A boy receives dialysis treatment in Shifa Hospital, Gaza, April 2017. © Photo by OCHA
WATER SUPPLY IN GAZA FROM PRODUCTION TO CONSUMER

PEOPLE IN NEED BY CLUSTER

Protection 1,922,786
WASH 1,836,114
Health/Nutrition 1,630,206
Food Security 1,608,000
Education 890,145
Shelter and NFIs 362,241

PEOPLE IN NEED
2.5M

DISCLAIMER: The designations employed and the presentation of material on the maps contained in this document do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Reproduction and/or use of this material is only permitted with express reference to “United Nations OCHA oPt” as the source.
**HUMANITARIAN NEEDS**

**PROTECTION OF CIVILIANS**
Violations of international humanitarian and human rights law are a driver of severe protection threats against Palestinians and high levels of acute vulnerability across Palestinian communities.

- **4.95M** Palestinians in oPt are affected by protection risks
- **37.5%** of households in the Gaza Strip

**FORCED DISPLACEMENT**
Thousands of Palestinians remain displaced as a consequence of the 2014 escalation in hostilities between Israel and Palestinian armed groups in the Gaza Strip. Demolitions, along with a broad range of other practices and policies, contribute to a coercive environment in the West Bank, particularly in Area C and East Jerusalem, that is leading to forced displacements and the risk of forcible transfer.

- **23,500** Internally Displaced People (IDPs) in Gaza (November 2017)
- **13,000** Demolition orders in Area C of the West Bank affecting 15,000 structures.
- **Over 10,000** people live in 63 communities in the West Bank at heightened risk of forcible transfer - 62% are refugees.

**EROSION OF RESILIENCE**
High unemployment, low household incomes, the high cost of living (particularly for food) and the erosion of livelihoods have resulted in continued high levels of food insecurity in oPt.

- **1.6M** people in oPt (31.5% of all households) are moderately to severely food insecure:
  - **40%** of 1.9 m people in Gaza receive just 4 to 6 hours of water supply every 3 to 5 days.
  - **Over 96%** of water extracted from Gaza aquifers is unfit for human consumption
  - **270,000** Palestinians are directly affected by the Israeli restrictions and control over WASH infrastructure.
  - **40%** of 1.9 m people in Gaza receive just 4 to 6 hours of water supply every 3 to 5 days.
  - **40%** of 1.9 m people in Gaza receive just 4 to 6 hours of water supply every 3 to 5 days.

**ACCESS TO ESSENTIAL SERVICES**
Access to essential services including WASH, healthcare, education, energy and housing is severely restricted for Palestinians in the West Bank and Gaza Strip.

- **20,000** in need of temporary shelter cash assistance.
- **13,000** Children suffering from micronutrient deficiencies in Gaza
- **270,000** Palestinians are directly affected by the Israeli restrictions and control over WASH infrastructure.
- **40,000** Children suffering from micronutrient deficiencies in Gaza
**TOTAL POPULATION**

4.95M

**NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE**

2.5M

**GAZA STRIP**

1.6M

**WEST BANK**

0.9M

**PALESTINE REFUGEES IN NEED OF HUMANITARIAN ASSISTANCE**

1.4M

**BY AREA**

GAZA STRIP

1.6M

WEST BANK

0.9M

**GAZA REFUGEES IN NEED**

1.1M

**WEST BANK REFUGEES IN NEED**

255K

**EAST JERUSALEM REFUGEES IN NEED**

20K

**AREA A&B REFUGEES IN NEED**

310K

**AREA C REFUGEES IN NEED**

244K

**BY AGE & SEX**

**CHILDREN (<18 YEARS)**

1.1M

**ADULT (18-59 YEARS)**

1.23M

**ELDERLY (>60 YEARS)**

113K

**FOOD-INSECURE PEOPLE**

1.6M

**REFUGEES IN NEED**

1.4M

**CHILDREN IN NEED OF PSYCHOSOCIAL SUPPORT**

321K

**INTERNALLY DISPLACED PEOPLE (IDPs)**

23.5K

(over 4,500 families)

**DEMOGRAPHIC PYRAMID OF TOTAL POPULATION**

Source: PCBS 2016

**BY CATEGORY**

**Gaza**

- 511K Boys
- 506K Girls

**West Bank**

- 615K Men
- 610K Women

**EAST JERUSALEM**

- 51K Men
- 62K Women

Youth represents 32.8% of the total population.
AREAS WITH THE HIGHEST VULNERABILITY IN OPT

Area C
Area C is the over 60 per cent of the West Bank where Israel retains near exclusive control, including over law enforcement, access and movement, and planning and construction. The restrictive planning regime applied by Israel in Area C makes it virtually impossible for Palestinians to obtain building permits, impeding the development of adequate housing, infrastructure and livelihoods.

East Jerusalem
Around 320,000 Palestinians currently reside in East Jerusalem, in addition to 200,000 Israeli settlers. Israel’s unilateral annexation of East Jerusalem and the surrounding West Bank hinterland contravenes international law.

H2
‘H2’ is the 20 per cent of Hebron city which remains under Israeli control, which includes four Israeli settlement compounds, home to a few hundred Israeli settlers and a population of over 40,000 Palestinians.

West Bank Areas Behind the Barrier
Palestinian farmers must obtain permits or prior coordination to reach their land isolated between the Barrier and the Green Line ("Seam Zone").

Access Restricted Areas in Gaza
Citing security concerns, Israeli forces enforce a buffer zone by land and sea, the “access restricted areas” (ARAs). According to COGAT, up to 100 meters from the perimeter fence is a “no go” area and up to 200 meters there is no access for heavy machinery. Humanitarian partners in the field have reported that in practice up to 300 metres from the perimeter fence is considered by most farmers as a “no-go” area and up to 1,000 metres a “high risk” area. By sea, the restricted area is generally 6 nautical miles (Nm), less than a third of the 20 Nm agreed under the Oslo accords.
The humanitarian context of the oPt is unique amongst today’s crises and remains directly tied to the impact of the occupation, which marked its 50th year in June 2017. A protracted protection crisis continues. At least 1.9 million Palestinians experience, or are at risk of, conflict and violence, displacement and denial of access to livelihoods, among other threats. The most vulnerable Palestinians are currently denied or restricted in their access to essential services such as water and health care. A recurrent cycle of shocks, natural and manmade, has eroded the resilience of vulnerable households to cope with the prolonged nature of the humanitarian crisis.

These dynamics are significantly magnified in the Gaza context by the protracted blockade, imposed by Israel citing security concerns after the takeover of Gaza by Hamas in 2007, three major escalations of hostilities in less than ten years and the intensification of the internal divide between the West Bank-based Palestinian Authority (PA) and the de facto Hamas authorities during the course of 2017. Combined, these factors have devastated public infrastructure, disrupted the delivery of basic services and undermined already vulnerable living conditions. Across the oPt, one in two Palestinians, or roughly two and a half million people, will need some form of humanitarian assistance in 2018.

The magnitude of the challenges facing Gaza is underscored in a recent United Nations report projecting the situation of Gaza in the year 2020. The study revisited key indicators first published in 2012, and found “that most of the projections for 2020 have in fact deteriorated even further and faster than anticipated” with the population increasing and the economy and basic infrastructure and services deteriorating, and “simply unable to keep up with demand.” Real GDP growth in Gaza has slowed to only 0.4 per cent in the first quarter of 2017, while the unemployment rate for the second quarter rose to 44 per cent. Unemployment among those aged between 15 and 29 has reached a “staggering” 62 per cent. According to The Economist, “In real terms, Gazans are about 25 per cent poorer today than they were at the time of the Oslo Accords.” The standard of living in Gaza, with Gross Domestic Product (GDP) per person of $1,700 a year in 2015, is comparable to Congo-Brazzaville; the West Bank figure, $3,700 a year, is similar to Egypt; while Israel, $35,000 a year, is “much the same as France”.

### EREZ: NUMBER OF CROSSINGS FROM GAZA INTO ISRAEL

<table>
<thead>
<tr>
<th>Year</th>
<th>Monthly Average</th>
<th>2017 Monthly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>43,440</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>31,424</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>13,454</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>12,611</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>2,175</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>4,376</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>5,756</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>7,121</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>13,187</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>9,687</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>8,239</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>7,052</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>6,482</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>6,971</td>
<td></td>
</tr>
</tbody>
</table>

Source: OCHA
The August 2014 ceasefire continues to hold, with a relatively low number of Palestinian fatalities (17) and injuries (221) by Israeli forces as of November 2017, and no further conflict-related displacement recorded. Approximately 23,500 people still remain displaced from the 2014 conflict, as of November 2017. The Gaza Reconstruction Mechanism (GRM) has played a key role in facilitating increased imports of construction materials; however, it has been less successful in facilitating the import of dual use materials beyond cement and re-bar, also critical for public works projects. As of November 2017, 5,755 out of the 11,000 totally destroyed housing units have been reconstructed and work on an additional 818 is underway. Insufficient funding is the primary obstacle to completing the remaining residential reconstruction projects.8

Most of the two million Palestinians in Gaza remain unable to access the remainder of the oPt and the outside world, with only a minority eligible for exit permits via Israel, primarily patients, business people and the staff of international organizations. Although the number of Palestinian exits increased after the 2014 hostilities, figures have declined significantly again since the second half of 2016, with the figure for November 2017 some 47 per cent below the 2016 average. While there has been a gradual increase in the absolute number of medical patients allowed through the Israeli-controlled Erez crossing, the approval rate has also been declining, at 55 per cent in October compared to 93 per cent in 2012. While the number of approved permit applications for United Nations national staff to leave Gaza increased by 19.7 per cent from the second half of 2016 to the first half of 2017, the Israeli authorities have significantly increased the time necessary for processing permits, from 26 to 55 working days, impeding humanitarian operations. Movement constraints have been compounded by the protracted closure of the Rafah terminal, which has only partially opened for 29 days in 2017, allowing 1,222 patients to exit for medical treatment.9

Protection

Although the 2014 ceasefire has held, the ongoing restrictions on the movement of people and goods and the threat of a new round of hostilities are major protection concerns for Palestinians in Gaza. These concerns are exacerbated by the rising hopelessness and deterioration in the humanitarian situation, as well as by the shooting of rockets at Israel and the digging of attack tunnels, among other factors. The risk of Explosive Remnants of War (ERW) remains and high levels of psychosocial distress are reported across the population, particularly among children, leaving them with a deep sense of insecurity, fear and hopelessness. The protracted humanitarian crisis has also exacerbated gender-based-violence (GBV) in all its forms, including sexual violence, domestic violence and child marriage. The Protection Cluster continues to identify accountability for violations during the Gaza hostilities in 2014, by all sides, and for violations during the daily enforcement of restrictions in the Access Restricted Areas (ARAs) as an urgent priority.

Displacement

No new displacement was recorded in Gaza in 2017. The GRM has provided access to vital construction materials, but as of November 2017 funding is lacking for the reconstruction of about 3,800 destroyed and over 56,500 damaged housing units from the 2014 round of hostilities. Displacement continues for 23,500 people who are primarily reliant on temporary shelter cash assistance (TSCA) to rent accommodation until their homes are reconstructed or rehabilitated. TSCA been disrupted due to significant funding shortages with anecdotal evidence suggesting that this has resulted in debt accumulation and the adoption of negative coping mechanisms such as withdrawing children from school or engaging children in income generation.10 Some 4,500 families who have not yet received assistance to repair conflict-related damages are in urgent need of support due to continued exposure to the elements, high vulnerability and lack of resources. In addition, 8,100 families are at risk of exposure due to inadequate protection against the natural elements.

Access to essential services

The provision of basic services in Gaza remains a key humanitarian concern. Increasing electricity cuts are undermining basic services already depleted by the blockade, recurrent hostilities and restrictions on the import of goods considered “dual use”. Surgeries are being delayed, some diagnostic services are being put on hold, and there has been a disruption in the delivery of primary healthcare (PHC) and secondary healthcare (SHC) services by the Ministry of Health (MoH). Health provision is also impeded by delays in the shipment of essential drugs and disposables from the PA Ministry of Health, which has also recently been delaying or suspending payment for the referral of patients for medical treatment outside Gaza. The number of permit applications denied or delayed by Israel to access health care outside Gaza has also been on the increase, reaching 45 per cent of applications in October 2017.

The blockade and escalations in hostilities have also resulted in repeated damage and the destruction of infrastructure, the deaths of students and teachers and psychosocial stress among children and teachers. Increasing electricity shortages are affecting children’s right and ability to access education at school and at home, restricting study time and their ability to concentrate. Some 70 per cent of UNRWA schools and over 63 per cent of Ministry of Education schools operate on a double or triple shift system which has reduced instruction time to about four hours a day, and limited the time available to reinforce learning, support slow learners, and offer remedial education and extracurricular activities. Psychosocial services are also struggling to cope with the nearly 300,000 children who require some form of mental health support or psychosocial intervention.

Water and sanitation (WASH) infrastructure and delivery has also been impacted by recurrent conflict, the over exploitation of resources and restrictions on the import of “dual use” WASH items. Over 95 per
cent of the water extracted from the aquifer is unfit for human consumption, with the result that 90 per cent of people in Gaza rely on purchasing desalinated water from private trucking, posing a heavy financial burden on already impoverished families and health risks due to widespread contamination of that source. Increased electricity cuts have further reduced the drinkable/piped water supply and the operation of approximately 130 critical water and sanitation facilities. This has resulted in the discharge of untreated sewage into the sea, contaminating the majority of Gaza beaches, and heightening the risk of the overflow of raw sewage onto the streets.

Erosion of resilience

Recurrent hostilities, the blockade, degraded infrastructure and cuts in the allowances of public employees have impaired economic growth and perpetuated high levels of poverty, unemployment, (particularly among youth), and food insecurity. About 80 per cent of people in Gaza receive food assistance and other forms of social transfers which enable scarce cash resources to be spent on other essentials, preventing a further deterioration of food security and livelihood status, and reducing the impact of negative coping mechanisms. Increased power shortages have further undermined economic activity, particularly in the manufacturing and agriculture sectors, with some 30,000 out of 80,000 dunums planted with seasonal vegetable crops at risk due to irregular irrigation, and dairy cattle farmers and poultry breeders also facing significant losses. The condition of the aquifer, Gaza’s sole source of natural water, is of particular concern as it will be “unusable” by end-2017, with damage “irreversible” by 2020, “unless immediate remedial action is taken.”

PALESTINE REFUGEE NEEDS IN THE GAZA STRIP

Palestine refugees represent 70 per cent of the total Gaza population. The 1.4 million Palestine refugees in Gaza, as all people in Gaza, are currently experiencing a deep socio-economic crisis, in a situation of de-development caused by both economic as well as political events. There is significant increased demand for services from UNRWA resulting from a growth in the number of registered Palestine refugees, the extent of their vulnerability and their deepening poverty. With the continuing restrictions on the movement of people and goods, the widespread loss of livelihoods due to the 2014 conflict, and the recent crisis resulting from PA allowance cuts and electricity shortages, the number of refugees requiring food assistance has been continuously increasing, showing an increase in poverty levels. Similarly, the number of medical consultations at UNRWA health centers has been regularly increasing since December 2016, becoming more pronounced from mid-2017. Unemployment levels rose again to over 44 per cent in Q2 2017.

The restrictions on the movement of people and goods, and the dire socio-economic situation, have had serious repercussions on the psychosocial well-being of Palestine refugees in Gaza. UNRWA’s Community Mental Health Programme conducted a study in May 2017 assessing the psychosocial well-being of 2,262 adult refugees and 3,142 refugee students. The study found a high level of psychosocial stress among both refugee students and adults, with almost one half of adults (48.9 per cent) experiencing poor well-being, with 63 per cent of these warranting further screening for depression, and almost 30 per cent of children experiencing serious difficulties.
WEST BANK

Within the context of continued Israeli occupation, the wave of Palestinian attacks, which erupted in late 2015, continued into 2017 but at a significantly reduced level. The killing of two Israeli police officers at the entrance to Haram Ash Sharif/Temple Mount and Israel’s subsequent installation of metal detectors on the site led to a significant escalation in violence in July, which declined with the removal of these measures. Concerns remain over possible excessive use of force and extra-judicial killings by Israeli forces against Palestinians who have carried out attacks or are suspected to have carried out attacks, as well as the lack of sufficient accountability regarding these cases. United Nations officials have repeatedly called upon leaders to avoid incitement and inflammatory rhetoric, as required by Security Council resolution 2334. After a three-year decline, at least partially attributable to preventive measures adopted by the Israeli authorities, settler attacks rose during the first ten months of 2017, with 155 incidents resulting in Palestinian casualties or in damage to Palestinian property, compared to 107 in all of 2016; this increase coincides with a major rise also in Palestinian attacks against Israelis during this period. There are still serious gaps in holding violent settlers accountable, with the vast majority of complaints ending without prosecutions.

Palestinians throughout the West Bank continue to be subject to a complex system of physical and bureaucratic barriers, imposed by Israel, citing security concerns, which restrict their right to freedom of movement, undermines livelihoods, and increases dependency on humanitarian aid. In recent years, the Israeli authorities have eased some long-standing obstacles, but Palestinians are still restricted from entering East Jerusalem, areas isolated by the Barrier, “firing zones”, the Israeli-controlled area of Hebron H2, and land around or within Israeli settlements. Many Palestinians throughout the West Bank are also at risk of displacement and/or forcible transfer due to a coercive environment generated by deliberate Israeli policies and practices. These practices, which include the demolition – or threat of demolition – of homes, schools and livelihood shelters due to lack of building permits which are almost impossible to obtain; aggressive promotion of plans to relocate communities to urban townships; restrictions on access to natural resources; the denial of basic service infrastructure; and the lack of secure residency, are often implemented against a backdrop of the establishment and expansion of Israeli settlements. The expansion of settlements, which are illegal under international law, continues, with the number of housing units advanced, approved or tendered since the beginning of 2017 reaching more than 10,000, or more than double the total during all of 2016.

