**THE danish emergency relief fund**

**Alert note**

**Guide to submission of alerts**

NB: Only Danish organization with local presence either through partner organisations or own organisation in the affected areas can raise an alert.

Please read the Danish Emergency Relief Fund’s Funding Guidelines before submitting an alert (the Funding Guidelines are available here: [www.cisu.dk/derf](http://www.cisu.dk/derf))

**Instructions:**

To raise an alert please complete section A: Basic information

And

* section B for rapid onset humanitarian crisis

or

* section C for slow onset humanitarian crisis

or

* section D for spike in a protracted humanitarian crisis

Please note that the alert note must be completed with as much information as possible. CISU will need comprehensive information in order to assess the alert. However, do not hesitate to alert the DERF even when information is limited.

When completed send the alert and relevant documentation (should be described in section b.3, c.3 or d.3) to derf@cisu.dk

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| *Formalities regarding the alert text (section b, c or d):** *NUMBER OF PAGES: The text must not take up more than 1,5 pages (Arial, font size 11, line spacing 1.0, margins: top 3 cm, bottom 3 cm, right 2 cm and left 2 cm). Alerts exceeding this length will be rejected.*
* *LANGUAGE: The text can only be submitted to CISU in English.*
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**Section A: Basic information**

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| Organisation: | *Support Association to The Danish House in Palestine* |
| Contact person name: | Helle Schierbeck |
| Contact person position: | Director |
| Contact person’s email: | hs@dhip.ps  |
| Contact person’s tlf: | + 45 26 81 71 19 |
| Contact person’s skype address: | helleschierbeck |
| Type of crisis: | *x rapid onset humanitarian crisis* |
| Affected country(-ies): | Occupied Palestinian Territories |
| Affected area(s): | All parts of Occupied Palestinian Territories are affected. |
| Affected population(s): | All Palestinians living in Palestine are affected by the crisis: 4.75 million with around 2.90 million in the West Bank and 1.85 million in Gaza. Palestinian refugees make up 42.8% of the Palestinian population with 27.1% of them in the West Bank and 67.3% in Gaza Strip (UNFPA 2015). Prior to the current Corona crisis some 2.4 million Palestinians was identified as in need of humanitarian assistance and protection in 2020. This is one in every two Palestinians, with the majority in Gaze (Humanitarian Response Plan 2020). |
| Please describe the nature of your organisation’s local presence and capacities in the affected area(s): | The Danish House has been operating on the West Bank for ten years. Our partners are present in Gaza. Our vision is to strengthen the mutual understanding and appreciation between Danish and Palestinians cultures as well as encourage values of open, diverse and tolerant societies. All our work is contributing to the strengthening of human rights. We cooperate closely with local civil society organizations. One of our core and long-term programs focuses on *children, young people, learning, and creativity.* The program is about empowerment, cultural participation and creative citizenship. The program is being implemented together with four strategic partners. During the last decade we have reached thousands of people in Palestine. Our work has been supported by the Danish Ministry of Foreign Affairs with the following grants agreements: 2012-2015 Support for cultural rights and greater participation in cultural life, DKK 2 mil.; 2015 Support for cultural rights and greater participation in cultural life, DKK 2.9 mil.; 2016-2020 Strengthening Human Rights and Accountability, DKK 17 mil. |
| Please provide a brief description of the crisis:  | The crisis is a global pandemic caused by the Coronavirus. Risk factors include: Severely incapacitated health systems; a deepening and escalation of the humanitarian crisis in Gaza; vulnerable and hard-to-reach communities in West Bank/ Area C; misinformation and lack of information; lack of prober sanitation; lack of protection; increased gender-based violence and abuse; impeded livelihoods; lack of access to education.  |
| Please indicate whether you intend to submit a proposal for funding should the DERF be activated for this crisis | Yes, we intent to submit a proposal together with Tamer Institute for Community Education and Première Urgence Internationale.  |

