

# OCCUPIED PALESTINIAN TERRITORY

## **Preliminary Humanitarian Damage Assessment & Humanitarian Action Plan (May – December 2002)**

UNRWA  
UNDP  
WFP  
WHO  
UNICEF  
UNFPA  
OCHA

PRCS

OXFAM  
CARE Int.  
SCF Alliance  
CRS  
World Vision  
MAP  
ANERA  
MSF/Greece

“Operations Rooms”  
HART  
FOOD



*June 2002  
Jerusalem*

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Cover Photo: Ray Dolphin, Tulkarm Camp 2002

# Glossary

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AIDA	Association of International Development Agencies
ANERA	American Near East Refugee Assistance
DCO	District Coordination Office
DR/P	Disaster Response/Preparedness
EMOP	Emergency Operations Plan
EMS	Emergency Medical Services
ERU	Emergency Response Unit
GIS	Geographic Information System
HART	Health Action /Response Team
HIC	Humanitarian Information Centre
ICRC	International Committee of the Red Cross
IDF	Israeli Defence Forces
LACC	Local Aid Coordination Committee
MAP	Medical Aid to Palestinians
MOE	Ministry of Education
MOH	Ministry of Health
MOPIC	Ministry of Planning and International Cooperation
MOSA	Ministry of Social Affairs
MSF/G	Medecins Sans Frontieres, Greece
NFI	Non-Food Items
OCHA	UN Office for the Coordination of Humanitarian Affairs
oPt	occupied Palestinian territory
OXFAM	Oxford Committee on Famine Assistance
PA	Palestinian Authority
PAPP	Program of Assistance to the Palestinian People
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
PRCS	Palestine Red Crescent Society
PWA	Palestinian Water Authority
SCF	Save the Children Fund
UHW	Union of Health Workers
UNDAC	UN Disaster Assessment and Coordination
UNDP	UN Development Programme
UNESCO	UN Educational, Scientific and Cultural Organisation
UNFPA	UN Population Fund
UNICEF	UN Children's Fund
UNMAS	UN Mine Action Services
UNRWA	UN Relief and Works Agency for Palestine Refugees in the Near East
UNSCO	Office of the UN Special Coordinator for the Middle East
UPMRC	Union of Palestinian Medical Relief Committees
UXO	Unexploded Ordnance
WFP	UN World Food Programme
WHO	World Health Organisation
WVI	World Vision International

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## **Background**

This document aims to delineate the overall humanitarian situation prevailing in the occupied Palestinian territory (oPt) in the aftermath of the two recent IDF offensives, 27 February-17 March and 29 March – 7 May) March-April military activity. The report examines the direct impact of the military activity and closures on the humanitarian situation with a primary focus on health, food security, and housing/shelter sectors.

The sector-specific analysis that follows the overview, attempts to gauge the damage caused to the well-being of the oPt population and to the functionality (other than infrastructure damage) of public and private institutions and economic agents ensuring access to vital supplies. The vulnerability analysis section provides an overview of the current vulnerability patterns in the oPt and attempts to foresee the incidence of vulnerability under various planning assumptions.

The concluding part of the report provides conceptual and financial overviews of activities envisaged by the relief community to mitigate the consequences of the March-April military activity, in particular, and the aggregate effects of the Intifada in general. The financial overview covers activities/plans of the Red Cross/Red Crescent family (ICRC, IFRC, PRCS) – agencies that have not otherwise participated in this assessment/planning exercise. The inclusion of the latter plans/activities is intended for illustrative purposes, i.e. to describe the extent of the humanitarian action as a whole in a comprehensive manner.

This document reflects humanitarian issues affecting both refugee and resident (non-refugee) communities and integrates the needs of the refugee population in the overall humanitarian context of the oPt.

The report draws its analysis on information and data provided by Emergency Food, Health and Shelter crisis groups (“operations rooms”), as well as UNRWA West Bank and Gaza, United Nations Disaster Assessment and Coordination UNDAC/Jenin team, Palestinian Red Crescent Society (PRCS), the United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF) and the Association of International Development Agencies (AIDA).

## **Executive Summary**

- ◆ 497 Palestinians were killed in the course of the IDF reoccupation of Palestinian areas “A” from 1 March through 7 May 2002 and in the immediate aftermath;
- ◆ Palestinian health authorities and PRCS reported approximately 1,447 wounded with some 538 live-ammunition injuries (for the same period);
- ◆ 24 hour curfews were imposed in all occupied refugee camps, towns and villages affecting an estimated 1 million persons; over 600,000 of whom remained under one week curfew, while 220,000 urban residents lived under curfew regime for a longer duration and without vital supplies and access to first aid;
- ◆ Severe internal and external closures continue to paralyse normal economic activity, movement of persons and goods throughout the West Bank; In Gaza,

the unprecedented 38-day-long internal closures continue to divide the Strip into three intermittently isolated areas;

- ◆ Since the beginning of the March/April reoccupation PRCS has documented cases of 36 women who delivered babies at checkpoints, three of whom have died at checkpoints; and four infant deaths;
- ◆ Protracted curfews compounded with severe restriction currently imposed on commercial circulation of supplies render the food security situation in the oPt precarious: over 630,000 persons or roughly 20 percent of the resident population are currently considered vulnerable vis-à-vis food security;
- ◆ Food deficit is increasingly observed in various regions of the oPt, with the Gaza food market being particularly distorted. Restrictions on food imports have resulted in a mild increase in the overall food price level in the West Bank and in a considerable rise (up to 25-30 percent) of prices for staple commodities in the Gaza strip;
- ◆ Over 2,800 refugee housing units were damaged and 878 homes demolished/destroyed leaving more than 17,000 people homeless or in need of shelter rehabilitation;
- ◆ Non-refugee housing in Nablus, Ramallah, Bethlehem, Jenin town and Tulkarem and a number of surrounding villages sustained damages ranging from minor to structural; UN Habitat is currently assessing the extent of the damage to private housing (other than refugee housing);
- ◆ Students in eight West Bank districts were prevented from attending school. It is estimated that some 11,000 classes were missed and 55,000 teaching sessions were lost;
- ◆ Fifty Palestinian schools have sustained Israeli military damage, of which 11 were totally destroyed, 9 were vandalized, 15 used as military outposts and another 15 as mass arrest and detention centres;
- ◆ The development of more than 600,000 Palestinian children is severely impaired due to a lack of access to basic social services, and psycho-social support;

### ***Financial Summary***

In order to stabilise the humanitarian situation of persons affected by the March-April round of hostilities, and to address the cumulative effects of the 19-month long Intifada on the well being of the Palestinian population as a whole, the relief community intends to embark on a multi-sector humanitarian assistance strategy.

The financial requirements for such a multi-discipline action plan (May – December 2002) are captured in the following table that presents the total funding requirements and shortfalls of individual agencies and organisations.

Several of the agencies and organisations taking part in this common humanitarian exercise have already appealed for funds through individual appeals for funds or donor alerts (such as UNICEF, UNFPA, and PRCS). This document, therefore,

should be seen as a consolidation of the ongoing fund raising initiatives within the overall framework of a short-term humanitarian assistance strategy in the oPt.

Agency	Amount required USD
UNRWA <sup>1</sup>	8,485,500
WFP	18,300,000
CARE	5,600,000
UNFPA	3,596,990
WHO	1,269,000
SCF	2,652,500
UNICEF <sup>2</sup>	3,100,000
PRCS	1,280,000
WVI	1,000,000
OCHA	1,012,000
MAP	800,000
OXFAM GB	256,000
<b>Grand Total</b>	<b>47,351,990</b>

The following table reflects the sectoral needs identified through assessment and monitoring exercises by the HART, Food and Shelter “operations rooms” and assessments conducted by individual agencies following the April incursions.

