approximately 97,400 IDPs, as well as 47,530 blankets benefiting 47,530 IDPs and 430,788 baby diapers benefiting around 3,000 babies for 1 months. Furthermore, cleaning supplies including brooms, toilet brushes, floor cloths and rubber mops were procured and distributed at 34 UNRWA shelters, benefiting approximately 204,000 IDPs. While the number of beneficiaries exceeded the initial target, the number and kinds of items distributed to each beneficiary under this project differs from originally planned in order to support more IDPs as much as possible in fair and effective way while the quantity of the items were not meeting the needs.

Due to the emergency situation, the number of beneficiaries is a best estimate calculated based on the number of NFIs procured and distributed.

3. Changes and Amendments

Due to the scale of the displacement, it was difficult to secure enough quantity of NFIs for all IDPs in need. UNRWA had to prioritize the items to be procured and distributed through this project which impacted the number of beneficiaries and received items. The initial assumption was to cover all basic NFI needs of 20,000 IDPs (4,000 families) including durable and consumable items; however, the actual project supported a smaller number of durable items to prioritize other items to be fairly distributed to wider number of beneficiaries.

Furthermore, the security situation limited the access to the border crossings as well as some areas in the Gaza Strip as the violence advances to different areas, which impacted the delivery of humanitarian aid that experienced delay.

Due to the challenges the entire humanitarian community faced on the ground during the course of the project, the delivery timeline of the aid into Gaza was impacted. OCHA's proactive facilitation of NCE for this project greatly supported the completion of the project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,862	4,927	5,000	5,211	20,000	23,678	23,994	24,350	25,378	97,400
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,862	4,927	5,000	5,211	20,000	23,678	23,994	24,350	25,378	97,400
People with disabilities (PwD) out of the total										
	146	148	150	156	600	711	721	730	760	2,922

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Apart from the NFIs distributed to families or individuals, the project also supported to provide cleaning supplies to UNRWA shelters in order to sustain the hygiene situation as much as possible in extremely congested shelters. A total of 34 shelters received cleaning supplies procured under this project, with estimated number of indirect beneficiaries of 204,000 IDPs who were staying inside and around those shelters.

6. CERF Results Framework

Project objective	To contribute to the provision of non-food items to internally displaced persons			
Output 1	The distribution of non-food items to internally displaced persons (IDPs)			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of IDPs assisted with non-food items	20,000	97,400	Procurement and distribution records
Explanation of output and indicators variance:		The initial target was set to provide all basic NFI needs to 20,000 IDPs including durable items (mattresses, blankets, etc.) as well as consumable items (hygiene kits and diapers). However, due to the high number of people in need, not all items intended to provide were provided under this project while it was complemented by other projects.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of non-food items as per UNRWA's procurement manual	UNRWA		
Activity 1.2	Provision of one-off durable non-food items for IDPs (incl. blankets, mattresses, kitchen kits etc.)	UNRWA		
Activity 1.3	Provision of consumable non-food items to IDPs for the equivalent of 4 weeks (incl. hygiene kits, diapers, etc.)	UNRWA		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP)⁵:

UNRWA regularly engages with affected people through IDP committees and women's committees in emergency shelters. Feedback from IDPs is funnelled to UNRWA via these committees and community representatives (Mokhtars) during regular meetings at the shelter level and with Area Operations Rooms management.

Additionally, UNRWA's protection team engages with affected people through focus group discussions (FGDs) as part of its protection monitoring project. Protection monitors conduct FGDs with women, men, older individuals, and persons with disabilities in UNRWA emergency shelters and IDP sites. These FGDs aim to identify concerns and barriers related to accessing UNRWA services and assistance, as well as to highlight protection risks. Issues identified through protection monitoring are shared with UNRWA Programs and management, along with recommendations for addressing them and adapting programming as needed.

b. AAP Feedback and Complaint Mechanisms:

UNRWA has put in place various channels for affected people to provide feedback and submit complaints.

UNRWA re-started the operations of the Community Accountability System, which is an online system that allows affected people to submit complaints through a weblink. The complaints received are analysed and then channelled to the relevant focal points in each UNRWA Programme department. In addition, helplines managed by staff from the Relief and Social Services Programme are available for affected people to request for information and provide feedback. Finally, each Area Operations Room has dedicated Complaints Officer who are available to receive feedback face-to-face and then take action accordingly.

All the above-mentioned channels operate with utmost confidentiality. Feedback and complaints are channelled to relevant focal points in different departments for action and a response is provided to the complainant, this closing the feedback loop.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNRWA has a PSEA policy updated in February 2024 and regularly disseminated to staff. Efforts are currently focused on prevention through training of UNRWA staff and awareness raising of affected population. UNRWA GFO has Standard Operating Procedures to receive and respond to allegations of SEA. SEA complaints can be received through UNRWA dedicated PSEA helpline managed by one PSEA FP and in person by the PSEA FPs. SEA complaints are handled according to the victim/survivor-centred approach (including referrals) and reported to DIOS according to established reporting mechanism that ensures safety and confidentiality.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The design of this intervention has taken into account the different needs of women and men with and without disability.

