

HPSE22-SHL-183658-1

Emergency shelter rehabilitation interventions in the West Bank including East Jerusalem



Basic Info

Project Name

Emergency shelter rehabilitation interventions in the West Bank including East Jerusalem

Start Date

31/12/2021

End Date

30/12/2022

Project Summary

Under this intervention, ACTED will assist 300 households, representing 1,410 individuals, with emergency shelter interventions. As a result, the proposed intervention is in line with the Shelter Cluster's Objectives (2) "Vulnerable households exposed to harsh weather and protection concerns are supported to meet basic needs and enhance their coping capacity," through the shelter rehabilitation and winterization for the most vulnerable households in Area C and East Jerusalem (EJ);

The shelter rehabilitation of most vulnerable 235 HHs in Area C, will focus on the following 14 communities: Halaweh, Jinba, Al Abaidiya, Wadi Jhish/Susiya, Umm Qussa, Umm Zaitonah and Mirkez in Hebron governorate; Bir al Maskoob, Wadi Sneysel, Abu Shushah Bedouins and Ma'azi Jaba' in Jerusalem governorate; Ras al Tin, Deir Abu Masha'al Herders and Ein ar Rashah in Ramallah governorate. Some communities names do not match with the drop-down list into the Location section of the platform, such as Wadi Jhish/Susiya, Al Abaidiya, Umm Zaitonah; in those cases we selected the nearby communities

In addition, a further 65 households will be supported with the rehabilitation of their sub-standard shelters in the most vulnerable communities of East Jerusalem, especially those affected by demolition, in partnership with Palestinian Housing Council (PHC) .

As technical lead for natural and man-made disasters response within the West Bank Protection Consortium and the multiple projects implemented into shelter sector previously, ACTED will benefit from the community knowledge and experience on the most efficient , quality and sustainable shelter solution and rehabilitation methodologies. Also, the long experience of the partner PHC in the unique and complex context of East Jerusalem, will ensure tailored implementation approach for the most vulnerable.

Following the experience with the committee created in East Jerusalem through the WBPC, 8 Community-based Protection Committees (CBPC) will be established and trained in target areas, to ensure protection mainstreaming within communities, communications with communities, and accountability to affected populations throughout the project duration.

To summarize, the project will focus on the following activities:

1. Shelter needs assessment in area C targeted communities
2. Shelter rehabilitation in 14 communities in the 3 governorates Area C
3. Selection and shelter rehabilitation of vulnerable households in East Jerusalem
4. Creation of Community-based protection committees (where needed)

The project will be supported by the mainstreaming of an Integrated Protection Approach (IPA), with specific focus on the most vulnerable groups, including women, girls, boys, the disabled and the elderly. Gender principles will be mainstreamed throughout the entire action and CBPCs will be trained on referral mechanisms of protection cases such as Gender Based Violence with a particular focus given to women and children. Finally, Accountability to Affected Populations (AAP) will be core to the proposed Action.

Tags

Organizations

Agency for Technical Cooperation and Development

Implementing Partners

PHC (Palestinian Housing Council)