Sector	Amount required USD
<b>Shelter/Cash assistance</b>	<b>4,648,000</b>
<b>Education</b>	<b>2,013,000</b>
<b>Income Generation</b>	<b>630,000</b>
<b>Food</b>	<b>20,325,000</b>
<b>Health</b>	<b>13,887,198</b>
<b>Psychosocial Support</b>	<b>2,344,000</b>
<b>Information/Coordination</b>	<b>1,012,000</b>
<b>Non-Food Assistance</b>	<b>281,792</b>
<b>Water/Sanitation</b>	<b>2,211,000</b>
<b>Total</b>	<b>47,351,990</b>

### ***Overview of the Humanitarian Impact***

After reaching a peak during March-April, military activity has considerably diminished in the West Bank. Recent days have marked a return to a status quo characterised by low intensity violence in traditional “flashpoints” and severe mobility restrictions on the Palestinian population and relief/service providers alike.

The overall humanitarian situation is now stable although it had markedly deteriorated as a result of the military escalation. This deterioration implied a dramatic rise in the numbers of casualties and injured among the Palestinian population (including civilians), disruptions in the provision of basic services (first medical aid, water, electricity, sewage, etc.) to a sizeable number of the urban

<sup>1</sup> The total requirements of UNRWA to meet the reconstruction/rehabilitation needs stand at over US \$ 44 million. The infrastructure and shelter rehabilitation activities of UNRWA are included in the infrastructure damage report of LACC/Donor Support Group. This report covers exclusively humanitarian activities (food, health, temporary shelter) and their funding requirements.

<sup>2</sup> This figure represents UNICEF’s emergency 100 day appeal launched during the West Bank crisis, and newly revised funding requirements until the end of 2002.

population and considerable damage to the assets and infrastructure of national and international service providers. The subsequent stability of the situation, on the other hand, is attributable to the efficiency of service providers, including municipalities, UNRWA, PRCS, Ministry of Health and local charity network and the donor community at large in promptly addressing the most acute needs in the early aftermath of the hostilities.

Stability is also maintained due to the ability of the private sector (retailers) to ensure a more or less adequate level of commodity turnover in the oPt, although with severe difficulties associated with the reinforced closure regime.

### ***Closures***

Despite the decline in violence, the tight closure regime established by the IDF during its March-April incursions campaign remains practically intact. The movement of persons through checkpoints has remained restricted to several hours a day, while curfew regimes continue to be applied in a number of areas in the West Bank and Gaza.

IDF has recently announced its plans of dividing the West Bank into eight isolated areas through the introduction a new movement control regime in the West Bank. The 8 West Bank areas are Jenin, Nablus, Tulkarem, Qalqilya, Ramallah, Jericho, Bethlehem and Hebron. Movement of persons and goods between these areas will be subject to a personal permit system and will be enforced through the already exiting network of Israeli military checkpoints and roadblocks. Similarly, the Gaza Strip has been divided into three hermetically closed areas.

The impact of frequently imposed curfews is far-reaching: curfews are often imposed on a 24-hour basis and limit the ability of households to procure food and water, prevent school-age children from attending classes, and make health services (other than first aid) inaccessible.

While households in high-risk areas or in areas with a history of curfews are generally prepared for such contingencies (i.e. food reserves), uninterrupted curfews, like the ones seen in March-April, lead to exhaustion of stockpiled supplies which unemployed families cannot replenish without outside assistance or without diminishing their current consumption.

### ***Humanitarian Access and Mobility Restrictions***

The tightest closure since the beginning of the Intifada throughout the oPt continues to hinder the regular and emergency activities of relief operators. While no formal access restrictions are currently in place and international aid workers can circulate throughout the oPt, agencies and PA institutions operating with a predominantly Palestinian personnel encounter major difficulties in ensuring the movement of local staff and supplies through checkpoints. Among the most affected is UNRWA which employs over 12,000 Palestinian staff and whose education and health services suffer major delays and interruptions.

Access of civilians to basic services and access of humanitarian workers to these civilians in urgent need is currently severely restricted. Strictly enforced curfews on Palestinian cities and towns have been by now lifted. However, access in and out of these areas is still severely limited. Without exception, Palestinians cannot exit

affected areas and those in surrounding villages cannot access basic social services offered in nearby West Bank cities.

The internal closures of the Gaza strip are unprecedented in their duration and severity (enforced since 29 March 2002). The movement restrictions have major implications on humanitarian situation in general and on the activities of service (PA municipalities and Ministries) and relief providers.

### ***Vulnerability***

Prior to the latest IDF reoccupation of the West Bank areas and its Gaza incursions (October – November 2001), the Ministry of Social Affairs estimated the number of particularly vulnerable persons at over 460,000 or 26 percent of the non-refugee population. This represented families of injured, killed and detained breadwinners, “special hardship cases” and the newly unemployed.

The vulnerability ratio has been traditionally higher among refugee populations, reflecting greater unemployment rates and lesser access to production factors. By early November 2001, UNRWA estimated the number of particularly vulnerable at over 1.1 million persons, or 74 percent of the refugee population of the oPt (69 percent in the West Bank and 77 in Gaza). Altogether the ratio of vulnerable refugees and non-refugees to the total population of the oPt has been estimated at slightly over 47 percent. The identified vulnerable – approximately 1.6 million persons – have been covered by systematic distribution programmes (food and cash), which among other relief efforts prevented a more dramatic deterioration in living conditions in the oPt.

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

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

Since October 2001, the Intifada has entered a qualitatively new phase, characterised by a larger scale military activity, sustained and repeated damage to service providers and tighter closures, especially in the West Bank. The latest UNSCO “Closures Update” reveals that severe closures have been maintained in the West Bank almost uninterruptedly since September 2001. This is in contrast with the temporary moderate-to-severe closures that had been alternately imposed by the IDF during the “pre-incursions” phase of the Intifada (October 2000 – September 2001).

The socio-economic and humanitarian ramifications have not been proportional to the rate of escalation, due to the timely delivery of assistance by humanitarian organisations, primarily UNRWA and local charity network, and to a greater extent to the endurance of the PA institutions. However, the relief efforts and the PA social



services provision have not completely offset the effects of active warfare, isolation and growing poverty. Presently, there are a number of symptoms that suggest that socio-economic hardships are affecting larger segments of Palestinian society.

- ◆ There has been at least a 50 percent increase in the number of homeless families (house demolitions/damages) since October 2001;
- ◆ The tighter closures are believed to have further curtailed employment opportunities for a 55,000 strong Palestinian workforce that was believed to have been illegally accessing the Israeli labour market since October 2000, almost entirely from the West Bank;
- ◆ Patient consultations continue to rise, as reported by UNRWA health centres (20 percent in the West Bank) and MOH public health institutions;
- ◆ Applications for “special hardship case” (food) assistance are being increasingly registered in relatively better-off regions such as Ramallah and Nablus;
- ◆ Despite supplementary feeding and primary health care projects, anaemia is reportedly on the rise among under-5 refugee children throughout the West Bank;
- ◆ Recent reports<sup>3</sup> suggest a significant rise in the malnutrition rates in the Gaza Strip; Although malnutrition in the Gaza Strip does not constitute a serious public health problem because of its limited size and geography, the 125 percent increase (more than twofold) in the number of moderately malnourished children recorded in 2001 (with a 40 percent increase in severe malnourishment among the new cases) is a matter of concern.
- ◆ The preliminary findings of a forthcoming OXFAM study on the impact of closure and conflict on water usage on Palestinian households in the West Bank reveal a direct correlation between dramatic declines in household income with significant increases in the cost of tankered water. Households interviewed by Oxfam GB reported an average decrease in income of 61.7% while the authorities in 11 localities interviewed report an average increase of 76% in the price of tankered water.

