

HPSE22-SHL-183630-1

Provision of shelter rehabilitation and NFI for vulnerable women headed households



Basic Info

Project Name

Provision of shelter rehabilitation and NFI for vulnerable women headed households

Start Date

02/01/2022

End Date

31/08/2022

Project Summary

The project will support 400 vulnerable households headed by widowed women through a 9 months project aiming at providing shelter rehabilitation/repair and NFI to protect people in substandard housing condition exposed to protection concerns and at higher risk of being affected by COVID-19. The priority target will be focused on HHs having PWDs, elderly, persons with chronic diseases that put them at higher risk of COVID 19. The project comes in line with HRP 2022 strategic objective 2 and it falls under the Shelter and NFIs Cluster Objective 2 "vulnerable households exposed to harsh weather and protection concerns are supported to meet basic needs and enhance their coping capacity".

The project has been designed based on SIF and its partner Beit Lahia Development Association (BLDA) extensive experience in the field and in close consultation with beneficiaries as well as the shelter cluster. SIF will manage the grant, monitor and report the achievements. BLDA will carry out all the rehabilitation activities. The project will target 400 women headed HHs from Dair Al Balah, Khan Younis, and Rafah living in substandard housing conditions, overcrowded and at risk of COVID 19. These HHs have been identified by SIF multiple shelters needs assessment and a waiting list updated in September 2021 and more qualitative data collected from 19 women in two focus group discussions (FGDs) conducted on 6th and 7th October 2021 and organized by SIF and BLDA. The assessment found a need for urgent rehabilitation/repair and NFIs assistance to improve safety and privacy and address the protection concerns. Based on the assessment 200 women will be assisted to do rehabilitation/repair with an average of \$3,000/HH (either through contracting or self-help modality and 200 women will receive cash for NFI with an average of \$ 400 /HH.

The project will assist the targeted HHs by improving housing condition through technical consultancies and guidance, capacity building in planning and negotiation skills, and awareness of SIF's Child safeguarding policy and PSEA with the support from SIF, BLDA's team and community committees (CCs) in the targeted locations. BLDA's site engineers will assist each HH to develop an individualized rehabilitation plan and NFI package corresponding to the specific needs and priority of their shelter gaps to comply with shelter upgrading minimum standards..

The project will provide complementary shelter assistance to the previous shelter substandard and winterization projects that SIF implemented to assist 900 HHs who benefited from the distribution of winterization NFIs, rehabilitation of substandard shelter and cash assistance for NFIs.

SIF and BLDA will apply a mix implementation modality –shelf help and contracting for rehabilitation. BLDA will consult with the beneficiaries on the suitable modality based on the situation of COVID 19 at the time of implementation and their capacity to undertake the shelter repair work. SIF and BLDA will comply with COVID19 protective measures to ensure safety, and do no harm and child safeguarding policy to the targeted beneficiaries' and other involved stakeholders.

SIF's protection unit's team (Protection manager/ Child Safeguarding policy focal point (CSPFP) and Counselor and case manager) will carefully monitor the protection concern (GBV, abuse, exploitation, and child labor) by building the capacity of the project's team, partner, and targeted beneficiaries and through referral.

Tags

PRP

Organizations

Secours Islamique France

Implementing Partners

Beit Lahia Development Association (BLDA)

