



Destruction in Gaza following Israeli strike ©Mohammad Libed - Gaza

Rapid Needs Assessment in the Gaza Strip and West Bank including East Jerusalem

Terre des hommes Foundation



Terre des hommes
Helping children worldwide.

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Acronyms and Glossary

CBO	Community Based Organisation
CMWU	Coastal Municipalities Water Utility
CP	Child Protection
CPAoR	Child Protection Area of Responsibility
CSO	Civil Society Organisation
DES	Designated Emergency Shelters
ERW	Explosive Remnant of War
FI	Food Items
FSL	Food Security and Livelihoods
GBV	Gender Based Violence
Gender awareness:	Recognizing the different needs, capacities and contributions of women, girls, boys and men.
HH	Households
HRW	Human Rights Watch
IASC	Inter-Agency Standing Committee ¹
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Persons
MHPSS	Mental Health and Psychosocial Support
MOA	Ministry of Agriculture
MOE	Ministry of Education
MoH	Ministry of Health
MOSD	Ministry of Social Development
NFI	Non-Food Items
NGO	Non-Governmental Organisation
OCHA	United Nations Organisation for the Coordination of Humanitarian Assistance
PA	Palestinian Authority
PCBS	Palestine Central Bureau of Statistics
PRCS	Palestinian Red Crescent Society
PSS	Psychosocial Support
PFA	Psychosocial First Aid
PTSD	Post-Traumatic Stress Disorder
PWA	Palestinian Water Authority
RNA	Rapid Needs Assessment
Tdh	Terre des hommes Foundation, Lausanne
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

¹The Inter-Agency Standing Committee (IASC) is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving the key UN and non-UN humanitarian partners.

Executive Summary

The 11-day May 2021 Israel-Palestine crisis, named 'Operation Guardian of the Walls', followed quickly on the heels of other, similar violent conflicts. This is the fourth such outbreak of violence since 2008, the others being:

- The Gaza War or Operation Cast Lead (December 2008 – January 2009), a three-week armed conflict between Israel and Hamas during the winter of 2008–2009.
- The 2012 Israeli operation in the Gaza Strip, or 'Operation Pillar of Defence' (November 2012).
- The 2014 Gaza War or Operation Protective Edge (July–August 2014).

The conflicts share certain characteristics. They are sparked by events which act as a catalyst for the expression of more profound hostilities, fears and anger, and they are relatively short, and they elicit extreme violence and destruction. They are rooted in hostilities between Israel and Palestinians born of the creation of the state of Israel and the wars that followed, the flight/forced expulsion of Palestinians as refugees or displaced persons, the occupation and settlement of parts of the West Bank and the denial of human rights to Palestinians within Israel and in the Occupied Territory. These are protection issues, central to the conflict, and for so long as they are unresolved, it is reasonable to expect further violence. A short background to the May 2021 emergency can be seen on page 9, and a more detailed and contextualised description in Annex 1, page 41.

This is the report of a rapid needs assessment (RNA) carried out by the Terre des hommes Foundation, Lausanne (Tdh), a Swiss non-governmental organisation (NGO). Tdh has worked in the Occupied Palestinian Territory (oPt) since 1973. Throughout its 48-year history in the area, Tdh's presence has had many iterations. Today, it works to strengthen the justice system in Palestine through child-friendly policies, capacity building, evidence-based advocacy and tailored awareness-raising interventions, and, through its protection centre in northern Gaza, a vocational training programme supports children and youth exposed to or at risk of child labour and, also in Gaza, Tdh strengthens civil society organisations (CSO) working to address and reduce gender-based violence (GBV). It also maintains a humanitarian capacity. Tdh conducted a comprehensive RNA in 2014.

Tdh's purpose in commissioning this assessment was to provide an early understanding of unmet priority needs, appreciating that a fuller and more detailed picture would arise over time. Inevitably, there has been a trade-off between methodological robustness and timeliness. The methodology is explained in more detail on page 7. Findings will be used to inform Tdh's relief interventions and development approaches. As an active member of the international community, Tdh will share its findings with stakeholders and other actors.

The assessment supports secondary, or 'quantitative' data with primary, or 'qualitative' data. Primary data was obtained through Key Informant Interviews (KII) in the West Bank and East Jerusalem (WB/EJ) and in Gaza. Seventeen (17) interviews were conducted in the former and 22 in the latter.

Details of key informants can be seen in Annex 4, on page 48.

Secondary data was informed by the excellent and regular

updates from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), which we commend for providing an invaluable service during this period, and by a range of other sources which we reference throughout the report.

At the outset, of particular importance to Tdh were those thematic areas relevant to its work. We therefore collected data on Education, Health, Protection, Food Security and Livelihoods (FSL) and Water, Sanitation and Hygiene (WASH). However, it became apparent that important data related to other thematic areas was pertinent to the purpose of assessment. Therefore, we also collected data on access and displacement.

Findings are provided according to thematic and location, beginning with the WB/EJ. Secondary data findings are followed by a presentation of primary data, and then an analysis of both. The report concludes with a set of recommendations to Tdh for relief and longer-term interventions that are relevant to its thematic priorities. Findings are shown on page 15 and recommendations on page 39.

Tdh is a child focussed NGO and meeting the needs and helping realise the rights of children has been its driving mission since its foundation in 1960. It is well positioned by dint of history, experience, institutional knowledge and thematic priorities to respond to the child protection issues found in the assessment. We find that protection and juvenile justice issues in the WB/EJ remain acute: children are subject to violence from Israeli forces and settlers; children in conflict with both Palestinian and Israel law are denied due process² and children are held in unsuitable facilities during pretrial detention.

Mental health is the second major issue revealed by the needs-assessment. Research finds that children in armed conflict areas experience high rates of mental disorders, including post-traumatic stress disorder (PTSD), depression, anxiety, behavioural problems, and attention deficit hyperactivity disorder, as well as functional impairment. Children in conflict areas are also at increased risk of suicide ideation, enuresis, nightmares, hypervigilance, grief, separation anxiety disorder, phobia, stuttering, stereotypic movements, refusal to attend school, learning disabilities, conduct disorders, aggression, and feeding disorders in infancy or early childhood³.

There is evidence of high levels of stress across all sections of society and concern for the well-being of individuals and on family life. Respondents highlight a particular concern for the well-being of women and girls. The importance of understanding and responding appropriately to the different experiences and responses to high levels of stress by women, men, girls and boys is reported repeatedly by informants.

A number of recommendations are made on page 38, delineated by territory and thematic. They are consistent with the findings and priorities reported in the 'oPt Flash Appeal' of 27th May.

Tdh is grateful to all those who shared their reflections and insights and individual circumstances with us. We are humbled that at a time of personal suffering and loss, they felt it right to speak to us in the hope that their experiences would contribute to the wider public good.

"If there is a hell on earth, it is the lives of children in Gaza⁴," António Guterres, Secretary-General of the United Nations said in opening remarks to a United Nations General Assembly Plenary meeting on the 20th of April.

²https://www.dci-palestine.org/legal_analysis_due_process_for_palestinian_children_in_conflict_with_palestinian_law

³<https://www.bmj.com/content/371/bmj.m3155>

⁴<https://www.un.org/press/en/2021/ga12325.doc.htm>

Introduction

Tdh has worked in the Occupied Palestinian Territory (oPt) since 1973, when it began projects to respond to and reduce child malnutrition in the West Bank and the Gaza Strip. A medical approach to the care of malnourished children was replaced in 1995 by a community health approach, with health education and promotion centres opened in the southern West Bank to work more closely with mothers and children. In 1996, its mother and child health services in Gaza were transferred to the ownership and management of Ard El Insan as part of a localisation process. Tdh re-established a presence in Gaza in 2010, while in the West Bank it began a mother and child intervention in Jenin in 2002, and, in the following year, a psychological support programme in Jenin and Hebron.

Today, Tdh's Palestinian Country Office is headquartered in Amman, and it has offices in East Jerusalem and Gaza. Tdh works to strengthen the justice system in Palestine through child-friendly policies, gender justice, capacity building, evidence-based advocacy and tailored awareness-raising interventions. Tdh's objective is to improve the range and quality of effective non-custodial measures for the rehabilitation of children in conflict and in contact with the law. Our approach targets children and youth as well as caregivers, communities, formal and informal justice actors.

In its protection centre in northern Gaza, Tdh supports children and youth exposed to or at risk of child labour through the provision of vocational training and formal education. We also work with children and youth exposed to violence, with a specific focus on gender-based violence.

Throughout its presence in Palestine, Tdh has maintained a humanitarian capacity. During the July 2014 Gaza War, also known as 'Operation Protective Edge', Tdh maintained an active presence in Gaza throughout the bombardment. On July 26th, 2014, it distributed food parcels and drinking water to vulnerable households in Beit Lahiya and continued to gather data to support a larger, more comprehensive relief operation that would be launched at the end of hostilities.

On August 12th, 2014, it began a three day needs assessment in its existing working areas designed to inform its planned interventions on behalf of vulnerable households in Beit Lahiya (one of the worst affected areas) and the Gaza governorate, and to give a fuller picture of the scale and complexity of the needs of its wider client base. The report was widely shared with a range of stakeholders. Based on the findings of the assessment, Tdh intervened with relief interventions to meet the immediate WASH and child protection needs of vulnerable children. It also renovated a number of governmental schools.

This is the report of an RNA carried out by Tdh in the West Bank and East Jerusalem (WB/EJ) and in Gaza following the emergency of May 2021.

NB:

- We use the term 'primary' to refer to qualitative data, and 'secondary' to refer to quantitative data.
- The secondary data in this report covers the period 6 to 20th May inclusive, from the beginning of the violence to the announcement of the ceasefire.
- In exceptional cases, such as where Tdh perceives a need to contextualise contemporary data, we refer to earlier studies.

Methodology

The purpose of this RNA is to provide an early understanding of unmet priority needs in Tdh's areas of thematic concern, appreciating that a fuller and more detailed picture will arise over time. The findings will be shared with key actors and used to inform Tdh's relief and rehabilitation interventions and longer-term development programming in the affected areas.

Primary, or 'qualitative' data collecting tools were developed with input from relevant United Nations clusters (Education, Protection, CPAoR and the GBV sub-cluster) according to Tdh's need to have a fast and urgent understanding of the needs arising from the emergency. They were designed to quickly capture vital primary data to present an accurate picture of needs across a number of vital thematics. This primary data added important contextual information to quantitative, or 'secondary' data.

The need for accuracy, comprehensiveness and detail was weighed against the speed with which critical decisions needed to be made and this influenced the design of the data collecting tools. While it was necessary to ensure that the needs assessment was adequate for informing the identified information needs it was also essential that information was produced in sufficient time to be used for its objectives. Thus, timeliness was an important factor informing our methodology.

The Tdh assessment team comprised 2 persons in WB/EJ and 3 persons in Gaza. Data collectors collected data primarily from key stakeholders, local NGOs representatives and actual affected population via KIIs (Key Informant Interviews). Interviews in the WB/EJ and Gaza were conducted by phone. In Gaza, three personal interviews were held for the purposes of collecting case studies. COVID-19 protocols were observed at all times.

Tdh did not collect more data than was necessary. Other than the focus on timeliness, it was conscious of the trauma of violence, displacement and possible bereavement experienced by respondents. It did not expect families to be aware of the precise details of their situation – for example, how much water they use – and, therefore, technical questions were kept to a minimum. It was aware, throughout the process, that respondents had other, pressing priorities. The photographs are mostly taken from publicly available press agencies and duly credited. For reasons of privacy and security, those taken by Tdh do not identify respondents or other members of the community except in one case, where informed consent was given.

In order to capture a broad range of insights, it was decided to interview a minimum of three respondents for each of the thematics under review, made up of a. a government or local authority spokesperson, a UN or Cluster representative, a thematic specialist and / or an NGO worker, b. a community leader, including a religious leader, an elder and / or a head of a local committee, and c. a community member.

Quantitative data was collected from various sources in English and Arabic, including, inter alia, the appropriate government ministries and UN Agency and other NGO reports. Observations on the ground were verified by photographs of, for example, damaged shelters and / or education and health infrastructure.

Tdh will share its findings with other actors, national authorities, and the affected population, while adhering to data-sharing principles and agreed data-sharing protocols or agreements, as

relevant. Tdh will consider protection concerns when sharing data and information, always observing the principle of 'do no harm'.

The limitations of the RNA

- The psychological or mental health impact of escalated violence in the WB/EJ and Gaza requires measuring over a longer time period that allows for detailed assessment and reflection.
- The time period for data collection was limited. Respondents were not able to answer some questions.
- Respondents were not met individually, other than for collecting case studies. Over the phone, respondents fatigue more quickly, and can be distracted by other tasks. With a poor network connection, the call may be interrupted. All of these factors make it harder to engage a respondent remotely.
- There has been an understandable focus on Gaza, with the situation in the WB/EJ being relatively underreported and analysed.
- Respondents were busy with pressing priorities and not all could allocate the required time.
- The education, protection, livelihood and health situations are already fragile due to COVID-19, especially in the West Bank. Consequently, it was difficult to delineate the separate impact of the recent emergency.
- Data collection took place over some respondents' weekends, which was inconvenient. Some interviews had to be cut short.
- Primary data was presented in observational and experiential terms and is therefore not easily analysed statistically. Moreover, the sample size is small, and findings do not lend themselves to meaningful statistical analysis.



