



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN OCCUPIED PALESTINIAN TERRITORY 2011 FOR UNDERFUNDED EMERGENCIES

COUNTRY	OCCUPIED PALESTINIAN TERRITORY
RESIDENT/HUMANITARIAN COORDINATOR	Maxwell Gaylard

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response	575,555,668
	2.1 CERF	4,000,000
	2.2 CAP HUMANITARIAN RESPONSE FUND	308,000,000
	2.3 OTHER (Bilateral/Multilateral)	2,913,717
	2.4 TOTAL	310,913,717
	<input checked="" type="checkbox"/> Underfunded	264,641,951
	1. First Round	4,000,000
	2. Second Round	N/A
	<input type="checkbox"/> Rapid Response	N/A
	4.1 Direct UN agencies/IOM implementation	2,000,000
	4.2 Funds forwarded to NGOs for implementation	2,000,000
	4.3 Funds forwarded to government partners	N/A
	4.4 TOTAL	4,000,000

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	4,048,403
	Female	120,452
	Male	91,273
Total number of individuals reached with CERF funding	Total individuals (Female and male)	211,725
	Of total, children <u>under 5</u>	20,953

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

Area C of the West Bank (60 per cent of the total area of the West Bank), areas behind the barrier and Gaza Strip

IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
YES NO

Remarks: Please briefly describe how and with whom the CERF report was shared?

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

V. ANALYSIS

1. The humanitarian context

The beginning of 2011 saw economic progress in the West Bank and in Gaza and a reduction in direct conflict-related casualties compared with January 2010, providing some measure of relief for Palestinians living in the occupied Palestinian territory (oPt). However, in the absence of a just and lasting peace or significant structural changes, and given the continuing Israeli occupation, entrenched vulnerability remains a reality throughout the oPt. At the end of 2011, the humanitarian situation in the oPt was characterized by on-going political stalemate, regular exposure to violence, continuing restrictions on access and movement, and persistent human rights violations, all factors leading to a protracted humanitarian situation.

In the West Bank, restrictions on movement and access remain pervasive, notably in East Jerusalem, Area C and the seam zones, where access to essential services, such as health and education, and economic resources continues to be severely constrained. Continuing restrictions on planning and development and unabated settler violence further undermine Palestinian communities' livelihoods and negatively affect their access to essential services, such as water, sanitation and hygiene (WASH), particularly in east Jerusalem and Area C.

The Jordan Valley, 90 per cent of which is in Area C, is recognized as requiring humanitarian assistance and protection measures due to factors such as poor or lack of access to services, limited resources and the area's isolation. The Bedouin community is one of the most marginalised and vulnerable groups in the oPt, and in the Jordan Valley specifically. Bedouin communities have low levels of education and suffer high levels of unemployment and poverty. They are particularly vulnerable to forced displacement and demolition orders by the occupying power.

In the Gaza Strip, the Government of Israel's decision to "ease" the blockade in June 2010 has resulted in a greater supply of consumer goods and the approval of some international construction projects. However, many of the fundamental parameters of the blockade remain in place. On-going restrictions on reconstruction material, exports and movement of people continue to hamper any meaningful economic revitalization and prevent the rehabilitation of essential infrastructure. As a result, large swathes of the population are still unable to access essential supplies and services, and remain dependent on external aid.

More specifically, in the agriculture cluster, expansion of Israeli settlements in the West Bank, and the displacement of Palestinian communities over the past decade, combined with drought, continue to negatively affect the livelihoods of Palestinians. Bedouin and herding communities in Area C of the West Bank are forced to rely on purchased fodder and safe water delivered by tanker. Livestock-holding families in Area C of the West Bank, particularly in the eastern slopes of Hebron, risk losing their productive assets as they lack both access to natural resources, such as land and water, and production inputs, and have inadequate provision of support services. Limited access to grazing areas means herders cannot provide natural sources of feed and water for their animals and are forced to buy water and animal feed at very high prices, with prices increasing two-fold since May 2010 in the West Bank. Across the West Bank, herders pay on average NIS 2,700 each month to feed their animals and an additional NIS 912 each month for water. Food insecurity rates among households with livestock are at 36.8 per cent, as most of these are isolated and marginalized. This situation has been exacerbated by the drought conditions and soaring prices.

CERF funds were used to support the most vulnerable livestock herding families in marginalized communities in the south of Hebron governorate of the West Bank (Area C), namely Bedouin communities in the east of Yatta (Az Zuweidin, Al Faqir, An Najada, Kashem al Karem), Alramadin, Frajat, Anab Alkaber, through fodder distribution and improvement of water availability and access for their livestock. These two life-saving activities were prioritised following close consultations among the sector stakeholders based on the careful review of all agricultural projects within the CAP 2011.

The targeted communities were particularly threatened and vulnerable due to the following reasons:

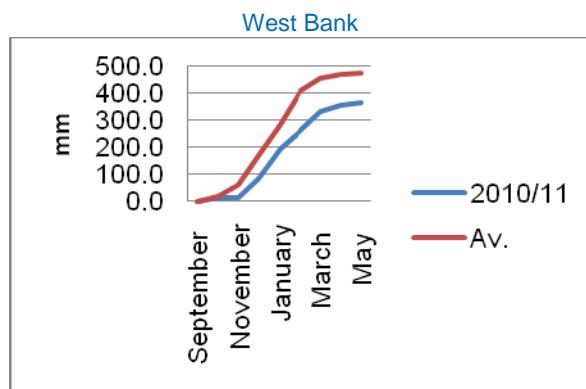
- Demolition, settler violence, and confiscation and settlement expansion had significantly increased in the targeted area during 2010 and had further limited the freedom of movement of these communities to essential services and markets;
- Fodder prices had increased by 46 per cent between July and December 2010;
- Successive droughts over the last seven years had seriously affected former grazing land. If current rainfall trends continue, the worst drought in 10 years is likely;
- Water prices in the targeted area are the highest in all of the oPt at over NIS 40 per cubic meter (1,000 litres) in Masafer Yatta;
- Staple food and propane prices had increased by 8 per cent in December 2010 alone, and prices are expected to continue to rise;
- The seasonal outbreak of Chlamydia resulted in a 25 per cent increase in animal stillbirths.

The risk of acute food insecurity is higher for women and children, who rely mainly on animal products for their daily diets, and have no other sources of food or income. Women and children in the targeted areas are heavily dependent on livestock for their food consumption and are highly involved in the herding work. Therefore, priority was given to those households, which are female-headed, or have more children.

Availability of and access to water is one of the major concerns for Palestinian farmers and herders, mainly in areas subjected to three consecutive years of below average, poorly distributed and delayed rainfall. By November 2010, the West Bank had only received 25 per cent of accumulated rainfall. The worst affected governorates were Tulkarm, Jenin and Tubas, which recorded respectively 3 per cent, 5.5 per cent and 18 per cent of normal rainfall.

The total of accumulated rainfall for the 2010-11 season did not exceed 70 per cent of the long term average in the West Bank. This, coupled with the very poor distribution of rainfall, in terms of season timing and raining periods, led to an enormous deficit in cereal production and poor yields¹. In the West Bank, Hebron has been the worst affected governorate with only 45 per cent of the normal rains recorded.

Cumulative Rainfall 2010-11 vs. the average



The CERF funded project was a response to the water scarcity situation in 2011. The focus was two-fold:

- Distributing fodder to farmers to prevent them from adopting negative coping strategies such as de-stocking of flocks or reducing household expenditure on primary education
- Cistern construction/rehabilitation to directly increase access to water resources.

¹MoA (2011)

These CERF funded activities responded well to the needs of the most severely affected herders, allowing herders to maintain their flock size and increase their access to water.

In the WASH cluster, the availability of safe and sustainable water sources in both Gaza and the West Bank is an increasingly serious issue. Many previously available water sources have deteriorated, turning brackish and are not fit for consumption, with some sources drying out completely. The lack of rains and replenishment of water sources compounds the existing poor quality of water in Gaza and limited water supplies for populations in the West Bank. Below-average rains have exacerbated this problem, placing additional pressure on areas where water is already scarce. This means that more people are at risk of displacement due to the lack of access to water, and are susceptible to diseases due to poor hygiene conditions.

Both Gaza and the West Bank rely heavily on groundwater and rainwater capture as their primary water sources, however in the last few months, aquifer levels have dropped significantly with a 12-meter fall in Gaza and up to 25 meters in Area C (South West Bank). Already about 90 per cent of the Gaza aquifer has been rendered un-potable due to a high proportion of nitrates and chlorides, up to ten times above the World Health Organization (WHO) standard from infiltration of untreated sewage and encroachment of brackish waters. With reduced output and poor network coverage, people are now more reliant on safe water delivered by tanker from unregulated small private desalination vendors as their only option for drinking water. In addition to the environmental pressures, many water infrastructure projects aimed at aiding recovery are stalled pending entry of materials in Gaza and a delayed issuance of permits in Area C.

Gaza's water insecurity has been compounded by its slow infrastructural recovery since the Cast Lead Military Operations in 2008/9 as well as environmental pressures during the past five years. This has meant very slow recovery rates for aquifers. Many of the most vulnerable households are located in the Access Restricted Area (ARA) or buffer zone (population of 78,667) which has the lowest water network coverage and a high dependency on agricultural water sources. In July 2011, an Israeli air strike destroyed an agricultural well and caused damage to nine water tanks affecting 59 people. There are 40,545 people at risk of displacement in the ARA or buffer zone, and one of the main factors is poor water and sanitation services. In addition, municipal water supply is intermittent with half of the un-served population in Gaza residing in the buffer zone. The remainder of the Gaza population have sporadic connections to the network and rely heavily on diesel-fed generators to operate the water and wastewater systems during power outages. Public health would seriously deteriorate without the interim operation of the water and wastewater system via these stand-by generators..