The assessment recently conducted by relief agencies suggests that vulnerability continues to spread to newer segments of the Palestinian population. In addition, the already traditional distinction between the refugee and non-refugee vulnerability is being increasingly blurred. While the socio-economic factors, such as increasing unemployment, falling PA consumption, the widening budget deficit and the PA's large and growing debt to the private sector, continue to constitute driving forces behind the decline in the living conditions, military action and destruction of infrastructure and loss of individual and service provision assets, isolation and curfews together accelerate the incidence of vulnerability.

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<sup>3</sup> “Ard el-Insan” Palestine/Christian Aid;

## Overview of Humanitarian Needs

- ◆ Shelter<sup>4</sup> needs captured in this report represent the immediate assistance requirements related to the temporary relocation of homeless families and provision of household utensils and other basic assets lost as a result of hostilities and destruction. The number of homeless refugee families or those in need of shelter repairs is currently estimated at over 5,000 (25,000 persons);
- ◆ The food security situation in the oPt is characterised by generalised precariousness. The two major rounds of hostilities and the March-April 2002 reoccupations compounded by the tight internal closure regime impeding the movement of persons and goods further reduced the already shrunk economic activity. The fluid situation has three major repercussions on the household food security: the purchasing power of families continues to decline as the unemployment rises; food availability shrinks as a result of isolation of food producing and food consuming regions and strict control of food imports; and demonetisation of local economies and households restricts their access to goods. The number of persons in need of food aid is currently estimated at 620,000 throughout the oPt;
- ◆ An estimated 300,000 rural residents (non-refugee) are currently believed to be particularly vulnerable vis-à-vis chronic internal closures. This includes unstable access to medical services other than primary health care, safe water and basic non-food supplies, including hygiene items.

### Affected Populations, Summary

Category	Number
Food Insecure urban residents (non-refugee)	620,000
Refugee special hardship “cases”	1,100,000
Homeless & in need of shelter repairs <sup>5</sup>	25,000
Rural, isolated/closed communities	300,000
<b>Total Vulnerable</b>	<b>2,045,000</b>
<b>Total Population, oPt</b>	<b>3,298,000</b>
<b>Vulnerability Ratio</b>	<b>62 percent of the total population</b>

## Sectoral Impact

### Health

The impact of the 18 months of Intifada and the IDF action in the oPt on the health situation needs to be analysed both from short and medium term perspectives.

The factors directly impacting the health of the population are: the decline in family income due to increasing unemployment and reduced circulation of goods; reduced access to health service providers and the health providers’ weakened ability to deliver services.

<sup>4</sup> The evaluation of the shelter needs in terms of infrastructure repair and housing construction are captured in the Donor Damage Assessment report.

<sup>5</sup> This category of the vulnerable may well be part of “special hardship cases”, however due to specific needs for “relocation” it is singled out as a separate category.

The violence against civilians, the closures and curfews are the key obstacles for the population to access emergency medical services. Similarly, the ability of emergency medical services to reach the patients and hospitalise them is severely reduced and often unpredictable.

While the closure-related economic and mobility decline is the most important factor affecting the health sector, the physical destruction to all infrastructure during and as a result of the March-April escalation exacerbated the aggregate effects of Intifada.

The emergency health care sector is heavily affected by the destruction and damage of some 30 ambulances during the recent months.

In some areas the damage to medical equipment was considerable and was manifested in two forms, direct and indirect. Direct damage included physical damage to the casing and essential parts with bullets and shrapnel. Indirect damage occurred as a result of electricity fluctuations, water leakages, and impossibility to carry out maintenance and repair works. The indirect damage is better seen on the example of the private health institutions that experienced major losses in their incomes as a result of patients' inability to reach service providers located in major urban areas; and the overall decline in the populations' purchasing power.

The fact that damages were sustained by health facilities during this period raises serious concerns at the protection of health institutions and their neutral status. A worrying observation with respect to structural damage seen was the implication of the nature of the damage (mostly bullet holes) on patient safety. Some hospitals were forced to close down wards due to the threat to personal safety of their patients and staff.

### **Health Service Providers in the oPt**

*The health services in the West Bank and Gaza are provided by the Ministry of Health, by UNWRA for the refugee population, and an important NGO sector – three main providers are Palestine Red Crescent Society, the Union of Palestinian Medical Relief Committees, the Union of Health Workers –with several international NGOs. The private sector is crucial for specialized care and the tertiary level care. The UN agencies WHO, UNICEF and UNFPA are also supporting the health sector.*

*The MOH provides 60 percent of the primary health care services while NGOs and UNRWA provide 31 and 9 percents respectively. About 57% of the beds in secondary level institutions are in MOH facilities. 33 % of health costs are for primary level care and 57% of health costs are for second level care.*

*The Palestinian people's health status has been improving steadily over a long period of time till today, with declining infant mortality rate and communicable diseases incidence while life expectancy at birth remain fairly constant. Health indicators for the West Bank and Gaza compare favourably with neighbouring countries.... "undergoing a dual faceted epidemiological transition similar to that of the middle –income countries" (Vulnerability and the International Health Response in the West Bank and Gaza Strip. An analysis of health and the health sector. Report prepared for the Core Group on Health Nov 2001).*

*While before the Intifada, one of the challenges facing the development of rational health services was the multiplicity of health service providers and the role of the MOH as the policy setter and regulator, the need for an emergency input to the health sector generated a weakly co-ordinated but generous response by the international community. The need for better co-ordination is being addressed through the establishment of a WHO lead Health Action Response Team which is a joint effort between agencies and donors to gather information about health actors, about their input of supplies and as the system evolves about needs and to ensure the provision of this information to the agencies, MOH, and donors.*

*The greatest challenge today is to gather and analyse precise and reliable data on the evolving health situation. Various surveys, assessments and data collections are underway to begin to respond to the need for hard data. The MOH data collection system works and the WHO is initiating an update of its Health Impact Assessment Study from August 2001 which will aim at, revitalizing and based on the studies and knowledge existing in the sector, getting a more complete picture of the health situation.*

*There is an initiative by the EU in collaboration with the World Bank, MOH, WHO and the donors to conduct a full Health Sector Review with a medium term perspective, looking at the performance of the Health Sector as well as for rehabilitation needs.*

### **Direct Impact on the functionality of the Health System**

The MOH reports that due to closures and curfews it operates at about 30 percent of its capacity. The functionality of the health service providers is severely affected by the mobility restrictions as a result of which medical personnel cannot report to their duty. However, in general terms the public health system currently manages to maintain a certain level of services.

Drug and medical supplies and equipment are in short supply in some locations but are in abundance in more central locations due to the difficulty to transport supplies out of MOH stores and warehouses and their delivery to the end-user points.

The population still faces major obstacles in reaching hospitals and clinics located in closed areas (checkpoints, curfews, etc.). The referral level hospital attendance is reportedly declining as a result of mobility restrictions. However, an opposite trend is being currently observed in UNRWA health centres (located inside refugee camps and hence accessible) that report a 20 percent rise in the number of consultations. These two trends are likely based on the convergence of several factors such as reduced access to facilities normally used in the area, reduced financial capacity to pay for services and hence resorting to service providers that offer free services, and psychosomatic reactions to the continued high level of stress caused by the situation.

50 percent of the population is insured in the Government health insurance scheme and with increasing unemployment the uninsured population have difficulties paying for services.

The NGO health services systems, which are mainly based on clinics and community services, have suffered from the same constraints of moving staff and obtaining re-supplies on a timely manner. These organizations have attempted to build up flexible systems with networks of health professionals staying in close contact via telephone to support those cut off by closures, and use of mobile clinics to reach the population. The destruction of ambulances has impacted the ability of NGOs and PRCS providing first medical aid <sup>6</sup>.

