

**ANNUAL REPORT OF  
THE RESIDENT/HUMANITARIAN COORDINATOR  
ON THE USE OF CERF GRANTS**

<b>Country</b>	<b>occupied Palestinian territories</b>
<b>Resident/Humanitarian Coordinator</b>	<b>Maxwell Gaylard</b>
<b>Reporting Period</b>	<b>1 January 2009 – 31 December 2009</b>

**I. Summary of Funding and Beneficiaries**

Funding (\$US)	Total amount required for the humanitarian response:	<b>\$804,522,005</b>		
	Total amount received for the humanitarian response:	<b>\$623,911,619</b>		
	Breakdown of total country funding received by source:	CERF	\$9,409,055	
		CHF/HRF COUNTRY LEVEL FUNDS	\$4,243,540	
		OTHER (Bilateral/Multilateral)		
	Total amount of CERF funding received from the Rapid Response window:	\$9,409,055		
	Total amount of CERF funding received from the Underfunded window:			
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	\$9,049,355	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	\$359,700	
		c. Funds for Government implementation:		
<b>d. TOTAL:</b>		<b>\$9,409,055</b>		
Beneficiaries	Total number of individuals affected by the crisis:	1.5 million individuals		
	Total number of individuals reached with CERF funding:	1.5 million total individuals		
		children under 5		
		females		
Geographical areas of implementation:	Gaza Strip			

## **II. Analysis**

### **Overview**

The Gaza blockade, which has been in place since 2007, has economically and politically isolated the Gaza Strip. It has caused the erosion of livelihoods and the gradual decline in the state of infrastructure, and the quality of vital services in the areas of health, water and sanitation, and education, among others. It has resulted in the lack of essential imports including raw materials; rising food insecurity; protracted energy crisis; deterioration of water and sanitation infrastructure; challenged health system; undermined education; physical insecurity and the inability to reconstruct.

In this chronic humanitarian context, Israel launched a military operation, Operation Cast Lead, from 27 December 2008 to 19 January 2009 which resulted in about 1,400 fatalities (at least 350 of whom were children) with over 5,000 people injured and requiring medical treatment, as well as having a destructive impact on the infrastructure in Gaza – on health, education, WASH, food and people's homes and livelihoods. The CERF rapid response mechanism stepped in to support UN agencies through seven projects for nearly \$9.5 million in response to the humanitarian needs emanating from the military operation.

CERF funding supported responses in the following sectors/clusters:

### **WASH - UNICEF**

After the cessation of military operations, the Coastal Municipalities Water Utility (CMWU) carried out a rapid assessment of the extent of damages to the water and sanitation facilities in Gaza. The subsequent report spelled out three strategies for recovery: fast track, intermediate track and a long-term plan. The fast track involved re-establishing some of the main water and sewage carriers damaged in order to provide minimum services to the most affected areas especially in the Gaza City and northern area. These damages affected accessibility to safe drinking water and safe disposal of sewage to an estimated 500,000 people, around half of whom were children.

The objective of the UNICEF project receiving CERF funding was to cover WASH response activities for the first 3 months in order to significantly reduce sanitary and health risks and support the humanitarian effort. The activities aimed to improve access to safe drinking water and adequate sanitation for about 2,000,000 people through direct support to CMWU (Gaza water utility) and WASH NGOs.

UNICEF applied for the CERF funding on 13 January with the overall objective of providing immediate WASH response in the first 3 months after the crisis. UNICEF signed the Letter of Understanding 15 January; and received the funding on 20 January. Implementation began in early February (based on the rapid assessment completed by CMWU last week of January.) The process was much quicker than other emergency funding received which usually took around 3-4 months. UNICEF's timely response contributed to the (1) prevention of deterioration of water quality in affected areas through continued monitoring and provision of (35 m<sup>3</sup>) of chlorine at the crucial time when CMWU was running low on their stock levels; (2) prevention of sewage pollution through timely repairs of damaged manholes and sewage networks and sewage treatment plant – benefiting at least 70,000 people; (3) prevention of contaminated drinking water through timely repairs of damaged water networks and house

connections benefiting around 130,000 people; and the promotion of hygiene through provision of 2,000 family and baby WASH and hygiene kits.