Contact Info

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Associated Response Plan

occupied Palestinian territory 2022

Plan Fields

1 - Needs

According to the Multi Sectoral Needs Assessment (MSNA) conducted by REACH in 2021, over 27,000 Palestinians in need of shelter assistance live in Area C and East Jerusalem. As noted in the HRP 2022, the restrictive and discriminatory planning and zoning regime applied by Israel in Area C and East Jerusalem makes it virtually impossible for Palestinians to obtain building permits, thus impeding the development of adequate housing and infrastructure. In addition, in East Jerusalem specifically, the shortage in housing units and high rental costs push people to find other alternatives in the nearby communities often outside the wall. According to OCHA Central Field Office, approximately 218 families are at risk of eviction, primarily due to court cases filed by Israeli settler organization. Those families live in and around the Old City of Jerusalem, in neighborhoods such as Sheikh Jarrah and Silwan . In addition, although no large-scale natural disasters occurred in Palestine since 2015, harsh weather conditions have been regularly damaging or destroying sub-standard shelters in the most vulnerable communities of the West Bank including East Jerusalem, especially in Area C. This is important as based on statistics from the Palestinian Central Bureau for Statistics (PCBS), there are over 8,000 Female Headed Households living in severe shelter conditions across oPt. Similarly, over 9,000 people with disabilities live in severe shelter conditions. The proposed intervention was designed firstly based on the findings of the MSNA, where a PIN of 19,565 in area C was concluded and categorized as at extreme severity scale (including 2,230 female headed households and 2,230 PWD) and in East Jerusalem a PIN of 6,776 in EJ (including 745 female headed households and 745 PWD). Secondly, in 2021, ACTED conducted a multi-sectoral vulnerability assessment in WB (including East Jerusalem and Hebron 2 area) which covered 802 HHs (representing 4,789 individuals) who were nominated as particularly vulnerable by either local partners or community leaders/representatives across the WB including Hebron, Jerusalem and Ramallah governorates. Out of this, 655 HHs were located in Area C, 68 in EJ and 79 in H2 area. The findings showed that 716 (89%) of the assessed HHs reported that their ability to earn an income has been affected due to COVID-19. 602 (75%) of the HHs have been unable to pay any of their bills or cover usual costs due to a lack of money in 2021. The vast

majority of the assessed HHs (93.7%) depend of negative coping mechanism to meet their HH's needs. At the same time, condition of many housing units remains critical, in term of the respect of minimum standards, which adversely affects their protection and safety, especially for women, persons with disability (PWD) and children. 343 HHs (42% of the assessed housing units) do not currently meet minimum shelter standards in terms of the size, while 511 HHs (64%) live in house units that do not meet the minimum standards in terms of size or room separations. All the 104 HHs among those targeted by the assessment, with a member PWD do not have safe access to the housing unit facilities (toilet/shower, kitchen) and cannot safely exit the housing unit in the event of fire or any other emergency. Finally, it must also be noted that the proposed action responds to the needs identified in the 2022 HNO and takes into account Shelter priorities, as highlighted for the HRP 2022. In particular, through self-repair approach, the action will ensure that the most vulnerable HHs can meet the minimum shelter standards, to cope with harsh weather and protection concerns, including winterization, summerization, shelters upgrade and rehabilitation, damaged shelters repair, and COVID-19 shelter related interventions.

2 - Activities

Act 1. Shelter needs assessment in area C targeted communities ACTED will identify the 235 most vulnerable HHs in area C targeted communities, through transparent application processes and involving village councils and the community, possibly through establishing Community Based Protection Committees, to ensure that all community members have access to the application, especially the most socially and geographically isolated and in the worst conditions. ACTED technical staff will conduct a socio-economic/protection vulnerability assessment, giving particular emphasis, out of shelter rehabilitation needs, on vulnerability factors such as female headed HHs, families with no access to reliable income sources, HHs showing concerns about the safety and security of women and children within the home, WASH rehabilitation needs, families with large HH size, people with disabilities and the elderlies. The selection of the 235 most vulnerable HHs will be conducted using shelter and multisectoral criteria. Act 2. Shelter rehabilitation in 14 communities in the 3 governorates Area C Following information sessions at community level, to ensure the engagement of and local authorities, ACTED will conduct PwD and gender-and age-sensitive focus group discussions, to ensure differentiated needs are taken into account. The project team will develop BoQs and workplan with each HHs involving at least 1 male and 1 female member, to ensure gender balance in needs prioritization. Following the signature of agreements, with related BoQ and workplan, the 235 selected HHs will be provided with restricted cash assistance (average amount of 5000 USD for each HH) in 3 instalments (40%, 40%, 20%). The third instalment (20%) will be on a reimbursement basis (after the purchase of items by Hhs), in order to increase leverage and control over cash usage. Mixed implementation approaches, through contractors that will be selected following transparent procurement process, will be used for HH who lack human power and/or technical expertise to conduct their works by themselves (women, elderly people, PWDs). The workplan will be monitored through visits to each HH by staff to review progress, provide technical support and decide whether to trigger, postpone or cancel subsequent instalments. ACTED will conduct a Post-Distribution Monitoring (1 male 1 female interviewed per HH, to ensure differentiated perceptions are reflected). Based on their needs, eligible HHs will receive tailored NFI assistance in line with cluster standard. Procurement will be conducted through a transparent procurement process. Act 3. Selection and shelter rehabilitation of vulnerable households in East Jerusalem Following the applications submitted by HHs through transparent application processes, PHC will conduct first an eligibility check followed by a visit to each HH to conduct both a technical assessment and a socio-economic survey. Based on these findings, a response plan will be drawn up for the HH (BoQ and workplan) to ensure each HH shelter will have at least the minimum shelter standards and will be submitted to the Project Committee and to an Advisory Committee composed of members representing all the main shelter-related stakeholders, such as PHC, Shelter Cluster, PNA, ACTED. Following validation by the committees of the final list, orientation meetings held and agreements signed with each target HH, including their individual response plan. The rehabilitation strategy will particularly focus on adapted solution to not harm the HHs, and reduce their exposure to further risks related to legal restrictions from Israeli authorities. Project team will monitor the work on daily basis, to ensure full technical support and oversight for persons with disabilities, widowed, separated or FHH's. The 65 selected HHs in East Jerusalem will be provided with