Protection

Palestinians in the West Bank continue to be subject to threats to their lives, physical safety and liberty from policies and practices related to the Israeli occupation, including settler violence. To end-November, 46 Palestinians were killed by Israeli forces and settlers in the West Bank, compared to 96 in all of 2016 in the context of attacks or alleged attacks, demonstrations and clashes. Of these, 23 were perpetrators or alleged perpetrators of attacks or attempted attacks against Israelis. During the same period, 15 Israelis, including four civilians, were killed by Palestinians. Accountability for these incidents is still required: since the escalation of violence in September 2015, only one case among more than 200 Palestinians killed by Israeli forces following an attack or alleged attack has led to an indictment and subsequent conviction. A number of Israeli practices have raised concerns over collective punishment, including the reintroduction of punitive demolition or sealing of houses citing a deterrence purpose, and the threat of revocation of Jerusalem residency status of family members of alleged perpetrators of attacks. The use of excessive force by Israeli forces remains an issue of concern in the oPt, especially in Palestine refugee camps in the West Bank and communities most affected by Israeli security operations. In 2017, 70 Palestine refugees were injured from the use of live ammunition, of which 13 were under 18 years old. The presence and expansion of settlements, which are illegal under international law, and settler violence, remains a key driver of protection needs – including loss of access to and use of land and resources, movement restrictions, and threats to life and security.

**Displacement and the risk of forcible transfer**

Palestinian Bedouin and herding communities across Area C (of whom many are Palestine refugees), as well as many Palestinian residents of East Jerusalem, are among those most at risk of forcible transfer, due, in particular, to a restrictive and discriminatory planning regime which makes it virtually impossible for Palestinians to obtain the requisite Israeli building permits. There has been an overall decline in the number of demolitions and seizures in Area C, due to lack of such permits, from January to November 2017 (265) compared to 2016 (876), returning to numbers seen in 2014 and 2015. Of the demolished structures, 101 were provided by donors as humanitarian assistance. In East Jerusalem, the rate of demolitions of homes and other structures to end-November 2017 is 136, compared to 190 in 2016. Since 2011, 110 local outline plans for 148,000 Palestinians in 116 communities in Area C have been prepared, which, if approved, would significantly enhance the ability of residents to obtain building permits. However, only five have been approved by the Israeli Civil Administration (ICA), with 96 pending with the ICA for more than 18 months, as of November 2017. Punitive demolitions targeting the family homes of perpetrators of attacks against Israelis also continued during 2017, with eight homes targeted, to end-November, displacing 39 people including 18 children. 2017 also witnessed continuing legal action by settler groups to evict Palestinians in East Jerusalem from their homes, with proceedings underway.
for some 180 Palestinian families. In September 2017, a Palestinian family was evicted from their home in the Sheikh Jarrah neighbourhood of East Jerusalem, where they were living since 1964, following protracted legal proceedings carried out by Israel’s General Custodian; the property was subsequently handed over to Israeli settlers.

**Access to essential services**

Palestinian movement in certain areas of the West Bank, including into East Jerusalem, remains restricted by physical and administrative measures, undermining access to basic services, as well as hindering the ability of humanitarian organizations to deliver relief. The
PA continues to have only limited ability to provide education and health services in Area C and in East Jerusalem. Access to education is also affected by protracted conflict and occupation, including attacks on schools, the occupation or military use of premises, and settler-related and denial-of-access incidents. In August 2017, on the eve of the new school year, the Israeli authorities requisitioned nine education-related structures serving 170 children in three West Bank communities. An estimated 56 schools in Area C and East Jerusalem are at risk of stop-work or demolition orders, preventing the maintenance and expansion of school infrastructure. Key challenges in education service provision in East Jerusalem include classroom shortages, lack of financial support and the promotion of an Israeli curriculum through financial incentives and other methods.

Access to health services is also restricted in the West Bank, specifically in Area C, Hebron H2 and the “Seam Zone”. Checkpoints, proximity to settlements, long distances to clinics, rocky roads and mountains, a scattered population and lack of public transportation are all factors which hamper the access of patients, health personnel and ambulances. Palestinian communities in East Jerusalem which are isolated by the Barrier from the urban centre, face overcrowding, environmental health hazards and poor living conditions, posing a public health risk. In addition, the Barrier and permit regime are restricting patients who hold West Bank ID cards from accessing specialized services in the main Palestinian referral hospitals in East Jerusalem: in 2016, one in five Palestinians from the remainder of the West Bank who sought a permit to an East Jerusalem hospital or to hospitals in Israel was denied.

In the West Bank, the provision of WASH services is curtailed by the permit regime for WASH infrastructure and limits on water abstraction, among other constraints. Due to the restrictive planning regime, communities in Area C have limited ability to repair, rehabilitate or construct basic water and sanitation infrastructure at community or household level, resulting in insufficient water for drinking, domestic and livestock consumption in many communities. In Area C around 270,000 Palestinians are directly affected by Israeli restrictions and control over WASH-related infrastructures such as water and sanitation networks, with around 95,000 people receiving less than 50 litres of water per capita per day, or half of the minimum recommended by the World Health Organization (WHO). The cost of water is also of concern with an estimated 130,000 people in Areas A, B, and C paying over 20 NIS per metre³ for tankerated water, compared to some five NIS through the network.

Erosion of resilience

Among the factors which contribute to livelihood deterioration among vulnerable communities in the West Bank are the demolition and confiscation of homes and livelihood structures; restrictions on the maintenance and rehabilitation of productive assets; insufficient or substandard water supply; movement restrictions and settlement expansion. These factors also impact the livelihoods of Bedouin and herder communities in Area C (many of whom are Palestine refugees), resulting in an increase in their vulnerability, both in terms of protection threats and food insecurity. As of September 2017, the level of demolitions and confiscation of agricultural assets and food items at the household level remained high for the year, with approximately 66 cases related to agriculture structures or assets, and 39 cases to food assistance. Traditional income-generating activities in Bedouin and herder communities in Area C are becoming unsustainable, with the most basic support being targeted by the Israeli authorities, for example the confiscation of irrigation pipes, on grounds of lack of permits, which are almost impossible to obtain due to the restrictive and discriminatory planning regime in Area C. Additional restrictions on farmers include requirements for special permits or prior coordination arrangements to access farming land in the vicinity of settlements and the “Seam Zone”, with increased restrictions reported in the northern West Bank in 2017, relating to a minimum amount of land and land ownership documents required before Palestinian landowners can even apply for permits to access land isolated by the Barrier.

Ultimately, the erosion of resilience in the West Bank is the result of the protracted occupation, with much of Area C off-limits for Palestinian use, although this area contains some of the West Bank’s most fertile land and natural resources, including the bulk of agricultural and grazing land. According to the World Bank “restrictions on Area C are amongst the most detrimental to economic growth” and unrestricted Palestinian access to resources in Area C “could increase Palestinian GDP by 35 per cent and ... lead to a 35 per cent increase in employment”, primarily through growth in the agricultural sector and the exploitation of natural resources such as the Dead Sea. As with the Gaza Strip, the West Bank is experiencing an economic slowdown and rising unemployment, with real GDP growth declining to just 0.8 per cent in the first quarter of 2017, and unemployment reaching 21 per cent by end-June 2017. The lower unemployment rate in the West Bank compared to Gaza, does not indicate a more robust labour market, but rather the absorption Palestinian workers in Israel and settlements, which increased to over 18 per cent of the total workforce in 2016, without which, it is estimated that the West Bank unemployment rate would be more than 36 per cent, or only marginally better than the 44 per cent recorded in Gaza.
Life for the approximately 820,000 registered refugees living in the West Bank is marked by difficult economic and social conditions, by an increase in violence and demolitions over the years, and by growing frustration with a stagnant economy and lack of political progress towards a negotiated two-state solution. These challenges are particularly acute for the nearly 250,000 Palestine refugees who reside in one of the 19 refugee camps in the West Bank, including East Jerusalem. Furthermore, restricted access to lands, services, and markets impose severe challenges for West Bank residents including refugees, particularly those living or owning land in Area C and the “Seam Zone”. Palestine refugees inside and outside refugee camps continuously face various protection threats. This includes Israeli military operations in refugee camps often leading to injuries, killing and damages to refugee property and raises concern over the excessive use of force by Israeli forces during these operations. From January to September 2017, Israeli military operations in Palestine refugee camps were recorded on average 14 times per week, totalling 581, with some lasting up to four hours. In addition, Palestine refugees in West Bank are impacted by other measures implemented by the Government of Israel (GoI), including by forcible displacement measures. Of the total properties demolished, 86 (24 per cent) belonged to refugees and resulted in the displacement of 242 refugees.30

Although Palestine refugees account for only 33 per cent of the population in the West Bank, statistics show that they are more vulnerable to unemployment, poverty and food insecurity. Unemployment rates in Q3 2017 in the West Bank stood at 19.2 per cent among non-refugees, 22.7 per cent among refugees and 20.9 per cent among refugees in camps.31 Furthermore, food insecurity for refugees in the West Bank remains high at 15.1 per cent as compared to 11.9 per cent for non-refugee households and 24.4 per cent in refugee camps.32
The humanitarian context in the oPt has a differentiated impact on men, women, boys and girls. Gender analysis assists in identifying groups of the affected population that should be prioritized in the humanitarian response, defining their humanitarian needs based on the differentiated impact, and ensuring gender responsive humanitarian interventions that mitigate negative coping mechanisms prioritizing needs of people with disabilities, divorced or widowed women, adolescent girls and boys, and the elderly. Gender analysis also expands on household level vulnerability from a focus on female-headed households to include also households with high dependency ratios, headed by a person with a disability or a person in detention, married women who are in a separated or polygamous marriage, and widows and divorcees without secure tenure rights.

Over the course of 2017, a number of clusters have made significant efforts to deepen their understanding of gender based vulnerabilities, and ensure a more gender sensitive determination of humanitarian needs. Nonetheless strengthened efforts continue to be needed to improve quality of sex and age-disaggregated data, and to systematically collect information on the impact of gender-based vulnerability using participatory and inclusive needs assessment tools.

Applying the framework for analysis of gender based vulnerabilities, the 2018 HNO identifies the following gender concerns and associated needs based on the differentiated impact of the humanitarian context on men, women, boys and girls, their differentiated access, and differentiated coping mechanisms. In addition to the needs that are briefly outlined in this section, gender analysis has been incorporated throughout the cluster-specific narratives in Annex I, as appropriate.

Gender and Protection concerns

- Protection concerns in connection to the safety, psychosocial wellbeing, denial of rights and access to services (including exposure to harassment at checkpoints) by women and children, continue.
- Higher incidence of intimate partner violence, sexual abuse and forced marriage in communities impacted by conflict, fragmentation and displacement (e.g. IDPs, refugee camps, Gaza, and East Jerusalem), with limited availability and access to multi-sectoral services (i.e. GBV case management, health, legal aid and psychosocial support).
- Gaps in legal counselling and assistance with regard to residency rights, especially in East Jerusalem, and family reunification, inheritance and property rights, social rights and access to humanitarian assistance due to the absence of a Palestinian legislative system and the fragmented jurisdiction with regard to women’s rights.
- Gaps in gender and age-differentiated child protection psychosocial support, legal assistance and case management for children with complex protection threats.
- Disability remains a critical source of vulnerability, that can lead to gender based discrimination. Women and girls with disabilities suffer from amplified forms of GBV, and have limited access to services.
- Elderly women are more vulnerable to poverty, disease, and have limited access to services compared to elderly men and the rest of the population. There is no social security system in place to ensure a decent life for the elderly and to provide the different life

Source: GBV Sub-Cluster. The data shown is from the partners of the GBV Sub-Cluster chaired by UNFPA under the Protection Cluster in the oPt. The data therefore only reflects the cases registered by partners.
requirements, such as housing, healthcare, income, disability needs, and food, especially food that reduces the risk of chronic disease. Palestinians are expected to continue to depend on their children in their old age instead of social security, and the burden of the carer role is often placed on the shoulders of women.35

• There are gaps in the protection and referrals for school children facing violence in schools and within families or communities. With the experience of conflict, displacement and impoverishment, adolescent boys and girls are especially vulnerable to school dropout and significant protection concerns, including physical and emotional violence, sexual abuse, arrest and detention, child labour, recruitment and use by armed groups, and forced marriage.36

**Gender and food security and livelihoods concerns**

• Women in the oPt are particularly disadvantaged with regard to their limited share of agricultural holdings and the limited economic opportunities available for women to generate income. This disadvantage restricts women’s ability to contribute to household food security and also increases the vulnerability of women and female-headed households to food insecurity and malnutrition,37 with pregnant and lactating women particularly vulnerable to the risks of malnutrition.

• Depleted household resilience is also observed due to high female unemployment, women’s limited access to resources, and concentration of women in economic activities that are directly impacted by protection violations such as herding and harvesting.38

• Women farmers’ access to wages, and control over resources provided through humanitarian response, is limited. Humanitarian actors should pay special attention to guaranteeing effective targeting of such assistance.39

**Gender and access to basic services**

• The general decline in the access of people to basic services (observed in 2017), especially in Gaza in relation to water and electricity, has undermined the ability of women and girls to engage in income generating activities. This is directly linked to the customary division of labour in Palestinian society, where women and girls bear the primary responsibility for the functioning and maintenance of households, which has become more time-consuming. This division of labour continues to apply to married women with disabilities, who face additional hardship.40

• Frequent electricity cuts in Gaza have increased women’s vulnerability and stretched households’ coping mechanisms.41 Power outages have also threatened the life and well-being of vulnerable groups, particularly those needing urgent medical care.42

• Increased need for health response to GBV cases (detection, treatment and referral) that is offered through a multi-sectoral approach.43 In some areas, access of children to education is affected by harassment at checkpoints, attacks on schools, and exposure to violence, which increase protection threats and the risk of school dropout, particularly among girls.

• Evidence furthermore points to an increased risk of forced marriage for girls and denial of the right to education in acutely vulnerable communities (particularly in the ARAs in Gaza and Area C in the West Bank).

• Displacement, vulnerable localities (those particularly affected by Israeli practices and policies) and poor conditions increase the vulnerability of women and children. Women who have partial or no tenure are especially vulnerable in securing their shelter needs (such as women heads of households, separated, divorced or abandoned women, women victims of GBV, and widows).44

• Limited access to drinking water, domestic use water and wastewater and solid waste management in the Gaza Strip, Area C and East Jerusalem have significant impact on household spending, health and hygiene, and school attendance. Inadequate WASH facilities expose women and girls to threats and burdens associated with meeting their personal hygiene needs, undertaking basic domestic chores, managing household water needs, and securing the needs of children, people with disabilities, the elderly and the chronically ill.45

• The trend of increased denial of access for patients applying for Israeli permits to exit Gaza for medical purposes is leading to the suffering of many patients, including women and children.36
Gender and resilience

Access to income, food, services and assets are amongst the key components of resilience. Women in the oPt are particularly disadvantaged with regard to these components given their limited share of agricultural holdings, their restricted access to services, and the limited economic opportunities available for women to generate income. This disadvantage restricts women’s ability to contribute to household resilience and food security, and also increases the vulnerability of women and female-headed households to food insecurity and malnutrition.

Gender and community engagement

According to a recent study by the Shelter and NFIs Cluster, limited knowledge within vulnerable groups such as widows, women heads of households, and women with disabilities, of the services offered by different humanitarian actors and the terms and criteria for receiving assistance often results in unequal access to these services, and ultimately to humanitarian responses that fail to consider age, gender and location.

THE SITUATION OF YOUTH IN THE OPT

Young people and adolescents in the oPt are profoundly influenced by the political situation, by the forces of occupation, and by Palestinian fragmentation, loss of identity, and a patriarchal society. The youth of today were born and raised under Israeli occupation, and grew up witnessing the 1987 and 2000 intifadas, and three major conflicts in Gaza over the past ten years. Palestinians in the oPt are continuously killed, injured, detained, and exposed to various forms of violence and harassment by Israeli soldiers and settlers. Palestinian youth also disproportionately participate in clashes, including as perpetrators or alleged perpetrators of attacks against Israelis.

Palestinian youth are exposed to several other forms of violence in their homes and communities, including domestic violence, GBV, and community violence from their peers or supervisors at universities or in their work environment. Data from PCBS has shown that over one-fifth of students in Gaza aged 12-17 were exposed to psychological violence, and over 20 per cent experience physical violence. In general, boys were more likely to be exposed to violence than girls, at 28 per cent versus 16 per cent.

With restrictions on construction in Area C of the West Bank and the restrictions on the movement of people and goods on Gaza, economic growth in the oPt is severely hindered by the Israeli occupation. Although some have been able to innovate and overcome these restrictions, and experience limited entrepreneurial success, the lack of economic opportunities combined with the high number of youth – nearly 30 per cent of Palestinians are aged 15 to 29 years, totaling 1.5 million people – means that youth unemployment rates are staggering. The unemployment rate among young people aged 15-29 has reached 40 per cent (39 per cent in the West Bank and 62 per cent in Gaza). The unemployment rate among young graduates reached 53 per cent during the first quarter of 2017 (36 per cent for males and 69 per cent for females).

Young people affected by poverty and unemployment lack autonomy and decision-making power and are particularly vulnerable to deteriorating standards of living, if they are hit by new or recurrent shocks or stresses. Together, these factors are seen as a leading cause of mental health deterioration amongst Palestinian youth, and negative coping mechanisms among young people have been documented, including substance abuse and rising internal radicalization. There are reportedly high rates of anxiety, depression, and post-traumatic stress disorder (PTSD), especially in Gaza.
The protracted nature of the crisis in the oPt demands greater coherence and synergies between humanitarian and development assistance. Efforts to capitalize on such opportunities must first and foremost be grounded in a common analysis of the vulnerabilities and the drivers of those vulnerabilities, many of which both humanitarian and development action address. Partners in the oPt have endeavoured to provide in this HNO a deeper analysis of vulnerability than has been hitherto the case, using a wide range of sources, including and beyond those from the humanitarian sector.

Joint analysis sessions were held by development and humanitarian actors to review the 2016 Common Country Analysis (CCA), elaborated by the UN Country Team (UNCT) in the oPt as the analytical basis for the UN Development Assistance Framework (UNDAF) for the period 2018-2022. This joint analysis identified that many of the same groups of people are considered in need by both humanitarian and development actors working in the oPt. A comparison of the vulnerable groups identified by the CCA and HNO is provided in the below table. The cluster-specific needs analyses in the following pages also identify the vulnerable groups common to both development and humanitarian action.

Joint stock-taking amongst and between humanitarian and development actors also revealed that efforts to close the traditional divide are already well underway. At the strategic level, coordination mechanisms have been established in recent years to foster a common situational awareness and coordinated approaches between humanitarian and development action, with particular focus on East Jerusalem and Area C in the West Bank. The majority of clusters work closely with, and in some cases are jointly coordinated by, relevant Palestinian line ministries in Ramallah. These actions have led to the increased representation of humanitarian needs within the government’s sector plans, as well as greater coherence of humanitarian action with the technical objectives of development plans, where appropriate.