Increasingly, due to the severe restrictions on Palestinians to move between locations, international staff is moving urgent medical supplies and drugs to their required institutions. This shows a vital need for appropriate levels of preparedness at key medical facilities, which must include water, food, medicines, blood, oxygen, personnel on-site, and fuel. The March-April 2002 crisis highlighted key weaknesses the levels of preparedness, which further complicated the ability of the health care sector to respond adequately to the needs of the population.

There are concerns about the ability to sustain the immunization programmes and about the sewage and waste management and environmental health control programmes given the difficulties of sustained access to communities.

There is a need to provide more support in the mental health care system due to the impact on children and adults alike of the prolonged political and security crisis and in addition, it's resulting economic hardships.

Patients with chronic diseases needing ongoing medication and care, suffer directly from the closures and unpredictability of access.

The risk of outbreaks for the region's additional communicable diseases are increasing the longer the system is under stress of reduced ability to function as far as control and reduction measures are concerned. Major threats come from the spread of measles, the increase incidence of neonatal tetanus resulting from home deliveries, hepatitis B and rabies, and a stop to the polio eradication programme.

Thus far the health system has been able to cope with the stress and the weaknesses imposed by the current situation. It is clear however, that in combination with (and partly resulting from) the economic crisis and the continued restrictions on movements, the health impact of the situation will be possible to measure as the period of distress is extending.

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<sup>6</sup> 91 of the PRCS ambulance fleet has been damaged with 26 beyond repair

### *Reproductive Health*

In mid 2001 and before the outbreak of the recent emergency, the population in the Occupied Palestinian Territories was estimated to be approximately 3.3 million. The demographic situation is characterized by high fertility rates and large family size (estimated 5.9 children per woman) and a young age structure (with 46.7 per cent of population less than 15 years of age). The maternal mortality ratio is estimated at 70-80 per 100,000 live births in the optimal years for childbearing, but reaches 93-140 per 100,000 in the age category 15-19. These figures are thought to be underestimated due to poor reporting system. The relatively high maternal mortality rate among adolescents is a result of the widespread practice of early marriage and early and closely spaced pregnancies. Although the median age at first marriage is 18 among females and 24 among males, a large proportion of village and camp population marry at a younger age. Statistics on HIV/AIDS and sexually transmitted infections (STIs) are not readily available, but the Ministry of Health has reported 66 cases of HIV/AIDS since 1998. Demographic trends are further strained by an imbalance in the geographical distribution of the population: Gaza, with only 6 per cent of the Occupied Palestinian Territories in terms of land, holds 35.5 per cent of the total population.

The health conditions of the Palestinian people and the availability of health services in the Palestinian authority territory have seriously deteriorated over the past eighteen months. Restrictions imposed on movements in villages and towns have endangered women's access to health facilities; this resulted in unattended births at check-points and even deaths of some women and their infants.. The situation has been further aggravated by the damage or destruction of a number of health facilities during the military conflict. Local clinics and health posts lack basic supplies and essential drugs, and delivery of such supplies to the region is time consuming and complicated due to the restrictions and procedures applied by Israeli customs authorities.

Accessibility to pre-natal, delivery and post-natal care has been deteriorating due to the fact that health providers of the Ministry of Health and NGOs were not able to report to work. In 2000 the percentage of births attended by skilled attendants in health facilities reached 97.4 percent; this has decreased considerably and now is estimated at about 67 percent. According to the Ministry of Health, percentage of home deliveries has increased from about 3 percent before the Intifada to 30 percent at present. Due to closures and curfews imposed on Palestinian villages and towns, many cases of home deliveries were not attended by skilled health personnel.

### **Food<sup>7</sup>**

The intensification of the crisis in the Palestinian Territories since 29 March 2002, the ensuing military incursions and siege of cities and towns and villages particularly in the West Bank have resulted in a serious humanitarian crisis among the Palestinian civilian population. Severe damage to the physical infrastructure, including water, electricity and road net works combined with imposed curfews have brought to a halt all economic activities and caused a rapid deterioration of living conditions.

Economic and social conditions in the West Bank and Gaza were already in a state of deep crisis during the past 18 months and prior to the last military incursion. According to the last World Bank study "*Intifada, Closures and Palestinian Economic*

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<sup>7</sup> The full version of the WFP "Joint Rapid Food Needs Assessment" is available on [www.reliefweb.int](http://www.reliefweb.int)

*Crisis*” published on 18 March 2002, average per capita real income was in December 2001, 30 percent below what it was in 1994 and the share of Palestinian population living below the poverty line (US\$ 2 per person per day) is currently estimated at 45-50 percent.

The need for welfare humanitarian assistance has risen sharply since October 2000. As of June 2001 about 14 % of total households (out a total population of 3.1 million, mid 2001) were reported to have lost all their income as a result of closures and a steady decline in economic activities. The Palestinian Ministry of Social Affairs has estimated in June 2001 that 85,000 hardship families, including mainly female headed households or households whose main bread winner is elderly, disabled or chronically ill are in urgent need of welfare assistance (cash allowance and food rations mainly). UNRWA, the UN agency responsible for relief and welfare of Palestinian refugees has been providing in 2001 welfare assistance (food and cash) to a total of 216,000 families classified as hardship cases, a 57 % increase from the year before.

Malnutrition, among the most vulnerable i.e., children under five, nursing and pregnant women and the elderly, has been a source of concern especially as an increasing number of families are reported to be changing their food consumption patterns and reducing their food intakes because of declining incomes. A nutrition assessment conducted by the PCBS and sponsored by UNICEF and WFP was planned for end 2001, but has been repeatedly postponed due to the prevailing security situation.

Under these depressed economic conditions, aggravated during the past month, people’s access to food and basic necessities has been severely curtailed. Even people with money have difficulties to get to the market to buy the little food available. The condition of those people with limited financial means and who have been unemployed for more than one year is even more critical. This situation imposes an additional financial burden on people whose resources are already stretched to the limits. The number of injured as well as internally displaced is rapidly increasing and there are now important shortages of medicine in the hospitals and social institutions.

As emergency food needs are critical under the prevailing conditions, a number of public institutions, UN agencies and several NGOs are revising and/or putting on hold their ongoing activities and are engaging in prompt ad-hoc relief interventions. At this stage, such interventions consist mainly of the provision of relief commodities including food and medicine. UNRWA and WFP play a key role as the only international organizations in the Palestinian Territories that have a special mandate for programming food assistance and the capacity to ensure deliveries and distributions to targeted beneficiaries from among the refugees and non refugee population respectively.

In the coming months, food assistance will continue to be required in the context of anticipated rehabilitation and recovery activities in the Palestinian Territories. Accordingly, government institutions, NGOs and local associations who would continue with relief and welfare activities will to a large degree rely on UNRWA for the provision and delivery of food aid to the refugees camps population and on WFP for food assistance to the poor and destitute from among the non refugees.

WFP has been designated as the lead agency for the coordination of humanitarian food assistance. A food crisis group chaired by WFP has been established with membership from concerned UN agencies, international and national NGOs as well

as representatives of major donors, namely USAID and EU. Focal points from these organizations have been appointed to liaise with the WFP secretariat, which will collect, compile and disseminate information on food security conditions and magnitude of food relief operations ongoing and planned.

