

ADVANCED COPY

HUMANITARIAN NEEDS OVERVIEW

OPT

HUMANITARIAN
PROGRAMME CYCLE
2020

ISSUED DECEMBER 2019



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning. The designations employed and the presentation of material in the report 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

PHOTO ON COVER

Girl of internally displaced family in Gaza looking after her younger siblings and cousins. ©Photo: WFP/ Wissam Nassar

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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

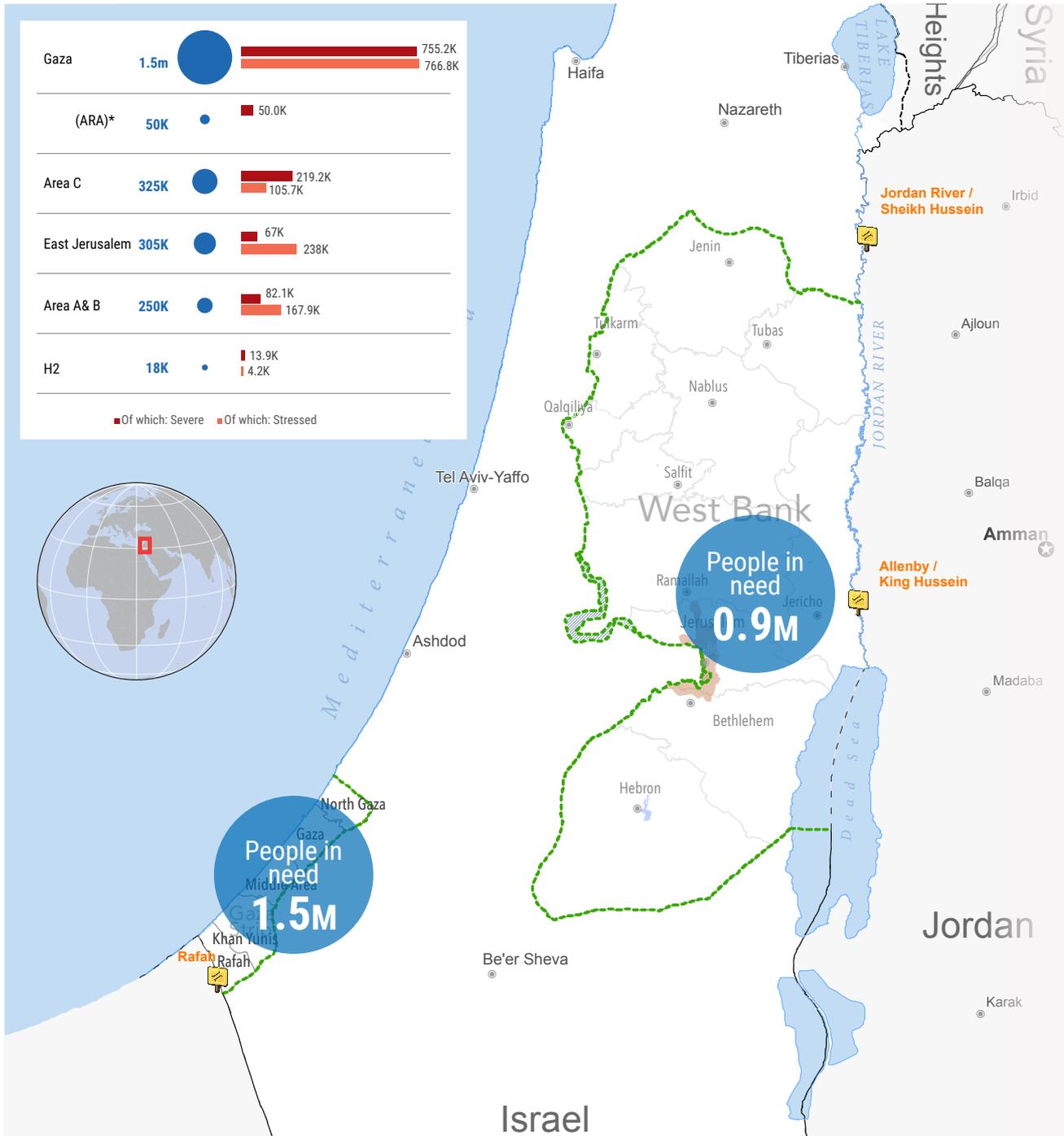
fts.org/appeals/2019

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Summary of Humanitarian Needs

Severity of Needs*



The designations employed and the presentation of material in the report 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.

*Severity of needs was calculated based on the Joint Inter-sectoral Analytical Framework (JIAF). For more information see the methodology page 58.

Key Findings

PEOPLE IN NEED

5.2M

TREND (2015-2020)



WOMEN

50.3%

CHILDREN

48.2%

WITH DISABILITY

5.8%

By Humanitarian Consequence

More on pages 16-21, 26-29

CONSEQUENCE	PEOPLE IN NEED
Critical Problems relating to protection and forced displacement	1.7 m
Critical Problems relating to access to essential services	1.8 m
Critical Problems relating to resilience and recovery	1.7 m

By Gender

More on pages 24-25

GENDER	PEOPLE IN NEED	% PIN
Boys	554k	25%
Girls	525k	23%
Men	559k	25%
Women	600k	27%

By Population Groups

More on pages 17-18

POPULATION GROUP	PEOPLE IN NEED
People living under poverty line	1.14m
Refugees	1.08m
Children Under 5 in Gaza	262k
Female Headed Households (FHH)	168k
Small-scale farmers, herders and fisherfolk in Gaza	150k
Pregnant and Lactating Women in Gaza	53k
Bedouin & Herders in Area C	37k
IDPs	10k

By Age

More on pages 24-25

AGE	PEOPLE IN NEED	% PIN
Children (0 - 14)	1.1M	48%
Adults (15 - 64)	1.1 k	48%
Elders (64+)	83 k	4%

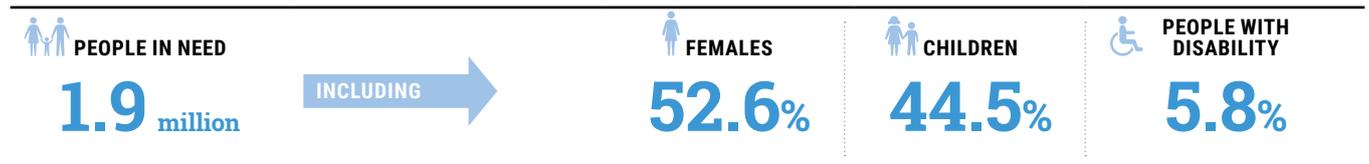
With Disability

More on pages 24-25

AGE	PEOPLE IN NEED	% PIN
Persons with disabilities	129.9k	5.8%

Summary of Humanitarian Consequences

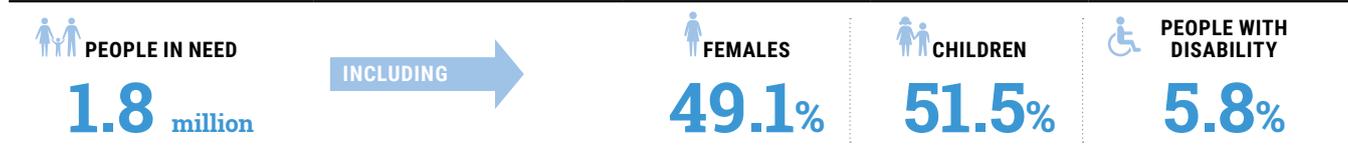
Humanitarian Consequence 1: Critical problems related to the Protection of Civilians and Forced Displacement



HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED
Protection risks related to military occupation	1.9m
Psychosocial distress and mental disorders	498k
Gender based violence	365k
Attacks on healthcare, including prevention of access and delivery of care	110k
Conflict-related violence	98.5k
Forcible transfer and displacement, and risk thereof	63k
Violations of childrens' rights	30.6k
Education related violations	13.6k

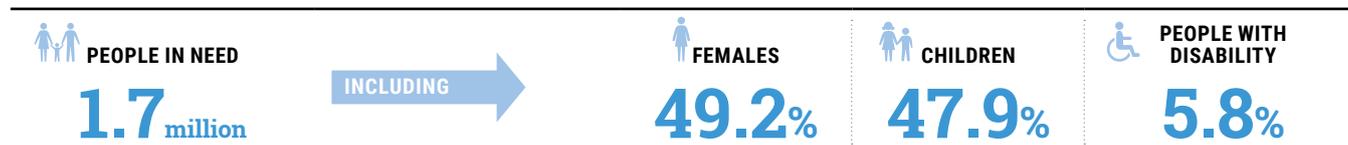
**Palestinians in the oPt face a range of protection threats, including threats to life, liberty and security, destruction or damage to homes and other property, forced displacement, restrictions on freedom of movement and on access to livelihoods, and lack of accountability and effective remedy.*

Humanitarian Consequence 2: Critical problems related to access to essential services



HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED
Limited access to safe drinking and domestic water services	1.8m
Inadequate sanitation and hygiene conditions	1.6m
Limited availability and accessibility of essential life-saving health services, maternal and child health and nutrition services, reproductive health services, and health care for the elderly	1.18m
Challenges in accessing education	389k
Inadequate living conditions	158k

Humanitarian Consequence 3: Critical problems related to resilience and recovery



HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED
Food insecurity	1.7m
Limited emergency shelter preparedness	600k
Limited emergency education preparedness	280k
Limited WASH preparedness capacity during emergencies and shocks	151k
Limited health preparedness capacity leading to increased risk of mortality and morbidity	250k

Part 1

Impact of the Crisis and Humanitarian Consequences

GAZA STRIP

Demonstration at the Gaza fence, May 2018.

©Photo by Dawoud Abo Al Kas



1.1 Context of the Crisis

The humanitarian context of the occupied Palestinian territory (oPt) is a protracted protection crisis, characterized by more than 50 years of Israeli occupation, insufficient respect for international humanitarian and human rights law, internal Palestinian political divisions, and recurrent escalations of hostilities between Israel Security Forces and Palestinian armed groups. As a result, significant humanitarian and protection challenges prevail including: a continuing need for protection measures for over two million Palestinians – around 40 per cent of the population – who are experiencing, or at risk of, conflict and violence, displacement, and denial of access to livelihoods, among other threats; entrenched levels of food insecurity, brought on by high levels of poverty and unemployment, especially among the refugee population; inadequate access to essential services for the most vulnerable households; and limited or declining ability of vulnerable households to cope with the prolonged nature of the

humanitarian crisis. Humanitarian actors, particularly UNRWA, face record-low funding levels, with ever greater challenges to their ability to operate due to restrictions, political considerations, and attacks designed to delegitimize humanitarian action.¹

These dynamics are significantly magnified in the Gaza context by the protracted blockade, imposed by Israel citing security concerns, the intensification of the internal divide between the West Bank-based Palestinian Authority (PA) and Hamas; and since March 2018 a massive rise in casualties during demonstrations held along the perimeter fence. Combined, these factors have devastated public infrastructure, disrupted and overwhelmed basic services and undermined vulnerable living conditions. Across the oPt, over two million Palestinians will need some form of humanitarian assistance in 2020, around three-quarters of whom live in Gaza.



GAZA STRIP
English teacher with her students at the UNRWA School for Boys, January 2019
©Photo by UNRWA



GAZA STRIP
Dispensing medicine in UNRWA clinic. ©Photo by UNRWA



GAZA STRIP
Health workers during protest at Gaza perimeter fence, April 2018. ©Photo by WHO



GAZA STRIP
November 2017 ©Photo by OCHA

1.2

Impact of the Crisis and Humanitarian Consequences

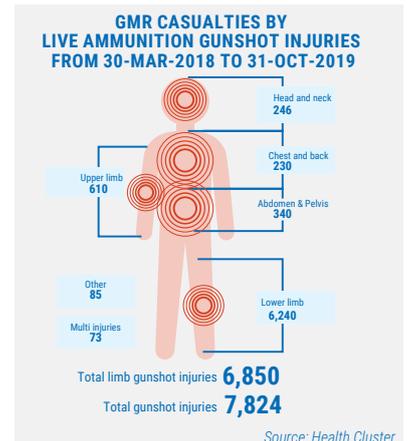
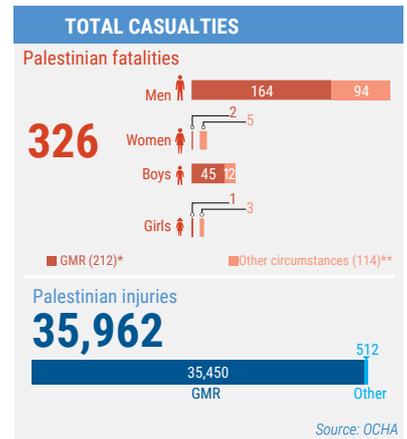
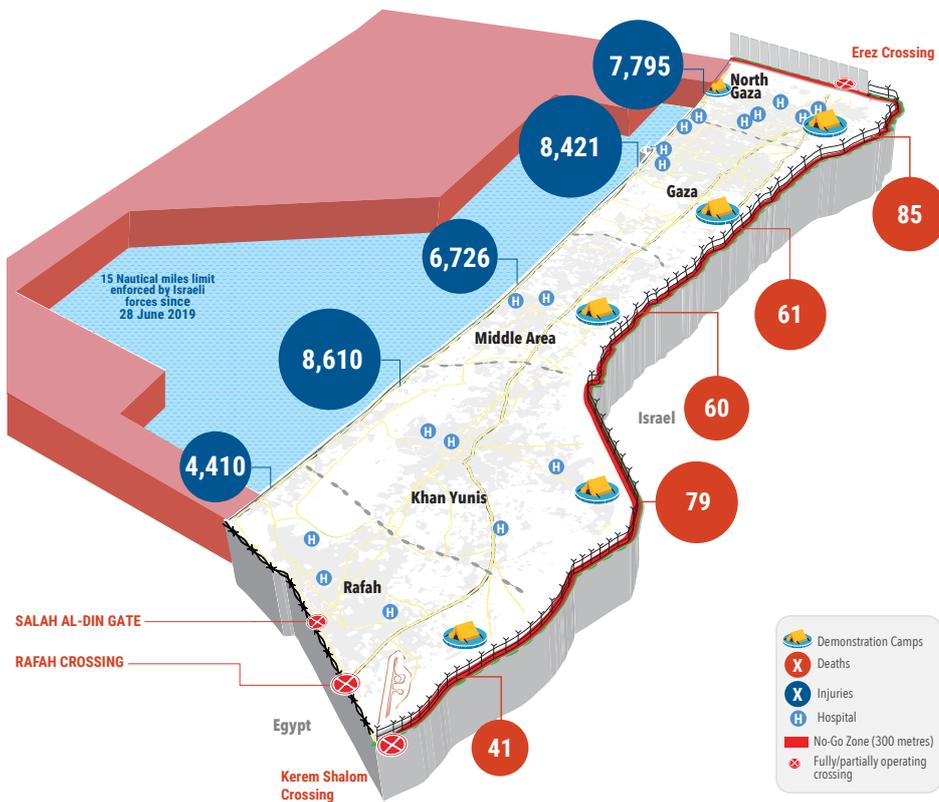
Over the past year, Gaza and southern Israel have experienced sporadic outbreaks of violence which have threatened to ignite a wider confrontation, which has been averted following informal ceasefires concluded after the May and November escalations. The disbursement of Qatari-funded aid has improved electricity supply, which has boosted water and wastewater services, but much more significant funding is needed to address longstanding, structural problems, including high levels of unemployment, poverty, food insecurity as well as a chronic shortage of clean water. The Great March of Return (GMR) demonstrations continue, adding to the already high casualty toll and to the long-term health, disability and psychosocial caseload; concerns about Israel’s excessive use of force during the demonstrations remain. There are also concerns that Hamas and armed factions in Gaza have not done enough to protect children and prevent their instrumentalization.

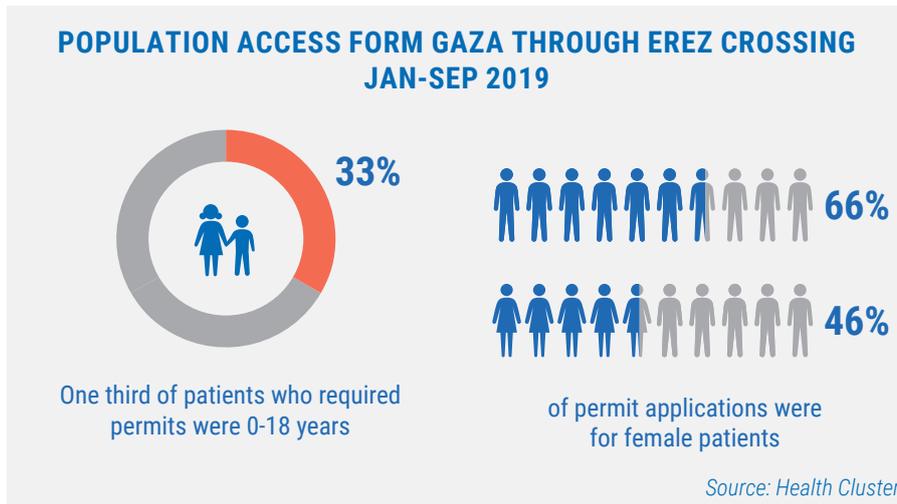
Although the humanitarian situation in the West Bank, including East Jerusalem, is less acute, Israel increasingly treats parts of the

occupied area as its own sovereign territory, seizing lands, exploiting natural resources, and establishing and expanding settlements, which are illegal under international humanitarian law. Many Palestinians across the occupied West Bank, particularly in Area C, East Jerusalem, and the settlement area of Hebron city (H2), continue to face the risk of forcible transfer. Certain Israeli policies and practices applied in these areas create a coercive environment, which generates pressure on Palestinians to leave their communities. These include the demolition and threat of demolition of homes, schools and livelihoods; denial of service infrastructure; access restrictions on farming and grazing land; poor law enforcement in response to violent settlers; and revocation of residency rights, among others. This year has witnessed a significant increase in the number of demolitions and seizures of Palestinian-owned structures, while settler violence remains at similarly high levels to 2018. Incidents of military presence around schools and military activity inside or close to schools which affect children’s safe access to education rose in 2018².

CASUALTIES IN THE CONTEXT OF DEMONSTRATIONS AND HOSTILITIES IN GAZA

30 Mar 2018 - 31 October 2019





The World Bank warns that the Palestinian economy “is expected to slip into a recession in 2020 and 2021,”³ aggravated for much of 2019 by the PA’s fiscal crisis.⁴ The deterioration in the humanitarian situation is also exacerbated by significant shortfalls in donor support for humanitarian actors, especially UNRWA and other UN agencies who provide food assistance to the vulnerable people in Gaza Strip, as well as increased restrictions on operational space which, combined, are undermining the ability of the international community to effectively respond to increasing need.

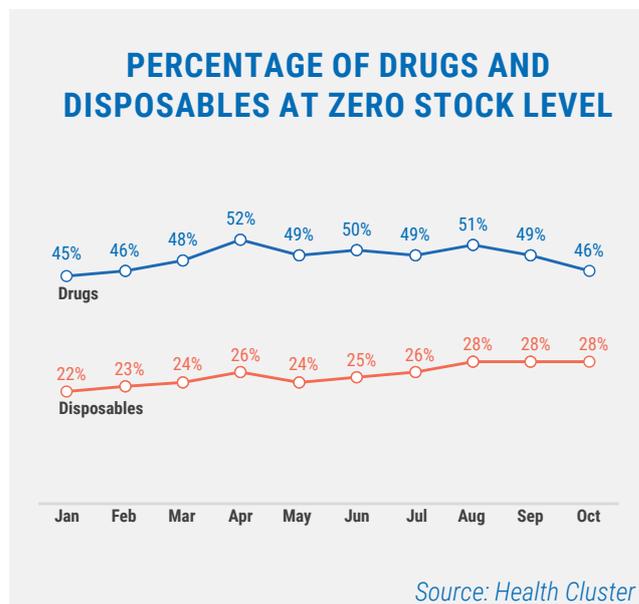
Gaza Strip

According to the World Bank, the Gaza economy experienced a slight improvement in 2019, growing by 1.8 per cent, following a steep recession of almost seven per cent in 2018.⁵ Qatar has continued to fund the supply of fuel for the Gaza Power Plant, which has more than doubled the average daily availability of electricity⁶ and increased the supply of both piped and tankered desalinated water by up to 15 per cent. The pollution levels in wastewater discharged into the sea have declined significantly, reducing the risk of waterborne diseases and enabling the rehabilitation of additional beaches for swimming.⁷ In addition, certain health facilities have been directly connected to the main power supply or provided with solar panels, reducing their reliance on emergency generators. Over 16,000 jobs, including 3,000 for women, have been created by UNDP, UNRWA and other UN Agencies. Other positive steps include an extension of the permitted fishing zone to 15 nautical miles from the coast in the southern area, the return of confiscated fishing boats, and an increase in the exit of Palestinians from Gaza via the Israeli-controlled Erez crossing, many of whom were reported to be labourers employed in Israel, whose entry has been officially prohibited since 2006. Israel also continued facilitating the import into Gaza of significant amounts of otherwise restricted construction materials through the Gaza Reconstruction Mechanism, despite the security risks such imports entail, according to the Israeli authorities.

Despite these improvements, the overall situation in Gaza remains fragile, with May and November witnessing the most serious outbreaks of hostilities since the 2014 conflict. Successive flare-ups over the past year have added some 300 IDPs to the 8,200 individuals who remain internally displaced since 2014.⁸ Unemployment in Gaza increased from 43 per cent in 2018 to almost 47 per cent in the second quarter of 2019, with youth unemployment at 64 per cent.⁹ Some 53 per cent of the population live below the US\$4.6 poverty line, which is the equivalent to around 1.01 million people, including over

400,000 children, according to PCBS¹⁰, and an estimated 62 per cent of households are severely or moderately food insecure.

Although they have resulted in fewer casualties, the GMR demonstrations continued in 2019, alongside longstanding concerns about excessive use of force and a lack of accountability¹¹ as well as the insufficient efforts by Hamas and armed factions in Gaza to prevent children from being exposed to the risk of violence, or from being used as instruments of political action.¹² Between 20 and 30 per cent of the 6,800 injuries caused by live ammunition in the first year of the GMR will require some form of specialized tertiary treatment.¹³ This will necessitate additional resources from an overburdened health system experiencing longstanding challenges, including shortages of medicines and medical disposables: 42 per cent of the items on the essential medicines list were completely out of stock on average in the first half of 2019, partially due to the internal Palestinian divide.¹⁴ An additional challenge is the continuing Israeli restrictions on access for patients requiring health care unavailable in Gaza, with 69 per cent the average approval rate for patient permit applications so far in 2019.¹⁵ The pressure on the health sector is aggravated by the policy of the PA, as a result of the fiscal crisis, of ending patient referrals to Israeli hospitals and redirecting patients within the Palestinian system, or to Jordan and Egypt.¹⁶



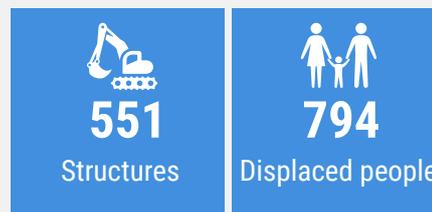
West Bank

The World Bank is projecting that growth in the West Bank “is expected to slow to the lowest level over the last five years (1.2 percent), down from 3.1 percent in 2018.”¹⁷ Economic development is undermined by Israel’s direct military occupation and by limitations on Palestinian access to land and natural resources especially in Area C, which makes up over 60 per cent of the West Bank, and by a multi-layered system of administrative, bureaucratic and physical constraints, including the Barrier, citing security concerns.¹⁸ Intensified settlement activity continues in East Jerusalem, H2 of Hebron and Area C,¹⁹ where a restrictive and discriminatory planning regime make it virtually impossible for Palestinians to develop adequate housing and infrastructure. The resulting demolitions are among the factors generating what the UN Secretary-General report has referred to as a coercive environment.²⁰ In 2019, there has been an increase in the frequency of such incidents: to end-September, the Israeli authorities demolished or seized 426 Palestinian-owned structures, displacing 502 people, on grounds of lack of permit, compared to 294 structures, displacing 272 people, in the equivalent period in 2018.²¹ Refugees continue to be disproportionately affected, accounting for around 36 per cent of those displaced in the first nine months of 2019, although only 25 per cent of the total population. Of concern in 2019, was the employment of Military Order 1797, which expedites the demolition of unauthorized “new structures” in Area C, granting owners only 96 hours to demonstrate to Israeli authorities that they possess a valid building permit.²²

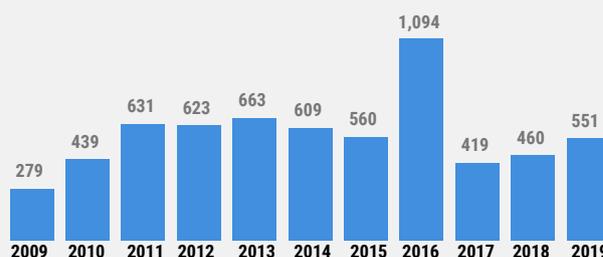
The trend in the increase of settler violence incidents in 2019 vis-a-vis preceding years also continued, with 231 incidents carried out by Israeli settlers resulting in Palestinian casualties (two fatalities and 74 injuries) or in property damage up to end September 2019 which, as a monthly average, represents a 12 and 100 per cent increase, compared with 2018 and 2017 respectively.²³ These factors place many Palestinian households and entire communities at risk of a forcible transfer, particularly in Area C and East Jerusalem

In East Jerusalem, as in Area C, the restrictive planning regime makes it almost impossible for Palestinians to obtain building permits to meet their basic housing and infrastructure needs.²⁴ April 2019 witnessed the highest number of East Jerusalem demolitions in a single month since OCHA began systematically recordings in 2009: to end-September, the Israeli authorities demolished or seized 223 Palestinian-owned structures, displacing 238 people, on these grounds compared to 133 structures, displacing 139 people, in the same period in 2018. Entire neighbourhoods, such as the Wadi Yasul area of Silwan, are unlicensed, where almost all of the structures face a heightened risk of demolition, endangering over 500 people, following the near complete exhaustion of legal efforts to protect their homes.²⁵ In June, Israeli authorities demolished nine buildings in the Wadi Hummus / Sur Bahir neighbourhood of East Jerusalem, most of them located in Areas A and B of the West Bank, where the PA has planning and zoning powers, citing their proximity to the separation barrier as a security concern. Israeli settler organizations continue to take control of properties within Palestinian neighbourhoods in East Jerusalem; in three incidents, four households, comprising 15 people, have been evicted to date in 2019.²⁶ Since June, tensions in the neighbourhood of Al 'Isawiya have remained high, as Israeli

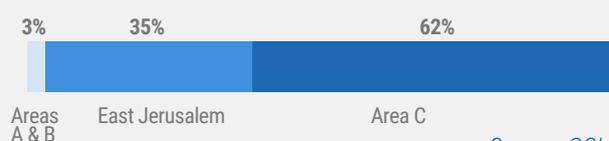
WEST BANK DEMOLITIONS IN 2019 (JAN-OCT 2019)



