

HPSE22-SHL-183498-1

Emergency Shelter Intervention for Vulnerable Households



Basic Info

Project Name	Start Date	End Date
Emergency Shelter Intervention for Vulnerable Households	01/01/2022	31/12/2022

Project Summary

The intervention was identified according to (MSNA, REACH, Sep. 2021), which showed that 869.5 K people in the Gaza Strip are require humanitarian assistance to access adequate shelter which is an essential component of providing people with a minimum level of privacy, protection and dignity.

The actual needs and gaps were identified by PHC and WW-GVC based on a participatory joint needs assessment that has been carried out in September 2021 with the full and active participation of the stakeholders (MoSD, MPWH) who contributed to the identification of needs and actual gaps of interventions in different geographical areas. The assessment targeted the damaged housing units (HUs) of the vulnerable HHs, where 20,884 HUs were damaged, out of them is 3,281 HUs belong to vulnerable HHs as listed by MoSD (21% in KhanYounis and Middle Area).

The proposed intervention aims to support vulnerable households exposed to harsh weather and protection concerns to meet basic needs and enhance their coping capacity which designed based on experiences of PHC and WW-GVC, and will entail the rehabilitation of damaged and/or substandard shelters to meet minimum shelter standards and respond to beneficiaries' immediate needs, including an adaptation of shelters to meet the needs of PWDs, upgrade/separate shared toilet and kitchen facilities and improving the living area to include adequate isolation space for people at high risk of Covid19.

The intervention aligns mainly (90%) with (SO2) to support the vulnerable Palestinians in Gaza to have access to essential services. The intervention will apply the Building Back Better (BBB) approach that commits to delivering quality, sustainable and resilient interventions to reduce future vulnerabilities of communities in the event of disasters. The project will significantly contribute to gender equality, including across age groups.

The proposed intervention will involve three key components as described below:

1: Responding for the need of shelter upgrading and rehabilitation for 60 vulnerable HHs living in substandard shelters at high risk of exposure to natural or manmade hazards, with the average cost of 3,000\$/shelter.

2: Assisting 40 vulnerable HHs who live in partially damaged shelters due to May 2021 escalation. PHC will support the HHs to conduct rehabilitation works with an average of 4000\$/shelter.

In both components, the rehabilitation or repairs works will include adaptation of shelters to meet the needs of PWDs, elderly persons and improving the living area to adequate

isolation space for people at high risk of Covid19, increase privacy, improve WASH facilities, repair leaking roof, doors and windows to protect the families from harsh weather.

3 :Providing 100 HHs living in substandard and overcrowded shelters at higher risk of Covid19 through provision with essential shelter NFIs, hygiene and disinfection materials average of \$500 cash assistance. Each HH will receive a personalized NFIs package based on HH's priority need.

The proposed intervention will adopt the Self-help approach in order to achieve the maximum benefit of the allocated budget for each shelter. This approach is very cost effective for the beneficiaries by working by their own hands, sons and relatives and increase the cost.

The beneficiaries of this intervention are 100 HHs in 8 locations, a total of 512 direct beneficiaries (117women,105men,120girls,144boys,26elders and 19PWD),The selection of target Beneficiaries conducted based on the prioritization criteria adopted by the Shelter Cluster based on HH vulnerability and shelter vulnerability assessment tools (minimum standard), scoring, and ranking. Each HH will develop an individual rehabilitation plan based on HH specific needs to determine the cost of works at each HH. The AGD specific needs will be transferred to engineers to conduct the relevant technical assessments prior to the implementation of the designed interventions.

Tags

COVID-19

Organizations

Palestinian Housing Council

Implementing Partners

WeWorld - Gruppo Volontariato Civile Onlus

Contact Info

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Associated Response Plan

occupied Palestinian territory 2022

Plan Fields

1 - Needs

The right to decent housing is one of the basic human rights and it is one of the main priorities in the life of any human being "Everyone has the right to adequate living conditions". Gaza is known as one of the most densely populated areas in the world, with a total estimated population of 2.11 million of whom 1.07 million males and 1.04 million females (PCBS, Mid of 2021). Humanitarian needs and vulnerabilities in households across the oPt are mainly driven by the military occupation, the intra-Palestinian divisions, climate change, and, more recently, the outbreak of COVID19 and its consequences as well as May 2021 escalation. The humanitarian crisis in Gaza is characterized by protracted protection risks, threats and with the most critical problems related to the protection of civilians and forced displacement, access to essential services, and erosion of resilience. The housing sector in Gaza Strip suffers from great challenges related to construction materials entry-restrictions, weather extreme conditions, poverty increase and the inability of people to build new housing units (HUs) or pay rental fees. MoPWH declared that there is a shortage of 120,000 HUs in addition to 14,000 needed for population growth per year as well as the repeated destruction HUs during different escalations, which increase the pressure on the existing HUs that suffer from overcrowding, unhygienic and substandard conditions. COVID 19 adds additional strain to shelter needs to adapt some interventions to combat the pandemic (extra space, partition rearrangements, NFIs,..) The 10th-21st of May escalation between Palestinian armed groups in Gaza and Israel Army Forces resulted in It produced large-scale devastation across Gaza, displacing approximately 117,000 individuals (Shelter Cluster, May 2021) and

