



OPT HUMANITARIAN FUND

2020

ANNUAL REPORT

oPt HF occupied
Palestinian territory
Humanitarian Fund

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CREDITS

This document was produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) oPt. OCHA oPt wishes to acknowledge the contributions of its committed staff at headquarters and in the field in preparing this document.

The latest version of this document is available on the oPt HF website at <https://www.ochaopt.org/page/opt-humanitarian-fund>.

Full project details, financial updates, real-time allocation data and indicator achievements against targets are available at gms.unocha.org/bi.

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Front Cover

A woman visits a UNFPA-supported mobile clinic in Area C of the west bank, for family planning services. For her community, this clinic is the only primary health care available ©UNFPA

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Financial data is provisional and may vary upon financial certification

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FOREWORD

It is with great pleasure that I share with you the 2020 Annual Report of the occupied Palestinian territory Humanitarian Fund (oPt HF). The report seeks to shed light on key achievements of the Fund during the past year and to provide an update on its management and accountability against key performance principles.

As 2020 unfolded, the global COVID-19 pandemic ushered in an unprecedented situation imposing significant restrictions on the humanitarian community in oPt demanding high levels of adaptability to enable support to COVID-19 response as well as continued delivery of humanitarian assistance to ongoing programmes. Over the course of the year the oPt Humanitarian Fund proved to be critical in facilitating flexible and agile response providing over US \$ 15.8 million to COVID19 Response alone.

With sustained donor support and the addition of two new donors, 2020 was a record-breaking year for the oPt Humanitarian Fund. Overall contributions received during the year reached US\$ 28.9 million, an increase of US \$ 2.5 million since 2019, enabling the Fund's continued steady growth. The Fund launched six major allocations (two standard and four reserve allocations) totalling over \$34 million supporting the implementation of 78 different projects. This is the largest allocation made in a single year since the inception of the Fund and is a three-fold increase from the total allocated in 2017. Projects funded in 2020 supported both COVID-19 response as well as supporting life-saving and life-sustaining activities in both the West Bank and the Gaza Strip under the Humanitarian Response Plan.

In 2020 the oPt Humanitarian Fund clearly demonstrated its strategic value as a flexible and efficient funding mechanism supporting the most urgent humanitarian needs and enabling timely, coordinated, effective and principled

humanitarian response. The robust accountability system of the Fund ensures that all partners undergo a thorough due diligence process prior to receive funding and that projects are implemented according to stringent criteria. The Fund actively seeks to work with local partners and ensures that affected populations are actively engaged in the project and including in the decision-making process. The Fund continues to promote cash programming whenever feasible and to promote programmes supporting the most vulnerable, with a special focus on women and people with disabilities. This approach positions the Fund not just as a funding mechanism or a gap-filling tool, but rather a strategic instrument, which strengthens my stewardship, as the Humanitarian Coordinator, of principled humanitarian action in Palestine.

As we look to 2021, the COVID19 pandemic will continue to prevail, exacerbating the already fragile context across oPt. In this context, I look to donor partners to continue their generous support to the work of the humanitarian community through their investment in the Fund which will remain a key strategic tool. The oPt Humanitarian Fund is the best-placed, strategic mechanism to support activities aligned with the 2021 oPt Humanitarian Response Plan (HRP) meeting the needs of the most vulnerable Palestinians.



LYNN HASTINGS

Humanitarian Coordinator for oPt

“

“The oPt Humanitarian Fund continues to prove its importance as a flexible, fast and effective mechanism to support rapid response to priority humanitarian needs. In 2020 the oPt Humanitarian Fund played a critical role providing immediate support to COVID19 response

—
LYNN HASTINGS
HUMANITARIAN COORDINATOR FOR OPT

”

8 year old boy from Gaza at a play-therapy session provided by a psychotherapist from GCMHP Gaza Community Centre, Gaza Strip
Credit: GCMHP 2020.

OPT HF 2020 ANNUAL REPORT

2020 IN REVIEW

This Annual Report presents information on the achievements of the oPt Humanitarian Fund during the 2020 calendar year. However, because grant allocation, project implementation and reporting processes often take place over multiple years (CBPFs are designed to support ongoing and evolving humanitarian responses), the achievement of CBPFs are reported in two distinct ways:

- **Information on allocations granted in 2020 (shown in blue).** This method considers intended impact of the allocations rather than achieved results as project implementation and reporting often continues into the subsequent year and results information is not immediately available at the time of publication of annual reports.
- **Results reported in 2020 attributed to allocations granted in 2020 and prior years (shown in orange).** This method provides a more complete picture of achievements during a given calendar year but includes results from allocations that were granted in previous years. This data is extracted from final narrative reports approved between 1 February 2020 - 31 January 2021.

Figures for people targeted and reached may include double counting as individuals often receive aid from multiple cluster/sectors.

Contribution recorded based on the exchange rate when the cash was received which may differ from the Certified Statement of Accounts that records contributions based on the exchange rate at the time of the pledge.

2020 IN REVIEW

OPT HUMANITARIAN FUND AT A GLANCE

HUMANITARIAN CONTEXT

Humanitarian needs in the occupied Palestinian territory (oPt) remain driven by a protracted protection crisis caused by Israel's military occupation, including the blockade on the Gaza Strip, violations of international law, internal Palestinian political divisions, and recurrent escalations of hostilities between Israel and Palestinian armed groups. In 2020, the COVID-19 pandemic and its socio-economic impact compounded the hardships many Palestinians face.

As of December, 2020, over 154,000 Palestinians¹ had contracted the virus and nearly 1,363 died.² The measures imposed to contain the pandemic – including recurrent lockdowns, travel restrictions, school closures, reduction of commercial activities and mandatory quarantines – severely undermined living conditions across the oPt. The World Bank had forecast that by the end 2020, the Palestinian economy would have shrunk between 2.6 to 7.6 per cent compared with 2019.³ Additionally, the state of emergency and the lockdown imposed to combat the spread of the virus left women and children even more vulnerable, placing them at increased risk of various forms of violence, including intimate partner violence. Fears about the virus, economic stress and quarantine measures, increased tensions within households, compounding domestic violence.

The humanitarian situation was further affected by the Palestinian Authority (PA)'s decision to halt almost all bilateral contacts with Israel on May 2020, which meant it stopped accepting the tax clearance revenues that Israel collects on its behalf. This policy undermined Israeli-Palestinian joint efforts to contain COVID-19. However, contacts resumed during November 2020. Coupled with the economic slowdown linked to the pandemic, the policy cost the PA 80 per cent of its income, reducing its capacity to pay salaries, deliver services and maintain social safety nets. The burden of this worsening situation fell hardest on vulnerable groups, including women-headed households; persons with disabilities; refugees; Bedouin and herders in Area C; internally displaced persons (IDPs); small-scale farmers, herders and fisher-folk in Gaza; people affected by conflict-related violence; and people already living below the poverty line.⁴

Conflict-related violence and casualties declined significantly in 2020, primarily in the Gaza Strip, and to a lesser extent in the West Bank. Between January and

December, 54 Palestinians were killed by Israeli forces, compared with 91 and 229 in the same periods in 2019 and 2018 respectively, while Palestinian injuries declined by nearly 78 per cent to about 2,841, compared with 13,000 in 2019.⁵ While the occasional shooting of projectiles and launching of incendiary balloons from Gaza towards southern Israel, and Israel's subsequent air strikes in Gaza continued, they did not result in casualties or further escalation. However, concerns about excessive use of force by Israeli soldiers resulting in the killing or serious injury of Palestinians, as well as lack of accountability for such possible violations of international law, remain.⁶

These developments were compounded by the unprecedented funding crisis affecting UNRWA during 2020.

Gaza Strip

In the Gaza Strip, the two million Palestinians who have been living under intensified access restrictions for over 13 years, have been further isolated from the external world by COVID-19 related restrictions. Since the outbreak, Israel has allowed only the most serious medical cases to exit Gaza via the Erez Crossing, a situation exacerbated by the PA's halt in the processing of applications for exit permits. As a result, some 7,000 workers, previously employed in Israel, lost their jobs. The Egyptian-controlled crossing with Gaza (Rafah) has been largely closed for passengers, except for a few scheduled openings. Although the Kerem Shalom crossing for goods has been operating as previously, long-standing import restrictions imposed by Israel – which cites security concerns – as well as lack of agreement and coordination between the PA and Israel, continue to impede

Humanitarian Response Plan

The Humanitarian situation in the occupied Palestinian territory (oPt) at a glance :

 **2.45M** People in need

 **1.8M** People targeted

 **\$417M** Funding requirement

the implementation of infrastructure projects, economic recovery and employment generation.⁷ Continuing insecurity discourages farming activity in land located within 1,000 metres from Israel's perimeter fence, while fishing livelihoods are disrupted by Israeli restrictions on access to the sea off the Gaza coast.⁸ Electricity blackouts of about 12 hours a day negatively affect the delivery of essential services and increase the domestic burden on women and girls, while unresolved divisions between Hamas and the Fatah-led PA undermine the payment of salaries to civil servants⁹ and the local authorities' ability to meet the needs of Gaza's population in general. Combined, these factors have increased unemployment, which reached a historic high of over 49 per cent¹⁰ in the second quarter of 2020, while further reducing the already low labour force participation rate.¹¹ Despite UNRWA's financial crisis, the assistance and services it provides to the majority of Gaza's population had not been affected, as of November 2020.

West Bank

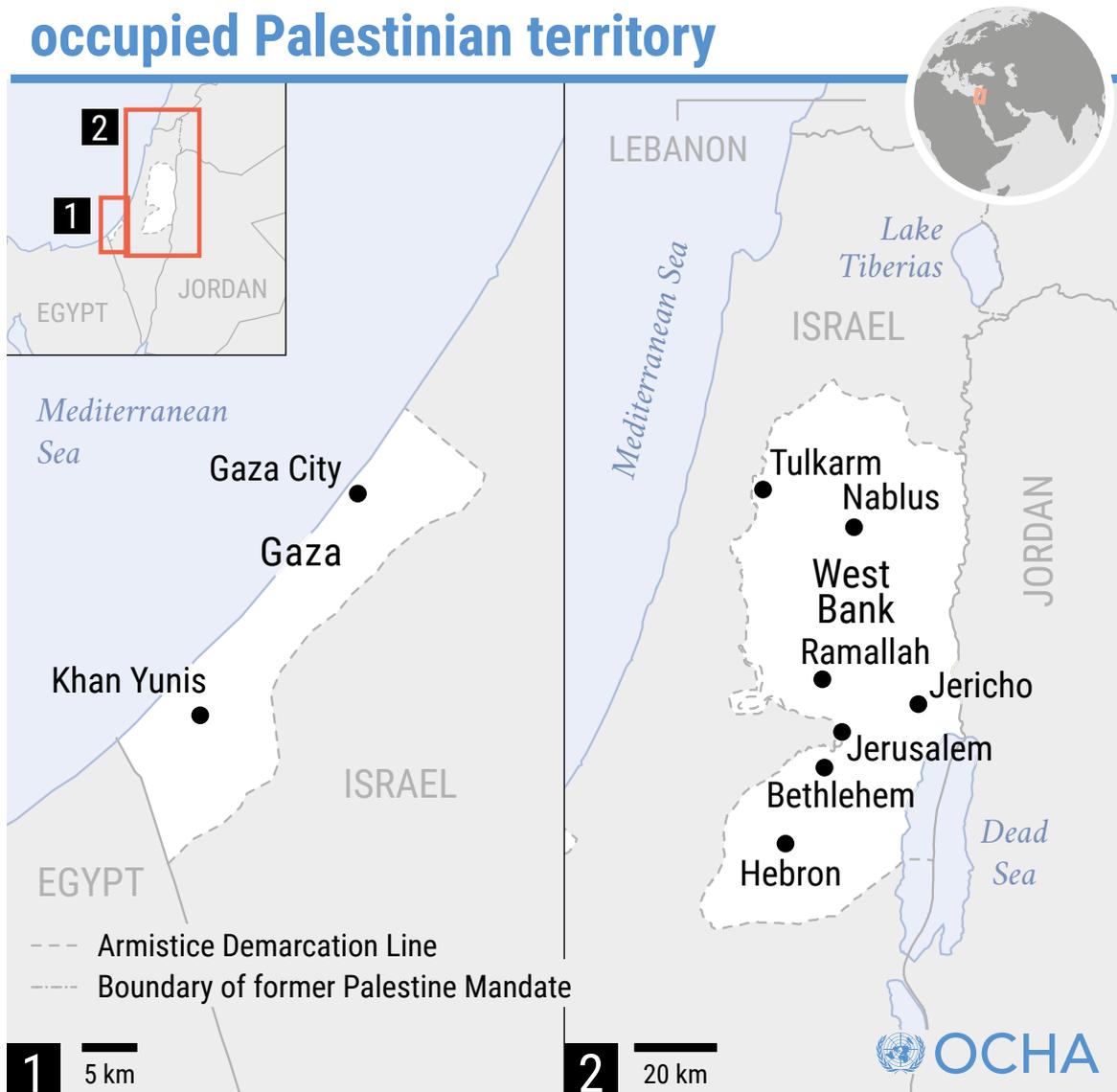
In the West Bank, Palestinian households and communities in Area C, East Jerusalem and the H2 area of Hebron city continue to face a coercive environment, due to a range of long-standing Israeli policies and practices. The restrictive and discriminatory planning regime applied in Area C and in East Jerusalem affects Palestinians's ability to meet their basic housing, livelihood and service needs. Between January and September, 550 structures were demolished or confiscated for lack of building permits,

displacing some 750 Palestinians, a significant increase compared with 2019.¹² Also of concern, are continuing attacks and intimidation by Israeli settlers, along with the Israeli authorities' lack of adequate law enforcement.¹³ Palestinian access to areas separated from the remainder of the West Bank by the Barrier has deteriorated in 2020. Following a tightening of the eligibility criteria for farmers to obtain permits to access their land in the closed area behind the Barrier, some 84 per cent of such applications were rejected in the first half of 2020.¹⁴ The halt in PA coordination with Israel affected Palestinian access to the central part of H2, which is still permitted only to those registered as residents of that area.¹⁵ Many of the above restrictions are aimed at protecting and providing space for the growth of Israeli settlements and their gradual annexation to Israel, some de jure (as in East Jerusalem) and others de facto (as in Area C), in contravention to international law. Despite a slowdown in the number of building permits issued, and housing unit starts during the first half of 2020 compared with same period in 2019, settlement activities continued.¹⁶

2020 IN REVIEW

REFERENCE MAP

occupied Palestinian territory

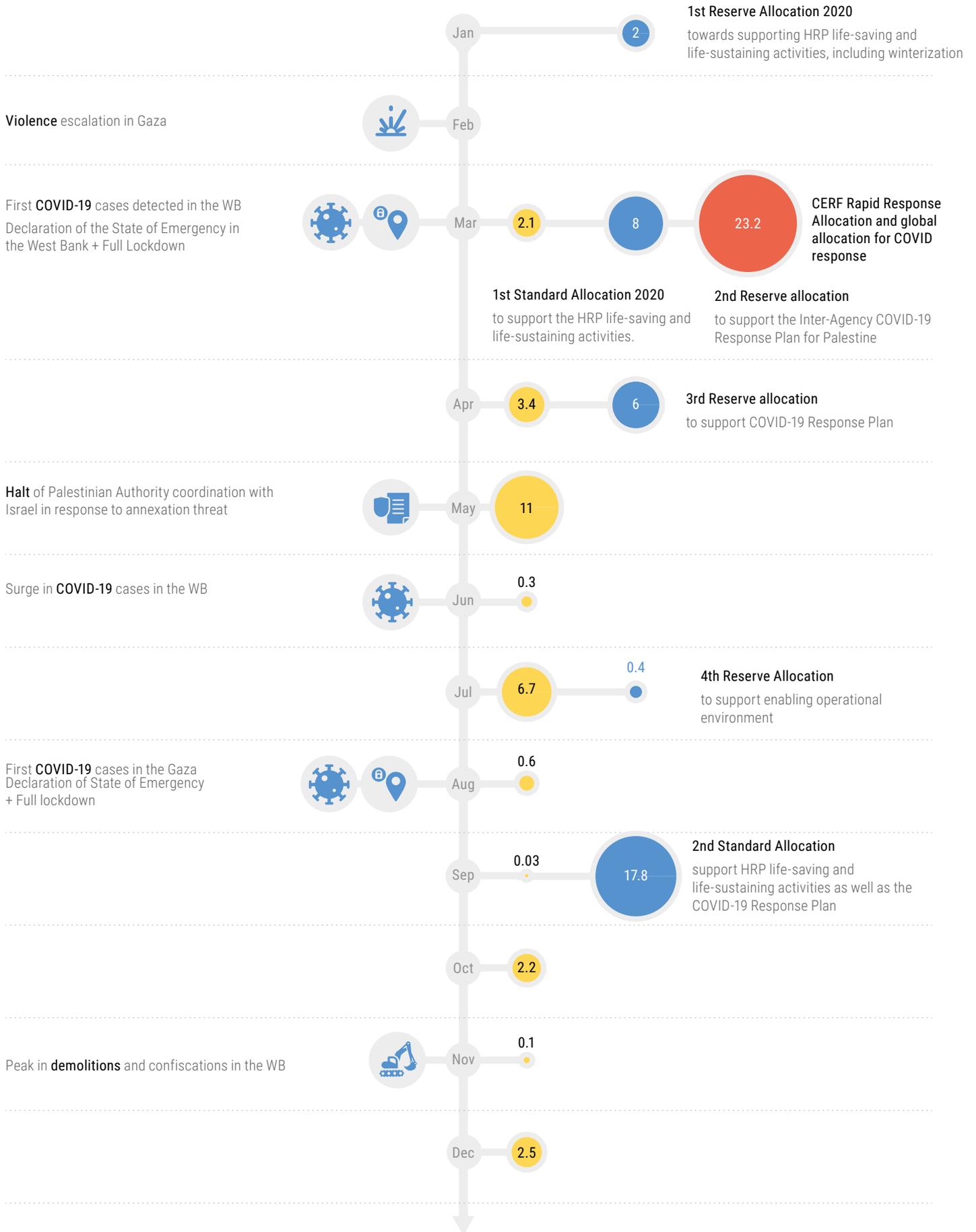


Map Sources: ESRI, OCHA, UNCS.

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2020 TIMELINE

Contributions Allocations



2020 ALLOCATION

\$28.9M
CONTRIBUTIONS



\$34.2M
ALLOCATIONS

2.3M*
PEOPLE TARGETED

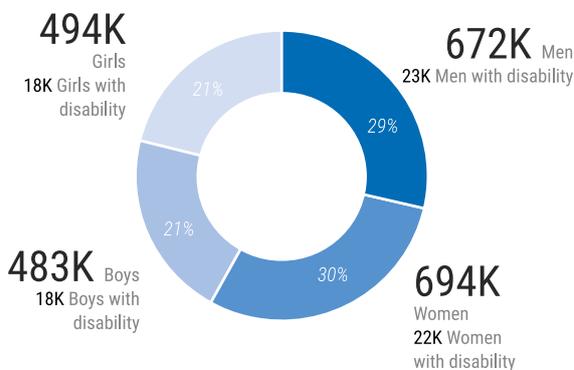


2.3M
PEOPLE
TARGETED



81K
PEOPLE TARGETED
WITH DISABILITY

For people reached visit: http://bit.ly/CBPF_overview



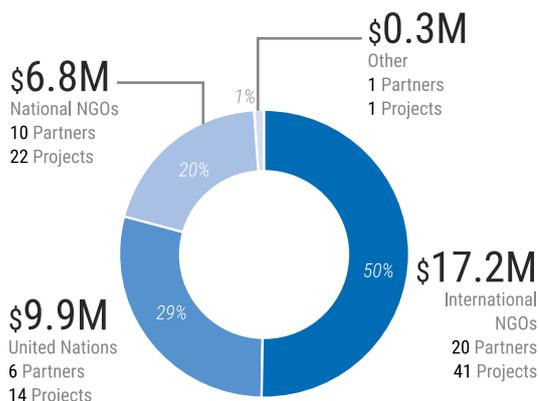
*The oPt HF summed up project beneficiaries under each project taking into account projects of WASH service provision and public Health projects targeting a large portion of the oPt population due to the pandemic.

Allocations in US\$ million



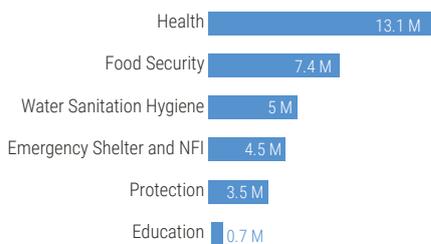
37
PARTNERS

78
PROJECTS



Allocations in US\$ million

ALLOCATIONS BY CLUSTER 11.4% OF HRP REQUIREMENTS



See explanatory note on p.6

OPT HUMANITARIAN FUND COVID-19 RESPONSE

In 2020, the oPt HF launched three Reserve Allocations and one fast-tracked Standard Allocation with \$15.5 million for the COVID-19 response, including strengthening the health components of the Inter-Agency COVID-19 Response Plan in the oPt.

Additionally, over \$1.5 million were reprogrammed from 18 ongoing projects to further support the plan.

By responding in a rapid and flexible manner at the onset of the emergency, and by supporting its partners, the Fund, with the help of the health cluster, contributed to the quick delivery of critical COVID-related activities, including anticipating shortages of critical items and scaling up COVID-19 testing in the oPt.

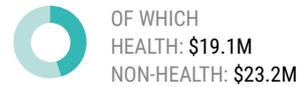
Funding also supported the Shelter cluster in improving shelter spaces in households and quarantine centres, and in stockpiling emergency NFI supplies for vulnerable people at high risk of contracting the virus.

WASH cluster activities aimed to mitigate the impacts of the pandemic by improving the water chain and supporting vulnerable people in quarantine centres and red zone area communities in the Gaza Strip affected by the COVID-19 crisis. Interventions also enhanced the waste management systems and safe treatment of medical waste in Gaza and the West Bank. Activities also included distribution of hygiene kits and PPEs to households, health facilities and quarantine centres.

Food Security activities included emergency food assistance to vulnerable Palestinians, in the form of food vouchers, as well as food and water distributions to people at quarantine centres, to enable them to better cope with the impact of the pandemic. Protection activities aimed at preventing and mitigating protection risks to people in quarantine and affected by COVID-19.