This intervention also contributed to promoting gender equality by fostering the participation and empowerment of women through engagement of the women committees in the shelters during the distribution of aid. UNRWA regularly engaged with women and men through FGD carried out as part of protection monitoring as well as through other consultations in order to gather their feedback and understand any potential issues and barrier to safe and dignified access to aid.

UNRWA as much as possible promotes the involvement of female staff in the distribution process including in post-distribution monitoring and management of feedback and complaints related to the distributions.

e. People with disabilities (PwD):

In line with UNRWA's disability policy and with the standards for disability inclusion in humanitarian action, the project intervention ensured that persons and children with disability have safe and dignified access

Through consultation with IDPs committees and women committees in the shelters and through protection monitoring, UNRWA shelter management teams, in collaboration with UNRWA protection monitors, monitor, identify and address any potential attitudinal and environmental barriers that persons with disability and injured persons may face in accessing any assistance. UNRWA shelter management teams also ensures that persons with disability and injured persons are prioritized when it comes to distribution of aids.

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

f. Protection:

To preserve the safety and dignity of IDPs in the shelters and ensure meaningful access, UNRWA incorporates the protection mainstreaming key elements as follows:

1. Safety & dignity: Use of NFIs and distribution activities respect local cultural norms by ensuring separate queues for men and women when required.
2. Meaningful Access: UNRWA monitors and addresses barriers to equal and fair access to distribution of NFIs
3. Accountability: UNRWA promotes existing feedback channels (online community accountability system, helplines, face-to-face) which allow IDPs to provide feedback & complaints safely and in confidentiality.
4. Participation & Empowerment: UNRWA continuously engages with IDPs through the IDPs committees & the women committees in the shelters to understand concerns & barriers related to access aids including NFIs and take feedback into account to make necessary adaptations.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Due to the urgency of the needs, unavailability of goods on the ground, lack of market functionality and challenges faced to access cash at the time of project implementation, this project focused on in-kind support.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]

[Insert]

[Insert]

[Insert]

[Insert]

3.3 Project Report 23-RR-RWA-003

1. Project Information

Agency:	UNRWA	Country:	occupied Palestinian territory
Sector/cluster:	Common Services - Logistics	CERF project code:	23-RR-RWA-003
Project title:	Contribution to UNRWA Updated oPt Flash Appeal November 2023 – Covering the costs of logistics		
Start date:	01/12/2023	End date:	31/05/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 481,312,639
	Total funding received for agency's sector response to current emergency:	US\$ 197,780,951
	Amount received from CERF:	US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:	US\$ 0
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this grant, UNRWA managed to conduct 14,260 trips to transport humanitarian aid during the reporting period with the average cost of \$167.47 per trip. The trip means the truck movement from one place to another, including loading/offloading and transporting of aid between the crossing from Israeli side to Palestinian side, and transporting of aid from the Rafah Terminal to one of warehouses in Rafah, Khan Younis or Middle Area, as examples. The cost differs depending on the exact services, distance of transport and area to be reached. The delivered items are urgent humanitarian aid including food, non-food items and medicines.

In addition, three forklifts were procured through this grant to enhance the loading/offloading capacity at the crossing and warehouses to further facilitate the operation. Due to the displacement of UNRWA's main operation room from Gaza City to Rafah then later to Khan Younis and Middle Area, as well as the ongoing violence in different areas of the Gaza Strip, many of the machineries such as forklifts were either lost or damaged, and three additional forklifts procured with this project greatly enhanced the efficiency of the aid transport.

Finally, the project also supported the procurement of fuel (benzine). While the fuel (diesel) was largely available for humanitarian activities as a donation during the project period, there was no specific donor or funding available to support the requirement of benzine that was equally necessary for operation to use most of vehicles. Through this project, UNRWA was able to procure over 400,000 litres of benzine at the average cost of \$1.64 per litre, which supported the movement of the vehicles among others to ensure the continuation of the services and aid delivery.

Overall, a majority of the population in Gaza, especially those who are displaced in south of Wadi Gaza, was benefited from the collective services supported by this project.

3. Changes and Amendments

The amount of aid entered in specific period during the project largely depended on the changing security situation and operational reality. Therefore, the total aid delivery cost fluctuated month by month in correlation with the actual quantity of aid transport made. Since the Rafah operation began in early May, the situation became further restricted as the humanitarian community lost access to the Rafah Terminal where UNRWA used to station to operate all aid transport activities. The coordination to deliver the forklifts into Gaza also took more time than before 7-October assumption. Considering the challenging situation, OCHA's proactive facilitation of non-cost extension greatly supported the completion of the project. The project was extended for 3 months, which allowed UNRWA to complete the project according to the project deliverables outlined in the proposal.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services - Logistics									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

This project indirectly supported the entire population of Gaza by increased amount of aid distributed and reached in different areas in the Gaza Strip.