## **Health - WHO**

WHO, with the support of the health cluster, carried out a detailed assessment of health needs following the war which was published on 16 February and subsequently worked closely with partners to coordinate the response to those needs. Among the issues which WHO itself addressed with financial support from the CERF was support to the Central Drug Store (CDS) and Medical Equipment Maintenance Unit. Furthermore, CERF funding was provided to Save the Children to address identified gaps in reproductive, new born and maternal health services. CERF funding was also channelled to Merlin to contribute to chronic disease management.

### *1) Logistical support to MoH Central Drug Store (CDS)*

Initially experiencing widespread shortages of drugs, consumables, and medical equipment at the beginning of 2009, the CDS was soon overwhelmed by the need to manage the estimated 4,600 tonnes of unsolicited medical donations which came in following Cast Lead to alleviate the supply shortages. The donations needed to be sorted and an inventory had to be made of the donated items which would help accelerate their distribution to health facilities, as well as help the CDS re-assess its current and future needs (ie. procurement planning).

With funding from the CERF, the WHO provided immediate logistical support to the CDS to manage the sorting, inventory, transportation and distribution of the medical donations. This support included the funding of:

- 3,400m<sup>2</sup> of warehouse space to allow the transfer of sorted materials from the temporary donations stores into more permanent facilities. According to a MoH report, the WHO provided 60% of the total cost of all rented warehouses during the period April – June 2009.
- Warehouse equipment – 2 forklifts, forklift and truck rentals, repairs to transport trucks, 17 pallet jacks to facilitate stock organization at various locations, as well as packaging supplies.
- An upgrade to the CDS IT infrastructure that includes network servers, computers, network components, and office equipment.

By mid-April 2009 the CDS had completed a preliminary sorting of all donated items, and was able to produce an accurate zero stock list that took all of the donations into account, allowing CSD to identify supply gaps and revise procurement plans with donors.

### *2) Procurement of Medical Equipment*

During April-May 2009, WHO conducted a needs assessment of medical equipment in the Gaza Strip. With CERF funding, WHO procured a list of equipment and spare parts that would have both an immediate and longer-term impact on the health care in the Gaza Strip. The items were carefully selected following consultations with various MoH departments and coordination with NGOs working in the sector and also involved in procuring medical equipment stocks so as to avoid duplication. The procurement was divided into 4 categories:

- 1) Spare parts for bio-medical equipment
- 2) Spare parts for ancillary services (ie. hospital maintenance services)
- 3) Medical equipment for primary health care centres (PHCCs)

#### 4) Maintenance tools

Additional items (fetal heart monitors, transport incubator) were purchased to support the MoH in the area of maternal health, and to support the central laboratory services (electrolyte analyzer). The supplies were provided to the MoH maintenance department and to 58 PHC clinics. The use of these supplies aimed at improving the maintenance of medical equipment which was severely affected during the Cast Lead operation and the previous years of blockade.

#### 3) *Health and nutrition response*

Reproductive health was highlighted as an issue in a pre-crisis study showing an increase in neo-natal mortality. While the underlying issues of macro and micronutrient deficiency and the low quality of health care, in part as a result of shortages due to the blockade, all threaten the child's survival and their development. In this context, Cast Lead put even further strain on a weak health system. In an effort to reduce excess mortality and morbidity, gaps in reproductive, maternal and new born health services needed to be addressed. CERF funding was used to support a Save the Children project, meeting gaps in provision of health care across four priority areas for health and nutrition response: a) infant and young child feeding; b) maternal and newborn health; c) child health and d) medical care for families that are residing in temporary shelters. The project was implemented in partnership with Palestinian Medical Relief Society (PMRS). PMRS staffed and equipped four medical units to provide community based women and child health services. The mobile units allowed 863 pregnant women to receive antenatal care with full range of services including medical checkups, laboratory tests, ultrasound, micronutrients supplementation and individual health session over a period of 1.5 months. 1154 children benefited from receiving health care including the full range of services such as medical checkups, laboratory tests, growth and development charts and micronutrient supplements over a period of 1.5 months.

