

HPSE22-SHL-183660-1

Critical Shelter Repair and Rehabilitation for Conflict-Affected and Vulnerable Gazans



Basic Info

Project Name

Critical Shelter Repair and Rehabilitation for Conflict-Affected and Vulnerable Gazans

Start Date

30/12/2021

End Date

29/12/2022

Project Summary

In alignment with the 2022 Humanitarian Needs Overview (HNO) and Shelter Cluster (SC) 2022 strategy, priority need 2, vulnerable households exposed to harsh weather and protection concerns are supported to meet basic needs and enhance their coping capacity, Catholic Relief Services (CRS) in partnership with Development and Peace (D&P) and Bayader for Environment and Development Association (Bayader) propose critical repairs for households impacted by the May 2021 conflict and shelter rehabilitation for acutely vulnerable households in addition to complementary non-food items (NFI) assistance for 350 HH over 12 months. Completed works will translate into reduced vulnerability and enhanced resilience for targeted HH, as well as decreased reliance on yearly assistance and a reduced caseload for the humanitarian community. Focusing on the distinct needs of women, girls (children and adolescents), persons with disabilities (PwD), the elderly, and vulnerable social groups at increased risk due to the COVID-19 pandemic, this intervention uses an approach of accompaniment to promote gender equality and full participation of all HH members. The project features an easily scalable approach that emphasizes shared HH decision-making and integration of protection-related shelter practices that account for the COVID-19 emergency context.

The 2022 HNO identifies more than 870,000 Gazans needing shelter or NFI assistance to meet the Minimum Requirements of the SC Minimum Standards of Shelter Repair and Upgrade, an increase in need resulting from both the COVID-19 global pandemic and the hostilities of May 2021. Preliminary findings from the 2022 Multi Sector Needs Assessment (MSNA) point to Khan Younis as being the governorate with the highest number of people reporting extreme shelter and NFI needs, the highest ranking on the severity scale. Therefore, the project will target the most acutely vulnerable HH in Khan Younis whose shelters were damaged by the May 2021 hostilities or who are living in severely sub-standard shelters. Female-headed HH (FHH), elderly-headed and PwD-headed HH will be prioritized.

To fully engage all HH members, particularly women and girls, local partner Bayader will employ a gender-balanced team to accompany HH throughout the project cycle. In addition to providing technical guidance, staff will facilitate equitable access to information through HH-level discussions and joint decision-making to ensure

rehabilitation plans reflect all HH members' needs. This approach, highly attentive to the unique needs of women and girls, is designed to mainstream and strengthen protection and to advance a gender-transformative program strategy. Additionally, this approach takes into account the current and unforeseen COVID-19 emergency situation, adapting activities to ensure they align with global best practices to minimize the risk of exposure and transmission.

The intervention builds on more than eight years of CRS experience in shelter programming in Gaza with deep engagement of women and girls, PwD and elderly, as well as improved protection, health and safety practices. In partnership with D&P, CRS has implemented three similar projects funded by the Canadian government totalling 6.5 M CAD between 2016 and 2020. Project learning will be shared with the SC, with the aim of greater adoption of gender-responsive approaches by other shelter actors.

CRS will be responsible for program quality, beneficiary (BNF) selection and accountability, including PSEA, monitoring and evaluation, liaising with the SC, adherence to protection principles and overseeing health and safety standards. D&P's primary responsibilities will include donor reporting, donor compliance, and gender mainstreaming. Bayader will be responsible for program implementation, including community engagement and field monitoring.

