FLASH APPEALOCCUPIED PALESTINIAN TERRITORY

HUMANITARIAN PROGRAMME CYCLE APRIL - DECEMBER 2024

ISSUED APRIL 2024



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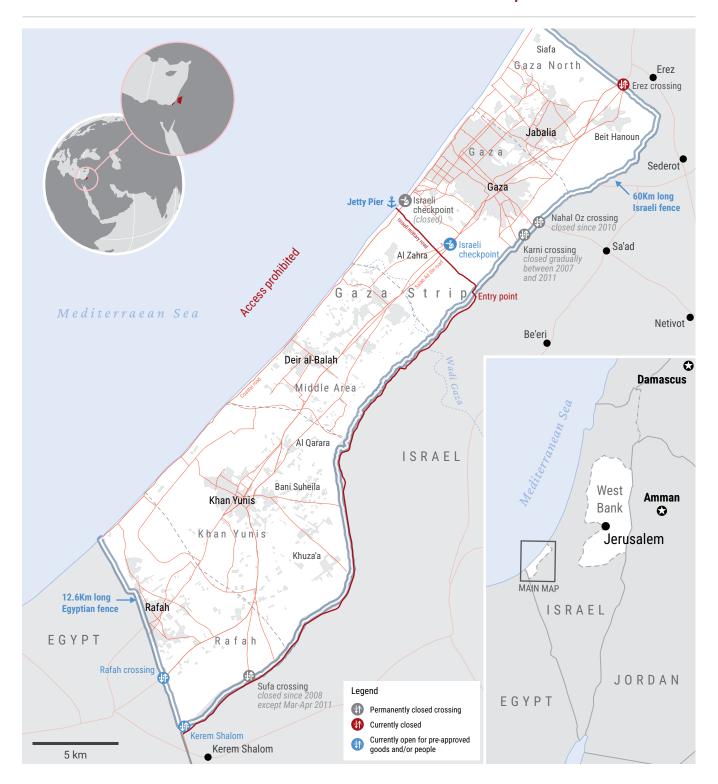
At a glance

PEOPLE IN NEED PEOPLE TARGETED REQUIREMENTS (US\$)

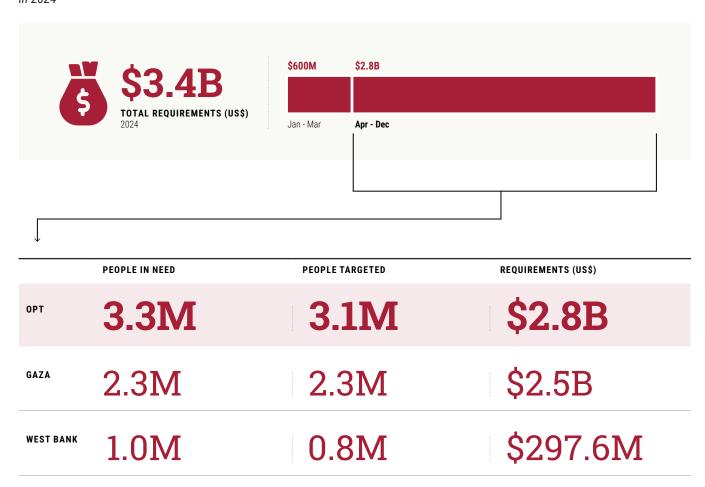
******** 3.3M

**** 3.1M

6 \$2.8B



Annual overview of requirements, people in need and targeted in 2024



Total people targeted and funding required

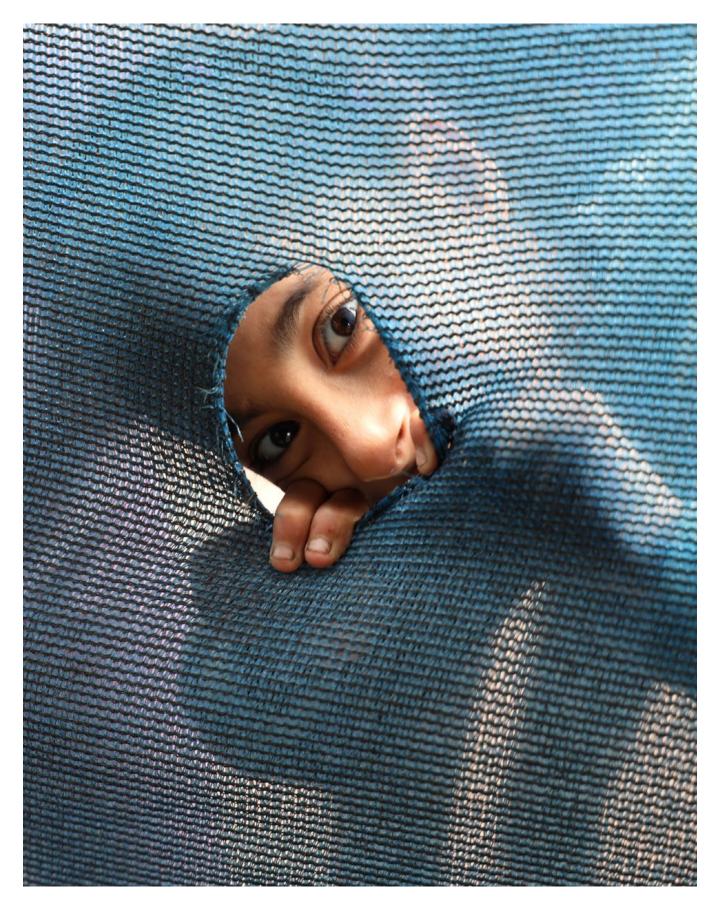
by cluster in OPT



People targeted and funding required

by cluster distributed by area





GAZA STRIP, OCCUPIED PALESTINIAN TERRITORYOn 11 January 2024, a child peeks through a hole in a cloth netting barrier at a shelter for displaced persons in the Gaza Strip.

Photo: UNICEF/Eyad El Baba

Introduction

This Occupied Palestinian Territory (OPT) Flash Appeal calls for US\$2.822 billion for UN Agencies, INGO, and NGO partners to address the most urgent needs of more than three million people in the Gaza Strip (Gaza) and the West Bank, including East Jerusalem, covering a 9-month period from April through December 2024.

This document is the successor to the Flash Appeal for the Occupied Palestinian Territory (OPT) originally published on 12 October 2023. The first revision was published in early November 2023 and extended through March 2024.

The Flash Appeal outlines the estimated resource requirements to reduce human suffering and prevent further loss of life in Gaza and the West Bank based on the best available information at this time. The \$2.822 billion requested represents only part of the \$4.089 billion that the UN and partners estimates is required to meet the needs of the 3.3 million people in need. It reflects what the Humanitarian Country Team foresees as most likely to be implementable over the coming nine months, assuming for the short term, namely the next quarter, many of the current security concerns and access limitations will continue. It also does not include the cost of fuel, which is no longer being provided through external funding. We have also assumed that the efforts to implement Security Council Resolution 2720 (2023) will bear fruit during 2024.

UNRWA plays a unique role in OPT, serving as a key service provider and the backbone of the humanitarian response in Gaza. Two thirds of the population of Gaza, 1.6 million people, are Palestine refugees registered with UNRWA; in times of emergency, the Agency's support is extended to the broader population. The Agency has more than 13,000 staff in Gaza, over 3,500 of whom are engaged in the emergency response. In the West Bank, UNRWA serves 1.1 million Palestine refugees and other registered persons, of whom 890,000 are refugees. UNRWA is part of the humanitarian architecture in OPT and fully integrated into the humanitarian cluster system. Their requirements are included in this appeal.

The magnitude of this response and operational constraints are beyond what has been seen before in OPT and in other contexts. Long term planning is not feasible, however short-term operational plans have been developed for Gaza, outlining different scenarios, and will be developed for the West Bank.

The overall vision laid out in this appeal requires critical changes in the operating environment notably regarding access by personnel and of goods, and security, and funding must be timely and flexible to allow humanitarian actors to adapt programming to a highly dynamic context.

Crisis overview

Gaza Strip

The landscape in Gaza has fundamentally changed since 7 October 2023. Decades of occupation, repeated cycles of conflicts, political instability, and isolation due to the Gaza blockade, barrier wall and movement restrictions had left the population heavily reliant on aid to meet basic needs. The protection concerns which previously existed have been exponentially exacerbated, both in Gaza and the West Bank, including East Jerusalem.

The horrific and deadly attack in Israel by Palestinian armed groups in Gaza on 7 October 2023 that claimed the lives of some 1,200 people triggered an aggressive military response by Israel that has resulted in unprecedented levels of civilian casualties and near complete destruction of the enclave. As of 31 March, a total of 32,782 Palestinians, of whom 9,560 women and 14,500 children have been killed in Gaza since 7 October 2023, according to the Gaza Ministry of Health. Another 75,298 thousand have been injured, many of whom have lost limbs and will live with a disability for the rest of their lives.

The UN estimates that about 1.7 million people in Gaza, 75 per cent of the population, have been internally displaced to south Gaza, further exacerbating the conditions in what was already one of the most densely populated areas in the world. Most are women and children, and many have already been forced to move multiple times in search of safety with additional movements likely. At the time of writing, populations are already leaving Rafah and moving further north along the coastal road in anticipation of increased IDF operations in the area.

Nearly 1 million of those displaced people are now sheltering across 450 emergency shelters (UNRWA and public shelters), or in the vicinity of UNRWA shelters and distribution sites. An estimated 1.3

million are living in tents or self-built shelters in makeshift sites that are ill-suited to weather conditions, exacerbate protection risks, and fail to provide any sort of privacy or dignity. An estimated 72 per cent of buildings have been destroyed, meaning that even in the case of a ceasefire, many people will not be able to return to their homes.

The entire population of Gaza is facing high levels of acute food insecurity (IPC 3 and above; crisis or worse). According to the latest Integrated Food Classification analysis, famine is imminent in the northern governates and projected to occur anytime between now and May 2024. More than half the population of Gaza is facing catastrophic levels of hunger. Gaza now has the largest percentage of any population to receive its most severe rating (IPC phase 5) since the IPC analysis began reporting in 2004.

Markets in Gaza are facing multifaceted challenges, including shortages of basic food items, a reliance on informal channels for supplies, and selling of humanitarian assistance. According to the most recent Gaza Market Monitoring survey conducted by WFP between 7 -15 February 2024, a significant number of shops have shifted from formal to informal status, with reasons including damage, displacement of shop owners and employees, and inability to replenish stocks. A concerning trend identified is the rise of reselling humanitarian aid in markets, particularly informal street vendors, many of whom are young children. Reported increases in consumer prices have significantly diminished purchasing power in Gaza.

Lack of access to clean water is driving people to rely on unhealthy water sources. Since the onset of the bombardment, the water utility is only able to operate 17 of the groundwater wells, when fuel is available, and no wastewater treatment systems are functional apart from one that is only partially working. Drinking water sources have been closed or intermittently operated

as only one out of three water pipelines coming from Israel is operational, only at 47 per cent of its full capacity. The recent WASH assessment, led by UNICEF, found that within the 75 sites assessed in Rafah, covering a population of approximately 750,000 people, one third had water sources that were unsafe for drinking, including 68 per cent of the UNRWA collective centers, and the median water availability was 3 liters per person per day.