conditional cash assistance (amount based on BoQ but estimated to 8,500 USD on average up to the ceiling of 10,000 USD) in 3-4 instalments. Act 4. Creation of Community-based protection committees A community-based protection approach, established in 2016 by ACTED under previous projects and currently active in East Jerusalem (1 committee covering 5 communities), will be followed to ensure solid engagement and ownership at community level and to guarantee better respect of the safety and privacy of each individual, especially the most vulnerable groups (female headed HHs, PwD, elderly). ACTED will set up 8 CBPCs in the targeted communities in Area C comprised of 5 to 7 members each (of which at least 30% will be women). Should similar committees exist in the target communities then ACTED will involve them in the project instead of setting up new CBPCs. Committee members will be trained, following project needs, on the main protection-related topics (protection, PSEA, case referrals) climate change, disaster-risk reduction, legal framework, etc. The contents and the pedagogy will be adapted to ensure a better understanding and the relevancy to the context specificities. At each step of the implementation, ACTED and PHC will ensure to prioritize the most vulnerable categories, such as PwD and girls/women, with a special focus on beneficiaries affected by protection-related concerns. Across all activities beneficiaries will be made aware of ACTED's complaint response mechanisms and PSEA awareness materials will be distributed. ACTED will ensure that a standard close on PSEA is included in all contracts in accordance with the IASC (Inter-Agency Standing Committee) principles and guidelines. At last, any outstanding needs detected all along the different phases of the project, especially protection-related ones (PSEA, MHPSS, GBV) will be referred to sectoral partners.

3 - Indicators

1) Post distribution monitoring ACTED AMEU will conduct a post distribution monitoring after the shelter rehabilitation activity to ensure beneficiaries' satisfaction and incorporate feedback and lessons learned in future interventions. 2) Complaint Response Mechanism The intervention will be supported by ACTED's country wide Humanitarian Accountability Partnership (HAP) compliant CRM accessible to beneficiaries and non beneficiaries through several channels, including a phone hotline. The CRM will ensure that all complaints are recorded, responded to and handled according to their sensitivity. Beneficiaries will be sensitized on its function, process and usage, and will be encouraged to rely on it without fear of any adverse consequences. 3) Quality Control The action will incorporate strong quality control mechanisms at all stage of implementation. Random technical checks will be conducted to ensure items comply with the highest standards of quality. Field officers monitoring the delivery of items will be trained at identifying any quality issue, triggering an ad hoc inspection from ACTED's chief engineer. Random post installation technical checks will be conducted on a regular basis. Monitoring outputs: The AMEU will be in charge of gathering and analyzing all monitoring data in order to provide the following information products, in addition to measuring progress against indicators Indicators and targets: # of households protected and have improved access to adequate shelter. Target: 300 % of households who report satisfaction with the intervention. Target: 80% % of females, elderly, people with disabilities who report improved safety and dignity after the intervention. Target: 80% % of assisted families reported improvement in living conditions. Target: 80% % of female members are participating actively in the community based protection committees; target 30 # of Community-based Protection Committees (CBPCs) reinforced throughout a refreshing training, target 8 # of community members have improved capacity for emergency response - target 40 % of CBPCs' members who demonstrate improvement in their knowledge after attending the refreshing training – target 80