6. CERF Results Framework

Project objective	Humanitarian needs of internally displaced and crisis affected persons in Gaza are alleviated				
Output 1	Essential humanitarian assistance to internally displaced and crisis affected persons in Gaza is delivered				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Common Services - Logistics				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	# of IDPs and affected persons in Gaza receiving humanitarian assistance	1,300,000	1,300,000	UNRWA record on the number of truck trips made	
Indicator 1.2	# of forklift procured and delivered.	3	3	UNRWA procurement record	
Explanation of output and indicators variance:		The project reached the target and achieved the project objective and output with 3-month non-cost extension.			
Activities	Description	Implemented by			
Activity 1.1	Covering the needed logistics (trucking, transport, etc.) to deliver urgent humanitarian assistance in Gaza	UNRWA			
Activity 1.2	Procurement and delivery of fuel (to vehicles other than trucks) needed to deliver essential humanitarian assistance	UNRWA			
Activity 1.3	Procurement and delivery of three forklifts for humanitarian aid delivery	UNRWA			

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP)⁷:

UNRWA regularly engages with affected people through IDP committees and women's committees in emergency shelters. Feedback from IDPs is funnelled to UNRWA via these committees and community representatives (Mokhtars) during regular meetings at the shelter level and with Area Operations Rooms management.

Additionally, UNRWA's protection team engages with affected people through focus group discussions (FGDs) as part of its protection monitoring project. Protection monitors conduct FGDs with women, men, older individuals, and persons with disabilities in UNRWA emergency shelters and IDP sites. These FGDs aim to identify concerns and barriers related to accessing UNRWA services and assistance, as well as to highlight protection risks. Issues identified through protection monitoring are shared with UNRWA Programs and management, along with recommendations for addressing them and adapting programming as needed.

b. AAP Feedback and Complaint Mechanisms:

UNRWA has put in place various channels for affected people to provide feedback and submit complaints.

UNRWA re-started the operations of the Community Accountability System, which is an online system that allows affected people to submit complaints through a weblink. The complaints received are analysed and then channelled to the relevant focal points in each UNRWA Programme department. In addition, helplines managed by staff from the Relief and Social Services Programme are available for affected people to request for information and provide feedback. Finally, each Area Operations Room has dedicated Complaints Officer who are available to receive feedback face-to-face and then take action accordingly.

All the above-mentioned channels operate with utmost confidentiality. Feedback and complaints are channelled to relevant focal points in different departments for action and a response is provided to the complainant, this closing the feedback loop.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNRWA has a PSEA policy updated in February 2024 and regularly disseminated to staff. Efforts are currently focused on prevention through training of UNRWA staff and awareness raising of affected population. UNRWA GFO has Standard Operating Procedures to receive and respond to allegations of SEA. SEA complaints can be received through UNRWA dedicated PSEA helpline managed by one PSEA FP and in person by the PSEA FPs. SEA complaints are handled according to the victim/survivor-centred approach (including referrals) and reported to DIOS according to established reporting mechanism that ensures safety and confidentiality.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The design of this intervention has taken into account the different needs of women and men with and without disability.

This intervention also contributed to promoting gender equality by fostering the participation and empowerment of women through engagement of the women committees in the shelters during the distribution of aid. UNRWA regularly engaged with women and men through FGD carried out as part of protection monitoring as well as through other consultations in order to gather their feedback and understand any potential issues and barrier to safe and dignified access to aid.

UNRWA as much as possible promotes the involvement of female staff in the distribution process including in post-distribution monitoring and management of feedback and complaints related to the distributions.

e. People with disabilities (PwD):

In line with UNRWA's disability policy and with the standards for disability inclusion in humanitarian action, the project intervention ensured that persons and children with disability have safe and dignified access

Through consultation with IDPs committees and women committees in the shelters and through protection monitoring, UNRWA shelter management teams, in collaboration with UNRWA protection monitors, monitor, identify and address any potential attitudinal and environmental barriers that persons with disability and injured persons may face in accessing any assistance. UNRWA shelter management teams also ensures that persons with disability and injured persons are prioritized when it comes to distribution of aids.

