

# Occupied Palestinian territory

## 2005



**Consolidated Appeals Process (CAP)**





# Occupied Palestinian territory 2005



SAAD ABDUL HAQ /occupied Palestinian territory / 2004

## Consolidated Appeals Process (CAP)

The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation (leading to a Consolidated Appeal or a Flash Appeal);
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- a common analysis of the context in which humanitarian action takes place;
- an assessment of needs;
- best, worst, and most likely scenarios;
- stakeholder analysis, i.e. who does what and where;
- a clear statement of longer-term objectives and goals;
- prioritised response plans; and
- a framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal or, when crises break or natural disasters occur, a Flash Appeal. The CHAP can also serve as a reference for organisations deciding not to appeal for funds through a common framework. Under the leadership of the Humanitarian Coordinator, the CHAP is developed at the field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes UN agencies, and standing invitees, i.e. the International Organization for Migration, the Red Cross Movement, and NGOs that belong to ICVA, Interaction, or SCHR. Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is presented to donors in June of each year.

Donors provide resources to appealing agencies directly in response to project proposals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of donor contributions and can be found on [www.reliefweb.int/fts](http://www.reliefweb.int/fts)

In sum, the **CAP is about how the aid community collaborates to provide civilians in need the best protection and assistance available, on time.**

### ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS DURING 2005:

AAH	CPA-LIRA	HIA	Non-Violence Int'l	TEWPA
ABS	CPAR	Horn Relief	NPA	UNAIDS
ACF/ACH	CPCD	HWA	NRC	UNDP
ACTED	CRC	IFRC	OCHA	UNESCO
ADRA	CREAF	ILO	OCPH	UNFPA
Africare	CRS	IMC	OHCHR	UN-HABITAT
Alisei	DDG	INTERMON	Open Continent	UNHCR
AMREF	DENAL	INTERMOS	Orphan's Aid	UNICEF
ARC	DRC	IOM	OXFAM-GB	UNIFEM
Atlas Logistique	EMSF	IRC	PAPP	UNMAS
AVSI	ERM	IRIN	PIN	UNODC
CAM	FAO	Islamic Relief	PRC	UNRWA
CARE Int'l	Fondn. Suisse D�minage	JVSF	RUFUO	UNSECOORD
CARITAS	GAA	KOC	SBF	VESTA
CEASOP	GPI	LIBA	SCF / SC-UK	VETAID
CESVI	HA	LSTG	SCU	WACRO
CIRID	HABEN	MAG	SERLO	WANEP/APDH
COLFADHEMA	Handicap Int'l	Mani Tese	SFP	WFP
COMED	HDIG	MAT	Solidarit�s	WHO
COOPI	HDO	MDA	TASO	WV Int'l
CORDAID	HFe.V	NE	TEARFUND	

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PROJECT SUMMARY SHEETS ARE IN A SEPARATE VOLUME ENTITLED “PROJECTS”





## WEST BANK AND GAZA STRIP

UN Office for the Coordination of Humanitarian Affairs  
October 2003



- Main road
- Regional road
- Urban or other road
- Palestinian Built-Up Area
- Israeli Settlement
- West Bank boundary
- Israeli Security Zone
- Governorate Boundary



Cartography: OCHA Humanitarian Information Centre (HIC)  
Base data: PA Ministry of Planning and International Cooperation 2002  
For comments contact: [co-ord@un.org](mailto:co-ord@un.org)  
The authors are not responsible for the accuracy of the information provided in this map. The map is not intended to be used for any purpose other than for the purposes of the United Nations and its agencies. The map is not intended to be used for any purpose other than for the purposes of the United Nations and its agencies.

## 1. EXECUTIVE SUMMARY

Palestinians are facing their fifth successive year of crisis. Closure has led to one of the worst recessions in modern history. Unemployment has increased to 34.3%, and poverty now affects 47% of the Palestinian population. 64% of Gazans are poor and around a quarter live in deep poverty, unable to meet adequately their food needs even with aid. Health standards have also been falling since 2000: Palestinians have reduced both the quality and quantity of food, public sanitation has been degraded, and the sick are frequently unable to reach or afford medical care. Growth in the number of jobs has not been sustained in 2004, and unemployment is rising again. Palestinian children, in particular, are suffering from difficulties in travelling to school, affording university fees, and from the effects of daily exposure to violence and humiliation.

The dense network of over 700 checkpoints, road blocks and other movement restrictions established by Israel as a mean to protect its civilians from attacks following the outbreak of the conflict in 2000, remains in place, preventing movement inside the West Bank and Gaza. This internal 'closure' regime is accompanied by measures preventing Palestinian goods and people from leaving the occupied Palestinian territory. The Gaza Strip is already completely enclosed, and Israel continues to build a Barrier inside the West Bank, which, in July, the International Court of Justice (ICJ) deemed illegal.

In this context, humanitarian agencies are appealing for **US\$ 302,601,889** to maintain their assistance to Palestinians. The continued provision of food aid in 2004 has helped to limit the rise in malnutrition, and emergency relief has served to lower the proportion of those living in deep poverty. International assistance has also contributed to a slight improvement in some health indicators. Humanitarian agencies will therefore keep on supporting Palestinian livelihoods and help to prevent further depletion of their assets.

Humanitarian agencies are appealing for this amount because they expect that humanitarian needs will continue gradually to increase during 2005. While the Palestinian Authority Medium Term Development Plan takes into account a possibility of development in certain areas, this appeal complements the Plan for emergency needs for one year. Given current levels of violence and stalled negotiations, there is limited hope that closure will be lifted. Economic and demographic trends suggest that if current conditions do not improve, poverty will rise further and Palestinian dependence on external aid will increase over the coming year. Educational standards, as well as the physical and psychological health of the population, will continue to decline. Aid agencies cannot expect, under current circumstances, to achieve substantial improvement in the living conditions of Palestinians. Priorities therefore for humanitarian action in 2005 will be to prevent further decline of humanitarian and development indicators, increase awareness of the root causes of the crisis in the oPt, increase the participation of the population in humanitarian programming, build national capacity to provide services and increase coordination.

Israel's plan for unilateral disengagement from Gaza has dominated the political debate during 2004. Disengagement has, so far, offered no hope for improvement in the humanitarian situation: the level of violence and restrictions on access to the Gaza Strip has intensified considerably since February 2004. The plan is not scheduled for implementation until the end of 2005. Even if implemented, disengagement, as agreed by the Israeli cabinet, will have very little impact on Palestinian economic prospects: the World Bank expects poverty to rise from 47% to 56% by the end of 2006 if the disengagement proceeds as envisaged. The lifting of closures is more the precondition for growth and improvement. Even if the disengagement was accompanied by the lifting of internal closures in the West Bank and an opening of external borders – preconditions for normal economic activity – and an additional US\$ 1.5 billion from donors, both unemployment and poverty would still be significantly above pre-2000 levels in 2006. If preconditions were met, recovery from four years of tight closure and conflict would take time. Revival does not depend only on basic economic freedoms: the population's health and education standards must be maintained. In this context, trauma arising from the conflict and declining standards of education and health are a particular concern for the future.

The short to medium term prospects looks bleak. While occupation and closure are still in place, humanitarian agencies' impact on the situation can only be limited. Agencies must also work in a coordinated manner to improve humanitarian access, which has been denied repeatedly by Israeli authorities during 2004. Advocacy is therefore an important aspect of the humanitarian response. Humanitarian agencies are guided by the imperative to deliver assistance to people in need. However, they are acting within a complicated international legal context: Israel, as the occupying power, has the

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## OCCUPIED PALESTINIAN TERRITORY

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obligation to provide for the welfare of the Palestinian population but fails to do so; and the advisory opinion issued by the ICJ on the Barrier in July 2004 is likely to create dilemmas for humanitarian agencies in 2005, as agencies should seek to assist the Palestinians without inadvertently promoting demographic changes or helping to maintain the illegal situation created by the Barrier.

**Consolidated Appeal for  
occupied Palestinian territory 2005**  
Summary of Requirements - By Appealing Organisation  
as of 22 October 2004  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Original Requirements
ACH	1,509,000
CARE INT	2,169,000
FAO	4,000,000
OCHA	2,588,423
OXFAM UK	610,000
Oxfam UK/Care International	1,385,900
PARS	252,000
SC UK	222,500
UNDP	41,387,200
UNDP/UNIFEM	600,000
UNESCO	500,000
UNFPA	3,555,000
UNICEF	12,720,884
UNIFEM	579,084
UNRWA	183,684,496
UNSECOORD	467,883
WFP	41,638,019
WHO	4,732,500
<b>Grand Total</b>	<b>302,601,889</b>

**Consolidated Appeal for  
occupied Palestinian territory 2005**  
Summary of Requirements - by Sector  
as of 22 October 2004  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector Name	Original Requirements
AGRICULTURE	12,599,000
COORDINATION AND SUPPORT SERVICES	6,663,187
ECONOMIC RECOVERY AND INFRASTRUCTURE	149,746,553
EDUCATION	7,512,290
FOOD	98,484,460
HEALTH	17,342,616
SECURITY	467,883
WATER AND SANITATION	9,785,900
<b>Grand Total</b>	<b>302,601,889</b>



## 2. YEAR 2004 IN REVIEW

### POLITICAL OVERVIEW

There was little progress towards the implementation of the 'Road Map' – the plan for progress towards a two state solution to the Israeli-Palestinian conflict – in 2004.<sup>1</sup> Despite the provisions of the Road Map, Israeli settlement activities and military operations in Palestinian areas continued. Palestinian suicide bombings and the launching of homemade rockets from Gaza on Israeli civilian areas also continued. The reform of the Palestinian Authority (PA) security apparatus did not advance much according to the provisions of the Road Map.

In the absence of negotiations, the political debate throughout 2004 has been dominated by Israel's plan for unilateral disengagement from the Gaza Strip and parts of the West Bank. An initial disengagement plan was announced by Israeli Prime Minister Ariel Sharon in February 2004, and adopted by the cabinet on 6 June in a slightly revised format. The PA welcomed the Disengagement Plan "only to the extent that the evacuation represents the first step to ending Israel's occupation of all of the occupied Palestinian territory" and stressed "bilateral negotiations are the only way to end this conflict."<sup>2</sup> Throughout the summer of 2004, preparations pertaining to the implementation of the plan proceeded. The Knesset is slated to vote on the revised plan in October 2004.

The United Nations (UN) continued to call for full implementation of the Road Map and urged the parties involved to utilise the disengagement plan as a first step towards return to the negotiating table. Despite the unilateral character of the plan and concerns over its economic consequences, the international community has been working with both the Israelis and Palestinians to ensure that the disengagement proceeds in a manner that contributes to the reinvigoration of the Palestinian economy and a revival of the peace process. The UN General Assembly had requested in December 2003 that the ICJ render an advisory opinion on the "...legal consequences arising from the construction of the wall being built by Israel..."<sup>3</sup> On July 9, 2004, the ICJ delivered its advisory opinion. The Court found that the "construction of the wall ...constitutes breaches by Israel of several of its obligations under the applicable international humanitarian law and human rights instruments."

#### Milestones 2003-2004

**24 November 2003:** The report of the Secretary-General prepared pursuant to General Assembly resolution ES-10/13 demanding that Israel stop and reverse the construction of the wall in the Occupied Palestinian Territory, states that Israel has not complied with that demand.

**8 December 2003:** UN General Assembly adopts resolution A/ES-10/14 requesting ICJ to render an advisory opinion on the legal consequences arising from the construction of the Barrier being built by Israel.

**17 December 2003:** UN General Assembly adopts resolutions A/RES/58/97 reaffirming the applicability of the Fourth Geneva Convention to the occupied Palestinian territory, and A/RES/58/98 demanding complete cessation of Israeli settlement activity in oPt.

**17 May 2004:** UN General Assembly adopts resolution A/RES/58/292 expressing determination to contribute to a peace settlement in the Middle East, resulting in two states based on the pre-1967 borders.

**19 May 2004:** UN Security Council adopts resolution S/RES/1544, expressing grave concern regarding the humanitarian situation of Palestinians made homeless in the Rafah area by IDF demolitions; calls on Israel to respect obligations under IHL and not to undertake home demolitions contrary to that law.

**30 June 2004:** Israeli High Court of Justice orders government of Israel to redraw Barrier route northwest of Jerusalem, stating that original Barrier route would cause too much hardship for Palestinians.

**9 July 2004:** ICJ issues its advisory opinion, stating that the Barrier represents a breach of IHL and that Israel should cease construction and dismantle the sections already constructed.

**20 July 2004:** The 10th emergency special session of the UN General Assembly adopts resolution A/ES-10/15, demanding that Israel comply with the legal obligations identified in the ICJ advisory opinion.

**19 August 2004:** The Israeli High Court of Justice orders Israeli government to address the implications of the ICJ advisory opinion on construction of the Barrier in the West Bank. It excludes East Jerusalem from the order since it does not recognise this part of the city as occupied territory.

<sup>1</sup> The Quartet is the group of international parties working together to comprising the United States, United Nations, European Union and Russia. The Road Map, under auspices of the Quartet, was proposed and accepted by the parties in 2003.

<sup>2</sup> Statement by Palestinian Authority Prime Minister Ahmed Qurei, 17 May 2004, Berlin.

<sup>3</sup> UN General Assembly Resolution ES-10/14, 8 December 2003.

**HUMANITARIAN OVERVIEW**

The year 2004 was the fourth successive year of crisis in the occupied Palestinian territory. In the two years after the outbreak of conflict, Palestinian living standards declined sharply as the economy fell into one of the worst recessions in modern history.<sup>4</sup> Humanitarian agencies responded to escalating poverty and falling health, educational and other standards by providing high levels of emergency assistance.<sup>5</sup>

The overriding goal of humanitarian action in 2004 was to continue to provide emergency relief to Palestinians made vulnerable by the conflict, and to build on the population's mechanisms for coping with the continuing crisis. Agencies also sought to support livelihoods and to prevent further asset depletion.

Emergency humanitarian assistance has helped to alleviate some of the worst effects of the conflict. Although figures for 2004 are not yet available, experience from previous years suggests that the continued provision of food aid during the year to almost 1.5 million Palestinians has helped to limit the rise in malnutrition,<sup>6</sup> and emergency relief has served to lower the proportion of those living in deep poverty.<sup>7</sup> International assistance has also contributed to a slight improvement in some health indicators,<sup>8</sup> and assistance to Palestinians has been well targeted to those in need.<sup>9</sup>

Assistance can only however slow the deterioration in Palestinian living standards and such deterioration has undoubtedly continued throughout 2004. The primary cause of decline in consumption, educational and health standards described below is the sustained imposition by Israel of heavy movement restrictions – known as 'closures' – throughout and around the West Bank and Gaza Strip. Closures, which are intended to address Israel's legitimate security concerns, constitute a severe impediment to economic activity.

Despite the limited economic stabilisation during 2003,<sup>10</sup> living standards among the poorest sections of the population during 2004 did not improve. Modest economic growth fell well short of the necessary to lift the living standards of a population that has been locked into a humanitarian crisis characterised by a collapse in output, poverty, malnutrition and widespread destruction of infrastructure.<sup>11</sup> The limited economic improvement of late 2003 was fragile, and apparently founded on unsustainable factors.<sup>12</sup> Growth in the number of jobs has not been sustained in 2004, and unemployment is rising again.<sup>13</sup> Continued closures also prevent many Palestinians from accessing education, health and other essential services. Sustained economic recovery and reliable service provision cannot take place until Israel dismantles the closure system.

Humanitarian agencies and donors have faced a number of dilemmas in delivering assistance. Major incursions by Israeli forces in the Gaza Strip, particularly in Rafah, left thousands homeless and destroyed public infrastructure and agricultural facilities.<sup>14</sup> Agencies responded immediately to food, water and medical needs created by the incursions. However, options for re-housing of those made homeless created dilemmas for the respect of international humanitarian law (IHL): agencies could

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<sup>4</sup> Disengagement, the Palestinian economy and the Settlements, World Bank, 23 June 2004.

<sup>5</sup> Increasing humanitarian needs in various sectors are described in more detail in 3.1.B below.

<sup>6</sup> "The prevalence of malnutrition amongst children 6-59 months has improved since 2002 due to increased and sustained food assistance." CARE-AI Quds Nutrition Assessment of oPt, 2003.

<sup>7</sup> The World Bank estimates that, at the end of 2003, emergency relief had served to lower the proportion of those living in deep poverty from 22% to 16%. *Poverty in the West Bank and Gaza after three years of Economic Crisis*, World Bank, forthcoming.

<sup>8</sup> For example, anemia in children aged 9 months has fallen from 73.3% in 2002 to 40.5% in 2003, and the neonatal mortality rate has fallen from 14.1 (2002) to 11 (2003) per 1000 live births (Ministry of Health figures).

<sup>9</sup> "In terms of both value of leakage [i.e. the number of non-needy individuals who receive emergency assistance] and rate of under-coverage, the emergency assistance in WBG performs better than the average for the [other] countries presented." World Bank, *Poverty in the West Bank and Gaza after three years of Economic Crisis*, forthcoming.

<sup>10</sup> In 2003, the number of Palestinian employed in the West Bank and Gaza surpassed levels prior to 2000, unemployment and poverty levels fell by 4-5 percentage points, and per capita GDP increased by 1%. West Bank and Gaza Update, World Bank, March 2004 p.21.

<sup>11</sup> For further analysis of the situation in mid-2004, see Mid-Year Review of the Consolidated Appeal for the occupied Palestinian territory, United Nations, June 2004.

<sup>12</sup> Factors contributing to the limited growth of 2003 include fiscal stimulus from Israel's resumption of revenue transfers in late 2002. West Bank and Gaza Update, World Bank, March 2004.

<sup>13</sup> Palestinian Central Bureau of Statistics Labour Force surveys, 2004, available at [www.pcbs.org](http://www.pcbs.org).

<sup>14</sup> In response to the incursion, the United Nations Security Council adopted Resolution 1544 (2004) – see text box. The Spokesman for the UN Secretary-General stated that Israel "must abide by its obligations as an occupying power, which include protecting the civilian population and eschewing the disproportionate or indiscriminate use of force" (19 May 2004).

begin construction of permanent new homes away from the conflict zone, which would arguably facilitate displacement, or accommodate displaced people in inadequate temporary structures. The imperative to deliver adequate shelter forced agencies to choose the former option, despite its inherent problems.<sup>15</sup>

Agencies face similar dilemmas responding to needs arising from Barrier construction. The ICJ noted in its advisory opinion that the Barrier has already led to changes to the demographic composition of the West Bank, and that there is “a risk of further alterations to the demographic composition of the occupied Palestinian territory resulting from the construction.”<sup>16</sup> Humanitarian agencies therefore must avoid projects which might permanently alter the social and economic behaviour of populations living in areas affected by the Barrier – which is intended to be a temporary structure – by, for example, building new roads that promote the growth of some Palestinian towns over others, or by encouraging a shift in livelihoods.<sup>17</sup> This effort to avoid permanent demographic or social change sometimes conflicts with the principle that assistance should, to the greatest extent possible, “be provided in ways that will be supportive of recovery and long-term development.”<sup>18</sup>

While the structures for aid provision have strengthened over the past four years, the notion of emergency assistance to Palestinians becomes increasingly problematic with each successive year of crisis: for how long can this situation be seen as an ‘emergency’? Signs of change in the political situation – notably Israel’s plan for unilateral disengagement from Gaza – are unlikely to have any impact on the deteriorating humanitarian picture.<sup>19</sup>

Underlying all humanitarian action in the oPt is the principle, set out in the Fourth Geneva Convention, that Israel is obliged as Occupying Power to ensure the welfare of the Palestinian population. Israel fails to fulfil this obligation and continues to hamper other organisations providing assistance, through frequent refusal to grant humanitarian access and demolition of donor-funded aid projects. Humanitarian access to the Gaza Strip has been especially problematic in 2004.<sup>20</sup> This situation clearly presents a dilemma to UN humanitarian agencies, which are guided by the imperative to relieve suffering but which also seek to uphold the IHL from which their mandates are derived.

## **FINANCIAL OVERVIEW**

Humanitarian plans developed during the past two years included appeals for US\$ 294 million for 2003 (Humanitarian Plan of Action) and US\$ 305 million for 2004 for the oPt Consolidated Appeals Process (CAP). The proportion of funding received has been relatively stable i.e. 37% in as of October 2003, and 46% as of October 2004.

Funding has been pledged and disbursed gradually during 2004. A total of 14 donor countries have contributed to the 2004 CAP. Over 60% of the total CAP contributions have been provided by four donors (the United States (US), the European Union (EU), the United Kingdom (UK) and Japan). Donors’ contributions have concentrated on two major sectors: food security (23.2%) and recovery, infrastructure and employment (13.2%). Funding to these sectors represents 36.4% of the total. Nearly 49% of the total CAP funding requirements met is not earmarked for a particular sector. All of this ‘non-attributed’ funding has been contributed to the United Nations Relief and Works Agency (UNRWA).

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<sup>15</sup> The dilemmas inherent in responding to this issue were set out in a paper drafted by the Heads of European Union Missions to the Palestinian Authority in June 2004. The Heads of Mission stated that *inter alia* that “There is broad international consensus that the demolition of Palestinian houses in Rafah as a result of the recent Israeli incursions is illegal under IHL... violations of IHL in occupied territory ... have significant implications for the planning of international assistance... donors and UN agencies should ensure that their assistance contributes positively to the strengthening of respect for the rules of IHL. In this context, funding of and participation in the relocation of affected Palestinian families from Rafah to other areas of Gaza may contravene member States’ obligations to ensure respect for the rules of IHL, under Common Article 1 of the Fourth Geneva Convention.”

<sup>16</sup> ‘Legal consequences of the construction of a wall in the occupied Palestinian territory’, advisory opinion issued by the International Court of Justice, 9 July 2004, paragraph 122.

<sup>17</sup> Road construction is a particularly contentious area of aid policy in oPt. This issue is discussed further in Section 3.1.A below.

<sup>18</sup> General Assembly Resolution A/RES/46/182 (1991)

<sup>19</sup> According to World Bank estimates, if Israel disengages from Gaza as announced unemployment will still rise from 26% (OLA standard) to 34% by 2006, and poverty will rise from 47% to 56%. *Disengagement, the Palestinian economy and the Settlements*, World Bank, 23 June 2004.

<sup>20</sup> For further details, see Section entitled ‘Securing access to affected populations’ in 3.1.B below.

The United Nations Security Coordination (UNSECOORD), the United Nations Development Fund for Women (UNIFEM), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and CARE International have received no funds under the 2004 CAP oPt.

**Lessons learned**

A number of lessons have emerged during the course of 2004. Agencies have drawn on the following during development of the 2005 CAP:

- The CAP needs early planning, to ensure that agencies can monitor humanitarian indicators over time;
- Agencies also need time to examine the data together, to develop a joint analysis of humanitarian needs and priorities for action for the coming year;
- There should be a clear connection between the assessment of humanitarian problems in the oPt – in the Common Humanitarian Action Plan (CHAP)– and projects subsequently proposed by agencies;
- Links between sectors should be enhanced and clarified;
- The PA should be involved extensively in the preparation of the CAP;
- CAP mechanisms should not duplicate those already established in the oPt, such as the Local Aid Coordination Committee (LACC) Sector Working Groups or other sector groups such as Health Emergency Coordination Meeting (HECM). Rather, these existing mechanisms should be used as co-ordination resources that feed into a consolidated thematic analysis in the CAP;
- The CAP would be strengthened with greater inclusion of Non-Governmental Organisations (NGOs).

### 3. THE 2005 COMMON HUMANITARIAN ACTION PLAN

#### 3.1 The context and its humanitarian consequences

##### 3.1.A The context

##### Israeli security measures and occupation

##### Closures

The primary cause of poverty and humanitarian crisis in the oPt is 'closure' that Israel has put in place in order to protect its civilians from suicide bombings and attacks against its civilians and the dense network of fixed and flying checkpoints, road blocks, earth mounds and other measures which Israel uses to monitor and restrict Palestinian movement within the West Bank and Gaza, and between the territory and neighbouring countries. Over 700 closure measures currently restrict movement of Palestinian goods and people inside the West Bank, and the Gaza Strip is often divided into three sections by checkpoints. Internal closure is sometimes reinforced by curfews. (See Annex II. and III.).

Israel has imposed heavy restrictions on the roads networks, preventing Palestinians from travelling on major highways between urban centres in the

##### The International Court of Justice Advisory Opinion on the West Bank Barrier

The advisory opinion rendered by the International Court of Justice (ICJ) in 9 July 2004 at the request of the General Assembly in its resolution A/ES-10/14, had a major impact on IHL in the oPt.

The ICJ noted that Israel has had to face numerous indiscriminate and deadly acts of violence and had the right, "and indeed the duty, to respond in order to protect the life of its citizens." The Court concluded however, that the harm caused to Palestinians from the Barrier's current route inside the West Bank constituted a breach by Israel of its obligations under IHL and human rights instruments. Accordingly, Israel was under an obligation to dismantle the constructed parts of the Barrier, cease all new construction and "return the land, orchards, olive groves and other immovable property seized from any natural or legal person for purposes of construction of the wall in the occupied Palestinian territory." Where restitution was not possible, compensation should be provided.

On 20 July 2004, the General Assembly adopted a resolution (150 votes in favour, 6 against, 10 abstentions, 25 non-voting) calling on Israel to comply with the legal obligations identified in the ICJ advisory opinion. It also requested the Secretary General to establish a register of damages.

With respect to the obligations of donors, the ICJ opinion concluded that States should not provide assistance, which would maintain the situation created by the Barrier. In addition to reminding States of their obligation to ensure Israeli's compliance with IHL, the court also stated that "...[A]ll States are under an obligation not to recognise the illegal situation resulting from the construction of the wall in the Occupied Palestinian Territory, including in and around East Jerusalem. They are also under an obligation not to render aid or assistance in maintaining the situation created by such construction...."

##### INCREASING HUMANITARIAN NEEDS: SELECTED INDICATORS, 2000-04

**Rising poverty:** Poverty affected 21% of the population on the eve of the *Intifada*. 47% of Palestinians currently live in poverty, on less than US\$ 2 per day. 16% of the population – and a quarter of Gazans – live in deep poverty, and are unable to feed themselves adequately, even with food aid.

**Increased food insecurity:** Total food consumption has fallen by around one third since 1999. Around 70% of the population is food insecure, or in danger of becoming so. The quality of food consumed by Palestinian children declined markedly between 2002-03.

**Declining health standards:** Demand for blood transfusion services increased by 178% between 2000 and 2003, hospital emergency wards treated 52.6% more injuries in 2003 than in 2000, and major surgical admissions increased by 31%. Infant mortality has increased every year since 2000.

**Declining education standards:** Net enrolment in primary education has fallen every year since 2000. Between 2000 and 2003, students' grades in UNRWA schools in Gaza deteriorated by 8% (Arabic) and 12% (mathematics).

**Reduced quality of water and sanitation:** Bacterial contamination of piped water has increased by 39% in some areas. Closures have had a particular negative impact on solid waste collection.

**Psychosocial damage:** 48% of Palestinian children report personal experience of conflict-related violence or have witnessed violence affecting a family member. The number of mental health patients receiving treatment at community health centres increased by 38% since 2000.

**Casualties:** 3,236 Palestinians and 989 Israelis have been killed since September 2000.

West Bank. According to the Israeli human rights organisation B'Tselem, Israel restricts Palestinian travel on forty-one roads and sections of roads throughout the West Bank, totalling more than 700 kilometres (km) of roadway.<sup>21</sup> Palestinian travel is also regulated according to a complicated system of permits, by which Israel allows some Palestinians to access to Jerusalem and to the 'closed area' between the Barrier and the Green Line.

Since 2000, Israel has also tightened 'external closure' on the West Bank

<sup>21</sup> See *The Forbidden Road Regime in the West Bank*, August 2004, available at <http://www.btselem.org>. The restricted roads system has been in operation for some years, but the rules and regulations for its implementation have never been issued in writing. This renders classification of the roads network difficult. UN OCHA is currently working on mapping and classification of the restricted roads network.

and Gaza. Permits which Palestinians have in order to travel into Israel or to cross other borders have, in many cases, been cancelled. Borders are frequently sealed by Israel, particularly following security incidents or on the occasion of religious holidays. External closure on Gaza is reinforced by a fence, which seals the borders with Israel and Egypt.

The Barrier currently being constructed inside the West Bank is having the same effect, sealing Palestinians from their land, work and trade opportunities in Israel. Israel began the construction of the Barrier in June 2002 as a security measure to protect its citizens from Palestinian suicide attacks. The Barrier comprises a system of fences, ditches, razor wire, groomed trace sands, electronic monitoring system, patrol roads, and a no-go buffer zone. 185km of Barrier has already been constructed, and a further 70km are under construction. In many places, the Barrier veers east of the 1948 armistice line and into the West Bank, isolating Palestinian families from their land, communities and services. (See Annex III. and Maps supplement).

### House demolition, land levelling, confiscation of Palestinian land

Other Israeli security measures have serious humanitarian consequences. Since 2000, over 24,000 Palestinians living in Gaza have been made homeless by Israeli house demolitions, either in retaliation for suicide bombings or – more frequently – to ‘clear’ sensitive border areas of “terrorists and wanted operatives,”<sup>22</sup> and prevent the concealment of tunnels used for weapons smuggling. Rafah, in southern Gaza, has been especially badly affected.<sup>23</sup> Over 12,000 homes have been either demolished or damaged in the West Bank since 2000.<sup>24</sup>

Israeli Defence Forces (IDF) also continue to level large parts of agricultural land. Israel claims that levelling is necessary for construction of the Barrier or military installations, or to prevent the use by Palestinian militants of olive or citrus groves cover when launching attacks. Some 1,320 hectares of land have already been cleared for Barrier construction.<sup>25</sup> According to calculations based on the Israel Defence Force plan of June 2004, 15,586 hectares of land will be in enclaves between the Green Line and the Barrier when construction is completed. Palestinian agricultural land near settlements is also frequently sealed or confiscated by the IDF.

### 3.1.B The humanitarian consequences

In this context, Palestinians are suffering both materially and psychologically from the conflict. Food insecurity has increased sharply; health and education standards have fallen (see text box on page 7). Domestic and gender-based violence (GBV) has increased.<sup>26</sup> Palestinians felt substantially less secure in 2004 than they did in mid-2003.<sup>27</sup> Economic decline and unemployment contribute to a sense of humiliation created by continued occupation. The World Bank warned in June that the economic crisis “threatens to impoverish and alienate a generation of young Palestinians.”<sup>28</sup>



OCHA / Barrier in Abu Dis / Jerusalem /

<sup>22</sup> Israel Defense Forces: Summary of the briefing held by the GOC southern command regarding the operation in Rafah, 25 May 2004. Available at: <http://www1.idf.il/DOVER/site/mainpage.asp?sl=EN&id=7&docid=31531.EN&unit=13869>

<sup>23</sup> For further details see UNRWA-OCHA Rafah Humanitarian Needs Assessment, Report to the LACC, June 2004.

<sup>24</sup> UNRWA figures, September 2004.

<sup>25</sup> Figure based on analysis of satellite images, acquired 30 July 2004 (UN OCHA).

<sup>26</sup> Preliminary results from a PCBS/NPA study found that of the 30.8% of children have been exposed to some type of violence, over two thirds (68%) have experienced violence (physical and verbal) in the home environment, and 30% have experienced violence from teachers.

<sup>27</sup> ‘Palestinian Public Perceptions’, draft report by the Institut Universitaire des études du Développement (IEUD), Genève, 2004.

<sup>28</sup> Disengagement, the Palestinian Economy and the Settlements, World Bank, June 2004.

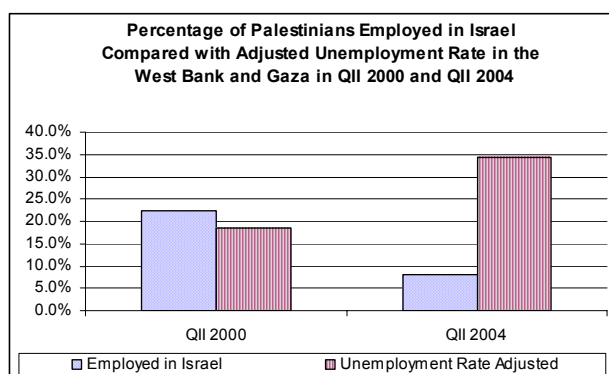


Problems facing Palestinians are analysed below within a framework of four 'themes'. Together, they create a situation in which Palestinians' need for humanitarian assistance is gradually increasing.

**The themes are:**

- i Impoverishment, growing vulnerability and aid dependency among the population, including previously self-reliant groups;
- ii Fragmentation of the Palestinian economy and society;
- iii Continuing violence and heavy closure in specific areas;
- iv Restrictions on humanitarian access, violations of IHL, and particular threats to children.

**I. Humanitarian needs arising from impoverishment**



Poverty has increased by 26% since 2000, largely because of lost and declining incomes. Demographic growth and the erosion of coping mechanisms have added to Palestinians' vulnerability.

**1. Lost and declining incomes:** There is a clear relationship between unemployment and poverty in the oPt.<sup>29</sup> Unemployment escalated during the early years of the *Intifada*, as businesses failed because farmers and industrialists found it impossible to export goods to Israel or to Arab countries. The private sector

was also devastated by increased costs and time required to purchase inputs.