However, the particular nature of the crisis in the oPt requires that the HNO analysis, as well as the forthcoming separate Humanitarian Response Plan (HRP), maintains a stringent safeguarding of the humanitarian nature of interventions, in adherence with International Humanitarian Law and the humanitarian principles of humanity, impartiality, neutrality and independence. As such, the humanitarian character of the multi-year strategy being developed by the Humanitarian Country Team for 2018-2020, which this HNO underpins, should not be considered diluted by the inclusion of the above analysis.

<table>
<thead>
<tr>
<th>Vulnerable groups identified in the 2016 UNCT CCA</th>
<th>Vulnerable groups identified by HCT cluster(s) in the 2018 HNO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents</td>
<td></td>
</tr>
<tr>
<td>Bedouins and herder communities living in Area C</td>
<td></td>
</tr>
<tr>
<td>Children facing obstacles in accessing schools</td>
<td></td>
</tr>
<tr>
<td>Children in labour</td>
<td></td>
</tr>
<tr>
<td>Children subject to violence</td>
<td></td>
</tr>
<tr>
<td>Communities in Area C</td>
<td></td>
</tr>
<tr>
<td>The elderly</td>
<td></td>
</tr>
<tr>
<td>Food insecure households headed by women</td>
<td></td>
</tr>
<tr>
<td>Gazans without access to safe water or sanitation</td>
<td></td>
</tr>
<tr>
<td>Hebron H2 Residents</td>
<td></td>
</tr>
<tr>
<td>Individuals in need of urgent medical referrals</td>
<td></td>
</tr>
<tr>
<td>Out of school children</td>
<td></td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td></td>
</tr>
<tr>
<td>Persons living in the “Seam Zone”</td>
<td></td>
</tr>
<tr>
<td>Refugees living in abject poverty</td>
<td></td>
</tr>
<tr>
<td>Refugees residing in camps</td>
<td></td>
</tr>
<tr>
<td>Small-scale farmers, non-Bedouin herders and fisher folk</td>
<td></td>
</tr>
<tr>
<td>Women exposed to gender-based violence</td>
<td></td>
</tr>
<tr>
<td>Working Poor</td>
<td></td>
</tr>
<tr>
<td>Youth</td>
<td></td>
</tr>
</tbody>
</table>
An estimated 2.5 million people, including 1.4 million Palestine refugees, are in need of humanitarian assistance in the oPt, mostly in the Gaza Strip, Area C of the West Bank and East Jerusalem.

The largest number of people in need are in the Gaza Strip (1.6 million people or 64 per cent of Gaza’s population) and there is a high level of need across most sectors. This includes 23,500 people still displaced from the 2014 conflict.

The highest number of people in need in the West Bank, as a proportion of the total area population, are in Area C (90 per cent in need), where protection and health needs are particularly high.

### BREAKDOWN BY SECTOR (MILLIONS)

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>Gaza Strip</th>
<th>WB (AREA C)</th>
<th>WB (Areas A,B)</th>
<th>WB(East Jerusalem)</th>
<th>People in need of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>1.07 M</td>
<td>0.31 M</td>
<td>0.35 M</td>
<td>0.22 M</td>
<td>1.9 M</td>
</tr>
<tr>
<td>WASH</td>
<td>1.46 M</td>
<td>0.11 M</td>
<td>0.25 M</td>
<td>-</td>
<td>1.8 M</td>
</tr>
<tr>
<td>Health/ Nutrition</td>
<td>1.2 M</td>
<td>0.20 M</td>
<td>-</td>
<td>0.20 M</td>
<td>1.6 M</td>
</tr>
<tr>
<td>Food Security</td>
<td>1.19 M</td>
<td>0.05 M</td>
<td>0.36 M</td>
<td>7K</td>
<td>1.6 M</td>
</tr>
<tr>
<td>Education</td>
<td>0.45 M</td>
<td>0.03 M</td>
<td>1.5K</td>
<td>12K</td>
<td>0.5 M</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>0.23 M</td>
<td>0.03 M</td>
<td></td>
<td>2.4K</td>
<td>0.3 M</td>
</tr>
<tr>
<td>GOVERNORATE</td>
<td>PROTECTION</td>
<td>WASH</td>
<td>HEALTH &amp; NUTRITION</td>
<td>FOOD SECURITY</td>
<td>EDUCATION</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
<td>------</td>
<td>--------------------</td>
<td>---------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>62.1K</td>
<td>67.9K</td>
<td>61.2K</td>
<td>32.0K</td>
<td>2.6K</td>
</tr>
<tr>
<td>Hebron</td>
<td>226.8K</td>
<td>167.0K</td>
<td>33.8K</td>
<td>105.0K</td>
<td>20.6K</td>
</tr>
<tr>
<td>Jenin</td>
<td>61.1K</td>
<td>36.5K</td>
<td>22.5K</td>
<td>46.0K</td>
<td>0.2K</td>
</tr>
<tr>
<td>Jericho</td>
<td>15.2K</td>
<td>3.3K</td>
<td>8.4K</td>
<td>8.0K</td>
<td>0.2K</td>
</tr>
<tr>
<td>Jerusalem</td>
<td>218.0K</td>
<td>9.5K</td>
<td>200.6K</td>
<td>61.0K</td>
<td>11.9K</td>
</tr>
<tr>
<td>Nablus</td>
<td>80.7K</td>
<td>69.3K</td>
<td>5.5K</td>
<td>56.0K</td>
<td>1.5K</td>
</tr>
<tr>
<td>Qalqiliya</td>
<td>27.0K</td>
<td>0.0K</td>
<td>31.5K</td>
<td>16.0K</td>
<td>0.3K</td>
</tr>
<tr>
<td>Ramallah</td>
<td>84.3K</td>
<td>17.2K</td>
<td>12.0K</td>
<td>51.0K</td>
<td>2.0K</td>
</tr>
<tr>
<td>Salfit</td>
<td>23.6K</td>
<td>0.0K</td>
<td>2.5K</td>
<td>10.0K</td>
<td>0.0K</td>
</tr>
<tr>
<td>Tubas</td>
<td>17.7K</td>
<td>2.5K</td>
<td>1.2K</td>
<td>10.0K</td>
<td>0.1K</td>
</tr>
<tr>
<td>Tulkarm</td>
<td>33.9K</td>
<td>0.0K</td>
<td>24.6K</td>
<td>27.0K</td>
<td>0.4K</td>
</tr>
<tr>
<td>North Gaza</td>
<td>211.7K</td>
<td>254.0K</td>
<td>245.3K</td>
<td>238.0K</td>
<td>80.9K</td>
</tr>
<tr>
<td>Gaza</td>
<td>543.2K</td>
<td>440.0K</td>
<td>417.0K</td>
<td>407.0K</td>
<td>151.0K</td>
</tr>
<tr>
<td>Khan Yunis</td>
<td>78.5K</td>
<td>364.0K</td>
<td>233.0K</td>
<td>272.0K</td>
<td>90.1K</td>
</tr>
<tr>
<td>Middle Area</td>
<td>91.8K</td>
<td>164.0K</td>
<td>184.0K</td>
<td>122.0K</td>
<td>68.6K</td>
</tr>
<tr>
<td>Rafah</td>
<td>147.1K</td>
<td>241.0K</td>
<td>147.2K</td>
<td>147.0K</td>
<td>59.6K</td>
</tr>
</tbody>
</table>

Food Security numbers of people are elaborated from the SEFSec survey, which is a statistical exercise providing percentages of households. Therefore a margin of approximation is factored in when extracting absolute figures. The aim of the SEFSec is to indicate the magnitude and the trend of the food insecurity problem rather than providing the exact counting of people in need.
ANNEX

HUMANITARIAN NEEDS - CLUSTER ANALYSIS AND MULTI-YEAR PROJECTIONS

PROTECTION

CHILD PROTECTION

WATER, SANITATION AND HYGIENE (WASH)

HEALTH AND NUTRITION

FOOD SECURITY

EDUCATION

SHELTER AND NON-FOOD ITEMS (NFIS)

EMERGENCY RESPONSE PREPAREDNESS (ERP) AND DISASTER RISK MANAGEMENT (DRM)

INFORMATION SOURCES AND METHODOLOGIES

INFORMATION GAPS AND ASSESSMENT PLANNING
In order to support the development of a multi-year humanitarian strategy and Humanitarian Response Plan (HRP), the humanitarian community in the oPt has worked to analyse need from a broader perspective, using trend analysis and creating projections for the number of people that could be in need in 2019 and 2020.

The purpose of the exercise was not to predict and better prepare for possible evolutions in the context, undisputedly an important action that belongs in the realm of contingency plans, but rather to underscore the impact that the drivers of vulnerability have on people in the oPt; illustrate ways in which this impact could deepen or ameliorate over the next three years; and in so doing encourage greater focus on measures that might reverse those needs – even if many of these measures lie outside the reach of humanitarian action.

Developing current and projected People in Need (PiN) figures

As per usual practice, clusters determined the number of PiN of humanitarian assistance in 2018 based on evidence available as of late 2017. The 2018 PiN figures are not projections; these are real figures, as best as partners can determine, given gaps in evidence. These numbers form the basis of planning to be done within the HRP.

To develop the projections of PiN figures for 2019 and 2020, clusters worked according to a set of common parameters and added to this their own sectoral-specific considerations and methodologies as developed by cluster partners. Clusters were guided by trends in previous years’ PiN figures and added natural population growth to each estimation. As such, the methodology and specific assumptions used by each cluster varies and results cannot be explicitly compared. The projections for 2019 and 2020 are best-effort estimates, are meant to be illustrative, and will not be used as a basis for response and project planning.

The HNO will be updated in 2019 and in 2020 to provide the updated figures of people in need. These updates will enable evolutions in the context to be reflected and for new data, such as the population census planned for release in 2018 and the forthcoming update of the Socio-Economic and Food Security Survey (SEFSec), to inform the analysis. Humanitarian response planning for 2019 and 2020 will reflect these changes and will also naturally be updated where required.
PEOPLE IN NEED
TRENDS AND PROJECTIONS

EDUCATION

FOOD SECURITY

HEALTH/NUTRITION

SHELTER AND NFIS

PROTECTION

WASH
ANNEX I: PROTECTION

PROTECTION

NUMBER OF PEOPLE IN NEED

1.9M

OVERVIEW

Across the oPt, people lack effective protection and are impacted by the lack of respect for International Human Rights Law (IHRL) and International Humanitarian Law (IHL), including grave breaches of IHL, and the absence of accountability for violations. The protection crisis is driven by policies and practices of the Israeli occupation, raising concerns about the risk of and actual forcible transfer, excessive use of force and restricting movement with a significant impact on the lives of Palestinians. Violations by the Israeli Security Forces (ISF) throughout the oPt, and the potential for renewed escalations of hostilities in Gaza, continue to pose a threat to the life, liberty and security of Palestinians. A lack of credible investigations by all duty bearers, and legal and procedural barriers to victims seeking an effective remedy for harm suffered as a result of Israeli actions, foster further violations in a climate of impunity.

AFFECTED POPULATION

At least 1.9 million Palestinians experience, or are at risk of, conflict and violence, forcible displacement, and denial of access to livelihoods, and are in need of protection assistance. The Protection Cluster has identified those most in need of protection to include:

In Gaza, individuals and families affected by IHL and IHRL violations, include those living or working in the ARAs; those affected by freedom of movement restrictions, including medical patients; vulnerable widows and divorced women in need of legal support and court representation to obtain their entitlements; IDPs living on transitional shelter cash assistance (TSCA) at risk of eviction or lacking security of tenure; women, children and persons with disabilities at risk of GBV who lack information and access to appropriate services; adults, adolescents and children in need of case management; children in disadvantaged communities requiring psychosocial support and specialized mental health services; children and adolescents facing ERW risks; and vulnerable Palestine refugee populations who continue to be economically and socially disadvantaged as compared to non-refugee populations, many living in over-crowded refugee camps, faced with insecurity and challenging living conditions, and more limited access to services.

PEOPLE IN NEED

In the West Bank, people living in Area C, Hebron H2 and East Jerusalem. In particular, Palestinians at risk of forcible transfer, especially in communities vulnerable to an increasingly coercive environment, including those at risk of forced eviction, demolition and destruction of property, due to lack of building permits which are almost impossible to obtain, and those targeted for relocation or for revocation of residency rights by the Israeli authorities; communities affected by settler violence and harassment and settlement-related restrictions on movement and access to land; people, particularly children, at risk of violence and violations during ISF operations; and refugee camps most affected by Israeli security operations.

HUMANITARIAN NEEDS

There is a lack of respect for IHRL and IHL, and an absence of accountability for violations. Killings, injuries and property damage resulting from apparent incidents of excessive use of force by Israeli forces remain issues of concern in the oPt, especially in Palestine refugee camps in the West Bank and in communities most affected by Israeli security operations. The use of live ammunition during ISF operations and concerns about the proportionality of its use, as well as concerns about the ISF’s repeated and disproportionate use of crowd control weapons (especially tear gas) is a concern in terms of potential trauma injuries but also longer-term psychological and mental health impact.

In Gaza, recurrent hostilities and the on-going blockade continue to be the main drivers of severe protection threats against the population. Around 23,500 people continue to be internally displaced from 2014 and previous hostilities and remain vulnerable to a range of protection threats, particularly children,
female-headed households, people with disabilities, the elderly and the chronically ill. There continues to be a gap in durable and adequate shelter solutions, including legal counselling and representation on Housing, Land and Property (HLP) issues for Gaza IDP households, particularly the most vulnerable groups whose houses were totally or partially damaged during the 2014 hostilities. High levels of psychosocial distress are reported in Gaza, particularly among children, who are growing up in a society permeated with restrictions, hardship, and the on-going threat of a new escalation.

The ongoing restrictions on the movement of people and goods in and out of Gaza, in combination with the internal Palestinian political divisions, have precipitated a marked deterioration in the overall humanitarian situation and increased violation of rights of the people of Gaza. The enjoyment of rights, and access to services, particularly related to health, education, family and religion, remains highly challenged, as the Gaza population are increasingly denied exit permits. Access to justice services for Gaza civilians, including refugees from the region with no Palestinian ID, such as legal support and court representation, is also threatened.

Palestinians in Gaza continue to be affected by the presence of Explosive Remnants of War (ERW). Since the 2014 conflict, a total of 5,625 items of ERW have been cleared from the Gaza Strip. While the current ERW contamination is impossible to determine exactly, 1,000-1,500 items of ERW are estimated to still contaminate Gaza. In 2017, 10 ERW accidents were recorded, marking an increase of 67 per cent from the previous year and resulting in the injury of 22 people. There are concerns amongst mine action partners that this trend may be due to an increase in complacency and desensitization to the risks of ERW amongst the Gaza population. There is also a gap in the capacity and resources of the Gaza authorities to respond appropriately to the existing ERW contamination and lack of awareness amongst the population, and to scale up preparedness in the event of renewed conflict.

In the West Bank, the protracted occupation and an increasingly coercive environment around many communities create high levels of vulnerability, prevent Palestinians’ full enjoyment of their rights, and lead to a risk of forcible transfer and displacement. A discriminatory planning and permit regime results in persistent insecurity of tenure for Palestinians in Area C, Hebron H2 and East Jerusalem. The immediate drivers of humanitarian need for Palestinians living in these areas include demolitions of homes and livelihoods structures, restrictions on access to land, as well as the threat of forcible transfer of Bedouin communities to “relocation” sites. Administrative and “punitive” revocations of residency in East Jerusalem, and increasing movement restrictions in Hebron H2 also remain key protection concerns. It is notable also that many of those affected by this are already refugees, hence exposing them to the risk of a double displacement. This range of Israeli practices and policies have created a coercive environment for many of these Palestinian communities in the West Bank, including East Jerusalem.

Under the current coercive environment, affected Palestinians are left with little or no choice but to leave their homes and their land, leading to increased concerns about the risk of, and actual, forcible transfer of the population, which is strictly prohibited under IHL. There is a need for legal aid provision and advocacy to enhance security of tenure, protect residency and legal identity rights, as well as access to livelihoods. In the most vulnerable communities, humanitarian needs are compounded by an absence of essential services, often driven by the PA’s lack of access or jurisdiction to provide basic health and education services, as well as psycho-social, mental health, child protection and GBV responses.
Settlement expansion in the West Bank, and an increased occurrence of settler violence, also give rise to protection concerns. The presence and expansion of settlements and related infrastructure, which are illegal under international law, and settler violence, constitute a key driver of protection needs in the West Bank, including loss of access to land and natural resources, movement restrictions, and threats to life and security for affected Palestinians. In the context of a rise in the incidence of settler violence in 2017, and the acceleration of Israeli plans for settlement expansion in Area C and in East Jerusalem, pointing to a policy of Israel increasingly treating parts of the oPt as its own sovereign territory, the Protection Cluster continues to identify a need for substantial protective presence, legal aid services, advocacy, research and legal analysis.

Protection for human rights defenders and civil society actors. The Protection Cluster continues to identify increasing pressure from both Israeli and Palestinian authorities in Gaza and the West Bank on human rights defenders and other civil society actors, including arrests, detentions, harassment and legislation aimed at constricting civic space. Of particular concern are efforts by the Israeli authorities to discredit human rights organisations and human rights defenders and their work, given the critical role of these organisations in monitoring, documentation, reporting, advocacy and other related accountability actions.

Across the oPt, the protracted protection crisis and its impact on family dynamics, and the prevailing patriarchal culture in Palestinian society, has exacerbated GBV in all its forms. At least 294,000 Palestinians are currently estimated to be in need of GBV services responding to psychological violence, physical assault, resource denial, forced marriage, sexual assault and rape. The deterioration of the humanitarian crisis in the oPt and especially in Gaza has exacerbated GBV in all its forms, including sexual violence, domestic violence and forced marriage. Across the oPt, the GBV Sub-Cluster has identified gaps in integrated GBV prevention and response services, lack of awareness-raising interventions and a fragmented GBV referral system. More specifically, there are major gaps in access to justice and legal aid, specialized mental health and psychosocial services (MHPSS), health, socio-economic empowerment and shelters for GBV survivors.
PEOPLE IN NEED PROJECTIONS FOR 2019 AND 2020

The Protection Cluster projects the likelihood of a steady deterioration in the protection environment in the oPt over the coming three years. This prediction is based on an analysis of trends over the past six years. Growing protection needs are expected due to continued and persistent violations of international law, including an increasingly coercive environment in the West Bank, including East Jerusalem, placing Palestinians at greater risk of forcible transfer, sustained settlement activity, and the continued restrictions on movement. Impunity for violations and its role in perpetuating the cycle of violence is likely to drive a sustained need for protection responses. Accordingly, the prediction of the number of people in need in 2019 and 2020 per a status quo scenario rises to 1.995 million in 2019 and to 2.076 million in 2020.

