

2016

HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2016 —

NOV 2015

Photo: OCHA



**OCCUPIED
PALESTINIAN
TERRITORY**

TOTAL POPULATION

4.8M

PEOPLE IN NEED

2.3M

PEOPLE TARGETED

1.6M

REQUIREMENTS (US\$)

571M

HUMANITARIAN PARTNERS

79

PEOPLE IN NEED

2.3M

PEOPLE TARGETED

1.6M



Lebanon

Occupied Golan Heights (Syria)

Syria

Acre

Haifa

Tiberias

Nazareth

Jordan River / Sheikh Hussein

Irbid

Jenin

58,798 46,118

Tulkarm

36,523 25,563

Tubas

17,029 13,357

Ajloun

Qalqiliya

25,931 20,339

Nablus

89,960 60,897

Tel Aviv-Yaffo

West Bank

Balqa

Amman

Salfit

22,671 17,782

Allenby / King Hussein

Ramallah

81,057 63,577

Jericho

17,661 11,488

Madaba

Jerusalem

209,613 164,410

Bethlehem

59,672 46,804

Jordan

Mediterranean Sea

Dead Sea

Israel

Be'er Sheva

Karak

Gaza

606,749

North Gaza

229,597

167,086

Khan Yunis

217,886 215,000

Middle Area

186,355

172,000

Rafah

217,758 146,000

Rafah

Gaza Strip

Al 'Ojah / Nitzana

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FOREWORD BY

THE HUMANITARIAN COORDINATOR

Forty-eight years of occupation of the Palestinian territory by the State of Israel has left many Palestinians highly vulnerable. Whether they find themselves in 'Area C' – that 60 per cent of the West Bank still under Israeli civil and military control – or in a village or East Jerusalem neighborhood isolated between the Barrier and the 'Green Line' or in Gaza, locked-in by a land, air and sea blockade, theirs is a precarious existence. These people living under occupation – 'protected persons' according to international humanitarian law – need and deserve a robust protection response from the humanitarian community. This remains our main priority.

Protection can take many forms. It ranges from indirect measures, including the monitoring of home demolitions, negotiating access of staff and material and advocating for accountability for IHL violations, to more direct measures like accompanying students exposed to settler violence on their way to school, providing psycho-social assistance to the children of Gaza, or the removal of unexploded ordnance after the last Gaza hostilities.

This protection imperative permeates all of our work. It informs our efforts to deliver basic services particularly water, health, housing and education - to those highly vulnerable Palestinians currently denied this right. It explains our mounting concern for those households struggling to cope with recurrent shocks

– demolitions, obstructions to livelihoods, outbreaks of violence – and who we are seeing turn to increasingly negative coping strategies that risk placing their families on an even more fragile trajectory.

And while these concerns are present throughout the occupied territory, to differing degrees, these stresses are most acute in Gaza, where the suffering resulting from 2014's 51-day hostilities are compounded by the effects of an eight year blockade and by internal Palestinian divisions that have generated their own set of shocks and stresses. The quicker Gaza's recovery and reconstruction efforts go, the quicker the residual humanitarian needs that are addressed in the following pages will reduce.

The humanitarian operation in the oPt shares many of the features of other operations around the world. We will deliver food assistance to 1.4 million people. Health care to 1 million. Shelter assistance to 200,000 and much more. Yet the context of oPt is unique - a protracted protection crisis that stems from the impact of occupation. A crisis that urgently requires a political resolution.

Robert Piper
Humanitarian Coordinator

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1

Protect the rights of Palestinians under occupation in accordance with IHL and IHRL

STRATEGIC OBJECTIVE 2

Ensure acutely-vulnerable Palestinians under occupation in Gaza and the West Bank have access to essential services

STRATEGIC OBJECTIVE 3

Strengthen the ability of acutely-vulnerable Palestinian households to cope with protracted threats and shocks

PEOPLE IN NEED



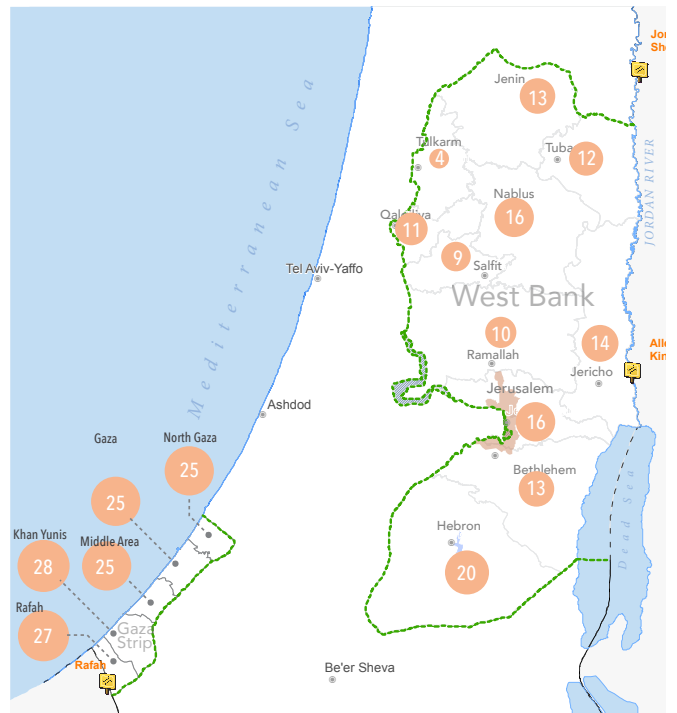
PEOPLE TARGETED



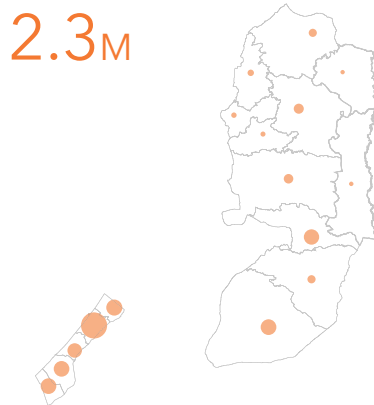
REQUIREMENTS (US\$)



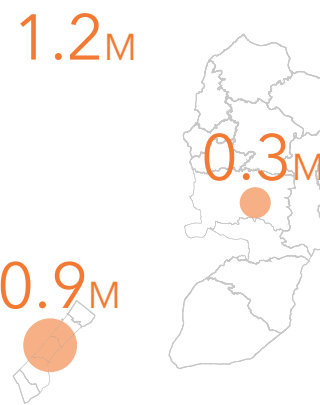
OPERATIONAL PRESENCE: NUMBER OF PARTNERS



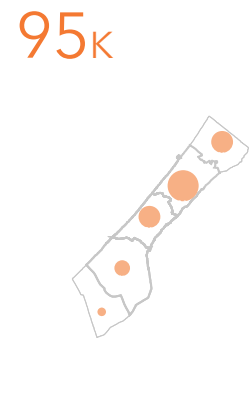
PEOPLE WHO NEED HUMANITARIAN ASSISTANCE



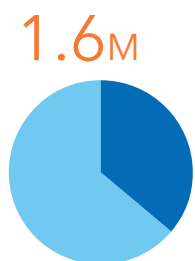
REFUGEES IN NEED



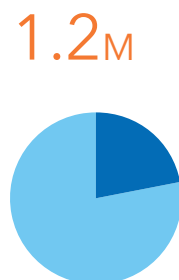
INTERNALLY DISPLACED PERS.



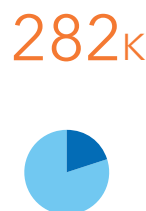
FOOD-INSECURE PEOPLE



REFUGEES IN NEED



CHILDREN IN NEED OF PSYCHOSOCIAL SUPPORT



INTERNALLY DISPLACED PEOPLE



■ West Bank
■ Gaza

OVERVIEW OF

THE CRISIS

The major drivers of humanitarian vulnerability in the occupied Palestinian territory (oPt) remain unchanged in 2015. The situation is characterized by a protracted occupation, now approaching its 50th year, the systematic denial of Palestinian rights, and continuing conflict, punctuated by frequent outbreaks of violence. The most recent escalation, which spread from East Jerusalem to the wider oPt in October, has been characterized by violent clashes between Palestinian civilians and Israeli forces. In the West Bank, continuing settlement expansion and the lack of a horizon for ending the occupation are major sources of frustration and conflict. In Gaza, years of blockade and recurrent outbreaks of hostilities have eroded basic infrastructure, service delivery, livelihoods and coping mechanisms. OPT-wide, high food insecurity (26 per cent), poverty (25 per cent), and labour force unemployment rates (25 per cent) indicate the fragility of the economic situation. An estimated 2.3 million people are in need of humanitarian assistance in the oPt, including 1.2 million refugees mostly in the Gaza Strip, and Area C and East Jerusalem of the West Bank,. Overall, the context remains that of a protracted protection crisis driven by lack of respect for international law, and a lack of accountability for violations.

GAZA STRIP

This year witnessed a relaxation in some of the Israeli-imposed restrictions on Gaza, including the marketing of some goods to the West Bank and to Israel; an increase in the exit of Palestinians through the Israeli-controlled Erez Crossing; and the removal of aggregates from the list of goods identified by the Israeli authorities as having a “dual use.” However, the remaining “dual-use” (both civilian and military) restrictions continue to impede basic service delivery and hamper reconstruction efforts for IDPs while, on a monthly basis, the volume of exports remained at 10 per cent of what exited Gaza before the blockade was imposed in 2007.¹ The impact of the eight-year long blockade has been exacerbated by the almost continuous closure by Egypt of the Rafah passenger crossing since October 2014, confining the vast majority of the 1.8 million Palestinians to Gaza.

The blockade and three major escalations of hostilities in the last six years have inflicted large-scale destruction on Gaza’s

economy, productive assets and infrastructure. A chronic energy crisis, with power outages reaching 12-16 hours a day, also impairs service delivery, students’ educational outcomes, the functioning of hospitals and medical equipment and the operation of more than 280 water and wastewater facilities. No major new displacement was recorded in Gaza during 2015, but an estimated 95,000 IDPs remain homeless as a result of the 2014 hostilities (the majority UNRWA registered refugees) of whom 78,000 continue to need temporary support. Although repairs to moderately-damaged homes and educational and health facilities have progressed, the rate of reconstruction of the approximately 18,000 houses that were completely destroyed or severely damaged in 2014 is very slow.²

By August 2015, donor disbursement of pledges made at the October 2014 Cairo Gaza reconstruction conference was only 35 per cent. Negligible progress by the Government of National Consensus (GNC) in intra-Palestinian reconciliation has

1. OCHA Gaza movement and access database.

2. As of November 2015, according to the Shelter Cluster, only one of the 11,000 totally destroyed homes had been rebuilt, Repairs to some 1,255 of the 6,800 severely damaged, 86 of the 5,7000 major damaged and 69,356 of the 147,500 minor damaged have been completed.

prevented 40,000 public sector employees from receiving their full salaries for over a year. The fragile economic situation is indicated by high rates of poverty (39 per cent); unemployment (41.5 per cent, exceeding 60 per cent among youth); and food insecurity, which at 47 per cent of households, is compounding low resilience and high vulnerability to shocks. In 2015, per capita GDP in Gaza is 72 per cent below the level it was in 1994.

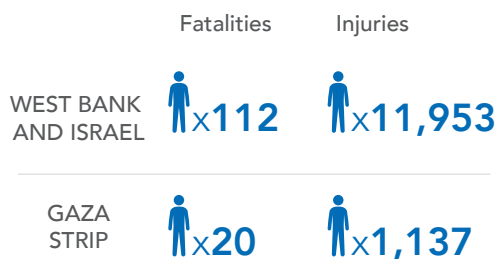
WEST BANK

Tension increased in East Jerusalem in the latter part of 2015, with violence spreading to Israel, the wider West Bank and Gaza in October, characterized by almost daily attacks on Israelis, and widespread confrontations with Israeli forces. This led to 17 Israeli fatalities (as of end of November) and the highest number of casualties recorded in a single month (October) among West Bank Palestinians (69 deaths and 7,392 injuries) since OCHA began monitoring conflict-related casualties in 2005. The escalation has also led to a sharp increase in arrest and detentions, including of children, and increased restrictions on movement and access in Palestinian neighbourhoods in East Jerusalem and the wider West Bank. This deterioration must be seen in the context of the prolonged occupation, stalled Israeli-Palestinian peace negotiations towards a two-state solution, the expansion of settlements, illegal under international law and lack of accountability, including for settler violence.

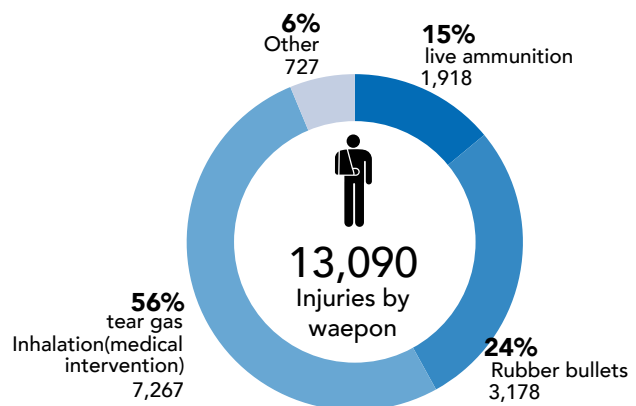
Palestinians in the West Bank continue to be subject to a complex system of control, including physical (the Barrier, checkpoints, roadblocks) and bureaucratic barriers (permits, closure of areas) which restrict their freedom of movement. Israeli policies, including the planning regime in place, continue to curtail the ability of Palestinians in Area C and East Jerusalem to plan their communities and build homes and infrastructure. By end-October 2015, the Israeli authorities had demolished or dismantled 471 structures, displacing 581 people, at least 200 of whom were refugees. Over 7,000 Bedouins and herders, the majority of whom are refugees, living in 46 communities in the central West Bank are at risk of forcible transfer due to a “relocation” plan by the Israeli authorities, while other communities such as Susiya and those of Massafer Yatta in the southern West Bank are also at high risk of displacement.