In order to ensure uninterrupted essential services, such as pregnancy care and provision of family planning, UNFPA provided training on infection prevention for frontline health workers. Credit: UNFPA

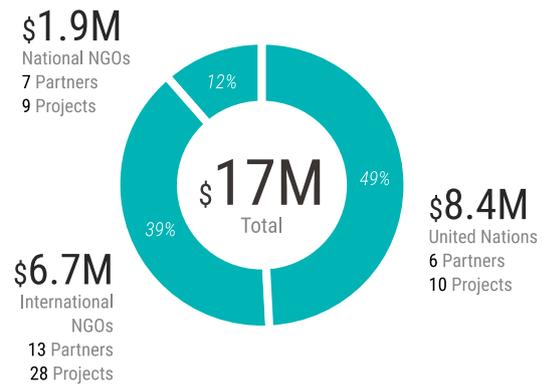
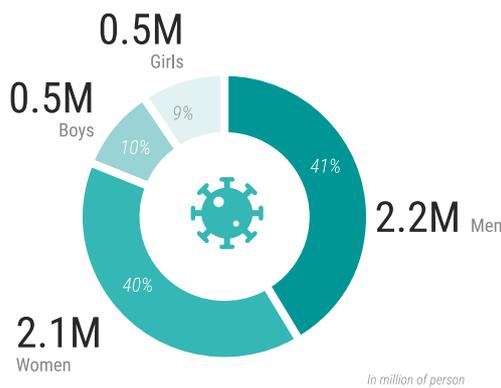




OPT HF COVID-19 RESPONSE

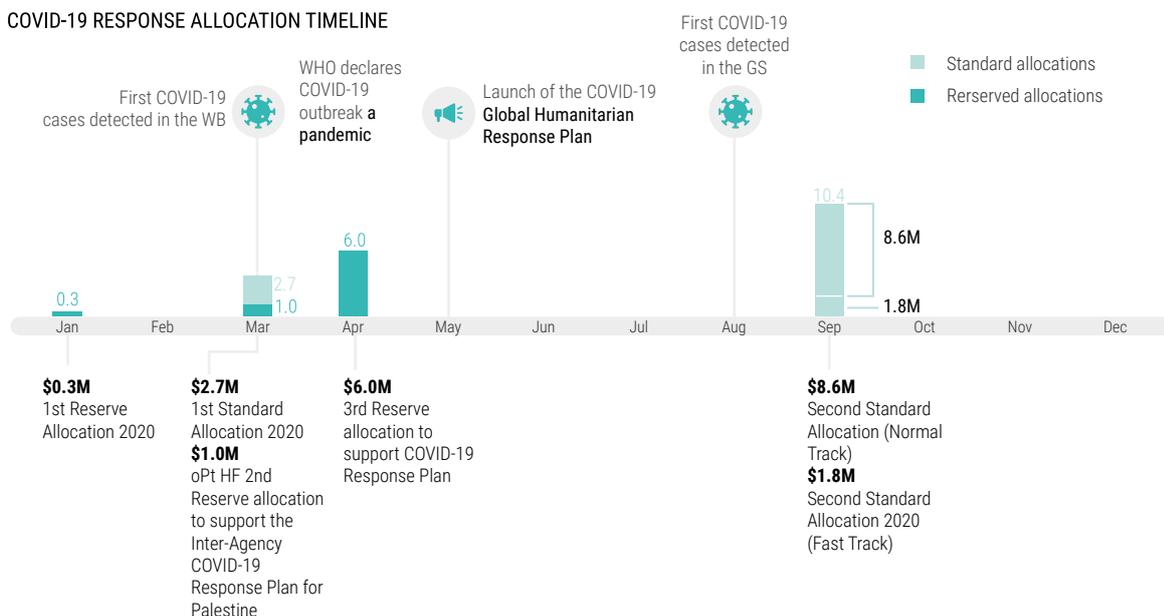


Allocations in US\$ million



* For the count of people targeted by the COVID response, oPt HF calculated beneficiaries under each project taking into account all COVID projects in 2020. The count includes four WASH service provision and public Health projects targeting the total oPt population of 5.2 Million.

COVID-19 RESPONSE ALLOCATION TIMELINE



KEY ACHIEVEMENTS



6 schools WASH infrastructure rehabilitated according to the national COVID-19 response plan's education priorities.



1,150 HHs supported with proper NFIs for COVID 19 response.



1,950 individuals at quarantine facilities supported by distribution of NFIs.



17,717 NFI kits stockpiled for emergency use.



3,555 people received food vouchers to help them alleviate the economic and social impacts of COVID-19.



18,672 people have better access to COVID-19 testing.



300 GBV survivors (women, girls, men and boys) received dignity kits in times of the pandemic.



2,670 people benefited from hygiene promotion activities related to the pandemic.



2,238 people benefited from improved access to water and sanitation and received hygiene kits.



1 refrigerator truck purchased in the West Bank and **1 medical waste treatment device** (microwave) delivered for Gaza for the management of infectious medical waste aiming to strengthen the humanitarian response.

CHALLENGES



Social distancing and lockdown.



Health systems' fragility and limited capacity to cope.



Halt of coordination between the PA and Israel.



Using a CRS e-voucher, Jaber and his daughter select the food and living supplies they need most. Photo by Mohamed Reefi for CRS

Helping Palestinians in Gaza buy food and medicine during COVID-19

Jaber (41) and Ilham (34) live with their five children in Khan Younis (Gaza), in a small, shabby home. Until mid-2020, Jaber worked in the canteen of a nearby school. But then, the school closed for months as part of measures imposed by the local authorities to contain the spread of COVID-19. He could no longer feed his family. Nor could he provide healthcare for his six-year-old son, who suffers from a chronic condition. Jaber and Ilham had no choice but to buy groceries and medicines on credit. They were left indebted and had no means to repay.

“We lived through very hard times,” Jaber said. “Day after day, all we ate was lentils and some bread from our neighbours.” It got even worse when they all had to quarantine themselves at home for 14 days after their neighbours tested positive for COVID-19.

But in January 2021, thanks to funding from the [occupied Palestinian territory Humanitarian Fund \(oPt HF\)](#), they were among 3,600 families in Gaza who received electronic vouchers to mitigate the impact of the pandemic for three months. The project was implemented by the Catholic Relief Services (CRS), the Life and Hope Association and the Palestinian Organization for Development.

Amid COVID-19, CRS and vendors working with them put protective measures in place so families like Jaber’s can safely redeem their vouchers. CRS also used text messages, phone calls and flyers to make sure that families had accurate and timely information on how to stay safe during the outbreak.

“After receiving the voucher, I could provide items that I had not been able to afford. After long months of suffering, my family can finally enjoy a decent meal,”

JABER, FATHER OF FIVE, GAZA

Using their voucher, Jaber managed to buy food and hygiene items, and had their cooking-gas cylinders refilled.

“You can’t imagine how happy we were when we received the message from CRS. My children started jumping. They were very happy and are asking me every day when we will go to the supermarket.”

“In addition to food items, I bought hygiene materials, such as face masks and hand sanitizer, to protect my children when they go back to school,” Jaber said.

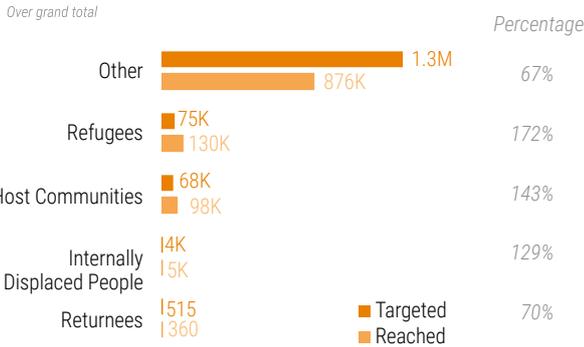
RESULTS REPORTED IN 2020



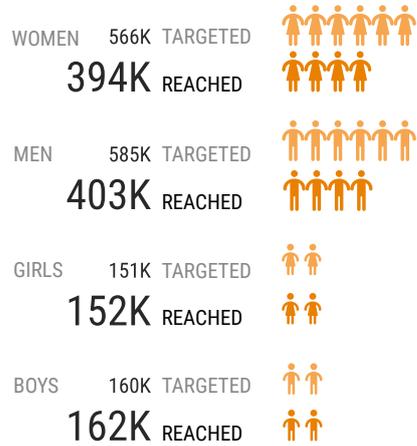
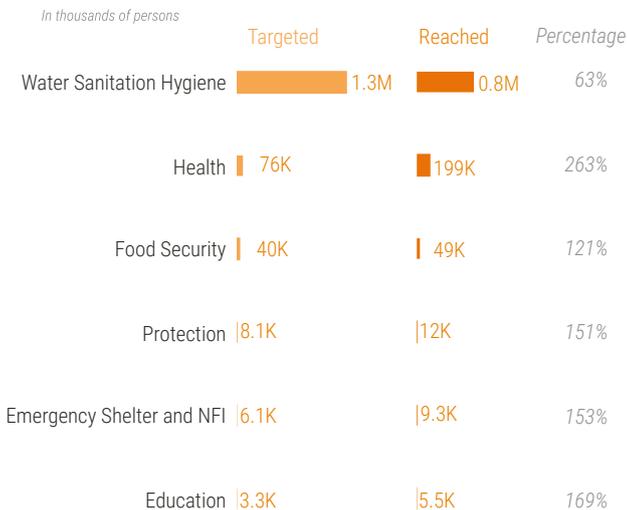
2018		
\$3.8M ALLOCATIONS	8 PROJECTS	7 PARTNERS
2019		
\$23.5M ALLOCATIONS	53 PROJECTS	35 PARTNERS
2020		
\$3.8M ALLOCATIONS	10 PROJECTS	8 PARTNERS

In US\$ million

PEOPLE TARGETED AND REACHED BY TYPE

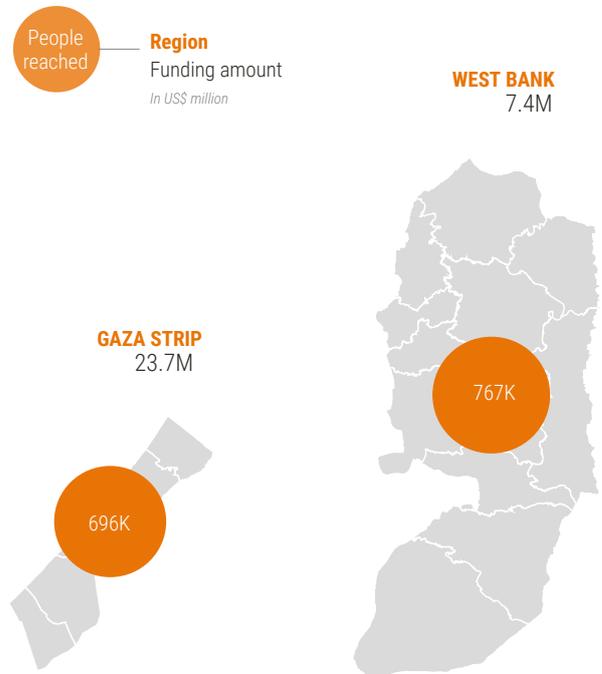


PEOPLE TARGETED AND REACHED BY CLUSTER



**People targeted and reached are calculated by adding up unique project beneficiaries of all projects reported on in 2020, excluding two projects supporting WASH service provision targeting the total population of the oPt.*

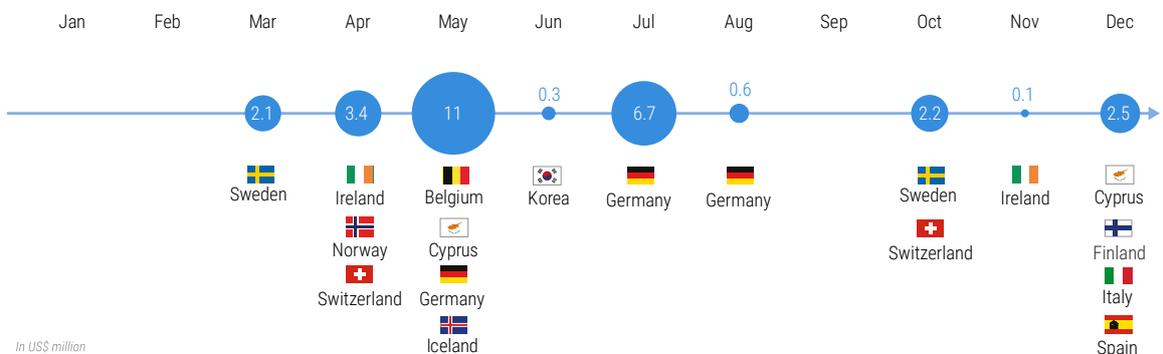
PEOPLE REACHED AND FUNDING BY REGION*



2020 IN REVIEW

DONOR CONTRIBUTIONS

CONTRIBUTIONS TIMELINE



DONOR CONTRIBUTIONS



In 2020, donors again demonstrated their trust in the oPt HF, contributing \$28.9 million between March and December 2020, on top of \$10 million carried over from 2019. The generous funding allowed the oPt HF to support humanitarian partners in implementing urgent and life-saving humanitarian activities in the oPt.

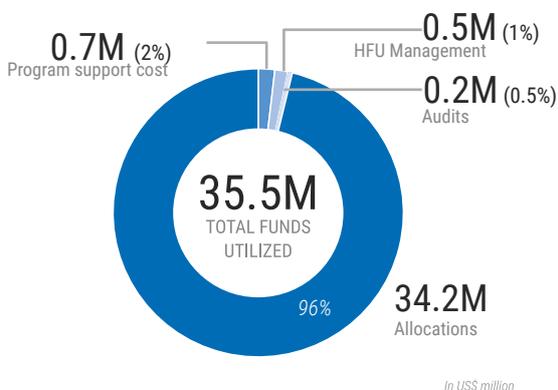
Donors' timely contributions throughout 2020, and especially in the second quarter, enabled the Fund to allocate resources strategically, in line with the 2019 oPt HRP objectives, and to respond rapidly to the emerging needs due to the spread of COVID-19 in the oPt.

More than half (51 per cent) of the 2020 contributions came in the second quarter of the year, around the time the WHO declared COVID-19 a global pandemic. This also coincided with the detection of the first COVID-19 cases in the oPt. Early commitments enabled the Fund to immediately launch a Reserve Allocation to support the COVID-19 Response Plan for the occupied Palestinian territory (oPt) while at the same time continuing to support life-saving and life-sustaining activities in the oPt by filling critical HRP funding gaps.

The oPt HF values its donors' commitment, continued trust and support. It seeks to encourage more contributions to the Fund, from existing and new donors, to contribute to the HRP and ensure availability of funds for emergency and Reserve Allocations to deal with unforeseen crises.

Germany was the largest contributor to the Fund for the second year in a row in 2020, contributing 48 per cent of total 2020 contributions, followed by Belgium with 15 per cent and Sweden at 11 per cent.

UTILIZATION OF FUNDS



Donor trend

Germany contributed \$13.8 million in 2020, making it the largest donor to the oPt HF. Its annual contributions have gradually increased over the years and it contributed a total of \$38.8 million since 2013, which amounts to 25 per cent of the total funds received since oPt HF's inception in 2007.

Belgium contributed \$ 4.3 million in 2020, slightly more than the previous year. It first contributed to the oPt HF in 2015 and has since contributed \$19.6 million to the Fund, which amounts to 13 per cent of funds received since 2007

Sweden contributed \$3.3 million in 2020. One of the first donors to the oPt HF, Sweden has contributed \$25.4 million since 2007.

Switzerland contributed \$3.2 million to the Fund in 2020, which is its annual average. This amounted to 11 per cent of the total funds received that year.

Finland joined the oPt HF as a new donor in 2020, contributing \$1.2 million, or 4 per cent of total contributions that year.

Norway donated \$955,257 in 2020. Although this represents a drop in contributions since 2018, Norway has been one of the Funds leading donors over the years, contributing \$16.6 million to date.

Spain contributed \$716,845 in 2020, or 2 per cent of the funding received that year. One of the first donors to the Fund, Spain has contributed \$12.7 million since 2017, or 8 per cent of total funds received by the Fund.

Italy's 2020 contribution of \$597,371 amounted to 2 per cent of that year's funding, bringing its total contributions over the years to \$2.7 million, also 2 per cent of total contributions since inception.

Ireland contributed \$444,4700 in 2020, or 2 per cent of total funding for the year. This was Ireland's ninth year in-a-row, steadily contributing to the Fund, with only one year of hiatus since it began donating to the Fund in 2009.

Korea provided its first contribution in 2020, donating \$300,000 to support the COVID-19 response. We hope Korea will become a regular donor.

Iceland returned as a donor to the Fund, contributing \$200,000, or 1 per cent of the funds for that year. This was Iceland's fifth contribution to the Fund. We look forward to continuing our cooperation.

Cyprus made its first contribution in 2020, donating \$24,000 to the COVID-19 response.

DONOR TREND



DONOR WITH MULTI-YEAR FUNDING

Switzerland	9M	2018-2020
Norway	1M	2018-2021

2020 IN REVIEW

ALLOCATION OVERVIEW

During 2020, the oPt HF disbursed \$34.2 million through six allocations, of which four were Reserve Allocations. The Second Standard Allocation was a record-breaker, with \$17.8 million disbursed in one single allocation, compared to \$15 million for a similar allocation in 2019. The allocation was used to strategically respond to life-saving, life-sustaining needs prioritised within the HRP and to provide direct support to the COVID-19 Response Plan.

First Reserve Allocation: Responding to flash flooding in Gaza

The heavy rainfall at the end of 2019 and fears of extensive flooding in the Gaza Strip exposed an already vulnerable population to waterborne diseases, property losses, disruption in access to livelihoods and services, and displacement. The oPt HF released \$2 million in January 2020 to ensure access to quality drinking water, upgrade key WASH facilities, provide shelter for the most vulnerable households, and support hospitals with medical supplies.

First Standard Allocation: Anticipating the socio-economic impact of Covid-19

With the high risk of Covid-19 outbreak and in conjunction with the launch of the Covid-19 response plan, the oPt HF released \$7 million in March 2020 to mitigate the anticipated socio-economic impact of the pandemic. In addition to food, WASH and health services, including mental and psychosocial support to children and GBV survivors, funding created livelihood opportunities for vulnerable Palestinians through cash assistance.

Second Reserve Allocation: Kick-starting the response to Covid-19

Immediately following the detection of the first Covid-19 cases in March 2020, the Fund released \$1 million to scale-up the health response. Funding procured and pre-positioned critical supplies to scale up testing, tracing, prevention and treatment for Covid-19 cases.

Third Reserve Allocation: Scaling up response to Covid-19

The continuing spread of Covid-19 placed an already overwhelmed health system under increasing strain. The oPt HF stepped in with \$6 million to scale-up the response. Funding supported quarantine in the West Bank and Gaza, and provided shelter, as well as health, WASH and protection services to the most vulnerable households.

Fourth Reserve Allocation: Promoting the voices of crisis-affected people

The oPt HF enhances coordination and acts as a catalyzer to bring additional resources for the oPt crisis. It launched an allocation of \$0.4 million in July 2020 to initiate the Life with Dignity campaign, producing communications materials and

compelling stories to amplify the voices of crisis-affected people, and promote a principled, needs-based response.

Second Standard Allocation: Strengthening operational readiness and response capacity for Covid-19

A second surge in Covid-19 cases combined with the arrival of winter led the oPt HF to release \$17.8 million in September 2020. The allocation continued the Fund's support to the Covid-19 response plan, and helped people cope with the impact of harsh winter conditions on well-being and livelihoods. It included high-impact activities to prevent abuse and other protection concerns. The allocation was possible thanks to new contributions from donors in the second half of the year, demonstrating the value of the Fund in reaching the most vulnerable.

Supporting life-saving and life-sustaining activities

The oPt HF provided strategically focused, flexible and timely Standard and Reserve allocations to support a coordinated and effective response at a time when the socio-economic consequences of the pandemic compounded those of the prolonged occupation.

The allocations supported 78 projects, both in Gaza and (\$24.7 million) and in the West Bank (\$9.4 million). Projects were implemented by 37 implementing partners.

The Standard Allocations in 2020 continued to support targeted priorities within the HRP, in consultation with the HF Advisory Board. This was complemented by four individual Reserve Allocations, that served as agile enablers of a coordinated humanitarian response, which included channelling resources towards strengthening the health components of the COVID-19 response and supporting other critical activities across the different sectors in the oPt. The disbursements allowed the humanitarian community to boost procurements of vital health equipment, consumables and supplies; provide essential NFIs and water to newly established quarantine centres; enhance the safe treatment of medical waste; procure COVID-19 screening tests and PPEs; and provide and distribute hygiene kits. The timely and rapid allocation of resources through the oPt HF played a critical role in anticipating shortages and high competition in the global markets for critical supplies needed to prevent the spread of the virus.

Alignment with the oPt HRP

The oPt Humanitarian Response Plan (HRP) provided a baseline for allocating resources throughout 2020 in an evolving humanitarian context. The Fund supported all three HRP strategic objectives, including:

SO 1: The rights of Palestinians living under occupation, including those living under the blockade and other restrictions, are protected, respected and promoted in

accordance with International Humanitarian Law (IHL) and International Human Rights Law (IHRL), while duty bearers are increasingly held to account.

SO 2: The basic needs of vulnerable Palestinians living under occupation are met through the provision of quality basic services and improved access to resources, in accordance with the rights of protected persons under international humanitarian law (IHL).

SO 3: The capacity of vulnerable Palestinians to cope with and overcome a protracted crisis, including from environmental threats, is supported, while solutions to violations and other root causes of threats and shocks are pursued.

Empowering Coordination

The oPt HF continued to be among the most inclusive and transparent funding mechanisms in the oPt humanitarian coordination structure, promoting collective response and partnership diversification through the engagement of multiple stakeholders in its decision-making processes. The role of the cluster system remained central for the oPt HF operations, including by provision of technical and strategic advice, identification of critical needs and gaps in response.

Diverse Set of Partners

The oPt HF allocations strengthened partnerships in humanitarian response by allocating funds to local and international humanitarian organizations, as well as UN agencies and organisations of the Red cross/Red Crescent. The Fund was committed to prioritizing funding through partners that have a clear comparative advantage with respect to the parameters in the oPt, with an emphasis on supporting local partners. This promoted diversity, reach and collective ownership of the response to provide timely and improved access to basic services for affected people.

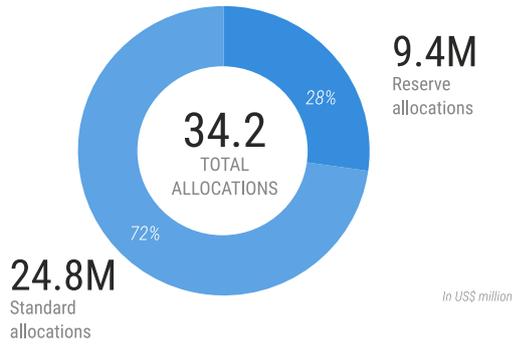
Of the total \$34.2 million, \$10.8 million (32 per cent) went directly (\$6.8 million) or indirectly (\$4 million) to projects

implemented by National NGO partners or by International NGO/UN partners in partnership with National NGOs, and \$17.2 million went directly towards projects implemented by International NGO partners. This demonstrates the distinct strategic focus of the Fund as an enabler and supporter of partners focusing on direct delivery of services on the ground. United Nations agencies received \$9.8 million (29 per cent) of funds allocated by the oPt HF in 2020, while the Qatar Red Crescent Society received \$300,000 (1 per cent).