Under a best case scenario, the need for humanitarian assistance could decrease to 1.40 million people by 2020. Despite this improvement, it is expected that protection needs will persist as a result of lack of significant progress on the following drivers: absence of social and health services to address child protection, mental health and psychosocial needs; lacunae in the legal framework on GBV; continued settlement construction in East Jerusalem; constraints on development interventions due to the lack of state jurisdiction in geographical areas of high vulnerability (East Jerusalem, Area C and Hebron H2), and the Palestinian political divide. At the same time, a moratorium on settlement construction is likely to spark an escalation of violence, in particular in the form of settler violence. In a worst case scenario, the need for humanitarian assistance could intensify across all identified groups, increasing to 2.91 million people by 2020. This assumes a deterioration of the internal Palestinian political divide that creates additional needs driven by intra-Palestinian violence, as well as increased demand for services.

LINKAGES WITH DEVELOPMENT NEEDS ANALYSIS

For the Protection Cluster, the common categories of vulnerable groups that overlap between humanitarian and development sectors include: Bedouins and herder communities in Area C; adolescent girls; children subject to violence; communities in Area C; Hebron H2 residents; persons with disabilities; persons living in the “Seam Zone”; Palestine refugees residing in camps; women exposed to GBV; and youth.

In terms of the common drivers of vulnerability, the Israeli occupation is the most significant underlying constraint on both Palestinian humanitarian and development needs. A number of specific drivers of vulnerability include violence, geographic location and institutional and political drivers, including lack of effective PA access and jurisdiction (Area C, the “Seam Zone”, Hebron H2 and East Jerusalem), and lack of economic opportunities across the oPt. These factors have been identified as structural drivers of humanitarian need by the Protection Cluster.
### CHILD PROTECTION

#### NUMBER OF PEOPLE IN NEED

**0.34 M**

#### OVERVIEW

The protracted humanitarian protection crisis in the oPt continues to have a significant impact on the protection and rights of children and their families. From January to June 2017, violence and ongoing conflict resulted in the killing of 10 children (7 Palestinian boys and 3 Palestinian girls) and injured 239 children (229 Palestinian boys, 9 Palestinian girls and one Israeli boy), predominantly in the West Bank, including East Jerusalem, in the context of clashes, attacks and alleged attacks.

#### AFFECTED POPULATION

The Child Protection Working Group of the Protection Cluster estimates that 340,275 children across the oPt are in need of protection interventions, including 321,159 children (160,579 boys; 160,560 girls) in need of psychosocial services, 17,916 children (8,958 boys; 8,958 girls) in need of case management, and 1,200 (900 boys; 300 girls) in need of legal assistance. This total also includes 106,311 estimated children in need of ERW awareness.

#### HUMANITARIAN NEEDS

Children in Gaza and the West Bank, including East Jerusalem, have been exposed to violence and conflict, resulting in loss of life, inability to access schools, and restrictions in movement through checkpoints where confrontations usually occur, leading to injuries and psychological trauma. All these violent incidents and restrictions have both immediate and long-term psychosocial consequences for children, and impair their ability to function and be fulfilled. In addition, the Child Protection Working Group has identified the impact of living in conflict-affected settings in the oPt on adult caregivers as well. Families and children in all identified hot spot areas live under enormous strain, in constant fear and in need of psychosocial support and legal aid. Escalations of violence, forced displacement, and movement restrictions all take their toll on families, and as the impact of these stresses accumulate, can lead to negative coping mechanisms, including family separation, school drop-out, child marriage and child labour.

In Gaza, successive conflicts and the Israeli-imposed blockade have created high levels of psychosocial distress and eroded public infrastructure, producing a negative impact on children and their families. In 2017, the heightened energy crisis and early retirement of PA employees have exacerbated the economic hardship experienced by families. Those most in need of protection include people affected by freedom of movement restrictions, such as medical patients including children; IDPs living in temporary accommodation and those whose homes were destroyed and lack documentation; children in need of psychosocial support; and those requiring ERW awareness.

In the West Bank, 3,706 incidents of grave violations against children were documented, affecting 31,927 children, aged between two months and 17 years old, between April 2016 and March 2017. The incidents of grave violations included injuries and attacks against schools and demolitions. This is an increase in comparison to 2,412 incidents of grave violations against children documented in the period between October 2015 and June 2016. In the West Bank, East Jerusalem, Hebron H2, Bethlehem and Area C are the worst-affected areas for child protection violations due to the prevalence of demonstrations, military operations, and searches that lead to arrests and detention of children, particularly of adolescent boys. Hebron has the highest number of grave violations documented, and children in Hebron H2 live in a highly stressed and controlled environment, where the possibility of exposure to violence and harassment or injury particularly at checkpoints, or as a result of random settler violence, is consistently present. In Area C, children are exposed to all the elements of the coercive environment (demolitions, violence and harassment, movement restrictions, lack of services) and are particularly affected by impaired access to education. From January to September 2017, Israeli authorities demolished a total of 351 homes and other structures in the West Bank, resulting in the displacement of 528 people, more than half of them children. Children living in Palestine refugee camps in the West Bank continue to be vulnerable. Between 1 January and 30 September 2017, 136 Palestine refugees were injured in camps, of these 25 were children.
**OVERVIEW**

Access to water for Palestinians continues to be severely constrained, with context-specific challenges across a fragmented OPT, and restrictions on WASH-related infrastructure continue to negatively impact the water and sanitation situation. In the context of the restrictions on the movement of people and goods to and from the Gaza Strip, severe limitations in access to water, poor water quality, and poor wastewater treatment resulting in public health and environmental threats are some of the key concerns, which have become further exacerbated in 2017 in the context of the worsened energy crisis. In the West Bank, Israeli restrictions limit domestic water consumption among Palestinians, as well as the construction of adequate sanitation infrastructure in certain communities.

**AFFECTED POPULATION**

All 2 million people in the Gaza Strip are negatively affected by the ongoing deficits and needs in the WASH sector. This includes 983,623 women and 991,428 children. In the West Bank, around 22 per cent – or 649,000 – of the estimated total population of 2.95 million is affected by the lack of access to water and poor water quality. This includes around 156,000 people across the West Bank that are either unconnected to a water network or receiving water only once a week or less. Additional affected groups in the West Bank identified by need are mentioned below. Of the affected population groups, the WASH Cluster has identified 1.8 million people in need of humanitarian WASH assistance.

**HUMANITARIAN NEEDS**

Access to safe water is of critical concern in the Gaza Strip. In Gaza, the only natural source of water is the coastal aquifer, and the population currently extracts almost three times the aquifer’s sustainable annual recharge, which is fed only by rainwater. In addition, Israel sells Gaza 10 million cubic meters of water per year, constituting 5 per cent of the total amount of Gaza’s unsustainable water extraction. Over-pumping has led to a significant drop in the aquifer’s water levels, which in turn has led to increased saline intrusion as seawater from the Mediterranean Sea enters and contaminates the aquifer. In the absence of adequate sewerage treatment facilities, the infiltration of raw sewage from sewage collection ponds on the surface is further adding to the rapid deterioration of the aquifer, and posing a serious public health risk. In addition, the aquifer is contaminated by nitrates from fertilizers from the irrigation of farmlands. At its present rate of deterioration, the aquifer is expected to become unusable by the end of 2017, with the damage “irreversible” by 2020. Poor water quality due to the aquifer’s rapid deterioration means that less than 5 per cent of all available water in Gaza meets internationally recognized drinking water standards. There is an increased risk of waterborne diseases resulting from trace contaminants in the water, including acute diarrhoea, parasite infections, liver and kidney diseases, and methemoglobinemia (“blue baby syndrome”). The poor quality of piped water in Gaza leaves people with little choice but to purchase drinking water from water providers. With more than 40 per cent of the population unemployed, the cost of purchasing drinking water increases the burden on those who are most vulnerable, and no single person reaches the WHO recommended amount of water of 100 litres per capita per day.
water results in the potential contamination of up to
68 per cent of household drinking water supplies,
exposing nearly 60 per cent of the population to
further public health risks. In some areas close to
the ARAs, children (boys and girls) are tasked with
fetching water from the closest desalination plant or
public filling points, while in some Bedouin
communities, women fetch water using
donkey-driven carts. Plans to increase the piped water
supply to Gaza by an additional 10 million cubic
metres, through the recently endorsed three party
“Red-Dead agreement”, are underway, but will likely
take some time due to required infrastructure works.

The impact of the energy crisis in Gaza on water
and sanitation services has been pervasive. Throughout
2017, the deterioration in the electricity supply to Gaza
led to power shortages and lack of repairs, with severe
consequences for the operation of water treatment
facilities, wastewater pumping stations, and drinkable/
piped water supply. According to a rapid assessment
conducted by the WASH Cluster in August 2017, the
energy crisis has led to reduced water supply from 84
litres per capita per day to about 54 litres per capita
per day, and piped water supply has reduced to four to six
hours every three to five days. In January 2017, the largest
seawater desalination plant was officially inaugurated
in Deir al Balah, with an initial maximum capacity to
produce 6,000 cubic metres of water per day. The
impact of the energy crisis has however resulted in a decrease
in the production of all Gaza desalination plants, to
only 55 per cent of their maximum capacity of 20,000
cubic metres per day. Another major consequence of
the electricity deficit has been the impact on wastewater
treatment, with approximately 3 million cubic meters
of poorly treated wastewater discharged monthly into
the Mediterranean Sea, contaminating 73 per cent of
the Gaza Strip shoreline and heightening the risk of the
overflow of raw sewage into the streets of Gaza.

In the West Bank, access to water and adequate
sanitation continues to be a significant challenge. In
Area C in particular, around 270,000 Palestinians are
directly affected by the Israeli restrictions and control
over WASH-related infrastructure, such as water and
sanitation networks, with the main obstacles being
vulnerability to demolitions and stop work orders.
In 2017 (until end November), the Israeli authorities

---

**DOMESTIC WATER CONSUMPTION LITRES PER CAPITA**

- **WHO optimum**: 53 L/day
- **Gaza Strip**: 99 L/day
- **West Bank**: 79.1 L/day

**WASH VULNERABILITY INDEX**

- **Low**: 21,600 people, not affected (2017)
- **Medium**: 395,200 people affected
- **High**: 405,800 people in need

WASH vulnerability is based on community needs assessment conducted by Action Against Hunger (A Chi) and Gruppo di Volontariato Civile (GVC), in cooperation with the Palestinian Water Authority (PWA) and Palestinian Hydrology Group (PHG). The classification of vulnerability level was based on several indicators namely: water consumption, water price, water network, water quality and protection. For further information refer to the methodology section.

Source: WASH Cluster 2017
demolished or seized 19 WASH related structures, including cisterns, water pipes and mobile latrines. In Area C, around 95,000 people receive less than 50 litres of water per capita per day. Moreover, over 83,000 people suffer from bad quality drinking water. The cost of water is also of concern for around 130,000 people in Areas A, B, and C exposed to high economic burdens, as they must pay a high price for tankered water. Depending on the distance to a water point, women in some communities may use donkeys to fetch water from cisterns. If a water point is located close to a settlement, it is found that men are more vulnerable to the risk of conflict and violence. Sanitation-related tasks such as constructing new latrines and digging holes in the ground are almost exclusively done by males, while the gaps in sanitation infrastructure expose women and girls to threats and burdens associated with meeting their personal hygiene needs.

Palestinian communities in East Jerusalem also suffer from inadequate WASH services. Only 59 per cent of residents of East Jerusalem are connected legally and properly to the water grid. In terms of sanitation, As Sawahira ash Sharqiya in East Jerusalem lacks a public sewerage network with most of the town residents using cesspits and open channels as their main means of wastewater disposal, in addition to random disposal of wastewater. In addition, the water network serving this community needs massive rehabilitation.

Lack of winterization preparedness in the Gaza Strip leave over 434,000 people vulnerable and unprotected from harsh winter weather and flooding. The recurrent flooding poses a threat of contamination of sources of water and tends to overflow the sewage systems, increasing the risk of waterborne disease.

**PEOPLE IN NEED PROJECTIONS FOR 2019 AND 2020**

The WASH Cluster projects the likelihood of an improvement in the need for humanitarian assistance to address vulnerabilities related to water, sanitation and hygiene in the oPt over the coming three years. This projection takes into consideration an analysis of funding trends, with the WASH Cluster projecting a funding level of approximately 19 per cent of requested funds. Considering this level of humanitarian implementation capacity, and considering some of the development projects also currently in the pipeline for both West Bank and Gaza Strip aimed at expanding water networks and water quality, the estimate of the number of PiN of humanitarian assistance in 2019 and 2020 per a status quo scenario decreases to 1.67 million in 2019 and to 1.56 million in 2020.

Under a best case scenario, the need for humanitarian assistance could decrease more markedly, by more than one million people, to around 460,000 people in 2020. This is based on assumptions of an improvement in the availability of electricity in Gaza to an average of 8 hours per day (pre-April 2017 levels). With this, the quantity and quality of water is expected to increase and sea water contamination will decrease, resulting in an overall decline in WASH needs. In the West Bank, increased Israeli approvals for sustainable, development projects in Area C would lead to a reduction in the need for humanitarian interventions. This scenario also assumes at least 50 per cent funding of WASH HRP requirements.

In a worst case scenario, the need for humanitarian assistance could increase to 2.65 million by 2020. This assumes the Gaza electricity crisis continues at current dire levels, yielding just three hours of electricity per day and resulting in the provision of less than 50 litres of water per person per day. The entire Gaza population (i.e. all two million people) could require assistance. In the West Bank, increased restrictions in Area C could result in an increase in WASH needs of the affected population.

**LINKAGES WITH DEVELOPMENT NEEDS ANALYSIS**

For the WASH Cluster, the common categories of vulnerable groups that overlap between the humanitarian and development sectors include: communities in Area C; Bedouins and herder communities living in Area C; Gaza residents without access to clean water or sanitation; Palestinian refugees residing in camps; and small-scale farmers, non-Bedouin herders and fisher folk.

In terms of common drivers of vulnerability, the single most critical driver is the restrictive approach imposed by Israeli policies and restrictions on the installation or entry of infrastructure in the West Bank and Gaza, respectively. In the West Bank, the Israeli Civil Administration prohibits the establishment or upgrading of water and sanitation networks in Area C without permits, affecting both humanitarian and development projects. Infrastructure that is built by humanitarian actors without permits – in order to meet urgent humanitarian needs – is at risk of demolition or confiscation. In Gaza, the classification of over three thousand WASH items (such as pumps, drilling equipment, spare parts, etc.) as “dual use” limits and delays both development and humanitarian response to the installation, maintenance and operation of WASH infrastructure critical. The dearth of electricity is also a critical common driver of vulnerability in Gaza, as WASH infrastructure – humanitarian or development – are unable to fully function and are at constant risk of degradation due to electricity fluctuations and over-reliance on generators.
Palestinians continue to face challenges in accessing health services across the oPt, particularly in Gaza, where needs have substantially increased in the past year, but also in vulnerable locations and communities in the West Bank. In Gaza, due to the deterioration of the electricity supply over the course of 2017, surgeries are being delayed, some diagnostic services are put on hold, and there has been a disruption in the delivery of primary healthcare (PHC) and secondary healthcare (SHC) services in the Ministry of Health (MoH). Compounding the electricity crisis is the shortage in drugs, medical disposables, basic laboratory reagents and other medical supplies in addition to the shortages of health staff, all of which has affected negatively the availability, accessibility and quality of healthcare. Furthermore, continuing access restrictions on the referral of patients in need of life-saving healthcare outside Gaza has placed many lives at increased risk. In the West Bank, access to healthcare in Area C, Hebron H2 and the “Seam Zone” remains difficult for people living in these areas. The checkpoints, proximity to settlements, zoning regime, long distance to clinics, lack of public transportation and rocky roads are all factors which hamper the access of patients, health personnel and ambulances. The limited mobile health clinics are also now increasingly facing access challenges to some of the most vulnerable communities.

An estimated 1.6 million people are in need of humanitarian health interventions across the oPt, of which, over 1.2 million are in Gaza. The majority of people in need in Gaza are Palestine refugees at 71 per cent, females constitute 56 per cent, and children constitute 36 per cent. Also among the acutely vulnerable groups are women in need of reproductive healthcare, people with disabilities, non-communicable disease patients including mental health patients, and neonates.

In the West Bank the total people in need is approximately 380,000, out of which the vast majority, over 260,000 people, are located in Area C, Hebron H2 and the “Seam Zone”. These communities face severe restrictions in accessing primary healthcare, particularly women, children, the elderly and people with disabilities.
200,000 are acutely vulnerable and lack access to their treatment putting their health at risk. \(^{69}\) Moreover, 350,000 emergency and trauma cases are at high risk of suffering from severe consequences due to shortages in essential life-saving drugs in the emergency departments. \(^{69}\)

Access to treatment for patients referred outside of Gaza and the West Bank is becoming increasingly restricted. The number of patients seeking permits to access healthcare outside the Gaza Strip has more than doubled since 2012, but approval rates through the Israeli-controlled Erez crossing are dramatically declining, from 92.5 per cent in 2012 and 62.1 per cent in 2016, to 55 per cent in October 2017. \(^{103}\) The impact of these restrictions can be life-threatening. Approximately 20,000 patients from Gaza are affected by this regime on a yearly basis. \(^{101}\) West Bank patients also face restrictions in accessing healthcare and must apply for permits to travel, whether to East Jerusalem, other areas of the oPt, or to Israel. One in five Palestinians who sought a permit to an East Jerusalem hospital or to hospitals in Israel was denied in 2016. \(^{102}\)

In Gaza, newborn infants and children under the age of five are vulnerable and need essential health services. An estimated 10,000 newborn infants out of 55,000 born every year are acutely vulnerable and in need of transfer to nursery and neonatal intensive care units for specialized life-saving treatment. \(^{103}\) These specialized units face shortages, such as incubators, ventilators, medical supplies of drugs and disposables, and lack of staff; all of these risk factors place the 10,000 neonates at risk and contribute to the stagnant neonatal mortality rate, which is currently at 14 per 1,000. \(^{104}\) In addition, an estimated 140,000 out of the affected 274,000 children under five in Gaza are acutely vulnerable and suffering from chronic malnutrition and stunting. \(^{105}\) The prevalence of chronic malnutrition is primarily driven by poverty, poor maternal and childcare practices, and lack of safe drinking water. If untreated, chronic malnutrition can lead to debilitating consequences such as impaired physical growth and cognitive development.

