

HPSE22-SHL-183509-1

Shelter assistance for herders and Bedouins in Area C, and vulnerable families in Hebron city's H2 area, West Bank.



Basic Info

Project Name

Shelter assistance for herders and Bedouins in Area C, and vulnerable families in Hebron city's H2 area, West Bank.

Start Date

01/01/2022

End Date

31/12/2022

Project Summary

The intervention will support vulnerable communities affected by the Israeli occupation (Area C) to access standard quality shelters and NFIs during the winter period. The project will also reinforce the capacities of households and institutions in preventing and fighting the new waves of the COVID-19 pandemic in the most affected locations of the West Bank (including H2, Area C as well as Area A and B). Through this project, Action Against Hunger (AAH) and the Rural Center for Sustainable Development (RCSD) will work on three main components in response to the most pressing needs and gaps identified.

Firstly, the project will benefit vulnerable herding and Bedouin families in Area C living in inadequate shelters due to the challenging environment – including restrictions on movement, settler violence and lack of building permits. The proposed shelter interventions include the rehabilitation and insulation of substandard shelters and winterization for vulnerable communities. Families with a member that is living with a disability will be prioritized with accessibility arrangements made within and outside the shelter. Through these interventions access and accessibility to the shelter will be increased while conditions within the shelter (e.g., insulation) and capacities of the vulnerable families to face adverse weather conditions will be improved thus positively contributing to women, men, boys and girl privacy, safety, and dignity.

Secondly, the partners will support economically vulnerable families in Areas A, B, C and H2 to face the recent waves of the COVID-19 pandemic and implement preventive and responsive measures while having access to limited financial means by distributing essential Nonfood-items (NFI) and hygiene materials at household level. These interventions will positively contribute to protecting the most vulnerable family members, including elderly and people with chronic diseases, while limiting the pressure on bread winners and the household's budget. Lastly, the project aims at supporting Palestinian community-based organizations (CBOs) and Palestinian local institutions in reinforcing their emergency capacities by providing care centers to have the necessary equipment

(NFI/hygiene) to fulfil their mission. The project is estimated to benefit a total of 6,350 individuals, 5 care centers and 20 CBOs and Local Government Units (LGUs). The proposed intervention builds on the extensive experience of the two partners, AAH and RCSD in the targeted area and sector. It matches the Shelter framework, in line with the 2022 HNO, and directly support the HRP 2022 Strategic Objectives, namely: Objective #1 "The rights of Palestinians living under occupation, including those living under the blockade and other restrictions, are protected, respected and promoted in accordance with IHL and IHRL, while duty-bearers are increasingly held to account", Strategic Objective #2 "The basic needs of vulnerable Palestinians living under occupation are met through the provision of quality basic services and improved access to resources, in accordance with the rights of protected persons under IHL, and Strategic Objective # 3 "The capacity of vulnerable Palestinians to cope with and overcome protracted crisis, including from environmental threats, is supported, while solutions to violations and other root causes of threats and shocks are pursued". The proposed intervention ensures protection mainstreaming as it is guided by protection principles and considers safety and dignity, meaningful access, accountability as well as participation and empowerment within the mentioned activities. Ultimately, the intervention in Area C & H2 aims to reduce the beneficiaries' exposure to forced displacement by mitigating the effects of the above-mentioned factors thus contributing to reach a protection outcome in areas particularly exposed to a wide range of threats including violence. RCSD will participate in all project activities.

Tags

Organizations

Action Against Hunger

Implementing Partners

Rural Centre for Sustainable Development (RCSD)

Contact Info

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Associated Response Plan

occupied Palestinian territory 2022

Plan Fields

1 - Needs

Based on their extensive experience and assessments efforts, AAH and RCSD identified Area C as well as other locations most affected by the COVID-19 as the two main priority areas for 2022 while being areas very much exposed to protection threats. In Area C, communities suffer from: 1. Protection threats: Area C inhabitants cope with regular violations of human rights, destruction and violence from settlers and the Israeli Civil Administration which affects women, men, boys and girls in different manners. The 2022 HNO identified the protection needs of more than 20,000 Palestinian families living in Area C related to accommodation (threat of demolition, poor living and sanitation standards, health associated risks and lack of privacy). In nine months with a total of 240 residential structures demolished or confiscated, rendering 960 people, half of whom children, homeless and in need of urgent shelter assistance. In Area C alone, there are over 12,500 demolition orders pending against Palestinian structures according to the 2022 HNO. The discussion around the plan of Annexation and the uncertainty about what it would translate into has put an additional pressure on women, men, boys and girls in 2021 and is expected to continue throughout 2022 add significant psychological and physical pressure on the inhabitants of the Area C at risk of transfer. 2. Bad shelter conditions: water infiltration, insufficient ventilation and lack of insulation present a constant health hazard for Area C's inhabitants, particularly for women, children and the elderly, as they spend the most time in the shelters. Considering the basic and often temporary nature many shelters in the area, people with disabilities have no