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

f. Protection:

To preserve the safety and dignity of IDPs receiving humanitarian assistance, UNRWA incorporates the protection mainstreaming key elements as follows:

1. Safety & dignity: Use of aid distribution activities respect local cultural norms by ensuring separate queues for men and women when required.
2. Meaningful Access: UNRWA monitors and addresses barriers to equal and fair access to distribution of aid
3. Accountability: UNRWA promotes existing feedback channels (online community accountability system, helplines, face-to-face) which allow IDPs to provide feedback and complaints safely and in confidentiality.
4. Participation & Empowerment: UNRWA continuously engages with IDPs through the IDPs committees and the women committees in the shelters to understand concerns and barriers related to access aids and take feedback into account to make necessary adaptations.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Since the project focused on very specific purpose to support the logistics needs of a broader humanitarian community to deliver aid in Gaza, CVA was not applicable for this project.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]

3.4 Project Report 23-RR-WFP-047

1. Project Information			
Agency:	WFP	Country:	occupied Palestinian territory
Sector/cluster:	Food Security - Food Assistance	CERF project code:	23-RR-WFP-047
Project title:	Provision of emergency lifesaving Ready-to-Eat (RTE) food parcels to people who have been affected by the ongoing conflict in the Gaza Strip.		
Start date:	08/10/2023	End date:	07/04/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 294,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,000,000
	Amount received from CERF:		US\$ 2,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 61,748
	Government Partners		US\$ 0
	International NGOs		US\$ 33,021
National NGOs		US\$ 28,727	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP was able to procure around 507 MT of life-saving Ready to Eat (RTE) food parcels amidst the escalating emergency. Despite of challenging related to limited humanitarian aid access, WFP assisted 102,300 internally displaced persons (IDPs) who took refuge in UN shelters and other IDPs outside of the shelters during the implementation period (December 2023 – February 2024). WFP collaborates with UNRWA to distribute RTE food parcels to IDPs within UN shelters. For those outside of UN shelters, WFP works with 18 INGO/NGO partners. Additionally, WFP took advantage of its electronic food voucher programme by employing its pre-established network of contracted shops in Gaza, to serve as key in-kind food distribution sites during the current emergency, to support both people and local shop owners.

The targeted IDP families of 5 members received RTE food parcels, to help meet the immediate food needs. Each food parcel of approximately 23 kg, consists of various canned vegetables, canned meat, canned fish, and date bars. These parcel were designed to meet 50 percent of the daily calorie needs of the family for 15 days. Due to the security situation and the movement restrictions imposed on the northern governorates of the Gaza Strip during the implementation period, the distribution of RTEs took place mainly in Southern Governorates (Rafah, Khan Younis and Deir Al-Balah).

WFP post distribution monitoring during the period of CERF funded assistance was implemented, proves a significant crisis in food security within the Gaza Strip. Findings indicate that only 18.5 percent of the targeted beneficiaries achieve acceptable food consumption

scores. In contrast, 29.5 percent of beneficiaries record borderline food consumption scores. However, it is particularly alarming that over half (52%) of the targeted beneficiaries exhibit poor food consumption scores, reflecting a substantial deficiency in their dietary intake. Although the food security situation remains alarming in Gaza, without WFP's assistance—generously supported by CERF—it could have been significantly worse. Therefore, WFP continues advocating and working with different stakeholders for adequate and uninterrupted humanitarian access to facilitate the entry of aid and humanitarian assistance into Gaza and appeals for safe and unobstructed passage for its staff and essential commodities.

3. Changes and Amendments

This grant was confirmed in early November 2023, with an initial end date in early April 2024. Once the grant was approved, WFP was able to procure the required food commodities, under the CERF Rapid Response project. However, the delivery of these commodities to the Gaza Strip faced some delays due to access restrictions caused by the ongoing emergency situation. These delays have consequently impeded the finalization of payments to transportation providers, suppliers, and the settlement of other related expenses. To effectively address these challenges, WFP requested for a three-month extension at no additional cost until early July 2024. The no-cost extension confirmed by CERF, allowed WFP to ensure the delivery of all food commodities into Gaza Strip and finalize the payment to transportation providers, suppliers, and other related expenses.

To add on, under this grant, WFP initially planned to procure approximately 655 MT of RTE food parcels. However, due to the increase in prices of food at the regional markets, WFP was able to procure fewer quantities of RTEs. WFP managed to procure 507 MT of RTE food parcels. The increase in commodity prices, can be primarily attributed to regional procurement dynamics, along with the cost of transportation and storage. This led to a reduction in the quantities that could be procured within the allocated budget, slightly impacting the number of beneficiaries reached (102,300) compared to the original target (132,080).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	31,678	31,859	33,462	35,081	132,080	24,536	24,676	25,917	27,171	102,300
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	31,678	31,859	33,462	35,081	132,080	24,536	24,676	25,917	27,171	102,300
People with disabilities (PwD) out of the total										
	2,102	3,161	587	750	6,600	1,628	2,448	454	581	5,111

