# 2020-21 Palestinian Territories Development Program Progress Report



## CONTEXT

Australia’s development assistance to the Palestinian Territories is delivered in the context of Australia’s long-standing support for a two-state solution, where Israel and a future Palestinian state co-exist in peace and security.

In 2020-21, development challenges in the Palestinian Territories were exacerbated by the COVID-19 pandemic and conflict between Israel and the Palestinians. COVID-19 has impacted heavily on the humanitarian needs of Palestinians across the West Bank, Gaza, Lebanon, Syria and Jordan. Access to health care remained under pressure and **Australia’s humanitarian and development support pivoted in 2020 to focus on increasing support for core health and social protection services and fostering economic recovery**.

According to the World Health Organisation (WHO), there were 351,753 reported cases of COVID-19 in the Palestinian Territories throughout the pandemic (as at 1 August 2021). Surges in cases, particularly in Gaza since August 2020,have resulted in intermittent lockdowns and stressed an already burdened healthcare system. As of 2 June 2021, the vaccination campaign across the Palestinian Territories has vaccinated 344,260 Palestinians in the West Bank and Gaza, or seven per cent of the population. A combination of lack of vaccines and poor communication around their benefits have led to reported widespread vaccine hesitancy, amid continually high numbers of infections.

Mandatory lockdown measures, necessary as a public health response, increased the risk of Gender Based Violence (GBV) affecting women and children, incidences of mental illness and psychological distress.

**The economic impact of COVID-19 has been severe.** The International Monetary Fund estimates that gross domestic product fell by 11 per cent in 2020. Limited economic activity—compounded by the Palestinian Authority’s deteriorating financial situation, a reduction in social assistance, worsening public infrastructure and the impact of COVID-19—further challenged the delivery and availability of essential services.

**The conflict with Israel in May 2021 exacerbated existing economic and health system challenges in Gaza**. Medical facilities, roads, housing and water and sanitation infrastructure were damaged and destroyed during the conflict. COVID-19 testing facilities were also damaged which continue to impact testing rates. People displacement during these events saw a reduction in physical distancing – increasing the risk of COVID-19 transmission.

## AUSTRALIA’S RESPONSE and PROGRAM HIGHLIGHTS

In the reporting period, and in a challenging operating environment, Australia pivoted to support the pandemic response in the Palestinian Territories. The Australian Government also provided an **additional contribution of $3 million to the International Committee of the Red Cross (ICRC) and a further $2 million to the United Nations Office for Project Services (UNOPS)** to address the humanitarian emergency.

### Health Security

**Australia provided funding to United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) ($10.0 million), the ICRC ($11.9 million) and WHO ($1.0 million) to deliver health services to vulnerable Palestinians throughout 2020-21.** These organisations are frontline responders to the immediate impacts of COVID-19 in the Palestinian Territories. Australian support to these partners remains flexible, enabling them to respond to the emerging needs and priorities created by the pandemic, as well as other events such as the May 2021 hostilities. This support is in addition to Australia’s support to the COVID-19 Vaccines Global Access (COVAX) Advance Market Commitment totalling $130 million. As at 30 June 2021, the Palestinian Territories had received 308,400 COVID-19 doses through COVAX.

In the reporting period, **Australia’s contribution to the** **ICRC funded personal protective equipment (PPE) and supplies for quarantine centres and hospital intensive care units**. Australia’s contribution to UNRWA, through a multi-year Partnership Framework (2016-2021), supported delivery of frontline medical services in the Palestinian Territories. At the height of the May 2021 conflict, 113,000 displaced people sought shelter at UNRWA schools and hosting communities. Australia’s contribution to the WHO directly contributed to the COVID-19 response and access to medical supplies and technical assistance in Gaza and the West Bank.

### Stability

Australia continues to work with a range of partners to ensure food security, social protection mechanisms for refugees, appropriate referral systems for survivors of domestic violence during the pandemic, and access to clean water and sanitation for at-risk populations in Gaza. Our contribution to the UNOPS Project Management Unit and Access Coordination Unit (which was increased by $2 million in response to the May 2021 conflict) provides crucial logistics expertise to ensure efficient entry of critical goods (which also includes medical supplies to respond to the COVID-19 pandemic) and humanitarian personnel into Gaza.

### Economic recovery

While Australia and the Palestinian Territories have limited business ties, Australia is an important source of imported food, such as rice and frozen meat. These imported goods continue to contribute to food security, particularly in the West Bank.

Australia’s **support through the Australia Middle East Non-Government Organisation Cooperation Agreement Phase 3 (AMENCA 3)** market systems development program, which concluded in September 2021, assisted Palestinian farmers to ensurefood security in the wake of lockdown and combat the pandemic’s economic fallout.

The **Australia Awards program** contributes to the education of future leaders in areas of economic recovery and long-term resilience (including the agriculture, public policy and water sectors). We continue to support a number of scholarswho remain in Australia completing their studies and prepare for future intakes of scholars following the reopening of international borders.