Although the economic situation in the West Bank is not as fragile as Gaza, in September, prior to the escalation of violence, the International Monetary Fund was projecting growth in the West Bank to decline from five per cent in 2014 to 1.8 per cent in 2015, ‘assuming the political status quo, with no change in restrictions and/or security conditions.’³ A total of 16 per cent of households are considered moderately or severely food insecure in the West Bank, with low purchasing power and limited resilience, with refugees residing in camps representing the highest level of food insecurity.

PALESTINIAN CASUALTIES IN THE OPT AND ISRAEL JANUARY TO END NOVEMBER 2015



PALESTINIAN INJURIES IN THE OPT AND ISRAEL JANUARY TO END NOVEMBER 2015



3. International Monetary Fund, Report to the Ad Hoc Liaison Committee, 18 September 2015, para. 8.

STRATEGIC

OBJECTIVES

The goal of humanitarian assistance in oPt is to protect the rights of Palestinians under occupation, provide access to basic services for those who are acutely vulnerable, and support the ability of households to cope with prolonged stresses to prevent a further deterioration in their situation until more sustainable solutions are found.



1

Protect the rights of Palestinians under occupation in accordance with International Humanitarian Law (IHL) and International Human Rights Law (IHRL)

Violations of IHL and IHRL are at the heart of the oPt crisis, and are the main driver of humanitarian vulnerability of Palestinians, providing the entry point for the response across all clusters. The aim of this objective is to enhance protection by promoting respect for IHL and IHRL, promote accountability and mitigate the impact of violations. All Palestinians in the oPt are affected by the protection crisis in some way; however, direct interventions will focus on those identified as most vulnerable and in need of protection assistance.

Interventions will for example, monitor and document violations and advocate for the respect of IHL and IHRL; provide legal assistance to affected communities; mitigate the impact of violations, including through psychosocial support; provide services to those affected by Gender-Based Violence (GBV); carry out Explosive Remnants of War (ERW) removal and awareness; and seek to prevent forcible transfer. While the primary responsibility lies with the occupying power, this agenda also addresses other duty-bearers including the Palestinian Authorities, third states and non-state actors.

Protection mainstreaming through all clusters is also a key component of this objective, ensuring assistance is targeted and delivered to the most vulnerable with respect for safety and dignity.



2

Ensure acutely-vulnerable Palestinians under occupation in the Gaza Strip and the West Bank have access to essential services

Where the occupying power fails to provide for the wellbeing of the population of the occupied territory it is incumbent on humanitarian actors to do so. In this spirit, many Palestinians in Gaza, Area C, and East Jerusalem are highly vulnerable and need access to basic services, including education, health, WASH and adequate shelter. In Gaza, the blockade, recurrent outbreaks of hostilities and the internal Palestinian political divide have additionally led to a serious deterioration in basic services.

Interventions under this objective will ensure services are provided to the most vulnerable, while continuing to advocate for the need for the occupying power to meet its responsibilities in accordance with IHL. In Gaza, those targeted will include those most affected by the 2014 conflict, and communities that the Vulnerability Profile and other assessments have identified as having the least access to services. In the West Bank, those targeted include people living in Area C and East Jerusalem, including people affected or at risk of demolitions and settler violence and refugees living outside camps. Across the oPt, clusters have identified particular groups such as people with disabilities, the elderly, widows, children, and female-headed households as high priorities under this objective.



3

Strengthen the ability of acutely-vulnerable Palestinian households to cope with protracted threats and shocks

As a result of the prolonged nature of the occupation, including the eight year blockade on Gaza, and three outbreaks of hostilities in Gaza, the vulnerability of Palestinians under occupation is increasing. Palestinian households are struggling to cope with prolonged stresses to their livelihoods as a result of the impact of chronic conflict and occupation on the economy and their access to resources. These prolonged stresses have also left Palestinians susceptible to the impact of sudden shocks such as spikes in conflict in Gaza, demolitions in the West Bank, and natural hazards, such as winter storms.

Interventions under this objective include food and cash assistance to prevent a further deterioration in food security (most acute in Gaza); promoting basic livelihoods, resilience, and safety nets; measures that seek to reduce the risk of displacement in Area C and East Jerusalem; and transitional solutions to conflict-displaced IDPs in Gaza. Psycho-social assistance and protection interventions for children exposed to prolonged conflict-related stress are also relevant to this objective. Mainstreaming protection is particularly important to ensure that negative coping mechanisms are not adopted in response to shocks (e.g. early marriage and school dropout, or shifting burdens of care for the disabled, elderly and children solely onto women).

RESPONSE

STRATEGY

At least 2.3 million Palestinians in oPt, including 1.2 million refugees, are projected to be in need of some form of humanitarian protection or assistance in 2016. However, due to the specific nature of the humanitarian context in the oPt every Palestinian is affected by the protection crisis in some way. The 2016 Humanitarian Response Plan targets the most vulnerable 1.6 million Palestinians, primarily in the Gaza Strip, Area C and East Jerusalem. Humanitarian assistance is intended to address needs and vulnerability primarily arising from the policies and practices of the occupation, including the blockade of Gaza. Those targeted for assistance are those most in need of protection, access to essential services, and interventions that will allow them to cope with the prolonged occupation and repeated shocks. At a minimum, the strategy aims to protect the rights and to stabilize the situation of the protected population until longer-term development and political solutions are found.

The humanitarian strategy responds to needs that primarily result from the failure of the occupying power (the Government of Israel) to meet its obligations towards the occupied population in the oPt, as well as from challenges faced by other actors including humanitarian and development partners in working under a situation of protracted occupation and blockade. Due to the policies and practices of occupation that erode coping strategies and prevent sustainable solutions, the number of people in need of humanitarian assistance is not decreasing year on year – only more sustainable development and political solutions will achieve a substantial reduction in the humanitarian caseload. There are, however, still certain constraints to longer-term solutions, for example development is hindered by occupation-related constraints in Area C such as the discriminatory permit and planning regime and donor counter terrorism policies and the repeated destruction of infrastructure in Gaza. The actions presented in the HRP are what humanitarians must accomplish to protect the rights of Palestinians under IHL and IHRL and avoid a further deterioration in the humanitarian situation, while at the same time advocating for those who should put in place sustainable solutions.

Geographically, the strategy is focused on areas of the oPt where the effects of the occupation and blockade take the greatest toll on Palestinians, i.e. Gaza, Area C, and East Jerusalem. East Jerusalem and Area C are also areas where the Palestinian Authority has least access and authority. In the case of UNRWA, its mandate extends across the whole of the oPt, including in Areas A and B.

Identifying vulnerability

The 2016 HNO has identified 2.3 million Palestinians in need of humanitarian assistance in the oPt. Identifying who to target in the HRP is based on an improved approach to define vulnerability and most vulnerable groups in the HNO, based on their geographic location, status, gender, protection

risks and severity of needs. Each cluster has identified the most vulnerable groups and areas for assistance based on a Vulnerability Profile Plus assessment, IDP re-registration and re-profiling survey and numerous cluster data sources and studies. For each cluster, the definition of who is most vulnerable varies. For example, health partners target groups with a particularly vulnerable health status such as pregnant women, neonates and children under five without access to regular health facilities; shelter actors focus on vulnerable households such as the abject poor, large families, and female-headed households.

Making protection central to the strategy

Protection concerns are the primary drivers of humanitarian need in the oPt, informing every cluster's response plan. Cluster responses are guided by the need to ensure there is full respect for the rights of Palestinians in accordance with international law.

Protection is mainstreamed throughout interventions in the HRP through protection-focused or protection-sensitive programming, and advocacy efforts that call for respect for IHL and IHRL and accountability for violations.

Building partnerships to decrease the humanitarian caseload and support transition

By its nature, humanitarian assistance should only be temporary. The humanitarian strategy in the oPt therefore promotes greater strategic and operational coherence with development and political actors, which should eventually allow an exit strategy for humanitarians and a move towards more sustainable solutions, provided that the right political and development solutions are found. The HRP is not intended to compete with or replace the existing plans of the Government of the State of Palestine. Welcome initiatives such as the government's Detailed Needs Assessment in Gaza have helped

promote more strategic coherence, while the government's important work in areas such as emergency preparedness need to be strengthened. HRP interventions are coordinated with national efforts to avoid duplication and, where possible, encourage complementarity.

There are other important actors outside the HRP, such as the ICRC, Palestine Red Crescent Society (PRCS), Gulf and Islamic charities, NGOs, and the wider UNRWA response. Where strategically relevant, the HCT and clusters will continue efforts to bring some of these actors into the plan. Where this is not desirable or possible, the HCT will better align its efforts with non-HRP actors to reach as many people in need as possible.

Prioritized approach

Given that donors have limited resources to respond to all HRP interventions, the HCT has undertaken a prioritization exercise to identify what needs to be funded first. Although all HRP interventions are important and should be funded, 32 percent of interventions are considered high priority to help guide where limited resources should be allocated first. These top priority interventions are identified through a combination of global prioritization criteria (i.e. interventions that are considered lifesaving, time critical or critically enabling) and context-specific criteria such as interventions that focus on communities at imminent risk of displacement, or particularly vulnerable demographic groups such as children and youth in East Jerusalem.

Cross-cutting themes

In addition to the three strategic objectives above, there are four key cross cutting areas of work which are mainstreamed throughout the three objectives and all the cluster strategies to help deliver a more targeted response to the needs of vulnerable Palestinians, while also helping pave the way for more sustainability.

Gender

A gender sensitive approach will help to ensure the protection of all members of the affected population and guarantee effective and equitable delivery of humanitarian assistance. Identifying and responding to the differentiated impact of the protection crisis in oPt on men, women, boys and girls will unpack a range of structural and contextual drivers of vulnerability, including gender inequality, highlighting gendered patterns of violations and violence by the Israeli authorities that impact all members of the population in different ways. Such an approach would ensure that humanitarian assistance is delivered without bias, and with a view to alleviating existing inequalities and vulnerabilities. A gender approach also emphasizes the value of tapping the full potential of Palestinian women and youth to build resilient individuals, households and communities.

Mainstreaming gender will entail a deeper understanding of gender based vulnerabilities identified in the HNO to unveil the less visible aspects of vulnerability such as women's unpaid and unrecognized contribution to livelihoods and in agriculture, the absence of state protection and services to deal with violations faced by women and children in the private sphere, the socially prescribed roles and values that limit accessibility to basic rights including child labour amongst adolescent boys, among many others. Mainstreaming gender in the humanitarian response will be reflected in the way in which humanitarian assistance to households is delivered, while paying attention to intra-household dynamics. It will be evident in the introduction of new responses that address gender-based vulnerabilities. It will be reflected in the design of assistance eligibility criteria that do not discriminate against those who have no access to resources or voice. It will be evident in monitoring direct (rather than indirect) beneficiaries of humanitarian assistance by sex, when applicable. Finally, it will be evident in increased partnerships with local partners and women's organizations in implementing humanitarian interventions and assessing needs.

Community engagement/ Accountability to Affected Populations (AAP)

Community engagement is essential to enhance accountability towards affected populations (AAP) and improve the quality and effectiveness of humanitarian assistance, in accordance with the Inter-Agency Standing Committee's commitments to promoting greater accountability towards affected populations.⁴

The humanitarian response will be based on communication, participation and feedback, to enable communities and people affected by crisis to be aware of their rights, have access to information and participate in decisions pertaining to them. Complaints should be welcomed and addressed in a manner which enables communities and people affected by crises to access safe and responsive mechanisms for feedback and complaints, and help inform future humanitarian programming.

While recent efforts have promoted increased communication with communities (CwC) and enhanced accountability towards affected communities on the part of some clusters and agencies, a more concerted focus on AAP in this year's HRP aims to further advance community engagement as an integral part of all phases of the HPC.

Disaster Risk Reduction (DRR)

This year's response strategy aims at enhancing the ability of individuals, communities, organizations and authorities to anticipate, respond to, and recover from the impacts of likely, imminent or current shocks. While a more coordinated approach to emergency preparedness and response with local partners in the oPt will be expanded based on previous years' experience (i.e. winter response), this year's HRP will more

4. <http://interagencystandingcommittee.org/accountability-affected-people>

effectively protect people and communities to strengthen their ability to cope and respond to shocks and enhance their resilience. The DRR approach is particularly relevant to Gaza, where there is an opportunity to address risk mitigation and preparedness in the recovery phase (i.e. the Build Back Better Approach).

The response strategy will support disaster preparedness and emergency response systems at local and community level in particular. Furthermore, the strategy will enhance community awareness and preparedness, including by training volunteers, awareness raising activities, and supporting women and youth groups and/or local responders. At the national level the work of clusters and the coordination system will be linked to current emergency preparedness efforts to develop a Disaster Risk Mitigation Legal Framework, led by the President's Office. Finally, resilience will be enhanced by applying the already-developed Resilience framework, and by supporting community-based resilience initiatives.

