

**HUMANITARIAN IMPLEMENTATION PLAN (HIP)*****PALESTINE***

AMOUNT: EUR 33 500 000

**0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP**September 2014: modification n°3

The open-ended ceasefire which entered into force on 26 August continues to hold. The international community considers the scale of damage resulting from the 50-day escalation in hostilities "Protective edge" as "unprecedented since the beginning of the Israeli occupation in 1967". All governorates in Gaza witnessed extensive aerial bombardment, naval shelling and artillery fire, resulting in the widespread loss of life and livelihoods. Damage to public infrastructure was also unprecedented, leaving hundreds of thousands of people without adequate services, including electricity, clean water and quality healthcare. Explosive Remnants of War are widely dispersed in and around homes and public spaces and buildings throughout Gaza.

At least 2 131 people have been killed and over 11 100 injured during Israel's assault which started on 7 July 2014. Almost three quarters of Palestinian fatalities are believed to be civilians. It is estimated that almost a quarter of those killed are children. The number of child fatalities (500) exceeds the combined number of children killed in the two previous wars in Gaza. Preliminary estimates indicate that up to 1 000 of the children injured will have a permanent disability and up to 1 500 orphaned children will need sustained support from the child protection and welfare sectors.

At the peak of Israel's assault, an estimated 485 000 people (almost 27% of Gaza's population) were displaced. Nearly 18 000 housing units were totally destroyed or severely damaged by Israeli attacks, leaving approximately 108 000 of Gaza's 1.8 million Palestinians displaced and homeless. Prior to this latest assault, there was already a shortage of 71 000 housing units as a result of Israel's 2008-09 attack on Gaza.

Gaza's health system suffered due to the reduction in the number of operational hospitals and clinics as many hospitals and primary health centers were damaged, closed down or completely destroyed. Priorities are the repair and rehabilitation of damaged facilities; maintaining supplies of fuel, medicines and medical disposables; and improving the referral process to hospitals outside of Gaza.

Needs in the WASH sector remain high as well. Priorities include repairs to essential infrastructure and increased distribution of potable and domestic water to households, municipalities and shelters. The Palestinian Water Authority (PWA) and Coastal Municipal Water Utility (CMWU) estimate the cost of repairs to be around €26 million. CMWU has been repairing damages and has addressed 80 per cent of the priority repairs to infrastructure serving the greatest number of people. Despite this, current estimates are that 20 to 30 per cent of households, or 450 000 people, remain unable to access municipal water due to damage and/or low pressure. Additionally, many of these repairs are temporary and will require longer- term repair after emergency works are completed.

On average, 20 to 30 per cent of water and wastewater networks remain significantly damaged. Some 30 to 50 per cent of water storage capacity at the household level is damaged, putting a particular strain on host families.

These losses come on top of an already fragile economy and livelihoods. The overall unemployment rate in Gaza prior to Israel's latest assault was 45% (70% for those aged 20-24). It is expected that the labor market conditions in Gaza will further deteriorate following the conflict, exacerbating the impact of the blockade and the longstanding access restrictions imposed by Israel which have been preventing any meaningful economic activity.

The revised 2014 Gaza Crisis Appeal amounts to €425 million compared to the previously requested appeal of €278 million.

In view of the deteriorating humanitarian situation following the Israeli offensive, the European Commission decided to increase by EUR 2 million the budget of the 2014 HIP. This additional funding will be used to respond to the priority needs related to WASH, health and protection in Gaza.

#### July 2014: modification n°2

Since the start of Israel's Operation Protective Edge on 7 July, the humanitarian situation in Gaza has significantly deteriorated: the escalation of hostilities has led to an exponential increase in civilian casualties (include figures) and more than four thousands people have been injured.

As a consequence of the hostilities, mass displacement of civilians is taking place and over 150 000 people have tried to sought refuge in UNRWA and municipal shelters or are currently hosted by relatives. Finding safe havens in Gaza is increasingly difficult as both schools and health facilities have been reported to be targeted by shelling in what would be a serious violation of International Humanitarian Law. Intense overcrowding, coped with very limited access of humanitarian staff, is increasingly undermining the living conditions in many shelters and rising enormous protection concerns. Water supply has been particularly challenging, with IDPs in some shelters receiving as little as three liters per capita per day, to be used for all purposes including drinking and hygiene.