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective	Adequate food consumption reached or maintained over assistance period, for targeted beneficiaries at targeted areas.			
Output 1	The WFP RTE food parcels are distributed in a timely manner in the Gaza Strip. With this contribution, WFP will distribute RTE that is sufficient for 15 days, to 132,080 severely food insecure displaced people who have been affected by the ongoing conflict.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	FN.1a Number of people receiving in-kind food assistance (emergency RTE food parcels)	132,080	102,300	Consolidated monthly progress reports uploaded into the WFP M&E Database
Explanation of output and indicators variance:		The variance between the planned number of beneficiaries and the number actually reached is due to an increase in food prices in regional markets, which led WFP to procure 507 MT of RTE food parcels instead of the planned 655 MT.		
Activities	Description	Implemented by		
Activity 1.1	Every targeted affected beneficiary in the Gaza Strip will receive RTE food parcels via three channels: 1) through UNRWA for IDPs in shelters; 2) through INGO/NGO Cooperating Partners for affected people not in shelters; and 3) through vetted contracted retailers for affected people not in shelters. WFP will rely on lists IDPs from UNRWA and lists of verified affected people from the Ramallah-based Palestinian Authority's Ministry of Social Development. inform the.	WFP UNRWA Global Communities (GC) MA'AN Development Center (MA'AN)		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP)⁹:

Despite the challenges posed by the current emergency in Gaza Strip including security and movement restrictions, WFP remains committed to conducting face-to-face monitoring and follow-up if the conditions allow. WFP staff, along with implementing partners staff and a third-party company contracted by WFP, continue these efforts whenever and wherever possible. WFP manages a two-way communication process to strengthen community engagement, promote participative decision-making and inform programme design. Beneficiaries' feedback is collected by WFP through a specialized feedback hotline. In this regard, WFP took into consideration the feedback received from beneficiaries regarding the food items included in the RTE food parcels and will be shifting towards providing dry food while taking into account the nutritional needs and preferences of the affected people.

b. AAP Feedback and Complaint Mechanisms:

Beneficiary households receiving food assistance from WFP and non-beneficiary households had access to a variety of WFP community feedback and complaints channels. These included a free toll hotline and face-to-face interactions with WFP staff and its partners. During the implementation period (December 2023- February 2024), WFP's Community Feedback Mechanism (CFM) free toll hotline received an average of 14,000 calls weekly from Gaza Strip on the inter-agency hotline it operates on behalf of the humanitarian community. Most of the calls request food or, shelter support.

Complaints are received by trained operators with a social assistance background. Before October 2023 WFP had 10 operators, but due to the current emergency and deteriorating humanitarian situation, the number of calls surged. To manage this increase in calls, WFP expanded its team by hiring 20 additional operators and a supervisor to ensure all calls are addressed promptly and appropriate actions are taken. To efficiently address all requests/queries WFP also contracted a customer relationship management (CRM) platform that enhances case management. This platform enables WFP staff to effectively track and resolve issues raised by beneficiaries or callers, streamlining the process and ensuring timely responses.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Under the current emergency, WFP continues relying on affected communities' feedback to inform its interventions. WFP's hotline ensures a safe, confidential space for beneficiaries and non-beneficiaries. Trained operators handle complaints, which are then shared with WFP protection focal person who follows WFP Standard Operating Procedures (SOPs) that tackle dealing with complaints, including SEA-related complaints. The SOPs outline roles, process, and follow-up steps in CFM. WFP also relies on its implementing partners and the Third-Party Monitoring to receive feedback from the affected communities.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

GBV considerations are not essential to the objective in this proposed emergency intervention. WFP will provide lifesaving RTE food to families, including women, men, girls, and boys, who have been severely affected by the ongoing armed hostilities in Gaza. WFP is relying on its existing CFM, the free toll hotline, to receive complaints/requests from the affected population, including on GBV, and will refer them to specialized agencies.

e. People with disabilities (PwD):

Under the current emergency, WFP continues relying on affected communities' feedback to inform its interventions. WFP's hotline ensures a safe, confidential space for beneficiaries and non-beneficiaries. Trained operators handle complaints, which are then shared with WFP protection focal person who follows WFP Standard Operating Procedures (SOPs) that tackle dealing with complaints, including SEA-related complaints. The SOPs outline roles, process, and follow-up steps in CFM. WFP also relies on its implementing partners and the Third-Party Monitoring to receive feedback from the affected communities.

f. Protection:

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

The current conditions are challenging to all emergency humanitarian interventions across Gaza in terms of protection and safety. The ongoing intense hostilities, massive displacement, and overcrowded concentration of population in Rafah had a direct impact on IDPs accessibility to assistance. However, WFP is implementing its interventions while adhering to global and corporate protection standards. Activities of food assistance are carried out following thorough security assessments and in coordination with the UN security and the parties of the conflict to ensure the protection and safety of the affected populations. To this aim, WFP is providing emergency food at UN-designated shelters in close coordination with UNRWA. Additionally, WFP took advantage of its electronic food voucher programme by employing its pre-established network of contracted shops in Gaza, to serve as key in-kind food distribution sites. Distribution of in-kind food through shops aims at minimizing safety and protection risks and ensuring monitoring and oversight.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The modality of assistance is determined according to the context and the affected people's needs to ensure maximum impact. Under the current emergency, with high number of internally displaced people, WFP has been providing RTE food parcels, taking into consideration that IDPs lack cooking utilities.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
WFP All Donor thank you post published on X (Previously Twitter)	https://x.com/WFP_MENA/status/1739995587745878497?s=20
[Insert]	[Insert]
[Insert]	[Insert]