Paving the way for more sustainable solutions (transition)

Promoting transitions to sustainable recovery and resilience cuts across the three strategic objectives and informs how relevant activities under each objective are delivered. Humanitarian action, while necessary, is not a substitute for development and political action needed to address the underlying causes of humanitarian vulnerability in the

oPt, the only way by which the humanitarian caseload will substantially decrease. Only more sustainable solutions beyond the humanitarian 'toolbox' will bring about the changes needed to address the underlying causes of need. Humanitarian efforts should support, hasten and not undermine the possibility for more sustainable solutions. To promote sustainability, humanitarian actors will build partnerships with development actors, national authorities, the private sector and communities, all of whom are better placed to find longer-term solutions. Humanitarian actors will also ensure that their efforts promote strategic and operational coherence with other frameworks, such as the Palestinian Government's Recovery and Reconstruction Plan for Gaza. Humanitarian actors will also advocate for an end to the root causes of humanitarian need including the occupation, blockade and the Gaza-Ramallah divide, and work in a way that builds capacities of national institutions and communities.

OPERATIONAL

OPERATIONAL CAPACITY

National and local capacity and response

Palestinian government

The Israeli occupation of the oPt, including the blockade of Gaza has limited the capacity of the Government of Palestine to deliver services in Area C and East Jerusalem of the West Bank, and the Gaza Strip. The intra-Palestinian divide also remains a fundamental challenge. To date, there has been little progress in the Government's efforts to integrate the administrative, legal and financial systems and security services between Gaza and West Bank. The reconstruction of the Gaza Strip has also been negatively impacted by political divisions, although the creation of a "National Office for the Reconstruction of the Gaza Strip", under the leadership of the Prime Minister represents an important first step towards improving the national coherence. The non-payment of civil servants due

to the PA fiscal crisis and intra-Palestinian divide remains a serious concern. The Government of Palestine however, has made progress on a number of state-building objectives, in line with the Palestinian National Development Plan (PNDP) for 2014 to 2016.

In addition to the PNDP, last year the Government launched its National Early Recovery and Reconstruction Plan for Gaza. Securing funding against the pledges made at the Cairo conference has been slow, with \$1.2 billion of the \$3.5 billion pledged for Gaza materialized so far. However, if realised, implementation of the plan could potentially lead to a significant reduction in humanitarian needs in Gaza.

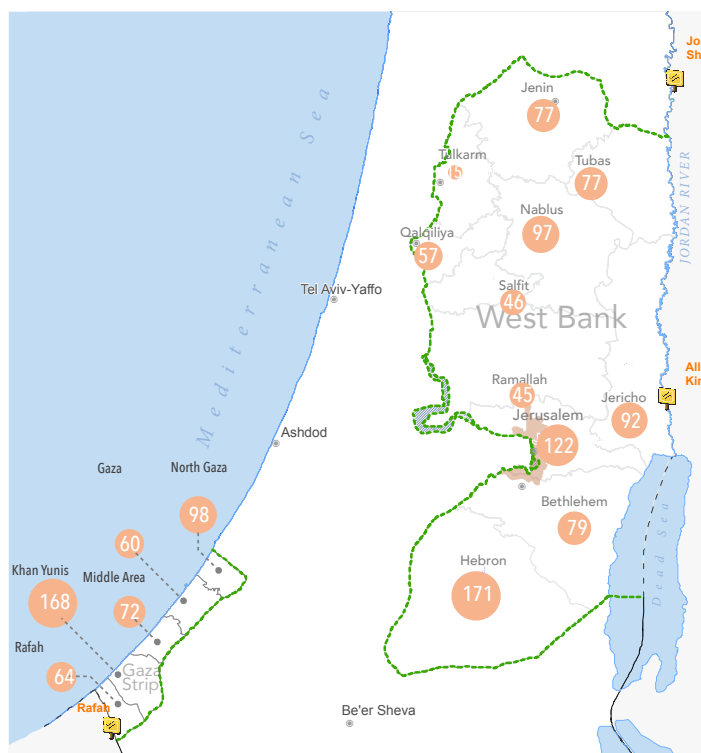
In addition, over the last year, a number of clusters have been working to transfer greater responsibility to the Government to deliver a number of key functions in the West Bank that are currently the clusters' responsibility, with the Education and WASH clusters most advanced in this transition process. In Education this has resulted in the formation of an Emergency Education thematic group under the Education Sector Working Group for the West Bank which is accountable to the Ministry of Education and Higher Education (MoEHE), and for 2015/2016 also to the HCT.

Palestinian communities and civil society

Due to operational and access restrictions, Palestinian communities and civil society - and primary service providers such as the authorities and UNRWA - have acted as primary responders during emergencies. Palestinian institutions (including national and local level authorities, the private sector and notably the PRCS) have been at the forefront of the response to recent winter storms.

The 2014 UNDAC Disaster Risk Preparedness mission to the State of Palestine found preparedness to be an issue that requires priority attention. The national policy on disaster risk management lacks overall coherence and comprehensiveness, and as a result, a process has been initiated for a new national legislative framework for risk management, complemented by an institutional framework for coordination. Good practices at the local level need to be built into national disaster risk management so that national institutions can provide a support

ACTIVITIES PER GOVERNORATE



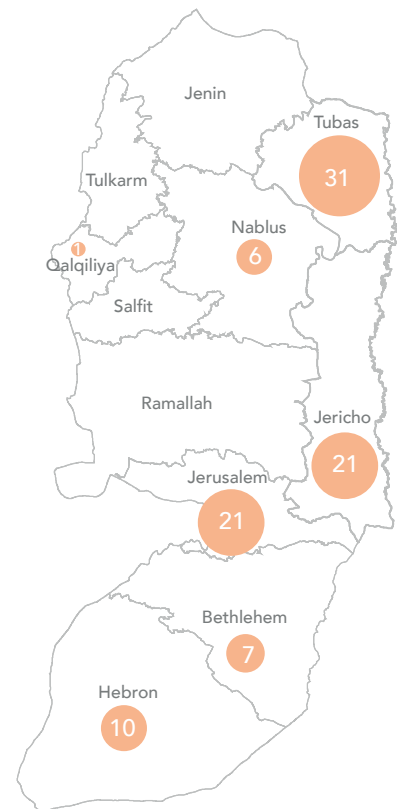
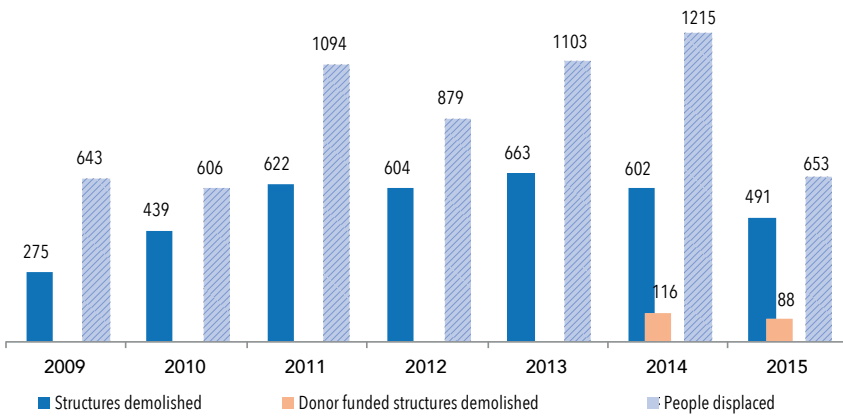
HUMANITARIAN

ACCESS

In 2015, humanitarian organizations continued to face a range of obstacles from the Israeli authorities regarding the access of personnel and of materials needed for humanitarian projects, which hampered their ability to provide assistance and protection to Palestinians throughout the oPt. These obstacles include physical and administrative restrictions on access and movement of (I)NGO and UN personnel, especially national employees, restrictions on the delivery of materials needed for humanitarian projects, and limitations on the implementation of projects that involve building, expanding or rehabilitating infrastructure in the Gaza Strip and Area C of the West Bank.

OF DEMOLITIONS BY YEAR

OF DEMOLISHED DONOR FUNDED STRUCTURES - 1 JAN - 15 NOV 2015



GAZA STRIP

Restrictions on the movement of national staff of humanitarian agencies to and from Gaza remained in place, with some 28 per cent of applications for UN national staff denied or pending to end-October, showing an increase in denials compared to previous years.

Gaza Entry and Exit Permits for National UN staff

Year	Permit Applications	Approved	Denied or Pending ⁵	% Approved
2015 (until 31 Oct)	1,209	872	337	72%
2014	1,408	1,051	357	75%
2013	1,083	873	210	81%
2012	784	656	128	84%
2011	812	585	227	72%

The Gaza Reconstruction Mechanism (GRM) is alleviating some of the negative impact of the blockade on reconstruction efforts, as has the removal of aggregates from the list of goods identified by the Israeli authorities as having a “dual use”. However a recent reduction in the thickness of permissible wood has had a very negative impact on projects, including temporary housing solutions for IDPs. Humanitarian operations in Gaza are also impeded by restrictions imposed by, and the prohibition on contact with, the Hamas authorities, in addition to the almost continuous closure by Egypt of the Rafah passenger crossing since October 2014.



5. Pending permits consist of applications that go unanswered and whose status remains unknown.

WEST BANK

In the West Bank, the implementation of humanitarian projects is also impeded by Israeli restrictions on access to East Jerusalem and limitations on projects that involve building, expanding or rehabilitating infrastructure in Area C. Incidents at West Bank checkpoints continue to obstruct and delay the movement of personnel and goods in the West Bank, including East Jerusalem, although such incidents have been systematically declining in recent years.

Delays at Checkpoints

Year	Incidents	Affected Staff	Hours lost
2015 (until 31 Oct)	128	588	500
2014	178	1,483	1,859
2013	298	1,755	1,261
2012	365	2,040	1,517
2011	392	2,872	1,532

Destruction/confiscation of donor-funded assistance

The implementation of humanitarian projects that involve the construction or rehabilitation of housing or essential infrastructure in Area C and East Jerusalem continued to be severely hampered by the permit regime applied by the Israeli authorities in these areas. By November 2015, there was an increase of 41 per cent in the Israeli military’s demolition of donor-funded structures in Area C compared to 2014; 164 such structures were destroyed up to end-November, up from 116 in 2014 and 90 in 2013.

2015 (until 30 Nov)	164
2014	116
2013	90
2012	79

Following the escalation of violence in October, which led to increased movement restrictions on Palestinians in the West Bank, the installation of roadblocks disrupted the operations of all six non-profit hospitals in East Jerusalem, delaying the access of medical staff and patients to, and between, Augusta Victoria and Makassed hospitals, the main referral and training hospital for Palestinians. Israeli security forces also entered Makassed Hospitals on three occasions, firing tear gas canisters and other projectiles inside the hospital, disrupting health services, and leading to public statements by the ICRC and the UN, calling on Israel to respect the right to health.

SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED



206 projects

166 projects are gender sensitive

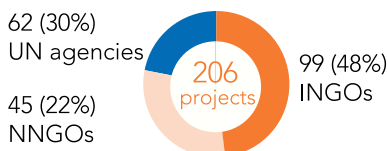
19 projects have the main aim of promoting gender equality

PEOPLE TARGETED



1.2 million people to be supported are in the Gaza Strip; the remaining 0.4 million are in the West Bank.

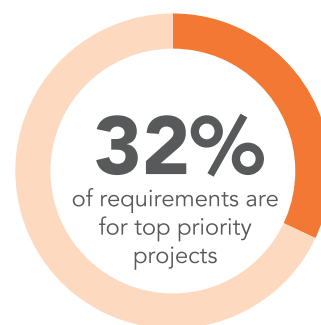
PROJECTS BY TYPE OF APPEALING ORGANIZATION



REQUIREMENTS (US\$)



2016 HRP requirements are 19% lower compared to 2015, due primarily to a significant reduction in the shelter request for Gaza.



	TOTAL		BREAKDOWN OF PEOPLE TARGETED					BY SEX & AGE	
	People in need	People targeted	People targeted Gaza	People targeted West Bank	UNRWA* Total	UNRWA target/Gaza	UNRWA target/West Bank	% female	% children, adult, elderly**
Education	592,712	532,291	423,103	67,908	275,697	275,697	NA	49%	46.2 49.3 4.5%
Food Security	1,600,000	1,400,000	1,050,000	350,000	963,000	830,000	133,000	49%	46.2 49.3 4.5%
Health/Nutrition	1,412,138	1,019,898	809,641	210,257	427,221	284,587	142,634	49%	46.2 49.3 4.5%
Shelter and NFIs	998,427	232,382	207,067	25,315	111,630	111,630	NA	49%	46.2 49.3 4.5%
WASH	1,728,139	518,503	404,095	114,408	143,204	140,500	2,704	49%	46.2 49.3 4.5%
Protection	1,848,659	1,450,000	808,596	641,404	471,525	449,786	21,739	49%	46.2 49.3 4.5%

*Target shown is for UNRWA beneficiaries in HRP projects only. UNRWA targets additional beneficiaries through other channels.
**Children (<18 years old), adult (18-59 years), elderly (>59 years)

RESPONSE

MONITORING

The monitoring framework measures progress towards the three country Strategic Objectives and Cluster Activities through related indicators at each level. This is underpinned by monitoring by cluster partners at the project level.