Damage to INGO in Gaza©Tdh-Gaza

A background to the May 2021 emergency

A flareup of the Israeli – Palestine conflict in May 2021 was marked by protests and rioting in Jerusalem and in mixed Jewish / Arab Israel towns and cities, rocket attacks on Israel by Hamas and Islamic Jihad from the Gaza Strip and Israeli airstrikes on the Gaza Strip⁵.

This renewed violence started on 6 May 2021, when Palestinian protests began in Jerusalem over an anticipated

decision of Israel's Supreme Court on the eviction of 28 Palestinian families from Sheikh Jarrah, a neighbourhood of Israeli occupied East Jerusalem. Under international law, the area, annexed by Israel, is part of the Palestinian territory that Israel currently holds under the occupation. The protests quickly escalated into violent confrontations between Israeli and Palestinian protesters. On 7 May, Israeli police stormed the compound of Al-Aqsa Mosque, the third holiest site in Islam. The police used tear gas, rubber bullets and stun grenades against stone throwing Palestinians.

The violence coincided with Qadr Night, observed by Muslims, and Jerusalem Day, (9–10 May), an Israeli national holiday. The confrontations occurred ahead of a planned Jerusalem Day march by far-right Jewish nationalists that was later cancelled. More than 300 people were injured, mostly Palestinians, drawing international condemnation. The Supreme Court ruling was then delayed for 30 days as the attorney general of sought to reduce tensions.^[1]

On 10 May, after Israel ignored an ultimatum to withdraw security forces from the Temple Mount complex and Sheikh Jarrah, two Palestinian militant groups, Hamas and Palestinian Islamic Jihad, began firing rockets into Israel from the Gaza Strip, hitting multiple residences and a school. Israel began a campaign of airstrikes against Gaza.

Calls for a ceasefire were first proposed on 13 May by Hamas but rejected by Israeli prime minister Benjamin Netanyahu. On 18 May, France, with Egypt and Jordan, announced the filing of a United Nations Security Council resolution for a ceasefire.

On the May 20th, eleven days after it began its bombardment of the Gaza Strip, and after days of international pressure to end the bloodshed, Israel's security cabinet approved a ceasefire⁶. Israeli prime minister Benjamin Netanyahu's office announced the "mutual and simultaneous" ceasefire proposed by Egypt late on Thursday. A Hamas official confirmed the agreement.

The pause in violence came a day after the US president, Joe Biden, who had largely avoided putting public pressure on Washington's ally, told Netanyahu that he expected "a significant de-escalation" to take the situation towards a ceasefire. The UN secretary general, António Guterres, added further pressure, calling for an immediate ceasefire and urging Israel's military to exercise maximum restraint and for Hamas to stop indiscriminate rocket fire. Guterres described Gaza as "hell on earth" for children, describing the hostilities as "utterly appalling". The Secretary-General warned that hopes of coexistence and peace between Palestinians and Israelis are being pushed even farther to the horizon. "Fighting must stop. It must stop immediately," he said. "Rockets and mortars on one side and aerial and artillery bombardments on the other must stop. I appeal to all parties to heed this call."

A more detailed and contextualized review of the current emergency may be seen in Annex 1

⁵https://en.wikipedia.org/wiki/2021_Israel%E2%80%93Palestine_crisis

⁶<https://www.theguardian.com/world/2021/may/20/israels-security-cabinet-approves-gaza-ceasefire-reports>



The Ministry of Social Development © Tdh-Gaza



People assess the damage caused by Israeli airstrikes in Beit Hanoun, in the northern Gaza Strip. Photograph: Mahmud Hams/AFP/Getty Images

Findings

Introduction

This RNA initially set out to cover 4 thematics in WB/EJ – Education, Health, Protection (including advocacy and legal aid provision pertaining to protection rights of children) and Food Security and Livelihoods (FSL) and 5 in Gaza – Education, Health, Protection, FSL, and Water, Sanitation and Hygiene (WASH). In the course of collecting secondary data, other emergency / humanitarian criteria presented themselves as important to the wider context. Thus, we have added small sections on Displacement and Access.

WB / EJ	Gaza
Displacement	Displacement
Access	Access
Education	Education
Health	Health
Protection, including advocacy and legal aid provision pertaining to protection rights of children.	Protection
Food Security and Livelihoods (FSL)	Food Security and Livelihoods (FSL)
	Water, Sanitation and Hygiene (WASH)

Before we look at the situation reports for the WV/EJ and Gaza individually, we present a summary of the human and material costs of the May 2021 emergency.

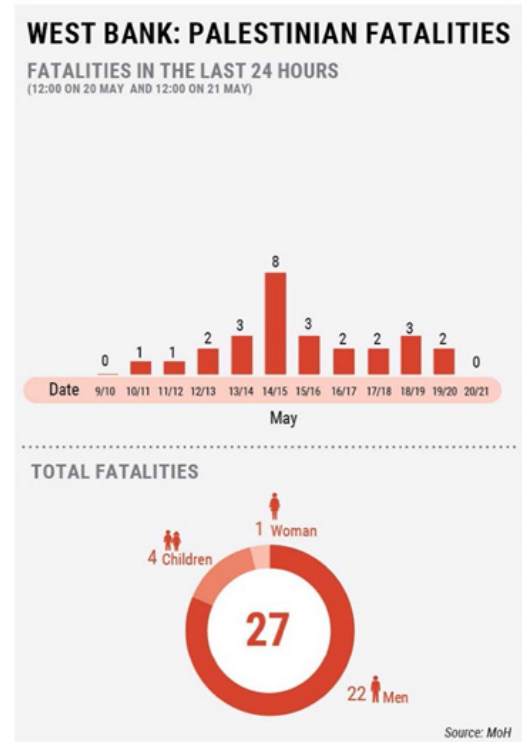
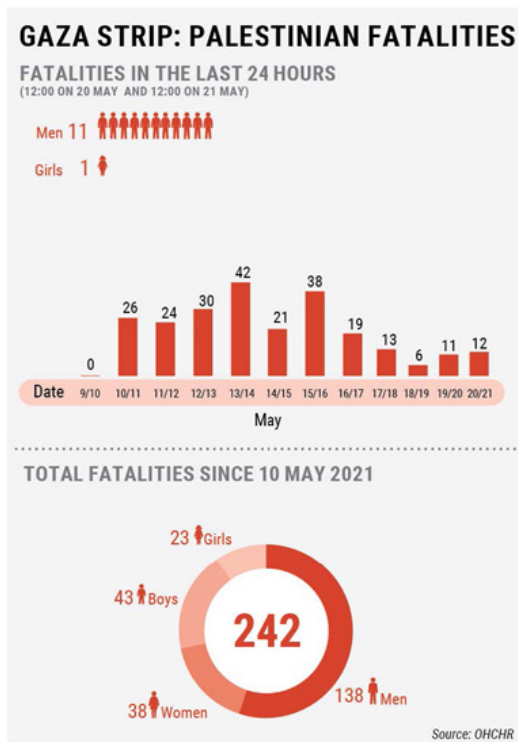
A summary of the human and material costs of the current emergency in the West Bank, East Jerusalem and Gaza.

Trauma Situation and Needs

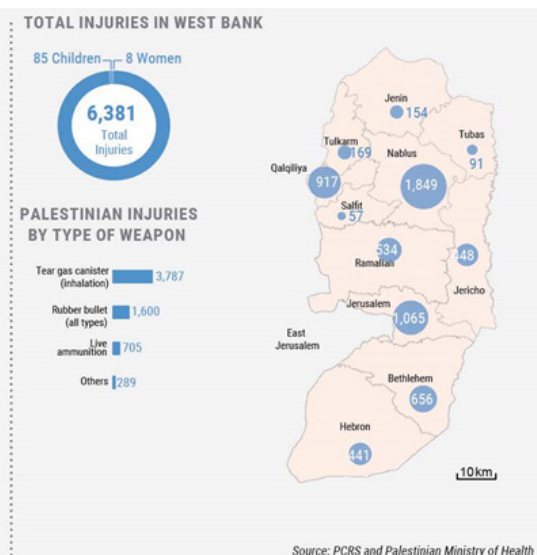
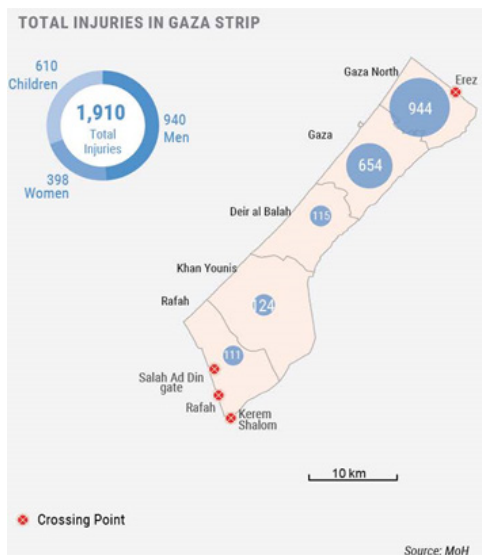
- Aerial bombardment of the Gaza Strip, and escalations and settler-related violence in the West Bank including East Jerusalem, have resulted in a substantial number of fatalities and injuries in recent weeks.
- From 7 to 20 May 2021, 269 Palestinians were killed and 8,291 injured across the Occupied Palestinian Territory.

- In Gaza, 253 Palestinians including 66 children and 39 women were killed and 1,948 injured.
- In the West Bank, outside East Jerusalem, 27 Palestinians were killed including 4 children and 6,381 injured.
- In East Jerusalem, one Palestinian was killed and 1,011 injured.
- 39 children were detained/arrested in East Jerusalem between 1 May until 26 May 2021 and 169 from 1 January – 30 April 2021⁷.

The fatality and injury figures are shown in the [OCHA](#)



OCHA. Flash Update 10, 19 May 2021



⁷CPAoR and UNICEF: <https://www.unicef.org/press-releases/37-palestinian-children-injured-and-arrested-east-jerusalem>

Health Attacks

- 91 attacks against health care in the oPt since start of Ramadan, of which 70 occurred in West Bank including East Jerusalem, and 21 in Gaza Strip.
- In the Gaza Strip, 19 health facilities damaged including destruction of Hala Al-Shawa primary health care clinic.
- In West Bank, 41 health workers injured, and 21 health vehicles damaged, detained or confiscated.

Impact on health facilities and public health

- Damage to six hospitals and eight primary care clinics in Gaza Strip, with severe damage and end to functioning of the Hala Al-Shawa primary care clinic.
- Also in Gaza, electricity outages affecting health care functioning with reduced services for chemotherapy patients at Al Hayat Specialized Hospital, related to outstanding arrears for referral services.
- In the Gaza Strip, 46% of essential drugs and 33% of essential medical supplies are at zero stock.
- Damage to WASH infrastructure, including wastewater networks and the North Gaza Seawater Desalination Plant, affecting public health measures during COVID-19 and risk of waterborne diseases.

Access Challenges

- The Beit Hanoun/Erez crossing between Gaza Strip and Israel was closed from 11 May to the 24th, affecting approximately 100 referral patients each day. It opened on the 25th, for international staff of INGOs and diplomatic missions, for foreign journalists, for medical referrals and for Gaza ID holders returning to the Strip.
- No entry of medical supplies to Gaza through Karam Abu Salem/Kerem Shalom checkpoint since 11 May.
- 3 injured persons evacuated from Gaza across Rafah border terminal to Egypt on 17 May.
- Heavy damage to road infrastructure in Gaza, including main road to Shifa Hospital, one of Gaza's major hospitals, obstructing ambulance access.
- 36 recorded incidents of obstruction to access for medical teams in the West Bank since 12 May, including prevention of humanitarian health access to at least 2 persons fatally wounded.

Health Responses and Needs

- The World Health Organisation locally procured US\$160K of essential medicines and disposable items to support trauma care and ambulance services in the Gaza Strip. Additional supplies US\$500K are underway.
- WHO procured and delivered US\$ 200K of essential medicines and disposables to the Palestinian Red Crescent Society (PRCS) and Makassed Hospitals in East Jerusalem, enough to provide care for around 1,000 injured persons.
- US\$ 11 million is needed for the Health Cluster response over the next three months

Below, we examine the impact of the emergency on Tdh's chosen thematics in the WB/EJ Jerusalem and in the Gaza Strip. First, we present a summary of the secondary data.

Below that, we add a summary of primary data pertinent to that thematic. Data is presented in representative form, though outlying or unrepresentative views are also proffered. Findings are then analysed by location and thematic and by gender, and by the status of the respondent. Areas of agreement and disagreement were identified. Care has been taken to represent them accurately in this report. This is done first for the WB/EJ and then for Gaza. Annex 4 shows a summary of the primary data sources for both districts.