3.5 Project Report 23-RR-WHO-039

1. Project Information			
Agency:	WHO	Country:	occupied Palestinian territory
Sector/cluster:	Health	CERF project code:	23-RR-WHO-039
Project title:	Life-Saving Healthcare During and After Wartime: Gaza Emergency and Trauma Response		
Start date:	10/10/2023	End date:	09/04/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 30,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 5,000,000
	Amount received from CERF:		US\$ 2,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 250,000
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 250,000
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

During the six-month period from October 2023 to April 2024, the World Health Organization (WHO) significantly contributed to the healthcare response in Gaza through the support of the Central Emergency Response Fund (CERF). The assistance targeted the critical healthcare needs of internally displaced persons, refugees, and the broader local population affected by the ongoing conflict.

WHO successfully delivered essential medical supplies and equipment, focusing on trauma care, surgical interventions, and the management of non-communicable diseases (NCDs). Key items provided during this period included Trauma and Emergency Surgical Kits (TESK), External Fixators for orthopaedic surgeries, NCD kits, tents, hospital beds, and Intraosseous Infusion Kits. These commodities were distributed to approximately 12 partially functioning healthcare facilities that were struggling to cope with the overwhelming healthcare demands during the conflict.

All medical commodities procured under the CERF grant were dispatched through well-coordinated logistics channels. Supplies were shipped from WHO's Dubai Hub via air charters to Al Arish, Egypt, or sourced from the WHO warehouse in Cairo. WHO closely collaborated with the Egyptian Red Crescent to facilitate the delivery of these items across the Rafah border into Gaza, ensuring that they reached the intended health facilities in a timely manner despite the logistical and security challenges.

The CERF-funded intervention played a critical role in stabilizing the healthcare system in Gaza during a period of severe strain. The medical supplies and equipment directly benefited twelve health, addressing urgent needs for trauma care and chronic disease management while bolstering the overall capacity of local health facilities.

Through the support of the (CERF), a grant was provided to the Palestinian Medical Relief Society (PMRS) to enhance the well-being and resilience of internally displaced persons (IDPs) in Gaza. Starting in December 2023, PMRS implemented a three-month intervention focused on delivering critical medical services to vulnerable IDP communities across the southern areas of the Gaza Strip.

As part of this initiative, PMRS deployed four specialized outreach teams, each consisting of a general physician, a women's health specialist, two village healthcare workers, and a psychosocial worker. These multidisciplinary teams were instrumental in addressing a wide range of healthcare needs, including general medical consultations, women's health services, mental health support, and basic community-level healthcare.

The intervention reached nearly 41,000 individuals, significantly improving access to essential healthcare services for IDP populations during a period of heightened vulnerability. The PMRS teams played a key role in delivering both physical and psychosocial care, ensuring that displaced individuals, particularly women and children, received comprehensive support in an extremely challenging environment.

The total number of beneficiaries directly benefited from this grant is approximately 164,000 people

3. Changes and Amendments

There are no significant changes or amendments in the objective or the planned activities of the grant. However, the operational context was very challenging, volatile with limited humanitarian space. Operations have been challenged by an ever-changing operational environment and complex and opaque processes for supplies to enter Gaza, including but not limited to importation from Egypt. This escalation exceeded any prior estimation regarding humanitarian and health needs. Humanitarian health response was further hindered by insecurity, constraints on humanitarian access, severe destruction of health infrastructure, and mass displacement, compelling WHO and partners to deliver life-saving support under extremely challenging conditions. Between mid-October and the end of March, over half of WHO missions in Gaza have been denied, delayed, impeded, or postponed (51 out of 96). Partner operations continue to be negatively affected by the displacement of staff, social stresses, and lack of telecommunication.

There is an under achievement and over achievement in the two indicators pertaining to output#2 as follows:

- Indicator 2.1: Number of supported IDPS with commodities. Target 50,000 Reached: 41,461
The approximate 18% decrease in the total number of IDPs reached is due to the fact of the unstable situation and changing the targeted shelters due to the evacuation orders and the inability of the medical staff sometimes to reach the targeted shelters due to the volatile security situation.
- Indicator 2.2: Number of patients treated. Target: 10,000 Reached: 35,029
The three folds increase in the number of patients seen is due to the unprecedented spread of disease among the IDPs and the limited availability of close by health services from either UNRWA or moH as most of the official health centres were put out of services. PMRS had to use additional resources for their own sources to be able to cater for the increase of patients treated.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	9,477	9,828	7,722	8,073	35,100	18,305	18,983	14,916	15,594	67,798
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	16,200	16,800	13,200	13,800	60,000	19,613	20,339	15,981	16,707	72,641
Host communities	5,103	5,292	4,158	4,347	18,900	6,538	6,780	5,327	5,569	24,214
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	30,780	31,920	25,080	26,220	114,000	44,456	46,103	36,223	37,870	164,652
People with disabilities (PwD) out of the total										
	739	766	602	629	2,736	1,067	1,106	869	909	3,952

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project's initiative to support health facilities and internally displaced persons (IDP) shelters not only benefited the direct recipients of medical care but also had a profound indirect impact on the surrounding communities. In the context of the ongoing conflict in Gaza, where health infrastructure is under immense strain, the provision of medical supplies and support to partially functioning health facilities and IDP shelters was vital.