Monitoring progress towards the HCT's the strategic objectives

Response monitoring is an integral part of the humanitarian response. This year, the HCT has designed a response monitoring framework that links cluster activities directly to at least one of the three country level strategic objectives in order to ensure better coherence between cluster plans and the HCT's overarching goals. Progress towards strategic objectives will be measured through mostly, outcome level indicators, designed in consultation with clusters and key agencies, who will support monitoring, under the overall responsibility of the HCT.

Cluster response monitoring frameworks

Each cluster has developed a cluster monitoring framework comprised of cluster activities, and corresponding output level indicators that will help assess progress towards cluster activities. Cluster activities are monitored by the ICCG. Cluster level monitoring is informed by project monitoring by cluster partners.

In order to ensure gender equitable humanitarian response, the 2016 HRP indicators identify sex and age disaggregated targets, and where relevant, include specific indicators to address gender based vulnerabilities. Applying such an approach across all clusters and activities is often constrained by the uneven availability and use of sex disaggregated data

and the difficulty of tracking intra-household impact of household level assistance. The country team will address these challenges to improve availability of sex and age disaggregated data related to needs and direct beneficiaries. In some cases, clusters and partners will be encouraged to use monitoring tools that are tailored to assess the gender aspects of the response. In addition, specific indicators to monitor funding of gender focused projects and share of projects that have adequately mainstreamed gender will be tracked under the coordination response.

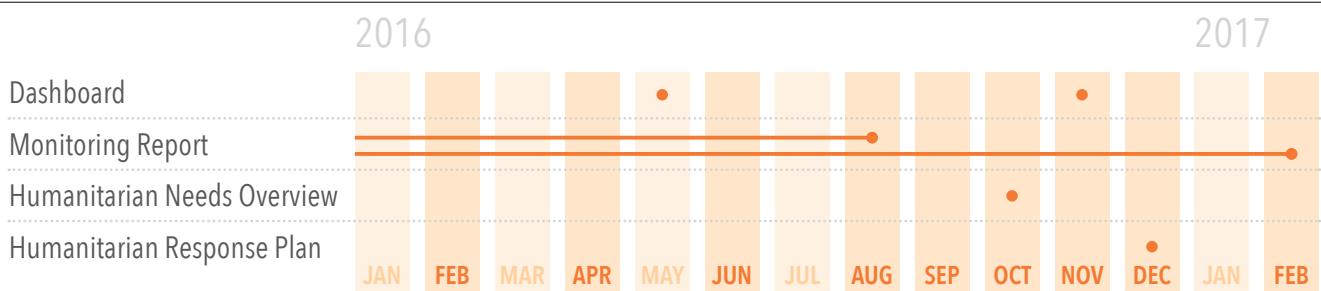
Community engagement/ accountability to affected populations (AAP)

Indicators that track accountability to affected populations are largely at the project monitoring level. OCHA has shared initial guidance on how to ensure that community engagement/ AAP is taken into account at different phases in the HPC, including specific guidance to partners.

Crisis Response Planning Tool

The oPt is piloting a new crisis planning tool designed by OCHA, which is the first step in the wider development of new information services to support the HPC. The monitoring module is expected to be rolled out in 2016.

HUMANITARIAN PROGRAMME CYCLE TIMELINE



Monitoring data will be used to inform advocacy in regular HCT meetings on HRP progress with donors in order to highlight critical gaps. Monitoring data can also be used to highlight critical gaps that may benefit from pooled funding through the Humanitarian Pooled Fund.

PART II: OPERATIONAL RESPONSE PLANS

- 
-  Protection
 -  Food Security
 -  Shelter
 -  Water, Sanitation & Hygiene (WASH)
 -  Health and Nutrition
 -  Education
 -  Coordination
- 



PEOPLE IN NEED

1.8M

PEOPLE TARGETED

1.5M

REQUIREMENTS (US\$)

46M

OF PARTNERS

36

KEY RESULTS

1 Increased respect for International Humanitarian Law and Human Rights Law and accountability for violations

2 The effects of the occupation and conflict-related violence are prevented and mitigated

3 GBV victims and survivors have access to multi-sectoral responses

PROTECTION

In 2016 there remains an urgent need to increase respect for IHL and IHRL and strengthen accountability for violations. These violations are a major driver of humanitarian need across the oPt. Related to this, is the need to prevent and mitigate the impact of violations. The protection cluster will address this through:

- Monitoring and documentation of violations.
- Provision of legal aid.
- Provision of child protection services including individual case management.
- Provision of protective presence and other activities to prevent violence and forcible transfer.
- Advocacy and interventions with Israeli authorities and other relevant actors.
- Provision of structured psychosocial support for children and adults.
- Awareness raising on the risks of explosive remnants of war (ERWs) including with children.
- Support for survivors of gender-based violence (GBV) to receive a multisectoral response.

Implementation

Legal counselling and representation will prioritize victims seeking accountability for IHL and IHRL violations, including violations of the right to life and physical integrity by Israeli security forces and settlers, those at risk of demolitions, forced evictions and displacement, those at risk of revocation of residency rights, IDPs in Gaza including widows facing housing, land and property issues (HLP), people affected by access restrictions in Gaza and the West Bank, children arrested and detained and survivors of GBV.

Monitoring and documentation will focus on IHL and IHRL violations and conflict-related violence. The cluster will also undertake activities which strengthen the capacity of community-based organizations in this regard. Initiatives that enhance accountability for violations of HRL and IHL including advocacy are central to the Protection Cluster response.

The cluster will provide protective presence and accompaniment of individuals (including children) in the West Bank in communities exposed to settler violence and presence of Israeli forces. The cluster has identified communities at greatest risk such as the H2 area of Hebron and will also scale up efforts at certain times of the year such as during

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Gaza	West Bank	UNRWA Total	UNRWA Gaza	UNRWA West Bank	% female	% children, adult, elderly*
PEOPLE IN NEED	1,030,909	817,750				49%	46.2 49.3 4.5%
PEOPLE TARGETED	808,596	641,404	471,525	449,786	21,739	49%	46.2 49.3 4.5%
FINANCIAL REQUIREMENTS	\$46M					*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

CONTACT

Natalie Grove

Protection cluster coordinator

ngrove@ohchr.org

Olive Harvest Season (which is around September/ October) to provide greater coverage of communities at risk in the West Bank.

The provision of structured psychosocial response and child protection including individual case management will be carried out in close coordination with the Health and Education clusters. Child protection activities include age and gender sensitive counselling, family support and child/parent interaction programs, life-skills programs, youth-led protection initiatives and programs aimed at supporting children who have been separated from their caregivers. Child protection actors will provide individual case management services to the most vulnerable children including those who are displaced/living in insecure shelter situations, are impacted by demolitions, have suffered life-changing injuries or lost one or both parents as a result of the last escalation of conflict in Gaza.

The cluster will continue its activities focused on Gaza to determine the extent of Explosive Remnants of War (ERW) contamination and risk (survey), recovery and removal of ERW (clearance) and provide information to mitigate the risks posed by ERW exposure (risk education) including targeted interventions to children.

In order to address the specific needs of survivors of GBV within the humanitarian context, the cluster will support awareness raising and activities designed to reduce risk, will enhance the provision of multi-sectoral services including psychosocial support and legal aid and support access to emergency medical care with particular attention to ensuring referral to safe and confidential specialized services. This work will complement the work of development actors to improve the quality and reach of services that respond to GBV.

There a number of actors working outside the cluster in the area of protection such as ICRC and some NGOs. All actors respond to both refugee and non-refugee needs without discrimination; UNRWA coordinates with the cluster in its work for Palestine refugees at high risk of protection threats.

People to be supported

Although all Palestinians in the oPt are affected by the lack of respect for IHL and IHRL, the protection cluster response will focus on those who are most vulnerable. In Gaza this includes those who live or work in the ARA, those still in need of legal and psychosocial support related to the most recent escalation of hostilities, and children and adults exposed to ERW as a result of where they live, work or play. In the West Bank including East Jerusalem, this focus is on communities at risk of forcible transfer, those affected by demolitions and settler violence and communities including H2 and refugee camps which see high rates of Israeli Security Forces (ISF)-related injuries and fatalities. Children in need of individual case management will be prioritized in both Gaza and the West Bank; this includes those with who have undergone life-changing events as a result of the recent hostilities in Gaza or violence in the West Bank, those who have been arrested and detained, those who require support to stay in school, access specialized services (health, legal, psychosocial) and those at risk of abuse and neglect. GBV survivors and those who are most likely to have initial contacts with GBV survivors, especially health staff will be targeted by the cluster.



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



KEY RESULTS

1 The resilience and the productive capacity of vulnerable households are restored/enhanced and livelihoods protected

2 Households suffering from lack of access to food are able to meet their basic food needs

3 Improved coordination for preparedness and advocacy, activity implementation and information sharing.

FOOD SECURITY

Response priorities

Food insecurity in the oPt is driven by the protracted conflict and occupation; repeated shocks; and persistent restrictions on movement of people and goods, access to natural resources and productive activities. This has resulted in reduced economic opportunities, high unemployment and low household incomes. The coping capacity of households has been eroded to the point that their resilience to both rapid and slow onset shocks is deeply compromised. Against this background, the Food Security Sector's (FSS) strategy aims at addressing food insecurity by:

- Restoring and enhancing the productive capacity of vulnerable households to protect their livelihoods and increase their resilience.
- Meeting basic food needs of households that are suffering from a lack of access to food and micronutrient deficiencies, while reinforcing Palestine's economy and food production by sourcing food locally.
- Improving coordination and information sharing for preparedness, advocacy, and synergies in implementation.

Implementation

Given the limitations imposed by the occupation and related violations of IHL, the response to food insecurity in the oPt has to follow different streams of action in order to maximise the impact on affected households of food consumers and producers.

The lack of wider political solutions means that the driving factors of food insecurity are likely to persist. Responses therefore will focus on supporting the eroded coping capacities of affected households with particular attention to gender based vulnerabilities. FSS partners will work on protecting and promoting the livelihoods of rural male and female farmers, herders, breeders, fishers and urban and peri-urban producers in order to decrease their dependence on direct food assistance and promote resilience, increasing their capacity to cope and adapt to man-made and natural shocks. Response to demolitions in Area C of the West Bank and preservation of livelihood assets are key activities in this regard.

As an immediate response to food insecurity and to also help preserve a viable environment for livelihood support interventions, food commodities and cash-based transfers such as food vouchers, cash-for-work and conditional

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Gaza	West Bank	UNRWA Total	UNRWA Gaza	UNRWA West Bank	% female	% children, adult, elderly**
PEOPLE IN NEED	1,050,000	550,000				49%	46.2 49.3 4.5%
PEOPLE TARGETED	1,050,000	350,000	963,000	830,000	133,000	49%	46.2 49.3 4.5%
FINANCIAL REQUIREMENTS	\$322M					**Children (<18 years old), adult (18-59 years), elderly (>59 years)	

The FSS has identified 1.4 million people targeted as an estimation from targets of major projects. Target per governorate is also an estimation based on the same rationale, as FSS partners respond to food insecurity using a variety of modalities throughout the country.

CONTACT

Marco Ferloni

Food Security Sector coordinator

Marco.ferloni@foodsecuritycluster.net

and unconditional cash assistance will be provided for food-insecure people. Vouchers ensure that food insecure households have access to nutritious locally produced foods, protect local food systems, and support the Palestinian economy. Conditional cash assistance will enable food insecure households to protect household and community assets, necessary to generate income and preserve resilience.

The FSS will also focus on enhancing emergency preparedness in close collaboration with relevant national authorities. This includes the improvement and standardisation of tools to analyse, prioritize and target responses to food security vulnerabilities. Current FSS assessment tools allow assessment of participants' backgrounds, profiles, age and sex and identification of the most vulnerable individuals and communities such as widows/widowers, female-headed households, single male-headed households, people living with disabilities and the elderly. Such refined analysis can help mitigate factors that exacerbate vulnerability to food insecurity resulting from unemployment patterns especially among women and young men, as well as the low economic participation of women.

Finally, the FSS response also supports advocacy initiatives focused on highlighting the impact of settler violence and demolitions of livelihoods assets on food insecurity, as well as on the rights to access natural resources and maintain assets.

To the extent possible, FSS responses will make use of local capacities through the active involvement of concerned communities and with a view to restore assets with a direct social protection value, e.g. cash-for-work schemes, and indirectly, e.g. support enabling households to participate in market dynamics.

The FSS works in cooperation with line ministries, to jointly agree modalities for building local capacities to shape a coordinated and inclusive environment, ensuring consistency among humanitarian responses and with related development interventions. This is accompanied by continuous assessment of the opportunities to transfer coordination responsibilities to ministerial bodies.

The sector supports capacity development of partners, including the Palestinian Authority in cross-cutting issues and food security data collection and needs analysis. This includes use of qualitative programming components such as protection in food security, Accountability to Affected Populations and gender mainstreaming, supported by delivering trainings for FSS partner staff.