2020 ALLOCATIONS

Amount	Category	Timeline
2.0M	1st Reserve Allocation 2020	January 2020
1.0M	oPt HF 2nd Reserve allocation to support the Inter-Agency COVID-19 Response Plan for Palestine	March 2020
7.0M	1st Standard Allocation 2020	March 2020
6.0M	3rd Reserve allocation to support COVID-19 Response Plan	April 2020
0.4M	4th Reserve allocation to support enabling operational environment	July 2020
17.8M	Second Standard Allocation 2020	September 2020

ALLOCATIONS BY TYPE



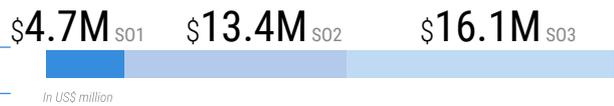
ALLOCATIONS BY STRATEGIC FOCUS

S01: The rights of Palestinians living under occupation, including those living under the blockade and other restrictions, are protected, respected and promoted in accordance with IHL and IHRL

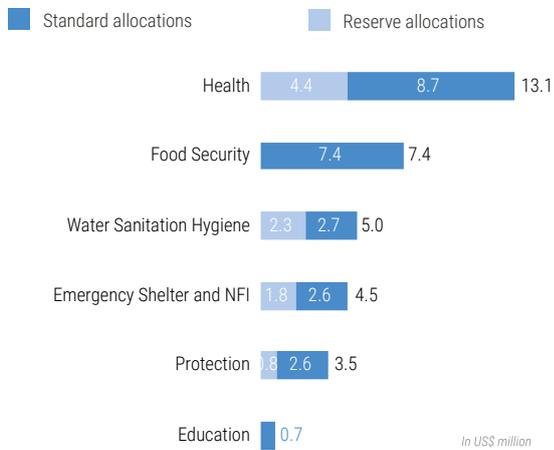
S02: The basic needs of vulnerable Palestinians living under occupation are met through the provision of quality basic services and improved access to resources.

S03: The capacity of vulnerable Palestinians to cope with and overcome protracted crisis, including from environmental threats, is supported.

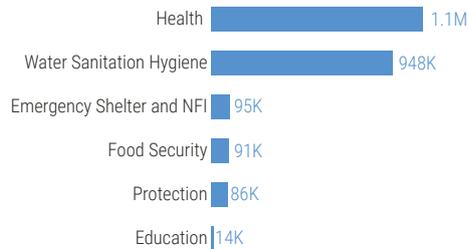
Allocations by strategic focus



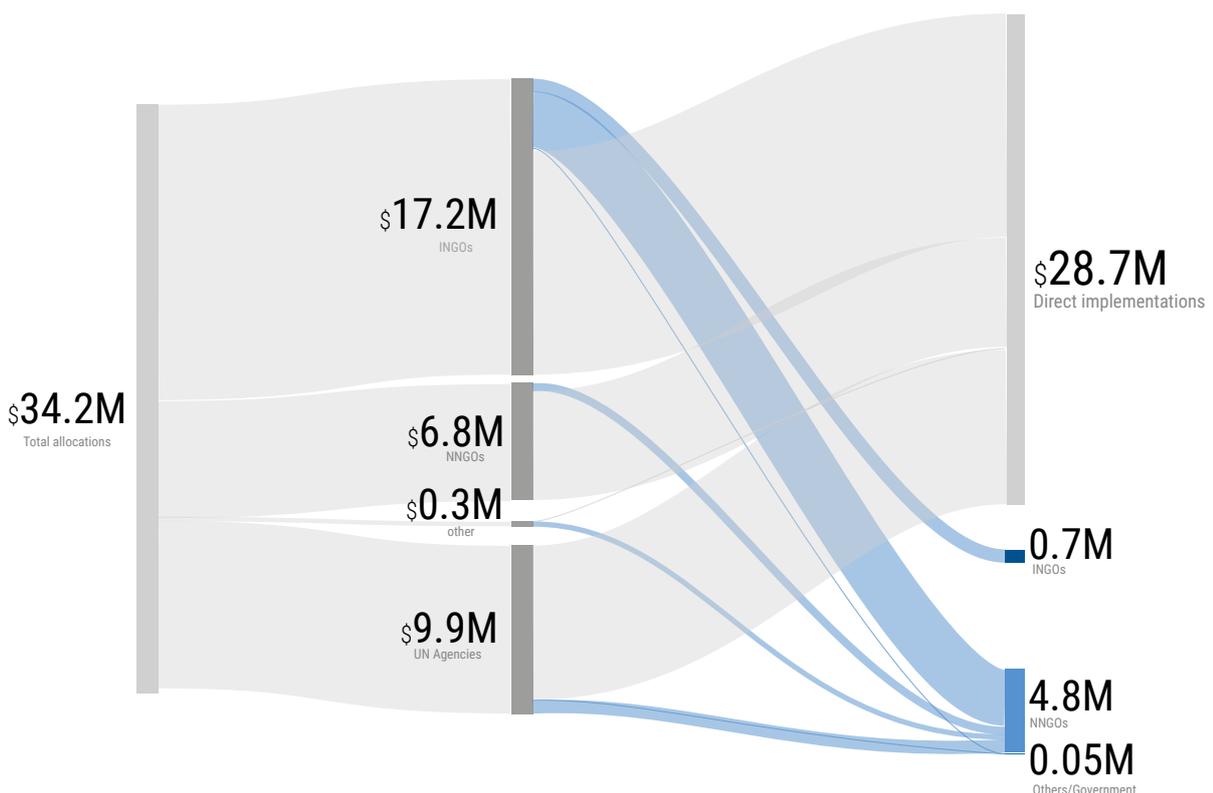
ALLOCATIONS BY CLUSTER



PEOPLE TARGETED BY CLUSTER



SUBGRANT BY PARTNER TYPE

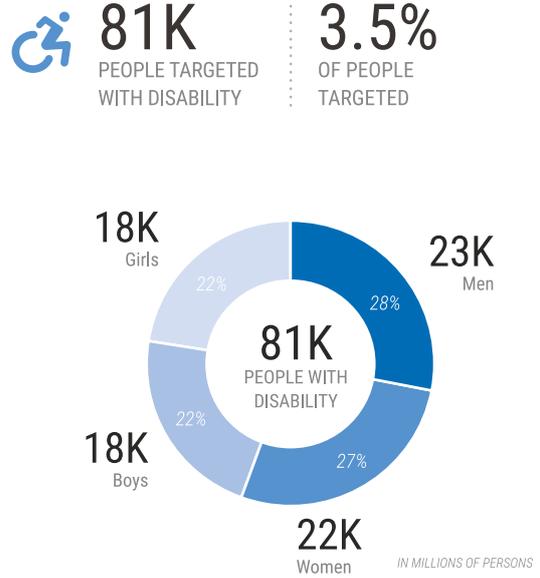


GENDER MARKER PROJECTS



- 0 - Does not systematically link programming actions
- 1 - Unlikely to contribute to gender equality
(no gender equality measure and no age consideration)
- 2 - Unlikely to contribute to gender equality
(no gender equality measure but includes age consideration)
- 3 - Likely to contribute to gender equality, but without attention to age groups
- 4 - Likely to contribute to gender equality, including across age groups

TARGETED PEOPLE WITH DISABILITY



UNDERFUNDED PRIORITIES

In 2020, the Emergency Relief Coordinator (ERC) Mark Lowcock identified four priority areas that are often underfunded and lack the desirable and appropriate consideration in the allocation of humanitarian funding.

These four priority areas were duly considered when prioritizing life-saving needs in the allocation processes.



Support for **women and girls**, including tackling **gender-based violence, reproductive health and empowerment**



Programmes targeting **disabled people**



Education in protracted crises



Other aspects of **protection**

SUPPORT FOR WOMEN AND GIRLS



In 2020, **55%** of funded protection projects focused on combating gender-based violence in the oPt, with funding amounting to **\$1.6 million**.

GBV Projects per year



DISABILITY



The **oPt Humanitarian Fund** prioritized programmes targeting **disabled people**

81k beneficiaries with disabilities.

3.5% of total 2020 beneficiaries



EDUCATION



4 educational projects were implemented in 2020 with a total budget of

\$0.7 million, targeting

over 14 thousand people.

This funding amounted to 14 per cent of HRP Education requirements received in 2020.

PROTECTION



The oPt HF supported **11** protection projects with **\$3.5 million**, amounting to **10%** of total allocations in 2020, by addressing protection concerns of vulnerable women, men, boys and girls, especially in times of crises.

Support for women and girls

oPt HF actively supports GBV programmes and invests in improving multi-sectoral protection and prevention response. It has also made considerable efforts to support acutely vulnerable women survivors of sexual and gender-based violence, notably by expanding community outreach and GBV awareness activities.

Projects aimed at supporting GBV service providers in improving multi-sectoral protection and prevention response and supporting acutely vulnerable women survivors of sexual and gender-based violence, notably by expanding community outreach and GBV awareness activities. Mental health and psychosocial services for GBV survivors included emergency health care, legal aid (individual counselling and representation), dignity kits, support referrals, awareness-raising for persons at risk of GBV, and awareness-raising for GBV service providers.

Throughout the selection and vetting process for oPt HF projects and by involving a gender advisor, the oPt HF ensures that a gender perspective is appropriately integrated and monitored in all activities; that programme outputs and results demonstrate that both sexes benefit equally from interventions; that women and girls' rights are promoted; that women and girls' participation is included; and where possible, that there is an explicit focus on changing attitudes and behaviours toward gender equality.

Programmes targeting disabled people

In 2020, the oPt HF continued to support the most vulnerable Palestinians, with special focus on people with disabilities.

The protracted crises and the spurs of escalations in the oPt have been a major factor in increasing the number of people suffering of permanent or temporary disability. Thus, the oPt HF and the Health Cluster have continued to prioritize people suffering of disabilities within the various contexts.

Additionally, the oPt HF supported the implementation of five projects providing urgent surgeries for Palestinians who would suffer permanent complications should they wait on the long national waiting lists. Vulnerable Palestinians in the West Bank and Gaza who did not have the means to access private health-care services, received support to access health-care services and mitigate the risk of avoidable complications, including long-term disabilities.

Education in protracted crises

In protracted crises, education is key to preventing school dropouts and strengthening the well-being of children through psychosocial support and case management activities. By supporting partners in addressing educational needs, the oPt HF helps ensure that children are better protected, healthier and have greater access to life-saving services. Amid concerns about the impact of COVID-19 on education processes in the oPt, the Fund supported catch-up and remote learning programmes to support children at risk of dropping out due to their long separation from school. It also supported reintegration of out-of-school children, provided the most vulnerable children with access to remote learning programmes and learning support services – either face-to-face or remotely. The Fund provided support for children to access offline immediate remote learning opportunities, and for offline learning ideas to offer remedial education for children at high risk of dropping out or who had already dropped out.

Protection

In 2020, the oPt HF supported a total of 11 projects under the Protection cluster, with a budget of \$3.5 million, amounting to 10 per cent of total 2020 funding. The oPt HF contributed 28 per cent of funding received by the Protection cluster under the HRP.

Through a set of rigorous tools, the oPt HF continues to monitor protection mainstreaming and partners' incorporation of protection principles and promotion of meaningful access, safety and dignity, and how these are ultimately manifested in implementation of project activities, as well as their impact on the affected population.

At the vetting stage, the oPt HF makes sure that shortlisted projects prioritize safety and dignity and adhere to Do No Harm principles. During implementation stages and through monitoring activities, the HF team addresses issues of access to services, accountability as well as participation and empowerment of affected people.



A group of women taking part in one of the group counselling sessions provided by PSCCW counselor

Supporting women where violence reigns

Sarah is a 58-year-old mother of five who lives with her family near a highly restricted part of Hebron city's H2 area.

In H2, the Israeli authorities have retained security responsibilities, and its residents' access to services is often more challenging than elsewhere in the city. Sarah is diabetic, and when she has to access clinics, she must typically cross Israeli military checkpoints. Many people in her area of the city have been exposed to intense activities by Israeli settlers and soldiers, including violent attacks.

On top of this, women in Hebron have assessed domestic violence to be one of the most prevalent forms of violence in their communities, as indicated by a recent poll. Yet, in many cases, women and girls have little room to express their feelings or complain over experiences of domestic oppression or abuse. Luckily, Sarah has not faced domestic violence directly, but she does feel that society constrains her life as a woman.

In 2020, through funding provided by the occupied Palestinian territory Humanitarian fund (oPt HF), the Psycho-Social Counseling Center for Women team in H2, in cooperation with Sharek Center, organized activities for women like Sarah. The purpose was to support women who have been exposed or are vulnerable to gender-based violence or repressive norms in that area, provide them with safe space, and encourage them to express feelings and support each other. The project is complementary to separate endeavours to prevent violence. The activities took into consideration both the situation in participants' homes and the wider occupation-related context.

When Sarah joined the first group counselling session, encouraged by one of her relatives, she was afraid of speaking. "At the beginning, I was very hesitant and did not want to participate in the group counseling activity," she recalls. "During

the first session, I was quiet and confused. I barely interacted with anyone and I was out of focus, as if I was in another world."

Sarah said she is constantly concerned about her children being potentially attacked by settlers or soldiers, and shared her related feelings of anxiety, and experiences of insomnia and nightmares. She is particularly anxious every time she has to cross through a checkpoint or when she is being searched, Sarah says.

However, by the end of the second session, Sarah was ready to ask for individual meetings with a counsellor. There, she spoke openly about her difficulties, including coping with her illness, witnessing violence and overcoming other challenges. She learned to breathe more easily and use guided imagery to relax. "I felt my health had improved. I became happier and my fears and anxiety while crossing checkpoints had decreased," she said.

Most recently, Sarah was very happy to share with the group members that her doctor "was shocked" to see her blood sugar levels improve, and asked about any changes she had done to her lifestyle because "according to the treatment plan, the medication needs more time to stabilize blood sugar levels." Sarah explained to her doctor that "through the group sessions, we recover faster than with any medicine a doctor could possibly give us."

During her subsequent group counseling activity, Sarah was more open to express herself in front of fellow women. She became stronger and better able to say no. Her self-confidence increased and she developed her ability to cope, trust others, and ask for support as need. She smiled more and looked forward to the next meeting. Her group members had become her friends.

OPT HF 2020 ANNUAL REPORT

FUND PERFORMANCE

The oPt HF measures its performance against a management tool that provides a set of indicators to assess how well a Fund performs in relation to the policy objectives and operational standards set out in the CBPF Global Guidelines. This common methodology enables management and stakeholders involved in the governance of the Funds to identify, analyse and address challenges in reaching and maintaining a well-performing CBPF.

CBPFs embody the fundamental humanitarian principles of humanity, impartiality, neutrality and independence, and function according to a set of specific principles: Inclusiveness, Flexibility, Timeliness, Efficiency, Accountability and Risk Management.

PRINCIPLE 1

INCLUSIVENESS

A broad range of humanitarian partner organizations (UN agencies and NGOs) participates in CBPF processes and receive funding to implement projects addressing identified priority needs.

1 Inclusive governance

The Advisory Board has a manageable size and a balanced representation of CBPF stakeholders.

Target

Maintain the same ratios as 2019 [2 NNGO (12.5 per cent) and 2 INGO (12.5 per cent); 2 UN (12.5 per cent) 10 Donors (62.5 per cent); Observers (PNGO, AIDA & ECHO)] and work on adding ICRC as observer to the board.

Results

Composition of AB was maintained; 2 UN agencies have been added to the AB; ICRC has not been invited as an observer to the AB.

2020 AB Composition: 2 NNGO (12.5 per cent), 2 INGO (12.5 per cent); 2 UN (12.5 per cent); 10 Donors (62.5 per cent) and 3 Observers (PNGO, AIDA & ECHO).

In 2020, the AB maintained equitable representation of CBPF key stakeholders, in accordance with the guidelines and in-country management, serving as technical and strategic experts from their constituencies or stakeholder groups. All HF 2020 donors were invited to Advisory Board meetings. Although PNGO was present in all meetings as observer, NNGO representatives failed to attend three AB meetings.

Analysis

In 2020, the AB maintained equitable representation of CBPF key stakeholders, as per the parameters of the guidelines and in-country presence management, serving as technical and strategic experts from their constituencies or stakeholder groups.

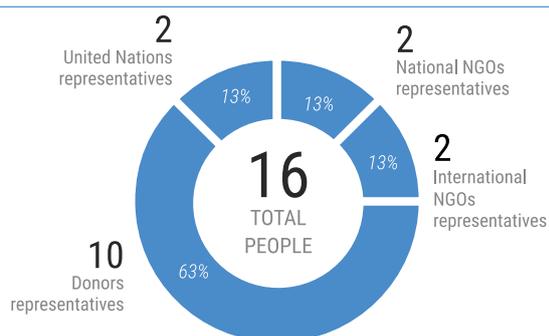
The Advisory Board has 16 members and three observer members. This exceeds the limit of 12 representatives indicated in the guidelines, but situation in the oPt is one that requires strong diplomatic presence, and shaving representatives from all countries contributing to the Fund on the Board is essential to ensuring support for the Fund. AB members with observer status, including PNGO, AIDA and ECHO, remain key in improving transparency of the AB decision-making process and overall coordination of humanitarian response and aid flow.

During 2020, the three AB meetings failed to include NNGO representatives although always invited.

Follow up actions

Work on a new formula to reduce the number of members via a rotation mechanism for more efficient decision-making process

COMPOSITION OF ADVISORY BOARD



PRINCIPLE 1

INCLUSIVENESS

2 Inclusive programming

The review committees of the Fund have the appropriate size and a balanced representation of different partner constituencies and cluster representatives.

Target

Combined strategic and technical review committees are established at each of the clusters’ levels, with the membership of one national NGO, one international NGO, one UN agency who are cluster members.

HFU to continue to coordinate with NGO networks (PNGO & AIDA) to identify a list of members with relevant technical knowledge to attend the committees. HFU to ensure there is a regular rotation of Strategic Review Committee members.

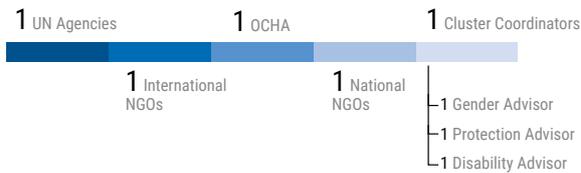
Results

In 2020, the strategic and technical Review Committee size was on average six to eight members, comprising of key partners as follows (1 NNGO, 1 INGO, 1 UN, the cluster coordinator and co-chaired by the HF Fund Manager). Additionally, an average of three cross-cutting issue advisors have consistently provided input and scoring of mainstreaming of issues pertaining to their area of expertise, this included gender, protection, and disability.

Each review committee had an appropriate size and balanced representation.

REPRESENTATIVES IN THE REVIEW COMMITTEES

of representatives that participated in average in Technical and Strategic Review Committee



Analysis

This inclusiveness target was fully achieved.

Establishing one combined strategic and technical review committee ensured equal representation and an appropriate balance of representation from different organizations at each of the cluster levels. This set-up has ensured efficient and timely review of proposals. The committee is jointly chaired by the cluster coordinator and the fund manager.

Even though designated technical/ cross-cutting issues advisors (gender, disability, and protection) at each of the cluster levels were not expected to join the review committee, they provided their input separately. The role of cross-cutting issues focal points in the review process ensured selection of projects with a significant impact and mainstreaming on various levels on the targeted population.

Follow up actions

Combined strategic and technical review committees (an average of six members) are established at each of the clusters’ levels, with the membership of one national NGO, one international NGO, one UN agency who are cluster members. The committee is co-chaired by the cluster coordinator and the Fund manager.

Designated technical/ cross-cutting issues advisors nominated by the cluster coordinator in coordination with the protection cluster (gender, disability, and protection) at each of the cluster levels to provide their input separately on the various angles as per their area of expertise.

Further technical review of recommended proposals is done by HFU.

HFU to ensure there is a regular rotation of Strategic Review Committee members.

PRINCIPLE 1

INCLUSIVENESS

3 Inclusive implementation

CBPF funding is allocated to the best-positioned actors, leveraging the diversity and comparative advantage of eligible organizations.

Target

HF is guided by the following Allocation Principles:

- Continue to focus on life-saving and life-sustaining humanitarian response (100 per cent);
- Prioritize direct implementation through international and national non-governmental partners, accounting for at least 80 per cent of available annual oPt HF funding (no UN Agency);
- Support for local partners by striving to channel at least 60 per cent of available funding directly or indirectly through national partners (when and where feasible);
- Use the HRP needs distribution as guide for project allocation between Gaza and the West bank (70 per cent Gaza, 30 per cent West Bank).

Results

In 2020:

- HF continued to focus on life-saving and life-sustaining humanitarian response (100 per cent).
- Prioritized direct implementation through international and national NGO partners as follows: 50 per cent INGOs, 20 per cent NGOs accounting for 70 per cent of available annual oPt HF funding (no UN Agency).
- oPt HF supported local partners by channelling around 32 per cent of available funding directly (20 per cent) or indirectly (12 per cent) through national partners (when and where feasible). Target of 60 per cent was not achieved.
- oPt HF used the HRP needs distribution as guide for project allocation between Gaza and the West Bank (72 per cent Gaza and 28 per cent West Bank).

Analysis

The oPt HF continued to focus on life-saving and life-sustaining humanitarian response by channelling resources through the best positioned actors to expand the delivery of assistance in the most inaccessible areas. The oPt HF

continued to support the capacity of local and national partners that are better suited to deliver assistance in the most inaccessible and high-priority areas. Although the 60 per cent target of channelling funding through local partners was not met in 2020, the oPt HF continued to provide assistance and training to NNGOs in an effort to strengthen their capacities. Ultimately, the type of organizations the Fund selects to channel funds is determined by the comparative advantages that the organizations offer in terms of response mechanisms. This said, the unprecedented 2020 context, which resulted from the pandemic, caused more funding to be shifted towards partners that had a comparative advantage in responding to needs as they emerged. For example, UN agencies' allocations of funds increased compared to previous years given their comparative advantage in accessing global markets.

The oPt HF continued to use the HRP needs distribution as guidance for project allocation between Gaza (70 per cent) and the West Bank (30 per cent).