Contact Info

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Associated Response Plan

occupied Palestinian territory 2022

Plan Fields

1 - Needs

According to shelter and NFI HNO 2022, 870K people in Gaza need shelter assistance MOPWH assessment, Jan 2020, 21,500 inhabited housing units across Gaza are substandard lack minimum requirements for adequate living space, weather protection, hygiene facilities and privacy, and require different degrees of rehabilitation and MSNA in July 2021 show 14% of HHs living in critical shelter (damaged buildings, makeshift shelter, unfinished/damaged building) SIF carries out multiple assessments for 1500 orphans' households headed by widowed women who are enrolled in SIF sponsorship program and identified in SIF database as needing urgent shelter rehabilitation ahead of the winter/summer season. In September 2021 SIF has updated the shelter assessment conducted in November 2020 on sample of 191 HHs (60 HHs in Deir Al Balah, 43 HHs in Khanyounis, and 88 HHs in Rafah) on the waiting list with substandard housing condition, lacking basic elements of protection such as water leakage, overcrowding, lack of privacy and safety, and potential exposure to gender and child related protection concerns. The results show that 13% of HHs have toxic asbestos roof, 15% have metallic roof, 5% have a mix of metal and asbestos roof and 67% are mixed of concrete and metal. 62% of HHs have leaking windows, 41% leaking roofs, 14% have cracks or holes on the walls, 17% lack one room at minimum with insulated roof against heat and cold, 8% have unfinished wall surface, 11% have unsealed floor which cause the presence of insects and rodents, 7% do not have kitchen with cleanable preparation counter and sink in which obstruct the woman to cook food. 43% of HHs has broken WASH facilities, and in 24% toilets do not have tiled floors or walls which decrease hygiene. 43% of HHs lack water storage and 39% of HHs lack either solar or electric water heater impeding daily personal hygiene. The data shows serious shortage in HHs safety elements as 45% of HHs are crowded which does not allow privacy and safety, 48% of HHs suffer from unsafe electrical outlets, and switches which could cause electrical fire and 62% of the HHs lacks one LED light with switch at all house's spaces. 62% have insufficient safe emergency LED. 51% and 11% of

HHs' lack lockable doors and window for bedroom and bathrooms thus do not allow privacy and safety respectively and 63% their basic furniture in a bad condition. More qualitative data collected from 19 women through two FGDs organized by SIF and BLDA on 6 and 7 October 2021 in Deir Al Balah and Rafah has confirmed the same results. Women participants have reported that the substandard house negatively affects the family mental health bringing isolation, frustration, and violence. Overcrowding hinders the family to manage home quarantine in case of infection by COVID 19. Also, boys spend long time per day on the streets and children lack enough space for studying thus their school performance is impacted and PwDs or elderly can not receive suitable care in overcrowded home. Women reported that the leaking roof in winter brings extra burden as they are forced to evacuate parts of the house and remove furniture, cleaning the house many times, and disposal of rainwater by using pots and bucket everywhere. The whole family is forced to stay together in one room to be safe from rainwater. Women reported that girls are feeling shy to host their friends as well as to receive guests who come for their engagement. Elderly health is affected by cold in winter; lack of ventilation in summer as well as overcrowding and lack of adaptation hinder elderly and people with disability in the family from comfortable movement. Women reported the need of NFI such as disinfection and hygiene materials blankets, carpet, beds, closet, mattresses, kitchen tools, washing machine, oven, and refrigerator. The majority of women prefer to receive cash assistance for self help rehabilitation with training on negotiation skills with labor and vendors. Some prefer SIF and BLDA to do the rehabilitation through contractor as they cannot manage to do it by themselves. Based on the assessment SIF and BLDA has designed the project to respond to the needs for 400 potential HHs headed by women to through rehabilitation or repair work in addition to provision of NFI through cash assistance.