Population to be supported

Of the 1.6 million food insecure people in oPt, FSS partners are targeting approximately 1.4 million severely or moderately food insecure people. UNRWA serves food-insecure refugee-led households, while other partners, primarily WFP, serve non-refugee households. FAO and a wide range of local and international NGOs provide emergency agriculture-based livelihoods assistance to low resilience refugees and non-refugees households in rural and peri-urban areas. The Ministry of Social Affairs (MoSA), which provides assistance to food insecure people through its social safety net programme, uses the same beneficiary selection criteria as WFP to target those under the Deep Poverty line using a Proxy Means Test Formula (PMTF) to help households living in extreme poverty reach an acceptable standard of living.⁶ UNRWA also utilizes a PMTF as a targeting tool and provides food assistance to 134,000 chronic poor refugees across Palestine through its core funding. WFP, UNRWA, and MoSA work in cooperation, assuring duplications are avoided. In addition, engagement between all FSS partners and line ministries is guaranteed through various interactions, from general meetings to the sector's steering committee, which is chaired by the Ministry of Agriculture (MoA) and Ministry of Finance and Planning (MoFAP).

6. The PMTF estimates household expenditure by associating indicators, or 'proxies', with household expenditure or consumption.



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



KEY RESULTS

- 1 Ensure access for women, girls, boys and elderly men to a basic level of adequate shelter
- 2 Mitigate the impact of displacement on Palestinians following conflict or demolition through continued access to shelter solutions
- 3 Mitigate the risk and immediate effect of displacement due to natural disasters or conflict through preparedness and appropriate emergency shelter interventions
- 4 Enhance the capacity of national stakeholders to provide timely coordination and effective preparedness for response to emergencies

CONTACT

Fiona Kelling

National Shelter Cluster
Coordinator

coord1.palestine@
sheltercluster.org

SHELTER

Response priorities

An estimated 990,000 people in Gaza and the West Bank, including East Jerusalem are in need of emergency and early recovery shelter support and essential non-food items (NFIs). The shelter response plan addresses the needs of the most vulnerable who have been displaced or are at risk of displacement as a result of manmade and natural disaster. Priorities for the Shelter Cluster are:

In Gaza:

- Ensuring continued access to shelter for 13,000 IDP families and improving standards for those living in inadequate makeshift or temporary accommodation, while promoting accountability and supportive measures that facilitate an end to displacement.
- Protection from harsh weather for 12,750 vulnerable households and improving conditions in 11,320 damaged, overcrowded or substandard properties through winterization/repairs and upgrading that mitigates against severe weather and ensures minimum shelter standards.
- Preparedness and response to small-scale emergencies.

In Area C and East Jerusalem:

- Response to demolition, consolidation of 1,000 inadequate shelters and winterization assistance for 1,150 vulnerable households that ensures access to safe, dignified and protective shelter and reduces the likelihood of displacement.
- Increasing household resilience and self-recovery capacity through community-based preparedness.
- Maintaining emergency response capacity across Palestine while supporting national stakeholders in contingency planning and emergency management.

Implementation

The cluster will use a combination of cash assistance, provision of temporary shelters and NFIs/voucher distributions to meet the needs of 13,000 IDP families, and provide conditional cash, materials and training to address shelter repair and upgrading needs of 12,320 households. Household resilience and self-recovery will be promoted through community-based training sessions to 1,000 households as well as distribution of vouchers or NFIs to 13,900 households to protect against displacement and respond to weather extremes. Stockpiles will be maintained in accordance

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed refugee response plan can be found at xxxx.

	BY STATUS					BY SEX & AGE	
	Gaza	West Bank	UNRWA Total	UNRWA Gaza	UNRWA West Bank	% female	% children, adult, elderly*
PEOPLE IN NEED	943,000	55,427				49%	46.2 49.3 4.5%
PEOPLE TARGETED	207,067	25,315	111,630	111,630	NA	49%	46.2 49.3 4.5%
FINANCIAL REQUIREMENTS	\$112M						

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

with an updated Contingency Plan and preparedness measures preparedness measures for buildings/installations identified to serve as emergency shelters or collective centres in case of conflict escalations or natural disaster.

The cluster response also addresses barriers to reconstruction that would extend displacement through targeted support for Housing, Land and Property (HLP) concerns and seeks to overcome inadequate security of tenure, particularly for recently widowed female-headed households. Accountability to affected populations is fostered through information sharing projects and complaints mechanisms as well as through community involvement and participation in the different phases of project implementation. Gender needs analysis and protection mainstreaming are key drivers to maximize positive impact; partners will address gender needs of different groups through disaggregated beneficiary data and monitoring indicators in activity tracking data collection tools (4Ws). Local ownership is enhanced through interventions which enable and empower communities, foster positive coping mechanisms and encourage self-reliance by building on local skills and increasing the capacity of individuals and communities to withstand and mitigate multiple risks within the protracted crisis.

The cluster response plan includes coordination and engagement with government and PRCS, partnership with local NGOs and civil society, and integration with other clusters in order to ensure coordinated and sustainable interventions. Cross sector coordination with the Protection Cluster on demolition prevention and response, the WASH Cluster on ensuring coordinated WASH support to shelter interventions, and the Education Cluster, MoEHE and UNRWA on the preparation of collective centres will be key. In addition, strong linkages with development actors and government will be crucial to coordinating and monitoring the response in Gaza. Although a significant proportion of the population in need (over 500,000 people) have been affected by damage to their homes and require assistance to repair, humanitarian actors will prioritize the most vulnerable, while the majority of this caseload will be referred to reconstruction actors. Gulf

and other donors are investing heavily in the recovery and reconstruction needs, coordinated through the Ministry of Public Works and Housing MoPWH.

Some of the cluster targets related to emergency response and contingency stockpiles will be carried out by partners aligned with, but not included in the HRP, particularly ICRC, PRCS, UNRWA, Palestinian Civil Defence (PCD) and MoSA, to respond to the needs of up to 176,000 people. In addition, the cluster recognises community-based and religious organisations also play a vital role in responding to shocks.

UNRWA carries out major re-housing schemes and reconstruction by mobilising distinct, often multi-year project funding outside of the annual emergency appeals. Additional repairs to refugee homes damaged by conflict will take place outside the HRP; the cluster response plan only includes priority (severe repair) needs and transitional solutions for refugees in Gaza. In the West Bank, UNRWA in coordination with the cluster will continue to provide emergency response to refugees affected by demolition.

Population to be supported

Cluster partners will use the Shelter Prioritization tool developed in 2015 by the Vulnerability Working Group alongside government databases to prioritize beneficiaries and target those most in need of assistance, including identification of vulnerable groups and families such as low-income or large families, the abject poor, those with disabled or elderly family members, and female-headed households.



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



KEY RESULTS

1 Ensure equitable access to basic WASH services in accordance with safety and dignity of the unserved, underserved and most vulnerable Palestinians under occupation in Gaza and the West Bank.

2 Strengthen WASH response capacity to cope with new and protracted emergencies, threats and shocks.

3 Increase national WASH sector governance and coordination capacity

WATER, SANITATION AND HYGIENE (WASH)

Response priorities

1.7 million people in the oPt (around 1.3 million people in the Gaza Strip and 0.4 million people in the West Bank) require humanitarian WASH assistance. The WASH cluster seeks to ensure equitable access to basic WASH services to the unserved, underserved, and most vulnerable Palestinians under occupation in Gaza and the West Bank. WASH interventions aim to strengthen their coping capacity, while paving the way for more sustainable solutions by increasing national WASH sector governance and coordination capacity. The cluster priorities include:

- Serving the basic WASH needs of the most vulnerable people affected by the 2014 conflict in Gaza; communities with least access to services; people living in Area C of the West Bank including those affected by demolitions and settler violence; and people with disabilities, the elderly, widows, children, female-headed households.
- Identifying and providing school WASH facilities destroyed in the conflict in Gaza and in Area C, through inter-cluster coordination with the Education Cluster.
- Increase the capacity of the Palestinian Water Authority (PWA), the focal agency for water in oPt, to build its emergency response and DRR capacity.

Implementation

The cluster plans to address the basic WASH needs of unserved and underserved communities through a combination of minimal level of service provision activities involving emergency repairs to networks, water trucking, and enabling mechanisms like distribution of water vouchers for targeted vulnerable people.

The proposed WASH Cluster transition to a PWA-led National Humanitarian WASH Coordination Forum in the West Bank is an opportunity for the PWA to build emergency response and DRR capacity once the UNDP supported Palestinian Disaster Risk Management (PalDRM) project (which is making a sectoral analysis on DRM, studying the gaps in the legal and institutional frameworks, and setting out the capacity building needs for DRM) makes its recommendations by next year.

At the national level, given that a number of development interventions are a pre-requisite for serving the humanitarian constituency, PWA, as the principal Water Sector policy making body, can coordinate with allied Palestinian Agencies, and the development WASH actors, to bridge the gap between humanitarian and development WASH interventions.

UNRWA is also another major actor

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Gaza	West Bank	UNRWA Total	UNRWA Gaza	UNRWA West Bank	% female	% children, adult, elderly*
PEOPLE IN NEED	1,308,897	419,242				49%	46.2 49.3 4.5%
PEOPLE TARGETED	404,095	114,408	143,204	140,500	2,704	49%	46.2 49.3 4.5%
FINANCIAL REQUIREMENTS	\$30M						

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

CONTACT

Vaddiparthi Haraprasad
WASH Cluster/ Transition Coordinator
vharaprasad@unicef.org
Mageda Alawneh
Co-chair WASH cluster (PWA) malawneh@msn.com
Yasser Nassar
WASH Sub-national coordinator (Gaza)
ynassar@unicef.org

responsible for providing WASH services, including solid waste management in its camps. Through its core funding UNRWA covers only very basic camp maintenance and provision of potable water and sanitation. Under the HRP, UNRWA covers critical emergency support for WASH interventions in Gaza, both directly, through solid waste management in camps, and indirectly, through public service providers.

Gender is a significant dimension in the cluster response, in terms of identifying and responding to needs at the household level, with implications for household members, gender roles, health, income, and livelihoods. Most projects identify women's participation in the planning and design of project activities, and how the KAP survey will assess and evaluate the impacts on women, men and children, although more work needs to be done.

Accountability to affected populations has been operationalized through community level assessments, dialogue and surveys at different stages in the project cycle. It is expected that this will provide timely feedback to improve the quality and effectiveness of the cluster response.

Population to be supported

The WASH cluster is targeting 518,000 of the 732,000 people without access to safe drinking water⁷, and 358,000 of the 600,000 people without access to improved sanitation services.⁸ These are the most vulnerable people affected by conflict or occupation, and include IDPs, refugees, children, the disabled, the elderly, widows, female-headed households, Bedouins, people living in Area C (who are affected by demolitions and settler violence), the unserved and the under-served. People in Gaza make up 77 per cent of the humanitarian caseload in WASH.

7. Figures consolidated from PMR 2015, VPP Survey 2015, HNO 2015 (with average household size in Palestine as 5.2 persons as per PCBS 2013)

8. Figures consolidated from VPP Survey 2015, HNO 2015, and PMR 2015



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



KEY RESULTS

1 Vulnerable communities in the Gaza Strip and the West Bank are ensured access to quality and affordable health services, and referral of victims of violence to protection organizations

2 Vulnerable communities in the West Bank and Gaza are better prepared to cope with the impact of current and potential new man-made and natural disasters

HEALTH AND NUTRITION

Response priorities

The protracted occupation and blockade has had a direct impact on the health of Palestinians, for example, from violence-related deaths, traumas and injuries, and mental health disorders, as well as indirect impacts as a result of obstacles to the access to essential health and nutrition services, which represent a violation of the right to health. The internal Palestinian divide has also affected the quality and availability of health care in Gaza.

Against this background, the cluster priorities in 2016 are:

- Providing access to quality and affordable primary health care and nutrition services in the West Bank, namely in Area C, in East Jerusalem and in the Gaza Strip in areas or to groups where access is lacking.
- Providing access to emergency services, particularly during crises in the West Bank and the Gaza Strip.
- Strengthening emergency preparedness, coping capacity and the resilience of communities to potential future conflicts in the oPt.

Implementation

The cluster plans to address the identified basic needs of the most vulnerable populations, enhance lifesaving activities and mitigate the risk of life-threatening health conditions through delivery of essential primary health care (PHC) and nutrition services. This will take a variety of forms, including strengthening and enabling existing service systems of the Ministry of Health (MoH) and of UNRWA. The cluster response is focused on providing services for particularly vulnerable groups that may otherwise not be available.

In Gaza, there are 53 MoH and 21 UNRWA PHC centres, but none are located in the Access Restricted Area (ARA). The clinics cannot offer full range of services for all vulnerable groups such as persons with disabilities and the elderly, leaving an access gap that the cluster aims to fill. Similarly, in the West Bank, cluster partners will provide mobile clinic services in communities that face the most obstacles in accessing health services, and for the most vulnerable people. The Palestinian Ministry of Health and the PRCS provide mobile clinics in some vulnerable communities, along with UNRWA which provides mobile health services for refugees living outside camps in these communities. The cluster coordinates mobile clinic services with the MoH and relevant cluster partners.

The cluster response will also strengthen the capacity of PHC facilities, front line health

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Gaza	West Bank	UNRWA Total	UNRWA Gaza	UNRWA West Bank	% female	% children, adult, elderly*
PEOPLE IN NEED	1,158,513	253,625				49%	46.2 49.3 4.5%
PEOPLE TARGETED	809,641	210,257	427,221	284,587	132,766	49%	46.2 49.3 4.5%
FINANCIAL REQUIREMENTS	\$26M						

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

CONTACT

Yousef Muhaisen

Health and Nutrition cluster coordinator

muhaiseny@who.int

providers and communities in the management of mass casualties, rescue and first aid, and trauma care in the case of emergencies by conducting training, providing essential supplies, and supporting referral to higher levels of health care. The clusters also supports referral of GBV cases to specialized providers. The HNC response builds on and complements the efforts of ICRC in supporting emergency preparedness in hospitals and PHC centres, as well as PRCS's activities that cover pre-hospital ambulance services in the West Bank and Gaza.