In July 2011, the water supply schemes in Gaza can be summarized as listed below:

- 25 per cent of Gaza Strip population located in Gaza, Rafah and Jabalia is receiving water supply (for 6 to 8 hours) once every 4 days;
- 40 per cent of Gaza Strip population is receiving water supply (for 6 to 8 hours) once every 3 days;
- 20 per cent of Gaza Strip population is receiving water supply (for 6-8 hours) once every two days;
- 15 per cent of Gaza Strip population is receiving water supply (for 6-8 hours) once every day.

The availability of water in Gaza is limited to 80-90 litres per person per day for all purposes, however over 90 per cent of Gaza's water has high levels of biological and chemical contamination that does not meet WHO standards. This thereby increases the scope for water-borne diseases, which accounted for 26 per cent of reported cases in a two-week recall (PHG-UNICEF, 2010) in Gaza of children under age five subject to diarrhoea, and rises with the reduced availability of water.

Many schools in West Bank (particularly Area C) and Gaza suffer from water shortages. Most of the schools are not connected to a water network, and rely on tankers and cisterns for their water supply, making storage capacity a critical issue. The deficient infrastructure negatively influences the educational environment of the students and teachers, and it contributes to water related health risks. Schools in Gaza connected to the network also face problems due to poor water quality of networked water.

In the West Bank, the complex and lengthy permit system, settler violence, destruction of water sources and confiscation of storage facilities by the IDF result in a reduction of water consumption to under 30l/c/d.

The more marginalised and vulnerable communities reliant on water tankering pay S\$10 per cubic meter due to high transportation costs, whilst the cost at the filling point is only \$1/m³.

Lack of adequate water for drinking and personal hygiene is placing more than 40,000 critically vulnerable people accessing less than 30 litres per head per day at acute risk of displacement. For the first time ever, the Human Rights Committee has also addressed denial of access to water and sanitation as violations of the International Covenant on Civil and Political Rights (ICCPR). The UNRC/HC has publically condemned the demolition of cisterns, the primary water source for the most vulnerable Bedouin communities, as a direct violation of international law by the Israeli authorities. Last year, the registered rainfall measured 72 per cent of the historical average with figures reaching below 50 per cent for the eastern shores of the West Bank. Households were only able to fill cisterns to one-third of normal capacity, or up to 18 cubic meters of water on average compared to 64 last year. With no or limited replenishment of wells and springs, this placed 151 communities at risk of water scarcity over the summer.

In both the West Bank and Gaza, the most vulnerable groups such as women, children, the elderly, sick and infirm are at greatest risk from consumption of poor quality water contaminated with chlorides, nitrates and faecal coliforms. Households in general are required to apportion larger amounts of their reduced income to purchase water. Herding and agricultural communities are especially at risk as their income diminishes with lower crop yields and they are forced to sell animals at lower costs during this period of water scarcity.

The context for food security is affected by waves of intermittent violence, restrictions on the movement of people and goods, and the repeated destruction of homes and infrastructure that marks the humanitarian crisis in the oPt. The refugee population, estimated at some 83 per cent of Gaza Strip residents with 1,204,850 registered refugees, often bears the worst consequences of this crisis, with an overwhelming 70 per cent reliant on UNRWA aid.

Reduced purchasing power, stubbornly high unemployment and low labour force participation rates continue to have a direct impact on people's ability to meet their basic needs, including food security. Restrictions on mobility, reduction in work permits, competition for limited skilled and unskilled jobs, lack of job creation (particularly for new graduates and youth), and the closure regime are key factors affecting food insecurity. This situation has been exacerbated by increasing costs of food and non-food items, which further erodes vulnerable households' coping mechanisms. Food security in Gaza has worsened significantly since the imposition of blockade in 2007 and the Cast Lead Military Operations of Dec/Jan 2008/9. According to the 2010 Socio-Economic and Food Security (SEFSec) survey, 821,109 (52 per cent) persons in the Gaza Strip are now classified as food insecure, while an additional 205,277 persons (13 per cent) are considered vulnerable to food insecurity.²

Preliminary results of the 2011 SEFSec survey point to slight improvements in food security in the period following the implementation of the CERF-funded humanitarian action with 60 per cent of all persons in the Gaza Strip (down from 65 per cent) now classified as food insecure or vulnerable to food insecurity.³ While release of the official SEFSec report is pending, improvement in food security scores are thought to be attributed primarily to an upward swing in the construction/contracting sector during the period, which has allowed some families to at least temporarily migrate from the "vulnerable to food insecurity" category.

According to UNRWA Emergency Programme records, as of Dec 2011, there were 16,307 female-headed households (FHH) dependent on UNRWA food assistance in Gaza, of which an estimated 35 per cent live below the abject poverty line, meaning they are completely reliant upon assistance to sustain themselves and their children. Following the implementation of the CERF-funded action, the total number of abjectly poor FHHs has decreased to approximately 14,300, but it is clear that FHHs continue to be more vulnerable to food insecurity than male-headed households. This finding will be further confirmed upon release of the 2011 SEFSec report, expected in March 2012.

²WFP/FAO/PCBS/UNRWA, 2010 Socio-economic and Food Security (SEFSec) Survey,

³WFP/FAO/PCBS/UNRWA, 2011 Socio-economic and Food Security (SEFSec) Survey, Preliminary findings covering period Oct – Nov 2011. Official report pending release.

In the West Bank, some geographical areas show particularly high food insecurity levels. A survey carried out by WFP and UNRWA in 2009 revealed food insecurity levels as high as 79 per cent among the marginalised herder and Bedouin communities in Israeli-controlled Area C. These communities have been affected by successive years of dry weather combined with deteriorating lands, poor access to water, mobility restrictions affecting access to grazing land and a lack of diversified livelihoods. This has put at risk the sustainability of the herding livelihoods of these communities, which include both refugees and non-refugees. Water scarcity and high food prices push these families into a deeper cycle of indebtedness and have increased the risk of livelihood erosion. In response, WFP and UNRWA implemented a joint assistance programme in 2009 to provide much needed food assistance to 31,000 herders and Bedouins. One year after the implementation, a follow-up survey in 2010 showed that the food insecurity dropped from 79 to 55 per cent. The joint programme is a component of WFP's protracted relief and recovery operation (PRRO) implemented in the West Bank

For health and nutrition in the West Bank, Bedouin women and children have higher levels of anaemia and micronutrient deficiencies. There are also high rates of hygiene-related hazards and accidents. Checkpoints and barriers in the Jordan Valley make access to health services difficult and encampments are often located in isolated areas with no transport links. This isolation also exacerbates delays in diagnosing illnesses and receiving timely and adequate treatment.

Healthcare services in Gaza, have generally been affected by years of conflict and strict closure with limited mobility in and out of the Gaza strip. As a consequence of the prolonged crisis, the capacity and integrity of the system has been severely affected in terms of (i) physical infrastructure, (ii) supplies and (iii) maintenance of continuity between primary and secondary levels of care. Emergency response and early recovery efforts were also hampered by the strict closure imposed on Gaza during 2010, leading to severe delays in the ability to restore services. The southern governorates (Rafah and Khan Younis) have been especially hard hit, and little investment has been devoted to rehabilitate health services in Rafah and Khan Younis hospitals, and primary healthcare centers.

2. Overview of CERF's role in oPt

Following a letter received from the USG / ERC informing that oPt would be allocated S\$ 4 million from CERF, the Humanitarian Coordinator convened a meeting of the Humanitarian Country Team (HCT). UN relief agencies as well as international and national NGOs, all members of the HCT, were represented in this meeting.

Based on the criteria set by the ERC and the CERF (Gaza, Area C, underfunded, life-saving) and priorities identified in the CAP 2011, the HCT decided to divide the CERF allocation between four priority sectors/clusters, namely agriculture, food, health and nutrition and WASH. It was also agreed that CERF money would have greater impact if used to address the needs of the most vulnerable communities in Area C, particularly Bedouin and Herding communities; as well as some urgent needs in Gaza. In order to help the prioritisation process at cluster level, each cluster was given a rough indication of the portion of the grant it could expect.

Following the decision of the HCT, each of the four clusters selected arranged discussions with partners at cluster level (including UN, International and national NGOs). During these discussions, the role and criteria of the CERF underfunded allocations were presented to cluster members (with the assistance of OCHA) and a project prioritisation process was initiated for each cluster (based on CAP priorities; criteria of CERF, ERC and HCT; each cluster additional criteria). Relevant international and local NGOs took part in the discussions within agriculture, health and WASH clusters. The Palestinian Authority (PA), which had already taken part in the discussions on the CAP prioritisation, was also present during these discussions on the CERF allocations and reflected the PA's views. This work resulted in the selection of 22 priority projects by the clusters concerned.

Following discussions at cluster level, OCHA convened additional discussions in order to:

- Help identify complementarities between priority projects identified by clusters and maximise the impact of the CERF allocation;

- Assist in further reducing the number of projects / amount for each cluster and better focus the intervention.