The West Bank and East Jerusalem

Access

Palestinians in the West Bank are subject to a complex system of control, including physical (the [Barrier](#), checkpoints, roadblocks) and bureaucratic barriers (permits, closure of areas) which restrict their right to freedom of [movement](#). The expansion of [settlements](#), restrictions on access to land and natural resources and ongoing [displacement](#) due to demolitions in particular, are ongoing. Israeli policies curtail the ability of Palestinians in [Area C](#) and [East Jerusalem](#) to plan their communities and build homes and infrastructure. The result is further fragmentation of the West Bank. Ongoing violent incidents throughout the West Bank pose [risks to life, liberty and security](#), and – security considerations notwithstanding – concerns exist over reports of excessive use of force by Israeli forces.

Education

The protracted conflict and the occupation have compromised access to education in the oPt. In the [West Bank](#), access to education is undermined due to the detention of children, military operations and [settler](#)-related incidents; the shortage of physical infrastructure due to building restrictions in Area C and East Jerusalem; and movement restrictions such as the checkpoints and the [Barrier](#). Combined with their negative psychosocial effects, these factors have affected student wellbeing, performance and completion rates.

Schools in the West Bank and East Jerusalem, closed for the Muslim holiday of Eid al Fitr from 11 to 15 May and did not reopen during the course of the violence and unrest. OCHA reports that its cluster partners will scale up their mental health and psycho-social support (MPHSS) and the monitoring of education-related violations.

Primary data

Community Leaders

- Education was almost back to normal in East Jerusalem before the recent emergency, since in Jerusalem, most of the people were vaccinated against COVID-19.
- The escalation of violence in Jerusalem disrupted education.
- Education in Jerusalem is administered by different actors (Israeli Municipalities, Palestinian Authority, Parent Council Committees) and therefore there was no common approach to school openings or distance learning during the time of the emergency.
- Educational staff were divided, especially at the schools that are run by the Israeli municipalities, due to the calls of general strike (in solidarity with Gaza), which created tensions among the educational staff.

- Children with a disability have special needs and suffer disproportionality with distance learning.
- In the West Bank, parents - especially those living near settlements - were fearful of sending their children to school.

Community Members

- Children were unable to focus on their studies due to constantly following up on the news of clashes in Jerusalem / West bank and war in Gaza. "Children were in no mood to study".
- There is stress and tension inside the household. Absence from school has exacerbated this.
- There is concern for the academic attainment of pupils. During the crisis, schools closed, and online classes ceased. Children paid more attention to the crisis than their education.
- If schools were open, children would not attend because of the crisis. Children are refusing to study. For the girls, the mother can ask the daughter to sit and learn, but boys were less obedient.

NGO Representative

- The violence came during the COVID-19 emergency. Education was severely impacted.
- Online learning was not always successful. Not every child had access to the internet. There are many cases of children not following their studies.
- Children will have been impacted psychologically. Children with disabilities are particularly badly affected.
- Parents are concerned about their daughters. They believe they experience more fear and more stress. It is possible that this could lead to girls leaving school and marrying early.

Government Representative

- The escalation of violence started during the Eid celebration, and education was stopped the first two days after the holiday due to the security situation.
- The importance of safety and protection of children and educational staff comes first, especially those who cross checkpoints or live near settlements and are vulnerable to attacks.
- Blended learning (mixed online and in person) has been ongoing in the West Bank since COVID-19 but is not very convenient for children with special needs.
- In Jerusalem, the occupation is controlling the education process and hindering the work of the Palestinian Authority's Ministry of Education's Directorate of education in the city.

Analysis

The education of children who were injured or detained during clashes was disrupted and there is a danger of this leading to school dropout. The date of schools' reopening was a concern for parents in both the West Bank and East Jerusalem, with differing views on the balance between safety and the need to return to class, especially for those children with special needs. Children's' education is a major concern. Interrupted

by COVID-19 and then by May's emergency, respondents are unanimous in their concern for the efficacy of online learning and children's ability to focus on their studies in the face of significant external events and the impact this has on the family's well-being. Well-being is primarily represented in terms of stress, or psychosocial health.

Health / Mental Health

As protests continued across the West Bank, including East Jerusalem, cluster partners and community volunteers treated a substantial number of injuries. Ambulances dispatched to support injuries in areas around Nablus were reportedly prevented access, resulting in injuries being treated in the field. Of growing concern is possible COVID-19 transmission in areas where demonstrations are being held. The Palestinian Ministry of Health (MoH) made a public appeal on 14 May for blood donations to government hospitals, as the blood bank was running out of blood supplies.

Primary data

Community Leaders

- First aid to injured people in the Old City in Jerusalem during clashes was an issue, since medical staff couldn't always reach out to injured people. There was a dearth of well-trained volunteers. Wrong first aid was sometimes done.
- The emergency impacted the mental health of community in different ways – some felt more pride, self-confidence and support. They overcome the common feeling of isolation that the Jerusalemites used to feel, and became the centre of attention, and able to make a change. Others felt highly stressed and unsafe.
- The arrest and / or detention of children from vulnerable families (either under home arrest, or those charged with temporary abandonment from Jerusalem area) caused family stress.
- There is a heightened level of anxiety, fear, insecurity, lack of sleep, a sense that no neighbourhood is safe now and a corresponding need for psychosocial support.
- Pharmacists report an increase in the sales of pain killers and sleeping tablets.
- Insufficient services are provided at the moment. Few Palestinian specialized organizations are providing the services in Jerusalem. Equally, services provided by Israeli health care providers are sometimes not taken up because of a fear of that their situation may be linked to the political situation, and that this information might leak.
- Women and girls have been affected more by psychosocial stress, as was also reported / observed during COVID-19. In Jerusalem, men were unemployed during COVID-19, while the majority of women continued working, often for the Israeli Social Welfare as housekeepers for the elderly and persons with a disability, in addition to their work as homemakers.
- Also, around 70% of families live under the poverty line in Jerusalem, and when poverty increases, domestic violence increases.
- Access to health care services / providers was impossible during the emergency. This includes regular check-ups,

help for chronic diseases such as dementia, hypertension, cancer, etc, elective surgery, emergency treatment, access to medical equipment and medicines and referrals to medical services. Health provision and access to it is subject to the location of the community. Tel Rumeida, for example, is an agricultural and residential area in the West Bank city of Hebron where there is a reported lack of medicine and no access to health services.

Thematic Specialists

- Medical staff could not reach their duty stations due to the movement restrictions and security concerns.
- Access to medical services was merely difficult in the Old City of Jerusalem and areas of Jerusalem areas outside the wall, such as Kofor Aqar, Abu Deis and Qlandia, villages at Northwest Jerusalem, such as Beit Anan, Beit Ikxa, Hot spot areas such as Nameen, Qalqilya and Nabi Saleh.
- Areas with highest needs for MHPSS are those where they have witnessed the highest escalation of violence/ clashes such as the whole East Jerusalem, Hebron old city and Hebron Villages, Nablus, Qalqilya and Jenin.
- The MHPSS staff had difficulty in shifting from the long term MHPSS support modality to psychosocial first aid (PFA).
- Remote services (online MHPSS) are challenging, due to lack of trust in the phone numbers shared for remote services in addition to lack of free hotlines and financial capacity of people to access telephone or internet.
- A good number of social workers graduates exist that could serve as volunteers in such crisis, but they need proper capacity building, and supervision.
- Lack of specialized mental health services.
- Insufficient coordination between the different actors in MHPSS.
- Women in specific are overburdened by the situation, as they fear for their children safety.
- The number of cases during the clashes in Jerusalem was high, some of the cases were sever and arrived late to hospitals. Patients were not sent to Israeli hospitals out of fear of getting arrested.
- Continuous threat by Israeli authorities on East Jerusalem Hospitals which provide treatment of the injured from the clashes. There were a lot of attempts by Israeli forces to break in the hospitals. Wastewater was used against hospitals.

Government Spokesperson

- Parents are unable to deal with their children at home. They cannot answer their questions, they sometimes trigger the fear of their children. Having all family members staying at home could create tensions. Pressure on families is acute.

COVID-19: Respondents spoke about the importance of COVID-19, summarised below.

Various Respondents

- The emergency came at a time of huge stresses on services because of COVID-19. The emergency was impacted by a lack of medical staff and supplies due to existing financial crisis and the exhaustion of medical staff caused by impact

of COVID-19. Service providers - medical staff, mental health staff - were already overwhelmed by the COVID-19 crisis. The community is also already overwhelmed by the COVID-19 implications on daily life, and the violence has escalated it.

- COVID-19 was deprioritised. Many did not wear masks. COVID-19 tests ceased during the emergency.

Analysis

Understandably, access to health care services was interrupted during the emergency. Despite the ongoing violence it is expected that services will resume now that a ceasefire is in place. Problems remain, however. Access to health care is difficult in some areas, remote services are undermined by a lack of trust in the integrity of the telephone numbers, patients were fearful of being referred to Israeli services providers, and there is poor coordination among health providers.

The main health concern expressed by respondents was mental health, presented as stress, a psychosocial or well-being issue of importance not just in terms of current presenting symptoms and conditions, but in terms of future psychological and physical health.

The second theme arising from the KIIs is the gender dimension of mental health, respondents pointing to the different pressures faced by women and girls. Focussing on the particular needs of women and girls will be a central aspect of psychosocial work with families. [A report from Medair](#) describes the unique challenges facing women in times of emergencies.

The third theme is the impact of COVID-19, in particular how its very real dangers may be overshadowed by others. Until COVID-19 has been eradicated or brought under public health control, its dangers must remain central to public health messaging. The outbreak of COVID-19 in the oPt, and Gaza specifically, highlights the effect of an ongoing blockade on public health. This is described in a [2020 Lancet article](#).

The fourth theme is an overburdened service provision. The medical sector, already overburdened by COVID-19 and undermined by a financial crisis, must now respond to the needs of the injured. The severity of some of the injuries, and the fear that the injured may be arrested, adds pressure to the institution and to medical personnel.

Fifth, is the problem of access. Patients with chronic illnesses such as cancer were denied access to hospital services in East Jerusalem, and some medical staff could not access their duty station due to the security situation and attempted attacks, while some were forced to stay at hospitals away from their families for days to avoid commuting during unrest security situation.

The sixth theme is the question of the safety and security of medical staff as described by the thematic specialists above. Access to workstations is compromised and they face threats by Israeli forces.

The seventh theme is the existence of well trained volunteers on first aid, especially in hard-to-reach communities and hot spots areas.

Protection

Forty-eight years of occupation of the Palestinian territory by the State of Israel has left many Palestinians highly vulnerable. Whether they find themselves in 'Area C' – that 60 per cent of

the [West Bank](#) still under Israeli civil and military control – or in a village or [East Jerusalem](#) neighbourhood isolated between the [Barrier](#) and the ‘Green Line’ theirs is a precarious existence. These people living under occupation – ‘protected persons’ according to international humanitarian law – need and deserve a robust protection response from the humanitarian community. The Diakonia International Humanitarian Law Centre⁸ has published a brief of legal obligations linked to the resurging violence, which can be accessed [here](#).

[OCHA’s Flash Update 11, 20th May, 2021](#), reports that UN cluster partners are monitoring and documenting suspected violations of international law and providing legal aid and child protection services, as well as mental health and psycho-social support (MHPSS). Of ongoing concern is the suspected excessive use of force by Israeli forces including live ammunition shot at against protesters and in other clashes, including during search and arrest operations, and the impact on children and youth in the context of growing civil unrest in Israel, as well as armed settler attacks in multiple parts of the West Bank, including East Jerusalem. OCHA partners received many requests to trace and locate Palestinian children detained by Israeli forces in the West Bank. Cluster partners continue to provide remote MHPSS and legal aid for those detained. OCHA Flash Update 10, 19th May 2021.

A high prevalence of violence against children: Children are exposed to unacceptable levels of violence on the way to and from school, during school, and in their homes. There are two main sources of violence: i) violence resulting from the occupation and ongoing Israeli-Palestinian conflict; and ii) violence within Palestinian families and communities, including domestic violence, harsh corporal punishment in homes and schools, sexual abuse, early marriage, and child labour. These two sources of violence are interconnected and are linked to family stress and dysfunction. A very short review of two earlier studies provides useful context.

Findings of a [survey](#) carried out by the Palestinian Central Bureau of Statistics (PCBS) in the second quarter of 2019, reveal that 29 per cent of Palestinian women in the oPt, or nearly one in three, has reported psychological, physical, sexual, social or economic violence by their husbands at least once during the preceding 12 months. Psychological violence is the most common type of abuse detected, affecting 57 per cent of the women who reported some form of violence in the preceding year. The survey also indicates that the overall prevalence of domestic violence against women has declined by some eight percentage points since a similar survey conducted in 2011.

Ongoing Israeli-Palestinian conflict: The ongoing manifestation of grave violations by parties to the conflict is an underlying causal factor, and includes killing and maiming, attacks against schools and health facilities, denial of humanitarian access, and child recruitment for armed conflict, in the context of ongoing clashes, settler violence and stabbings. In the West Bank including in East Jerusalem, adolescent boys (and increasingly girls) are becoming caught up in occupation related violence.