Follow up actions

HF is guided by the following Allocation Principles:

- Continue to focus on life-saving and life-sustaining humanitarian response (100 per cent);
- Prioritize direct implementation through international and national non-governmental partners, accounting for at least 80 per cent of available annual oPt HF funding (no UN Agency);
- Support for local partners by striving to channel at least 50 per cent of available funding directly or indirectly through national partners (when and where appropriate and feasible);
- Work with the two NGO network AIDA and PNGO to further develop the partnership between the NGOs and advance the national partners participation;
- Use the HRP needs distribution as guide for project allocation between Gaza and the West bank (70 per cent Gaza, 30 per cent West Bank).

PRINCIPLE 1

INCLUSIVENESS

4 Inclusive engagement

Resources are invested by OCHA's Humanitarian Financing Unit (HFU) in supporting the capacity of local and national NGO partners within the scope of CBPF strategic objectives.

Target

Six training rounds (three Gaza, three West Bank) for partners focused on building their capacity to manage and implement oPt HF projects. Individual partner sessions will be offered/implemented as needed.

Results

oPt HF successfully conducted three rounds of training sessions (two Gaza, one West Bank) with 50 total participants from NNGOs. Training sessions for partners focused on building their capacity to design, manage and implement oPt HF projects, ranging from programmatic to financial issues, compliance, operational modalities, risk management, protection mainstreaming, accountability

TRAININGS

 3 trainings

 14 NNGOs trained

 50 total people trained from NNGOs

Training type	Organizations type	# of organizations trained	# of people trained
Project Proposal & Budget Development	NNGOs	14	22
Training for Technical and Strategic Review Committee members	NNGOs	20	28

to affected people, participation of women and disability and others. Training sessions were held remotely due to the spread of COVID-19 but saw good participation and involvement of potential partners.

Additionally, the Fund has conducted a total of six clinics (four in Gaza and two in the West Bank) prior to the Standard Allocation with an aim to respond to and address potential partners queries and needs.

Ongoing support is offered to partners and potential partners as needed.

Analysis

The HFU is proactively investing in training and guiding eligible and prospective National NGOs to help increase their chances of participating in the coordination process. The training sessions and one-on-one guidance and support cover various aspects, including establishing partner eligibility, developing project proposals that appropriately address the targeted priorities, and the reporting and monitoring procedures required throughout the project life-cycle. Further, the Fund's accountability framework and related activities provide an incentive for partners to improve their performance, capacity and risk rating.

Follow up actions

Six training rounds (three Gaza, three West Bank) for partners focused on building their capacity to manage and implement oPt HF projects. Individual partner sessions will be offered/implemented as needed. HFU will coordinate with PNGO and AIDA to facilitate more outreach activities to national and international partners.

PRINCIPLE 2

FLEXIBILITY

The programmatic focus and funding priorities of CBPFs are set at the country level and may shift rapidly, especially in volatile humanitarian contexts. CBPFs are able to adapt rapidly to changing priorities and allow humanitarian partners to identify appropriate solutions to address humanitarian needs in the most effective way.

5 Flexible assistance

CBPF funding is allocated for cash assistance.

Target

Cash as a response modality will be prioritized and operationally considered, where appropriate, as per OCHA's and CBPF cash guidance notes.

Results

15 per cent of funds (\$5 M) responded with cash as a modality of response.

6 Flexible operation

CBPF Funding supports projects that improve the common ability of actors to deliver a more effective response.

Target

The Fund will work to reduce the percentage for support for common services. Therefore, the target is not to invest more than 5 per cent; the scoring scale will be reversed for this indicator.

Results

The Fund continued to assess needs as they emerged. A project to support the Communications Strategy for the occupied Palestinian territory was supported with 1 per cent of the total allocations.

Analysis

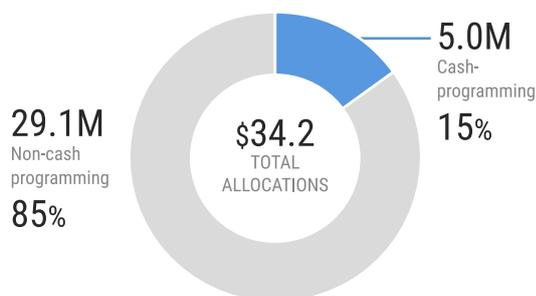
The Fund continued to assess needs as they emerged, while trying to keep the percentage of support for common services less than 5 per cent.

In 2020, oPt HF only funded a project to support the Communications Strategy for the occupied Palestinian territory amounting to 1 per cent of the total allocations.

Follow up actions

The percentage for support for common services is not more than 5 per cent.

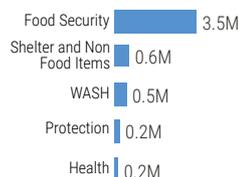
CASH TRANSFER PROGRAMMING



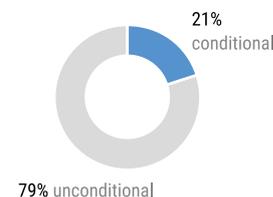
BY ORGANIZATION TYPE



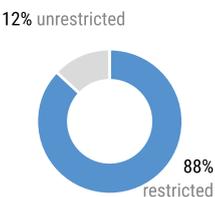
BY SECTOR



BY CONDITIONALITY



BY RESTRICTIONS



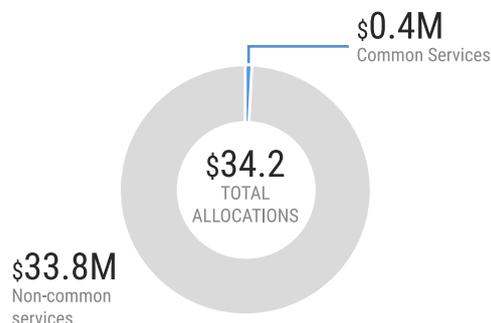
Analysis

Cash continues to be the preferred response modality to be used when and if operationally feasible and appropriate as per OCHA's and CBPF cash guidance notes. A large portion of the funding having gone to health (38 per cent) projects meant the modality was used only when and where possible.

Follow up actions

Cash as a response modality will continue to be prioritized and operationally considered, where appropriate and depending on context, and in consultation with Cluster Coordinators with a target of at least 15 per cent.

ALLOCATION THROUGH COMMON SERVICES



PRINCIPLE 2

FLEXIBILITY

7 Flexible allocation process

CBPF funding supports strategic planning and response to needs identified in the HRP and sudden onset emergencies through the most appropriate modalities.

Target

Work to have 75 per cent of funds allocated through the Standard Allocation modality, and 25 per cent used in the Reserve Allocation modality, while keeping the flexibility to respond to changes in the humanitarian context, as well as based on the funding situation.

The HF will develop a resource mobilization strategy that aims to ensure systematic and coordinated use of resources that enables the fund to consistently release at least two standard allocations that are appropriately timed to support the HRP every year, as well as ensure sufficient funding is available for emergency response allocations.

Analysis

Based on humanitarian needs, objectives of each allocation and the unprecedented situation linked to the pandemic, the Fund applied the most appropriate modalities to generate operational impact at the right time. A consistent flow of donor funding throughout 2020 allowed the HC to release funding in six allocations to effectively address needs with a strategic focus, using a multi-sectoral approach when feasible.

Events in 2020 required using the Reserve window more often to be able to respond to the pandemic.

The oPt HF Fund's aimed at reaching 12 per cent of the funding received for the HRP in 2019.

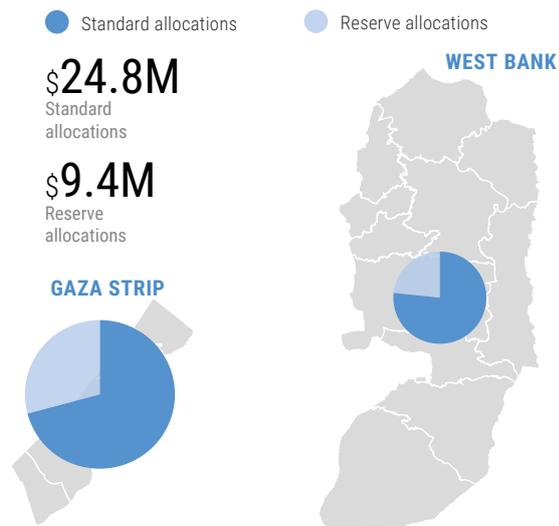
Follow up actions

Work to have 75 per cent of funds allocated through the Standard Allocation modality, and 25 per cent used in the Reserve Allocation modality, while keeping the flexibility to respond to changes in the humanitarian context, as well as based on the funding situation.

The HF will continue to utilize a resource mobilization strategy that aims to ensure systematic and coordinated use of resources that enables the fund to consistently release at least two standard allocations that are appropriately timed to support the HRP every year, as well as ensure sufficient funding is available for emergency response allocations.

Efforts will continue to expand and diversify the donor base as per the Resource Mobilization Action Plan with support from the Donor Relations Section. Efforts will continue to involve the HC and Head of Office in resource mobilization activities, as well as Advisory.

ALLOCATION TYPE BY REGION



Results

In 2020, \$34.2 million funded a total of 78 projects through both Standard and Reserve Allocation modalities as appropriate. Of these, \$24.8 million (72 per cent) funded 60 projects that were under the Standard Allocation modality (West Bank 29 per cent, Gaza 71 per cent) and \$9.4 million (28 per cent) funded 18 projects that were under the Reserve Allocation modality (West Bank 23 per cent, Gaza 77 per cent).

The oPt HF developed the 2020 resource mobilization strategy that aimed at ensuring systematic and coordinated utilization of resources to enable the fund to consistently release at least two standard allocations that are appropriately timed to support the HRP every year, as well as ensure sufficient funding is available for emergency response allocations.

PRINCIPLE 2

FLEXIBILITY

8 Flexible implementation

CBPF funding is successfully reprogrammed at the right time to address operational and contextual changes.

Target

Project revision requests will be processed by the HFU within 10 days.

Results

In 2020, 84 project revisions were requested, project revision requests during 2020 were processed within 11 working days (average number days from IP submission of Project Revision to EO signature of GA Amendment is 11 days).

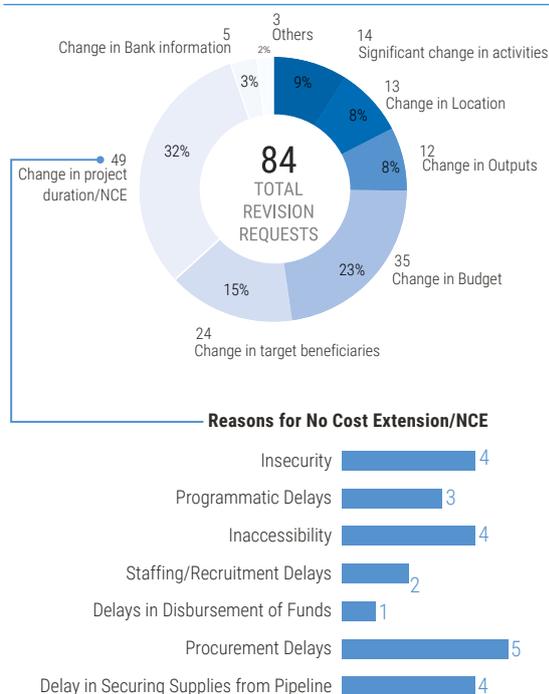
Analysis

Revisions or project amendments varied between minor alterations/modifications to project activities to requesting project Cost and No-Cost Extension and other instances. HFU was responsive to situations requiring re-programming of activities that enable implementing partners to deliver better project outputs. This was key, especially in view of the pandemic, and allowed partners to adapt and adjust to the unprecedented circumstances they have to operate in and use the Flexibility Guidelines to better respond to peoples need during the pandemic.

Follow up actions

HFU to ensure that project revision requests are processed at the fund side within 10 days.

NUMBER OF REVISIONS IN 2020



PRINCIPLE 3

TIMELINESS

CBPFs allocate funds and save lives as humanitarian needs emerge or escalate.

9 Timely allocation

CBPFs allocation processes have an appropriate duration.

Target

The average number of days from Project Proposal submission until partner’s signature for all launched standard allocations is 40 days, and for all launched reserve allocations, 20 days.

Results

Category	2018	2019	2020
Standard Allocations	28	35	40
Reserve Allocations	14	N/A	9

The average number of days from Project Proposal (PP) Submission until IP Signature of GA of all Standard Allocations was 40 days.

The average number of days from Project Proposal (PP) Submission until IP Signature of GA of all Reserve Allocations was 9 days.

Analysis

In 2020, the six allocations, were processed in an appropriate time frame in terms of the operational objectives within the oPt context , avoiding major delays in decision-making in order to ensure the achievement of the intended operational objectives and priorities.

Given the record increase in the size of the standard allocations, there is a major disparity between the fastest processed project and the slowest. For example, the oPt HF responded to urgent needs by processing three health projects responding to the pandemic within one working day. This brought the total processing time for the three projects (from Project Proposal submission until IP GA signature) to three days. Rapid processing of urgent projects ensured appropriate response is maintained. The global average time for processing launched Standard Allocations is 50 days.

Follow up actions

The average number of days from Project Proposal (PP) submission until partner’s signature for all launched standard allocations should be no more than 50 days, and for all launched Reserve Allocations no more than 20 days.

10 Timely disbursements

Payments are processed without delay

Target

10 days from Executive Officer signature of a proposal to first payment.

Results

The average number of days from EO/UNDP Signature until date of cash transfer was 7 days.

AVERAGE WORKING DAYS OF PAYMENT PROCESSING

Average working days from EO signature of a proposal to first payment



Analysis

Speed and efficiency in processing payments enables implementing partners to initiate project activities in a timely manner.

Follow up actions

HFU to coordinate with HQ to ensure the disbursements are processed within 10 working days (from EO clearance of grant agreement).

PRINCIPLE 3

TIMELINESS

11 Timely contributions

Pledging and payment of contributions to CBPFs are timely and predictable.

Target

- Two thirds of annual contributions committed before the end of Q2/2020.
- Two thirds of annual pledges are paid in a timely manner in less than one month from pledge date.

Results

- In 2020, only 58 per cent of annual contributions were committed before the end of Q2/2020 accounting to less than two thirds of annual funds.
- In 2020, majority of annual pledges (93 per cent) were paid in a timely manner, in less than one month from pledge date.

Analysis

The majority of pledged contributions were paid in a timely manner in less than one month from pledge date. The total of contributions that were paid in less than one month was 27.1 million (93 per cent) compared to 85 per cent in the previous year.

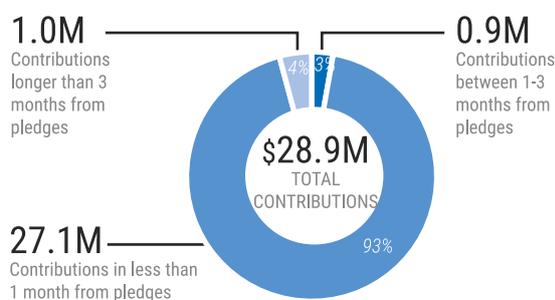
Two donors have multi-year commitments.

Follow up actions

Two thirds of annual contributions committed before the end of Q2/2021.

Two thirds of annual pledges are paid in a timely manner in less than one month from pledge date.

CONTRIBUTIONS TIMELINESS



PRINCIPLE 4

EFFICIENCY

Management of all processes related to CBPFs enables timely and strategic responses to identified humanitarian needs. CBPFs seek to employ effective disbursement mechanisms, minimizing transaction costs while operating in a transparent and accountable manner.

12 Efficient scale

CBPFs have a significant funding level to support the delivery of the HRPs.

Target

12 per cent of the funds received for the HRP in previous year (2019)*

Results

In 2020, 11.4 per cent of HRP funding was channelled through oPt HF.

Analysis

In 2020, the Humanitarian Response Plan for the occupied Palestinian territory (oPt) required a total of US\$350 million. The significant increase in funding to the oPt HF demonstrated the added value of the Fund, with the ability to strategically fund what is urgent, and moreover what is important.

The oPt HF continued its average contribution towards the HRP by a steady increase from the previous year's funding (10.8 per cent channelled in 2019 and 11.4 channelled in 2020).

Follow up actions

The percentage of HRP funding requirements channelled through the oPt HF to amount to 13 per cent of HRP needs.

* For planning purposes, the target is based on last year's level of HRP funding as the current year HRP level of funding cannot be known when the targets are set.

13 Efficient prioritization

CBPF funding is prioritized in alignment with the HRP.

Target

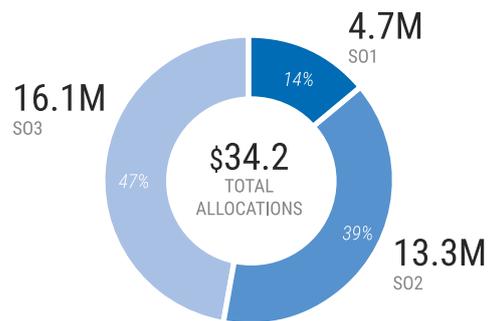
All funded projects address HRP strategic priorities. At least 77 per cent of value of funded projects is linked to pipeline HRP projects.

Results

All funded projects (100 per cent) address HRP strategic priorities outlined in the Allocation Strategy papers.

78 per cent of 2020 HF-funded projects were directly linked to HRP projects.

ALLOCATION BY HRP STRATEGIC OBJECTIVES



S01: The rights of Palestinians living under occupation, including those living under the blockade and other restrictions, are protected, respected and promoted in accordance with IHL and IHRL

S02: The basic needs of vulnerable Palestinians living under occupation are met through the provision of quality basic services and improved access to resources.

S03: The capacity of vulnerable Palestinians to cope with and overcome protracted crisis, including from environmental threats, is supported.

Analysis

The oPt HF fund supports activities that have been prioritized as the most urgent and strategic to address critical humanitarian needs in the country in close alignment with the oPt Humanitarian Response Plan (HRP), especially through Standard Allocation modalities.

Follow up actions

All funded projects address HRP strategic priorities. At least 77% of value of funded projects is linked to pipeline HRP projects.

PRINCIPLE 4

EFFICIENCY

14 Efficient coverage

CBPF funding reaches people in need.

Target

100 per cent of the affected population targeted in projects that have finished and been final reported on during the year have reportedly been reached.

Results

Through oPt HF funding, partners targeted a total of 1.4 million of the most vulnerable people in the oPt and reached 1.1 million people.*

PEOPLE TARGETED AND REACHED BY GENDER AND AGE



Analysis

76 per cent of the affected population targeted in projects that have finished and been final reported on during the year, have reportedly been reached.

Follow up actions

100 per cent of the affected population targeted in projects that have finished and been final reported on during the year have reportedly been reached.

15 Efficient management

CBPF management is cost-efficient and context-appropriate.

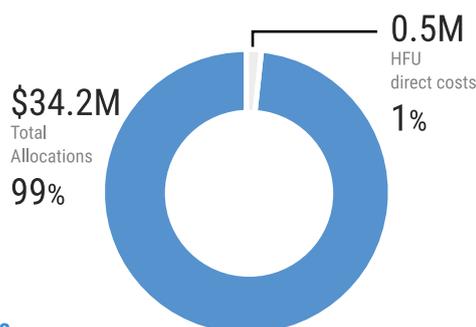
Target

HFU operations costs (execution of cost-plan) account for less than 2.5 per cent of overall utilization of funds (allocations + operations costs).

Results

HFU operations costs (execution of the cost-plan) account for 1 per cent of overall utilization of funds (allocations + Operations costs).

ALLOCATION AGAINST TOTAL HFU EXPENDITURE



Analysis

HFU direct costs (execution of the cost plan) accounted for 1 per cent of the overall utilization of funds (allocations + operations costs).

HFU is still well-below the global average direct cost of 4 per cent.

With a rather low HFU cost, the oPt HF managed to allocate an extraordinary amount of funds during 2020.

While capacity of the HFU has increased since 2019, operations costs (execution of cost-plan) remained at good low percentage. accounting for less than 2.5 per cent of overall utilization of funds (allocations + operations costs).

Follow up actions

HFU operations costs (execution of cost-plan) account for less than 2.5 per cent of overall utilization of funds (allocations + operations costs).

* The count of people targeted and reached excludes people targeted and reached by two projects supporting WASH and public health service provision and target the total population of the oPt.

PRINCIPLE 4

EFFICIENCY

16 Efficient management

CBPF management is compliant with management and operational standards required by the CBPF Global Guidelines.

Target

oPt HF Operational Manual was in alignment with the latest version of global CBPF guidelines by the end of Q1/2019. Annual report and allocation papers compliant with global guidance documents.

Results

Operational Manual updated in July 2020.

Risk Management Framework updated in April 2020

oPt HF Flexibility Guidelines introduced in April 2020.

Analysis

The operational manual and the risk management framework were updated to reflect the country specific operational constrains. The manuals also took into consideration the importance of keeping all stakeholders appropriately represented.

oPt HF Flexibility Guidelines were introduced in April 2020.

Follow up actions

oPt HF Operational Manual was updated in alignment with the latest version of global CBPF guidelines by the end of Q1/2021. Annual report and allocation papers compliant with global guidance documents

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

17 Accountability to affected people

CBPF funded projects have a clear strategy to promote the participation of affected people.

Target

100 per cent of proposals are required to indicate the plan on the accountability to affected population (AAP). All monitoring instances include the consultation with beneficiary's component.

Continue to encourage partners to incorporate AAP modalities into the design, implementation, management and monitoring of projects.

Results

HFU has ensured all approved projects in 2020 included a developed AAP component through vetting criteria applied in strategic and technical review phase.

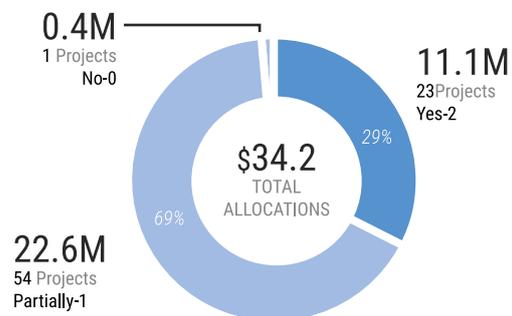
Analysis

99 per cent of oPt HF approved projects in 2020 have a proper provision of accessible and functioning feedback and/or complaint mechanisms for beneficiaries.

Follow up actions

100 per cent of proposals are required to indicate the plan on the accountability to affected population (AAP). All monitoring instances will include consultation with beneficiaries as a main component.

ACCOUNTABILITY TO AFFECTED PEOPLE



2 The project **includes** the provision of accessible and functioning feedback and/or compliant mechanisms for beneficiaries

1 The project **partially** includes the provision of accessible and functioning feedback and/or compliant mechanisms for beneficiaries

0 The project **does not include** the provision of accessible and functioning feedback and/or compliant mechanisms for beneficiary

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

CBPFs manage risk and effectively monitor partner capacity and performance. CBPFs utilize a full range of accountability tools and measures.