arrangements made to suit their needs and are even more marginalized. In the baseline of an ongoing shelter projects implemented during 2021, AAH found that almost all the shelter assessed were temporary in nature and more than 50% had no floor (as opposed to concrete floor). 3. Lack of privacy: Shelters often found in the Area C community fail to meet privacy and safety minimum standards for women, men, boys, and girls. In the baseline of an ongoing shelter project implemented during 2021, AAH found that the average number of rooms is 1.7. 4. Lack of availability of shelters and access to shelters: the population suffers from a significant shortage of basic shelter units. The updated assessment for these communities showed that there is an urgent need to rehabilitate more than 3,000 existing shelters. This situation also applies to residents in East Jerusalem, who suffer from a large housing deficit due to the significant restrictions imposed on new construction, forcing people to find alternatives in other locations. COVID-19 related needs: AAH and RCSD have identified remaining gaps with their institutional partners including: 1. Lack of access to hygiene items: With the impact and sequences of the continued COVID-19 waves, economically vulnerable families have been put in a difficult position in a context of decreased and further decreasing income. This significantly reduces the incentive of households to invest in the hygiene materials necessary to maintain preventive and responsive measures as they compete with food and basic needs expenditures. A post Distribution Monitoring exercise led by AAH with beneficiaries of hygiene kit distribution in 2021, more than 70% of the assessed beneficiaries stated that they could not purchase these items from the market. The provided response matched with their family needs in terms of hygiene; 51% of the families stated that they agreed and 49% strongly agreed with such statement. 2. Lack of means of Palestinian institutions and service providers: budget restrictions and lack of available stocks has brought many service providers in the West Bank to turn to NGOs and donors for support. Some of the care centers still lack the necessary equipment and NFI to be able to stay operational as long as needed in 2022. All the needs outlined above will be corroborated through joint field visits by AAH & RCSD. The visits should also help to provide accurate assessments in terms of the number of beneficiaries and type of interventions based on the agreed selection criteria.

2 - Activities

The proposed activities aim to protect vulnerable families through an appropriate response to their immediate needs, thus increasing their resilience to manmade and natural shocks and integrating risk reduction measures during the implementation. These activities will also support these families in withstanding the consequences of COVID-19 outbreak and be better equipped to implement the preventive and responsive measures to fight the disease transmission. Said activities will respond to the critical identified needs of women, men, girls and boys, to improve their living conditions by upgrading their shelters to the minimum standards. Safe access to better sanitation facilities will improve women's health and provide increased privacy through internal partitions. The project will capitalize on AAH's and RCSD's extensive technical experience in implementing shelter activities in the targeted areas. Activity 1: Rehabilitation and/or replacement of 80 substandard shelters including 10 shelters for People with Disability (PWD) – Area C: the work will be done taken in consideration technical, cultural and protection considerations, diverse needs of women, men, boys, girls, and the elderly. As well as 10 shelters for people with disabilities. This activity includes improving the living area to include adequate isolation spaces for people at higher risk of COVID-19 new waves. In order to Do No Harm, where the security situation requires it, direct beneficiary implementation will be adopted as a method of implementation for the rehabilitation to avoid exposure and to mitigate protection risks. Technical solutions will be adapted accordingly. Activity 2: Provision of 50 winterization kits and NFIs, including plastic cover sheets – Area C, for Bedouin and herder dwellings and most vulnerable households at risk of exposure or affected by natural or manmade hazards (e.g., winter storms), to mitigate winter-related hazards. Appropriate kitchen kits will also be distributed. Activity 3: Provision of adequate and timely standard or customized NFIs – mainly Area A & B to 15 care centers, considering the diverse needs of vulnerable, elderly, and individuals subject to natural or manmade hazards. Activity 4: Provision of essential shelter NFIs, hygiene and disinfection materials to 1,000 households – Area A, B, C and H2: Families and individuals living in substandard and overcrowded shelters at higher risk of new waves of COVID-19, shall be provided with necessary hygiene and disinfection kits. Activity 5: Capacity

building of 20 CBOs & LGUs by training and tools for emergency response, self-recovery, or protection measures to be able to support internally displaced people (IDPs) and affected people during and post emergencies.