The unsanitary conditions across Gaza, particularly in heavily overcrowded IDP locations, and the lack of basic and domestic hygiene items create a highrisk environment for public health at a time when the healthcare system is on the brink of collapse. Sanitation and solid waste management is currently extremely limited, sewage overflow is reported in many areas adding to the public health risk across Gaza. The Rafah WASH assessment similarly found the average number of persons per latrine to be 891 in all sites, and 589 in UNRWA sites. Only one third of the sites had adapted latrines for persons with physical disabilities, just over half had separate facilities for men and women. Reports of diarrhea cases, including an outbreak of Acute Watery Diarrhea (AWD), upper respiratory infections and skin diseases are already common and on the rise.

The huge number of casualties has left health facilities and workers overwhelmed. With attacks targeting hospitals, the bed capacity for inpatient care has been heavily diminished leaving the remaining functional hospitals operating beyond their capacity. WHO has documented 417 attacks on health care damaging 155 health-care facilities and 126 ambulances. Approximately 64 per cent of the 36 pre-existing hospitals are not functioning. Pre-hospital and ambulance services have been heavily affected by damage, lack of fuel and damage to the road infrastructure. Access to other essential health services, including Sexual and Reproductive Health (SRH) services, have been severely affected leaving all vulnerable groups including children, pregnant women, chronic patients, and older people exposed to increased morbidity and mortality. The increased risk of disease is further exacerbated by the dire living

conditions which has put health partners and other stakeholders on high alert for outbreak-prone diseases.

Further escalation could reverse more than a quarter-century of progress, reverting maternal mortality rates to levels last observed in 1995, neonatal mortality to levels last seen in 1998, and stillbirth rates to those from before the year 2000. A study conducted by Johns Hopkins University and the London School of Hygiene & Tropical Medicine forecasts that in the next quarter of 2024, if the status quo is maintained, excess maternal deaths, neonatal deaths, stillbirths, including traumatic injuries could reach 1,388. In the event of further escalation, these numbers could rise to 1,779. The maternal mortality ratio is expected to triple in an escalation-based scenario.

The scarcity of food and water, and poor hygiene conditions are driving rates of malnutrition never seen before in Gaza. 1.1 million children under 18 are facing a heightened risk of malnutrition with 346,000 children under five at the greatest risk of severe food shortage, malnutrition, and preventable death. In North Gaza and Gaza City, among children screened aged 6 – 23 months, the prevalence of malnutrition doubled compared with January to 31 per cent. In Rafah and Deir Al Balah, these rates were approximately six per cent, as compared to a pre-October 7 rate of 0.8 per cent.

Nowhere is safe in Gaza. More than 625.000 children and adolescents in Gaza have been without access to education or safe spaces since 7 October. This includes almost 300,000 children who would normally learn in UNRWA schools. Current reports indicate 80 per cent of all school buildings in Gaza have been damaged, and 92 per cent of all school buildings remaining in Gaza are being used as shelters for IDPs although having sustained damage. There are authoritative reports that schools are being used for military operations including for purposes of detention, interrogation centers, and military bases. In informal discussions with communities, child friendly spaces that provide protection and MHPSS support, educational enrichment and recreational activities are frequently cited as a priority.

Children, who make up 47 per cent of the population in Gaza, and youth are bearing a disproportionate share of the impact of the conflict. Prior to the latest hostilities, Gaza already bore a heavy mental health burden, particularly among children who have already experienced multiple escalations in their short lifetimes. The emergency exposed children to previously unseen levels of violence, fear, and displacement. The level of toxic stress under which the people in Gaza have been living is having a clear and significant impact on psychosocial wellbeing. UNICEF estimates at least 17,000 children in Gaza are orphaned or separated from their families, leaving them highly vulnerable and with increased risk of starvation and other protection concerns. The current humanitarian emergency both increases the likelihood of pre-existing forms of violence and presents new risks to children.

For women and girls in Gaza, gender-based violence (GBV), including physical and sexual violence, is a daily threat, and the combination of threats they face represent distinct and targeted attacks on their rights, identity, and dignity. Widespread displacement and the inability of anyone to find a safe place for shelter from exposure to life-threatening and terrifying events have seriously affected the mental health of adults and children alike. The collapse of pre-existing GBV response services and the limited ability of survivors to move freely due to ongoing air attacks and destruction of infrastructure means that disclosed GBV cases are not provided any assistance, including lifesaving GBV and Sexual and Reproductive Health (SRH) services like case management, psychosocial support, emergency safe houses, and Clinical Management of Rape (CMR).

Substantial contamination from various Explosive Ordnance (EO) sources is likely. While no formal large-scale survey is yet able to go ahead, it is anticipated that the ongoing hostilities, which include airstrikes, shelling, and the use of rockets, has already and will continue to lead to widespread EO/Explosive Remnants of War (ERW) contamination posing significant risks to the civilian population.

Gaza remains under a full electricity blackout since 11 October 2023, following Israel's halt of its electricity and fuel supply to Gaza which triggered the shutdown of Gaza's sole power plant. This has forced essential service infrastructure to rely on backup generators, which are limited by the scarcity of fuel in Gaza. Damage to cell towers has severely inhibited internet and communications, preventing effective communications with communities about assistance. Complete disruptions of communications and internet services, including satellite connections, have been imposed by Israel three times, severely disrupting access to essential services and humanitarian relief efforts.

Since October 7, the Palestinian economy experienced one of the largest economic shocks ever recorded in recent economic history. In Gaza, GDP plummeted by over 80 per cent, from approximately \$670m in Q3 to roughly \$90m in Q4. Almost all economic activity in Gaza has grounded to a halt, with little indication of substantial improvement. The private sector is estimated to have faced production losses totaling around \$1.5 billion in the first two months of the conflict or roughly \$25 million per day. The economic decline in the Palestinian territories already exceeds the impact of the conflicts in 2008, 2012, 2014, 2021, and over the past two decades; it is behind only the second intifada in terms of impact. According to the World Bank the combination of preexisting high levels of poverty, widespread internal displacement, the destruction of homes, fixed assets, and productive capacity, coupled with a massive economic downturn, realistically means that nearly every resident of Gaza will live in poverty, at least in the short term.

While the scale and depth of needs has risen at a dramatic pace, the humanitarian community has continued to battle with impediments to the provision of aid. Humanitarian relief efforts are limited in scale and aid commodities and fuel entering Gaza are not nearly enough to sustain the population. This has caused a mounting sense of desperation which has contributed to a breakdown of law and order, particularly near the Rafah and Kerem Shalom crossing. Aid trucks and drivers have been attacked, and people seeking assistance are facing extreme

danger in accessing distributions, hindering the ability of humanitarian organizations to distribute aid safely and efficiently. Impediments imposed by the parties to the conflict continue to prevent humanitarian aid from reaching a large portion of the population in Gaza, particularly in North Gaza.

West Bank

The post-7 October landscape in the West Bank has been characterized by heightened volatility. The level of intensity and brutality cited in the first revision of the Flash Appeal in November has continued to rise. Since 7 October, military operations in the West Bank have escalated. Israeli forces have killed 426 Palestinians, including 107 children in the West Bank, including East Jerusalem; 75 per cent of the fatalities occurred during Israeli forces' search-and-arrest operations and other military activities. Israeli forces' use of airstrikes, attack helicopters, anti-tank missiles, shoulder-fired explosive projectiles, and other weapons of war, has continued to increase, with lethal results.

Concerns over excessive use of force are linked to the use of live ammunition, air and drone strikes, and off-shoulder missiles, including in densely populated urban areas and in refugee camps. Israeli forces have injured 2,645 Palestinians, including at least 416 children. Of these injuries, 40 per cent were caused by live ammunition or missiles. Since 7 October, more than 6,760 Palestinians have been arbitrarily detained, 9,000 currently being held as 'security prisoners', over 3,400 of them in administrative detention without charge or prospect of a trial; and at least 606 are held incommunicado.

Settler violence has been increasing across the West Bank and has exacerbated the coercive environment. Between 7 October 2023 and 31 March 2024, OCHA recorded 1,096 settler attacks against Palestinians. This reflects a daily average of six incidents, compared with three prior to the escalation, two in 2022 and one in 2021. This is the highest daily average of settler-related incidents affecting Palestinians since the UN started recording this data in 2006. During the same period, Palestinians carried out 60 attacks against Israelis and Israeli settlers in the West Bank including

in East Jerusalem and in Israel. These attacks resulted in the killing of six Israelis and Israeli settlers and injuring 32 others.

Bedouin and herding communities in Area C are at particular risk of displacement due to settlement expansion and designation of firing zones, pushing these communities towards Areas A and B. Since 7 October, 23 of these communities, comprising 1,227 people, including 494 children, have been displaced. Nine communities in the South have reportedly been completely emptied of their Palestinian residents with Israeli settlers currently occupying the land.

Residential structures have been demolished or rendered uninhabitable, leading to the displacement of 198 families comprising 929 people, since 7
October. Nearly 99 per cent of these operations occurred in areas A and B. According to OHCHR, Israeli authorities have accelerated the destruction of Palestinian homes and forcible displacement of Palestinians, and fast-tracked settlement expansion in East Jerusalem, raising concerns of collective punishment following the events of 7 October.

After 7 October, Israel imposed and increased systematic, discriminatory restrictions on the movement of Palestinians across the West Bank, including East Jerusalem, most of which remain in place, sharply restricting freedom of movement in the West Bank, including East Jerusalem. The movement restrictions and closures prevent access to services, including medical treatment and livelihoods and are driving an economic downturn. These have manifested in revoked access rights, as workers and traders with valid permits, are prevented from entering Israel and East Jerusalem, including Palestinian humanitarian staff of UN Agencies and NGOs. Approximately 60 per cent of the Palestinian economy, reliant on trade and employment with Israel, has been disrupted due to the complete closure of the West Bank. The resultant economic downturn has led to increased transportation costs, significant business revenue declines, and potential widespread unemployment. As of end January 2024, more than one third of total employment, 306,000 jobs, were lost in the West Bank and 507,000 jobs across the OPT. This translates

to daily labor income losses of approximately \$21.7 million and increases to \$25 million per day when combined with income losses due to partial payments of wages to civil servants and the reduced income of workers in the private sector. If the hostilities continue, the annual unemployment rate for OPT is projected to reach 45.5 per cent.

This escalation imposed additional challenges to access to safe quality education in many areas of the West Bank including East Jerusalem affecting at least 782,000 students. All schools have been heavily affected by the movement restrictions, military operations, and settler violence since 7 October. All schools run by the Palestinian Authority (PA) in the West Bank now operate on a hybrid approach combining face-to-face learning with distance learning. This is due to conflict-related access constraints, protection risks and economic strains that have further intensified since October 2023 resulting in significantly reduced salary payments to education personnel. UNRWA schools remain operative, with "occasional" closures due to the ongoing conflict. Many out-of-school children are reportedly now engaging in child labour.

Despite the functional status of healthcare facilities across the West Bank, many challenges significantly hamper the delivery and accessibility of essential health services. The financial constraints facing the healthcare sector have led to reduced salaries for healthcare workers (HCWs), contributing to a decreased presence at health facilities. The health sector is grappling with significant stockouts of medicines due to suppliers not trusting the authorities will be able to pay. For ordinary people, access to medicines is further exacerbated by increasing prices for essential medications. These economic barriers place a considerable strain on both healthcare facilities and patients.