UNICEF [reports](#) worsening socio-economic hardships, poverty, early school dropouts especially at secondary school level, youth and adult unemployment, ongoing tensions between Palestinians and Israeli Forces, settler violence, threats and

actual demolitions, and ongoing harassment by Israeli Forces create a downward cycle which erodes the resilience and coping mechanisms of families and fuels ongoing despondency and violence.

In Gaza, the report says, the protracted humanitarian protection crisis continues to have a significant impact on the well being of children and families. Successive conflicts have resulted in thousands of deaths, created high levels of psychosocial distress, and eroded public infrastructure. This situation has been exacerbated by violence linked to the Great March of Return demonstrations at the Israel/Gaza fence. Children and families’ resilience capacities continue to be eroded, as the needs in the population have exhausted family coping mechanisms, which provided forms of support that households have historically relied upon.

Ill-treatment of children in Israeli Military Detention and lack of alternatives to detention: Palestinian children aged between 12 and 17 years, from the West Bank and East Jerusalem, continue to be detained and arrested by Israeli forces. Based on sworn affidavits by the children, there are reported forms of ill-treatment of children and due process violations when arrested and in detention that are illustrative of a retributive justice system. These include night arrests, at times painful hand ties, and a lack of access to a lawyer or to alternatives to detention. 160 children have been detained since the beginning of 2021⁹.

Weak and nascent national child protection prevention and response service delivery systems: Overall, funding and capacities of child protection systems in the State of Palestine are inadequate to respond to the needs. Government also remains heavily dependent upon international aid to provide essential services. The fragmentation of administrative jurisdiction, physical barriers and access restrictions across Gaza, Area C of the West Bank, and in East Jerusalem, has resulted in variable social welfare reach to implement laws, policies and services across the State of Palestine. Lack of confidence in the formal social welfare sector and reliance on informal dispute resolution mechanisms or conciliations forum has hindered the availability of high-quality services at a national scale. Recourse to deprivation of liberty due to limited available diversionary mechanisms translate into a retributive justice system where the social vulnerabilities of children and their families and their root causes are not holistically addressed¹⁰.

Inevitably, children have been victims of the current emergency. On the May 9th, 2021, UNICEF reported that “Over the past two days, 29 Palestinian children were injured in East Jerusalem including in the Old City and the Sheikh Jarrah neighbourhood. Eight Palestinian children were meanwhile arrested. A one-year-old toddler was among those injured. Some children were taken for treatment at hospitals with injuries in the head and the spine.”¹¹

Primary data

Government Spokespersons

- A government spokesperson spoke of: “An ‘unreal’ decrease in the number of Child Protection incidents reported by the school counsellors since COVID-19, not necessarily due to a decrease in incidents, but rather, due

⁸<https://www.diakonia.se/en/IHL/About/>

⁹<https://www.addameer.org/statistics/2021/05>

¹⁰UNICEF <https://www.unicef.org/sop/what-we-do/child-protection>

¹¹<https://www.unicef.org/press-releases/37-palestinian-children-injured-and-arrested-east-jerusalem>

to the fact that students are not always present at schools, and therefore, councillors cannot always identify the cases with distant (online) learning.

- Children were severely affected by the violence; some have been injured, others killed, others have faced high level of stress and fear, especially those in Jerusalem and hotspot areas in the west bank.
- Parents are unable to deal with their children under these situations, they cannot answer their questions, they sometimes trigger the fear of their children. Having all family members staying at home could create tensions.

Community Leaders

- Respondents reported that men, women, boys and girls experience psychological stress differently. Women report feeling 'weak', men try to remain 'strong', which adds to women's stress. In terms of the impact of the emergency within the family, other gender-based indicators were explained that might shed a light on how differently girls and boys are treated. For example, it was reported that "priority is given always for boys rather than for girls. If we have one laptop in the house, it was given to the boy to finish his classes, then was given to the girl".
- Children, especially adolescents, are affected by the conflict. Some were detained, others are facing MHPSS issues. It is too early to have received reports on new Child Protection issues arising from the recent violence in Jerusalem and West Bank, but the overall situation is affecting on children and adolescents is concerning.
- Children and youth and their families are already burdened by COVID-19, their education, the financial situation of the family, and health concerns. Stress is expressed by increased anxiety, excessive nervousness, isolation, deterioration in the academic performance, depression, increased attachment to their parents.

UN Cluster Representatives

- In terms of gender, the general observation and from previous reports on settler violence and attacks find that mothers are more affected by the conflict, since they spend more time with their children and are responsible for their education and protection, while fathers are at work. So, when attacks happen, they need to protect their children from attacks.
- Parents lack the knowledge of how to reach out to legal support, and therefore, there should be awareness raising for parents.
- Lack of freedom of movement: due to checkpoints and attacks, some services cannot be provided remotely - such as the advanced MHPSS services. The community lacks knowledge on how to reach services. There are few services in hard-to-reach communities.
- There is no evidence to suggest an increase of CP/ GBV cases during the period of the emergency. It is too early to tell, and the impact of the emergency will take time to manifest itself. It is also noted that many organisations focussed especially on the Gaza Strip and, consequently fewer reports were available about CP and GBV in the WB/ EJ during the period of the emergency.
- A UN representative stated that due to the shift of funding

during COVID-19, less funding is allocated to legal aid for children, and therefore there is a gap in provision. Another representative said that legal aid is available for children. However, during COVID-19 lockdowns and movement restrictions, the provision of legal aid was reduced because of fewer detentions. However, the number has spiked since the escalation of violence. In Jerusalem, it is worth noting that the level of insecurity and fear of settlers' attacks in new areas like Beit Hanina, where such attacks have never happened before. In the West Bank, children who live near settlements are afraid to go to school due to settler violence.

- CPAoR partners have provided legal aid services and documented 39 children who have been detained/arrested in East Jerusalem between 1 May until 26 May 2021 and 169 from 1 January to the 30 April 2021.

Parents and children lack the knowledge of their legal rights.

Case Study 1, Jerusalem

"I am scared...I don't want to be detained again."

A.S, a 16-year-old boy from the Old City of Jerusalem, was detained from his home at 4:00 am, on May 10th, 2021. Violence was used against him at time of detention, and his hands were tightly tied with plastic strips.

Due to the high number of detention cases in the past weeks and weak coordination among legal aid service providers, A.S's family did not know for more than 12 hours whether their child has an assigned lawyer. He went to court without having legal presentation. He did not know anything about his rights at detention. He did not know that he had a right to silence or that he had the right to have a lawyer present at his interrogation, or that he could refuse to sign papers that were in a language he did not understand.

When A.S arrived at the police station, he was strip searched. He was imprisoned in a very small and cold cell. He was left for 36 hours without any food, drink or access to a bathroom. And when he was brought a sandwich to eat, it was stale and smelly.

He was accused of hitting a settler in the Old City, and the investigator claimed to have a video proving this. In fact, A.S was present at the incident and a video would not have been able to prove more than this. Although no proof was held against him, he was sentenced to 5 days home arrest and denied entry to Al-Aqsa Mosque for 15 days. A.S was himself that victim of an attack by a settler, 4 years ago. He had no proof and legal action was not taken against the assailant, nor was he compensated. A.S has no faith in an independent justice system and feels brutalized by his treatment.

During his house arrest, the soldiers would check on him 2-3 times a day at inconvenient hours, such as when his family was asleep. He was unable to attend school or study online, since his mobile phone, which is essential for distance learning and communication with teachers and peers, was confiscated. Additionally, he was unable to continue with his after schoolwork and he lost an important income.

A.S has told a psychologist from the Old City who visited him at home that he is very scared to leave the house because he is afraid of being arrested again. He regards his detention as the worst days of his life and does not wish to repeat it. His mother is scared too, since her other son, 20 years old, has been detained for 5 months. She said: "I don't want to lose my other child. I want someone to encourage A.S and help him overcome his fears, I am afraid that he might drop out of school since he is afraid to leave the house".

Analysis

There are opposing opinions by respondents concerning the sufficiency in the provision of legal aid for detained children. Some said they were enough, others said there were gaps in the provision of legal support because of the high number of detentions in the recent period. However, respondents agree on the lack of children and parents' awareness on their legal rights and how to access the legal services and that better coordination among organizations providing legal aid to detained children is required.

There is no evidence that other protection issues, such as child protection or GBV worsened during this period, though child protection cases may begin to reveal themselves once children have returned to school, and, as we have said, the WB/EJ was not subject to the same focus as Gaza. That said, respondents report on the intersection of insecurity, violence, poverty, a sense of helplessness, and frustrations at home - crowdedness, children at home rather than school, women overworked and the family largely housebound - leading to escalating tensions and the possibility of violence. This was certainly observed during COVID-19, and it is reasonable to assume that the emergency will have further exacerbated this vicious cycle. As is commonly reported by respondents across a variety of situations, women are usually the most affected, since it is they who take on the responsibility of looking after the emotional needs of their children and supporting their education as best they can whilst, simultaneously, maintaining responsibly for the bulk of domestic duties. Finally, it is reported that parents lack the necessary skills to help their children overcome their stress, and they might subconsciously contribute to the stress by exposing them to excessive media reports of violence.

A review of child protection concerns may be seen in this [UNICEF report](#).

The situation of older persons was also mentioned by respondents, this comment being typical:

“Older persons feel unprotected, marginalized and uncared for. Older persons experience some types of violence including verbal violence and psychological violence. The main needs of elderly are not met, including psychosocial support, letting them know they are important and for them to feel useful and productive in society”.

There is a lack of contemporary research data into the impact of emergencies, including war, on older persons. However, it is important to recognise older persons as a distinct category within families and society more generally, and to ensure that their particular needs are catered for in relief and other interventions.

Food Security and Livelihoods

Whilst there was no significant secondary data relevant to FSL in the WB/EJ, interviews with community members elicited important insights into the experiences of poor families living in times of stress and uncertainty, and, in particular, the difficulties faced by women.

Primary data

Community Members

- Respondents mentioned that livelihood has been affected by

COVID-19, and it worsened due to the security situation. Some daily workers, especially those working in Israel, could not reach their workplaces due to the escalation of violence and fear of settlers' attacks. Some lost their jobs with Israeli employers due their commitment to the strike on May 18, in solidarity with Gaza.

- The majority of respondents reported having sufficient income to buy basic household needs. A minority reported having gone hungry because of skipping one meal per day. Respondents report a shortage of money to buy food from the market.

The observations of NGO workers.

- Many people have lost their jobs and income. It is too early to say if job losses are temporary or permanent. Job losses / loss of income will lead to poverty and increased stress.
- Some families have savings, others not, and that an extended period of lost income could plunge families into poverty. There is anecdotal evidence of hunger, of families skipping meals, that there is a danger of increasing food insecurity. There are no food shortages in the market, but sometimes a lack of money to buy it.
- The role of civil society is to supplement and not replace the responsibility of government.
- The intersection of COVID-19, poverty and conflict has placed enormous pressure on family life. COVID-19 is not being taken as seriously by some as its threat to health warrants.

Analysis

Long term and seemingly intractable conflict, loss of land and resources, denial of access to markets and restricted trade, coupled with high unemployment and poverty rates, continue to pose serious challenges to the achievement of [Sustainable Development Goal 2](#) on zero hunger, food security and improved nutrition¹². Prior to the outbreak of COVID-19, nearly one third of the population – 32.7 percent, or 1.6 million people – could not afford nutritious food. Food insecurity is high among women – 32 percent of families headed by women are food insecure – particularly in the Gaza Strip, where it is 54 percent. A fuller description of food insecurity in the oPt may be seen [here](#). Respondents reported the livelihoods are affected by the impact of COVID-19 and made worse by the May 2021 emergency. Some day labourers could not attend work in Israel and other report having lost their jobs because of their participation in the strike on May 18th.

There is evidence of food insecurity marked by a lack of purchasing power. There is mixed evidence of a shortage of food stocks in the market. Daily workers, particularly those working in Israel, have lost income and it remains to be seen if their post emergency employment is secure.

WASH

The WASH sector in West Bank is marked by a chronic vulnerability that predates the emergency of May 2021. The Israeli restrictions against the WASH sector's development, climate change, and local authorities' limited capacities contribute to the sector's severe fragility¹³. [According to the](#)

¹²<https://www.wfp.org/countries/palestine>

¹³<https://reliefweb.int/report/occupied-palestinian-territory/west-bank-wash-contingency-plan-2021>

[2021 Humanitarian](#) overview, more than 1.6 million Palestinians in the West Bank suffer limited access to WASH services. Many communities and households were reported at that time to have little or no resilience to any crisis that could affect their access to sufficient WASH services. Therefore, the report says, “crises could shift them to a severe vulnerability that could threaten their lives”.

The WASH Cluster- State of Palestine has facilitated developing a contingency plan for the WASH sector in the West Bank. The WASH Cluster established a contingency planning working group of the Palestinian Water Authority (PWA), WASH Cluster strategic advisory group members, West Bank WASH areas focal points and the International Committee of the Red Cross (ICRC).

Little data has been produced concerning the impact of the May 2021 emergency and this RNA did not seek any primary data from respondents.