Tags

Organizations

Catholic Relief Services

Implementing Partners

Bayader for Environment and Development Association (Bayader), Canadian Catholic Organization for Development and Peace - Caritas Canada (D&P)

Contact Info

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Associated Response Plan

occupied Palestinian territory 2022

Plan Fields

1 - Needs

The 2022 HNO identifies 870,000 Gazans in need of access to adequate shelter, including shelter non-food items (NFI), to meet the Minimum Requirements of the SC Minimum Standards of Shelter Repair and Upgrade. The increase in this number can be attributed to the ongoing blockade as well as the COVID-19 global pandemic, which has deepened and expanded the crisis in Gaza. Against the backdrop of ever-worsening economic conditions, Gaza witnessed hostilities in May that, according to 2022 HNO, resulted in 58,000 housing units that were damaged or destroyed, of which 9,500 housing units had moderate to severe damages. Highlighting the urgent shelter need stemming from the May conflict, 85% of households with damages as a result of hostilities reported having no capacity to repair their homes. Data from CRS' current shelter programming validates the preliminary findings from the 2022 Multi Sector Needs Assessment (MSNA) that point to Khan Younis as having the highest number of people reporting shelter and NFI needs that can be categorized as 'extreme.' Additionally, according to the 2022 MSNA, Khan Younis has the highest percentage of people reporting access barriers to aid as a result of the May hostilities in Gaza. This figure reinforces and complements a recent CRS gap analysis that very few actors responding to critical shelter needs in Khan Younis. These findings confirm Khan Younis is in continued need of shelter assistance for very vulnerable HH whose homes were damaged by the hostilities and/or are severely sub-standard. As such, in 2022, the project anticipates targeting Khan Younis and focusing on the most acutely vulnerable HH living in conflict-affected or severely sub-standard shelters, prioritizing female-headed HH (FHH), elderly-headed and PwD-headed HH. Acutely vulnerable HH contend with issues such as flooding, exposure to high winds, water

intrusion (leaking), poor plumbing, inadequate lighting, uncovered windows (i.e. windows with cloth, plastic or no sheeting), and unhygienic conditions. These issues are compounded for elderly or disabled family members, who also need specialized supports, such as ramps, handholds and handrails, to improve mobility and accessibility. Repair needs for conflict-affected HH vary; however, for HH that sustained partial damages to their homes, many report cracked walls, blown-out windows, damaged tiling, and holes in the roof. CRS' current shelter project data validates that critical rehabilitation and repair needs vary across men/women, boys/girls, PwD, and elderly family members, based on specific gender and protection considerations. Women tend to prioritize kitchens, bathrooms, and privacy whereas men prioritize electricity, insulation, and high ceilings/roofs. Similarly, children/adolescents desire space to play, locks on doors for privacy and adequate lighting for homework; the elderly and PwD prioritize accommodations such as ramps, handrails and wider doorways to facilitate access and mobility. Gazan HHs face further health and safety risks within the home due to their inability to purchase essential HH items (NFI). CRS staff regularly finds HHs using severely deteriorated and water-damaged mattresses and lacking basic supplies to prepare food, meet personal hygiene needs, and resist harsh weather. The absence of essential items such as mattresses, tarps, blankets and gas cylinders cooking limits residents' ability to perform daily HH activities with dignity and further compromises health and safety. Community-level consultation sessions in August 2021 revalidated project prioritization of female-headed HH and reconfirmed the unique shelter needs of women/girls, PwD and elderly. Substandard housing disproportionately affects these groups due to the comparatively greater amount of time they spend at home due to cultural norms or limited mobility. As a result of these vulnerable groups' continual exposure to substandard conditions, they suffer from chronic health issues (e.g. persistent respiratory problems from inadequate ventilation/smoke inhalation), limited privacy, and increased exposure to the elements. BNF selection will consist of 1) obtaining preliminary lists from Ministry of Social Development/Ministry of Public Works and Housing (MoSD/MoPWH) as well as CRS' existing database, prioritizing FHH, PwD and elderly; 2) local committee input; 3) shelter technical and HH social assessments (damages/physical conditions per SC Minimum Standards, vulnerability/protection criteria per SC guidelines); 4) HH weighted scoring (based on shelter conditions per SC Minimum Standards and updated vulnerability criteria per community-informed conditions with priority to FHH, PwD- and elderly-headed HH); 5) cross-check with SC; and 6) final selection.