damaging or destroying a large number of shelters: 15,130 housing structures suffered different degrees of damage; with 258 buildings, comprising of 1,148 housing and commercial units, 141 government schools and 33 health facilities. According to the Multi-Sector Need Assessment (MSNA, REACH, September 2021), it is estimated that 869.5 K people in Gaza Strip are in need (People In Need, PIN) of humanitarian assistance to access an adequate shelter which is an essential component of providing people with a minimum level of privacy, protection and dignity. 14% of HHs in the Gaza Strip report living in critical shelters such as damaged buildings, tents, collective shelters, containers, makeshift shelters, unfinished/damaged buildings). 38% of households report damage to their shelter (62% of HHs in the Gaza Strip). The shelters sustained a variety of types and severity of damages that range from openings/ cracks in the roof and/or walls, cracked windows, structural damage and unsafe for living, water / sewage / electricity sullies lines damaged. The most commonly reported types of shelter damage include: large cracks/opening in most walls (39%), opening or cracks in the roof (31%), broken or cracked windows (33%), exterior doors broken/cannot shut (8%). Against this background, 85% of households report having “no capacity” to repair their shelters. The Palestinian housing council (PHC) and WeWorld-GVC team (engineers and social workers) conducted in September 2021 a field assessment targeting the damaged HUs of the poor and vulnerable HHs. The team coordinated with the Ministry of Public Works and Housing (MOPWH) and the ministry of social development (MoSD) to get the secondary available statistics, which showed that 20,884 HUs were damaged, out of them is a number of 3,281 HUs belong to poor and vulnerable HHs as listed by MoSD (37% in north Gaza, 28% in Gaza, 3% in Middle Area, 19% Khan Younis and 13 % in Rafah). The assessment has identified 8 priority communities, located in Khan Younis and the Middle area. Among these communities, 100 vulnerable HHs consisting of 512 individuals (105 men, 117 women, 144 boys, 120 girls, 26 Elderly and 19 PWD) were found in need of immediate assistance of shelter rehabilitation and urgent repairs. The conducted field verification visits to a sample of houses in Khan Younis and Middle Area governorates by PHC and WeWorld-GVC in September 2021. The assessment confirmed the following facts about the targeted HHs: 80% of targeted HHs lack proper WASH facilities including bad water network, bad or no sewage and sanitation network, unsafe house with bad conditions of windows, doors, floors, ceiling, electricity networks, and painting as well as proper household equipment, furniture and appliances like: mattresses, blankets, gas stoves, washing machine, etc. 100% of the targeted families are living below the poverty line (and they are among the MoSD list) while being exposed to protection threats due to living in substandard shelter conditions. For 80% of the visited houses, House conditions, the sub-standard housing conditions such as overcrowding, damp, bad WASH facilities, and cold weather conditions have negatives impact on the health and wellbeing of HHs members, including physical and mental health issues, educational attainment among the others. 100% of the targeted families rely on the limited financial support provided by MoSD, which can hardly cover their basic needs of living, like food, health, clothing, but is not sufficient to rehabilitate to renovate sub-standard houses. The burden is increasing on the damaged houses.

2 - Activities

The proposed intervention will entail the rehabilitation of damaged and/or substandard shelters (fully or partially) to meet minimum shelter standards and respond to beneficiaries' immediate needs, including the adaptation of shelters to meet the needs of PWDs, upgrade/separate shared toilet and kitchen facilities and improving the living area to include adequate isolation space for people at greater risk of developing complications due to Covid19. The intervention will apply the Building Back Better (BBB) approach which commits in delivering quality, sustainable and resilient infrastructures to reduce future vulnerabilities of communities in the event of disasters. This can be achieved, by building more open facilities that do not exclude any social fractions, adopting stronger safeguards measures, incorporating the Green, Resilient, Inclusive Development (GRID) approach, and implementing targeted policy reforms. The intervention will archive the following objectives by delivering three key inter-related components of activities as described below: Component (1): Upgrade and rehabilitate shelters for 60 vulnerable HHs living in substandard shelters at higher risk of exposure to natural hazards (e.g. COVID pandemic, weather extremes, flooding), or manmade hazards. The average cost of shelter interventions is 3,000 \$ per shelter. The upgrading and rehabilitation work will include the adaptation of shelters to meet the needs of PWDs, elderly persons and improving the living area to adequate isolation space for people at higher risk of Covid19, increase