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Overview

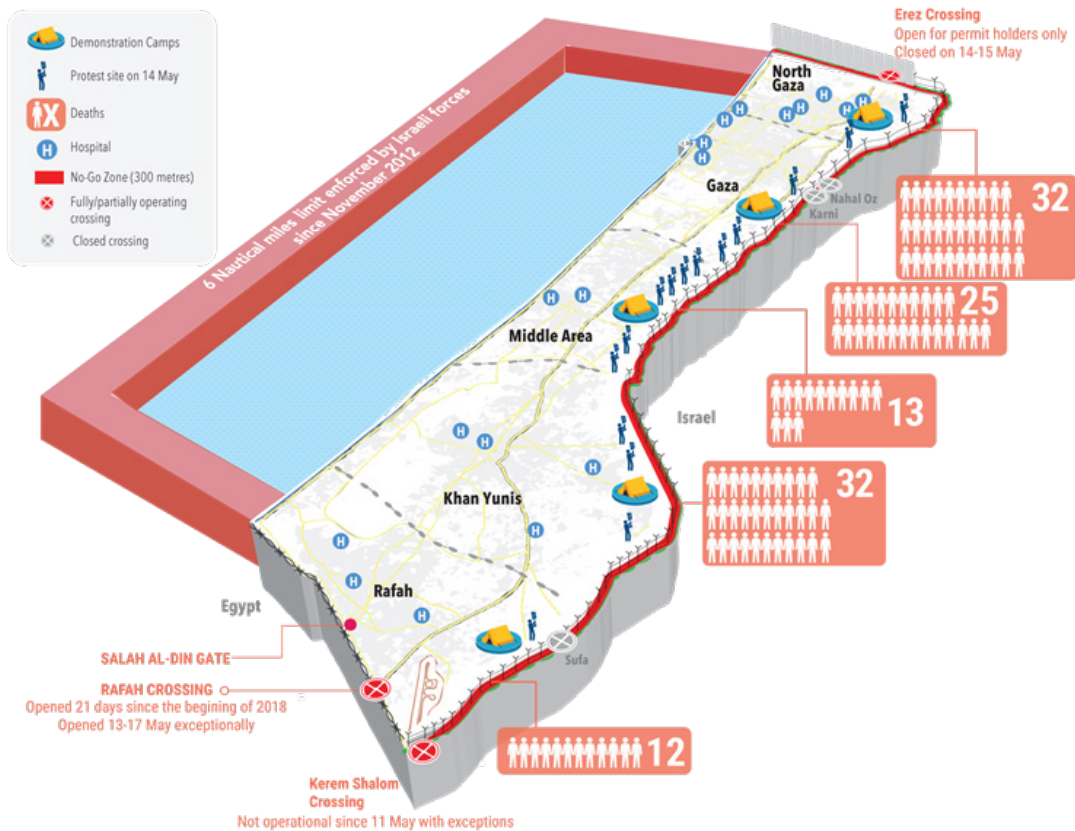
Palestinians in Gaza are 'locked in', denied free access to the remainder of the oPt and the outside world. Gaza is subject to a land, air and sea blockade. Movement restrictions imposed by Israel since the early 1990s and intensified in June 2007, following the takeover of Gaza by Hamas, have severely undermined living conditions.

The isolation of Gaza has been exacerbated by restrictions imposed by the Egyptian authorities on its single passengers crossing (Rafah), as well as by the internal Palestinian divide. The UN Secretary-General has found that the blockade and related restrictions contravene international humanitarian law as they target and impose hardship on the civilian population, effectively penalizing them for acts they have not committed. Major escalations of hostilities in the past years have resulted in extensive destruction and internal displacement.

Hostilities between Israeli forces and Palestinian armed groups in Gaza commenced on the 10th of May, with an enormous number of rockets and other projectiles shot by both sides. The Israeli defence system called Iron Dome prevented around 90% of the rockets shot from Gaza to hit Israeli targets. Israeli population has access to safe shelters, and the barrages are accompanied by anti-missiles sirens. In the Gaza Strip there is no defence system, no safe shelter and no sirens.

One must bear in mind that even in times of 'peace', this Gaza border area is a dangerous location. Between 30 March 2018 unto the end of 2019, the Gaza Strip witnessed an enormous increase in Palestinian casualties in the context of mass demonstrations taking place along Israel's perimeter fence with Gaza. See photo below.

The demonstrations occurred as part of the 'Great March of Return', a series of mass protests. The large number of casualties among unarmed Palestinian demonstrators, including a high percentage of demonstrators hit by live ammunition, raised concerns about excessive use of force by Israeli troops.



OCHA. [Map of the casualties](#) during the Great March of Return, 2018 to 2019

Injuries and deaths

Since 10 May, OHCHR has verified that 253 Palestinians, including 66 children, 39 women (of whom four were pregnant) and 148 men, were killed in Gaza. The overall number includes three people with disabilities, including a child. Some of the Palestinian casualties in Gaza may have resulted from Palestinian rockets falling short. At least 14 families in Gaza have lost three or more family members in the same incident, for a total of 77 fatalities. According to the Ministry of Health, 1,948 Palestinians have been injured, including 610 children, 398 women (of whom three were pregnant) and 940 men since the outbreak of hostilities. In one incident on the morning of 15th of May, nine people were killed in one attack on a residential building in Shati Refugee Camp (known also as Beach Camp), west of Gaza City, with no prior warning: seven of them were children (aged 5-12) and two women.

Israel has reported ten casualties as a consequence of the missile strikes (2,300 rockets, according to Israeli sources), including two children and five women. Homes, livelihoods and infrastructures were damaged. 564 persons are reported injured.

Infrastructure

Extensive damage is reported to residential and commercial buildings, schools and infrastructure, including main roads (some of which lead to the hospitals and primary health care facilities), electricity networks, water installations and agricultural lands.

Additionally, 11 sewage stations were bombed, 50 water wells were destroyed, 14,000 metres of pipeline was destroyed, 10,500 square metres of road network were destroyed, and 31 power transformers were damaged.

Shelter and displacement

According to the Ministry of Public Works and Housing, hostilities have resulted in 2075 houses were completely destroyed and 15,000 damaged. Partners are assessing the damages and supporting the repair of homes with major damage, giving priority to vulnerable groups.

According to UNRWA, up to 77,000 IDPs sought protection in 58 UNRWA schools, including in 23 schools designated as emergency shelters (DES). The MoH reports that the total number of IDPs was 120,000 persons, including those taking shelter in UNRWA's schools.

Shelter partners supported at least 512 affected families (2,048 people) with non-food items (NFIs), including bedding sets, hygiene kits and dignity items. The Qatari Gaza Reconstruction Committee provided cash to families with damaged homes (between US\$1,000 and \$2,000). The provision of cash vouchers to some 1,000 IDP families was coordinated with the Ministry of Social Development (MoSD). Following the announcement of the ceasefire, the vast majority of IDPs are returning home, but about one thousand, whose homes were destroyed or severely damaged still remain (20th May). According to the MoSD, the number of people staying with host families (about 35,000 as of 20 May), has also significantly reduced.



Palestinians return to houses destroyed by Israeli airstrikes, Beit Hanoun, Gaza, on 21 May 2021.

Case Study 2, Gaza

I miss my home and my city. Should we return or wait? After thinking, my father decided to return home, as there was no safe place. We relied on God and trusted him ourselves, then we went back home. On our way home, we saw a lifeless city and pale faces waiting for ceasefire and safe sleep. I was heading home, and they were leaving. Though, my father insisted to go home and sleep there that night. My home received me, and I said, "hi home". I missed it and went back to see the severity of destruction and losses, but never mind, this is not important since my family is fine. My sister Dareen came to our house, thinking that it is safer. Celebrating her visit, we decided to make delicious food, eat Eid cookies, drink tea and play cards with children whose smiles we missed. There was happiness in my heart wider than the universe. I thought that we would sleep tight that night. I was in the kitchen with my sister Dareen and my brother's wife to make food. Suddenly, my mother received a phone call and started to scream loudly, the thing that interrupted our conversation. She was screaming: "what happened" after hearing screaming of my sister Biader on the other side of the line begging and saying: "come to us mother". We did not know what happened and we could not recall her. The phone rang and we were informed that Zakaria Hamad's house, which is the house of my sister Biader, was being targeted by artillery shelling. My brother and sister Dareen hurried to the hospital after knowing that my little nephew got injured. I could not do anything except crying and praying God that he would be fine along with my sister that I do not know what happened to her. Few moments later, we received the news that my cousin, who is my sister's brother-in-law, was directly hit by artillery shell and was killed. The house was on fire while my sister was inside. Thanks God, she survived with the rest of the family when they ran fast to the street. We were also reassured that my cousin is okay, but he would be under observation. After that, my sister came back home exhausted, shocked and feeling sad after losing her brother-in-law. She was terrified not knowing what happened to her son. My mother hugged her, and she reassured her that he is safe. I hugged her kids who witnessed these events with their own eyes, they could not cry. I tried, as much as I could, to calm them down but in vain. How they could feel safe while seeing their mother suffering from breakdown and unable to move or speak. Moments later, the intensity of artillery shelling increased more and more. My uncle, the brother of my father, Sultan Hamad ran to us along with his wife and children, warning us that the house was targeted by a drone missile and that we should go out and evacuate the place. Chaos, fear and hesitation about where to go were everywhere. Shelling intensified and we started to see shells falling in front of us. We thought that we would die for sure, and we would not survive this time. I was silent, unable to move, and the world was moving around me. My father was requesting to leave fast. Streets were full of people escaping ahead of us. God, help me to put myself together, give me strength for myself and for my family. There is no time to cry or to feel helpless. I carried our staff, and we took the car in a hurry. We did not know where to go this time. Shelling insisted on accompanying us on our way. We tried to move fast, hoping we will be faster than shelling, to win against it and arrive to a safe place before the shelling. We arrived with my uncle Sultan who had found a safe shelter for himself and his family. We stayed with them trying to support each other, despite that our little strength was fading away. We were no more having patience or resilience. We had no other choice but to sit and wait there. 25 persons in one place, that could be safe and eventually we return to our houses, or if unsafe, we would all go to the eternal place of safety and peace.

Access

The Beit Hanoun/Erez crossing between Gaza Strip and Israel was closed from 11 May to the 24th, affecting approximately 100 referral patients each day. It opened on the 25th, for international staff of INGOs and diplomatic missions, for foreign journalists, for medical referrals and for Gaza ID holders returning to the Strip.

Education

The Education Cluster reports that 41 education facilities were affected and indicate that a number of these schools were directly hit by airstrikes or tank shells. Some 36 education facilities and an MoE directorate building were affected, including schools, an UNRWA vocational training centre, one MoE directorate building, and a higher education facility. Reports indicate that a number of these schools were directly hit by airstrikes or tank shells. 41 UNRWA schools were used as temporary shelters by displaced people. Following the ceasefire, civil society was already scaling up distance learning support, remote MHPSS interventions and the delivery of emergency education supplies to displaced children, and resource mobilization for the rehabilitation of damaged education facilities was beginning. A list of damaged schools in Gaza (up to the 20th May) produced by the education cluster maybe seen [here](#).

Primary data

Protection cluster, Community Leaders and Thematic experts

- There was a huge impact on children. Educational processes completely stopped during the emergency. Before the conflict, children followed their lessons online but were facing challenges, some being unwilling to study due to the tough circumstances they were experiencing. Children are suffering from psychological stress.
- The war worsened the situation caused by COVID-19. Schools were damaged and families moved to shelters or stayed with their relatives in safer areas. Schools and roads need repairing. It is thought possible that there will be an increase in early marriage, school dropout and child labour, especially among families who lost their livelihoods and among those whose houses are demolished or damaged.
- All believe that the emergency has particularly impacted children with disabilities and special educational needs. Key informants believe that girls suffered more than boys because of their assumed vulnerability and lack of opportunity to express their fears. This may require further study. A minority thought that the impact was the same for girls as for boys.
- One respondent reported that day labourers in marginalised agricultural areas might be subjected to exploitation especially after when the farmers go back to their lands after the emergency.

Analysis

Primary and secondary data findings reveal the urgent need to repair damaged schools and return children to a state of normalcy as soon as possible. Given the scale of the violence visited upon the Gaza Strip, it is clear that the mental health needs of children must be addressed, both in schools and via community based psychosocial health programmes. See

below under 'health'. Children from poor families and children with learning difficulties are perceived to be at a high risk of school dropout. Children at risk of drop-out need focused education services during the summer vacation and the first semester of the scholastic year 2021-2022. It is hard to obtain reliable numbers of out-of-school children due to the COVID-19 pandemic and classes having been largely virtual. Thus, the MoE may need to put a mechanism in place to reach out to the children at risk of drop out or already out of school. Finally, integrated child protection services, including case management and MHPSS services should be provided to children who display symptoms of distress.

Health

Several health facilities along the Strip have sustained damages. The risk of COVID-19 transmission increased, considering displaced people seeking shelter inside and outside the DES and the substantial interruption of the vaccination programme. Intensive Care Unit hospitals occupancy is currently at 43% of the capacity, according to MoH, and it is expected to increase in the next days. The MoH declared emergency status and highlighted a critical need for essential drugs, equipment, medical devices and surgical instruments, medical gas and fuel, with an estimated value of 6 million USD for high priority items and 3 million USD for medium priority items.