2 - Activities

The project will support 350 families to repair their partially-damaged HHs as well as undertake critical shelter rehabilitation, prioritizing 60 FHH, 20 PwD- and 50 elderly-headed HH. CRS will adhere to the SC's Minimum Requirements within the Minimum Standards and meet the most critical needs of highly vulnerable groups (i.e. women and girls, PwD, elderly). Per-HH assistance is budgeted at an average of \$3000, the minimum amount current project data indicates HH need in order to meet Minimum Requirements and be responsive to the protection needs of vulnerable groups. CRS will provide 3 tranches of cash to HHs targeted for partial damages and substandard conditions. Where possible, the project will use a self-help model where HHs receive restricted cash according to a BoQ designed with technical support from project staff, followed by support to execute their own plans. Repair and rehabilitation grants will vary depending on the need represented in the BoQ. Based on past programming experience, CRS has developed a formula to more accurately determine an appropriate value for NFI assistance that considers 1) priority NFI needs identified by the SC as necessary for meeting minimum standards, 2) market prices, and 3) number of household members. Based on project learning, the NFI assistance value will be linked to family size. Activity 1, Household Assessments & Community Consultations: As part of the project's protection mainstreaming strategy and to ensure the project delivers assistance to conflict-affected and acutely vulnerable HHs, the project will assess social vulnerability (e.g. PwD or elderly family members, income, etc.) and housing damages and conditions. Assessment results will be weighted to determine the most acutely vulnerable HH. Inputs from recent consultation sessions with community members led the project team to update the proposed vulnerability selection criteria and increase prioritization of PwD- and elderly-headed HH. To mitigate selection errors, sex-segregated community committees will review preliminary BNF lists and provide feedback. CRS will also conduct sex-segregated community consultations to identify the most urgent and relevant NFIs that reduce HHs' exposure to harsh weather. Activity 2, Repair and Rehabilitation Preparation (Family

Engagement): CRS will offer sex-segregated orientation sessions for both spouses (home-based options available for any BNFs in need, e.g. PwD, elderly). BNF feedback shows these sessions are key to promoting transparency and ensuring spouses' equal access to information. Topics include rehabilitation options, including protection measures; rehabilitation modalities; NFI options and orientation to CRS' e-voucher system; and CRS' feedback and accountability mechanism. CRS will sign contracts with HH after both spouses are briefed on assistance terms and conditions (including payment), the total value of assistance, and the participatory nature of the rehabilitation process. Gender-balanced staff will facilitate discussions at the HH level to foster joint decision-making and provide technical guidance to ensure that rehabilitations meet all HH members' critical needs. This approach promotes opportunities for vulnerable groups to express their opinions and ensures respect for cultural norms. Activity 3, Critical Repair and Rehabilitation Support: Staff will review repair and rehabilitation plans for alignment with Minimum Requirements of SC Minimum Standards. BNFs will select a repair and rehabilitation approach: 1) Self Help (BNFs manage rehabilitation) or 2) Contractor (a pre-vetted contractor manages rehabilitation). The first approach comprises three payments: two advances and a third (final) reimbursement conditioned upon completion of planned rehabilitation works. The contractor approach provides BNFs an option for vulnerable groups (e.g. FHH) who may not be able to carry out rehabilitations themselves. Project staff will regularly monitor to ensure repair and rehabilitations meet quality and safety standards and that vulnerable HH are sufficiently supported to manage the process. HH will receive e-voucher assistance enabling them to make purchases at pre-vetted vendors in their local communities.