DEMOLISHED STRUCTURES BY YEAR



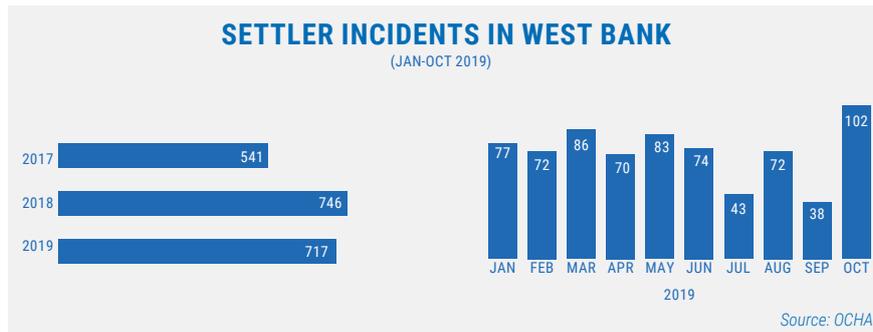
DEMOLISHED STRUCTURES BY AREA



Source: OCHA

security forces conduct raids, house searches and arrests, including of children. Also of concern in East Jerusalem are ongoing attempts by the Jerusalem Municipality to interfere with UNRWA’s operations, including replicating sanitation services in Shu’fat camp and attempting to enter an UNRWA vocational training centre in Qalandia without the Agency’s authorization.²⁷

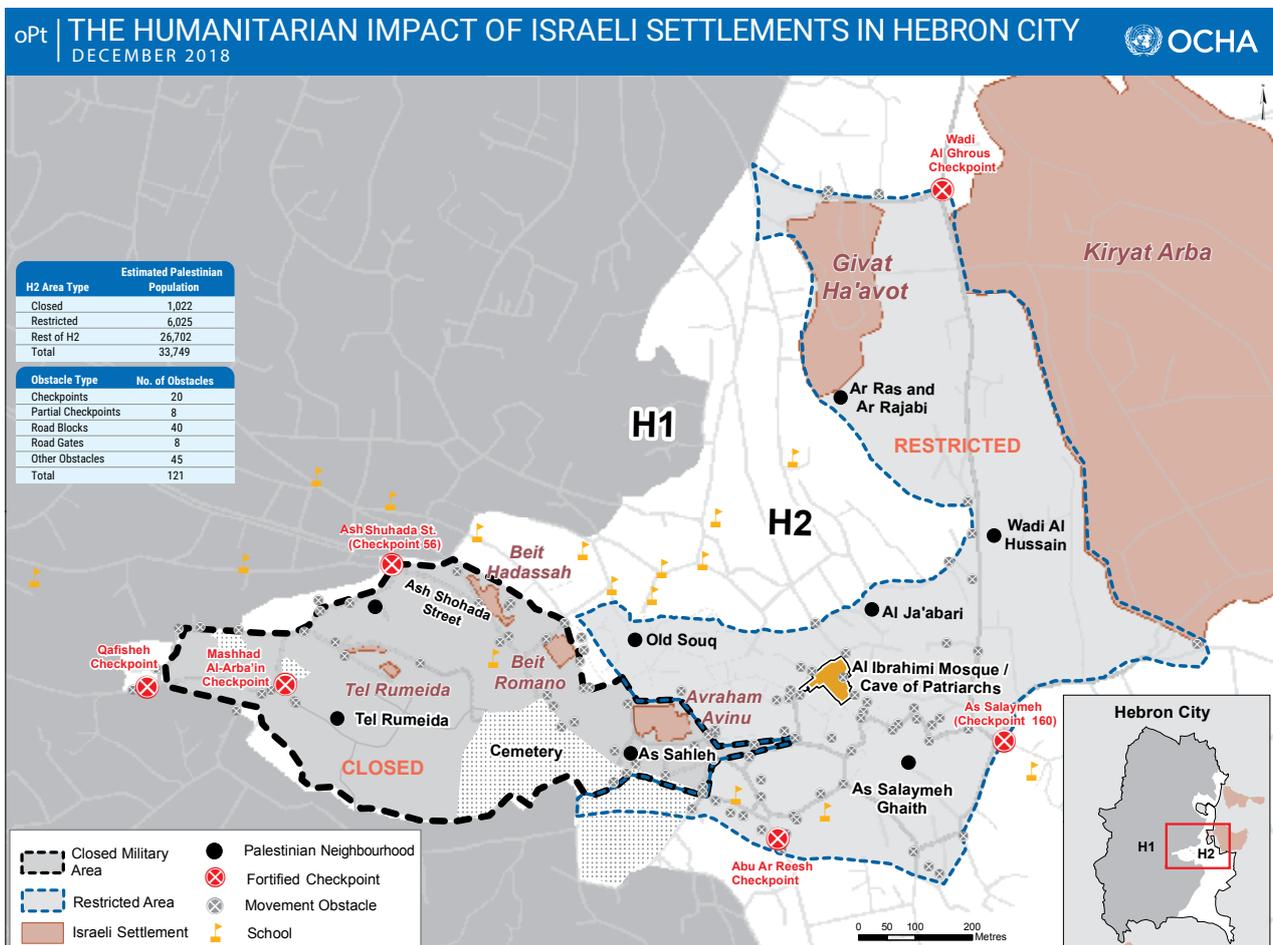
At a time of increasing need, humanitarian operations in the oPt continue to be significantly underfunded. By end-September, only \$197 million was secured of the \$350 million requested for the 2019 Humanitarian Response Plan (HRP), significantly smaller than the \$540 million appeal in 2018. Although UNRWA managed to reopen its schools throughout the oPt in August, the Agency continues to face significant challenges to meet its financial requirements through the end of the year, in light of a projected financial shortfall of USD 89 million.²⁸ Humanitarian organizations are also facing an increasingly difficult operational context and shrinking humanitarian and civic space. In the West Bank, obstacles include restrictions on the delivery of materials needed for humanitarian projects and limitations on the implementation of projects that involve building, expanding or rehabilitating infrastructure in Area C, H2 and East Jerusalem. The termination of the mandate of the Temporary International Presence in Hebron (TIPH) in Hebron after 22 years on 31 January 2019 has increased the protection risks faced by the population, particularly schoolchildren. In Gaza, the Israeli authorities continue to impose physical and administrative restrictions, citing security concerns, on the access and movement of humanitarian actors, especially



national employees: since early 2018, there has been an increase in restrictions on humanitarian national staff leaving Gaza, due to permit application procedures, crossing regulations for vehicles, and the nature of the items that national personnel are allowed to carry out of Gaza. Hamas has also reinstated its presence and tightened restrictions near the Erez Crossing between Gaza and Israel. Combined, these measures have increased uncertainty, delays and logistical impediments for humanitarian organizations, impairing operations and degrading the quality of services provided.²⁹ At the same time, humanitarian organizations have increasingly become the target of unsubstantiated allegations of impropriety, misuse of funds, and other attacks, which have had a range of negative impacts on their activities.³⁰

The deterioration in the humanitarian situation in the oPt cannot be divorced from the broader political context. Gaza is becoming increasingly separated from the West Bank as a result of the ongoing blockade and Hamas' continuing hold over the territory, despite the reconciliation agreement brokered by Egypt in 2017. In the absence

of a political horizon, there is increased resorting to negative and harmful coping mechanisms on the part of vulnerable groups, particularly children, as shown in the rise in the school dropout rate, child labour and child marriage; and, the 250,000 children suffering from severe or moderate mental health disorders.; Further indications that the social fabric in Gaza is unravelling in recent years is indicated by the rise in judicial cases and evictions of IDPs due to rental arrears, as well as reports of widespread drug addiction,³¹ a rise in suicides³² and a growing "brain drain".³³ In the West Bank, among the negative trends on the ground that are imperilling the two-state solution, are the continuing establishment and expansion of Israeli settlements, including in East Jerusalem.³⁴ Increasingly in 2019, adding to the de facto annexation witnessed in recent years, are declarations by Israeli political figures of formally applying Israeli sovereignty over significant parts of the West Bank. "Such steps, if implemented, would constitute a serious violation of international law. They would be devastating to the potential of reviving negotiations and regional peace, while severely undermining the viability of the two-State solution."³⁵



1.3

Impact on humanitarian access

Humanitarian organizations face a range of obstacles on movement and access of personnel and goods, mainly by Israeli and local Gaza authorities. Impediments to access include restrictions on obtaining permits demanded by Israeli authorities to move between Gaza and the West Bank, including East Jerusalem, as well as movement within the West Bank, in particular for national employees of United Nations organisations and international NGOs, as well as other access difficulties at border crossings and checkpoints, such as intermittent closures or security procedures that often result in delay or denial of passage, and may include searches of United Nations vehicles in contravention of United Nations privileges and immunities. Additionally, access restrictions continued to hamper the delivery of materials needed for the implementation of humanitarian projects, including projects that involve building, expanding or rehabilitating infrastructure in the Gaza Strip and Area C of the West Bank, and responding to demolitions of housing or essential infrastructure.

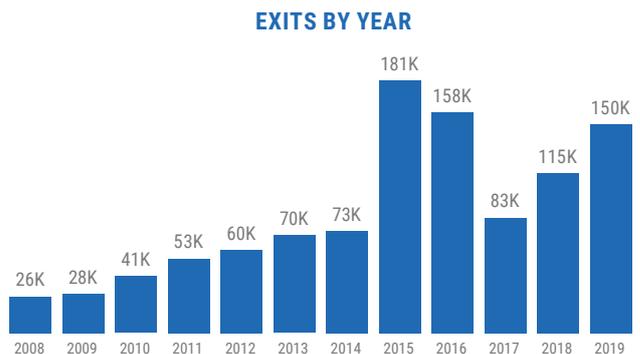
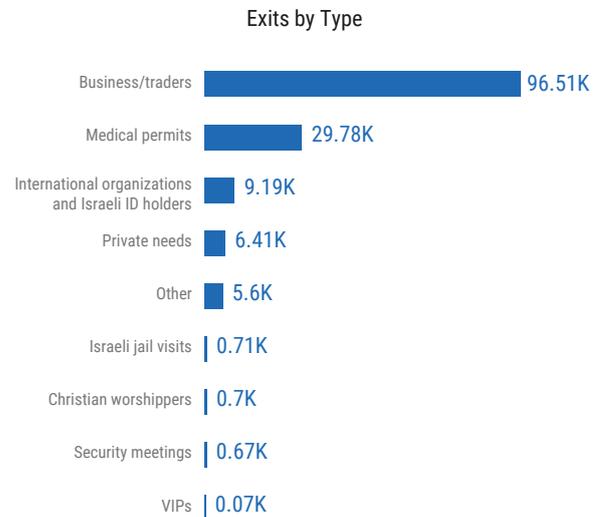
Gaza Strip

Access impediments include Israeli restrictions imposed for Gaza-based national staff to access Jerusalem and the rest of the West Bank, as well as procedures imposed by the local authorities for personnel to cross in and out of Gaza and to reach areas near the fence.

Since 2018, nearly all Gaza-based national personnel from humanitarian and development organizations were prohibited for alleged security reasons from obtaining Israeli-issued permits to travel from Gaza to Jerusalem and the rest of the West Bank. Following continuous efforts by the UN, INGOs and the international community, in late October 2019 the Israeli authorities removed 150 UN and INGO Gaza-based national personnel from the prohibited list and began issuing permits for them. These permit restrictions had a negative impact on the operations of UN agencies and INGOs, with programmes adversely affected in terms of coordination, monitoring, planning, emergency response, fundraising, and training, thereby affecting the ability to provide consistent quality services throughout the oPt.

Additionally, the Israeli authorities continue to impose closures on Gaza, including at short notice, increasing the impact on humanitarian operations. The local authorities in Gaza also restrict the movement of humanitarian personnel, including procedures for those entering and exiting the strip, which have included questioning. Moreover, they hamper access of international organizations to areas near the fence, impacting the implementation and monitoring of projects, and risking ongoing and potential projects.

EREZ CROSSING: EXIT OF PEOPLE IN 2019

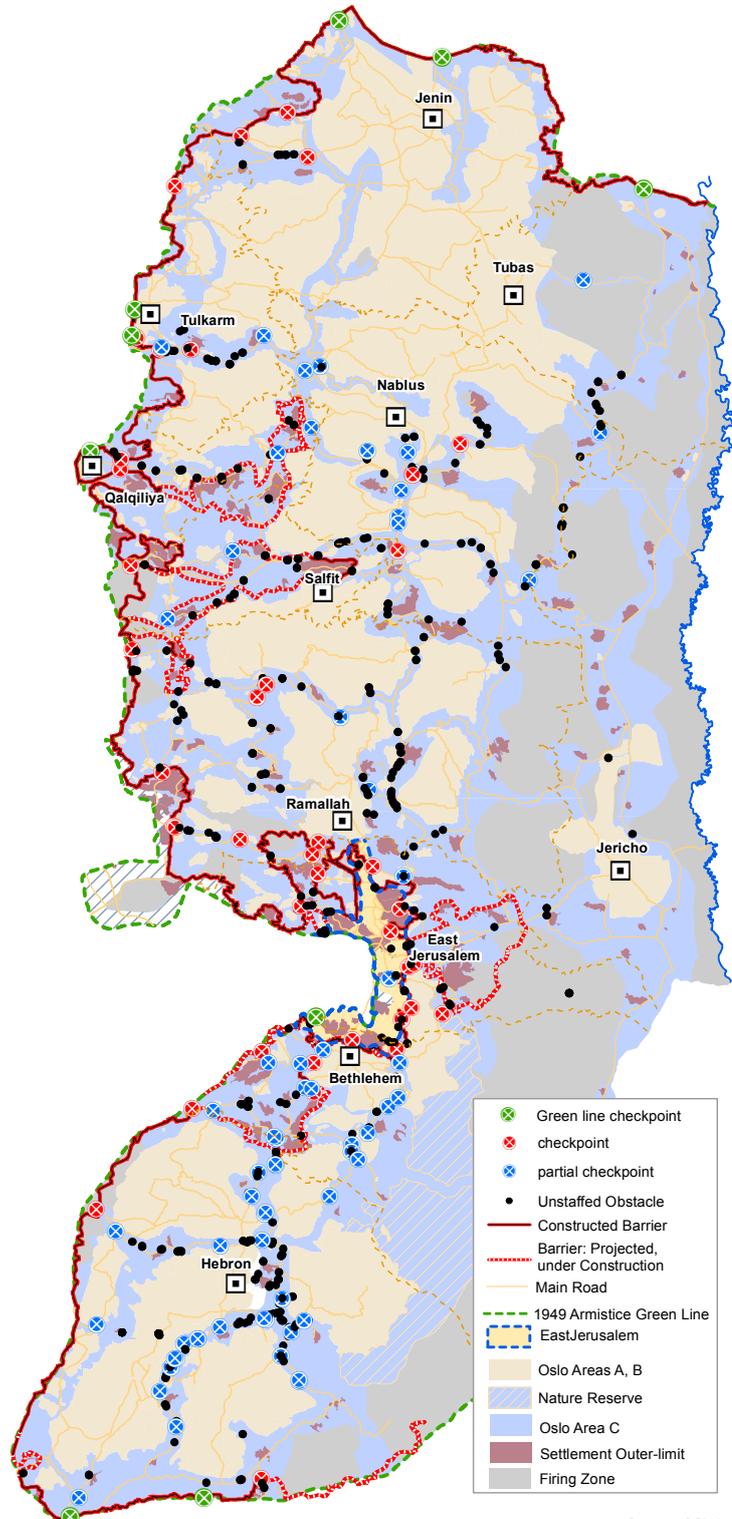


Source: OCHA

West Bank

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. Physical obstacles such as the Barrier, checkpoints and administrative requirements, particularly permits, continue to restrict Palestinian access and movement within the West Bank, including into East Jerusalem, areas isolated by the Barrier (the "Seam Zone"), "firing zones" and land around or within Israeli settlements. A number of restrictions faced by organizations remain in place including physical barriers, their occasional and unannounced closures, and confiscation of aid.

ACCESS RESTRICTIONS IN THE WEST BANK



Source: OCHA

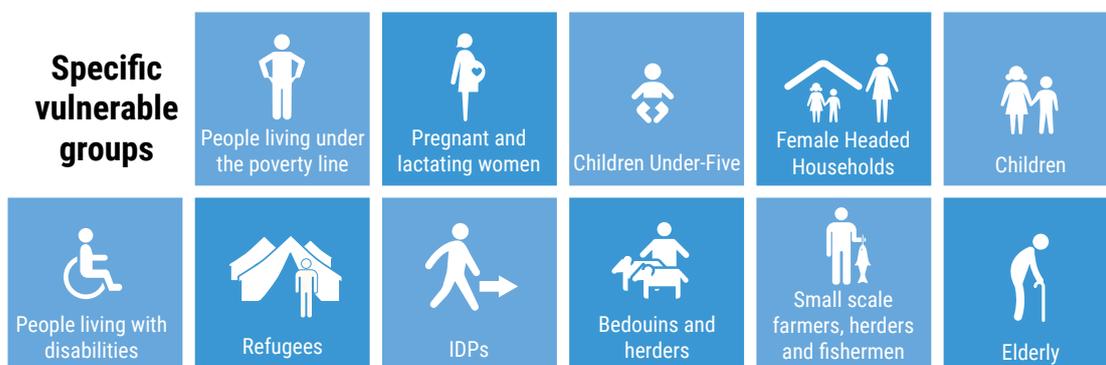
1.4 Scope of Analysis

The HNO provides analysis of the overall affected population disaggregated by different age cohorts and gender across key geographic areas of concern including Gaza, Areas A & B and Area C, East Jerusalem and H2 area of Hebron. In addition, particular attention is placed on the most vulnerable groups:

These specific vulnerable groups and geographic areas have been identified by the Humanitarian Country Team and analysis is drawn from a range of different primary and secondary data sources. The

identification of who is in need in the 2020 HNO follows the new approach since 2019 of defining vulnerability and most vulnerable groups in the oPt, based on their geographic location, status, gender, protection risks and severity of needs.

The below table provides an overview of the scope of the HNO analysis which was determined by the relevance of the identified vulnerable groups per geographic vulnerable area as well as to the availability of data.



Scope of Analysis Matrix

Population Groups	Geographic Areas					
	ARA	Rest of Gaza / Gaza	Area C	Area A&B	East Jerusalem	H2
Male 0-18	No	Yes	Yes	Yes	Yes	Yes
Female 0-18	No	Yes	Yes	Yes	Yes	Yes
Male 18-65	No	Yes	Yes	Yes	Yes	Yes
Female 18-65	No	Yes	Yes	Yes	Yes	Yes
Male 65+	No	Yes	Yes	Yes	Yes	Yes
Female 65+	No	Yes	Yes	Yes	Yes	Yes
People living under the poverty line	No	Yes	Yes	Yes	Yes	Yes
Pregnant and Lactating Women	No	Yes	No	No	No	No
Children Under 5	No	Yes	No	No	No	No
FHH	No	Yes	Yes	Yes	Yes	Yes
People living with disabilities	No	Yes	Yes	Yes	Yes	Yes
Refugees	No	Yes	Yes	Yes	Yes	Yes
IDPs	No	Yes	Yes	No	No	No
Bedouins & Herders	No	No	Yes	No	No	No
Small scale farmers, herders and fisher-folks	Yes	Yes	No	No	No	No

*The "Yes" and "No" in the matrix above refers to whether the vulnerable group was included in the scope of this HNO analysis.

1.5

People in Need

* Gaza people in need figure includes those identified in the restricted areas along the perimeter fence or the Access Restricted Area (ARA). Strict disaggregation of these two geographical areas was not possible due to a lack of concrete boundaries between ARA and rest of Gaza. The figure here shown as ARA are those that were able to be disaggregated (mainly those people in need based on food security). In order not to double count the people in need shown in "ARA", people in need figures are aggregated with "Rest of Gaza" into "Gaza."

MOST VULNERABLE GEOGRAPHIC AREAS

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. Forty-six Palestinian Bedouin communities in the central West Bank, home to some 8,000 Palestinians, the majority registered Palestine refugees, have been targeted by the Israeli authorities for "relocation" to a number of designated sites.

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

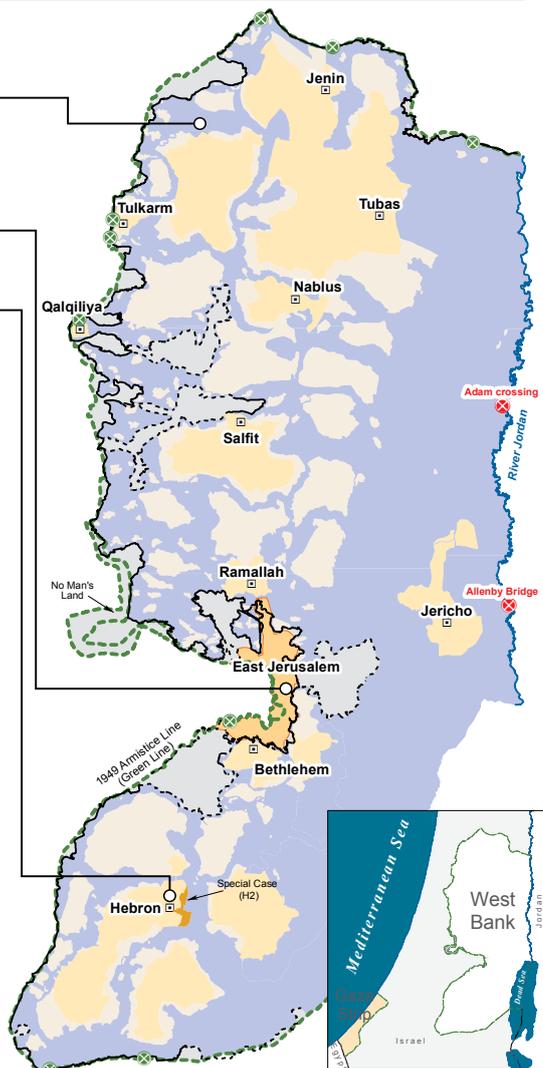
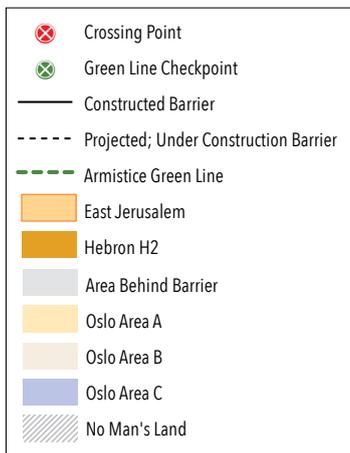
'H2' is the 20 per cent of Hebron city which remains under Israeli control, which includes four Israeli settlement compounds, home to a few hundred Israeli settlers and a population of over 40,000 Palestinians.

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").

Israeli Access Restricted Areas in Gaza (the restricted areas along the perimeter fence)

Citing security concerns, inside the territory of Gaza, along the perimeter fence and at sea, the Israeli authorities have unilaterally declared a restricted area, which Palestinians in many cases cannot enter. COGAT state that up to 200 metres 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 six nautical miles (NM), less than a third of the 20 NM agreed under the Oslo accords. Common practices used by the Israeli security forces to enforce the restrictions include regular military incursions, the levelling of land and damage to property, shootings along the fence and at sea, and arbitrary arrest and detention.



People in need by area Millions/thousands of people

	TOTAL POPULATION	PEOPLE IN NEED	% OF TOTAL POPULATION IN THE AREA	OF WHICH: SEVERE	OF WHICH: STRESSED	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)
ARA	N/A	-	-	50k	-	49.3% / 50.7%	49% / 47% / 4%
Gaza/Restof-Gaza	2.1m	1.5m	74%	755k	767k	49.2% / 50.8%	52% / 45% / 3%
AreaC	325k	325k	100%	219k	106k	49.0% / 51.0%	43% / 52% / 5%
AreaA&B	2435k	250k	10%	82k	168k	52.4% / 47.6%	40% / 55% / 5%
EastJerusalem	325k	124k	38%	79k	45k	55.4% / 44.6%	38% / 58% / 5%
H2	37k	18k	50%	14k	4k	72.3% / 27.7%	39% / 55% / 6%



GAZA STRIP

Gaza Harbour, March 2018

©Photo by OCHA

1.6

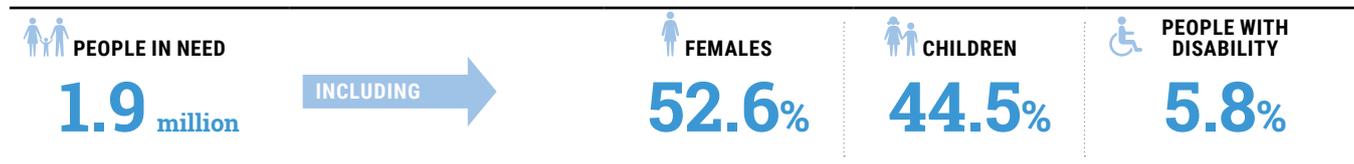
Synthesis of Humanitarian Consequences

The context in the oPt is a protracted protection crisis with humanitarian consequences, driven by lack of respect for international law. Recognising that the situation in the oPt is effectively a chronic protection crisis, protection concerns continue to be the primary drivers of humanitarian need. This year's 2020 HNO analysis has adopted a much more inter-sectoral approach centered around the main humanitarian consequences and needs of the most affected vulnerable groups. Palestinians in the oPt face a range of protection threats, including threats to life, liberty and security, destruction

or damage to homes and other property, forced displacement, restrictions on freedom of movement and on access to livelihoods, and lack of accountability and effective remedy. The Humanitarian Country Team has identified the below critical problems of concern that relate to the protection of civilians and forced displacement, access to essential services, and erosion of resilience with associated humanitarian consequences that translate into needs with an estimated number of people identified in need for each consequence.

Humanitarian Consequence 1: Critical problems related to Protection of Civilians and Forced Displacement

Seventy-nine percent of 2.4 million have been identified as being affected in some way by the humanitarian consequences related to Protection and forced displacement. The 2020 HNO findings identified that violations of IHL and IHRL are at the heart of the oPt crisis and are the main driver of the humanitarian needs in oPt.



HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED
Protection risks related to military occupation	1.9m
Psychosocial distress and mental disorders	498k
Gender based violence	365k
Attacks on healthcare, including prevention of access and delivery of care	110k
Conflict-related violence	98.5k
Forcible transfer and displacement, and risk thereof	63k
Violations of childrens' rights	30.6k
Education related violations	13.6k

1. Protection risks related to military occupation

In Gaza, the Israeli blockade (now in its twelfth year), along with serious and widespread concerns of excessive use of force employed by Israel against Palestinians during the Great March of Return but also in the access restricted areas (ARA) generally, continue to increase vulnerabilities especially for young people, children, women and people with disabilities. These require an increase in a range of responses including child protection, mental and psychosocial support and case management, legal aid, monitoring and documentation of human rights and IHL violations, analysis and advocacy.

Protection:

In Gaza the volatile security situation may result in ground incursions or random air strikes exposing children and adults to risk of death or injuries. In this context, children are at high risk of being killed and maimed, ERW protection risks and separation from their caregivers. Children are also at risk of exposure to violence, including from use of live ammunition and tear gas exposure during demonstrations. Many children are severely distressed and in addition to medical assistance require child protection and structured psychosocial support intervention.

In the West Bank, in the context of an intensifying coercive environment in many areas, the Protection Cluster continued to observe vulnerabilities, including in Bedouin communities, East Jerusalem, H2 and Area C; these require a range of responses, including child protection and GBV services, protective presence, legal aid, monitoring and documentation of human rights and IHL violations, legal analysis and advocacy. Although the main drivers of vulnerability remain unchanged, in 2019 violations such as school demolitions, settler violence, the arrest of children, school incursions and searches, and use of force including live ammunition by Israeli forces raise major concerns, especially in the old city of Hebron, East Jerusalem, Bethlehem and Nablus Governorates.

Palestine refugees inside and outside refugee camps are considered particularly vulnerable as they continue to face various protection threats in the West Bank. This includes ISF military operations in refugee camps leading to injuries, death and damage to property and the possible excessive use of force by Israeli forces during these operations. Regular security operations conducted by the ISF in the West Bank, including East Jerusalem, continued throughout 2019. These operations often result in live ammunition injuries, excessive tear gas exposure, property damage, severe societal stress and, at times, fatalities. From January to September 2019, at least 1,155 Palestinians were injured in such operations and 25 were killed, among them 10 refugees, including four children. Some 23 of the fatalities were at the hands of the ISF, while two were perpetrated by settlers.