Through the project, approximately 12 partially functioning health facilities across Gaza were strengthened, ensuring the availability of essential medical services for both the immediate recipients and the broader population. These facilities serve as lifelines for an estimated 270,000 residents in their respective catchment areas, enhancing the capacity for public health management and emergency response. By ensuring these health centres could continue to operate, the project indirectly reduced the pressure on other overstretched healthcare providers and helped stabilize the healthcare system in a time of crisis.

Additionally, improvements in medical services and infrastructure within four IDP shelters directly benefited approximately 150,000 internally displaced persons, while also having a ripple effect on the broader community. By addressing the health needs within the shelters, the project mitigated the spread of communicable diseases and alleviated the burden on local health services, which would otherwise face overwhelming demand from both IDPs and residents in the surrounding areas.

Moreover, by strengthening healthcare services within these vulnerable populations, the project indirectly contributed to the overall public health landscape, preventing outbreaks, improving mental and physical health outcomes, and creating a more resilient healthcare system. This holistic impact helped foster better overall health conditions and supported social stability in the broader conflict-affected areas.

6. CERF Results Framework

Project objective	To deliver timely and efficient emergency healthcare interventions to reduce morbidity and mortality, thereby alleviating the immediate impact of the crisis.			
Output 1	Major health facilities and EMS services in the Gaza strip are supported with drugs, disposables, laboratory reagent and equipment, to address critical shortages and enable such facilities to provide essential services to emergency and chronic patients.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.7 Number of functional health facilities supported	11	12	Procurement document, WHO GSM tool.
Indicator 1.2	Number of types of commodities provided	61	61	Procurement document, WHO GSM tool.
Explanation of output and indicators variance:		No variance on the output and indicators. Pertaining to health facilities the target was 11 and the number of health facilities benefited from the support is 12 which is not of significant increase.		
Activities	Description	Implemented by		
Activity 1.1	Procure and deliver essential medical supplies, disposables, medication, fuel and equipment to support the Prehospital and PHC Health Care services	WHO		
Activity 1.2	Procure and deliver essential medical supplies, disposables, medication, equipment and fuel to support	WHO		

	the key Hospital Emergency Departments, ICUs and Operating Theatres including Lab services	
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Output 2 Enhanced well-being and resilience of internally displaced persons (IDPs)

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of supported IDPs with commodities	50,000	41,461	Palestinian Medical Relief Society (PMRS) records and monitoring visits
Indicator 2.2	Number of patients treated	10,000	30,749	Palestinian Medical Relief Society (PMRS) records and monitoring visits

Explanation of output and indicators variance:

With WHO support, PMRS has deployed 4 outreach teams in the southern areas of Gaza Strip. The outreach teams focused on ensuring emergency and primary healthcare services are accessible to as many vulnerable people as possible. Initially, the teams have been operating in the southern areas of Gaza Strip and they were primarily connected to 5 shelters in Khan Younis and 3 shelters in Rafah. However, due to the dynamic nature of the situation, the increased escalation and aggression by Israeli forces in Khan Younis in mid-January, and the continued evacuation of IDPs, the teams had to evacuate some shelters and move to different shelters based on the security situation. Hence the approximate 18% decrease in the total number of IDPs reached is due to the fact of the unstable situation and changing the targeted shelters due to the evacuation orders and the inability of the medical staff sometimes to reach the targeted shelters due to the volatile security situation. The 41,461 distributed as follows:

- . 6,500 IDPs received hygiene kits.
- . 4,212 IDPs received first aid kits in the targeted shelters.
- . 30,749 individuals have received medication

On the other hand, the three folds increase in the number of patients seen is due to the unprecedented spread of disease among the IDPs and the limited availability of close by health services from either UNRWA or moH as most of the official health centres were put out of services. PMRS had to use additional resources for their own sources to be able to cater for the increase of patients treated.