The current crisis is exacerbating the high degree of pre-existing vulnerability in the Gaza Strip, with high unemployment and the lack of a viable economy as a result of years of Israeli occupation, strict movement and access restrictions, internal division and sporadic conflict, which have exhausted people's coping mechanisms.

The massive flow of displaced people and the unpredictability of the shelling are straining the capacity of humanitarian actors to ensure adequate shelters, provision of food and other forms of basic assistance such as medicine and drinking water. The provision of even the most basic services to the civilian population has become increasingly challenging as public infrastructure and services including health, water and sanitation and electricity facilities have continued to be struck and sustained considerable damages. Airstrikes have heavily affected the water and wastewater infrastructure in Gaza, resulting in severe disruption on water supply and sewage services. It is estimated that 1.2 million people (2/3 of the total population in Gaza) have no or very limited

access to water or sanitation services, thus increasing the risk of water-borne diseases and related health issues.

Since the start of the emergency at least 18 medical facilities have been hit by airstrikes and shelling. Lack of adequate protection of health facilities and personnel is impeding emergency assistance to sick and injured. Health facilities are overcrowded lacking of sufficient capacities (staff, medicines and disposables) to respond to the increasing number of wounded people.

The depletion of stocks and access restrictions are increasingly challenging humanitarian operations. Humanitarian space is urgently needed for repairs and operation of WASH and electricity facilities, to assist IDPs and communities (with NFIs, WASH services and food assistance). The mobilization of humanitarian actors and delivery of assistance is negatively affected by the unstable security situation and lack of sufficient access granted by the parties to the conflict.

The on-going destruction, displacement, and civilian casualties continue to raise concerns about the respect for the principles of distinction, proportionality and precaution in attack under international humanitarian law.

In the past days, a great number of donors have responded to the crisis. Contributions have been received from the Middle East and North Africa (EUR 118.8 million), United States (EUR 35 million), Europe (EUR 19.6 million) and South Africa (EUR 0.7 million), with a number of Gulf countries showing interest in supporting UNRWA's Flash Appeal of USD 115 million. OCHA will launch its appeal in the coming days which may amount to approximately USD 70 million. UNICEF and WHO have also launched their own appeal to cover the Gaza crisis.

In view of the deteriorating humanitarian situation and the number of people internally displaced, the European Commission decided to increase by EUR 5 million the budget of the 2014 HIP. This additional funding will be mainly used to respond to the priority needs of the affected population and to repair damaged facilities in Gaza. Security conditions allowing both for civilians and humanitarian organisations, this amount will also cover early recovery operations.

#### March 2014: modification n°1

Following a revision of the means required to fully implement DG ECHO strategy as outlined in the initial version of the 2014 HIP for Palestine, the European Commission has decided to reduce the budget allocated to the 2014 Palestine HIP by an amount of EUR 3 000 000. The total budget of this revised Palestine HIP is now EUR 26 500 000.

#### January 2014: Original HIP

### **1. CONTEXT**

The Middle East Peace Process has been stalled for the past six years, but in August 2013 both sides have agreed to resume direct talks. Despite this progress, most political analysts suggest that the chances for a major breakthrough resulting in concrete policy changes and an eventual end to the occupation remain very slim in the near future.

In the meantime, International Humanitarian Law (IHL) and International Human Rights Law (IHRL) violations continue in near complete impunity resulting in a protection crisis with humanitarian consequences. The Palestinian Authority (PA) faces growing difficulties in providing services for its population in the areas of the West Bank under its control, while reconciliation efforts with Gaza-based Hamas remain strained.

Nearly half of the 4.3 million Palestinians currently living in Palestine are registered as refugees<sup>1</sup>.

DG ECHO's Integrated Analysis Framework (IAF) for 2013-14 identified **high humanitarian needs** in Palestine. The **vulnerability of the population** affected by the crisis is assessed to be **low**.

The **Gaza blockade** is described as "collective punishment" by the ICRC<sup>2</sup> and the UN<sup>3</sup>. It continues for a seventh year to impact the lives of **1.6 million Gazans**, driving many deeper into poverty and unemployment<sup>4</sup>. The blockade severely restricts movement of people and goods by land, air and sea. This causes a permanent protracted emergency severely limiting people's capacity to make a living and driving people further into poverty. This situation is further compounded by complex relations with Egypt and negative developments in the Sinai. Unless normal movement of people and goods is allowed to resume there will be no fundamental change in the humanitarian situation in Gaza. The November 2012 eight-day conflict has shown the limits of the population's capacity to absorb new shocks. While there is no shortage of food in Gaza, high levels of poverty seriously reduce access to it, and around 80% of the Gazans rely on assistance. The water and sanitation systems are on the edge of collapse; the health system is in disarray and constantly lacks drugs and equipment.