More information can be found in Section 3: Protection Cluster narrative

Psychosocial distress and mental disorders:

- An estimated total of 498,776³⁶ adult and children are suffering from mild, moderate and severe psychosocial distress and mental disorders in oPt: around 299,979 children (50 % girls and 50 % boys) with severe, moderate (9.1%) and mild disorders (13%) and 198,797 adults (45% women and 55% men) with moderate or severe mental health disorders. The need for MHPSS services for persons suffering from mild to moderate and severe mental health problems is on the rise in both the Gaza Strip and the West Bank.
 - In Gaza, psychosocial distress and mental disorders affect both adults and children. Twenty-two per cent of 1.9 million people living in Gaza have been identified in need of MHPSS (419,684 people of which 270,689 children³⁷ (50 % girls and 50 % boys)³⁸ 148,995 adults (55% women and 45% men).
 - Child Protection AOR (Area of Responsibility) estimates at least 22,578 children impacted by the 'Great March of Return' (GMR) will be in need of moderate and severe MHPSS support through specialized individual case management services to address high levels of psychosocial distress³⁹. This adds to the already significant mental health burden of 248,111 children in Gaza in need of structured psychosocial support (PSS) services and child protection interventions. The GMR demonstrations have generated widespread mental health and psychosocial consequences, particularly injured adults, youth, children and their caregivers.⁴⁰
- Injured persons with lifelong disabilities, including amputees, who will need integrated and inclusive MHPSS and protection responses. Clashes and GMR demonstrations exacerbate existing child protection concerns and increase needs for MHPSS individual case management, structured PSS and child protection interventions, as well as the documentation of grave violations.
- An estimated 148,995 adults (55% women and 45 % men) are affected by psychosocial distress and mental disorders in Gaza. The chronic exposure to trauma and violence related to the occupation has led to an increase on the burden of mental health problems. The land, air, and sea blockade, imposed by Israel since June 2007; the severe devastations caused by successive military assaults on Gaza (December 2008, November 2012, and July 2014); the internal political divide and the ongoing fuel and electricity crisis; have all contributed to a situation of high psychological distress. In a recent study, 22.1 per cent is the prevalence of mental disorders at any point in time in the conflict-affected population assessed; the figure for severe and moderate mental disorders is 9.1 per cent.⁴¹ In Gaza, the disproportionate use of force by the Israeli military to the weekly mass demonstrations taking place along Israel's perimeter fence – the GMR launched in March 2018, has led to psychosocial deterioration, particularly for those who have witnessed the violence and have been injured and become with physical disabilities. As a result of the high number of trauma injuries and exposure to violence, it is estimated that over 10,400 people will have severe mental health problems, and nearly 42,000 people will have mild to moderate problems.
 - The study published by UNRWA in Gaza in May 2017,⁴² assessed the psychosocial well-being of 2,262 adult refugees attending 15 health centers and 3,142 refugee students attending 45 UNRWA elementary and preparatory schools. The study indicated a high level of psychosocial stress among both students and adults, with almost one half of adults (48.9 per cent) experiencing poor well-being (63 per cent of these warranting further screening for depression) and almost 30 per cent of children experiencing serious difficulties. Both children and parents reported a prevalence of emotional problems (students spoke of a continuous sense of fear and anxiety, as well as learning difficulties and lack of future career opportunities; adults had difficulties identifying their strengths and coping resources, focusing instead only on problems and hardships). Therefore, psycho-social support to student is an integral component of building resilience for students during emergencies.
 - In the West Bank, a total of around 79,092 adults and children have been identified as affected by psychosocial distress and mental disorders. The Child Protection AOR estimates that some 29,290 children (45% girls and 55 % boys) are in need of structured PSS services, child protection intervention and specialized individual case management and an estimated total of 49,802 adults (45% women and 55 % men) are in need of MHPSS in the West Bank: 35,000 adults in East Jerusalem (45% women and 55% men) in East Jerusalem and 14,802 adults (45% women and 55% men)

living in Area C. In particular, there is a general lack of school-based mental health and psychosocial support for affected children in Area C, Hebron H2 and East Jerusalem. In the H2 area of Hebron, the withdrawal of over 60 international TIPH monitors in early 2019 has left a gap in human rights monitoring and protection especially for school children. H2 was the most affected area of the oPt in terms of violations against education in 2019, with thirty-five schools in the area serving 5,561 males and 7,167 females. Meanwhile, specialized personnel remain scarce, with 0.41 psychiatrists per 100,000 populations currently active in the oPt, well below the global median of 1.3 per 100,000. Shortages in medication further limit treatment for severe neuropsychiatric cases.

More information can be found in Section 3: Protection and Health and Nutrition Cluster narrative

Gender Based Violence (GBV):

- Incidences of intimate partner violence, sexual abuse and forced marriage are among key protection concerns both in the Gaza Strip and the West Bank. They are particularly high in vulnerable communities such as IDPs, refugee camps, Bedouin communities, in Gaza and East Jerusalem, and vulnerable groups such as women and girls with disabilities and adolescents, and those with limited availability and access to multi-sectoral services.
- In Gaza, the risk of gender-based violence (GBV) has been exacerbated by an increasingly destabilized economy and weakened social fabric in Gaza, with more households resorting to negative coping mechanisms.⁴³ In addition, mothers with children hospitalized as a result of the GMR demonstrations reported increased gender-based violence directed against them, especially psychological/emotional violence, as they were often blamed by their husbands and other family members for the injury or loss of their children. Widows are at higher risk of immediate psychological/emotional and economic violence by family members, as some are expected to re-marry and the family of the late husband often take control over the finances. Female children who lost a father, or have a father with disability, are at increased risk of forced child marriage due to low income levels, as the father/husband is usually the breadwinner of the family.

More information can be found in Section 3: Protection Cluster narrative

Attacks on health care facilities and workers: The WHO *Surveillance System of Attacks on Healthcare* recorded 603 reported incidents of attacks on health care from 30 March 2018 to 31 July 2019, resulting in four health workers killed and 823 injured, compared to 111 recorded incidents for 2017. Some 86 per cent of the total reported attacks took place in Gaza.¹¹ Attacks on healthcare impact the functionality of health facilities and further disrupt healthcare delivery, with 129 ambulances and 23 health facilities damaged in the oPt in the same period.

More information can be found in Section 3: Health and Nutrition Cluster narrative

Forcible transfer and displacement, and risk thereof:

- In Gaza, as of July 2019, around 8,500 people are still internally displaced, including 8,200 from the 2014 hostilities. The partial withholding payment of salaries and allowances to PA employees in Gaza, and resulting deterioration in coping capacities, is leading to legal disputes between landlords and tenants, placing thousands of families living in rented accommodation at risk of eviction. Some 9,356 families are currently registered in the MOSD social protection programme, out of the 21,818 households renting, as reported in the PCBS 2017 census.
- In the West Bank, a further intensification of the coercive environment pressuring Palestinians to leave their homes was recorded throughout Area C, Hebron and East Jerusalem, with increased rates of demolition and displacement, particularly in East Jerusalem. As of 30 September, there were 440 structures demolished and 541 Palestinians displaced in Area C and East Jerusalem on the grounds of lack of Israeli-issued permits the West Bank. Palestine refugees in West Bank are impacted by various measures, including forcible displacement.⁴⁴ Displacements have increased at an alarming rate in the first nine months of 2019 compared with the same period in 2018, with a 56 per cent increase in overall displacement, and a 36 per cent increase in refugee displacement. There has also been a 34 per cent increase in demolitions, with demolitions of refugee-owned structures increasing by 12 per cent. Refugees continue to be disproportionately affected, accounting for around 36 per cent of those displaced in the first nine months of 2019, while they only represent 25 per cent of the total population. From the beginning of January and until the end of September 2019, 202 Palestine refugees were displaced in the West Bank; of these, 103 were female, including 51 girls under the age of 18. Children accounted for 51 per cent of all refugees displaced during the reporting period. A total of 119 Palestine refugee structures were demolished by Israeli authorities in the first nine months of 2019, all of them due to a lack of Israeli building permits. Displacement and property damage have a particularly detrimental impact on women, girls and persons with disabilities. Following house demolitions, families often move in with extended family and relatives, giving women less control over their time and the household whilst overcrowding and dependence exposes them to an increased risk of family discord and violence.

More information can be found in Section 3: Protection Cluster narrative

Conflict related violence:

- The successive escalations of hostilities in Gaza in 2019 has resulted in the presence of explosive remnants, and a corresponding increased requirement for providing risk education and emergency preparedness sessions to the most vulnerable of the population.
- Concerns about excessive use of force in the oPt are long-standing. Since March 2018, these particularly concern the

GMR demonstrations in Gaza, where there have been massive increases in loss of life and serious injury, which has significant long-term health, disability and psychosocial impact. A total of 210 Palestinians have been killed between the start of demonstrations on 30 March 2018 and end-September 2019, including 46 children. Over 35,000, including many children, have been injured. The large number of casualties among demonstrators, in particular the over 7,500 injured by live ammunition, in circumstances that did not appear to constitute a threat to life or serious injury to Israeli Security Forces (ISF), strongly suggests that excessive use of force was used. This conclusion was supported by an independent international commission of inquiry in March 2019. Additionally, Palestinians injured by ISF in the demonstrations continued to experience delays and denials in attempts to exit Gaza through Erez crossing to access health care in the West Bank (including East Jerusalem), Israel or abroad. One of the only options for these individuals is to legally challenge Israeli decisions, which requires the provision of legal aid. Injured persons with lifelong disabilities, including amputees and those undergoing limb reconstruction treatment, will continue to need integrated and inclusive MHPSS and protection responses.

More information can be found in Section 3: Protection and Child Protection narrative

Violations of children's rights : Children are affected by child rights violations due to demonstrations, military operations, searches, arrests, and detention. In Gaza, the Great March of Return (GMR) has resulted in high numbers of child casualties and severe injuries. Adolescent boys aged 14-17 years are additionally vulnerable to ill-treatment in military detention during their arrest, transfer, interrogation and detention, as well as violence and child labour. In his Annual Report on Children in Armed Conflict covering 2018, the Secretary General also reported on incidents of recruitment and use of children, including three children recruited by armed groups in

Gaza and attempts by Israel to recruit children as informants during interrogations. Adolescent girls also face a series of overlapping vulnerabilities linked to poverty, social norms, and low access to services, leading to harmful practices, including child marriage.⁴⁵ Many children with disabilities are isolated and unable to access services such as education. In the West Bank, a significant number of children are affected by conflict-related violations, particularly in areas near Israeli settlements.

More information can be found in Section 3: Child Protection narrative

Education-related violations: In the Gaza Strip, the blockade, recurrent conflict, the deteriorating humanitarian situation and living conditions, have affected 399,000 (193,000F, 206,000M) school and kindergarten (KG) age children and teachers, of whom 15,500 are CWDs. In the West Bank, including East Jerusalem, access to education is heavily compromised by continuous education-related violations including school incursions by Israeli forces and firing of tear gas and sound grenades in the vicinity of schools, student arrest and detention, protection concerns for students on their way to schools and school demolitions orders, affecting 38,000 (18,000F, 20,000M) children and teachers, of whom are 5,000 are children with disabilities. In many instances, the Israeli authorities have stated that incursions to, or shooting of tear gas into schools have followed stone-throwing by students at Israeli vehicles. Affected children and teachers are geographically divided as follows: 13,000 in Area C, 11,000 in East Jerusalem and 14,000 in Hebron, where children are exposed to conflict-related violence and protection concerns on the way to and from schools, which can lead to increased school dropout and negatively affect children and teachers' wellbeing and coping mechanisms.

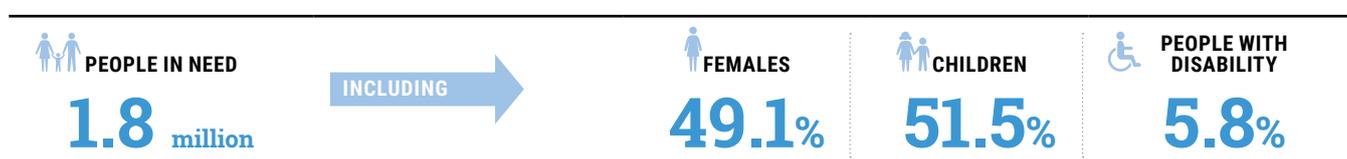
More information can be found in Section 3: Education Cluster narrative

Humanitarian Consequence 2: Critical problems related to access to essential services

Seventy-five percent of 2.4 million have been identified as been affected in some way by the humanitarian consequences related to limited access to essential services. The 2020 HNO findings demonstrated that many Palestinians are highly vulnerable and need improved access to basic services, including education, health, WASH and adequate shelter. In Gaza, the blockade, recurrent outbreaks of hostilities and the internal Palestinian political divide have continued to contribute to a serious deterioration in the access of the population to basic services. In the West Bank, strict movement and access restrictions, coupled with extreme limitations on planning and development, have prevented people living in affected areas, particularly Area C, East Jerusalem and Hebron H2, from accessing essential services.

Limited access to safe drinking and domestic water services and inadequate sanitation and hygiene conditions:

- In Gaza, there has been limited operational support for water and wastewater services over the years, due to the electricity deficit; the lack of spare parts; limited infrastructural operation and maintenance; regular interruptions of access to water and sanitation; recent damage to water infrastructure; import restrictions on materials; and decreased funding from donors. In 2019, WASH partners have also witnessed a deterioration of WASH infrastructure in institutions, particularly in public health centres, as well as in schools. This may pose a significant risk for the emergence of high-threat pathogen communicable diseases such as acute watery diarrhea (AWD) and contribute to the increased prevalence of malnutrition.



HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED
Limited access to safe drinking and domestic water services	1.8m
Inadequate sanitation and hygiene conditions	1.6m
Limited availability and accessibility of essential life-saving health services, maternal and child health and nutrition services, reproductive health services, and health care for the elderly	1.18m
Challenges in accessing education	389k
Inadequate living conditions	158k

- In the West Bank, access to water and adequate sanitation continues to be a significant challenge. In Area C in particular, around 300,000 Palestinians, including 16,000 Bedouins, are directly affected by Israeli restrictions and control of WASH-related infrastructure, such as water and sanitation networks. In Area C, around 95,000 people receive less than 50 litres of water per capita per day, while over 83,000 people consume bad quality drinking water, being mainly dependent on tankered water from unsecured sources, rainwater harvesting, good quality water stored in contaminated storage, or due to unsafe hygiene practices at Household level (lack of sanitation and/or handwashing facilities). Palestinian communities in East Jerusalem also suffer from inadequate WASH services, with only 59 per cent of residents connected legally and properly to the water grid.

More information can be found in Section 3: WASH narrative

Limited availability and accessibility of essential lifesaving health services, nutrition, maternal and child health, reproductive health, health care for elderly

- **Poor mental health and wellbeing:** A 2016 survey conducted by UNRWA⁴⁶ found that 55 per cent of sampled patients attending UNRWA health centres demonstrated poor mental health and wellbeing, with 70 per cent being identified as being potentially depressed. UNRWA data has further shown that 80 per cent of women who seek counselling are also experiencing gender-based violence. Due to the problems mentioned above, Gaza's health sector, of which capacities were already overstretched before the crisis, is struggling to cope with the mass influx of casualties while facing acute shortage in medical supplies, overburden on public healthcare services and increase of mental disorders among the Gaza community.
- **Increasing rate of maternal and infant mortality:** According to the MoH, maternal mortality in the oPt increased from 5.9 to 16.7 deaths per 100,000 live births between 2017 to 2018.⁴⁷ In Gaza it reached 19.1 in 2018, while in the West Bank it reached 14.8 in the same year (2018). In 2018, 72 per cent of the mortalities were ante-partum, suggesting significant gaps at the primary healthcare level. A review process is ongoing to analyse the data, as there may be underreporting, and to ascertain the contributing factors, such as a weakened primary health care, stock outs of essential drugs and disposables, and lack of access to family planning services. In 2018, 72 per cent of pregnant women died ante-partum, suggesting significant gaps in antenatal care at the primary healthcare level.⁴⁸ Access to life-saving reproductive health services and supplies, including family planning, continues to be critical.
- **Children under the age of five affected by micronutrient deficiencies and poor maternal nutrition status:** A total of 324,143 children in Gaza under the age of five suffer from micronutrient deficiencies, including seven out of ten of children under the age of five. There is also a pocket of 36,400 children including those living in the areas along the fence facing access restrictions at a higher risk of having a watery or bloody diarrheal disease and respiratory infections.⁴⁹ The combined effect of food

insecurity, poor maternal nutrition status, sub-optimal infant and young child feeding practices, increased child morbidity and inadequate water and sanitation situation may lead to an increased risk of acute malnutrition, as well as an impaired physical growth and cognitive development and death.

- **Lack of acute care for emergency cases:** The continuation in conflict-related casualties has created a double-burden of trauma on frontline services. In Gaza, the GMR demonstration have continued: to end-September 2019: the staggering proportion of gunshot wounds (25 per cent) of the total casualty caseload, of which approximately 90 per cent were to the limbs, have resulted in over 8,000 limb gunshot wounds. Of these, some 1,209 to 1,746 patients who will need specialized tertiary treatment or may face disability including amputation; an additional 113,000 require targeted humanitarian assistance to access emergency care in Gaza. In 2018, the approval rate for patient permit applications was 61 per cent for the Gaza Strip, increasing to 67 per cent in the first seven months of 2019, and substantially lower for those injured during the GMR (18 per cent approved from 30 March 2018 to 31 July 2019). In the West Bank, primary healthcare services continue to face major challenges, especially as access to some of the most vulnerable communities is hampered in Area C, H2 and the "Seam Zone" due to discriminatory zoning and increased protection concerns. As a result, some 165 communities, with a population of 162,663 have limited or no access to basic primary healthcare services; including people with disabilities entirely neglected. In other areas across the West Bank, including H2 in Hebron, the need for emergency acute care also remains critical with approximately 33,000 people affected.
- **Untreated Noncommunicable diseases:** In Gaza, recent acute emergency events have required prioritization of emergency interventions at the expense of the management of chronic diseases. The lack of medical supplies, including diagnostics and therapeutics, and referral restrictions, are the main reasons for delays and interruption in the treatment of chronic diseases. Untreated noncommunicable diseases can lead to serious complications, such as renal failure, disability, and amputations; in Gaza, treatment interruptions are common, with 61 per cent of medicines depleted on average in 2018, and 65 per cent depleted in the first six months of 2019. Diseases in which treatment interruption causes rapid decompensations, like insulin dependent diabetic patients, patients with severe hypertension, in addition to those on renal dialysis, are considered to be at highest risk of complications and death. The elderly are particular vulnerable to NCDs.

More information can be found in Section 3: Health and Nutrition Cluster narrative

Challenges in accessing Education:

- An estimated 1.2 per cent of six to nine-year-old children, 4.9 per cent of 10 to 15-year-olds children and twenty-five per cent 16 to 17 year-olds in the oPt are out of school. Girls who drop out are at high risk of early marriage, while boys at high risk of child labour or of participating in life-threatening activities,

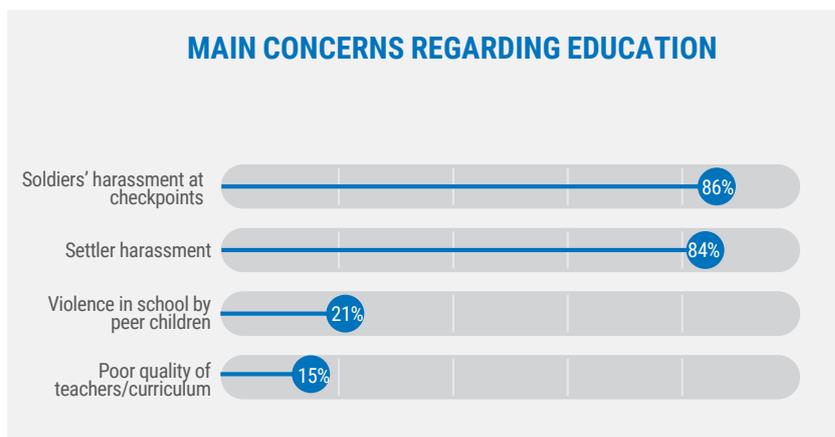
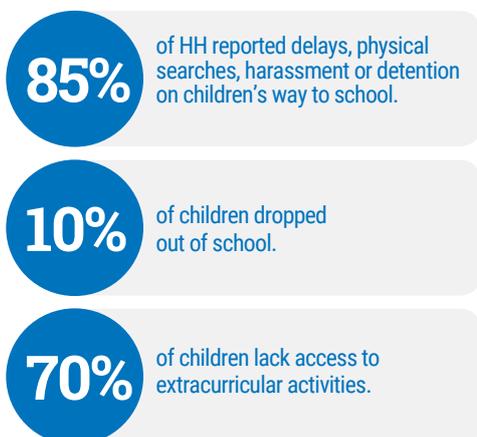
increasing the demands on the already overburdened protection system. Household vulnerability, as experienced in the form of deep poverty and unstable household composition, emerges as a constant factor for exclusion from education. In 2017, 24 per cent of females with disabilities between the ages of 6 and 17, as well as 30 per cent of males, were not enrolled in education and 33 per cent of those 10 years and older were illiterate, compared to only 11 per cent of males.⁵⁰

- In Gaza, the capacity of the education system to deliver adequate education to more than half a million children is compromised by deteriorating living conditions; non-UNRWA teachers receiving partial salaries; 414 public schools (serving 50 per cent of children in Gaza) lacking operational budgets; limited accessibility, in particular for children with disabilities; and the psychological distress that children and teachers face. Around 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, resulting in crowded classrooms, reducing instructional hours in core subjects and foundation learning. It is estimated that 80 per cent of 282,360 students (145,867 boys and 136,493 girls) registered at UNRWA schools in the 2019/20 school year in Gaza require assistance in overcoming a variety of challenges, including poverty, additional learning needs, access restrictions and electricity shortages at home. Recurrent hostilities and the blockade continue to have a deleterious impact on the learning environment for Palestine refugee children in Gaza, who are accommodated in 276 schools, 70 per cent of which operate on a double-shift basis.⁵¹ Such students are from poor families, students with special needs (estimated 10,000), low achievers (approximately 75,000), new entrants or first graders (more than 32,000), repeaters (approximately 1,300 boys and 600 girls), drop outs (approximately 700 boys and 130 girls), over age students, students living in areas along the fence facing access restrictions who are all in need of support and empowerment. The unprecedented deterioration of the economic situation compiled with the energy crisis seriously impact the educating environment of children. This situation does not facilitate at-risk-of-failure students, who are already in need for extra support in several topics, including Arabic and Mathematics. Moreover, there is a critical need in terms of providing all low-achieving students,

repeaters and at-risk-of-failure students with learning materials not only in Arabic and Mathematics but also in the other curriculum's core subjects.

- The realization of the right to education in the West Bank remains severely compromised due to violence and armed search operations in schools; harassment, intimidation, and violence towards students and teachers on the way to and from school; severe shortage of classrooms; and demolition or stop-work orders on school buildings. In addition, children suffer from loss of school time due to tear gas in the vicinity or inside schools, delays at checkpoints and continuous Israeli military presence and operations around schools. More than one-third of Area C communities lack primary schools and girls are forced to travel long distances, sometimes on foot, to reach the nearest school, often crossing one or two checkpoints. In response to these threats, families may adopt "negative coping mechanisms," such as taking children out of school to limit their exposure to Israeli violence and harassment, a practice more common among girls than boys. Dropping out of school is further linked to "early marriage, early pregnancy and sexual assault." Children are not safe even at school as ISF use tear gas in and around buildings causing "physical injuries and spread[ing] panic among pupils and teachers."⁵² In previous years, Palestinians in H2 could rely on the Temporary International Presence in Hebron (TIPH), a UN-mandated operation, responsible for documenting violence and human rights abuses committed by soldiers and settlers. However, in 2019, the Israeli government expelled TIPH observers, denying Palestinians the opportunity to document the violations and threats and inform domestic and international audiences.⁵³
- There is a general lack of school-based psychosocial support for affected children in Area C, Hebron H2 and East Jerusalem. In the H2 area of Hebron, approximately "4,200 students, boys and girls, have their journey to school obstructed by checkpoints every day, frequently facing harassment, intimidation and delays that result in lost school time." Teachers and school personnel who need to reach H2 also report frequent harassment, searches and humiliation at checkpoints.

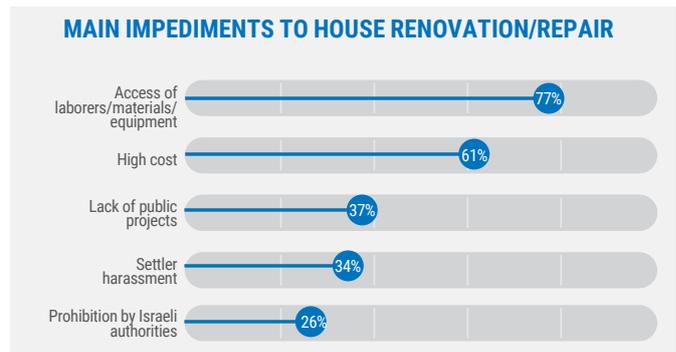
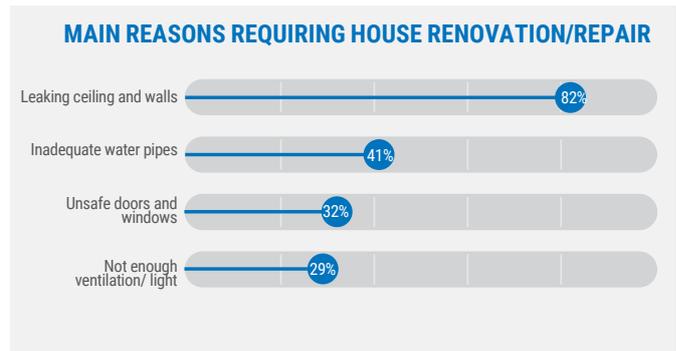
More information can be found in Section 3: Education narrative



Source: H2 Hebron, findings of needs assessment,

Inadequate living conditions: In Gaza, the continuous deterioration in the economic situation, combined with the restrictions on the entry of construction materials, hinders new construction as well as the maintenance of existing housing stock. This has resulted in a severe shortage in housing units needed for natural population growth, about 120,000 units, as estimated by the Ministry of Public Works and Housing (MOPWH) in 2017. This has led to an increase in substandard living conditions at household level, and unhygienic, overcrowded and unprotected living space in existing shelters. These conditions will require minimum shelter interventions for the protection of the vulnerable families exposed to harsh weather and protection concerns. In the West Bank, the vulnerability survey on shelter conducted in all Bedouin and herders' communities in Area C and partners through May 2018, and updated on August 2019, showed that 3,450 shelters are in poor condition and in need for urgent interventions: the number doesn't include the needs to cover natural growth. The last multi-cluster H2 household survey showed that: 69 per cent of households (955) located in restricted and prohibited areas require essential shelter renovation works. In East Jerusalem there are estimated 2,640 people living in inadequate shelter, 945 people out of this figure live in rented houses, the rehabilitation and upgrade of the houses needs special arrangements.