Activities	Description	Implemented by
Activity 2.1	Support and procure essential health and non-health-related commodities targeting IDPs in designated shelters	Palestinian Medical Relief Society (PMRS)
Activity 2.2	Support emergency medical teams deployment in a select of shelters in close coordination with relevant stakeholders	Palestinian Medical Relief Society (PMRS)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹¹:

Active engagement with crisis-affected communities, including vulnerable and marginalized groups, was essential during the design, implementation, and monitoring stages. The project involved extensive community consultations and collaborations with local organizations like the Palestinian Medical Relief Society to ensure the interventions meet specific local needs. Field visits provided direct feedback from beneficiaries, allowing ongoing adjustments to the project's approach based on emerging health challenges and feedback. These practices ensured that the healthcare services were effectively tailored and responsive, enhancing their relevance and impact. The involvement of affected populations in all phases of the project improved service delivery and encouraged a sense of community ownership and trust in the healthcare initiatives.

b. AAP Feedback and Complaint Mechanisms:

The project implemented a feedback and complaint system to ensure transparency and promptly address any issues raised by the beneficiaries. This system included channels such as direct interviews during field visits. Proactive follow-up procedures were an essential part of this system. This approach helped maintain the quality and relevance of healthcare services and enabled trust within the community by demonstrating responsiveness and accountability. Field visits were conducted to several health facilities when the security situation allowed and particularly during the ceasefire at the end of November 2023 where it offered a chance to better assess the gaps of services and needs for some of the targeted health facilities.

PMRS has used the MHPSS hotline (1800900700) to offer health support, a platform for complaints and feedback, maternal and child health services, psychological support and advice, humanitarian aid and financial support. In addition to providing assistance to inquiries about medications, safe places, and connections to medical teams and health service providers.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WHO Country office has been part of the PSEA oPt network for several years. Participating actively in weekly/monthly meetings, supporting the PSEA network in training and providing WHO materials such as rapid risk assessment tools.

Examples of the related activities implemented

- WHO oPt has been screening and assessing WHO partners in Gaza and WB, and capacity building is planned to be conducted.
- The PSEA oPt network provides training on PSEA for local and International NGOs. Online training for all WHO human resources has been provided and orientation sessions for new staff are conducted periodically.
- A planned SEA risk assessment for the health sector in Gaza specifically will be conducted

¹⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

PMRS has an established PSAE policy in place that all staff sign and go through regular training. PMRS teams are trained extensively in GBV and gender mainstreaming, including our own internal mainstreaming strategy and gender policy, and are equipped to utilize the GBV referral pathway.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project efforts are aligned with the priorities of the GBV Sub-Cluster, enhancing its focus on protecting and empowering women and girls.

According to the UN Women gender alert in April 2024, estimates that at least 3,000 women may have lost their husbands, and more than 10,000 children may have lost their fathers.

In March 2024, the Health Cluster, SRH TWG, and the GBV sub-cluster (SC) through WHO and UNFPA agreed to support the MoH and other health providers to ensure that healthcare professionals can provide life-saving health services for survivors of violence. The identified sites are PHCs or medical points that were selected based on accessibility, and availability of female health staff.

Pertaining to PMRS, their PHC teams are working to address such needs including on-the-spot education and awareness. Since the beginning of the war, PMRS has mobilized a wide network of trained psychosocial workers and volunteers to organize face-to-face awareness raising sessions on GBV prevention and risk mitigation measures targeting young girls and women.

e. People with disabilities (PwD):

The project ensured that PwD, including women and girls with disabilities, met their essential needs by incorporating accessibility and inclusion throughout its activities. Although not explicitly focused on PwD, the initiative integrated disability considerations into the broader vulnerability-based beneficiary selection criteria, ensuring the PwD was considered one of the main targeted vulnerable groups. The project activities prioritized life-saving health interventions accessible to the most vulnerable, including tailored services that addressed the specific risks and promoted the safety and protection of PwD. This approach was implemented alongside gender and age-disaggregated indicators to monitor and evaluate the effectiveness of these inclusive practices, ensuring that no group was left behind in the humanitarian response.

f. Protection:

Throughout the project implementation, the protection of all affected and at-risk individuals incorporated through the comprehensive integration of health services, with particular attention to the vulnerable. The project emphasized upholding protection standards across all operation to ensure safe and dignified access to health services for women, children, people with disabilities, and other vulnerable groups. Key outcomes included the establishment of feedback mechanism to address concerns raised by beneficiaries, and collaborative efforts with local partners to ensure the protective measures were culturally appropriate and effectively implemented.

g. Education:

The education aspect was not relevant to the implementation of this project as the activities focused on the provision of in kind support to semi functional health facilities and the provision of health services at a number of IDP shelters. However, some of the support functions provided to IDPS including MHPSS counselling sessions and activities as well as recreational activities at the shelter provided an educational environments for community volunteers within the IDP population.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not applicable for the response. It included in-kind support to health facilities and health service provision to IDPs.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Disrupted health care and a lack of facilities have left Gazans without adequate care as diseases injuries rise	https://twitter.com/WHOPt/status/1780184561873195301 https://www.facebook.com/WHOpse/posts/
Everyday, #Gaza faces a relentless stream of injuries due to ongoing war	https://twitter.com/WHOPt/status/1777644579904237637 https://www.facebook.com/WHOpse/posts/

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-WHO-039	Health	WHO	NNGO	\$250,000
23-RR-WFP-047	Food Assistance	WFP	INGO	\$33,021
23-RR-WFP-047	Food Assistance	WFP	NNGO	\$28,727