

HPSE22-SHL-183620-1

Tailored rehabilitation of substandard housing units for most vulnerable families notably those at higher risks of being affected from COVID-19 and harsh weather conditions in the Gaza Strip



Basic Info

Project Name

Tailored rehabilitation of substandard housing units for most vulnerable families notably those at higher risks of being affected from COVID-19 and harsh weather conditions in the Gaza Strip

Start Date

31/12/2021

End Date

30/12/2022

Project Summary

In line with Humanitarian Needs Analysis MSNA-Shelter [priority need 2] 930k: "930k vulnerable households living in substandard shelter exposed to harsh weather and protection concerns are supported to meet basic needs and enhance their coping capacity (winterization, summarization, shelters upgrade and rehabilitation, damaged shelters repair, COVID-19 shelter related interventions)"

PUI is proposing to provide urgent winterization repairs assistance to the households that are exposed to harsh weather conditions especially in the rainy season, and to rehabilitate substandard housing units for the HHs living in shelter that do not comply with shelter cluster minimum standards. In addition, PUI will provide essential hygiene and disinfection materials to the most vulnerable people notably those at higher risk of being affected by the COVID-19 crisis and harsh weather conditions. The action will protect the target group from harsh weather and provide them with adequate living space. Finally, PUI will provide adaptation works to HHs having at least 1 person suffering from physical disability.

The action is based on the technical assessment conducted in September 2020 and updated in April 2021 to identify the detailed shelter repair needs of 240 substandard housing units. Besides, 5 focus groups discussions were conducted by PEF (Palestinian Environmental Friends association) to capture the challenges as well as the needs of the households affected by the harsh weather conditions and in a real need to implement winterization repairs to their houses.

PUI, with its partner PEF and in close collaboration with its local CBO ntpartners, will

target 150 HH including 24 female-headed HH who live in substandard housing units and are exposed to extreme weather conditions through shelter rehabilitation works. The rehabilitation works will be done through a self-driven approach with a focus on local communities skilled workers in each targeted community. The average per HH is 1,400 USD. The 6 target communities are; Abasan Al Kabira, Khuza'a, Bani Suhaila, Al Fukhari in Khan Yunis and Al Shouka and Ouraiba in Rafah.

In addition, PUI's partner As Salama Charitable Society for wounded and persons with disabilities and local CBO partners will target 50 HH from the Governorates of Khan Younis and Rafah with at least 1 family member with a physical disability for the adaptation and upgrading works within an average of 2,000 USD. A contractual approach will be applied for the implementation under the direct supervision of PUI and As Salama engineers and monitors (better adapted for PwD).

Due to the current context with the outbreak of the COVID-19 pandemic among the populations and the extreme economic vulnerability of targeted beneficiaries, PUI will contribute to the national efforts by providing them with essential hygiene and disinfection materials based on Shelter/NFI standards and recommendations.

PUI and its partners have demonstrated effective capacities in rehabilitating substandard housing units in similar previous experiences and rely on strong local networking of local partner CBOs. The planned action will be implemented with PEF and As Salama besides PUI local CBO partners: Al Walaa Association in Abasan Al Kabira, Future Home Association in Khuzaa, Qaa AL Qurain in Al Fukhari and Mariam Al Azra Association in Al Shouka and in collaboration with Bani Suhaila municipality. Their knowledge of the communities will be an added value for the inclusive approach of the project to ensure that the most vulnerable, in terms of age, gender and diversity (AGD) within the identified households will be part of the action, as well as to ensure the accountability of the project, so all feedback can be taken into account.

The action will be coordinated with the Shelter Cluster, the Ministry of Public Works and Housing (MoPWH), the Ministry of Social Development (MoSD) and key actors working in the area of intervention.

Tags

Organizations

Première Urgence Internationale

Implementing Partners

Implementing partners:

- 1- Palestinian Environmental Friends (PEF), Local NGO, Rafah
- 2- As Salama charitable society for wounded and persons with disabilities.