More information can be found in Section 3: Shelter NFIs narrative

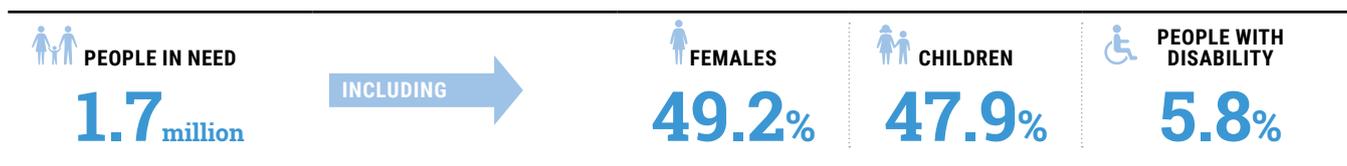


Source: H2 Hebron, findings of needs assessment

Humanitarian Consequence 3: Critical problems resilience and recovery

Seventy-one per cent of 2.4 million people have been identified as been affected in some way by humanitarian consequences related to erosion of resilience. The 2020 HNO identified the multiple ways in which the erosion of resilience of Palestinians takes place. People vulnerable to rights violations struggle to cope with prolonged stresses to their livelihoods. These prolonged stresses have also left

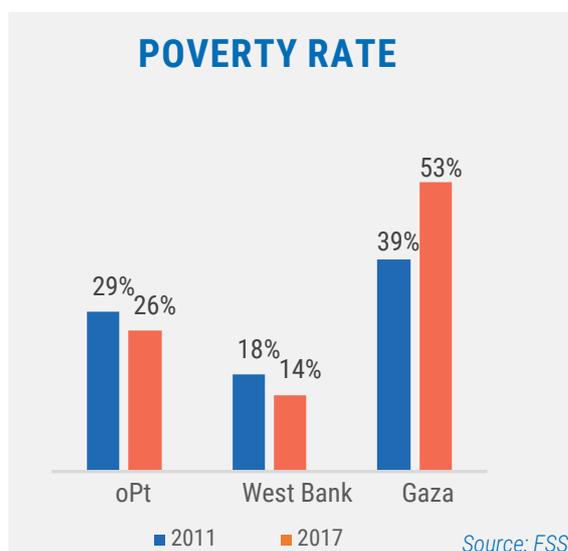
Palestinians less able to cope with sudden shocks such as spikes in conflict in Gaza, demolitions in the West Bank, and natural or environmental hazards, such as winter storms, the longer term effects of climate change, and the environmental impacts of inadequate water and sanitation services and electricity.



HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED
Food insecurity	1.7m
Limited emergency shelter preparedness	600k
Limited emergency education preparedness	280k
Limited WASH preparedness capacity during emergencies and shocks	151k
Limited health preparedness capacity leading to increased risk of mortality and morbidity	250k

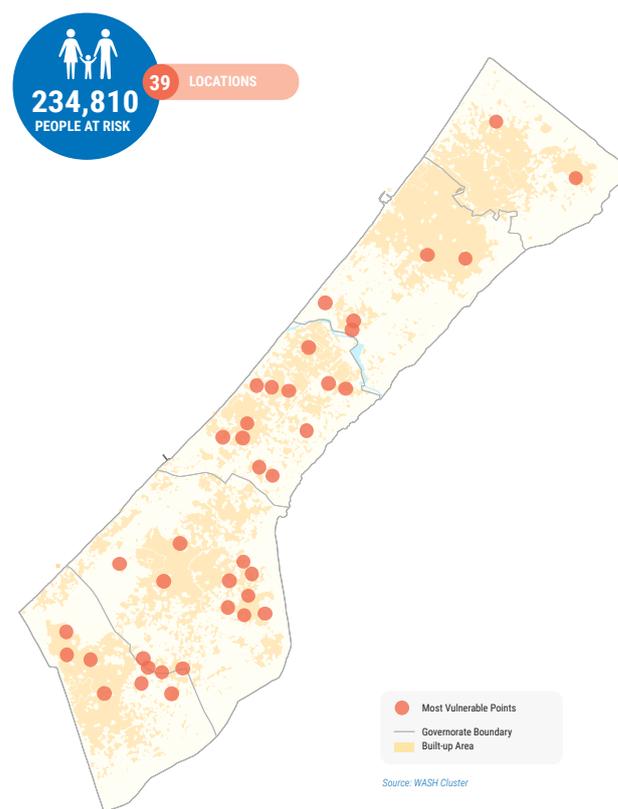
Food insecurity:

- Poverty is one of the main determinants of food insecurity. According to the latest available data, around 29 per cent of Palestinians in the oPt live below the poverty line. The gap between the West Bank and Gaza is substantial, with 53 per cent of the population below the poverty line in Gaza, compared to 14 per cent in the West Bank.⁵⁴ The level of food insecurity remains alarmingly high in Gaza, revealing the long-term impact of the disruptive shocks of recent years, where an estimated 62 per cent of households are severely or moderately food insecure, compared to 9.2 per cent in the West Bank. Almost one million Palestine refugees in Gaza depend on UNRWA emergency food assistance to meet their basic food needs. According to Palestinian Central Bureau of Statistics, the overall unemployment in Gaza reached 46.7 per cent in the second quarter of 2019. Most refugees living in abject poverty do not own assets or capital and are thus highly susceptible to further deterioration in their circumstance should they be faced with any sort of emergency.



- Female-headed households in Palestine show a level of food insecurity of 31 per cent, compared to 26 per cent for male-headed households, with estimated 19.3 per cent of FHH food insecure in West Bank and 62 per cent in Gaza.⁵⁵
- In Gaza 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. The levels of food insecurity remain high, with 62 per cent of the households, or 1.3 million people in Gaza, equivalent to 68 per cent of the population, considered severely or moderately food insecure. Approximately 800,000 of them are refugees, with this population at higher risk of various forms of malnutrition and of developing a negative health outcomes, such as diabetes and cardiovascular diseases.
- Youth and women are disproportionately impacted, with unemployment among Gaza's youth (aged 15-29) reaching 64 per cent, and females in Gaza at around 70 per cent.⁵⁶ The levels of food insecurity remain high, with 62 per cent of the households, or 1.3 million people in Gaza, equivalent to 68 per cent of the population, considered severely or moderately food insecure⁵⁷ A WFP-UNICEF-Save the Children assessment in the most vulnerable parts of Gaza revealed that most households are not eating enough iron-rich food groups and are therefore very likely subject to a high risk of iron deficiency anaemia.⁵⁸
- Farmers with land in close proximity to the perimeter fence have also suffered physical damage as a result of the GMR demonstrations, with approximately 400 farmers with their lands close to the fence directly affected since March 2018, according to the Ministry of Agriculture. Overall, some 3,000 farmers with lands in or beyond the areas along the fence facing access restrictions are still suffering from difficulties in practicing agriculture, leaving 20 per cent of Gaza arable land unplanted.⁵⁹ Those farmers have had their livelihoods disrupted due to limited access, while all farmers in Gaza still lack access to agricultural inputs at affordable prices.
- Long-lasting access constraints, in addition to restrictions on the import of essential equipment, continue to affect the livelihoods of fisherfolk in Gaza. Aging boats, nets, engines and other equipment need to be rehabilitated or replaced. The imposition and enforcement of the 'dual use' policy has had an additional detrimental impact on the livelihoods of fishfolk in Gaza which hinders any improvement of increasing the catch. In addition, despite the improvement in the provision of electricity since late 2018, the power deficit remains a major constraint, and farmers are still facing water shortages for irrigation and their wells, for the re-use of waste water, as well as for other basic agricultural operations throughout all stages of the value chain.
- Economic conditions have also been aggravated by the high number of casualties, especially the over 8,000 gunshot injuries resulting from the Great March of Return (GMR) demonstrations, including 1,200 who have been severely injured by live ammunition and require limb reconstruction treatment. The presence of

MOST AFFECTED NEIGHBORHOODS (NUMBER OF LOCATIONS) PER GOVERNORATE



people with disabilities within already vulnerable households poses higher risk of weakening households livelihoods, leading to increased poverty, erosion of resilience and food insecurity. A recent assessment indicates that injured people cannot afford the rising cost of medicines and other treatments, and that many have lost their jobs due to their disabilities, becoming vulnerable to food insecurity.⁶⁰

- In the West Bank, a coercive environment continues, generating a risk of forcible transfer for many Palestinians in Area C, East Jerusalem and the Israeli-controlled part of Hebron city, H2: an estimated 315,189 living in Area C are 26 per cent food insecure at household levels, and at least 46 communities are at heightened risk of forcible transfer. Most affected are Bedouin communities, particularly the women and youth, whose level of food insecurity is around 60 per cent. The demolition and confiscation of agriculture structures, and restrictions on the maintenance and rehabilitation of productive assets, movement restrictions, and settlement expansion, all contribute to livelihood instability and deterioration of the socio-economic environment. As of November 2019, about 134 agricultural and 83 livelihood structures were partially or fully demolished in 2019, and approximately 700 trees were vandalised by settlers.
- In the West Bank among the factors which contribute to livelihood deterioration among vulnerable communities 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. Limited access to water and inadequate water availability and costly fodder, also limit the sustainability of farming and herding in the West Bank. Water at more than 30 NIS/m has become a costly commodity, especially in remote areas and the eastern slopes of the West Bank. This is compounded by severe limitations imposed on the PA carrying out the most basic maintenance and repair works for the main water carriers.

- Access to services is a key component of resilience. Women and youth in the West Bank are particularly disadvantaged given their limited share of agricultural holdings, their restricted access to services, and the limited economic opportunities available to generate income. This disadvantage restricts women's ability to contribute to household resilience and food security.

More information can be found in Section 3: Food Security narrative

Limited emergency preparedness in Shelter preparedness: Since December 2008, Gaza has witnessed three large-scale and many severe intermittent short-term escalations of hostilities, which resulted in the internal displacement of thousands of people who were sheltered at time of conflict at designated emergency shelters (DES) and host communities or relatives. The level of preparedness to respond to the needs of IDPs effectively and in a timely manner is very limited. 52 UNRWA and 18 PA schools were upgraded to minimum standards to serve as designated emergency shelters in case of expected significant IDP numbers. However, there is a lack of stockpiling or arrangements in place to respond with necessary shelter Non-food items to affected people. The inter-agency contingency plan anticipates up to 600,000 IDPs will be in need of shelter support in case of a large scale emergency, both at DES or host families.

More information can be found in Section 3: Shelter NFIs narrative

Limited emergency preparedness in Education preparedness: Given the fact that a large number of schools are under continuous threat of attacks in the West Bank and Gaza, along with the risks associated with winter storms and flooding, school-based preparedness is critical

to mitigating these risks and reducing their impact on access to education and children's wellbeing.

Limited WASH preparedness capacity during emergencies and shocks: Limited winterization preparedness in Gaza leaves over 234,810 people vulnerable and unprotected from harsh winter weather and flooding. The recurrent flooding high risk areas in 39 locations poses a threat of contamination of sources of water and of overflowing of the sewage systems, increasing the risk of waterborne disease and environmental contamination, leaving the most affected HH in vulnerable situation.

More information can be found in Section 3: WASH narrative

Limited Health preparedness capacity: The protracted conflict, alongside sudden shocks, is overwhelming an already overburdened health system. In Gaza the health system is struggling to cope with the ongoing influx of conflict-related trauma casualties each week, as part of the GMR. However, infrastructure, human resources, and the referral system remains only partially functional after 12 years of blockade, inadequate to cope with the growing needs. The lack of medicines is particularly severe in Gaza, where 42 per cent of the items on the essential medicines list were completely out of stock on average in the first half of 2019. According to the Ministry of Health, the shortage in essential medical drugs exceeded 52 per cent as of May 2019, leaving the supplies stock to less than one month on average. This shortage is seriously threatening the quality and availability of healthcare provided to thousands patients seeking healthcare services. In the West Bank, maintaining an uninterrupted chain of care from the community to the hospital saves lives, but many of the early links in this chain have been neglected, or isolated as a result of checkpoints and barriers, leading to a degrading frontline health service, including ambulance services and care at the emergency units. Strengthening these emergency services will not only prevent mortality and morbidity from trauma but also acute needs related maternal and child health, exacerbated non-communicable diseases, and infectious diseases.

More information can be found in Section 3: Health narrative

1.7

People’s vulnerability characteristics

The following vulnerable groups have been identified in the 2020 HNO as most affected by the protection crisis. The goal of humanitarian assistance in the oPt is to protect the rights of Palestinians under occupation, provide access to basic services for those who are acutely vulnerable, and support the ability of households to cope with prolonged stresses to prevent a further deterioration in their situation until more sustainable solutions are found.

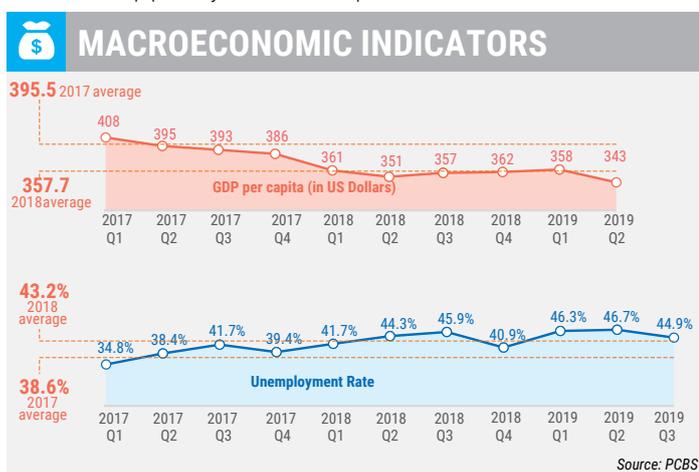
People living under the poverty line

- Twenty-nine per cent of Palestinians live under the poverty line (14% in the West Bank and 53% in the Gaza Strip). Seventeen per cent of Palestinians are living in deep poverty (6% in the West Bank and 34% in the Gaza Strip). Poor people are defined as those living on less than US\$4.6 per day, including social assistance and transfers, which is estimated by PCBS as the minimum to cover basic household needs (shelter, clothing and food), in addition to basic healthcare, education and transportation.⁶¹
- In Gaza 54 per cent of the population live in poverty, despite humanitarian assistance, a 14 percentage points increase since 2011, which is the equivalent to around 1.01 million people, including over 400,000 children⁶². Moreover, nearly two thirds of the poor, or about 656,000 people, are considered to be living in "deep poverty", which means on less than \$3.6 per day, the minimum to cover only shelter, clothing and food needs.
- More than half (53.6 per cent) Palestinians who reported that their main source of income is social assistance and transfers were found to be poor (after taking into account that income), compared to 29 per cent of those who rely on private sector salaries and 26 per cent of those relying on public sector salaries. According to PCBS findings, without social assistance and transfers, by 2017 the poverty rate in Gaza would have reached nearly 60 per cent, and deep poverty more than 42 per cent.

- The fragility of the situation is the share of food in the total household consumption, which in the Gaza Strip reached almost 35 per cent. The higher this share is, the lower the standard of living, as fewer resources are available for other needs. The increase in poverty in Gaza, as reflected in PCBS data, has been driven by the extreme volatility of its economy, characterized by short periods of growth followed by prolonged and deep recessions. This has resulted in some of the highest unemployment rates in the world: in the first quarter of 2018 it reached 49.1 per cent. Key factors affecting these dynamics include the longstanding Israeli blockade, exacerbated by the internal Palestinian divide, recurrent outbreaks of hostilities, and the chronic energy crisis.
- In the West Bank, 14 per cent of people are living under the poverty line. Poverty status in the West bank is sensitive to even small shocks in household expenditures, while in Gaza any change in social assistance flows can significantly affect the population’s wellbeing. The burden of poverty falls hardest on several vulnerable groups, including: female-headed households, youth and children, people with disabilities, refugees, Bedouin, displaced persons, Area C, H2, East Jerusalem and the Seam Zone. In East Jerusalem, 75.4 per cent of families live below the Israeli poverty line, while as many as 33 per cent of Palestinian schoolchildren “do not complete 12 years of education.”⁶³ Poverty is widespread and deep in H2. These circumstances are especially hard for mothers and other women who are expected to maintain the household in conservative circumstances⁶⁴.

Children

- The protracted protection crisis in the oPt continues to have a significant impact on children and their families. Boys and girls in the West Bank and Gaza continue, on a daily basis, to face demolitions, conflict-related violence, harassment, restricted movement and a lack of services. Children are affected by child rights violations due to demonstrations, military operations, searches, arrests, and detention. In Gaza, the GMR has resulted in high numbers of child casualties and severe injuries⁶⁵. Recovering from injury, children may miss school for extended periods of time and may lead to drop-out. For boys, being wounded or maimed may limit their ability to marry and become, in their eyes, full members of society. In addition, boys, coming from households where wage-earners have been killed or wounded, may be forced to enter the workforce to provide for household needs. Girls, on the other hand, may find themselves become caregivers for family members who have endured injuries or disabilities, requiring them to drop out of school. Girls, on the other hand, may face the



prospect of forced or early marriage, especially in families looking to relieve the desperate financial circumstances caused by an incapacitated wage earner.⁶⁶ These same circumstances may also encourage close-kin marriage as fellow family members may agree to waive a dowry. Threats to children have a distinctly gendered character. Further, girls who have been injured or disabled may be considered unfit to marry by their families, which may cause families to perceive them as posing an additional financial burden and suffering a social stigma.⁶⁷

- Adolescent boys are additionally vulnerable to ill-treatment in military detention during their arrest, transfer, interrogation and detention, as well as violence and child labour. Adolescent girls are particularly vulnerable. Adolescent girls face a series of overlapping vulnerabilities linked to poverty, social norms, and low access to services, leading to harmful practices, including child marriage.⁶⁸ It is estimated that there are 530,000 adolescent Palestinian girls, projected to rise to 720,000 in 2030.⁶⁹ In households living in poverty, adolescent girls are often the first to experience the sting of chastened financial resources. To save financial resources or devote them to male siblings, adolescent girls may be pulled out of education or married off as child brides.⁷⁰ Boys also face hardships in impoverished households, which often include going to work to support family incomes. PCBS (2019) indicates that child labour reached 3 per cent among children 10-17.⁷¹ Females, particularly those in poorer households, also face diminished health outcomes, which can manifest as early as childhood and adolescence. In 2014, as a result of food insecurity, an estimated 72 per cent of adolescent females in Gaza were estimated to have a Vitamin D deficiency, while 64 per cent were estimated to have a Vitamin A deficiency.⁷²
- In the West Bank, a significant number of children are affected by conflict-related violations, particularly in areas near Israeli settlements. Thousands of children continue to be affected by education-related violations on the way to, from, and in or near schools. In Area C, children continue to be exposed to all the elements of the coercive environment.⁷³ Children living in refugee camps in the West Bank continue to be especially vulnerable. In H2, approximately "4,200 pupils, boys and girls, have their journey to school obstructed by physical barriers to movement, including military checkpoints every day, frequently facing harassment, intimidation by Israeli settlers and delays that result in lost school time."⁷⁴

Refugees

- Palestine refugees across the occupied Palestinian territory (oPt) continued to face daily challenges as a result of Israeli occupation, in which respect for dignity, welfare and rights under international law are at repeated risk; and high levels of violence, with individual, familial and community resilience stretched to the limit. Palestine refugees, who form 39 per cent of the total population of the oPt, show higher levels of severe and moderate food insecurity at household level (39 per cent) than non-refugees (20 per cent) in overall Palestine. In West Bank, refugees' household food

insecurity prevalence is at 14 per cent, compared to 10 per cent for non-refugees. In the Gaza Strip, the situation is reversed, showing non-refugees population with 64 per cent prevalence of food insecurity, against 61 per cent for refugees at household level.⁷⁵

- Palestine refugees represent 70 per cent of the total Gaza population.⁷⁶ The prolonged Israeli blockade of Gaza, the ongoing impacts of the Great March of Return demonstrations, and internal political divisions coincided with the crisis of the PA salaries cuts and the electricity shortage continue to have a devastating impact on the socioeconomic conditions for Palestinian refugees, severely restricting the movement of people and goods and crippling the local economy. The socioeconomic context continues to be characterized by widespread unemployment and stagnating low incomes, continuing to trap the majority of the population in the Gaza Strip, 70 per cent of whom are Palestine refugees⁷⁷, into poverty. According to Palestinian Central Bureau of Statistics, the overall unemployment in Gaza reached 46.7 per cent in the second quarter of 2019. The level of food insecurity remains alarmingly high in Gaza, revealing the long-term impact of the disruptive shocks of recent years, where an estimated 67.5 per cent of households are severely or moderately food insecure, compared to 14.1 per cent in the West Bank.⁷⁸
- The blockade, as well as the dire socioeconomic situation, has had serious repercussions on the psychosocial well-being of Palestine refugees. A 2016 survey conducted by UNRWA⁷⁹ found that 55 per cent of sampled patients attending UNRWA health centres demonstrated poor mental health and wellbeing, with 70 per cent being identified as being potentially depressed. UNRWA data has further shown that 80 per cent of women who seek counselling are also experiencing gender-based violence. Due to the problems mentioned above, Gaza's health sector, of which capacities were already overstretched before the crisis, is struggling to cope with the mass influx of casualties while facing acute shortage in medical supplies, overburden on public healthcare services and increase of mental disorders among the Gaza community.
- In the West Bank, refugees represent one-third of the West Bank population including East Jerusalem, many of the 853,818⁸⁰ Palestine refugees registered with UNRWA experience challenges marked by continued violence, forced displacement, the risk of forced and the risk of forcible transfer in contravention of international law, administrative and punitive demolitions as well as restrictions on access to markets and markets, and services, including education and primary health care particularly for those living or owing in Area C and in the Seam Zone. These challenges are particularly acute for the nearly 261,606 Palestine refugees who reside in one of the 19 refugee camps in the West Bank, including East Jerusalem.⁸¹

Children under 5 in Gaza, including neonates: In Gaza, children under the age of five, are one of the most vulnerable groups affected by the deteriorating health system. Up to 10,000 new-born children per year are in need of transfer to neonatal intensive care units for specialized life-saving treatment⁸². A total of 324,143 children in Gaza under the

age of five also have micronutrient deficiencies.⁸³ There is also a pocket of 36,400 children living in the areas along the fence facing access restrictions who are at a higher risk of having watery or bloody diarrheal disease and respiratory infections.⁸⁴

Female-Headed Households : By June 2019, the PCBS Labour Force Survey indicates that approximately 11 per cent of households in Palestine are headed by females, 12 per cent in the West Bank and 9 per cent in the Gaza Strip.⁷¹ About 20 percent of the individuals living in female-headed households suffer from deep poverty, unable to fulfil the minimum required for food, clothing and housing, compared to about 17 percent of the male-headed households⁷². Among female-headed households in Area C, 36 per cent were designated as distressed, compared to only 22 per cent of households headed by males.⁸⁵ In the face of limited incomes and assets, female-headed households are often forced to adopt negative coping strategies, including taking out “high cost loans or cutting down on vital family activities/practices.”⁸⁶

Small-scale farmers, herders and fisherfolk in the Gaza Strip: In Gaza there are estimated 150,000 small-scale farmers, herders and fisherfolk, including estimated 50,000 of them in areas along the fence facing access restrictions that are in need of food and livelihood assistance.⁸⁷ Despite the on-off expansion of the fishing zone off the coast of Gaza up to 15 nautical miles in 2019, there is still have limited capacity to fish.

People living with disabilities: In 2017, the Palestinian Central Bureau of Statistics estimated that there were at least 92,710 Palestinians with at least one disability. Among female Palestinians, approximately 5.4 per cent were estimated to have at least one disability. Many children with disabilities are isolated and unable to access services such as education. Reflecting entrenched social norms and absent resources on the household and state level, women and girls with disabilities “are denied the opportunity to make decisions, participate in society, find an employment or enjoy their right to inheritance.”⁸⁸ Women who are able to find work encounter exploitation, underpayment, and relegation to menial functions beneath their ability, while those who attempt to contest their discrimination under the law may find themselves denied because of antedated definitions of legal capacity. Schools and other buildings in society, and even homes, are often unequipped to accommodate persons with disabilities of any gender.⁸⁹

Injured persons with lifelong disabilities, including amputees and those undergoing limb reconstruction treatment, will continue to need integrated and inclusive MHPSS and protection responses, in addition to shelter adaptation for access and the use of different facilities. In

2019, needs arising from the GMR continued to rise, particularly for injured adults, women whose husbands and/or children have been injured or killed, youth, children and their caregivers.

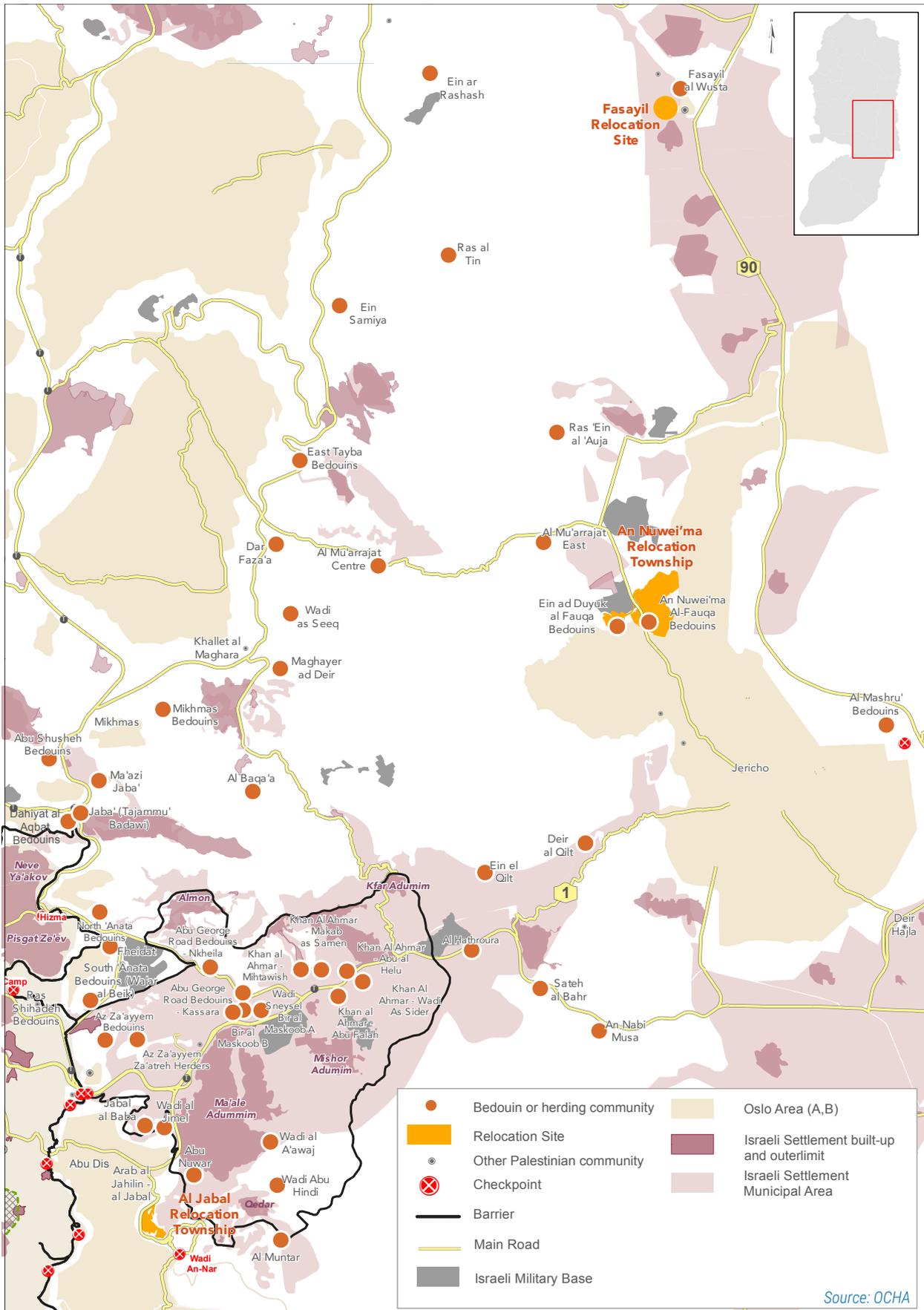
The Elderly : The elderly in Palestine rely primarily on traditional systems whereby their families are their main source of upkeep, care and support. The physical and mental health of the elderly is negatively affected as a result of having limited or no support systems, lacking access to social protection and health services and being exposed to discrimination, violence and abuse. Estimated to be 4.5 per cent of the population, 78 per cent of the elderly live in their own homes with family members.⁹⁰ Their numbers are projected to reach 470,000 in 2030.⁹¹

Pregnant and lactating women in Gaza: The current situation in Gaza has further deteriorated the health and nutrition status of the most vulnerable children under the age of five, pregnant and lactating women. In the most deprived areas of the Gaza Strip, some 18 per cent of pregnant women and 14 per cent of lactating mothers in deprived communities in Gaza are undernourished.⁹² In the same area, fewer than 50 per cent of infants are exclusively breastfed, and infant feeding practices are of serious concern considering the poor water and sanitation conditions.⁹³

Bedouins and Herder communities in Area C: Bedouin and herder communities are among the most vulnerable communities in Area C. Restrictions imposed on them as a result of the occupation and the absence of services deepen their poverty, severely impact their quality of life, and violate their human rights including rights to freedom of movement, housing, health, education, and employment. Over 70 per cent are refugees, and by virtue of their location, Bedouin and herder communities are under the constant threat of forced displacement and settler violence. Movement restrictions affect these communities more than others because over 90 per cent of them depend on herding as their primary source of income, which requires moving over large areas to enable their livestock to graze. The Israeli planning regime requires Bedouins to stay within limited areas contrary to their nomadic lifestyle.