This group has taken the responsibility of conducting jointly the rapid food needs assessment, under the co-ordination and guidance of WFP. Broadly speaking, it is estimated that approximately one million persons have been directly affected by the April military incursions. Due to unprecedented restrictions and access to conflict areas, it has been extremely difficult to count the exact number of dead and injured as well as to assess the situation of households and availability of food and other basic needs items. Hence the goal of this exercise was to obtain a better understanding of the overall food security situation in the Palestinian Territories, as well as of the estimated overall number of non-refugees in need of food assistance, as summarized below:

<b>Governorates</b>	<b>Population in need of Food Aid</b>	<b>Total Population</b>	<b>% of population in need</b>
<b>Gaza</b>			
Gaza City	56,000	424,509	13.2%
Jabalia	61,000	222,344	27.4%
Dair AlBallah	61,000	173,416	35.2%
KhanYounis	61,000	233,202	26.2%
Rafah	61,000	143,120	42.6%
<b>Sub-Total</b>	<b>300,000</b>	<b>1,196,591</b>	<b>25.1%</b>
<b>West Bank</b>			
Hebron	100,000	457,781	21.8%
Nablus + Toubas	50,000	351,067	14.2%
Jenin	45,000	225,711	19.9%
Tulkarem	24,000	149,188	16.1%
Qalqelia	16,000	81,942	19.5%
Bethlehem	30,000	153,954	19.5%
Ramallah	30,000	243,432	12.3%
Jericho	7,000	37,066	18.9%
Jerusalem	7,000	367,000	1.9%
Salfit	11,000	54,595	20.1%
<b>Sub-Total</b>	<b>320,000</b>	<b>2,121,736</b>	<b>15.1%</b>
<b>Grandtotal</b>	<b>620,000</b>	<b>3,318,327</b>	<b>18.7%</b>

### **Shelter**

Prior to the March-April 2002 hostilities, the Palestinian Ministry of Housing estimated that 720 Palestinian homes have been completely destroyed and another 11,553 houses seriously damaged since the onset of Intifada. Within two months of the IDF incursions and limited operations in southern Gaza Strip this figure increased by over 2,500 damaged and 881 demolished houses.

Although various degrees of damage were reported in practically all reoccupied cities, the refugee camps were undoubtedly hardest hit. According to early estimates, it will cost UNRWA over USD 24 million to rebuild the refugee homes that were destroyed during the IDF action in the Jenin camp alone. A further USD 3.5 million



will be needed to repair homes that suffered various degree of damage. This comes in addition to the more than 5,000 refugees whose homes had already been damaged or destroyed by IDF bulldozing and shelling between September 2000 and January 2002.

*Damages to the refugee shelter (March- April 2002)*

<i>Camp</i>	<i>Damaged Housing Units</i>	<i>Destroyed Housing Units</i>	<i>Number of affected persons</i>
Jabalya		5	30
Nuseirat		18	108
Deir el Balah		8	48
Rafah		1	6
Khan Younis		8	48
Balata	722	10	4,392
Jenin	850	803	9,918
Tulkarem	300	9	1,854
Nur-Shams	100		600
Aida/Jibrin	101	2	618
Arroub	45	1	276
Dheisheh	250	15	1,590
Am'ari	100		600
Khadura	80		480
Qalqilya	115	1	696
Hebron	220		1,320
<b>Total</b>	<b>2883</b>	<b>881</b>	<b>22,584</b>

The assessment of the damage to the private housing, other than refugee homes currently remains imprecise. The volume of damage to individual homes and its geography (throughout oPt) made it impossible to produce even a preliminary sector-wide assessment.

While the shelter reconstruction and repairs aspects are reflected in the overall damage assessment exercise (LACC assessment), the humanitarian damage assessment focuses on the emergency relief and temporary solutions (including the payment of relocation fees, provision of non-food items and household utensils) to affected families until appropriate housing is made available.

### **Refugee Population**

The most recent offensive especially affected refugee camps and the activities of UNRWA – the United Nations Relief and Works Agency for Palestine Refugees – the largest humanitarian provider in the West Bank and Gaza Strip. In addition to its regular budget, UNRWA had already requested US\$ 117 million to fund the Agency's 2002 emergency programmes, in order to redress the sharp decline in refugee living standards since the start of the current uprising. Through its emergency programme UNRWA is currently providing food to 90.000 families, and has by the end of April also dispersed cash assistance of US\$ 2,058,595 to 22,893 refugee families in Gaza and the West Bank.

Refugee camps were also a main target of an the earlier IDF offensive in the West Bank and Gaza February/March, in which over 120 registered refugees were killed, including 27 in Jenin camp. Camp housing (shelters) also suffered extensive

damage: 80 shelters were completely destroyed and over 2,500 damaged. Damage was also sustained to UNRWA infrastructure including schools, health centres, camp management facilities and ambulances. Damage to shelters and facilities was estimated at \$3.8 million.

During the most recent offensive, UNRWA has had to draw on its existing, over-stretched, resources to tend to the wounded and supply food, medicine and water to the most affected areas, including vulnerable non refugee personnel and facilities. Initial estimates of the most recent needs are some US\$70 including US\$ 35 million for rebuilding and repair work to Jenin camp.

UNRWA continues to face extreme difficulties in carrying out its humanitarian work because of the access restrictions imposed by the IDF. Food distribution is being continually hampered in both the West Bank and Gaza by movement restrictions placed on UNRWA deliveries. The almost complete closure of commercial entry points to the Gaza Strip to containers delivering UNRWA's food commodities has caused particular concern and postponed the distribution of emergency food aid planned for May 11.

### *Jenin Camp*

*Jenin camp (population 14,000) captured world attention when a sustained IDF armoured vehicle/bulldozer assault, following an ambush, which left 13 soldiers dead, levelled a large area of the camp, 'Ground Zero'. Confirmed fatalities are now put at 54 with an unknown number of individuals missing. A UK search and rescue team, which operated between 20-23 April, was unable to find survivors. Estimates for the repair/rebuilding of damaged structures is some \$US 40 million.*

*Approximately 140, for the most part three story homes and businesses were totally flattened, and around 100 of the same type damaged beyond repair and rehabilitation (due for demolition). Assuming three families per building, and an average of six members for family, the estimate of homeless is approximately 4320 individuals. A 'Tent City' has been established, with UNRWA paying for the electrical and water net installation, and families will receive blankets, mattresses and cooking kits. While many of the homeless have moved in with relatives and friends, others still live in demolished houses that pose a serious threat. A special team, led by an UNRWA engineer, is carrying out an initial survey of damaged buildings in the camp and begun action to remove the unsafe structures, which pose a risk to residents, passers-by, and adjacent buildings.*

*In addition, a large number of facilities and camp infrastructure suffered serious-to-moderate damage, including the UNRWA health centre and camp services office. The UNRWA clinic has been re-operating since 17 April, providing basic health services. Medical equipment was also provided to the camp by UNRWA and by ICRC to the town hospitals. As of 30 April, UNICEF delivered vaccines to the Ministry of Health in Jenin to support routine immunization and the Ministry of Health under the authority of the Governor is to set up an emergency health coordination group. UNRWA schools were opened again on 23 April. Teachers participated in psychosocial counselling for students, with the assistance of UNICEF. Six Palestinian NGOs contracted by UNRWA also have provided counselling services.*

*Although the northern part of the camp has been connected to the electricity grid, progress in the remaining parts is slow, with estimates of over \$US 2 million to repair services in the camp and town. One main and one secondary pipe have been reconnected by the municipality and seven bladders have been installed with*

*OXFAM, CARE, UNRWA, UNDP and the Emergency Water Operations Committee (EWOC) combining to provide treated water to 14 distribution tankers throughout the camp. As of 1 May one senior water engineer from UNICEF has come to support UNRWA for water and sanitation issues in the camp. Sewage infrastructure was severely damaged and manholes are in the process of being repaired/rebuild, while plans are underway to respond to medium-term wastewater needs. The daily removal of solid waster recommenced on 28 April following the provision of new containers.*