The chronic shortages in electricity, medical supplies and lack of skilled health staff has impacted the health and well-being of people with disabilities (PWDs) and the elderly. In particular, those entirely dependent on electrical medical devices such as breathing ventilators, mobility machines and electrical air mattresses are severely vulnerable. Many of these people are left in isolation and face a severe deterioration in their condition. \(^{106}\) Out of 136,500 people who are acutely vulnerable, the Health Cluster estimates that 44,000 are people with disabilities and 92,500 are elderly.

There are gaps in emergency response and secondary healthcare provision for people living within two kilometres from the Israeli security fence, and within the Access Restricted Area (ARA) in Gaza. Out of the 286,000 people, an estimated 10,000 people are acutely vulnerable and face difficulty accessing health care facilities particularly secondary healthcare. An estimated 18 per cent of the population living within two kilometres of the Israeli security fence currently use donkeys as a means of transportation to access healthcare services, and 67 per cent walk for up to one hour to reach the nearest secondary healthcare service. In addition, ambulances needed during times of emergency for communities living within 300 metres (ARAs) from the Israeli security fence require prior Israeli approval. This leads to lengthy delays and places patients’ lives at severe risk. \(^{107}\)

Physical obstacles, proximity to settlements, the discriminatory zoning regime, long distance to clinics, and lack of public transportation are all factors which hamper the access of patients, health personnel and ambulances in Area C, Hebron H2 and the “Seam Zone”. Many of the communities living in these areas

---

**ANNEX I: HEALTH AND NUTRITION**

**NUMBER OF PEOPLE IN NEED OF MOBILE HEALTH SERVICES IN THE WEST BANK AND EAST JERUSALEM**

<table>
<thead>
<tr>
<th>People in Need of Mobile Health Services</th>
<th>Bethlehem</th>
<th>Hebron</th>
<th>Qalqilya</th>
<th>Tulkarm</th>
<th>Jericho</th>
<th>Ramallah</th>
<th>Jenin</th>
<th>Nablus</th>
<th>Salfit</th>
<th>Tubas</th>
<th>Jerusalem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 5</td>
<td>61,230</td>
<td>33,772</td>
<td>24,626</td>
<td>22,498</td>
<td>11,972</td>
<td>8,418</td>
<td>5,461</td>
<td>2,514</td>
<td>1,772</td>
<td>566</td>
<td></td>
</tr>
</tbody>
</table>

**PEOPLE IN NEED BY HEALTH CONCERN**

<table>
<thead>
<tr>
<th>Health Concern</th>
<th>Emergency and Trauma</th>
<th>Mental Health</th>
<th>Maternal and Reproductive Health</th>
<th>NCDs</th>
<th>Neonates and Children under 5</th>
<th>The Elderly</th>
<th>People in Need of Referral</th>
<th>People Living near ARA in Gaza</th>
</tr>
</thead>
<tbody>
<tr>
<td>WB</td>
<td>53,800</td>
<td>72,000</td>
<td>10,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>EJ</td>
<td>85,612</td>
<td>63,957</td>
<td>-</td>
<td>34,496</td>
<td>12,339</td>
<td>7,302</td>
<td>17,000</td>
<td>-</td>
</tr>
<tr>
<td>Gaza</td>
<td>310,000</td>
<td>210,000</td>
<td>150,000</td>
<td>200,000</td>
<td>150,000</td>
<td>92,500</td>
<td>44,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Total</td>
<td>403,800</td>
<td>391,012</td>
<td>264,757</td>
<td>200,000</td>
<td>184,496</td>
<td>104,839</td>
<td>51,302</td>
<td>20,000</td>
</tr>
</tbody>
</table>
are herding communities with lack of access to water and poor sanitation, making them prone to disease. In addition, there are high rates of chronic malnutrition amongst children and high risk pregnancies, alongside a substantial number of patients suffering from chronic disease. In Area C, Hebron H2 and the “Seam Zone”, over 260,000 people including Palestine refugees are in need of humanitarian healthcare; without the humanitarian intervention of the mobile health clinics, there is no alternative accessible PHC service. From this total, approximately 64,000 are women of reproductive age; over 34,000 are children under five; and over 85,000 are children between 5 and 19. Other acutely vulnerable groups include people with disabilities and the elderly.

In East Jerusalem, communities’ access to healthcare services is also challenged by the particular contextual situation of different vulnerable groups. The living conditions of communities isolated behind the Barrier has led to overcrowding, environmental health hazards and poor living conditions which pose a public health risk. An estimated 36,000 people in East Jerusalem communities behind the Barriers, such as Kufr ‘Aqab, and Shu’fat Refugee Camp face severe difficulties in accessing healthcare, particularly emergency healthcare as ambulances are often subject to delays and checks, and paramedics are held up at checkpoints.

Access of patients and staff to the six East Jerusalem hospitals providing specialised and essential health services to patients from the West Bank, Gaza and Palestinian neighbourhoods in East Jerusalem is increasingly restricted and delays for ambulances and emergency services place lives at risk. As reported by the Palestinian Red Crescent Society (PRCS), the rate of ambulances allowed direct entry has fallen to only 9.13 per cent of ambulances in 2016 compared to 15.9 per cent in 2015. The six East Jerusalem hospitals furthermore require prepositioned emergency medical stock in order to cope with the influx of casualties during times of heightened conflict. Patients, visitors and healthcare workers in the East Jerusalem hospitals also have a protection need. During recent tensions, military personnel entered hospitals grounds, used weapons and attempted to detain patients, putting patients, visitors and healthcare workers at risk. In light of this, the Health Cluster identified accountability as an immediate concern, and the need for monitoring, documenting and advocacy.

Access to healthcare services for women across the oPt, including maternal and reproductive healthcare, is also negatively impacted by specific contextual challenges. In Gaza, the Health Cluster estimates that 150,000 women out of 500,000 women in need of reproductive health services are acutely vulnerable. Out of the 150,000 acutely vulnerable women, 80,000 need support to prevent high risk pregnancies and 70,000 women need preconception care. Challenges include significant shortages in equipment and trained medical staff, a lack of awareness of preconception health and reproductive health, and low rates of exclusive breastfeeding. While national figures on reproductive health in Palestine are favourable in comparison to other similar countries, at 22 per 100,000 live births, these risk factors present a challenge to maintain or improve this level of mortality. In East Jerusalem, an estimated 10,000 Palestinian women face major obstacles in accessing healthcare services. This figure includes women facing difficulties in accessing healthcare due to the revocation of residency and the family reunification regime leaving them without Israeli health insurance and unable to access even basic healthcare services.

### ANNEX I: HEALTH AND NUTRITION

<table>
<thead>
<tr>
<th>PEOPLE IN NEED BY HEALTH CONCERN</th>
<th>WB</th>
<th>EJ</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>150,000 pregnant and lactating women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in need access to quality health services to reduce high risk pregnancies and risk of infant mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10,000 neonates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in Gaza every year are vulnerable and in need of transfer to nursery and neonatal intensive care units for specialised life-saving treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40,000 children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>suffer from micronutrient deficiencies in Gaza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In East Jerusalem, communities’ access to healthcare services is also challenged by the particular contextual situation of different vulnerable groups. The living conditions of communities isolated behind the Barrier has led to overcrowding, environmental health hazards and poor living conditions which pose a public health risk. An estimated 36,000 people in East Jerusalem communities behind the Barriers, such as Kufr ‘Aqab, and Shu’fat Refugee Camp face severe difficulties in accessing healthcare, particularly emergency healthcare as ambulances are often subject to delays and checks, and paramedics are held up at checkpoints.

Access of patients and staff to the six East Jerusalem hospitals providing specialised and essential health services to patients from the West Bank, Gaza and Palestinian neighbourhoods in East Jerusalem is increasingly restricted and delays for ambulances and emergency services place lives at risk. As reported by the Palestinian Red Crescent Society (PRCS), the rate of ambulances allowed direct entry has fallen to only 9.13 per cent of ambulances in 2016 compared to 15.9 per cent in 2015. The six East Jerusalem hospitals furthermore require prepositioned emergency medical stock in order to cope with the influx of casualties during times of heightened conflict. Patients, visitors and healthcare workers in the East Jerusalem hospitals also have a protection need. During recent tensions, military personnel entered hospitals grounds, used weapons and attempted to detain patients, putting patients, visitors and healthcare workers at risk. In light of this, the Health Cluster identified accountability as an immediate concern, and the need for monitoring, documenting and advocacy.

Access to healthcare services for women across the oPt, including maternal and reproductive healthcare, is also negatively impacted by specific contextual challenges. In Gaza, the Health Cluster estimates that 150,000 women out of 500,000 women in need of reproductive health services are acutely vulnerable. Out of the 150,000 acutely vulnerable women, 80,000 need support to prevent high risk pregnancies and 70,000 women need preconception care. Challenges include significant shortages in equipment and trained medical staff, a lack of awareness of preconception health and reproductive health, and low rates of exclusive breastfeeding. While national figures on reproductive health in Palestine are favourable in comparison to other similar countries, at 22 per 100,000 live births, these risk factors present a challenge to maintain or improve this level of mortality. In East Jerusalem, an estimated 10,000 Palestinian women face major obstacles in accessing healthcare services. This figure includes women facing difficulties in accessing healthcare due to the revocation of residency and the family reunification regime leaving them without Israeli health insurance and unable to access even basic healthcare services.
Across the oPt, there is an increase in mental health and associated psychosocial problems. High levels of acute and chronic stress due to the protracted occupation and related political violence, imprisonment and house demolitions are assessed by the Health Cluster to lead to increased mental health problems and drug addiction. Out of the population in East Jerusalem, the Health Cluster estimates that over 72,000 people including children, youth and women are in need of urgent mental healthcare.114 In Gaza, the high rates of poverty, unemployment, the ongoing restrictions on the movement of people and goods, and the political divide, has also led to high levels of stress, insecurity and household violence. An estimated 600,000 people suffer from mental health disorders, out of which an estimated 210,000 are acutely vulnerable and suffer from severe or moderate mental health disorders.115 Despite this high prevalence of mental disorders, there is a gap between the mental health needs, particularly of the acutely vulnerable and the provision of mental health services. A lack of trained mental health workers; poorly coordinated mental health emergency response; chronic shortages of psychotropic drugs; and a lack of intervention and rehabilitation programs place this acutely vulnerable group at risk of further deterioration.

PEOPLE IN NEED PROJECTIONS FOR 2019 AND 2020

The Health Cluster projects the likelihood of an increase in the humanitarian health needs in the coming three years. This is based on the assumption that shortages of drugs and disposables in hospitals and PHCs continue and that there is no significant improvement in the chronic electricity deficit in Gaza. The continued restrictions on the movement of people and goods to and from Gaza is also assumed, resulting in delays in transfer of medical equipment for treatment and in the referral of patients to medical treatment outside of Gaza. Continued restrictions on development activities in Area C is also assumed, resulting in an overreliance and dependency on the mobile health clinics. Accordingly, the projection of the number of PiN of humanitarian assistance in 2019 and 2020 per a status quo scenario increases to 1.84 million in 2019 and to 1.88 million in 2020.

Under a best case scenario, the need for humanitarian assistance could decrease, though it would remain high at around 1.1 million people by 2020. This is based on an assumption of improvements in the internal Palestinian divide, leading to a resumed supply of drug and disposables to Gaza, as well as improvement in hours of electricity available from the main supply in Gaza. It also assumes the opening of the Rafah crossing regularly for patients. The number of demolitions and violence would decrease in West Bank and East Jerusalem, having a direct impact on the mental health caseload, among others.

In a worst case scenario, the need for humanitarian assistance could increase to 2.1 million by 2020. This assumes, inter alia, further deterioration of the electricity crisis that leads to the closure of hospitals; a deterioration in the intra-Palestinian unity; renewed hostilities; and an increase in restrictions on mobile health clinics affecting the access to healthcare of vulnerable communities in Area C, Hebron H2, and the “Seam Zone”.

LINKAGES WITH DEVELOPMENT NEEDS ANALYSIS

For the Health Cluster, the common categories of vulnerable groups that overlap between the humanitarian sector and the development sector,116 include youth, the elderly, communities in Area C, including Bedouins and herder communities, people with disabilities, communities living behind the separation Barrier in East Jerusalem (i.e. persons living in the “Seam Zone”), and patients in need of urgent medical referrals.

The common drivers of vulnerability that impact access to health for communities in Area C, Hebron H2 and the “Seam Zone” include restrictions on access and construction that leave acutely vulnerable people without sustainable primary healthcare services, and dependent on mobile clinics. The common drivers of vulnerability in East Jerusalem are similar, with restrictions on development engagement making it increasingly challenging for the East Jerusalem hospitals to meet the health needs, particularly during times of mass casualty. In Gaza, the common drivers of vulnerability include the lack of development of sustainable local capacity of the health sector in Gaza, poverty and unemployment in the context of a 10-year blockade and three major conflicts, and the increasing restrictions in the access of patients to exit Gaza.
ANNEX I: FOOD SECURITY

FOOD SECURITY

OVERVIEW

Food security in the oPt continues to be affected by the protracted nature of the crisis, repeated shocks, continued restrictions on freedom of movement, constrained productive capacities and a lack of economic opportunities. Poor food utilization due to low quality water, sanitation and hygiene, limited access to health care, and the declining quality of diets also contribute to food insecurity. Humanitarian needs in Gaza are driven by multiple factors: the continuing restrictions on the movement of people and goods, the residual impacts of the 2014 hostilities, and the lack of access to essential services. These have been aggravated by the energy and salary crises, which have reduced economic resources at the household level, negatively impacting the agricultural sector due to increased costs of production and cold-storage facilities. In the West Bank, vulnerability is driven by the demolition of homes and other livelihood structures, especially in Area C; confiscations and restrictions on the maintenance and rehabilitation of productive assets such irrigation systems; and the threat of forcible transfer, movement restrictions, and settlement expansion.

AFFECTED POPULATION

1.6 million Palestinians (31.5 per cent of the population) are considered food insecure, even though many already receive food assistance or other forms of social transfers from Palestinian governmental bodies or international organizations.

The level of food insecurity remains particularly high in Gaza, where an estimated 40 per cent of households are severely or moderately food insecure. In the West Bank, 13 per cent of households are severely or moderately food insecure. Palestine refugees have higher levels of severe and moderate food insecurity (30 per cent) than non-refugees (17 per cent). Palestine refugees represent an estimated 42 per cent of the total population of the oPt, rising to 65 per cent in Gaza Strip. Female-headed households show a higher and increasing prevalence of food insecurity (36 per cent), compared to 32 per cent in 2014. In comparison, male-headed households are 21 per cent food insecure.

HUMANITARIAN NEEDS

The nature of food insecurity in the oPt is primarily caused by limited economic access to food. With poor, food insecure families spending approximately half their incomes on food, other essentials are deprioritised, and a further deterioration of food security and livelihood status evolves. Food insecure people show low resilience capacity, particularly in Gaza, given the deteriorating economic environment, the continuing blockade, and the enduring impact of the 2014 conflict, conditions recently compounded by the worsening of the energy and salary crises in 2017.

Female-headed households face higher levels of food security, as they struggle to produce nutritious and diversified food for household consumption and local markets. Women own or co-own only 7.2 per cent of agricultural holdings, but they contribute more than 60 per cent to labour requirements in agriculture. Households headed by women face higher levels of food insecurity than men. In Gaza Strip, 46 per cent of female-headed households are severely and moderately...
food insecure, while for male headed households it is 39 per cent; in the West Bank these figures are 31 per cent and 11 per cent respectively. In the Gaza Strip, female unemployment reaches as high as 71.5 per cent, compared to 36.2 per cent for males, and is higher amongst younger age groups. In the West Bank, the rate of unemployment is more than double among females than males.120

Agriculture-dependent communities in Area C, including Bedouin and herder communities, are particularly vulnerable to food insecurity. These communities are exposed to unfavourable climate conditions (water scarcity, drought) and to human-made restrictions (water shortage, lack of access). Their traditional income-generating activities are becoming unsustainable within the context of the coercive environment, which results in the confiscation of infrastructure, such as pipes, essential for the functioning of irrigation systems. As of September 2017, the level of demolitions and confiscation of agricultural assets and food items at the household level remains high, with approximately 66 incidents related to agriculture structures or assets, and 39 incidents related to the need of food assistance (food assistance was needed because some of the affected families who were forced to leave their homes also lost their foodstuffs). In 2016, a total of 109 incidents were reported, compared to 60 in 2015 and 49 in 2014. Inadequate water and costly fodder limit the sustainability of farming and herding in the West Bank. Water has become a costly commodity, especially in remote areas, with lack of proper infrastructure, and the prohibition on drilling new wells; even essential maintenance of irrigation systems is at risk of confiscations and demolitions. Fodder production suffers from restrictions on access to agricultural lands. Farming capacity is also limited by settler violence and the presence of closed military zones. Farmers and herders face challenges in accessing essential natural resources and more efficient technologies and infrastructure.

Fisherfolk and farmer communities in the Gaza ARAs also face challenges in their protection, livelihoods and resilience due to ongoing Israeli restrictions (citing security concerns).121 Restrictions continue on the ARAs by land and sea. Access to the sea is usually limited to six nautical miles for fisherfolk, with the exception of two short periods each year during the sardine seasons, when it is temporarily extended to nine nautical miles to facilitate access to deeper waters where these fish are more concentrated. This limitation impedes regular activities and impacts on the profitability of the fishing. Farmers working on lands located in the ARAs along the border with Israel suffer from restrictions to access their land, in addition to Israeli enforced practices that damage agricultural production, such as herbicide spraying. All these restrictions result in degrading the livelihoods of farmers and fisherfolk.