2 - Activities

SIF and BLDA will implement the project activities based on experience and available shelter needs assessment of potential beneficiaries. The project will respond to the need of rehabilitation and NFI for 400 WHHs through the following activities: Rehabilitation and NFI activities In addition to 191 potential beneficiaries on the waiting list, SIF and BLDA will conduct beneficiary selection to select the remaining beneficiaries based on the criteria adopted by the shelter cluster including Households and shelter vulnerability assessment tools (minimum standard), scoring, and ranking. BLDA site engineer will carry out shelter technical assessment and SIF MEAL will conduct data quality assurance and scoring system. BLDA's site engineers (2 males and 2 females) will assist each HH to develop an individual rehabilitation/NFI plan based on HH specific needs A diversified plan will be revised and determine the cost of each HH repair works/NFI SIF and BLDA will sign an agreement with the selected beneficiaries enclosed with an individual rehabilitation/NFI plan that determine the amount of the cash assistance that each HH will receive or will be implemented by contractor. 100 HH will receive cash assistance for rehabilitation with an average of \$3,000 per HH by self-help modality. 100 HHs will receive rehabilitation service with average \$3000/ HH by contracting modality. 200 HHs will receive cash for NFI for manage overcrowding and mitigate risk of COVID 19 with average \$400/ HH. Each HH will develop a diversified NFI package based on HH's priority need. SIF will promote applying innovative methods where possible– such as using sustainable repair solution and durable and energy saving materials and that can mitigate climate change impact (isolation, false ceiling or any relevant materials available in the market) as well SIF will promote build back better approach to reduce shelter vulnerability specifically for HHs with loose roofs such (metal sheets and asbestos) . The rehabilitation work will include adaptation of shelters to meet the needs of PwDs, elderly and improving the living area to adequate isolation space for people at higher risk of COVID 19, increase privacy, improve WASH facilities, repair leaking roof, doors and windows to protect the families from extreme weather. BLDA will disburse the cash through multiple payments based on the cost of the repair. For instance,(i) rehabilitation work up to \$1,500 HH will receive 2 payments (1st payment of 60% of the total cost and final payment of 40% disbursed after the monitoring visits by BLDA team confirming the progress and the completion of all the repair works according to the individual plan agreed with BLDA) (ii) rehabilitation work above \$1500 will receive 3 payments (1st advanced payment of 30%, 2nd payment of 30% based on progress, and final payment of 60% after completion of all the work). NFI cash will be disbursed at one off payment. This disbursement method is subjected to modification by which BLDA and SIF ensure effective monitoring for the best utilization of the cash assistance. SIF protraction unit represented by Child Safeguarding

Policy Focal Point sets up a clear and safe procedure to identify and report on any PSEA incidents and properly handle them during the project implementation. Training: SIF and BLDA will conduct one-day coaching session for beneficiaries in small groups to introduce the project, agreement clauses, implementation plan and provide awareness related to COVID 19, considering the protection measures and regulation of gathering related to COVID 19. BLDA will build the women capacity in negotiation skills with labor and vendors to efficiently use the cash assistance either for rehabilitation or for buying the NFI. BLDA's community committee will support the women by selecting the skilled labors and vendors in the area or outside the area. Engineers will provide further technical instructions/training to help the beneficiaries reach the required quality of materials and work and will conduct monitoring visits to ensure that the beneficiaries efficiently use the cash installments according to the repair plan. SIF CFPFP will provide awareness to all the beneficiaries, BLDA's team and CCs, and the contractor team on SIF CSP and PSEA. SIF will support BLDA by sharing the experience of similar shelter self-help project by formats and systems that will speed up the project implementation. While the implantation modality has been determined based on beneficiary preference, the self-help modality is subjected to be replaced by contractor according to the COVID 19 emergency situation in Gaza Strip at the time of the implementation and restriction movement on the ground. The contracting approach is more suitable to control safety of the beneficiaries and all stakeholders involved in the work.