**Section B: Rapid onset humanitarian crisis:**

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| **b.1 Where is the crisis?** Occupied Palestinian Territories (West Bank and Gaza). All parts of the territory are affected by the COVID-19 global pandemic, the implications of which are further complicated by a protracted protection crisis, driven by Israel’s occupation, incl. the blockade on the Gaza Strip; insufficient respect for international law; the internal divide between the Palestinian Authority and Hamas; and recurrent escalations of hostilities between Israeli military forces and Palestinian armed groups. In the West Bank, the rate of demolitions of Palestinian-owned structures and settler violence remain high, and many Palestinians, particularly in Area C, East Jerusalem, and Hebron city, continue to face the risk of forcible transfer. **b.2 What is the nature of the crisis?** The crisis is a global pandemic caused by the Coronavirus. At the time of writing, we are fast approaching almost 400.000 confirmed cases worldwide. Governments across the globe are demanding lockdowns further exposing vulnerable populations and stressing health, livelihoods and protection needs. Although the current number of detected cases remains relatively low in Palestine, the capacity of the health system to cope with an expected increase in COVID-19 cases is severely impaired by longstanding challenges and critical shortages. The situation is particularly severe in Gaza, where the health system has been undermined by the longstanding Israeli blockade, the internal Palestinian divide, a chronic power deficit and shortages in specialized staff, drugs and equipment. In addition to a fragile health system, risk factors include high prevalence of non-communicable diseases; large numbers of vulnerable people, including refugees; poor and hard-to-reach communities in West Bank/ Area C, which face a higher risk of contagion due to the precarious sanitation systems, including substandard and irregular water supply and shared latrines. The withdrawal of international protection actors in the West Bank has increased the exposure and vulnerability of some communities to settler violence, and despite the COVID-19, the coercive environment has remained unchanged, with demolitions and settler’s violence continuing in Area C. Fears about the virus, economic stress and quarantine measures increase household tensions. This exacerbates women and children’s vulnerabilities and puts them at increased risk of various forms of violence, including intimate partner violence, gender-based violence and sexual exploitation and abuse. In the Gaza Strip there is a chronic lack of safe places and recreational areas for children. Over 500,000 children now spend their days at home, with many playing or working in the streets. The disruptions and related mental health stressors increase risks to children, such as anxiety, trauma, psychosocial relapse and violence. In the West Bank, the volume of people affected by the loss of income is expected to increase soon, following the tightening of restrictions and its impact on all sectors of economic activity (including services, manufacturing, construction and transportation.**b.3 What information do you have about the situation? The source of that information** *Affected populations including specific vulnerable groups and access to these:* A total of 1.43 mill children are affected, 57 per cent in the West Bank and 43 per cent in Gaza. An estimated 360,000 children are living in households without internet connection, which increases their vulnerabilities in the current situation. Hard-to-reach communities in Area C, around 300.000 inhabitants, are very vulnerable due to the limited access to basic services including health facilities and WASH-related infrastructure, such as water and sanitation networks, and furthermore as protection partners have halted their activities because of access restrictions. This is affecting 200 communities. *Urgent emergency and/or protection needs:* Most communication in Palestine are currently addressing adults and the risks of the dissemination of misinformation is high, which is likely also reach children. 1.43 mill affected children need to receive age-appropriate information about COVID-19. Children are at risk of increased mental and psychosocial distress, and it is estimated that 215,000 children and their caregivers, and 3,000 teachers, need psychosocial support via social media and phone calls. The hard-to-reach communities in Area C are in high risk of unsafe hygiene practices at household level, exacerbated by lack of sanitation and/or handwashing facilities, which adds to an increased risk of contamination of the COVID-19. There is an urgent need for distribution of hand-washing kits and facilities. 5,000 schools and kinder gardens need systematic cleaning and disinfecting in preparation for the re-opening of schools. There is a need for provision of hard-copy home based learning material to 360.000 children living without internet access. *Other actors responding and coordinating:* The humanitarian clusters under the leadership of Humanitarian Coordinator and with support from WHO are working on the update of the inter-agency multi-sectoral COVID-19 response plan. The plan outlines immediate priority COVID-19 response actions developed by partners to support containment and to address immediate system gaps in health, education and other social sectors. The plan also includes a communication component. The plan in its current form seeks to mobilize for US$ 6.5 million. The funding requirement across sectors is likely to increase significantly due to the scale of the pandemic and the progressive expansion of the response to critical elements of different sectors. Of the total appeal, less than $1.5 million has been raised so far. *Sources:* Our partner, Première Urgence Internationale, OCHA COVID-19 Emergency Situation Report 1 24 March 2020 (attached), <http://www.emro.who.int/countries/pse/index.html>**b.3.1. Describe as specific as possible when the crisis has started.** On 5 March 2020, the Palestinian Prime Minister declared a State of Emergency across the Palestine to contain the spread of COVID-19, after the first cases were confirmed in Bethlehem city. This followed a WHO announcement on 30 January of a *public health emergency of international concern*, which was upgraded on 11 March to a *global pandemic.***b.3.2. How could DERF grants make a difference for the crisis affected population?**The COVID-19 Inter-agency Response Plan for the coming three months, is less than 23 per cent funded. Urgent and lifesaving *rapid disbursement* of age-appropriate and accurate information about COVID-19 and of hand-washing kits and facilities. A *short intervention* (0-9 month) including continued communication directly to children teaching them about the COVID-19 and on how to apply adequate hygiene will have a positive impact on the entire community as well as longer-term positive effects on the general hygiene practices besides also tackling the spread of fear. Hard-copy home based learning material for 360.000 children living without internet access is also needed to ensure that they can continue their education. The interventions will meet the *needs of hard to reach populations not catered for by other donors* in Area C. This will in addition increase their protection vis-à-vis settler violence. |