The productive capacity and stability of income for approximately 25,000 to 30,000 farmers, herders, breeders and fisherfolk in Gaza continue to be impacted by the consequences of the 2014 conflict.122 The restoration of land, irrigation systems, greenhouses,
soil fertility, and fruit orchards has been slow, resulting in dependency on short-term assistance. In the context of the worsened energy crisis in 2017, and the consequent increase of the cost for irrigation water, the lack of alternative renewable sources of energy is a crucial gap. Delays and limitations of the import of items such as pipes and timber under the dual-use regime imposes limitations on items like pipes, timber and fertilisers. High water salinity remains another impediment for further investment into certain sectors of agriculture, like the cultivation of guava, palms and citrus. The production of dates continues to be subject to damage caused by the red palm weevil infestation. Overall, farmers lack viable alternative solutions, as well as support through advocacy, aimed at restoring a more sustainable production environment. There are structural barriers to agricultural land ownership by women due to inheritance rights, slow land reform and social attitudes. Land ownership therefore does not accurately reflect women’s role in agriculture. Women constitute only 6.1 per cent of agricultural land holders and 8.5 per cent of holders of livestock in Gaza.123

WFP conducted a re-targeting exercise in 2013, 2014 and 2016 in the West Bank for non-refugee families who requested food assistance during the last five years. The total number of families who applied were 21,596 (148,575 individuals) in 2013, 14,799 families (140,826 individuals) in 2014, and 34,628 families (209,809 individuals) in 2016.

In Gaza, a similar re-targeting exercise was performed recently, where 33,500 households asked for food assistance.

The food security status of the Palestine refugee population continues to further deteriorate. The number of vulnerable Palestine refugees in need of food assistance has risen in the Gaza Strip since 2015, growing from around 875,000 in the first quarter of 2015 to nearly 1 million as of the second quarter in 2017. Declines in the GDP growth rate since Q3 in 2016 and persistently high unemployment rates among refugees in Gaza (58.2 per cent in Q3-2017 compared to 44 per cent in Q3-2016) are fuelling the growing need for food assistance.

The chart below shows the continued volatility of GDP growth rates in the oPt, which leaves Palestinians, including Palestine refugees, economically vulnerable and increases their need for assistance.

In the West Bank, Palestine refugees continue to be particularly impacted by measures imposed under the Israeli occupation, which restrict refugees’ access to land, resources, services and markets. These restrictions negatively impact the socio-economic situation and livelihoods of refugees. By the end of Q2 2017, unemployment rates amongst Palestine refugees in the West Bank remained higher than for non-refugees, at 28.5 per cent and 20.6 per cent respectively. Joblessness for Palestine refugees living in camps was 19.2 per cent.124 This contributes to high levels of poverty and higher levels of food insecurity levels of Palestine refugee households in the West Bank: 15.1 per cent of refugee households are food insecure, increasing to 24.4 per cent of households in Palestine refugee camps, as compared to 11.9 per cent of non-refugee households across the West Bank. As the unemployment rate in the West Bank has increased steadily since 2015, UNRWA is concurrently recording an increase in the number of requests of assistance.
PEOPLE IN NEED PROJECTIONS FOR 2019 AND 2020

The Food Security Sector projects the likelihood of an increase in the need for humanitarian assistance in the oPt over the coming three years. This is based on an analysis of trends over recent years, the figure of PiN from the last food security survey (PCBS/WFP, 2016), and assumptions that there are no major improvements to the economy and unemployment rates remain high. It also assumes funding to address the root causes of food insecurity remains unavailable. It also assumes a population growth rate of 2.9 per cent per year. Accordingly, the prediction of the number of PiN of humanitarian assistance in 2019 and 2020 per a status quo scenario increases to 1.66 million in 2019 and to 1.70 million in 2020.

Under a best case scenario, the need for humanitarian assistance could decrease more markedly, though it would remain high, at around 1.2 million people by 2020. This is based on an assumption of marked improvements in the economic situation, yielding reductions in the unemployment rate and a concurrent decrease in the need for food assistance. In a worst case scenario, the need for humanitarian assistance could increase to 1.90 million by 2020, of whom 75 per cent would be expected to be in Gaza. This assumes a marked deterioration in the overall humanitarian situation, compounded by a shortage of financial resources to respond to the growing caseload.

LINKAGES WITH DEVELOPMENT NEEDS ANALYSIS

For the Food Security Sector, the common categories of vulnerable groups that overlap between the humanitarian and development sectors include: food insecure households headed by women; youth; the elderly; communities in Area C; Bedouins and herder communities living in Area C; non-Bedouin herders; persons living in the “Seam Zone”; persons with disabilities; people living in abject poverty; refugees residing in camps; small-scale farmers, fisher folks; and the working poor.

The common drivers of vulnerability include: Israeli-imposed restrictions on the movement of goods and people; a stunted economy that results in, among other things, a persistently high unemployment rate, especially for the Gaza Strip; restrictions on accessing available natural resources; and the inability of the PA to play a regulatory role in locations outside Areas A and B, which constitutes the majority of the oPt.
Throughout the oPt, access to education continues to be compromised due to the protracted occupation and recurrent conflicts. Violations include attacks on schools, such as activities by military or other armed groups, occupation or military use of these premises, settler-related incidents, and denial of access incidents. In the Gaza Strip, ten years of blockade, combined with three escalations of hostilities, have resulted in repeated damage and destruction to an already fragile education infrastructure. The acute humanitarian situation is exacerbated by severe shortages in electricity, which restrict students’ study time. In the West Bank, including East Jerusalem, the situation has been deteriorating since the escalation of violence in October 2015. Checkpoints and the Barrier impede access to education for children living in the “Seam Zone” and in East Jerusalem communities isolated by the Barrier. 2017 has also witnessed an increased number of Israeli attacks on schools located in Area C.

The ongoing restrictions on the movement of people and goods, and recurrent conflict in the Gaza Strip have affected all 450,192 basic, secondary and kindergarten (KG) students and teachers. Of particular concern are students and teachers in the North Directorate (80,925), East Gaza Directorate (75,716) and East Khan Younis Directorate (44,218), which were most intensely affected by the 2014 conflict. The 5,239 students who attend schools in the ARAs also face the risk of Israeli military incursions, cross fire and activity by armed Palestinian groups.

Increasing power outages exacerbate the impact of the blockade and recurrent conflict in the Gaza Strip. In addition to the destruction of education infrastructure, the loss of life of students and educators continues to impact the psychosocial wellbeing of children and teachers, in addition to experiencing difficulties in reading and writing. Some 70 per cent of UNRWA schools and 63 per cent of those run by the Ministry of Education already operate on a double or triple shift system. This approach has reduced instruction time to about four hours a day, limiting the time available to reinforce learning, support slow learners, remedial education programmes, and preventing co- and extracurricular activities. Severe shortages in electricity restrict students’ study time and ability to concentrate and learn and negatively impacts their right and ability to access education at school and at home.

In the West Bank, children continue to face violence and challenges in accessing schools. According to the Children and Armed Conflict (CAAC) database, in the first half of 2017, there were 144 incidents of educated-related violations, a 13 per cent increase from the 127 recorded in the same period in 2016. The overwhelming majority have been in Area C, the Hebron H2 area and East Jerusalem, affecting 18,073 children. In the West Bank, tear gas and rubber bullets are frequently fired at
students, and Israeli forces make regular incursions onto school grounds. Children are often required to pass through one of 59 checkpoints, where they are subjected to bag and/or body searches, and at times harassment and detention. Students also risk confrontation, intimidation and violence while walking past settlements or buildings occupied by settlers. These children can be exposed to conflict-related violence and delays, which can lead to higher school dropout rates. Students often must walk up to 10 kilometres to get to and from school, putting their safety at risk. Girls in particular face a high risk of school dropout due to the fear of parents for their safety during the school commute. There is little or no accountability for perpetrators of violations; as such, the trend of attacks against education are increasing across the West Bank.

There is a general lack of school-based psychosocial support for children in Area C, Hebron H2 and East Jerusalem who face regular attacks and harassment to, from and during school, and for children in Gaza still dealing with psychological distress as a consequence of the ongoing restrictions on the movement of people and goods, and recurrent rounds of hostilities.

Attacks on the right to education contribute to the prevailing coercive environment. Israel, through a variety of mechanisms, creates a coercive environment for many Palestinian communities, by establishing “push factors” which encourage non-consensual displacement from their homes. Such “push factors” include restrictions on access to basic services such as education, including attacks on students and staff and destruction of education infrastructure, where families are forced to leave their homes in order to access education for their children safely elsewhere. This gives rise to the risk of forcible transfer of communities from their homes and lands, in violation of international humanitarian and human rights law.

Acutely vulnerable communities resort to negative coping mechanisms, including child labour and forced marriage, disrupting the right to education for boys and girls. These communities include communities at risk of forcible transfer, IDPs, and food insecure households. School dropout rates are higher for boys than for girls, as adolescent boys are expected to contribute to household income in times of crises, with this being the main reason for boys to drop out. Early marriage for girls often entails their dropping out of schools either as a result of family pressure or due to school practices. The insecure reality of the life of IDPs, the loss of livelihood sources, the overcrowded housing and loss of familiar social networks create a sense of urgency to marry adolescent girls as early as the age of 15 years.

Schools in Area C and East Jerusalem are also at continuing risk of stop work or demolition orders, due to lack of building permits which are near impossible to obtain. In August 2017, Israeli forces demolished a kindergarten near Jerusalem, a school near Bethlehem and confiscated the solar panel system that provides electricity to the only school in a Bedouin community, threatened with eviction, affecting 132 children in total. During 2017, five new demolition orders were issued to schools. This brings the number of stop work orders issued against schools in the West Bank to 56, preventing both the maintenance and expansion of school infrastructure. Additionally, students in Area C and East Jerusalem face a shortage of school infrastructure, particularly in Bedouin communities.
Palestinian education in East Jerusalem faces additional specific challenges. In East Jerusalem, a discriminatory and restrictive planning and zoning regime has allocated just 2.6 per cent of the land for the development of public buildings for Palestinians, resulting in a 2,000 classroom shortage for Palestinian students within the public school system. In the last couple of years, the Israeli government has threatened to withhold recognition, permits and funding to schools who are using the PA curriculum, while the Israeli Ministry of Education has announced its intention to offer additional funding to schools who adopt the Israeli curriculum in full or in part. In May 2017, the Israeli Cabinet approved the implementation of a 5-year plan targeting East Jerusalem schools in offering financial incentives to switch from the Palestinian to Israeli curriculum. Such actions greatly compromise academic freedom and institutional autonomy as essential components of the right to education in the oPt.

**PEOPLE IN NEED PROJECTIONS FOR 2019 AND 2020**

The Education Cluster projects the likelihood of a decrease in the need for humanitarian assistance in the oPt over the coming three years. This is based on an analysis of trends over recent years, which has shown a decline in the number of PIN, particularly as government, development and humanitarian programming has strengthened, and a resulting assumption that fewer schools will need humanitarian assistance and can be handed over to development actors for ongoing support. Accordingly, the prediction of the number of PIN of humanitarian assistance in 2019 and 2020 per a status quo scenario decreased to approximately 447,000 people in 2019 and to 406,000 people in 2020.

Under a best case scenario, the need for humanitarian assistance could decrease further, though existing high natural growth rates in the student population would present a formidable challenge to making dramatic progress, resulting in a possible 376,000 people in need by 2020. This is based on an assumption of an improvement in the situation in Gaza, including improved electricity supply, reconstruction and economic opportunities. In the West Bank, the assumption that a reduction in demolitions leads to fewer schools being in need of humanitarian assistance and greater numbers being handed over to development actors for sustainable interventions.

In a worst case scenario, the need for humanitarian assistance could increase to 546,000 people by 2020. This assumes a marked deterioration in the overall humanitarian situation, leading to an increase in psychosocial needs (in the event of active hostilities), as well as learning support and educational materials. In the West Bank, a deterioration of the situation, including increases in settler violence and demolitions of schools, would see an increase in the need for psychosocial support, legal support, protective presence, and response to demolitions.

Calculations in all scenarios included particular consideration of the need for a growing number of schools in marginalized areas.

**LINKAGES WITH DEVELOPMENT NEEDS ANALYSIS**

For the Education Cluster, the common categories of vulnerable groups that overlap between the humanitarian and development sectors, as identified by the development sector in recent needs analysis,134 include: children facing obstacles in accessing school; children subject to violence; children in labour; out of school children; adolescent girls; food insecure households headed by women; and persons with disabilities. In addition, the following vulnerable groups are also of concern to the Education Cluster as their geographical situation impacts on the access to education for the children in those communities: communities in Area C; Bedouin and herder communities living in Area C; and Hebron H2 Residents.

Some of the interlinked and common drivers of vulnerability include: locational drivers of vulnerability, as the location where people live greatly affects their vulnerability, resulting in restricted access to education, heavy impacts of mobility restrictions on school-age children, and high costs of transportation to school; security concerns, including violence, harassment and intimidation of children, and a resulting negative impact on access to education; economic factors, notable in the linkages between poverty and negative coping mechanisms as these relate to access to education, such as a reduction of education expenses by households living in poverty and an increase in child labour;135 institutional and political factors, such as insufficient school infrastructure, a lack of adequately trained teachers, out-dated teaching methods, shortages of classrooms, a lack of education and learning materials, and a lack of coordination.136
ANNEX I: SHELTER AND NON-FOOD ITEMS (NFIs)

SHELTER AND NON-FOOD ITEMS (NFIs)

NUMBER OF PEOPLE IN NEED

0.26 M

OVERVIEW

People in Gaza and the West Bank continue to face challenges in accessing shelter and non-food items as a result of continuing displacement following the 2014 conflict in Gaza, exposure to harsh weather conditions, and protection concerns as a result of manmade and natural hazards. The needs are exacerbated by the imbalance in growing housing needs compared to the availability of resources; the blockade and material restrictions imposed on Gaza; and the increasingly coercive environment and threat of demolitions in the West Bank.

AFFECTED POPULATION

An estimated 262,000 people across the oPt face gaps and vulnerabilities in accessing adequate shelter and NFIs, including IDPs; Palestine refugees; communities and families affected by demolitions, including Bedouin/Herder communities; and the vulnerable poor, especially people with disabilities and widowed, separated or abandoned women. Of the total people in need, an estimated 112,000 are children, and 6,000 households are female-headed.

HUMANITARIAN NEEDS

In Gaza, displacement following the 2014 escalation continues for over 23,500 people, with negative impacts on their access to services and livelihoods. Although more than three years have passed since the end of hostilities, and the GRM has largely functioned well to provide access to vital construction materials, as of November 2017, funding is lacking for the reconstruction of over 3,800 housing units. These families remain internally displaced, reliant on external support, with no end in sight to their displacement, and experiencing a steady erosion of their coping mechanisms. 50 families have had to move more than three times in the past year and the vast majority live without access to adequate furniture or household equipment, while some face ownership issues and require legal assistance in order to facilitate their return.

It is estimated that at the start of 2018, over 20,000 people will still be in need of assistance, such as rental accommodation or a host family, to ensure access to an appropriate temporary shelter solution as a result of continued displacement. Without further funding for reconstruction, this caseload is not expected to drop below 13,000 over the course of the coming year. In addition, 400 Palestine and non-Palestine refugee families displaced to Gaza from Syria, Libya and Yemen face particular shelter concerns. Displacement and poor conditions have exacerbated the vulnerability of certain groups, particularly children, people with disabilities, the elderly and the chronically ill.

In addition, 56,000 households in Gaza have not yet received assistance to repair damage incurred during the 2014 hostilities. Of these, 4,500 families are in urgent need of support due to continued exposure to the elements, high vulnerability and lack of resources. In addition, 8,100 families are at risk of exposure due simply to inadequate climate protection.

RECONSTRUCTION AFTER 2014 HOSTILITIES

Source: Shelter Cluster, August 2017
In Gaza, acutely-vulnerable families face concerns in accessing adequate shelter protection, with chronic housing shortages and the dire economic situation as a result of the ten-year long blockade and three major wars impacting their ability to cope. Over 24,000 people have more than half of core minimum standards missing, raising a number of humanitarian health and protection concerns (including gender-related protection concerns) as a result of overcrowding, lack of privacy or security, unsafe conditions, and exposure to weather extremes. This figure includes 2,800 female headed, divorced or widowed headed households, and 1,360 households with physically or mentally disabled heads of households. As an additional concern, about 1,070 families in these very poor conditions are currently hosting IDPs.

In the West Bank, and in East Jerusalem in particular, house demolitions and evictions result in heightened protection and shelter risks. These are the result of Israeli policies and planning restrictions, which create a coercive environment and undermine the shelter needs of the Palestinian population in some 70 per cent of Area C. Mass displacement for high risk communities becomes an increasing concern, with 61 communities identified at risk of forcible transfer. Health and wellbeing concerns are highlighted in 79 communities where over half the shelters provide inadequate protection and increase the burden of care, particularly on women.

In Area C and East Jerusalem, 18,800 people face challenges and vulnerabilities in terms of shelter consolidation or winterization. These needs affect 3,770 inadequate structures across 79 Bedouin or herder communities, particularly in Hebron governorate and the Jerusalem periphery. Cluster partners estimate that some 1,692 people in Area C and East Jerusalem will need humanitarian support following an individual demolition, while up to 1,488 people are at risk of mass demolition (projections based on annual trends), requiring preparedness for timely response. Winter storms and localized flooding continue to pose high risks for 11,300 people living in inadequate shelters in exposed areas.

---

**Demolitions and Displacement in West Bank**

January to November 2017

- **265** structures demolished in Area C
- **138** in East Jerusalem
- **398** people displaced in Area C including **223** children
- **228** people were displaced in East Jerusalem including **138** children
PEOPLE IN NEED PROJECTIONS FOR 2019 AND 2020

The Shelter and NFI Cluster projects the likelihood of a limited decrease in the need for humanitarian assistance in the oPt over the coming three years. This is based on assumptions that reconstruction in Gaza remains slow due to shortfalls in funding; demolitions, displacement and forced evictions continue in the West Bank; restrictions on work in Area C remain unchanged; and humanitarian funding remains insufficient, covering only around 10 per cent of shelter needs. Accordingly, the prediction of the number of PiN of humanitarian assistance in 2019 and 2020 per a status quo scenario decreased to approximately 237,000 people in 2019 and to 212,000 people in 2020.