In addition to the airstrikes, the displacement and the psychological trauma, there is also the added danger of the spread of COVID-19 among those who sought shelter. As the conflict forced the COVID-19 vaccination programme in Gaza to stop, Palestinian refugees are at more risk than ever. Despite the preparedness of UNRWA staff and UNRWA facilities in providing shelter in conflict, UNRWA now also contends with the unprecedented circumstance of the COVID-19 pandemic which requires additional measures to be taken.

Primary data

Community Leaders, Government Spokespersons, Thematic Specialists

- It is reported that “all children, with no exception” currently suffer from psychological stress and pressure due to the emergency. The impact on individuals may be determined by the age, gender and resilience of people, respondents said. Children with disabilities are particularly badly impacted. Psychological support is required for women, men, girls and boys. The extent and degree of needs and the most appropriate forms of interventions may require further assessment.
- There is distress and latent trauma and a clear gender dimension to its expression. Women and girls are believed to express fear more than men and boys. There is a reported increase in family tension as a consequence. Women feel pressured to maintain positivity within the family unit whilst their workload and responsibilities have increased.
- It is reported that there are barriers to seeking help experienced by women and girls – services are few and they are less able to access them. Men are less likely to ask for help. It is reported that the externalisation of their stress may be linked to cases of violence against children. Respondents spoke of a ‘lot’ of violence to women and children by men, though this could not be attributed to the

emergency of May 2021 alone and may a more in-depth review.

- It is believed that psychosomatic symptoms and problems such as bedwetting, violence and social isolation would increase, as would the numbers of those seeking psychological support. One Community Leader reported a case of self-harm linked to sense of helplessness. Another reported “constant screaming at home, stress and worries among neighbours, involuntary urination among children, stress manifestations such as nail-biting and children becoming violent”.

Analysis of primary data

The Ministry of Health is in urgent need of essential drugs, medical equipment and vaccines, including those for COVID-19.

Injured persons will require long-term medical treatment and perhaps rehabilitation programmes. Medical and rehabilitative services will need help to offer this, including financial support and perhaps technical assistance.

It is [found that](#) war leaves enduring episodes in children and adolescents. During the war, children face (to differing degrees) exposure to two types of traumatic events: type I (sudden traumatic event) and type II (protracted exposure to adverse events resulting in dysfunctional coping mechanisms). Children in Gaza are exposed to both, regularly. Notwithstanding their existing coping mechanisms, it is shown that children may suffer from conditions such as anxiety disorders, Post-Traumatic Stress Disorder (PTSD), depression, dissociative disorders (disengagement in the external world, depersonalization, derealization, numbing, catatonia), behavioural disorders (especially aggression, asocial and violent behaviour) and substance abuse, more than their counterparts.

Mental health problems are actually a “normal reaction to abnormal events¹⁴”. Helping children, their parents and the wider community to understand this is the role of psychosocial interventions.

Many respondents pointed to the different impact of war on women, men, girls and boys and a perceived fear that the that this could exacerbate existing gender inequalities. Consequently, mental health interventions should take a gendered approach.

Protection

A 19th May 2021 [UNRWA post](#) reports that in the Gaza Strip, where approximately 70 per cent of the population are Palestine refugees, catastrophic bombardment is being carried out as the besieged coastal enclave enters the 14th year of an air, land and sea blockade that has devastated lives, infrastructure and the economy through the restriction of movement of people and goods.

Displaced by airstrikes, Palestine refugees were left to seek shelter at UNRWA schools, such as UNRWA Salah Eddin School, one of 58 designated shelters of its kind in Gaza. These UNRWA schools were designated as shelters during times of conflict. Over 77,000 internally displaced persons (IDPs) were displaced to UNRWA schools.

Gaza must also confront chronic protection issues. Findings of a [survey](#) carried out by the Palestinian Central Bureau of Statistics (PCBS) in the second quarter of 2019 – already

¹⁴<https://www.childhood.org/impact-of-war-on-childrens-mental-health/#:~:text=According%20to%20Joshi%20and%20,protracted%20forms%20of%20biopsychosocial%20maladjustment%E2%80%9D>

referred to in the context of the WB/EJ - reveals that the prevalence of violence against women by their husbands is significantly higher in the Gaza Strip (38 per cent) than in the West Bank (24 per cent). This can be attributed, at least partially, to the relative severity of the humanitarian situation in both regions: existing research suggests that GBV tends to increase among populations affected by severe hardship, including high unemployment and financial stress; displacement; inadequate housing; and limited sanitation facilities. While tradition often stresses the role of men as protectors and providers for their families, humanitarian crises undermine their prospect of fulfilling this role. In such situations, deeply held frustrations and increased violent behavior may be the result of attempting to reassert control. Pervasive and harmful social norms including child marriage, child labour, sexual violence and gender-based violence are issues of great concern.

Primary data

Government Spokespersons, Thematic Experts, Community Leaders

- Respondents spoke of pre-existing GBV and the concern that this could have continued or become worse during the emergency. No respondent had heard of cases of sexual violence against women or children.
- Respondents spoke of an increase in social bonds as communities rallied round, helping and supporting one another during the emergency, and ascribed this to strong sense of community and religious principles.
- Commonly, girls and women are assumed to have suffered particularly badly, with cases of 8-12-year-olds who suffered from fear, anxiety and hysteria, a refusal to be alone, hyperactivity and bedwetting. Girls are seen to be more 'fragile', more 'sensitive' though care must be taken that this is not, itself, an expression of gendered thinking.
- Children present symptoms of psychological distress including upset, a lack of focus, disrupted sleep patterns, mood and emotional swings, a lack of self-control and aggression. Adults have also experienced such symptoms, but to a lesser extent.

Analysis of primary data

We refer the reader to the section on 'health' above.

Regarding child protection / safeguarding, the interventions proposed by UNICEF in the West Bank and East Jerusalem apply equally to Gaza.

[UNICEF](#) points to the need for child protection / safeguarding interventions to include:

- Awareness-raising sessions provided for caregivers on best practices with their children during emergencies and conflicts.
- Expressive Art facilitators implemented art activities with children to reduce their fears through drawing, storytelling and entertainment activities.
- Digital activities via social media platforms to provide easy access for the children and caregivers.
- Case managers and counsellors contacted children and their caregivers by phone to check on them and provide psychological support.

- Guidelines on child protection during emergencies, and on safe displacement were shared.
- Explosive Remnant of War (ERW) messages were shared with children and caregivers.
- Case management.
- MHPSS services to children and caregivers.

There is a danger that a consequence of the emergency could be the exacerbation of gender inequalities. For example, in November 2019, the PA government raised the minimum marriage age to 18 for both genders in an effort to reduce rates of early marriage. Previously, the minimum age for marriage in the West Bank was 15 for females and 16 for males, while in the Gaza Strip it was 17 for females and 18 for males. Judges had the power to approve an earlier marriage. According to statistics, 37% of married Palestinian females married when they were under the age of 18, including 5% who married before the age of 15. Sixty-three percent of young married women suffer violence at the hands of their husband, and 95% would not recommend early marriage for their daughters. Child marriage is thought to contribute to the high rate of divorce in the Palestinian territories, where 67% of women who divorced in 2018 were aged 18 to 29¹⁵.

Food Security and Livelihoods

Large agricultural areas and several agricultural facilities such as farms, greenhouses, water wells, have been damaged or disrupted, decreasing agricultural production. The closure of Kerem Shalom crossing point has decreased animal fodder availability in the market. On 20 May, 420 tons of animal feed entered Gaza through the Rafah crossing, a one-time import from Egypt while the Kerem Shalom goods crossing with Israel remained closed. According to initial estimates by the Ministry of Agriculture (MoA), damage to the agriculture, livestock and fishery sector have reached US\$32 million.

The heightened risk for farmers and breeders to access their lands and agricultural facilities remained of concern during hostilities; the financial loss of broilers is estimated to exceed 230,000 birds, while thousands of litres of milk were spoiled, in addition to tens of sheep lost and a number of beehives destroyed as a result of the hostilities.

The World Food Programme (WFP) is monitoring the prices and availability of goods in the markets. The price of basic food commodities has remained stable. The Ministry of Social Development (MoSD) has shared a list of 1,000 displaced families who need food assistance and WFP is providing 354 families with immediate assistance through electronic vouchers. WFP's cash-based transfer platform is available and ready for use by other humanitarian actors. Partners are continuing to assess the food needs of displaced people.

A full closure of the sea is still in place, leading to the complete disruption of fishing activities and daily affecting 3,600 fisher households. The World Food Programme (WFP) has supported 95,955 people affected by the ongoing crisis. The distribution of ready-to-eat food to UNRWA shelters is on hold as of the morning of 21 May, since many IDPs are returning to their homes. Some deliveries to shelters took place and fresh bread will be redirected to 200 WFP-contracted local shops across Gaza.

¹⁵https://en.wikipedia.org/wiki/Women_in_Palestine

Primary data

Government Spokespersons and UN Agency Representative

- The economic sector has been badly hit. Factories, shops, farms and fishing were impacted. Burning factories, shops and transported merchandise is considered permanently lost. Farmers and fishermen temporarily lost their livelihoods, increasing emotional and financial stress. Lost livelihoods and poverty could lead to criminality and socially unacceptable behaviour. Malnutrition might also appear. Child education could suffer putting children at risk of begging and child labour. Divorce cases could also increase.
- Employees have their salaries, but small shop owners, drivers and daily workers are the most affected as they do not have savings or steady source of income. Some people might go hungry. Food assistance was there before and is important, sometimes people depend on it.
- There are plenty of people who cannot afford drinking water, whether during the war or not. Also, there isn't enough money to buy food. There was a shortage of food in the markets during the war; farmers' supplies were unable to move.
- There are families who lost their source of income, and their homes, which resulted in the lack of food for some families. Few individuals have savings. There are families who have reduced their meals, eating poor quality food. And this was before the aggression. Losing the source of income negatively impact the psychological condition of the whole family and increases the pressures from which the family suffers. Some families went hungry, but there are manifestations of social solidarity, as some families have supported displaced and poor people.
- Women are more affected by their loss of source of income and there is no alternative for them. The impact of loss

of income could contribute to family break up, problems within the family, pressures on the head of the family. The loss of income may increase problems such as: family disintegration, domestic violence, separation, stress and nervousness, whether directed at the wife or children. The father may be exposed to psychological and health crises.

- Food was available at the market, but for some it is not affordable.
- Poor families in Gaza cope with chronic food insecurity by different coping mechanisms such as reducing food consumption and relying on less nutritious food items.

Community Leaders

- Families do not have basic food items and people reduce meals. People in my area are poor and living on bread and thyme. A community Leader stated, "I know a family that is living only on bread and tea (she puts small pieces of bread in the tea to feed family members)". There are families which live on bread, cucumber and tomato. People do not have savings to afford needs of their family members, so they resort to feeding family members with cucumber, tomato, bread and thyme. There is no flour in the supermarket. There is shortage of eggs, dairy products and cheese. Crossings are closed, and the government have not provided people with any food or financial assistance in this case.
- Losing work and source of income could impact all aspects of life. There will be no livelihood security or family security. The caregiver's inability to meet basic needs of children could lead to separation, family breakdown, domestic violence, GBV, violence against children and could lead to crimes. There is inability to buy basic needs-I was obliged to be indebted to a shop, there were things that I could not buy. Shops started to be run out of sugar, oil, milk and cheese due to inability of suppliers to move between areas. Some traders monopolized some items".

Case Study 3, Gaza

Interview with Mr. Abu Al-Amin Al-Sharafa, owner of Al-Sharafa Women's clothing stores.

Mr. Abu Al-Amin said that he suffered a great loss as a result of the damage to his shop, which is the result of the shelling of the al-Shorouk Tower opposite. The shop was established in 1970. It is located in the Al-Remal area in the middle of Gaza City. It was considered one of the most beautiful stores, selling original cotton clothes and foreign brands. The shop is 300 meters and consists of three stories.

Mr Abu Al-Amin says: "I was preparing to sell Eid clothes to compensate for the loss suffered because of the closures imposed as a protective measure from COVID-19 in the Gaza Strip".

Mr Abu Al-Amin's plans were ruined when the place was bombed. All the goods in the shop were completely burned, and the shop's equipment and electricity network destroyed. Mr Abu Al-Amin estimates the financial loss he suffered as a result of the bombing from 200,000 to 250,000 U.S. Dollars. Mr Abu Al-Amin says he is waiting for a visit from the Ministry of Economy in order to estimate the material and financial losses for the reconstruction and rebuilding what has been destroyed and to reopen the shop.

The shop is a source of income to 16 families. Seven doors have been destroyed and the cost of one door is 700 U.S. Dollars. The clothing lockers, air conditioners, electricity network and windows of the shop were all destroyed. Mr Abu Al-Amin estimates the cost of renovating the shop to be at least 50,000 U.S. Dollars.

"I tell the whole world if there are peace-loving people to stand by us to restore life and peace to the Gaza Strip. We will return to work once again. I have reached out to the outside traders in order to import clothes and reopen the shop. It is forbidden to be defeated. We are not allowed to be defeated internally".