Local CBOs:

- Al Walaa Association in Abasan Al Kabira
- Future Home Association in Khuzaa
- Qaa AL Qurain in Al Fukhari
- Mariam Al Azra Association in Al Shouka.
- In collaboration with Bani Suhaila municipality

Contact Info

Xavier Grosset / dep.hom@premiere-urgence.ps / + 970 (0)562 1000 51

Anthony DUTEMPLE / hom@premiere-urgence.ps / + 970 (0)562 1000 50

Associated Response Plan

occupied Palestinian territory 2022

Plan Fields

1 - Needs

The technical assessment has been conducted in September 2020 and updated in April 2021 to identify the detailed shelter repair needs of 240 substandard housing units. The assessment targeted a pool of 701 vulnerable households located in 7 marginal areas in

the Gaza Strip. The analysis showed that all the surveyed households are in need of shelter assistance. During 2020 Shelter HF (Humanitarian Fund) intervention, PUI supported 600 HHs (300 HHs were targeted by winterization repairs, and 300HHs were targeted by fixing nylon to their houses roof and windows. Further detailed technical assessment was conducted in September. Here are the main findings:

- **Unsafe housing units:** 55.4% of the surveyed HHs are living in units with worn-out metal roof, which do not offer a proper level of protection against the harsh weather conditions either in summer or in winter and pose a risk to their lives. 20% of the visited HHs live in houses with worn-out asbestos roofs, which is reported to have negative health effects on humans according to several studies.
- **Privacy and protection:** 30% of the visited houses lack a solid lockable door into the toilet/shower. 26% of houses do not have at least one room/bedroom with a solid lockable door, and 42% do not have a minimum internal separation between sleeping and living spaces.
- **Health matters:** 67.8% of the visited houses do not have all their window units sealed from rain, water, and wind. 67% of the houses do not have toilets with flushing system, no openable windows nor ventilation system. Moreover, 39.8% of the visited houses do not have toilet/shower floors tiled with non-slip tiles.
- **Accessibility for people with disabilities:** 58.5% of the houses that have at least one member with a wheelchair do not have an entrance ramp for wheelchair access, nor they have toilet doors that open outward to provide more space inside to turn the wheelchair. 40% of the toilet fixtures are not suitable for wheelchair users.
- **Walls, floor and roof conditions:** 84.6% of the visited houses have roofs that are not sealed, which can lead to the leakage of rainwater. Besides, 35.8% of the visited houses do not have at minimum one room that has a roof insulated against heat and cold.
- **Increased burdens on women:** Surveyed women indicated suffering mainly from the leakage of rainwater into their houses due to the cracks in the house's roof and walls. This led to increase burdens on women to protect their families from the harsh weather conditions and to keep their children warm during winter. The unhealthy living conditions led to increase families' expenditures on health care which represents a big financial challenge for households with limited access to income. In addition, women pointed out that the lack of privacy, crowdedness and inability to separate between boys and girls considered as an additional obstacle. They stated that such challenges cause stress and tension inside the household.
- **Additional COVID-19-related burdens:** Women mentioned that the home duties have increased as a result of the pandemic in terms of increasing cleaning works, and washing of clothes to avoid being infected by the virus. Moreover, stay-at-home lockdowns in response to the COVID-19 pandemic have brought an increase in women domestic burdens, especially with schools closing, due to the prevailing cultural norms around women's role in the household.
- **Socio-economic Status:**
 - **Female-headed HHs** represent 12%, which is higher than the overall percentage calculated by PCBS in 2017 (9.5% for Gaza Strip).
 - **There is a high percentage of dependents** (i.e., children and older people).
 - 19% of the visited families have heads of HH with physical disability and 7% with intellectual disability.

Furthermore, based on the results of 5 focus groups discussions conducted by PEF to capture the challenges and the needs of the households who are affected by the harsh weather conditions and who are in a real need to implement winterization repairs to their houses were identified. The interviewed households confirmed their huge suffer from the rainwater leaking into their houses represented in the unstable living situation for the women and children particularly, the increase coldness inside the house and the inability to warm their children due to the lack of enough heavy blankets and energy sources for heating. They do not have at least one room protected from the heavy coldness and the rainwater leaking in winter and from the hot summer. The bad socio-economic situation for these households is a main obstacle to make the required repairs for their houses. They confirmed that the winterization repairs for the houses roofs, windows, utilities including kitchen and bathrooms are an essential solution to protect their children and enhance their living conditions.