Palestinian *per capita* income is now 35% lower than it was in 1999.<sup>30</sup> The proportion of Palestinians out of work has risen to 34.3%.<sup>31</sup> The growth of the workforce has outweighed the increase in the number of jobs experienced in 2003, and unemployment is still rising.<sup>32</sup>

Nearly 40% of the current unemployed were previously working in Israel and Israeli settlements (ISI).<sup>33</sup> Loss of these job opportunities, a consequence of closure, has affected not only the number of jobs available (see graph), but the earning potential of Palestinians: at the end of 2003, daily wages in Israel and ISI were 82% higher than in the West Bank and 138% higher than in Gaza.<sup>34</sup> The declining availability of jobs in Israel and ISI has affected unskilled workers disproportionately, leading to a substantial growth of poverty among those with limited education.<sup>35</sup>

Poverty has also increased because wages of those employed have fallen. One explanation for this is the 62% increase in the proportion of part time jobs in the oPt.<sup>36</sup> There has also been a move to self-employment and subsistence agriculture, which is described in the section on 'Fragmentation' below. Incomes from self-employment and agriculture are low and intermittent.<sup>37</sup> A significant proportion of

<sup>29</sup> 29% of individuals living in households with one or more unemployed working age members are living in deep or subsistence poverty – surviving on less than 205 NIS each month – compared with 11% in households with no unemployed working age members. (*Poverty in the West Bank and Gaza after three years of economic crisis*, World Bank, forthcoming.)

<sup>30</sup> Forty Two Months: Intifada, Closures and Palestinian Economic Crisis, World Bank, forthcoming.

<sup>31</sup> This definition of unemployment includes 'discouraged workers' – persons without jobs who, because of their pessimism about finding work, have stopped looking. The International Labour Organization (ILO) employs a stricter definition, only including those workers who are actively looking for work.

<sup>32</sup> According to the World Bank, around 104,000 new jobs were created for Palestinian workers in 2003. As a result, total employment in the West Bank and Gaza was back to its 1999 level for the first time since the beginning of the *intifada*. However, in the second quarter of 2004 increased by 2.3% for the third consecutive quarter.

<sup>33</sup> There has been a 67% reduction in numbers of Palestinians employed in Israel and Israeli settlements (ISI). *Poverty in the West Bank and Gaza after three years of economic crisis*, World Bank, forthcoming.

<sup>34</sup> PCBS data.

<sup>35</sup> *Poverty in the West Bank and Gaza after three years of economic crisis*, World Bank, forthcoming.

<sup>36</sup> Around 18,000 of the 104,000 new jobs created in 2003 were part time. *Forty Two Months: Intifada, Closures and Palestinian Economic Crisis*, World Bank, forthcoming.

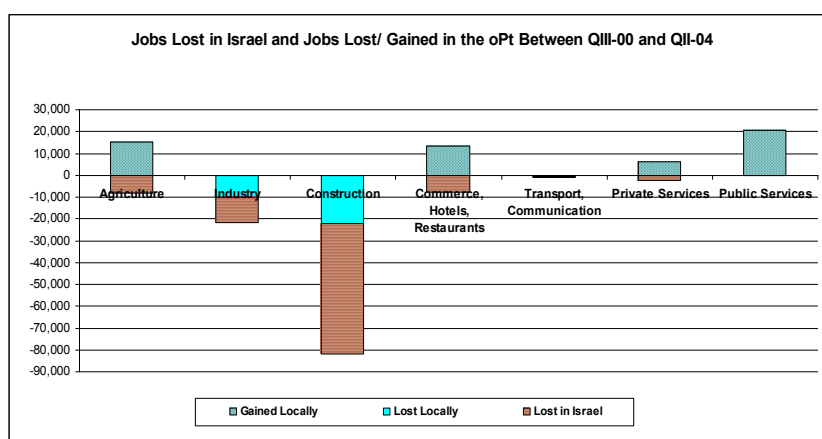
<sup>37</sup> Analysis from 'Fragmented economies of the West Bank', UNSCO, 2004 (unpublished paper).

those living in subsistence poverty – unable to afford even the basics of survival – are currently working.<sup>38</sup>

**2. Demographic growth:** The Palestinian population grew by 5.2% in 2003 (5.5% in Gaza). The population has increased from just over 3 million in 1999 to 3.8 million in 2004.<sup>39</sup> Demand on municipal services, hospitals and schools has consequently increased, while revenues have fallen: the Ministry of Health (MoH) revenues, for example, have fallen by 17% since 2000.<sup>40</sup> On average, each Palestinian worker is supporting 6.2 people, compared with 5 people in 1999. Changing dependency ratios are a consequence of demographic growth as well as rising unemployment.

**3. Erosion of coping mechanisms:** Many Palestinian families, including those who were self-reliant in 2000, have now exhausted the means that enabled them to cope during the past four years. Both the chronic poor and the 'new poor'<sup>41</sup> – Palestinians who lost their jobs during the early years of the *Intifada* – have no savings left, have sold the private and productive assets they once owned, and cannot cut spending any further.<sup>42</sup>

The 'new poor' are now employing extreme coping mechanisms.<sup>43</sup> Most beneficiaries frequently employ strategies such as reducing the quality and quantity of food consumed or more extreme coping mechanisms such as depending on aid from families and friends, purchasing food on credit, and sending children to eat elsewhere. There are indications that malnutrition has risen among children in 'new poor' families.<sup>44</sup> 'New poor' farmers whose land has been confiscated, former wage labourers and households 'locked' in Israeli controlled security zones are finding it increasingly difficult to cope. This is a major source of concern: the 'new poor' have, until now, been considered 'second priority' for aid agencies, below the traditional caseload of chronic poor. If current trends persist, more substantial assistance will also be needed for this 'new poor' group, to prevent declining nutritional standards and other humanitarian consequences.<sup>45</sup>



<sup>38</sup> Poverty in the West Bank and Gaza after three years of economic crisis, World Bank, forthcoming.

<sup>39</sup> Palestinian Central Bureau of Statistics, demographic indicators, updated May 2004, available at <http://www.pcbs.org>.

<sup>40</sup> International donors' emergency support programmes already provide a quarter of municipal revenues in oPt. *Forty-two months: Intifada, closures and Palestinian economic crisis*, World Bank, September 2004

<sup>41</sup> The 'new poor' is a concept employed by a number of agencies to describe the group made vulnerable by loss of income since the beginning of the *intifada*. Various measures help to define the group: 26% of the population has fallen below the poverty line since 2000; 31% of Palestinians are now living below the poverty line, but not in 'subsistence' poverty. 26% of Palestinians are at risk of becoming food insecure. For more details see vulnerabilities table in Annex [ref]

<sup>42</sup> *Food Security Assessment, West Bank and Gaza Strip*, FAO/WFP, Rome, 2004, p.46; World Food Programme Coping Strategies Index (2004) and baseline update for 2004.

<sup>43</sup> The World Food Programme conducts regular surveys of the coping strategies of its beneficiaries.. See *Coping strategies of WFP Beneficiaries in the oPt*, WFP, February 2004.

<sup>44</sup> 'New poor' families have received food aid only intermittently in contrast to the chronic poor. In the West Bank, where many new poor families live, chronic malnutrition among children rose to 9.2% in 2003. In contrast, in the Gaza Strip, where there are substantially higher levels of chronic poor who receive high levels of humanitarian assistance, the proportion of children suffering malnutrition fell between mid-2002 and mid-2003. For more details, see Mid-Year Review of the Consolidated Appeals Process, United Nations Office for Co-ordination of Humanitarian Affairs, June 2004.

<sup>45</sup> *Forty-two months: Intifada, closures and Palestinian economic crisis*, World Bank, September 2004, p. 70.

## II. Increasing needs arising from the fragmentation of Palestinian economy and society

Four years of heavy closure have led to the creation of new economic structures with little potential for growth, and to the fragmentation of Palestinian social networks and public services. These trends increase Palestinian vulnerability and dependence on external assistance.

Economic fragmentation: Palestinians have been compelled to adapt their behaviour to accommodate heavy movement restrictions. Many have stopped trying to return to jobs in Israel, or to reach markets elsewhere in the West Bank. Businesses have become smaller, and now serve only the local community. People who lost their jobs because of business failure or because they could no longer reach them have set up small trading enterprises.<sup>46</sup> Reliance on local markets has increased, although the wealth-generating potential is far from that available outside of the oPt.<sup>47</sup> Palestinians are turning to agriculture to feed their families: in 18 of 30 sampled communities in the West Bank where agriculture is the main economic activity, 56% of households were farming for subsistence only.<sup>48</sup>

The findings of micro-economic research conducted by the United Nations Special Coordinator for the Middle East Peace Process (UNSCO) are consistent with the situation illustrated in the attached graph, which shows an overall increase in jobs in agriculture, trade, hotels and restaurants since 2000 and a substantial fall in employment in construction and industries.

**Fragmentation of public services:** checkpoints, roadblocks and the Barrier prevent West Bank residents from travelling to Ramallah or Jerusalem to obtain medical care. Gazans who used to travel to the West Bank or Egypt for medical services are often no longer able to do so – those able to cross face the uncertainty, humiliation and discomfort of waiting at checkpoints and border crossings.

As a result of fragmentation, provision of essential reproductive health (RH) services for women has dropped from 82.4% at the end of 2002 to 71% at the end of 2003. The number of home deliveries is substantially higher in areas of the West Bank, which is heavily affected by internal closures. Access to mental health services is limited.<sup>49</sup> Outreach services in remote areas in Hebron, Bethlehem, Nablus Governorates can no longer be conducted because of access restrictions on MoH cars and staff.<sup>50</sup> Supervision and monitoring, key activities in maintaining quality services, have decreased in frequency and timeliness. The Barrier, in particular, renders management of medical emergencies – including obstetric complications – more difficult.<sup>51</sup>

Delays at checkpoints have limited the effectiveness of immunisation campaigns. Although more than 90% of children under-five received measles vaccination, less than two thirds have acquired immunity. The measles vaccine is likely to have been inactivated because of delays at checkpoints.

The health sector has responded to closure and fragmentation by increasing the number of small clinics and mobile clinics. This has resulted in a decline in the quality of service, because clinics can provide only primary health care (PHC) and are unable to handle emergency cases.

The quality of education has fallen as a consequence of fragmentation. The Ministry of Education has been forced to recruit teachers who live nearby instead of those who are best qualified. The school day has shortened in areas near the Barrier because of Barrier gate opening times.<sup>52</sup> Teachers are often delayed, or unable to reach their workplaces. UNRWA reports that grades in Arabic, mathematics and science examinations in its schools have fallen significantly since 2000-01.<sup>53</sup>

<sup>46</sup> Analysis from 'Fragmented economies of the West Bank', UNSCO, 2004 (unpublished paper).

<sup>47</sup> UNSCO research shows that people now rely more heavily on the district where they live for employment than they did in 1999. The change was particularly noticeable in Jenin, in the northern West Bank, where according to PCBS labour force data the proportion of rural residents employed in the district increased from 52% in 1999 to 87% in 2003.

<sup>48</sup> 'Fragmented economies of the West Bank', UNSCO, 2004 (unpublished paper).

<sup>49</sup> 71% of people seeking mental health care in the last 6 months did not receive any (IUED).

<sup>50</sup> In these areas, services can be provided only on an exceptional basis with UN logistics and support.

<sup>51</sup> Patients now need to use long deviations to get the appropriate services. Of the 210,000 inhabitants affected by the Barrier, one fifth (42,000) are children and almost the same number are women of childbearing age. The Barrier has severely impacted their ability to obtain antenatal, postnatal and well-baby services.

<sup>52</sup> Source: UNICEF.

<sup>53</sup> See Education Sector response plan in Section 3.4 below.

Movement restrictions and the Barrier also disrupt informal support networks in Palestinian society, adding to stress. Affected communities cite separation from relatives as a major problem created by the Barrier,<sup>54</sup> and children living in Barrier-affected areas are disproportionately prone to aggressive behaviour.<sup>55</sup> Women's participation in society has been particularly curtailed by the Barrier construction.<sup>56</sup> Many elderly people, no longer able to move freely, have lost all sources of informal support. Their access to public services has also been severely curtailed by movement restrictions.<sup>57</sup>

### III. Acute needs in crisis areas

Humanitarian needs are greater in areas that are frequently subjected to tight closure, or have been affected by the Barrier construction. Conflict has also created acute needs in the Gaza Strip – especially in southern and northern parts of Gaza – and in parts of the West Bank such as Nablus and south Hebron.

#### ***The Gaza Strip***

Access to the Gaza Strip is controlled by Israel. The Gaza Strip is bordered on one side by the sea and on its other is completely surrounded by a fence. The only crossing points for Palestinians are at Erez terminal, for workers travelling into Israel, or via the Rafah terminal in the south of the Gaza Strip to Egypt.

Poverty in Gaza is significantly higher than in the West Bank. Around 64% of Gazans live below the poverty line; a quarter live in deep poverty, unable to feed themselves adequately even with food aid.<sup>58</sup> Poverty is a consequence of economic crisis and conflict. Movement restrictions, which devastate the Gazan economy, have been tightened by Israel since 2000 and increased substantially during 2004. In 2004, an average of only 1,946 workers crossed daily from Gaza into Israel compared with 29,865 in 1999.

Conflict in Gaza has intensified since January 2004. During 2004, approximately 45 Palestinians have been killed each month in Gaza. As a consequence of frequent military operations, 415 Palestinians have been killed to date this year. Israeli military operations target alleged militants, or level land and houses which Israel claims are used as cover for attacks by Palestinian militants. In 2004, the IDF demolished on average 120 residential buildings each month – or 4 each day. Approximately 1,200 Palestinians each month are made homeless. Since 2000, 24,547 Gazans have been made homeless by Israeli demolitions.<sup>59</sup> Land levelling has taken place around the settlements, to create security areas.<sup>60</sup> Over 50% of Beit Hanoun's agricultural land, mainly comprising citrus fruits and olives, has been levelled in the last four years. Military operations also cause extensive damage to infrastructure such as roads and water pipes, leading to public health problems.<sup>61</sup> During and after such operations, affected populations are almost completely reliant on international assistance.

#### ***Areas affected by heavy movement restrictions***

While there has been some easing of closures, parts of the West Bank remain subject to tight closure. There are 114 closure fixtures (checkpoints, road blocks, earth mounds or other movement restrictions) in Nablus governorate. Checkpoints at the entrance to Nablus cause particularly severe problems for both Palestinians and international organisations wishing to travel for trade or services, and this contributes to high food insecurity and the use of extreme coping mechanisms by Nablus residents.<sup>62</sup> In 2004, Nablus has been completely closed for significant periods during Israeli military incursions.<sup>63</sup>

<sup>54</sup> Study on Palestinian public perceptions on their living conditions, IEUD, Geneva, Report 7, July 2004 (draft)

<sup>55</sup> Aggressive behavior is becoming more common among children living in places crossed by the Barrier (44%) than in places that are not crossed by the Barrier (35%).

<sup>56</sup> Forthcoming UNDP study on the Impact of the Separation Barrier on Palestinian Households

<sup>57</sup> Report of the Palestinian Participatory Poverty Assessment Programme, UNDP/MOPIC/DFID, available at [www.pppap.org](http://www.pppap.org).

<sup>58</sup> Disengagement, the Palestinian Economy and the Settlements, World Bank, June 2004.

<sup>59</sup> An average 120 residential buildings have been demolished by the IDF every month during 2004. Home demolition and homelessness figures are provided by UNRWA.

<sup>60</sup> Land leveling in Gaza has been more intensive in 2004 than in the previous year. 58.9 hectares of land have been levelled per month in 2004, compared to 46.1 per month in 2003. Source: Al Mezan.

<sup>61</sup> For further details see UNRWA/OCHA Rafah Humanitarian Needs Assessment, June 2004, available at: <http://www.ochaopt.org>.

<sup>62</sup> *Coping Mechanisms of WFP beneficiaries*, World Food Programme, February 2004.

<sup>63</sup> See, for example, OCHA oPt Report on the Humanitarian Situation in Nablus, January 2004, available at [www.ochaopt.org](http://www.ochaopt.org).

A ditch surrounds Jericho and checkpoints block the roads into the city. Commercial goods can only be transported via the 'back-to-back' system at the checkpoint, because Palestinian vehicles are not permitted to cross. Tourism has now ceased almost completely and unemployment has risen to 60%.

#### ***Areas affected by the Barrier***

The construction of the Barrier has created acute humanitarian needs in the northern West Bank, and is expected to have the same effect when cutting through Jerusalem and southern areas. Long stretches of impermeable wall or fence now cut across access routes, and irregular gate opening times and an unpredictable system of 'green permits' restricts Palestinian access to 'closed areas'.<sup>64</sup>

Poverty and food insecurity have increased where communities are prevented from reaching jobs and markets on the other side of the Barrier.<sup>65</sup> Agricultural production has fallen, because agricultural land has been confiscated or isolated in the 'closed area' between the Barrier and the Green Line.<sup>66</sup> The confiscation of groundwater wells for Barrier construction and the loss of access to water sources has also affected Palestinian agricultural production.<sup>67</sup> Children find it more difficult to travel to school. Households in areas adjacent to the Barrier report substantially greater problems accessing health services than do households in other areas of the West Bank.<sup>68</sup>

#### ***Settler violence, closure and Barrier construction***

Israeli closure policies, house demolitions, and growing settler violence have undermined the way of life of the Masafer Yatta community in southern Hebron. Some population displacement has already occurred and the IDF plans to evacuate more people. The projected route of the West Bank Barrier will separate the community from essential humanitarian services and places of employment. A community that was once self-sustainable now has one of the highest poverty levels in the West Bank.<sup>69</sup>

### **IV. The need for protection of civilians, access and security of humanitarian workers**

#### ***The need for physical protection***

Since September 2000, 3,236 Palestinians<sup>70</sup> in the oPt and 989 Israelis<sup>71</sup> have been killed. These figures include over 700 children: 610 Palestinian, 104 Israeli and 2 foreign.<sup>72</sup> In 2004, there was a marked increase in Palestinian deaths over the previous year – 664 between January and September.<sup>73</sup> Of these casualties, over 90 were children. Israeli deaths declined in 2004 to 88.

#### ***Securing humanitarian access to affected populations***

Coordinated international action is needed to ensure humanitarian access to civilians affected by conflict in the oPt. During the first five months of 2004, humanitarian agencies reported 641 incidents in which the delivery of aid and/or the movement of personnel were obstructed by the IDF or Israeli Border Police. Most incidents reported included access delays or denials by the IDF of international

<sup>64</sup> For more details of the green permits system, see OCHA Barrier Updates, available at <http://www.ochaopt.org>.

<sup>65</sup> In February 2004 UNRWA carried out a survey of refugees in nine of the 14 localities isolated by the Barrier in the northern West Bank and covering 22% of the population residing there. In the districts first affected by Barrier construction, 17% of refugees interviewed report separation from land, and 11% report separation of land from water sources. In addition, 83% report increasing difficulty in accessing commodities on the local market; 57% report increasing difficulties in their own access to the local market, distribution centre or agricultural land; 75% of refugees who used to raise livestock report increasing difficulties in access to pastures and 47% report that increases in the price of some food commodities has made them unaffordable to their household. Coping strategies are being exhausted and resilience of the population is decreasing, both in economic and psychological terms. As a result, deterioration in health and nutritional status is noticed in 53% of the refugee population residing in the affected areas, and early symptoms of malnutrition are emerging especially among female and male adults. Within this framework, 30% of emergency food aid beneficiaries reported relying on UNRWA food aid to a larger extent than they did six months before the survey.

<sup>66</sup> According to the plan for Barrier construction published by the IDF on 30 June 2004, a total 60,288 hectares of land will be confiscated for construction of the Barrier, and a further 15,586 hectares will be enclosed in enclaves between the Green Line and the Barrier (OCHA calculations, July 2004). 185km of Barrier has been constructed, and a further 70km is currently under construction.

<sup>67</sup> Mid Year Review of the Consolidated Appeals Process for oPt, United Nations, June 2004.

<sup>68</sup> University of Geneva study, cited in Mid-Year Review of the Consolidated Appeals Process, United Nations, June 2004 p.9.

<sup>69</sup> See A community on the brink: a study of the Palestinian community of cave-dwellers in south Hebron, UN OCHA-World Bank report, forthcoming.

<sup>70</sup> Source: Palestinian Red Crescent Society. Figures available at [www.palestinercs.org](http://www.palestinercs.org)

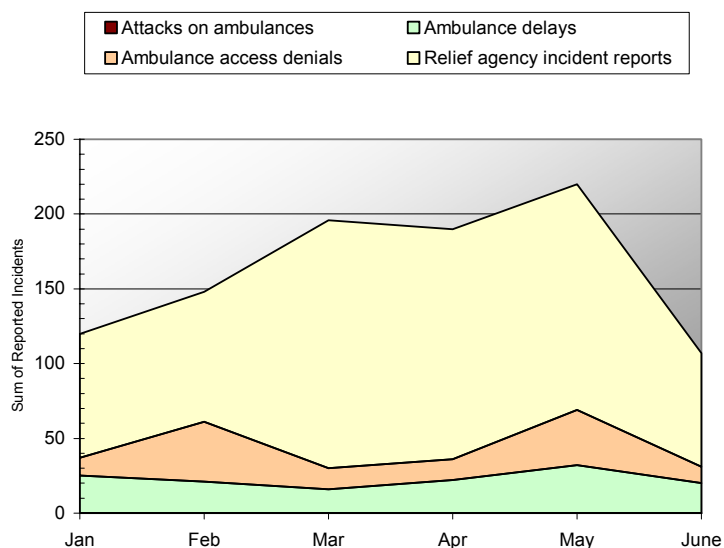
<sup>71</sup> Source: Israeli Defense Forces. Figures available at [www.idf.il](http://www.idf.il)

<sup>72</sup> UNICEF data citing children as persons under 18 years.

<sup>73</sup> Source: Israeli Ministry of Foreign Affairs, Palestinian Red Crescent Society

organisations' mandates, privileges and immunities. On 169 occasions, humanitarian access was denied. During the same period, the IDF denied access to ambulances 117 times. Ambulances were delayed a further 116 times, and attacked on 51 occasions.<sup>74</sup> Humanitarian access remains most problematic in areas around the West Bank city of Nablus and in Gaza.

Statistics on Amulances Access and Incidents Reports - Jan-Jun 20004			
Attacks on ambulances	Ambulance delays	Ambulance access denials	Relief agency incident reports
Jan	25	12	83
Feb	21	40	87
Mar	16	14	166
Apr	22	14	154
May	32	37	151
June	20	11	76



Humanitarian access has deteriorated considerably in Gaza during 2004. Extended closures of crossing points between the Gaza Strip and Israel have prevented movement of the national and international staff members of humanitarian agencies. During July 2004, there were eight incidents involving staff members in Gaza. A number of these incidents involved warning shots being fired in close proximity to staff, although coordination had been conducted with the IDF in advance of visits to enter these areas. The IDF have prohibited UN staff from entering or leaving Gaza, a total of 60 days in 2004. Most recently, since 20 September, UN staff with the exception of diplomatic passport holders has not been able to cross Erez Terminal into Gaza in vehicles. The closure of Karni terminal has prevented the delivery of humanitarian goods, including foodstuffs and medicine.<sup>75</sup> For UNRWA, additional costs at Karni and Ashdod alone since September 2000 are now estimated at US\$ 4.5 million, with overall additional costs due to Israeli security measures close to US\$ 20 million.

#### ***Threats to the security of humanitarian workers***

The security of humanitarian agency staff has been threatened repeatedly in the West Bank and particularly in the Gaza Strip. The UN raised its assessment of the security risk in Gaza to Phase IV in July 2004, as a result of extensive IDF military operations in the northern Gaza Strip that threatened UN staff crossing in and out of Gaza through Erez terminal. During July, the UN recorded eight security incidents involving over 50 staff members in Gaza.

#### ***Protection and assistance requirements of children***

Humanitarian agencies are acutely aware of the special protection needs of children affected by conflict in the oPt. The social and psychological effects of four years of conflict on the whole population are considerable, but children are especially vulnerable. Health professionals working in areas most exposed to violence, such as Rafah and Khan Younis, report that children find it increasingly difficult to

<sup>74</sup> OCHA monitoring of the Bertini Commitments. Reports available at <http://www.ochaopt.org>.

<sup>75</sup> For further details see UNRWA/OCHA Rafah Humanitarian Needs Assessment, June 2004, available at <http://www.ochaopt.org>.



[illegible]

**Mahfouz Abu Turk / El Ezariyieh / Jerusalem / May 2004**



**OCHA / House demolished in Rafah / Gaza Strip / March 2004**

<sup>76</sup> UNICEF contribution to the Mid-Year Review of the Consolidated Appeals Process, May 2004.

<sup>77</sup> See Education Sector response plan, Section 3.4.

## 3.2 SCENARIOS

### Scenario 1: Gradual worsening of the humanitarian situation

Scenario 1 is considered the most likely scenario, and forms the basis for humanitarian planning. Given current levels of violence and deadlock in the political process, lifting of internal or external closures in the coming year seems unlikely. If internal closure of the West Bank and Gaza is maintained at current levels, and external closure of the West Bank is reinforced by Barrier construction, the rise in unemployment will continue and poverty will increase.

Under these circumstances, increasing numbers of Palestinians will become dependent on external assistance as their coping mechanisms are exhausted. Health and education standards will continue to deteriorate – trends that will affect future economic growth and poverty reduction. Frustration and disillusionment are likely to grow as Palestinians face a fifth year of severe closure and its devastating consequences. Some areas will continue to experience acute crisis caused by Israeli military incursions and curfews. In the absence of political progress, the donor community may also begin to question the continued provision of high levels of aid to the oPt.

### Scenario 2: Improvement in the humanitarian situation<sup>78</sup>

Political progress leading to a gradual lifting of internal and external closure would have a positive impact on the humanitarian situation. Lifting of internal closures would enable Palestinians to travel and trade within the oPt, and access health, education and other services. The decline in development standards may be slowed. Lifting of external closures would allow Palestinians to work in Israel, trade with Israel and other countries, and access cheaper industrial inputs. If this scenario occurred, gradual economic recovery would commence. A return of employment and labour participation rates to pre-*intifada* levels, accompanied by an increase in the number of Palestinians working in Israel and ISI, would help to reduce poverty.<sup>79</sup> However, economic recovery would have a limited impact on those living in deep poverty, the poorest being unskilled or unable to work.<sup>80</sup>

## 3.3 STRATEGIC PRIORITIES FOR HUMANITARIAN RESPONSE

### Strategic objective of humanitarian action

Humanitarian action in oPt during 2005 will provide relief to those affected by conflict, and build on Palestinians' mechanisms for coping with the crisis. Humanitarian agencies will support Palestinian livelihoods and work to prevent further asset depletion.

Strategic priorities for the oPt in 2005 relate clearly to those outlined in the 2004 CHAP. The goal is to prevent further deterioration: aid agencies cannot expect, under current circumstances, to achieve substantial improvement in the living conditions of Palestinians. Reduction of currently high levels of poverty cannot take place without the lifting of internal closure and opening of external borders, together with a substantial additional injection of assistance from donors.<sup>81</sup>

Strategic priorities are operationalised in the seven sector strategies and their respective response plans. These plans are described in Section 3.4 below. Within this overall framework, priorities for action in 2005 will be:

- **Preventing further decline in humanitarian and development indicators**, including standards of health, nutrition, and education, and degeneration of infrastructure;
- **Increasing awareness of the root causes of crisis in the oPt**, through regional and international advocacy;

<sup>78</sup> Scenario 2 is broadly similar to that employed by the Palestinian Authority as the basis for its Medium Term Development Plan.

<sup>79</sup> The official poverty line is US\$ 2.10 per person per day. Those living in subsistence poverty survive on 205 NIS per month, or around US\$ 1.5 per day.

<sup>80</sup> For further details, see scenarios developed by the World Bank in Disengagement, the Palestinian Economy and the Settlements (June 2004) and Poverty in the West Bank and Gaza after three years of economic crisis, forthcoming.

<sup>81</sup> According to the World Bank, poverty will rise by 9 percentage points by the end of 2006 if current conditions continue. If Israel lifts internal closures, opens borders and implements its plan for disengagement from Gaza, poverty will fall by one percentage point by 2006. With an additional US\$ 1.5 billion from donors, poverty could fall by 10 percentage points by 2006.

- **Improving humanitarian co-ordination, improving targeting** to ensure consistent access to affected populations and that assistance is provided to the most vulnerable;
- **Increasing participation of the population** in humanitarian programming, to combat the sense of frustration arising from continued occupation and to ensure that Palestinians can, as far as possible, assume ownership of activities in the oPt;
- **Building national capacity to provide services**, through support to the PA and civil society;
- **Supporting sustainable development objectives** without inadvertently promoting inappropriate demographic or socio-economic changes.

#### **Complementarity with other initiatives**

The priorities identified here are also being addressed by the PA, which is responsible for service delivery in the oPt and is also developing a comprehensive strategy for job creation and poverty alleviation.<sup>82</sup> The PA Ministry of Planning has developed a Mid-Term Development Plan (MTDP), which presents goals and development strategies for 2004-07. UN humanitarian agencies work directly with relevant line ministries, such as the MoH and the Ministry of Education and Higher Education (MoEHE). OCHA, as the coordinator of UN humanitarian action, liaises on their behalf with the Directorate of Aid Management and Coordination in the PA Ministry of Planning.

Donors provide support to PA Ministries of Health, Social Affairs and Education and Higher Education through the Emergency Services Support Project, which is administered by the World Bank. Palestinian NGOs play a substantial role in service provision, particularly in PHC, psycho-social assistance, childhood development and agricultural services. Donors provide substantial support to Palestinians through bilateral aid programmes, including through support to the PA and civil society.<sup>83</sup>



OCHA / Jin'ba Village, in Hebron Governorate / July 2004

Overall coordination of donor assistance to Palestinians is managed by the LACC, which is chaired by the World Bank, UNSCO and Norway. Humanitarian assistance is co-ordinated at the operational level through the Operations Co-ordination Group, chaired by UNRWA, and at the policy level through the Humanitarian and Emergency Policy Group. OCHA acts as secretariat and provides analytical support for both humanitarian fora. This has contributed to the strengthening of the link between UN agencies and the donor community in the oPt.

### **3.4 RESPONSE PLANS**

#### **3.4.A Emergency Infrastructure and Employment Sector**

Unemployment is the primary cause of poverty in the oPt.<sup>84</sup> Long-term unemployment also leads to a loss of skills among the working-age population, and is humiliating for all those affected. The lack of job opportunities affects particularly badly unskilled labour and youth.

<sup>82</sup> A framework for Palestinian socio-economic development under current conditions, Palestinian National Authority Ministry of Planning,

<sup>83</sup> In 2003, donors disbursed US\$ 873 million; the three largest donors (the United States, the European Union and the League of Arab States) provided 60% of this funding. Development assistance helps to support the objectives outlined above: in 2003, donors disbursed US\$ 355 million on infrastructure, health, education, technical assistance and institution building. Figures for overall donor disbursements for 2004 are not yet available. Figures for humanitarian assistance are contained in the Financial Overview, Section 2 above.

<sup>84</sup> Approximately 59% of the Palestinians households suffered a drop in income and reduced their expenditure on basic needs since September 2000. Main sources of income are drawn from salaries and wages from the private sector (30.7%), from public sector employment (19.9%) and from households projects (14.2%) PCBS, "Impact of the Israeli measures on the Economic conditions of Palestinian households" April-June 2004

Frequent Israeli military incursions in the West Bank and Gaza, in addition to destroying private buildings; inflict major damage on public infrastructure. Such damage must be repaired to prevent degradation of living conditions and health standards of the population.

**Objectives**

- The overall objective of the initiative is to alleviate poverty among the Palestinian population, especially among refugees, and to avoid a deeper fragmentation of the Palestinian economy and society through creation of job opportunities, maintenance of public infrastructure and repair/reconstruction of private buildings after incursion;
- To provide a minimum income to Palestinians through employment generation programmes;
- To improve the state of essential infrastructure for the maintenance and delivery of services to the population through employment generation programmes and infrastructure programmes;
- To ensure standard and adequate living conditions for victims of home demolitions through infrastructure projects.

**Sector needs and agencies' responses****Impoverishment, vulnerability and growing aid dependency**

Poverty rates remain high<sup>85</sup>, largely as a consequence of economic collapse and the dearth of employment opportunities. The welfare system is unable to cope with the massive increase in demand created by the emergency.

**Response:**

The United Nations Development Programme (UNDP) and UNRWA allocate a considerable portion of emergency funds received to emergency employment generation programmes. Emergency employment is created through indirect and direct hire.

***Indirect hire***

UNRWA and UNDP will implement infrastructure projects, which will generate labour intensive job opportunities for unskilled people. These programmes will also help to improve the living standards of Palestinians through emergency repairs of damaged infrastructure; reconstruction of shelters destroyed or damaged due to military activities; and contracting private sector companies or local camps committee in the refugee camps to repair and/or reconstruct basic infrastructure such as roads, pathways, retaining walls and shelters.

***Direct hire***

UNRWA will also continue to hire the poorest, which will be then able to generate quick and minimal income to be able to cover their most urgent needs. However, people hired through this programme are hired on a temporary basis and with a daily rate below the market rate to ensure that those hired continue to seek regular employment opportunities and avoid an increase in aid dependency.