A teleconference between cluster leads and the CERF Secretariat was also facilitated by OCHA to clarify further CERF criteria and procedures. This work resulted in the selection of the 11 priority projects in agriculture, food, health and nutrition and WASH, both in Gaza and Area C, submitted as part of this CERF underfunded package.

All the recipients of CERF funds in oPt provided positive feedback on the process and decisions on the use of funding (as described above). However, WFP reported that the process was not transparent and that the initially proposed allocation of funds was not objective.

In the agriculture cluster, two life-saving activities were prioritised through close consultations among the sector stakeholders based on the careful review of all agricultural projects within the CAP 2011.

They both responded to the agriculture sector Response Framework contributing to Output 1.1 and fodder distribution was an indicator of Output 1.1 and 1.3. Basic agricultural capacities stabilised and farming and herding communities' resilience to water scarcity improved respectively.

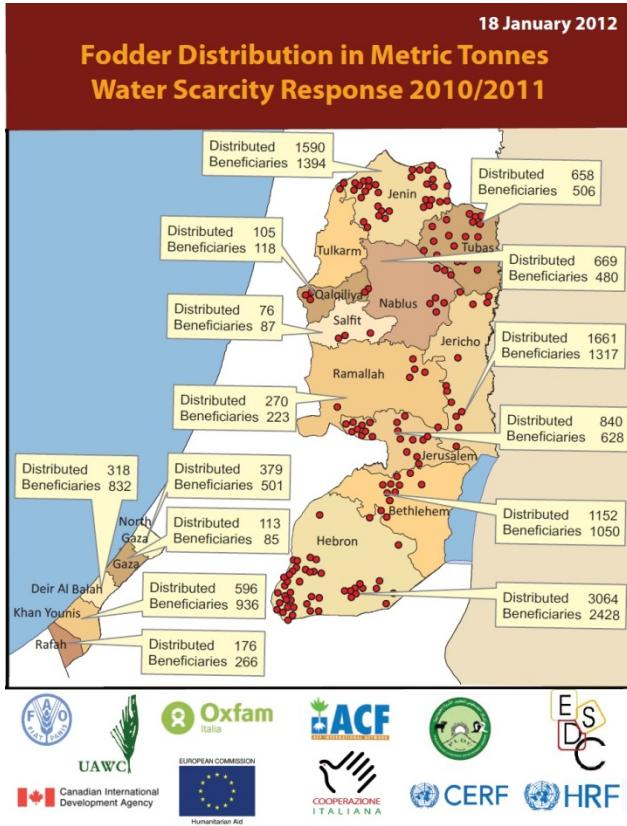
Extensive coordination was carried out with all stakeholders involved in fodder distribution in the oPt including ECHO, ACF and OXFAM Italy, regarding fodder and water distribution, responding to severe water scarcity conditions and low levels of cereal crop production. The coordination effort resulted in the definition of quantities and locations of fodder distributions and cistern rehabilitation as well as a clear delineation of responsibilities of the stakeholders involved. This included assigning areas and agreement on targeting and distribution methodology.

The coordination efforts took place under the Water Scarcity Task Force led by the Ministry of Agriculture (MoA) that encompasses the WASH and agriculture Sectors' response to water scarcity, ensuring complementarily between both sectors.

The cost of the water scarcity response in the West Bank was estimated at S\$ 6.5 million (S\$ 3 million are for WASH and US\$ 3.5 million for agriculture) and was cover by coordination among the below funds and donors:

DONOR	US\$	%
Central Humanitarian Response Fund (CERF) WASH & Agriculture projects	718,184	12
Government of Canada (CIDA)	1,227,501	20
ECHO	2,100,000	34
HRF	1,244,517	20
Government of Italy	835,472	14

FAO regularly monitored the overall progress of fodder distribution and provided the humanitarian country team with regular updates. The map below visualizes the overall fodder distribution carried out in the oPt in 2011.



The risk of acute food insecurity is higher for women and children, who rely mainly on animal products for their daily diets, and have no other sources of food or income. Women and children in the targeted areas are heavily dependent on livestock for their food consumption and are strongly involved in the herding work, and priority was thus given to target female-headed households or those with more children. Female-headed households represented 11.5 per cent of the total number of households reached in the project. In addition, the rest of the households included females (wives and daughters), and therefore other females were targeted indirectly.

In the WASH cluster, the primary objective of CERF allocation was to focus on the underfunded CAP 2010/2011 projects that provide life-saving support, and prevent the deterioration of the humanitarian conditions or exacerbation of the environmental situation. These were selected based on established WASH Critical Vulnerabilities (as stated within the NAF and SRP) which are comprised of the following:

Gaza

- **Water Quality: Key Concern**
- Communities receiving bad quality water from private water vendors.
- Projects directly contributing to improving quality of water.
- Links with strategic response to UNEP report.
- Focus on water quality deteriorated areas where access clean to safe water is limited, and continue supporting the identified localities and communities until sustainable alternatives introduced.
- Target those localities and communities with bad drinking water supplies from the private vendors in Gaza.

Area C

- **Water Scarcity: Key Concern**
- Projects contributing to providing adequate and affordable water.
- Increasing resilience and alleviating the risk of displacement.
- Communities accessing < 60 liters per capita per day.
- Communities paying > 20 NIS / cubic meter of water.

- Communities that access < 30 litters and pay > 20NIS/cubic meter would be at grave risk of displacement.

Cross-cutting Issues

- Target the most vulnerable in the affected areas, especially female, elderly, and child-headed households, widows, families with more than five children of school age according to WASH cluster joint assessment.
- Support provision of safe water and sanitation in schools, “child-friendly spaces” and communal facilities.
- Provide WASH-related NFIs including soap, culturally acceptable sanitary items to those living on deteriorated hygienic environment.
- Support community-based hygiene promotion using C4D, BCC and other methods.
- Develop integrated WASH related activities within identified localities and communities in order to maximize the intervention benefits.

Projects were selected on the following basis:

- They should first seek to ensure that they primarily match the [eligibility criteria](#) for consideration
- After which they were vetted based on set [selection criteria](#), which defines if the project is to be put through for submission.

From this analysis, four projects were identified: two in the West Bank and two in Gaza that focused specifically on the above criteria for the most vulnerable communities/groups within the list of CAP projects.

In the food sector assessments show that an estimated 38 per cent of the population in the oPt (1.1 million) is food insecure. In Gaza, food insecurity affects an estimated 61 per cent of the population, while the baseline Food Security and Nutrition Survey—jointly carried out by WFP, UNRWA and UNICEF in 2009 showed that food insecurity amongst Bedouin and Herding communities in Area C of the West Bank affects as much as 79 per cent of the population. Following the provision of emergency assistance to most vulnerable communities, this percentage was reduced significantly in 2010; however, food insecurity still affects 55 per cent of Bedouin and Herding communities (compared to an average food insecurity of 25 per cent amongst the population in the West Bank). The 2010 SEFSEc shows that in the West Bank refugee households, particularly those living in refugee camps have consistently had the highest prevalence of food insecurity and vulnerability to food insecurity. In addition, most affected households include those living in the Seam Zone, herding communities living in Area C and female-headed households. In the Gaza Strip, the non-refugees are most affected by food insecurity, as well as the population living in rural areas

Deeply concerned that underfunding would interrupt the continuation of food distribution and progress achieved, WFP submitted the CERF UFE application in support of the joint WFP/UNRWA assistance programme to cover the needs of these highly vulnerable people and prevent them from falling back into higher levels of food insecurity. UNRWA submitted the UFE application for their Gaza's Field's Emergency Programme, which provides over 700,000 of the poorest and most vulnerable Palestinian refugees in Gaza with life-sustaining food aid.

The Health Cluster Coordinator, after discussions with the CERF Secretariat, selected projects inline with the life-saving criteria. The INGO MAP initially submitted the projects through the CAP. Due to the direct funding modalities of the CERF, and given the previous technical partnership between UNFPA and MAP, UNFPA submitted the two proposals to the CERF. One for the West Bank on behalf of MAP and to serve as a pass-through agency with MAP as the sole implementing partner while the Gaza project was jointly implemented by UNFPA and MAP..

3.

Project's outcomes:

Agriculture cluster

The resilience of affected families was improved, as the project helped them to maintain their food production level, to protect their endangered livelihoods and to maintain their flock size. This allowed them to increase their disposable income for other essential needs (health, schooling, payment of debts, etc.) thanks to savings made on fodder and water costs.

The impact of the project activities was evaluated in terms of production value as well as economic impact mainly through follow up visits during and after the project implementation as well as by a quantitative impact assessment. Specific examples of the project's impact include:

Fodder distribution

The fodder distribution aimed at protecting local livelihood assets in the short and medium term by:

- Avoiding further animal distress sales and flock erosion
- Enhancing communities' capacity to rely on livestock to secure their subsistence.

The distribution of fodder had an immediate effect preventing crisis sales of animals and destitution of the most vulnerable herders in the face of drought and economic strangulation.

The impact of the implemented activities on households has been gauged comparing results of animal census (sheep counting) done during the selection of beneficiaries to the results of the post distribution monitoring survey. Which illustrates that about 93 per cent of targeted herders have managed to keep their herds at the same size

Herders reported improved animal health and a higher level of productivity .In addition, after the completion of the distribution of high quality fodder, beneficiary farmers showed an interest in continuing to buy fodder rich in protein and nutrients. This indicates that the training had a lasting effect and shows the positive economic impact of the intervention following the project.