2 - Activities

Activity 1: Provision of urgent winterization repairs to 100 HHs who are exposing to harsh weather conditions during the rainy season. The repairs will include windows maintenance, installation of new windows and external door if needed and sealing of the housing unit's roof within an average of 500 USD per unit. Activity 2: Provision of urgent shelter rehabilitation assistance to 150 HHs living in substandard housing units (825 individuals) (i.e., rehabilitation for the roofs, windows, doors, kitchen, bathroom, etc.) with an average of 1,400 USD per unit. Urgent shelter rehabilitation for substandard housing units: The works will mainly focus on: - Winterization repairs for the metallic and/or

asbestos roofs, windows - Fixing the main door - Rehabilitation the existing WASH facilities to improve the hygienic living conditions inside the houses - Fixing the water and electricity networks - Improving the gender separation inside the housing units - Improving the living space to include adequate isolation space for people at higher risk of COVID-19. Priority will be given to housing units that represent security and safety issues for the family members. Activity 3: Shelter adaptation to 50 households which include at least one member with a physical disability Shelter adaptation for PWD: PUI will coordinate with MoPWH, MoSD and the Society of Physically Handicapped People – Gaza Strip for the beneficiaries' selection to benefit from the assistance of Shelter adaptation for PWD. It will mostly focus on adaptation for the shower room, ramps, toilet, and doors, etc. with an average of 2,000 USD for each housing unit. Activity 4: Provision of family COVID-19 hygienic kits to the same households (300 HH in total) targeted through the activities 1,2&3 in order to prevent the diffusion of the virus at HH level. Provision of family COVID-19 hygienic kits: PUI will distribute to all targeted household's hygiene and disinfection materials enough for 1 month, based on Shelter/NFI Cluster standard kit. For the different types of assistance mentioned above, priority will be given to women, children, older persons, people with MH, and PwDs headed- households, HHs with PwDs, HHs with people with chronic diseases, HHs with pregnant / lactating women, HHs with people with MH issues, HHs sharing the housing units with others (host families/IDPs), HHs that hosted IDPs in the previous conflicts, houses affected by previous conflicts or flooded in the winter storms and hardship cases identified by MoSD. Methodology of implementation: The winterization repairs and the rehabilitation of sub-standards housing units will be implemented through self-driven approach, while the adaptation works will be done through a contractual approach. The work will be supervised by PEF's and As Salama civil engineers, CBO monitors and PUI's project manager. The contractor will be asked to take all required measures for COVID-19 transmission prevention. All workers must wear masks and gloves while implementing their daily works. PUI will be in charge of the overall management of the project. PUI's main implementing partner, PEF and As Salama will be responsible for the selection and follow up of the civil engineers, participating in the beneficiary selection process, reporting on the progress of activities. Beneficiary selection and prioritization criteria will be followed for identifying the target group. The list of potential beneficiaries will be obtained from MoPWH database. The beneficiary selection/in-depth assessment will capture the socioeconomic status of the household, the differences needs in terms of age, gender and diversity and protection-related vulnerability parameters, to verify the received information, update the specific needs of the households and to check eligibility for assistance, according to agreed-upon criteria. Selection criteria are: -Age of applicant (18 years old minimum). -HH is with no or limited access to income i.e., the household monthly income is below the poverty line, determined by PCBS, at 2,470 ILS (725 USD) -Applicant or his household has not received any similar assistance during the last 6 months. -Large HH with high number of children/dependents -Female-headed HH -HHs who have members with disabilities and/or chronic diseases -HHs who have elderly persons -HHs with high dependency ratio. Selected beneficiaries will receive an average amount of 200 USD/month during six months. The amount should include the bills of water and electricity. PUI will take into account the specific needs and capacities of different AGD groups in the rehabilitation process by consulting with diverse groups of people and adopting their recommendations. PUI will mainstream the IASC's PSEA principles throughout the whole action through ensuring the achievement of the following priority outcomes identified by the IASC for PSEA. The beneficiaries, project staff, members of local partner CBOs, contractors, and all persons involved in the implementation of the activities will be sensitized on the PSEA issues through appropriate training, awareness-raising sessions and distributing leaflets. PUI has established SOPs that outline the reception and handling SEA related complaints, based on its PSEA policy. PUI is currently co-chairing the oPt PSEA network, and will be endorsing the interagency community based complaint mechanism (CBCM) for SEA, conceptualized by the network, as such, while PUI will maintain its SEA complaints reception channels, the interagency available channels will also be promoted to beneficiaries of the action.