Analysis

Food security and livelihoods are long term issues that are dependent on the health, or otherwise, of the Gazan economy, and this, to a large extent, is beyond Palestinian control given that it does not control its sea, border or air space and is blockaded, with no free movement of goods in out of the Strip. Given that Israel and Hamas do not cooperate, FSL is largely determined by relations between the Palestinian Authority and Israel and between Israel and the Palestinian Authority and the international community.

In terms of the household economy, there is more room for manoeuvre. Immediate support is needed for those who have lost their livelihoods and food insecure families must be comprehensively assessed by the Ministry of Social Development and civil society organizations and provided with their basic needs. [Cash programming](#) is recommended, in concert with OCHA, which has led on this methodology in Palestine. Work programmes should be considered by the Gazan authorities and NGOs alike, particularly as Gaza rebuilds.

WASH

Preliminary assessments conducted by the WASH Cluster reveals that WASH infrastructures have been severely affected, including 2,730 meters of water networks and transition pipelines, 3 wastewater pumps, 4,240 meters of wastewater networks, at least 15 water wells. In general, there is a reduction of up to fifty per cent in WASH services along all the Strip, with at least 900,000 people severely affected. Additionally, damage to power lines and fuel shortages, power supply across Gaza has been reduced to 6-8 hours per day on average, and in some areas to less than 4 hours. The power supply shortages have completely halted the operations of three main desalination plants providing services to over 400,000 people, and the operation of wastewater treatment plants has been severely disrupted resulting in the daily discharge of over 100,000 cubic metres of untreated or poorly treated sewage into the sea.

The service providers and the municipalities are currently carrying out some urgent repairs. The North Gaza Seawater Desalination Plant is still not operational and affecting about 250,000 people. In Beit-Lahia, sewage and solid waste are accumulating in the streets after the damage of carrier sewage line and solid waste vehicles. Wastewater networks in Beit Lahia, Gaza City and Khan Younis were damaged, resulting in wastewater flows in the streets, and no substantial repairs have taken place yet. The municipality of Gaza has appealed for supporting the provision of municipal services which have been disrupted such as solid waste management, water and sanitation networks. In general, there is a reduction of up to fifty per cent in WASH services.

According to the MoSD, over 2,000 Internally Displaced Persons (IDPs) at host families have limited access to WASH supplies and are in urgent need of hygiene materials and clean drinking water. The Palestinian Water Authority (PWA), the Coastal Municipalities Water Utility (CMWU) and the WASH Cluster have developed a list of 109 WASH critical facilities most affected by the power shortages, which will be provided with 300,000 litres of emergency fuel to operate backup generators for one month. UNICEF and other cluster partners have started the supply of emergency fuel, and UNICEF has coordinated with the World Food Programme (WFP) to initiate an e-voucher programme to provide the most affected families with needed hygiene items and clean drinking water.

Primary data

Thematic experts, Health and WASH, Community Leader and Community Member

- Water supplies have been disrupted because of damage to the system and power outages. It can lead to increased pollution, increased Intestinal catarrh in children. There is serious damage to sewage systems, and they need funding and time for their reconstruction.
- Some families have no access to safe drinking water. Personal hygiene is affected in terms of bathing and washing clothes. There are not enough sanitary kits or hygiene. The current situation might lead to disease transmission and the outbreak of COVID-19 again. There is huge need for hygiene kits to keep everyone safe. This will lead to the spread of insects, especially mosquitoes, and may lead to the spread of infectious diseases.

- Females are particularly affected by a shortage or lack of water because of menstruation and the need for privacy, and because of their domestic and childcare duties.

Analysis

The rebuilding of pipelines, water tanks and water treatment plants is essential. The restoration of electricity to pump water is a prerequisite.

Relief interventions should consider the need for Dignity Kits, details of which may be seen here. Generally, Dignity Kits contain menstrual pads, bath soap, multiple pairs of underwear, detergent powder, sanitary napkins, a flashlight, toothpaste, a toothbrush, and a comb, all housed inside a backpack or easy-to-carry bucket. Each of these items is catered to the specific needs of women and girls. Alternatively, a combined WASH and Dignity kit – [as provided by UNICEF](#) - may be preferred.

Recommendation

It is recommended that Tdh and other actors focus on the immediate relief needs of those they work with, or those it they are directed to work with by Palestinian Authority and / or UN cluster agreements. In either case, actors will work with relevant authorities to ensure the full coverage of those determined to be most in need. Actors should respond also positively to request to contribute to further assessments and studies.

The impact on Tdh's long-term programming (Juvenile Justice in the WB/EJ, Vocational Training and action to reduce GBV) will take longer to fully evaluate and is likely to be informed by the findings of comprehensive studies by UN and NGO actors. Below we suggest a list of relief and recovery interventions.

Protection: West Bank and Gaza Strip

- Strengthen child protection systems and community-based Child Protection committees to address the protection needs of children.
- Child protection actors to document juvenile justice violations and advocate for social justice and legal protection for children, adults and service providers.
- Child protection systems to activate and operationalize standards for legal aid and improve coordination among service providers.
- Raise the awareness of Palestinian children and youth about their legal rights. Use diversified child friendly tools and distribute widely on social media platforms.
- Disseminate explosive remnant of war (ERW) messages for children and caregivers.

Education: West Bank and Gaza Strip

- Provide remedial education for children at risk of drop out.
- Provide recreational activities for students to overcome stress.
- Supply damaged educational facilities with educational, psychosocial first aid kits, recreational kits and school supplies.
- Increase digital capacity of education institutions and students through distance learning and tablets, ensure inclusion of children with special needs, and safer online environment for children.
- Enhance the capacity of school counsellors on remote counselling.
- Renovate and rehabilitate the damaged education facilities in Gaza.
- Distribute school stationery and uniform for vulnerable children in the Gaza.
- Provide vocational training opportunities for out-of-school children.

MHPSS: West Bank and Gaza Strip

- Provide mental health and psychosocial support to children, families, teachers, frontline workers.
- Provide appropriate psychosocial first aid, recreational art activities with and for children and family members and hard to reach communities to reduce their fears through drawing, storytelling and entertainment.

- Enhance coordination between MHPSS service providers.
- Conduct awareness-raising sessions for caregivers on positive parenting practices during emergencies and conflicts.
- Provide remote Child Protection (CP) and MHPSS emergency responses to help children and their caregivers overcome stress¹⁶. This might include remote counselling; telephone hotlines; specialized CP services, including CP case management and referral to appropriate actors; psychosocial support (PSS) services, recreational kits and Psychosocial First Aid (PFA); parenting support and engagement with community-based CP networks.
- Within a gendered approach, respond to the MHPSS needs of men and boys.
- Provide case management to children with protection concerns.
- Train and supervise community volunteers in providing PFA and MHPSS services to their communities.
- Provide MHPSS to children and their families.
- Enhance coordination between MHPSS service providers.
- Provide recreational and art activities with children to reduce their fears through drawing, storytelling and entertainment activities.
- Conduct specialized case management, especially for hard-to-reach communities.

Health: West Bank and Gaza Strip

- Supply the MoH with essential medicines, vaccines, COVID-19 personal protective equipment and consumables across locations to support the continuity of health care services provision.
- Rehabilitate damaged primary health care centers in Gaza.
- Improve referral of critically injured to specialty hospitals outside Gaza for treatment, as needed.
- Conduct COVID-19 health awareness for families and communities.
- Financially support the East Jerusalem hospitals in order to continue support Palestinians.
- Train communities and health responders on First Aid.
- Long-term rehabilitation programmes for injured persons, in particular the ones with amputations and disabilities.
- Enhance referrals pathways to specialized mental health services providers.

Livelihoods: West Bank and Gaza Strip

- Provide food, NFIs (non-food) and CVA (cash voucher assistance) to vulnerable families, especially female-headed households and senior citizens.
- Provide cash grants for the re-equipping of livelihoods and vocational training.
- Provide cash for protection and shelter.

WASH: Gaza Strip

- Provide emergency WASH services that include NFIs, hygiene kits, jerry cans and other essential supplies.
- Repair the damaged water and sewage networks.
- Distribute dignity kits for vulnerable women and girls.

Annex 1: An overview of the current emergency

The current confrontations across Israel-Palestine represent one of the worst episodes of violence there in recent memory. Conflict is taking place on several fronts at once: Israeli police actions against Palestinians protesting home evictions in Sheik Jarrah or praying at the Al-Aqsa Mosque in Jerusalem, cross-border fighting between Israel and Palestinian armed groups in Gaza, marches from Jordan on the West Bank border, and violence in Israel's mixed cities – towns with significant numbers of Jewish and Palestinian citizens.

As of 19th May 2021, Israel has not launched a ground offensive in Gaza, though history suggests that this cannot be ruled out, either now or in the future. Currently, tanks and heavy artillery close to Gaza's northern perimeter and already involved in fighting, though from the outside and residents in these areas have started evacuating their homes in response.

The toll in human and material terms is already significant. By 10 May, some 250 Palestinians had been injured during police operations against what started as peaceful protests in East Jerusalem. Since then, when Hamas, the Palestinian Islamist movement that governs Gaza, began firing rockets at Israel and Israel mounted retaliatory airstrikes, the fighting has become much bloodier. The health ministry in Gaza has recorded 830 Palestinians hurt and 119 killed, including 31 children, as a result of Israeli aerial and artillery bombardment. During the same period, nine Israelis, including one child, have been killed and over 400 injured in Hamas's rocket attacks.

In an unprecedented wave of violence, dozens of people have been injured throughout Israel's mixed cities and neighbourhoods. Some of the worst attacks occurred in Lod/Al-Lid. On 10 May, Palestinians set fire to a synagogue and police cars, and a Jewish gunman shot dead a Palestinian during altercations, after which the government placed the city under a nightly curfew, which ultra-nationalist Jews subsequently breached. Authorities also imposed a state of emergency – for the first time since Israel dismantled its military rule over its Palestinian citizens in 1966 – and moved Border Police units into the city from their main area of operations in the occupied West Bank. On 12 May, Israeli ultra-nationalists attacked Al-Lid's Al-Omari Mosque ahead of the curfew, which led the mayor, Yair Revivo, to declare a state of civil war.

Similar incidents took place elsewhere. Jewish mobs from Israel and Israeli settlements in the West Bank, organised through cell phones and social media, sought out and attacked Palestinians in various cities, at times under the gaze of Israeli security forces nearby. In Acre, Palestinians assaulted a Jewish man, leaving him in serious condition. In Bat Yam, dozens of nationalist Jews bearing the Israeli flag assaulted a Palestinian citizen, who was hospitalised. In West Jerusalem, a Palestinian was stabbed on 12 May and remains in serious condition.

In the Gaza Strip, Israeli strikes have done enormous damage to buildings and civil infrastructure, bringing down several apartment and office towers and levelling government buildings, service facilities such as schools and banks, homes and security compounds, including several police stations. As of 13 May, Hamas had fired over 2,000 rockets and mortars at Israel (a number of which misfired, and most of which Israel intercepted with its Iron Dome air defence system, but some of which landed in Tel Aviv and other urban areas); and Israel had carried out hundreds of air and artillery strikes. Hamas's

firepower, both in terms of number of rockets and their reach, far surpasses earlier escalations, and Israeli retaliation has been swift and devastating, making this episode's destruction more comparable to the four earlier Gaza wars – in 2006, 2008-2009, 2012 and 2014 – than any of the flare-ups in between.

Most significantly, perhaps, this occasion is the first since the September 2000 intifada when Palestinians have responded simultaneously and on such a massive scale throughout much of the combined territory of Israel-Palestine to the cumulative impact of military occupation, repression, dispossession and systemic discrimination.

The triggers

The current crisis began with a number of separate but interrelated incidents in East Jerusalem, which escalated, became militarised and then metastasised, building on points of conflict that had been smouldering for years and now rapidly received oxygen.

One catalyst was at the entrance to Jerusalem's Old City at the Damascus Gate, at the start of the Muslim holy month of Ramadan, 13 April, when Israeli authorities banned East Jerusalem residents from congregating on the gate's steps and barricaded the area. Damascus Gate is a social hub for many of the Old City's Palestinian residents, a platform for civic and cultural gatherings and events. Palestinian youth saw the placement of metal barriers as a provocation and launched what became nightly protests; these were not linked to political factions or any other wider agenda. Within days, ultra-nationalist Jews responded by marching through central Jerusalem toward Damascus Gate, chanting "death to Arabs". The outrage these marches aroused among Palestinians spilled over into the adjacent West Bank and neighbouring Jordan, while militant groups in Gaza fired dozens of rockets into Israel. Palestinians filmed attacks on Jews and posted them to social media to seek sympathy and support, while ultra-nationalist Israeli Jews roamed Jerusalem's streets attacking Arabs. Following twelve days of violent confrontation in East Jerusalem, Israeli authorities took down the barricades on 25 April.