Budgetary constraints and heightened access barriers, including security challenges, notably 236 attacks affecting 20 health facilities and 178 ambulances since 7 October, significantly limit the provision of services by mobile clinics to underserved communities. In Area C, of 172 locations reliant upon mobile clinics, only 120 are accessible. Forty-four locations are non-functional due to funding shortages, two with restricted or limited access due to requirements to coordinate with Israeli authorities. By the end of April 2024, services in an additional 39 locations may cease due to funding shortages.

Gender and intersectionality

The humanitarian consequences of the ongoing hostilities are exacerbating gender specific risks and vulnerabilities. As of 31 March 2024, nearly two thirds of the fatalities in Gaza have been women and children.

Multiple displacements have disproportionately affected women who often stay behind as caregivers for family members, such as older persons or people with disabilities, who are unable to move. With a high number of men facing killing, injuries, arbitrary detention and enforced disappearance, women often become heads of households overnight in a situation where their previous sources of income have been disrupted. In the OPT, widowed women lack protection in accessing rights to child custody and guardianship, as well as control over inheritance from a deceased spouse. As of January 2024, at least 3,000 women were already estimated to have become widows in Gaza. While female headed households are eligible for permanent social safety nets, the assistance is minimal.

The crisis also impacts power dynamics, roles, and gender relations. Loss of families in full or in part, loss of parents or a breadwinner, and loss of home and community lead to changes in family formation including from predominantly nuclear and extended families to super-extended families. There is a risk that families will resort to harmful coping mechanisms including child and forced marriage, especially given the high number of young girls who have lost one or both parents.

Women and girls are seeking safety under unbearable conditions, with severely overcrowded shelters posing serious limitations to their safety and privacy. Stress, trauma, food insecurity and displacement all increase stress within families and communities which elevates the risks of gender-related protection concerns, including gender-based violence (GBV). Reporting and

accessing help for GBV remains extremely limited due to the collapse of the referral pathway and forced closure of most GBV response providers including police stations, safe houses, hotlines, counselling, and case management. Women's organizations have reported a need for psychosocial assistance for women and their children, with many mothers indicating children have experienced significant psychological stress.

Women and girls' health and well-being are severely compromised due to the crisis. Women report greater difficulties in accessing food than men and reduced food consumption as compared to other household members. Vulnerable group of women, such as women heads of households, older women, and women with disabilities also face security and protection obstacles when attempting to access food distribution. This practice puts pregnant and lactating women at a greater risk of malnutrition. Further, women and girls are uniquely affected by water scarcity, affecting their dignity, menstrual hygiene management, and mental and physical health.

Persons with disabilities in Gaza have described difficulties in fleeing attacks, especially in the absence of effective warnings, as well as from the heavy destruction which made it particularly difficult to escape using their wheelchairs and other assistive devices. A recent assessment reveals that 5,000 people in Gaza who have acquired disabilities from injury over the past five months are among the vulnerable groups worst affected by hostilities.

Ongoing assessments

The Flash Appeal was informed by assessments conducted by clusters and their members. These assessments, spanning a wide range of critical areas such as health, education, WASH, shelter, and food security, provided an in-depth and nuanced understanding of the needs across Gaza. Drawing upon the expertise and on-the-ground insights of cluster members, these analyses have been pivotal in shaping a targeted and effective response strategy.

The situation is unfolding rapidly, and staff continue to have limited movement due to the ongoing hostilities and insecurity. Subject to the security situation, OCHA, Clusters and IMPACT are preparing for an **Interagency Rapid Needs Assessment (IA RNA)** to further support evidence-based responses.

Given the volatile context in Gaza, humanitarian access and operational capacities will influence the RNA's methodology and implementation timeline. Two primary scenarios have been outlined. The first presupposes a ceasefire which would allow for in-person data collection and enhanced depth and reliability. The second, which does not include a ceasefire, would rely on remote data collection through a key informant methodology. For each, a phased approach would be taken.

In cooperation with UNOSAT, OCHA plans to collect and analyze high-resolution satellite imagery to identify and quantify damage to urban and agricultural areas.

Two iterations of the **Integrated Phase Classification** (**IPC**) analysis have taken place since the outset of the latest conflict in Gaza. The most recent has projected that famine may occur anytime anytime between now and May 2024. A third IPC review is planned for May 2024.

The Mine Action AoR under the Protection Cluster provides **Explosive Threat Assessments (ETA)** of humanitarian (UN/NGO) buildings/sites/areas that

have been impacted by Explosive Ordnance or are soon to be occupied or used by humanitarian actors, to ensure it is safe for use and occupation and that no explosive hazards or threats are present, enabling the humanitarian response.

FAO has been undertaking **geospatial assessments** on agricultural damages, notably crop land, green houses, irrigation wells, and agri-food infrastructures and facilities, analysed alongside field assessments of livestock (Gaza) and farmers (West Bank). FAO is also conducting assessment on the status of livestock in Gaza (face to face interview through local partner).

UNOSAT has conducted five rounds of satellite imagery-based Comprehensive Damage Assessments in the Gaza Strip. These assessments, especially significant in the governorates of Gaza and Khan Yunis, provided the Humanitarian Country Team with invaluable guidance on the severity of destruction to essential infrastructure, including hospitals, schools, and water, sanitation, and hygiene (WASH) facilities, as well as commercial, industrial areas, and residential units.

Under the leadership of the **WASH cluster**, <u>assessments</u> are being undertaken to produce grassroots research of WASH conditions at the IDP site level in the Gaza Strip to identify critical responses and actions.

The **Nutrition Cluster** has undertaken an <u>analysis of</u> the nutrition situation in Gaza, with a focus on infants, children, pregnant and lactating women. Conclusions on the nutrition situation in Gaza have been drawn from an analysis of the four main drivers of malnutrition. This is an innovative approach, borne of necessity in a context where the collection of anthropometric measurements has been largely impossible.

The Site Management Working Group is undertaking site mapping and profiling, needs assessments and

gap analysis across and within Clusters. Information on the size, demographics, vulnerabilities and site management structure and multisectoral needs are being used to generate snapshots and maps of site to support operational responses.

The **Logistics Cluster** is regularly assessing humanitarian organization's transport and storage capacities to detect possible gaps, particularly in other governorates besides Rafah, and identify partners that are willing to share logistics resources.

The <u>Gaza Strip Interim Damage Assessment</u> was conducted by the World Bank, the European Union (EU), and the United Nations (UN) and released in late March.

It provides a preliminary estimate of the impact of the conflict in the Gaza Strip up to end of January 2024 and provides an estimate of the cumulative damage for critical sectors, along with human and social impacts. It serves as a precursor to a full Rapid Damage and Needs Assessment (RDNA), which will be carried out when the situation permits.

Operational assumptions

The plan is based on a set of operational assumptions which assume changes to the current operating environment. The evolving conflict in Gaza, with the spillover effects extending to the West Bank, continues to demand an extensive response from the UN and partners amid an increasingly dynamic and unstable security environment. The magnitude of the humanitarian crisis in Gaza is unprecedented.

While efforts to implement Security Council
Resolution 2720 (2023) calling for parties to facilitate
and enable immediate, safe, and unhindered delivery
of humanitarian assistance at scale are moving
forward, at present, the humanitarian aid in Gaza
falls significantly short of the critical needs of over
2 million people. This is contributing to heightened
desperation, security risks, and deteriorating law and
order. Frequent disruptions in telecommunication
networks, energy shortages, and fuel scarcity
severely affect the safety of UN personnel in Gaza
and increasingly challenge humanitarian efforts by
hindering access to essential services. Violence in
the West Bank, including East Jerusalem, has sharply
escalated since the conflict began.

Continued hostilities will further exacerbate humanitarian needs across Gaza

The humanitarian situation is likely to remain dire with the massive devastation caused by six months of war coupled with the unprecedented civilian displacement. Sustained and holistic humanitarian assistance to address life-saving needs of Palestinians in Gaza is anticipated to be required throughout the remainder of 2024, given the stretched capacity of local and national authorities to cope with the deteriorating situation and lack of clear political trajectory.

It is expected that restricted access without the ability to deliver humanitarian response in a 'normal' manner will continue throughout 2024 and that humanitarian action will continue for at least 1- 2 years and will remain the 'main game' in 2024 with the UN remaining the largest actor on the ground. Sustained Israeli presence and land incursions are anticipated to continue alongside continued lawlessness with an increase in organized criminality in an environment of collapsed institutions with little governance.

At the same time, humanitarian actors are working in collaboration with development partners to ensure interventions, to the extent possible, are conflict sensitive and support foundations for intensified future early recovery efforts.

Violence and unrest will continue or intensify in the West Bank

It is expected that violence and unrest will continue across the West Bank throughout 2024.

Demonstrations, search and arrest operations, settler violence and an increased number or sustained military operations by Israeli forces with armed clashes between Palestinians and Israeli forces and/ or by an increased number of protests, demonstrations, and confrontations using excessive force are to be expected. This would likely take place alongside increased settler violence in hotspots across the West Bank, including East Jerusalem. Protest actions may break out across the West Bank, including East Jerusalem, which is likely to result in confrontations between Palestinian communities and Israeli forces and/or settlers. Large-scale access and movement restrictions will result in the inability for Palestinians, and humanitarian and development actors to move between cities or between areas, due to closures and fear of settler violence. First responders, including health and social workers, could face difficulties reaching the wounded and health facilities could be overwhelmed with the patients able to reach them. Restrictions will likely continue to hinder the movement of hundreds of thousands of Palestinians to essential services, including health care, education, and other essential services.

General insecurity may increase, resulting in increased risks for female-headed households, women, including those who are pregnant and lack access to safe birth facilities, children, persons with disabilities, and Bedouin and herder communities. Increased protection concerns could include rising levels of gender-based violence (GBV), and a deterioration in mental health and psycho-social well-being. An immediate inability to access livelihoods would result in falling income, leading to increased socio-economic vulnerability. Previously self-reliant families may progressively fall into poverty. Children may either be denied access to their schools due to checkpoints or school closures or will face increased protection risks on their way to and from schools.

Movement restrictions and closures are affecting humanitarian operations, as well as the monitoring, reporting, and responding to violations of international human rights law (IHRL) and international humanitarian law (IHL). Assumptions include a continuation of Israeli supplied electricity and water, and continued restrictions to Palestinian exports and imports, large scale unemployment nearing 60 per cent, limited safe access to agricultural lands outside of Palestinian cities and towns, localized losses of MSMEs nearing 50 per cent, collapse of PA revenues and inability to pay salaries, contractors, and services, and inability of the private sector to maintain liquidity, roll over loans and lending to private sector.