#### 4) *Chronic disease management*

Access to health care during and immediately after Cast Lead was severely restricted with an estimated 40% of the chronically ill interrupting their treatment. Merlin in partnership with HelpAge International, implemented a project on chronic disease management, focusing on using home visit methodology in areas around the buffer zone in Gaza. Home visits were carried out by nurses providing care to patients who have little or difficult access to health care facilities and who require frequent monitoring because of chronic disease status. These visits were not intended to replace care by primary health care physicians but rather to act as a liaison between the patient and the clinic. The home visits also identified urgent cases which required referral, and provided health education to patients and their families about *self care* and preventive behaviours to prevent advanced disease. In addition to nurse home visits, HelpAge International organized home visits by physiotherapists and social workers who conducted training and distributed mobility aids, specifically targeting older chronic disease patients.

WHO submitted their proposal application to OCHA Jerusalem on 19 February 2009 following a period of consultations with cluster partners, however, the need for further consultations with partners and OCHA meant that the proposal was not finalised until the end of March. The funding came through on 14 April. However, because preparations for the project had already been made, implementation began in early April. All procurements were completed by end of June within the project period.

#### **Coordination and logistics support - WFP**

In late December 2008, WFP and partners set up the Logistics Cluster, which was formalized on 16 January 2009. The Cluster proved to be critical in the provision of a logistics platform for effective coordination among humanitarian partners and the facilitation of the humanitarian relief assistance destined to the Gaza Strip. On 2 February, WFP applied for CERF funding in order to cover expenditures incurred prior to the disbursement date and critical for the cluster set-up. The funds were received on 16 February, only two weeks after the initial application and well on time for the Cluster to cover expenses made while awaiting contributions from other donor partners. Besides providing the much needed coordination mechanism, the cluster also ensured the valuable dissemination of relevant logistics information to the humanitarian community. Throughout the aftermath of the crisis and the remainder of the year, the Cluster facilitated the passage of 6,812 pallets of relief items on behalf of 33 UN and NGO humanitarian partners.

### **Food - WFP**

On 13 January 2009, WFP submitted the CERF application in support of the ongoing Protracted Relief and Recovery Operation (PRRO) to provide meals ready to eat (MRE's) to beneficiaries. Given the urgency of the situation, the CERF allocation allowed for WFP to launch immediate distributions of 112,000 MRE's. Daily distributions were ensured during 7 days in close collaboration with UNRWA, before the beneficiaries were able to leave the camps.

The allocation process was very swift with funding disbursed on 27 January within 14 days of the application being submitted. 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.

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### **Emergency fuel support to essential public service bodies - UNRWA**

As a result of limited or unreliable fuel supplies, internal Palestinian political divisions as well as the end of donor sponsored fuel support to Gaza's municipalities for solid waste management (since June 2007), municipalities and utilities have been unable to pay for the fuel they need for garbage collection and the operation of water and waste water systems. A combination of the fuel shortages and funding shortfall has forced UNRWA to step in to respond to a rapidly deteriorating environmental health situation through the provision of fuel to CMWU, municipalities and utilities, both to run regular sanitation activities or to respond to emergencies such as Cast Lead.

UNRWA has therefore been distributing a monthly average of 120,000 litres of diesel to municipalities and utilities, at a monthly average cost of approximately \$130,000. Without this support, provided to all municipalities and utilities, the environmental health of 1.5 million Gazans would dramatically deteriorate, as neither CMWU nor municipalities had the ability to source or the money to pay for their fuel needs elsewhere.

In response to UNRWA's Emergency Appeal, CERF contributed US\$ 497,550 in support of the Agency's Emergency Environmental Health Programme in Gaza Strip. The amount was fully utilized by mid-July 2009. With the generous contributions from CERF, UNRWA in Gaza was able to help the entire population of the Gaza Strip by covering part of the needs of fuel through purchasing and distributing a total of 861,368.17 LT of Gas Oil fuel and 29,552 LT of Benzene for:

- 1- Coastal Municipal Water Utility for operating water and waste water assets,

- 2- Solid Waste Management Activities (at Gaza Municipalities & SWMCs)
- 3- Hospitals and clinics
- 4- other essential humanitarian organizations and NGOs

Through assisting these local public and humanitarian service providers, the Agency in Gaza was able to help in preventing a possible large-scale public health catastrophe in the Gaza Strip and ensure adequate water and sanitation services to the conflict-affected population.