*UNRWA, international and area staff has been providing humanitarian relief since the first day access was allowed by the IDF on 16 April. The price of basic food commodities has increased slightly with commodities quite scarce in the shops. The number of heads of households approaching the Ministry of Social Affairs has been rising steadily, and as a result of the crisis the MOSA has received 1,000 new applications. Overall it is now estimated that around 35,000 people are in urgent need of food assistance in Jenin Governorate*

*Unexploded ordinance (UXO) continues to be a major problem. Since 20 April, 29 people including 9 children were injured and one child died as a result of explosions. A number of teams including Norwegian Peoples Aid and the Swedish Rescue Services Agency have assisted in assessments. A UNMAS team has set up the UN Explosive Ordnance Disposal Action Cell (UNEAC) to deal with the current threat to civilians. It is anticipated that an EOD capability will be required for the duration of the reconstruction work and will operate on an "on-call" basis as well as providing advice to reconstruction workers before demolition of damaged houses and the removal of rubble. Since 28 April, the UNEOD Action Cell has found 226 items. UNICEF in cooperation with PRCS has made a door-to-door campaign to raise awareness on both explosives and public safety and will initiate a campaign in all schools to the same regard. ICRC is also involved on explosives awareness.*

*A UNDAC team arrived to assist UNRWA in the initial disaster and coordination effort and an Emergency reconstruction coordinator is now in place to help develop an overall long-term reconstruction plan for the camp. A special two-man team from United Nations Habitat headquarters, has arrived formally assess the physical destruction of housing and infrastructure. The team will hold meetings with local authorities and members of the community to generate local participation in the long-term rebuilding efforts.*

### **Humanitarian Planning May – December 2002**

The following section describes humanitarian activities and action plans developed through the assessment exercise of the Food, Shelter and Health “operations rooms” to minimise the humanitarian consequences of the ongoing crisis and contain further deprivations of civilians.

The humanitarian interventions described herein are designed to benefit an estimated 2,100, 0000 persons throughout the West Bank and Gaza. The multi-sector assistance programme will primarily target the most vulnerable communities (refugees through UNRWA and non-refugees through WFP, UNICEF, UNFPA, International and Palestinian NGOs) affected by the direct effects of the military activity (e.g. Jenin camp and Nablus) or by the adverse and growing effects of closures and isolation.

Population Group	Number of Beneficiaries	Amount required USD
Refugees	1,100,000 (food, non-food, shelter, education, income generation);	44,975,000
Residents	500,000 (food); 300,000 (non-food and cash);	57,800,000
<b>Total</b>		<b>102,074,000</b>

The new relief “portfolio” represents a considerable increase in terms of geography and scope of humanitarian interventions in the oPt and includes the following sectors: primary, emergency and reproductive health care, education and psychosocial support, food security, emergency employment generation and non-food/cash assistance.

### **UNRWA**

The latest military offensive in the West Bank came on the heels of another that had ended only ten days before, on 19 March. In that earlier offensive, 2,629 shelters in seven refugee camps sustained damage. These shelters house a total of 13,145 refugees. The cost of repairing the damaged shelters was estimated at \$618,500. Another 17 buildings housing 26 families were completely demolished, and 45 others housing 47 families were partially destroyed. The estimated cost of reconstructing or repairing these dwellings was estimated at \$520,000. By 13 March, UNRWA had estimated the cost of repairing the damages to 20 of its installations in the refugee camps, including 12 schools and four health centres, at \$136,000. The cost of restoring damaged infrastructure, including sewerage and water networks, was put at \$300,000.

UNRWA has not finished calculating the damage wrought in this most recent military offensive. Nevertheless, it must first recoup the costs of the assistance that it has provided, on an urgent basis, since the offensive began, including medicines, food, tents, generators and kitchen sets. It must also cover the costs it has begun to incur in connection with the relief operation now underway in the Jenin refugee camp. These include transport for relief workers, allowances for staff members coming from other field offices to lend assistance, salaries of temporary staff, equipment needed to clear the site and rented office space.

There is an urgent need to provide relief assistance to families who, even before the offensive, were suffering from the effects of the 18-month-old *intifada*. The 800 families now homeless and destitute following the assault on the Jenin camp are in especial need of assistance, and UNRWA proposes extending them one-time cash grants to replace lost bedding, clothing and kitchen utensils. It is equally important that UNRWA restore its services in Jenin and other camps, and to do so it must first repair the damage to its installations and replace equipment and furniture that was destroyed or vandalised.

It must provide students with supplementary educational materials in an effort to ensure that, despite disruptions in the school year, they are prepared to continue their studies. It must provide psychological support to individuals and families, who have witnessed the tragic events of April and help them cope with the difficulties they will confront as they try to rebuild their lives and their communities.

UNRWA anticipates that many of the families made homeless in the assault on the Jenin camp will strenuously resist attempts to house them, even temporarily, in tents, because tents will stir up memories of exile and dispossession. For this reason, UNRWA must be prepared to subsidise the rents of as many as 300 families who, if only out of pride, choose to take accommodation (most likely less comfortable than the homes they lost) in Jenin or neighbouring villages. UNRWA will house the remaining 500 hundred families in tents on a 35,000m<sup>2</sup> piece of land, which the Jenin Governorate has made available. UNRWA must cover the costs of setting up the tent encampment, including grading, toilet facilities, security lighting and pathways.

Over the course of the next year, UNRWA must provide more permanent low-cost housing for the 800 families displaced from the Jenin camp. The Agency has constructed housing complexes in Lebanon and Syria and will adopt a similar approach in addressing the needs of the refugees in Jenin. For the refugees who did not lose their homes in the camp, UNRWA must repair the damaged infrastructure in the areas where they reside, including water and sewage lines, the electrical network and roads. Similar work is needed in other refugee camps, as well. It must likewise make repairs to damaged shelters in both the Jenin camp and others.

To the degree possible, UNRWA must provide treatment and counselling to an as yet unknown number of individuals that have suffered an injury and will live the rest of their lives with a disability. The Agency must also attend to the long-term consequences of the violence and instability of the last year and a half on the psychological health of the population.

<b>Activity</b>	<b>Budget Requirements</b>	<b>Remarks</b>
<b>Immediate Response</b>		
Food Distribution	400,000	14,000 food parcels
Medical Supplies	105,208	80,000 for Health centres and 25,208 for hospitals
Social/Psychological support	40,000	
Temporary Housing	420,000	240,000 for tents and 180,000 for camp administration
Cash assistance	600,000	2000 families - \$300 each
Immediate shelter repairs	343,000	858 shelters x \$400
Kitchen kits	47,292	
Temporary repairs to the camp infrastructure	840,000	
Replacement of damaged equipment and repair of other UNRWA assets	525,000	
Environmental health	60,000	Pesticides, rodent control and garbage container
Educational materials	222,917	10,000 supplementary educational kits
Logistics	92,000	
<i>Subtotal, immediate response</i>	<b>3,695,417</b>	
<b>Medium Term Response</b>		
Supplementary Feeding	625,000	
Cash assistance	3,285,000	800 families x \$350 x 9 months in Jenin camp; 1700 families x 150 x 3 months in other camps

Emergency job creation	630,000	200 heads of families x \$350 x 9 months
Psychosocial support	250,000	
Subtotal, Mid-Term Response	<b>4,790,000</b>	
<b>Grand Total</b>	<b>8,485,417</b>	

### **UNDP/PAPP**

Following the March-April 2002 offensive, UNDP/PAPP has been and will continue to be active in providing both emergency humanitarian assistance as well as assistance for reconstruction of infrastructure and institutional and private sector recovery. Based on current commitments, pledges and expressions of interest from donors, UNDP/PAPP expects to provide between US \$30 and \$40 million in new funding for emergency activities. Only those activities that can be described as humanitarian aid are illustrated below.