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

H5030-8123-3508

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 :

85

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

10

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

5

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

In kind assistance ensures an equitable and harmonized response to all beneficiaries in all areas, following the relevant cluster standards for kits components. ACTED will go through a transparent procurement process to purchase items, to ensure the quality/price balance. Kits will be delivered directly to the field to ensure equal access to all beneficiaries, mainly the most vulnerable such as PwD and the elderly. As noted in the 2021 MSNA findings, cash assistance is beneficiaries' preferred method, especially for women and PwD, as it provides them with more choice and flexibility, while safeguarding their dignity. In addition to being a cost-efficient method for humanitarian actors, the multiplier effect associated with injecting cash within the local economy will contribute towards restoring the Palestinian economy. Finally, cash assistance ensures multisectoral coverage, while keeping beneficiaries involved all along the activities, as they can choose the more adapted items to cover their multiple needs. Service provider solution is chosen for those activities, such as rehabilitation work or trainings, which require specific technical skills. In this way ACTED will ensure the quality and effectiveness of the results and ensure a no harm approach for beneficiary, especially for the shelter and WASH rehabilitation. For this methodology, ACTED will identify experienced and professional contractors who will be selected through a transparent procurement process thereby ensuring the completion of activities on time whilst fulfilling all technical requirements.

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

6.1 - Strategic Objective 1 (SO1)

No

6.2 - Strategic Objective 2 (SO2)

Yes

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

100

6.3 - Strategic Objective 3 (SO3)

No

7 - Breakdown of requirements by location (%)

7.1 - Gaza

0

7.2 - Area C

78

7.3 - East Jerusalem

22

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,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,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,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

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?

Beneficiaries can access ACTED's CRM through a dedicated phone line, whatsapp, email address, complaints boxes and directly through ACTED staff during field visits. This plurality of means aims to ensure CRM accessibility to all, including vulnerable groups with specific needs. At the first stage of the project, during the assessment, field officers will provide a CRM card to each BNF, including all communication channels mentioned above, and explanations on the CRM, to ensure that all BNF feel comfortable and in measure to reach it if needed. Female staff, part of the team to which BNF will be able to refer to, will notably ensure female BNF feel safe to complain. AME staff will dedicate specific time to vulnerable groups during field visits to re-explain the CRM and emphasise that BNF can directly complain to them during visits - if one person would not have the capacity to use/access a phone/email address or the complaint box (notably children, PwD, and the elderly). ACTED's commitment to accountability to affected populations is fully integrated into its recruitment process, staff inductions, trainings and performance management and partnership agreements. All ACTED staff working for the ACTED oPt mission are trained on the Code of Conduct, on the Policy Against Sexual Exploitation and Abuse (PSEA) and Child Protection Policies. Trainings on PSEA aim to ensure that all staff understand the Code of Conduct and the PSEA policy, their obligation to report any allegation or suspicion and the sanction measures taken for any breach of the Code of Conduct. Staff are also trained on recognizing sexual exploitation and abuse situations and concrete steps to follow for reporting any concerns or suspicions. In early March 2021, all ACTED staff also participated in the induction session on PSEA organized by the Protection Cluster, to strengthen their capacities to recognize exploitation and abuse situations, as well as adopt a good behaviour to report.

9.1c - How will feedback be used?