**Fragmentation of the Palestinian economy and society**

Movement restrictions prevent employees and casual labourers from reaching their places of work, and limit job opportunities for the unemployed.

The difficult financial situation of the PA has resulted in a cut in expenditures in the municipal infrastructure and public services leading to a decline in quality and sufficiency of services provided, while the continuous destruction of basic infrastructure by Israeli armed forces is increasing the burden on the municipalities and local authorities to cover these gaps.

The construction of the Barrier and the closures regime restricts movement and access to labour markets and to basic public services.

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<sup>85</sup> Nearly 2 million Palestinians live under the poverty line of US\$ 2.10 a day which means three times more than in September 2000. In the West Bank, a rapid food security assessment conducted by UNRWA at the beginning of 2004, indicates that the percent of households below the US\$ 1 per person per day and below the national poverty line is slightly higher than in 2003. In Gaza, the last IUED report indicates an increase in extreme poverty amongst refugee living in camps from 36% to 47%.

**Response**

UNDP and UNRWA will focus emergency employment programmes and infrastructure projects related to provision of basic services in communities isolated by closures or construction of the Barrier, in order to avoid a disruption in those services.

**Acute needs in crisis areas**

Infrastructure in the occupied Palestinian territory, already weakened through decades of under-investment, continues to suffer from frequent Israeli military operations. Such operations destroy or badly damage basic public infrastructure such as water and electricity systems, roads and pathways and municipal buildings. The destruction of homes has been a particular feature of the emergency in the Gaza Strip: in May 2004, a total of 298 residential buildings housing 710 families were demolished during the military operation "Operation Rainbow"<sup>86</sup>.

In the West Bank, the construction of the Barrier has led to the isolation of villages from major cities, leaving many localities with no access to livelihoods, basic amenities and services. Barrier construction has also led to the destruction of basic infrastructure, including roads and water pipes.

**Response**

- UNDP will provide emergency employment to Palestinians rendered homeless due to military activities;
- By employing vulnerable Palestinians, UNDP and UNRWA will implement projects to construct and rehabilitate basic infrastructure such as roads, pathways, health centres and schools following incursions;
- UNRWA will provide cash assistance to the most vulnerable and needed refugees, especially those rendered homeless during military operations and incursions, to ensure they meet their most urgent expenses;
- UNRWA will also provide temporary shelters and will repair/reconstruct shelters of the refugees rendered homeless after military operations.

**Protection of civilians**

Emergency employment and infrastructure rehabilitation programmes help in the respect of the international economic and social rights, especially, the right to an adequate standard of living, through restoring adequate housing and the right to work.

**Monitoring**

Qualitative and quantitative indicators:

- Number of projects implemented;
- Number of job opportunities created;
- Number of people employed;
- Number of beneficiaries who received cash assistance;
- Number/quantity of infrastructures constructed and rehabilitated;
- Perception of beneficiaries on quality and reach of projects surveyed through qualitative and quantitative surveys;
- Quality of jobs created;
- Number of people having access to basic services such as health, education and electricity networks.

**Monitoring tools**

- Direct monitoring of projects and external evaluation of job creation programmes;
- Tracking impact qualitatively through UNDP, UNRWA, IUED, the Palestinian Central Bureau of Statistics (PCBS) surveys and regular assessment of the Palestinians living conditions.

**Implications if the response plan is not implemented**

Failure to implement emergency employment and infrastructure programmes would result in greater poverty among vulnerable groups, particularly families of unemployed low skilled workers, and lead to further disruption of basic services.

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<sup>86</sup> UNRWA "Supplementary appeal for Rafah", June 2004, see also UNRWA-OCHA Rafah Humanitarian Needs Assessment, June 2004.

### **3.4.B Education Sector**

There is evidence of serious decline in educational standards since the beginning of the *Intifada*. According to UNRWA reports, exam pass rates declined dramatically between 2000-01 and 2003-04.<sup>87</sup> Enrolment in primary education has fallen, and the quality of education has declined as a consequence of movement restrictions, which prevent students and teachers from reaching schools. Conflict has also led to a decline in educational standards: regular exposure to violence affects the psychosocial welfare of children, and makes it difficult for them to concentrate at school.

#### **Objectives**

Action in the education sector aims to help achieve the six Dakar Education for All (EFA) goals, and priorities set out in the PA's Five Year Development Plan.

Assistance to the education sector helps to ensure that all children in the 6-18 age group in the oPt are able to access quality education in numeracy and literacy and complete the 2004-2005 school year.

All Palestinian schools should use the national curriculum or adequate alternatives. Specific sector objectives are:

- To ensure all school age children of both sexes have access to quality learning environments and complete basic education;
- To enable teachers and the education administration to cope with the emergency situation and provide quality education to all school age children;
- To create education alternatives including remedial education, vocational and tertiary education to meet the needs of students affected by crisis;
- To provide teaching and learning supplies such as 'school in box' to facilitate teaching and learning processes under emergency situations;
- To design and develop teaching and learning materials, including supplementary readers, to meet the need of quality education.

Although meeting emergency needs sometimes becomes one of the priorities, efforts will be made to maintain the focus on long-term development objectives.

#### **Sector needs and agencies' responses**

##### **Impoverishment, growing vulnerability and aid dependency**

Rising unemployment, poor wages and low quality of jobs have created an additional burden on families, and this is likely to have a negative impact on education. Enrolment in primary education has fallen from 96.8% of children in 2000 to 94.8% in 2003.

University education is badly affected by curfew, sieges and military operations. During the past three years, Palestinian universities have lost around US\$ 4.85 million worth of infrastructure, teaching and learning facilities, laboratory equipment and library books. University dropout rates have increased by 7% in the past year, in part because families of 'new poor' students find it harder to pay fees.

Economic recovery depends on high educational standards. Current trends are therefore a significant cause of concern for the economic future of Palestinians.

#### **Response**

- Work with local education authorities on a strategy to ensure that the objectives of EFA and five-year Education Plan made by MoEHE are realised;
- Help improve working conditions for teachers through training and providing basic teaching facilities;
- Provide better learning opportunities through provision of basic learning/teaching materials;
- Provide scholarships and create educational alternatives such as vocational learning programmes.

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<sup>87</sup> Arabic Language pass rates for 8th Grade dropped by 12.4%, from 76.7 to 64.6%; Mathematics pass rates for 6th Grade dropped by 35.1%, from 68.7% to 33.6%; Science pass rates for 4th Grade dropped by 33.5%, from 71.5% to 38%.

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**Fragmentation of the Palestinian economy and society**

The provision of education has been hindered during the past six months by further Barrier construction, by closure and curfews, and by house demolition in Gaza. According to UNRWA data, 126 school days were lost as a result of closure and curfew during the 2003-2004 semesters.

Movement restrictions mean that the education authorities at central and district level have been pressured to recruit teachers who live nearby, instead of those who are best qualified for teaching posts. Children who have to cross Barrier gates have to spend additional time waiting for the gates to open. Even when group transportation is provided to students in areas affected by the Barrier, school days have to be shortened and extra-curricular activities cut off to enable children to return home.

Children and teachers are frequently delayed as a consequence of closures and the Barrier. The lack of routine and loss of around 1-2 hours of education each week results in deteriorating discipline and psychological stress to the teachers and students. Female teachers are especially affected by stress and uncertainty in travelling to work.

**Response**

- Organise training for teachers and create alternative learning opportunities;
- Ensure parents and communities understand better the importance of learning and meeting the requirements of basic learning needs;
- Develop extra-curricular activities to help normalise and stabilise children's lives.

**Acute needs in crisis areas**

The provision of education has been hindered in Gaza, particularly in Rafah where incursions have resulted in damage to school buildings and resources. Education was disrupted by ongoing violence in May, and three schools were converted into transition centres for those made homeless.

Educational development projects have been halted as a consequence of increased security problems in Gaza, particularly since July.<sup>88</sup> Throughout the year, the closure of Erez crossing has prevented free movement of international and national staff into the Strip. Because of strict closures, 500 schoolteachers in Nablus could not reach their schools. During the school year of 2002-2003, 242,158 students were affected by closures in 10 districts of the West Bank, with average of 3.2 days lost during the school year. Children in Hebron, Tulkarem, Jenin and Nablus have been most affected.

**Response**

- Provide psycho-social counselling for teachers and students through training and teaching-learning activities;
- Reduce the impact of conflict on learning through teaching and learning activities;
- Provide alternative education, including remedial education and related extra curricular activities, teaching kits ('school in box') and other relevant facilities and equipment to enable learning to continue;
- Conduct in-service teacher training on teaching methodology and approaches in emergency situations.

**Protection of Civilians**

According to the MoEHE, 120 children have been killed while at school during the past year (September 2003 - September 2004). During the May military operation in Rafah, 17 children were killed. Four government schools were partially damaged, and 600 children became homeless. The trauma arising from conflict and missed educational opportunities compromises Palestinian children's right to education.

**Response**

- Develop advocacy materials for non-violence and related training programmes such as psycho-social counselling for teachers and students;
- Reduce the impact of conflict on learning through teaching and learning activities;
- Provide vocational training for adolescent groups;
- Provide safe play areas and extra curricula activities.

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<sup>88</sup> Gaza was classified at security Phase IV in July 2004.

**Indicators**

- The improvement of learning conditions in term of physical infrastructure, provision of classroom supplies to facilitate learning processes;
- Number of school drop-outs and related causes and measures;
- Availability of teaching and learning materials including supplementary readers, required vocational and remedial education materials;
- Number of teachers and school principals receiving training;
- Number of children undertaking education in refugee camps;
- The application of 'child-friendly' school concept, including the provision of sanitary units for girls;
- The existence of safe learning and playing environment to protect children's rights to learn and play;
- The availability of quality psycho-social activities in schools by counsellors;
- The availability of scholarships to university students.

**Monitoring and Evaluation of Project Implementation**

To ensure the overall quality of project implementation, project staff of the responsible agency will closely monitor project activities. In addition to the regular field visits, the United Nations Children's Fund (UNICEF) will continue to rely on the zonal offices already established in the emergency-affected districts of both the West Bank and Gaza. Other agencies will also monitor the quality of the implementation and provision to especially vulnerable groups.

**3.4.C Psychosocial Support Sector**

Four years of chronic insecurity and occupation have had a deep psychological impact on Palestinians. In the Gaza Strip, polls show that Palestinians' feelings of insecurity have increased from 65% in July 2003 to 72% in February 2004. The number of mental health patients receiving treatment at community health centres has increased by 38% since 2000.<sup>89</sup> The impact of the conflict on children is a particular source of concern, both in terms of their current capacity to cope with the crisis and the long-term effects it might have on their psychological health.

**Objectives**

- To ensure that all marginalised populations (including children, youth, women, the elderly, hardship cases) in areas of acute crisis have access to psychosocial support and care;
- To enable health and social workers, other service providers and communities to respond effectively to the psycho-social needs/problems of the most vulnerable groups in the population (children, women, unemployed, elderly) in crisis situations;
- To set up an emergency preparedness and response system providing psycho-social support to families, with a special emphasis on children, in all areas most affected by the conflict;
- To develop referral services for management of psychosocial needs/problems in emergency situations;
- To improve monitoring of psychosocial problems in crisis settings;
- To set up child friendly spaces and family crisis centres providing psychosocial support to families in emergency situations.

**Sector needs and agencies' responses****Impoverishment and growing aid dependency**

Palestinians' dependency on external assistance is undermining the population's self-esteem and sense of control over life.<sup>90</sup> The imprisonment, injury and death of Palestinian men is causing a major social shift in the population, and the number of women headed households<sup>91</sup> is placing new psychosocial and economic responsibilities on women. These trends impose unusual pressures on families, and constitute major sources of stress, anxiety and sense of powerlessness.

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<sup>89</sup>Source: Ministry of Health.

<sup>90</sup> Aid dependency ratio in the Gaza Strip has risen from 1:6 to 1:18 from 1999 to 2004 mainly as a result of restrictions of movements, rampant unemployment and imprisonment of male heads of households.

<sup>91</sup> As a result of imprisonment, death and disability

Poverty increases stress levels. There is evidence that children in poor families are more likely to exhibit signs of stress such as bedwetting and aggressive behaviour.<sup>92</sup> They also achieve less at school: according to a recent study<sup>93</sup>, 54% of economic hardship-case households<sup>94</sup> (compared to 23% above the poverty line) experience chronic low school achievement among their children.

**Response**

- Reducing stress on children by supporting families and re-establishing a stable, harmonious family environment. Children's sense of well-being, resiliency and security is largely a product of how they experience daily life. Children's distress is reduced substantially when they feel that their families are able to protect them and provide for their emotional and physical needs;
- Promoting self-empowerment of vulnerable groups, especially those living in hardship, women and children, through income generating and self-help activities, as well as grants to women. Self-empowerment strategies are crucial both in terms of sustainability of the actions and of giving back to the most vulnerable a sense of self-worth and control over their lives.

**Fragmentation of Palestinian economy and society**

Movement restrictions block employment, development and personal opportunities, and deprive Palestinians of all ages of access to schools, health facilities and services, including vital reproductive health care. Restrictions and fragmentation also affect the provision of services because professional personnel are frequently unable to reach their places of work. As many as 71 primary health clinics are isolated from the rest of the West Bank and are no longer able to provide comprehensive care to surrounding communities<sup>95</sup>. A serious gap is thus emerging with respect to overall health and social protection.

**Response**

- Reinforcing community cohesion and promoting mutual help. Drawing on skills and knowledge available in the community, as well as on social support networks and common values, is a crucial strategy in counteracting the disruption inflicted in the social ecology of communities by the imposed social fragmentation;
- In the same vein, all psychosocial initiatives should be community-led. Participation of the concerned community has therapeutic benefits, helping to re-establish meaning and direction in people's lives, enabling them to gain control over their situation and raising self-esteem;
- Promoting outreach of psycho-social services in the most isolated areas and areas most affected by movement restrictions and the vicinity of the Barrier, ensuring equal access for women and girls, and giving special attention for elderly people;
- Linking psychosocial support and RH services especially in areas affected by the Barrier.

**Specific needs in acute crisis areas**

Signs of distress among children are more prevalent in Gaza than in the West Bank.<sup>96</sup> Compared with those living in the West Bank, parents in Gaza feel unable to meet the needs of their children in terms of care and protection.<sup>97</sup> These differences can be attributed to the intensity of military presence and action in the Gaza Strip. Residents of refugee camps also suffer disproportionately from stress.<sup>98</sup> As noted above, communities living in areas affected by the Barrier also have increased needs for psychosocial support.

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<sup>92</sup> Study on Palestinian public perceptions on their living conditions, Institut Universitaire des Etudes du Developpement, Geneva, Report 7, July 2004 (draft) -- IUED

<sup>93</sup> Study on Palestinian public perceptions on their living conditions, Institut Universitaire des Etudes du Developpement, Geneva, Report 7, July 2004 (draft) -- IUED

<sup>94</sup> Such as the chronically ill or long-term unemployed

<sup>95</sup> Palestine monitor, February 2004

<sup>96</sup> Aggressive behavior is higher among children in Gaza (48%) compared to 29% in the West Bank. Similar differences have been noted for other indicators of stress-related behavior such as bedwetting (37% to 18%), nightmares (35% to 25%) and low school achievement (42% to 26%)

<sup>97</sup> 61% and 46%.

<sup>98</sup> The IUED study found that approximately 41% of refugee households are now showing signs of aggressive behavior among children, compared to 33% among households living in non-refugee settings. Similarly, 37% of children in refugee camps suffer from frequent bedwetting (compared to 24% in cities and 19% in villages) and 36% have frequent nightmares (compared to 27% in cities and 26% in villages). Over half (58%) of the parents living in refugee camps feel they are not able to adequately meet the needs of their children, compared to 56% of parent living in cities and 43% in villages.

**Response**

- Strengthening the capacity for emergency preparedness, emergency response and post-emergency rehabilitation and recovery, reaching out to all areas in acute crisis – for example, through the setting up of emergency response mobile teams;
- Mobilising the existing care systems and building on existing resources, through capacity building of professionals and promoting special measures for relieving stress among relief workers;
- Re-establishing a sense of normalcy in people's lives in the midst of emergencies. This includes support to cultural activities, including the creation of opportunities for organised play, sports and other forms of recreation and expression;
- Preparing communities to recognise/respond to psychosocial problems linked to reproductive health.

**Protection of civilians**

Some groups in the society are particularly vulnerable and need additional protection. Women often act as the 'shock absorbers' in the family, and the conflict adds immense psychosocial burden on them. This has had serious consequences for their mental and physical health.<sup>99</sup> Since September 2000, seventy births at Israeli military checkpoints have resulted in the death of mother and/or child. Even when babies are safely delivered, the resulting humiliation and trauma inflicted on women in distress during labour has potentially longer-term psychological consequences.

Palestinian children also are showing important signs of distress, particularly those living in the Gaza Strip, in refugee camps and among poorer households.<sup>100</sup> Many adolescents are subjected to arbitrary arrests, lengthy detention and degrading treatment by law enforcement officials. Currently male children are more frequently able to access psychosocial counselling.<sup>101</sup> This requires specific attention in terms of ensuring that girls get equal access to psychosocial and health services that will ensure both their immediate and long-term well-being.

**Response**

- Advocating for respect of international human rights, IHL and protection of civilians against all acts of violence as well as full humanitarian access for the delivery of psychosocial-related services;
- Linking emergency humanitarian assistance with longer term sustainable development initiatives and ensuring that all emergency actions are fully framed in the existing care system;
- Strengthening the system to monitor the psychosocial impact of violence on the population in the oPt, as well as the impact of the conflict on domestic violence;
- Advocating for greater attention to psychosocial needs of pregnant women in crisis settings;
- Promoting equal gender access to psychosocial services using reproductive health services as entry point.

While the World Health Organization (WHO) and UNDP will focus on vulnerable populations in general, UNFPA and UNIFEM will focus on women and UNICEF on children and adolescents.

**Indicators**

Psychosocial indicators for the oPt are currently being developed as part of the policy development and standards setting process, led by the Secretariat of the National Plan of Action for Children (NPA). Once ready and agreed upon, these indicators will be integrated in the PCBS regular monitoring system. In the meantime, the preliminary indicators listed below can be used:

- Feeling of insecurity among the population – Source: IUED study;
- Signs of distress among children (low school achievement, aggressive behaviour, nightmares, bedwetting), broken down by area (including proximity of the barrier), economical situation of the family, refugee/non-refugee setting – Source: IUED study;
- Parents' perception of their ability to provide care and protection to their children –Source: IUED study;

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<sup>99</sup> UNIFEM/UNDP Study on the Impact of Armed Conflict on Palestinian Women, April 2002

<sup>100</sup> 36% of parents covered in the IUED study reported aggressive behavior among their children, 31% noticed low achievement in school, 25% mentioned that their children are bedwetting, and 28% reported regular nightmares.

<sup>101</sup> Preliminary results of a NPA/PCBS study on the psycho-social well-being of children

- Number of children affected by violence at home and in schools – Source: Upcoming PCBS/NPA study;
- Children's perception of their security at home, in schools and in the society at large – Source: Upcoming PCBS/NPA study.

**Monitoring process**

Data for indicators 1 to 3 will be collected through the IUED study on Palestinian public perception of their living conditions that is updated every six months. Data for indicators 4 and 5 will be collected through the PCBS. A baseline study including these indicators is currently being finalised. They will then be regularly updated by the PCBS.

**Implications if the response plan is not implemented**

If phenomena such as impoverishment and fragmentation of society continue to follow negative trends without more sustained psychosocial support for the most vulnerable, psychological and social coping mechanisms will further erode, bearing the risk of leaving long-lasting impact on the psychosocial well-being of the population.

**3.4.D Food Security Sector**

Approximately 1.3 million people in the occupied Palestinian territory, or 38% of the population, are food insecure. A further 26% of the population, or 586,000 people, are at risk of becoming food insecure.<sup>102</sup> The ratio for food insecure refugees is estimated at 39% while for non-refugees it is estimated at 36%.

**Overall objectives**

- Food distributions aim to prevent a rise in malnutrition among vulnerable Palestinians;
- A further objective of responses in the food sector is to sustain the livelihoods of the target population and to avoid the further depletion of household assets;
- Agencies seek to avoid creating dependency on external assistance, and to create tangible assets at the community, household, and individual levels through targeted community projects. Initiatives are geared at transferring new knowledge to beneficiaries;
- Actions aim to combat impoverishment and growing vulnerability by protecting livelihoods and reducing poverty and vulnerability among agricultural communities.

**Impoverishment, growing vulnerability and increased aid dependency**

As their incomes have declined and savings have been exhausted, Palestinian households have resorted to purchasing food through credit with shopkeepers and neighbours, forgoing payment of utilities, and selling assets. Real food consumption per capita has fallen by 25-30% since the *Intifada* began, as Palestinians have reduced number of meals consumed. Many have substituted their normal diets with cheaper staples. Others cope through receiving assistance from relatives. In some instances, Palestinians have used extreme coping mechanisms such as withdrawing children from schools.<sup>103</sup>

Changing dietary habits and reduced food consumption have led to malnutrition among children and women. Compared with data from the previous year, the prevalence of global chronic malnutrition has risen in the West Bank (from 7.9% to 9.2%), although in Gaza it has fallen from 17.5% to 12.7%. Women are disproportionately affected by food insecurity, as in times of scarcity they tend to feed men with protein, while women eat more carbohydrates, affecting women's general health. In general, the quality of food intake is worse in Gaza than the West Bank.<sup>104</sup> Children registered as refugees are statistically more likely to be chronically malnourished.<sup>105</sup>

The purchasing capabilities of the poor are severely affected by the rise in consumer prices of fresh foods as well as basic food commodities. The most vulnerable and dependent households are the chronic poor (including hardship social cases) and the new poor.

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<sup>102</sup> Source: "Emergency Food Security Needs Assessment report", WFP oPt, June 2004.

<sup>103</sup> Particularly for new poor as from WFP's CSI findings, February 2004

<sup>104</sup> Source: "Nutritional Assessment of the West Bank and Gaza Strip, 2003", CARE, 2004

<sup>105</sup> Source: "Nutritional Assessment of the West Bank and Gaza Strip, 2003", CARE, 2004

**Response**

- Food and Agriculture Organization (FAO) will support the poor (farmers, women headed households) in recovering from losses and damages by: (1) providing necessary inputs to restart a new cycle of production; (2) supporting new activities that will provide direct access to fresh food; and (3) generating household activities such as bee keeping, backyard gardening, poultry, sheep and goats milk production;
- World Food Programme (WFP) purchases food commodities locally, specifically wheat flour in Gaza and olive oil in the West Bank. Whenever feasible, UNRWA will also continue to purchase olive oil locally;
- WFP encourages non-refugees New Poor to participate in Food-For-Work (FFW) and Food-for-Training (FFT) projects on activities aimed at agriculture rehabilitation, community works and training.
- CARE's food security strategy addresses underlying causes of poverty through an analysis of people's household livelihood security and humanitarian needs (in food, health, water, and economic security);
- Within its Institutional Feeding Programmes, WFP will support 8,000 beneficiaries in hospitals and health care institutions;
- WFP will support the nutrition and livelihood of 480,000 vulnerable non-refugees by delivering monthly food aid until August 2005;
- WFP will address growing hardship social cases by providing food assistance to most food insecure category of the poor (198,000 persons).

**Fragmentation of the Palestinian economy and society**

A major cause of food insecurity in the oPt is the decline of primary agricultural production and loss of markets for agricultural goods. Preliminary estimations for the 2004 agricultural season suggest that agricultural production will be lower than in previous years because of reduced access to agricultural land in many of the most productive agricultural areas of the West Bank and Gaza Strip. Low rainfall during the growing season of 2003-2004 affected the western part of the West Bank, resulting in a reduction of the cereal harvest, principally wheat and barley. The olive harvest for 2004 is expected to yield 35,000 metric tonnes of olive oil. However, production may be reduced because of difficulties experienced by farmers reaching olive groves. Furthermore, the olive oil market has shrunk as with falling incomes, Palestinians substitute it with cheap imported vegetable oil. Farmers have been unable to export oil. Over 15,000 metric tones of oil were not sold from the 2003 crop.

Production of livestock has also been affected by lack of access to pastures, and limited access to markets. The gap existing between the forage and feed produced in the oPt and the total need is increasing, and farmers are increasingly dependent on imports from Israel. Movement restrictions and land confiscation have led to the overgrazing of some areas, leading to degradation of rangelands. This will expose them to erosion and desertification, further affecting the livelihoods of Palestinian farmers.

In the Gaza strip, there are 1,600 fisherman households<sup>106</sup> with an estimated total population 10,000 people directly involved in the fishery sector. Fishing activities in Gaza are affected by the closure restrictions imposed by the Israeli forces. The value of catches has fallen to about 35 to 40% of pre-*Intifada* levels in Gaza and Deir Balah and close to nil in Khan Younis and Rafah.

**Response**

- FAO is restarting cultivation under greenhouses and will support cottage industries, olive oil production, bee keeping and small animal breeding. This generates new or alternative job opportunities among the unemployed, particularly women;
- FAO will address impoverishment of agricultural communities by implementing the Agricultural Revitalisation Programme (ARP) in close collaboration with Ministry of Agriculture (MoA);
- WFP cushions the effects of the crisis, and sustains the livelihoods of the New Poor by providing food aid through FFW and FFT programmes;
- WFP will address the impoverishment and increasing vulnerability among the "New Poor" by re-targeting assistance to those assessed as being particularly at risk of food insecurity;
- Hardship Social Cases receive free food distribution from WFP;

<sup>106</sup> Source: Department Of Fishery DOF, MoA

- UNRWA supports the income and household coping mechanisms for food security for affected refugee households, freeing up household incomes for other needs. This is in addition to the implementation of job creation programmes to substitute sources of assistance, which are no longer available to beneficiaries;
- CARE will address people's ability to access markets and utilise land, address nutritional deficiencies.

**Acute needs in crisis areas**

Food insecurity has increased in a quarter of Governorates, and reduced in a quarter of Governorates. Generally, those that experienced a rise in food insecurity have either suffered from the completion of the Barrier or from recurring Israeli military incursions<sup>107</sup>. Conversely, Governorates that have experienced an alleviation of food insecurity are either economically active centres or areas that have access to them. Moreover, a factor identified to have a positive impact on food security is the diversity of available income sources.

In the Gaza Strip internal and external closures, frequent incursions, extreme violence and the asset destruction have affected the security and livelihood of its inhabitants, particularly to the most vulnerable households. Food insecurity has increased to an alarming extent in Rafah since 2003.<sup>108</sup>

In the West Bank, the Barrier now isolates farmers from their lands, water wells and markets. Agriculture has been rendered difficult or impossible for one third of the farmers in the affected areas.<sup>109</sup> Thousands of Palestinian households are also being cut off from employment opportunities, social services, trade and commerce.

Food insecurity is particularly acute for populations in camps, and those living in remote areas.

**Response**

- Provide food aid to the hardest-hit households to ensure that beneficiaries do not employ extreme and desperate coping strategies and to at least halt existing deterioration in nutritional levels particularly amongst women and children. The value of the food aid provided will enable the beneficiary household to save meagre resources which would otherwise all be spent on purchasing basic food commodities;
- Support vulnerable population groups who are most affected by the prolonged crisis and highly dependent on external assistance through general food distribution, in particular through a targeted Supplementary Feeding Programme and an Institutional Feeding Programme;
- CARE seeks to improve nutrition, access to water, and household self-reliance in food, particularly in Jenin and Gaza;
- UNRWA will continue to extend emergency food aid to refugee families who have lost their income or whose income has been seriously disrupted, putting them below the poverty line. UNRWA targets the poorest of the poor refugees to help them halt further decline in their food security and to maintain a minimum nutritional level. A total of 226,294 families will benefit from UNRWA emergency food aid, comprising 94,294 in the West Bank through four rounds of distribution and 132,000 families in the Gaza Strip through eight rounds;
- CARE will extend humanitarian assistance to households directly affected by the conflict.

**Protection of civilians**

Palestinians have a right to physical and economic access to food.<sup>110</sup> Under IHL, the occupying power has the responsibility to provide for the basic needs of the occupied civilian population. The Government of Israel thus has an obligation to ensure the right to food of the Palestinian population and to avoid violating this right.

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<sup>107</sup> Source: "Emergency Food Security Needs Assessment report", WFP oPt, June 2004.

<sup>108</sup> Source: "Emergency Food Security Needs Assessment report", WFP oPt, June 2004.

<sup>109</sup> Report VI of September 2003 conducted by the IUED

<sup>110</sup> U.N. Special Rapporteur on the Right to Food, Jean Ziegler, summarises the right to food as "regular, permanent and free access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food". July 2003



**Response**

- UNRWA will provide food distribution of staple commodities to the poorest refugees, particularly among women and children, to halt existing deterioration in nutritional levels;
- UNRWA and WFP will give priority to households affected by the Barrier;
- Distribute food to families in locations where curfews or strict closures are imposed more frequently and/or stay under prolonged restriction.

**Indicators**

Agencies working in the food sector will employ the following set of measures to reflect the situation and the impact of the plan's implementation:

**FAO**

- Number of technicians trained vs. planned;
- Number of districts involved vs. planned;
- Quantity of inputs delivered vs. planned;
- Number of beneficiaries reached with inputs and training and gender composition vs. planned;
- Number of community based activities vs. planned;
- Increased productivity of targeted commodities by project beneficiaries.

**WFP**

- Reduction in frequency of negative coping strategies adopted at targeted households;
- Sale of assets of the target population decrease (%);
- Household food expenditure of the target population decrease (%);
- Target population alleviated from malnutrition (%);
- Number of beneficiaries participating in asset- and income-generating activities (by gender);
- Number of sustainable and dependable assets created at the community, household and individual levels.

**UNRWA**

- Quantities of food commodities received and distributed, including tons, number and components of the food parcels distributed, and number of food aid rounds conducted;
- Food consumption level among the beneficiaries;
- Food intake and micro-nutrients requirements met.

**Monitoring Systems**

Agencies will monitor the achievement of objectives using the following mechanisms:

- WFP Vulnerability Assessment and Mapping: In order to monitor the vulnerability of the population, WFP set up a comprehensive Vulnerability Assessment and Mapping (VAM)-Geographical Information System (GIS)<sup>111</sup>. This permits regular monitoring of coping strategies of WFP beneficiaries, assesses livelihoods, and updates the 2003 'pair wise' ranking baseline;
- Pair wise: This participatory key informant based (pair wise comparison) tool is the main instrument currently used by VAM for data collection and analysis;
- Coping Strategy Index (CSI): the WFP CSI assigns weight to factors affecting food security, prioritises geographic areas where the factors exist, and ensures that areas where food aid will have the least positive impact are excluded. The outcome will provide indicators on the number of beneficiaries participating in asset- and income-generating activities (by gender). Records of sustainable and dependable assets are also created at community, household and individual levels;
- A baseline survey will be undertaken in October 2004 on WFP's beneficiaries. It will enable WFP to estimate changes over time relating to livelihood, demography and coping strategies;
- Regular monitoring of relevant data on geographic factors, nutrition and income options provides a further opportunity to better target WFP assistance;
- FAO will continue to support the establishment of Food Insecurity and Vulnerability Information and Mapping System project (FIVIMS) with the MoA and PCBS. Key indicators are being developed to monitor food security in the the oPt;

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<sup>111</sup> Baseline and closure maps are provided by OCHA.

- Monitoring through regular field visits of UNRWA social workers, data on the beneficiaries, on-going assessment of the socio-economic conditions of the refugees benefiting from the emergency food aid programme;
- Market surveys carried out by UNRWA on commodities sold;
- Regular monitoring of UNRWA distribution sites.

**Implications if the response plan is not implemented**

Failure to implement the assistance plan in this sector will result in further degradation of health and nutritional indicators, and of the productivity of the agricultural sector.

**3.4.E Health Sector**

Conflict, closure and economic decline have had a complex impact on the Palestinian health system and health standards among the Palestinian population. Health indicators deteriorated sharply during the first years of the *Intifada*.<sup>112</sup> Rapid decline in health standards slowed in 2004, but the situation continues severely to affect the health status of the Palestinian population and particularly the quality of service provided. Casualties and injuries remain high, particularly in Gaza.

**Objectives**

The goal of the humanitarian involvement in the health sector is to contribute to:

- Minimising the impact of threats resulting from the ongoing conflict to life, health, subsistence and physical security of the Palestinian;
- The realisation of Palestinians' basic rights to health enshrined in the human rights instruments.

**Specific objectives are to:**

- Prevent further degradation of health status of the vulnerable populations, notably women, children and chronic patients;
- Strengthen the capacity of the health sector to address in a sustainable manner the additional needs imposed by the crisis;
- Ensure convergence of actions to address emergency needs and the relief, rehabilitation and recovery of the health sector and the community;
- Target the most vulnerable populations, whether socio-economically or geographically isolated;
- Promote the sustainability of the health system through cost-effective public health initiatives in the areas of communicable diseases, child health, immunisation, reproductive health, safe water, nutrition, mental health and care of chronic diseases.

**Sector needs and agencies' responses****Impoverishment, growing vulnerability and increased aid dependency**

The poor and new poor are experiencing difficulties covering health expenses. A recent PCBS survey reports an increase in the number of households that have access problems to health services due to the cost of medical treatments. Economic hardship is having an especially significant impact on the quality of care for chronic conditions, and on hospital care.<sup>113</sup>

Revenues for the MoH have decreased by 17% since 2000. This has led to additional strain on a service already affected by crisis and increase in demand due to demographic growth. Management of medical waste has been degraded, creating public health risks.