Cistern and water reservoirs had a very good impact on water availability and significant economic benefits for herders. In other areas of the West Bank (Rashayda area) where similar projects were implemented, a cost benefit study was conducted on the water availability and price in the area of implementation and showed that. the cost of the rehabilitation can be recovered in approximately one year, while the rehabilitation of the cistern can sustain the cistern for around 10 years.

Due to operational constraints related to the identification of cisterns to be rehabilitated, the second component of the project, i.e. the rehabilitation of 10 community water collection cisterns in Masafer Yatta, was slightly amended from that outlined in the project proposal. Instead of rehabilitating collective cisterns, 13 water collection cisterns were constructed in the area of Yatta. These are household cisterns which each benefits three to four herding families with severe water shortages for their livestock.

Furthermore, 12 community cisterns have been identified in the area of Masafer Yatta and the rehabilitation work is ongoing and expected to be finalised in March 2012. Resources for this component have been made available though a project funded by Canada.

Apart from the above constraints, no significant difficulties were encountered. However, it is worth noting that the planned number of beneficiaries increased from 3,263 to 4,799 following a harmonization of the fodder distribution methodology for all organisations implementing fodder distribution activities. It was decided that all organisations should use the 30 animals/50 feeding day's methodology, resulting in an increase in the planned number of beneficiaries.

WASH cluster

The funding sought to assist the most vulnerable groups including women, children, and the elderly in 42 communities and 65 schools, to ensure 52,000 boys and girls have a daily delivery of water at school, and

13,300 adults benefit from adequate storage. After evaluation of resources and verification of vulnerable beneficiaries, the number of beneficiaries served was set at 124, 277, a 48 per cent increase, largely through procuring items at the most cost effective tender.

CERF funding contributed greatly to communities and schoolchildren's ability to gain better access and supply to water facilities through direct tankering, increased storage capacity and more sustainable services. The supply of water in both Gaza and West Bank depends heavily on municipal services either for water supply or through rainwater harvesting. By maximising storage from both sources, funding provided an additional 60 liters per person per day, and an additional 2 liters per schoolchild. Distribution to schools was increased from 65 liters to 142 in Gaza. In addition, there were complementary hygiene promotion activities and hygiene kits were distributed to schoolchildren. This component was provided to community members, teachers, community-based organisations (CBO's) and pupils, and it highlighted methods to ensure personal cleanliness and for water storage in order to minimise waterborne diseases.

These activities provide humanitarian support at the time of implementation as well as ensuring that safe provision of water can be continued in future years. In particular, where tanks have been provided for schools and households, this will allow additional water to be stored to sustain communities during times of scarcity when the network supply is not available. Equally, the rehabilitation and construction of new cisterns can allow communities to harvest water during the winter season to sustain them during the coming year, assuming rainfall reaches annual average levels. Where networks or rainwater are not available, tankers will now be able to enter communities previously isolated due to poor road conditions thanks to road resurfacing work, and larger tankers can access communities delivering larger quantities of water and thus reduce the overall cost of water. The procurement of such a tanker for the Hebron governorate increases the capacity of the local authorities to deliver water to communities and schools in one of the areas most affected by water scarcity.

In total, with CERF funding, the above activities contributed to improved conditions for 124,277 beneficiaries and 114,311 schoolchildren and teachers.

	Beneficiaries	Children (5-18)	Schools
Gaza	16,342	103,400	142
West Bank	4,535	1,313	165
Total	9,966	114,311	307

Please see below the status of the key outcomes. Further details are provided in Annex 1.

INDICATORS	STATUS
Improved awareness among households regarding water management and hygiene practices with at least 10 per cent of women attending focus group discussions	Completed & surpassed
Improving hygiene among children with hygiene kits distributed to 500 boys and 500 girls	Completed & surpassed
65 schools will benefit from daily water during the 2011 school year (Two liters per child per day)	Completed & surpassed
Nine monthly monitoring studies of water quality at source and 10 per cent of randomly sampled households	Completed
Physical and biological water quality improvement to meet WHO standards	Completed but not fully attained (see lessons learnt & Annex 1)
Improving supply of water to increase per capita consumption by 25 per cent	Completed & surpassed
Improving storage capacity for households by providing 2255 storage tanks	Completed but not fully attained (see Annex 1)
Reduced economic pressures on households by reducing cost of water by 40 per cent (to 15-20NIS/c.m)	Completed and attained
3,250 persons will have regularised and locally managed water supply deliveries Targeted communities will no longer be considered at "high risk" (based on WASH vulnerability indicators)	Completed with verification of risk status to be made during next vulnerability assessment

Food

The allocation allowed WFP and UNRWA to continue distribution of food rations to the 3,906 highly dependent households (25,000 individuals) during two months (one distribution cycle), covering a critical gap between a potential forced halt of the programme and the late allocation of resources by other donors thereby ensuring uninterrupted assistance throughout the year. With the CERF allocation, WFP was able to purchase the food items to fill the food basket distributed to the families. WFP purchased 810 metric ton of wheat flour, 72 metric ton of pulses (lentils), 121 metric ton of vitamin A-enriched vegetable oil, 36 metric ton of sugar and 14 metric ton of iodized salt. UNRWA ensured the actual distributions to the beneficiaries.

Funds received through CERF were used to support UNRWA Gaza's Field's Emergency Programme, which provides over 700,000 of the poorest and most vulnerable Palestinian refugees in Gaza with life-sustaining food aid. Under the action, CERF funds were specifically used to address the plight of 7,952 abject poor female households (supporting 32,076 individuals) who have witnessed a dramatic downward spiral in their socio-economic situation due to high levels of unemployment and loss of livelihoods. Emergency food distributed to female households during the 5 April to 16 June 2011 implementation of the action, ensured that each FHH received a ration equivalent to 76 per cent of their daily caloric needs.

With respect to overall programme impact, CERF funds covered 8.71 per cent of the total cost of food commodities distributed during UNRWA's first round of 2011 food distribution (5 April to 16 June 2011), benefiting a total of 141,452 abject poor and absolute poor families (supporting 714,159 individuals) at a total cost of S\$10,010,180.06

Specific food commodities purchased with CERF funds include 453 metric ton of wheat flour, 1,616 litres of sunflower oil, 886 metric ton of sugar and 695 metric ton of rice.

Health cluster

CERF funding allowed for implementation of the following activities in the West Bank over a period of 10 months:

Medications and disposables were provided to 26 Bedouin encampments and four schools within these encampments. Service providers supported more than 8,000 consultations provided through mobile clinic services. Services targeted especially vulnerable population groups who would find it particularly hard to access regular distant medical services (pregnant women, children, older people and people with disabilities). Mobile clinic consultations also covered a range of services including follow-up consultations with pregnant women and referrals to a specialist gynaecologist as well as a "well-baby clinic" offering follow-up consultations with children aged 0-3 years.

Since the targeted Bedouin population would not easily have access to regular primary health care or emergency services, the project aimed at training women and men as first responders for emergencies adapting the first aid training course to include topics of key relevance to the Bedouin context and lifestyle. First aid kits were then distributed to every person participating and passing the first aid course. Originally, it was planned to provide bigger community first aid kits. It was then decided to design smaller kits instead so as to benefit more individuals in a larger and more dispersed area.

The mobile outreach clinics also provided participatory health education sessions and distributed hygiene kits to the community during outreach clinics.

While all of the above results were achieved, the humanitarian needs of the targeted population could only be partially met. Due to the protracted nature of the crisis, the needs will persist and services will need to be provided in the future as well.

In the Gaza strip, the project contributed to the preservation and continuity of quality obstetric and newborn care between communities and hospitals. A continuum of care frame was developed and agreed upon by all partners linking primary healthcare facilities with referrals hospitals in the southern Gaza Strip (Khan Younis and Rafah governorates). This frame includes well-defined "hubs" that will serve as emergency care locations

in times of crises. Selected maternities and primary health care centres serving as “hubs” received support in terms of minor infrastructure rehabilitation and medical equipment supplies and disposables.

Primary health care professionals were trained on safe delivery and referral to other levels of care. These service providers would now be able to carry out safe deliveries in the case of a crisis limiting access of pregnant mothers to tertiary care level hospitals. Hospital-based professionals received specialised training on the national protocol of obstetric and newborn care. This training aimed at unifying and improving the capacity of hospital-based practitioners in the management of obstetric emergencies.

Communities were consequently sensitised about danger signs during pregnancies and information on existing services at primary health care (“hub”) levels and maternities was widely disseminated.

4. An analysis of the added value of CERF to the humanitarian response

The objective of the CERF intervention was to provide access to essential services and / or needed assistance, strengthen the resilience of these communities and contain and / or avoid the use of negative coping mechanisms (e.g. selling livestock) through a multi-sector intervention. This has helped communities sustain their livelihoods while longer-term strategies are being put in place (e.g. response to the drought in the West Bank; PA water strategy for Area C; etc.). It is also believed that these interventions helped create a more protective and secure environment for these communities. In addition to addressing urgent specific food, health and WASH needs in Gaza, CERF money was used to kick-start these activities, as very low funding has been provided to agencies.

For example, in the agriculture sector, the project helped improve the resilience of the affected families, helped affected families maintain their flock size and preventing losing their assets, and allowed them to increase their disposable income for other essential needs (health, schooling, payment of debts, etc.) thanks to savings made on fodder and water costs.