The project will be underpinned by ACTED's programmatic approach of meaningful community engagement and participation of the population, in line with the Inter-Agency Standing Committee (IASC) Five Commitments on Accountability to Affected Populations (AAP), namely (1) leadership/governance; (2) transparency; (3) feedback and complaints; (4) participation; (5) design, monitoring and evaluation. More specifically, AAP will be ensured throughout the intervention by taking account of, giving account to, and being held to account by the affected population as follows. ACTED will be held to account by the beneficiaries in line with Core Humanitarian Standard (CHS) principles, by using ACTED's Complaints Response Mechanism (CRM). The CRM is overseen by ACTED's AME Unit, which is independent from the delivery of activities. Beneficiaries can access ACTED's CRM through a dedicated phone line, whatsapp, email address and complaints boxes as well as directly to ACTED staff during field visits. Through this CRM, beneficiaries can raise concerns, make complaints and give feedback on ACTED and co-applicants' work in a secure and confidential way, and receive a response in a timely manner. ACTED's AMEU is in charge of handling this mechanism to provide timely response or adequate action to address any concerns. Having a well-designed and well-managed mechanism for handling beneficiary complaints will improve the quality of the action, enhance the trust and confidence of beneficiaries and identify areas of the project which need to be improved, and ensure that ACTED teams learn from the feedback provided through this process

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

In all programming, ACTED ensures respect and promotion of the rights of all individuals and communities involved, in accordance with the relevant bodies of law (international human rights law and international humanitarian law). In order to take account of affected populations, the action will also take strong consideration of the needs and interests of beneficiary communities, particularly in regard to designing activities with their safety and dignity in mind. As part of protection mainstreaming, ACTED analyzes protection risks; anticipates possible consequences that may arise; and ensures that issues can be reported/referrals can be made to appropriate agencies/host government structures if required. In particular, ACTED and PHC will undertake regular visits to the communities and beneficiary HHs to ensure that protection concerns are incorporated throughout the intervention, thus enhancing safety, security and privacy for women, children and other vulnerable groups. ACTED is firmly committed to the humanitarian principles of humanity, impartiality, independence and neutrality, and strives to ensure the 'Do No Harm' approach by making sure that its activities do not inadvertently worsen tensions among different groups due to its mere presence and/or provision of assistance. To this end, all staff will be made aware of and in adherence to the Do No Harm principle as outlined in ACTED's Code of Conduct and related policies including Child Protection; Anti-Fraud, Bribery & Corruption; Anti- Terrorism; and Policy Against Sexual Exploitation and Abuse. Under this framework, ACTED has developed mechanisms that can contribute to prevent sexual exploitation and abuse such as: signing of the code of conduct by all staff in order to clarify unacceptable behavior and in particular sexual exploitation and abuse; information to the beneficiaries of existing remedies (Complaints and Response Mechanisms); implementation of training and awareness sessions in order to train and empower the teams and identify risk factors on an ongoing basis. Finally, all activities will be conducted in strict adherence of COVID-19 mitigation measures including social distancing and personal protective equipment (PPE) to minimize the risk of COVID-19 transmission among beneficiaries, staff and stakeholder alike.

11. - Equal and impartial access to aid

11.1 - Equal and impartial access to aid

In order to maximize the reach of the intervention, the project will adopt a deeply integrated protection approach (IPA) throughout all stages of the project cycle. The action fully acknowledges that different groups and individuals have specific needs and assistance will therefore be adapted accordingly. To this end, ACTED's Protection Officer will ensure that information is provided through accessible channels, formats, languages and family and community support networks to ensure that the beneficiary community are kept fully informed of the assistance available under the project. ACTED's AMEU will also ensure equal and impartial access to aid by overseeing the CRM, as well as by conducting various verification exercises. For example, ACTED's AMEU will conduct a verification exercise to authenticate the fairness of the selection process and all applicants will be notified of the final decision and provided with the means to raise concerns regarding the selection process through ACTED's CRM. Similarly, to ensure the agency of beneficiaries and further local ownership of project outcomes, the affected population will be actively consulted during the assessments to ensure BoQs and workplans are responsive to their self-identified most pressing needs. Where applicable, at least one male and one female per HH will be consulted to ensure gender-specific needs and concerns are taken into account, as well as those of boys, girls, PwDs, the elderly and other marginalized persons to ensure assistance reflects their unique vulnerabilities. In addition, CBPC members and ACTED staff will be present to ensure the integration of HH concerns into BoQ and workplan design. In the event beneficiaries are dissatisfied with their respective BoQ and/or workplan an appeal mechanism will be offered through the CBPCs and ACTED's CRM. If the CBPCs