Internally displaced persons (IDPs) in Gaza: As of July 2019, around 8,500 people are still internally displaced, including 8,200 from the 2014 hostilities.⁹⁴ Those families who had benefited from such support are now exposed to increased risk of eviction and heightened tension with landlords. IDP households also remain vulnerable to a range of protection threats including GBV, particularly for women and children.⁹⁵ Furthermore, legal barriers facing IDP women’s access to humanitarian assistance, especially widows and second wives, remain a concern.

BEDOUIN AND HERDING COMMUNITIES IN AREA C AT HIGH RISK OF FORCIBLE TRANSFER



Part 2

Risk Analysis and Monitoring of Situation and Needs

GAZA STRIP

Internally displaced family ©Photo by WFP/ Wissam Nassar



2.1

Projection of Needs

The main drivers of humanitarian vulnerability across the (oPt) are expected to remain largely unchanged in 2020. The longstanding Israeli blockade on Gaza is expected to continue, with no resolution foreseen to the internal Palestinian political divide. The "Great March of Return" demonstrations are also expected to continue, albeit on a reduced scale, placing additional strains on an already overburdened health system. Despite a recent partial solution to the PA's fiscal crisis, there is no expectation that the significant funding needed to address longstanding, structural problems in Gaza, including high levels of unemployment and poverty and a shortage of clean water, will be forthcoming. Absent this, there will be a further unravelling of the social fabric in Gaza, and increased resorting to negative coping mechanisms on the part of vulnerable groups, particularly children, as witnessed in the rise in school dropout and child labour.

In the West Bank, policies and practices affecting vulnerable communities in Area C, East Jerusalem and the Israeli-controlled part of Hebron city are expected to continue, placing Palestinians at risk of forcible transfer. Economic development will continue to be undermined by Israel's direct military occupation and limitations on Palestinian access to land and natural resources especially in Area C, which makes over 60 per cent of the West Bank, and by a multi-layered system of administrative, bureaucratic and physical constraints, including the Barrier. In addition to political challenges and funding shortfalls, humanitarian organizations will face an increasingly difficult operational context and shrinking humanitarian and civic space, which will hamper their ability to provide assistance and protection to Palestinians throughout the oPt.

Protection

GMR demonstrations along the Gaza fence are expected to continue in 2020 and significant numbers of loss of life and injury, including serious wounds with lifelong health and disability implications, are likely to persist, given the lack of accountability for excessive use of force by Israeli forces. The climate of impunity enjoyed by Israeli forces stemming from the consistent failure of the Israeli government to meaningfully investigate and prosecute commanders and soldiers for crimes and violations committed against Palestinians, fuels this cycle of violence.

The high numbers of casualties and injuries in need of emergency healthcare services threaten to cripple Gaza's already overwhelmed

health system. Recurrent escalation of hostilities, deterioration of conditions and diminishing hope for political solutions continues to magnify feelings of insecurity and despair, and contribute to increased levels of psychosocial needs.

In the West Bank, conditions and acts contributing to a coercive environment, including demolitions and forced evictions, remain a serious concern and contributes to the risk of forcible transfer. Settler violence also contributes to a coercive environment and continues to be decisive factor forcing Palestinians to leave their place of residence. In the first nine months of 2019, there were 2327-recorded incidents of settlers' violence.⁹⁶ Settler violence, and the climate of fear and intimidation created by repeated violence and harassment, has a serious psychological impact on victims of and witnesses to violent attacks and affects the psychosocial well-being of everyone in affected communities.

There is a potential for additional measures by the PA to cut salaries of civil servants or reduce funding to cash transfer program or other essential services including health care which might contribute to increased household tension and disputes and forced further resort to negative coping mechanisms. UNRWA's financial crisis is imposing challenges for the continuation of services related to psychosocial support, GBV and child protection for refugee population at the education and health facilities.

Health and Nutrition

The economic crisis, the food insecurity situation, the chronic security concerns, socio cultural beliefs and misconceptions that lead to poor maternal, infant and young child feeding practices, are all factors which will continue contributing to the poor health and nutritional status of pregnant and lactating women and young children. The improvement of the nutritional status of vulnerable populations requires a multi sectoral approach of Health and nutrition cluster partners focusing on adolescent girls, pregnant, lactating mothers, and children under the age of five years.

The additional PA cuts on essential services and delays in payments to key service providers, such as the East Jerusalem Hospitals, has led to severe instability. As a result, hospital funding shortages, can potentially lead to an impact of referrals from Gaza and the West Bank. Hospitals, particularly those in East Jerusalem, are specialised hospitals serving patients that cannot be treated elsewhere.

The financial constraints on the Palestinian Authority have implications for the whole health sector, including referral hospitals in East Jerusalem. In October 2019, the situation with East Jerusalem hospitals reached a critical point, when Augusta Victoria Hospital reported that it would have to stop admitting patients unless arrears were paid. While a resolution was reached, the risk of cessation of services to vulnerable referral patients remains substantial in the context of persistent resource gaps for the Palestinian Authority, including ongoing trade deficit, savings deficit and budget deficit. In March 2019, the Palestinian Ministry of Health also took the decision towards ending referrals to Israeli hospitals. By September 2019, referrals to Israeli hospitals from Gaza had reached 24 per cent of their 2018 monthly average, while referrals from the West

Bank reached 29 per cent of their 2018 monthly average. The policy has resulted in increased strain on facilities in East Jerusalem hospitals, such as services for cancer diagnosis and treatment at Augusta Victoria Hospital. The absence of specific services in the entire Palestinian health system (including public, NGO and private institutions) means that continued access for patients requiring these services has been maintained.

Food Security

The SEFSec survey which is being undertaken since 2007 confirms the high level of food insecurity in the country, with a particular alarming situation in Gaza Strip. Given the current situation, there is a potential for additional increase for the number of families who asked for the social assistance in 2020 (waiting list) and there is a potential increase in the instability of the national social safety nets activities for the poor and vulnerable families in both Gaza Strip and West Bank. These risks might contribute to increase the tension and debt among the poor and food insecure families and push them to increased adoption of negative coping mechanisms.

WASH

Several future changes in needs have been identified, with different potential causes, such as the capacity building of the service providers to operate and maintain the systems. Spare parts and equipment will be required to secure the functionality of water and wastewater facilities. Particularly in Gaza, the high use of solar systems requires new skills to ensure proper operation and maintenance. Depending on the amount of water negotiated and bought by Mekoroth, there will be a need to expand the water supply networks to the areas suffering from the shortage of water. Having water trucks can help the PA to provide safe water to the communities with reasonable prices, especially in the West Bank.

Education

The education cluster projects the likelihood of an increase in the need for humanitarian assistance in 2020. This is based on an analysis of trends over recent years, that has marked deterioration in the overall humanitarian situation in oPt, which has pushed more families into poverty, undermining their ability to afford basic education supplies and transportation costs for girls and boys,

and increasing the risk of their children drop out. In addition, the PA financial crisis and the financial cuts from major donors might affect the PA ability to provide adequate education services in Area C, East Jerusalem and Gaza. Services such as counselling, school transportation programs and rehabilitation might downsize significantly causing a further deterioration in the humanitarian situation.

Shelter NFIs

With the current and expected financial crises and shrinking government resources both in WB and Gaza, besides the inadequate funding keeps a big gap of the unmet needs. Therefore, the shelter needs expected to be higher, especially if development actors do not address durable and sustainable solutions.

The political and legal environment mainly in East Jerusalem and Area C of the West Bank becoming more aggressive and restrictive in providing humanitarian assistance or even to keep the unlicensed existing structures and basic services. Building on the current year trend, the expected number of the displaced people will be higher in the next year.

Since December 2008, Gaza witnessed three large-scale and many severe intermittent short-term escalations of hostilities, which resulted in (amongst other casualties, destruction and shelter damages) the internal displacement of thousands of people who were sheltered at time of conflict at designated emergency shelters and host communities or relatives. The level of preparedness to respond to the needs of IDPs effectively and in a timely manner is very limited. 52 UNRWA schools and 18 PA-Led schools are almost physically upgraded to serve as designated emergency shelters in case of massive IDP numbers are encountered. However, there is a lack of stockpiling or arrangements in place to respond with necessary shelter Non-food items to affected people. The inter agency contingency plan anticipates up to 600,000 IDPs will be in need of shelter support in case of a large scale emergency both at DES or host families. It is also expected that a further deterioration in the economic situation may put further pressure on poor families to be evicted from their houses.

Part 3

Sectoral Analysis

GAZA STRIP

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3.1 Protection



TOTAL IN NEED	TOTAL AFFECTED	SEVERE	STRESSED	GAZA	WEST BANK	WOMEN %	CHILDREN %	ELDERLY %	GBV SURVIVORS
1.7 m	1.9 m	1.3m	545k	1.1m	738k	51.7%	44.6%	4.4%	365k

Affected Population

At least 1.7 million Palestinians across the oPt experience, or are at risk of conflict and violence, forcible displacement, and denial of access to livelihoods, and are in need of protection assistance. In addition to those groups which are already recognized as most in need of protection,⁹⁷ the Protection Cluster has also identified demonstrators affected by violence from the Great March of Return (GMR) demonstrations in Gaza, as well as vulnerable households and groups, affected by the ongoing deterioration of Gaza’s socio-economic condition, which are resorting to negative and harmful coping mechanisms, including school dropout, child labour and child marriage. In the West Bank, people living in Area C, Hebron (H2), East Jerusalem and the northern West Bank bear the main brunt of violations.

Analysis of Humanitarian Needs: ongoing concerns and new challenges

Concerns about excessive use of force in the oPt are long-standing. Since March 2018 such concerns extend to the GMR demonstrations in Gaza, where there are significant increases in loss of life and injury, which has serious long-term health, disability and psychosocial impact. This is a significant driver of need in Gaza and is projected to extend beyond 2020. A total of 204 Palestinians have been killed, including 43 children,⁹⁸ and over 33,000⁹⁹, including many children, have been injured between the start of demonstrations on 30 March 2018 and end-August 2019. Among the casualties are those afforded special protection under international law including children, health workers and journalists.

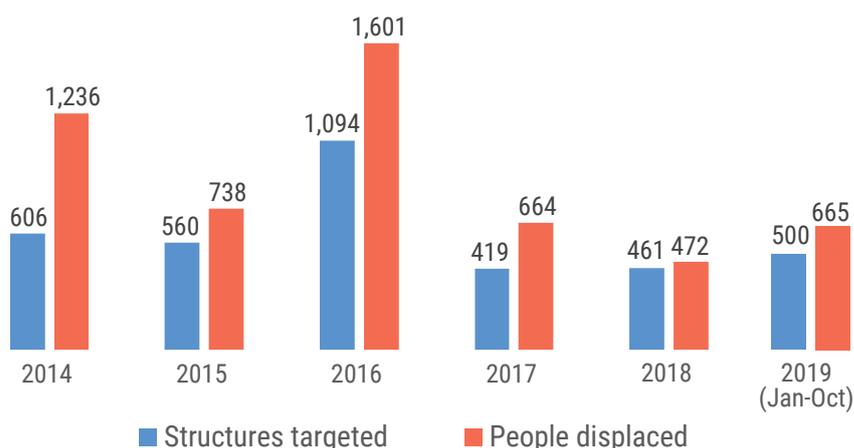
Accountability for violations by all sides, including in the context of the GMR, remains an urgent priority.

The large number of casualties among protestors, in particular the over 7,500 injured by live ammunition, in circumstances that did not appear to constitute a threat to life to Israeli Security Forces (ISF), raises serious concerns about excessive use of force. Additionally, GMR injured persons continued to experience delays and denials to exit Gaza via the Israeli-controlled Erez crossing to access health care and are therefore in need for legal aid. According to Gaza’s Coordination and Liaison Office, as of 31 August 2019, of the 585 applications to Israeli authorities by those injured in demonstrations since March 2018, 17 per cent were approved, 27 per cent were denied and 55 per cent were delayed.¹⁰⁰

Injured persons with lifelong disabilities, including amputees and those undergoing limb reconstruction treatment, will continue to need integrated and inclusive MHPSS and protection responses. In 2019, needs arising from the GMR continued to rise, particularly for injured adults, women whose husbands and/or children have been injured or killed, youth, children and their caregivers. Mental health and psychosocial consequences in this regard continued to be a concern, with approximately 100,000 people, including 25,000 children, in need of MHPSS responses; this is in addition to the estimated 250,689 children already acutely vulnerable suffering from severe or moderate mental health disorders.

The successive escalations of hostilities in Gaza in 2019 has resulted in the presence of explosive remnants, and a corresponding increased requirement for providing risk education and emergency preparedness

STRUCTURES TARGETED AND PEOPLE DISPLACED-TOTALS



sessions to the most vulnerable of the population. Some 1,877 people (including 1,466 women) have received emergency preparedness training, and 7,222 people, including 6,062 children, have received explosive ordnance risk education sessions.¹⁰¹

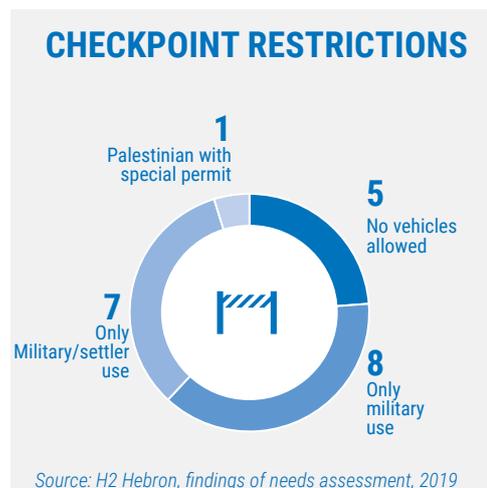
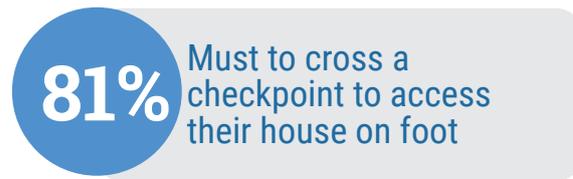
An increasingly destabilized economy and weakened social fabric in Gaza, with more households resorting to negative coping mechanisms, have also generated complex protection threats with a disproportionate impact on youth and children, refugees, as well as women, particularly in terms of increased risk of gender-based violence (GBV), including intimate partner violence, sexual abuse and forced marriages. This is particularly high in vulnerable communities such as IDPs, refugee camps, poor households in Gaza, and vulnerable groups such as women with disabilities and adolescents, and those with limited availability and access to multi-sectoral services.

Mothers with children hospitalized from the GMR demonstrations (21.6 per cent of the total 18,549 casualties)¹⁰² reported increased gender-based violence directed against them, especially psychological/emotional violence, as they were often blamed by their husbands and other family members for the injury or loss of their children. Widows are at higher risk of immediate psychological/emotional and economic violence by family members, as some are expected to re-marry and the family of the late husband often take control over the finances. Female children who lost a father, or have a father with disability, are at increased risk of forced child marriage due to low income levels, as the father/husband is usually the breadwinner of the family.

As of July 2019, around 8,500 people are still internally displaced, including 8,200 from the 2014 hostilities.¹⁰³ Those families who had benefited from such support are now exposed to increased risk of eviction and heightened tension with landlords. IDP households also remain vulnerable to a range of protection threats including GBV, particularly for women and children.¹⁰⁴ Furthermore, legal barriers facing IDP women's access to humanitarian assistance, especially widows and second wives, remain a concern.

In the West Bank, in the context of an intensifying coercive environment in many areas, the Protection Cluster continued to observe vulnerabilities, including in Bedouin communities, East Jerusalem and Area C; these require a range of responses, including health, child protection and GBV services, protective presence, legal aid, monitoring and documentation of human rights and IHL violations, legal analysis and advocacy. Coupled with a shrinking response capacity within UNRWA, humanitarian needs and the sense of distress of affected families have increased.

The mandate of the Temporary International Presence in Hebron (TIPH) was terminated by the Israeli Government after 22 years on 31 January 2019. The fragile protection environment in Hebron is characterized by intensified ISF restrictions on the movement of residents, concerns of use of excessive force by ISF, settler violence and harassment and increased restrictions on operational space. Protection cluster partners operating in H2 - including GBV responders, child protection and mental health and psycho-social support actors, protective presence partners etc. - report



being routinely denied access through checkpoints to provide services to Palestinian residents in the restricted and closed areas of H2, who are among the most vulnerable in the West Bank. Palestinian human rights defenders in H2 are particularly exposed in this environment, facing frequent harassment and physical assault by settlers, ISF movement restrictions and interference with attempts to document incidents, in addition to continued arrests, including through house raids that have also targeted the extended families of human rights defenders.

Linked to the presence and expansion of settlements, a further intensification of the environment designed to coerce Palestinians to leave their homes was recorded throughout Area C, Hebron and East Jerusalem: incidents of settler violence have continued to rise throughout the first half of 2019 and increased rates of demolition and displacement, particularly in East Jerusalem. As of 30 September, there were 440 structures demolished and 541 Palestinians displaced mainly in Area C and East Jerusalem on the grounds of lack of Israeli-issued permits the West Bank;¹⁰⁵ in the same reporting period, there were 231 recorded incidents of settler violence, resulting in 74 Palestinians injured (including 13 children) and two Palestinians killed.¹⁰⁶

The Protection Cluster continues to follow with concern, developments relating to Israeli legislative and administrative and policy changes, which threaten the effectiveness of legal aid strategies that have proven successful in providing temporary reprieve from rights violations, and threaten the continuation of humanitarian

relief and retention of relief items. These collectively risk expediting the de facto annexation of Area C by Israel, the widespread revocation of the residency rights of Palestinians in East Jerusalem, and the demolition or seizure of Palestinian properties in Area C and East Jerusalem.

Pressure on civil society, such as arrests, detention, harassment and budget and service cuts by both Israeli right-wing organisations and Palestinian authorities continue to raise protection concerns and hinder access of critical humanitarian assistance to the most vulnerable.

3.1.1 Gender-based violence (GBV)

GBV continues to be a key protection and health concern in the oPt. The protracted protection crisis, and its impact on gender and family dynamics, has increased GBV in all its forms, including sexual violence, intimate partner violence, and child marriage. The traditional patriarchal norms and their manifestation in the legal framework, combined with the decades-long Israeli occupation and its consequences, have led to very high gender equality and are the main drivers GBV in the oPt, as confirmed by the UN Special Rapporteur’s report on violence against women in 2017.¹⁰⁷ They have contributed to a behavioural dynamic of men being more frustrated, unable to fulfil their expected role in this patriarchal society, as their opportunities to provide and protect (two main elements of masculinity in a traditional patriarchal society) have been very limited.

Based on the National Violence Survey conducted by from PCBS in 2011, the GBV Sub-Cluster has estimated that 365,153 women who have ever been married in their life will have been exposed to GBV

in 2020 the oPt. However, the GBV system (services and referral) is not sufficient in meeting the needs of GBV survivors. The system is fragmented with different quality and services depending on different areas. Among the most pressing issues are the lack of available, acceptable and accessible services, lack of quality GBV care and lack of functioning referral system. According to the information management system of the GBV Sub-Cluster, around 52,000 GBV survivors were detected over the period 2017-2019 in the oPt. Out of these, only around 78 per cent received services, around 7.7 per cent were externally referred and more than 24 per cent of the cases did not receive any services due to lack of resources and funding, which is a major concern.

Monitoring

The Protection Cluster, its sub-groups / AORs request for partners to report against their protection response activities each year. The Protection Cluster also coordinate joint monitoring and information analysis settlement-related issues and in the ARA data from partners and census data are gathered and analysed through the 4Ws information system and the GBV information management system.

The Protection Cluster carries out field visits and bilateral meetings with partners to monitor and validate quality of services, potential duplication and to strengthen coordination and complementarity among partners. The Protection Cluster identifies and proposes action to address gaps, including in information gathering, management, analysis and coordinated response to priority protection concerns.

Indicators

#	INDICATORS	SECTORS	SOURCE
1	# of Palestinians exposed to protection risks related to military occupation	Protection	POC database
2	# of Palestinians injured by Israeli forces and settlers	Protection	POC database
3	# of Palestinians killed by Israeli forces and settlers	Protection	POC database
4	# of Palestinians exposed to ERW-related risks	Protection	POC database
5	# of children affected by grave violations	Protection / Child Protection	UNICEF
6	# of incidents of settler related violence	Protection	POC database
7	# of people displaced	Protection / Shelter	Demolition Database
8	# of demolition orders	Protection / Shelter	Demolition Database
9	# of people at risk of displacement (demolition orders, eviction orders)	Protection / Shelter	Demolition Database
10	# of adults in need of MHPSS	Protection	UNICEF and WHO
11	# of children in need of structured psychosocial support services and child protection interventions	Protection / Child Protection	UNICEF
12	# of children in need of individual case management services	Protection / Child Protection	UNICEF
13	# of people with severe or moderate mental health disorders	Protection	UNICEF and WHO
14	# of ever married women exposed to GBV	Protection / GBV	UNFPA

3.2

Child Protection



TOTAL IN NEED

0.34 m

Affected Population

The Child Protection Area of Responsibility (AoR) estimates that 342,093 children across the oPt are in need of protection interventions. Boys and girls in the West Bank and Gaza continue, on a daily basis, to face demolitions, conflict-related violence, harassment, restricted movement and a lack of services. Children are affected by child rights violations due to demonstrations, military operations, searches, arrests, and detention. In Gaza, the Great March of Return (GMR) has resulted in high numbers of child casualties and severe injuries. Adolescent boys aged 14-17 years are additionally vulnerable to ill-treatment in military detention during their arrest, transfer, interrogation and detention, as well as violence and child labour. Adolescent girls also face a series of overlapping vulnerabilities linked to poverty, social norms, and low access to services, leading to harmful practices, including child marriage.¹⁰⁸ Many children with disabilities are isolated and unable to access services such as education.

Humanitarian Needs: Ongoing Concerns and New Challenges

The protracted protection crisis in the oPt continues to have a significant impact on children and their families. From 1 January 2018 to 17 August 2019, violence and ongoing conflict resulted in the killing of 80 children, including six girls and 74 boys (66 in Gaza and 14 in the West Bank, including one Israeli girl);¹⁰⁹ and the injury of 10,288 children, including 749 girls and 9,539 boys (7,832 in Gaza, 2,456 in the West Bank, including two Israeli girls and eight boys).¹¹⁰ The vast majority of Gaza injuries (536 girls and 7,143 boys) in this period were in the context of the GMR demonstrations.¹¹¹ Recovering from injury, children may miss school for extended periods of time. For boys, being wounded or maimed may limit their ability to marry and become, in their eyes, full members of society. Girls, on the other hand, may face the prospect of forced or early marriage, especially in families looking to relieve the desperate financial circumstances caused by an incapacitated wage earner.¹¹²

The GMR demonstrations have also resulted in high levels of psychosocial distress, with an estimated additional 25,000 children in need of moderate and severe MHPSS support.¹¹³ This adds to the already significant mental health burden of 250,689 children in Gaza in need of MHPSS and individual case management

Indicators

#	INDICATORS	SECTORS	SOURCE
1	# of children affected by grave violations as per UNSCR 1612	Protection / Child Protection	UNICEF
2	# of children in need of structured psychosocial support services and child protection interventions	Protection / Child Protection	UNICEF
3	# of children in need of individual case management services	Protection / Child Protection	UNICEF

support. From 30 March 2018 until 30 June 2019, a total of 3,728 children were hospitalized due to injuries sustained during the GMR demonstrations.¹¹⁴ Among them, 2,727 children (four per cent girls) received child protection services, including individual case management, leaving almost 1,000 children without support.¹¹⁵ Clashes and GMR demonstrations exacerbate existing child protection concerns and increase needs for MHPSS individual case management, structured protection and psychosocial support interventions, as well as the documentation of grave violations.

The surge in humanitarian needs in Gaza has exhausted children and families' resilience capacities as well as overwhelming already overburdened institutional and non-institutional service providers, who are unable to meet increasing needs. This results in negative coping mechanisms especially for children who drop out or are out-of-school, exposing them to harmful practices such as child labour and child marriage.

In the West Bank, a significant number of children are affected by conflict-related violations, particularly in areas near Israeli settlements. Thousands of children continue to be affected by education-related violations on the way to, from, and in the vicinity of, schools. Although the main drivers of vulnerability remain unchanged, in 2019 violations such as school demolitions, settler violence, the arrest of children and use of force including live ammunition by Israeli forces raise major concerns, especially in the old city of Hebron, East Jerusalem, Bethlehem and Nablus Governorates.

In Area C, children continue to be exposed to all the elements of the coercive environment. Up to 30 September 2019, the Israeli authorities demolished 272 homes and other structures in Area C, including 89 donor-funded, resulting in the displacement of 270 people, including 121 children.¹¹⁶ Children living in refugee camps in the West Bank continue to be especially vulnerable.

Monitoring

Child Protection AoR requests its partners to report against their child protection and structured mental health and psychosocial support activities on a quarterly basis. Data are gathered and analysed through the 4Ws information system, and feed into different Sitreps.

Child Protection AoR staff also conducts spot checks and field visits monthly to target partners in order to assure quality of services, avoid duplication and strengthen coordination mechanisms between child protection and MHPSS providers.