18 Accountability and risk management for projects

CBPF funding is appropriately monitored, reported and audited.

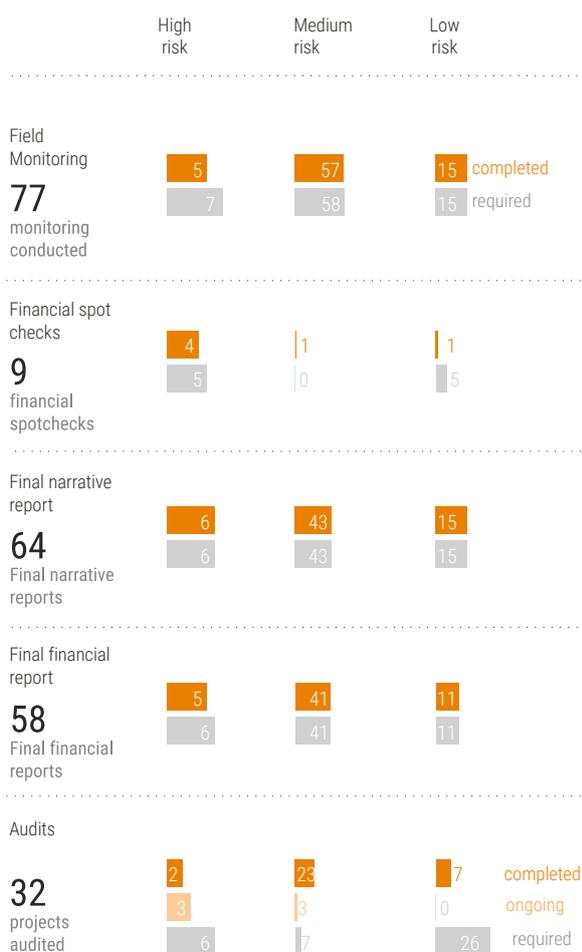
Target

Ensure 100 per cent compliance with operational modalities, as per OCHA assurance dashboard.

Follow up with UN agencies to improve their reporting performance and timeframe.

Results

PROGRESS ON RISK MANAGEMENT ACTIVITIES



Analysis

The oPt HF ensured compliance with requirements as per the operational modalities matrix for each project based on the adjusted country-based operational modality for the oPt. Compliance was ensured for all projects reported, monitored, and audited during 2020 from allocations that took place both in 2019 and 2020.

Follow up actions

Ensure 100% compliance with operational modalities, as per OCHA assurance dashboard.

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

19 Accountability and risk management of implementing partners

CBPF Funding is allocated to partners as per the identified capacity and risk level.

Target

HF to channel at most 5 per cent to high-risk partners, at most 50 per cent to medium- risk partners, and at least 15 per cent to low- risk partners. Continue to invest in prospective and registered implementing partners by conducting capacity and training initiatives to educate organizations (primarily NNGOs) on the oPt HF eligibility process, and how to improve their risk rating by providing increased competency through Performance Framework indices.

Results

The oPt HF channelled funds to 37 implementing partners in 2020 (10 NNGOs; 20 INGOs; 6 UN agencies and Qatar Red Crescent Society). High-risk partners received 17 per cent of funding; medium-risk partners received 66 per cent funding; and low-risk partners received 18 per cent funding.

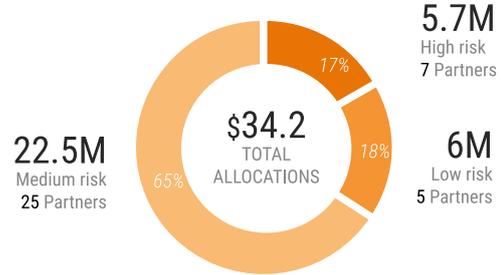
Analysis

The majority of funds were allocated towards projects implemented by medium-risk partners. Careful due diligence and duty of care in the qualifications and capacities of implementing partners receiving oPt HF funding.

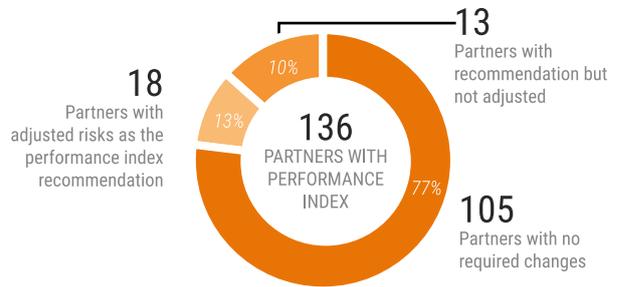
Follow up actions

HF to channel at most 5 per cent to high-risk partners, at most 50 per cent to medium-risk partners, and at least 15 per cent to low-risk partners.

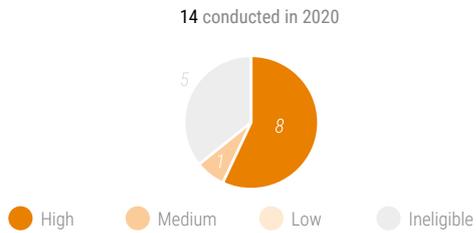
IMPLEMENTATION BY PARTNER RISK LEVEL TYPE



UPDATED RISK LEVEL BASED ON PERFORMANCE INDEX



Number of capacity assessment conducted



PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

20 Accountability and risk management of funding

Appropriate oversight and assurances of funding is administered through CBPFs.

Target

HF to ensure 100 per cent compliance with CBPFs Standard Operating Procedures (SOPs) on Response to Concerns of Fraud or Misuse of Funds by Partners, especially through increasing HFU capacity to ensure control mechanisms are appropriately utilized (Advise HF Advisory Board on issue when cases come to fruition).

Results

In 2020, there were four compliance-related incidents identified and two cases resulting from several assurance mechanisms, including performance and compliance monitoring, financial controls and information received through confidential feedback from partners and beneficiaries. The identified incidents pertained to several issues, including malpractices in implementation and financial management. Other incidents were registered, mainly pertaining to confiscation and/ or demolition of humanitarian assets by the occupying power.

As per the SOPs, donors were informed both at capital and country-level during the different stage of the process.

Analysis

oPt HF ensured 100 per cent with CBPF's SOPs on Response to Concerns of Fraud or Misuse of Funds by Partners, thanks to the diligent work of the HFU staff conducting monitoring activities and close follow-up with implementing partners.

HFU continued to use accountability measures by conducting financial spot-checks as well as programmatic monitoring. Through monitoring activities, HFU was able to contact first-hand beneficiaries and get better understanding of beneficiaries' feedback, concerns and complaints. This helped identify issues related to diversion and/or mismanagement of resources. HFU continued to conduct

diligent capacity assessments to check on the institutional, financial and technical capacity of the organization to implement the projects; 14 capacity assessments were conducted in 2020.

The HFU created communication channels with beneficiaries and other stakeholders to enable to track any possible fraudulent activities. In addition, close field monitoring, spot checks and audits of projects were done.

Follow up actions

The HFU will continue to ensure that all instances of potential diversion or fraud are treated in compliance with the CBPF SOPs

The HFU will continue to have dedicated monitoring staff to verify the reports and to keep close contact with the beneficiaries through various programmatic and financial monitoring activities.

The HFU is actively engaging first-hand affected people through a dedicated complaint mechanism and hotline number provided to the beneficiaries to register any compliant.



4
reported
incidents

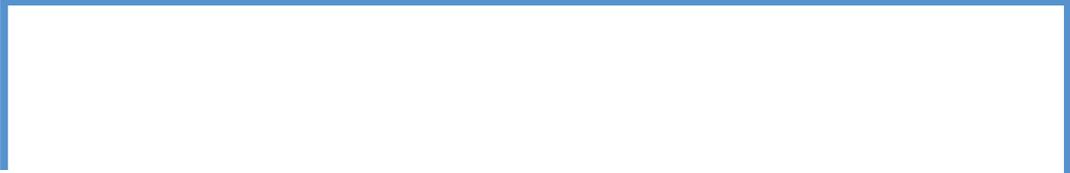
4 open case



5
ongoing
cases

Reported incidents: # of incidents/cases (allegation, suspected fraud, confirmed fraud, theft, diversion, looting, destruction etc.) reported by HFU to OCU in 2020, either open or closed.

On going cases: # of incidents/cases for which measures (assurance measures, inquiry, settlement etc.) were still ongoing as of 31.12.2020



OPT HF 2020 ANNUAL REPORT

ACHIEVEMENTS BY CLUSTER

This section of the Annual Report provides a brief overview of the oPt HF allocations per cluster, targets and reported results, as well as lessons learned from 2020.

The cluster level reports highlight indicator achievements against planned targets based on narrative reports submitted by partners within the reporting period, 1 February to 31 December 2020. The achievements indicated include reported achievements against targets from projects funded in 2016 (when applicable), 2017 and/ or 2019, but whose reports were submitted in 2019. The bulk of the projects funded in 2019 are still under implementation and the respective achievements against targets will be reported in the subsequent oPt HF reports.



ACHIEVEMENTS BY CLUSTER

EDUCATION



CLUSTER OBJECTIVES

Objective 1: Increase equitable and safe access to inclusive, quality educational services for vulnerable children

Objective 2: Most vulnerable schools are supported in responding to emergencies through preventive measures, remedial programs and school-based psychosocial services

LEAD ORGANIZATIONS

UNICEF

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS	TARGETED PEOPLE*	WOMEN	MEN
\$687,992	4	4	10,119	847	848
				GIRLS 4,665	BOYS 3,759

*Total of people targeted takes into account unique count of beneficiaries under the cluster.

The Fund supported the implementation of four projects under the Education cluster (two in the Gaza Strip, and two in the West Bank). Three of the projects were implemented directly under the Education cluster, and one was multi-sectoral with the Protection cluster.

The interventions in the Gaza Strip aimed to offer remedial education and learning support to children who recently dropped out of school or were at high risk of dropping out. The interventions involved:

- Ensuring adequate support for the reintegration of out-of-school children into the education system or alternative technical or vocational education opportunities;
- Providing targeted children with relevant PSS support, catch-up programmes, assistive devices and school adaptations to ensure they are well equipped to return to school;
- Ensuring that schools can meet the different needs of children;
- Providing school stationery, uniforms and transportation to children who have accessibility and affordability issues.

The interventions in the West Bank involved:

- The provision of essential and basic emergency rehabilitation of schools to ensure they provide an inclusive and safe environment;
- Protective measures to ensure safe access to schools (transport, accompaniment and violations monitoring, protection committees, awareness-raising);

- Supporting schools affected by violations by responding to emergencies through structured multi-sectoral preparedness packages and post-emergency responses (DRR and contingency planning, preventive measures, post-emergency/violation response).

In response to COVID 19, activities involved catch-up and remote learning programs to support children at risk of dropping out due to their long separation from schools, and reintegration of out-of-school children. The most vulnerable children were provided with access to remote learning programs, and children at high risk of dropping out were given access to remedial and learning support services, either face-to-face or remotely. Children were supported to access offline immediate remote learning opportunities, and support was given to developing offline learning ideas to offer remedial education for children at high risk of dropping out or who dropped out already.

Results reported in 2020 for the Education cluster indicators were from five projects from 2018 and 2019 allocations.

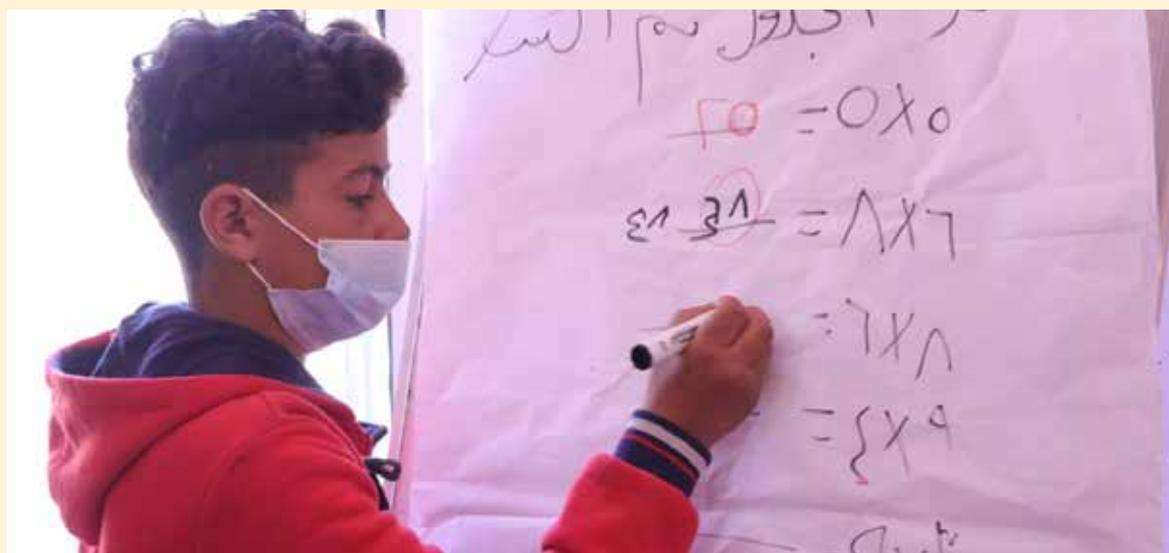
Results reported in 2020

	ALLOCATIONS ¹	PROJECTS	PARTNERS	PEOPLE TARGETED**
2018	\$0.59M	2	2	27,536
2019	\$0.53M	3	3	PEOPLE REACHED** 33,417



** For the count of people targeted, oPt HF added up the maximum number of beneficiaries under each project taking into account all projects reported in 2020.

OUTPUT INDICATORS		TARGETED	ACHIEVED	%	OUTPUT INDICATORS		TARGETED	ACHIEVED	%	
# of children at high risk of drop out receiving PSS support	Men	-	-	-	# of people in humanitarian situation who benefited from hygiene promotion activities	Men	72	132	183%	
	Women	-	-	-		Women	108	110	102%	
	Boys	252	252	100%		Boys	1,500	2,755	184%	
	Girls	329	329	100%		Girls	1,000	1,443	144%	
# of children engaging in activities inside schools after school hours	Men	-	-	-	# of schools rehabilitated and transferred to community centers	Total	18	18	100%	
	Women	-	-	-	# of schools' WASH infrastructure rehabilitated according to the national COVID-19 response plan's education priorities.	Total	6	6	100%	
	Boys	2,223	4,893	220%		# of students and school staff benefiting from school-based psychosocial support services	Men	464	170	37%
	Girls	2,076	3,295	159%			Women	544	442	81%
# of children who benefit from PFA training for the school counselors	Men	4	3	75%			Boys	5,109	3,750	73%
	Women	9	5	56%	Girls		4,499	4,526	101%	
	Boys	2,340	1,311	56%	# of students and teachers in vulnerable communities benefiting from protective presence and accompaniment to and from school	Men	100	245	245%	
	Girls	1,560	1,505	96%		Women	100	429	429%	
# of out of school children benefiting from catch up programs	Men	-	-	-		Boys	4,000	4,492	112%	
	Women	-	-	-		Girls	2,700	2,364	88%	
	Boys	393	428	109%	# of out of school children re-integrated in the official education system	Men	-	-	-	
	Girls	122	98	80%		Women	-	-	-	
# of out of school children benefiting from transportation arrangements to access schools	Men	-	-	-		Boys	50	36	72%	
	Women	-	-	-		Girls	50	8	16%	
	Boys	322	373	116%	# of out of school children supported to access vocational education opportunities	Men	-	-	-	
	Girls	65	80	123%		Women	-	-	-	
# of out of school children receiving PSS support	Men	-	-	-		Boys	50	59	118%	
	Women	-	-	-		Girls	50	12	24%	
	Boys	368	375	102%						
	Girls	122	46	38%						



Reintegrating drop-out students into school

Walid during one of the remedial classes offered by TDH. ©Photo by TDH 2020

Thirteen-year-old Walid lives in Gaza, near the Israeli border, where fear of recurrent hostilities is constant. His mom and dad are unemployed, his father's health is poor, and the house they live in, with his five siblings, is dilapidated.

In 2019, when he was in the sixth grade, Walid dropped out of school and joined the labour market. His achievements had been low, and he had not received enough support or guidance. "I left because I couldn't read and write well," he explained, "but also because I wanted to make some money to help my family, even with small amounts." His mother further explained: "I can't help Walid or his siblings with their homework. I often get angry, and all I do is shout at them. Sometimes I even beat them".

In the Gaza Strip, being out of school often exposes children to exploitation, abuse, and violence. No longer a pupil, Walid supported his family by taking low-wage jobs. "From six in the morning to three in the afternoon, I would work as a porter in the market for ten shekels [US\$3.07]," he said. "But I was in severe pain because of the overload. Then, I would continue my day collecting empty cans for five shekels." He also joined some of the "Great March of Return" protests near Israel's perimeter fence, where he was once injured, when a tear gas canister hit his right leg.

In November 2020, with funding from the occupied Palestinian territory Humanitarian Fund (oPt HF), Terre des Hommes began supporting Walid and his family. Walid was provided with psychological support and remedial

"Remedial classes made me happier, and now I can read and write much better,"
13 YEAR OLD WALID, GAZA

classes and, after three months, he was re-registered in the seventh grade. His family received cash assistance to buy basic products and a new school uniform for Walid.

This was part of a larger project helping 700 boys and girls to either go back to school or prevent them from dropping out. Most of the students' families cannot afford education expenses. Support provided included remedial classes, school reintegration, uniform provision, cash assistance, and mental health and psycho-social services.

"Going back to school was my decision," Walid stressed. "I feel strong and proud of myself for doing it. Being out of school had made me nervous and hopeless. But remedial classes made me happier, and now I can read and write much better, and have made friends." Walid's mother is also happy with this assistance. "I attended sessions about how to positively deal with children," she recalled. "I was delighted as Walid returned to school. His level has really improved."

"I knew many other drop-out children who worked or hung out in the streets, doing nothing. I hope they can get the same help that I got," Walid concluded.

ACHIEVEMENTS BY CLUSTER

FOOD SECURITY & LIVELIHOODS



CLUSTER OBJECTIVES

Objective 1: Livelihoods of vulnerable households are protected, and their resilience, food security and productive capacity restored/enhanced

Objective 2: Households suffering from limited access to food and to income opportunities are able to meet their basic food needs

Objective 3: FSS activities, including advocacy and awareness, are planned and implemented in a coordinated manner, and partnership with key national ministries is strengthened

LEAD ORGANIZATIONS

FAO, WFP

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS	TARGETED PEOPLE*	WOMEN	MEN
\$7,396,226	15	10	30,394	8,390	8,815
				GIRLS 6,354	BOYS 6,835

*Total of people targeted takes into account unique count of beneficiaries under the cluster.

The Fund supported the implementation of 15 projects under the Food Security and Livelihoods cluster (nine in the Gaza Strip and six in the West Bank). All of the projects were implemented directly under the Food Security cluster.

The nine projects in the Gaza Strip aimed to:

- Ensure the provision of immediate and direct food assistance for the most vulnerable households;
- Protect small farmers, breeders and fishers and support them in rehabilitating and restoring their livelihoods;
- Ensure food security through provision of essential/urgent assets, inputs, tools, energy sources, and equipment. Vulnerable households were assisted through cash transfers, including cash-for-work, food vouchers, and unconditional/unrestricted cash assistance to ensure access to food, and through immediate response to shocks, such as direct distribution of time-critical inputs to protect livelihoods.

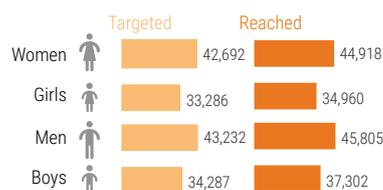
Four of the nine projects in the Gaza Strip supported the most vulnerable households impacted by COVID-19, including extremely poor families who lost or reduced their livelihoods, vulnerable families in isolation or quarantine, elderly people, children, pregnant and lactating women, FHHs and PWDs. Food security interventions in response to COVID-19 included food assistance; multi-purpose cash assistance; and provision of production inputs for vulnerable farmers, breeders and fishers affected by the pandemic.

In the West Bank, six food security projects aimed to support farmers whose animal feeding equipment, agricultural water and crop production facilities were affected by natural and man-made disasters and those at high risk of destruction and/or confiscation of their property. The interventions included:

- Provision of short-term employment, agricultural production inputs and services;
- Full and partial land rehabilitation (piping and irrigation systems, seeds and seedling distribution);
- Rehabilitation of agricultural roads, water carrier lines, water storage, animal sheds, in in-kind food assistance to vulnerable food insecure families with a focus on Area C.

Results reported in 2020

	ALLOCATIONS ¹	PROJECTS	PARTNERS	PEOPLE** TARGETED
2018	\$0.29M	1	1	153,497
2019	\$5.6M	13	10	PEOPLE REACHED** 162,985



** For the count of people targeted, oPt HF added up the maximum number of beneficiaries under each project taking into account all projects reported in 2020.

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# of beneficiaries receiving critical living supplies through vouchers	Men	2,567	2,934	114%
	Women	2,544	3,002	118%
	Boys	2,539	2,724	107%
	Girls	2,430	2,562	105%
	Total	10,080	11,222	111%
# of beneficiaries receiving food vouchers	Men	37,268	37,366	100%
	Women	37,264	37,836	102%
	Boys	30,122	30,885	103%
	Girls	28,823	29,200	101%
	Total	133,477	135,287	101%
# of boats rehabilitated/equipped	Total	20	27	135%
# of dunums made productive or with improved production capacity (full and partial land rehabilitation, piping and irrigation system, seeds and seedlings distribution, etc.)	Total	4,661	8,238	177%
# of farmers and herders beneficiaries receiving inputs and services	Men	235	320	136%
	Women	-	-	-
	Boys	-	-	-
	Girls	-	-	-
	Total	235	320	136%
# of farmers, herders, breeders, fishers receiving inputs and services (Individuals, based on HH average size: West Bank 4.8, and Gaza Strip 5.6 unless specific data are available.)	Men	2,623	3,401	130%
	Women	1,654	2,834	171%
	Boys	869	1,684	194%
	Girls	931	1,464	157%
	Total	6,077	9,383	154%
# of greenhouses rehabilitated	Total	10	87	870%
# of individuals benefiting from Cash for Work	Men	456	459	101%
	Women	438	441	101%
	Boys	-	-	-
	Girls	-	-	-
	Total	1,019	1,024	100%
# of individuals benefiting from unconditional cash support	Men	1,839	1,825	99%
	Women	1,340	1,645	123%
	Boys	885	1,537	174%
	Girls	1,025	1,379	135%
	Total	5,089	6,386	125%
# of km of agricultural roads rehabilitated	Total	6	6	100%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# of livestock sheds rehabilitated	Total	76	209	275%
# of water wells rehabilitated	Total	5	5	100%
% of farmer beneficiaries reported improvement in production capacity.	Total	80	96	120%
% of female-headed households having improved access to food and other essential basic needs.	Total	90	100	111%
% of GMR-affected households having improved access to basic needs.	Total	70	100	143%
% of households who redeem voucher within 30 days upon receipt	Total	95	100	105%
By the end of the project at least 50% of targeted beneficiaries report reduction in accumulated debts	Total	50	89	178%
By the end of the project at least 75% of targeted households (men & women) report increased access to income, and restored livelihood productive assets.	Total	75	93	124%
km of agricultural roads rehabilitated	Total	31	32	103%
kW of renewable power supply systems	Total	43	42	98%
m ³ of water storage rehabilitated or provided	Total	2,240	5,373	240%
Total amount (\$) of cash transferred to beneficiaries (19% to program female beneficiaries).	Total	308,000	318,465	103%



27-year-old fisher, Shadi Abdul-Jaber Qanan, from Khan Yunis camp, Gaza
©Mercy Corps 2020

Providing urgent help to vulnerable families in the Gaza Strip

Shadi Abd al Jaber Qanan is a 27-year-old fisher from the Khan Yunis refugee camp in the Gaza Strip. He lives with his extended family of seven members in an eighty-square-metre house.