privacy, improve WASH facilities, repair leaking roof, doors and windows to protect the families from harsh weather. PHC will implement this component based on experience, technical guidelines and available shelter needs assessment of potential beneficiaries. The project team will provide technical support and supervision to the shelter upgrading through weekly field visits. Component (2): Assist 40 vulnerable HHs who live in partially damaged shelters due to May 2021 escalation. PHC will support the HHs to conduct rehabilitation works with an average of 4000\$ per shelter. The rehabilitation works will depend on full coordination reassessment visits with stakeholders (MoPWH). The work will include the adaptation of shelters to meet the needs of PWDs, elderly persons and improving the living area to adequate isolation space for people at higher risk of Covid19, increase privacy, improve WASH facilities, repair leaking roofs, doors and windows to protect the families from harsh weather. PHC will implement this component based on experience, technical guidelines and available shelter needs assessment of potential beneficiaries. Component 3: Assist 100 HHs living in substandard and overcrowded shelters at higher risk of Covid19 through the provision of essential shelter NFIs, hygiene and disinfection materials (average estimation \$500 cash assistance). Each HH will receive a personalized NFIs package based on HH's priority need. PHC will sign an agreement with the beneficiaries that will be enclosed with an individual rehabilitation plan. HHs will receive shelter rehabilitation through self-help and will be provided by basic technical instruction, and negotiation skills to strengthen their capacity in handling procurement of quality materials and managing rehabilitation work. PHC will adopt on cash for self- help modality. Covid19 protection measures (wearing facemasks, gloves, hand sanitizers, physical distances) will be followed by WW-GVC and PHC teams during all project activities to prevent the disease spread.

3 - Indicators

The implementing organizations (PHC and WW-GVC) will design and implement an M&E system to track progress and results of the technical implementation including the implemented works and improvements in the targeted shelter status. The quantitative and qualitative collected/analyzed data will be gender, age and diversity disaggregated using different tools. Weekly visits to the targeted shelters will be conducted during technical implementation to record deliverables, quality control while allowing access to complaint mechanism to the beneficiaries. After the finalization of technical implementation, an ex-post specific survey will be conducted along with a narrative analysis on the perception of vulnerable beneficiaries to reflect on the impact of the intervention. The expected results will be measured through the following indicators: The intervention is in line with the Shelter objective (2): Vulnerable households exposed to harsh weather and protection concerns are supported to meet basic needs and enhance their coping capacity. -Strategic Objective 1 (SO1) Outcome indicator 1 • % of assisted HHs living in upgraded unit in accordance with minimum standards, 100% of people has improved shelter and hygienic conditions.(target:100HHs) Output 1: Indicator 1.1: • # of individuals protected and have improved access to adequate shelter (disaggregated by gender, age groups, elderlies, PwDs). • # of women headed households assisted to improve shelter condition. • # of individuals living in substandard shelters The intervention is in line with the Shelter objective 2: Vulnerable households exposed to harsh weather and protection concerns are supported to meet basic needs and enhance their coping capacity Outcome indicator 2 • % of women, PWDs, children and elderly reported less concerns about safety, and protection. (target:40 HHs) Output 2: Indicator 2.1: • # of individual rehabilitation plans addressed protection concerns such as overcrowding, privacy, risks and hazards). • # of PWDs have improved access to shelter. Outcome indicator 3 • % of assisted man or women headed households reported that their children are protected from harsh weather (target:100HHs) Output 3: Indicator 3.1: • # of individual rehabilitation plans addressed protection concerns such as overcrowding, privacy, risks and hazards). Outcome indicator 4 • % of assisted women headed, girls, and boys reported improved safety and privacy (target:286 individual) Output 4: Indicator 4.1: • # of individuals supported with relevant shelter NFIs kits. Outcome indicator 5 • % of assisted Women Headed households satisfied with the upgrading/rehabilitation (target:22 FHHs) Output 5: Indicator 5.1: • # of PWDs have improved access to shelter • # of women headed households assisted to improve shelter condition All data will be collected timely in line with 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, NFIs as well as). The project team will closely monitor the project implementation through daily or frequently

presence in the field - depends on the modality of implementation that will be applied. Daily monitoring report will be produced and shared with PHC and Directors. Any problem that may emerge will be captured and corrective action will be immediately taken. Another layer of monitoring will be carried out by Board of directors through frequent monitoring visits in order to capture the impact of the different shelter assistance provided through the project and collect success stories. The team will conduct focus groups and individual interviews with sample of beneficiaries to collect their feedback and assess their satisfaction. End line survey is planned using shelter assessment tool in representative sample of HHs that 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, PHC and 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