Early allocation of CERF funds (funds were received soon after the Cast Lead attacks, on 24 February 2009) enabled UNRWA to rapidly implement interventions, and strengthened the Agency's overall humanitarian response – particularly in the areas of emergency shelter support, cash assistance to affected families, and the provision of fuel to municipalities and utilities. CERF funds represented 4.39 percent of total funds received under the Agency's Emergency Shelter and Non-Food Assistance in 2009 and 8.47 percent of the total funds received under the Agency's Emergency Cash Assistance (Living expenses) in 2009. CERF funds represented 36.6 percent of total funds received under the Agency's Emergency Fuel Support to Essential Public Service Bodies in 2009, and 0.55 percent of the total funds received under the Agency's Emergency Flash Appeal and Quick Response Plan for Gaza Strip.

### III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Health	Immediate health assistance to the Gazan population 09-WHO-009	\$1,374,724	\$4,107,646	RH: 75,000 Chronically sick and elderly: 300,000 21,000 (7000 women, 7000 children)	To reduce excess mortality and morbidity through addressing gaps in access to health services (drugs), reproductive health, maternal and newborn services and rehabilitation and wound care, and chronic disease management.	<p>Medical supplies were made available to MoH maintenance and 58 PHC clinics improving the health services for an estimated 150,000 chronically ill patients.</p> <p>Donated drugs and supplies were properly managed and used by the MoH to provide proper health care to the population, gaps in the availability of drugs and consumables were filled.</p> <p>Medical and hygiene kits were made available to be used by the IDPs and MoH facilities.</p> <p>863 pregnant women received antenatal care, medical/midwife assistance during childbirth and received post-natal care visits with full range of services including medical checkups, laboratory tests, ultrasound, micronutrients supplementation and individual health session.</p>	The immediate availability and flexibility of funds made the implementation of the activities timely and appropriate.	Procurement process was done according to WHO rules and regulations. The Health cluster coordinator followed up with implementing partners during the steps of implantation. WHO technical staff also followed up with the partners on the detailed activities implementation. Field supervision was provided by the implementing partners.	<p>Studies from before the crisis and needs assessments and immediately after the crisis occurred identified reproductive health care as a priority.nd</p> <p>CERF funding addressed some of these issues supporting SC in reproductive, maternal and new-born services.</p>



						<p>1,154 received health care treatment across the full range of services over a period of 1 and half months.</p> <p>821 chronically ill patients were visited by Merlin teams and 185 elderly persons were visited by Helpage teams, essential medical equipment was purchases and provided to clinics, the home visiting nurses and patients Access to mobility aids increased; aids distributed to patients and clinics Essential anti hypertension medication was purchased and supplied to the MOH for use in clinics</p>			
<b>Water and Sanitation</b>	09-CEF-004 "Humanitarian WASH assistance to Gazans victims of the blockade and Israeli attacks"	\$1,551,500	\$1,551,500	A total of 200,000 Palestinians (85,000 children under-five, and 100,000 women)	To improve access to safe drinking water and adequate sanitation to around 200,000 people	<p>130,000 people have improved access to safe drinking water through water tanking, repairs of damaged water networks and water monitoring and chlorination.</p> <p>70,000 people are less exposed to sanitary risks through repairs to damaged treatment plants and sewerage networks.</p> <p>2,000 families were provided with emergency supply WASH and hygiene kits.</p>	Rapid allocation of CERF funds allowed immediate response right after the military incursions on Gaza Strip	<p>UNICEF and partners assessed the damages to water / sewage networks in the affected areas.</p> <p>All activities discussed in the WASH cluster coordination meetings.</p> <p>Weekly staff meetings were carried out to assess the project's progress.</p>	400 family hygiene kits were distributed to families displaced from their homes addressing immediate hygiene needs of girls and young women.