3.3

Water, Sanitation and Hygiene (WASH)

TOTAL IN NEED	SEVERE	STRESSED	GAZA	WEST BANK	WOMEN %	CHILDREN %	ELDERLY %	PEOPLE WHO HAVE LIMITED ACCESS TO SAFE DRINKING AND DOMESTIC WATER SERVICES
1.8m	747k	1m	1.5m	289k	49.3%	51.1%	2.9%	1.7m

Affected Population

Approximately 3.7 million people in the Gaza Strip and the West Bank, including East Jerusalem, are negatively affected by lack of access to safe water, sanitation and hygiene (WASH) services. Almost all the population in the Gaza Strip, two million people, are negatively affected by ongoing deficits and needs in the WASH sector. This includes 983,623 women and 991,428 children who are exposed to public health risks associated with poor water quality, poor wastewater collection and treatment, lack of stormwater infrastructure and lack of proper hygiene practices. In the West Bank, including East Jerusalem, around 20 per cent – or 649,000 people – of the estimated total population are affected by the lack of access to safe water and poor water quality. This includes around 294,000 people that are either unconnected to a water network or receiving water only once a week or less, mainly through unsecure water resources and/or tankered water (PCBS, 2018). Throughout the oPt, the WASH Cluster has identified 1.8 million people in need of humanitarian WASH assistance, of whom 48,600 are people with disabilities, 1.1 million are refugees and 10,160 are IDPs. Additionally, 16,300 are Bedouins and 52,600 people in need are living under the poverty line, representing an increasing number due to unemployment, salary cuts and the Palestinian Authority’s fiscal crisis.

Analysis of Humanitarian Needs: ongoing concerns and new challenges

There is continuity in the landscape of humanitarian needs this year, due to the continuing Israeli control and exploitation of Palestine natural freshwater resources, as well as severe restrictions on access to water for Palestinians.

In Gaza, there has been limited operational support for water and wastewater services over the years, due to the electricity deficit; the lack of spare parts; limited infrastructural operation and maintenance; regular interruptions of access to water and sanitation; recent damage to water infrastructure; import restrictions on materials; and decreased funding from donors. The precarious situation in recent months in Gaza, characterized by escalations of violence and continuing Great Return March demonstrations, has further hindered operations and slowed the implementation of the WASH response.

In 2019, WASH partners have also witnessed a deterioration of WASH infrastructure in institutions, particularly in public health centres, as well as in schools. Overall, and according to the recently published *SDG WASH in school’s baseline* from the Joint Monitoring Programme

(JMP), there is only 23 per cent coverage of all three elements of basic WASH services in schools in both Gaza and the West Bank for the basic access to drinking water, basic sanitation and hygiene services (JMP, 2019).¹¹⁷ Also, in 2019, the JMP published harmonized baseline estimates for water, sanitation, hand hygiene, health care waste management, and environmental cleaning (WASH) services in health care facilities.¹¹⁸ The global baseline report found that one in four health care facilities (26 per cent) lacked basic water services, while one in five (21 per cent) had no sanitation service (JMP, 2019).¹¹⁹

In Gaza, the increase in the electricity supply due to funding from the Government of Qatar – from 6.6 hours in 2018 to 12.1 hours in 2019 on average – has improved the operation of water facilities, boosting the frequency of the water supply to households and other wash facilities, which have been receiving water for cycles lasting about seven hours every one to three days.¹²⁰ However, the average amount of piped water supplied during the first half of 2019 is still below WHO recommendations of 100 l/c/d: 77.5 litres per capita per day, compared to 71.75 in the same period in 2018. In addition, piped water is unfit for human consumption and is used primarily for domestic purposes other than for drinking and cooking, with an average of 36 per cent of water loss due to network leaks.

Women and girls are most affected by poor quality water supply and sanitation services. They are responsible for the unpaid domestic work and care of family members, which often entails intensive physical work. Despite the longer hours of electricity in Gaza, the lack of proper access to safe WASH services is still impacting women and girls, preventing them from participating in other activities, in addition to mobility restriction and lack of resources at the family level. Insufficient access to water has been linked to increased burdens on women and girls, as well as an increased prevalence of GBV.¹²¹

The improved power provision has also enhanced the operation of the five wastewater treatment plants in Gaza. This has, in turn, reduced the pollution levels of the approximately 179 million litres of wastewater discharged every day into the Mediterranean during the first six months of 2019 by 23 and 32.5 per cent compared to 2018 and 2017 respectively.¹²² This has enabled the rehabilitation of some additional beaches for swimming, and reduce health risks associated with untreated/partially treated wastewater effluent to the Mediterranean Sea. According to the Environment Quality Authority in Gaza, by July 2019 around 44 per cent of Gaza’s beaches were contaminated compared to 74 per cent recorded in April 2018.

Lack of winterization preparedness in Gaza leaves over 234,810 people vulnerable and unprotected from harsh winter weather and flooding. The recurrent flooding poses a threat of contamination of sources of water and of overflowing of the sewage systems, increasing the risk of waterborne disease.

In the West Bank, access to water and adequate sanitation continues to be a significant challenge. In Area C in particular, around 300,000 Palestinians, including 16,000 Bedouins, are directly affected by Israeli restrictions and control of WASH-related infrastructure, such as water and sanitation networks. The main concerns are demolitions and stop work orders: from 2009 to July 2019, the Israeli authorities demolished or seized 547 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, while over 83,000 people consume bad quality drinking water, being mainly dependent on tankered water from unsecured sources, rainwater harvesting, good quality water stored in contaminated storage, or due to unsafe hygiene practices at Household level (lack of sanitation and/or handwashing facilities). Many communities in the West Bank receive water through the public water network once every two weeks, or even less, and are considered underserved even in Area A and B. The cost of water is also a concern for the approximately 130,000 Palestinians living in Areas A, B and C reaching up to 60 NIS per m³ for unsafe tankered water. Women and children in these communities also spend large amounts of their time collecting water from distant sources, exposing themselves to security risks and settler

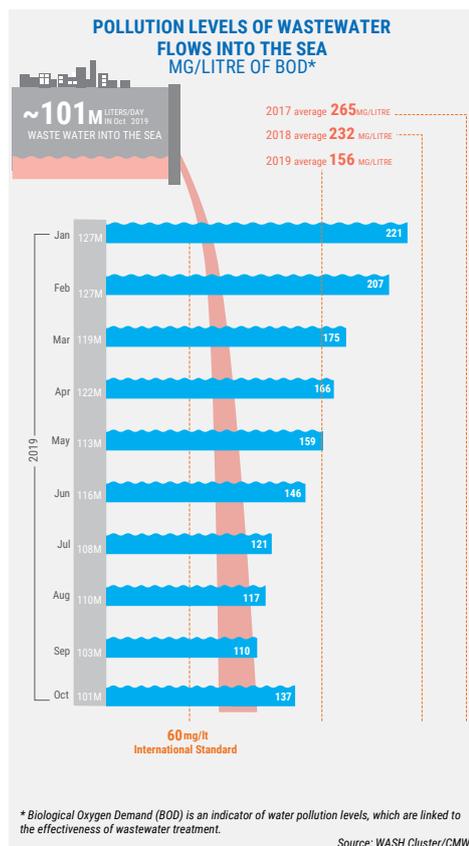
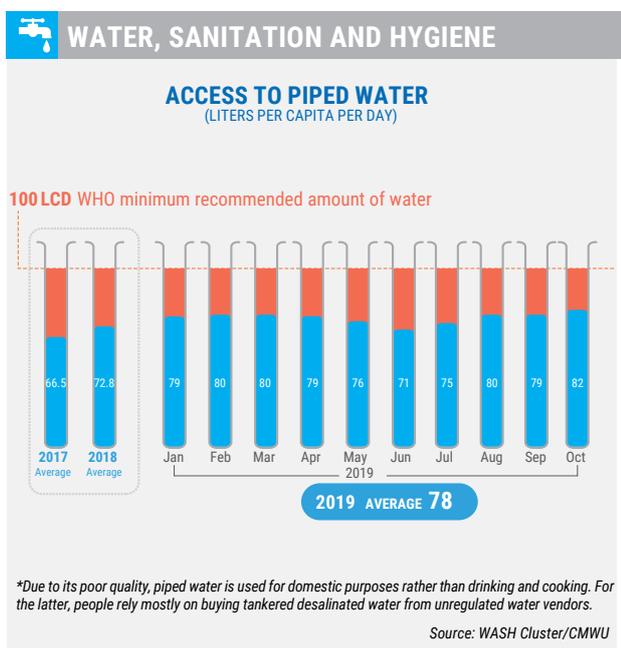
violence. Palestinian communities in East Jerusalem also suffer from inadequate WASH services, with only 59 per cent of residents connected legally and properly to the water grid.

Sanitation remains a main concern in the West Bank, with only 35 per cent of the population connected to sewerage networks and 10 per cent still living in underserved or unconnected communities in Area C practicing open defecation. The rest of the population often depends on latrines with structural and/or hygienic challenges.

Monitoring

Monitoring of the needs is done on quarterly bases as it is a critical aspect of the planning and implementation phases. The WASH Cluster requests to all partners to provide information of their WASH response activities in the 4Ws information system. After that, the WASH cluster analyses the data and generates the quarterly situation reports, maps and summary figures. Besides, during the cluster meetings, we identify gaps, challenges and performance of the cluster processes.

Further field monitoring visits are also conducted by the WASH cluster team to get a better understanding the implementation of the projects, ensuring they are responding to the needs, as well as to document the gaps on the response, ensuring all partners are in good accountability capacity and response.



Indicators

#	INDICATORS	SECTORS	SOURCE
1	# of people who have limited access to safe drinking and domestic water services	WASH	Cluster partners
2	# of people with inadequate access to sanitation and hygiene services	WASH	Cluster partners
3	# of people in need of adequate WASH capacity during emergencies and shocks	WASH	Cluster partners
4	# of people with lack of preparedness activities against the risks of floods	WASH	Cluster partners

3.4

Food Security



TOTAL IN NEED	SEVERE	STRESSED	GAZA	WEST BANK	WOMEN %	CHILDREN %	ELDERLY %	PEOPLE WHO ARE SEVERELY AND MODERATELY FOOD INSECURE
1,7m	1.02m	383k	0.90m	0.13m	49.2%	47.9%	4.2%	1.7 m

Affected Population

1.7 million Palestinians, including approximately 900,000 refugees, equivalent to 33 per cent of the population, are considered food insecure,¹²³ 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 alarmingly high in Gaza, revealing the long-term impact of the disruptive shocks of recent years, where an estimated 62 per cent of households are severely or moderately food insecure, compared to 9.2 per cent in the West Bank. The situation in Gaza continues to decline.

Palestine refugees, who form 39 per cent of the total population of the oPt, show higher levels of severe and moderate food insecurity at household level (39 per cent) than non-refugees (20 per cent) in overall Palestine. In West Bank, refugee household food insecurity prevalence is at 14 per cent, compared to 10 per cent for non-refugees. In the Gaza Strip, the situation is reversed, showing non-refugees population with 64 per cent prevalence of food insecurity, against 61 per cent for refugees at the household level. Female-headed households in Palestine shows a level of food insecurity of 31 per cent, compared to 26 per cent for male-headed households. Pregnant and lactating women remain particularly vulnerable to food insecurity and malnutrition. Women in agriculture are particularly disadvantaged, despite being a significant unregistered portion of the workers in this sector, reflected in limited economic opportunities, restricted mobility and limited technical preparation. Farmers, herders, including Bedouins in Area C, and fishers are particularly vulnerable considering their direct exposure to the conflict and their dependence on small scale productive activities to meet their basic food and income needs. Food insecurity prevalence of households living in Area C (26 per cent) is three times than in the overall West Bank (9 per cent).

Analysis of Humanitarian Needs: ongoing concerns and new challenges

According to the World Bank, the Palestinian economy is expected to slip into a recession in 2020 and 2022, with reduced revenues require[ing] sizable cuts in public spending, which in turn would translate in reduced consumption and investment. The decline in growth implies a sizable decline in real per capita income and a rise in poverty.¹²⁴ Consequently the PA did not publish a budget for 2019 and operated on an emergency cash management plan, addressing

the fiscal crisis through a cut of 30 per cent in the wage bill, freezing hiring and promotions, reducing social assistance to the neediest, while increasing public debt and accumulating greater arrears.

In second quarter 2019, the unemployment rate in Gaza was 46.7 per cent, more than three times that of the West Bank at 15 per cent. Youth and women are disproportionately impacted, with unemployment among Gaza's youth (aged 15-29) reaching 64 per cent, and females in Gaza at around 70 per cent.¹²⁵ The levels of food insecurity remain high, with 62 per cent of the households, or 1.3 million people in Gaza, equivalent to 68 per cent of the population, considered severely or moderately food insecure¹²⁶ A WFP-UNICEF-Save the Children assessment in the most vulnerable parts of Gaza revealed that most households are not eating enough iron-rich food groups and are therefore very likely subject to a high risk of iron deficiency anaemia.¹²⁷ Poverty is one of the main determinants of food insecurity. According to the latest available data, around 24 per cent of Palestinians lived below the US\$5.5 2011 PPP a day poverty line, nearly three percentage points higher than in 2011. The gap between the West Bank and Gaza is substantial, with 46 per cent of the population below the poverty line in Gaza, compared to nine per cent in the West Bank.¹²⁸

In 2019, the humanitarian situation has been aggravated by a financial crisis, following the PA's refusal, between February and October, to accept the monthly tax revenues collected on its behalf by Israel, as long as Israel deducts the amount it calculates that the PA pays to the families of "martyrs and prisoners." The PA has been unable to continue scheduled spending on key needs such as health, education and social safety nets, leading to a further deterioration of economic activities and living standards. There are fears that a new layer of households may be added to the long list of Social Safety Net (SSN) being aid dependent in the long term, without support to address their basic needs: in 2019, the SSN caseload received only one of three scheduled payments.

These developments have led to an increasingly destabilized economy and weakened social fabric, with families' resilience capacities increasingly eroded, and the vulnerability of certain groups exacerbated, particularly children. This is evidenced by the increasing levels of children school drop-out in rural areas to work and support their families.¹²⁹ In Gaza in particular, child labour, including children engaging in hazardous occupations, has become a commonly used mechanism to alleviate poverty and secure daily

expenses.¹³⁰ According to the Palestinian Central Bureau of Statistics (PCBS), approximately 4,840 out of 372,600 children aged 10 to 17 were involved in full-time labour in Gaza in 2018. Additionally, 1,490 children aged 10 to 17 were working while attending school. In total, two per cent of Gaza children aged 10 to 17 were employed on a full-time or part-time basis in 2018.¹³¹ In addition, university students, especially females, are skipping or postponing their education due to the inability of households to pay the university fees. These are just a few examples of negative coping strategies being adopted in order to cope with the dire situation.

In Gaza, economic conditions have also been aggravated by the high number of casualties, especially the over 8,000 gunshot injuries resulting from the Great March of Return (GMR) demonstrations, including 1,200 who have been severely injured by live ammunition and require limb reconstruction treatment. The presence of people with disabilities within already vulnerable households poses higher risk of weakening households livelihoods, leading to increased poverty, erosion of resilience and food insecurity. A recent assessment indicates that injured people cannot afford the rising cost of medicines and other treatments, and that many have lost their jobs due to their disabilities, becoming vulnerable to food insecurity.¹³²

In Gaza, farmers with land in close proximity to the perimeter fence have also suffered physical damage as a result of the GMR demonstrations, with approximately 400 farmers with their lands close to the fence directly affected since March 2018, according to the Ministry of Agriculture. Overall, some 3,000 farmers with lands in or beyond the areas along the fence facing access restrictions are still suffering from difficulties in practicing agriculture, leaving 20 per cent of Gaza Strip arable land unplanted.¹³³ Those farmers have had their livelihoods disrupted due to limited access, while all farmers and herders in Gaza still suffer from serious energy shortages, limited access to agricultural inputs at affordable prices as well as disrupted access to West Bank and external markets. Despite the improvement in the provision of electricity since late 2018, the power deficit remains a major constraint, and farmers are still facing water shortages for irrigation and their wells, for the re-use of waste water, as well as for other basic agricultural operations throughout all stages of the value chain. Animal health and food safety issues remain a serious concern considering the limited capacities available in Gaza Strip to predict and address associated risks.

Despite the on-off expansion of the fishing zone off the coast of Gaza up to 15 nautical miles in 2019, there is still have limited capacity to fish. Long-lasting access constraints, in addition to restrictions on the import of essential equipment, continue to affect their livelihoods. Aging boats, nets, engines and other equipment need to

be rehabilitated or replaced. Even when boats confiscated by Israel are returned, engines and some equipment are retained by Israel. The imposition and enforcement of the 'dual use' policy also hinders any improvement of increasing the catch.

In the West Bank, a coercive environment continues, generating a risk of forcible transfer for many Palestinians in Area C, East Jerusalem and the Israeli-controlled part of Hebron city, H2: an estimated 315,189 living in Area C are 26 per cent food insecure at household levels, and at least 46 communities are at heightened risk of forcible transfer. Most affected are Bedouin communities, particularly the women and youth, whose level of food insecurity is around 60 per cent. The demolition and confiscation of agriculture structures, and restrictions on the maintenance and rehabilitation of productive assets, movement restrictions, and settlement expansion, all contribute to livelihood instability and deterioration of the socio-economic environment. As of November 2019, about 134 agricultural and 83 livelihood structures were partially or fully demolished in 2019, and approximately 700 trees were vandalised by settlers.

In addition to those displaced, these demolitions have impacted thousands more by the destruction of water connections and wells in communities suffering from water shortages across the West Bank, due to the absence of water networks and the difficulty of obtaining permits to constructing water systems and drilling new wells. Palestinian farming and herding communities in the West Bank are also affected by the designation of areas as closed for military purposes or as "nature reserves"; the fencing off of privately-owned Palestinian land, and the imposition of a 'prior coordination' requirement for Palestinians to access farming land.

Limited access to water and inadequate water availability and costly fodder, also limit the sustainability of farming and herding in the West Bank. Water at more than 30 NIS/m has become a costly commodity, especially in remote areas and the eastern slopes of the West Bank. This is compounded by severe limitations imposed on the PA carrying out the most basic maintenance and repair works for the main water carriers.

Access to services is a key component of resilience. Women and youth in the West Bank are particularly disadvantaged given their limited share of agricultural holdings, their restricted access to services, and the limited economic opportunities available to generate income. This disadvantage restricts women's ability to contribute to household resilience and food security.

Monitoring

Indicators

#	INDICATORS	SECTORS	SOURCE
1	# of people who are severely and moderately food insecure	FSS	The SEFSec survey

3.5

Health and Nutrition



TOTAL IN NEED	SEVERE	STRESSED	GAZA	WEST BANK	WOMEN %	CHILDREN %	ELDERLY %	PEOPLE WITH SEVERE OR MODERATE MENTAL HEALTH DISORDERS
1.3m	958k	371k	920k	408k	53.3%	46.2%	8.3%	250k

Affected Population

Increasing attacks against healthcare, violent trauma, especially in the context of the ongoing Great March of Return (GMR) demonstrations in Gaza and accumulating mental health disorders, alongside chronically depleting medical supplies and dwindling number of specialist health care staff, have left a deteriorating and fragmented health system. The lack of medicines is particularly severe in the Gaza Strip, where 42 per cent of the items on the essential medicines list were completely out of stock on average in the first half of 2019.¹³⁴ As a symptom of the degrading health system, out-of-pocket expenditures for healthcare as a percentage of current health expenditure has increased to one of the highest in the region at 46 per cent,¹³⁵ affecting welfare of households, disproportionately impacting the poorest.

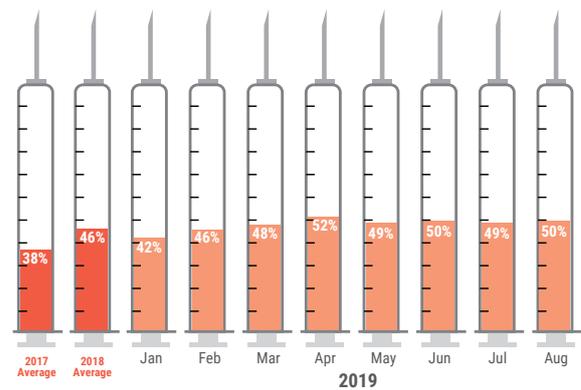
An estimated 1.3 million people are in need of humanitarian health interventions across the oPt, of whom two out of every three are in Gaza. Within Gaza, almost 20 per cent of the population requires humanitarian interventions for sexual, reproductive, maternal, neonatal and child health and nutrition services; one out of six of Gaza's adult population requires treatment for non-communicable diseases (NCDs); ten per cent suffer from severe mental health disorders; and twenty per cent of pregnant women in the poorest communities are undernourished. Meanwhile, the health system is struggling to cope with the ongoing influx of conflict-related trauma casualties each week, as part of the GMR. However, infrastructure, human resources, and the referral system remains only partially functional after 12 years of blockade, inadequate to cope with the growing needs.

In the West Bank, 377,803 people are in need of humanitarian health interventions. Checkpoints, barriers, and settlement expansion have cut off communities from basic primary healthcare, and even emergency care in certain cases. The continuing movement restrictions, particularly for ambulances and paramedics, the frontline healthcare system and support to those in need of timely healthcare assistance, remain under threat. In Area C, H2 and the 'Seam Zone', 165 out of a total of 176 communities now need humanitarian assistance, a total of 162,663 people. In addition, in East Jerusalem, almost twenty per cent need some form of humanitarian assistance, with mental health one of the most pressing needs.

Analysis of Humanitarian Needs: ongoing concerns and new challenges

Across the oPt, unmet health needs derive from insufficient access to health care due to a combination of chronically depleting medical

PERCENTAGE OF ESSENTIAL DRUGS AT ZERO STOCK LEVEL (LESS THAN A MONTH OF STOCK)



Source: WHO

supplies, insufficient human resources, and imposed access restrictions, including for patients referred outside of Gaza and the West Bank. The continuation in conflict-related casualties has created a double-burden of trauma on frontline services.

In Gaza, the GMR demonstration have continued: to end-September 2019, 210 Palestinians have been killed and over 35,000 injured as a result of the violence; x have faced some form of permanent disability, with the highest cause of disability being amputation. The staggering proportion of gunshot wounds (25 per cent) of the total casualty caseload, of which approximately 90 per cent were to the limbs,¹³⁶ have resulted in over 7,700 limb gunshot wounds. Of these, some 1,209 to 1,746 patients who will need specialized tertiary treatment or may face disability including amputation; an additional 113,000 require targeted humanitarian assistance to access emergency care in Gaza.

The WHO *Surveillance System of Attacks on Healthcare* recorded 603 reported incidents of attacks on health care from 30 March 2018 to 31 July 2019, resulting in four health workers killed and 823 injured, compared to 111 recorded incidents for 2017. Some 86 per cent of the total reported attacks took place in Gaza.^[1] Attacks on healthcare impact the functionality of health facilities and further disrupt healthcare delivery, with 129 ambulances and 23 health facilities damaged in the oPt in the same period.^{137[2]} In Gaza, there is a shortage of ambulances and there are only thirteen beds per 10,000 population,¹³⁸ which is below the Sphere standards of 18 per 10,000.^{139 140}

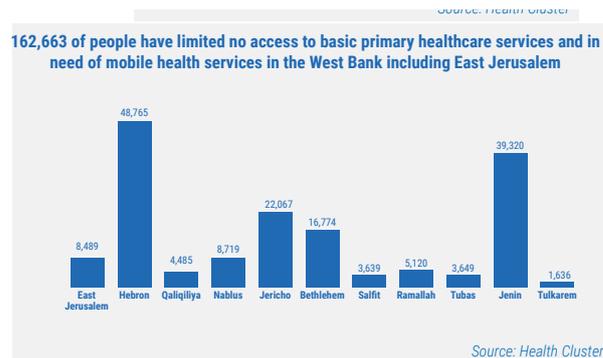
The chronic exposure to trauma and violence related to the occupation has led to a crisis in mental health, with the oPt having

the largest burden of mental health disorders in the Eastern Mediterranean Region.¹⁴¹ Some 54 per cent of Palestinian boys and 47 per cent of Palestinian girls aged six to 12 reportedly have emotional and/or behavioral disorders, while the overall disease burden for mental illness is estimated to account for some three per cent of disability-adjusted life years.¹⁴²

In Gaza, an estimated 187,000 - almost one in ten people - are in need of humanitarian support, as a result of severe or moderate mental health disorders.¹⁴³ Some 68 per cent of school children in areas close to the Israeli perimeter fence have clear indications of psychosocial distress, and 54 per cent said they hold no hope for a bright future.¹⁴⁴ In the West Bank, an estimated 62,226 people living in isolated areas suffering from severe or moderate mental health disorders need humanitarian assistance. Meanwhile, specialized personnel remain scarce, with 0.41 psychiatrists per 100,000 population currently active in the oPt, well below the global median of 1.3 per 100,000. Shortages in medication further limit treatment for severe neuropsychiatric cases.¹⁴⁵

Noncommunicable diseases remain the leading cause of mortality in the oPt, accounting for more than two thirds of all Palestinian deaths.¹⁴⁶ In Gaza, among these patients, approximately 92,690 people suffer from hypertension and 63,004 from diabetes.¹⁴⁷ However, recent acute emergency events have required prioritization of emergency interventions at the expense of the management of chronic diseases.¹⁴⁸ The lack of medical supplies, including diagnostics and therapeutics, and referral restrictions, are the main reasons for delays and interruption in the treatment of chronic diseases. Untreated noncommunicable diseases can lead to serious complications, such as renal failure, disability, and amputations; in Gaza, treatment interruptions are common, with 61 per cent of medicines depleted on average in 2018, and 65 per cent depleted in the first six months of 2019.¹⁴⁹ Diseases in which treatment interruption causes rapid decompensations, like insulin dependent diabetic patients, patients with severe hypertension, in addition to those on renal dialysis, are considered to be at highest risk of complications and death. These patients are only able to tolerate an interruption of therapy for a maximum of one week and account for 90,646 people in the Gaza Strip.

The current situation in Gaza has further deteriorated the nutritional status of the most vulnerable children under the age of five, pregnant and lactating women. Some 18 per cent of pregnant women and 14 per cent of lactating mothers in the most deprived communities in Gaza are undernourished.¹⁵⁰ In the same area, fewer than 50 per cent of infants are exclusively breastfed, and infant feeding practices are of serious concern considering the poor water and sanitation conditions.¹⁵¹ A total of 210,000 children in Gaza under the age of five suffer from micronutrient deficiencies.¹⁵² From this total, there is also a pocket of 36,400 children living in the ARA who are acutely vulnerable and prone to incidences of watery or bloody diarrheal disease and respiratory infections.¹⁵³ The combined effect of food insecurity, poor maternal nutrition status, sub-optimal infant and young child feeding practices, and inadequate water and sanitation situation may lead to an increased risk of acute malnutrition, as well as an impaired physical growth and cognitive development and death.



Furthermore, according to the MoH, maternal mortality in the oPt increased from 5.9 to 16.7 deaths per 100,000 live births between 2017 to 2018.¹⁵⁴ A review process is ongoing to analyse the data, as there may be underreporting, and to ascertain the contributing factors, such as a weakened primary health care, stock outs of essential drugs and disposables, and lack of access to family planning services. In 2018, 72 per cent of the maternal death occurred were ante-partum, suggesting significant gaps in antenatal care at the primary healthcare level.¹⁵⁵ Access to life-saving reproductive health services and supplies, including family planning, continues to be critical.

In the West Bank, primary healthcare services continue to face major challenges, especially as access to some of the most vulnerable communities is hampered in Area C, H2 and the "Seam Zone". Some 165 communities, with a population of 162,663 have limited or no access to basic primary healthcare services; including people with disabilities entirely neglected.

In other areas across the West Bank, including H2 in Hebron, the need for emergency care also remains critical with approximately 33,000 people affected.¹⁵⁶ Maintaining an uninterrupted chain of care from the community to the hospital saves lives, but many of the early links in this chain have been neglected, or isolated as a result of checkpoints and barriers, leading to a degrading frontline health service, including ambulance services and care at the emergency units. Strengthening these emergency services will not only prevent mortality and morbidity from trauma but also acute needs related maternal and child health, exacerbated non-communicable diseases, and infectious diseases.