The essential conditions for successful implementation of the emergency assistance in OPT, that if achieved would create an enabling environment to deliver assistance:

- UN and humanitarian partners must be able
 to safely deliver assistance. This means that
 humanitarian locations and movements must be
 protected. For the safety of humanitarian convoys,
 patrolling to provide area security may be needed
 in certain locations. This requires the agreement
 of all parties.
- Equipment to operate, including communications equipment, protective gear/personal protective equipment, armored vehicles, prefabs and generators for staff accommodation and offices.
- More entry points and supply routes into Gaza, including directly into northern Gaza (Karni, Erez). The opening hours of Kerem Shalom need to be expanded to optimize daylight hours and the crossing also needs to operate fully on Fridays and Saturday. Ashdod and Gaza City port should be used for a maritime corridor; and supplies from Jordan should come through Allenby and Rabin crossings and directly through crossing points in Erez/Karni and Kerem Shalom.
- Improved ability to move within Gaza. To effectively
 deliver assistance to the north, both the coastal
 road and Salah al Deen roads need to be open
 from daylight and there needs to be smooth
 access through the checkpoints based on agreed
 procedures. Humanitarian workers moving through

- the checkpoints to deliver humanitarian assistance should not be questioned or detained.
- Private sector to complement humanitarian response by the resumption of trade. Basic commodities from the private sector need to enter at scale, as humanitarian aid cannot sustain a population of over 2 million people. The minimum target is 600 trucks entering Gaza per day: 300 with commercial goods, 200 with UN and INGO supplies, and 100 with items collected by the Red Crescent societies.
- Entry of critical humanitarian items. Restrictions on items like spare parts for sanitation infrastructure,

- timber and construction materials and tools for house repairs, solar panels and generators, materials for demining and food production inputs need to be lifted immediately.
- Visas and permits. Dozens of UN and INGO staffers have been waiting for months for their visas to support Gaza operations from Jerusalem and hundreds of UN and NGO staff are restricted from movement within the West Bank, including to and from East Jerusalem.
- Enough fuel for hospitals, water and sanitation infrastructure, communications, and humanitarian operations.

Response strategy

Response priority

The main response priority is to scale the humanitarian response to address the current level of needs across OPT. The April – December 2024 Flash Appeal contains activities to meet immediate life-saving humanitarian needs until the end of the year. Repair, rehabilitation and/or livelihoods activities are only included where they have been deemed more cost effective, feasible and appropriate. Reconstruction considerations are anticipated to be reflected in subsequent plans when the situation allows and following damage assessments.

It is ultimately the government's responsibility to provide relief to populations affected by humanitarian crises within its territory. The OPT Flash Appeal addresses gaps in fulfilling these responsibilities and seeks to coordinate efforts to alleviate humanitarian needs and enhance the rights of the affected population.

Response approach

The humanitarian community in the OPT is committed to the centrality of protection, which encompasses protection mainstreaming, Accountability to Affected People, and monitoring of the protection environment.

This foundation supports a response that is inclusive and gender-responsive, with a particular emphasis on addressing gender-based violence (GBV) through a gender and intersectional lens that pays special attention to marginalized and vulnerable groups, and ensuring that leadership, coordination, and engagement is strategic and aligned.

Central to the response is placing communities at the heart of efforts. This approach involves enhancing accountability to affected people (AAP) improving communication with communities through the establishment of an interagency Community Feedback Mechanism (CFM), supporting Protection from Sexual Exploitation and Abuse (PSEA) through initiatives like the Sawa hotline, and focusing on activities that include sensitization, training, and monitoring. The strategy also supports the revitalization and rebuilding of civil society organizations, especially those led by or focused on women and youth.

protection at the centre of the humanitarian response: the humanitarian response is committed to addressing the diverse needs of people of all ages and gender identities in vulnerable situations, ensuring that activities are principled, realistic, feasible, and accessible to all genders and age groups. This includes enhancing accountability, protection from sexual exploitation and abuse, improving information sharing, and mitigating risks related to GBV as part of the humanitarian effort. Communication efforts will cover all forms of GBV, with a commitment to ensuring that the response is sensitive to gender,

age, and disability, with data collected accordingly.

Protection is a key priority across all aspects of

humanitarian programming.

Committing to put people, gender equality, and

Making assistance accessible to all people in need, including delivering in the hard-to-reach areas: the humanitarian community is committed to expanding assistance and reaching individuals in need, regardless of their location. The varying operational environments throughout the West Bank and Gaza necessitate distinct area-based coordination (ABC) bodies or hubs. In Gaza, UNRWA Area Operation Rooms are used as a space for operational partners to directly connect in a predictable manner with the wider coordination system including Cluster Coordinators and OCHA. The ABCs offers dedicated space to voice concerns, highlight needs, seek opportunities for linkages, and find common solutions for a more proactive, efficient, and area-specific, last-mile aid delivery and coordination. This approach aims to leverage the work of national actors to increase humanitarian presence and capacity, urging actors to adopt varied response mechanisms to reach broader groups of vulnerable populations in previously untargeted areas in a timely and coordinated manner. In the West Bank and East Jerusalem, humanitarian partners are implementing risk mitigation measures and preparing contingency plans to address the needs of the most vulnerable communities affected by settler violence and military operations.

Supporting Internally Displaced People: the Flash Appeal addresses the needs of displaced families, both

inside and outside emergency shelters, including those with host communities in Gaza and those affected by settler violence, demolitions and military operations in the West Bank and East Jerusalem. The approach involves providing Multi-Purpose Cash Assistance (MPCA), in-kind aid, or vouchers where feasible, along with ensuring access to clean water, hygiene kits, and essential services. Efforts to ensure provision of essential services in Designated Emergency Shelters (DES) managed by UNRWA aim at maintaining minimum adequate services for internally displaced persons (IDPs), including privacy measures and one-off cash re-integration assistance for families inside and outside DES who are unable to return to their homes. In the West Bank, shelter solutions for displaced families include multi-purpose cash assistance, cash reintegration packages and temporary shelters. In addition, partners will provide other multi-sectoral assistance, including protection services, to displaced and non-displaced people, including women, children, people with disabilities, older persons, survivors of GBV, and undocumented people.

Integrating time critical interventions which lay the foundations for sustainable recovery: in Gaza addressing immediately some of the most urgent and critical early recovery needs is necessary to alleviate the conditions of the population, facilitate the humanitarian response and limit as much as possible aid dependency, and ensure a smooth transition between relief and recovery in the future. These activities will include the immediate removal and recycling of war debris, clean-up, and disposal of UXO, initial rehabilitation of infrastructure, the provision of immediate early recovery services in the areas of shelter and livelihoods recovery, as well as emergency cash for work initiatives. Reconstruction efforts are expected to be incorporated into future plans, contingent upon the situation and subsequent damage assessments. The appeal includes strategies to address immediate humanitarian needs through the end of the year, emphasizing support for both existing and new infrastructures, services, and capacities wherever possible.

Operational capacity

The coordination system has identified at least 132 partners capable of delivering humanitarian assistance at this time in Gaza and the West Bank. Additional

partners may join response efforts. OPT benefits from the presence of strong national organizations, which make up 39 per cent of the total organizations currently providing humanitarian aid. Additionally, more than 44 international NGOs and 16 UN agencies have operational capacity within the OPT.

Response monitoring

The UN and its humanitarian partners are thoroughly committed to transparent, principled, and efficient aid operations. Humanitarian partners will continue to monitor the response implemented under this Flash Appeal to meet the objective of a timely, efficient, fit-for purpose, scale, and accountable response. In Gaza, efforts to date to address 'last mile' delivery have been highly challenged. The UN and partners continue efforts to ensure that the aid they provide reaches the most vulnerable, through various approaches, including the work of the Senior Humanitarian and Reconstruction Coordinator.

The operational presence of partners, activity achievements, and gaps in the response will be monitored by the National Inter-Cluster Coordination

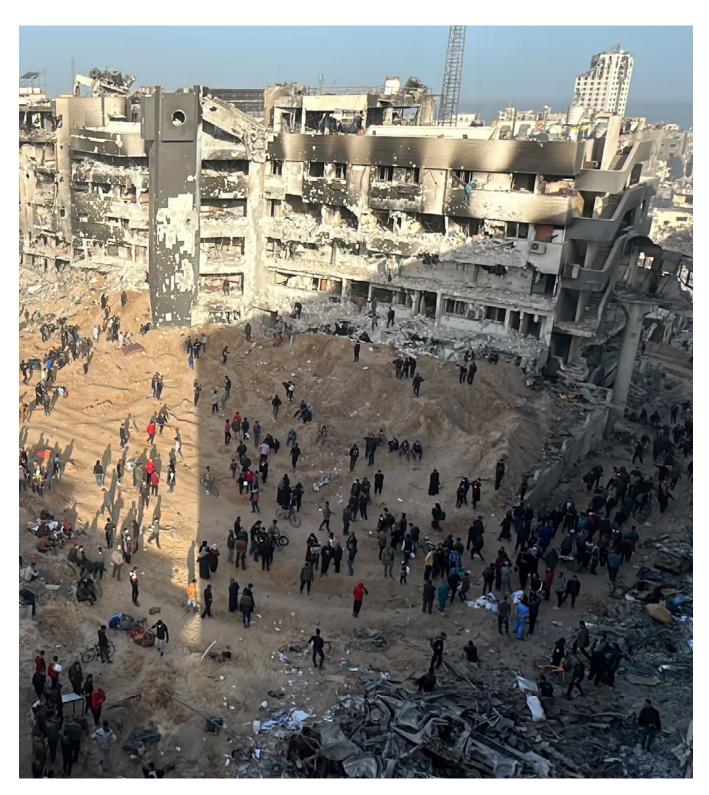
Group (NICCG) and reported to the Humanitarian Country Team (HCT). Tracking of funding going towards the Flash Appeal will be reported through the OCHA Financial Tracking Service (FTS). Various information products and analyses are currently being produced on a regular basis to provide updates on the needs and response, including daily Flash Updates, Humanitarian Response Snapshots and Dashboards to report on the status of humanitarian needs, response, and gaps, as well as funding and funding gaps. A mid-year monitoring report may be prepared to assess the need for adjustments to the initial estimates or to reaffirm them. This reflective process will help in maintaining the relevance and responsiveness of the efforts to the evolving situation on the ground.

Costing

Under the leadership of the Humanitarian Country
Team (HCT), the National Inter-Cluster Coordination
Group (NICCG) launched a two-year pilot transition
to unit-based costing (UBC) in 2023 for the 2024 HRP.
The extension of the 2023 Flash Appeal through March
2024 and the new Flash Appeal April – December
2024 replaces the HRP for 2024 and draws upon the
work done by the NICCG and partners and employs

a UBC methodology. Further, efforts will be made to ensure that the humanitarian response is aligned with humanitarian-development collaboration and its linkages to peace efforts.

The costs identified reflect an estimate of what will be required for April- December 2024 based on the information available at the time of writing. This document may be updated later in the year as more information becomes available on the evolution of the conflict, or if the operational environment drastically changes.



GAZA STRIP, OCCUPIED PALESTINIAN TERRITORY

Destruction of Al-Shifa hospital, Gaza's largest health facility. Photo: WHO

Priority needs and response

Health



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | IMPLEMENTING PARTNERS |
|------------|---------------------|-----------------|-----------------------|
| OPT | \$408.5M | 2.9M | 39 |
| GAZA STRIP | \$354.6M | 2.2M | 30 |
| WEST BANK | \$54.0M | 0.7M | 28 |

Contact information:

Chipo Takawira, ctakawira@who.int

Gaza Strip

Priority needs

- High burden of acute trauma and injury cases, including those in need of advanced surgical care, limb reconstruction, and postoperative rehabilitation.
- Increased bed capacity, health workforce availability, and medical supplies, equipment, electricity and/or fuel and other logistics needs for health facilities.
- Increased access to primary and secondary healthcare services including prevention and treatment of childhood illnesses, curative care for adults, management of non-communicable and communicable diseases, Sexual and Reproductive Health (SRH), maternal and newborn care, and clinical management of GBV survivors.
- Disease surveillance, as well as health promotion and infectious disease prevention needs.
- Mental health and psychosocial support to the population, including frontline health workers, and psychotropic medicines for those suffering from mental health disorders.