A recent survey has shown that farmers and fishermen rely more and more on humanitarian aid to support their families, whether on food assistance or cash transfer. Access restrictions to land and sea, the high prices of agricultural inputs, the long-term inability to transfer goods to the West Bank, or import to Israel or beyond have led to the near devastation of the agricultural sector in the Gaza strip.<sup>5</sup>

Of the 2.7 million Palestinians in the **West Bank**, **almost 500 000** are under ever growing pressure to abandon their homes and land. Of these, 280 000 live in East

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<sup>1</sup> 2 159 015 refugees: 895 703 in the West Bank and 1 263 312 in Gaza, UNRWA January 2013

<sup>2</sup> International Committee of the Red Cross

<sup>3</sup> United Nations

<sup>4</sup> 31% in 2012 according to Food Security Report SeFSec compared to 28.4% in 2011

<sup>5</sup> ACF International: Gaza Blockade: Help Them Grow, July 2013,  
[http://www.actioncontrelafaim.org/sites/default/files/publications/fichiers/exe\\_gaza\\_report\\_bdef.pdf](http://www.actioncontrelafaim.org/sites/default/files/publications/fichiers/exe_gaza_report_bdef.pdf)

Jerusalem; 30 000 are (or will be) separated from the West Bank by the Barrier; and 150 000 live in Area C. The main push factors for the Palestinians to leave their home are: **movement and access restrictions** (including access to and use of natural resources); **demolition** (or threat of demolition) of Palestinian homes and livelihood assets, access to basic services; increasing settler violence, all of which being on a rising trend. This also affects the **humanitarian space**, with structures demolished (including EU-funded structures), humanitarian assets confiscated, and with access restrictions imposed on humanitarian actors mostly when intervening in fire zones (military zones).

## 2. HUMANITARIAN NEEDS

### 1) Affected people/ potential beneficiaries

**Palestinian refugees and non-refugees** living in the Gaza Strip are under a tight indiscriminate economic and physical blockade and at risk of low to high levels of open violent conflict with nowhere to flee; in the West Bank certain communities continue to be exposed to occupation linked policies, leading to forcible transfer, in particular:

- The 1.64<sup>6</sup> million inhabitants of **Gaza**, specifically the urban poor and the small farmers in the Access Restricted Areas (ARA), a military no-go area adjacent to Israel but inside Gaza;
- The 150 000 Palestinians<sup>7</sup> living in **Area C** (primarily herders and Bedouins); specifically communities having difficulty accessing their land because of settler violence and the expansion of settlements; communities affected by (or at risk of) demolition and confiscation of private property and livelihoods, at risk of forcible transfer;
- The 7 500 Palestinians<sup>8</sup> living in **Seam Zones** (between Israel's separation barrier and the 1967 Green Line) which are cut off from public services and are impeded in their free access to land and property;
- The 284 000 Palestinians living in **East Jerusalem**, notably the 93 100 at risk of house demolition and evictions, and families at risk of forced transfer who will also lose their livelihoods<sup>9</sup>;

### 2) Description of the most acute humanitarian needs

#### Protection

The need for protection assistance in Palestine is directly associated with policies related to Israel's occupation that contravene IHL, and could lead to forcible

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<sup>6</sup> UNOCHA, CAP 2012 Mid-Year Review

<sup>7</sup> Displacement and Insecurity in Area C of the West Bank, UNOCHA Special Focus, August 2011

<sup>8</sup> UNOCHA, The Humanitarian Impact of the Barrier, Fact sheet July 2012

<sup>9</sup> East Jerusalem; key Humanitarian Concerns, UNOCHA, December 2011

transfer. The main protection concerns regarding Israeli practices include forced eviction and demolition of Palestinian homes and livelihood structures, restrictions on movement affecting access to basic services, to land and resources, and violence against Palestinians and their property. These impediments have created immediate and long-term devastation leading to poor access to health, water, education and livelihood opportunities, which in turn leads to economic and social despair.