Under a best case scenario, the need for humanitarian assistance could decrease further, resulting in a possible 134,000 people in need by 2020. This is based on an assumption that improvements in the situation across the oPt, including funding for reconstruction and humanitarian interventions, could result in a decline in the number of IDPs in Gaza and in emergency shelter needs in the West Bank. In a worst case scenario, the need for humanitarian assistance could increase sharply, reaching 702,000 people in 2019 and resting at 583,000 by 2020. This assumes a limited outbreak of hostilities in Gaza and a consequent surge in internal displacement and housing damage; increases in material scarcity and prices; and increase in demolitions and increased risk for additional communities in the West Bank, with less capacity to respond due to funding shortfalls.

LINKAGES WITH DEVELOPMENT NEEDS ANALYSIS

For the Shelter and NFI Cluster, the common categories of vulnerable groups that overlap between the humanitarian and development sectors (as identified in the 2016 CCA) include: in the West Bank, communities in Area C, including and particularly Bedouin and herder communities; and in Gaza, food insecure households headed by women; Gaza residents without access to clean water or sanitation; persons with disabilities; Palestine refugees living in abject poverty; and Palestine refugees residing in camps.

The common drivers of vulnerability include: lack of resources; restricted ability to work in high risk areas; and political and security factors that limit the adoption of development plans for target groups and when developed, focus on large scale infrastructure rather than ensuring household ability to cover basic needs and reach a minimum acceptable living standard.
**RISKS AND VULNERABILITIES**

In addition to the humanitarian situation as detailed in the preceding parts of this document, the oPt is also vulnerable to other manmade and natural disasters. The most recent overall assessment of risks in the oPt identified the following main risks: natural hazards, including earthquakes, floods, droughts and landslides; and manmade hazards, including conflict escalation, severe stress on natural resources, environmental degradation, and rapid and unregulated urbanization.

Given its potentially unique impact in terms of severity, the risks related to earthquakes should be particularly highlighted. There is a long historic catalogue of recorded earthquakes in the region, with an average of one major (+7 Richter) every thousand years, and a large one (6-7 Richter) every 80-120 years. The last major earthquake was the 1927 “Jericho Earthquake” (6.3 Mw at 15 km depth) with an epicentre under the northern part of the Dead Sea, and resulted in severe damage in Jericho, Jerusalem and Nablus. While exact locations of future earthquakes are impossible to predict, it can be noted that all major urban centres in the West Bank are located in close proximity to the Dead Sea Transform (DST), where geodynamic friction between the African and Arabian Plates generate seismic activity.

The level of vulnerability, which would amplify the consequences of any disaster or other severe societal disruption, is classified as high to very-high. The main factors behind the high vulnerability, which affects almost all aspects of disaster preparedness, mitigation and response, are the many access and movement restrictions related to the occupation, which impact both disaster-resilient development, and the ability of national and international rescue and relief assistance to be provided after a disaster strikes. There is a need to identify possible ways to mitigate the impact of the current regime of access restrictions in a disaster situation as an important component of the ongoing regional discussions on an assistance protocol for natural disasters, involving the Israeli, Palestinian and Jordanian authorities. Other important factors that increase vulnerability include rapid population growth; a rapid and largely unregulated urbanization; Palestinian political division; infrastructure vulnerabilities such as non-safe buildings; a transportation infrastructure where Palestinian use of certain roads is restricted; and social and economic vulnerability.

Based on the latest community assessment of perceptions of hazards and vulnerabilities, and disaster preparedness among the population at the local level, the main hazards identified by communities were related to flood risks and to a weak or deteriorating infrastructure. The most vulnerable communities include a large number in the Gaza Strip, but also some communities in the Hebron governorate; due to potentially composite exposure to winter storms, floods and weak infrastructure, and access restrictions.

**NATIONAL AND INTERNATIONAL RESPONSE CAPACITY**

A process for a national disaster risk management system, including new DRM legislation and a new institutional framework for DRM has been initiated by Palestinian authorities. The three key initial components of this process, led by the Prime Minister’s Office (PMO), are the formation of: (1) an high-level executive National DRM Committee; (2) a technical/operational National DRM Team under this; and (3) a national DRM Centre to provide over-all coordination support and monitoring of the national DRM process.

However, at this stage – especially operationally – disaster risk management still lacks overall, or systemic, coherence and comprehensiveness. Because of administrative fragmentation and access restrictions, the majority of Palestinian communities are not part of an established and tested comprehensive national response plan, and are to a large degree relying on local – formal and informal – structures and volunteer resources for emergency response. Many localities, including Palestine refugee camps and...
other vulnerable communities, often have little in the way of disaster risk management planning in place at all, which makes them particularly likely to face severe consequences from even moderate natural disasters. Due to operational and access restrictions, Palestinian communities, civil society and primary service providers have a proven history as primary responders. Volunteers and community-level response will thus, in all likelihood, remain crucial for an efficient response.

Given both the cross-border nature and shared impact of some of the main hazards, and the complicated operational environment, it is also important to have in place a close and well-functioning coordination and cooperation between relevant national DRM authorities in the region, to better prepare for, and respond to, the impact of natural and man-made disasters. There are already internationally coordinated efforts to develop networks and tools to enhance this, but also in this area there is a need to make this discourse more operational, ingrained in existing systems, and more reflective of existing authority at the field level.

In terms of direct emergency capacity among first responders, a particular operational concern is the need for Palestinian Civil Defence (PCD) in both the West Bank and Gaza to have the capacity and resources to perform effective search and rescue operations; including in both remote rural and large urban areas. In the densely populated Gaza Strip, even the basic capacity to perform fire and rescue operations in multi-storey buildings has deteriorated due to the lack of functional equipment for this, and needs to be considered an urgent concern for resource mobilisation for national and international actors, and also to be highlighted in the discussions with Israeli authorities on items to be allowed for import into the Gaza Strip.
INFORMATION SOURCES AND METHODOLOGIES

METHODOLOGIES

People in Need (PIN): The overall PIN figure was calculated by aggregating the highest cluster caseloads by governorate, in order to provide a conservative estimate while minimizing the margin of error by using estimates provided by several clusters. Clusters’ estimates of PIN figures are based on cluster-specific methodologies and indicators developed by the clusters during HNO workshops conducted in August-September 2017, and on a variety of sources, including cluster partner data and needs assessments conducted throughout 2017. Unless otherwise stated, figures in the HNO are based on cluster data collection from August-September 2017. Wherever feasible, the document was updated with figures to end- November 2017.

Cluster PIN maps: The cluster PIN maps accompanying each cluster narrative are based on the PIN figures provided by the clusters at the governorate level, and normalised by population density. Cluster-specific methodologies and indicators were used to establish the PIN figures by cluster.

Humanitarian needs analysis for a multi-year humanitarian plan: Clusters were requested to provide 2019 and 2020 People in Need projections based on three scenarios; status quo, best and worst case scenarios. To develop the projections of PIN figures for 2019 and 2020, clusters worked according to a set of common parameters and added to this their own sectoral-specific considerations and methodologies as developed by cluster partners. Clusters were guided by trends in previous years’ PIN figures and added natural population growth to each estimation. As such, the methodology and specific assumptions used by each cluster varies and results cannot be explicitly compared. The projections for 2019 and 2020 are best-effort estimates, are meant to be illustrative, and will not be used as a basis for response and project planning.

WASH vulnerability index: For the development of the map on page 28, the vulnerability index of each community was calculated using the following formula:

\[
\text{Vulnerability Index (VI)} = \frac{\text{Consumption} \times 3 + \text{Price} \times 3 + \text{Resilience} \times 2 + \text{Water Quality} \times 1 + \text{Protection} \times 3}{5}
\]

- If the VI < 2.4, then the people of the community are considered as not affected
- If the VI >= 2.4 <3.6, then the people of the community are considered as affected
- If the VI >= 3.6, then the people of the community are considered as people in need

Vulnerability Indicator Key

<table>
<thead>
<tr>
<th>Indicator</th>
<th>High Vulnerability</th>
<th>Medium Vulnerability</th>
<th>Low Vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumption (kcal)</td>
<td>&lt;30</td>
<td>30 – 50</td>
<td>50 – 60</td>
</tr>
<tr>
<td>Price (NIS)</td>
<td>&gt;20</td>
<td>20 – 10</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Served by water network</td>
<td>&gt;80% unserved</td>
<td>40 – 80% unserved</td>
<td>&lt;40% unserved</td>
</tr>
<tr>
<td>Water frequency</td>
<td>&lt; once a month</td>
<td>1 - 3 times per month</td>
<td>&gt;3 times per month</td>
</tr>
<tr>
<td>Water quality</td>
<td>Unprotected springs (not treated), agricultural wells, filling points, etc.</td>
<td>Mixed sources of water</td>
<td>Directly from the water network</td>
</tr>
<tr>
<td>Protection/ Risk of displacement</td>
<td>Area C</td>
<td>Area B or Area B/C</td>
<td>Area A or Area A/B</td>
</tr>
</tbody>
</table>

KEY DATA SOURCES

Assessment Registry:
Numerous cluster and agency sources of information have informed the HNO, as well as OCHA’s information systems/portals. The assessment registry contains a detailed list of relevant assessments, databases and reports gathered from the HCT members. https://ochaopt.box.com/s/75ov1ts1anbxtu5zpd8r87wrugravjx

Protection of Civilian Database:
The OCHA oPt Protection of Civilians database (PoC) includes datasets regarding direct Israeli-Palestinian conflict, internal Palestinian conflict, and casualties that are indirectly related to the Israeli-Palestinian conflict. The database has been in place since 2005 and is provided on a weekly basis with geographical breakdowns for the governorates and locality level. http://www.ochaopt.org/reports/protection-of-civilians

Palestinian Central Bureau of Statistics (PCBS):
PCBS data has been used for population figures throughout this document, based on PCBS 2016 population projections. PCBS data is also used for labour participation and employment. http://www.pcbs.gov.ps/
Socio-economic and food security survey (SEFSec):

The SEFSec is a joint effort between the PCBS, FAO, UNRWA and WFP to assess the socio-economic and food security situation in the State of Palestine. The new methodology considers poverty indicators, economic vulnerability and food insecurity.


Demolition Tracker:

The Demolition System is an inter-agency tool which tracks Israel’s demolitions and confiscations of Palestinian property in the West Bank. It is designed to monitor humanitarian needs emanating from such incidents to allow timely and targeted humanitarian response.

The system features up-to-date assessed information, including the full assessment and the summary of needs for each incident. Information on responses is logged every two weeks. The system includes three custom-ized dashboards to enable users to monitor responses and identify gaps.

http://data.ochaopt.org/demolition-sys.aspx

Database of Official Demolitions Order Data:

This online dataset was obtained from the Israeli Civil Administration upon request from an Israeli NGO based on the Israeli Freedom of Information Act. It includes all Israeli demolition orders that were issued between 1988 and 2015 against Palestinian-owned structures in Area C of the West Bank. The dataset also includes Israeli-issued demolition orders against Israeli settlement structures located in Area C. An interactive web-based platform designed by OCHA enables users to visualize and map all demolition orders based on various indicators, including year, status, governorate, residential area, geographical area, etc. There are two pre-defined dashboards featuring the dataset also including Israeli-issued demolition orders against Israeli settlement structures located in Area C. Available at:

http://data.ochaopt.org/demolitions.aspx

Gaza Crossings Database:

Via four online “dashboards”, OCHA monitors the movement of people and goods through the Gaza crossing points with Israel and Egypt. The dashboards have been produced by combining unique datasets provided by a number of local sources (Ministry of National Economy, Border and Crossing Authority, UNRWA and Paltrade) on the daily movement of people and goods to and from Gaza since 2007. The dashboards are updated on a regular basis to provide an overview of current and past access trends impacting the humanitarian situation in the Gaza Strip.

http://data.ochaopt.org/gazacrossing.aspx

Gaza Strip electricity supply:

For the past decade, the Gaza Strip has suffered from a chronic electricity defi-cit, which undermines already fragile living conditions. The situation has fur-ther deteriorated since April 2017 in the context of disputes between the de facto authorities in Gaza and the West Bank-based Palestinian Authority. The ongoing power shortage has severely impacted the availability of essential services, particularly health, water and sanitation services, and undermined Gaza’s fragile economy, particularly the manufacturing and agriculture sec-tors. The information presented in the dashboards in this section is provid-ed to OCHA on a daily basis by the Gaza Electricity Distribution Company (GEDCO), the official body in charge of electricity supply in the Gaza Strip.

https://www.ochaopt.org/page/gaza-strip-electricity-supply

46 Bedouin Communities at Risk of Forcible Transfer in the Central West Bank:

Many Palestinians throughout the West Bank are at risk of forcible transfer due to a coercive environment generated by Israeli policies and practices, which create pressure on many residents to leave their communities. In the central West Bank, 46 Palestinian Bedouin/herding communities are considered to be at high risk of forcible transfer due to a “relocation” plan advanced by the Israeli authorities in recent years.

In May 2017, OCHA carried out a vulnerability profiling exercise of these 46 communities, designed to measure vulnerabilities and quantify sectoral needs. Through key informant interviews, information was collected on a range of humanitarian indicators related to land and livelihoods, electricity and water, access to education and health services, shelter and infrastructure.

The Vulnerability Profile dashboard is an online tool designed to visualize the key findings of this comprehensive data set. In order to facilitate focus on sector-specific vulnerabilities and inform humanitarian and development programming, the findings are presented through charts on specific indicators under several thematic sections. Updated demographic figures are also available.


2013 Area C Vulnerability Profile Project:

The Vulnerability Profile Project includes information on a range of humanitarian indicators related to physical protection, access to land and livelihoods, wa-ter and sanitation, education and health, among others. The VPP visualization tool presents the most comprehensive collection of data on Area C available to the humanitarian community as well as to development actors. Primary data featured was collected through a field survey conducted by humanitarian par-tners and led by OCHA in summer 2013. In addition, OCHA integrates indicators based on additional sources, such as baseline information from State of Pales-tine institutions and detailed cluster surveys, to guarantee that the platform continues to present current and reliable information on Area C.

Available at:

http://data.ochaopt.org/vpp.aspx

The Vulnerability Profile Project (VPP) ‘plus’:

In 2015, OCHA coordinated a multi-cluster multi-partner nation-wide vulnerability assessment that captured information on a wide range of humanitarian indicators related to physical protection, access to land and livelihoods, water and sanitation, education and health. The methodology is based on perceived vulnerability as expressed by Key Informants at the community level. The aim of the assessment is to make vulnerability information accessible to the humanitarian and development actors, general public and decision makers to understand humanitarian needs, vulnerabilities and risks at a deeper level. The VPP+ was conducted in partnership with the Palestinian Central Bureau of Statistics (PCBS) and clusters.

General:


Food:

https://public.tableau.com/views/VPP2015-Food/Food?:embed=y&display_count=yes

Health:


Shelter:

https://public.tableau.com/views/VPP2015-shelter/Shelter?:embed=y&display_count=yes

Education:

https://public.tableau.com/profile/publish/VPP2015-Education/Education#!/publishconfirm

WASH:


Protection 1:

https://public.tableau.com/views/VPP2015-Protection1/Protection1?:embed=y&display_count=yes

Protection2:

https://public.tableau.com/views/VPP2015-Protection2/Protection2?:embed=y&display_count=yes

Settler Violence:


ANNEX II: INFORMATION SOURCES AND METHODOLOGIES
# INFORMATION GAPS AND ASSESSMENT PLANNING

## GENDER (CROSS-CLUSTER)

### GAP

Gender issues are rarely prioritized in data collection and analysis beyond basic sex disaggregation in quantitative assessments. However, gender issues should be considered as integral elements of humanitarian assessments in order to assess gender-based sectoral vulnerabilities for which information is lacking such as gender biases in property rights, invisibility of women’s contribution to livelihoods and food security, protection concerns related to adolescent boys and girls, biases facing women with disabilities, vulnerability of widows and abandoned women, impact of displacement on protection of women and girls, impact of lack of water and energy on women’s livelihoods and health.

### PLAN

A number of assessments and reviews are underway to inform humanitarian and development interventions:

- **GVC**, a member of the WASH Cluster, is assessing the gender differentiated impact of WASH programmes using the program “Emergency Supply of Water Trucking to Area C of the West Bank” as a case study.
- **UN Women** is finalizing a research on GBV Services in Gaza.
- **UN Women** in cooperation with humanitarian clusters is collecting and documenting women’s stories shedding light on the impact of the blockade and the need for multi-sectoral responses.
- **UN Women** in collaboration with **UNFPA** is developing an assessment to examine the gender-differentiated impact of the Occupation in Areas C and in the Old City of Hebron H2 on the lives of women, girls and youth.
- **UNFPA** and other actors have just published a working paper on Tackling violence against women and girls in Gaza.

## PROTECTION

### GAP

Baseline at family and community level on the impact of the blockade and PA measures in Gaza with reference to possible increase of evictions, imprisonment for debts, suicide rates, etc.

- Identification of gaps in the capacity of local authorities and organizations to provide legal aid.
- ERW and safe behaviour, evaluation of effectiveness of risk education services provided by MAWG.
- Data and analysis on mental health services for GBV survivors in the context of the humanitarian crisis.
- Analysis on the humanitarian crisis on the vulnerable groups especially women, girls and women with disabilities.
- Updating 2011 Violence Survey of PCBS (GBV).
- Information and data on child marriage.
- Data and analysis on honor crimes/feminicides.
- Research on sexual violence in Palestine and mechanisms to deal with sexual abuse survivors.
- Psychological impact of conflict on children, including review of mental health gaps.
- Analysis of behaviors leading youth to violent acts.
- Analysis on how gender concerns play out across sectors, in particular justice.

### PLAN

- **Gaza Strip** – to be planned
- **Gaza and West Bank** - to be planned
- **Gaza** - to be planned
- **Gaza & West Bank** - to be planned
- **West Bank** - to be planned

## SHELTER AND NFIS

### GAP

Living conditions of IDPs both returned to reconstructed homes and still displaced and barriers to return.

- Shelter vulnerabilities in East Jerusalem, Area A & B.
- Unfinished units in Gaza available for upgrade/completion.