During April-May 2002, UNDP/PAPP utilized a grant of \$400,000 from Islamic Development Bank to purchase medical and relief supplies, including food baskets, powdered milk, baby food, diapers, medical kits, mattresses, blankets, pillows and kitchen utensils. These supplies have been distributed in Ramallah, Nablus, Bethlehem, Tulkarem, Qalqilya, and Jenin during and following the occupation of those cities. These funds have been fully expended.

By the end of June 2002, UNDP/PAPP will have completely expended \$1,500,000 of its own funds for humanitarian aid, including medical aid and emergency repairs of electricity lines, water networks other damage in municipalities. With respect to the health sector, \$700,000 is being used to purchase medical supplies and equipment for West Bank and Gaza hospitals, the PRCS and to assist the Gaza Community Mental Health Programme in providing trauma counseling for children. \$800,000 is being used to fund emergency repairs in West Bank municipalities necessary to keep basic municipal services available, including repair to water supply networks and electricity lines. With funding from Japan (\$1.2 million) and Luxembourg (\$1 million), UNDP/PAPP has on order 16 water tankers and is tendering for the order of 12 more.

Emergency repairs of damaged houses, providing temporary housing for those rendered homeless, and income generation projects will be a priority for UNDP/PAPP until the end of the year. UNDP/PAPP's income generation projects provide jobs for labourers who have become unemployed due to closures and other circumstances resulting from the Intifada. All income generation projects contain a labour content ranging from 25 to 50 percent.

UNDP/PAPP has allocated \$200,000 to prepare a master plan for the repair and rehabilitation of the old city of Nablus. Germany has committed a total of 12 million Euros to rehabilitate damaged infrastructure, for income generation projects and to rehabilitate the old city of Hebron, which will be then used to provide affordable housing for poor and homeless families at low rents. Luxembourg has committed \$1 million for UNDP-managed income generation projects. In April 2002, UNDP initiated \$1.1 million in income generation projects in the agricultural sector and to build schools with Japanese funds. Japan will also channel \$3.3 million through UNDP/PAPP for emergency repairs of damaged infrastructure and to provide temporary housing, particularly in Nablus, in addition to the ongoing income generation projects. Canada has already contributed \$3.7 million to UNDP/PAPP for income generation, which UNDP/PAPP expects to begin programming in the West

Bank and Gaza this month. \$8,000,000 from an earlier contribution from Italy is being used to repair damage, provide emergency supplies to charitable organizations and for income generation projects in the Bethlehem district.

### **WFP**

WFP Emergency Operation EMOP 10190 has been approved, to assist 500,000 beneficiaries (including the 373,500 already assisted under EMOP 10072) in Gaza and West Bank until December 2002. The total tonnage required for this new EMOP 10190 is as follows:

<b>Commodity</b>	<b>Gross Requirements (MT)</b>	<b>Stock and pipeline carryover from EMOP 10072 (MT)</b>	<b>Net Requirements (MT)</b>
Wheat Flour	49,000	18,085	30,915
Rice	12,250	9,474	2,776
Sugar	2,450	581	1,869
Vegetable oil	2,450	983	1,467
Pulses	3,675	0	3,675
Wheat Soya blend	294	0	294
High energy biscuits	221	0	221
<b>Total</b>	<b>70,340</b>	<b>29,123</b>	<b>41,217</b>

For a total food cost of US \$ 9,927,965. The total cost to WFP amounts to US \$ 18,289,195.

The outcome of this food needs assessment is 620,000 non-refugee people in need of food aid in the Palestinian Territories, as compared to the 500,000 that will be covered by WFP's EMOP 10190. There are indications that the needs of these additional 120,000 persons will be addressed through the resources of NGOs, both national and international.

### **WHO**

To reinforce its support to the health sector during the ongoing emergency WHO is seeking resources to:

Sustain and ensure the viability of the Health Action Response Team (HART) initiative, the emergency operations room for the emergency. This is a collaborative effort by the Italian Cooperation, USAID, UNDP, WHO working with all actors in the health field to ensure the strong collaboration, exchange of information between donors and health providers to ensure common action plans and maximize resource utilization. The HART acts as an emergency co-ordination centre, as the operational arm of the already existing Core Group on Health lead by the Ministry of Health. The aim is to sustain essential health and to steer the health sector development through the current crisis.

Update and disseminate the 2001 Health Impact Study. This was a collaborative effort with the Ministry of Health. One of the challenges of planning short and medium term input currently is to obtain an overview of the impact of the 18 months Intifada on the health of the population. There exist numerous health providers and while the MOH data collection system is functioning it is still under further development. The Study aims to collect data from a number of studies already underway, MOH data

and consolidate it to an overview that will assist decision makers and planners for health sector inputs.

Strengthen support to the MOH, to the voluntary sector, and donors in relating to the donors and health actors community for co-operation and collaboration, by adding dedicated personnel for the WHO health humanitarian aid sector.

Provide emergency medical supplies and supplies for environmental health actions as requested by health sector actors – as gaps may occur or WHO otherwise well placed to provide these supplies.

To provide short term expert advise and input as required through the ongoing collaboration in the Core Group for Health, by the MOH and by the ongoing and future initiatives within the Humanitarian Co-ordination group for Health input.

Budget Item	Requirements, USD
Staff: international and national with operating costs(12 months)	195,000
Health Action Response Team	250,000
Environmental health emergency programme	120,000
Health Impact Assessment –update	80,000
Emergency health supplies and equipment	500,000
Short term consultants 120 days	50,000
Programme Support Cost	74,000
<b>Total</b>	<b>1,269,000</b>

## OCHA

In the early aftermath of the March/April reoccupation of the West Bank, in view of continued deterioration in the living conditions throughout oPt and given the expectations of protracted closures/mobility restrictions, OCHA intends to expand its services to the relief community to improve the understanding of humanitarian dynamics and to provide adequate assistance to the vulnerable. In specific terms, OCHA will:

- ◆ Set up Humanitarian Information Centre (HIC) as a humanitarian data collection, analysis, reporting and public information centre serving the information needs of all stakeholders, including PA, donors, and relief operators;
- ◆ Provide secretariat services and information input (including processing) to [humanitarian] emergency sector groups – “operation rooms”, i.e. food, shelter, infrastructure, health; and serve as a forum/secretariat for weekly inter-sector meetings;
- ◆ Improve the focus of Area Task Forces (ATF) in the West Bank and Gaza to facilitate the development of humanitarian action plans, their implementation and monitoring;
- ◆ Revise and merge the existing contingency plans (UN and AIDA) and develop a detailed plan of action to meet humanitarian needs resulting from continued closures/compartimentalisation of the oPt;



- ◆ Set up to develop common approaches and public information strategies related to issues of protection of civilians, access and respect for humanitarian principles through an Advocacy/Protection Working Group;
- ◆ Support the NGO community through funding the post of the AIDA humanitarian facilitator and providing information support to the AIDA/PINGO humanitarian steering committees.

<b>Activity</b>	<b>Budget Requirements</b>
Establishment of a Humanitarian Information Centre with GIS mapping capacity and a website	400,000
Establishment of Field Coordination units in Jenin/Nablus and Hebron	380,000
Access monitoring/legal database	150,000
Support to the NGO Humanitarian Facilitation	82,000
<b>Total</b>	<b>1,012,000</b>

### **PRCS**

Given the nature and evolution of the current conflict, coupled with the continued risk of natural disasters, such as drought, the Palestine Red Crescent Society (PRCS) will continue to build on its current disaster preparedness and response programme. It will focus on better integration of the relief programme with ongoing emergency medical services (EMS) and primary health care (PHC) branch activities being implemented by the volunteer network. The programme pillars are:

#### EMS/PHC integration

- ◆ Emergency response unit (ERU) field hospital (with a regional vision within the Federation network)
- ◆ Expanded Relief operations including food, medicine & water for vital services and vulnerable groups
- ◆ Volunteer-branch networks that will conduct the following activities: rapid needs assessments, water/ sanitation, camp management, EMS and ERU Field Hospital support.
- ◆ Centralised disaster management operations and expanded logistics including warehouses, transport & telecom.
- ◆ The PRCS has planned the proposed humanitarian assistance programme in full cooperation with the International Committee of the Red Cross (ICRC) and the International Federation.