The Palestinian Ministry of Health refers Palestinian patients to non-Ministry of Health facilities for specialist healthcare. Most referrals require Israeli-issued permits to access health facilities. However, in Gaza, the approval rate for patient permits needed to pass through the Israeli-controlled Erez crossing dropped from over 90 per cent in 2012 to 54 per cent in 2017. In 2018, the approval rate

for patient permit applications was 61 per cent for the Gaza Strip, increasing to 67 per cent in the first seven months of 2019, and substantially lower for those injured during the Great March of Return (18 per cent approved from 30 March 2018 to 31 July 2019). In the West Bank, the approval rate for patient permits to access hospitals in East Jerusalem from the rest of the West Bank, which provide treatment unavailable elsewhere in the oPt, or to access hospitals in Israel from the West Bank outside of East Jerusalem has remained similar over the last eight years. In the first seven months of 2019, the combined approval rate for patient and patient companion permit applications was 80 per cent.^{157[3]}

Monitoring

Monitoring the availability of health services during an emergency is not easy. Uncertainties around access, security and time limitations frequently prevent systematic information gathering. Lack of information, in return, hampers effective decision-making, resource allocation, mobilization and advocacy for health in emergencies. The Health Cluster will be re-activating the HeRAMS approach (Health Resources and Services Availability Monitoring, targeting monthly monitoring of 14 public hospitals, 49 primary healthcare clinics and 22 UNRWA clinics. HeRAMS is an approach for monitoring health facilities, services and resources availability in emergencies. It allows the assessment and monitoring of the status of health facilities and

the availability of health services and resources in areas affected by emergencies. HeRAMS is an approach providing essential information to support decision making and coordination of health sector actors in emergencies; by identifying timely identification of needs and gaps, evidence-based decision making and coordination, efficient planning and implementation. The Herams will have an integrated component on the monitoring of medicine availability at public health facilities. By identifying fifteen to twenty tracer medicines, the health Cluster will monitor their availability and sufficiency on a monthly basis.

In addition, the Health Cluster is establishing an early warning indicators system to track and monitor key challenges facing the health sector; the frequency of this early warning indicators system will vary according to the context and will allow for an early trigger, for immediate response and mitigation measures.

Indicators

#	INDICATORS	SECTORS	SOURCE
1	# of attacks against healthcare, including patients denied access to health-care outside Gaza	Health & Nutrition	WHO
2	# of people with severe or moderate mental health disorders	Health & Nutrition	WHO and UNICEF
3	# of people in need of legal aid to access health services	Protection / Health & Nutrition	Protection and Health partners
4	# of people in need of emergency care services, including trauma care	Health & Nutrition	WHO
5	# of elective surgeries postponed for over 12 months	Health & Nutrition	WHO
6	# of PwD with no access to multidisciplinary rehabilitation	Health & Nutrition	Health partners
7	# of non-communicable disease patients acutely affected by the shortage in medical supplies	Health & Nutrition	WHO
8	# of women and children under 5 years old in need of quality maternal, nutritional services, specialized services	Health & Nutrition	WHO and UNICEF
9	# of people with an essential package of basic primary healthcare services	Health & Nutrition	Health partners
10	# of people in need of acute and frontline care as a result of an emergency event	Health & Nutrition	Health partners
11	# of women in reproductive age, pregnant and lactating women receiving quality maternal and nutrition services	Health and Nutrition	UNFPA and UNICEF

3.7

Education



TOTAL IN NEED	SEVERE	STRESSED	GAZA	WEST BANK	WOMEN %	CHILDREN %	ELDERLY %	CHILDREN IN NEED OF INTERVENTION RELATED TO ACCESS TO EDUCATION
416k	164k	252k	353k	63k	49.3%	96.9%	0.0%	389k

Affected Population

The Education Cluster estimates that 416,000 People (205,00 F; 211,000 M) need Education in Emergencies humanitarian assistance across the oPt. These include 403,000 children (200,000F; 203,000 M) of whom 18,000 are children living with a disability (CWD), who face challenges in accessing quality education in a safe, child-friendly environment. Some 13,000 teachers (7,300 F; 5,700 M) are also in need of support.

In the Gaza Strip, the blockade, recurrent conflict, the deteriorating humanitarian situation and living conditions, have affected 399,000 (193,000F, 206,000M) school and kindergarten (KG) age children and teachers, of whom 16,000 are CWDs.

In the West Bank, including East Jerusalem, access to education is heavily compromised by continuous education-related violations, student arrest and detention, protection concerns for students on their way to schools and school demolitions orders, affecting 38,000 (18,000F, 20,000M) children and teachers, of whom around 2,000 are CWDs. Affected children and teachers are geographically divided as follows: 13,000 in Area C, 11,000 in East Jerusalem and 14,000 in Hebron, where children are exposed to conflict-related violence and protection concerns on the way to and from schools, which can lead to increased school dropout and negatively affect children and teachers' wellbeing and coping mechanisms.

Humanitarian Needs: Ongoing Concerns and New Challenges

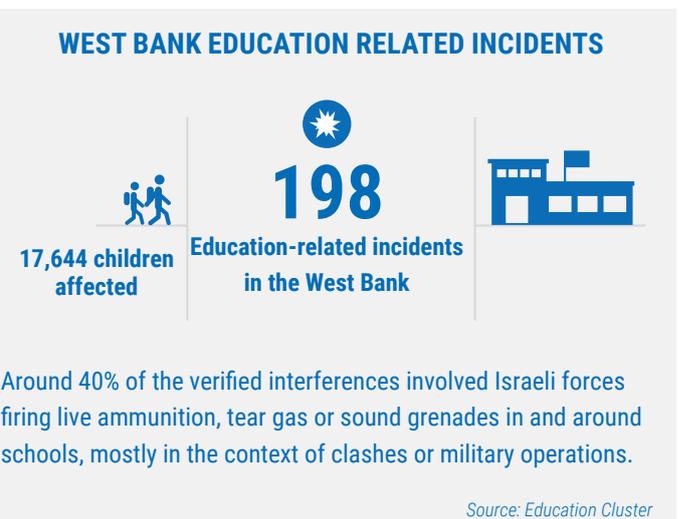
In Gaza, the capacity of the education system to deliver adequate education to more than half a million children is compromised by deteriorating living conditions; teachers receiving partial salaries; 414 public schools (serving 50 per cent of children in Gaza) lacking operational budgets; limited accessibility, in particular for CWDs; and the psychological distress that children and teachers face. Around 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, resulting in crowded classrooms, reducing instructional hours in core subjects and foundation learning. In addition, in the first half of 2019, twelve schools in Gaza were partially damaged in Israeli Forces airstrikes causing 8,926 children to miss two days of schooling.¹⁵⁸

The deterioration in the humanitarian situation has pushed more families into poverty, with 54 per cent of the population in Gaza and 13.9 per cent in West Bank considered poor,¹⁵⁹ undermining the affordability of basic education supplies and transportation costs and increasing the risk of school dropout. According to the State of Palestine Country Report published by UNICEF on out-of-school children 2018, the barriers to accessing quality education are grounded in the context that includes the reality of the ongoing development



of Palestine's education system, Israeli occupation and frequent episodes of armed conflict. Household vulnerability, as experienced in the form of deep poverty and unstable household composition, emerges as a constant factor for exclusion from education. An estimated 1.2 per cent of six to nine-year-old children. 4.9 per cent of 10 to 15-year-olds children and twenty-five per cent 16 to 17 year-olds in the Pt are out of school.¹⁶⁰ Girls who drop out are at high risk of early marriage, while boys at high risk of child labour or of participating in life-threatening activities, increasing the demands on the already overburdened protection system in the oPt.

CWDs, including children injured during the ongoing GMR demonstrations, are the most affected by the deteriorating situation, as many of them lack the basic assistive and educational assistive devices to facilitate their learning in the classroom, as well as adequate transportation means, adapted school facilities and staff capacity to accommodate for their needs. Some 27 per cent of CWDs (6-17 years) were not enrolled in education (32 per cent in the West Bank, compared to 24 per cent in Gaza),¹⁶¹ while those enrolled in education remain at a high risk of drop out due to the above-mentioned reasons.



In the West Bank, the realization of the right to education remains severely compromised due to violence and armed search operations in schools; harassment, intimidation, and violence towards students and teachers on the way to and from school; severe shortage of classrooms; and demolition or stop-work orders on school buildings. In addition children suffer from loss of school time due to tear gas in the vicinity or inside schools, delays on checkpoints and continuous Israeli military presence and operations around schools. More than one-third of Area C communities "lack primary schools and girls are forced to travel long distances, sometimes on foot, to reach the nearest school, often crossing one or two checkpoints. In response to these threats, families may adopt "negative coping mechanisms," such as taking children out of school to limit their exposure to Israeli violence and harassment, a practice more common among girls than boys.¹⁶² Dropping out of school is further linked to "early marriage, early pregnancy and sexual assault."¹⁶³

There is a general lack of school-based psychosocial support for affected children in Area C, Hebron H2 and East Jerusalem. From January to June 2019, the Education Cluster verified 112 education-related incidents in the oPt, a significant increase compared to the 118 incidents of interference with education by Israeli forces (113) and Israeli settlers (5), affecting 23,188 children, in all of 2018. Among those were two verified incidents of the military use of a school by Israeli forces. More than half of verified interferences involved Israeli forces firing live ammunition, tear gas or sound grenades in and around schools, mostly in the context of clashes or military operations.¹⁶⁴

In the H2 area of Hebron, the withdrawal of over 60 international TIPH monitors in early 2019 has left a gap in human rights monitoring and protection especially for school children. H2 was the most affected area of the oPt in terms of violations against education in 2019, with thirty-five schools in the area serving 5,561 males and 7,167 females. In H2, approximately "4,200 students, boys and girls, have their journey to school obstructed by checkpoints every day, frequently facing harassment, intimidation and delays that result in lost school time."¹⁶⁵ According to OCHA's household survey from 2019, almost 90 per cent of the surveyed households with school-age children reported that their children have faced at least one incident of delay, physical search, harassment or detention on their way to school in the

50 schools
are under threat of full or partial demolition in East Jerusalem and Area C, due to Israeli-issued demolition orders.

Source: Education Cluster

previous six months¹⁶⁶. Teachers and school personnel who need to reach H2 also report frequent harassment, searches and humiliation at checkpoints.

Schools in the West Bank continue to face threats, with five incidents of demolition orders and/or stop-work orders served, and three schools partially or fully demolished in Tubas, Hebron and Jerusalem governorate. In total, 50 schools are under threat of full or partial demolition in East Jerusalem and Area C, due to Israeli-issued demolition orders.

Monitoring

Monitoring of the needs will be done on either monthly or per at the end of each academic semester as it is a critical aspect of the planning and implementation phases. The Education Cluster will request all partners to provide information of their responses and the needs and gaps in the areas they are targeting The Cluster through different reports and during the cluster meetings, will identify gaps in response and monitor the needs.

Further field monitoring visits are also conducted by the Education cluster team to get a better understanding the implementation of the projects, ensuring they are responding to the needs, as well as to document the gaps on the response, ensuring all partners are responding to the identified needs taking into consideration gender mainstreaming, disability inclusion and accountability to affected population.

Indicators

#	INDICATORS	SECTORS	SOURCE
1	# of Children in need of PSS	Education / Protection	UNICEF
2	# of children, teachers and other education personnel affected by violations and attacks on education facilities	Education / Protection	UNICEF
3	# of children, teachers and other education personnel affected by schools affected by demolition orders	Education / Protection	POC database
4	# of out of school children	Education	Education cluster partners
5	# of children in need of emergency school supplies (including caravans, stationary, school bags, students' kits, teaching supplies, uniforms, solar systems or fuel, winterization kits)	Education	Education cluster partners
6	# of children, teachers and other education personnel who are affected by schools that are not adequately prepared for emergencies	Education	Education cluster partners

3.7

Shelter and Non-Food-Items (NFIs)



TOTAL IN NEED	SEVERE	STRESSED	GAZA	WEST BANK	WOMEN %	CHILDREN %	ELDERLY %	LACK OF PROTECTION FROM WEATHER CONDITIONS	PEOPLE AT RISK OF EVICTION
307k	304k	3k	263k	44k	49.0%	41.7%	4.1%	69k	52k

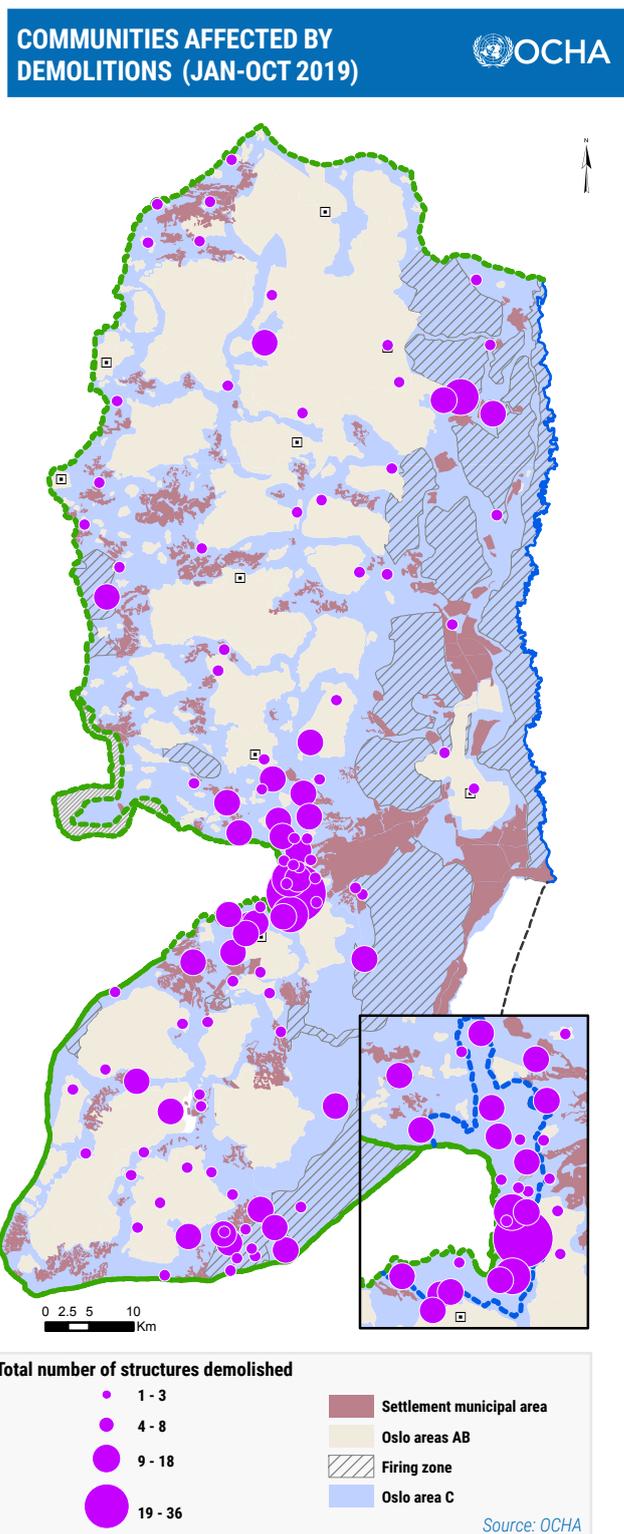
Affected Population

An estimated 307,000 highly vulnerable people across the OPt face severe gaps in accessing adequate shelter and essential shelter non-food items. These vulnerable groups include IDPs, host families; Palestine refugees, communities and families affected by demolitions including Bedouin/Herder communities, in which a majority are refugees and poor, people with disabilities and widowed, separated or abandoned women. The lack of funding has had a significant impact on the capacity of partners to implement shelter interventions, with unmet needs representing 72 per cent of the total. The main affected groups are the 9,356 families (53,000 persons) which the Ministry of Social Development (MOSD) has registered in the Palestinian social protection programme in Gaza, who are living in rented accommodation and are at risk of eviction, due to judicial cases involving rental arrears. Over 8,500 people are still displaced from previous hostilities in Gaza, including the November 2018, March, May and September 2019 escalations.¹⁶⁷

Analysis of Humanitarian Needs: ongoing concerns and new challenges

In the West Bank, there was a noticeable increase in the demolition of residential shelters and houses during 2019: in the first six months of 2019 the increase was 122 per cent compared to same period of 2018, leading to the displacement 434 people compared to 176 in 2018, and a financial gap in the provision of appropriate responses. In April 2018, a new military order, 1797, was issued which allows for the demolition of new unlicensed structures in Area C within 96 hours of the issuance of a removal notice; implementation of this bill came into effect in May 2019. In October 2019 the **Amendments to the 1965 Planning and Building Law**, is due to come into effect in East Jerusalem, where it is expected to expedite demolitions and limit access to legal recourse. The new legislation risks significantly limiting the ability of individuals and human rights organizations to challenge demolition or seizure of Palestinian properties in Area C and in East Jerusalem.

Home demolitions have distinct gendered impacts, reflecting social norms and division of family roles. For Palestinian women, who, reflecting prevailing gender roles, are commonly expected to keep the house and raise children, home demolitions deal a double blow to their identity as (1) wives and as (2) mothers. For many women, "their identity as an individual and status as wives and mothers is wrapped up in their domestic life," and "when their homes are demolished, women often become disoriented, unable to function without that organizing domestic sphere."¹⁶⁸ In the aftermath of home demolitions, women often find themselves forced to move into the homes of relatives, in which they have little influence over the domestic sphere.¹⁶⁹ In the Gaza Strip, one of the most densely packed territories in the world, destruction of housing, impoverishment of families and other factors have contributed to overcrowding among and between families. Women attribute the



increased crowding, “often citing living in extended-family households of their spouses as compounding their abuse.”¹⁷⁰

The vulnerability survey on shelter conducted in all Bedouin and herders’ communities in Area C and partners through May 2018, and updated on August 2019, showed that 3,450 shelters are in poor condition and in need for urgent interventions: the number doesn’t include the needs to cover natural growth. The impact of shelter interventions on displacement, as reported by partners through a sample taken in eight communities entirely located in area C, shows that rehabilitation interventions prevent or reduce seasonal displacement by more than 48 per cent, and in some cases encourage new families to come and live in these communities.

The last multi-cluster H2 household survey showed that: 69 per cent of households (955) located in restricted and prohibited areas require essential shelter renovation works.¹⁷¹ Due to the proximity of Palestinian houses to outposts and settlers’ areas, 46 per cent face serious threats and frequent violations and need some protection measures and interventions.

In Gaza, the continuous deterioration in the economic situation, combined with the restrictions on the entry of construction materials, hinders new construction as well as the maintenance of existing housing stock. This has resulted in a severe shortage in housing units needed for natural population growth, about 120,000 units, as estimated by the Ministry of Public Works and Housing (MOPWH) in 2017. This has led to an increase in substandard living conditions at household level, and unhygienic, overcrowded and unprotected living space in existing shelters. The demand for new housing units and the need for rehabilitation and maintenance of existing shelter, is increasing, with a shortage of resources to cover these needs.

The partial withholding payment of salaries and allowances to PA employees in Gaza, and resulting deterioration in coping capacities, is leading to legal disputes between landlords and tenants, placing thousands of families living in rented accommodation at risk of eviction. Some 9,356 families are currently registered in then MOSD social protection programme, out of the 21,818 households renting, as reported in the PCBS 2017 census. A recent assessment from

a sample comprising 522 families at risk of eviction from rented accommodation reveals that those families are subject to multiple forcible actions due to their inability to pay rent on a regular basis, with six per cent in prison or facing juridical procedures.¹⁷²

In June 2018, the Shelter Cluster published the findings of the inter-agency shelter survey on substandard housing conditions in Gaza, which revealed that 70 per cent of households (found as substandard?) suffered damage or destruction from the 2014 conflict, and 51 per cent from previous conflicts or floods and winter storms.¹⁷³ These conditions will require minimum shelter interventions for the protection of the vulnerable families exposed to harsh weather and protection concerns.

Since December 2008, Gaza has witnessed three large-scale and many severe intermittent short-term escalations of hostilities, which resulted in the internal displacement of thousands of people who were sheltered at time of conflict at designated emergency shelters (DES) and host communities or relatives. The level of preparedness to respond to the needs of IDPs effectively and in a timely manner is very limited. 52 UNRWA and 18 PA schools were upgraded to minimum standards to serve as designated emergency shelters in case of expected significant IDP numbers. However, there is a lack of stockpiling or arrangements in place to respond with necessary shelter Non-food items to affected people. The inter-agency contingency plan anticipates up to 600,000 IDPs will be in need of shelter support in case of a large scale emergency, both at DES or host families.

Monitoring

The cluster has a different source of data including the field assessments conducted by the partners that evaluate the needs on a regular basis, the updated database of the MOSD that shows the families living under the poverty line. The MoPWH data on the progress of the construction and the expected shortage in the housing units in Gaza as well as the new substandard assessment for 34,000 households. The cluster plans to have support from REACH initiative to carry out specific assessment for the people at risk of eviction from the rented houses.

Indicators

#	INDICATORS	SECTORS	SOURCE
1	# of displaced	Shelter&NFIs / Protection	OCHA Demolition Database
2	# of people displaced	Shelter&NFIs / Protection	OCHA Demolition Database
3	# of demolition orders	Shelter&NFIs / Protection	OCHA Demolition Database
4	# of people at risk of displacement (demolition orders, eviction orders)	Shelter&NFIs / Protection	OCHA Demolition Database
5	# of HH received timely post-demolition shelter assistance	Shelter&NFIs	OCHA Demolition Database
6	# of HH in need of shelter protective materials	Shelter&NFIs	OCHA Demolition Database
7	# of people evicted or at risk of eviction due to deteriorated socio-economic situation	Shelter&NFIs	OCHA Demolition Database
8	# of people in need for support with emergency shelter and NFIs at the onset of emergencies	Shelter&NFIs	Shelter NFIs partners
9	# of communities in need of capacity building and awareness raising on emergency preparedness	Shelter&NFIs	Shelter NFIs partners
10	# of potential host families in need of emergency preparedness for hosting IDPs	Shelter&NFIs	Shelter NFIs partners

Part 4

Annexes

GAZA STRIP

A Palestinian woman herds sheep near the Gaza-Israel border on the outskirts of Gaza City, March 2018.
©Photo by MAHMUD HAMS / AFP)



Scope of Analysis

This HNO covers nine vulnerable groups and six demographic groups (gender, age disaggregation) across six geographical locations, with some vulnerable groups included under only a few of the geographical locations. The scope of analysis has been decided jointly by the ICGG Assessment and Information Management Working Group.

Data Sources

Digital tools and information services provided by OCHA (<https://www.ochaopt.org/page/datasets-and-mapping-tools>).

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://docs.google.com/spreadsheets/d/1bdgjsD3QHc-KhnC3fKQ8BRI8uTlnCBc2/edit#gid=371037625>

In total, the HNO developed based on 101 assessments and vulnerability studies conducted in 2018 and 2019 by around 60 partners. Fifty-three assessments are sex-disaggregated, and thirty-eight are age disaggregated in addition to ten assessments with information on disabilities.

Challenges and information gaps:

- Insufficient age and sex-disaggregated data to generate an accurate breakdown of the number of people by demographic group and age.
- Most assessments not designed to inform clusters' needs indicators embedded in the HNO.
- Insufficient multi-cluster needs assessments at the household level to allow a multidimensional needs analysis.
- Insufficient multi-cluster, national and household assessments lead to an accurate and informative needs analysis.
- Vulnerability assessments didn't generate qualitative severity analysis for all vulnerable groups commonly identified by the AIMWG.
- Vulnerable areas identified by the AIMWG such as H2 and East Jerusalem lack needs assessments.

Palestinian Central Bureau of Statistics (PCBS): PCBS population figures is utilized throughout this document, based on PCBS 2017 population projections. Some vulnerable groups totals and averages provided by PCBS such as female-headed households and people with disabilities. <http://www.pcbs.gov.ps/>

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. Since 2005, the database provides a weekly updates on Israeli violations at the locality level.

<https://www.ochaopt.org/data/casualties>

Socio-economic and food security survey (SEFSec): the SEFSec is a joint effort between the PCBS, FAO, UNRWA and WFP with the participation of key NGOs to assess the socio-economic and food security situation in the state of Palestine. The new methodology considers poverty indicators, economic vulnerability and resilience, and food deprivation indicators. <https://www.ochaopt.org/content/food-insecurity-opt-13-million-palestinians-gaza-strip-are-food-insecure>.

OCHA's 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 a 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 logged every two weeks. The system includes three customized dashboards to enable users to monitor responses and identify gaps. <https://www.ochaopt.org/data/demolition>

Database of Official Demolitions Order Data: This online dataset 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 issued between 1988 and 2015 against Palestinian-owned structures in area C of the West Bank. The dataset consists of 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. Two pre-defined dashboards are featuring the orders against Palestinian structures and Israeli settlement structures. The database is available at <https://www.ochaopt.org/page/demolition-orders-against-palestinian-structures-area-c-israeli-civil-administration-data>

Gaza Crossings Database: OCHA designed four dashboards to monitor the movement of people and goods through the Gaza crossing points with Israel and Egypt. The dashboards combine

unique datasets provided by several 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 regularly to provide an overview of current and past access trends impacting the humanitarian situation in the Gaza strip. <https://www.ochaopt.org/data/crossings>

Gaza Strip electricity supply: For the past decade, the Gaza strip has suffered from a chronic electricity deficit, which undermined already fragile living conditions. The situation has further 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 sectors. The information presented in the dashboards provided to OCHA daily 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: 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 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. To facilitate sector-specific vulnerabilities and inform humanitarian and development programming; the results are presented through charts on specific indicators under several thematic sections. <https://www.ochaopt.org/page/46-bedouin-communities-risk-forcible-transfer-central-west-bank-vulnerability-profile>

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, water 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 partners and led by OCHA in summer 2013. <http://data.ochaopt.org/vpp.aspx>

Number of assessments



	Education	FSS	Protection	Shelter / NFIs	WASH	Multi-Cluster Needs Assessment (MCNA)	Grand Total
Area A&B	2		1				3
Area C	1		5			3	9
East Jerusalem	1		1				2
Gaza	4	15	12	4	19	2	56
H2						1	1
West Bank		4	4	2	11	1	22
West bank and Gaza		3	5				8
Grand Total	8	22	28	6	30	7	101

SECTOR	NEEDS ASSESSMENT	VULNERABILITY ASSESSMENT	GRAND TOTAL
Education	8		8
Food Security Sector	17	5	22
Multi-Cluster Needs Assessment (MCNA)	3	4	7
Protection	25	3	28
Shelter / NFIs	4	2	6
WASH	25	5	30
Health	28	7	35
Grand Total	82	19	101



GAZA STRIP

Recreational activities for children, January 2019 ©Photo by Mohamed El Henawi,

Methodology

People in need

The overall number of people in need was calculated by aggregating the highest indicator caseload by the 6 geographical locations (ARA, Rest of Gaza, Area C, Area A&B, East Jerusalem and H2), taking into consideration the fact that some indicators clearly do not overlap. This methodology provides a conservative estimate while minimizing the margin of error, by using estimates provided by different clusters for different indicators. The key assumption of this methodology is that people experience multiple humanitarian consequences, across indicators. Clusters estimate of people in need for each indicator are based on a variety of sources, including cluster partner data, needs assessments and estimates based on credible secondary data.

Protection: The overall figure for PiN is calculated based on an assessment of the total number of people exposed to protection risks was determined from identifying the number of Palestinians living under full Israeli control with limited access to services and high exposure to serious violations:

- All residents of Area C.
- All residents of Hebron H2.
- East Jerusalem residents exposed to violence and/or at risk of displacement.
- Most vulnerable people living under Israeli blockade in Gaza (all those living near the fence and those living under the poverty line in the rest of Gaza).