- Support to existing pre-hospital (ambulance), primary care centres, and hospitals with personnel, medications, medical disposables, laboratory supplies, medical kits, equipment, electricity/fuel, water, and other logistics requirements.
- Strengthen health service delivery capacity through the deployment of Emergency Medical Teams (EMTs) to support existing facilities and establish field hospitals to decongest the few remaining functional hospitals.
- Increase access to primary and secondary
 healthcare services including prevention and
 treatment of childhood illnesses, curative care
 for adults, management of non-communicable
 (NCD) and communicable diseases, Minimum
 Initial Service Package (MISP) for Sexual and
 Reproductive Health (SRH). Establish medical
 points, mobile clinics, and temporary facilities in
 and around IDP shelters to support primary health
 service delivery, emergency obstetric and newborn
 care (EmONC), and disease surveillance.
- Strengthen referral pathways within the Gaza Strip and re-establish medical evacuation (medevac) pathways outside Gaza into West Bank, East Jerusalem, Egypt, Jordan, and other locations for

- acutely injured and chronically ill patients in need of advanced care.
- Scale-up early warning alert and response, surveillance, diagnostic and response capacity for outbreak-prone, communicable diseases.
- Increase multidisciplinary post-operative care and rehabilitation services for the injured including limb reconstruction and assistive devices.
- Provide mental health and psychosocial support to the general population, including healthcare workers and GBV survivors.

West Bank

Priority needs

- Comprehensive trauma and emergency services and urgent medical supplies and training for immediate and rehabilitation needs, with a focus on decentralization of mental health services.
- · Access to psychotropic medications is needed.
- Access to essential healthcare services is restricted with only 110 of 172 communities served by mobile clinics. Addressing permit issues and coordination with authorities is necessary.
- Management of non-communicable diseases including cardiovascular diseases and diabetes, especially due to their link to war-related trauma. Sustained access and stock management are required.
- Improved sexual and reproductive health services and training in emergency obstetrics, EmONC, and gynecology.
- Rehabilitation of health facilities and addressing WASH vulnerabilities, especially in conflict-affected areas. 62 per cent of primary healthcare centers have mild to severe WASH vulnerabilities.
- Over 40 per cent of the Essential Medicines List items are out of stock due to financial barriers and restrictions on imports through Jordan, affecting key providers.

Priority activities

 Improve trauma case management and rehabilitation services across all care levels for the injured, ensuring early and comprehensive rehabilitation.

- Preposition and decentralize critical supplies, addressing movement restrictions by spreading critical supplies across north, central, and south locations, allowing for maintenance of healthcare service continuity during military operations.
- Strengthen workforce skills to support vulnerable communities through enhanced training in post-trauma care, mental health, and psychosocial support.
- Guarantee access to basic healthcare services, including through scaled-up deployment of medical personnel. Ensure healthcare for isolated communities, covering a broad spectrum of needs from management of NCDs to sexual and reproductive health, including GBV survivors' care.
- Address mental health needs of the community, healthcare workers, and GBV survivors, with a focus on psychotropic medicine access and stigma reduction.

Nutrition



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | IMPLEMENTING PARTNERS |
|------------|---------------------|-----------------|-----------------------|
| OPT | \$150.9M | 1.2M | 19 |
| GAZA STRIP | \$136.2M | 0.5M | 19 |
| WEST BANK | \$14.7M | 0.7M | 6 |

Contact information:

Rasha Al-Ardhi, ralardi@unicef.org

Gaza Strip

Priority needs

- Complementary/ supplementary feeding, micronutrients supplements, therapeutic feeding and other nutrition interventions for the prevention, early detection, and treatment of malnutrition for over 160,000 pregnant women and breastfeeding mothers, and 346,000 children under five including 135,000 children under two years of age who are the most vulnerable.
- Prevention and treatment of acute malnutrition for children under 5, whose rates based on are estimated to reach 16 per cent in North Gaza, 3 per cent in middle Gaza and 4.4 per cent in Rafah. An estimated 50,400 children under the age of 5 are acutely malnourished, a dramatic increase from 7,685 pre-crisis. North Gaza which is currently the most affected.

- Improve response capacity by enhancing the knowledge and skills of front-line workers in responding to nutrition emergencies, focusing on early detection, prevention, and treatment of malnutrition.
- Provide nutrition counseling and support to caregivers of infants and young children to enhance

- the promotion, protection, and support of safe and appropriate feeding practices with special emphasis on breastfeeding, complementary feeding, early simulations (ECD-E), and responsive caregiving to ensure their survival, health, and growth.
- Provide and monitor the use of ready-to-use infant formula (RUIF) and breastmilk substitutes for non-breastfeeding infants.
- Strengthen malnutrition prevention efforts by providing age-appropriate complementary food, blanket supplementary food, and micronutrient supplements to children aged 6-59 months and pregnant, breastfeeding women.
- Expand efforts to identify and treat acute
 malnutrition cases through outpatient treatment
 programme, utilizing simplified treatment protocols,
 and integrating nutrition services into functional
 health facilities and outreach activities as well as
 the in-patient care through the stabilization centers
 to treat children with severe acute malnutrition with
 medical complications.
- Strengthen the linkages with cash and voucher assistance interventions to improve access to nutritious foods and basic services for young children and pregnant and breastfeeding women during the first 1,000 days.
- Conduct nutrition assessments, where possible, to boost early warning mechanisms for nutrition, and determine the extent of the deterioration of the nutrition status of women and children enabling informed decision-making.

- Ensuring intact essential nutrition commodities pipeline to support the delivery of non-interrupted nutrition curative and preventive services.
- Expand partnerships with national and international NGO partners and strengthen community engagement to scale up the geographical and treatment coverage of the full package of nutrition interventions.

West Bank

Priority needs

- Access to life-saving nutritional interventions to prevent, detect early signs of, and treat acute malnutrition.
- 18,000 children are estimated to be malnourished and almost 50 per cent of these children could develop the more severe form of acute malnutrition.
- Protect and promote infant and young child feeding practices, including the responsible management of breast milk substitutes.
- Ensure the availability of essential nutrition supplies such as complementary/ supplementary food, therapeutic food, and micronutrients supplements for children, adolescents, and pregnant or breastfeeding women.

- Early warning, emergency preparedness, active
 case finding and management of acute malnutrition
 cases, and response activities including
 assessments and prepositioning of nutrition
 preventive and therapeutic feeding products and
 other key nutrition commodities.
- Integration of nutrition services within health system, including improving the knowledge and skills of health workers to detect, prevent, and treat malnutrition.
- Nutrition counseling and support to caregivers
 of infants and young children to enhance the
 promotion, protection, and support of safe and
 appropriate feeding practices with special emphasis
 on breastfeeding, complementary feeding, and
 ECD-E and responsive caregiving to ensure their
 survival, health, and growth.

- Prevent and control micronutrient deficiencies through micronutrients supplementation to pregnant and lactating women, and children under five years including vitamin A supplementation and micronutrient powders.
- Improve access to nutritious foods for young children and pregnant and breastfeeding women during the first 1,000 days through links with cashyoucher assistance.

Food Security



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | IMPLEMENTING PARTNERS |
|------------|---------------------|-----------------|-----------------------|
| OPT | \$782.1M | 2.6M | 18 |
| GAZA STRIP | \$680.5M | 2.2M | 14 |
| WEST BANK | \$101.6M | 0.4M | 12 |

Contact information:

Stefania Di Giuseppe, stefania.digiuseppe@fao.org

Gaza Strip

Priority needs

- Immediate and urgent food assistance is imperative to address the catastrophic situation prevailing among the entire population in the Gaza Strip.
- Maintain a steady supply of fuel and cooking gas
 to sustain operations of crucial services (such as
 mills and bakeries) and provide individuals with the
 means to prepare the limited food available to them.
- Provide Cash for Work opportunities to alleviate the strain of the ongoing crises.
- Support agriculture-based livelihoods, crop, livestock, and fishing sectors to revive production of fresh, perishable foods critical to minimize the risk of famine and ensure the sustained supply of essential nutritious food particularly milk to support large-scale efforts to enable Gazan children to meet WHO recommended minimum daily requirements in terms of caloric and protein intakes.

Priority activities

- Scale food aid delivery to support the entire population.
- Expand Cash for Work interventions to further support alleviating food insecurity and allow beneficiaries to meet their most basic needs.
- Deliver essential agriculture inputs crucial for production of nutritious and diversified food, animal

survival and re-initiating agricultural, pastoral and fisheries production recovery.

West Bank

Priority needs

- Urgent and increased emergency food assistance to address increasing food insecurity among the most vulnerable population.
- Support the rehabilitation of livelihoods in agriculture and livestock sectors, focusing on revitalizing production to ensure a stable supply of essential food by supporting local farmers and addressing challenges faced by breeders.

- Scale up food assistance through food e-vouchers, expanding coverage to new vulnerable groups impacted by increased unemployment and livelihood losses due to movement restrictions.
- Scale up food in-kind distribution based on response analysis and market functionality, focusing on safety.
- Offer cash assistance for immediate relief, especially targeting Gazan Workers in public centres.
- Support and safeguard vulnerable farmers and livestock holders affected by increased violence and movement restrictions in the West Bank by providing essential production inputs (animal feed, fertilizer, seeds).

Protection, including Areas of Responsibility (AoRs)



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | IMPLEMENTING PARTNERS |
|------------|---------------------|-----------------|-----------------------|
| ОРТ | \$163.9M | 2.6M | 50 |
| GAZA STRIP | \$136.1M | 1.8M | 35 |
| WEST BANK | \$27.8M | M8.0 | 40 |

Gaza Strip

Priority needs

The protection situation in Gaza is defined by the ongoing actions by the Israeli Forces, with the specific strategy of:

- Attacks on civilians and on civilian targets and grave violations against children.
- · Forced Displacement.
- Siege and denial of access to services.
- · Denial of humanitarian access.
- Denial of access to information and freedom of movement.
- Detention, torture, and ill-treatment.

The relentless exposure to these protection threats has resulted in physical and emotional harm. Protection partners observe a range of priority protection risks and negative coping strategies that individuals, families and communities have had to adopt, including:

- Loss of life and limb.
- Exposure to ongoing hostilities and consequent contamination with Explosive Ordnance (EO) and Explosive Remnants of War (ERW).
- Exposure to Gender Based Violence and other forms of intimidation, humiliation, forced isolation, and/ or harassment.