CERF funds helped partners respond in time to critical needs to address the prevailing water scarcity situation in 2011. Indeed, availability of and access to water is one of the major concerns for Palestinian farmers and herders, mainly in areas subjected to three consecutive years of below average, poorly distributed and delayed rainfall. By November 2010, the West Bank had only received 25 per cent of accumulated rainfall. The total of accumulated rainfall for the 2010-11 season did not exceed 70 per cent of the long term average in the West Bank.

CERF triggered an improvement in the coordination among the humanitarian community. Firstly, it allowed streamlining technical specification among all fodder distribution interventions in the oPt, ensuring that herders in different geographic areas receive the same level of support. Secondly, it helped ensure that the areas suffering from water scarcity are covered and help avoid geographic duplication. Thirdly, it strengthened PA coordination mechanisms. Indeed, all coordination efforts took place together with the implementing organizations and the MoA and the PA under the Water Scarcity Task Force. Fourthly, all fodder distribution activities will be evaluated in the first half of 2012 by an external evaluator (contracted by ACF and funded by ECHO) to ensure that lessons learned are being fed back to all stakeholders. The evaluation process is being led by members of the Water Scarcity Task Force.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?
YES NO

Within the oPt, there are geographical locations that are perpetually at high risk of displacement, air strikes, demolitions and water scarcity. Due to the protracted crisis, the associated constraints and hazards have a direct impact upon the provision of services to such areas. With the underfunding of the 2010 CAP, many of these communities were still awaiting the delivery of basic services. The situation was expected to be compounded due to the anticipated water scarcity in 2011. As advocacy and lobbying for funding for these communities continued, the gap-filling funding measures of CERF enabled communities to receive support in the interim until alternative funds could be sought.

The assistance ensured that natural water collection could be maximised through additional tanks for rainwater harvesting and capture of natural spring water, especially in remote areas. Improving road access also assisted greatly in the delivery of materials and water tankering, whilst also having direct benefits improving the living standard and lowering living costs for those communities. The provision of water tanks to areas connected to a network ensured that although the water network supply was sporadic, it could be utilised fully during its working hours through the provision of water tanks. Schools also benefited from water storage tanks during the summer and continued water trucking in the peak months. The communities were identified as part of the sector response plan and needs analysis framework. The standard CERF objectives were enhanced to include specific criteria developed for WASH Cluster partners.

The allocation process was very swift. CERF disbursement occurred within 14 days following the submission of the application. In comparison, the length of time required for resource mobilization among other donors can range from one to several months, depending on the donor. In addition, when applying for financial support to life-saving activities, CERF generally offers a greater margin of flexibility in the proposed use of funds by WFP when other donors often require particular conditions. Funding contributed to UNRWA's ongoing Emergency Food distribution programme. Pre-existing procurement and distribution channels under the Emergency Food programme ensured timely delivery of assistance to beneficiaries in accordance with UNRWA standard food distribution cycles. Funds made available for health enabled provision of basic services to needy communities in the Jordan Valley. Without these funds, women and children from the targeted 24 Bedouin communities would have had extremely limited access to services. In Gaza, since the MAP UK project had not received any funding, CERF funding allowed for quicker implementation of the project. Also, rapid disbursement of CERF funds, allowed for earlier availability of funding. However, certain structural difficulties remained such as difficulties related to the closure of Gaza, the continued political division complicating coordination as well as limited movements of goods into Gaza, hence delaying the rehabilitation and procurement elements of the project. The "soft-ware aspects" related to training of health personnel and sensitisation of communities were the fastest to be implemented.

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

YES NO

The provision of drinking water services to schoolchildren during the school year was essential. Equally, providing households during the water scarcity period with water storage, tankering and access improvements not only ensured their equitable share to water but improved the socio-economic status with the reduced cost of purchased water.

Storage facilities were also constructed in time for the winter season enabling the harvesting and storage of rainwater. There is often a trend that rates of communicable diseases rise at the start of the wet season and during the summer period. The training in hygiene promotion and cleanliness of water storage facilities contributed to enhancing beneficiaries' knowledge and led to an increase in improved hygiene practices.

CERF allowed for the rapid mobilisation of funds required to continue food distribution activities without disruption, which would have had an immediate impact on the well-being of the beneficiaries, and would have had an impact on the progress achieved in the improvement of the food security situation among these vulnerable communities.

Funding was received at a critical time where overall funding for emergency food distribution was insufficient to allow UNRWA to cover the last two rounds of 2011 emergency food distribution targeting over 700,000 absolute and abject poor, dependent on food assistance.

The funds were quickly disbursed first from the CERF Secretariat and then from UNFPA to MAP. MAP then channelled funds through a local NGO with a long history of serving the targeted communities. This NGO was able to mobilise its teams immediately upon receiving the funds and started operations on the ground very quickly. In Gaza, the health project in particular provided critical funds to serve women in a highly vulnerable location. Especially after Operation Cast Lead Military Operations, healthcare structures

had deteriorated and the quality of care had suffered badly. This project significantly helped in restoring critical services at the primary and secondary healthcare levels.

c) Did CERF funds result in other funds being mobilized?

YES NO

CERF funding provided urgent underfunded projects with income to support a range of initiatives to assist some of the most vulnerable communities and school children in the West Bank and Gaza. The funding acted as a springboard to activate support from other donors and sources, to extend the assistance to neighbouring communities also in need of support, and to guarantee the continuation of support to the same communities through complementary programmes of sanitation provision, network extension, water quality sampling and water treatment.

On the successful implementation of the projects, additional funding has also been granted from other sources to ensure continuity of the provision of safe water and services in these vulnerable areas.

In the food cluster, receipt of CERF funds did not directly influence the mobilization of funding from other donors, the action itself is multi-donor funded. In this case, CERF funds covered 8.71 per cent of the total cost of food commodities distributed during the first round of food distribution which took place from 5 April to 16 June 2011, benefiting a total of 141,452 needy families (supporting 714,159 individuals) at a total cost of S\$ 10,010,180. A similar situation was reported in the health cluster. CERF funds allowed for an expansion of the Continuum of Care approach to the Southern governorates of the Gaza Strip.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

The coordination among key reproductive health actors in the Gaza Strip had already been in place prior to CERF funding in so far as UNFPA, UNICEF, WHO, UNRWA and Map had formed a Maternal and Neonatal Health coordination forum in the Gaza Strip. CERF funds for the project, however, called for continued coordination to implement this project synergy with other projects under implementation by sister agencies such as WHO, UNICEF and Save the Children. In the WASH cluster, the funds helped to continue this approach of homogeneous response. In the food cluster, the CERF funding mechanism supports ongoing coordination amongst humanitarian service providers in Gaza through the general encouragement of dialogue around harmonization of approaches and prioritisation of the actions to be covered through CERF funds. In the West Bank, WFP reported that CERF did not improve coordination in the humanitarian community. WFP stated that the CERF application process and its lack of transparency led to confusion and misunderstandings. The planned cross-sector joint approach to benefit the most vulnerable beneficiaries in one specific area did not materialise

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Distributing fodder to farmers prevented them from undertaking negative coping strategies such as de-stocking of their flocks or reducing household expenditure on primary education. In addition, farm management techniques helped beneficiaries increase productivity, which resulted in increasing their income.	To increase the frequency and quantity of distributed fodder per herder while continuing to focus on farm management, if the rain pattern remains below the average.	MoA and beneficiary communities
As reported by the Ministry of Agriculture, the use of the 30 animal methodology (i.e. fodder is provided for a maximum of 30 animals per herder and for 50 days) resulted in herders splitting their herds in order to benefit larger quantities of fodder.	To consider a different methodology or formula for fodder distribution.	MoA and beneficiary communities
Rangeland rehabilitation allows for availability of grazing areas, which herders can rely on instead of relying on distributed fodder alone.	To improve the management and exploitation of the rehabilitated rangeland.	MoA and beneficiary communities
Improving the quality of dairy products helps marketing and increases their shelf life.	To increase beneficiaries' awareness of the sterilization process.	MoA and beneficiary communities
Traditional feeding techniques used by herders are not always as productive as alternative feeding techniques. However, herders are usually resistant to change and demonstration farms contributed to convince them of the advantages of alternative techniques.	Demonstration farms were considered a positive initiative and expansion should be considered into other geographic areas. Similar feedback was given on alternative feeding and animal health and prevention.	MoA and beneficiary communities
Good coordination among cluster partners prevented duplication of activities	Continued activity and resource mapping of 4W's	WASH cluster agencies, WASH Cluster Coordinator OCHA
Assumptions made regarding the availability and quality and storage capacity of households or community resources. A number of changes to the quantities was required to ensure sufficient storage was provided through repairs or new installations	Ensure assessment of community/household resources prior to implementation. However, the flexibility to amend service provision within the CERF enabled households to receive support according to the expected outcome without incurring additional costs or reducing beneficiary numbers. Tendering enabled the selection of most cost-effective resources allowing cost savings to be reallocated to a larger number of beneficiaries.	WASH cluster agencies UNICEF
Hygiene training sessions were too long, especially for female participants needing child care	Sessions were shortened in accordance with participants' requests. A group could be established amongst the community to enable women to attend longer training sessions. Creation of hygiene awareness/training films to be played in chapters at the community level, also when access for NGOs is not possible, training can still be continued.	WASH agencies WASH Cluster
Close monitoring of communities in Area C near outposts by Israeli military prevented use of heavy machinery and direct entry to communities, however despite	Communities were accessed through alternative routes with poor road conditions using light machinery or donkeys for unobtrusive transport of materials. Work by night so as to reduce visibility.	WASH Cluster agencies WASH cluster Protection Cluster OCHA Donors