3 - Indicators

The project time frame is January 1, 2022 to December 31, 2022. Targets/budget reflect a 12-month timeframe; the project targets 350 HH, including 60 FHH, 50 elderly-headed HH, and 20 PwD-headed HH. Target: The project time frame is January 1, 2022 to December 31, 2022. Targets/budget reflect a 12-month timeframe; the project targets 350 HH, including 60 FHH, 50 elderly-headed HH, and 20 PwD-headed HH. Target: 350 HH; incl. 60 FHH, 50 elderly-headed HH and 20 PwD-headed HH Beneficiaries: 2237 (Female: 1134 / Male: 1103) • Adults: 1067 (Female: 561; Male: 506) • Children: 1073 (Girls: 526; Boys: 547) • Elderly: 97 (Female: 47; Male: 50) Average Regular household size: 6.7 members; Average FHH size: 5 members, considering our own ongoing programming Results Framework Indicators Goal: Conflict-affected and acutely vulnerable HH in Gaza have greater capacity to recover from conflict and cope with the protracted crisis Strategic Objective 1: Conflict-affect and acutely vulnerable HHs manage exposure to harsh weather and protection concerns % of HH report living in adequate and safe shelters Disaggregated for: • Female headed HH • PwD-headed HH* • Elderly-headed HH* • Geographic/neighborhood locality * Further disaggregated for female/male % of women and girls over age 16 reporting NFI kits meet distinct needs Intermediate Result 1.1: Conflict-affected and acutely vulnerable HH complete critical shelter repairs and rehabilitation that meet the distinct needs of women, girls, PwD, and the elderly and respond to the Minimum Requirements from the SC Minimum Standards # HH assisted to repair partial-damages from conflict or rehabilitate substandard shelters to SC Minimum Standards* % of beneficiaries reporting repair and rehabilitation meets their distinct needs (e.g. mobility, privacy, etc.)** % of beneficiaries reporting they participated in the decision-making process*** # of GBV referrals *To be further disaggregated for FHH, PwD-headed HH, elderly-headed HH, and geographic/neighborhood locality **To be further disaggregated for female/male, age (below 18; 19-59; 60 and above), and PwD (female/male) ***To be further disaggregated by women and girls, PwD, and elderly Intermediate Result 1.2: Conflict-affected and acutely vulnerable HH use emergency provisions (NFIs) to reduce exposure to harsh weather and natural or manmade hazards (e.g. flood, conflict) % of HH reporting that NFIs reduce their exposure to harsh weather and/or natural or manmade disasters. To be further disaggregated by FHH, PwD-headed HH, elderly-headed HH

Gender wit Age Marker (GAM)

4 - IASC Gender with Age Marker (GAM)

4 (M): The project will significantly contribute to gender equality, including across age groups.

4.1 - Provide the GAM Reference number for this project

G953178407

5 - Breakdown by response modality

5.1 - Response modalities

Yes

5.1.b State the percentage of the response delivered by the voucher modality if applicable :

15

5.1.c State the percentage of the response delivered by the cash modality if applicable :

85

5.1.a State the percentage of the response delivered by the service delivery modality if applicable :

0

5.1.d State the percentage of the response delivered by In-kind modality if applicable :

0

5.2 - Please briefly explain why the specific modality/ies for this response were chosen.

CRS follows a restricted cash modality for repair and rehabilitation. CRS has learned from experience that most beneficiary households prefer the self-help approach since costs are slightly lower and this method affords more control of the process (i.e. selecting tile colors). However, the contractor approach offers a valuable alternative, particularly for vulnerable groups and those who have less experience or obstacles managing such projects, e.g. FHH and PwD. In addition, the contractor approach serves as an important backstop if a self-help household cannot complete its rehabilitation work on time. vouchers are effective and efficient at delivering NFI assistance in any amount.

6 - Which Strategic Objective(s) do(es) your project address?

6.1 - Strategic Objective 1 (SO1)

No

6.2 - Strategic Objective 2 (SO2)

Yes

6.2.a - Please estimate the percentage of requirements for SO2

50

6.3 - Strategic Objective 3 (SO3)

Yes

6.3.a - Please estimate the percentage of requirements for SO3

50

7 - Breakdown of requirements by location (%)

7.1 - Gaza

100

7.2 - Area C

0

7.3 - East Jerusalem

0

7.4 - Hebron H2

0

7.5 - Area A&B

0

PROTECTION MAINSTREAMING & PSEA

8 - Participation (Community Engagement)

8.1 - Project needs assessment

Yes

8.1.a - How will beneficiaries be involved in needs assessment?

