

HPSE22-SHL-183555-1

Healthy Home and Living Environment for Vulnerable Households in Gaza



Basic Info

Project Name

Healthy Home and Living Environment for Vulnerable Households in Gaza

Start Date

31/12/2021

End Date

30/12/2022

Project Summary

Poor house conditions have negative impacts on health, wellbeing (mental health issues), raised risk of domestic violence, low educational attainment, higher need for humanitarian assistance, as well as substantial threat to COVID-19 infection. Gaza is one of the most densely-populated areas in the world. Its 2.11 million Palestinians are cramped in 365 km² (Gaza's total land area), where population density is 5,800 per square kilometer. It suffers from a chronic shortage in housing that is expected to exceed 120,000 units in 2022. An annual average of 14,000 housing unit is needed to meet natural growth. Based on the Multi Sectoral Needs Assessment (MSNA), conducted in July 2021, 14% of the surveyed housing units in Gaza reported living in critical shelter (damaged building, tent, collective shelter, container, makeshift shelter, unfinished/damaged building) and 62% reported damage to their shelter (large cracks/opening in the walls and roof, broken/cracked windows, broken exterior doors). The COVID-19 pandemic continues to add extra strain to shelter needs, it generates extra pressure for families living in substandard shelters, as members who contracts the virus cannot properly isolate, increasing the risk of transmission. The 2022 Humanitarian Needs Overview (HNO) indicates that the continuous deterioration in the economic situation, with the restrictions on the entry of construction materials, hinders new construction as well as the maintenance of existing housing units. In addition, the detailed HHs profiling assessment according to the Ministry of Public Work and Housing assessment, Jan 2020, stated that 21,500 inhabited housing units across Gaza are classified as substandard. IRW will contribute to protection of the most vulnerable HHs living in substandard shelters through creating safe, adequate, and healthy living environment in Rafah governorate southern through rehabilitation activities and provision of essential NFIs. The action will target 250 housing units in Rafah governorate using Cash modality (Self-Help approach) with an average of \$2,560/HH (Based on identified technical needs at each Housing Unit). The HHs will be oriented and advised to identified the most priority rehabilitation works such as roofs, windows, doors, fixing toilets and kitchens. Also, HHs will purchase the needed shelter NFI packages including bedding items, and/or kitchen sets, as well as basic hygiene items to protect family members from COVID-19.

Tags

PRP

Organizations

Islamic Relief Worldwide

Implementing Partners

Bayader for Environment and Development Association

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Associated Response Plan

occupied Palestinian territory 2022

Plan Fields

1 - Needs

Based on HNO 2022, it is estimated that 943,000 Palestinians across the oPt are in need of humanitarian assistance in 2022 to access adequate shelter (including basic households supplies), indispensable to providing people with a minimum level of privacy, protection and dignity. Some 92% of the people in need of assistance are in the Gaza Strip; including 559,240 severe, 146,479 stressed and 310,254 extreme. Also include (221,421 women, 387,487 children & 30,445 elderly). In addition, the results of the Ministry of Public Work and Housing assessment, Jan 2020, stated that 21,500 inhabited housing units across Gaza are classified as substandard, they do not meet the minimum requirements for adequate living space, weather protection, hygiene facilities and privacy, and require different degrees of rehabilitation. As per the poverty and vulnerability in the Gaza Strip, Rafah governorate has the highest in need of shelter interventions (26%). The action will contribute to protection of the most vulnerable people affected by crisis in the Gaza Strip through creating safe, adequate, and healthy living environment in Rafah governorate southern Gaza Strip. The intervention will involve maintenance of the roof and or ground, repair works for sanitation facilities, fixing doors and windows, painting, repairing and fixing water and electricity networks. The works will insure providing the families with at least the minimum standards for a dignified and protected living environment, it will take into consideration the priorities of the family members as women prioritize kitchens, bathrooms, and privacy. Men, prioritize electricity, insulation, and high ceilings/roofs. Children, desire space to play, locks on doors for privacy and adequate lighting for homework, while, elderly and PwD require accommodations such as ramps, handrails and wider doorways to facilitate access and mobility. These differences emphasize the importance for rehabilitation plans to reflect shared decision-making to meet each members' needs. House is where people spend most precious time in their lives, in which they gather with family, chill, develop skills, study, work, chat, and play. House condition always has directly or indirectly influence on the life of the household's members. So, overcrowding and poor housing conditions have a number of negative effects that impact on health and wellbeing, including increased physical and mental health issues, raised risk of domestic violence, educational attainment and the need for additional humanitarian assistance. Poor housing condition such as overcrowding, damp, bad WASH facilities, and cold is all associated with physical illnesses including eczema, hypothermia, and respiratory and heart disease in both adults and children. The project will involve a comprehensive and integrated set of interventions to ensure high level of achievement and positive impact on the targeted families, as follows; Houses rehabilitation, provision of non-food items. Improving the conditions of the houses is expected to be positively reflected on their health conditions, psychological conditions, economic burdens alleviation, and in turn improvement of overall quality of life.