### Humanitarian Food Assistance

Although there is not a humanitarian food crisis in Palestine<sup>10</sup>, around 34%<sup>11</sup> of the overall population is not able to meet its basic food and household expenses.

In the unique situation of **Gaza**, the blockade can be considered as the root problem behind the de-development process and the resulting precarious situation with 57% of households being food insecure and a further 14% being vulnerable to food insecurity<sup>12</sup>. Despite the fact that the situation cannot yet be described as a food crisis, and despite the consistent and generous support provided by donors over the past years, including the European Commission, the situation is deteriorating. Any fluctuation on the world market has a direct impact on household capacity to purchase food. Small farmers in the Access Restricted Area continue to be adversely affected by inaccessibility of land, with their agricultural investment at-risk. From the Household Economic Assessment it is also indicated that there is not really a shortage in food supply but an extreme difficulty of people in lower wealth groups to pay for it. There is rather a problem of food accessibility than food availability.<sup>13</sup>

### Water, Sanitation and Hygiene (WASH)

In **Gaza** the WASH situation poses major public health concerns. Approximately 90% of the aquifer is not suitable for domestic use and needs expensive and elaborated equipment to be treated<sup>14</sup>. The already poor water quality continues to deteriorate through over exploitation of the shallow coastal aquifer, leading to continued sea water intrusion and salinization. This is compounded by increased waste water/sewage infiltration. Gazans are forced to buy expensive water from private vendors, water that is most of the time contaminated. The situation will only deteriorate with a rapidly growing population. Many communities living in Area C of the **West Bank** are not connected to a functioning water network. Israeli restrictions on Palestinians' use of land and water resources, and the impossibility to build the required infrastructure, continue to hinder access to affordable water. For these already impoverished communities the cost of trucked water can be as high as one-third of a household's expenditure. The situation is further exacerbated by continued demolition of water cisterns and water storage tanks.

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<sup>10</sup> Household Economic Assessment (HEA) in Gaza, July 2013

<sup>11</sup> Socio-Economic and Food Security Survey, WFP/FAO/UNRWA Joint Statement, June 2013

<sup>12</sup> Idem

<sup>13</sup> Household Economic Approach, Final Report, Oxfam, July 2013

<sup>14</sup> UNOCHA, CAP Mid-Year Review 2012.

## Health

Because of the blockade but also because of the political and administrative divide between Gaza and the West Bank, the health system in **Gaza** suffers from systematic drug shortages and its emergency preparedness capacity is limited. While the situation is significantly better in the **West Bank**, the normal functioning of local health services and the ability of Palestinians to reach health facilities in a timely and safe way is continuously disrupted by protection related incidents caused by settler violence, harassment and intimidation, as well as other movement restrictions.

## Psychosocial care

Child detention is of a particular concern with an increasing number of cases: on 30 May 2013, 222 boys and one girl aged 12 to 17 years (48 between the ages of 12 and 15 years) were in Israeli detention for alleged security violations. The average for 2013 shows that 230 children per month were in Israeli military detention and 196 per month in 2012, marking a 17 per cent increase.<sup>15</sup>

### **3. HUMANITARIAN RESPONSE**

#### 1) National / local response and involvement

In its National Development Plan 2011-2013 the PA focuses on building state institutions, but acknowledges the importance of assistance (including humanitarian) particularly in areas where it has no jurisdiction or influence, namely the Gaza Strip, Area C including the Seam Zones and East Jerusalem. A Humanitarian Task Force (HTF) co-chaired by the Ministry of Planning and the Humanitarian Coordinator links the PA with the humanitarian community. The relevant PA ministries also participate in the United Nations (UN) Consolidated Appeal Process (CAP).

The PA should be encouraged to continue to significantly expand its operational assistance to its people in Area C in line with its own commitments to do so.

The European Union and the PA are now actively participating in the planning and zoning of Area C which, if successful, could pave the way for development and more authority of the PA over Area C. The planning and zoning should help to protect the existing community structures.

#### 2) International Humanitarian Response

The CAP 2012-2013 for oPt has a 2013 budget of USD<sup>16</sup> 400.8 million for 1.8 million people (at Mid-Year Review). The CAP focuses on emergency response and access to services (health and nutrition, water and sanitation, food and legal aid in

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<sup>15</sup> UNICEF – State of Palestine, Fact Sheet on Children in Contact with the Israeli Military Detention System, April to June 2013.