3 - Indicators

SIF will measure the success of the project through the following outputs and outcomes indicators. Outcomes indicators: % of women, PWDs, children and elderly reported less concerns about safety and protection. % of assisted women headed households reported that their children are protected from extreme weather. % of assisted women headed, girls, and boys reported improved safety and privacy in WASH facilities. % of women reduced extra burden of work related to leaking roof. % of assisted women headed households satisfied with the upgrading/rehabilitation. Outputs indicators: # of individuals protected and have improved access to adequate shelter (disaggregated by gender, age groups, elderlies, PwDs) #of individuals living in substandard shelters, overcrowded conditions and at risk of being affected from COVID 19 supported with Shelter assistance to meet basic needs and enhance their coping capacities. # of widowed women headed households assisted to improve shelter condition. # of individual rehabilitation plans addressed protection concerns such as overcrowding, privacy, risks and hazards. # of PwDs have improved access to shelter. SIF has already a MEAL system in place that supports learning and decision making based on evidence. It has been built on the use of a results-based monitoring tool (PMP) where all results and indicators will be monitored against planned results and indicators using M&E tools/MoVs relevant to the indicators. The PMP is a very effective monitoring tool that articulates the M&E plan followed and implemented by the Shelter Manager and the MEAL Manager. All data will be collected timely in line with the M&E plan including: baseline/shelter assessment is established to measure the project objectives targets indicators (using shelter minimum standard with focus on upgrading/rehabilitation elements). The project team (Project Manager and Site Engineers) will closely monitor the project implementation through daily or frequently presence in the field - depending on the modality of implementation that will be applied. Daily Monitoring report will be produced and shared with SIF Programs Manager. Any problem that may emerged will be captured and corrective action will immediately take place. In case of contracting modality, weekly meeting with the contractor will be conducted to discuss and document the progress of the project and the quality of the work according to the minimum standard. Another layer of monitoring will be carried out by the MEAL Manager through frequent monitoring visits in order to capture the impact of the different shelter assistance provided through the project and collect success stories. MEAL field visits' reports will be shared with the shelter Project Manager and follow up plan will be jointly set to ensure prompt feedback and learning. The MEAL Manager will conduct focus group discussions and individual interviews with sample of beneficiaries to collect their feedback and assess their satisfaction. An endline survey is planned using the shelter assessment tool in representative sample of HHs who received the intervention to assess results against indicator targets and to measure project success as well as to discuss with beneficiaries their perceptions and experiences in terms of protection from harsh wither, privacy, safety, and dignity. Post monitoring distribution survey by phone call or individual interview will capture beneficiaries' satisfaction and feedback. Upon completion of the project, SIF will conduct an internal

evaluation and learning workshop including all project team and participates from finance and logistic departments. The results of the workshop will be used for improving future shelter interventions.

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

T741860130

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 :

0

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

56

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

44

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.

Based on the needs assessment and the feedback from the beneficiaries , some Women headed households preferred the cash modality because they can manage the rehabilitation work so cash modality is very relevant to them . others women do not have the capacity to mange the rehabilitation so they preferred the work to carried out though contracting modality so service delivery is better suit their needs.

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

100

6.3 - Strategic Objective 3 (SO3)

No

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?

Surveys,Focus groups

If not checked, please explain why

8.2 - Project design

Yes

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

Surveys,Focus groups

If not checked, please explain why

8.3 - Implementation (delivering assistance)

Yes

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

Focus groups,Interviews,Information products and outreach

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,Interviews

If not checked, please explain why

8.5 - Representation of community groups

Yes

If you answered no please explain why

9. - Feedback and complaints mechanisms

Yes

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

a - Generic email, c - Complaint box, d - Satisfaction survey, e - Field visit

9.1b - If 'Other', please specify :

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

SIF and BLDA will train the beneficiaries on existing complaint and feedback and response system and the different tools that they can use to transfer their feedback to SIF and BLDA. SIF has along expertise ensuring that population have safe access to complaint mechanism. For instant about 30 HHs on a waiting list (potential beneficiaries) has been delivered their feedback though SIF complaint box or by using generic phone call and their feedback has been taken into consideration either by addressing them on the waiting list or referring them to shelter cluster. MEAL department conduct focus group discussion and random phone call to the beneficiaries to ensure that the feedback system is well realized by the beneficiaries. SIF complaint mechanism is very effective and all stakeholders have access to it, for instance in 2020 and 2021 SIF received 104 complaints or feedback in the boxes and handled them effectively according to the response system.. Two complaint and feedback boxes exist in SIF office as management team meets bi-weekly to sort out the complaints and refer them to the responsible manager to respond within the response duration. Also, complaint and feedback boxes will be existing at BLDA. SIF MEAL manager will train BLDA team on the effective way to handle the feedback and complaint received from the beneficiaries. A complaint and feedback template is enclosed with the beneficiary agreement. Due to the COVID 19 situation, SIF will encourage the beneficiaries to convey their complaint and feedback though phone call. A phone number has been allocated for receiving beneficiaries' feedback and managed by the person in charge of receiving complaint and feedback. The beneficiaries will be oriented to the complaint and feedback mechanism from the beginning at the time of signing the agreement in order to increase their sensitization of the process of giving feedback, build confidence ,and overcome fears about giving feedback.