Food insecurity has led to micronutrient deficiencies. A recent study shows that nearly 75% of children have vitamin A deficiencies or border on developing such deficiencies. With the decreased affordability of health care, preventive actions, i.e. iron supplementation, have fallen, thus explaining the prevalence of anaemia in women, especially those who are pregnant or lactating and young

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<sup>112</sup> For example, prevalence of anaemia among nursing mothers rose by 8.1% between 2001-02.

<sup>113</sup> People above the poverty line are twice as likely to obtain hospital care when needed than are hardship cases and people below the poverty line (WHO/IUED figures).

children.<sup>114</sup> Lack of awareness and affordability of iodised salt has exposed a large number of children to growth and mental retardation, and around 15% of children now suffer goitre or equivalent.

**Response**

- Strengthen capacity of the Palestinian MoH in policy and planning, management and follow-up on nutrition-related issues;
- Monitor the nutritional status of children and mothers to prevent increased malnutrition and micronutrient deficiency rates, and provide micronutrient supplementation for children and women at childbearing age in areas where the risk of micronutrient deficiencies is increased due to services degradation and food insecurity;
- Organise and initiate Community Mental Health Centres and units for Sheltered Living for vulnerable groups of the population, strongly affected and marginalised from the community by the crisis, linking them with psychosocial services;
- Improve medical waste management through building capacity of the MoH and other stakeholders responsible for all phases of medical waste treatment;
- Strengthen the non-communicable disease (NCD) management within the MoH, to strengthen the capacity of the ministry meet the needs of the chronic patients;
- Address public health and environmental threats through promoting partnerships between European and Palestinian cities, which will provide needed expertise and resources to address these problems.

**Fragmentation of Palestinian economy and society**

Closure limits Palestinians' access to health services. Mobile clinics help to ensure access to basic health care for Palestinians, but many Palestinians remain unable to access secondary care and the scattering of scarce healthcare resources in this way limits investment in more sophisticated health care systems.

**Response**

- Provide outreach services and upgrade of existing facilities, including the use of mobile clinics, community training for emergency obstetric care and similar initiatives. Solutions should be workable and cost-effective even if the access restrictions are removed;
- Improve drug supply, management and policy, including a revision of the logistic system;
- Strengthen logistic capacity of health services providers in order to ensure their sustainability in areas affected by access problems;
- Support sustained outreach services for infant growth monitoring and promotion, and monitoring of women's health.

**Specific crisis areas**

During 2004, several areas have been repeatedly subjected to military operations or long-term closures. Nablus city and surrounding camps, Rafah, Beit Hanoun, Bethlehem and Hebron have been most affected. These events have worsened the 'chronic' consequences of the occupation and conflict, and exposed the inhabitants to increased burden of disease and mortality through war injuries, lack of health care, and interruptions to food and water supply. During the Rafah incursion in May 2004, 45 babies were born at home. During this period, acute water shortage affected around 90,000 persons in the area, and the number of diarrhoeal diseases cases almost doubled after the incursion. Due to overcrowding in the schools, which offered temporary shelter after the incursion, there was an outbreak of chickenpox affecting young children.

Military operations increase needs, and contribute to the strain placed on health care providers. During and after such incursions, there is a need to ensure humanitarian access to wounded and emergency cases. Populations must have access to safe water, to prevent the spread of communicable diseases. Health facilities must be able to provide non-trauma care (i.e. obstetric care, management of acute and chronic diseases) during the acute phases of military operations, as well as psychosocial assistance.

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<sup>114</sup>The prevalence of anemia among pregnant women, although decreased from the previous year, is still alarming (32.5%), particularly given the relatively high fertility rates and potential impact on the maternal and newborn health status.

**Response**

- Strengthen capacity for emergency preparedness, emergency response and post-emergency relief, recovery and rehabilitation, for a coherent health sector development resilient to emergencies;
- Provide supplementary immunisation for polio and measles in vulnerable areas and age groups, as well as support to sustainable outreach immunisation services;
- Upgrade available services in vulnerable areas through provision of health supplies and training for health workers;
- Strengthen monitoring and data gathering to prevent gaps in health care provision due to access limitations and emergencies, i.e. emergency obstetric care, management of acute childhood diseases;
- Strengthen the PA's capacity to respond quickly to health emergencies, through the provision of technical assistance for emergency health coordination; support the MoH in linking emergency action with the national policies and strategies; supply emergency medical kits and emergency obstetric delivery kits; and supply selected equipment and supplies;
- Support emergency preparedness at district and sub-district levels, especially in the most vulnerable geographic areas, through pre-positioning of supplies, drugs and skilled staff;
- Strengthen community awareness, and empower family caregivers for prevention and care during emergencies as well as post-crisis recovery and relief.

**Protection of civilians**

In 2004, 664 Palestinians were killed between January and September.<sup>115</sup> Of these casualties, over 90 were children.<sup>116</sup> Between January and July 2004, ambulances have been fired at on 43 occasions, and on 269 occasions ambulances were delayed or denied of access for evacuating injured patients during military operations. Delays at checkpoints also affect women in labour, who had to give birth in dangerous and humiliating conditions. The most affected areas have been in Rafah, Beit Hanoun and the old city of Nablus.

**Response**

- Advocate and negotiate to secure humanitarian access and protection of health workers, as well as the operation of health services and structures;
- Coordinate health providers and other stakeholders to address more effectively the consequences of the conflict. Coordination will focus on key issues such as data gathering, planning, monitoring, risk and threats assessment as well as key advocacy campaigns;
- Strengthen the existing surveillance system, to ensure a reliable database and to monitor changes for early detection of threats and risks of adverse health outcomes on the Palestinian population;
- Support the development of monitoring and early warning systems for children's health and harmonise them among health care providers (UNRWA, MoH);
- Develop a communication and advocacy strategy for health access of the Palestinian population, including service providers, to raise awareness concerning the health situation in the oPt with key audiences.

**Indicators**

- Women: prevalence of anaemia among pregnant women;
- Children: acute and chronic malnutrition in children under 5;
- Chronic patients: mortality rates according specific diseases (diabetics, cardiovascular diseases);
- Trained staff in key public health problems;
- Emergency measures according to the health national plan;
- Health initiatives implemented within the public health system;
- Access (e.g. immunisation coverage, prenatal care) by socio economic status and geographical area;
- Proportion of current costs on total health expenditure.

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<sup>115</sup> Source: Israeli Ministry of Foreign Affairs, Palestinian Red Crescent Society

<sup>116</sup> Palestinian Red Crescent Society figures.

**Monitoring**

The objectives will be monitored through the routine data collection by the health service providers (MoH, UNRWA, local NGOs) specifically involving the MoH Information Centres. *Healthinforum* and all the monitoring resources from the international organisations and academic institutions will contribute. In addition, *ad hoc* surveys and systematic investigations (e.g. IUED) will complement the information.

**Implications if response plan is not implemented**

International assistance has helped to prevent the collapse of crucial functions in the MoH. Assistance also helps to sustain the health coping mechanisms of the Palestinian population, which are stretched almost to their limits. Increasing malnutrition, communicable diseases, higher lethality rate of chronic conditions and decreased access to preventive, curative and emergency care could arise if the health sector response plan were not implemented.

**3.4.F Water and Sanitation Sector**

Palestinians face severe difficulties accessing safe water. Repeated IDF incursions have resulted in the destruction of water and sanitation infrastructure, and access restrictions prevent many Palestinians from reaching water supplies. PA resources are being diverted into repairing damages rather than maintaining and developing the water and sanitation networks. Contamination of water supplies has increased as a consequence of degraded infrastructure, increased use of water tankers and the inability of the MoH to monitor water quality.<sup>117</sup> Communities are surviving on less water – the average Palestinian consumption *per capita* in the West Bank is between 30-60 litres per day (including water losses), compared to 220 litres in Israel.

**Objective**

- Ensure that Palestinians can access clean water necessary for domestic use, sanitation and agriculture;
- Support the Palestinian Water Authority's goal to develop a fair water pricing policy for the oPt;
- Reduce pollutants reaching the water supply and increase the quality of water;
- Ensure safer disposal of solid waste.

**Sector needs and agencies' responses****Impoverishment and growing vulnerability**

Palestinians pay more than their counterparts in Israel for water: The Israeli national water company Mekorot is the main bulk water supplier for the oPt. Mekorot charges Israelis NIS1.8/c/m, compared to NIS2.5/c/m for Palestinians. The Palestinian Water Authority (PWA), through the West Bank Water Department, also supplies some water in the West Bank, but the Israeli authorities limit the amount it is permitted to supply.

The poorest suffer disproportionately from water and sanitation problems. The restriction of water supplies and the extra transport costs due to the closure regime have increased the price of water for many communities, especially villages with no internal water resources (e.g. springs). Some herding families, including Bedouins, now pay so much for tankered water that they are no longer making money from their flocks. In some areas villagers are forced to buy water from the Israeli bulk supplier via settlers, at prices significantly higher than those charged by the bulk supplier, even when the main water line passes through their village lands.

The erosion of water and sanitation infrastructure during four years of crisis, the lack of sewerage networks and the safe disposal of solid waste, have led to the contamination of ground and surface water through salinity, nitrates and faecal coliform. In some areas, there is an increase in water-borne diseases and permanent contamination of the ground water and aquifers.<sup>118</sup> Poor sanitation and hygiene facilities in public places, including schools, are one of the factors limiting girls' and women's participation in civil society.<sup>119</sup> Women, who are usually responsible for ensuring domestic water supplies, are affected disproportionately by the difficulties inherent in obtaining water in the oPt.

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<sup>117</sup> Forty-Two Months: Intifada, Closures and Palestinian Economic Crisis, World Bank, forthcoming.

<sup>118</sup> The deterioration of water quality has led to a 42% increase in gastrointestinal infections among children under 5 years, and increases in diarrhea, giardia and amoeba. *Forty Two Months: Intifada, Closures and Palestinian Economic Crisis*, World Bank, forthcoming.

<sup>119</sup> Research by Oxfam GB.

**Response**

- Provide training in better water practices, including water conservation, and hygiene awareness;
- Support rural communities in developing more effective irrigation techniques;
- Organise widespread quality public health education (water testing, treatment, sanitation with limited water);
- Provide domestic storage to reduce the amount of time women spend carrying water from distant cisterns or standpipes.

**Fragmentation**

Currently around 37% of Palestinian communities are not connected to any water network and depend on cisterns, springs and expensive tankered water supplies. A number of areas have been isolated from domestic and agricultural water sources by the Barrier, particularly in the Qalqiliya area.

Due to the closure regime Palestinian maintenance crews are often prohibited by the IDF from gaining access to sites to adequately repair damages or existing networks to prevent further deterioration resulting in loss of water. Israeli settlers cut off water supplies to neighbouring Palestinian communities and also prevent maintenance crews from carrying out their work.

**Response**

- Increase number of filling points to reduce the distance water tankers need to travel in the rural areas, thus reducing cost of tankered water;
- Develop local, regional and national integrated water resource management programmes coordinated by the PWA;
- Provide training in cost recovery to water industry members;
- Work through local representative bodies, which strengthen and support existing institutional frameworks;
- Support traditional technology solutions by building rainwater-harvesting cisterns, as an interim solution, in areas where networks are not feasible in the short or medium term.

**Specific needs in acute crisis areas**

The water crisis is becoming critical in areas near the Barrier. The construction of the Barrier inside the West Bank and the creation of enclaves have isolated 37 agricultural production wells. Many farming communities have been cut off from their land and wells, especially in the Tulkarm and Qalqiliya districts, and farmers must apply to the Israeli military authorities for permits to access their land and wells through regulated "agricultural gates".

In the south Hebron area, Israel's development of illegal settlement infrastructure and recent Barrier construction is being used to justify the IDF's destruction of Bedouins' latrines and water tanks. The population may be forced to move away if local water supplies are not maintained. The destruction or confiscation of water storage facilities by the IDF in east Jenin has also increased poverty and food insecurity.

Military operations in Gaza have led to repeated destruction of water and sanitation infrastructure. Of Rafah's already "old, worn and polluted"<sup>120</sup> water network, which supplied 85% of the population, 36kms were totally destroyed during the incursions in May 2004, as were 42 kilometres of sewerage network. In September, affected communities were still reliant on water tankers, while homes reconnected to the networks received no more than three hours of water per day. Water networks in the Beit Hanoun area were also damaged during the IDF's operations in late July/August 2004: the Municipality reported damages to the main supply lines, pipes and manholes at an estimated cost of US\$ 250,000. In addition, 17 privately owned wells, which provided household and agricultural supplies, were destroyed. The municipal sewerage network was similarly damaged, as were septic tanks and 100 garbage containers. In Gaza, over-drilling by the Israeli authorities has lowered the water table to such an extent that salinated water now pollutes the drinking water supplies.

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<sup>120</sup> UNDP and PA Ministry of Planning Poverty Assessment, 2002.

**Response**

- Advocate for the right of all Palestinians to have adequate and clean water supplies;
- Ensure that water and sanitation standards are restored following IDF incursions, while highlighting that it is Israel's responsibility as the occupying power to restore damage.

**Protection of civilians**

Palestinians' right to adequate water supplies for household, agricultural and industrial use is frequently denied as a consequence of inequalities in the supply of a shared resource, the Barrier construction, restrictions on access and IDF incursions. The quality of most private tankered water no longer meets WHO drinking water standards.<sup>121</sup> Jean Ziegler, UN Special Rapporteur on the Right to Food, noted that serious consideration must be given to the viability of a future Palestinian State which lacks sustainable access to and control over its own food and water supplies.

**Response**

- Advocate for an end to the IDF's destruction of water infrastructure and for Israel to take full responsibility as the occupying power to ensure that all Palestinian communities receive adequate clean water supplies;
- Increase quantity of water available to Palestinian community by lobbying the Joint Water Committee to approve new water projects, including those that will provide efficient means of extraction.

**Indicators**

- Increase in water supplies per capita for the Palestinian population;
- Reduction in water-borne diseases, especially amongst infants and children;
- Reduction in cost of household potable water and water for agriculture.

**Monitoring process**

Regular monitoring of the effects of the closure and IDF incursions on water and sanitation is being carried out by the Palestinian Hydrology Group's Water, Sanitation and Hygiene Monitoring Project (WaSH MP). By May 2004, WaSH MP had surveyed 643 out of 708 Palestinian communities (excluding major cities) in the oPt; data collected is widely disseminated and used for advocacy purposes and for project implementation.

**Implications if the response plan is not implemented**

There will be a further reduction and deterioration in water supplies, leading to a further increase in water borne diseases and contamination of groundwater supplies. Palestinian demand is expected to double in 20 years, according to the PWA Investment Strategy 2003. Food insecurity will increase and there will be deterioration in community and environmental health.

**3.4.G Coordination, Awareness and Security Sector**

The international political profile of the crisis in the oPt, the complexity of the local context and the proliferation of international actors means that effective co-ordination of humanitarian action is essential. Given increasing needs, aid agencies must continue to work together to improve targeting of assistance, and enhance coordination to ensure humanitarian access. Agencies must also work to ensure that donor governments understand the root causes of the humanitarian crisis and work to address them at the political level. Advocacy and effective coordination become increasingly important as the crisis enters its fifth year: in the absence of political progress, donors may be reluctant to continue to provide levels of assistance necessary to meet needs.

**Objectives**

Overall objectives are to:

- Improve humanitarian response through effective humanitarian coordination, agreement of common strategies and shared goals, and careful targeting of the most vulnerable;
- Ensure greater humanitarian access and respect of humanitarian imperative;
- Communicate detailed analysis with field data and graphic information systems, and development of humanitarian policy and advocacy for the alleviation of the suffering.

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<sup>121</sup> Forty Two Months: Intifada, Closures and Palestinian Economic Crisis, World Bank, forthcoming.



## OCCUPIED PALESTINIAN TERRITORY

Humanitarian agencies and organisations will be working in 2005 towards consolidating and refining the implementation of the CHAP. Continuous efforts will be made on a common UN approach towards humanitarian access and security, coordinated by UNSECOORD. UN agencies will further integrate advocacy initiatives. There is a strong need to increase security of on-going projects, which are frequently disrupted and destroyed by military activity.

- OCHA will continue to ensure coordination among humanitarian actors in achieving strategic goals;
- UNRWA will continue its coordination role through the Operational Coordination Groups (OCG) both in the West Bank and the Gaza Strip;
- UNSECOORD will conduct continuous security risk assessments (SRA) for all areas of the oPt and Israel; make recommendations to the UN Security Management Team (SMT) concerning enhancement of security measures in response to security trends; coordinate and facilitate safe humanitarian access in the West Bank and Gaza Strip in support of ongoing programmes activities;
- UNICEF will sustain its presence in the field through its 6 Zonal Offices in Jenin, Tulkarem, Nablus, Hebron, Rafah and Gaza, which were established in late 2003. These field offices are ensuring monitoring and facilitation of humanitarian assistance delivery and given the frequent closure and incursions these are essential outposts in providing swift response and delivery of pre-positioned supplies. The offices also facilitate coordination and networking both among UN agencies and with partners in these enclaves and in the decentralised planning and response to the humanitarian needs;
- NGO coordination through the Association of International Development Agencies (AIDA), the international NGOs consortium, or Palestinian Non-Governmental Organization (PNGO), the national NGO consortium, will continue. Both collect information and provide coordination for projects on the ground, provide secretariat functions and liase with their respective members;
- Sectorial coordination: The sector groups and focal points have been defined as showed below. The sector groups' focal points have been responsible for developing their respective coordinated response plans. In parallel, individual agencies and organisations have identified and prepared project summary sheets. The PA, through its line Ministries, has been consulted in order to ensure effective coordination and consent to the projects. Coordinated activities also involve a good cooperation with PA or local emergency committee, especially in case of response to acute crisis.

Sector	Focal Point	Main participants <sup>122</sup>
1. Food Security	WFP / FAO	FAO, CARE International, UNRWA, UNDP
2. Health	WHO	UNICEF, UNFPA, UNRWA, MoH, Médecins du Monde (MDM) France, International Committee of the Red Cross (ICRC), MDM Greece, CARE International, Medical Assistance Programme (MAP) -UK, the Palestine Red Crescent Society (PRCS), the Union of Palestinian Medical Relief Committees (UPMRC), the Union of Health Work Committees (UHCW), the Al Hussein Cancer Centre (HCC), the Health, Development, Information and Policy Institute (HDIP), Healthinform
3. Education	UNICEF	UNIFEM, UNFPA, UNRWA, UNDP, UNESCO, Save the Children UK, Ministry of Education
4. Psycho-social Support	UNICEF	WHO, UNFPA, UNIFEM, UNDP, UNRWA, Ministry of Planning (MOP)/NPA, Save the Children US, Médecins sans Frontières (MSF), Palestinian Counselling Centre, the Young Men's Christian Association (YMCA), PRCS
5. Emergency Infrastructure and Employment	UNDP	UNRWA
6. Water	Oxford Committee for Famine Relief (OXFAM) / UNDP	The Emergency, Water and Sanitation and Hygiene Co-ordination (EwaSH) group, UNDP, UNRWA, Care International
7. Coordination and Security Services	OCHA	UNRWA, UNSECOORD, AIDA

<sup>122</sup> Please refer to the list of acronyms when necessary

**Sector needs and agencies' responses**

During the past four years, consistently high levels of aid have been provided to social hardship cases and the chronic poor. Assisting the 'new poor' – who were initially better able to cope with the crisis – has been second priority for agencies, which have concentrated resources on the traditionally most vulnerable groups. As the needs of the chronic poor remain high and the coping mechanisms of the new poor are exhausted, overall needs are increasing. It consequently becomes necessary to tighten analysis of vulnerabilities to ensure effective targeting of assistance, and reduce 'leakage' to less needy recipients.

**Response**

- Further develop capacity for analysis of humanitarian needs. Throughout the year, OCHA and agencies will monitor and analyse key humanitarian indicators in each of the following sectors: health, psycho-social, education, protection of civilians, food security, socio-economics;
- Minimise duplication of aid projects and coordinate targeting of beneficiaries. OCHA is building a database of UN programmes and projects at the central level. In parallel, the same exercise is conducted by AIDA consortium with respect to international NGOs' actions in the oPt. At field level, OCHA Field Offices gather information on projects led by NGOs in collaboration with local governorates and Municipalities. The ultimate objective is to create a database on "who does what where";
- Advocate for the rights of these vulnerable groups and ensure that humanitarian programmes link with and support longer-term development/recovery programmes;
- Coordinate responses at local and field level through regular coordination meetings at governorate level. These forums include local counterparts, local and international humanitarian actors and present a multi-sector overview of needs and related assistance.

**Data collection and analysis on fragmentation of the Palestinian economy and society**

After four years of crisis and closure, Palestinians have been forced to adapt their economic behaviour to closure. The PA and other service providers also adapt to meet health, education and other needs at the local level, in response to movement restrictions. Analysis of the effects of fragmentation is necessary to ensure that needs are met effectively, and also to ensure that agencies' responses to movement restrictions – which are supposed to be temporary – do not result in longer term social and demographic changes. Awareness of the longer-term implications of aid projects is especially important in the context of the Barrier.

**Response**

- Map the causes of humanitarian crisis: OCHA oPt will continue to update maps showing the construction of the Barrier, and IDF land confiscations undertaken for construction of the Barrier. OCHA calculates the numbers of Palestinians affected by Barrier construction, on the basis of information published by the Government of Israel. The Humanitarian Information Centre (HIC) produces maps and satellite photographs to illustrate reports on the humanitarian impact of closure in other areas, and military activities such as house demolition;
- Analyse the consequences of closure, and the international response: In recognition of the relevance of the road system in the West Bank to the closure regime, OCHA is working with UN and NGO partners to classify restricted roads and to show them on closure maps. Developments in the construction of the Barrier and their humanitarian impact are being reported regularly to the Humanitarian Emergency Policy Group (HEPG). OCHA also analyses aid policies in response to closure;
- Map and analyse the humanitarian needs of villages clustered together by closure and other barriers. An OCHA project will result in a database of information gathered from the fieldwork regarding health, education, employment, water and sanitation sectors in these areas. This database will be maintained in conjunction with other UN agencies;
- UNRWA's Operations Support actions contribute equally to the regular monitoring of the closure regime, especially the impact of the construction of the Barrier, access conditions for aid workers and Palestinian population. UNRWA will also be looking at the conditions in which villages and communities are being isolated with considerable impact on their livelihoods.

**Coordination of response in areas of acute humanitarian crisis**

Co-ordination of emergency humanitarian responses is particularly important in areas subjected to incursions and closure. Needs in these areas are acute, and the security of humanitarian staff is frequently threatened by ongoing military activity. Coordination on the ground is increasingly important, given the frequency security threats to humanitarian agency field staff. Policy coordination must support operational coordination, particularly in defining international responses to Israeli measures such as land levelling and house demolition.

**Response**

- Coordinate operational responses: At central level, the OCG tackles issues related to access logistics, operational coordination in the field, common advocacy positions and Consolidated Appeal monitoring. UNRWA chairs this group and OCHA acts as secretariat. One such Group covers the West Bank and another works in the Gaza Strip;
- Provide emergency field coordination: OCHA's six Field Coordination Units (FCUs) act as the coordination focal points for the humanitarian community in the oPt. OCHA is enhancing planning arrangements with partners on the ground in the Gaza Strip, including lessons learnt from the international response to the May 2004 incursion in Rafah;
- Prepare for escalating crisis: Each OCHA FCU is also preparing scenarios for local contingency planning, with relevant first steps for emergency response;
- Co-ordinate security in the field: UNSECOORD is part of the OCG in Gaza and the West Bank, providing security input and advice into the deliberations of the OCG to ensure that security concerns are appropriately mitigated. UNSECOORD will also maintain the Joint Security Coordination Office (JSCO) 24hrs a day and disseminate security information and advice.

**Advocacy for the Protection of civilians**

Advocacy is crucial to raise awareness of the causes of humanitarian crisis, and to highlight continuing violations of IHL. The Humanitarian Action Plan of 2003 concluded that humanitarian advocacy in the oPt is more effective if conducted by the UN in the oPt as a whole, rather than each UN agency and office acting independently.

**Response**

- Monitor legal developments: IHL developments relevant to the UN' work in the oPt are monitored. OCHA also compiles a database on Israeli court decisions on the Barrier;
- Advocacy: OCHA will provide an effective flow of humanitarian information and analysis to all partners – local, regional and international with a view to raising understanding and awareness of the humanitarian dimensions of the area;
- Coordinate and consolidate humanitarian inter-agency advocacy: The UN Inter-Agency Advocacy Group currently includes eleven UN agencies and offices. The Group will continue to develop joint advocacy positions and conduct coordinated press, information and advocacy work in the humanitarian sphere.

**Indicators and Monitoring System**

OCHA is monitoring a wide range of humanitarian indicators on which it regularly reports. These indicators cover the following areas:

- Humanitarian needs for basic emergency services in health, food, shelter and water and sanitation (assessing for most part the respect of the Bertini commitments), through its field presence and coordination forums;
- International humanitarian principles, especially through the protection of civilians;
- Humanitarian access conditions in the West Bank and the Gaza Strip for UN and NGOs aid workers and programmes' implementation conditions;
- Closure regime due to the occupation through regular closure maps, Barrier reports, assistance projects databases, done mainly through the HIC;
- OCHA's work is also being used as a tool for coordination and advocacy by the international humanitarian community and donor countries. It will continue providing comprehensive and relevant information on the humanitarian situation and serve as a resource for decision makers and operational organisations.

AIDA and PNGO monitors needs assessments from NGOs, security and operating conditions for the aid workers on the ground, and maintain a database of assistance projects with sector and geographic references.

UNECOORD monitors the general security and safety contexts in the oPt, in particular it anticipates risks through threat assessment, compile and measure security incidents and necessary measures to be taken by recommendation to the UN SMT.

UNRWA monitors the situation of Palestinian refugees through the oPt, and the progression and impact of the separation Barrier on Palestinian communities and livelihoods.

ICRC monitors violations of IHL and makes representation towards authorities in accordance with its mandate to provide protection and assistance to victims of conflict and internal violence.

## 4. STRATEGIC MONITORING PLAN

### **Project monitoring level**

Each project includes a built-in set of indicators and monitoring system, which will be put in place from January 2005. The CAP partner responsible will monitor project implementation in accordance to the objectives identified.

#### **Proposed framework:**

- Project implementation will be monitored regularly and a progress/impact assessment will be produced on a quarterly basis. This assessment will be prepared by the organisation responsible for project implementation, and collected by the CAP sector focal point;
- Financial requirements will also be monitored on a monthly basis (including requirements met, pledges and shortfalls). A quarterly financial brief will be coordinated by OCHA.

### **Sector monitoring level**

Each UN agency and NGO involved in the 2005 CAP is responsible for monitoring the sector response plans of which they are part. Sectoral focal point agencies will monitor the implementation of the sector strategy described in the response plan, using the indicators and monitoring systems identified.

#### **Proposed framework:**

- The IASC CAP focal points group will meet on a quarterly basis to review the status of response plans and, if necessary, adjust them in advance of the mid-year review.

### **Overall strategy monitoring level**

#### ***Continued monitoring of the root causes of the humanitarian situation***

Systematic monitoring systems have been established to understand the evolution of the humanitarian situation. In the 2005 CAP, specific attention will be given to:

- A continued systematic monitoring of the Bertini commitments<sup>123</sup>;
- A continued and systematic monitoring of the closures and curfews through weekly, monthly and regular summary graphs, reports and maps. They will continue to be published on web sites (UNRWA, OCHA, etc.);
- Tight monitoring of protection issues such as humanitarian access for humanitarian programmes and workers, movement restrictions and limitations of access to basic services by the Palestinian population. Press releases and communications will be coordinated by the UN Special Coordinator Office as well as by the UN Inter-Agency Advocacy group;
- The route and impact of construction of the Barrier in the West Bank and Gaza Strip on Palestinian movements and livelihoods will be regularly monitored. Specific focus will be given to the particular situation around the Jerusalem 'envelope'.

#### ***Support to national and international institutional mechanisms to generate reliable data***

- The PCBS have provided valuable analysis to the international community through periodic impact reports, surveys on public perceptions, and an initiative relating to Barrier construction and its impact. The World Bank is working with PCBS to build their analytical capacity; humanitarian agencies and OCHA will also work with PCBS analysts during 2005;
- Participants in the CAP are also working closely with PA ministries, including the Ministry of Planning. This liaison will comprise an important aspect of CAP 2005 monitoring.

#### ***Enhanced monitoring of humanitarian needs***

OCHA will coordinate and support an active network for the monitoring of humanitarian needs in the oPt. The IASC needs assessment framework (NAF) will be used as a guiding reference tool. Details of existing networks and engaged agencies are supplied below.

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<sup>123</sup> In August 2002, the Secretary General's Personal Humanitarian Envoy, Ms. Catherine Bertini obtained assurances that the Government of Israel and the Palestinian Authority would take measures to improve the humanitarian situation.

**Water issues**

Environmental health assessments; Supply, access and cost of water to communities, sanitation and health, water tankers access, Bertini commitments (access to water) – Network: Emergency Water Operations Centre (EWOC), E-WaSH Monitoring Project, OCHA, Academics/private actors, ICRC.

**Socio-economic conditions and development continuum**

Series on impact of Israeli measures on the economic conditions of Palestinian households; labour surveys; consumption data; labour market and economic analysis; economic crisis assessments, Palestinian human development report, Millennium Development Goals report, Half-yearly series monitoring Palestinian perceptions of their living conditions, monitoring of the private sector activities – Network: PCBS, UNSCO, UNRWA, World Bank, UNDP/Programme of Assistance to the Palestinian People (PAPP), Swiss Agency for Development and Cooperation.

**Health issues**

Series of monitoring acute health indicators (anaemia conditions; growth retarded children chart; controlled status of non communicable disease; infant mortality rates and causes); regular assessments, including maps and services on reproductive health; monitoring of deaths and injuries, delays at checkpoints; National vaccination campaigns / preventable diseases surveillance system, Bertini commitments (ambulances' delays) - Network: HealthInforum (public health experts and officials), WHO, UNFPA, UNRWA, OCHA.

**Food security and nutrition issues**

Sentinel Survey: health sector bi-weekly reports: food intake, coping mechanisms; rapid assessments on nutrition; FIVIMS, VAM, OCHA monitoring of Bertini Commitments (Farmers' access to fields and fishermen access to sea) – Network: CARE International, ANERA, Al Quds University, FAO, WFP, UNICEF, OCHA.

**Education issues**

Monitoring of specific indicators e.g. access to schools through gates, roads and checkpoints, Number of school days lost; number of teachers' absent days; achievement results in the unified exams; Number of counselling sessions extended to traumatised children and findings, - Network: UNRWA, UNICEF.

**Shelter**

Daily reports on number of refugee and non-refugee homes destroyed, partially destroyed and damaged as a result of Israeli military activity; numbers of families/persons made homeless and numbers of refugees eligible for re-housing – Network: UNRWA, OCHA, ICRC.

**Other vulnerabilities**

Specific attention to gender concerns, survey on disabled population in 2003 and causes; assessment of the socio economic conditions of the chronic poor by social workers; trends in socio economic condition of the population most affected by the Intifada; National Youth Survey to assess situation of youth aged 10-24 in the following areas: health, education, labour, socio-economic, recreation & participation – Network: UNRWA, UNDP, UNIFEM, UNICEF, OCHA.

**Proposed framework**

- OCHA will hold regular monitoring meetings and update a monitoring matrix on its website. This monitoring will help the humanitarian community to verify the impact of humanitarian activities on beneficiaries and provide a basis for reviews and evaluations of the strategy contained in this Plan;
- The following monitoring structure will be implemented (see diagram).

## CAP 2005 Monitoring Structure

Strategy and endorsement body

Operational Coordination  
Group (OCG)

**Composed by** Heads of  
Agencies and Partners  
**Chaired by:** UNRWA

**\* Monitor the CAP  
preparation and  
implementation  
processes**  
**\* Follow up the  
following sections:**  
(1) Executive  
summary, (2) Year in  
Review, (3) Context  
and Humanitarian  
consequences, (4)  
Scenarios,  
(5) Strategic priorities  
for humanitarian  
response  
+ Security env.

**IASC oPt - CAP Focal Points Group**  
aka "Themes Committee" during the preparatory phase  
(OCHA, rep/UN Agencies,  
rep AIDA, rep PNGO, PA consulted)

**Composed by** Agencies and  
Partners Focal Points  
**Chaired by:** OCHA

**Focus Coordination Groups by Sectors**  
(UN agencies, NGOs, PA, civil society, ...)

**Composed by** Focus groups  
members  
**Chaired by:** INGO / UN  
Agency  
**Co-Chaired by:** UN Agency /  
INGO

**\* Feeds into the IASC oPt CAP group**  
**\* Monitors the implement projects selected**  
**\* Follows-up with the following sections for periodic monitoring (MYR  
included):**  
(8) Response Plans, which incl. analytical background for each sector, strategy  
organised by themes, objectives, progress monitoring indicators,  
implementation monitoring system

*Thematic and/or sector-driven  
indicators new or extended  
from previous CAP, the IASC  
NAF, SPHERE, etc.)*



## 5. CRITERIA FOR PRIORITISATION OF PROJECTS

### Preparatory phase

Following the mid-year review exercise, OCHA asked the CAP country team to identify priority humanitarian issues for the 2005 CAP. Agencies identified cross-cutting humanitarian issues, which were considered central to the overall CAP objectives. These issues are relevant to all agencies participating in the CAP.