<sup>16</sup> United States Dollar

response to IHL violations) in the prioritized protection-prone areas. Advocacy and public awareness address the protection of civilians and the right to freedom of movement of persons affected by the conflict is also part of the response.

The OCHA manages the Humanitarian Emergency Response fund (HRF) that has disbursed just under USD 3.2 million for 18 projects in the first 7 months of 2013.

### 3) Constraints and DG ECHO response capacity

The successful implementation of the DG ECHO HIP will depend on the partners' capacity to design and implement well-targeted and quality programming, based on intervention rationale that addresses the IHL protection issues as well as their consequences. It will also depend on the humanitarian access to Area C, East Jerusalem and Gaza and partners' ability to continue operations faced with a continuous reduction of humanitarian space.

The overall access and movement restrictions generate significant operational costs as projects need to be run independently between Gaza and the West Bank. In Gaza, the blockade, tightened by Israel in June 2007, affects the costs and the type of interventions possible. Humanitarian assistance in Gaza is a poor substitute for the development programmes needed to counter the current de-development and consequential rampant poverty. However current counter terror legislation and the complete Israeli ban on commercial exports make this impossible.

DG ECHO attaches fundamental importance to ensuring aid effectiveness, sound financial management and respect of humanitarian principles. This implies close monitoring of the activities during the lifetime of the actions by DG ECHO's representatives. DG ECHO will increase its monitoring capacity in Gaza to ensure this is effective and to work closely with its partners in Gaza.

### 4) Envisaged DG ECHO response and expected results of humanitarian aid interventions

**Acknowledging that simple service delivery of relief assistance is insufficient to protect communities from IHL violations**, DG ECHO and its partners should continue working on defining the best way to directly address protection issues that are the root cause of the humanitarian needs identified.

DG ECHO will continue to **focus on the communities most severely affected** in Gaza, Area C, East Jerusalem and Seam Zones.

DG ECHO will also continue its support to stand-alone protection operations through specialized agencies providing legal assistance, emergency protection response, and conducting IHL monitoring (including data collection) and IHL dissemination to all duty bearers.

The capacity to respond to new emergencies being either man made (conflict) or natural one will also be strengthened.

A set of overall principles will guide DG ECHO support among which: the safe and secure provision of aid; the wider do-no-harm approach crucial in such a sensitive



and protracted context; an emphasis on accountability and transparency; and the respect of communities' willingness when deciding where and when to provide assistance.

The proposed humanitarian response includes the following activities:

### Protection

Protection programming will focus on observing, documenting and analysing IHL violations with the aim of highlighting duty bearers' accountability for the cessation of the observed violations as well as mitigating their consequences. Support will also continue to be provided to actions that strengthen the common response mechanism to protection issues through emergency relief assistance.

### Coordination and Advocacy

Effective coordination of humanitarian assistance is essential for the provision of adequate and timely responses to identified needs. The coordination structure should be more strategic and adapted to the context, thereby improving accountability and aid effectiveness, as well as firmly and consistently linking responsibility for the provision of basic services to the relevant duty bearers. DG ECHO will advocate for a more effective and efficient system. This may go through the support to consortia.

Advocacy initiatives that promote adherence to IHL will be strongly encouraged. Evidence-based humanitarian advocacy should support the Humanitarian Country Team (HCT) and the Association for International Development Agencies (AIDA) common lines of understanding.

Humanitarian interventions should be brought back to their humanitarian mandate, focusing on addressing IHL and IHRL violations, while strongly promoting long-term development programming through alternative and appropriate funding instruments for the structural needs.

### Humanitarian Food Assistance

Poverty based food insecurity in Palestine is deteriorating, but cannot be categorised as a humanitarian food crisis by global DG ECHO standards.

In **Gaza** alternatives to food aid in kind will continue to be prioritised. Of special interest are actions that develop alternative assistance methodologies to empower the beneficiaries (i.e. voucher based assistance). Cash based assistance for the most vulnerable will continue to be supported and developed, by complementing the existing systems (Social Safety Net) and limited to those partners that have capacities to scale up operations in case of sudden emergencies. Partners will also be requested to systematically use assessment and monitoring tools such as the HEA (Household Economic Approach) and the CSI (Copying Strategy Index) in their programme designing and implementation.