or ACTED/PHC staff consider the request justified, a new BoQ and/or workplan will be produced by a different agronomist. To mitigate this, all staff involved in the assessment process will undergo extensive refresher training in protection standards prior to the assessments to ensure equal and impartial access to assistance. Finally, the project will deliberately target the most vulnerable groups for inclusion into the program. For instance, women involved in farming activities in the targeted areas will be approached and highly encouraged to participate in the CBPCs to ensure that membership remains at 30% female at a minimum. Similar efforts will be made to ensure that vulnerabilities do not act as a barrier to accessing aid. For instance, CBPCs will conduct HH visits to assist in the completion and collection of applications for the vulnerable (including elderly, people with disabilities) that might be unable to reach the registration site.

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

Yes

If you answered no, please explain why

12 - PSEA (Prevention of Sexual Exploitation and Abuse)

12.1- Were PSEA activities built into the project?

Yes

12.1.a How ?

1) (MANDATORY) Project has adopted a safe complaint channel(s) for beneficiaries based on consultations with the beneficiaries and accessible to different groups (Number of beneficiaries and percentage against your target group),2) (MANDATORY) Project has built in activities involving development and dissemination of PSEA awareness raising material including information on rights and safe complaint channels available to beneficiaries and that awareness raising targets all project sites. (Number of beneficiaries and percentage against your target group),3) (MANDATORY) Project has built-in clear process for receipt and referral of complaints of PSEA, in accordance with the oPt PSEA SOPs on Inter Agency Referrals,4) Project staff are required to attend a minimum of one PSEA training,5) Project-related contracts include standard clause on PSEA in accordance with IASC principles and guidance,6) Project staff will directly or indirectly engage in the HCT oPt PSEA Network

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

If you answered no, please explain why

Country

occupied Palestinian territory

West Bank

Hebron

Al Ganoub, Halaweh, Jinba , Khirbet al Fakheit, Khirbet al Majaz, Khirbet at Tabban, Khirbet Tawil ash Shih, Mirkez, Qussa, Susiya, Um ad Daraj, Zif ,

Jerusalem

Abu George Road Bedouins - Nkheila, Abu Shusheh Bedouins, Al Baqaa, Az Za'ayem Bedouins, Bir al Maskoob A, Bir al Maskoob B, Kasarat, Maazi Jaba, Wadi Sneysel,

Ramallah

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 | | 1,470 |
| 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 | | 1,470 |
| 7 - Provision of essential shelter NFIs, hygiene and disinfection materials (in kind , voucher or cash) to the families and individuals living in substandard and overcrowded shelters or at higher risk of COVID-19 | | | |
| 7.1 | # of individuals living in substandard shelters, overcrowded conditions and at risk of being affected from COVID 19 supported with Shelter assistance to meet basic needs and enhance their coping capacities. ☑ Includes Disaggregation | | 1,470 |
| 9 - Capacity building of local NGO's, community committees, municipal forums, and volunteers, by training and tools for emergency response, self-recovery, or protection measures to be able to support IDPs and affected people during and post emergencies | | | |
| 9.1 | # of community members have improved capacity for emergency response ☑ Includes Disaggregation | | 40 |

Budget

Total Cost

\$2,250,000

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

Line Items

| | | |
|--|-------------|--------|
| Indirect / Overhead Costs | \$147,196 | 6.54% |
| General operating and other running costs | \$128,189 | 5.7% |
| Direct inputs and services to beneficiaries (Supplies, Commodities, Materials, Services, dedicated Services) | \$1,867,329 | 82.99% |
| Staff and other personnel costs | \$107,286 | 4.77% |

Comments