3 - Indicators

PUI M&E team will develop a monitoring and evaluation plan to manage the process of assessing and reporting progress against project targets. This plan will describe the whole M&E system, including indicators, tools, breakdown of responsibilities and communication channels between the organizations (PUI and local partners).

Disaggregation will reflect age, gender and diversity within the target communities. PUI will ensure regular updates on FTS and 4Ws systems. PUI will establish selection criteria based on the different vulnerabilities. Selection criteria will also include the ownership of the houses with official documents. In case PUI faces specific cases of ownership disputes, it will seek collaboration with other key legal actors such as NRC for legal aid and the Protection Cluster for protection threats.

- Introductory and information meetings with targeted population and community representatives will be arranged to provide accessible and timely information on organizational procedures, types of project activities, beneficiary selection process, criteria of selection, etc.
- PUI will consult with targeted beneficiaries during the implementation of the action to adapt the upgrade works to the needs of the beneficiaries.
- Monthly monitoring visits will be conducted to follow up the progress of project activities and to ensure that the activities are being implemented in accordance with the work plan developed at the beginning of the activity. Written report summarizing the main findings will be issued after each monitoring visit.
- A complaints and feedback mechanism will be set up to make sure that the opinions of target population are heard and taken into consideration. PUI will ensure that all beneficiaries are informed of the processes of selection and FRM. Complaints regarding the beneficiary selection process or suggestions related to the design or the implementation of project activities will be timely responded to.
- Focus group discussions and/or semi structured surveys will be carried out to assess the impact of project activities against baseline survey results.
- Work receipt will be prepared with all necessary technical specificities, along with pre and post photos of the construction / rehabilitation work done for each infrastructure

Indicators and targets:

- Number 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 (Target value: 1650).
- Number of people exposed to harsh weather and protection concerns are supported with adequate shelter assistance (Target value: 550).
- Number 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 (Target value: 825)
- Number of households assisted in rehabilitating substandard housing unit (Target value: 150).
- Percentage of beneficiaries reporting that assistance is delivered in a safe, accessible, accountable and participatory manner. (Disaggregated by AGD) (Target value: 100%)
- Percentage of assisted families reported improvement in living conditions and reduction in the seasonal movement and displacement. (Target value: 90%)

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

G922460748

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 :

69

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

27

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

4

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

According to our experience and other actors active in Shelter activities, the Owner-driven approach is the preferable and the recommended approach for the beneficiaries. In an owner-driven approach, the prioritization of needs and the decision-making are in the hands of the target families, giving them ownership of their project. Owner driven does not imply that the affected family should provide construction labour, but it requires that they manage the reconstruction with technical assistance. Owner driven projects are defined by three fundamental requirements: (1) participatory process of decision-making, (2) adequate technical support, and (3) adequate financial assistance. And all these fundamental requirements will be provided by PUI and its implementing partners. • Contractual modality: For the families with PWD, the works are more critical and have a special standard for the adaptation which must be implemented according to specialists well understanding the needs for PWD and the required adaptation standards.

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

94

6.3 - Strategic Objective 3 (SO3)

Yes

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

6

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

8 - Participation (Community Engagement)

8.1 - Project needs assessment

Yes

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

Surveys,Focus groups,Interviews,Information products and outreach

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,Interviews,Information products and outreach

If not checked, please explain why

8.3 - Implementation (delivering assistance)

Yes

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

Surveys,Focus groups,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,Interviews,Information products and outreach

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

Yes

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

a - Generic email,b - Project hotline,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?