G225699786

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 :

10

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

90

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 intervention will adopt the Self-help approach to achieve the maximum benefit of the allocated budget for each house. This approach is very cost effective for the beneficiaries by working by their own hands, sons and relatives to decrease the cost. This approach also saves time completed to the process of selecting contractors via prolonged procurement process that consumes much of the project time. Also, the contractor company can't work at all houses in the same time but will divide them into groups, while in the self-help approach the works will start the same time all houses and will take short time to be completed as the intervention is minor. Finally, this approach is suitable because the works does not need high technical skills On the other hand, this approach is preferable by beneficiaries as it maintains their dignity and self-esteem. It provokes their abilities and independency, in addition to living comfortably at their homes when there are no stranger workers. In the other hand the Self-help approach coping the rick of shortage availability of materials through let

beneficiaries to use local or second-hand materials with technical support by the project team to ensure achieving the project goals Beneficiary selection conducted based on the prioritization criteria adopted by the Shelter Cluster based on HH vulnerability and shelter vulnerability assessment tools (minimum standard), scoring, and ranking. Each HH will develop an individual rehabilitation plan based on HH specific needs to determine the cost of works at each HH. Interviews and focus groups discussions will be conducted to assure involvement of men, women, boys and girls as well as PWDs in analyzing needs, designing and implement project activities that are framed according to the specific needs of different AGD population groups. The AGD specific needs will be transferred to engineers to conduct the relevant technical assessments prior to the implementation of the designed intervention

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

8

6.2 - Strategic Objective 2 (SO2)

Yes

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

90

6.3 - Strategic Objective 3 (SO3)

Yes

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

2

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,Interviews

If not checked, please explain why

8.2 - Project design

Yes

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

Surveys,Interviews

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,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,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

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?

It is part of PHC and WW-GVC community accountability mechanism and accountability Framework to Beneficiaries and commitment to guarantee transparency, fairness and equity towards all our beneficiaries. It aims at establishing a system that gives individuals and groups the possibility to report complaints, suggestions and inquiries in a secured way, and receive a response in a timely manner. All complaints/feedback are reported to the focal point and project managers to be processed. If the complaint requires follow up, the complainant will receive an answer within 15 calendar days. Once the case is solved, the complainant will receive a phone call by PHC and WW-GVC's admin officers. Upon registration of the complaint on the database, the focal point analyze complaints and classifies each of them according to the internal classification system, then the complaint should be resolved within 15 days by PHC team and/or WW-GVC team.

9.1c - How will feedback be used?

It is part of PHC and WW-GVC community accountability mechanism and accountability Framework to Beneficiaries and commitment to guarantee transparency, fairness and equity towards all our beneficiaries. It aims at establishing a system that gives individuals and groups the possibility to report complaints, suggestions and inquiries in a secured way, and receive a response in a timely manner. All complaints/feedback are reported to the focal point and project managers to be processed. If the complaint requires to follow up, the complainant will receive an answer within 15 calendar days. Once the case is solved, the complainant will receive a phone call from PHC and WW-GVC's admin officers. Upon registration of the complaint on the database, the focal point analyze complaints and classifies each of them according to the internal classification system, then the complaint should be resolved within 15 days by PHC team and/or WW-GVC team.