OCHA consolidated the issues into a limited number of CAP 'themes'. Four such themes were identified, and these constitute the core of the context analysis and its humanitarian consequences in the CAP 2005 document. They are: impoverishment, growing vulnerability and aid dependency; fragmentation of the Palestinian economy and society; areas of acute crisis and the protection of civilians.

To ensure participation by all relevant agencies in the 2005 CAP, OCHA organised a CAP workshop in March 2004, and further briefed NGOs on the Consolidated Appeal Process at a meeting of AIDA on 7 July. The IASC local team invited NGOs to submit analysis and project proposals to the 2005 CAP. NGO submissions to the CAP are co-ordinated by the AIDA chair.

### Process phase

The CAP team decided to organise the response according to the six sectors employed last year, with the addition of a seventh on water. The overall analysis (in the CHAP) was organised around the cross-cutting themes, with evidence drawn from needs assessments carried out at sector or agency level.

Project proposals arising from the sectoral analysis and response in relation to the themes have also been generated, and will be implemented by specialised agencies and organisations.

Re-organising the analytical process to include both themes and sectors has ensured that the CHAP is based on genuinely shared assessments of humanitarian issues, and that analysis draws on a cross-sector range of humanitarian indicators. Analysis is being strengthened, to see more clearly where indicators from the various sectors support each other and where there are apparent contradictions.

Each project has been first examined and screened by the sector groups, using the checklist below. UNFPA and UNIFEM have hired special external resources in order to enrich the 2005 CAP and contribute to enhancing the overall consistency through cross-cutting themes such as vulnerabilities and gender mainstreaming.

The CAP team has also sat as a voluntary "Themes Committee", which ensures that the overall thematic analysis is consistent with sectoral objectives and responses.

The main terms of reference for the Themes Committee have been the following:

- Provide a conceptual overview and strategic goals on the basis of the analysis and response strategies provided by the sector groups;
- Analyse consistency of sector inputs with the overall problem analysis (i.e. according to the four themes);
- Review the relevance of projects to the overall strategic priorities;
- Contribute to the definition of the overall strategic monitoring system.

The Themes Committee includes representatives from agencies and NGOs. The PA and interested donors have also been consulted. The Themes Committee will also constitute the CAP implementation monitoring body.

## OCCUPIED PALESTINIAN TERRITORY

Project Title	Appealing Organisation	Sector
<b>Criteria</b>		<b>CHECK (tick the box if compliant)</b>
<b>Sectoral criteria</b> <i>Appealing organisation's project helps to achieve at least two objectives of the sector response plan.</i>		<input type="checkbox"/>
<b>Organisational criteria</b> <i>Appealing organisation has the technical expertise in country, capacity, and mandate to implement the project, or can mobilise this operational capacity as required.</i>		<input type="checkbox"/>
<b>Demographic criteria</b> <i>The project addresses at least one priority vulnerable population group, as indicated in the sector analysis and the overall CAP problem analysis</i>		<input type="checkbox"/>
<b>Geographic criteria</b> <i>The project has when relevant a specific geographic attachment (crisis areas, vulnerable zones, etc.).</i>		<input type="checkbox"/>
<b>Temporal criteria</b> <i>The project can make a measurable impact (see sector indicators) in the one-year timeframe of the appeal.</i>		<input type="checkbox"/>
<b>Other context-specific criteria</b> Projects that include specific focuses such as the promotion of gender equality, projects that help to build local capacity, etc.		<input type="checkbox"/>
<b>Overall Remarks</b>		
<b>Sector Group Recommendations</b>		
<input type="checkbox"/> To be rejected (brief reasons)	<input type="checkbox"/> To be revised (how & where)	<input type="checkbox"/> To be included

## 6. SUMMARY: STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE

Strategic Priority Themes	Strategic Response Plans
<b>Impoverishment, growing vulnerability and aid dependency</b>	<p><b>Food</b></p> <ul style="list-style-type: none"> <li>• Support to the poor (farmers, women headed households) and growing hardship social cases in recovering from losses and damages caused by the military operations with a sustainable capacity building project to restart the cycle of production;</li> <li>• Purchase of local food commodities;</li> <li>• Institutional feeding programme, FFW and FFT projects on activities aimed at agriculture rehabilitation, community works, training;</li> <li>• Food security strategy underlying causes of poverty through an analysis of people's household livelihood security and humanitarian needs.</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Strengthen capacity of the Palestinian MoH on nutrition-related issues;</li> <li>• Monitor the nutritional status of children and mothers to prevent increased malnutrition and micronutrient deficiency rates;</li> <li>• Organise and initiate Mental Health care;</li> <li>• Improve medical waste management;</li> <li>• Strengthen the NCD management within the MoH;</li> <li>• Address public health and environmental threats through promoting euro-Mediterranean partnerships and advocacy.</li> </ul> <p><b>Psycho-Social Support</b></p> <ul style="list-style-type: none"> <li>• Reduce stress on children by supporting families and re-establishing a stable, harmonious family environment;</li> <li>• Promote self-empowerment of vulnerable groups.</li> </ul> <p><b>Water</b></p> <ul style="list-style-type: none"> <li>• Provide training in better water practices;</li> <li>• Support rural communities in developing more effective irrigation techniques;</li> <li>• Organise widespread quality public health education;</li> <li>• Provide domestic storage to reduce the amount of time women spend carrying water from distant cisterns or standpipes.</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Work with local education authorities;</li> <li>• Help improve working conditions for teachers;</li> <li>• Provide better learning opportunities;</li> <li>• Provide scholarships and create educational alternatives.</li> </ul> <p><b>Emergency Infrastructure and Employment</b></p> <ul style="list-style-type: none"> <li>• UNDP/UNRWA emergency to emergency employment generation programmes through indirect and direct hire.</li> </ul> <p><b>Coordination</b></p> <ul style="list-style-type: none"> <li>• Further develop capacity for analysis of humanitarian needs analysis;</li> <li>• Minimise duplication of aid projects and coordinate targeting of beneficiaries;</li> <li>• Advocate for the rights of these vulnerable groups;</li> <li>• Coordinate responses at local and field level through regular coordination meetings at Governorate level.</li> </ul>

# OCCUPIED PALESTINIAN TERRITORY

Strategic Priority Themes	Strategic Response Plans
<b>Fragmentation of the Palestinian economy and society</b>	<p><b>Food</b></p> <ul style="list-style-type: none"> <li>• Actions generating new or alternate job opportunities among the unemployed citizens, particularly women and will address impoverishment of agricultural communities by implementing the ARP in close collaboration with MoA;</li> <li>• Mitigation of the effects of the crisis by re-targeting assistance to those assessed particularly at risk of food insecurity, and sustains livelihoods;</li> <li>• Supports the income and household coping mechanisms for food security for affected refugee households;</li> <li>• Address people's ability to access markets, utilise land and address nutritional deficiencies.</li> </ul>
	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Provide outreach services and upgrade of existing facilities esp. for infant and women;</li> <li>• Improve drug supply, management and policy;</li> <li>• Strengthen logistic capacity of health services providers.</li> </ul>
	<p><b>Psycho-Social Support</b></p> <ul style="list-style-type: none"> <li>• Reinforce community cohesion and promoting mutual help;</li> <li>• Community-led initiatives;</li> <li>• Promoting outreach of psycho-social services in the most isolated areas and areas most affected by movement restrictions and the vicinity of the Barrier;</li> <li>• Linking psychosocial support and RH services.</li> </ul>
	<p><b>Water</b></p> <ul style="list-style-type: none"> <li>• Increase number of filling points to reduce the distance water tankers need to travel in the rural areas;</li> <li>• Develop local, regional and national integrated water resource management programmes coordinated by the PWA;</li> <li>• Provide training in cost recovery to water industry members;</li> <li>• Work through local representative bodies;</li> <li>• Support traditional technology solutions by building rainwater-harvesting cisterns, as an interim solution.</li> </ul>
	<p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Organise training for teachers and create alternative learning opportunities;</li> <li>• Ensure parents and communities understand better the importance of learning;</li> <li>• Develop extra-curricular activities to help normalise and stabilise children's lives.</li> </ul>
	<p><b>Emergency Infrastructure and Employment</b></p> <ul style="list-style-type: none"> <li>• Emergency employment programmes and infrastructure projects related to provision of basic services.</li> </ul> <p><b>Coordination</b></p> <ul style="list-style-type: none"> <li>• Map the root causes of closure;</li> <li>• Analyse the consequences of closure fixtures, and the international response to them;</li> <li>• Map and analyse the humanitarian needs of villages clustered together by closure and other barriers;</li> <li>• Operations Support actions contribute equally to the regular monitoring of the closure regime.</li> </ul>

## OCCUPIED PALESTINIAN TERRITORY

Strategic Priority Themes	Strategic Response Plans
<b>Areas of acute crisis</b>	<b>Food</b> <ul style="list-style-type: none"> <li>• Provide food aid to the hardest-hit households;</li> <li>• Improve nutrition, access to water, and household self-reliance in food, particularly in Jenin and Gaza;</li> <li>• Continue to extend emergency food aid to refugee families who have lost their income or whose income has been seriously disrupted, putting them below the poverty line.</li> </ul>
	<b>Health</b> <ul style="list-style-type: none"> <li>• Strengthen capacity for emergency preparedness, emergency response and post-emergency relief;</li> <li>• Provide supplementary immunisation for polio and measles;</li> <li>• Strengthen monitoring and data gathering to prevent gaps in health care provision due to access limitations and emergencies;</li> <li>• Strengthen the PA's capacity to respond quickly to health emergencies;</li> <li>• Support emergency preparedness at district and sub-district levels;</li> <li>• Strengthen community awareness and empower family caregivers.</li> </ul>
	<b>Psycho-Social Support</b> <ul style="list-style-type: none"> <li>• Strengthening the capacity for emergency preparedness, emergency response and post-emergency rehabilitation and recovery;</li> <li>• Mobilising the existing care systems and building on existing resources;</li> <li>• Re-establishing a sense of normalcy in people's lives in the midst of emergencies;</li> <li>• Preparing communities to recognise/respond to psychosocial problems linked to reproductive health.</li> </ul>
	<b>Water</b> <ul style="list-style-type: none"> <li>• Advocate for the right of all Palestinians to have adequate and clean water supplies.</li> <li>• Ensure that water and sanitation standards are restored following military operations, while highlighting that it is Israel's responsibility as the occupying power to restore damage.</li> </ul>
	<b>Education</b> <ul style="list-style-type: none"> <li>• Provide psycho-social counselling for teachers and students;</li> <li>• Reduce the impact of conflict on learning through teaching and learning activities;</li> <li>• Provide alternative education;</li> <li>• Conduct in-service teacher training on teaching methodology and approaches in emergency.</li> </ul>
	<b>Emergency Infrastructure and Employment</b> <ul style="list-style-type: none"> <li>• Emergency employment to Palestinians rendered homeless due to military activities;</li> <li>• Construction and rehabilitation projects for basic infrastructure such as roads, pathways, health centres and schools;</li> <li>• Cash assistance to the most vulnerable and needed refugees.</li> </ul> <b>Coordination</b> <ul style="list-style-type: none"> <li>• Coordinate operational responses and humanitarian access;</li> <li>• Provide emergency field coordination;</li> <li>• Prepare for contingency plans and escalating crisis;</li> <li>• Co-ordinate security in the field.</li> </ul>

Strategic Priority Themes	Strategic Response Plans
<b>Protection of civilians</b>	<p>Food</p> <ul style="list-style-type: none"> <li>• Food distribution of staple commodities to the poorest refugees, particularly among women and children, to halt existing deterioration in nutritional levels;</li> <li>• Give priority to households who were affected by the Barrier and promote the “right to food”;</li> <li>• Distribute food to families in locations where curfews or strict closures are imposed more frequently and/or stay under prolonged restriction.</li> </ul> <p>Health</p> <ul style="list-style-type: none"> <li>• Advocate and negotiate to secure humanitarian access and protection of health workers;</li> <li>• Coordinate health providers and other stakeholders to address more effectively the consequences of the conflict;</li> <li>• Strengthen the existing surveillance system;</li> <li>• Support the development of monitoring and early warning systems for child health;</li> <li>• Develop a communication and advocacy strategy for access to health.</li> </ul> <p>Psycho-Social Support</p> <ul style="list-style-type: none"> <li>• Advocate for respect of international human rights, IHL and protection of civilians;</li> <li>• Strengthening the system to monitor the psychosocial impact of violence;</li> <li>• Advocating for greater attention to psychosocial needs of pregnant women in crisis settings;</li> <li>• Promoting equal gender access to psychosocial services using reproductive health services as entry point.</li> </ul> <p>Water</p> <ul style="list-style-type: none"> <li>• Advocate for an end to the military destruction of water infrastructure;</li> <li>• Increase quantity of water available to Palestinian community working with the Joint Water Committee to approve new water projects.</li> </ul> <p>Education</p> <ul style="list-style-type: none"> <li>• Develop advocacy materials for non-violence and related training programmes;</li> <li>• Reduce the impact of conflict on learning through teaching and learning activities;</li> <li>• Provide vocational training for adolescent groups;</li> <li>• Provide safe play areas and extra curricula activities.</li> </ul> <p>Emergency Infrastructure and Employment</p> <ul style="list-style-type: none"> <li>• Initiatives to restore rights to livelihood and basic services.</li> </ul> <p>Coordination</p> <ul style="list-style-type: none"> <li>• Monitor IHL developments pertaining to the protection of civilians;</li> <li>• Consolidate humanitarian inter-agency advocacy.</li> </ul>

**Table II : Consolidated Appeal for  
occupied Palestinian territory 2005**

List of Projects - By Appealing Organisation  
as of 22 October 2004  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>ACH</b>			
oPt-05/A01	AGRICULTURE	Support to Bedouin Shepherds of Tubas district during the dry season	147,000
oPt-05/WS06	WATER AND SANITATION	Construction of a chlorination unit and a water filling station for water trucking in Tammoun (Tubas district).	69,000
oPt-05/WS03	WATER AND SANITATION	Environmental health and sanitation rehabilitation of Wadi Al Farah area.	550,000
oPt-05/WS07	WATER AND SANITATION	Improvement of the access to safe water delivered by water trucking in Tubas district.	600,000
oPt-05/WS05	WATER AND SANITATION	Improvement of water network in Aqqaba community (Tubas District, North West Bank)	71,000
oPt-05/WS04	WATER AND SANITATION	Supply and installation of household water connection pipes in Al Nassariah community (south of Tubas District, east of Nablus city)	72,000
<b>Sub total for ACH</b>			<b>1,509,000</b>
<b>CARE INT</b>			
oPt-05/A02	AGRICULTURE	Emergency Food Security for Impoverished Women in Rural Areas in Jenin	452,000
oPt-05/H02	HEALTH	Emergency Medical Assistance to Palestinians	1,250,000
oPt-05/H03	HEALTH	Emergency Mobile Clinics in Rural West Bank Areas	227,000
oPt-05/WS08	WATER AND SANITATION	Emergency Water supply and Sanitation in Jenin Rural Communities	240,000
<b>Sub total for CARE INT</b>			<b>2,169,000</b>



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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>FAO</b>			
oPt-05/A04	AGRICULTURE	Bee keeping and honey production	417,900
oPt-05/A05	AGRICULTURE	Rehabilitation and revitalization of the horticulture sector	1,000,000
oPt-05/A06	AGRICULTURE	Support to female-headed households, food security and income generating activities	1,008,000
oPt-05/A07	AGRICULTURE	Support to olive production in the West Bank	848,000
oPt-05/A03	AGRICULTURE	Support to the Food Insecurity and Vulnerability Information and Mapping System (FIVIMS) Phase 2	726,100
<b>Sub total for FAO</b>			<b>4,000,000</b>
<b>OCHA</b>			
oPt-05/CSS01	COORDINATION AND SUPPORT SERVICES	Humanitarian Coordination, Information and Advocacy	2,588,423
<b>Sub total for OCHA</b>			<b>2,588,423</b>
<b>OXFAM UK</b>			
oPt-05/WS12	WATER AND SANITATION	Dry Sanitation in the West bank	610,000
<b>Sub total for OXFAM UK</b>			<b>610,000</b>
<b>Oxfam UK/Care International</b>			
oPt-05/WS13	WATER AND SANITATION	Increased awareness of International Community of the Palestinian water problem	117,400
oPt-05/WS10	WATER AND SANITATION	Repair and Construct Agricultural Rain Water Cisterns	183,300
oPt-05/WS11	WATER AND SANITATION	Repair and construction of water treatment plants	463,400
oPt-05/WS09	WATER AND SANITATION	Schools Environmental Health Project	621,800
<b>Sub total for Oxfam UK/Care International</b>			<b>1,385,900</b>

**Table II : Consolidated Appeal for  
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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>PARS</b>			
oPt-05/H04	HEALTH	Women Care Mobile clinics	252,000
<b>Sub total for PARS</b>			<b>252,000</b>
<b>SC UK</b>			
oPt-05/E03	EDUCATION	Quality Education in Emergencies	150,000
oPt-05/E04	EDUCATION	Reducing violence & increasing protection within children's schools and communities	72,500
<b>Sub total for SC UK</b>			<b>222,500</b>
<b>UNDP</b>			
oPt-05/A09	AGRICULTURE	Developing House Gardens in the Palestinian Territories	2,500,000
oPt-05/A08	AGRICULTURE	Emergency Support to the destroyed Agricultural Land in the North Governorate of the Gaza Strip	4,000,000
oPt-05/A10	AGRICULTURE	Marketing Olive Oil Surplus to Support Poorest Palestinian People	1,500,000
oPt-05/ER/I05	ECONOMIC RECOVERY AND INFRASTRUCTURE	Construction & Equipping 3 TVET institutions	2,300,000
oPt-05/ER/I03	ECONOMIC RECOVERY AND INFRASTRUCTURE	Reconstruction of Damaged Municipal Infrastructure in Rafah and Beit Hanoun GTowns in the Gaza Strip	6,000,000
oPt-05/ER/I04	ECONOMIC RECOVERY AND INFRASTRUCTURE	Revitalizing vital social and municipal infrastructure	18,985,600
oPt-05/E10	EDUCATION	Remedial Education and psycho-social relief for ex-detainees, ex-injured, families affected by the Conflict	1,160,000
oPt-05/E01B	EDUCATION	Scholarship Fund for Female University Students	513,600
oPt-05/WS02	WATER AND SANITATION	Upgrading of Water Supply and Distribution Systems in Rural Areas of the West Bank	4,428,000
<b>Sub total for UNDP</b>			<b>41,387,200</b>

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>UNDP/UNIFEM</b>			
oPt-05/H22	HEALTH	Assessing the Impact of the Crisis on Gender-based Violence (GBV) in the oPt	600,000
<b>Sub total for UNDP/UNIFEM</b>			<b>600,000</b>
<b>UNESCO</b>			
oPt-05/E05	EDUCATION	Improvement of the learning environment in 465 schools in the West Bank and Gaza Strip	500,000
<b>Sub total for UNESCO</b>			<b>500,000</b>
<b>UNFPA</b>			
oPt-05/E07	EDUCATION	Psychosocial Counselling for Palestinian Students.	115,000
oPt-05/E06	EDUCATION	Psychosocial Support for Palestinian Teachers	120,000
oPt-05/H09	HEALTH	Health of the elderly	200,000
oPt-05/H10	HEALTH	Increased Access to Reproductive Health Care in severely affected crisis areas	350,000
oPt-05/H23	HEALTH	Psychosocial Support in Reproductive Health and Family Life	250,000
oPt-05/H08	HEALTH	Reproductive health monitoring and surveillance	390,000
oPt-05/H21	HEALTH	Small Business Enterprise, Family and Gender	240,000
oPt-05/H06	HEALTH	Strengthening emergency outreach teams to respond to obstetric emergencies	625,000
oPt-05/H05	HEALTH	Strengthening Reproductive Health Services in the oPt by Improving Reproductive Health Commodity Security and Strengthening Logistics Management	1,000,000
oPt-05/H07	HEALTH	Strengthening RH care in marginal groups	265,000
<b>Sub total for UNFPA</b>			<b>3,555,000</b>

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>UNICEF</b>			
oPt-05/E09	EDUCATION	Continuous School Education under Emergency in the oPt	2,358,120
oPt-05/E08	EDUCATION	Reducing the Impact of Conflict on Children's Learning	2,158,200
oPt-05/H24	HEALTH	Emergency psychosocial teams for children and families	977,273
oPt-05/H11	HEALTH	Ensuring emergency preparedness and early response in the health facilities in crisis areas	2,256,000
oPt-05/H25	HEALTH	Family and child-friendly spaces in emergencies	1,022,700
oPt-05/H26	HEALTH	Psychosocial Institutional Capacity-Building	671,591
oPt-05/H12	HEALTH	Supplementary immunization activities associated with vitamin A administration	1,517,000
oPt-05/WS01	WATER AND SANITATION	Safe water and hygiene promotion	1,760,000
<b>Sub total for UNICEF</b>			<b>12,720,884</b>
<b>UNIFEM</b>			
oPt-05/E01A	EDUCATION	Scholarship Fund for Female University Students	92,020
oPt-05/E02	EDUCATION	Women to Women: Tawjihi Education for Female Drop-outs	272,850
oPt-05/H27	HEALTH	Supporting Palestinian Women's Access to Counselling Services	214,214
<b>Sub total for UNIFEM</b>			<b>579,084</b>

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>UNRWA</b>			
oPt-05/CSS02	COORDINATION AND SUPPORT SERVICES	Emergency operations support: Gaza Strip	2,984,257
oPt-05/CSS03	COORDINATION AND SUPPORT SERVICES	Emergency operations support: West Bank	700,507
oPt-05/ER/I07	ECONOMIC RECOVERY AND INFRASTRUCTURE	Emergency cash assistance: West Bank	5,290,000
oPt-05/ER/I06	ECONOMIC RECOVERY AND INFRASTRUCTURE	Emergency employment - Direct hire: Gaza Strip	12,776,100
oPt-05/ER/I11	ECONOMIC RECOVERY AND INFRASTRUCTURE	Emergency employment - Indirect hire: Gaza Strip	2,732,016
oPt-05/ER/I10	ECONOMIC RECOVERY AND INFRASTRUCTURE	Emergency employment: Direct hire: Gaza Strip	22,617,971
oPt-05/ER/I01	ECONOMIC RECOVERY AND INFRASTRUCTURE	Emergency employment: Direct Hire: West Bank	12,027,010
oPt-05/ER/I02	ECONOMIC RECOVERY AND INFRASTRUCTURE	Emergency Employment: Indirect Hire: West Bank	1,993,300
oPt-05/ER/I08	ECONOMIC RECOVERY AND INFRASTRUCTURE	Emergency repair of damaged infrastructure and reconstruction of shelters: Gaza Strip	63,190,556
oPt-05/ER/I09	ECONOMIC RECOVERY AND INFRASTRUCTURE	Emergency repair of damaged infrastructure and reconstruction of shelters: West Bank	1,834,000
oPt-05/F02	FOOD	Emergency food assistance: Gaza Strip	29,999,374
oPt-05/F03	FOOD	Emergency food assistance: West Bank	26,847,067
oPt-05/H13	HEALTH	Mobile health teams: West Bank	692,338
<b>Sub total for UNRWA</b>			<b>183,684,496</b>
<b>UNSECOORD</b>			
oPt-05/S01	SECURITY	Coordination of Safety and Security	467,883
<b>Sub total for UNSECOORD</b>			<b>467,883</b>
<b>WFP</b>			
oPt-05/F01	FOOD	"Support to the Palestinian population affected by the conflict" : EMOP 10190.2	41,638,019
<b>Sub total for WFP</b>			<b>41,638,019</b>

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>WHO</b>			
oPt-05/CSS04	COORDINATION AND SUPPORT SERVICES	Development of a Communication and Advocacy strategy for Health Access of the Palestinian Population	390,000
oPt-05/H28	HEALTH	Creating local Pilot Income Generating Activities for Social Integration and Coping for Psychosocially affected vulnerable groups	256,000
oPt-05/H18	HEALTH	Drug management	250,000
oPt-05/H16	HEALTH	Emergency Medical Waste Management	520,000
oPt-05/H20	HEALTH	Emergency Reintegration of Psychosocially Affected Vulnerable Groups through Empowerment Programmes and Self-Help Activities	249,900
oPt-05/H01	HEALTH	Establishing a nutrition surveillance system in oPt	260,000
oPt-05/H17	HEALTH	Food Safety Programme	400,000
oPt-05/H14	HEALTH	Non Communicable Diseases (NCD)	505,000
oPt-05/H19	HEALTH	Promote Health and social Partnership between European and Palestinian cities	510,000
oPt-05/H15	HEALTH	Reorganisation of Mental Health Services in order to cope with emergency mental health needs	775,000
oPt-05/H29	HEALTH	Reorganization of the Health Services for local psychosocial emergency preparedness and Networking	261,600
oPt-05/H30	HEALTH	Strengthening Health Information	355,000
<b>Sub total for WHO</b>			<b>4,732,500</b>
<b>Grand Total:</b>			<b>302,601,889</b>

**Table III : Consolidated Appeal for  
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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>AGRICULTURE</b>			
oPt-05/A04	FAO	Bee keeping and honey production	417,900
oPt-05/A09	UNDP	Developing House Gardens in the Palestinian Territories	2,500,000
oPt-05/A02	CARE INT	Emergency Food Security for Impoverished Women in Rural Areas in Jenin	452,000
oPt-05/A08	UNDP	Emergency Support to the destroyed Agricultural Land in the North Governorate of the Gaza Strip	4,000,000
oPt-05/A10	UNDP	Marketing Olive Oil Surplus to Support Poorest Palestinian People	1,500,000
oPt-05/A05	FAO	Rehabilitation and revitalization of the horticulture sector	1,000,000
oPt-05/A01	ACH	Support to Bedouin Shepherds of Tubas district during the dry season	147,000
oPt-05/A06	FAO	Support to female-headed households, food security and income generating activities	1,008,000
oPt-05/A07	FAO	Support to olive production in the West Bank	848,000
oPt-05/A03	FAO	Support to the Food Insecurity and Vulnerability Information and Mapping System (FIVIMS) Phase 2	726,100
<b>Sub total for AGRICULTURE</b>			<b>12,599,000</b>
<b>COORDINATION AND SUPPORT SERVICES</b>			
oPt-05/CSS04	WHO	Development of a Communication and Advocacy strategy for Health Access of the Palestinian Population	390,000
oPt-05/CSS02	UNRWA	Emergency operations support: Gaza Strip	2,984,257
oPt-05/CSS03	UNRWA	Emergency operations support: West Bank	700,507
oPt-05/CSS01	OCHA	Humanitarian Coordination, Information and Advocacy	2,588,423
<b>Sub total for COORDINATION AND SUPPORT SERVICES</b>			<b>6,663,187</b>

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>ECONOMIC RECOVERY AND INFRASTRUCTURE</b>			
oPt-05/ER/I05	UNDP	Construction & Equipping 3 TVET institutions	2,300,000
oPt-05/ER/I07	UNRWA	Emergency cash assistance: West Bank	5,290,000
oPt-05/ER/I06	UNRWA	Emergency employment - Direct hire: Gaza Strip	12,776,100
oPt-05/ER/I11	UNRWA	Emergency employment - Indirect hire: Gaza Strip	2,732,016
oPt-05/ER/I10	UNRWA	Emergency employment: Direct hire: Gaza Strip	22,617,971
oPt-05/ER/I01	UNRWA	Emergency employment: Direct Hire: West Bank	12,027,010
oPt-05/ER/I02	UNRWA	Emergency Employment: Indirect Hire: West Bank	1,993,300
oPt-05/ER/I08	UNRWA	Emergency repair of damaged infrastructure and reconstruction of shelters: Gaza Strip	63,190,556
oPt-05/ER/I09	UNRWA	Emergency repair of damaged infrastructure and reconstruction of shelters: West Bank	1,834,000
oPt-05/ER/I03	UNDP	Reconstruction of Damaged Municipal Infrastructure in Rafah and Beit Hanoun GTowns in the Gaza Strip	6,000,000
oPt-05/ER/I04	UNDP	Revitalizing vital social and municipal infrastructure	18,985,600
<b>Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE</b>			<b>149,746,553</b>



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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>EDUCATION</b>			
oPt-05/E09	UNICEF	Continuous School Education under Emergency in the oPt	2,358,120
oPt-05/E05	UNESCO	Improvement of the learning environment in 465 schools in the West Bank and Gaza Strip	500,000
oPt-05/E07	UNFPA	Psychosocial Counselling for Palestinian Students.	115,000
oPt-05/E06	UNFPA	Psychosocial Support for Palestinian Teachers	120,000
oPt-05/E03	SC UK	Quality Education in Emergencies	150,000
oPt-05/E08	UNICEF	Reducing the Impact of Conflict on Children's Learning	2,158,200
oPt-05/E04	SC UK	Reducing violence & increasing protection within children's schools and communities	72,500
oPt-05/E10	UNDP	Remedial Education and psycho-social relief for ex-detainees, ex-injured, families affected by the Conflict	1,160,000
oPt-05/E01A	UNIFEM	Scholarship Fund for Female University Students	92,020
oPt-05/E01B	UNDP	Scholarship Fund for Female University Students	513,600
oPt-05/E02	UNIFEM	Women to Women: Tawjihi Education for Female Drop-outs	272,850
<b>Sub total for EDUCATION</b>			<b>7,512,290</b>
<b>FOOD</b>			
oPt-05/F01	WFP	"Support to the Palestinian population affected by the conflict" : EMOP 10190.2	41,638,019
oPt-05/F02	UNRWA	Emergency food assistance: Gaza Strip	29,999,374
oPt-05/F03	UNRWA	Emergency food assistance: West Bank	26,847,067
<b>Sub total for FOOD</b>			<b>98,484,460</b>

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>HEALTH</b>			
oPt-05/H22	UNDP/UNIFEM	Assessing the Impact of the Crisis on Gender-based Violence (GBV) in the oPt	600,000
oPt-05/H28	WHO	Creating local Pilot Income Generating Activities for Social Integration and Coping for Psychosocially affected vulnerable groups	256,000
oPt-05/H18	WHO	Drug management	250,000
oPt-05/H02	CARE INT	Emergency Medical Assistance to Palestinians	1,250,000
oPt-05/H16	WHO	Emergency Medical Waste Management	520,000
oPt-05/H03	CARE INT	Emergency Mobile Clinics in Rural West Bank Areas	227,000
oPt-05/H24	UNICEF	Emergency psychosocial teams for children and families	977,273
oPt-05/H20	WHO	Emergency Reintegration of Psychosocially Affected Vulnerable Groups through Empowerment Programmes and Self-Help Activities	249,900
oPt-05/H11	UNICEF	Ensuring emergency preparedness and early response in the health facilities in crisis areas	2,256,000
oPt-05/H01	WHO	Establishing a nutrition surveillance system in oPt	260,000
oPt-05/H25	UNICEF	Family and child-friendly spaces in emergencies	1,022,700
oPt-05/H17	WHO	Food Safety Programme	400,000
oPt-05/H09	UNFPA	Health of the elderly	200,000
oPt-05/H10	UNFPA	Increased Access to Reproductive Health Care in severely affected crisis areas	350,000
oPt-05/H13	UNRWA	Mobile health teams: West Bank	692,338
oPt-05/H14	WHO	Non Communicable Diseases (NCD)	505,000
oPt-05/H19	WHO	Promote Health and social Partnership between European and Palestinian cities	510,000
oPt-05/H26	UNICEF	Psychosocial Institutional Capacity-Building	671,591
oPt-05/H23	UNFPA	Psychosocial Support in Reproductive Health and Family Life	250,000
oPt-05/H15	WHO	Reorganisation of Mental Health Services in order to cope with emergency mental health needs	775,000
oPt-05/H29	WHO	Reorganization of the Health Services for local psychosocial emergency preparedness and Networking	261,600
oPt-05/H08	UNFPA	Reproductive health monitoring and surveillance	390,000
oPt-05/H21	UNFPA	Small Business Enterprise, Family and Gender	240,000

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>HEALTH</b>			
oPt-05/H06	UNFPA	Strengthening emergency outreach teams to respond to obstetric emergencies	625,000
oPt-05/H30	WHO	Strengthening Health Information	355,000
oPt-05/H05	UNFPA	Strengthening Reproductive Health Services in the oPt by Improving Reproductive Health Commodity Security and Strengthening Logistics Management	1,000,000
oPt-05/H07	UNFPA	Strengthening RH care in marginal groups	265,000
oPt-05/H12	UNICEF	Supplementary immunization activities associated with vitamin A administration	1,517,000
oPt-05/H27	UNIFEM	Supporting Palestinian Women's Access to Counselling Services	214,214
oPt-05/H04	PARS	Women Care Mobile clinics	252,000
<b>Sub total for HEALTH</b>			<b>17,342,616</b>
<b>SECURITY</b>			
oPt-05/S01	UNSECOORD	Coordination of Safety and Security	467,883
<b>Sub total for SECURITY</b>			<b>467,883</b>

**Table III : Consolidated Appeal for  
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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>WATER AND SANITATION</b>			
oPt-05/WS06	ACH	Construction of a chlorination unit and a water filling station for water trucking in Tammoun (Tubas district).	69,000
oPt-05/WS12	OXFAM UK	Dry Sanitation in the West bank	610,000
oPt-05/WS08	CARE INT	Emergency Water supply and Sanitation in Jenin Rural Communities	240,000
oPt-05/WS03	ACH	Environmental health and sanitation rehabilitation of Wadi Al Farah area.	550,000
oPt-05/WS07	ACH	Improvement of the access to safe water delivered by water trucking in Tubas district.	600,000
oPt-05/WS05	ACH	Improvement of water network in Aqqaba community (Tubas District, North West Bank)	71,000
oPt-05/WS13	Oxfam UK/Care International	Increased awareness of International Community of the Palestinian water problem	117,400
oPt-05/WS10	Oxfam UK/Care International	Repair and Construct Agricultural Rain Water Cisterns	183,300
oPt-05/WS11	Oxfam UK/Care International	Repair and construction of water treatment plants	463,400
oPt-05/WS01	UNICEF	Safe water and hygiene promotion	1,760,000
oPt-05/WS09	Oxfam UK/Care International	Schools Environmental Health Project	621,800
oPt-05/WS04	ACH	Supply and installation of household water connection pipes in Al Nassariah community (south of Tubas District, east of Nablus city)	72,000
oPt-05/WS02	UNDP	Upgrading of Water Supply and Distribution Systems in Rural Areas of the West Bank	4,428,000
<b>Sub total for WATER AND SANITATION</b>			<b>9,785,900</b>
<b>Grand Total</b>			<b>302,601,889</b>

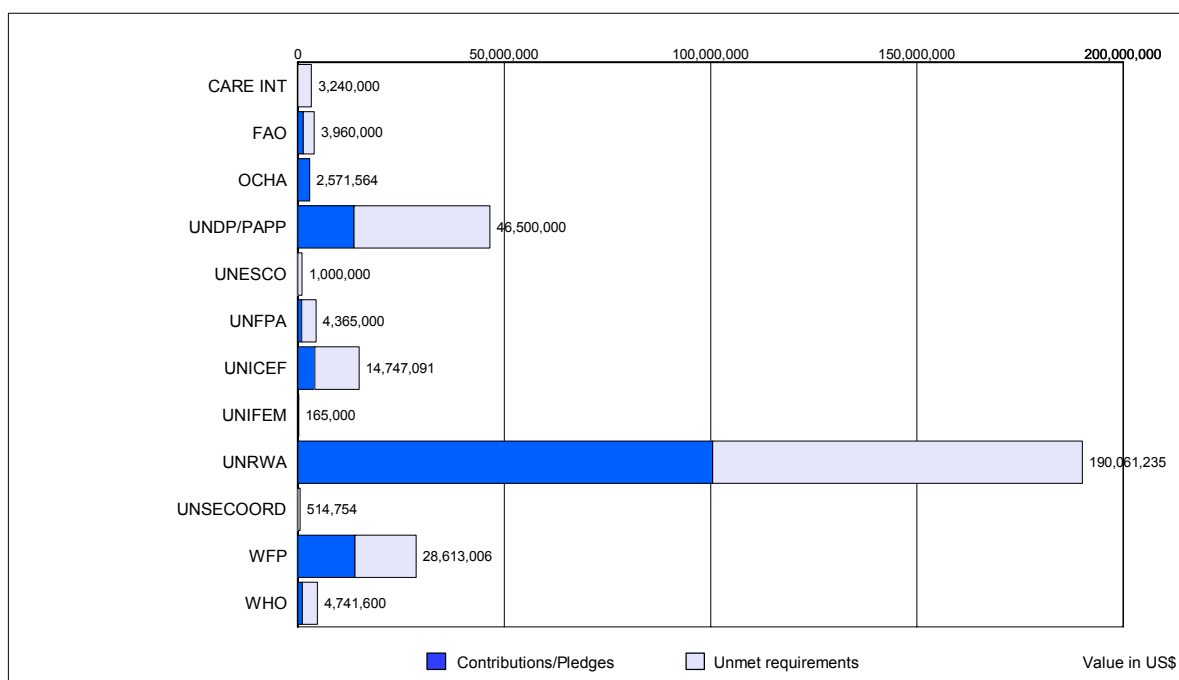
## ANNEX I.