Interviews

If not checked, please explain why

8.2 - Project design

Yes

8.2.a - How will beneficiaries be involved in project design?

Interviews

If not checked, please explain why

8.3 - Implementation (delivering assistance)

Yes

8.3.a - How will beneficiaries be involved in implementation?

Interviews

If not checked, please explain why

8.4 - Monitoring and evaluation

Yes

8.4.a - How will beneficiaries be involved in M&E?

Surveys, Focus groups

If not checked, please explain why

8.5 - Representation of community groups

Yes

If you answered no please explain why

Accountability to Affected Populations

9. - Feedback and complaints mechanisms

9.1a - Specify the mechanisms for feedback and/or complaints

a - Generic email, b - Project hotline, d - Satisfaction survey, e - Field visit, f - Other

9.1b - If 'Other', please specify :

WhatsApp channel - used much like the hotline, but it provides a communication channel that is WiFi-based and two-way.

9.1d - Explain how you have ensured that mechanism are accessible to all population groups?

At the start of a project, project teams conduct a participatory assessment to identify diverse FCRM-related community information needs, communication preferences, barriers to access and perceived risks associated with giving and receiving information and select the most appropriate channels that ensure target communities have meaningful, dignified and safe access. To ensure that FCRM channels are accessible, trusted and operational, the following effectiveness checks / quality control measures will be applied through test calls to Whatsapp and the hotline number, data cleaning protocols, and quality control questionnaires. Details about available feedback channels are shared with key stakeholders via written (i.e. FCRM cards, posters, leaflets, blast SMS) and verbal (i.e. formal events and face-to face as well as during data collection activities) means. Awareness of FCRM channels is measured whenever data collection activities take place, such as post distribution monitoring surveys. Awareness-raising efforts include community meetings with local committees and community mobilizers. "FCRM cards" are distributed at all project events, workshops, and field visits with participants and other stakeholders. FCRM cards distributed to participants and other stakeholders and community members include CRS' toll-free hotline number, WhatsApp number and email address.

9.1c - How will feedback be used?

CRS is committed to improve its service with the information received. All non-sensitive feedback will be routed by a CRS staff member or affiliate from the FCRM channel through which it was received into the feedback management system (via Case Registration Form), where it will be registered and assigned a reference number. The project FCRM focal point will check all feedback cases that require follow up in CommCare using the Case Review / Assignment Form on a weekly basis to verify that cases registered by non-CRS staff/affiliates (i.e. community mobilizers and partners) are correctly coded and categorized and case descriptions provide sufficient detail, to uphold accountability. All non-sensitive cases and case details will be sent via automated email to the assigned project staff for follow-up. The FCRM project focal point is responsible for following up with project staff within 5 working days of receiving the case. Assigned project staff may resolve the case and respond directly to the person of concern on their own; however, for cases that are more complex or strategic, they must involve their project manager in deciding how to resolve cases, what actions to take and how to respond. All actions and responses are communicated back to the FCRM project focal point via email to enable the project FCRM focal point to close the case in the system using the Case Closure Form. Sensitive feedback will be immediately sent to the Country Representative and excluded from the database and reports. The person who receives the sensitive feedback will also be responsible for informing the person of concern that they will receive a response within 72 hours (if they agree to provide contact information). If the sensitive complaint is related to Category 5 and involves a staff member or an affiliate (volunteer, consultant or partner staff), the CR will report and manage it in accordance with the relevant CRS policies and procedures.