- Destruction of civilian infrastructure, livelihoods, and personal property.
- Recurring displacement.
- Family separation, unaccompanied and separated children.
- Breakdown in civil order and increase of conflict and tension within the population.
- Gender-based violence in all its forms (including increasing cases of child marriage).
- Exclusion (especially people with disabilities), abuse, or exploitation of most vulnerable groups, incl. sexual violence and most hazardous forms of child labour.
- · Psychosocial and emotional distress/trauma.
- Lack of legal documentation, including children who were born after 7 October 2023, preventing freedom of movement and access to life-saving services.
- Complex land, housing and property issues including discrimination in tenure, loss of property boundaries due to extensive destruction, inheritance disputes, loss of HLP documentation, limited access to land for livelihood and shelter, civil disputes, and impediments to provision of services.

Priority activities

To mitigate (where possible) and reduce the impact of the protection risks, the protection cluster has developed a minimum package response framework for Gaza. Below interventions extend to IDPs in formal and informal shelters as well as host families.

Monitoring and advocacy

- Provide relevant protection information and analysis, based on observations and monitoring.
- HR and IHL violation monitoring is ongoing and reported through the relevant mechanisms.
- · Advocacy activities.

Staff care and wellbeing of frontline response providers across protection AoRs.

West Bank

Priority needs

In the aftermath of the Hamas attacks in southern Israel on 7th of October and the subsequent hostilities in Gaza, Protection partners have documented sharp increases in the following risks and negative coping strategies, requiring urgent prioritisation:

- Excessive use of force and attacks on protected persons, including settler violence.
- · Risk of forcible transfer.
- · Gender Based Violence.
- · Destruction of livelihood or personal property.
- · Psychosocial and emotional distress.
- Increasing cases of violence, abuse, and neglect of children.
- Increasing levels of school drop-out and prevalence of the most hazardous forms of child labour.
- Restrictions to access resources and humanitarian assistance.
- · Restrictions on freedom of movement.
- Arbitrary arrest and detention; ill-treatment.
- Exposure to Explosive Ordnance (EO) and Explosive Remnants of War (ERW).

General Protection



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | |
|------------|---------------------|-----------------|--|
| OPT | \$16.8M | 0.9M | |
| GAZA STRIP | \$8.7M | 0.5M | |
| WEST BANK | \$8.0M | 0.4M | |

Contact information:

OPT, <u>connie.pedersen@un.org</u> | WB. <u>amina.abusafa@un.org</u> | Gaza, <u>michelle.rice@un.org</u>

Gaza Strip

Priority activities

- Intentional information to promote safety and security of populations, as well as providing clear information on services, will crosscut all approaches.
- Proactive protection approaches, including supported inclusive community-based initiatives and community self-protection approaches.
- Frontline protection response at service and distribution points including for GBV cases.
- Case management services, and other interim approaches such as triage and safe referrals.
- Supporting protection integration into other cluster responses.

West Bank

Priority activities

Proactive protection approaches, including supported inclusive community-based initiatives and community self-protection approaches.

- Frontline protection response at service and distribution points including for GBV cases.
- Case management services, and other interim approaches such as triage and safe referrals.

Child Protection



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | |
|------------|---------------------|-----------------|--|
| OPT | \$66.5M | 2.2M | |
| GAZA STRIP | \$60.1M | 2.0M | |
| WEST BANK | \$6.4M | 0.2M | |

Contact information:

OPT, jdixon@unicef.org
Gaza, wabuzanoona@unicef.org

Gaza Strip

Priority activities

- Case management using modalities adapted to the emergency context; emphasis on responding to unaccompanied and separated children and children injured by the conflict.
- Community-based child protection interventions within shelters and informal sites, (incl. group based MHPSS and awareness raising on key child protection concerns), identification and referral to specialised services.
- Large-scale awareness raising interventions, on issues such as prevention of family separation and sexual exploitation and abuse.
- Strengthening the capacity of frontline child protection workers and other humanitarian workers (incl. on safe identification and referral of unaccompanied and separated children and caring for caregivers).

- Provision of multi-purpose cash assistance and aid for children, including clothes, assistive devices, psychosocial support kits.
- Monitor grave child rights violations and conflictrelated violence against children.

West Bank

- Strengthening holistic child protection prevention and response services, including comprehensive case management and the provision of legal aid and assistance.
- Community-based child protection interventions, including the provision of group based MHPSS and awareness raising on key child protection concerns, as well as identification and referral to specialised services.
- System strengthening for child protection through ensuring a harmonization of case management guidance and adaptation to the emergency context and building the capacity of government and local staff for enhanced service delivery.
- Monitor grave child rights violations and conflictrelated violence against children.

Gender-Based Violence



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | |
|------------|---------------------|-----------------|--|
| OPT | \$57.7M | 1.1M | |
| GAZA STRIP | \$46.9M | 0.9M | |
| WEST BANK | \$10.8 | 0.2M | |

Contact information:

OPT, <u>alwahaidy@unfpa.org</u> | WB, <u>kajita@unfpa.org</u> Gaza: <u>mohana@unfpa.org</u>

Gaza Strip

Priority activities

- Strengthening the provision of context-specific lifesaving specialized GBV services including for highrisk GBV cases through static and remote GBV case management, clinical management of rape services, and psychosocial support interventions.
- Emergency GBV risk mitigation interventions including safety audits, the provision of dignity kits, menstrual health management (MHM) kits, clothing kits and Cash and Voucher Assistance.
- Enhance strategies for community resilience through the empowerment of women and girls and strengthening of community-based interventions via the establishment of women and adolescent support groups and safe spaces.

- Strengthening the GBV system capacity to prevent and respond to GBV including capacity building of GBV service providers and non-GBV actors, including women and youth-led organizations.
- Targeted awareness raising on GBV prevention and response including sexual exploitation and abuse.

West Bank

- Emergency GBV risk mitigation interventions including dignity kits, MHM kits, and CVA to women and girls at risk of GBV.
- Strengthening the provision of lifesaving GBV services, including response services to survivors and those at risk of GBV including case management, MHPSS, legal support, economic empowerment, referrals.
- Strengthening capacity of service providers.
- Promote GBV risk mitigation in all aspects of the humanitarian response, including safety audits.

Legal aid and housing, land and property



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | |
|------------|---------------------|-----------------|--|
| OPT | \$1.8M | 0.6M | |
| GAZA STRIP | \$1.4M | 0.2M | |
| WEST BANK | \$0.4M | 0.4M | |

Contact information:

WB, <u>nader.muaddi@nrc.no</u> Gaza, <u>fatma.alsharif@nrc.no</u>

Gaza Strip

Priority activities

- Information Sessions, Counselling Sessions,
 Paralegal Services, and coordination with
 humanitarian actors / Private Sector Entities /
 Governments to recognize alternative documents,
 address civil documentation issues.
- Specialised HLP support to humanitarian actors providing material assistance in the Gaza Strip.
- Information Sessions, Training Sessions, Counselling Sessions, Paralegal Services and Legal Representation to resolve housing, land, and property issues.

West Bank

- Address restrictions of movement to enhance overall access to services and enjoyment of rights, through correspondences w/ Israeli Authorities, submission of complaints w/ the Israel Police, information sessions for affected communities, counselling sessions for affected households, legal representation.
- Protection for communities at risk of settler violence, including theft, land takeover, intimidation, and physical assault through a comprehensive Legal Aid Emergency Relief Package.

Mine Action



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | |
|------------|---------------------|-----------------|--|
| OPT | \$21.2M | 2.0M | |
| GAZA STRIP | \$19.1M | 1.8M | |
| WEST BANK | \$2.1M | 0.2M | |

Contact information:

OPT, n.vovk@hi.org, and Lorene Giorgis, loreneg@unops.org

Gaza Strip

Priority activities

- Provision of Explosive Ordnance Risk Education (EORE) and Conflict Preparedness and Protection (CPP) mass and digital media and distribution of EORE-CPP informational material.
- Provision of in-person EORE and CPP sessions and trainings, as well as Hazardous Environment Training (HET)/Explosive Hazard Awareness Training (EHAT) to people of concern, UN, and other humanitarian staff.
- Execution of Explosive Threat Assessments (ETA), Non-Technical Surveys (NTS), rapid assessments,

- and reconnaissance visits complementing opensource mapping of Explosive Ordnance (EO).
- Execution of Explosive Ordnance Disposal (EOD), inclusive of marking, removal, and clearance, as well as debris removal in coordination with protection and shelter.

West Bank

- Provision of Explosive Ordnance Risk Education (EORE) and Conflict Preparedness and Protection (CPP) mass and digital media (radio, social media, SMS, etc.)
- Provision of in-person Explosive Ordnance Risk Education (EORE) Training of Trainers.
- Execution of Humanitarian Demining, including mine clearance and Explosive Ordnance Disposal (EOD).

Water, Sanitation and Hygiene (WASH)



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | IMPLEMENTING PARTNERS |
|------------|---------------------|-----------------|-----------------------|
| OPT | \$305.6M | 3.0M | 53 |
| GAZA STRIP | \$280.6M | 2.3M | 41 |
| WEST BANK | \$25.0M | 0.7M | 24 |

Contact information:

Osama Al-Sheikh Ali, oalsheikhali@unicef.org

Gaza Strip

Priority needs

- Increased access to safe drinking and domestic water including emergency water supply, operations, and maintenance of water supply systems.
- Increase access to sanitation facilities such as emergency latrines, showers, and drainage/liquid waste management.
- Improve solid waste management at community and IDP sites.
- Increase emergency WASH service provision at key institutions such as health / nutrition facilities, temporary learning centers, schools etc.
- Hygiene promotion along with provision of hygiene kits, disinfection materials, cleaning kits and menstrual hygiene management supplies.

Priority activities

 Increase access to safe water through operations, maintenance and repairs of water infrastructure, including provision of fuel, supplies and consumables; increase production through development of new water sources, water treatment plants and water supply systems; emergency water

- supply through bottled water and water trucking, including storage and distributions at community and IDP sites; and water quality surveillance and provision of chlorine, water testing kits and consumables for water treatment.
- Increase access to sanitation through provision
 of emergency sanitation facilities such as
 latrine, showers, and waste management at
 community and IDP sites through construction,
 operations, maintenance, and repairs; fecal sludge
 management; solid waste management services
 at community and IDP sites, including through
 scaled-up deployment of municipal workers; and
 operations, maintenance and repairs of sewer
 system including septic tanks, pumping stations
 and small-scale (decentralized) wastewater
 treatment plants.
- Address hygiene concerns by providing hygiene kits, disinfection materials, cleaning kits and services for community and IDP sites; promote the upkeep, appropriate utilization, and care of WASH facilities at IDP sites and community level through ownership and capacity building with consideration of gender and disability.
- Flood mitigation through operations, maintenance, and repairs of stormwater facilities, including development of storm water management at community and IDP sites.

West Bank

Priority needs

- Increased access to safe drinking and domestic water including emergency water supply, operations, and maintenance of water supply systems.
- Increased access to sanitation services including household latrines, operations, and maintenance of sewage collection systems and solid waste management.
- Improved access to WASH to communities affected by settler violence and demolition incidents.
- Hygiene promotion along with provision of hygiene kits, disinfection materials and cleaning kits.
- Increased emergency WASH service provision at key institutions such as healthcare facilities and schools.
- Improved WASH service providers' preparedness and response capacities.