3 - Indicators

A baseline and endline survey will be conducted by RCSD and AAH for all the above-mentioned interventions. This survey will facilitate the supervision, monitoring and evaluation of the activities, identify possibilities of improvement and quantify the advantages brought to the communities by the project. AAH with the help of RCSD will systematically conduct a gender and age analysis and produce sex and age disaggregated data throughout the follow up of its indicators. Satisfaction and dignity of people with disability and different gender group will be monitored at the end of the project. Additionally, project activities will be monitored through (1) working field staff; (2) community representatives; (3) beneficiary lists and donation certificates; (4) donor and cluster monitoring visits; (5) project progress and impact reports. Accountability and transparency will be ensured through a beneficiary feedback mechanism that will be carefully monitored. The protection committees and village councils will support AAH and RCSD to identify and liaise with beneficiaries, provide ongoing field monitoring of the rehabilitated shelters, and advise on the protection concerns as well as the ongoing security situation to determine the optimal timing of field operations. The expected objective verifiable indicators from the project are: - # of shelter units rehabilitated or reconstructed – target 80 - # of shelter units made accessible for people with disability – target 10 - # of winterization kits distributed – target: 50 - # of people supported with winterization assistance – target: 270 individuals including 73 Men; 69 Women; 65 Boys; 63 Girls and 3 PWD - # of vulnerable HHs supported with proper NFIs, hygiene, disinfection materials and awareness for COVID 19 and other chronic disease – target: 1,000 (5,000 individuals) - # of care centers supported – target 15 - # of people in care centers supported – target: 680 - # of CBOs and LGUs received training and tools for emergency response – target: 20. To further ensure protection is mainstreamed throughout the project implementation, the indicator “% of communities/project beneficiaries reporting that humanitarian assistance is delivered in a safe and dignified manner” is added and will be measured through an end line survey of the beneficiaries.

Gender with 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

G703093231

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 :

51

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

31

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

18

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

These modalities were selected to enable more involvement of targeted beneficiaries and communities in the intended interventions. The different interventions will be executed based on a full participatory approach. The project aims to empower local communities' capacities and enhance their involvement in the assessment, designing and planning, and execution. The project intends to empower the targeted areas at different levels, at community, household, and individual levels. Wherever applicable the project will select the preferred approach by communities and households to execute all interventions.

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

10

6.2 - Strategic Objective 2 (SO2)

Yes

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

70

6.3 - Strategic Objective 3 (SO3)

Yes

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

20

7 - Breakdown of requirements by location (%)

7.1 - Gaza

0

7.2 - Area C

75

7.3 - East Jerusalem

0

7.4 - Hebron H2

5

7.5 - Area A&B

20

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,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?

Focus groups,Interviews

If not checked, please explain why

8.3 - Implementation (delivering assistance)

Yes

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

Interviews

If not checked, please explain why

8.4 - Monitoring and evaluation

Yes

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

Surveys,Focus groups,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,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?

AAH pays particular attention to the way vulnerable groups are included in our work. Information on the feedback and complaints mechanism is given to every beneficiary individually when distributing assistance at household level. To ensure that our beneficiary feedback mechanisms are accessible to all, AAH have a variety of different methods so that people can choose which they prefer (e.g. email, phone, field, office) but AAH promotes mainly the use of a phone to give feedback and complaints to avoid having vulnerable population spending time and money in coming to AAH offices. Particularly for vulnerable groups, we make allowances to gender, age, disability and those that would prefer to stay anonymous. To accommodate and cater to some of these different groups, home visits or private spaces can be provided, to investigate and discuss a complaint received.

9.1c - How will feedback be used?

Beneficiaries and non-beneficiaries alike will be able to reach out to the project with complaints, suggestions, and any other feedback through the mechanism managed by AAH MEAL Unit. AAH actively promote the existence of its feedback mechanisms through information sessions and information material (e.g., flyer) handed over during projects' activities (e.g. assessments, distribution, training session etc.). Our programs maintain fluid communication with all rights holders regularly and extensively throughout the project management cycle. Our team consults and meets with rights holders when carrying out needs assessments in relevant beneficiary areas and employs a series of methods to ensure that their perspectives and priorities are addressed in the project design. These methods used to receive feedback include interviews with key informants, home visits, group discussions (separating men and women to ensure a safe space when discussing sensitive subjects), questionnaires and regular monitoring sessions to ensure that the project is appropriate and relevant to their needs. The information collected through complaints and feedback mechanism or directly in the field will be regularly fed into our programming to ensure no harm is done and to guarantee continuous improvements of assistance delivered respecting internal humanitarian standards, including informing the budget. Beneficiary feedback will be analysed and presented in a systematic way, including to project partners that we work with. Learnings following this feedback can often be used across projects and we make sure this is shared among relevant stakeholders so that complaints are taken seriously and can be anonymous where necessary, to make beneficiaries feel safe in expressing their opinions. The AAH MEAL unit will be in continuous contact with the Program and Coordination teams to analyze the data, address concerns, respond to complaints and work with the project team to adjust the project. AAH MEAL unit p