The cluster will undertake advocacy to promote protection of the right to health for Palestinians in the oPt through evidence-based advocacy with duty-bearers concerning their legal obligations under IHL and IHRL, especially regarding barriers to access to health services, through research, training, reports and direct advocacy with international and national actors. The cluster will work with other partners to mainstream gender and the right to health to create greater capacity in the health sector.

Partners will address gender needs of different groups through disaggregated beneficiary data and monitoring indicators.

Population to be supported

An estimated 1.4 million people are in need of humanitarian, health, and nutrition interventions; over 1.1 million people in the Gaza Strip and 253,000 in the West Bank. Of the 1.4 million people in need, the Health and Nutrition Cluster is planning to target 1 million people, including those living in the catchment of totally destroyed PHCs and in the ARA in Gaza, people in Area C and East Jerusalem, refugees living outside camps, and prioritized vulnerable groups such as neonates, those injured with long term impairment and disabilities, children under 5, people with chronic diseases, pregnant and lactating women and survivors of conflict and gender based violence.



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



KEY RESULTS

1 Education sector has increased capacities to report, document and advocate on violations to strengthen advocacy and response

2 Vulnerable children in the Gaza Strip, East Jerusalem and the West Bank have access to safe and inclusive educational services

3 All education stakeholders including parents, communities and children are better able to cope and respond to disaster and emergencies through DRR preparedness and psychosocial services, particularly in areas at risk of education-related violations and natural disasters

EDUCATION

Response priorities

Access to education continues to be compromised due to protracted conflict and the occupation. For close to 590,000 girls and boys and male and female youth in the West Bank, East Jerusalem and Gaza, access to quality education in a safe, child-friendly environment is impeded by the presence of checkpoints, the Barrier, military and armed group activities and entry into schools, settler-related incidents, as well as the lack of infrastructure. Recurring emergencies, particularly in Gaza but also in the West Bank, require a strong focus on preparedness, mitigation measures and DRR. The disruption of schooling affects education quality and brings about an array of psychosocial effects, such as excessive stress, fear and distress. Girls and boys are affected by the situation in different ways, and security and other gender related issues are contributing to high drop-out rates among both boys and girls. Against this background, the Education Cluster's priorities for 2016 continue to be:

- Provision of access to school, safe learning spaces and/or essential educational services including coordination and implementation of essential education activities in Area C and East Jerusalem.
- Provision of school-based psychosocial support for children who face regular attacks and harassment in the West Bank

and those still dealing with the war trauma in Gaza.

- Provision of measures to protect schools against attack and addressing education-related violations through advocacy, reporting and legal support.
- Building the capacity of the MoEHE and schools for contingency planning, emergency preparedness, DRR and resilience programming.

Implementation

Through service delivery, advocacy and capacity development, the cluster plan seeks to mitigate the effects of, ensure preparedness and provide an immediate response to micro-emergencies such as localized natural disasters, resurgence of conflict, forced displacement and attacks on schools. Cluster partners work in strong partnership with stakeholders, and with high levels of participation and consultation to ensure accountability to the affected population. Advocacy efforts will focus on addressing the increasing trend of education-related violations, where there is little or no accountability for perpetrators of violations. Mitigation, preparedness and response measures for affected schools in West Bank, East Jerusalem and Gaza will include provision of teaching and learning materials, safe spaces or alternative facilities; pre-positioning of key education materials; protected access

CONTACT

Maida Pasic

Education cluster co-coordinator (West Bank)
mpasic@unicef.org

Suzanne Saig

Education cluster co-coordinator (West Bank)
suzanne.saig@savethechildren.org

Baha El Shatali

Education sub-cluster coordinator (Gaza)
belshatali@unicef.org

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Gaza	West Bank	UNRWA Total	UNRWA Gaza	UNRWA West Bank	% female	% children, adult, elderly*
PEOPLE IN NEED	462,770	129,942				49%	46.2 49.3 4.5%
PEOPLE TARGETED	423,103	67,908	275,697	275,697	NA	49%	46.2 49.3 4.5%
FINANCIAL REQUIREMENTS	\$18M						

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

to schools; reintegration of students into the school system through strengthened remedial/catch-up education to children who are missing schools due to conflict or deterioration in security; psycho-social programs for teachers and students including students with special needs and rehabilitation of existing and provision of semi-permanent classrooms. Cross-sectoral linkages will be made with the Protection Cluster on strengthening data collection and reporting of grave violations; supporting awareness raising of legal rights and sources of legal aid as well as the school-based PSS. To promote transitions to sustainable paths to recovery and resilience, and as part of the Cluster to Sector transition in the West Bank, partners will work on capacity strengthening of the MoEHE and schools for emergency preparedness, contingency planning and DRR.

Through its core funding UNRWA provides primary education to over 300,000 refugee students in 354 UNRWA schools. Cluster partners including UNRWA will provide refugee

students with additional services not covered through core funding such as services for refugee children with learning difficulties or other special needs, school supplies for the poorest families and remedial support and extracurricular activities for children suffering from psychosocial stress.

Population to be supported

Although all school children and youth in the oPt are affected by the ongoing policies and practices of the occupation and recurrent outbreak of hostilities, the response will focus on the most vulnerable children and youth, girls in particular, and the most affected schools, including those located in the ARA in Gaza, Area C, and East Jerusalem.



REQUIREMENTS (US\$)


 17M

OF PARTNERS


 2

KEY RESULTS

1 Support humanitarian actors and coordination mechanisms to ensure effective preparedness and delivery of response

2 Advocate to ensure vulnerable Palestinians receive the necessary protection and assistance.

COORDINATION & SUPPORT SERVICES

In 2015, the Humanitarian Country Team (HCT) in the (oPt) completed a review of its coordination architecture. The cluster system clearly remains necessary although certain cluster functions may be transitioned to the Palestinian Authority (PA) at least in the West Bank context, while recognising the limits to PA access in East Jerusalem and Area C. The Education and WASH clusters have already started to transition cluster functions to the MoEHE and Palestinian Water Authority (PWA) respectively, while retaining the ability to respond to new emergencies. All clusters are developing a plan for transition for if and when circumstances permit, given humanitarian action is intended to be temporary by nature. The review also suggested a number of areas for cluster performance improvement, such as in information management, accountability to affected populations, participation of national actors, gender, and strengthening of linkages between development and humanitarian actors, to explore potential synergies between humanitarian and development programming and planning.

Information management

The Assessment and Information Management Working Group (AIMWG) will continue building on an inter-cluster information management strategy to continue capturing needs and gaps of the most vulnerable groups and data disaggregated by gender and age. The Vulnerability Profile Plus project (VPP+) for the oPt and IDP survey in Gaza have been central to the process of developing the 2016 HNO. The AIMWG will also support clusters using HPC global information tools. A number of online databases held in OCHA such as the *Protection of Civilians* and *Who does What Where* will also be shared with the HCT and ICCG in 2016.

Gender mainstreaming and accountability to affected populations (AAP)

The HCT also seeks to enhance gender mainstreaming and accountability to affected populations within humanitarian operations and within the different stages of the HPC. Cluster response plans reflect on activities and indicators that are related to Gender and AAP. Gender mainstreaming is formalized in the humanitarian coordination system as each cluster has identified a gender focal point. Greater efforts will also be made to continue the work started in the 2016 HRP to better

reflect the views of affected people by taking forward AAP in the ICCG workplan.

Preparedness and emergency response

In the areas of disaster preparedness, emergency response and resilience the coordination effort will focus on coordination on these issues within the inter-agency cooperation fora, leading the HCT-mandated working groups on DRR and Resilience and efforts towards joint inter-agency contingency planning. Efforts will also strengthen the linkage in these areas between humanitarian inter-agency planning and response and multilateral development planning and programming. Thirdly, coordination with Palestinian nationally led efforts to enhance community and national capacity, including national authorities' participation in regional cooperation efforts will also be enhanced. UNRWA, a leading responder during emergencies, plays an integral role in preparedness and coordinated emergency response.

Humanitarian funding to support priority interventions

In 2016, the HPF will continue to provide members of the HCT with a rapid response mechanism that enables an immediate response to unforeseen emergencies through life saving interventions and/or preventing the further erosion of livelihood assets and coping mechanisms of the affected communities. In addition, the HPF will through targeted call for proposals, provide strategic funding towards high priority projects in the HRP. In addition, CERF funding is made available in times of crisis such as the three major escalations in hostilities in Gaza in 2014, 2012 and 2008-09.

HCT Advocacy Working Group

A dedicated HCT Advocacy Working Group continues to serve as the main subsidiary body coordinating advocacy across the HCT. It sets the goals and develops the plan for the advocacy agenda using IHL and IHRL as a framework. The Advocacy Working Group chaired by OCHA meets monthly and reports regularly to the HC and the HCT.

CONTACT

David Carden

Head of Office- OCHA
oPt

carden@un.org

GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit :

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DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website: www.unocha.org/cerf/our-donors/how-donate

www.unocha.org/cerf/our-donors/how-donate

DONATING THROUGH THE COUNTRY HUMANITARIAN FUND



The Humanitarian Pooled Fund (HPF) in the oPt is a country-based pooled fund (CBPF). CBPFs are multidonor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Find out more about the HPF by visiting the oPt HPF website: www.ochaopt.org/hpf.aspx. For information on how to make a contribution, please contact Saad Abde-Haq, HPF manager

abdel-haq@un.org

IN-KIND RELIEF AID



The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

logik@un.org

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OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at <http://fts.unocha.org>

PART III: ANNEXES



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OBJECTIVES, INDICATORS & TARGETS

Strategic Objective 1 (SO1): Protect the rights of Palestinians under occupation in accordance with IHL and IHRL

INDICATOR	NEED	BASELINE	TARGET	MONITORING RESPONSIBILITY
# of households subject to demolition and eviction orders in the West Bank including East Jerusalem that are not displaced (during the reporting period) due to legal assistance	100%	95%	100%	Protection cluster
# of education staff equipped with appropriate skills for monitoring and reporting of education-related violations			400 (200 males, 200 females)	Education cluster
Functional referral system in place that includes multi-sectoral services (health, psychosocial, legal and security) for GBV survivors	Gaza: Yes West Bank: Yes	Gaza: No WB: partial	Gaza: Yes West Bank: Yes	UNFPA
Statements by third states advocating respect for international humanitarian law and international human rights law in the oPt		3	5	OCHA/ Advocacy Working Group
Index to measure protection risk of most vulnerable communities (Area C)-TBD		OCHA PoC database/Online Demolition system	Improved protection environment	OCHA

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Strategic Objective 2 (SO2): Ensure acutely-vulnerable Palestinians under occupation in Gaza and the West Bank have access to essential services

INDICATOR	NEED	BASELINE	TARGET	MONITORING RESPONSIBILITY
Percentage of communities with lack of access to health receive health and nutrition services	100% (132 communities)	100 communities	100% (132 communities)	Health and Nutrition cluster
# of vulnerable households living in upgraded/repared housing units in accordance with minimum shelter standards	85,000		11,450	Shelter cluster
# of schoolchildren and teachers in vulnerable communities benefiting from protective presence/accompaniment to school			4,100 (1,950 girls, 1,950 boys, 100 female teachers, 100 male teachers)	UNICEF
Increased number of acutely vulnerable Palestinians are ensured access to drinking water	732,000 ⁹		518,000	WASH cluster
Increased number of acutely vulnerable Palestinians are ensured access to improved sanitation services	600,000		358,000	WASH cluster
Average processing time for HRP projects submitted through the Gaza Reconstruction Mechanism	TBD		30 days	Access Coordination Unit
Number of critical service delivery areas - based on cluster sectors - included in the National Disaster Management Strategy or National Preparedness Plan	6	0	6	OCHA
Index to measure access and movement restrictions (Gaza)-TBD		Gaza Crossing Database	Improved access and movement	OCHA

9. Figures consolidated from PMR 2015, VPP Survey 2015, HNO 2015 (average HH size in oPt is 5.2 persons as per PCBS 2013 (<http://www.pcbs.gov.ps/site/512/default.aspx?tabID=512&lang=en&ItemID=1165&mid=3172&wvversion=Staging>))

Strategic Objective 3 (SO3): Strengthen the ability of acutely-vulnerable Palestinian households to cope with protracted threats and shocks

INDICATOR	NEED	BASELINE	TARGET	MONITORING RESPONSIBILITY
Food insecurity level in oPt	n/a	27% 32% (for Female headed households)	Stable or decrease	Food Security sector
# of displaced families living in appropriate transitional accommodation in line with minimum standards	13,000		13,000	Shelter cluster
# of vulnerable households protected from severe weather conditions	40,000		16,000	Shelter cluster
Percentage of households that receive emergency material and cash support following demolition incidents that are not forcibly transferred	100%		85%	Consortium partners
Number of communities with strengthened capacity to respond in emergencies through first aid training	500	300	500	Health and Nutrition cluster
Number of children treated for moderate and severe malnutrition		1,200 (600 girls, 600 boys)	8,000 (4,000 girls, 4,000 boys)	Health and Nutrition cluster
Resilience of the food insecure population (based on Resilience Index)		-0.2932 ¹⁰	Stable or improved	FAO
Number of updated Inter-Agency Contingency Plans (National and Gaza) and aligned Cluster Contingency Plans updated and aligned with oPt Risk Assessment	8	2	2	OCHA
# of children and caregivers receiving structured psychosocial support and child protection services			294,542	Child protection working group
No of students and school staff benefiting from PSS services			275,165 (118,686 girls, 134,079 boys, 14,579 women, 7,821 men)	Education cluster

10. The resilience of food insecure households is measured by an Index used as one component of the SEFSec analysis. The maximum value is 0.71 and the minimum is -1.38. -0.2932 represents the mean.