## DONOR RESPONSE TO THE 2004 APPEAL

**Table I : Consolidated Appeal for  
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Requirements and Contributions per Appealing Organisation  
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Compiled by OCHA on the basis of information provided by donors and the respective appealing organisation

Appealing Organisation	Original Requirements	Revised Requirements	Contributions	Pledges	Carryover	Total Resources Available	Unmet Requirements	% Covered
CARE INT	3,240,000	3,240,000	-	-	-	-	3,240,000	0.0%
FAO	3,960,000	3,960,000	1,278,976	-	-	1,278,976	2,681,024	32.3%
OCHA	2,571,564	2,571,564	2,839,245	-	-	2,839,245	(267,681)	100.0%
UNDP/PAPP	46,500,000	46,500,000	-	13,560,000	-	13,560,000	32,940,000	29.2%
UNESCO	1,000,000	1,000,000	-	-	-	-	1,000,000	0.0%
UNFPA	4,365,000	4,365,000	880,000	-	-	880,000	3,485,000	20.2%
UNICEF	13,838,000	14,747,091	4,047,448	-	-	4,047,448	10,699,643	27.4%
UNIFEM	-	165,000	-	-	-	-	165,000	0.0%
UNRWA	190,061,235	190,061,235	88,009,575	12,537,437	-	100,547,012	89,514,223	52.9%
UNSECOORD	514,754	514,754	-	-	-	-	514,754	0.0%
WFP	34,341,000	28,613,006	13,752,235	-	-	13,752,235	14,860,771	48.1%
WHO	4,741,600	4,741,600	1,036,033	-	-	1,036,033	3,705,567	21.8%
<b>GRAND TOTAL</b>	<b>305,133,153</b>	<b>300,479,250</b>	<b>111,843,512</b>	<b>26,097,437</b>	<b>0</b>	<b>137,940,949</b>	<b>162,538,301</b>	<b>45.9%</b>



**Table II : Consolidated Appeal for  
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**Part A - Non food**

Donor	Channel	Project Code	Sector/activity	Amount US\$
Allocations of unearmarked funds by UN agencies	UNRWA	oPt-04/WS01	Sanitation kits	23,620
Australia	FAO	oPt-04/A01	Food insecurity and vulnerability information and mapping system (FIVIMS)	300,000
Australia	UNRWA	oPt-04/H15	Medical equipment and supplies (supplementary appeal for Rafah)	122,100
Australia	UNRWA	oPt-04/S/NF02	Emergency repair and reconstruction of affected dwellings (supplementary appeal for Rafah)	219,300
Australia	UNRWA	oPt-04/UNRWA	Awaiting allocation	1,498,000
Austria	UNRWA	oPt-04/UNRWA	Awaiting allocation	601,685
Belgium	UNFPA	oPt-04/H18	Support to three comprehensive women's reproductive health centers in El-Bureij, Jabalyia and Hebron	80,000
Belgium	UNRWA	oPt-04/ER/I02	Maintenance and upgrading of refugee infrastructure	1,203,369
Canada	UNICEF	oPt-04/E01	Distance education	1,009,130
Canada	UNICEF	oPt-04/E02	Reducing the impact of conflict on children's learning	1,602,815
Canada	UNRWA	oPt-04/E07-10	Provision of remedial education; Vocational training; After school community activities; Self learning materials	451,096
Canada	UNRWA	oPt-04/H30	Psycho-social interventions (counselling programme)	751,848
Canada	UNRWA	oPt-04/UNRWA	Awaiting allocation (Supplementary Appeal for Rafah)	746,269
Denmark	UNRWA	oPt-04/UNRWA	Awaiting confirmation	4,195,022
Denmark	UNRWA	oPt-04/UNRWA	Awaiting allocation	1,133,379
European Commission	OCHA	oPt-04/CSS02	Humanitarian coordination in the oPt	974,421
European Commission	OCHA	oPt-04/CSS02	Humanitarian coordination in the oPt	243,605
European Commission	UNFPA	oPt-04/H17	Strengthening reproductive health services in the oPt by improving reproductive health commodities security and strengthening logistics management	600,000
European Commission	UNRWA	oPt-04/E07-10	After school community activities	607,548

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European Commission	UNRWA	oPt-04/ER/I01	Direct hire	3,610,108
European Commission	UNRWA	oPt-04/ER/I03	Cash and in kind assistance - emergency selective cash and shelter supply assistance	1,217,001
European Commission	UNRWA	oPt-04/F02	Emergency food assistance	2,647,413
European Commission	UNRWA	oPt-04/UNRWA	Awaiting allocation	1,624,549
Finland	UNRWA	oPt-04/UNRWA	Awaiting allocation	621,891
France	UNRWA	oPt-04/UNRWA	Awaiting allocation	487,805
Germany	UNRWA	oPt-04/E07-10	Provision of remedial education; Vocational training; After school community activities; Self learning materials	3,560,945
Germany	UNRWA	oPt-04/F02	Food aid	601,685
Ireland	UNRWA	oPt-04/UNRWA	Multi sector assistance	1,187,648
Ireland	UNRWA	oPt-04/UNRWA	Awaiting confirmation	1,219,512
Japan	UNDP/PAPP	oPt-04/ER/I04	Emergency employment generation through upgrading of educational and vocational training facilities in the West Bank; construction of municipal facilities, community centers in rural areas of the West Bank	4,500,000
Japan	UNDP/PAPP	oPt-04/ER/I04	Emergency humanitarian response for vital social infrastructure in the WB	7,560,000
Japan	UNDP/PAPP	oPt-04/S/NF01	Shelter construction for poor families in the Gaza Strip	1,500,000
Japan	UNRWA	oPt-04/E07-10	Providing self-learning materials for 190,000 primary Palestinian refugee students	308,160
Japan	UNRWA	oPt-04/H15	Medical equipment and supplies	890,454
Japan	UNRWA	oPt-04/H16	Mobile clinics	314,586
Luxembourg	UNRWA	oPt-04/UNRWA	Awaiting allocation	243,605
New Zealand	UNRWA	oPt-04/UNRWA	Awaiting allocation	191,070
New Zealand	UNRWA	oPt-04/UNRWA	Awaiting allocation (Supplementary Appeal for Rafah)	318,450
Norway	FAO	oPt-04/A03	Rehabilitation of destroyed and damaged greenhouses	978,976
Norway	OCHA	oPt-04/CSS02	Humanitarian coordination, information and advocacy	611,729
Norway	UNRWA	oPt-04/UNRWA	Awaiting confirmation	1,423,082
Norway	WHO	oPt-04/WHO	Awaiting allocation	569,233

**Table II : Consolidated Appeal for  
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Private	UNFPA	oPt-04/H17	Strengthening reproductive health services in the oPt by improving reproductive health commodities security and strengthening logistics management	200,000
Private	UNICEF	oPt-04/H11	Training for maternal and child health care providers	115,834
Private	UNICEF	oPt-04/H12	Integrated management of common childhood illnesses	89,389
Private	UNICEF	oPt-04/H22	Psycho-social support to Palestinian children and families	93,066
Private	UNICEF	oPt-04/H22	Psycho-social support to Palestinian children and families	340,815
Private	UNICEF	oPt-04/H22	Psycho-social support to Palestinian children and families	122,549
Private	UNRWA	oPt-04/ER/I03	Cash assistance to families affected by the demolition in Rafah	60,000
Private	UNRWA	oPt-04/ER/I03	Cash assistance to families affected in Rafah	15,655
Private	UNRWA	oPt-04/F02	Emergency food assistance	50,000
Private	UNRWA	oPt-04/H15	Medical equipment and supplies	269,321
Private	UNRWA	oPt-04/S/NF02	Shelter rehabilitation in Rafah	650
Private	UNRWA	oPt-04/UNRWA	Awaiting allocation	1,269
Private	UNRWA	oPt-04/UNRWA	Awaiting allocation	66,252
Private	UNRWA	oPt-04/UNRWA	Awaiting allocation	13,675
Private	UNRWA	oPt-04/WS01	Environmental health project	21,327
Private	WHO	oPt-04/H02	Healthy partnership between European and Palestinian municipalities	70,000
Spain	UNRWA	oPt-04/UNRWA	Awaiting allocation (Supplementary Appeal for Rafah)	1,203,369
Sweden	OCHA	oPt-04/CSS02	Humanitarian coordination, information and advocacy	677,061
Sweden	UNICEF	oPt-04/H22	Humanitarian assistance	352,918
Sweden	UNICEF	oPt-04/H23	Supporting Palestinian child detainees	320,932
Sweden	UNRWA	oPt-04/CSS01	To cover the cost of the Swedish Rescue Service Agency's service	367,552
Sweden	UNRWA	oPt-04/UNRWA	Awaiting allocation	5,238,656
Switzerland	UNRWA	oPt-04/UNRWA	Awaiting allocation	1,600,000
Switzerland	UNRWA	oPt-04/UNRWA	Awaiting allocation	1,600,000



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United Kingdom	UNRWA	oPt-04/UNRWA	Awaiting allocation	3,669,725
United Kingdom	UNRWA	oPt-04/UNRWA	Awaiting allocation	9,328,358
United States	OCHA	oPt-04/CSS02	Humanitarian coordination in the oPt	332,429
United States	UNRWA	oPt-04/CSS01	Emergency operation support	547,440
United States	UNRWA	oPt-04/UNRWA	Awaiting allocation	19,452,560
United States	UNRWA	oPt-04/UNRWA	Awaiting allocation	10,000,000
United States	WHO	oPt-04/H04	Sustaining health in forum achievement and further development	100,000
United States	WHO	oPt-04/H07	Strengthening nutrition management	296,800
<b>Total non food</b>				<b>109,168,711</b>

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**Part B - Food aid**

Donor	Food type	Food (MTs)	Amount US\$
Belgium			1,203,369
Belgium			1,537,191
Denmark	Wheat flour	61	26,736
European Commission		to be provided	6,016,847
European Commission	Various	3620	1,865,671
Finland	Wheat flour	169	74,072
Germany			1,203,369
Germany	Various	2402	1,219,512
Germany	Wheat flour	278	121,846
Norway			762,335
Private			16,766
Private			296,973
Sweden	Wheat flour	262	114,833
Switzerland	Wheat flour	1712	793,651
Switzerland	Wheat flour	53	23,230
Switzerland	Wheat flour	44	19,066
Syrian Arab Republic		to be provided	324,000
United Kingdom	Wheat flour	35	15,516
United States			10,000,000
United States		TBI	3,125,000
United States	Wheat flour	105	12,255
<b>Total food aid</b>			<b>28,772,238</b>

**Grand total** **137,940,949**

## OCCUPIED PALESTINIAN TERRITORY

**Table III : Consolidated Appeal for  
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List of Projects (grouped by sector), with funding status of each  
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Project Code	Sector/Activity	Appealing Organisation	Original Requirements	Revised Requirements	Contributions/ Pledges/ Carryover	Unmet Requirements
<b>AGRICULTURE</b>						
oPt-04/A01	Food insecurity and vulnerability information and mapping system (FIVIMS)	FAO	1,650,000	1,650,000	300,000	1,350,000
oPt-04/A02	Support to the coordination of food security and agricultural emergency and rehabilitation interventions	FAO	390,000	390,000	-	390,000
oPt-04/A03	Rehabilitation of destroyed and damaged greenhouses	FAO	935,000	935,000	978,976	(43,976)
oPt-04/A04	Support to backyard vegetable and poultry production targeting the most vulnerable population (women and children)	FAO	355,000	355,000	-	355,000
oPt-04/A05	Rehabilitation and repair of irrigation networks and wells	FAO	630,000	630,000	-	630,000
oPt-04/A06	Emergency food security for impoverished women in rural areas of the West Bank and Gaza	CARE INT	1,490,000	1,490,000	-	1,490,000
<b>Sub total for AGRICULTURE</b>			<b>5,450,000</b>	<b>5,450,000</b>	<b>1,278,976</b>	<b>4,171,024</b>
<b>COORDINATION AND SUPPORT SERVICES</b>						
oPt-04/CSS01	Emergency operation support	UNRWA	5,496,679	5,496,679	914,992	4,581,687
oPt-04/CSS02	Humanitarian coordination, information and advocacy	OCHA	2,571,564	2,571,564	2,839,245	(267,681)
<b>Sub total for COORDINATION AND SUPPORT SERVICES</b>			<b>8,068,243</b>	<b>8,068,243</b>	<b>3,754,237</b>	<b>4,314,006</b>
<b>ECONOMIC RECOVERY AND INFRASTRUCTURE</b>						
oPt-04/ER/I01	Direct hire	UNRWA	24,064,650	24,064,650	3,610,108	20,454,542
oPt-04/ER/I02	Maintenance and upgrading of refugee infrastructure	UNRWA	37,954,152	37,954,152	1,203,369	36,750,783
oPt-04/ER/I03	Cash and in kind assistance	UNRWA	26,212,480	26,212,480	1,292,656	24,919,824
oPt-04/ER/I04	Emergency humanitarian response for vital social infrastructure in the West Bank	UNDP/PAPP	25,000,000	25,000,000	12,060,000	12,940,000
<b>Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE</b>			<b>113,231,282</b>	<b>113,231,282</b>	<b>18,166,133</b>	<b>95,065,149</b>
<b>EDUCATION</b>						
oPt-04/E01	Distance education	UNICEF	3,000,000	3,000,000	1,009,130	1,990,870
oPt-04/E02	Reducing the impact of conflict on children's learning	UNICEF	2,700,000	2,700,000	1,602,815	1,097,185
oPt-04/E03	Peer to peer education utilizing media	UNICEF	168,000	168,000	-	168,000
oPt-04/E04	Mine risk education summer camps	UNICEF	171,000	171,000	-	171,000
oPt-04/E05	Psycho-social counselling for Palestinian students	UNFPA	115,000	115,000	-	115,000
oPt-04/E06	Improvement of the learning environment in 500 schools in the West Bank and Gaza	UNESCO	1,000,000	1,000,000	-	1,000,000
oPt-04/E07-10	Provision of remedial education; Vocational training; After school community activities; Self learning materials	UNRWA	2,194,642	2,194,642	4,927,749	(2,733,107)
oPt-04/E08	Vocational training (integrated in oPt-04/E07-10)	UNRWA	-	-	-	-
oPt-04/E09	After school community activities (integrated in oPt-04/E07-10)	UNRWA	-	-	-	-
oPt-04/E10	Self learning materials (integrated in oPt-04/E07-10)	UNRWA	-	-	-	-
<b>Sub total for EDUCATION</b>			<b>9,348,642</b>	<b>9,348,642</b>	<b>7,539,694</b>	<b>1,808,948</b>
<b>FAMILY SHELTER AND NON -FOOD ITEMS</b>						
oPt-04/S/NF01	Shelters for poor families in the Gaza Strip	UNDP/PAPP	1,500,000	1,500,000	1,500,000	-

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**Table III : Consolidated Appeal for  
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Project Code	Sector/Activity	Appealing Organisation	Original Requirements	Revised Requirements	Contributions/ Pledges/ Carryover	Unmet Requirements
oPt-04/S/NF02	Emergency repair and reconstruction of affected dwellings	UNRWA	31,073,379	31,073,379	219,950	30,853,429
<b>Sub total for FAMILY SHELTER AND NON-FOOD ITEMS</b>			<b>32,573,379</b>	<b>32,573,379</b>	<b>1,719,950</b>	<b>30,853,429</b>
<b>FOOD</b>						
oPt-04/F01	Emergency Operation 10190.1; 10190.2 - food assistance to victims of conflict in the Palestinian territories	WFP	34,341,000	28,613,006	13,752,235	14,860,771
oPt-04/F02	Emergency food assistance	UNRWA	53,963,295	53,963,295	18,302,335	35,660,960
<b>Sub total for FOOD</b>			<b>88,304,295</b>	<b>82,576,301</b>	<b>32,054,570</b>	<b>50,521,731</b>
<b>HEALTH</b>						
oPt-04/H01	Development of a communication and advocacy strategy for health access of the Palestinian population	WHO	328,600	328,600	-	328,600
oPt-04/H02	Promote health and social partnership between European and Palestinian cities	WHO	477,000	477,000	70,000	407,000
oPt-04/H03	Strengthening the PNA in health emergency response	WHO	689,000	689,000	-	689,000
oPt-04/H04	Strengthening health information management	WHO	371,000	371,000	100,000	271,000
oPt-04/H05	Keeping lines of communication open	WHO	328,000	328,000	-	328,000
oPt-04/H06	Reorganisation of mental health services in order to cope with mental health emergency needs	WHO	1,007,000	1,007,000	-	1,007,000
oPt-04/H07	Strengthening nutrition management	WHO	428,000	428,000	296,800	131,200
oPt-04/H08	Monitoring consequences of restrictions caused by the separation wall and providing outreach health services to entrapped communities	WHO	420,000	420,000	-	420,000
oPt-04/H09	Expanded programme on immunisation (EPI)	UNICEF	3,400,000	3,400,000	-	3,400,000
oPt-04/H10	Maintaining nutritional status of children and women	UNICEF	1,200,000	1,200,000	-	1,200,000
oPt-04/H11	Training for maternal and child health care providers	UNICEF	500,000	500,000	115,834	384,166
oPt-04/H12	Integrated management of common childhood illnesses	UNICEF	550,000	550,000	89,389	460,611
oPt-04/H13	Hospitalisation	UNRWA	1,385,984	1,385,984	-	1,385,984
oPt-04/H14	Post injury rehabilitation	UNRWA	1,335,040	1,335,040	-	1,335,040
oPt-04/H15	Medical equipment and supplies	UNRWA	1,361,676	1,361,676	1,281,875	79,801
oPt-04/H16	Mobile clinics	UNRWA	352,800	352,800	314,586	38,214
oPt-04/H17	Strengthening reproductive health services in the oPt by improving reproductive health commodities security and strengthening logistics management	UNFPA	2,100,000	2,100,000	800,000	1,300,000
oPt-04/H18	Support to three comprehensive women's reproductive health centers in El-Bureij, Jabalyia and Hebron	UNFPA	900,000	900,000	80,000	820,000
oPt-04/H19	Strengthening reproductive health services for marginalised mobile populations	UNFPA	200,000	200,000	-	200,000
oPt-04/H20	Emergency prevention and management of reproductive tract infections through the PHC system	UNFPA	280,000	280,000	-	280,000
oPt-04/H21	Emergency medical assistance to Palestinians	CARE INT	1,250,000	1,250,000	-	1,250,000
oPt-04/H22	Psycho-social support to Palestinian children and families	UNICEF	1,490,000	1,490,000	909,348	580,652
oPt-04/H23	Supporting Palestinian child detainees	UNICEF	575,000	575,000	320,932	254,068
oPt-04/H24	Information system management - case reporting	UNICEF	84,000	84,000	-	84,000
oPt-04/H25	Reorganisation of the health services for local psychosocial emergency preparedness and networking	WHO	233,000	233,000	-	233,000

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Project Code	Sector/Activity	Appealing Organisation	Original Requirements	Revised Requirements	Contributions/ Pledges/ Carryover	Unmet Requirements
oPt-04/H26	Creating local income generating activities for social integration and coping of psychosocially affected vulnerable groups	WHO	256,000	256,000	-	256,000
oPt-04/H27	Emergency reintegration of psycho-socially affected vulnerable groups through empowerment programmes and self-help activities	WHO	204,000	204,000	-	204,000
oPt-04/H28	Upgrading of reproductive health counselling in comprehensive women's health centres	UNFPA	530,000	530,000	-	530,000
oPt-04/H29	Small business enterprise and psycho-social counselling	UNFPA	240,000	240,000	-	240,000
oPt-04/H30	Psycho-social interventions (counselling programme)	UNRWA	3,671,450	3,671,450	751,848	2,919,602
oPt-04/H31	Psycho-social assistance to children of war through drama theatre	CARE INT	500,000	500,000	-	500,000
oPt-04/H32	Measles immunisation campaign associated with administration of vitamin A	UNICEF	-	909,091	-	909,091
oPt-04/H33	Supporting Palestinian Women's Access to Humanitarian Services	UNIFEM	-	165,000	-	165,000
oPt-04/WHO	Awaiting allocation	WHO	-	-	569,233	(569,233)
<b>Sub total for HEALTH</b>			<b>26,647,550</b>	<b>27,721,641</b>	<b>5,699,845</b>	<b>22,021,796</b>
<b>SECTOR NOT YET SPECIFIED</b>						
oPt-04/UNICEF	Awaiting confirmation	UNICEF	-	-	-	-
oPt-04/UNRWA	Awaiting confirmation	UNRWA	-	-	67,682,597	(67,682,597)
<b>Sub total for SECTOR NOT YET SPECIFIED</b>			<b>-</b>	<b>-</b>	<b>67,682,597</b>	<b>(67,682,597)</b>
<b>SECURITY</b>						
oPt-04/S01	Security of humanitarian workers	UNSECOORD	514,754	514,754	-	514,754
<b>Sub total for SECURITY</b>			<b>514,754</b>	<b>514,754</b>	<b>-</b>	<b>514,754</b>
<b>WATER AND SANITATION</b>						
oPt-04/WS01	Water and sanitation - environmental health	UNRWA	995,008	995,008	44,947	950,061
oPt-04/WS02	Response to the urgent water and environmental health needs of the Palestinian community in the West Bank	UNDP/PAPP	20,000,000	20,000,000	-	20,000,000
<b>Sub total for WATER AND SANITATION</b>			<b>20,995,008</b>	<b>20,995,008</b>	<b>44,947</b>	<b>20,950,061</b>
<b>Grand Total</b>			<b>305,133,153</b>	<b>300,479,250</b>	<b>137,940,949</b>	<b>162,538,301</b>

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**Table IV : Consolidated Appeal for  
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<b>AGRICULTURE</b>			
Australia	FAO	oPt-04/A01	300,000
Norway	FAO	oPt-04/A03	978,976
<b>Subtotal for AGRICULTURE</b>			<b>1,278,976</b>
<b>COORDINATION AND SUPPORT SERVICES</b>			
European Commission	OCHA	oPt-04/CSS02	243,605
European Commission	OCHA	oPt-04/CSS02	974,421
Norway	OCHA	oPt-04/CSS02	611,729
Sweden	OCHA	oPt-04/CSS02	677,061
Sweden	UNRWA	oPt-04/CSS01	367,552
United States	UNRWA	oPt-04/CSS01	547,440
United States	OCHA	oPt-04/CSS02	332,429
<b>Subtotal for COORDINATION AND SUPPORT SERVICES</b>			<b>3,754,237</b>
<b>ECONOMIC RECOVERY AND INFRASTRUCTURE</b>			
Belgium	UNRWA	oPt-04/ER/I02	1,203,369
European Commission	UNRWA	oPt-04/ER/I03	1,217,001
European Commission	UNRWA	oPt-04/ER/I01	3,610,108
Japan	UNDP/PAPP	oPt-04/ER/I04	7,560,000
Japan	UNDP/PAPP	oPt-04/ER/I04	4,500,000
Private	UNRWA	oPt-04/ER/I03	60,000
<b>Subtotal for ECONOMIC RECOVERY AND INFRASTRUCTURE</b>			<b>18,150,478</b>
<b>EDUCATION</b>			
Canada	UNRWA	oPt-04/E07-10	451,096
Canada	UNICEF	oPt-04/E01	1,009,130
Canada	UNICEF	oPt-04/E02	1,602,815
European Commission	UNRWA	oPt-04/E07-10	607,548
Germany	UNRWA	oPt-04/E07-10	3,560,945
Japan	UNRWA	oPt-04/E07-10	308,160
<b>Subtotal for EDUCATION</b>			<b>7,539,694</b>
<b>FAMILY SHELTER AND NON-FOOD ITEMS</b>			
Australia	UNRWA	oPt-04/S/NF02	219,300
Japan	UNDP/PAPP	oPt-04/S/NF01	1,500,000
Private	UNRWA	oPt-04/ER/I03	15,655
Private	UNRWA	oPt-04/S/NF02	650
<b>Subtotal for FAMILY SHELTER AND NON-FOOD ITEMS</b>			<b>1,735,605</b>

# OCCUPIED PALESTINIAN TERRITORY

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Donor	Channel	Project code	Amount US\$
<b>FOOD</b>			
Belgium	UNRWA	oPt-04/F02	1,537,191
Belgium	UNRWA	oPt-04/F02	1,203,369
Denmark	WFP	oPt-04/F01	26,736
European Commission	WFP	oPt-04/F01	1,865,671
European Commission	WFP	oPt-04/F01	6,016,847
European Commission	UNRWA	oPt-04/F02	2,647,413
Finland	WFP	oPt-04/F01	74,072
Germany	WFP	oPt-04/F01	121,846
Germany	UNRWA	oPt-04/F02	601,685
Germany	WFP	oPt-04/F01	1,219,512
Germany	UNRWA	oPt-04/F02	1,203,369
Norway	UNRWA	oPt-04/F02	762,335
Private	UNRWA	oPt-04/F02	50,000
Private	UNRWA	oPt-04/F02	296,973
Sweden	WFP	oPt-04/F01	114,833
Switzerland	WFP	oPt-04/F01	793,651
Switzerland	WFP	oPt-04/F01	23,230
Switzerland	WFP	oPt-04/F01	19,066
Syrian Arab Republic	WFP	oPt-04/F01	324,000
United Kingdom	WFP	oPt-04/F01	15,516
United States	WFP	oPt-04/F01	3,125,000
United States	WFP	oPt-04/F01	12,255
United States	UNRWA	oPt-04/F02	10,000,000
<b>Subtotal for FOOD</b>			<b>32,054,570</b>
<b>HEALTH</b>			
Australia	UNRWA	oPt-04/H15	122,100
Belgium	UNFPA	oPt-04/H18	80,000
Canada	UNRWA	oPt-04/H30	751,848
European Commission	UNFPA	oPt-04/H17	600,000
Japan	UNRWA	oPt-04/H15	890,454
Japan	UNRWA	oPt-04/H16	314,586
Norway	WHO	oPt-04/WHO	569,233
Private	UNRWA	oPt-04/H15	269,321
Private	WHO	oPt-04/H02	70,000
Private	UNICEF	oPt-04/H22	93,066
Private	UNICEF	oPt-04/H22	340,815
Private	UNICEF	oPt-04/H22	122,549
Private	UNICEF	oPt-04/H11	115,834
Private	UNICEF	oPt-04/H12	89,389
Private	UNFPA	oPt-04/H17	200,000
Sweden	UNICEF	oPt-04/H23	320,932
Sweden	UNICEF	oPt-04/H22	352,918

# OCCUPIED PALESTINIAN TERRITORY

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Donor	Channel	Project code	Amount US\$
United States	WHO	oPt-04/H07	296,800
United States	WHO	oPt-04/H04	100,000
<b>Subtotal for HEALTH</b>			<b>5,699,845</b>
<b>MULTI-SECTOR</b>			
Norway	UNRWA	oPt-04/UNRWA	1,423,082
<b>Subtotal for MULTI-SECTOR</b>			<b>1,423,082</b>
<b>SECTOR NOT YET SPECIFIED</b>			
Australia	UNRWA	oPt-04/UNRWA	1,498,000
Austria	UNRWA	oPt-04/UNRWA	601,685
Canada	UNRWA	oPt-04/UNRWA	746,269
Denmark	UNRWA	oPt-04/UNRWA	1,133,379
Denmark	UNRWA	oPt-04/UNRWA	4,195,022
European Commission	UNRWA	oPt-04/UNRWA	1,624,549
Finland	UNRWA	oPt-04/UNRWA	621,891
France	UNRWA	oPt-04/UNRWA	487,805
Ireland	UNRWA	oPt-04/UNRWA	1,219,512
Ireland	UNRWA	oPt-04/UNRWA	1,187,648
Luxembourg	UNRWA	oPt-04/UNRWA	243,605
New Zealand	UNRWA	oPt-04/UNRWA	191,070
New Zealand	UNRWA	oPt-04/UNRWA	318,450
Private	UNRWA	oPt-04/UNRWA	13,675
Private	UNRWA	oPt-04/UNRWA	16,766
Private	UNRWA	oPt-04/UNRWA	66,252
Private	UNRWA	oPt-04/UNRWA	1,269
Spain	UNRWA	oPt-04/UNRWA	1,203,369
Sweden	UNRWA	oPt-04/UNRWA	5,238,656
Switzerland	UNRWA	oPt-04/UNRWA	1,600,000
Switzerland	UNRWA	oPt-04/UNRWA	1,600,000
United Kingdom	UNRWA	oPt-04/UNRWA	9,328,358
United Kingdom	UNRWA	oPt-04/UNRWA	3,669,725
United States	UNRWA	oPt-04/UNRWA	10,000,000
United States	UNRWA	oPt-04/UNRWA	19,452,560
<b>Subtotal for SECTOR NOT YET SPECIFIED</b>			<b>66,259,515</b>
<b>WATER AND SANITATION</b>			
Allocations of unearmarked funds by UN agencies	UNRWA	oPt-04/WS01	23,620
Private	UNRWA	oPt-04/WS01	21,327
<b>Subtotal for WATER AND SANITATION</b>			<b>44,947</b>
<b>Grand Total:</b>			<b>137,940,949</b>



## OCCUPIED PALESTINIAN TERRITORY

**Table V & VI : Total Contributions per Donor: Consolidated Appeal and Total Humanitarian Assistance  
occupied Palestinian territory 2004**

21 October 2004

**Table V: Consolidated Appeal**

Total Contributions per Donor (to projects listed in the Consolidated Appeal) [carry over not included]

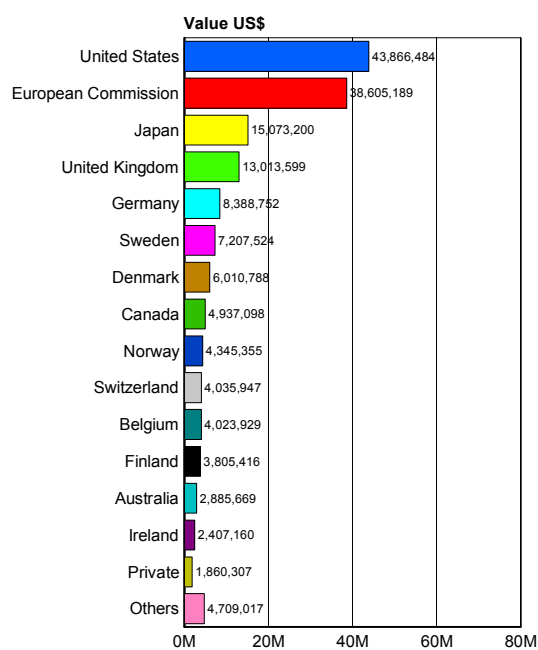
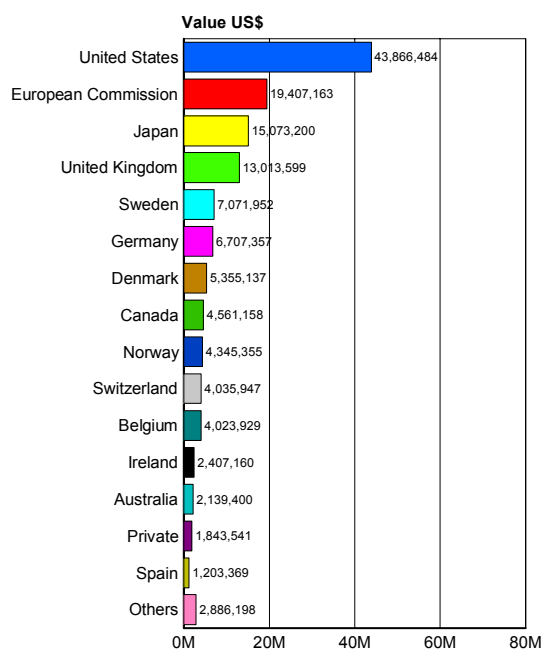
Donor	Value US\$	% of funding
United States	43,866,484	31.8%
European Commission	19,407,163	14.1%
Japan	15,073,200	10.9%
United Kingdom	13,013,599	9.4%
Sweden	7,071,952	5.1%
Germany	6,707,357	4.9%
Denmark	5,355,137	3.9%
Canada	4,561,158	3.3%
Norway	4,345,355	3.2%
Switzerland	4,035,947	2.9%
Belgium	4,023,929	2.9%
Ireland	2,407,160	1.7%
Australia	2,139,400	1.6%
Private	1,843,541	1.3%
Spain	1,203,369	0.9%
Others	2,886,198	2.1%
<b>Grand Total:</b>	<b>137,940,949</b>	<b>100.0%</b>

**Table VI: Total Humanitarian Assistance**

Total Humanitarian Assistance per Donor \*  
(carry over not included)

Donor	Value US\$	% of funding
United States	43,866,484	26.6%
European Commission	38,605,189	23.4%
Japan	15,073,200	9.1%
United Kingdom	13,013,599	7.9%
Germany	8,388,752	5.1%
Sweden	7,207,524	4.4%
Denmark	6,010,788	3.6%
Canada	4,937,098	3.0%
Norway	4,345,355	2.6%
Switzerland	4,035,947	2.4%
Belgium	4,023,929	2.4%
Finland	3,805,416	2.3%
Australia	2,885,669	1.7%
Ireland	2,407,160	1.5%
Private	1,860,307	1.1%
Others	4,709,017	2.9%
<b>Grand Total:</b>	<b>165,175,434</b>	<b>100%</b>

\*) Includes contributions to the Consolidated Appeal and additional contribution outside of the Consolidated Appeal Process (bilateral, Red Cross, etc...)