2 - Activities

The project will target 250 housing units of vulnerable families. The selection process will be made carefully to ensure making a notable difference and improving the quality of life of the inhabitants through. The targeted HHs will be actively engaged in the design, planning, implementation and evaluation of activities. IRW and local partner teams will

finalize the selection of 250 houses according to the data collected and specified in the MoPWH need's assessment, Local partners' teams, under supervision by IRW team, will conduct rapid orientation and continuous communication with beneficiaries and provide necessary information using the suitable tools: phones, SMS, WhatsApp, the project adopts the self-help approach where beneficiaries will be provided financial and technical support to implement the agreed works under the supervision of local partners teams, Health promoters conduct regular communication with family members for hygienic and public health advices with focus on precaution measures of COVID-19, Conduct MEAL activities for shelter rehabilitation works by beneficiaries finally Conduct administrative and financial closure. Main saction activities are: (1) Selection of target group: IRW and local partners' teams will finalize the selection of 250 housing units from the databased of the MoPWH according to the results of field assessment, the project will target the houses with medium to high vulnerability rate according to prioritization criteria, the project team will specify the amounts to be allocated for each house according to the actual needs and priorities which is assessed in evaluation visit by the engineer, final list of beneficiaries will be shared / agreed in close cooperation with shelter cluster and line ministry (MoPWH) as well as peer organizations. Conduct orientation and communication with beneficiaries related to shelter rehabilitation. (2) Conduct orientation and communication with beneficiaries: To discuss project details, selection criteria and scope, mechanism of self-help approach in rehabilitation, safety and security measures, two-way communication mechanisms with target group with safe access and smooth procedures, concise information / advices about COVID-19 and the most importance of pre-caution measures and induction about the feedback and complaint mechanisms. (3) Provide financial and technical support to 250 HHs to rehabilitate / adapt their substandard houses through self-help approach: The partner project engineers will visit the HHs to sign the agreement, agree on priorities of works and provide technical assistance in terms of material, workmanship and alternatives. The agreement has all project details including: Project scope, donors, bio data, details, responsibilities of both parties, details of financial details and installments, and the BOQ of the intended repairs and rehabilitation works. Advance payments will be provided to HHs after reviewing and verifying all agreements, payment reconciliation and approving the technical reports by the engineer will be conducted to proceed with the next payments. Engineers will conduct regular field visit every week to follow up, monitor and provide technical assistance. Also, they will be ready to follow up and give advices to all HHs on daily basis via other communication tools.

3 - Indicators

The project will strongly support cluster and sector objectives by rehabilitation of 250 substandard shelters in Rafah governorate to create adequate living space with integrated hygienic WASH facilities for the most vulnerable household (250 HHs - 1400 individuals). The following are the expected results and indicators of the project: The outcome indicator for Activity (1) and Activity (2) is # of Highly vulnerable households living in substandard shelters (including women, children, elderly, PWDs) have access to safe, adequate, and healthy living environment through basic shelter rehabilitation, while the output indicator for Activity (1) is # of 250 of the most vulnerable HHs in Rafah governorate; (including 1400 Individuals: 400 men, 400 women, 300 boys & 300 girls) living in substandard housing units are provided with financial and technical support to rehabilitate / adapt housing units to meet shelter minimum standard and purchase essential shelter NFIs. The indicator "% of project beneficiaries (male/female) reporting that humanitarian shelter assistance is delivered in a safe and dignified manner" will be measured by IRW. Also, will have thematic indicators include: # of PWDs have improved access to shelter.