these obstacles projects can be completed successfully		
Tendering and subsequent procurement and delivery of the truck was affected by the long delivery time (3-4 months) required by all the suppliers who submitted their offers. As a result, the truck was made available only at the beginning of December 2011 after the response to water scarcity had concluded.	Tendering to be completed for such urgent needs in a more timely manner	WASH cluster agencies UNICEF
Appropriate water quality for drinking purposes could not always be attained.	Additional water supplies provided that did not meet the set standard was diverted for animal consumption and agricultural purposes. Sufficient water was provided by tankered water, which, due to the rehabilitation of roads, had reduced costs by over 25 per cent, thereby ensuring sufficient quantities of water at an affordable price. Improved designs for filtering water from cisterns need to be identified.	WASH cluster agencies
Female beneficiaries did not initially attend hygiene promotion or training sessions	A female engineer conducted training sessions and female hygiene promoters visited female beneficiaries at their homes where external venues were inappropriate for women	WASH cluster agencies
Improvements needed in emergency stock management information system. Prior to the implementation of the CERF-funded action, UNRWA/Gaza supply chain data was stored and manipulated primarily using MS Excel files. This could at times make manipulating and extracting information a time consuming process, and placed as substantial burden on the Emergency logistics team.	Establishment of a new ESMIS following the implementation of the CERF-funded action during the period 5 April to 16 June has resulted in increased efficiencies in managing the supply chain. The time required for stock truncations has now been substantially reduced, and data can be more easily extracted and analysed.	UNRWA/Gaza Emergency Programme
Since MAP could not receive direct CERF funds, funds were received via a UN agency. The project fit well under UNFPA's existing health programme for the West Bank. When initial CERF negotiations began, UNFPA and MAP immediately started preparing the necessary administrative partnership agreements in order to be able to quickly disburse funds upon receipt through the CERF.	Generally, for better preparedness measures, agencies should have pre-identified their potential implementing partners for emergency response. Since working with new implementing partners requires a whole set of administrative steps (IP assessment, approval etc.) these processes should be completed to the extent possible so that new partnerships, if needed for emergency response, can be quickly operationalised.	UNFPA, MAP
It is important to maintain funding of this and similar projects to maintain services for marginalised communities in isolated locations	Endorse this project as part of the ongoing humanitarian aid to Palestinians and link interventions to formal health services such as the MOH.	MAP, UNFPA
Sustainability is critical otherwise, target communities will remain underserved	Inclusion of these communities within the MOH catchment in the frame of national health insurance and through a continuum of care modality; the challenge, however, will be for the Palestinian Authority to address the needs of populations in Area C.	MOH, UNFPA
Rehabilitation and procurement activities need more time than planned.	Give projects that include rehabilitation and procurement activities more time for implementation	CERF

Coordination of efforts within the MCH working group enabled synergy and mutual support	Continue the group even beyond the emergency response	UNFPA
Working with communities and national partners has improved coverage and outreach to beneficiaries	MOH, UNRWA and local NGOs need to maintain community structures and work with them for effective emergency response in times of crises	MOH
The Humanitarian Coordinator (HC) for the oPt was informed via email from the ERC regarding the pre-selection to allocate \$4 million funding from the Underfunded Emergencies Window of the Central Emergency Response Fund (CERF) for humanitarian response in oPt on 24 December 2010.	Decision to allocate funding and inform HC to take into consideration official holidays; many staff away for most of the month, with some key members of the HCT not back in-country until into mid-January. .	OCHA
<p>Message sent on behalf of the HC to the members of the HCT and cluster/sector leads on 4 January 2011 informing that the oPt had been pre-selected to receive an allocation of \$ 4 million from CERF.</p> <p>In his email the HC explained that discussion on ways to maximise the impact of this CERF grant would take place during the next HCT meeting on 17 January 2011. Further, the HC also explained that as per CERF rules and regulations, the cluster/sector leads were asked, in light of the HC instructions, to identify, in consultation with members of their respective clusters/sectors, clear priorities for the use of these funds, though keeping in mind that formal confirmation of the oPt's inclusion in the underfunded CERF round and more details on next steps would be given to OCHA oPt on 13 January.</p>	<p>Transparent and all-inclusive processes from the start at country level given that the HCT and cluster/sector leads were informed right at the beginning and were provided enough time to begin their analysis based on the criteria provided to them by the HC which would result in the allocation of funds (to UN agencies and some NGOs as implementing partners) according to HCT / cluster/sector priorities.</p>	OCHA
The experienced cluster/sector leadership proved invaluable in identifying where possible partnerships and synergies between UN and NGOs that could be arranged for the implementation package of projects (under the CERF-underfunded window).	The initial instruction from the HC and the reiteration by OCHA to members of the HCT and cluster/sector leads to proceed with a partnership approach was key in ensuring the inclusiveness of the entire decision-making process. In addition, the partnership approach was helped along the way by experienced cluster/sector leads who understood the importance of the cluster approach and that the intended inclusivity of the CERF funding was invaluable, ensuring essential NGO participation right from the start of the decision-making process.	OCHA

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

FAO - AGRICULTURE							
CERF PROJECT NUMBER	11-FAO-006	Total Project Budget	\$ 5,183,600 <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> <th>Gender Equity</th>	Beneficiaries	Targeted	Reached	Gender Equity
PROJECT TITLE	Emergency support to livestock herders in the southern part of the West Bank	Total Funding Received for Project	\$ 3,327,283	Individuals Female Male Total individuals (Female and male) Of total, children under 5 TOTAL	3,263 913 849 1,762 1501 3,263	4799 2101 2012 4113 686 4799	The risk of falling in acute food insecurity is higher for women and children, who rely mainly on animal products for their daily diets, and have no other sources of food or income. Given that women and children in the targeted areas are heavily dependent on livestock for their food consumption and are strongly involved in the herding work, priority in targeting was given to those households which are female-headed or have more children.
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 800,003				Female-headed households represented 11.5 per cent of the total number of households actually reached. In addition, the rest of the households included females (wives and daughters), and therefore other females were targeted indirectly.
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS	
To protect poor herding families from falling into acute food insecurity and protect their endangered livelihoods for the current season and help them avoid distress sale of animals and subsequent risk of complete loss of the only food production means. To sustainability improve water availability, access and storage capacity for targeted herding families To enhance animal husbandry and hygiene skills through tailored training activities	<ul style="list-style-type: none"> ■ 774 vulnerable herding families (423 assisted through ACF and 351 through UAWC) maintained their food production level, protected their endangered livelihoods and maintained their livestock in healthy conditions. A total of 945 metric tonnes of fodder was distributed (472 metric tonnes by ACF and 473 metric tonnes by UAWC); ■ Preventing the distress sale of animals and subsequent risk of complete loss of the only food production means for the most vulnerable herding families due to the unforeseen severity of the drought and world commodity price hikes to levels unaffordable to the poor people that have no protection from world prices; ■ As a result of savings on fodder and water costs for the 774 poor herding families, cash flow revived and disposable incomes increased for other essential needs (health, schooling, debt solving... etc.). This positive impact reflected particularly on children and women; ■ Improved animal husbandry and hygiene skills through tailored training activities: training and extension activities focused on herd management, feed alternatives and animal health; ■ 1,500 Wall calendar of sheep management (including monthly needed activity in sheep management) have been distributed to herders and schools in the area of implementation; ■ Increased amount of water sustainability made available in Yatta for herding families through the construction of 13 household water collection cisterns. 	Regular reports from implementing agencies (ACF and UAWC) Regular updates on fodder distribution to beneficiaries Regular visits of project activities and feed centres by project management team Monitoring of work plan implementation					

UNICEF - WASH

CERF PROJECT NUMBER	11-CEF-005	Total Project Budget	\$ 3,344,482	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	WASH Assistance to vulnerable communities in Gaza and West Bank, Area C	Total Funding Received for Project	\$ 130,435	Individuals	60,546	124,277	Beneficiaries were selected upon vulnerability including households with more than seven members, female headed households and either families where females were widowed or divorced. Girls and boys received equally hygiene kits. Training sessions were adapted for women and run by female trainers or engineers.
				Female	30,113	65,675	
				Male	30,433	55,654	
				Total individuals (Female and male)	60,546	124,277	
				Of total, children <u>under 5</u>	2948	2948	
				TOTAL	60,546	124,277 ⁴	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,000,000				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS
Improved awareness among households regarding water management and hygiene practices with at least 10 per cent of women attending focus group discussions		<ul style="list-style-type: none"> ■ Improved awareness among households regarding water management and hygiene practices with at least 10 per cent of women attending focus group discussions Between 32-42 per cent of women attended and were trained in water management and appropriate hygiene practices with overall 10 per cent of women's attendance among the range of programmes. 					Community hygiene awareness training
Improving hygiene among children with hygiene kits distributed to 500 boys and 500 girls		<ul style="list-style-type: none"> ■ Improving hygiene among children with hygiene kits distributed to 500 boys and 500 girls <ul style="list-style-type: none"> ○ 1539 pupils attended hygiene promotion sessions and received hygiene kits (835 girls and 704 boys) 					Monitoring of household practices
65 schools will benefit from daily water during the 2011 school year (2 litters per child per day)		<ul style="list-style-type: none"> ■ 65 schools will benefit from daily water during the 2011 school year (2 litters per child per day) <ul style="list-style-type: none"> ○ 103,400 pupils and teachers were provided with regular tankered water ○ 28 new tanks were provided and 28 rehabilitated to prevent any loss of water through leakages or contamination of water from uncovered tanks. 					Community training and awareness
Nine monthly monitoring studies of water quality at source and 10 per cent of randomly sampled households		<ul style="list-style-type: none"> ■ 9 monthly monitoring studies of water quality at source and 10 per cent of randomly sampled households <ul style="list-style-type: none"> ○ ACF 8 per cent of households randomly sampled at both household and potable source 					Joint meetings with implementing agency and management team inspections
Physical and biological water quality improvement to meet WHO standards		<ul style="list-style-type: none"> ■ Physical and biological water quality improvement to meet WHO standards <ul style="list-style-type: none"> ○ All samples of water delivered to schools met the required physical standards. All tankers were tested prior to delivery on a regular basis, and all tanks for storage were sterilized prior to delivery. ○ Domestic samples 7 per cent did not conform to WHO standards. Those that did not meet the standard were used for agricultural or non-drinking domestic use purposes. All school teachers, communities and CBO's were trained in safe water storage, tank cleaning and chlorination to ensure continuation of appropriate safe water supply to school children and communities. ○ All water tanks in schools were disinfected prior to water delivery to prevent contamination ○ All water provided by tankers were periodically checked to ensure water quality standards were upheld ○ Chlorination tablets were made available through health centres 					Monitoring of source and tanker water
Improving supply of water to increase per capita		<ul style="list-style-type: none"> ■ Improving supply of water to increase per capita consumption by 25 per cent 					Monitoring of source and household water quality
							Monitoring of source and household water quality