## OCCUPIED PALESTINIAN TERRITORY

**Table VII: Consolidated Appeal for  
occupied Palestinian territory 2004**  
Other Contributions (to humanitarian projects not listed in the Consolidated Appeal)  
as of 21 October 2004  
<http://www.reliefweb.int/fts>

Note that this table is comprehensive to the extent that decisions have been reported to OCHA

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Date	Donor	Channel	Description	Value US\$
<b>Australia</b>				
28 Jan 04	Australia	ICRC	Promote respect for International Humanitarian Law on both sides of the conflict and enhance the emergency response capacity of both the Palestinian Red Crescent Society and Israel's Magen David Adom	746,269
<b>Subtotal for Australia</b>				<b>746,269</b>
<b>Canada</b>				
12 Feb 04	Canada	RC/Canada	Humanitarian assistance	375,940
<b>Subtotal for Canada</b>				<b>375,940</b>
<b>Denmark</b>				
14 Apr 04	Denmark	Danish RC	Relief aid and humanitarian assistance in crisis and disaster situations	655,651
<b>Subtotal for Denmark</b>				<b>655,651</b>
<b>European Commission</b>				
13 May 04	European Commission	UN Agencies and NGOs	Humanitarian aid for the victims of the ongoing crisis in the Palestinian territories, Palestinian populations in Lebanon and refugees from Iraq	19,198,026
<b>Subtotal for European Commission</b>				<b>19,198,026</b>
<b>Finland</b>				
19 Feb 04	Finland	UNRWA	Core funding for UNRWA	3,109,453
<b>Subtotal for Finland</b>				<b>3,109,453</b>
<b>France</b>				
1 May 04	France		Health and medical; household items	23,697
1 Jun 04	France		Health and medical activities	24,510
1 Jun 04	France		Food and water	98,039
1 Mar 04	France	PSF (France)	Health and medical activities	26,555
27 Jan 04	France	Secours Catholique	Multi-sectoral assistance	105,591
<b>Subtotal for France</b>				<b>278,392</b>
<b>Germany</b>				
27 Jul 04	Germany	Care Germany	Provision of water canisters and sanitary products	140,876
14 Jul 04	Germany	DCV	Emergency food aid for children, elderly and ill people	182,704
7 May 04	Germany	ICRC	Basic needs for Palestinian refugees	473,934

## OCCUPIED PALESTINIAN TERRITORY

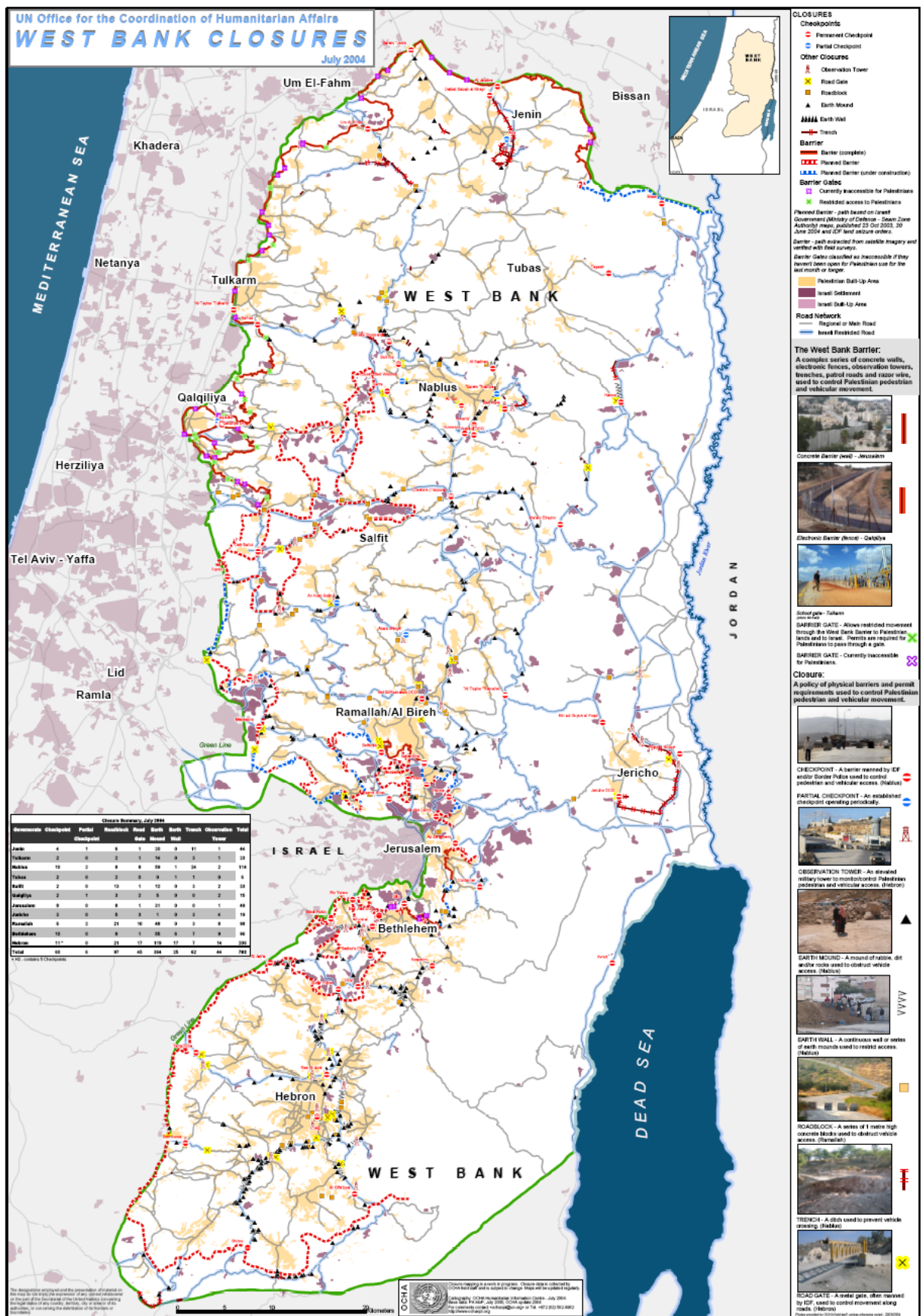
**Table VII: Consolidated Appeal for  
occupied Palestinian territory 2004**  
Other Contributions (to humanitarian projects not listed in the Consolidated Appeal)  
as of 21 October 2004  
<http://www.reliefweb.int/fts>

Note that this table is comprehensive to the extent that decisions have been reported to OCHA

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Date	Donor	Channel	Description	Value US\$
13 Jul 04	Germany	ICRC	Food aid	633,374
28 May 04	Germany	Medico International, Frankfurt	Medicine, hygiene kits for Palestinian refugees	113,507
9 Jun 04	Germany	TT	Medicine for Palestinian refugees	137,000
<b>Subtotal for Germany</b>				<b>1,681,395</b>
<b>Luxembourg</b>				
4 Mar 04	Luxembourg	ICRC	Humanitarian assistance	621,891
<b>Subtotal for Luxembourg</b>				<b>621,891</b>
<b>Netherlands</b>				
18 Aug 04	Netherlands	Netherlands RC	To prepare for the next medical emergency and to further build up PRCS relief items stocks in Gaza	316,065
<b>Subtotal for Netherlands</b>				<b>316,065</b>
<b>Private</b>				
28 Jan 04	Private	UNRWA	In kind - Blankets, school bags, shoes	16,766
<b>Subtotal for Private</b>				<b>16,766</b>
<b>Sweden</b>				
22 Mar 04	Sweden	Palestine Solidarity Organisation in Sweden	Programme for community bases rehabilitation in Nahr El Barred and Beddawi	135,572
<b>Subtotal for Sweden</b>				<b>135,572</b>
<b>United Arab Emirates</b>				
8 Jul 04	United Arab Emirates	United Arab Emirates Red Crescent	To support the Palestinian detainees	10,000
28 Jun 04	United Arab Emirates	United Arab Emirates Red Crescent	Medical and food supplies	89,065
<b>Subtotal for United Arab Emirates</b>				<b>99,065</b>
<b>Grand Total:</b>				<b>27,234,485</b>

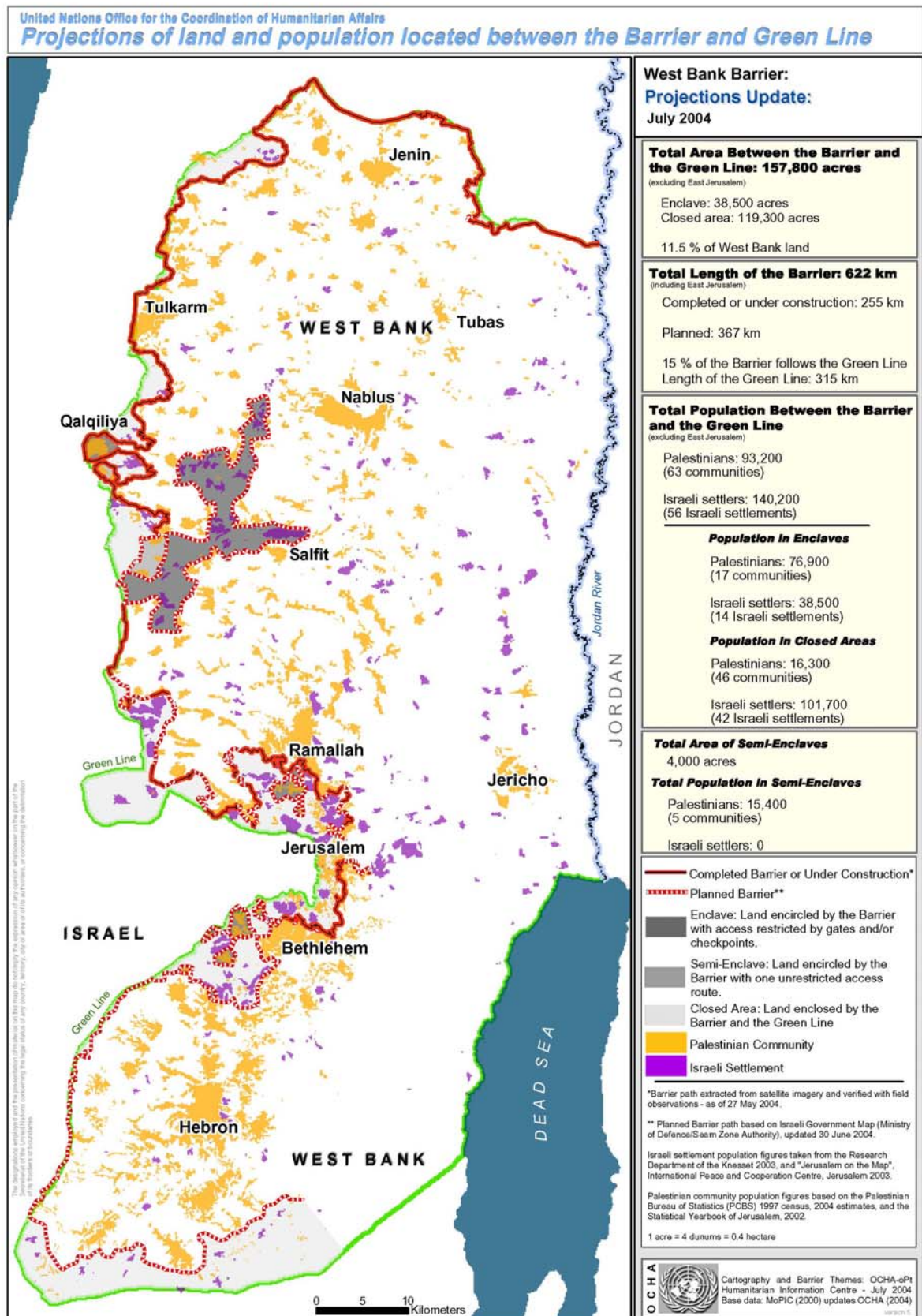
## ANNEX II.







## ANNEX IV.



## ANNEX V.

### EVOLUTION OF ISRAELI SECURITY MEASURES, 2000-2004

The following table summarises the evolution of Israeli security measures since 2000. Monitoring of security measures by OCHA oPt and other organisations has become more systematic during the past two years; therefore some of the earlier data are less detailed than those available for 2004. Assessments have been made on the basis of quantitative data supported by judgments from OCHA field coordination units and agency field staff.

↓ deterioration ↔ no change ↑ improvement	<i>Situation in 2004</i>	<i>Situation in 2003</i>	<i>Situation in 2002</i>	<i>Situation pre-September 2000</i> <sup>124</sup>
Movement of persons  West Bank: ↔ Gaza: ↓	<p>Space in the West Bank and Gaza remains highly fragmented impacting severely on Palestinian economic activity<sup>125</sup>. Restrictions and prohibitions on Palestinian freedom of movement remain in place, particularly in Oslo Area C: permits are still required for travel between cities in the West Bank and have been invalidated during declared security alerts.</p> <p>Relaxation of the closures regime declared by the IDF in November 2003 and July 2004 have been insignificant and short lived with the easing of restrictions soon reversed. There are in the West Bank 124km of roads completely prohibited to Palestinian traffic, 244km partially prohibited and 364km for restricted use<sup>126</sup>.</p> <p>Access to Jerusalem (Al Aqsa Mosque) for worshippers, particularly on Fridays, continues to be heavily restricted.</p> <p><u>Gaza</u>: - Movement into Israel through Erez is now virtually impossible for most Palestinians with the exception of senior PA members and emergency medical cases.</p> <ul style="list-style-type: none"> <li>- Since 17 April, no Palestinian males aged 16-35 have been able to exit Gaza via Rafah.</li> <li>- Rafah completely closed between 18 July and 6 August for all passengers and emergency/ humanitarian cases.</li> <li>- No fishing permitted from approximately 40% of Gaza since October 2003. Elsewhere, no movement beyond 6 nautical miles</li> </ul>	<p>Permits required for travel within the West Bank – between cities;</p> <ul style="list-style-type: none"> <li>- Fishing zone regulations in Gaza were relaxed in August although in practice, the IDF is not allowing the fishing fleet to go out nearly as far as they say they are and fishing boats are periodically shot at.</li> </ul>	<p>Movement permitted for workers and traders between West Bank and Jerusalem/Israel, subject to permits; Movement within the West Bank – no permits required, movement restricted but possible.</p>	<p>In 1994, a pass system turned a universal right of entry into Israel into a coveted privilege allotted on a case-by-case basis.</p>

<sup>124</sup> See, for example, A. Hass, Israel's Closure Policy: An Ineffective Strategy of Containment and Repression, Journal of Palestinian Studies (Issue 123, Spring 2002)

<sup>125</sup> Forty-two months --- Intifada, Closures and Palestinian economic crisis. An assessment. World Bank, June 2004 (NOT FOR QUOTATION), p. 8

<sup>126</sup> Forbidden Roads: The discriminatory West Bank road regime, B'Tselem, August 2004



# OCUPIED PALESTINIAN TERRITORY

↓ deterioration ↔ no change ↑ improvement	<i>Situation in 2004</i>	<i>Situation in 2003</i>	<i>Situation in 2002</i>	<i>Situation pre-September 2000</i> <sup>127</sup>
<p>Movement of Palestinian labour to Israel<sup>128</sup></p> <p>↓</p>	<p>Closures and permit cancellations greatly reduced the number of Palestinians working in Israel and Israeli settlements. Only nine percent of employed Palestinians (57,000 people) were working in the Israeli labour market as of December 2003.<sup>129</sup> Since the targeted killing of Hamas leaders in Gaza in the second quarter of 2004, movement and issuance of permits has been drastically reduced.</p> <p><i>(Figures from Ministry of Labour for reporting period are coming and will be sent to Jerusalem fax no.)</i></p> <p><u>Gaza</u>: Marked reduction in the number of workers entering Israel and Erez Industrial estate.</p> <ul style="list-style-type: none"> <li>- up to 12,785 workers entering Israel daily in the last week of 2003; up to 1,550 workers in last week of July 2004.</li> <li>- 43 day closure of Erez between 18 April and 30 May.</li> <li>- full closure at Erez since 31 August.</li> </ul>	<p>Permit numbers increased but not change in labour flows. As of June: West Bankers = 5,123 permits; Gazans = 14,211<sup>130</sup> Erez closed periodically in March - June. With the announcement of the <i>hudna</i>, increase in permits issued. From mid-Aug to end of Sept., Erez periodically closed. Between 7,000 and 9,000 workers are crossing daily, with movement restricted to those above 35 years.</p>	<p>Fewer West Bankers issued permits than Gazans. The total number of permits issued: West Bankers = 14,126; Gazans = 69,776.</p> <p>In 2001, the # permits issued for Gazans crossing into Israel at Erez averaged at 2,000 workers per day. From mid-June '02 - end '02, 10,000 - 11,500 per day.</p>	<ul style="list-style-type: none"> <li>- Between 1991-1993, the number of Palestinian workers in Israel was slashed.</li> <li>- Approximately 30,000 Gazans per day crossed into Israel at Erez to work.</li> </ul>
<p>Assassinations / extra-judicial killings</p> <p>↓</p>	<p>Increase in targeted assassinations by the IDF of senior Hamas and Islamic Jihad militants in Gaza, Nablus and Jenin. Mostly undertaken through undercover operations in the West Bank, the IDF has however resorted to disproportionate use of force in many cases resulting in civilians casualties (e.g. helicopter missile attacks have occurred in all three localities)</p>	<p><u>Gaza</u>: indication of an increased use of indiscriminate force by the IDF in 2003 (two internationals were killed and one left clinically dead in early 2003) and targeted assassinations resumed in the post-<i>hudna</i> period.<sup>131</sup></p>	<p>According to AI, over 35 Palestinians were killed in targeted assassinations.<sup>132</sup> <u>Gaza</u>: targeted assassinations included the attack on Sheikh Shehada (July), killing 16 persons. Refugee camps were raided (e.g. Jabalia in March).</p>	<p>Extra-judicial killings took place.<sup>133</sup></p>

<sup>127</sup> See, for example, A. Hass, Israel's Closure Policy: An Ineffective Strategy of Containment and Repression, Journal of Palestinian Studies (Issue 123, Spring 2002)

<sup>128</sup> Ministry of Labour

<sup>129</sup> World Bank, *ibidem*

<sup>130</sup> Closure/Curfew, Economic and Social/Humanitarian Monitoring Indicators, Report #5, August 31 2003.

<sup>131</sup> Amnesty International: Israel and the Occupied Territories: Israel must end its policy of assassinations, 4 July 2003, AI Index: MDE 15/056/2003.

<sup>132</sup> Amnesty International: Annual Report 2003. According to Amnesty International (AI), since Nov. 2000, over 100 Palestinians have been assassinated by IDF during which scores of Palestinian bystanders killed, and hundreds injured.

<sup>133</sup> Amnesty International, Annual Report 1999. In 1998, Israeli security forces killed at least 20 Palestinian civilians in circumstances suggesting that they may have been extra-judicially executed



# OCUPIED PALESTINIAN TERRITORY

↓ deterioration ↔ no change ↑ improvement	<i>Situation in 2004</i>	<i>Situation in 2003</i>	<i>Situation in 2002</i>	<i>Situation pre-September 2000</i> <sup>134</sup>
Military operations West Bank: ↑ Gaza: ↓	<p><u>Gaza</u>: Incursion took place in May 2004 in Rafah (Operation Rainbow) and August 2004 in Beit Hanoun (Operation Forward Shield), respectively to search for weapons smuggling tunnels and to locate militants responsible for launching Qassam rockets into Israel. The incursions resulted in loss of life and extensive loss of property causing homelessness.</p> <p><u>West Bank</u>: no major protracted military operations into densely populated urban areas except for Nablus in December 2003 and August 2004, but targeted search and arrest campaigns recorded in all localities<sup>135</sup>.</p>	<p><u>West Bank</u>: no major incursion on the scale seen in 2002.</p> <p><u>Gaza</u>: deep incursions into densely populated Palestinian areas across the Gaza Strip as the IDF stepped up their crack-down on Islamic militants, employing tens of armed vehicles, often with helicopter back-up.</p>	<p><u>West Bank</u>: Israeli military offensives intensified with the IDF launch of 'Operation Defensive Shield' and entering Bethlehem, Tulkarm, Qalqilya, Jenin and Nablus, which were declared closed military zones, infrastructure destroyed. Israeli soldiers allegedly used Palestinians as human shields.</p> <p><u>Gaza</u>: IDF lightning raids by F16s on PA installations. Incursions into Rafah and areas close to settlements.</p>	
Humanitarian Access <sup>136</sup> ↑	<p>1,085 access incidents including 294 cases of access denials (1 Sep 2003 – 31 May 2004).</p> <p><u>Karni crossing</u>: steady decline in number of containers going through from 1 Jan – 31 May 2004. Periodic closures at Karni combined with increased security measures have impacted on humanitarian assistance particularly for UNWRA and WFP. Karni closed between 11 and 30 May.</p> <p><u>Ambulance delays</u>: 191 delays and 126 access denials registered (1 Sep 2003 – 31 May, 2004)</p> <p><u>West Bank</u>: as of October 2003, Palestinians working for international humanitarian organisations (except for some specific cases – ICRC, OCHA, UNICEF) are required to apply for permits to access Seam Zone areas.</p>	<p>Some improvement in the mobility of international staff, while national staffs continue to experience delays/denials. 1400 access incidents including 300 cases of access denial (1 March - 31 July).</p> <p><u>West Bank</u>: access more difficult in areas affected by the Barrier.</p> <p><u>Gaza</u>: at Erez, restrictions tightened on passage of internationals.</p> <p><u>Karni crossing</u>: some improvements for UN but crossing closed periodically. UNRWA's operating costs doubled since Aug'02.</p>	<p>Humanitarian access denied to areas declared closed military zones. Insufficient number of communication channels between relief community and IDF.</p> <p><u>Palestinian ambulances</u>: cases of access denial. Four medical staff killed, scores of ambulances damaged/destroyed.</p>	

<sup>134</sup> See, for example, A. Hass, Israel's Closure Policy: An Ineffective Strategy of Containment and Repression, Journal of Palestinian Studies (Issue 123, Spring 2002)

<sup>135</sup> See UNRWA West bank sitrep

<sup>136</sup> Source: Access and Closures Information System, ACIS, OCHA

<sup>137</sup> 13 July 2004, UNRWA convoy carrying food to Beit Hanoun came under fire by the IDF. On 4 August, Peter Hansen, Commissioner-General for UNRWA decided to relocate temporarily UNRWA staff from the Gaza Strip to Amman following the escalation in the level of insecurity. (UNRWA press statement, 4 August 2004)

<sup>138</sup> See Weekly Briefing Notes, OCHA on www.ochaopt.org

# OCCUPIED PALESTINIAN TERRITORY

<p>↓ deterioration ↔ no change ↑ improvement</p>	<p><b>Situation in 2004</b></p>	<p><b>Situation in 2003</b></p>	<p><b>Situation in 2002</b></p>	<p><b>Situation pre-September 2000<sup>134</sup></b></p>
	<p><u>Gaza</u>: Strict control over entry into Gaza since January for international staff. "New arrivals" must submit details 5 working days in advance for approval by Israeli General Security Services (GSS). The ability of humanitarian organisations to reach vulnerable Palestinian communities affected by Israeli military operations has been severely curtailed. Safe passage for ambulances cannot be guaranteed during IDF incursions into Gaza with regular denial of access and occasional targeting by Israeli gun fire. UN staff in close proximity to IDF warning shots on 8 occasions in Beit Hanoun in July in spite of prior coordination with the DCL.<sup>137</sup> Increased restrictions on the passage of ambulances through Erez into Israel and Rafah into Egypt since March 2004.</p> <p>Entry into Gaza closed areas remains difficult with no access for international staff to As Siafa for nearly 3 months.<sup>138</sup></p>	<p><u>Restricted areas</u>: some improvements in access to Al Mawasi with the appointment of an IDF liaison officer for the southern Gaza Strip.</p> <p><u>Ambulance delays</u>: although reduced, 300 incidents with 90 access denials registered (1 March - 31 July)</p>		
<p>Roadblocks &amp; checkpoints ↔</p>	<p><u>West Bank</u>: Physical obstacles and restrictions on Palestinian vehicular movement continue to have a sizeable negative impact on Palestinian communities dwarfing, for the time being, the impact of the Barrier<sup>139</sup>. No significant change in the total number of closures has been recorded. As of July 2004, OCHA counted in the West Bank 66 checkpoints and 44 observation towers, usually paired with one of the 45 road gates used to control vehicular movement. In addition, 97 roadblocks, 364 earth mounds, 62 trenches and 25 continuous earth mounds prevent vehicular movement between Palestinian communities on West Bank roads.<sup>140</sup> Checkpoint behaviour by Israeli security forces, particularly Border Police, did not improve despite the issuance of guidelines by the Israeli Ministry of Defence.<sup>141</sup></p>	<p>Palestinian traffic subject to IDF clearances.</p> <p><u>West Bank</u>: construction of additional roadblocks and unmanned barriers – reaching over 300 (excluding Bethlehem and Hebron).</p>	<p>Palestinian traffic on primary roads banned. All traffic is channeled through manned checkpoints – no permits required.</p>	<p>Some checkpoints but not systematic. '91-'93, travel between Gaza and West Bank more difficult.</p>

<sup>139</sup> Forty-two months --- Intifada, Closures and Palestinian economic crisis. An assessment. World Bank, June 2004 (NOT FOR QUOTATION), p. 9

<sup>140</sup> See West Bank Closures, July 2004, OCHA

<sup>141</sup> See Weekly Briefing Notes at [www.ochaopt.org](http://www.ochaopt.org) as well as regular reports by the Israeli human rights organisation Machsom Watch on [www.machsomwatch.org](http://www.machsomwatch.org).

# OCUPIED PALESTINIAN TERRITORY

↓ deterioration ↔ no change ↑ improvement	<i>Situation in 2004</i>	<i>Situation in 2003</i>	<i>Situation in 2002</i>	<i>Situation pre-September 2000</i> <sup>142</sup>
Curfews <sup>143</sup> ↑	<p>There has been a decline in the use of curfews by the IDF, although they have been used, particularly in the city of Nablus. No protracted curfews have been recorded in the old city of Hebron (H2) since August 2003.</p> <p>Self imposed nightly curfews by communities in Gaza living in close proximity to or inside Israeli settlements – parts of Muragha, Wadi Salka, Al Qarara, Siafa and Mawasi.</p>	Localities under recurrent curfews declines: on average 9 localities and 208,955 persons under curfew daily (Jan - Aug 2003)	On average 37 Palestinian localities with 547,000 persons placed under curfews on daily (Jun–Dec).	
Palestinian tax clearance revenues <sup>144</sup> ↔	<p>Monthly transfers of clearance revenues to the PA occurring regularly and unhindered since January 2003.</p> <p>Amount of 1,066mil NIS still outstanding on import and customs duties, VAT on businesses in Israel and petroleum imports still frozen by Israeli District Courts.</p>	Resumption of monthly transfers of clearance revenues to the PA, averaging US\$ 35 million per month, plus an additional US\$ 21 million per month from the accrued stock of withheld tax revenues. <sup>145</sup> The remaining stock estimated at US\$ 480 million.	Total freeze of Palestinian VAT tax revenues with sporadic partial repayments to the PA of US\$ 45 million (out of the total stock of over US\$600 million) in the 2 <sup>nd</sup> half of '02; i.e. monthly av. rebating at US\$ 4 million <sup>146</sup> .	
Land confiscation and leveling ↓	<p>The trend recorded in the last reporting period continued with cumulative land losses.</p> <p><u>Gaza</u>: Significant land levelling in central Gaza in May and June around Qissufim road and south of Abu Houli junction respectively, following Israeli fatalities. 289 hectares of land levelled in Beit Hanoun in July. Now estimated that over 50% of the area's agricultural land has been destroyed in the last 4 years. Land confiscation has continued around the settlements of Nezarim, Kfar Darom and Morag.</p>	<p><u>Gaza</u>: an increase in land levelled. 1107 acres/132,840 trees destroyed. Over 10% of the total arable land has been levelled.</p> <p><u>West Bank</u>: increase in land confiscated. Cumulative land loss estimated at 90 square kilometres. Further land destroyed for Barrier or placed on the "Israeli" side of the Barrier.</p>	Land leveling and confiscation is for the most part, limited to Gaza. UNRWA Field Security Office estimates that: 777.25 acres and 93,270 trees were destroyed in 2002.	Land was confiscated for the expansion of settlements and the building of a network of by-pass roads linking Israeli settlements to each other and to Israel.

<sup>142</sup> See, for example, A. Hass, Israel's Closure Policy: An Ineffective Strategy of Containment and Repression, Journal of Palestinian Studies (Issue 123, Spring 2002)

<sup>143</sup> OCHA curfew tracking database

<sup>144</sup> The World Bank considers the retention of Palestinian tax money as a form of closures. Data from the Ministry of Finance in Ramallah

<sup>145</sup> Source: IMF

<sup>146</sup> Source: IMF, budgetary prospects as of February 17, 2003.