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

H9318-0433-4315

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 :

100

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.

The project beneficiaries living in substandard housing units to rehabilitate /renovate /adapt housing units will receive unconditional cash assistance, based on minimum standard values of Shelter cluster. IRW and partner will provide technical support and empower beneficiaries to best address their most pressing needs, so the project will ensure high impact. Post distribution monitoring will be done, collecting information and feedback on the satisfaction of the beneficiaries and the use of the cash input. This modality proves to be efficient and it maintain the dignity of target households when reflected in using self-help approach that empowers households to resume their capacity in leading the solution to their concerns rather than being considered as a mere recipient of support, especially when the approach is complemented with mentoring and training on the use of cash.

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

6.1 - Strategic Objective 1 (SO1)

Yes

6.1.a - Please estimate the percentage of requirements for SO1

0

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)

Yes

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

0

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,Interviews

If not checked, please explain why

0

8.2 - Project design

Yes

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

Surveys,Focus groups,Interviews

If not checked, please explain why

0

8.3 - Implementation (delivering assistance)

Yes

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

Surveys,Focus groups,Interviews,Information products and outreach

If not checked, please explain why

0

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

0

8.5 - Representation of community groups

Yes

If you answered no please explain why

0

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 :

0

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

Ensuring all different groups of beneficiaries and communities have access to safe complaint and feedback mechanisms is one of the first steps in mainstreaming protection across the activities of the project. If the beneficiaries cannot write their feedback, they will be able to reach the project staff and partner staff who will receive CRM training and will be available to receive complaints and feedback during collective activities and household visits. Whenever possible, complaint boxes will be set up, as well as contact information will be shared and disseminated to the project beneficiaries through SMS and will be on banners in the project locations. On a regular basis, the CRM focal point will gather the complaints received by this mechanism.

9.1c - How will feedback be used?

IRW has an effective and reliable complaint and feedback mechanism that will be applied to provides a chance for all beneficiaries especially the most vulnerable to express their concerns freely and provide their feedback on the delivery of project activities. Before the implementation of activities, IRW will organize an inception workshop and introduce the complaint and feedback mechanisms to all stakeholders and target group. The received feedback from beneficiaries will be used to inform programming and improve the project implementation. IRW will determine to what extent it is necessary to adapt the project and messages to the needs captured through feedback and complaints. Should any issue raised exceed the project's scope, IRW will advocate this situation to the relevant Cluster, local authorities and other humanitarian partners to tackle the issue and ensure onset needs can be covered.

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

N/A

10. – Do No Harm

10.1 - Do No Harm

IRW's primary data identified protection risks related to infection/C-19, theft, exploitation, social tension/disagreement inside HH. We will further analyze those risks adhering with the safeguarding policy standard operating procedures' as the practical arm for DNH to avoid any form of intended or unintended harm of exploitation, abuse, violence, neglect or extortion. This will be done by ensure implementing a detailed participation plan that targets staff, volunteers, partners and participants and includes induction and empowerment activities and tools about CoC, safeguarding policies, rights and entitlements, CRM, as well as the dissemination of information, education and communication materials followed with real time monitoring and satisfaction survey.

11. - Equal and impartial access to aid

11.1 - Equal and impartial access to aid

Through the participatory needs and requirement identification by including participants at all levels of PCM starting with the design phase (appropriateness analysis) followed by appropriateness and adaptation planning to ensure adapted assistance accessible to all people of all genders, ages and disabilities. Based on previous experience and primary assessment results to ensure equitable access of women, children, PwDs and other marginalized groups.

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

Yes

If you answered no, please explain why

0

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

0

If you answered no, please explain why

0

Country

occupied Palestinian territory

Gaza Strip

Rafah

Al Bayuk, Al Mawasi (Rafah), Al Qarya as Suwaydiya, 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		1,400

Budget

Total Cost

\$800,000

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

Line Items

Indirect / Overhead Costs	\$56,000	7%
Direct input Rehabilitation and essential NFIs	\$640,000	80%
Staff and other personal cost	\$80,000	10%
General operating and other ruining cost	\$16,000	2%
MEAL activates	\$8,000	1%

Comments