- Increased access to safe water through operations, maintenance and repairs of water infrastructure, including provision of fuel, supplies and consumables; increased production through development of new water sources, water treatment plants and water supply systems; emergency water supply through bottled water and water trucking, including storage and distributions at community and household levels; and water quality surveillance and provision of chlorine, water testing kits and consumables for water treatment.
- Increased access to sanitation through provision of emergency sanitation facilities such as household latrines, showers, and waste management at community and IDP sites, including fecal sludge management; solid waste management at community level; and operations, maintenance and repairs of sewer system including septic tanks, and pumping stations.
- Provision of emergency WASH assistance in response to households and communities affected by settler violence and demolition incidents, including needs assessments on restrictions to WASH services.
- Provide hygiene kits, disinfection materials, cleaning kits and services for communities in need;

- hygiene promotion at the community level through distribution of awareness-raising SBC materials, campaigns to promote basic hygiene practices in households and local communities, alongside community mobilization and sensitization; and provide of water storage containers and water treatment chemicals at household level for safe water handling.
- Flood mitigation through operations, maintenance and repairs of stormwater facilities and development of stormwater management at community level.
- Strengthen capacity for WASH service provision by training and equipping key stakeholders for the operations, maintenance, and repairs of essential WASH facilities.
- Water and sanitation facilities maintenance, and hygiene promotion at healthcare facilities and temporary learning centers.
- Provision of essential WASH supplies including fuel/ power for facility operations and electromechanical supplies for infrastructure maintenance.
- Water and sanitation facilities maintenance, and hygiene promotion at healthcare facilities and schools.

Shelter and Non-food Items



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | IMPLEMENTING PARTNERS |
|------------|---------------------|-----------------|-----------------------|
| OPT | \$423.1M | 1.5M | 24 |
| GAZA STRIP | \$400.2M | 1.4M | 24 |
| WEST BANK | \$22.8M | 0.1M | 15 |

Contact information:

Alison Ely, coord2.palestine@sheltercluster.org

Gaza Strip

Priority needs

- Emergency shelter and NFI assistance to displaced populations to reduce exposure to climatic extremes and meet basic needs.
- Protection from harsh weather and protection risks for those living in damaged buildings.
- Interim shelter support to displaced persons who are unable to return to their homes.

Priority activities

- Provide climate appropriate family tents to those living inside collective centers, and outside collective centres in self- settled areas.
- Provide sealing off kits and toolkits for enhancing makeshift shelters, unfinished buildings, or damaged structures, as well as enhancing privacy and dignity for women and girls, to those living both inside collective centers, and outside collective centres in self- settled areas.
- Provide NFI kits comprised of blankets, mattresses, and kitchen kits to those living both inside collective centers, and outside collective centres in selfsettled areas.
- Climatisation assistance for those exposed to climate effects.

- General assessments, damage assessment and accessible and gender sensitive repairs to minor, major and severely damaged houses.
- Accessible and gender sensitive interim shelter support post-emergency phase including provision of cash assistance for hosting/rental support/selfbuilt shelters; upgrade/completion of unfinished buildings for use as shelters; change of use of buildings for sheltering use (repurposing or conversion); and provision of prefab housing unit solutions.

West Bank

Priority needs

- People living in substandard and dilapidated shelters have inadequate covered living space, poor hygiene conditions, lack of privacy and protection.
- Regular destruction of Palestinian shelters by the Israeli Civil Administration, Jerusalem municipality, and military has a substantial impact on the displaced population, especially children, during severe weather with limited access and affordability to material assistance for repair and reconstruction.
- People living in unprotected shelters and near settlements particularly Palestinian communities in area C subjected to settler violence and are at risk of forcible displacement.
- Preparedness and prepositioning of emergency NFIs to cover the affected and displaced populations at the onset of emergency.

- Rehabilitate and upgrade substandard shelters to meet the minimum standards.
- Timely demolition responses for displaced persons in Area C, East Jerusalem, and refugee camps and other prioritized needs in area A and B.
- Conditional shelter cash assistance for rental support, damage repair and personal belongings compensation
- Shelter protection measures include fences, windows, lockable doors, and the distribution of protection kits.
- Stockpile sufficient quantities of shelter NFIs in various geographical locations.

Education



| ОРТ | REQUIREMENTS (US\$) | PEOPLE TARGETED | IMPLEMENTING PARTNERS |
|------------|---------------------|-----------------|-----------------------|
| | \$119.6 M | M8.0 | 45 |
| GAZA STRIP | \$92.3M | 0.7M | 42 |
| WEST BANK | \$27.3M | 0.1M | 21 |

Contact information:

Fadi Baidoun, fbaidoun@unicef.org
David Skinner, david.skinner@savethechildren.org

Gaza Strip

Priority needs

- Educational solutions and protective spaces for 625,500 students, and 1,800 technical and vocational education trainees in Gaza who have been deprived of their right to learn.
- Mental health and psychosocial support (MHPSS) for children, teachers, and caregivers, as well as the whole community.
- Targeted support for children and youth with disabilities, particularly those whose disabilities are a direct result of the recent conflict, and newly orphaned children.

Priority activities

- Provide recreational activities, emergency learning kits and MHPSS to children, youth, caregivers, and teachers and recreational in shelters.
- Conduct awareness sessions on risks associated with damaged buildings and UXO.
- Establish temporary learning spaces in/around IDP shelters equipped with WASH facilities.
- Provide assistive devices to teachers and children with disabilities.

- Provide multi-channel learning opportunities for students including paper self-learning materials, radio, and podcast approaches.
- Conduct a rapid damage assessment of schools and educational centers/institutions.

West Bank

Priority needs

- Access to safe education and learning environment, either in person or via digital alternative learning modalities where protection risks are present en route to or inside school premises.
- Mental health and wellbeing support which has suffered due to the level of conflict exposure.
- Safe access to schools for teachers, on site and en route.

- Provide psychosocial support and recreational activities to school-aged children, caregivers, and teachers/other educational personnel.
- Provide emergency education learning supplies/ teaching equipment, recreational kits/stationery to children and educational staff; catch-up classes to compensate for learning losses; and support for different approaches for distance education where in-person schooling is not possible.
- Provide protection services while commuting to/ from schools for children and school staff in the

- most vulnerable areas. This may include protective presence and transportation.
- Strengthen advocacy and reporting on educationrelated violations across OPT and ensure that schools' staff and students affected by educationrelated violations and pandemics benefit from a protective environment.
- Provide essential and basic emergency rehabilitation to schools to ensure that school environments are inclusive and safe for students and teachers and facilitate the adoption of safe spaces in the schools, so the children can be protected in case of an emergency in or around the schools.
- Support access to education by school-aged children with disabilities; assistive devices, safe and inclusive transportation, specialized and adapted learning materials, activities to address violence and bullying, adaptations to school infrastructure, building capacity of school staff to accommodate for specific needs, and provision of appropriate referrals in collaboration with relevant clusters.

Logistics



| | REQUIREMENTS (US\$) | SUPPORTING PARTNERS | IMPLEMENTING PARTNERS | |
|------------|---------------------|---------------------|-----------------------|--|
| OPT | \$17.7M | 110 | 3 | |
| GAZA STRIP | \$17.7M | 110 | 3 | |
| WEST BANK | \$21k | 20 | - | |

Contact information:

Andrea Cecchi, andrea.cecchi@wfp.org, and palestine.logcluster@wfp.org

Gaza Strip

Priority needs

- Coordination amongst the humanitarian community and relevant stakeholders to increase operational efficiency and logistic planning.
- Consolidated and timely sharing of logistics-related information to ensure informed decision-making.
- Access to clear and updated information on customs procedures and importation processes.
- Access to urgent and critical common logistics services, including storage, transport, cargo tracking and convoy coordination for the smooth flow of relief supplies, in Jordan, Egypt and inside of Gaza.
- Cargo consolidation for the incoming cargo through the various corridors.
- Coordination, adequate logistics capacity and assets and expertise to expand space and increase offloading capacity at entry points to ensure a smooth move of cargo.

Priority activities

 Logistics coordination to support efficient and timely provision of aid through the regular cluster and interagency coordination meetings and forums in OPT, Egypt and Jordan.

- Advocacy and prioritization to enable the required types and quantities of aid to enter Gaza.
- Information management supporting operational awareness by consolidating, analyzing, and disseminating critical logistics information. This includes the development and distribution of logistics planning maps, the enhancement of information-sharing platforms such as Logistics Information Exchange (LogIE) and Logistics Capacity Assessments (LCA) providing information on physical access constraints (PAC), humanitarian storage mapping in Gaza, inter-agency convoys, and incoming pipeline cargo, leveraging data from the Relief Items Tracking Application (RITA), Egyptian Red Crescent (ERC), and UNRWA.
- Provide common services in a flexible manner that allows for activities to adapt to dynamic circumstances and needs, addressing gaps such as cargo storage, transportation, cargo notification and tracking.
- Facilitate access of partners to common transport services where gaps are identified, including through the facilitation of access to convoys from Jordan to Gaza and within Gaza to different locations; common temporary storage and consolidation warehouses; and cargo consolidation to mitigate risks of unattended cargo and ensure timely movement.
- Augment the capacity of key relief actors such ERC, PRCS and UNRWA by providing equipment, services, and technical expertise. This includes supporting

- coordination of transshipment operations in Rafah and other entry points) with dedicated staff and equipment to facilitate operations and visibility on cargo movement.
- Provide logistics equipment, including temporary warehousing, handling equipment, and temperaturecontrolled storage, to enhance storage capacity and cargo consolidation at logistics hubs in Al-Arish and other locations if needed.

West Bank

Priority needs

- Logistics coordination between humanitarian community and relevant stakeholders involved in the response.
- Consolidated and timely shared logistics-related information to ensure coordination and informed decision making.

- Lead logistics coordination between humanitarian organizations and relevant stakeholders, including coordinated planning, needs and gap analysis.
- Continuously monitor the logistics capabilities in the West Bank to identify possible gaps that may need to be covered with common logistics services.
- Strengthen the logistics management capacities of humanitarian organizations' personnel for efficient humanitarian response.



REQUIREMENTS (US\$) IMPLEMENTING PARTNERS

6

OPT

\$1.8M

Contact information:

ETC Coordinator, Palestine.ETC@wfp.org

Gaza

Priority needs

Since 7 October, national communications have stopped working several times and sometimes for days at a time, and the local services and infrastructure have continued to be severely impacted by the situation. Voice and SMS services provided by Mobile Network Operators (MNOs) are now partially operational, although limited to Rafah and some locations in the north of Gaza, and the network is often congested due to the increased subscribers in Rafah and few operational telecommunications towers. Internet access and services remains a primary communications challenge across the Gaza Strip, though local Internet Service Providers (ISPs) have restored internet services in parts of Rafah, but with intermittent connectivity.

It remains a priority for humanitarian responders to obtain authorization to set up independent and reliable shared services for telecommunications to ensure coordinated humanitarian service delivery to the population of Gaza.

To address these critical challenges and ensure an effective humanitarian response in Gaza, there is an urgent need for independent and reliable shared communications services. This includes:

- Providing shared access to reliable Internet connectivity in key operational locations.
- · Establishing secure communications systems.

 Given the anticipated power shortages due to limited access to fuel, solar power must be considered in equipment setup.