PROTECTION



Activity	Link with Strategic Objective	Indicators	Need	Baseline	Target
Monitoring and documentation of violations, focused on IHL violations and conflict-related violence including grave violations affecting children and support to CBOs to strengthen their capacity to undertake monitoring and documentation for the purposes of increased accountability.	SO 1	# of incidents of grave violations against children monitored and documented		2,170	NA
Provision of legal aid (legal counselling and representation) to those seeking accountability for HR/IHL violations including ISF and settler violence, those at risk of demolitions, forced evictions and displacement, those at risk of revocation of residency rights, IDPs in Gaza and those affected by the conflict in Gaza, people affected by access restrictions in Gaza and the West Bank, children arrested and detained and survivors of GBV.	SO 1	# of people affected by recent conflict in Gaza that receive legal counselling in relation to land ownership, civil documentation, women's property and inheritance rights		1,900	4,600
		# of people subject to demolition/ eviction orders provided with legal support		4,000	5,230
		# of women and men who receive information on their rights and how to access legal services			11,105
		# of GBV survivors who access legal assistance		600	1,820
Advocacy initiatives that aim to enhance accountability for violations of HRL and IHL.	SO 1	# of field briefings raising protection concerns to diplomats			200
ERW survey and clearance and ERW risk education in Gaza to determine the extent of ERW contamination and risk (survey), recovery and removal of ERW (clearance) and provide information to mitigate the risks posed by ERW exposure (risk education) including targeted interventions to children.	SO 1	# ERWs removed from civilian areas		approx 3,000 removed from 2014 to 2015	1,500
		# of people who receive ERW risk education (including children)		550,000	266,162
Protective presence and accompaniment of individuals (including children) in communities exposed to settler violence and ISF presence	SO 1	# of communities benefiting from regular protective presence	NA	160	225
Psychosocial and child protection response. Child protection activities include age and gender sensitive counselling, family support and child/parent interaction programs, life-skills programs, youth-led protection initiatives and programs aimed at supporting children who have been separated from their caregivers.	SO 1	# of children benefiting from structured child protection interventions including life skills programs			294,542
		# of children benefiting from individual case management			12,550
		# of adults who receive structured psychosocial support			31,322
		# of GBV survivors who receive psychosocial services			17,222
Awareness raising activities designed to reduce risk of GBV.	SO 1	# of people who attend GBV awareness raising sessions or receive information on GBV services			55,165
Support health facilities to respond to GBV survivors	SO 1	Functional referral system in place that includes multi-sectoral services	Gaza: Yes West Bank: Yes	Gaza: No WB: partial	Gaza: Yes West Bank: Yes



FOOD SECURITY

Activity	Link with Strategic Objective	Indicators	Need ¹⁴	Baseline	Target
Rehabilitation and provision of productive assets and essential infrastructure for farmers, herders breeders, fishers, and small scale food processors including promotion of technical capacities and small scale production units, and using the BBB (Build-Back Better) approach for increased resistance to shocks	SO 2 3	# of beneficiaries receiving agricultural inputs and services			310,000
		# of dunums made productive or with improved production capacity (full and partial land rehabilitation, piping and irrigation system, seeds and seedlings distribution, etc)			36,000
		# of Km of agricultural roads rehabilitated/opened			1,000
		# of green houses rehabilitated			2,400
		# of animal heads distributed			3,100
		# of water wells rehabilitated			71
		m ³ of warer storage provided			105,000
		# of boats made functional			50
Increase sourcing of quality food from local food producers	SO 2 3	# of producers (small and medium scale producers) supported			9,000
		Tonnage of food items purchased from local producers			30
Food in-kind distribution		# of beneficiaries (disaggregated by sex) receiving food in kind			1,118,900
Food vouchers support		# of beneficiaries (disaggregated by sex) receiving food vouchers			225,400
Cash-based support	SO 2 3	# of individuals (disaggregated by sex) benefiting from CFW			144,000
		# of individuals (disaggregated by sex) benefiting from other conditional cash support			6,000
		# of individuals (disaggregated by sex) benefiting from other unconditional cash support			
Maintain and inclusive and participatory platform for effective coordination among Food Security Sector partners	SO 1 2 3	# of sector and working groups meetings organised		15	15
		Report on % of projects/funding received through HPC disaggregated by INGO/PNGO and UN agencies		2	2
Improving information sharing mechanisms in relation to locations, areas where gaps are identified including developing information management system (IMS), needs assessments and surveys	SO 1 2 3	Information sharing mechanism system in place and maintained		1	1
Updating of the FSS preparedness and emergency plans and design an early warning system	SO 1 2 3	FSS preparedness and emergency plan is updated and shared		1	1
		# of organisations involved in the emergency preparedness plans		1	1
Contribute to national and international awareness on IHL-rights and violations in WB and Gaza Strip.	SO 1 2 3	# of advocacy initiatives with FSS contribution		3	3

14. The SEFSec has identified 1.6 million people as food insecure and in need of support from FSS partners. In need data cannot be broken down by type of intervention and per indicator as FSS partners respond to those identified as food insecure using a variety of modalities.

SHELTER



Activity	Link with Strategic Objective	Indicators	Need	Baseline	Target
Increase access to a basic level of adequate shelter for acutely-vulnerable families through upgrading, repair and advocacy	SO 2 3	# of households assisted to improve or upgrade substandard units	West Bank: 7,085 Gaza: 1,000		West Bank: 1,000 Gaza: 450
		# of households assisted to repair/winterize damaged units in Gaza	76,600		10,000
		# information documents and advocacy messages released on the right to adequate housing, timely reconstruction and fit-for-purpose planning procedures			12
Response to displacement of vulnerable Palestinians following conflict or demolitions through transitional solutions (cash assistance, upgrading of overcrowded or substandard host or rental units and consolidation of makeshift or prefab units), shelter/NFI response and technical assistance, information and capacity building to facilitate an end to displacement	SO 3	# of vulnerable families in Gaza received assistance to access transitional shelter solution meeting minimum standards	13,000		13,000
		# of interventions in Gaza incorporating technical/legal assistance, information sharing and capacity building as a specific project output			3
		% of households in the West Bank assisted after demolition or damage	100%		100%
Preparedness to reduce the immediate effects of natural or manmade disasters through appropriate emergency shelter interventions and support for self-recovery	SO 3	# of individuals able to be provided with emergency shelter/NFIs			30% of contingency plan
		# of households supported with training and tools for self-recovery in West Bank			1,000
		# of collective centres in Gaza provided with adaptation support and training			28
		# of households assisted after natural disaster with emergency shelter/NFIs	West Bank: 1,715 Gaza: Locations at risk of flooding or ARA		West Bank: 700 Gaza: 1,300
		# of families provided with emergency winterization/summarization NFIs for inadequate shelters	West Bank: 7,085 Gaza: 27,000		West Bank: 1,150 Gaza: 12,750
Engagement and capacity building of national stakeholders to provide timely coordination and effective preparedness for response to emergencies	SO 3	# of ministries taking an active role in cluster activities and preparedness measures			3
		% of meetings/events with significant engagement of national stakeholders to update contingency plan			80%



WATER, SANITATION AND HYGIENE (WASH)

Activity	Link with Strategic Objective	Indicators	Need	Baseline	Target
Provide basic WASH services for demolitions/ emergency/ conflict-affected/damaged schools/ IDP HHs, unserved, under-served and most vulnerable communities	SO 1 SO 2	Percentage of demolition incidents receiving a WASH response	100 percent		100 percent
		Number of people in humanitarian situation benefited from access to drinking water	732,000		518,000
		Number of people in humanitarian situation benefited from access to improved sanitation services	600,000		358,000
		Number of HHs receiving hygiene vouchers and kits	200,000		120,000
		Number of people imparted hygiene awareness	695,000		120,000
		Number of WASH facilities rehabilitated/ reconstructed in conflict-affected schools	48		48
Support service providers to ensure the current level of basic WASH services in Gaza	SO 2	Emergency fuel supplied to service providers to ensure that water and wastewater services remain functioning	Regular power supply restored to the water and wastewater utilities		100 % emergency fuel needs of utilities met as per monthly fuel distribution plans
Support winterization preparedness and response in Gaza	SO 3	Number of locations where flood prevention activities are undertaken/ where stagnant flood water was drained	>200 locations		25 high risk locations / hot spots
	SO 3	Number of Municipal level response plans/ contact lists in place	18 municipalities at risk		10 municipal response plans
Support summerization preparedness/ Water access response	SO 3	No. of vulnerable people served with drinking water	110,000 people		60,000 people
Support Emergency preparedness & response plans	SO 3	Number of locations where supplies are prepositioned.	Gaza: 2 locations West Bank: 2 locations		Gaza: 1 location West Bank: 1 location
National WASH coordination capacity reinforced	SO 3	Monthly meetings organized	West Bank: 12 Gaza: 12		West Bank: 12 Gaza: 12
	SO 3	Dedicated information management personnel in place		No	Yes
	SO 3	PWA-led national WASH coordination structure established in oPt		No	Yes
Support Palestinian Authorities in the self-management of water scarcity in the West Bank through capacity building in line with the Transitional Water Scarcity Response Framework	SO 3	Number of Local Government Units (Village Councils, Joint Service Councils, Municipalities) with capacity for self-management of water scarcity			25

HEALTH AND NUTRITION



Activity	Link with Strategic Objective	Indicators	Baseline	Target
Provision of mobile health services to people who face obstacles in accessing basic healthcare	SO 2	# of non-refugees in underserved communities in Area C benefitting from mobile clinic services	73,000	73,000 (29,200 females, 25,550 males, 18,250 children)
		# of refugees in underserved communities in Areas B/C benefitting from mobile clinic services	100,000	100,000 (60,000 females, 10,000 males, 30,000 children)
Provision of mental health and emergency services to vulnerable communities in East Jerusalem	SO 2	# of people in East Jerusalem receiving mental health or emergency services		80,000 (40,000 females, 40,000 males)
Provision of Primary Health Services (PHC) to vulnerable communities/ people in in Gaza	SO 2	# of consultations of patients in the ARA or communities with totally destroyed PHCs		100,000 (49,000 females, 51,000 males, including 40,000 children)
		# of most vulnerable refugees receiving health services		272,237 (134,485 females, 137,752 males, including 118,307 children)
Identify and treat children with severe and moderate nutrition problems in Gaza	SO 2	# children treated from moderate and severe malnutrition	1,200 (600 girls, 600 boys)	8,000 (4,000 girls, 4,000 boys)
Provision of micronutrient supplements to children and women in West Bank and Gaza	SO 2	# of children and pregnant women who had received micronutrient supplements		250,000 (125,000 females, 125,000 children)
Provision of lifesaving neonatal and postnatal services to pregnant women and neonates in West Bank and Gaza	SO 2	# of pregnant women and neonates receiving lifesaving healthcare services		50,000 women
Identify and provide appropriate support to persons with conflict related disabilities in Gaza	SO 2	# people with conflict-related disabilities receive appropriate support	6,475 (2,665 females, 3,810 males)	11,000 (5,000 females, 6,000 males)
Provision of support to vulnerable elderly people in Gaza	SO 2	# elderly persons identified and supported		1,200 (800 females, 400 males)
Strengthen capacity of PHC and front line health workers to detect and refer survivors of violence related to the conflict and GBV in West Bank and Gaza	SO 1 2	# of health facilities with capacity and systems to detect and refer survivors of GBV and conflict related violence	West Bank: 20 Gaza: 25	West Bank:25 Gaza:30
Providing health stakeholders' coordination and collecting and disseminating information on access right to health violations in West Bank and Gaza.	SO 2	# of publications, including press releases with information on restricted access to PHC	12	15
Strengthen the capacity of PHC and front line health providers, and communities on management of mass casualties, rescue and first aid, trauma care and referral to higher levels of health care in West Bank and Gaza	SO 3	# of health facilities prepared to deal with emergency cases	11	20
		# of health workers trained in trauma and/or emergency management	50	2,000
		# of community members trained on first aid	300	500
Provision of prepositioning and pre-emergency services/supplies in West Bank and Gaza	SO 3	# of health facilities with a prepositioned emergency items		20