Years ago, Shadi dropped out of primary school to assist his father in fishing, the family's main source of income. Recently, however, the motor of the family's boat stopped working. As they had no money to fix it, Shadi had to intermittently work with other fishers, earning about US\$7 per day. As a result, Shadi's family income dropped steeply.

"The bad economic situation of fishermen is caused by many reasons," Shadi explained, "including the complete closure of the port [by the local authorities] during the COVID-19 crisis, in addition to the Israeli blockade imposed on the Gaza Strip, which has led to the reduction of the fishing area and negatively affected the quantity and quality of fish caught."

In October 2020 through funding from the [occupied Palestinian territory Humanitarian Fund \(oPt HF\)](#), and

in partnership with Al Foukhary Association for Rural Development, Mercy Corps provided first payment of restricted cash assistance to vulnerable and crises-affected fishers, aiming to restore their livelihoods and enhance their living conditions. Shadi applied and was selected to get money to fix the broken engine.

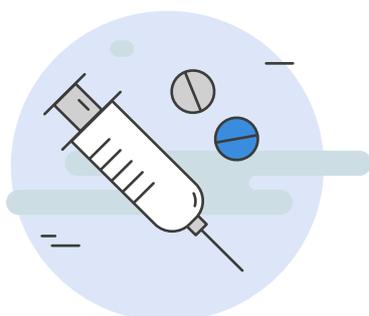
"I was waiting for any help to fix my engine. Such help would save me, not only from the humiliation involved in working for others, but also from not making enough money to feed my family," Shadi said.

"I am thankful to Mercy Corps for the cash assistance; finally, I was able to completely repair the motor and bring sufficient food to my family's table," he concluded with pleasure.

Shadi dreams of continuing to improve his income so that he can rent his own house and feel independent from his extended family.

ACHIEVEMENTS BY CLUSTER

HEALTH



CLUSTER OBJECTIVES

Objective 1: Ensure the availability, accessibility, acceptability and quality of essential lifesaving health services to vulnerable communities in Gaza and West Bank/EJ, including through health system strengthening, preparedness and community resilience building

Objective 2: Strengthen health coordination, information and health protection, with an emphasis on advocacy for the right to health, to improve the effectiveness of lifesaving health response for most vulnerable people

LEAD ORGANIZATIONS

WHO

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS	TARGETED PEOPLE*	WOMEN	MEN
\$13,133,772	25	15	571,300	149,625	150,937
				GIRLS 132,084	BOYS 138,654

*Total of people targeted takes into account unique count of beneficiaries under the cluster.

The Fund supported the implementation of 25 projects under the Health cluster (13 in the Gaza Strip, nine in the West Bank and three that covered both the Gaza Strip and the West Bank. Twenty-three of the projects were implemented directly under the Health cluster, and two were multi-sectoral, with the Protection and WASH clusters.

Interventions in the Gaza Strip aimed to support the response to immediate health needs by ensuring access to health services for the most vulnerable patients. The interventions included:

- Provision of essential medical supplies and micronutrient supplements to ensure continuity of services at primary health-care facilities and hospitals;
- Serving pregnant and lactating women who have anaemia, children suffering from malnutrition and people in need of mental health services;
- Providing elective surgeries and deploying medical teams to conduct complicated surgeries, thus reducing the need for referrals outside of Gaza and reducing the waiting period for patients in need for treatment.

In response to COVID-19 in Gaza, interventions were dedicated to accelerating the strengthening and scaling-up of the MoH capacity to prevent, detect and respond to COVID-19 cases, and to provide adequate care for patients, their families and close contacts. This is in line with the Inter-Agency COVID-19 response plan developed by the Health Cluster. Interventions included:

- Providing laboratory testing, medical supplies, pharmaceuticals and disposables to treat patients;

- Upgrading the intensive care capacity;
- Developing triage procedures;
- Promoting self-initiated isolation of people with mild respiratory symptoms to reduce the burden on the health system;
- Conducting infection prevention and control (IPC), risk communication and public engagement;
- Providing operational support and logistics.

In the West Bank, the interventions included:

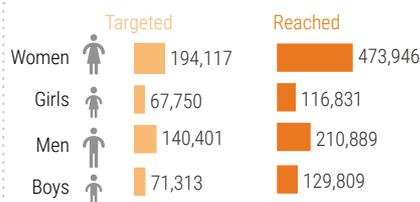
- Scaling up COVID-19 response support following a significant increase in the number of cases;
- Scaling up laboratory testing;
- Offering support to the isolation centres;
- Increasing the capacity of treatment centres by supporting intensive care units and providing mobile clinics services, sexual and reproductive health services, child health and nutrition, mental health and psychosocial support services, targeting the most vulnerable persons and communities.

Other interventions not related to COVID-19, including mobile clinics, MCH and referrals, were also funded, to ensure the continuation of essential health services during the pandemic and at a time when the Palestinian Authority halted coordination with the Government of Israel.

Results reported in 2020 for the Health cluster indicators were from 17 projects from allocations in 2018, 2019 and 2020.

Results reported in 2020

ALLOCATIONS ¹	PROJECTS	PARTNERS	PEOPLE TARGETED**
2018 \$1.88M	3	3	473,581
2019 \$7.2M	11	10	PEOPLE REACHED**
2020 \$1.8M	3	2	931,475



** For the count of people targeted and reached, oPt HF added up the maximum number of beneficiaries under each project taking into account all projects reported in 2020. The count includes public health projects targeting a large portion of the oPt population.

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# freedom of movement cases handled	Men	185	130	70%
	Women	185	132	71%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	370	262	71%
# Medical staff hired to operate the unit and train local staff members and provide support	Men	16	-	0%
	Women	8	-	0%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	24	-	0%
# medical staff trained in conferences	Men	1,260	1,015	81%
	Women	540	548	101%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	1,800	1,563	87%
# number of surgeries conducted	Men	60	69	115%
	Women	40	46	115%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	100	115	115%
# of accurate reports that have been issued by Al Awda Hospital emergency dept. through the HIS	Men	30	28	93%
	Women	20	41	205%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	50	69	138%
# of casualties received trauma care	Men	27,698	18,838	68%
	Women	2,172	3,265	150%
	Boys	6,127	8,636	141%
	Girls	303	1,191	393%
	Total	36,300	31,930	88%
# of children affected by conflict related violence benefiting from structured psychosocial services and child protection interventions	Men	-	-	0%
	Women	-	-	0%
	Boys	167	-	0%
	Girls	11	-	0%
	Total	178	-	0%
# of doctors trained in medical simulation center	Men	34	4	12%
	Women	6	1	17%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	40	5	13%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# of health facilities benefiting from IPC supplies	Total	65	68	105%
# of health facilities with enhanced capacity for case management	Total	2	2	100%
# of health workers received training on lifesaving interventions	Men	200	272	136%
	Women	181	111	61%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	381	383	101%
# of healthcare workers trained on early detection and case management	Men	250	242	97%
	Women	250	101	40%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	500	343	69%
# of healthcare workers with increased capacity on emergency response	Men	16	16	100%
	Women	14	14	100%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	30	30	100%
# of items, implants, disposables provided to the LR unit	Men	1,164	16,765	1440%
	Women	36	-	0%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	1,200	16,765	1397%
# of key vulnerable communities receiving targeting messaging	Total	5	5	100%
# of limb reconstruction interventions conducted	Total	4,685	3,046	65%
# of LR surgeries conducted by the medical missions # of OPC consultations done by the visiting team	Men	330	477	145%
	Women	10	15	150%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	340	492	145%
# of patients received appropriate non-trauma emergency care	Men	300	283	94%
	Women	300	281	94%
	Boys	100	96	96%
	Girls	100	140	140%
	Total	800	800	100%



UHCW home visit to the 65-year-old Mohammad Abu Libdah. Photo by UHCW2020

Offering immediate life-saving healthcare

Sixty-five-year-old Mohammad Abu Libdah, his wife Amal, and their four children live in a small house in An Nuseirat area of the Gaza Strip. They are unemployed. Muhammad is diabetic and has high blood pressure. The family depends on relatives and aid associations to cover their living costs.

In February 2021, Mohammad tested positive for COVID-19 and developed moderate symptoms, including dry cough, fever, and joint pains. When Mohammad's situation further deteriorated, Amal reached out to the Union of Health Work Committees (UHCW), asking for help.

With the support of the [occupied Palestinian territory Humanitarian Fund \(oPt HF\)](#), UHCW staff immediately provided first aid services to Mohammad, whose oxygen saturation was low. They then arranged for Mohammad to be transferred by ambulance to one of Gaza's governmental hospitals, following which they kept Amal informed through daily phone calls.

Mohammad's physical illness was compounded by anxiety about dying and encountering the negative stigma associated with COVID-19, as many in his community

stay away of people who have had the virus even after they are fully recovered. To tackle this, UHCW provided him with psychological support over the phone, where he released stress and improved over time.

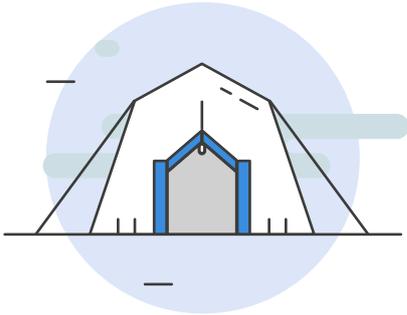
The help offered to Mohammad and his family was part of a larger project, supported by the oPt HF, aiming to contribute to confronting COVID-19 in the middle and southern Gaza Strip. In this context, some 5,000 people with COVID-19 and their families received home-visits, health follow-ups, isolation kits and awareness brochures.

"A million thanks go to the frontline health workers," said Mohammad. "I am grateful to all those who risk their lives to save others. Thanks to their quick response, I am now in good health and back with my family."

Mohammad added: "The team visited me not only when I had the virus, but also when I was discharged from hospital, to make sure everything is okay. Without their help, my life might have been threatened."

ACHIEVEMENTS BY CLUSTER

SHELTER & NON-FOOD ITEMS



CLUSTER OBJECTIVES

Objective 1: Displaced populations are provided support that mitigates immediate harm and ensures adequate and safe temporary shelter solutions.

Objective 2: Vulnerable households exposed to harsh weather and protection concerns are supported to meet basic needs and enhance their coping capacity.

Objective 3: Capacity to respond to natural or manmade hazards in a timely, efficient and effective manner is increased.

LEAD ORGANIZATIONS

NRC

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS	TARGETED PEOPLE*	WOMEN	MEN
\$4,483,074	12	7	30,386	7,912	11,971
				GIRLS 6,963	BOYS 3,540

*Total of people targeted takes into account unique count of beneficiaries under the cluster.

The Fund supported the implementation of 12 projects under the Shelter and Non-Food Items cluster (nine in the Gaza Strip, and three in the West Bank). All of the projects were implemented directly under the Shelter and Non-Food Items cluster.

The interventions in the Gaza Strip involved:

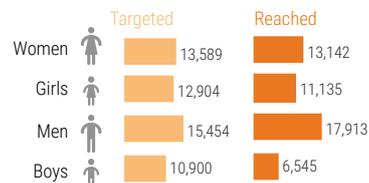
- providing temporary shelter assistance for the most vulnerable households; improving emergency preparedness measures, including emergency shelter and gender sensitive NFIs prepositioning;
- providing winterization/summerization assistance or shelter/household NFIs to vulnerable households at risk of exposure or affected by natural or man-made hazards (e.g. winter storms, flooding);
- rehabilitation of damages and/or substandard shelters for the most vulnerable people living in extreme conditions, including adaptation of shelters to create adequate living space with integrated hygienic WASH facilities, meeting basic shelter needs, minimum standards and the needs of PWD.

The interventions in the West Bank involved:

- Shelter rehabilitation/summerization in communities that suffer from protection concerns, through in-kind and cash-based interventions;
- Provision of protective assets, protective shelter materials and NFIs to vulnerable households, with a particular focus on temporarily displaced households, due to military closures in Firing Zones;
- Capacity-building for communities to be prepared in case of shocks, whether natural or man-made;
- Provision of shelter, protective materials and NFIs for families displaced temporarily in Jordan valley firing zones;
- Supply of tents to a party (like governorate) that is responsible for distribution and collection of the tents during the displacement;
- Distribution of NFIs kits, including children hygienic kits, first aid kits and other necessary items.

Results reported in 2020

ALLOCATIONS ¹	PROJECTS	PARTNERS	PEOPLE TARGETED**
2019 \$4.24M	11	7	52,847
2020 \$0.8M	13	2	PEOPLE REACHED** 63,687



** For the count of people targeted, oPt HF added up the maximum number of beneficiaries under each project taking into account all projects reported in 2020.

- Providing protective shelter materials, like fences, window protection and lighting, to families under protection concerns (settler violence) or at risk of displacement;
- Internal rehabilitation of shelters, including, thermal insulation, structure reinforcement, floor, walls, partition, facilities and shelter adoption interventions for the PWDs;
- Household WASH interventions;
- Preparation of shelters surroundings (protection fences, levelling, land preparation especially for the families who have PWD cases;
- Provision of tents and tents covers.
- In response to COVID-19, interventions aimed to improve the capacity of vulnerable people to reduce their risk of infection. Activities involved:
 - Provision of essential hygiene and disinfection materials or cash to the families and individuals at higher risk of COVID-19;
 - Timely provision of adequate standard or customized NFIs to quarantine/ isolation facilities and people in home quarantine/ isolation, such as bedding, hygiene kits, dignity kits, disinfecting materials, cleaning materials, potable water where needed, and replenishment of existing stockpiles with NFIs;
 - Reducing overcrowding in shelters to mitigate the spread of COVID-19;
 - Improving the hygiene conditions of families lacking basic facilities, such as latrines or kitchens, by providing appropriate hygiene materials and cleaning supplies.

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# HH assisted with restricted cash for shelter support	Total	98	98	100%
# HHs under risk of displacement have adequate shelter/NFIs stocks according to Inter-Cluster Coordination Group (ICCG) contingency plans	Total	2,303	2,703	117%
# of assisted families reported improvement in living conditions and reduction in the seasonal movement and displacement	Total	300	300	100%
# of assisted of Women headed households assisted to rehabilitate substandard WASH facilities	Total	100	100	100%
# of assisted of Women headed households assisted to access to renewable power supply systems.				
% of assisted women and girls reported improved house's safety and privacy.				
% of assisted boys and girls reported improved house lighting .				
# of people with disability assisted through house adaptation.				
# of Community-based protection Committees (CBPCs) reinforced throughout a refresher training a continuum of capacity building to scale-up their ability to provide services to their communities.	Total	2	2	100%
# of families under protection concerns (settler violence) or at risk of displacement provided with protective shelter materials	Total	10	10	100%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# of families under protection concerns (settler violence) or at risk of displacement provided with protective shelter materials	Total	63	79	125%
# of HH assisted to rehabilitate substandard housing unit	Total	483	519	107%
# of HH assisted to upgrade inadequate shelters by providing materials and cash assistance	Total	133	146	110%
# of HH assisted with shelter protective materials	Total	257	362	141%
# of HH provided with climate protection assistance (emergency shelter or household NFIs in-kind or in Cash)	Total	1,812	1,837	101%
# of HH supported with training and tools for self-recovery or protection measures	Total	520	658	127%
# of households / individuals drop in emergency caseload due to provision of durable climate protection	Total	110	111	101%
# of households temporarily protected from weather extremes.	Total	750	742	99%
# of individuals able to be supported with shelter NFIs (cash/in-kind) at the onset of an emergency	Men	1,470	2,060	140%
	Women	1,425	2,078	146%
	Boys	1,374	2,101	153%
	Girls	1,336	2,111	158%
	Total	5,605	8,350	149%
# of NFI provided to the HHs to meet the additional burden of the impact of the disaster on the local economy	Total	-	-	0%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%	OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# of volunteers and community members are identified, nominated, and trained to support the CERN at time of emergency	Total	90	90	100%	% of beneficiary households who are satisfied with the distributed NFIs kits	Total	90	92	102%
# of vulnerable people living in Substandard housing units are provided with Basic climate protection repair and upgrade	Men	203	201	99%	% of beneficiary households with improved knowledge on housing, land, and property	Total	75	77	103%
	Women	195	194	99%	% of CBPC members who demonstrate improvement in their knowledge after attending the refresher training.	Total	85	93	109%
	Boys	185	183	99%	% of eligible HH received timely post-demolition shelter assistance	Total	80	65	81%
	Girls	176	183	104%	% of female members are participating actively in the community based protection committees.	Total	43	43	100%
	Total	759	761	100%	% of female members of the Community-based Emergency Response Network (CERN)	Total	40	45	113%
# of vulnerable people protected from exposure to harsh weather through receiving shelter NFIs	Men	663	919	139%	% of households with more than one nuclear family reported improvement in living conditions	Total	80	87	109%
	Women	635	786	124%	[COVID-19]: # of HHs supported with proper NFIs for COVID 19 (including disaggregation age/sex).	Total	1,150	1,150	100%
	Boys	608	590	97%	[COVID-19]: # of individuals at quarantine facilities supported.	Men	936	1,000	107%
	Girls	586	662	113%	Women	975	800	82%	
	Total	2,492	2,957	119%	Boys	39	75	192%	
# of women and girls with reduced reported incidents related to lack of safety in and around the HH in H2	Men	-	18	0%	Girls	50	75	150%	
	Women	20	30	150%	Total	2,000	1,950	98%	
	Boys	-	4	0%	[COVID-19]: # of individuals received adequate awareness information about COVID 19	Men	70	70	100%
	Girls	38	40	105%	Women	62	62	100%	
	Total	58	92	159%	Boys	-	-	0%	
# of women, girls, men, boys and less vulnerable reported living with dignity in appropriate shelter in Area C	Men	72	84	117%	Girls	-	-	0%	
	Women	69	88	128%	Total	132	132	100%	
	Boys	84	100	119%	[COVID-19]: # of NFIs distributed to quarantine facilities.	Total	2,015	1,950	97%
	Girls	84	98	117%	[COVID-19]: # of NFIs stored for emergency response	Total	600	17,717	2953%
	Total	309	370	120%	Number of community members showed enhanced capacity to address the GBV and child protection concerns in emergencies	Men	98	205	209%
# of women, girls, men, boys and less vulnerable reported living with dignity in appropriate shelter in H2	Men	27	44	163%	Women	93	219	235%	
	Women	27	40	148%	Boys	107	-	0%	
	Boys	47	70	149%	Girls	102	-	0%	
	Girls	37	73	197%	Total	400	424	106%	
	Total	138	227	164%	Number of emergency first responders, community members, trained on the mainstreaming of the humanitarian standards and protection principles in emergency responses	Total	200	236	118%
# of women, girls, men, boys and the less vulnerable reported living with dignity in appropriate shelter in H2	Men	20	44	220%	Number of women and girls have access to dignity kits in emergencies	Men	-	-	0%
	Women	20	40	200%	Women	500	750	150%	
	Boys	42	70	167%	Boys	-	-	0%	
	Girls	38	73	192%	Girls	450	600	133%	
	Total	120	227	189%	Total	950	1,350	142%	
% of assisted families reported improvement in living conditions	Total	165	175	106%					
% of assisted Female-headed Households reported improvement in Privacy	Total	75	77	103%					
% of assisted HH living in upgraded unit in accordance with minimum standards	Total	200	190	95%					
% of assisted women headed households satisfied by the cash transfer process..	Total	300	300	100%					
# Women headed households assisted with cash for NFIs according to their preferences and actual needs									
% of beneficiaries reporting that assistance is delivered in a safe, accessible and participatory manner	Total	160	194	121%					
% of beneficiaries who report using the NFI items 1 month after distribution	Total	80	97	121%					



Ghada and her children sitting on the newly bought plastic chairs, September 2020. Photo by SIF

Helping households headed by women in Gaza improve their homes

Ghada Abu Al Rus is a 46-year-old Palestinian, who raises eight of her children in a small house in Deir Al Balah, the Gaza Strip. When her husband died in 2016, the burden of providing for her big family fell entirely on her. But in Gaza, longstanding restrictions, including the Israeli blockade, have left almost half of the potential work force unemployed. As a single mother, who had not been able to complete her education, her chances of finding a job were slim.

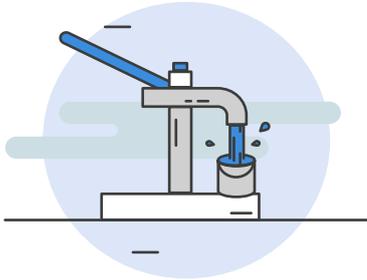
Consequently, the family has had to rely mainly on humanitarian assistance provided by the local government or by charities. While such assistance has helped the family afford food and other basic products, it was not enough for them to improve their living conditions. Until recently, they did not have any chairs or tables in their tin-roofed house, and not everyone had their own bed. They did have some mattresses, but these were not enough for all of them to sleep comfortably, let alone to have Ghada's married daughter stay over when she would visit. "I used to be so embarrassed when she'd come," Ghada recalled.

On January 2020, with funding received through the Humanitarian Fund for the occupied Palestinian territory (oPt HF), Ghada and her children were among 400 families, all of them headed by women, who got assistance from SIF to improve their housing conditions in Gaza. About 100 of these households had their home roofs, doors, windows or water infrastructure fixed. The remaining 300, including Ghada's family, were provided with cash assistance to buy furniture and other items. Families also got backup power banks to help them cope with Gaza's hours-long daily blackouts.