### PLAN

- Field assessment study
- Building inventory
## EDUCATION

<table>
<thead>
<tr>
<th>GAP</th>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAP</strong></td>
<td><strong>PLAN</strong></td>
</tr>
<tr>
<td>Reviews needed of existing emergency preparedness and EiE response plans, including MoEHE and school-level.</td>
<td>Consultations throughout 2018 with EiE partners and stakeholders.</td>
</tr>
<tr>
<td>Shortage of gender-based analysis for OPT EiE interventions, both from a programmatic and needs/barriers perspective.</td>
<td>UNWOMEN plan to support such analyses.</td>
</tr>
<tr>
<td>Shortage of data on the long-term impacts of the crisis on students’ learning outcomes, beyond looking at access to education.</td>
<td>NRC have a learning outcomes assessment planned in 2018, which will study the effects on quality of learning and student achievement.</td>
</tr>
<tr>
<td>Shortage of data on long-term impacts of the crisis on teacher wellbeing, and how this affects their support to students.</td>
<td>Partners will be called upon to support with such research.</td>
</tr>
<tr>
<td>Lack of data on education-related violations in Gaza. The majority of MRM support has gone to West Bank schools and education staff, with less focus given to Gaza.</td>
<td>SCI and UNICEF plan to broaden their MRM focus to Gaza schools and education staff, including training on how to report education-violations. This should lead to an increase in MRM data for Gaza.</td>
</tr>
</tbody>
</table>

## FOOD SECURITY

<table>
<thead>
<tr>
<th>GAP</th>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAP</strong></td>
<td><strong>PLAN</strong></td>
</tr>
<tr>
<td>Food insecurity data is not available at locality level.</td>
<td>SEFsec 2018 survey will be conducted next year, with data collection during June-July 2018. The Food Security Sector depends on organizations program databases. The sector uses the PMTF to determine eligible HHs families for targeted food assistance. To address the gap at locality level, a community-based survey will be carried out in 2018 (upon availability of funds).</td>
</tr>
</tbody>
</table>

## HEALTH AND NUTRITION

<table>
<thead>
<tr>
<th>GAP</th>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAP</strong></td>
<td><strong>PLAN</strong></td>
</tr>
<tr>
<td>Impact of lack of health services in Area C of the West Bank on vulnerable groups.</td>
<td>Building on previous efforts there is a Health Cluster plan to review existing 4Ws in the area and conduct a health needs assessment.</td>
</tr>
<tr>
<td>Review of the health sector response, review of existing emergency preparedness and response plans to support improved emergency preparedness planning.</td>
<td>Gaza Strip and West Bank – to be planned</td>
</tr>
<tr>
<td>The population (demographic) in need of mental health services and emergency in Gaza, East Jerusalem and periphery.</td>
<td>Gaza Strip and West Bank: to be planned</td>
</tr>
<tr>
<td>The population (demographic) in need of emergency care services living behind the Barrier in East Jerusalem.</td>
<td>West Bank – to be planned</td>
</tr>
<tr>
<td>The population (demographic) living in East Jerusalem with no access to health insurance</td>
<td>West Bank – to be planned</td>
</tr>
</tbody>
</table>

## WASH

<table>
<thead>
<tr>
<th>GAP</th>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAP</strong></td>
<td><strong>PLAN</strong></td>
</tr>
<tr>
<td>Shortage of data on hygiene practices covering all communities/localities in the West Bank and Gaza Strip.</td>
<td>A survey to assess hygiene practices, as a prelude to providing integrated WASH services under the lead of PWA. In order to get reliable information, the survey should be based on observation as well as interview questions. Coordination meetings should be conducted between health and WASH clusters in order to formulate a plan and field assessment for covering this gap.</td>
</tr>
<tr>
<td>Shortage of data on WASH in health and public health in both the West Bank and Gaza</td>
<td>WASH cluster will encourage partners to conduct rapid assessment in the northern governorates of the West Bank (Qalqilia, Tulkarm, Jenin, and Salfit)</td>
</tr>
<tr>
<td>WASH partners are focusing on the southern West Bank in terms of conducting assessments. Therefore, data is rarely being received from northern governorates.</td>
<td>WASH cluster will lead the effort to have a consistent methodology and list of definitions to be used among all WASH partners.</td>
</tr>
<tr>
<td>WASH partners use different assessment methodologies and different definitions for WASH indicators.</td>
<td></td>
</tr>
</tbody>
</table>
1. In September, the Hamas authorities dissolved this institution and invited the PA to return to Gaza. 
2. In July, humanitarian agencies in the oPt appealed for $25 million in humanitarian funding for urgent lifesaving interventions to stabilize the situation in Gaza, following the aggravation of the electricity crisis. As at 15 October 2017, an estimated US$12 million is still required, with particular shortfalls for WASH projects.
5. Ibid., para. 16. The World Bank estimates that only 51 per cent (or $1.6 million) of the $3.5 billion pledged for Gaza at the October 2014 Cairo conference have been disbursed.
7. Israel restricts the entry of goods into Gaza, considered as having a “dual” military-civilian use, including civilian items “liable to be used, side by side with their civilian purposes, for the development, production, installation or enhancement of military capabilities and terrorist capacities.” http://www.mfa.gov.il/mfa/foreignpolicy/peace/humanitarian/pages/lists_controlled_entry_items_4-jul-2010.aspx.
8. Out of the 1,280 large scale projects which have been created in the GRM, 464 are completed, 295 are currently ongoing and another 183 are finally confirmed. Meanwhile, 270 projects remain under consideration, the majority of them for more than 12 months. However in addition to the project confirmation, specific approval is required for individual dual-use items other than cement and bar. Of 330 projects requesting such items, more than 80 projects have had at least one item rejected, while 22 projects have seen all their requests rejected. At the same time, nearly 4,000 requested items are still pending approval.
9. Before the July 2013 closure, more than 4,000 Gaza residents crossed Rafah terminal to Egypt each month for health-related reasons. Following the killing of a Hamas member in Gaza City on 24 March by unknown assailants, the Palestinian de facto authorities in Gaza imposed access restrictions on the Arba’Arba checkpoint, further reducing the number of Palestinians in Gaza permitted to leave through Erez crossing. On 6 April, the Ministry of Interior in Gaza announced that the restrictions imposed on the exit of people from Gaza had been removed.
13. Total population mid-2017: 1,943,398 (PCBS estimate, as of mid-2017). Registered refugees in Gaza: 1,366,435 (UNRWA Quarterly Statistical Bulletin, Q2 2017). Registered population (including other registered persons, such as those married to non-refugees, that are eligible for UNRWA services): 1,477,617. Figures are based on UNRWA Refugee Registration Information System, which are based on data supplied voluntarily to UNRWA by Palestinian refugees registered with the Agency.
15. UNRWA had estimated the need for 5,4 million workdays in 2017; so far 426,596 workdays have been created, which is 7.9 per cent of the estimated need.
16. During the first half of 2017, OCHA recorded 172 incidents resulting in injuries or death to property of Israeli settlers. On a monthly average, this constitutes a more than three-fold increase compared with 2016 (112 incidents).
17. To address the issue of settler violence, in 2013 the Israeli authorities established a Nationalistic-Motivated Crimes Unit (NMCU) within the Ministry of Justice and an inter-agency legal team. However, of the 289 cases of ideologically motivated offenses which Yesh Din tracked between 2013-2016, only 20 led to indictments against offenders.
18. By the end of 2016 there were 572 fixed closure obstacles, including 44 permanently-staffed checkpoints, 52 partially-staffed checkpoints, and 376 roadblocks, earth mounds and road gates.
19. The presence of settlements restricts access to Palestinian land for cultivation purposes. Over 90 Palestinian communities in the West Bank which have land within, or in the vicinity of, 56 Israeli settlements and settlement outposts can only access their land, if at all, only through ‘prior coordination’ with the Israeli authorities, generally only for a limited number of days during the annual olive harvest.
22. According to the Israeli authorities, such demolitions are a means of enforcing existing laws and regulations. The average rate of approval for applications for building permits for Palestinians in Area C in 2007-2016 was less than four per cent. There are currently over 13,000 demolition orders pending against Palestinian property in Area C.
23. According to the Israeli Ministry of Foreign affairs, “as a result of the recent wave of Palestinian terrorist attacks against Israelis, approvals of residential building plans in area C were suspended and no new plans were approved. However, building plans for non-residential purposes were approved, for example in Tulkarmiya and in Jericho”. Data on the planning process was provided by the Palestinian Ministry of Local Government: https://public.tableau.com/profile/ocha.opt#!vizhome/Outlinemaps/Dashboard1.
24. A new fence installed by the Israeli authorities around two Palestinian neighbourhoods in the Israeli-controlled area of Hebron H2 has resulted in some 600 children enrolled in schools outside the restricted area regularly use alternative routes between houses and alleys. This can add 1.5 kilometers to their journey and exposes them to friction with Israeli settlers and soldiers. ‘Further restrictions on Palestinian movement in the Israeli-controlled H2 area of Hebron’, OCHA Humanitarian Bulletin, September 2017, pp.9-12.
25. World Health Organization, Right to Health: Crossing barriers to access health care in the occupied Palestinian territory 2016, p. 28. Data from the General Authority of Civilian Affairs was not disaggregated between patients and companions, but by estimating from previous years, patients would represent half of total applications.
26. Increased restrictions on access to agricultural land behind the Barrier, April 2017, https://www.ochaopt.org/content/increased-restrictions-access-agricultural-land-behind-barrier.
29. Report on UNCTAD assistance to the Palestinian people: Developments in the economy of the Occupied Palestinian Territory, 12 September 2017, page 14; and World Bank, Economic Monitoring Report to the Ad Hoc Liaison Committee, 18 September 2017, para. 44.
30. UNRWA WIBFO OSO database.
32. SeFSec 2016 (WFP/PCBS).
35. UN Women-OCHA Factsheet “The Gaza Strip: The long-term impact of the 2014 hostilities on women and girls, December, 2015”. According to a research conducted by the Women’s Affairs Centre in 2016 in Gaza, 59 per cent of the research respondents (total of 988 women with disabilities) have suffered of one form of violence, 31 per cent have reported being subjected to neglect and house confinement, 23.8 per cent were denied the right to get married and start a family. While confronted with many legal and psychosocial challenges, 91 per cent of the respondents had never received legal services and 33.9 per cent believed that the availability of psychosocial support was limited. A 2016 study by YMCA in the West Bank revealed that 39 per cent of the women with disabilities (respondents) were abused, out of which 37 per cent was domestic abuse, 34 per cent community abuse, and 28 per cent abuse by the Occupation. Physical abuse accounted for 49 per cent, while emotional abuse accounted for 81 per cent.
38. SEFSec 2014.
40. UN Women - UN OCHA: Needs of women and girls in humanitarian action in Gaza: Gender Alert for the 2016 Response Plan.
41. Ibid.
42. GBV Sub-Cluster: The Humanitarian Impact of Gaza’s Electricity and Power Crisis. The Occupied Palestinian Territories (oPt), 2017.
Fuel Crisis on Gender-based Violence and services, 2017.


45. UN Women - OCHA: Needs of women and girls in humanitarian action in Gaza: Gender Alert for the 2016 Response Plan.


49. The percentage of youth in the age group of (15-29) in Palestine comprises 30 per cent of the total population, distributed by 36 per cent in the age group of (15-19) years and 64 per cent in the age group of (20-29) years old. The sex ratio among the youth is 104 males per 100 females (PCBS, On the Eve of the International Youth Day, 2017).

50. Community violence is defined as “broken down into acquaintance and stranger violence and includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces and other institutions”, WHO, http://www.who.int/violenceprevention/approach/definition/en/.

51. GBV Sub-Cluster calculation, formula based on a PCBS Violence survey, 2011.


56. The number of People in Need (PIN) was calculated based on a 4 per cent annual increase (equivalent to the population growth) of the 2017 caseload. The Cluster’s estimates of people in need are based on a variety of sources including partner data and the VPP’s.

57. Report of the Secretary-General: Human rights situation in the Occupied Palestinian Territory, including East Jerusalem, 16 March 2017, A/HRC/34/38, para. 44. In addition, OCHA, Protection of Civilians Database recorded, from 1 January to 9 October 2017, 3,439 Palestinians injured and 46 killed. In all 2016, there were 3,393 Palestinians injured and 105 killed.

58. Source: UNRWA statistics. In the first three-quarters of 2017, there were 542 ISF operations in and around Palestine refugee camps resulting in 8 fatalities (4 children) and 131 injuries (25 children).

59. Source: OCHA IDP database cross-checked with MPWH/UNRWA/ UNDP.


61. Source: OCHA, Gaza crossing database. Up to September 2017, the monthly rate of exit of Palestinians via the Israeli-controlled Erez crossing point was 7,133 (45 per cent less compared to the monthly rate in 2016, which was 13,187). Source: WHO, Health Access for Referral Patients from the Gaza Strip, July 2017 and July 2016. In addition 57.4 per cent (1,060) of the applications for patient permits were approved on time for the patient’s hospital appointment, a drop of approximately 10.1 per cent compared to July 2016.


63. Number of ERW destroyed since August 2014 as of 28 September 2017, reported by the Civil Protection Explosive Ordnance Disposal Police in Gaza to UNMAS.

64. Systematic mine action methodologies are not feasible in Gaza due to the high urban density, limited capacity, and access constraints. Therefore the estimate of 1,000-1,500 remaining ERW is based on agreed methodologies for extrapolating the contamination levels in the Gaza context. In September 2017, an unreported buried bomb was discovered and removed from under the house of a school teacher, demonstrating the continued risk to the civilian population.

65. The injured victims in 2017 were two women, nine men, two girls and nine boys. In 2016 there were six recorded accidents, resulting in the death and injury of nine people. Source: UNMAS Incident and Victim Database, as of 28 September 2017.

66. Source: OCHA, Demolitions Database and Humanitarian Bulletin for January/September 2017. In 2016, 1,093 Palestinian-owned structures were demolished or seized (63 per cent in Palestinian herding and/or Bedouin communities in C, and 17 per cent in East Jerusalem), including 308 donor-funded structures, displacing 1,601 Palestinians (half of whom were children). By the end of 2016, there were final demolition orders outstanding against Palestinian-owned structures across Area C. As of September 2017, 351 Palestinian-owned structures were demolished or seized, displacing 528 Palestinians.

67. Forcible transfer is strictly prohibited under Article 49 of the Fourth Geneva Convention (GCIV). Furthermore a violation of Article 49 is deemed to be a grave breach of the Convention, under Article 147 GCIV.


69. As also noted by the UN Special Rapporteur on violence against women, its causes and consequences, following her visit to the oPt/State of Palestine in September 2016, see report A/HRC/35/30/Add.2, of 8 June 2017.

70. GBV Sub-Cluster calculation, formula based on a PCBS Violence Survey, 2011.


72. A slight decline in the Child Protection and Mental Health/Psychosocial support caseloads is expected, and while ERW risks remain a concern for the civilian population of Gaza, a decline in needs is also expected as the Mine Action Working Group reaches its targets. This decline will be off-set by increases in needs across other sectors of the Protection Cluster.

73. As identified in the 2016 CCA.

74. Of whom 11,140 were confirmed to be boys, and 9,151 were confirmed to be girls.

75. UNICEF: Children and Armed Conflict database of verified cases.

76. Source: OCHA, Demolitions Database, as of September 2017.

77. UNRWA recorded statistics.

78. WASH Cluster Assessment, 2017.

79. WASH Master Plan conducted by GVC and AAH, and assessment conducted by Palestinian Hydrology Group (PHG), 2017.


82. GVC/UNICEF WASH Assessment at household level in the Gaza Strip, September 2016.

83. WASH Cluster, Rapid Assessment August 2017.

84. According to the Gender Toolkit developed by the WASH Cluster Gender Working Group in September 2017.

85. Operating at full capacity, the plant can provide 90 litres of safe drinking water per day to 75,000 people living in Southern Gaza, with a projected target by 2020 of reaching more than three times this volume (approximately 20,000 cubic meters per day), serving 250,000 people. The desalination plant was innovatively designed to be powered in part by renewable energy (including solar panels – 12 per cent of needs in the first phase, and up to 50 per cent in the second phase). Source: UNICEF, 2017.

86. Pollution levels of wastewater flows into the Mediterranean Sea (in mg per litre of Biological Oxygen Demand) reached 300 mg/litre in June 2017, far higher than the international standard of 60 mg/litre. Source: Gaza Crisis: Early Warning Indicators – June 2017 https://www.ochaopt.org/sites/default/files/gaza_indicators_final.pdf.

87. I.e. half of the WHO recommended amount per capita per day. WASH Master Plan and PHG assessment, 2017.

88. The threshold that the Palestinian Water Authority has agreed to establish as a high point is 20 New Israeli Shekel (NIS) per cubic meter of tankered water in 2016.

89. According to the Gender Toolkit developed by the WASH Cluster Gender Working Group in September 2017.
113. According to MoH annual report 2015, 25 per cent of pregnant women

112. The population of these communities constitutes a total of 72,000 people.


110. WHO monthly reports on referral of patients from the Gaza Strip http://

109. Figures related to food security are estimates based on the food security


107. OXFAM, TREADING WATER, The worsening water crisis and the Gaza


105. UN Women and OCHA: Needs of women and girls in humanitarian

104. According to research conducted by UNW, there is a linkage between

103. As identified in the 2016 CCA.

102. CapeVerdWeekly, Revocation of Residency in East Jerusalem


100. Association for Civil Rights in Israel (ACRI), http://www.acri.org.il/en/

99. According to the WHO Mental Health guidelines for understanding

98. OXFAM, TREADING WATER, The worsening water crisis and the Gaza

97. According to the Socio-Economic & Food Security Survey (SEFSec),

96. Thirty-three communities in the West Bank’s most affected areas

95. OXFAM, TREADING WATER, The worsening water crisis and the Gaza


93. Source: “Revocation of Residency in East Jerusalem” and “Revocation

92. OCHA VVP Survey 2015, with 2017 updates.


90. REACH Response Evaluation and Shelter and NFIs Cluster Survey on

89. According to the WHO Mental Health guidelines for understanding

88. According to the Socio-Economic & Food Security Survey (SEFSec),

87. As identified in the 2016 CCA.

86. Figures related to food security are estimates based on the food security

85. PCBS, 2017.

84. According to the Socio-Economic & Food Security Survey (SEFSec),

83. Members salir, social and non-social, i.e. 810. According to the Socio-

82. According to the 2016 CCA.

81. Association for Civil Rights in Israel (ACRI), http://www.acri.org.il/en/

80. Association for Civil Rights in Israel (ACRI), http://www.acri.org.il/en/