## Annex 1: Progress against COVID-19 Response plan results indicators

### Health Security

| **Key Results Indicators** | **Progress/Result** |
| --- | --- |
| Eligible Palestinians are treated at UNRWA medical centres | Supported 5.79 million primary health care consultations and the construction, upgrading or reconstruction of three health centres.  |
| Provision of school-based mental health and psychosocial support to distressed refugees | Supported school counsellors to reach 15,942 students (7,642 girls and 8,300 boys) through individual counselling and a further 2,728 students (1,320 girls and, 1,408 boys) to receive group counselling. Supported 1,345 parent awareness and consultation sessions (convened remotely to avoid physical gatherings).  |
| Provision of technical support and training to medical staff (including PPE and other medical material) | Through assistance to ICRC supported health officials, the Palestine Red Crescent and other emergency responders, seven hospitals and a rehabilitation centre in Gaza to maintain medical operations. This included providing: PPE, cleaning items, medical equipment (defibrillators and ventilators) and spare parts for ambulances. Through assistance to WHO supported the provision of testing supplies and medical equipment, plus training on case management for critical COVID-19 patients. This included: the purchase of 10,000 polymerase chain reaction test kits and 10,000 rapid antigen tests. Supported an additional 40 hospital beds in Gaza and the training of approximately 270 intensive care unit hospital staff on case management. |
| Palestinians are provided water and sanitation during the pandemic | Supported approximately 1.9 million people in Gaza with increased access to clean water and wastewater treatment. Supported the establishment of an infection-control area for staff of the European Gaza Hospital and replacement of the hospital’s wastewater-management system. |
| Movement of goods and people to support adequate supply of equipment and medications and to support economic recovery | Through assistance to UNOPS, supported the movement of personnel and humanitarian and infrastructure supplies into Gaza. Through the Project Monitoring Unit, UNOPS manages the dual use monitoring system which provides assurances regarding the recipient of construction material.*Note: between May and November 2020, the Palestinian Authority suspended bilateral cooperation with the Israeli authorities in response to West Bank annexation plans. This deepened the economic crisis in the Palestinian Territories and further constrained movement from Gaza to Israel via the Erez crossing, which was already limited due to the border restrictions in place and COVID-19.* |

### Stability

| **Key Results Indicators** | **Progress/Result** |
| --- | --- |
| Palestinian victims of violence are referred to protection service providers | Supported 4,152 GBV survivors (3,347 women and 805 men) with services.In response to a reported increase in GBV against women and girls, supported the rapid adaption of GBV service delivery provision. This included: a move to remote assistance through helplines, WhatsApp check-ins and adjusted referral pathways; and information disseminated through social media, text messages and television. Supported psychosocial counselling for 15,618 Palestine refugees (12,563 women and 3,055 men; including 97 persons under the age of 18, and 75 people with disabilities). |
| Vulnerable women, men, girls and boys provided with emergency assistance in conflict and crisis situations | Through the ICRC, supported more than 17,000 Palestinians (which included 5,339 women, 7,073 children and 4,588 men) with emergency relief to cover basic needs, including hygiene kits and household essentials. Through the AMENCA 3 program, supported emergency food relief for over 6,250 people. Recipients included: 1,267 female youth (aged 15-28), 1,305 male youth (aged 15-28), 1,726 women (aged 29 and over), and 1,954 men (aged 29 and over).  |

### Economic Recovery

| **Key Results Indicators** | **Progress/Result** |
| --- | --- |
| Farmers report sustained or increased income during the pandemic | Supported 33,041 farmers (9,928 women) to increase their incomes. |
| Examples of improved livelihoods for women and men working in agriculture during the pandemic | Supported improved farming and food production practices including on food safety procedures; methods that use less chemicals; the provision of tools, appropriate pesticides, mono-fertilisers and drip irrigation systems; and the introduction of a certification scheme for safer vegetable production.Supported an increase in agriculture produce for domestic and export sale using the market systems development approach.  |
| Farmers maintaining connection to partners in agribusiness and cooperatives, during the outbreak and through the recovery period | The AMENCA 3 program supported:* Implementing partners to plan and respond to the COVID-19 pandemic;
* Achieved strong results during 2020, despite the threat of COVID-19 to agricultural value chains in the Palestinian Territories; and
* Demonstrated evidence of systemic changes in the vegetable, dairy, high value fruit, and olive product value chains.
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## Annex 2: Investment Performance ratings

| **Investment Details** | **Year** | **Effectiveness** | **Efficiency** | **Gender Equality** |
| --- | --- | --- | --- | --- |
| **Palestinian Farmers Connecting to Markets (AMENCA3)** | 2021 | 5 | 4 | 5 |
| Investment duration: 2014-21; Budget: $28.5m  | 2020 | 5 | 5 | 5 |

**Definitions of rating scale**:

Satisfactory (4, 5 and 6)

6 = Very good; satisfies criteria in all areas.
5 = Good; satisfies criteria in almost all areas.
4 = Adequate; on balance, satisfies criteria; does not fail in any major area.

Less than satisfactory (1, 2 and 3)

3 = Less than adequate; on balance does not satisfy criteria and/or fails in at least one major area.
2 = Poor; does not satisfy criteria in major areas.
1 = Very poor; does not satisfy criteria in many major area.