The FRM is not a rigid system; in each project the used mechanism is always adapted to the context, population and project. The aim is to improve participation and accountability towards communities, and to strengthen our relationship with communities including women, elderly, person with disabilities and other marginal groups. Complain and feedback boxes will be set up in the targeted localities at the local partner CBOS premises to ensure an

easy reach for beneficiaries to send their feedback. A hand out card including a hotline number and an email for complaining will be distributed to all beneficiaries targeted during the project period. PUI's MEAL staff as well as the local partner are responsible of ensuring that all applicants have a copy of this card. Regular field monitoring visits will be conducted to the targeted localities as well as the meetings with beneficiaries to collect all feedback regarding the implemented activities including the implementation. Face to face meetings with community members, key informants, municipality members to collect their feedback regarding the quality of the rehabilitation works implemented and their recommendations for improvement will be conducted. All relevant feedback and recommendations will be directly shared with the project manager and relevant staff for improvement. Adapted satisfaction survey will be designed and filled in with the beneficiaries to monitor the distribution process of cash and the implemented works and take corrective action if needed. Through this tool, beneficiaries will report on their satisfaction level, and have access to the feedback and complaint mechanism used by the organization.

9.1c - How will feedback be used?

Beneficiaries are involved in all aspects of the Action through a shared decision-making process. The community-based protection approach involves a continuous process of self-assessment and analysis of their vulnerabilities and needs, used as an entry point for the elaboration of local protection strategies. This is done through surveying i.e. baseline, need assessments, PDM tool, conducting FGDs, holding on key informative meetings and establishing learning sessions. Starting from the design and planning phases, PUI keeps on consulting the local communities, former beneficiaries, and the local and national authorities to provide their feedback regarding their needs, aspiration and learnings. Moreover, beneficiaries are participating in the orientation sessions and other sessions that allow them to express their needs, suggestions and feedback in participatory approach. During those meetings, PUI staff members will ensure to hand out information cards on the mechanism in addition to the distribution of common speech documents and action leaflets. During the field visits and the meetings with beneficiaries and the local community, PUI makes sure to collect all relevant feedback regarding the action to ensure a continuous information on the mechanism in the field. Meanwhile, feedbacks may be provided verbally, through text message, email or phone (using the dedicated address and phone number provided on information cards), in addition to all other available media of the organization. It is worth mentioning, the organization partners are actively participating to disseminate the Feedback and Complaint mechanism to encourage the community to raise their voices and provide their feedback to PUI.

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

Protection mainstreaming is crucial in humanitarian aid delivery. PUI is dedicated to ensuring do no harm and dignity to all people accessing services regardless of their personal characteristics. PUI is currently developing a country level Protection and Gender Mainstreaming strategy to reflect on the type of actions required at each stage of the project cycle to ensure protection and gender principles are adequately mainstreamed. Based on this strategy and on the planned community consultations, a project specific Protection and Gender Mainstreaming action plan will be developed, once the project commences. Some of the key intervention areas will be: • A project-specific protection and gender risk and mitigation measures analysis will be drafted once the project starts and will be further refined and triangulated with the solicitation of direct feedback from the target community, regarding the perceived protection risks, needs and capacity. The analysis will have a special focus on the risks of gender-

based violence (GBV) and challenges for people with disabilities. According to the initial Protection and Gender risk analysis, project-specific and nuanced mitigation measures will be adopted to respond to the identified risks and gaps. • Community consultation, through different means (FGDs, Key informants Interviews (KIIs), surveys, etc.) will be conducted throughout the project implementation to monitor the progress of the mitigation measures, as well as to detect any new or emerging protection concerns. All tools, SOPs and materials used during each of the project steps will include protection mainstreaming considerations. Protection and Gender Mainstreaming indicator(s) will be measured and monitored regularly through different data collection sources (observations, consultations, FRM, etc.). • SEA is a GBV issue that might negatively impact all aspects of protection mainstreaming and have lasting consequences in the lives of survivors. To ensure PSEA, PUI has and is currently further strengthening its SEA reporting mechanism. The reporting mechanism is accessible through different channels for beneficiaries, staff and other stakeholders. PSEA training will be provided to all staff members. Accessible and clear awareness-raising and key messaging on PSEA will also be disseminated to project beneficiaries. • Project beneficiaries with or without specific vulnerabilities in need of more specialized protection or psychosocial support (PSS) services will be provided with safe and timely referrals to other dedicated service providers. In order to ensure safe protection referrals, a protection and PSS service mapping for the area of operation will be accessed or drafted. At the same time, staff members will be trained on the “Safe Protection Referrals” training module, to include “Communicating and responding to GBV disclosures”. • A protection capacity building plan will be drafted once the project commences, to reflect on the needs identified during the initial Protection and Gender Risks Analysis, as well as subsequent consultations with staff and beneficiaries. Some of the topics to be included in the capacity building plan will be Protection, age, gender and diversity (AGD) mainstreaming, GBV, child protection, psychological first aid, safe referrals, PSEA and child safeguarding, and inclusion of people with disabilities. • To ensure all protection and gender mainstreaming activities are at the forefront of the project, selected field staff members will be trained and mentored to act as protection mainstreaming focal points. They will be tasked with specific protection and gender mainstreaming activities, while also raising the awareness of other staff members and beneficiaries on protection related issues.