# OCCUPIED PALESTINIAN TERRITORY

<p>↓ deterioration ↔ no change ↑ improvement</p>	<i>Situation in 2004</i>	<i>Situation in 2003</i>	<i>Situation in 2002</i>	<i>Situation pre-September 2000</i> <sup>147</sup>
House Demolition ↓	<p>Since the beginning of 2004 and up to the end of June, 614 Palestinian houses have been demolished by the Israeli army, with another 632 partially demolished in the oPt<sup>148</sup>.</p> <p><u>Gaza</u>: 298 buildings were demolished in Rafah/Gaza during May 2004 with 3,800 people made homeless (a total of 1,497 buildings demolished since Sep 2000 – over 15,000 made homeless). The UN estimated in June 2004 that US\$ 45mil would be required to re-house Palestinian rendered homeless by the May 2004 IDF incursion<sup>149</sup>.</p> <p>- In 2002: average of 15 homes per month destroyed in Rafah.</p> <p>- In 2004: average of 77 homes per month in Rafah.</p>	<p>Accelerated demolition of Palestinian houses in Gaza, continued house demolitions in the West Bank; and demolition of Palestinian homes in East Jerusalem.</p>	<p><u>Gaza</u>: 1,800 Palestinian homes destroyed and demolished for the expansion of Israeli buffer zones</p> <p><u>West Bank</u>: punitive actions, and destruction of housing during two consecutive IDF military operations.</p>	<p>Scores of homes were destroyed each year on the premise that they did not have permits.</p>
West Bank Barrier ↓	<p>Construction of the Barrier has accelerated, continuing even after the advisory opinion by the International Court of Justice<sup>150</sup>.</p> <p>As of February 2004, Israel confiscated 270,558 dunums of land to build the Barrier, displacing 11,461 persons and leaving affecting up to 416,000 Palestinians.<sup>151</sup></p> <p>Revisions have been made to the route of the Barrier and 17% less land will be located between it and the Green Line.<sup>152</sup></p> <p>Restrictions on freedom of movement in the Seam Zone areas pose particular hardship for Palestinians as the permit system is implemented arbitrarily<sup>153</sup> and gate-opening hours allowing access into these areas are irregular.<sup>154</sup></p>	<p>Israel has confiscated 41250 acres of land in 76 localities, displaced 2,323 people, and left 42,097 people between the separation Barrier and the Green Line.<sup>155</sup></p>	<p>Gol announces building of “security fence” in the West Bank. Construction begins in June in the North and on the so-called ‘Jerusalem envelope’.</p>	<p>The erecting of the ‘electronic Barrier’ in 1994 in Gaza.</p>

<sup>147</sup> See, for example, A. Hass, Israel's Closure Policy: An Ineffective Strategy of Containment and Repression, Journal of Palestinian Studies (Issue 123, Spring 2002)

<sup>148</sup> See Al Mezan Center for Human Rights, [www.mezan.org](http://www.mezan.org)

<sup>149</sup> Rafah Humanitarian Needs Assessment, United Nations, 6 June 2004.

<sup>150</sup> The ICJ ruled on 9 July, 2004 that the Barrier constructed by Israel in and around the West Bank was in breach of international law

<sup>151</sup> Survey on the Impact of the Expansion and Annexation Wall on the Palestinian Localities that the Wall Passed Through, March 2004, Palestinian Central Bureau of Statistics

<sup>152</sup> Preliminary Analysis of the Humanitarian Implications of Latest Barrier Projections, OCHA, 8 July 2004.

<sup>153</sup> Report of the Special Rapporteur of the Commission on Human Rights on the situation of human rights in the Palestinian territories occupied by Israel since 1967, John Dugard, September 2004, p. 27. According to the interim report “...over 13,500 Palestinians live in the ... (Seam Zone)..., obliged to have permits to live in their own homes. Farmers with land in the same area also require permits to cross the Barrier.

<sup>154</sup> Of 53 gates observed by the UN in the Barrier only 15 are accessible to Palestinians with correct permits: opening hours are not being implemented consistently by the IDF. For further information on the permit regime in Seam Zone areas please refer to OCHA oPt Barrier Updates, available at [www.ochaopt.org](http://www.ochaopt.org), and “Not all it seems. Preventing Palestinian Access to their Lands West of the Separation Barrier in the Tulkarm-Qalqiliya Area”, B'Tselem, June 2004.

# **OCCUPIED PALESTINIAN TERRITORY**

↓ deterioration ↔ no change ↑ improvement	<i><b>Situation in 2004</b></i>	<i><b>Situation in 2003</b></i>	<i><b>Situation in 2002</b></i>	<i><b>Situation pre-September 2000<sup>147</sup></b></i>
Arrests / Detentions ↑	Search and arrest campaigns have continued in all localities but prevalently in Nablus and Hebron Governorates. As of September 2004 there are 7,600 Palestinian in Israeli prisons or detention camps including 450 minors and 112 women: only 3,700 have been tried <sup>156</sup> and 800 are administrative detainees.	Search and arrest campaigns continue while about 400 prisoners released during the ceasefire. The current prisoner population is estimated to be between 8,000-9,000, 1,000 of which are administrative detainees. <sup>157</sup>	Thousands of Palestinian males arrested aged 14-60 years old during the IDF occupation of the West Bank localities. Human Rights organisations estimate between 6-8,000 Palestinian prisoners.	The prisoner population estimated to be 3,000. During the first Intifada, it was 17,000.

<sup>155</sup> PCBS: Survey on the Impact of Separation Wall on the Localities where it passed through, 2003. August 2003.

<sup>156</sup> The information is available on the website of the Palestinian Prisoners' Society at [www.ppsmo.org](http://www.ppsmo.org).

<sup>157</sup> Since September 2000, Israel has detained more than 2,000 Palestinian children and women (PA Ministry of Detainee Affairs). As of 31 August 2003, Israel is holding 346 children and 73 women (Addameer Prisoners Support and Human Rights Association), September 2003

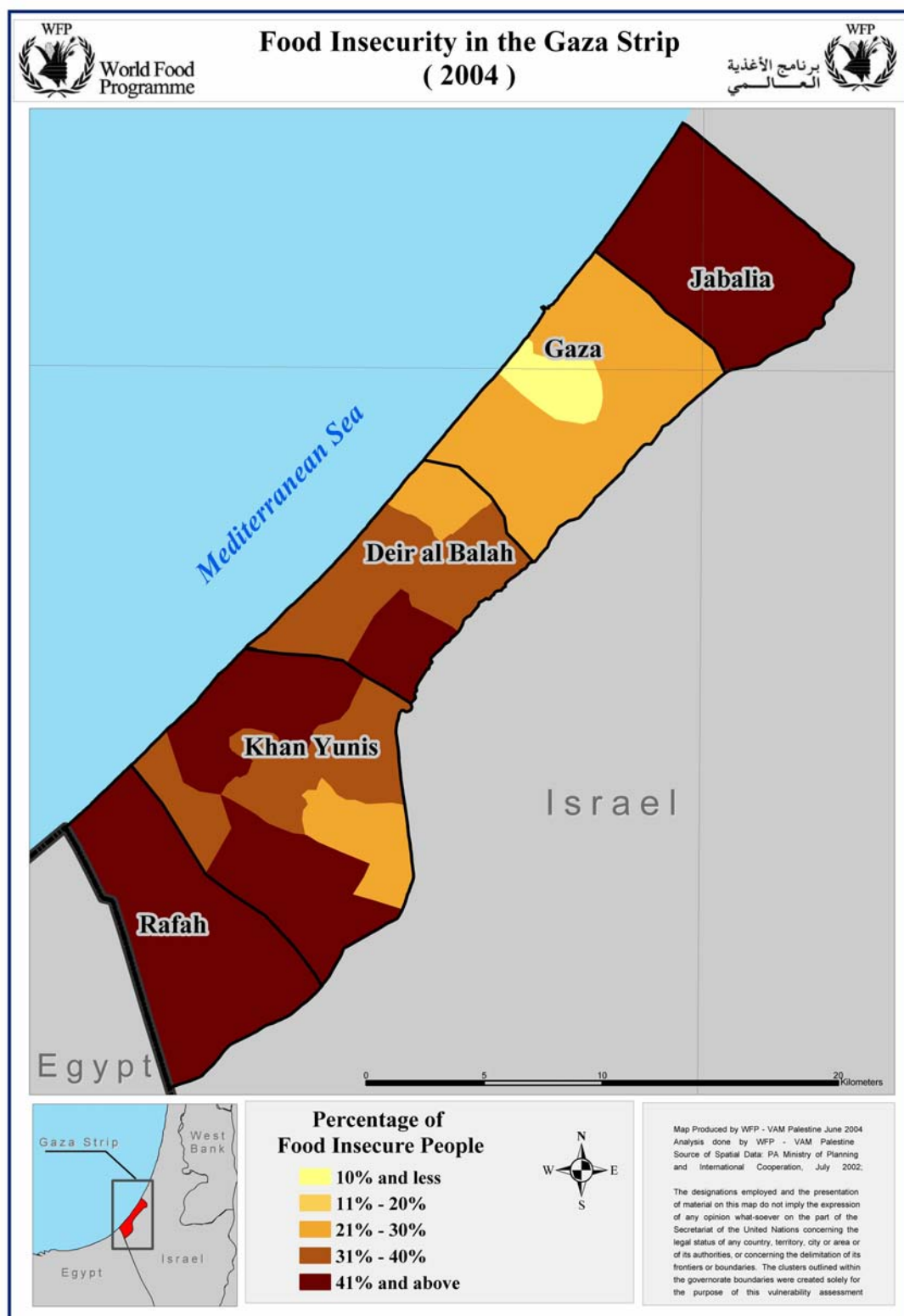
## ANNEX VI.

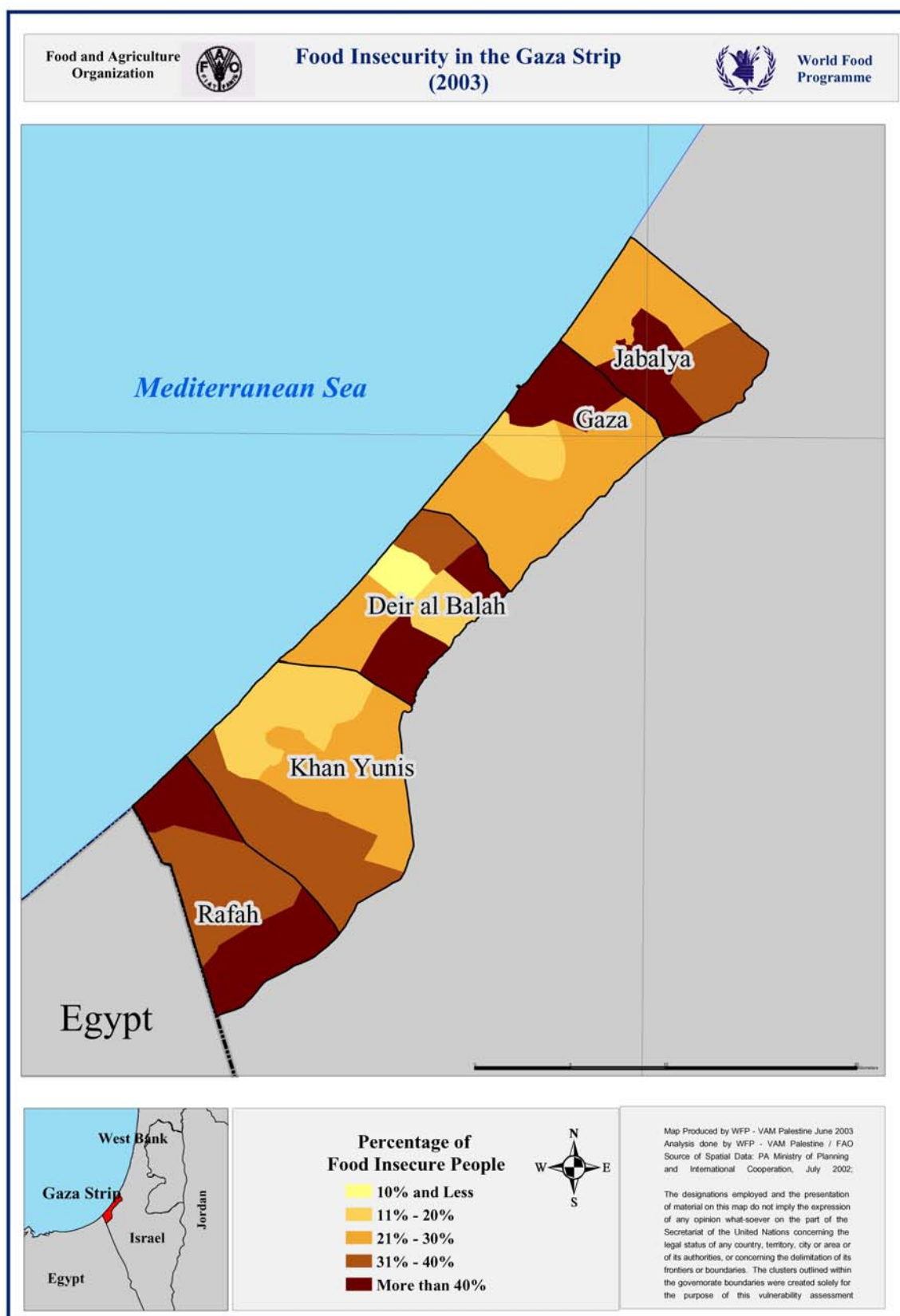
## VULNERABLE GROUPS IN THE OCCUPIED PALESTINIAN TERRITORY

Population group	Analysis of vulnerability, and changes since 2003
<p><b>Chronic poor and social hardship cases:</b> Often chronically ill, living in female-headed households, and unemployed or unable to work even before the beginning of the <i>Intifada</i>.</p> <p>16% of the population is living in deep or 'subsistence' poverty, unable to afford the minimum calorific intake recommended by FAO/WFP and other basic needs. Those living in subsistence poverty are more likely to be uneducated, live in a family with a large number of dependents on each working age adult.</p>	<p><i>Impoverishment:</i> Reduction of consumption employed as coping mechanism less frequently now than in early years of the <i>Intifada</i>: many chronic poor are almost completely reliant on external assistance. Chronic poor are unlikely to have benefited from the economic stabilisation of 2003.</p> <p><i>Crisis areas:</i> 23% of Gazans are living in subsistence poverty, compared with 12% in the West Bank as a whole and 6% in the middle West Bank. Northern and Southern West Bank more affected by poverty than Middle West Bank. Gaza households are far more dependent on the Ministry of Social Affairs (MoSA) and UNRWA assistance than are West Bank households (WFP).</p> <p>This group is still 'first priority' for aid agencies. The chronic poor have benefited consistently from emergency assistance, which has helped to compensate for their lack of independent resources. They remain very heavily dependent on external assistance.</p>
<p>The 'new poor' lost jobs during the first two years of the <i>Intifada</i>, through business failure or loss of access to markets and employment.</p> <p>26% of the population has fallen below the poverty line since 2000: many of these constitute the 'new poor' category used by aid agencies.</p> <p>31% is now living below the poverty line, but not in 'subsistence' poverty.</p> <p>26% of Palestinians are at risk of becoming food insecure.</p>	<p><i>Impoverishment, fragmentation:</i> The 2004 Mid-Year Review noted the erosion of coping mechanisms among the new poor. Many 'new poor' unskilled daily wage earners have experienced an important drop in living standards, because they are unable to reach Israel, and are employing extreme coping strategies (WFP). 'New poor' farmers, whose land has been confiscated, have also been forced to adapt extreme coping mechanisms. Needs in this section of the 'new poor' are increasing.</p> <p>Small-scale traders and PA employees have also fallen below the poverty line since 2000, but their living conditions have not deteriorated to such an extent in 2003-04.</p> <p><i>Acute crisis areas:</i> Many of the 'new poor' are in the group described as 'at risk' of food insecurity. Food insecurity in Gaza increased to an alarming extent since 2003, particularly in Rafah. Food insecurity also increased significantly in areas affected by the Barrier or among 'new poor' currently locked in Israel controlled security zones (WFP).</p> <p>Vulnerability in this group is growing as coping mechanisms erode over time. The 'new poor' have until now been considered 'second priority' beneficiaries for aid agencies.</p>
<p><b>Children and young people</b></p>	<p><i>Impoverishment:</i> Unemployment affects the young: 37% of young people seeking work did not find a job, compared with 25% in the population as a whole. The equivalent rate before the <i>intifada</i> was 14%, compared with 10% for the whole population. Poverty rates are high among individuals living in households with many children. Young people suffer from high cost of education and a sense of marginalization.</p> <p><i>Acute crisis areas:</i> Children living in areas subjected to frequent violence or Barrier construction are exhibiting signs of severe stress.</p>
<p><b>Elderly</b></p>	<p><i>Fragmentation:</i> The elderly find it more difficult to access services, and many have lost access to social networks of support. They are affected by poor mobility, poor health, and vulnerability to depression. (UNDP /PAPP)</p>
<p><b>Women</b></p>	<p><i>Fragmentation:</i> Women's physical and mental health has been disproportionately affected by the crisis. More women than men experience difficulties reaching health services as a consequence of closures and the Barrier (UNIFEM/UNDP/Birzeit University).</p>
<p><b>Refugees</b> 1.56 million Palestinians in the oPt are UNRWA registered refugees. Of this number, 660,000 refugees live in camps.</p>	<p>Poverty is higher among the refugee population. 17% of refugee households are living in subsistence poverty, and Palestinians living in camps are more likely to suffer from deep poverty than those living in non-camp areas. However, needy refugees are more likely to receive aid than needy non-refugees (World Bank).</p>
<p><b>Rural communities</b></p>	<p><i>Fragmentation:</i> With the exception of Nablus and Qalqiliya, rural communities in all West Bank governorates were employing more extreme coping strategies than their urban counterparts (WFP). The needy from rural areas were less likely to receive assistance because of their inability to reach urban centres, and nearly half of the rural needy receive no emergency assistance of any form (World Bank).</p>
<p><b>Palestinians with low educational qualifications</b></p>	<p><i>Impoverishment:</i> A quarter of individuals living in households whose working age adults have not finished elementary school are living in subsistence poverty, compared with 4% of individuals living in households with working-age adults who have completed secondary school. (World Bank)</p>

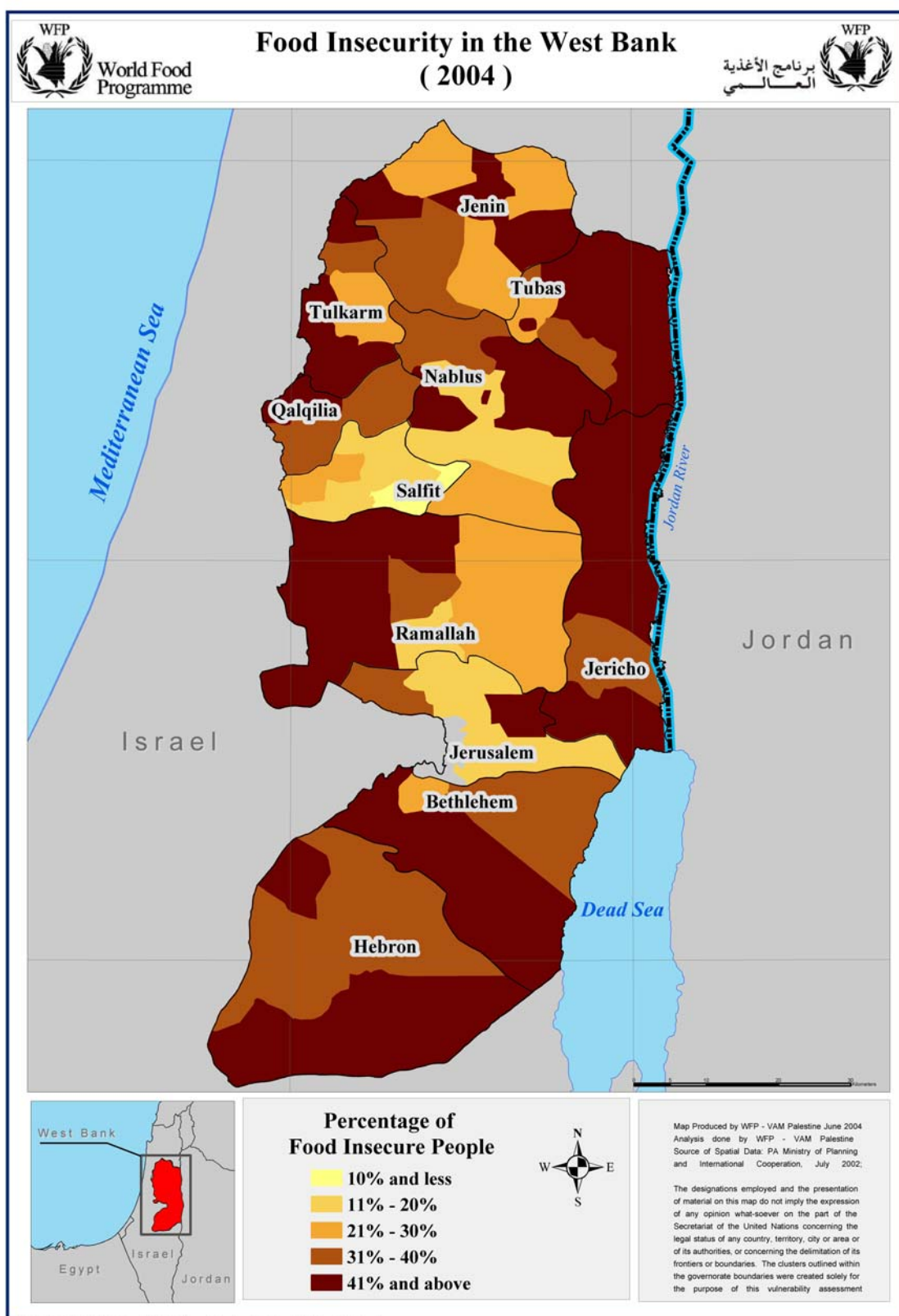
## ANNEX VII.

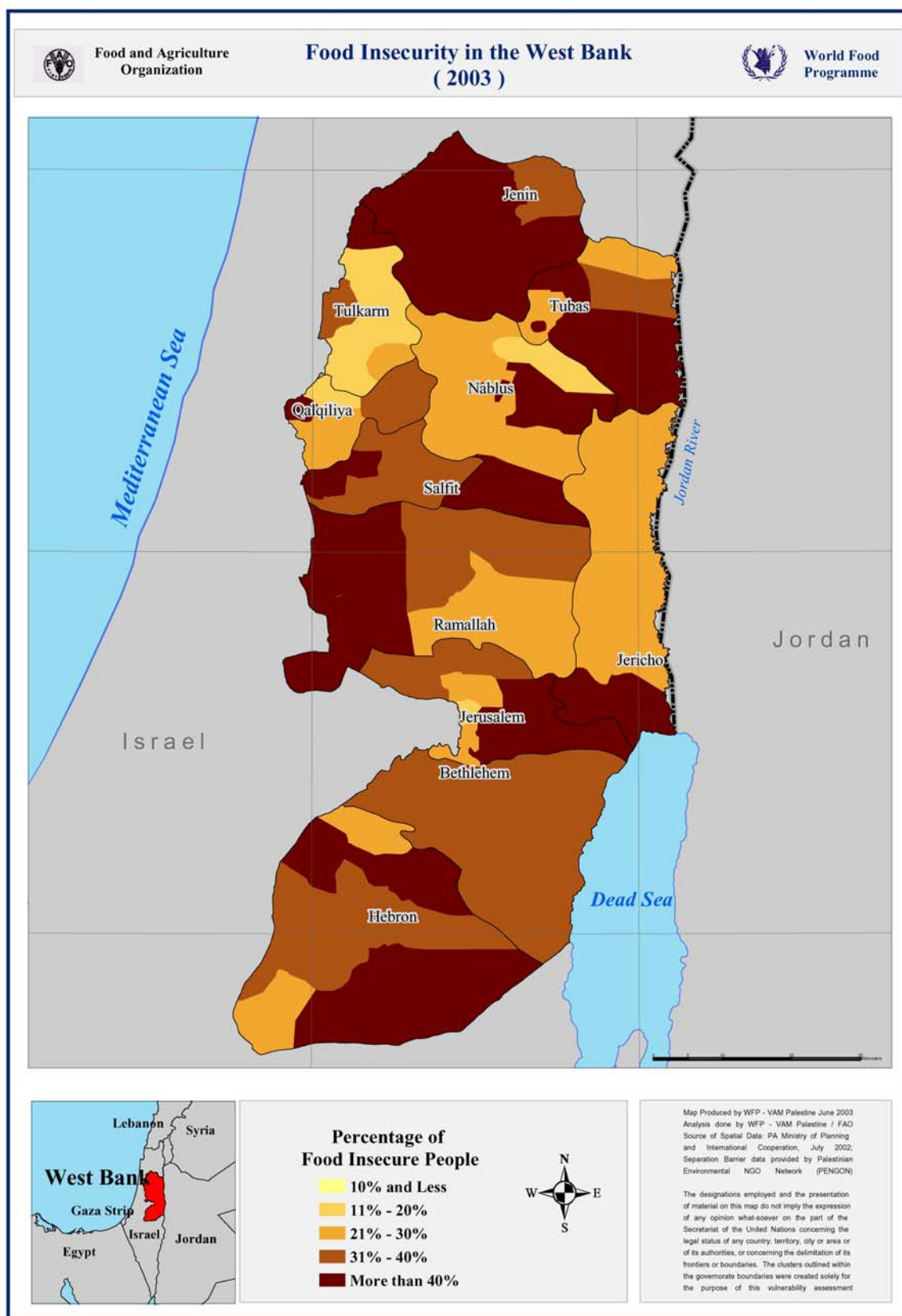
## WORLD FOOD PROGRAMME MAPS











## ANNEX VIII.

## ACRONYMS AND ABBREVIATIONS

AIDA	Association of International Development Agencies
ARD	Agricultural Revitalization Programme
CAP	Consolidated Appeals Process
CARE	Care International (NGO)
CHAP	Common Humanitarian Action Plan
CSI	Coping Strategy Index
EDL	Essential Drug List
EFA	Education for All
EU	European Union
EWASH	Emergency, Water and Sanitation and Hygiene Co-ordination group
EWOC	Emergency Water Operations Centre
FAO	Food and Agriculture Organization
FCUs	Field Coordination Units
FFT	Food for Training
FFW	Food-For-Work
FIVIMS	Food Insecurity and Vulnerability Information and Mapping System
FSU	Food Safety Unit
GBV	Gender Based Violence
GIS	Geographical Information System
GMP	Good Manufacturing Practice
HCC	Al Hussein Cancer Centre
HDIP	Health, Development, Information and Policy Institute
HECM	Health Emergency Coordination Meeting
HEPG	Humanitarian Emergency Policy Group
HIC	Humanitarian Information Centre
IASC	Inter-Agency Standing Committee
ICJ	International Court of Justice
ICMH	International Centre for Migration and Health
ICRC	International Committee of the Red Cross
IDF	Israeli Defence Forces
IEC	Information, Education and Communication
IHL	International Humanitarian Law
ILO	International Labour Organization
IMWG	Inter-Ministerial Working Group
ISI	Israeli Settlements
IUED	Institut Universitaire d'études du Développement
JSCO	Joint Security Coordination Office
KM	Kilometres
LACC	Local Aid Coordination Committee
MAP	Medical Assistance Programme
MCA	Muslim-Christian Association
MDM	Médecins du Monde
MoA	Ministry of Agriculture
MoEHE	Ministry of Education and Higher Education
MoH	Ministry of Health
MoLA	Ministry of Local Affairs
MoP	Ministry of Planning
MoSA	Ministry of Social Affairs
MSF	Médecins sans Frontières
MTDP	Mid-Term Development Plan

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**OCCUPIED PALESTINIAN TERRITORY**

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NAF	Needs Assessment Framework
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
NPA	National Plan of Action for Children
OCG	Operational Coordination Group
OCHA	Office for the Coordination of Humanitarian Affairs
OXFAM	Oxford Committee for Famine Relief
PA	Palestinian Authority
PAPP	Programme of Assistance to the Palestinian People
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
PNGO	Palestinian Non-Governmental Organization
PRCS	Palestine Red Crescent Society
PSC	Programme Support Costs
PTSD	Post Traumatic Stress Disorder
PWA	Palestinian Water Authority
RH	Reproductive Health
SC-UK	Save the Children UK
SMT	UN Security Management Team
SRA	Security Risk Assessments
ToT	Training of Trainers
TVET	Technical and Vocational Educational Training
UHWK	Union of Health Work Committees
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UK	United Kingdom
US	United States
UNRWA	United Nations Relief and Works Agency
UNSCO	United Nations Special Coordinator for the Middle East Peace Process
UNSECOORD	United Nations Security Coordination
UPMRC	Union of Palestinian Medical Relief Committees
VAM	Vulnerability Assessment and Mapping
VHF	Very High Frequency
WaSH MP	Water, Sanitation and Hygiene Monitoring Project
WFP	World Food Programme
WHO	World Health Organization
YMCA	Young Men's Christian Association

## **Consolidated Appeal Feedback Sheet**

If you would like to comment on this document please do so below and fax this sheet to + 41-22-917-0368 (Attn: CAP Section) or scan it and email us: [CAP@ReliefWeb.int](mailto:CAP@ReliefWeb.int) Comments reaching us before 28 February 2005 will help us improve the CAP in time for 2006. Thank you very much for your time.

### **Consolidated Appeals Process (CAP) Section, OCHA**

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**Please write the name of the Consolidated Appeal on which you are commenting:**

- 1. What did you think of the review of 2004?  
How could it be improved?**
  
- 2. Is the context and prioritised humanitarian need clearly presented?  
How could it be improved?**
  
- 3. To what extent do response plans address humanitarian needs?  
How could it be improved?**
  
- 4. To what extent are roles and coordination mechanisms clearly presented?  
How could it be improved?**
  
- 5. To what extent are budgets realistic and in line with the proposed actions?  
How could it be improved?**
  
- 6. Is the presentation of the document lay-out and format clear and well written?  
How could it be improved?**

**Please make any additional comments on another sheet or by email.**

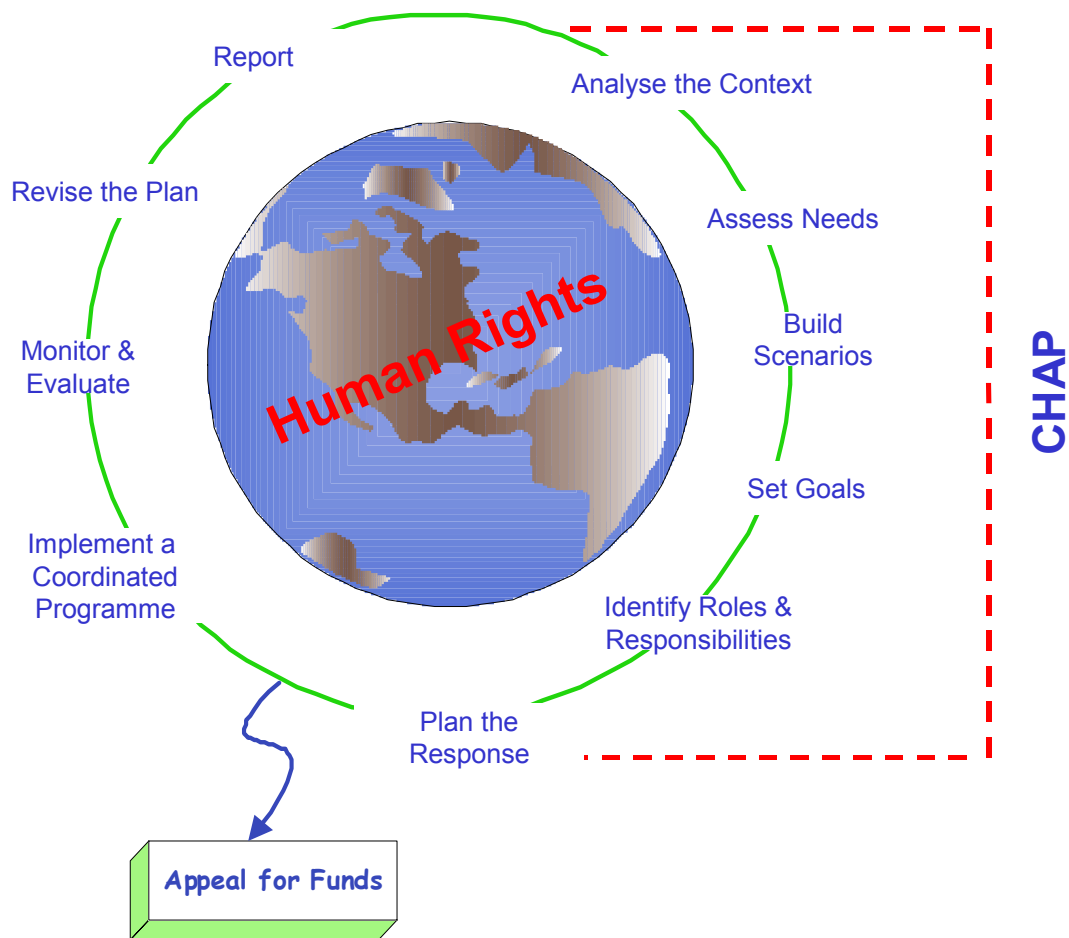
**Name:**

**Title & Organisation:**

**Email Address:**

# The Consolidated Appeals Process:

*an inclusive, coordinated programme cycle in emergencies to:*



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