If your project does not have mechanisms for feedback and/or complaints, please explain why (narrative text)

10. – Do No Harm

10.1 - Do No Harm

The project's focus on protection mainstreaming improves the overall quality of humanitarian programming by ensuring that the most vulnerable population groups access assistance that is appropriate and relevant to their needs and delivered in a safe and dignified manner. Informed by the SC's Guidance and Checklist on Protection Mainstreaming and CRS' own Joint Protection Mainstreaming Framework and Global Safeguarding Policy, CRS mainstreams protection principles into every phase of project design, implementation, and monitoring. These principles include safety and dignity (do no harm); meaningful access to assistance and services (in proportion to need and without any barriers such as discrimination); accountability; and participation and empowerment. Protection mainstreaming efforts help to create an environment that is conducive to respect for human rights and the rule of law, including the reduction of BNFs' exposure and vulnerability to protection risks. In consideration of the range of protection concerns created by inadequate shelter, the intervention seeks to mainstream the above principles in the following ways:

- Training of all CRS and partner staff on gender and protection principles;
- Prioritization of vulnerable HH (FHH; PwD- and elderly-headed HH);
- Deployment of gender-balanced staff to accompany BNFs during orientation, contract signing sessions, and throughout rehabilitation;
- Facilitation of a participatory decision-making process involving all HH members (inclusive of women/girls, PwD, and elderly) by trained, gender-balanced staff;
- Ensuring accessibility of project participation for BNFs with limited mobility (e.g. home-based consultations and specialized support during rehabilitation process);
- Flexibility to use a self-help and/or contractor-led approach, with specialized support for HH with unique needs (e.g. FHH; PwD- and elderly-headed HH) to implement the rehabilitation plan;
- Robust promotion of CRS' feedback and response mechanisms (with confidential reporting options) to ensure community and beneficiary awareness of and expectations of the system.

As part of its efforts to strengthen protection mainstreaming, the project team has strengthened its approach and processes to ensure cases of gender-based violence (GBV) are safely and appropriately referred to specialized actors according to the Inter-Agency Standard Operating Procedures for GBV and Child Protection Case Management and Referral in Gaza. CRS has instituted regular refresher trainings for CRS and partner staff, nominated a GBV focal point for the project, and established bi-weekly follow-up meetings, including to ensure strong communication with the designated actor in Khan Younis, Culture and Free Thought Association (CFTA). The incorporation and tracking of additional indicators related to project gender and protection mainstreaming commitments (see "Indicators" section above) enable the project to monitor the project's responsiveness to the specific needs of PwD and the elderly, as well as the project's progress toward its protection and gender-transformative targets. Based on CRS and D&P guiding principles, industry best practices, and learning from previous and current project implementation, this project mainstreams gender throughout the project cycle. Its design ensures shelter rehabilitations reflect the distinct needs of all household members, including the unique needs of women and girls. All elements of the project are designed and implemented to promote equal access to information, decision making, and benefits of the project for both women and men. Orientation and contract signing sessions ensure both spouses receive the same information about the project as well as the terms of the assistance. Project activities promote equal engagement for men and women, promoting greater transparency and shared understanding of the project between spouses. A gender-balanced team accompanies families throughout the project.

11. - Equal and impartial access to aid

11.1 - Equal and impartial access to aid

The 2022 HRP identifies that vulnerable groups, including FHH and PwD, have limited knowledge of humanitarian services, frequently resulting in unequal access to assistance. A recent CRS-led gender analysis likewise confirmed that men are perceived to be the most appropriate gender to access humanitarian assistance; FHH and PwD must often rely on others, particularly male relatives, to secure assistance.

These findings underscore the importance of prioritization of these groups' access to assistance and involvement in shelter rehabilitation plans. CRS has taken several steps to ensure equal and impartial access to aid, in accordance with its commitment to address the distinct protection concerns of women and girls, PwD, and the elderly. First, the project team updated its vulnerability selection criteria for the project, based on inputs from consultation sessions with male and female community members in July 2019, in order to increase prioritization of PwD- and elderly-headed HH in addition to FHH. Second, CRS coordinates and cross-checks data with the SC, who in turn cross-checks with the MoSD/MoPWH, in order to identify BNFs and apply weighted vulnerability scoring to eligible HH. Unlike other shelter actors operating in Gaza, CRS conducts home visits to all potential BNFs to independently verify social vulnerability data and ensure equal access to assistance and services, particularly for the most acutely vulnerable HH. Third, CRS facilitates vulnerable groups' participation in decision-making processes; home-based orientation sessions are offered to all PwD, elderly and any other HH that experience difficulties accessing orientation sessions. In addition to sex-segregated community consultation sessions to facilitate greater access for women and girls to assistance through engagement in decision-making processes, the project's offering of sex-segregated orientation for both spouses likewise seeks to ensure equal access to information and assistance. Orientation sessions provided to BNFs on NFIs outlines usage and rights and responsibilities of e-voucher holders serves a similar purpose. In addition, rehabilitation plans are reviewed by CRS/Bayader to ensure attentiveness to gender and protection mainstreaming best practices. CRS also conducts regular field visits to beneficiary homes in order to assess rehabilitation progress. If during these field visits, HH living in equal or worse conditions than those selected for assistance are identified, CRS actively refers them to the MoSD/MoPWH to make them aware of potential avenues for shelter support.