Next came a second trigger in the form of growing popular anger over an Israeli Supreme Court ruling – subsequently delayed – concerning the planned expulsion of four Palestinian families in Sheikh Jarrah, an East Jerusalem neighbourhood that connects the Old City to the West Bank. The case had been wending its way through the Israeli court system for years before landing in its uppermost forum. Local Palestinians organised daily iftar sit-ins to break the Ramadan fast and protest the expulsions, which were part of a sweep of at least 27 other households yet to be carried out. These attracted the attention of ultra-nationalist Jews, who, accompanied by newly elected Knesset member Itamar Ben Gvir, entered Sheikh Jarrah on 10 May to disrupt the protests and at times assault those who had gathered peacefully. Israeli police fired sponge bullets, stun grenades and skunk water, causing hundreds of injuries. Numerous Palestinians were subsequently beaten by police as they were taken into custody. Tensions and arrests are continuing to date.

Further inflaming the situation around this time was the decision by Palestinian Authority (PA) President Mahmoud Abbas, on 29 April, to "indefinitely postpone" legislative elections in the oPt scheduled for 22 May. Abbas likely feared that his fractured Fatah movement would fare poorly in the polls, but the reason

he cited for the postponement was the absence of Israeli assurances that East Jerusalem residents would be permitted to participate. In fact, Israeli authorities had disrupted election campaigning in East Jerusalem throughout April, arresting Palestinian politicians and their supporters. The detentions infuriated Palestinians across the political spectrum, as these actions threatened to obstruct their attempt at renewing their national institutions through the democratic process, as international actors had been encouraging them to do.

The fourth trigger proved the most serious. On the evening of 7 May, Israeli police clashed with young Palestinians and used force against worshippers at the Al-Aqsa Mosque inside the walled Old City, injuring dozens. Police also closed the gates leading to the mosque, which is the third holiest site for Muslims after Mecca and Medina; such categorical access restrictions, even when in response to violent protest, nearly always lead to further escalation. The police worsened matters further when they blocked busloads of Palestinian citizens from entering Jerusalem on 8 May, preventing thousands of Muslims from reaching Al-Aqsa for prayers on laylat al-qadr, the holiest night of Ramadan. Israeli forces then attacked Muslim worshippers at the Holy Esplanade (Haram al-Sharif/Temple Mount) that same evening. The following day, Israeli forces breached the compound, firing stun grenades and tear gas canisters at worshippers, pushing their way into the mosque and attacking people inside. Scores of Palestinians were injured and many detained. On 10 May, Israeli soldiers staged another raid and confiscated the keys to the mosque's main gates.

The events of that day, 10 May, coincided with what Israelis celebrate as Jerusalem Day – what they see as the reunification of East Jerusalem, including the Old City, with West Jerusalem during the 1967 war. The same day, Palestinian residents of East Jerusalem had protested Jewish ultra-nationalist plans to march through the Old City toward Al-Aqsa. Following international, including U.S., pressure, Israeli authorities redirected the march to avert further violence, but tensions had already risen to dangerous levels.

Responding to the events in Jerusalem that same day, Hamas's military wing, the Izz al-Din al-Qassam Brigades, admonished Israel to halt violence against Palestinians in the city. Palestinian armed factions had already started issuing warnings two weeks earlier, saying they would respond to the escalations in Jerusalem. On 10 May, the Joint Chamber of Palestinian Resistance Factions in the Gaza Strip issued an ultimatum, declaring that Israel had until 6pm local time to withdraw its forces from Al-Aqsa and Sheikh Jarrah, and to release all those it had detained during these events. Shortly after the deadline expired, Hamas fired a series of rockets toward Jerusalem.

Israeli forces retaliated by launching airstrikes on Gaza, killing 28 people, including nine children, in the first few hours, and threatening an expanded response lasting days, including a ground invasion.

How is this set of events different from previous ones and what lessons can be learnt?

- Militarily, Israel was surprised by Hamas's expanded operational capacity to fire so many rockets at once and at such distant targets. This is likely to lead to a bolstering of Israel's military capability and could be a rationale for ground action and / or further military attacks.
- The widespread unrest suggests that those in Israel who believed or hoped the conflict to be "containable" or even largely over were wrong. The issue of Palestinian dispossession and the denial of their rights will continue to cause unrest, regardless of accords normalising relations between Israel and its Arab neighbours. This has implications for long term programming.
- Hamas has positioned itself as the 'defender of Jerusalem', appearing to usurp the leadership of the Palestinian national movement from President Abbas and the Fatah-led Palestinian Authority.
- While the 2006, 2008-2009, 2012 and 2014 wars were all focused on Gaza, the new round of fighting, including in Gaza, has reaffirmed the centrality of Jerusalem to the conflict. The evolving situation in East Jerusalem – at the Holy Esplanade and in neighbourhoods such as Sheikh Jarrah – has come to epitomise the fundamental elements underlying the broader Israeli-Palestinian conflict and the experiences of Palestinians living through it. The latest altercations in Jerusalem brought these to a head, and found common resonance throughout Palestine's geographically scattered communities, including in the diaspora.
- The popular agitation of Palestinians throughout Israel-Palestine, as if boundaries – and particularly the Green Line, marking the armistice line after the 1948 war and today separating Israel from the West Bank – had vanished, may have profound ramifications. The widespread nature of the fighting and unrest means that a single ceasefire is not going to restore calm, even if it may take the edge off the worst of the violence.

Sources: Associated Press (AP), BBC, OCHA, Relief Web, WeWorld, World Health Organisation.

Annex 2: Guidelines to data collectors

Guidance to Data Collectors

Key Informants – who they are and how to identify them

- Key informants are people with specific knowledge about certain aspects of the community, the site visited, the population, or the emergency, either because of their background, leadership responsibilities, or particular personal experience.
- Key informants are those with the most reliable and complete information, taking into account the political dimension of the crisis and potential biases.
- Typical key informants for humanitarian assessments are representatives of affected population groups, local administrative councils, activist groups, local NGOs, INGOs, UN agencies, charities, the municipality / local authority, or other community leaders, representatives of the business community, traders, farmers.
- Interview key informants about their situation; how the humanitarian crisis has impacted them.
- Interview key informant on the situation of their situation as displaced persons and on the host community.
- Information can be cross-checked through direct observation of the situation, opinions from the general population, and so on.
- Some questions include a confidence level, for the enumerator to rate how confident they are that the information is credible.

Safety

- Data collection will be COVID-19 compliant. Tdh intends to conduct interviews by telephone. If face to face meetings / interviews are held, Tdh staff will use personal protective equipment and provide the same to the interviewee. Should Tdh meet KIIs face to fact, it will not ask KIIs to gather in a group, or to meet in an unsafe location.
- Tdh not interview children (persons below the age of 18 years)
- Names can be recorded but kept secure according to GDPR rules and responsibilities. Each interview will be ascribed a code or number in order that her / his testimony

can be recorded accurately. However, no names must be shown on any Tdh report, nor should it be shared with any third party.

- It is not recommended to collect and carry hard copies of responses if possible.
- Do not carry a list of key informants or share names with any third party.
- Recording evidence that can confirm the credibility of information can be useful (for example taking photos of a damaged hospital, maps, stagnant water, empty markets, destroyed schools, etc), but Tdh data collectors will have to use their judgement as to whether this is safe.
- Do not prompt information about specific Gender Based Violence (GBV) and Child Protection cases. Tdh is unable to respond at this stage to personal needs. Cases can be referred. See below.
- If a specific protection case (GBV or Child Protection) is disclosed, contact Tdh's protection focal point and without disclosing identifiable information, ask for guidance.

Guidelines

- Introduce yourself; be clear on the purpose of the assessment.
- Ensure they understand this is not a promise for services but will help us plan our response.
- Ensure that the person interviewed is giving their informed consent (they understand what the assessment is for and voluntarily wish to participate).
- Tell them that they may skip any questions they do not want to answer, either because they are not comfortable answering them, they do not have the expertise, or they do not know the answer.

Preparing for the data collection.

- Tdh will carry out a one-day training session to make sure that all staff use the methodology correctly.
- We will ensure that all team members are clear about the overall objectives of their visit.
- Tdh will inform the appropriate Palestinian authority of its work and obtain permission where this is necessary.

Annex 3: The principles underpinning Tdh's rapid needs assessment methodology

The following principles underpinned the needs assessment process.

Adequacy. The scope of the assessment should reflect the extent and nature of the emergency. The plan should be realistic, considering available resources.

Age, gender and diversity. Health risks, needs, priorities, capacities, resilience and coping mechanisms are varied, depending not only on age, gender, social roles and other forms of diversity, but also on the extent to which groups are able to participate in finding durable solutions to their situations. It is important to include consideration of the dynamics that accompany the interaction of various groups when planning primary data collection. It is often necessary to collect information from specific groups separately (for example, women versus men, dominant versus minority groups, young versus old).

Continuity. Steps should be taken in the design and implementation of each assessment to maximize comparability between data collected at different points in order to monitor trends.

Coordination. All stakeholders should know when and where assessments are being carried out.

Do no harm. Information sources should be protected by complying with best practices regarding privacy, confidentiality and seeking informed consent. All primary data collection should start by describing the assessment and data being collected to the person partaking in the interview. That person must then agree to participate before any questions can be asked. It is necessary, when collecting data, to always be mindful of the potential for re-traumatization and vicarious victimization when asking people to relay potentially traumatic information.

Assessment teams should have referral information available for when immediate mitigation and remedial health actions are needed. The principles of data responsibility in humanitarian action are meant to serve as a benchmark for the processing of non-personal data, particularly in sensitive contexts that may put certain individuals or groups of individuals at risk of harm. They are adapted from the United Nations Principles on Personal Data Protection and Privacy, as well as the core humanitarian principles, Sphere, and the Core Humanitarian Standard on Quality and Accountability. If an assessment purports to collect anonymous data, it is essential that all data be anonymized before being shared, and that use of any personalized data be limited only to validation procedures.

Impartiality. A predefined analysis plan will ensure a predictive and objective process and will minimize bias, for example towards preconceived expectations about the severity of health needs.

Participation and inclusion. Action must be taken to ensure that participation of a diverse sample of women, men, girls, and boys – including persons with disabilities, older persons, youths, and LGBTI persons – is adequately captured in a needs-assessment. Communities should always be engaged.

Communication techniques should always consider cultural norms (such as language use and cultural practices). In any assessment it is necessary that findings are presented to affected populations as well as other stakeholders in order to avoid situations where people feel that they are constantly being asked for information, but nothing comes of it.

Relevance. The purpose of the assessment must be kept in mind, so that only the required data are collected and analysed. Following the step-by-step design process that carefully builds upon information needs will ensure that all questions included in the tool design are relevant to the overall objective.

Secondary data. Maximum use should be made of available secondary data. Primary data collection should focus on determining what has changed, validating data, and filling gaps in validated available secondary information. To do this, a secondary data review should always be incorporated into any needs-assessment process. When analysing and sharing data, effort should be made to adhere to the following principles.

Sharing. Findings should be shared with other actors, national authorities, and the affected population, while adhering to data-sharing principles and agreed data-sharing protocols or agreements, as relevant. As mentioned above, it is important to consider protection concerns when sharing data and information, and to always share as much as is possible within the frame of “do no harm”.

Timeliness. The need for accuracy, comprehensiveness and detail should be weighed against the speed with which critical decisions need to be made. While it is necessary to ensure that a needs assessment is adequate for informing the identified information needs, it is also essential that information is produced in sufficient time to be used for its objectives. Timeliness is the main factor that informs the type of assessment used. For example, initial assessments, which are characterized by some of the weakest methodological design but produce the fastest results, should only be utilized when timeliness is most crucial (for example, operations cannot proceed without the needs assessment information).

Transparency. Methodologies and approaches used during an assessment should be made available. This includes any assumptions made during the analysis or any potential limitations on either the accuracy of the data or the sources used.

Annex 4: Source of Primary Data

West Bank: Primary (qualitative) data collection

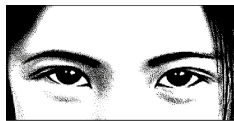
West Bank: Primary (qualitative) data collection		
Respondent	No	Location
Government	2	Ministry of Social Development
		Ministry of Education
Cluster representative	2	Protection
		CPAoR
Thematic experts (Health and MHPSS)	3	Palestine Red Crescent Society Resource Centre
		August Victoria Hospital, Jerusalem
		Health service provider
NGO	2	Jerusalem
		Ramallah
Community Leaders	3	Jerusalem
		Hebron
		Nablus
Community members	4	Hebron
		Jerusalem
		Nablus
		Ramallah
Case studies	1	East Jerusalem

Gaza Strip

Gaza		
Respondent	No	Location
Government	3	Ministry of Education
		Ministry of Social Development
Thematic	2	Municipality of Gaza
		Ministry of Health
UN Agency Rep	1	Protection cluster
Thematic specialists	4	MEAL Officers
		WASH Programme Officer 1
		Education cluster
		Child Protection
Case studies	4	Gaza and Gaza North
Community leaders	5	Head of secondary School and Mukhtar (community leader)
		Community activist and protection focal point
		Ministry of Local Government
		Member of Child Protection Network
		Head of local NGO in Gaza South: community leader
Community members	3	Gaza North, Middle Area, and Rafah



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