Child Protection: In Gaza, people in need are calculated on basis of the population residing in 28 vulnerable areas across the Gaza Strip defined considering their proximity to the ARAs, existence of IDP population and socioeconomic situation. Children under 5 are not considered for structured MHPSS services and protection interventions due to their young age. Number of estimated children reached with MHPSS services in 2019 were subtracted from number of 2020 people in need. In the West Bank, people in need are estimations based on total number of people affected by conflict related violence. For children in need of case management support this calculated at 9.1 per cent according to the WHO meta-analysis of those requiring moderate and severe MHPSS support.

Food Security: The number of people in need has been calculated based on the results of the SEFSec survey 2018, including the population growth factor, provided by PCBS.

Health and Nutrition:

In Gaza, the approach used to estimate the PIN is based on the thematic distribution of key vulnerable groups, which includes: maternal and child health and reproductive health, mental health and physical social support needs, noncommunicable disease patients, trauma, attacks against healthcare and access. Within each group, the critically vulnerable were identified based on the impact on morbidity and mortality if health services were not made available.

For the West Bank, your health vulnerability is primarily determined by your location. For example, living in an isolated community surrounded by settlements, checkpoints and barriers was far likely to

impact your health status. So geographical status was the primary category, followed then by the key vulnerable groups likely to suffer a significant deterioration in the health or risk mortality if health services were not made available.

Water, Hygiene and Sanitation (WASH): The methodology used for estimating the PIN is based on these new assessments conducted in different locations of Gaza and West Bank by different WASH Cluster partners, including the yearly and periodic reports by PCBS and OCHA have been used for the PIN. The analysis of all this information took place to estimate the final figures presented to OCHA, considering all the relative ratios for people segregation and vulnerable groups. Final PIN estimations were also shared with the WASH partners for their final validation. During the analyses, when different estimations were found in the same geographical area, the maximum number of PIN was considered for the HNO 2020.

Education: The Education Cluster conducted two workshops both in Gaza and the West Bank in August 2019 and made the necessary consultations with partners and sought for new data assessments from partners including UNRWA and MoEHE. The methodology used for estimating the PIN is based on these new assessments conducted in different locations of Gaza and West Bank by different partners, including the yearly and periodic reports by PCBS and OCHA along with MoE statistical book that have been used for the calculating the PIN. The analysis of all this information took place to estimate the final figures presented to OCHA, considering all the relative ratios for people segregation and vulnerable groups. Final PIN estimations were also shared with key partners for their final validation. During the analyses, when overlaps were identified in the different humanitarian consequences, the maximum number of PIN was considered for the HNO 2020.

Shelter & NFIs: The shelter cluster used parametric model estimation, by collecting and validating the data using a triangulation mechanism from different sources. The main sources used in estimating PIN in Gaza are MOPWH, MOSD, ICRC, and Shelter cluster Partners' assessments. In the West Bank PIN sources are Shelter cluster Partners' assessments and OCHA database.

Protection: Due to the limitations of identifying one severity rating for the HNO indicators for all gender and age groups, the Protection Cluster used an average 4-5 points to reflect the impact of the humanitarian consequence for the need on the different vulnerable groups. The Protection Cluster also set time criticality at average 4-5 since many protection activities are time critical to respond to the impact of the violations and mitigate protection risks on the affected individuals and groups.

Child Protection: The Child Protection AoR used recommended severity rating matrix as framework to analyze, discuss and agree on the impact and time criticalness of the humanitarian consequences while considering vulnerable groups and geographical coverage. With a final score comprised between 16 and 25, locations such as

Gaza, Area C and mostly Hebron H2 where population entirely depend on humanitarian assistance and time of intervention is crucial, are considered severe. As an example, psychosocial distress and mental disorders as humanitarian consequence in Gaza scored 4 on impact and 5 on time criticalness with demonstration-related violence and grave violations, chronic shortages of medical supplies and gaps in MHPSS service delivery significantly causing impact. Area A/B and East Jerusalem are given a final score between 9 and 12 (stress). No areas with minimal severity rating are identified.

Food Security: The level of severity is defined by the food insecurity categorisation included in the analysis methodology of the SEFSec. This approach is complemented by targeting tools utilised by implementation partners to define their specific caseload.

Health and Nutrition: Severity was determined by the likelihood of death or severe morbidity, such as disability, if the health services were not made available within a two-to-four weeks.

Water, Hygiene and Sanitation (WASH): The WASH Cluster has followed OCHA guidance and indicators to time and impact (step by step guidelines) to add the required figures for each indicator in the specified geographical areas. For example, in ARAs area in Gaza strip, the time criticalness of "# of people with lack of preparedness activities against the risks of floods" indicator is 5 as the situation is causing impact and will deteriorate at a fast pace without any intervention. And for the impact rating, it is 4 for the same indicator in the same area as the flooding collapse living standards. The severity rating matrix gives a severity score determined by rating the (1) impact and (2) time criticalness of a humanitarian consequence from 1-5 based on the definition given in the 2020 Humanitarian Needs Overview and Humanitarian Response Plan. The final severity rating is calculated multiplying the score on Impact and Time-criticalness. For example, "Limited access to safe drinking and domestic water services for rest of Gaza area" scored 3 on impact and 3 on time criticalness, and the final score will be 9 (3x3) / Stress, as the severity matrix shows.

Education: The Education cluster has estimated figures for severity based on the OCHA guidance (Step by Step Guidelines). Using the time-criticalness of humanitarian consequences and humanitarian situation impact to rate and score the required figures for each cluster indicator in specified geographical areas. The Education cluster gives high scores/ rates to the time-criticalness of humanitarian consequences of losing the access to education for children -due to different factors in a certain area- that would have a high risk of drop-out and lead to expose the children to violence and threaten their life. The severity rating matrix gives a severity score determined by rating the (1) impact and (2) time criticalness of a humanitarian consequence from 1-5 based on the definition given in the 2020 OCHA guidelines. The severity rating for education is calculated multiplying the score on Impact and Time-criticalness shown in the Education

HNO EXCEL data collection sheet.

Shelter & NFIs: Looking at each indicator, and asking the question of how much harm people would suffer if the required assistance is not provided in a timely manner. In addition, to assessing the capacities of different groups and their ability to cope with the crises, the other aspects for the severity are to consider the geographical locations, income sources, and the existing services.

Humanitarian needs analysis for a multi-year humanitarian plan:

As 2020 is the last and final year of the three-year plan, the HNO only estimated People in Need for that of 2020.

Severity Estimation

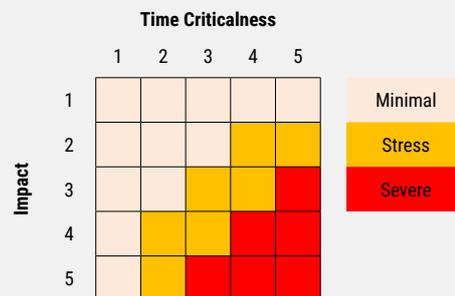
The severity is estimated by each cluster on each needs indicator for each geography area. Where reasonable separation of severity is possible, the area is divided into further sub-groups where the severity was rated for each of the sub-group. Given the protracted nature of the crisis, severity in the oPt adopts a methodology where the time-criticalness of a particular indicator is taken into consideration. Each indicator is rated from 1 – 5 for the two abovementioned dimensions. Each cluster has analysed the severity of each indicator for a geographical area through consulting relevant data, assessments, partners; through participatory rating during workshops or through estimation based on vulnerability characteristics.

In order to estimate populations that are severe and stressed for each humanitarian consequence, the proportion of highest number of those in the severe category and stressed category for each indicator was used as an indication of the proportion of severe and stressed category in the final figure of people in need. The estimation of proportion was necessary as the sum of the highest severe figure and the highest stressed figure did not necessarily add up to the final PiN.

There are two key assumption of this methodology to estimate proportion based on the highest figure of severe and stressed. The first assumption is that those who are severely affected by a humanitarian consequence are likely to be more severely affected by another consequence. The second assumption is that multi-sector severity is a spectrum between those that are severely affected and those who fall under stressed or minimum severity. This means that the people who are near the threshold between severe and stressed for one indicator may be reclassified into another category depending on the severity of other indicators. These two assumptions make it reasonable to take the maximum number of people in need for a humanitarian consequence as the final PiN figure, and also to assume the proportion of maximum of severe and maximum of stressed for humanitarian consequence being a good estimate for the proportion in the final PiN.

The severity rating matrix gives a severity score determined by rating the (1) impact and (2) time criticalness of a humanitarian consequence from 1-5 based on the definition given below. The rating is calculated by multiplying the respective ratings (eg. a humanitarian situation with impact rating of 4 and time-criticalness of 3 will score 12 as severity rating).

- 1. **Minimal: Severity rating between 1 and 6**
- 2. **Stressed: Severity rating between 8 and 12**
- 3. **Severe: Severity rating between 15 and 25**



Definition of each rating

Impact Rating	1	2	3	4	5
Living Standards	Living standards are ok	living standards under stress ..	Degrading living standards	Collapse of living standards, with survival based on humanitarian assistance	Total collapse of living standards
Coping Strategies	No adoption of coping strategies at the moment.	...leading to adoption of coping strategies.	Adoption of negative coping mechanisms with threat of irreversible harm.	Irreversible coping strategies	Exhaustion of all coping strategies
Physical and mental wellbeing and human rights violations	Risk of impact on wellbeing.	Minimal impact on well-being overall; localized/targeted incidents of violence + human rights violations	Degrading well-being; Physical and mental harm resulting in a loss of dignity.	Presence of irreversible harm and heightened mortality; Widespread grave violations of human rights	Widespread mortality and/or irreversible harm; grave human rights violations causing mass displacement

Time Criticalness (Urgency)	1	2	3	4	5
Rating	The situation is unlikely to cause impact anytime soon even without intervention	The situation can afford some waiting time without intervention	The situation can afford some waiting time without intervention	The situation may deteriorate soon without intervention	The situation will deteriorate at a fast pace without adequate intervention.

Information Gaps and Limitations

Protection: There is a general dearth of data on vulnerable groups in the oPt and their risk of exposure to protection risks. In Gaza, the operating environment poses a number of challenges relating to the collection of data on protection needs at household level. In addition, data related to the ARA geographical location are difficult to cover as majority of adults and children in need of MHPSS and child protection interventions in the context of GMR demonstrations are from other locations outside of ARAs.

Child Protection: Data related to ARAs geographical location are difficult to cover as majority of adults and children in need of MHPSS and child protection interventions in the context of GMR demonstrations are from other locations outside of ARAs.

Food Security: Some major data gaps in Palestine were highlighted during the analysis process. In particular, groups that are considered most vulnerable or at risk are less visible in the statistics and therefore major indicators related to these categories may become hard to track. The ability to disaggregate national numbers will be essential to the reporting and monitoring process, although there are limitations in the definition of disaggregated baseline information. Upgrading current data sets and surveys mechanisms to catch and track these trailing groups will require considerable cooperation, investment and coordination. A few vulnerable groups identified in this analysis, and certainly many of the geographic areas in which they are found (Area C, ARA, the Seam Zone etc.) are places where humanitarian and development actions are quite intertwined, as well as reciprocally influencing. There is a need for a more coordinated analysis of vulnerability for these communities/groups, and a partnership between humanitarian and

development funding/actors to sustain the long-term nature of all efforts, and to ensure that the structural drivers at play find their way into long-term planning, policymaking and targeting mechanisms.

Health and Nutrition:

During the exercise, the Health Cluster recognise key information gaps, particularly when information is sensitive to obtain. For example, numbers of people affected by the political barriers in accessing health care in Jerusalem, remains questionable. The major indicator, such as those without an ID, is hard to track.

Furthermore, key vulnerable groups such as noncommunicable disease patients, have often been neglected, particularly in emergencies. The lack of data on the types of noncommunicable diseases that face a severe deterioration in their health status, exacerbated by age and living conditions, remains limited. The current estimates under the PIN are modest and do not convey the extent to which noncommunicable disease patients suffer.

Water, Hygiene and Sanitation (WASH):

Regarding the available assessments conducted in several locations of the West Bank and Gaza by the WASH Cluster partners, there are some areas not covered by any study. WASH cluster notes missing information in East Jerusalem, North and Middle governorates of the West Bank as most of the assessments are concentrated in the South, north of the Jordan Valley and area C, leaving most of the communities in area A and B with less attention. In addition, a big gap has been identified in terms of WASH data at household level integrating WASH-related issues (water quality, quantity, sanitation, and hygiene) and population segregation in order to identify vulnerable

groups in each area (IDPs, refugees, GBV, FHH, disabilities, etc). Furthermore, data available from PCBS reports related to WASH was consolidated in 2017 and needs to be updated. A new Multiple Indicator Cluster Survey is planned in the last quarter of 2019, which will provide updated WASH data at household level, including microbial water quality data. Finally, there is a lack of intersectoral assessments to estimate the volume of WASH services needs in education and health institutions.

Education: Based on the available assessments that shared and conducted by the education cluster partners in several locations in the WB including EJ and the Gaza Strip, there are some areas not covered by any assessment. The education cluster has shortage of gender-based analysis for oPt EiE interventions, both from a programmatic and needs/barriers perspective. Also, shortage of data on the long-term impacts of the crisis on students' learning outcomes and wellbeing, beyond looking at access to education, as well as teachers wellbeing, and how this affects their support to students. Moreover, there is a lack of intersectoral needs assessments to estimate the WASH needs in schools.

Shelter & NFIs: The Cluster team used the percentages from PCBS to disaggregate the age and gender. In many cases, the accurate disaggregation not available from the assessments conducted by the partners.

Acronyms

AFN	Afghani (currency)	AFN	Afghani (currency)
ANDSF	Afghan National Defense and Security Forces	ANDSF	Afghan National Defense and Security Forces
APC	Afghanistan Protection Cluster	APC	Afghanistan Protection Cluster
BPHS	Basic Package of Health Services	BPHS	Basic Package of Health Services
CHF	Common Humanitarian Fund	CHF	Common Humanitarian Fund
CBCM	Community-based Complaints Mechanism	CPie	Child Protection in emergencies
DeWS	Disease early Warning System	DeWS	Disease early Warning System
DHS	Demographic Health Survey	DHS	Demographic Health Survey
DTM	Displacement Tracking Matrix	DTM	Displacement Tracking Matrix
DTS	Displacement Tracking System	DTS	Displacement Tracking System
eie	education in emergencies	eie	education in emergencies
eieWG	education in emergencies Working Group	eieWG	education in emergencies Working Group
eMIS	education Management Information System	eMIS	education Management Information System
eRM	emergency Response Mechanism e	eRM	emergency Response Mechanism e
eS-NFI	emergency Shelter-Non-Food Item	eS-NFI	emergency Shelter-Non-Food Item
FATP	First Aid Trauma Post	FATP	First Aid Trauma Post
FSAC	Food Security and Agriculture Cluster	FSAC	Food Security and Agriculture Cluster
GAM	Global Acute Malnutrition	GAM	Global Acute Malnutrition
GBv	Gender Based violence	GBv	Gender Based violence
HAG	Humanitarian Access Group	HAG	Humanitarian Access Group
HAP	Humanitarian Assistance Programme	HAP	Humanitarian Assistance Programme
HeAT	Household-level emergency Assessment Tool	HeAT	Household-level emergency Assessment Tool
Hiv	Human Immunodeficiency virus	Hiv	Human Immunodeficiency virus
HMIS	Health Management Information System	HMIS	Health Management Information System
HNO	Humanitarian Needs Overview	HNO	Humanitarian Needs Overview
ICCT	Inter Cluster Coordination Team	ICCT	Inter Cluster Coordination Team
ICRC	International Committee of the Red Cross	ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person	IDP	Internally Displaced Person
IeD	Improvised explosive Device	PSEA	Protection against Sexual Abuse and Exploitation
IHI	International Humanitarian law	SEA	Sexual Abuse and Exploitation
IOM	International Organisation for Migration	SH	Sexual Harrassment
IPC	Integrated Food Security Phase Classification Islamic State of khorasan		
Isk	State of khorasan		
IyCF	Infant and young Child Feeding		
JeNA	Joint education and Child Protection Needs Assessment		
MAM	Moderately Acute Malnourished		

End Notes

1. In 2019, UNRWA's already difficult financial situation was compounded by a crisis of confidence in the agency's senior leadership, following serious allegations of mismanagement.
2. Joint statement by the Humanitarian Coordinator, Jamie McGoldrick, UNICEF Special Representative, Genevieve Boutin, and UNESCO: <https://www.ochaopt.org/content/right-education-deeply-impacted-ongoing-interference-schools>
3. World Bank, Economic Monitoring Report to the Ad Hoc Liaison Committee, 26 September 2019, p. 4.
4. Between March and October 2019 the PA refused to accept the monthly tax revenues collected on its behalf by Israel, following the deduction, by Israel, of the amount it calculates that the PA pays to the families of "martyrs and prisoners."
5. Ibid. p.6.
6. Prior to the Qatari funding, between early 2017 and October 2018, the electricity supply had been severely aggravated by the internal divide, following disputes between the PA and Hamas over the funding and taxation of fuel, and the collection of electricity charges, and due to a decision by the PA to reduce payments for Israeli-supplied electricity from the Israeli grid.
7. OCHA Humanitarian Bulletin, Increased electricity supply improves access to water and sanitation in Gaza, August 2019. <https://www.ochaopt.org/content/increased-electricity-supply-improves-access-water-and-sanitation-gaza>
According to the Environment Quality Authority in Gaza, by July 2019 around 44 per cent of Gaza's beaches were contaminated compared to 74 per cent recorded in April 2018.
8. Shelter Cluster Factsheet July 2019 – Palestine. <https://www.sheltercluster.org/palestine/documents/shelter-cluster-factsheet-july-2019-palestine>
9. World Bank, Economic Monitoring Report to the Ad Hoc Liaison Committee, 26 September 2019, p. 6.
10. Palestinian Central Bureau of Statistics, 1028. Main Findings of Living Standards in Palestine (Expenditure, Consumption and Poverty), 2017. Poverty rates in the oPt as a whole recorded an increase from 25.8 per cent in 2011 to 29.2 per cent in 2017. In the West Bank, poverty rates stood at 17.8 per cent, up from 13.9 per cent in 2011.
11. On 18 March, the independent and international Commission of Inquiry into the protests in oPt, appointed by the United Nations Human Rights Council, released its final report, having investigated all 189 Palestinian demonstration-related fatalities between 30 March and 31 December 2018 and tracked more than 700 injuries. With the exception of two cases, the Commission found reasonable grounds to believe that the use of live ammunition by Israeli forces against protestors was unlawful.
12. <https://www.ochaopt.org/content/statement-humanitarian-coordinator-mr-jamie-mcgoldrick-calling-protection-children-gaza>
13. WHO, Health Cluster oPt, [Emergency Trauma Response to the Gaza Mass Demonstrations 2018–2019: A One-Year Review of Trauma Data and the Humanitarian Consequences](#), May 2019, p.11.
14. Health Cluster Situation Report. 01-31 August. http://healthclusteropt.org/admin/file_manager/uploads/files/shares/Documents/5d79e89a4c78e.pdf
15. However the approval rate for patients injured in the GMR demonstrations to exit Gaza via the Israeli-controlled Erez crossing to access healthcare in Israel and the West Bank is significantly lower. Between 30 March 2018 and 31 August 2019, of 585 applications, only 17 per cent (102) were approved by the time of their scheduled appointment. WHO, [Health Access](#). August 2019. Although, the Egyptian-controlled Rafah crossing has been almost continuously open since May 2018, partially restoring a potential gateway for the broader population. However, this development has been impaired by the reduced number of passengers allowed through every day (about 350), the obscure criteria used for selecting passengers, the long waiting times at the crossing, and the multiple security checks and difficulties incurred by passengers on the road to Cairo and back to Gaza.
16. By July, Gaza referrals to Israeli hospitals had already dropped 31 per cent and West Bank referrals had dropped 37 per cent, compared to the monthly average number in 2018. This has resulted in increased waiting times for some patient groups. UNSCO, Report to the Ad Hoc Liaison Committee, 26 September 2019, p. 15.
17. World Bank, Economic Monitoring Report to the Ad Hoc Liaison Committee, 26 September 2019, p. 6.
18. According to official data obtained by the Israeli organization HaMoked, there has been a significant decline in the number of permits issued by the Israeli authorities for Palestinian farmers and workers to access their land in the West Bank behind the Barrier. The approval rate for permits for landowners fell from 76 per cent of applications in 2014 to 28 per cent in 2018 (up to 25 November). Permits issued to agricultural workers declined from 70 per cent and 50 per cent of applications in the same period. <http://www.hamoked.org/Document.aspx?dID=Updates2051>
19. See the regular Briefing to the Security Council on the implementation of Security Council Resolution 2334 (2016), <https://unsco.unmissions.org/>
20. Report of the Secretary-General, Israeli settlements in the Occupied Palestinian Territory, including East Jerusalem, and the occupied Syrian Golan, A/73/410, 5 October 2018. For more information on the coercive environment, see A/71/355, paras. 60–64; A/72/564, paras. 36–57; A/73/410, paras. 26–58; A/HRC/34/39, paras. 44 and 54–55; and A/HRC/37/43, paras. 26–64.
21. On 3 May, following the unprecedented rise in demolitions in April, UN officials issued a statement calling for an immediate halt to demolitions in East Jerusalem and respect for international law. <https://www.ochaopt.org/content/un-officials-call-immediate-halt-demolitions-eastjerusalem-and-respect-international-law>
22. During the same periods there were at least 86 attacks by Palestinians against Israeli settlers and other Israeli civilians in the West Bank and Israel resulting in casualties (three fatalities and 22 injuries) or in property damage, a significant decrease compared to the previous two years.
23. On the other hand, in September 2019 the Israeli authorities announced the approval of a number of infrastructure projects in Area C, in the areas of water, sanitation and transportation, which are reportedly pending funding to be implemented. Israel's report to the Ad Hoc Liaison Committee, which met in Brussels in September 2019.
24. Only 13 per cent of the territory annexed by Israel following the 1967 occupation is currently zoned by the Israeli authorities for Palestinian construction. However, much of this land is already built-up, the permitted construction density is limited, and the application process for obtaining building permits is complicated and expensive.
25. Wadi Yasul: A Community at risk of mass displacement. <https://www.ochaopt.org/content/wadi-yasul-community-risk-mass-displacement>.
26. An estimated 200 Palestinian households currently have eviction cases filed against them, the majority initiated by settler organizations, placing approximately 900 at risk of displacement.

27. Briefing to the Security Council on the implementation of Security Council Resolution 2334, 20 September 2019.
28. The World Food Programme (WFP) also faces substantial funding constraints and can currently reach only half of its beneficiaries in need of food assistance.
29. Restrictions stemming from counter-terrorism legislation in their countries of origin, along with the “no contact” policy with Hamas imposed by some donors, have further restricted the operational space of UN and international NGOs in Gaza.
30. A recent survey among international NGOs operating in the oPt, reveals that most organizations have been subject to false accusations about violations of counter-terrorist legislation and conduct of political action against Israel. <https://www.ochaopt.org/content/humanitarian-operations-undermined-delegitimization-access-restrictions-and-administrative>
31. Research among Tramadol users in the Gaza Strip found that recurrent attacks, the siege imposed by the Israeli occupation, and the high unemployment rates, particularly among university graduates, are factors associated with the widespread abuse of Tramadol. Illicit drug use has been reported to provide users with the opportunity to “escape problems”, obtain a “feeling of relaxation”, to “not think”, and to “fall asleep”. The traumatic events imposed by Israeli political violence on the Gaza Strip have also led to an increase of illicit drug use in children Illicit Drug Use in Palestine: A Qualitative Investigation, November 2017, p. 11. https://www.unodc.org/documents/publications/Illicit_Drug_Use_in_Palestine.pdf
32. A suicide in Gaza, Guardian 18 May 2018. <https://www.theguardian.com/news/2018/may/18/a-suicide-in-gaza>
33. Ha’aretz, 19 May 2019. 35,000 Palestinians Left Gaza in 2018; Hamas Blocking Doctors From Leaving. <https://www.haaretz.com/middle-east-news/palestinians/.premium-35-000-palestinians-left-gaza-in-2018-hamas-blocking-doctors-from-leaving-1.7254747>
34. According to the most recent briefing on the implementation of Security Council Resolution 2334, “the expansion of illegal Israeli settlements in the occupied West Bank, including East Jerusalem, continues unabated.” During the period, 11 June to 11 September 2019, “Israeli authorities advanced some 3,000 housing units in the occupied West Bank, including some 400 units in East Jerusalem.”
<https://unsco.unmissions.org/briefing-security-council-implementation-scr-2334-delivered-un-special-coordinator-nickolay-mladenov>
35. Ibid.
36. Figures were calculated using the population residing in the 28 most vulnerable areas identified for their proximity to the Access Restricted Areas, existence of IDP population and socioeconomic situation, and using children rate of 49.57% of the population. Only children aged 5-17 have been accounted for using the ratio of under 5 children of 16.83%. Young children are usually taken care of by support/guidance provided to their caregivers. For 2018 it was estimated that 295,913 children were in need of structured PSS services and child protection interventions. Between January and June 2019, the total number of children reached by service providers in Gaza was 23,601 which multiplied by 2 gives the estimated number of children reached over 12 months (47,202). Thus, CP AOR estimates that total number in need is 295,913 subtract from estimated number reached of 47,202, which equals 248,711 children in need of structured PSS and CP interventions in 2020. In addition to the latter estimation of 248,711 children in need in Gaza, CP AOR estimates that an additional 9.1% or some 22,578 children in Gaza will require case management support to address severe and moderate mental health disorders. The percentage of 9.1% is based on 2019 WHO systematic review and meta-analysis for estimations of the prevalence of mental disorders in emergency settings. In the West Bank (Area C; Area A & B; East Jerusalem and H2 Hebron), CP AOR calculated the estimated number of 29,290 children are in need of structured PSS services, child protection intervention and specialized individual case management. This figure was calculated based on the number of children affected by conflict related violence. Between January and September 2019, CP AOR documented 667 violations affecting 36,612 children across the West Bank. The total figure of 36,612 children affected by conflict related violence do not include 5 children killed during the same period. Estimating that 20 percent of children affected will suffer from more than one violation incident, target is 80% of total affected children (0.8* 36,612 = 29,290).
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39. Based on calculation of total number of affected children, and WHO proportionate estimate (13% of mild + 9.1% of severe and moderate of affected population). See [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30934-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext).
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42. Ibid.
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62. Palestinian Central Bureau of Statistics, 1028. Main Findings of Living Standards in Palestine (Expenditure, Consumption and Poverty), 2017. Poverty rates in the oPt as a whole recorded an increase from 25.8 per cent in 2011 to 29.2 per cent in 2017. In the West Bank, poverty rates stood at 17.8 per cent, up from 13.9 per cent in 2011.
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172. Out of the surveyed families, 20% are headed by females, 44% are children, and 8% are elderly people. The assessment also showed that 75% of the families borrow money for living, 36% had sold the household assets, while 21% stopped sending their sons to the university. 22% of women and girls feel unsafe and unprotected due to frequent movement from a place to another.
173. 17.2 per cent of the surveyed households hosted IDPs during conflicts or other disasters, and 3 per cent were still hosting IDPs from 2014 conflict. The same assessment also revealed that 43 per cent of households in Gaza lack protection from rainwater leaking through windows, and 35 per cent suffer from water leaking from the roof whilst 30 per cent of the households had a risk of children falling from height due to the lack of proper protection at stair shaft, balconies, and roof. See <http://digitalhumanitarians.com/>