11.2 Have you considered all the elements of the Disability Mainstreaming Checklist?

Yes

If you answered no, please explain why

12 - PSEA (Prevention of Sexual Exploitation and Abuse)

12.1- Were PSEA activities built into the project?

Yes

12.1.a How ?

1) (MANDATORY) Project has adopted a safe complaint channel(s) for beneficiaries based on consultations with the beneficiaries and accessible to different groups (Number of beneficiaries and percentage against your target group),2) (MANDATORY) Project has built in activities involving development and dissemination of PSEA awareness raising material including information on rights and safe complaint channels available to beneficiaries and that awareness raising targets all project sites. (Number of beneficiaries and percentage against your target group),3) (MANDATORY) Project has built-in clear process for receipt and referral of complaints of PSEA, in accordance with the oPt PSEA SOPs on Inter Agency Referrals,4) Project staff are required to attend a minimum of one PSEA training,5) Project-related contracts include standard clause on PSEA in accordance with IASC principles and guidance

12.1.b If 'Other' (12.1a No 7.), please specify

If you answered no, please explain why

Country

occupied Palestinian territory

Gaza Strip

Khan Yunis

Abasan al Jadida (as Saghira), Abasan al Kabira, Al Fukhkhari,
Al Mawasi (Khan Yunis), Al Qarara, As Sureij, Bani Suheila, Khan Yunis,
Khan Yunis Camp, Khuzaa, Qa al Kharaba, Qa al Qurein,
Qizan an Najjar, Umm al Kilab, Umm Kameil,

Clusters



Shelter and NFI Cluster

Caseload

Cluster Activities and Indicators

Indicator	Description	Target	Project Target
1 - Provision of temporary shelter assistance to IDPs			
5 - Rehabilitation of damaged and/or substandard shelters (fully or partially) to meet shelter basic needs and minimum standards, including adaptation of shelters to meet the needs of PWDs and improving the living space for vulnerable groups, in addition to shelter related support to people at higher risk of Covid-19.			
5.1	# OF INDIVIDUALS PROTECTED AND HAVE IMPROVED ACCESS TO ADEQUATE SHELTER. (DISAGGREGATED BY FEMALE/ELDERLIES HEAD OF THE HOUSEHOLD, GENDER, AGE GROUPS, AND PROTECTION CONCERNS SUCH AS OVERCROWDING, PRIVACY, RISKS AND HAZARDS) # OF PWDS HAVE IMPROVED ACCESS TO SHELTER ☑ Includes Disaggregation		2,237
6 - Provision of timely winterization/summerization assistance or shelter Non-Food Items (NFIs) to vulnerable households at risk of exposure or affected by natural or manmade hazards (e.g. winter storms)			
6.1	# of people exposed to harsh weather and protection concerns are supported with adequate shelter assistance ☑ Includes Disaggregation		2,237

Budget

Total Cost

\$1,736,917

[View funding to this project on FTS](#)

Line Items

Indirect / Overhead Costs	\$128,640	7.41%
General operating and other running costs	\$42,691	2.46%
Direct inputs and services to beneficiaries	\$1,205,331	69.39%
Staff and other personnel costs	\$360,255	20.74%

Comments