9.1c - How will feedback be used?

SIF takes into account the Core Humanitarian Standard to build inclusive beneficiaries' communication, participation, and feedback mechanisms over the project cycle including sharing information, listening carefully to targeted beneficiaries and involving them in decision-making to contribute to effective intervention and improve the quality of the delivered services. Beneficiaries' feedback will support a real-time adaptation of the project to precisely fit their specific needs. It will be used to hold the project team and the contractor accountable and to inform upward accountability to senior management. Each beneficiary will decide on the priority need of rehabilitation by drafting individual rehabilitation plan. The daily feedback through interaction with site engineers will be valued and used to develop trust and improve the rehabilitation works on an ongoing basis. A formal feedback will be done through focus group discussions or interviews with women and an endline survey by the MEAL manager. SIF has an effective complaints and response system that involves direct communication flow among beneficiaries. Two complaint and feedback boxes exist in SIF office as management team meets bi-weekly to sort out the complaints and refer them to the responsible manager to respond within the response duration. Also, complaint and feedback boxes will be existing at BLDA. SIF MEAL manager will train BLDA team on the effective way to handle the feedback and complaint received from the beneficiaries. A complaint and feedback template is enclosed with the beneficiary agreement. Due to the COVID 19 situation, SIF will encourage the beneficiaries to convey their complaint and feedback though phone call. A phone number has been allocated for receiving beneficiaries' feedback and

managed by the person in charge of receiving complaint and feedback. The beneficiaries will be oriented to the complaint and feedback mechanism from the beginning at the time of signing the agreement in

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 is realized based on a needs assessment that has been carried out with the participation of the beneficiaries. Beneficiaries identified the gaps of shelter that negatively impacted their safety and raised protection concerns. Despite the methodology of the project implementation - either through the contracting approach or shelf-help and cash modality, the beneficiaries will be given full freedom to decide on their specific and priority shelter needs in a way that maintain their dignity. Also it will foster build back better approach to provide long standing rehabilitation works. The beneficiaries will participate in the implementation of the rehabilitation works to ensure that rehabilitation works meet their needs and they will be able to input how the rehabilitation works can further address their protection needs. In the case of the contracting modality, SIF will oversee the contractor's works to ensure there is no discrimination, abuse, violence, neglect, exploitation or any other harm done to beneficiaries specifically any potential harm related to COVID 19 and it holds the contractor accountable. A specific emphasis will be done on applying protective measures and behaviors related to COVID 19 to ensure the protection and safety of all people involved in the project (project team, beneficiaries and laborer). SIF will ensure compliance by all parties to its protection Code of Conduct. and protective measures related to COVID 19 SIF mainstreams the Abusive Behavioral Procedure among all project stakeholders including the beneficiaries as anyone can submit a real, clear, and accurate description of the facts of abuse or misconduct incident by writing directly to stop@secours-islamique.org. The Abuse Behavioral Procedure documents will be an essential part of the contract document with the beneficiaries. At the time of signing the agreement with the contractor, SIF will conduct an orientation session for the partner, contractor and workforce on the code of conduct and Child sugaring policy and will emphasis on respecting the culture sensitivity of working in the households headed by women. SIF's Child safeguarding policy focal point (CSPFP) will carefully monitor the protection concern by building the capacity all the project's stakeholders by enhancing their understanding of protection aspects, and provide an avenue to address any protection concerns such as GBV, child abuse/ labor through monitoring visits and mentorship. In case any GBV or child abuse case arises during the project implementation, it will be referred to CSPFP who is responsible to handle the case and do the relevant referral services. All will sign agreement to undertake their understanding and compliance with SIF CSP. The rehabilitation works will take into account any special needs according to Gender -Age and any potential disability. The project will address the needs of PwDs such as handrails and ramps. SIF applies CHS from the beginning of the project design. At the end of the project, SIF completes the CHS self-assessment tool and the final score of the assessment is used to further improve the accountability and protection mainstreaming. SIF will disseminate all lessons learned and good practices in protection mainstreaming within the project among other programs in SIF, BLDA, and with shelter cluster. A complaints mechanism is in place, which was used in previous SIF shelter projects. In realization with the cultural and social challenges specific to the targeted beneficiaries with the emphasis of doing no harm approach, field staff will consist of men and women to ensure that women beneficiaries are comfortable communicating with BLDA women employees. SIF and BLDA complies with the REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of April 27th 2016 on the protection of individuals' data. SIF uses a dignifying visibility and reporting system.