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

Through the whole project cycle AAH ensures protection mainstreaming and Do No Harm. AAH considers safety and dignity, meaningful access, accountability as well as participation and empowerment of paramount importance. AAH has mechanisms in place to prevent and respond to sexual exploitation and abuse by all staff. AAH has in place focal points at base and mission levels, as well as safe and confidential ways to report abuse. All AAH staff have the obligation to adhere to the organisation code of conduct and our held accountable if they do not respect it. AAH has made use of cluster specific Protection and Gender Mainstreaming Tip Sheets, along with learnings from various interventions and external evaluations. Overall AAH's aim is to take decisive humanitarian action with attention to risk mitigation thereby avoiding doing harm to the greatest extent possible. Risks assessments and analysis of the protection context are let for all the projects, and even more so when implemented with at risk groups (e.g. minors) or in areas where risk of doing harm is exacerbated (e.g. Area C in the West Bank or inside health facilities in COVID-19 times). In order to inform its assessments and implementation AAH also continuously works on understanding gender roles and how its interventions might impact them without aggravating existing power relations between genders. By understanding gender roles and household dynamics, AAH believes that the organization mitigates the risks of doing harm. In 2019, AAH conducted a masculinity study in both Gaza and the West Bank, which focused on identities/roles of men in order to fully understand men, women, girls and boys and gender dynamics. As part of AAH accountability to affected populations, a feedback mechanism emphasizing fluid and transparent communication will be in place. COVID-19 protective measures and equipment will be applied throughout all interventions to further prevent harm being done to beneficiaries, communities and staff members.

11. - Equal and impartial access to aid

11.1 - Equal and impartial access to aid

AAH upholds the humanitarian principles of Humanity, Impartiality, Neutrality, and Independence. During the course of the project, AAH will ensure all projects are easily accessible to those most at need, avoiding risks to the beneficiaries. AAH is committed to operate in an ethical manner and on a programmatic risk mitigation strategy for risk of fraud, waste, and abuse within the proposed activities. At a global level, AAH relies on the organizational Policy on Anti-Bribery, Corruption and Abuse of Power and Code of Conduct. Organizational whistleblowing mechanisms and procedure are in place, 'ZERO TOLERANCE' towards fraud, bribery or corruption is applied. Reporting mechanisms have also been implemented to report these behaviours to headquarters. Ethical Risks related to any kind of abuse (sexual, power, etc...) are mitigated by providing compulsory briefing to each new staff member on ethical policies. AAH Code of Conduct is aligned with IASC principles. AAH has a Policy for Protection from Sexual Exploitation and Abuse (PSEA) and in 2019, AAH conducted in its Middle East country offices a Protection Mainstreaming Internal Evaluation for which the consultant spent March in oPt. Particular attention was paid to the way AAH includes vulnerable groups in its work, for instance through inclusive participatory assessments. As one of AAH's core values, AAH thrives to prevent discrimination and to ensure equal and impartial access through transparency and accountability to affected populations. AAH aims for all community members to be involved and consulted as much as possible in project design and implementation, as well as evaluation, including through household and community consultations and focus group discussions, accessible to all. In order for their participation to be meaningful, AAH focuses on 'qualitative inclusion' meaning safe spaces for beneficiaries to participate. AAH is reporting under the HRP disaggregated data by sex and age; though pending the reporting format, AAH usually includes further disaggregation on vulnerability such as data on people with disabilities. Random checks will be carried out by the MEAL team members to ensure transparency, neutrality and objectivity and spot potential bias or incongruity.

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

Country

occupied Palestinian territory

West Bank

Hebron

Deir Saeeda, Haribat an Nabi, Hebron, Masafer Bani Naim, Tatrit ,
Wadi al Amayer, Wedadie,

Jenin

Jenin ,

Jericho

An Nabi Musa, Ein ad Duyuk al Fauqa Bedouins, Wadi el Qilt Kaabneh,

Jerusalem

Bir al Maskoob A, Bir al Maskoob B, Wadi al Awaj,

Nablus

Nablus,

Ramallah

Wadi Salman,

Tulkarm

Tulkarm,

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		378
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		270

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	5,400
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Budget

Total Cost

\$1,250,000

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

Line Items

Staff and other personnel costs	\$150,000	12%
Direct inputs and services to beneficiaries	\$887,500	71%
General operating and other running costs	\$125,000	10%
Indirect/overhead costs	\$87,500	7%

Comments