Through this project, Ghada received US\$300. While this is a small amount, Ghada managed to make the most out of it: she bought four mattresses, one plastic mat, a gas cooker, a food blender, and six plastic chairs and small tables.

ACHIEVEMENTS BY CLUSTER

WATER, SANITATION & HYGIENE



CLUSTER OBJECTIVES

Objective 1: Ensure equitable, affordable and sustainable access to safe and sufficient WASH services with dignity for the unserved, underserved and most vulnerable Palestinians living under occupation in Gaza and the West Bank.

Objective 2: Strengthen WASH preparedness and response capacity to the unserved, Underserved and most vulnerable Palestinians living under occupation in Gaza and the West Bank, to reduce threats and to cope with emergencies and shocks.

Objective 3: Strengthen national WASH governance system in accountability, advocacy, evidence-based planning, and inter/ intra sectoral coordination.

LEAD ORGANIZATIONS

UNICEF

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS	TARGETED PEOPLE*	WOMEN	MEN
\$4,977,562	14	10	3,946,472	1,492,130	1,551,186
				GIRLS 438,266	BOYS 464,890

* Total of people targeted takes into account unique count of beneficiaries under the cluster and includes projects supporting WASH services for most of the oPt population.

The Fund supported the implementation of 14 projects under the Water, Sanitation and Hygiene cluster (10 in the Gaza Strip three in the West Bank, and one national project covering both Gaza and the West Bank. Thirteen of the projects were implemented directly under the WASH cluster, and 1one was multi-sectoral with the Health cluster.

Interventions in the Gaza Strip aimed to improve access to safe drinking, domestic water, sanitation and hygiene services; maintain existing levels of essential WASH services; and mitigate and respond to flooding. The activities involved:

- Supporting both preparedness and response capacity of service providers;
- Enhancing preparedness for winter to avoid flooding;
- Provision of critical equipment, materials and spare parts;
- Improving WASH facilities for fragile households and communities;
- Raising hygiene awareness;
- Ensuring proper access to safe drinking water.

Interventions in the West Bank aimed to provide WASH services to people who lack access to safe WASH facilities at the household level, people living in flooding areas, and unconnected communities; and to respond to demolition and other man-made or natural disasters. Activities involved providing quality basic services, improving access to increased water storage capacity for families, rehabilitating sanitation networks, providing hygiene kits, and ensuring access to safe drinking water.

WASH interventions aimed to reduce morbidity and mortality associated with the COVID-19 outbreak through the provision of safe water, sanitation and hygienic conditions to vulnerable people. WASH activities involved:

- Supporting water and sanitation service providers to ensure continuity and quality of services during the COVID-19 crisis, through the provision of operation and maintenance materials, cleaning and sanitizing tools;
- Supporting the most vulnerable families and people at high risk, including quarantined and isolated people, to adopt adequate WASH practices, with the provision of hygiene kits, cleaning kits, and water;
- Supporting quarantine/ isolation centers to ensure access to basic WASH services for the quarantined/ isolated people, through the provision of hygiene and cleaning materials, drinking water and improving their access to water and sanitation facilities;
- Supporting the MoH sanitation, Infection Prevention Control (IPC) for Health facilities; supporting medical waste management systems through provision of medical waste disposal equipment and supplies, autoclaves, and microwave machine to sterilize medical waste;
- Providing effective risk communication and community engagement to address rumours and misinformation and to build trust in credible information sources.

Results reported in 2020

	ALLOCATIONS ¹	PROJECTS	PARTNERS	PEOPLE TARGETED**
2018	\$0.79M	1	1	4M
2019	\$1.82M	6	6	PEOPLE REACHED**
2020	\$0.7M	3	3	2.1M



**For the count of people targeted and reached, oPt HF added up the maximum number of beneficiaries under each project taking into account all projects reported in 2020. The count includes two major WASH projects targeting the total oPt population.

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# hygiene promotion/ awareness sessions conducted in targeted areas, targeting women, men, girls, boys and the elderly	Total	30	30	100%
# of households that have a hand washing facility with soap and water available on promises	Total	430	437	102%
# of locations where samples are tested for Chlorine residuals	Total	580	580	100%
# of people in humanitarian situation who benefitted from hygiene promotion activities	Men	223	223	100%
	Women	218	207	95%
	Boys	265	255	96%
	Girls	254	273	107%
	Total	960	958	100%
# of people in humanitarian situation who benefitted from improved access to sanitation	Men	789	857	109%
	Women	743	825	111%
	Boys	871	834	96%
	Girls	816	787	96%
	Total	3,219	3,303	103%
# of people in humanitarian situation who benefitted from improved access to water	Men	4,196	4,448	106%
	Women	4,162	4,415	106%
	Boys	3,739	3,758	101%
	Girls	3,673	3,705	101%
	Total	15,770	16,326	104%
# of people protected from flooding	Men	11,576	11,576	100%
	Women	11,354	11,354	100%
	Boys	13,811	13,811	100%
	Girls	13,222	13,222	100%
	Total	49,963	49,963	100%
# of people received hygiene materials/kits	Men	766	823	107%
	Women	717	788	110%
	Boys	851	812	95%
	Girls	796	773	97%
	Total	3,130	3,196	102%
# of WASH facilities benefitting from essential maintenance and operational items	Total	4,047,985	50	0%
# of WASH interventions to mitigate and respond to flooding	Total	2	2	100%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# of WASH interventions to mitigate and respond to flooding	Total	11	3	27%
# of women, men, girls and boys receive adequate hygiene messages	Men	1,150	47	4%
	Women	1,150	47	4%
	Boys	450	-	0%
	Girls	450	-	0%
	Total	3,200	94	3%
# renewable energy sources/ amount of power installed in essential WASH facilities.	Total	40,000	40,000	100%
% of demolition incidents receiving a WASH response	Total	90	74	82%
% of targeted individuals recall at least 2 hygiene messages	Total	70		0%
[COVID-19]: Number of people/health practitioners reached with guidelines/ SOPs and technical support	Men	310	47	15%
	Women	190	3	2%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	500	50	10%
# of meters of storm water pressure pipeline constructed	Total	2,150	2,160	100%
270m3 of Sodium-Hypochlorite Solution -(10- 16 % active Chlorine) sufficient for three months is delivered to all water facilities in the Gaza Strip	Men	577,527	577,527	100%
	Women	567,288	567,288	100%
	Boys	464,890	464,890	100%
	Girls	438,266	438,266	100%
	Total	2,047,971	2,047,971	100%
Stormwater WASH facility is fully reconstructed and operational again	Men	18,048		0%
	Women	17,728		0%
	Boys	14,528		0%
	Girls	13,696		0%
	Total	64,000		0%



Qusai Sawafta, farmer from Bardalah, Northern Jordan Valley. Photo by Suhaib Jarrar/ Oxfam 2021

Helping farmers make use of their uncultivated lands

In the northern Jordan Valley, lies the Palestinian village of Bardalah. Members of this small community, of about 2,200 people, own some very rich farmland and almost all families there grow fruits and vegetables.

However, the Oslo Accords have left the village in Area C, where Israel retains direct control. This affects the water supply to the village, which is limited, so that residents can only farm some of the lands that they own.

Qusai Sawafta is one of the young farmers of Bardalah. “Without water,” he says in frustration, “I can only grow rain-fed crops. If there’s not enough rain, we are at risk.”

In September 2020, with support from the [occupied Palestinian territory Humanitarian Fund \(oPt HF\)](#), Oxfam and Palestinian organizations secured access to water for about 20 farmers in Bardalah. They were given a two-kilometre water carrier line that can reach previously neglected lands. Thanks to this help, they can now grow new types of profitable crops on their plots.

Qusai and his family were among those who benefitted from this project. “I was thrilled to hear about the new water carrier line,” he stated enthusiastically. “Now, I can grow watermelon and corn. I take care of the crops myself, since it doesn’t require much work, and now I have more income for my family.”

“Settlers can simply come to someone’s land, start cultivating it, and eventually seize it for good,” Qusai further explained. “If we go to court, they would claim that the owners have left their land and are not around anymore. This new water line helps us protect our land and prevent settlers from expanding towards our village. We are here, we will invest in our land and they will never take it from us.”

Qusai concluded: “We are very happy that we can now invest in our land.”

ACHIEVEMENTS BY CLUSTER

PROTECTION



CLUSTER OBJECTIVES

Objective 1: Increased respect for International Humanitarian Law (IHL) and International Human Rights Law (IHRL) and accountability for violations.

Objective 2: Protection response mechanisms are in place to prevent and mitigate the effects of the occupation and conflict related violence

LEAD ORGANIZATIONS

OHCHR

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS	TARGETED PEOPLE*	WOMEN	MEN
\$3,475,250	11	10	23,017	12,460	2,560
				GIRLS 5,305	BOYS 2,692

The Fund supported the implementation of 11 projects under the Protection cluster (six in the Gaza Strip, three in the West Bank and two national projects in both the Gaza Strip and the West Bank. Nine of the projects were implemented directly under the Protection cluster, and two projects were multi-sectoral with the Health and Education clusters.

Interventions in the Gaza Strip aimed to contribute to sustaining comprehensive child protection services to vulnerable children, including working and out-of-school children, supporting GBV service providers to improve multi-sectoral protection and prevention response, and supporting acutely vulnerable women survivors of sexual and gender-based violence. This included expanding community outreach and GBV awareness activities to hard-to-reach areas, as well as referrals of women and children for appropriate support and specialized services, including purchasing services from health care providers, and cash and food assistance. The interventions notably directed GBV services to vulnerable women with disabilities and women with cancer. The interventions ensured the expansion of structured psychosocial support (PSS) activities and community mental health services, and raised awareness to improve response to the PSS needs of vulnerable persons and their families. In collaboration with the Education sector, interventions responded comprehensively to the needs of affected families. Activities involved:

- child protection case management, including MHPSS, remedial classes, alternative care arrangements, reintegration into school/vocational training,
- cash support and referral for specialized services, shelter or other temporary protection;

- Legal aid, cash support, income generation, referral for specialized services for GBV survivors;
- Awareness-raising and capacity building for humanitarian actors.

The interventions in the West Bank contributed to addressing conflict-related needs. This included:

- Multi-sectoral interventions to sustain comprehensive child protection services for vulnerable children, which strengthen the social safety net around children exposed to conflict-related violence (i.e. killings, arrest and detention, settler violence, injury, and home demolitions);
- the expansion of structured protection services to include MHPSS support and case management following critical incidents related to the occupation, including settler violence, demolitions, ISF violence as well as provision of MHPSS services to ex detainees, especially in Area C, the Jordan Valley, H2, East Jerusalem, Bedouin communities, and the northern West Bank.
- Provision of protection services for people in Area C who faced increased GBV risk in the context of the suspended coordination. This included referral for GBV survivors who could no longer benefit from government services in Area C, especially from the Family Protection Unit of the Police.

This was in parallel to:

- Monitoring and documentation of violations and related trends, focused on IHL and IHRL violations and conflict-related violence;
- Monitoring and documentation of Grave Violations Against Children;
- protective presence and accompaniment of individuals;

- Provision of legal assistance and case-specific counselling to Palestinians affected or at risk of displacement;
- Awareness-raising on accessing legal aid in context of IHL/IHRL violations and displacement;
- Strengthening stakeholders' capacity to create sustainable structures and responses to the various sector problems and challenges;
- Public interest litigation to challenge and change policies and practices causing displacement, restrictions of freedom of movement, and IHL and IHRL violations.

Protection partners provided legal information, training, counseling, representation and technical assistance to protect Palestinians from demolitions, evictions and confiscation orders, revocation of residency rights, access restrictions, and settler violence. They also provided mental health and psychosocial services for GBV survivors, including emergency health care, legal aid (individual counselling and representation), dignity kits, support referrals, awareness-raising for persons at risk of GBV, and awareness-raising for GBV service providers.

Protection interventions aimed at preventing and mitigating the impact of COVID-19 on new and existing protection

concerns, i.e. Mental Health and Psychosocial Support, including through remote modalities. The interventions focused on vulnerable groups exposed to stressors, and protection; and involved addressing GBV and child protection, and providing MHPSS services to people in quarantine/isolation facilities or in home isolation. Activities included:

- Hotline and telephone counselling services, adding resources to extend case management personnel responding to the increasing CP, GBV and MHPSS caseloads arising from COVID-19 and quarantines;
- Provision of protection tools and support services for men, women and children to address the multitude of needs emerging from and compounded by COVID-19;
- Distribution of hygiene/dignity kits, recreational kits for children and Cash and Voucher Assistance (food and hygiene voucher) for highly vulnerable groups, including GBV survivors, PwD and families/children who have been affected by the loss of a breadwinner or caregiver due to COVID-19 movement restrictions/quarantine;
- Training of quarantine shelter personnel in detecting and referring CP, GBV and MHPSS;
- Monitoring the progress of people in quarantine and providing them support.

Results reported in 2020

ALLOCATIONS ¹	PROJECTS	PARTNERS	PEOPLE TARGETED**
2018 \$0.28M	1	1	111K
2019 \$4.23M	15	14	PEOPLE REACHED**
2020 \$0.45M	1	1	125K



OUTPUT INDICATORS	TARGETED	ACHIEVED	%
% of beneficiaries reporting that they have meaningful access to GBV services	Total 90	90	100%
% of beneficiaries reporting that they have meaningful access to GBV services	Total 80	80	100%
% of beneficiaries reporting that they have meaningful access to GBV services Target: 50%	Total 50	88	176%
% of beneficiaries reporting that they received GBV service in a safe and dignified manner;	Total 80	80	100%
% of complaint and feedback mechanisms accessible to all groups in a confidential manner;	Total 80	80	100%

OUTPUT INDICATORS	TARGETED	ACHIEVED	%	
% of people trained who demonstrate an increase of knowledge and understanding of GBV case management and referral Target:60%	Total 60	99	165%	
# men and women affected by conflict related violence benefiting from structured psychosocial - individual sessions	Men	71	78	110%
	Women	9	2	22%
	Boys	-	-	0%
	Girls	-	-	0%
Total	80	80	100%	
# of beneficiaries receiving legal awareness sessions	Men	217	351	162%
	Women	218	338	155%
	Boys	-	-	0%
	Girls	-	-	0%
Total	435	689	158%	

¹ Results are based on 2019 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# of caregivers benefiting from PSS interventions.	Men	6	22	367%
	Women	30	28	93%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	36	50	139%
# of children affected by conflict related violence benefiting from specialised individual case management	Men	-	-	0%
	Women	-	-	0%
	Boys	343	367	107%
	Girls	110	134	122%
	Total	453	501	111%
# of children affected by conflict related violence benefiting from structured psychosocial services and child protection interventions	Men	-	-	0%
	Women	-	-	0%
	Boys	10,479	11,711	112%
	Girls	5,898	7,253	123%
	Total	16,377	18,964	116%
# of children and parents participating in joint child parent interaction activities	Men	50	66	132%
	Women	150	225	150%
	Boys	100	135	135%
	Girls	100	156	156%
	Total	400	582	146%
# of children benefiting from individual case management	Men	-	-	0%
	Women	-	-	0%
	Boys	150	167	111%
	Girls	100	172	172%
	Total	250	339	136%
# of children benefiting from non structured psychosocial services and child protection interventions	Men	-	-	0%
	Women	-	-	0%
	Boys	625	924	148%
	Girls	625	1,013	162%
	Total	1,250	1,937	155%
# of children benefiting from structured psychosocial services and child protection interventions	Men	-	-	0%
	Women	-	-	0%
	Boys	58	60	103%
	Girls	2	2	100%
	Total	60	62	103%
# of children receiving specialized mental health services	Men	-	-	0%
	Women	-	-	0%
	Boys	250	261	104%
	Girls	150	187	125%
	Total	400	448	112%
# of children who have protection concerns benefiting from structured psychosocial services	Men	-	-	0%
	Women	-	-	0%
	Boys	375	577	154%
	Girls	375	548	146%
	Total	750	1,125	150%
# of communities/ beneficiaries reporting that they know about the services provided by the project and how to access them.	Total	700	421	60%
# of community facilitators trained in PSS methodologies	Men	8	10	125%
	Women	24	31	129%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	32	41	128%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
# of community members trained on PFA.	Men	-	-	0%
	Women	-	-	0%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	45	62	138%
# of community members, including parents, youth, schools staff, community leaders, targeted by awareness-raising sessions on child protection	Men	750	980	131%
	Women	750	1,238	165%
	Boys	250	435	174%
	Girls	250	501	200%
	Total	2,000	3,154	158%
# of community volunteers trained in caregiver wellbeing interventions	Men	2	4	200%
	Women	14	16	114%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	16	20	125%
# of complaint and suggestions received from all groups in a confidential manner.	Total	10	4	40%
# of families of injured children receiving Cash-based assistance	Total	200	200	100%
# of family members attending awareness raising sessions on how to deal with traumatized children	Men	1,000	1,176	118%
	Women	1,000	1,554	155%
	Boys	500	740	148%
	Girls	500	578	116%
	Total	3,000	4,048	135%
# of front line GBV staff (women and men) who received training in detection, treatment and referral	Men	7	-	0%
	Women	18	25	139%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	25	25	100%
# of GBV survivors (women, girls, men and boys) receiving dignity kits	Men	-	-	0%
	Women	511	528	103%
	Boys	-	-	0%
	Girls	145	128	88%
	Total	656	656	100%
# of GBV survivors (women, girls, men and boys) receiving economic enablement training or support	Men	-	-	0%
	Women	311	311	100%
	Boys	-	-	0%
	Girls	-	-	0%
	Total	311	311	100%
# of GBV survivors (women, girls, men and boys) receiving emergency health care	Men	-	-	0%
	Women	826	1,048	127%
	Boys	-	2	0%
	Girls	330	268	81%
	Total	1,156	1,318	114%
# of GBV survivors (women, girls, men and boys) receiving legal aid	Men	78	200	256%
	Women	8,225	8,547	104%
	Boys	-	-	0%
	Girls	890	922	104%
	Total	9,193	9,669	105%
# of GBV survivors (women, girls, men and boys) receiving MHPSS services	Men	844	584	69%
	Women	6,921	8,394	121%
	Boys	5	29	580%
	Girls	765	793	104%
	Total	8,535	9,800	115%



“I want to challenge all the universe with my Poetry.” A drawing prepared by Amira after her therapist provided her with paper and colours, asking her to express whatever was on her mind. ©GCMHP 2020

Offering hope to children in need of protection

Amira is an 11-year-old girl who writes poetry and likes drawing. She lives in Deir Al Balah Refugee Camp, in Gaza, sharing a tiny house with five siblings, her father and his wife. Until recently, Amira’s dad and stepmother regularly beat and abused her. She would be forcibly locked in the chicken coop and was even burnt once with a heated blade. Amira has not been allowed to see her birth mother since she was a toddler.

The girl sunk in severe depression and lost confidence in herself. “I cry and weep because I feel lonely,” Amira said. She is a talented, eloquent speaker. “It hurts so much when you need a hug, but you can’t find one. My heart is broken, and I feel that dying may be the only cure.” Amira isolated herself. Lacking confidence and not feeling like talking to anybody, she avoided people and spent long hours by herself in her bedroom. Her school performance significantly dropped, and her social relationships were ruined.

In May 2020, Amira was referred to the Gaza Community Mental Health Programme (GCMHP). With the support of the occupied Palestinian territory Humanitarian Fund (oPt HF), Amira and other girls, boys, men and women affected by violence, either at home or in conflict-related incidents, were provided with free counselling, alongside other interventions to protect them.

A specialist noted that Amira was emotionally fragile, lacked motivation and was reluctant to pursue her hobbies. The specialist also diagnosed her with enuresis, nail-biting, insomnia and nightmares. GCMHP’s clinical staff then prepared an individual treatment plan for Amira. It included play therapy, art therapy, and behavioural

psychotherapy. Encouraging Amira to pursue her hobbies, her psychologist provided her with papers, a notebook and coloured pencils. The team also provided school staff counselling and met her family on multiple occasions to make sure that violence stops.

“I want to challenge all the universe with my Poetry. A drawing prepared by Amira after her therapist provided her with paper and colours, asking her to express whatever was on her mind.”

Amira was treated for over six months. She got better and returned to her normal life. She became more optimistic, and her mood significantly improved. Her school staff noticed that she had become more interactive: “I can see her smiling now,” said her school principal. “We did not see that smile for quite a long time. She’s playing with her schoolmates, and her teachers are seeing a good improvement in her performance.”

Talking to her therapist, Amira was thankful: “I had lost my hope,” she said, “but you brought it back to me.” Later on, she wrote sent her a thank-you letter: “This is maybe the first letter I have ever written to anyone,” she wrote, “but you really deserve it, because you brought hope back to me and made me feel like a human being.”

“This is maybe the first letter I have ever written to anyone, but you really deserve it, because you brought hope back to me and made me feel like a human being.” A thank-you letter that Amira wrote to her therapist

* Amira’s name has been changed for privacy.

OPT HF 2020 ANNUAL REPORT

ANNEXES

- Annex A About the oPt Humanitarian Fund
- Annex B Allocations by Recipient Organization
- Annex C oPt HF-funded Projects
- Annex D oPt HF Advisory Board
- Annex E Acronyms & Abbreviations
- Annex F Endnotes

Annex A

ABOUT THE OPT HUMANITARIAN FUND

oPt HF Basics

Established in 2007, the oPt HF is a multi-donor country-based pooled fund (CBPF) that supports the allocation and disbursement of donor resources to humanitarian agencies (including national NGOs, international NGOs, and UN organizations) to support the most urgent humanitarian needs by enabling timely, coordinated and effective humanitarian response at the sudden onset of emergencies in the oPt. The Fund is also aligned to support the delivery of strategic humanitarian response identified under the Humanitarian Response Plan (HRP) while retaining the flexibility to allocate funds to unforeseen events or special requirements. The oPt HF maintains its ability to respond to unforeseen requirements as a strategic tool within the HCT.

What does the oPt HF fund?

The oPt HF supports activities that have been prioritized as the most urgent and strategic to address critical humanitarian needs in the country in close alignment with the oPt Humanitarian Response Plan (HRP), and funds interventions in support of immediate response to the sudden onset of crises or at the time of rapidly deteriorating humanitarian conditions in the country.

Who can receive oPt HF funding?