11. - Equal and impartial access to aid

11.1 - Equal and impartial access to aid

SIF is already working with the women-headed households as part of its sponsorship program and hence has a good relationship with and access to the beneficiaries, facilitating acceptance of the project. The fact that SIF works with a pool of socially vulnerable HHs ensures that the basic shelter interventions are targeting one of the most disadvantaged groups in society. SIF and BLDA will apply the Shelter cluster standardized criteria for vulnerability of the different thresholds including proportion of children under 5, type of housing unit, availability and condition of household assets, household dependency ratio (adjusting for disability and chronic illness), and designated hardship (employment) as well as number of children /youth in school and university, number of people with disability and elderlies. This will enable all the women headed households identified by SIF annual assessment in substandard housing condition an equal opportunity to participate in the project application. SIF will ensure that PwDs, elderlies and others at risk of COVID 19 have access to the project services. The principles of impartiality, neutrality, independence and humanity are realized in beneficiary selection as a scoring system is used to prioritize the beneficiaries solely based on their humanitarian state and the prioritization criteria adopted by shelter cluster and the socioeconomic and technical considerations and scoring matrix. SIF and BLDA will apply mix contracting and self-help modality approach to enable any of the targeted women headed household do not have technical capacity to manage the shelter works by self- help. Likelihood of acceptance is further increased by the close involvement of beneficiaries throughout the project cycle. Physical access to the communities where rehabilitation and distribution works take place are good, with main roads paved and all targeted beneficiaries are in accessible areas in the three governorates in Gaza Strip. Given the situation of COVID 19, SIF will apply the safe and control measures against COVID-19 and will coordinate the Critical Staff Movement in Gaza according to Standard Operating Procedures (SOP) developed in September 2020 by the Access Coordination Unit, UNOPS

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,6) Project staff will directly or indirectly engage in the HCT oPt PSEA Network

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

If you answered no, please explain why

Country

occupied Palestinian territory

Gaza Strip

Deir Al Balah

Al Bureij Camp, An Nuseirat Camp, Deir al Balah,

Khan Yunis

Abasan al Jadida (as Saghira), Abasan al Kabira, Al Fukhkhari,

Al Qarara, Khan Yunis, Khan Yunis Camp,

Rafah

Rafah, Rafah Camp, Shokat as Sufi, Tall as Sultan,

Clusters



Shelter and NFI Cluster

Caseload

Cluster Activities and Indicators

Indicator	Description	Target	Project Target
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		1,120
7 - Provision of essential shelter NFIs, hygiene and disinfection materials (in kind , voucher or cash) to the families and individuals living in substandard and overcrowded shelters or at higher risk of COVID-19			
7.1	# of individuals living in substandard shelters, overcrowded conditions and at risk of being affected from COVID 19 supported with Shelter assistance to meet basic needs and enhance their coping capacities. ☑ Includes Disaggregation		1,120

Budget

Total Cost

\$856,948

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

Line Items

Staff and other personnel costs	\$34,252	4%
Direct inputs and services to beneficiaries (Supplies, Commodities, Materials, Services, and dedicated Staff whose job is considered as project outputs	\$730,756	85.27%
General operating and other running costs	\$35,878	4.19%
Indirect / Overhead Costs (max 11% of the whole budget is required)	\$56,062	6.54%

Comments