Priority activities

The Emergency Telecommunications Cluster is actively engaged in enhancing communication capabilities in Gaza through various initiatives:

- Provide shared connectivity services at the identified locations in Gaza, contingent upon feasibility and access.
- Assist in the restoration of the security communications network through radio communications for the humanitarian responders operating in Gaza.
- Coordinate with relevant stakeholders to prevent duplication of efforts, including engaging with the local authorities regarding importation/ authorization, service providers, and cost-effective response requirements.
- Disseminate timely information and communicate telecommunications needs and service availability across the humanitarian responders to enhance decision-making and foster collaboration.
- Resolve backup power issues for the UN security communications system.
- Support Accountability to Affected Population
 (AAP) by disseminating critical information on
 humanitarian assistance to the affected population,
 including setting up technical solutions (such
 as radio broadcasting) to enhance communities'
 access to vital information.
- Offer helpdesk support at locations where ETC services are available.

Multi-purpose Cash Assistance (MPCA)



| | REQUIREMENTS (US\$) | PEOPLE TARGETED | IMPLEMENTING PARTNERS |
|------------|---------------------|-----------------|-----------------------|
| OPT | \$244.1M | 1.4M | 30 |
| GAZA STRIP | \$233.8M | 1.4M | 21 |
| WEST BANK | \$10.2M | 0.01M | 9 |

Contact information:

Ahmed Abushammaleh, <u>abushammaleha@un.org</u>, Luca Sangalli, <u>Isangalli@pt.acfspain.org</u>

Gaza Strip

Priority needs

- Support households to meet basic needs in the most dignified manner, as it offers people a maximum degree of choice and flexibility.
- Support for community led initiatives (CLIs) through Group Cash Transfers (GCT), cash grants to groups of volunteers who are, or have the proven capacity to lead CLIs in their immediate and/or wider community. CGT have been utilised to operate local community kitchens, recreational activities, safe spaces for women and children, and improve access to safe drinking water.
- Improved data on market prices, functionality, and accessibility.

Priority activities

The following priority critical activities can be implemented between April and December 2024:

- Distribute three rounds of emergency MPCA (1,000 NIS each) to 55 per cent of the affected HHs in Gaza to meet their most urgent basic and unmet needs.
- Provide cash assistance (GCT up to \$10,000 per group) to support CLIs across the Gaza Strip.

Two rounds of Localized Joint Rapid Market
 Assessment; joint market monitoring initiative with
 integrated market functionality scoring; one supply chain analysis, and one Cash Feasibility Study.

Response approach

In Gaza, the provision of Emergency MPCA is coordinated through the Cash Working Group (CWG), with the following characteristics. Assistance is delivered, where possible, in alignment with the Ministry of Social Development (MoSD) systems in Ramallah. Coordination is facilitated through the Social Protection Cash and Voucher Assistance Thematic Working Group.

- Beneficiaries are identified through four sets of lists. The lists are consolidated through a centralized system managed by the CWG in coordination with MoSD in Ramallah. The CWG regularly conducts cross-checking and deduplication filtering for the group members.
- Distribution takes place through active Financial Service Providers that perform checks and screening as per internal regulations ahead of the distributions. Liquidity availability is not considered an issue at the Gaza level. However, there are concerns regarding local banks' ability to move cash between their branches and governorate. Also, it's important to note that the Gaza financial system and Palestinian banks are linked to Israeli counterparts and subject to Israeli government policy changes.

- Assistance is designed according to CWG standards, i.e., 1,000 NIS per family. The value is based on updated Survival Minimum Expenditure Basket (SMEB) calculations, which (increased from 60 per cent to 80 per cent coverage) of the original value in response to price increases.
- The provision of cash assistance, including MPCA, is strictly connected to market functionality.
 Responding agencies within the CWG strive to collect and analyze market data, relying on the data collected through Post Description Monitoring (PDM) / Rapid Market Overview (RMO) in collaboration with REACH and the work conducted by WFP and external actors.

West Bank

Priority needs

 Support households to meet basic needs in the most dignified manner, as it offers people a maximum degree of choice and flexibility.

Priority activities

 Distribute one to three rounds of targeted Emergency MPCA (1,640 NIS) to affected households, targeting the following cases: a) military operations, b) displacement due to settler violence, c) Gazan medical cases, d) closures and limitations across the West Bank affecting protection and livelihoods, e) conflict-driven socioeconomic vulnerable households, f) mass demolition incidents (without displacement) and g) mass settler violent incident (without displacement).

Site Management Working Group



| ОРТ | REQUIREMENTS (US\$) | PEOPLE TARGETED | IMPLEMENTING PARTNERS |
|------------|---------------------|-----------------|-----------------------|
| | \$39.7M | 1.0M | 17 |
| GAZA STRIP | \$39.7M | 1.0M | 17 |

Contact information:

Maddy Green-Armytage, smwg.coord@acted.org, Martin Legasse, m.legasse@unrwa.org

Gaza Strip

Priority needs

- Coordinated, timely and dignified assistance and support to displaced people in collective centres and makeshift sites.
- Mapping and tracking of population movements and increasing engagement with communities to align assistance, when feasible, with communityarticulated needs.
- Improvements to the management, infrastructure and site environment of the various displacement sites, especially makeshift sites, to reduce physical and social risks, and improve living conditions.

- Work to ensure that people in displacement sites:
 - including collective centres and makeshift sites
- have equitable access to shelter, basic services and essential supplies and a protective environment aimed at guaranteeing the fundamental rights and dignity of displaced people.
- Work closely with protection actors to ensure
 a comprehensive understanding of risks (both
 physical and social) in the sites according to the site
 population, as well as the timely identification and
 support for at risk profiles.
- Improve living conditions in sites to increase the dignity and privacy of people staying in them and

- reduce health and protection risks. Ensure care and maintenance of accessible site infrastructure (including through mobilization and participation of site residents and through Cash for Work modalities) while mitigating the impacts of environmental degradation. This should include access to safe, dignified and gender segregated WASH facilities as well as tailored support for people with disabilities and other vulnerable groups.
- Provide regular updates on the locations and needs of people in sites, including demographic breakdown of site populations, tracking of new arrivals and departures, site mapping and assessments.
- Support the establishment and strengthening of site committees and governance structures to facilitate community engagement and participation in site life and decision-making. Ensure representation from diverse gender and vulnerable or minority groups in a way that fosters meaningful participation thereby increasing accountability in the sites.
- Capacity strengthening for national NGOs and community-based organizations to ensure appropriate site management technical capacity.
- Increase access to reliable information within the sites, especially in the context of widespread connectivity and network issues.
- Establish functional and accessible complaints and feedback mechanism at site level to collect, refer and respond to issues raised by site residents.
- Contingency planning for potential further movements of people to ensure communities are prepared to receive them, providing technical support for community-based site planning.

Coordination and Support Services



REQUIREMENTS (US\$)

IMPLEMENTING PARTNERS

OPT

\$165.8M

33

Contact information:

Kimberly Lietz, lietz@un.org

Priority needs

- Strong cluster, areas of responsibility, and inter-agency coordination capacity to ensure implementation of a principled, timely, effective, and efficient humanitarian operational response effective monitoring, analysis and reporting of the highly complex and ongoing crisis where access is limited, and communications are challenged.
- Coordinated advocacy with all duty holders for respect for International Humanitarian Law, the protection of civilians (including relief workers) and civilian facilities, and humanitarian access.
- Multi-sectoral needs assessments to rapidly assess the scale and magnitude of needs once the security situation allows.
- Civil-military coordination mechanisms to facilitate efficient flow of aid and streamline the consolidation, safe transport, and delivery of humanitarian supplies through border crossings into Gaza.
- Expansion of UNRWA emergency operations and services to support the broader humanitarian community in Gaza and West Bank to address the needs of Palestine refugees and non-refugees.

- Ensure requisite cluster, AoR, working group and intercluster coordination capacity.
- Provide critical information management services and products to support overall humanitarian operations, decision making and advocacy.
- Provide humanitarian coordination leadership to the overall response, including support to the

- Humanitarian Coordinator and Humanitarian Country Team.
- Coordinate multi-sectoral needs assessment and collect and analyse high-resolution satellite imagery to identify and quantify damage to urban and agricultural areas.
- Safe rubble removal and reuse to alleviate the pressing threats posed by debris in high-priority areas, facilitate physical access, and provide initial foundation for subsequent recovery efforts.
- Access negotiations to secure safe humanitarian access in Gaza and the West Bank.
- Civil-military coordination mechanisms to facilitate efficient flow of aid and streamline the consolidation, safe transport, and delivery of humanitarian supplies through border crossings into Gaza.
- Ensure UNRWA capacity to continue to provide critical support in Gaza, where it is the backbone of the humanitarian response, as well as the West Bank.
- Operationalize the interagency community feedback mechanism.
- Ensure effective coordination of MPCA and coherent use of CVA across the response.
- Ensure effective coordination with INGOs and LNGOs networks.

Protection from Sexual Exploitation and Abuse 🦛



REQUIREMENTS (US\$)

PEOPLE TARGETED IMPLEMENTING **PARTNERS**

\$2.7M

3.3M

80

Priority needs

- Reinforce PSEA network to advocate for survivorcentered practices in assistance and investigations though humanitarian actors and connected to the humanitarian response.
- Reinforce community networks for PSEA mainstreaming with a focus on survivor centered practices and receive, process, and refer claims on behalf of the humanitarian community.
- Mitigate risk of SEA in high-risk groups through a cash for protection scheme and promote safety and protection practices and health seeking behaviors among families and children through interpersonal and group communication approaches, and targeted digital media and mass media message dissemination.

Priority activities

- PSEA Network community engagement campaign: SANAD to promote PSEA and safeguarding content among all affected population: develop awareness raising materials on the rights of beneficiaries, code of conduct of humanitarian workers and available complaints and feedback mechanism channels.
- Support safeguarding networks and community lead initiatives connected to individuals at risk of SEA; provide training in safeguarding and complement their activities with supplies and referrals for the cash program of severe protection cases.
- Operationalized actionable practices for risk mitigation in SEA, child safeguarding and survivorcentered approach among humanitarian actors.
- Support survivor-centered partners to assist survivors and vulnerable individuals at risk of SEA.

Accountability to Affected People

Priority needs

Deliver coordinated and harmonized community engagement practices and tools to achieve effective and accountable humanitarian action through Risk Communication and Community Engagement (RCCE), PSEA, AAP activities and a common Community Feedback Mechanism (CFM).

- Establish an interagency CFM to manage requests for life saving assistance, complaints, and information to and from the affected population, ensuring accessibility to the most vulnerable groups.
- Increase access of the most vulnerable groups, including women, youth and older people to humanitarian response programs, assistance, and information.
- Support collection, documentation, and analysis of information from affected communities.
- Promote safety and protection practices and help seeking behaviors among families and children through interpersonal and group communication approaches, and targeted digital media and mass media message dissemination. The specific content, messaging and approaches will be guided by evidence and data collected from the communities through surveys and rapid assessments as well as through ongoing social listening efforts.

PHOTO ON COVER:

Situation in the Occupied Palestinian Territory - February 2024.
Sara Al Saqqa, OCHA Humanitarian Affairs Officer discusses with a family of displaced people who are seeking medical help at the Medecins sans Frontières (MSF) Belgium medical point near Al Mawasi camp.
Photo: WHO/Christopher Black

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FLASH APPEALOCCUPIED PALESTINIAN TERRITORY