In the **West Bank**, exceptional projects using food assistance instruments may be considered to increase resilience amongst communities living in Area C whose livelihoods are under direct threat of displacement due to the various push factors

identified: demolition of private property and livelihood structures, lack of access to basic services (water, education and health), settler violence and access and movement restrictions to jobs and markets. However, the supported operations will need to measure and demonstrate the exceptionality of the vulnerability levels of the targeted beneficiaries and the final impact resulting from the action. Sustainable livelihood support to herder communities is addressed by other EU instruments.

### Water, Sanitarian and Hygiene (WASH)

**Gaza** still requires WASH support for immediate emergency response and to repair, operate and maintain essential infrastructures that already exist, as well as short term institutional support to enhance emergency preparedness. DG ECHO will play a key but limited role in a) enabling a rapid response from partners to unpredictable (but recurrent) emergency needs, b) enhancing the capacity for emergency preparedness/contingency, c) providing punctual emergency support to essential existing WASH infrastructure & systems (essential repair, rehabilitation, operation and maintenance) at both the municipal and community levels. Projects aiming at improving access to uncontaminated drinking water through household-based interventions will continue to be supported.

In the **West Bank** specific attention will be given to vulnerable communities in Area C that are not connected to a water network and are currently using rainwater harvesting systems and commercial water trucking as their primary sources. Actions should target communities consuming less than 30 litres/capita/day and include improving storage capacity, water quality monitoring, water treatment at household level and hygiene promotion. Water trucking will only be funded in the event of an exceptional and significant deterioration in the access to affordable water that would have immediate humanitarian consequences such as displacement if not addressed.

### Health

DG ECHO-funded health interventions will be geared towards "emergency medical services" in major hospitals in **Gaza**. In the **West Bank** any proposed actions should address clear IHL access to healthcare violations and feed an appropriate advocacy strategy to address these protection issues.

### Psychosocial care

DG ECHO has completed its phase out from the psychosocial sector and it will only consider tailor made, timely and ad-hoc support to the existing emergency response capacities if considered relevant in the framework of DG ECHO's mandate. The support to the rehabilitation of ex-child detainees will continue with the aim of streamlining it into existing structures.

### Expected results of humanitarian aid interventions

The humanitarian assistance in Palestine is expected to reduce vulnerability amongst the most destitute, improve resilience to IHL violations, provide evidence-based

advocacy through quality programming and promote humanitarian diplomacy addressing IHL violations as the root cause of the humanitarian needs.

Effective coordination is essential. DG ECHO supports the **Inter-Agency Standing Committee's Transformative Agenda (ITA)** and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

Partners will be expected to ensure full compliance with **visibility** requirements and to acknowledge the funding role of the EU/DG ECHO, as set out in the applicable contractual arrangements.

#### 4. LRRD, COORDINATION AND TRANSITION

Despite the political challenges facing LRRD in Palestine<sup>17</sup>, the European Commission continues to align humanitarian programmes aiming at **promoting resilience to IHL violations with sustainable development** in order to ensure a stable and viable future Palestinian State. Close coordination between DG ECHO and the EU Representation (EUREP) will continue ensuring programmatic complementarities and a smooth transition from direct assistance to early recovery and development of targeted communities.

##### 1) Other DG ECHO interventions

In case of natural disasters or epidemics, according to the needs, other humanitarian actions could be financed either through the Disaster Relief Emergency Fund (DREF) or under the HIP for small scale humanitarian response or the HIP for epidemics.

##### 2) Other concomitant EU interventions

The EUREP allocated EUR 11 million for sustainable livelihood interventions amongst the herding communities in Area C and institutional support to the Ministry of Agriculture. This three-year programme will guarantee better targeting of important causes of underdevelopment, while DG ECHO remains available to respond to punctual emergencies faced by these communities.

An important EU mechanism for support to Palestinians (PEGASE)<sup>18</sup> was launched 1 February 2008. This allocation of combined donors' resources to support a Social Safety Net increasingly meets the needs of the poorest in Palestinian society. While DG ECHO will continue addressing the needs of destitute families not enrolled and validated by the Ministry of Social Affairs, financial aid to those in need will be increasingly addressed by the appropriate government institutions.

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<sup>17</sup> EU Local Strategy on Development Cooperation (2011-2013)

<sup>18</sup> Mécanisme Palestino-Européen de Gestion de l'Aide Socio-Economique

3) Exit scenario

Full transition to development assistance will only be possible when IHL is fully respected in Palestine. Until then, humanitarian aid will remain essential.