<p>Ga ■ Quick Response Plan 2009</p>	<p>OPT-09/ER-23874 (09-RWA-002)</p> <p>Gaza Quick Response Plan "2009": Emergency Cash Assistance</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>
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<p>Gaza Quick Response Plan "2009</p>	<p>OPT-09/S-NF-23876. (09-RWA-001)</p> <p>Gaza Quick Response Plan "2009": Emergency Shelter and Non-Food Assistance.</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>
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Gaza Quick Response Plan "2009	OPT-09/WS/23875 (09-RWA-003)  Gaza Quick Response Plan "2009": Emergency Fuel Support to Essential Public Service Bodies.	\$497,550	\$1,358,611	The entire population of the Gaza Strip by covering part of the needs of fuel for CMWU, Solid Waste Management Activities (at Gaza Municipalities & SWMCs) ,Hospitals and Clinics and other essential humanitarian organizations and NGOs  180,468 children and 545,870 female.	To prevent a collapse of sanitation services as well as a possible environmental and public health disaster that will effect Gaza population of 1,500,000 individuals  To provide 500,000 litres of fuel to municipalities or utilities in support of basic public services.	UNRWA in Gaza was able to help the entire population of the Gaza Strip by covering part of the needs of fuel through, purchasing and distributing a total of 861,368.17 LT of Gas Oil fuel and 29,552 LT of Benzene for  CMWU water and waste services; Solid Waste Management Activities; Hospitals and Clinics and other essential humanitarian organizations and NGOs. The price of fuel dropped from \$1 per L to \$0.58 between flash appeal and time of purchase, hence the increase in quantity of fuel purchased.	On 24 February 2009 the Agency received the grant amount. By mid July 2009, the grant amount was fully utilized allowing UNRWA at Gaza to cover part of the needs of fuel for solid waste and other activities to keep basic services including water and sanitation running throughout the Gaza strip.	UNRWA's Special Environmental Health Programme in Gaza was fully responsible for the tender, evaluation and supervision of the project relating to the Prevention of public health disaster (Emergency Fuel Support).  The actual distribution of fuel was carried out directly to wells, pumping stations and treatment plants from UNRWA's fuel storage under the supervision of both the staff of SEHP and FPLD on the basis of a distribution plan prepared by CMWU and approved by UNRWA's SFEHP.	Emergency Assistance provided by UNRWA to the families affected by the current crisis is non-gender-based as it is aimed at benefiting all family members regardless of their gender.
Food	09/F/21079 09-WFP-005  Assistance to internally displaced in Gaza within the WFP PRRO	\$1,999,981	\$180,000,000	16,000	To meet the basic survival and food needs of 16,000 IDPs during their stay in tent camps.	The beneficiaries were provided with Meals Ready to Eat (MRE's) on a daily basis for 7 days during their stay in tent camps, preventing further increase of food insecurity levels.	CERF allowed for the rapid mobilization of funds required to assist a sudden caseload of IDP beneficiaries, who moved to shelters as a result of violence and continuous bombardments.	An M&E system was designed on the basis of the Results Based Management approach (RBM). This system is supported by a solid web database that monitors the indicators set on the outcome and output levels for all programmes. All monitoring activities are being carried out by WFP Field Monitors in the Gaza Strip.	No particular attention was given to gender, as distributions were carried out to the total number of beneficiaries, regardless of gender.
Coordination and support services	09/CSS/23879/561 09-WFP-008 Logistics Coordination in support of the crisis in Gaza	\$1,000,000	\$3,344,884	N/A	A logistics cluster cell was set-up in Jerusalem. The cluster ensured the effective coordination of humanitarian relief assistance and a timely dissemination of logistics information to the humanitarian community.	The logistics cluster facilitated the passage of 6,812 pallets of relief items on behalf of 33 cluster participants (UN and NGO).	The CERF funding allowed for a quick launch of the Logistics Cluster	A three-month evaluation was carried out as well as an end of year evaluation.	

## Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
Save the children	Health	09-WHO-009	179,700	April 2009
Merlin	Health	09-WHO-009	180,000	April 2009

Regarding the funding received for the PRRO, WFP carried out direct distributions in collaboration with UNRWA without involvement of NGO's.

The Logistics Cluster did not use the CERF funding for distribution purposes.

## Annex 2: Acronyms and Abbreviations

<b>CDS</b>	Central Drug Store
<b>CMWU</b>	Coastal Municipalities Water Utility
<b>ESWs</b>	Emergency Social Workers
<b>ECSD</b>	Engineering and Construction Service Division
<b>IDP</b>	Internally Displaced Person
<b>MRE's</b>	meals ready to eat
<b>MoH</b>	Ministry of Health
<b>PMRS</b>	Palestinian Medical Relief Society
<b>PHCCs</b>	primary health care centres
<b>PRRO</b>	Protracted Relief and Recovery Operation
<b>RBM</b>	Results Based Management approach
<b>SC</b>	Save the Children