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 design included a do-no-harm analysis to ensure full understanding of the context, power relations, and existing and possible threats to the various stakeholders. Such analysis will be conducted periodically (biannually) to ensure no harm is caused to any of the stakeholders. The project is realized based on a participatory needs assessment that has been carried out with full and active participation of the stakeholders who identified the actual gaps and relevant needs. Despite the methodology of the project implementation modality, the stakeholders will be actively consulted in deciding priority shelter needs in a way that maintains their dignity and fosters Build Back Better approach to provide sustainable rehabilitation works. An effective and easy to use complaints and feedback handling mechanism is in place to allow vivid and transparent communication with the organization. In addition, the project staff are culture and gender sensitive as they are aware and respectful of the local culture and are gender-balanced to ensure that women beneficiary are comfortable in communicating with PHC staff. PHC will ensure compliance by all parties to its Code of Conduct, as the staff and contractors will have to read, understand, and sign the CoC, while it will be shared and made public to all other stakeholders. PHC will oversee the project works to ensure there is no discrimination, abuse, violence, neglect, exploitation or any other harm done to beneficiaries. PHC is very sensitive towards any potential harm related to COVID 19, and it holds the contractor accountable. A specific emphasis 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). PHC 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 info@phc-pal.org. The Abuse Behavioral Procedure documents will be an essential part of the contract document with the beneficiaries. PHC will conduct an orientation session on the PHC safeguarding policy and code of conduct and will emphasis on respecting the culture sensitivity of working in the households headed by women. PHC's team (Protection focal point and Counselor or case manager) will carefully monitor the protection concern by building the capacity of the shelter project's team, targeted beneficiaries, and the contractor team by enhancing their understanding of protection aspects, and provide an avenue to address any protection concerns such as GBV, child abuse and or child labor through monitoring visits and mentorship. In case any GBV case arises during the project implementation, PHC counselor will refer any case(s) through relevant referral services. 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. Learning and accountability PHC followed the Core Humanitarian Standard CHS in the project design. PHC conducted the CHS self-assessment tool to further improve the accountability and quality. PHC will disseminate all lessons learned and good practices in protection mainstreaming

within the project among other programs in PHC and with shelter cluster. The response is carefully designed to ensure that interventions will not impair beneficiaries' safety or expose them to further risk. A thorough assessment will be conducted with each HH to further investigate and understand the needs, risks and vulnerabilities and to assure the compliance with the Do No Harm principle, so that the renovation works are based on the preferences and needs expressed by the members of the HHs, considering the different threats that affect

11. - Equal and impartial access to aid

11.1 - Equal and impartial access to aid

The Community Based Protection Approach (CPA) is a participatory methodology based on WW-GVC operational interpretation of the IASC definition of protection. An environment fully conducive to protection is obtained when multi-sector humanitarian and development needs of individuals and communities are met in a dignified and safe manner. As such, multi-sector needs are identified and ranked on the basis of the contextual protection risks of communities and individuals. A right-based analysis is used as entry point to elaborate local protection strategies to be then used as a programming framework for the definition of needs-based responses. The CPA was developed according to IHL, Humanitarian, Do No Harm and the following fundamental principles: 1. the safety of affected population (both of groups and individuals); 2. restore the dignity of affected population putting a stop to emerging or established patterns of violations (and/or alleviating their immediate effects); 3. place the empowerment of communities at risk at the core of any action to enable self-protection and realize their rights. The use of focus groups, random interviews and transect walks, ensures the involvement of the population in terms of location, age, gender, ethnicity, diversity, profession and power. According to the access to the population, the level of trust built and other do not harm considerations, multiple specific techniques will be applied to get deeper insight (bias reduction and/or data gap filling) of a particular group, a specific situation, a particular household. Throughout the assessment and planning phases, the needs of all community members will be taken into consideration. The proposed shelter and protection intervention address the urgent need of the targeted communities, accounting for non-discriminatory practices and considering the needs of every age, gender, and level of ability. Providing a voice for each member of the community, and requesting their direct action in the project's implementation, preserves the dignity of each beneficiary and fosters community empowerment. The distribution of Complaint Response Mechanism (CRM) cards in the communities will ensure the accessibility to all beneficiaries to provide their feedbacks and complaints about the implemented project. Outputs of the assessment conducted in quarantine/isolation centres were verified with the health cluster and ICCG documents related to priorities in health sector; continuous coordination will be kept with these centers and related stakeholders to update the collected data and to respond to the most urgent NFI needs before designing and delivery of any response.

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 ?

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

Deir Al Balah

Al Bureij Camp, Al Maghazi Camp, An Nuseirat Camp,

Deir al Balah Camp,

Khan Yunis

Abasan al Kabira, Al Qarara, Khan Yunis, Qa al Qurein,

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		512
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		512

Budget

Total Cost

\$602,856

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

Line Items

Indirect / Overhead Costs (max 11% of the whole budget is required)	\$44,656	7.41%
General operating and other running costs (security expenses, office stationary, and utilities such as telecommunications, internet, office rental and other direct costs, including expenses for monitoring, evaluation and reporting)	\$42,800	7.1%
Direct inputs and services to beneficiaries (Supplies, Commodities, Materials, Services, and dedicated Staff whose job is considered as project outputs)	\$465,000	77.13%
Staff and other personnel cost	\$50,400	8.36%

Comments