⁴ Please see explanation in Section 3 for the reason for the increase.

<p>consumption by 25 per cent</p> <p>Improving storage capacity for households by providing 2,255 storage tanks</p> <p>Reduced economic pressures on households by reducing cost of water by 40 per cent (to 15-20NIS/c.m)</p> <p>3,250 persons will have regularized and locally managed water supply deliveries</p> <p>Targeted communities will no longer be considered at "high risk" (based on WASH vulnerability indicators)</p>	<ul style="list-style-type: none"> ○ 41 per cent increase of individual daily consumption of water from a safe source and increasing from 70-90l/c/d <ul style="list-style-type: none"> ■ Improving storage capacity for households by providing 2255 storage tanks <ul style="list-style-type: none"> ○ 2,033 tanks provided in total, which varies from the projected amount as upon consultation with beneficiaries, larger, were volumes were more favourable thereby a reduction is seen in the overall quantity. ○ 1,920 to 1,575 households (to 16342 Gaza beneficiaries in the ARA's) ○ 85 tanks provided to West Bank communities ○ 28 tanks for schools provided and 28 rehabilitated in Gaza ○ 36 cisterns construction/rehab providing 90 per cent increase in storage <ul style="list-style-type: none"> ■ Reduced economic pressures on households by reducing cost of water by 40 per cent (to 15-20NIS/c.m) <ul style="list-style-type: none"> ○ ACPP 25-40 per cent reduction in cost of tankered water with larger tankers being able to access more remote areas due to road rehabilitation Previously only 3 c.m tanks were able to access the community due to the poor road network, however with the road surfacing and stabilisation, 10c.m tankers are now able to traverse the area thereby significantly reducing the price of water <ul style="list-style-type: none"> ■ 3,250 persons will have regularized and locally managed water supply deliveries <ul style="list-style-type: none"> ○ ACF (25 per cent) 4085 have better storage and therefore more regularised water supply with additional storage tanks ○ 1,285 have increased quantities of drinking water ○ 1,313 beneficiaries will be supported with more regular deliveries of water at a reduced price due to the improved road access and larger tanks (16cum) supplied to the village council to enable proper management of safe and equitable delivery. ○ 5,370 have permanently improved quantity of water <ul style="list-style-type: none"> ■ Targeted communities will no longer be considered at "high risk" (based on WASH vulnerability indicators) <ul style="list-style-type: none"> With the provision of increased quantity and storage capacity for the targeted beneficiaries, the communities will have an increased resilience, however the vulnerability rating is dependant upon a number of factors including connectivity to water sources. As the above communities have limited scope for such connection their status will always be monitored as overall their geographical positioning will place them continually at high risk. 	<p>Monitoring household practices</p> <p>KAP studies</p> <p>Household visits and group discussions</p> <p>Household questionnaires (before and after implementation)</p> <p>Household visits and group discussions</p> <p>Household questionnaires (before and after implementation)</p> <p>Household visits and group discussions</p> <p>Household questionnaires (before and after implementation)</p> <p>Review of pricing structure with local and national authorities and service providers.</p> <p>Household questionnaire and assessment to be conducted during beginning of second quarter of 2012</p>
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WFP - FOOD (WEST BANK)

CERF PROJECT NUMBER	11-WFP-005	Total Project Budget	\$ 5,800,000	Beneficiaries			Gender Equity	
				Targeted	Reached			
PROJECT TITLE	Joint WFP/UNRWA herder and Bedouin Assistance Programme	Total Funding Received for Project	\$ 33,966,297	Individuals	31,000	25,000	Targeting did not occur on a gender basis. WFP and UNRWA target beneficiaries based on their food security status. (female-headed households are targeted if they are food insecure)	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 900,372	Female	15,190	12,250		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
Improved household food consumption Decreasing household expenditures devoted to food.		<ul style="list-style-type: none"> ■ The beneficiaries were provided with the WFP food basket (basic staple food items) to cover their food needs during 2 months (one distribution cycle), preventing further increase of food insecurity levels. ■ WFP was able to purchase the food items to fill the food basket distributed to the families. WFP purchased 810 metric ton of wheat flour, 72 metric ton of pulses (lentils), 121 metric ton of vitamin A-enriched vegetable oil, 36 metric ton of sugar and 14 metric ton of iodized salt. 				<p>An monitoring and evaluation system is supported by a database that monitors the indicators set on the outcome and output levels.</p> <p>A joint Area C survey carried out yearly with UNRWA and UNICEF allows for monitoring and the collection of follow-up baseline data.</p> <p>WFP and UNRWA have a permanent presence of monitors in the field.</p>		

UNRWA - FOOD (GAZA STRIP)

CERF PROJECT NUMBER	11-RWA-001	Total Project Budget	\$ 113,506,380	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	UNRWA Gaza Field, Emergency Food Distribution	Total Funding Received for Project	\$ 63,880,304	Individuals	32,076	32,076	Food Aid provided by UNRWA to families affected by the current crisis is aimed at benefiting all family members regardless of their gender. Worsening food insecurity and poverty means further deterioration in the health and nutritional status, in particular women and children, many of whom are already largely dependent on humanitarian assistance.
STATUS OF CERF GRANT	Completed - 31 December 2011	Amount disbursed from CERF	\$ 872,312	Female	17,977	17,977	
				Male	14,099	14,099	
				Total individuals (Female and male)	32,076	32,076	
				Of total, children under 5	2926	2926	
				TOTAL	32,076	32,076	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					Monitoring and Evaluation Mechanisms
Contribute to meeting the nutritional requirements of the vulnerable 7,952 households affected by the crisis in the Gaza Strip		<p>7,952 abject poor female households under received food parcels in the Gaza Strip.</p> <ul style="list-style-type: none"> ▪ 7,952 female households were identified. ▪ Coupons were prepared and distributed on the female households ▪ 7,952 FHHS (supporting 32,076 individuals) received food parcels. <p>Required food commodities are purchased and delivered on time</p> <ul style="list-style-type: none"> ▪ 100 per cent of requests for purchase of the required quantities of food commodities prepared and executed by the staff of the Agency's Field Emergency Programme (EP) in Gaza in a timely manner. The following food commodities were purchased and distributed on time: ▪ 868.08 metric ton of flour, 86.54 metric ton of rice, 86.54 metric ton of sugar, 36.77 metric ton of powdered milk, 81,196 litres of sunflower oil and 76,502 (Tin) of luncheon Meat 					UNRWA's Emergency Programme has a monitoring and evaluation unit that ensures comprehensive monitoring on the financial and operational levels. Special focus is given to the outcomes and impact of the contribution on the beneficiaries.
							Identification of vulnerable beneficiaries is processed through UNRWA's Social Safety Net Programme and through direct visits to beneficiaries by UNRWA's social workers.
							Distribution is monitored through daily reports on the quantities distributed the day before and total quantities distributed since the inception of the operation.
							The procurement process is monitored by UNRWA HQ Amman-Procurement Division's, where records on the quantities of food purchased and its related handling costs are prepared.

