

# **Humanitarian Overview of the Situation in the occupied Palestinian territory 29 April 2002**

## **Background**

Since the intensification of the conflict over 18 months ago, there has been a marked increase in the vulnerability of Palestinian and Israeli civilians, with deaths and suffering on both sides, the erosion of basic human rights, and a significant decline in the health and welfare of large sectors of the population. During the recent intensification of hostilities and occupations on Palestinian cities, towns, villages, and refugee camps, the strain on civilians has been even greater. The long-term impoverishment expected to result from the current military assault has magnified already precarious living conditions and the wider ramifications should not be underestimated.

The severe recession that had affected the Palestinian economy was aggravated by the closure of the Palestinian territories, with the decline exacerbated by high unemployment in the private sector. The refugee camps have been the most affected by the conflict, exposing the acute vulnerability of the population. It is now estimated that 46% of the West Bank camp households live below the poverty line, compared to 34% in the rest of the West Bank. Unemployment in the camps was until March already at 30%. It was estimated by a recent World Bank study on the effects of the fifteen months of the Intifada that almost half of the Palestinian population was living below the poverty line.

The effects were seen in the health and welfare status of civilians. In UNRWA's emergency appeal for 2002 it highlighted that the health of women and children had deteriorated during the last 18 months to alarming levels of low birth weights and rising stillbirth rates.

Throughout the recent hostilities, credible reports have emerged of grave breaches of international humanitarian law, including the targeting of medical personnel, denial of medical care to the injured and chronically ill, actual and threatened violence against clearly-identified humanitarian have been recorded. At the same time there has been widespread and wanton destruction of civilian infrastructure for water and electricity, and a basic lack of respect for civilian life and welfare, as prohibited under specific provisions of the Geneva Conventions.

## **Humanitarian Situation**

While the full extent of the humanitarian situation is unknown it is clear that the conflict of recent weeks has shown alarming levels of violence and destruction. Due to the inability humanitarian personnel to move in the affected areas immediately, it has been impossible to calculate precisely the extent of the human costs incurred and assess needs. However, from limited information available it is clear that ordinary citizens suffered greatly, especially those thousands of Palestinians who were confined to their homes for more than three weeks in some

cases, without access to the most basic services and support. Particular attention should be paid to those who had their homes destroyed. During the offensive approximately 30% of Jenin refugee camp was destroyed and UNRWA estimates that some 800 families have been made homeless.

While the Oslo conference is focussed on reconstruction needs, it is important that the current humanitarian situation should be highlighted. The UN family lead by UNRWA, Red Crescent, non-governmental organisations, donors and the Palestinian authorities have responded where possible, to address the needs created by the current crisis. Resources have been redirected from existing agency programmes, funds have been used to cover operational costs, staff reassigned and coordinating bodies set up along geographical and sectoral lines. Despite severe restrictions and insecurity, emergency food aid was distributed to over 200,000 people under curfew. These and other resources will have to be replenished and replaced for existing programmes and future interventions.

Given the access restrictions imposed on the humanitarian organizations, information on the numbers of people affected and basic requirements is sketchy. However, preliminary estimates from the needs assessment and sector reports indicate that the affected population caseload is approximately 600,000 including refugees both in camps and outside, as well as residents. It is estimated that the majority of those requiring assistance over the next 100 days are children. Total beneficiaries represent around one third of the total population, estimated to be 2.1 million inhabitants, covering both refugees and residents. The table below gives a breakdown by category, including existing refugees caseload that have been receiving various forms of support and the non-refugee caseloads. At the same time additional beneficiaries have been identified caused by recent intensification of hostilities.

### **Table 1. Affected Populations**

Total population of the West Bank: 2,100,000

Affected population including:

Refugees in camps: 68,000

Refugees outside camps: 212,000

Residents: 320,000

*Total of affected population: 600,000*

Assistance required includes food aid, nutrition support, primary health care, psychosocial support, especially children and education. It should be noted that many people have had their livelihoods and coping mechanisms reduced or destroyed and this has resulted in many new hardship social cases. The priority is to provide assistance to the most vulnerable through the Palestinian Authority, relief agencies, NGOs and community groups. Support will be required to re-establish social and welfare services and to augment the capacity of overloaded and weakened Palestinian institutions.

## **Constraints and Challenges**

Access of civilians to basic services and access by humanitarian workers to these civilians in need is severely restricted. Humanitarian workers face many obstacles and bureaucratic delays in reaching those in need. To avert a worsening crisis, in particular children, women and elderly, negotiations must intensify for humanitarian access to improve. Currently, the curfew of major towns has been lifted. But access in and out of these towns is limited only to humanitarian workers and the international community.

Civilians cannot go out of the main towns and people living in surrounding villages cannot enter towns at the moment, which has had a major impact on people trying to go to their places of work.

Since gaining access to affected areas large amounts of unexploded ordnance have been found. More worrying still is the large numbers estimated to be strewn around posing a major risk to children's lives in Jenin, Nablus and other areas where intense military exercises took place.

## **Emergency Phase Sector Requirements for 100 Days**

### **(a) Food Sector**

The target population for the Food Sector (which includes WFP and UNRWA) in the West Bank is approximately 600,000 including refugees both in camps and outside, as well as residents. This figure is based on the number of people under curfew until 22 April. UNRWA has been supporting 90,000 families who are refugees and who have fallen below the poverty line.

### **(b) Health**

The incursion and curfew in refugee camps has had serious consequences on the health conditions of refugees. Most of the population did not have access to primary health care and chronically sick patients requiring specialised treatment and medication have been the worst affected. UNRWA and others established additional health posts in areas where the population could have access and additional medical staff had to be deployed to run these centres in emergency areas. Many hospitals and clinics have been damaged or destroyed and will require basic drugs, those for chronically sick and rudimentary equipment to provide primary health care services.

### **(c) Psychosocial support**

Camp community groups have been supported technically and financially to provide adequate counselling activities to the population that were affected by the violence during the incursions. Various agencies are developing plans aimed at interventions to cover the new level

and extend of trauma. Existing psychosocial services will have to be strengthened and expanded to meet increased needs. Strong support is also expected from Arab and Israeli professionals.

#### **(d) Environmental health**

Damage to infrastructure in particular water and sewage systems will have an impact on hygiene and possible outbreak of disease, especially in those areas where people are living in temporary accommodation, where population numbers have increased and overcrowding exists.

#### **(e) Education**

Basic equipment and supplies will be needed for schools damaged or destroyed to permit education activities to resume. Also in order that children continue their educational activities remedial packages should be developed for teachers and parents of the communities that could be used outside school structures. Support should be extended to staff to providing additional learning support to children in closed schools and distance learning could be developed.

#### **(f) Emergency Shelter**

Temporary shelter will be required for those people whose houses were destroyed in particular in Jenin camp where tents will be used to house to part of the 800 families left homeless.

#### **(g) Unexploded Ordnance and Mine Awareness**

Jenin and Nablus will require de-mining programmes to allow people to resume their normal lives in safety. In addition, clearing these areas of unexploded ordnance and possible 'booby traps' must take place before any reconstruction in these areas can begin. At the same time mine awareness campaigns, undertaken by UNICEF, should be mounted to educate civilians especially children in these areas.