The Fund channels resources through the best-positioned actors to expand the delivery of assistance in the most inaccessible areas, while also supporting the capacity of local/national partners that are better suited to deliver assistance in the most inaccessible and high-priority areas. The Fund channels funding to eligible national and international non-government organizations (NGOs), United Nations (UN) and Red Cross Red Crescent movement organizations registered in the oPt. Ultimately, the type of organizations the Fund selects to channel funds through is determined by the comparative advantages that the organizations offer in terms of response mechanisms. The oPt HF eligibility process ensures transparency and inclusiveness in humanitarian financing, and is fully accountable to affected communities, implementing partners, as well as those contributing to it. To become eligible to receive oPt HF funding, national and international NGOs undergo a two-step eligibility process to ensure they have the necessary structures and capacity to meet the Fund's robust accountability standards and ensure their ability to implement humanitarian activities in the oPt.

Who sets the Fund's priorities?

The Humanitarian Coordinator (HC) determines the Fund's strategic focus, appoints the allocation amounts, approves project proposals, and initializes disbursements. The HC chairs the oPt HF Advisory Board (AB) that is comprised of senior-level representatives of donors, UN agencies, national and international NGO representatives. The core function of the oPt HF Advisory Board is to support the HC on the strategic focus of the Fund, ensuring that the allocations are in line with the oPt Humanitarian Response Plan (HRP) and that the main objectives of the Fund are met. Cluster Coordinators work with their regional counterparts and cluster partners to define the oPt cluster-specific priorities in prioritized geographical areas, which are reflected in individual allocation strategies.

How are projects selected for funding?

The oPt has two allocation modalities:

Standard Allocation: The HC uses the standard allocation process to ensure funding for priority projects support targeted priorities within the HRP. The process is informed by the AB and is conducted in close consultation with humanitarian partners to ensure the best possible use of resources.

Reserve Allocation: The reserve allocation is intended for a rapid and flexible allocation of funds in response to unforeseen circumstances, emergencies, or contextually relevant needs. The Reserve Allocation process is significantly quicker and lighter than the standard allocation process. These funds can be allocated through individual reserve allocations or broader allocation rounds.

The number and size of allocations per year are determined by the availability of funds.

Who provides the funding?

The oPt HF is funded with contributions from the UN Member States but can also receive contributions from individuals and other private or public sources.

Who manages the oPt HF?

The Humanitarian Coordinator (HC) for the oPt oversees the Fund and possesses the ultimate decisions on the oPt HF funding allocations and ensures adequate and efficient management of the Fund. The HC is supported by the UN Office for the Coordination of Humanitarian Affairs (OCHA) HFU team, under the overall supervision of the OCHA HoO,



Hassan Al Smairy-Farmer beneficiary working in his farm after intervention
©Mercy Corps 2020

that manages the Fund on a day-to-day basis. The HFU is responsible for all programmatic and financial aspects of the CBPF and for coordinating the allocation processes, including oversight of the entire funding cycle from the opening of an allocation to the closure of projects, while providing technical support and policy advice to the HC. The HFU also maintains accountability requirements, including risk management and overseeing operational modalities, as well as coordination with other units of the OCHA Country Office and sub-offices.

The HC is also supported by the oPt HF Advisory Board and the oPt cluster coordinator structure and the Inter-Cluster Coordination Group (ICCG).

What rules govern the oPt HF?

The oPt HF is guided by the global Country-Based Pooled Fund Guidelines, which include the CBPF Policy Instruction and the global Operational Handbook. This guidance is also reflected in the localized oPt HF Operational Manual. The Policy Instruction sets out the principles, objectives, governance and management arrangements for CBPFs, while the Operational Handbook provides technical guidance, tools and templates used in the management of CBPFs. The oPt HF Operational Manual and its annexes provide technical guidance, tools and templates used in the management of the Fund.

Annex B

ALLOCATIONS BY RECIPIENT ORGANIZATION

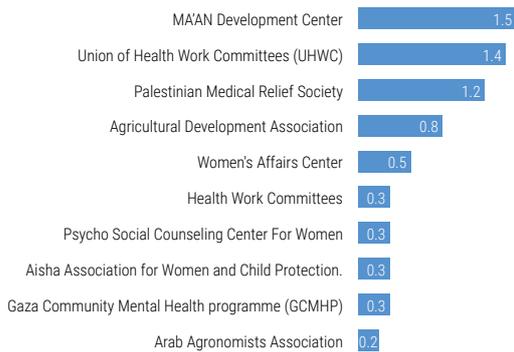
International NGO 17.2 50%



UN Agency 9.8 29%



National NGO 6.8 20%



Others 0.3 1%



See Annex D for acronyms

Annex C

OPT HF-FUNDED PROJECTS

PROJECT CODE	CLUSTER	ORGANIZATION	BUDGET	SUB-IMPLEMENTING PARTNER
OPT-20/DDA-3482/SA2NT/FSL/NGO/17457	Food Security	AAA	\$200,000.61	
OPT-20/DDA-3482/RA1/WASH/INGO/14960	Water Sanitation Hygiene	ACF	\$364,999.75	
OPT-20/DDA-3482/RA3/SNFI/INGO/15726	Emergency Shelter and NFI	ACF	\$380,663.08	
OPT-20/DDA-3482/SA1/SNFI/INGO/15130	Emergency Shelter and NFI	ACF	\$225,000.00	RCSD
OPT-20/DDA-3482/SA2FT/WASH/INGO/17233	Water Sanitation Hygiene	ACF	\$325,805.98	
OPT-20/DDA-3482/SA2NT/FSL/INGO/17439	Food Security	ACF	\$308,258.96	ACAD
OPT-20/DDA-3482/RA1/SNFI/INGO/14958	Emergency Shelter and NFI	ACTED	\$250,000.00	MAAN
OPT-20/DDA-3482/RA3/SNFI/INGO/15719	Emergency Shelter and NFI	ACTED	\$295,000.01	
OPT-20/DDA-3482/SA1/WASH/INGO/15209	Water Sanitation Hygiene	ACTED	\$300,000.00	HWC
OPT-20/DDA-3482/SA2FT/WASH/INGO/17373	Water Sanitation Hygiene	ACTED	\$318,750.00	ARIJ
OPT-20/DDA-3482/SA2NT/SNFI/INGO/17511	Emergency Shelter and NFI	ACTED	\$565,948.55	Unlimited Friends Association & BAA
OPT-20/DDA-3482/SA2NT/SNFI/INGO/17512	Emergency Shelter and NFI	ACTED	\$500,000.00	MAAN
OPT-20/DDA-3482/SA2NT/PROT/NGO/17474	Protection	AISHA	\$295,265.50	
OPT-20/DDA-3482/SA2NT/HNC/INGO/17422	Health	CARE	\$668,498.72	PMRS & HWC
OPT-20/DDA-3482/RA3/WASH/INGO/15723	Water Sanitation Hygiene	CESVI	\$75,000.58	
OPT-20/DDA-3482/SA2FT/FSL/INGO/17259	Food Security	CRS	\$1,165,546.40	POD & LHA
OPT-20/DDA-3482/SA1/PROT-HNC/NGO/15250	Health (20.00%), Protection (80.00%)	GCMHP	\$274,449.22	
OPT-20/DDA-3482/SA1/SNFI/INGO/15324	Emergency Shelter and NFI	GVC	\$225,003.64	PHC
OPT-20/DDA-3482/RA1/WASH/INGO/14956	Water Sanitation Hygiene	HA	\$262,785.61	
OPT-20/DDA-3482/SA1/WASH/INGO/15509	Water Sanitation Hygiene	HA	\$362,950.84	
OPT-20/DDA-3482/SA1/HNC/NGO/15476	Health	HWC	\$305,054.86	
OPT-20/DDA-3482/SA2FT/FSL/INGO/17269	Food Security	IRW	\$353,503.13	GCDG
OPT-20/DDA-3482/SA2NT/SNFI/INGO/17403	Emergency Shelter and NFI	IRW	\$379,755.20	Unlimited Friends Association & BEDA
OPT-20/DDA-3482/SA1/HNC/INGO/15247	Health	LWF	\$421,269.87	Al Ahli Hospital
OPT-20/DDA-3482/RA3/SNFI/INGO/15724	Emergency Shelter and NFI	MAAN	\$650,984.08	
OPT-20/DDA-3482/SA1/WASH/NGO/15541	Water Sanitation Hygiene	MAAN	\$231,505.74	
OPT-20/DDA-3482/SA2NT/FSL/NGO/17242	Food Security	MAAN	\$291,085.48	
OPT-20/DDA-3482/SA2NT/PROT/INGO/17312	Protection	MAAN	\$208,952.83	
OPT-20/DDA-3482/SA2NT/SNFI/INGO/17491	Emergency Shelter and NFI	MAAN	\$288,816.33	
OPT-20/DDA-3482/RA3/HNC/INGO/15718	Health	MAP	\$500,551.53	
OPT-20/DDA-3482/SA2FT/HNC/INGO/17248	Health	MAP	\$1,184,151.78	
OPT-20/DDA-3482/SA2NT/HNC/INGO/17466	Health	MAP	\$349,551.45	St. John Eye Hospital
OPT-20/DDA-3482/SA1/FSL/INGO/15309	Food Security	MC	\$518,842.00	Al Foukhary
OPT-20/DDA-3482/SA2NT/FSL/INGO/17292	Food Security	MC	\$441,000.00	Al Foukhary
OPT-20/DDA-3482/SA2FT/HNC/INGO/17267	Health	MdM France	\$263,114.31	
OPT-20/DDA-3482/SA2FT/WASH/INGO/17274	Water Sanitation Hygiene	NRC	\$349,999.99	IDCC
OPT-20/DDA-3482/SA2NT/EDU/INGO/17425	Education	NRC	\$245,000.00	
OPT-20/DDA-3482/SA1/FSL/INGO/15472	Food Security	Oxfam Novib	\$1,130,105.66	MAAN
OPT-20/DDA-3482/SA1/FSL/INGO/15567	Food Security	Oxfam Novib	\$300,000.07	MAAN, ESDC & LRC

PROJECT CODE	CLUSTER	ORGANIZATION	BUDGET	SUB-IMPLEMENTING PARTNER
OPT-20/DDA-3482/SA1/WASH/INGO/15540	Water Sanitation Hygiene	Oxfam Novib	\$414,467.00	PEFA
OPT-20/DDA-3482/SA2FT/WASH/INGO/17261	Water Sanitation Hygiene	Oxfam Novib	\$385,896.62	Youth Empowerment Center (YEC)
OPT-20/DDA-3482/SA2NT/SNFI/INGO/17307	Emergency Shelter and NFI	Oxfam Novib	\$463,000.00	Youth Empowerment Center (YEC)
OPT-20/DDA-3482/SA1/FSL/NGO/15466	Food Security	PARC	\$149,995.81	
OPT-20/DDA-3482/SA2FT/FSL/NGO/17277	Food Security	PARC	\$360,049.65	
OPT-20/DDA-3482/SA2NT/FSL/NGO/17462	Food Security	PARC	\$299,995.16	
OPT-20/DDA-3482/SA2NT/HNC/INGO/17418	Health	PHRI	\$249,790.70	
OPT-20/DDA-3482/RA1/HNC/NGO/14957	Health	PMRS	\$501,502.11	RCS4GS & Ard El Insan
OPT-20/DDA-3482/SA1/HNC/NGO/15501	Health	PMRS	\$195,700.86	
OPT-20/DDA-3482/SA2FT/HNC/NGO/17270	Health	PMRS	\$299,995.90	
OPT-20/DDA-3482/SA2FT/HNC/NGO/17331	Health	PMRS	\$215,271.80	
OPT-20/DDA-3482/SA1/PROT/NGO/15549	Protection	PSCCW	\$298,733.30	Sharek Center
OPT-20/DDA-3482/SA1/FSL/INGO/15225	Food Security	PUI	\$518,840.00	UAWC & PARC
OPT-20/DDA-3482/SA2NT/FSL/INGO/17520	Food Security	PUI	\$209,136.06	UWAC
OPT-20/DDA-3482/SA2NT/HNC/O/17484	Health	QRCS	\$312,955.37	PAS
OPT-20/DDA-3482/RA1/WASH/INGO/14951	Water Sanitation Hygiene	SC	\$364,999.74	
OPT-20/DDA-3482/RA1/SNFI/INGO/14962	Emergency Shelter and NFI	SIF	\$258,903.41	
OPT-20/DDA-3482/SA2NT/PROT-EDU/INGO/17311	Education (40.00%), Protection (60.00%)	TDH-L	\$479,656.89	Atfaluna Society, ALTAWASOL FORUM SOCIETY, Beit Lahia Development Association & Beit El Mustaqbal Association
OPT-20/DDA-3482/SA1/HNC/NGO/15422	Health	UHWC	\$504,270.03	CBBS
OPT-20/DDA-3482/SA1/PROT/NGO/15572	Protection	UHWC	\$200,047.59	
OPT-20/DDA-3482/SA2FT/HNC/NGO/17236	Health	UHWC	\$300,000.39	
OPT-20/DDA-3482/SA2NT/HNC/NGO/17489	Health	UHWC	\$439,523.90	CBBS
OPT-20/DDA-3482/RA3/WASH/UN/15722	Water Sanitation Hygiene	UNDP	\$749,999.92	
OPT-20/DDA-3482/RA4/PROT/UN/17117	Protection	UNDP	\$393,150.10	
OPT-20/DDA-3482/RA3/PROT/UN/15725	Protection	UNFPA	\$446,358.53	CFTA & PMRS
OPT-20/DDA-3482/SA2NT/HNC/UN/17449	Health	UNFPA	\$623,883.83	PMRS
OPT-20/DDA-3482/RA3/HNC-WASH/UN/15721	Water Sanitation Hygiene (32.00%), Health (68.00%)	UNICEF	\$2,100,000.00	Gaza Sky Geeks
OPT-20/DDA-3482/SA2NT/EDU/UN/17440	Education	UNICEF	\$149,417.54	
OPT-20/DDA-3482/RA3/HNC/UN/15720	Health	UNRWA	\$500,000.45	
OPT-20/DDA-3482/SA2NT/EDU/UN/17431	Education	UNRWA	\$101,711.53	
OPT-20/DDA-3482/SA2NT/HNC/UN/17519	Health	UNRWA	\$208,324.85	
OPT-20/DDA-3482/SA1/PROT/NGO/15303	Protection	WAC	\$200,000.01	RCS4GS & Wafaq Society
OPT-20/DDA-3482/SA2NT/PROT/NGO/17366	Protection	WAC	\$290,388.35	CFTA & RCS4GS
OPT-20/DDA-3482/SA2NT/PROT/INGO/17316	Protection	WCH	\$635,000.00	PCC & PSCCW
OPT-20/DDA-3482/SA1/HNC/UN/15337	Health	WFP	\$200,037.18	MoSD
OPT-20/DDA-3482/SA2FT/FSL/UN/17266	Food Security	WFP	\$1,149,866.76	
OPT-20/DDA-3482/2RA/HNC/UN/15523	Health	WHO	\$1,000,000.00	
OPT-20/DDA-3482/RA3/HNC/UN/15717	Health	WHO	\$300,000.00	
OPT-20/DDA-3482/SA2FT/HNC/UN/17253	Health	WHO	\$1,905,832.25	

Annex D

OPT HF ADVISORY BOARD

STAKEHOLDER	ORGANIZATION
Chairperson	Humanitarian Coordinator
OCHA	HoO
NNGO	MA'AN
NNGO	Al Dameer
INGO	Save the Children
INGO	CARE
INGO	ANERA
UN	UNRWA
UN	WFP
Donor	Belgium
Donor	Cyprus
Donor	Finland
Donor	Germany
Donor	Iceland
Donor	Ireland
Donor	Italy
Donor	Korea
Donor	Norway
Donor	Spain
Donor	Sweden
Donor	Switzerland
Observer	AIDA
Observer	ECHO
Observer	PNGO

Annex E

ACCRONYMS & ABBREVIATIONS

AAA	Arab Agronomists Association	UNRWA	United Nations Relief and Works Agency for Palestinian Refugees in Near East
AAP	Accountability to the Affected Population	UWAC	Union of Agricultural Work Committees
ACF	Fundacion Accion Contra El Hambre (Action Against Hunger)	WAC	Women's Affairs Center
ACTED	Agency for Technical Cooperation and Development	WCH	War Child Holland
AIDA	The Association of International Development Agencies	WFP	World Food Programme
AISHA	Aisha Association for Women and Child Protection	WHO	World Health Organization
ARA	Access Restricted Area	WW-GVC	Fondazione We World - GVC Onlus
CARE	CARE International	CESVI	CESVI
CBPF	Country-Based Pooled Fund	GVC	Fondazione We World - GVC Onlus
CERF	Central Emergency Response Fund	HA	Human Appeal
CRS	Catholic Relief Services	HWC	Health Work Committees
ECHO	European Commission Humanitarian Aid Office	IRW	Islamic Relief Worldwide
EO	OCHA Executive Officer	LWF	Lutheran World federation
FCS	Funding Coordination Section	MAAN	MAAN Development Center
GBV	Gender-based violence	MDM	Medecins du Monde France
GCMHP	Gaza Community Mental Health programme (GCMHP)	FRANCE	
GMS	Grant Management System	PSCCW	Psycho Social Counseling Center For Women
HC	Humanitarian Coordinator	SC	Save the Children
HCT	Humanitarian Country Team	UNDP	United Nations Development Programme
HFU	Humanitarian Financing Unit	UNICEF	United Nations Children's Fund
HRP	Humanitarian Response Plan	RCSA	The Rural Center for Sustainable Development
IDF	Israeli Defence Forces	ACAD	The Arab Center for Agricultural Development (ACAD)
IDPS	Internally displaced persons	HWC	Health Work Committees
IHL	International Humanitarian Law	ARIJ	Applied Research Institute - Jerusalem
IHRL	International Human Rights Law	BAA	Bait Almostaqbul Association
INGO	International Non-Governmental Organization	LHA	Life and Hope Association
MA'AN	MA'AN Development Center	PHC	Palestinian Housing Council
MAP	Medical Aid for Palestinians	BEDA	Bayader for Environment and Development Association- Khanyounis Governorate
MC	Mercy Corps	AL	Al Foukhary Association for Country Development (Khan Younis)
MDM	Médecins Du Monde	FOUKHARY	
MHPSS	Mental Health & Psychosocial Support	IDCC	Improvement and Development for Communities Center
NFI	Non-food items	ESDC	Economic Social Development Center
NGO	Non-Governmental Organization	LRC	Land Research Center
NNGO	National Non-Governmental Organization	PEFA	Palestinian Environmental Friends Association
NRC	Norwegian Refugee Council	YEC	Youth Empowerment center
PARC	Agricultural Development Association	RCS4GS	RED CRESCENT SOCIETY FOR GAZA STRIP
PHRI	Physicians for Human Rights Israel	UAWC	Union of Agricultural Work Committees
PMRS	Palestinian Medical Relief Society	PAS	Public Aid Society
PNGO	Palestinian NGOs Network	CBBS	Central blood bank society
PUI	Première Urgence Internationale	CFTA	Culture and Free Thought Association
QRCS	Qatar Red Crescent Society	PCC	The Palestinian Counseling Center
SIF	Secours Islamique France	PSCCW	Psycho Social Counseling Center For Women
TDH-L	Terre des Hommes Lausanne	MOSD	Ministry of Social Development
UHWC	Union of Health Work Committees	POD	The Palestinian Organization for Development
UNFPA	United Nations Population Fund	GCDG	Gaza Culture and Development Group

Annex F

ENDNOTES

1. As of 30 October 2020, 53 per cent of total cases were women and 47 per cent men; 10 per cent of cases where age was reported, were boys (under 18) and 11 per cent were girls (under 18), according to Palestinian Ministry of Health data.
2. <https://covid19.who.int/table>
3. The World Bank, Economic report to the ad-hoc liaison committee, June 2020.
4. For detailed differentiation of needs, see UN Women, "Gender Alert: Needs of women, girls, boys and men in humanitarian action in Palestine," August 2020.
5. This decline is primarily due the halt in the mass demonstrations that had been taking place along Israel's perimeter fence around Gaza in 2018 and 2019.
6. See for example, Report by the High Commissioner of Human Rights, Ensuring accountability in the occupied Palestinian territory, March 2020.
7. Israel has agreed to a project involving the creation of an industrial estate in the area of the former Karni crossing, including the regular entry of restricted goods under the Gaza Reconstruction Mechanism (GRM), facilitated by the UN. While this project can generate significant employment opportunities, the PA and Israel failed to reach agreement about its implementation.
8. The permitted fishing zone along Gaza's southern coast was expanded by Israel in 2019 to 15 nautical miles, the largest such distance since 2007. However, the fishing livelihoods of about 4,000 families continue to be disrupted in 2020 by Israeli restrictions on access to the sea, in response to the Palestinians' launching of projectiles or incendiary balloons towards Israel.
9. Since early 2019, Gaza employees on the PA's payroll have been receiving only 70 per cent of their monthly salaries, with further deterioration taking place since mid-2020. The situation of civil servants employed by the de facto authorities is even more tenuous, as, in recent years, they have been paid only 40 per cent of the salaries every 40-50 days.
10. 44.4 per cent amongst men and 66.8 per cent amongst women. Palestinian Central Bureau of Statistics (PCBS) Labor Force Survey, Q2, 2020, p. 11. http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_9-9-2020-LF-en.pdf
11. This has declined from 41 per cent of the population in 2019 to less than 35 per cent in April-June 2020, and to a mere 15 per cent among women (people outside the labour force are not counted as unemployed). PCBS, Ibid.
12. Of particular concern is the increasing application of military orders permitting the expedited demolition or seizure of properties in Area C, as well as the greater punitive fines against unauthorized construction in East Jerusalem, which has led to a significant increase in self-demolitions. The military "Regulations Concerning the Transfer of Goods (Judea and Samaria)" allow the seizure without prior notice of mobile structures, within 60 days of their installation, with the latter period extended in August 2020 to 90 days. Military order 1797, implemented since 2019, allows the demolition of structures built in the prior 3-6 months, within 96 hours of the issuance of a removal notice.
13. As of end-September, nearly 230 such incidents resulting in Palestinian injuries, or damage to their property, have been recorded, approximately the same rate as in 2019.
14. Hamoked, New military data, 30 June 2020. New standing regulations, issued in September 2019, set a limit on the number of days that farmers can access their land over the course of a year, based on the size of the plot and the nature of the crop.
15. OCHA, Tightened movement restrictions increase hardship on Palestinians in Hebron, The Humanitarian Bulletin, August-September 2020.
16. The Israeli Central Bureau of Statistics, Monthly Bulletin September 2020, Construction Statistics. Of particular concern this year, is the advancement of the E1 settlement project, entailing the construction of 3,500 housing units in a strategic part of Area C, to the east of East Jerusalem. If actually implemented, this project will intensify the coercive environment on 18 Palestinian Bedouin communities located in the area, in addition to further separating East Jerusalem from the remainder of the West Bank.

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