UNFPA - HEALTH (WEST BANK)

CERF PROJECT NUMBER	11-FPA-005	Total Project Budget	\$ 227,022	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Beneficiaries</th><th style="width: 33%;">Targeted</th><th style="width: 33%;">Reached</th></tr> </thead> <tbody> <tr><td>Individuals</td><td>2,606</td><td></td></tr> <tr><td>Female</td><td>1,238</td><td>4449</td></tr> <tr><td>Male</td><td>1,368</td><td>758</td></tr> <tr><td>Total individuals (Female and male)</td><td>2,606</td><td>5,207</td></tr> <tr><td>Of total, children <u>under 5</u></td><td>487</td><td>4,425</td></tr> <tr><td>TOTAL</td><td>2,606</td><td>9,632</td></tr> </tbody> </table>	Beneficiaries	Targeted	Reached	Individuals	2,606		Female	1,238	4449	Male	1,368	758	Total individuals (Female and male)	2,606	5,207	Of total, children <u>under 5</u>	487	4,425	TOTAL	2,606	9,632	Gender Equity
Beneficiaries	Targeted	Reached																								
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Of total, children <u>under 5</u>	487	4,425																								
TOTAL	2,606	9,632																								
PROJECT TITLE	Supporting Life Saving Health Services for Bedouin Communities in the Jordan Valley	Total Funding Received for Project	\$ 104,999																							
STATUS OF CERF GRANT	Fully implemented	Amount disbursed from CERF	\$ 104,999	As indicated in the beneficiary division, children and women specifically benefited both as clients of women's and reproductive health services and as participants to health education sessions.																						
				Fewer men were reached through the health education programme due to lack of services. Children also benefited largely from well-baby services and informal education activities.																						
				As indicated in the report of MAP, women also largely benefited from the first aid training. The number of women attending this training was higher than men. This is a positive sign because women usually are at home and hence they are able to offer first aid when needed.																						
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES		MONITORING AND EVALUATION MECHANISMS																						
Procurement of medications and disposables.		<p>A total of 13,573 units of medicine were distributed during the 8,038 consultations.</p> <ul style="list-style-type: none"> ■ There were 365 clinic field visits in 2011 covering 28 encampments of Bedouins with an approximate total population of 2,500 (this can vary slightly due to seasonal fluctuations). ■ 8,038 consultations were made by the outreach clinic including children, older people and people with disabilities. ■ 666 follow up consultations with pregnant women and 416 referrals to a specialist gynaecologist. ■ In 2011 the Well-Baby Clinic also made 3,098 follow-up consultations with children aged 0-3 years <p>First Aid trainings:</p> <ul style="list-style-type: none"> ■ 76 women and 43 men were trained as first responders in case of emergencies. The first aid training course was adapted to include topics of key relevance to the Bedouin context and life style. <p>Distribution of First Aid kits:</p> <ul style="list-style-type: none"> ■ 119 kits to date. In order for the community to respond, first aid kits were distributed to every person participating and passing the first aid course. <p>Hygiene kits distribution:</p> <ul style="list-style-type: none"> ■ 324 distributed to the community during outreach clinics, accompanied by participatory health education sessions. 		<p>In line with UNFPA's regular project implementation mechanisms through implementing partners, UNFPA used its standard monitoring and evaluation tools.</p> <p>UNFPA and MAP developed a work plan with a clear M&E framework and established quarterly indicators. MAP implemented its mobile clinic and outreach services through local implementing partners. The following tools were used for collecting information about the progress and achievements during the implementation period:</p> <p>MAP carried out regular field monitoring visits during times of mobile outreach services, first aid trainings and hygiene sensitisation campaigns. MAP then documented these visits and shared quarterly reports about the findings of each visit. UNFPA provided comments as appropriate.</p> <p>Quarterly monitoring tools: these tools are an</p>																						

		<p>organic part of UNFPA's M&E policy. These are submitted on a quarterly basis and form the basis for advancing funds for the next quarter. These tools assess the programmatic progress against targets.</p> <p>FACE forms: these forms are submitted together with the monitoring tools and form the tool for assessing the financial aspects of project implementation.</p> <p>End of the year report: submitted at the end of the calendar year including overall elaboration of the progress made during the respective year.</p>
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UNFPA - HEALTH (GAZA STRIP)

CERF PROJECT NUMBER	11-FPA-004	Total Project Budget	\$ 353,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Ensure access to basic and comprehensive obstetric and newborn care in Rafah and Khan Younis Governorates, Southern Gaza (oPt)	Total Funding Received for Project	\$241,499	Individuals	24,000	24,000	Women in the target region benefited from the improved capacity of providers to offer safe delivery and improved capacity of trained doctors to deal with obstetric emergencies.
				Female	18,000	18,000	Women and men benefited from the health education programme implemented by MAP-UK in communities and benefited from health education and information materials distributed to families.
				Male	6,000	6,000	Also, families benefited from the information about local health facilities and providers present within the area.
				Total individuals (Female and male)	24,000	24,000	
				Of total, children under 5	6,000	6,000	
				TOTAL	24,000	24,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 294,999				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Minor rehabilitation/refurbishment of 2 maternities and 6 primary health care canters		<p>UNDP was contracted to undertake rehabilitation of Khan Younis and Rafah maternities. The following was completed:</p> <ul style="list-style-type: none"> ■ 1- Khanyounis maternity (Naser) ■ 2- Rafah Maternity (Imarati) ■ 3- Khirbet Al-Adas primary healthcare centre that acts now as a hub 				<p>In line with UNFPA's regular project implementation mechanisms through implementing partners, UNFPA used its standard monitoring and evaluation tools.</p>	
Procurement of medical supplies and equipment.		<p>Supported MOH and PFPPA with critically needed equipment and disposables as follows:</p> <ul style="list-style-type: none"> ■ Medication and consumables (alcohol, pothedene, slide red; cyto brush) ■ Equipment (Infusion pumps (3); patient monitor (1); ultrasound machine (4); ventose (1); nebulizer (4)) 				<p>UNFPA and MAP developed a work plan with a clear monitoring and evaluation framework and established quarterly indicators.</p>	
Reproduce/reprint IEC materials		<ul style="list-style-type: none"> ■ MAP worked on the development of materials, training of health providers on BCC and conducted community activities to educate about danger signs and referral options. ■ 16,000 information booklets were produced and disseminated at community levels (informing about existing network of individuals and facilities to be used as referral for obstetric and newborn care within Khan Younis and Rafah governorates). 				<p>Monitoring of activities was conducted through various methods:</p>	
Training of hospital and PHC staff		<p>Training:</p> <ul style="list-style-type: none"> ■ A range of professionals were identified as key community-based emergency professionals. This training was conducted at central hospitals and by the end of the training, participants were able to provide safe delivery themselves. Trained professionals were deployed to target communities and information about the services provided by these professionals upon need was disseminated to communities. Specifically, the following were trained: ■ 20 MOH maternity workers on the implementation of national protocol on obstetric and newborn care; ■ 32 primary health care providers on safe delivery and referral 				<p><i>Field visits during on-going training exercises.</i></p>	
Community mobilisation to support MCH network		<ul style="list-style-type: none"> ■ Development of network of individuals and facilities to be used as referral for obstetric and newborn care within Khan Younis and Rafah governorates to ensure continuum of care. 				<p><i>On-site visits during rehabilitation of selected facilities.</i></p>	
						<p><i>Coordination meetings at the level of the Gaza MCHN committee and through quarterly reports submitted to UNFPA.</i></p>	
						<p><i>Purchase orders were rigorously controlled and cross-checked with receiving reports and on-site inspection.</i></p>	
						<p>Equipment, supplies and medications were distributed in line with detailed per-site distribution</p>	

		<p>lists.</p> <p>Overall, implementation of this activity entailed extensive cooperation at operational level with the MOH and NGO providers. Field visit reports, meeting minutes, quarterly reports and financial reporting forms constituted the basis for monitoring the achievement of this output.</p> <p>With regard to the training of health professionals, it was monitored on the basis of training attendance sheets, training course reports and field visits.</p>
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ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-FAO-006	Agriculture	FAO	ACF	INGO	71,300	10/05/2011	10/05/2011	Out of the \$300,000 allocated to ACF, the \$228,700 represents the cost of fodder, which was procured by FAO and delivered to ACF.
11-FAO-006	Agriculture	FAO	UAWC	NNGO	71,300	06/05/2011	06/05/2011	Out of \$300,000 allocated to ACF, the \$ 228,700 represents the cost of fodder, which was procured by FAO and delivered to UAWC.
11-CEF-005	WASH	UNICEF	ACF	INGO	300,000	08/05/2011	21/04/2011	
11-CEF-005	WASH	UNICEF	IRW	INGO	171,678	06/07/2011	07/06/2011	
11-CEF-005	WASH	UNICEF	ACPP	INGO	237,887	01/06/2011	23/05/2011	
11-CEF-005	WASH	UNICEF	GVC	INGO	160,000	07/06/2011	23/05/2011	

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action against Hunger
ACPP	Asamblea de Cooperacion por la Paz
ARA's	Access Restricted Area
c.m	Cubic meter
CAP	Consolidated Appeals Process
CBO's	Community Based Organisations
CERF	Central Emergency Response Fund
CMWU	Coastal Municipal Water Utility
ECHO	European Community Humanitarian Office
FAO	Food and Agriculture Organization of the United Nations
FHH	Female headed household
GVC	Gruppo de Volontariato Civile
IASC	Inter Agency Standing Committee
ICCPR	International Covenant on Civil and Political Rights
IRPAL	Islamic Relief
l/c/d	Litter per capita per day
M&E	Monitoring and Evaluation
MaP	Medical Aid in Palestine
MCH WG	Maternal and Child Health and Nutrition Working Group WGWG
MoA	Ministry of Agriculture
NAF	Needs Assessment Framework
NGO	Non-Governmental Organisation
NIS	New Israeli Shekels
oPt	occupied Palestinian territory
PA	Palestinian Authority
PFPPA	Palestinian Family Planning and Protection Association
PHC	Primary Health Care
PRRO	Protracted Relief and Recovery Operation
PWA	Palestinian Water Authority
SEFSec	Social-Economic and Food Security
SRP	Sector Response Plan
UAWC	Union of Agricultural Work Committees
UFE	Underfunded
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHDD	Women's Health and Development Directorate
WHO	World Health Organization