EDUCATION



Activity	Link with Strategic Objective	Indicators	Need	Baseline	Target
Strengthen reporting on education-related violations across Gaza and the West Bank, particularly in East Jerusalem schools (including Waqf, UNRWA and Private schools), and improve communication with schools/communities on data usage and accountability	SO 1	Number of education staff receiving training, refresher training, or capacity development support to strengthen monitoring and communication of education-related violations			400 (200 women, 200 men)
Support legal action within Israeli courts, European courts, the ICC and others to protect schools and access to education, and support awareness raising of legal rights, channels to report violations and sources of legal aid	SO 1	Number of people benefiting from legal aid or awareness raising			3,200 (900 women, 200 men, 1,050 girls, 1,050 boys)
Provide material support (e.g. reinforced walls, security cameras) and accessible school rehabilitation (including provision of caravans) in areas vulnerable to attack, displacement and where the PA is restricted from maintaining, expanding and/or constructing educational facilities	SO 1	Number of schools provided with rehabilitation services, caravans or other material support			1,342 (64 women, 45 men, 574 girls, 659 boys)
Ensure basic educational services are available and accessible to unserved/underserved communities in Gaza through school rehabilitation and additional learning spaces, the provision of essential educational supplies (including fuel), and support for winterization materials.	SO 2	Number of children benefiting from school rehabilitation and additional learning spaces			2,828 (1,321 girls, 1,507 boys)
		Number of children benefiting from the provision of essential school supplies and DRR equipment			121,025 (1,000 women, 60,133 girls, 59,892 boys)
		Number of children benefiting from improved infrastructure to mitigate the impact of winter storms			4,500 (2,250 girls, 2,250 boys)
Expand protective presence and accompaniment around schools and checkpoints in vulnerable communities	SO 2	Number of school children and teachers benefiting from protective presence			4,100 (100 women, 100 men, 1,950 girls, 1,950 boys)
Provide emergency learning packages and support services (including remedial education) for children and school staff who have lost regularized or full-time access to education	SO 2	Number of school children and school staff benefiting from emergency learning packages and services			254,136 (940 women, 620 men, 122,736 girls, 129,840 boys)
Support MoEHE and other Palestinian education service providers' capacity to plan for and respond to emergencies affecting children's access to education	SO 2	No of education staff who have taken part in capacity building activities to strengthen emergency preparedness and response			5,724 (2,855 women, 2,869 men)
Provide school-based psychosocial support (including extra-curricular and recreational activities) to students and school staff, including capacity building and awareness raising for caregivers and school staff	SO 3	No of students and school staff benefiting from psychosocial support services			275,165 (14,579 women, 7,821 men, 118,686 girls, 134,079 boys)
Provide DRR (including emergency response) capacity building (including first aid and safety) at schools and across Palestinian education service providers	SO 3	No of school staff and students who have taken part in capacity building activities to strengthen DRR capabilities			9,286 (2,049 women, 1,532 men, 2,065 girls, 3,640 boys)



COORDINATION AND SUPPORT SERVICES

Activity	Link with Strategic Objective	Indicators	Need	Baseline	Target
HCT takes decisions to improve humanitarian assistance in oPt	SO 1 2 3	Cluster leads in HCT report against progress in cluster HRP targets % of HCT decisions implemented by HCT and clusters		Twice 80%	Quarterly 90%
Ensure the cluster coordination architecture is fit for purpose and implement the findings of past reviews	SO 1 2 3	Clusters transition plans developed		2	4
Timely production of humanitarian analytical products that support strategic response planning and HCT advocacy, including the HNO	SO 1 2 3	Frequency of updates on geographic and thematic humanitarian snapshots produced, on country-wide dashboards and snapshots; other relevant analysis Humanitarian profile updated for oPt (including cluster specific gender data and needs analysis)		Ad hoc	Quarterly Yes
Regular monitoring by clusters on progress against HRP agreed objectives and indicators	SO 1 2 3	Frequency clusters report on progress towards sector objectives/targets using established monitoring framework		Annually	Quarterly
Ensure further gender mainstreaming in the HRP	SO 1 2 3	% of total budget of funded projects that have the gender marker code 2B (principal objective) % of number of HRP gender focused projects disaggregated by 2A and 2B		0.4% 64%	2% 75%
Establishing inter-cluster and cluster specific preparedness and response standards	SO 1 2 3	Cluster winter and contingency plans are in place		Ad-hoc	In place and ready to use
Strengthen preparedness measures within existing coordination mechanisms and stockpile to ensure needs arising from sudden emergencies are addressed in a timely and predictable manner	SO 1 2 3	Frequency of oPt IACP and stockpiling matrix updated Frequency of HCT emergency simulations		Ad hoc Once every two years	Twice a year Once a year
Strategically use HPF in a timely manner to support humanitarian action	SO 1 2 3	% of pooled funding resources directed to HRP top priority projects % of HPF funds allocated to national partners or to projects in partnership with a national partner		71% 59%	85% 75%
Strengthen advocacy and communication policy	SO 1 2 3	# of HCT Advocacy Working Group meetings # of joint or coordinated HCT advocacy events		12 11 ¹²	12 8

12. In 2014, the HCT exceeded its target considerably due, in particular, to an unprecedented level of coordinated advocacy around Palestinian Bedouin at-risk of Forcible transfer. In the context of the latter, HCT members, in particular AIDA members, carried out coordinated visits with diplomatic and donor partners to the 46 communities in the central West Bank, at-risk of transfer.

PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

Organizations	Requirements (US\$)
United Nations Relief and Works Agency for Palestine Refugees in the Near East	304,882,858
World Food Programme	63,177,679
Food & Agriculture Organization of the United Nations	33,849,300
United Nations Children's Fund	33,041,102
Norwegian Refugee Council	24,112,373
ACF - Spain	10,114,455
Office for the Coordination of Humanitarian Affairs	8,297,392
United Nations Development Programme	6,800,000
Save the Children	6,218,248
CARE International	5,836,868
World Vision International	4,233,615
Gruppo Volontariato Civile	3,871,849
Mercy Corps	3,728,757
Agency for Technical Cooperation and Development	3,618,098
World Health Organization	3,556,728
OXFAM GB	3,540,570
United Nations Mine Action Service	3,338,547
United Nations Population Fund	2,863,080
Union of Agricultural Work Committees	2,734,040
United Nations Educational, Scientific and Cultural Organization	2,560,454
Economic & Social Development Centre of Palestine	2,410,828
United Nations Human Settlements Programme (UN-HABITAT)	2,321,900
Islamic Relief Worldwide	2,168,200
Handicap International	2,030,000
Oxfam Italia	1,818,650
Medico International	1,630,000
Première Urgence - Aide Médicale Internationale	1,489,837
Palestinian Agricultural Relief Committees	1,487,200
Development and Peace	1,378,634
Qatar Red Crescent Society	1,178,334
Swedish and Norwegian Ecumenical Accompaniment Programme in Palestine and Israel	1,154,808
HelpAge International UK	1,046,587
ACT Alliance / DanChurchAid	1,042,340
Norwegian People's Aid	988,754
Comitato Internazionale per lo Sviluppo dei Popoli	804,750
Palestinian Youth Union	789,534
Médecins du Monde France	757,171
EducAid Onlus	703,200
Community Training Centre and Crisis Management	655,500
MA'AN Development Center	645,167

Vento di Terra	638,000
Office of the High Commissioner for Human Rights	580,815
OXFAM Netherlands (NOVIB)	577,014
War Child Holland	566,268
Save Youth Future Society	557,500
Palestinian Counseling Center	555,029
ACT Alliance / Diakonia, Sweden	549,506
Fundación Alianza por Los Derechos, la Igualdad y la Solidaridad Internacional	532,091
Palestinian Center for Democracy and Conflict Resolution	530,000
OVERSEAS-Onlus	527,188
Al-Ahleya Association for the development of palm and dates	509,835
The Palestinian Early Childhood Education Programs	506,500
Fundacion Promocion Social de la Cultura	468,975
Arab Agronomist Association	463,132
The Society of Women Graduates in Gaza strip	438,080
Center for Mind Body Medicine	434,820
Palestinian Hydrology Group	418,370
Union of Health Work Committees	340,064
Palestinian Center for Human Rights	337,436
Tomoooh Association for Skills Development	308,450
Near East Council of Churches in Gaza	287,830
Palestinian Working Women's Society for Development	258,390
Yesh Din	250,000
Rural Women's Development Society	247,260
Médecins du Monde Suisse	241,245
Palestinian Farmers Association	233,300
AISHA Association for Woman and Child Protection	212,500
Applied Research Institute Jerusalem	205,380
Association Medina	200,000
Psycho Social Counselling Center for Women	190,196
Jahalin Association, The	166,104
Women's Affairs Technical Committee	163,387
The Palestinian Initiative for the Promotion of Global Dialogue and Democracy	162,000
B'Tselem - the Israeli Information Center for Human Rights in the Occupied Territories	146,369
Roles for Social Change Association	142,400
Health Work Committees	128,700
ActionAid	120,815
The Human Rights Defenders Fund	115,500
AFKAR for Educational and Cultural Development	104,419

PLANNING FIGURES: PEOPLE IN NEED AND TARGETED

GOVERNORATE	PEOPLE IN NEED	PEOPLE TARGETED	BY SEX & AGE	
			% female	% children, adult, elderly*
 BETHLEHEM	59,672	46,804	49% 	46.2 49.3 4.5% 
 HEBRON	219,408	171,068	49% 	46.2 49.3 4.5% 
 JENIN	58,798	46,118	49% 	46.2 49.3 4.5% 
 JERICHO	17,661	11,488	49% 	46.2 49.3 4.5% 
 JERUSALEM	209,613	164,410	49% 	46.2 49.3 4.5% 
 NABLUS	89,960	60,897	49% 	46.2 49.3 4.5% 
 QALQILIYA	25,931	20,339	49% 	46.2 49.3 4.5% 
 RAMALLAH	81,057	63,577	49% 	46.2 49.3 4.5% 
 SALFIT	22,671	17,782	49% 	46.2 49.3 4.5% 
 TUBAS	17,029	13,357	49% 	46.2 49.3 4.5% 
 TULKARM	36,523	25,563	49% 	46.2 49.3 4.5% 
 NORTH GAZA	229,597	167,086	49% 	46.2 49.3 4.5% 
 GAZA	606,749	409,680	49% 	46.2 49.3 4.5% 
 KHAN YUNIS	217,886	215,000	49% 	46.2 49.3 4.5% 
 MIDDLE AREA	186,355	172,000	49% 	46.2 49.3 4.5% 
 RAFAH	217,758	146,000	49% 	46.2 49.3 4.5% 

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

WHAT IF?

...WE FAIL TO RESPOND

THOUSANDS OF PALESTINIANS IN THE WEST BANK COULD BE FORCIBLY DISPLACED

Some 8,000 Palestinians in 61 communities in Area C in the West Bank are considered at high risk of forcible transfer, while thousands more in the West Bank in the rest of Area C and in East Jerusalem are also at risk of being displaced. Without funding for legal assistance, advocacy, and material support, these people will remain at risk of losing their livelihoods and being irreversibly displaced from their homes.

THE NUMBER OF PALESTINIANS WHO ARE FOOD INSECURE COULD INCREASE

1.6 million Palestinians are currently considered food insecure. If we are not able to deliver food and livelihoods assistance to these people, food insecurity levels could increase, livelihoods could be irreversibly lost, and families will turn to negative coping mechanisms such as reducing their food intake, selling productive assets or reducing expenditure on basics like education and health, in order to try keep their heads above water.

IDPS IN IN GAZA WILL CONTINUE TO LIVE IN DANGEROUS AND PRECARIOUS CONDITIONS

Without funding for transitional solutions such as cash to rent homes or repair their damaged houses, up to 95,000 IDPs will continue to live in precarious and risky conditions including unrepaired damaged houses, caravans, tents and makeshift shelters. The upcoming winter (the second many will have to brace) will increase the vulnerability of these people further, as ruined homes offer little protection from the harsh winter conditions in oPt.

225,000 CHILDREN IN GAZA WILL NOT RECEIVE NEEDED CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT SERVICES

Children in the oPt are growing up with a deep sense of hopelessness and insecurity about their future. A child of six-years in Gaza has now witnessed three conflicts, and children under 10 have only known life under blockade. The 2014 escalation deepened existing vulnerabilities, resulting in more children showing high levels of stress-related symptoms. Family and community based support and psychosocial interventions are urgently needed to prevent the progression of psychosocial distress to mental health disorders, and to strengthen the ability of families to positively support children and young people.

AROUND 1 MILLION PEOPLE IN GAZA COULD BE EXPOSED TO PUBLIC HEALTH RISKS

Without reliable water access, 60 per cent of Gaza's population resort to private, unregulated water suppliers, with lower and largely unmonitored hygiene standards. Without funding for interventions to provide clean and safe water, these people could be exposed to severe public health risks, including waterborne diseases.

0.6 MILLION SCHOOL CHILDREN RISK HAVING THEIR EDUCATION AFFECTED BY THE EFFECTS OF CONFLICT AND OCCUPATION

This includes children in the West Bank whose education is negatively affected for example, by detention, military and armed group activities, attacks by settlers and harassment at checkpoints. In Gaza, suffer from a range of challenges including continuous power outages, psychosocial impacts from the 2014 escalation, and overcrowded conditions.

VULNERABLE PEOPLE WILL BE DENIED ACCESS TO BASIC HEALTHCARE

More than 330,000 acutely vulnerable people in Gaza, including over 86,000 neonates, 18,000 pregnant women, 210,000 people with chronic and non communicable diseases, and over 12,000 elderly people will be left without access to basic primary healthcare and emergency care which will reduce the health status of these people and in some cases could even be life threatening. In the West Bank, up to 132 communities, who are most affected by the occupation, will also face restricted access to healthcare.

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

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