11. - Equal and impartial access to aid

11.1 - Equal and impartial access to aid

PUI is very vigilant in acknowledging and addressing the intersectionality of different characteristics with different needs and capacities. To ensure people with different characteristics and coping mechanisms are able to access assistance equally, specific mitigation measures will be adopted. These mitigation measures will derive from community consultations, with people from diverse groups and different vulnerability. The protection and gender risk and mitigation analysis that will be further enriched and complimented throughout the project duration, identifies the potential risks and systematizes the response. The community consultations, assessments and information dissemination methods and modes will be tailored to ensure people with different characteristics are included equally. The accessibility of the project consultations, assessment, FRM and SEA reporting mechanism and of the awareness raising to people belonging in different age and gender groups, as well as to people with different diversities including people with disability, will be ensured and monitored throughout project duration. COVID-19 specific issues in terms of access will also be taken into consideration. Specifically, hygiene, prevention, and control measures and protocols will be in place in all planned project activities. The protection and gender analysis will be updated regularly to reflect new emerging needs associated with any enforced changes in the project delivery modalities. These enforced changes in modality with also be part of regular consultations with the communities to identify and assess how they might contribute to the access in humanitarian service provision of different groups of people. Accessible information in different modalities for different groups of people regarding COVID-19 will be provided. Lastly, the continuation of the FRM, regardless of COVID-19 related changes in programming will be ensured. During the implementation phase, PUI will ensure the continuous collection of feedback from the targeted communities including the

beneficiary households during the implementation of the project through complaint and feedback boxes located at each of the partner CBOs. These forms will be collected on regular basis, and responses will be provided for each in a timely manner. Beneficiaries will also receive a handout card which that include a hotline for receiving feedback and complaints. Community monitors will continuously visit targeted beneficiaries and will listen to their concerns and suggestions and report to PEF and PUI project managers. Where necessary, adjustments to the implementation of activity may be made based the received feedback. It is worth mentioning that the complaints boxes are dedicated to receive complaints regarding the beneficiary selection process, while feedback forms are designated for collecting any suggestions related to the design or the implementation of project activities. At the beginning of the activity, PUI will hold information meetings with the identified households in the premises of local CBOs in line with PUI's precautionary measures in place due to COVID-19 pandemic outbreak. PUI will inform the targeted beneficiaries about the activities and way forward in the planning of the implementation process. Furthermore, PUI will conduct satisfaction survey with a representative sample to ensure that their opinions and satisfaction level with the quality of the provided assistance are well captured and reported. The feedback, collected throughout the different phases of the action, will be taken into consideration to improve the proposed and the future interventions. In conclusion, PUI will exert every possible effort to ensure that the beneficiary households and communities participate in and influence all steps of the project life cycle starting from needs assessment, project design, beneficiary selection, implementation, monitoring and evaluation.

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

occupied Palestinian territory

Gaza Strip

Deir Al Balah

Wadi as Salqa,

Khan Yunis

Abasan al Kabira, Al Fukhkhari, Bani Suheila, Khuzaa,

Rafah

Shokat as Sufi,

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		1,650
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		550
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		825

Budget

Total Cost

\$528,719

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

Line Items

Staff and other personnel costs	\$42,547	8.05%
Direct inputs and services to beneficiaries (Supplies, Commodities, Materials, Services, and dedicated Staff whose job is considered as project outputs)	\$434,611	82.2%
General operating and other running costs (security expenses, office stationary, and utilities such as telecommunications, internet, office rental, evaluation	\$16,972	3.21%
Indirect / Overhead Costs (max 11% of the whole budget is required)	\$34,589	6.54%

Comments