Both ICRC and the International Federation's assistance programmes are aimed to meet urgent, short term, intermediate and long term requirements identified in the PRCS Post Disaster Rehabilitation Plan (April 2002).

The ICRC, as lead agency for the Movement in Israel, the occupied and the autonomous territories, has been and will continue to address the bulk of urgent and short-term needs in such areas as strengthening the EMS, replacing damaged ambulances, expanding the capacity of the dispatch stations, providing critically needed medical and other relevant equipment, tackling the problems of electricity, water and sanitation and replacing and transferring consumable and medicines. The full scope of the ICRC assistance to the vulnerable civilians is communicated to the interested parties through its own channels.

The International Federation's Appeal on behalf of the PRCS is aimed to mobilise the badly needed support to sustain uninterrupted functioning of all the Society's critical services during the next 6-12 months. It is largely based on the areas of the PRCS needs assessment (cf. PNS Briefing Note of ICRC dated 25 April 2002) of 23 April 2002, much of which falls under the International Federation's traditional areas of support to the PRCS. External support is required for home based care programme, Emergency Response Unit (Field Hospital), improved telecom, medical consultation hotline, training in DP/R, and community based health development programme directed toward improved DP/R. Establishment of the ERU (field hospital) is considered to be vital to strengthen the preparedness capacity of the PRCS.

All these measures should be integrated with the continuous development of the National Society with an emphasis on the human resources development and management training.

### Health

*Objective 1: Sustain vital PRCS services in the territories.*

Replace stocks of medicines and medical supplies linked with the primary health care and home based care programmes of the PRCS according to the specific requirement.

Support all existing PRCS programmes that are essential for responding to the needs of the population, namely PHC, secondary health care, rehabilitation, social services, and volunteers' network.

Provide direct financial support to the health and relief staff of the National Society.

*Objective 2: Establish the PRCS leadership role in disaster preparedness & response in the territories.*

Complete establishment and equipment of medical ERU field hospital

Further develop the PRCS human resources in management skills and disaster preparedness/ response (DP/R). Training to include theory and practice (the ICRC will contribute an introduction to IHL in the training module).

### Capacity Building for Disaster Preparedness and Response (DP/R)

*Objective 1: Expansion/development of selected PRCS programmes, which are necessary to respond to the increasing needs of the Palestinian population.*

The home-based care programme will focus on conflict victims and all vulnerable groups affected by the current situation. Home visits will be an important means for the dissemination of information.

Establish a medical hotline to assist the most vulnerable, especially where accessibility is limited.

Increase the focus of the community based programmes on disaster preparedness & response. This includes community based first aid training, review of the membership of emergency committees in local communities, recruitment of volunteers and assisting in the rehabilitation arrangements of war victims. (rapid assessments, water/sanitation, first aid, ERU back up and camp management)

PRCS hospitals will be integrated in the DP/R programme. Accordingly, the emergency units in six hospitals will be developed in order to increase the capability for responding to ER situations.

*Objective 2: Increase networking and social awareness regarding the PRCS disaster preparedness and response programme (DP/R).*

Produce audio-visual and printed materials directed towards raising the public awareness to DP/R.

Coordinate and disseminate information regarding the DP/R programme (which will include an IHL component contributed by the ICRC) . Scope of this activity includes Palestinian Authority structures, NGOs and other community groups.

Maintain an appropriate database on the changing situation affecting the PRCS in performing its humanitarian mission.

## **UNICEF**

UNICEF has launched a first donor appeal beginning April, for 100 days, for a total amount of 1.8 million USD. This appeal has been fully funded. Another appeal is being prepared, and will be launched in June, for an amount of 1.3 million. The details provided below are referring to the 1.8 million appeal.

UNICEF plans to support psychosocial interventions that are in line with the Palestinian Code of Conduct for Psychosocial Intervention (a policy initiative led by UNICEF) for all stages of childhood. Psychosocial services and food, water and other basic supplies will be provided to children's institutions, including specialised schools, orphanages, and rehabilitation centres for adolescents in conflict with the law. Training in psychosocial development will be expanded for parents, social workers, and kindergarten and nursery staff. UNICEF aims to set-up psychosocial services in primary health care facilities as part of the child health services, and mentoring programmes in schools. Participation opportunities for adolescents will be expanded through the establishment of youth-to-youth hotlines in order to increase their community participation. In addition, community-based, multidisciplinary teams will be set up in communities severely affected by violence and increasing rates of poverty. Support will also be given to strengthen the capacity of psychosocial experts.

UNICEF plans to undertake several measures for Palestinian children whose education has been disrupted by the current situation. In order to enable children to continue their educational activities, UNICEF will be developing self-learning packages for teachers and parents, enabling self-learning that does not require their presence at school. The capacity of school inspectors to supervise and of teachers to implement the programme will be strengthened. Furthermore, a TV/radio distance learning programme will be developed. Assessments will be supported for identifying appropriate locations for establishing learning centres. The "back-to-school" campaign will continue to be supported at the district and national levels throughout August/September 2002.

For schools that are still operational, UNICEF will continue to support them in becoming safer environments for children. Teachers will be given training to increase their ability to recognise signs of distress among pupils, to counsel them appropriately and to refer them to trained school counsellors. Psychosocial support

will also be extended to teachers to cope with ongoing traumatic events. In addition, self-help, and life skills components will be introduced into the national school curriculum. Limited cash assistance will be provided to schools to improve their environments.

UNICEF plans to support the strategy put in place by the Palestinian Ministry of Health to strengthen access to primary healthcare. UNICEF will also support Early Childhood Care for Development, which will include activities such as restoring and upgrading early childhood facilities and training of primary healthcare staff. In addition, UNICEF will support child health services, including mop-up campaigns to ensure the eradication of polio and eliminate measles in the Occupied Palestinian Territory. These campaigns will require supply and logistical support, the strengthening of the cold chain, and the access to hard-to-reach populations. UNICEF also plans to support interventions aimed at addressing the impact of violence on women, including mass media campaigns and workshops at the community level.

<b>Sector/Activity</b>	<b>Budget (US\$)</b>
<b>Psychosocial Support</b>	<b>600,000</b>
Telephone Counseling and Radio Program	50,000
Emergency Psychosocial Teams (including Youth volunteer teams, training of Jerusalem/Palestinian Israelis, Short-term Emergency reaction, Emergency teams.	180,000
Emergency Psychosocial Packages (2,000 families)	100,000
Training and Supplies	150,000
Project Support	120,000
<b>Education</b>	<b>800,000</b>
Remedial and Distance Education	80,000
National and District- based back to school campaigns (10 districts, and support to vulnerable families)	240,000
Child-friendly schools (school renovations, educational materials, training of school counselors, Psychosocial interventions for school staff, teacher training on life skills based education)	320,000
Project Support	160,000
<b>Child Health &amp; Development</b>	<b>400,000</b>
Child Health services	120,000
Early Childhood Care for Development	200,000
Project support	80,000
<b>Total</b>	<b>1,800,000</b>

## **UNFPA**

Responding to the humanitarian crisis in the occupied Palestinian territory, the United Nations Population Fund (UNFPA) is asking donors to provide \$3.6 million for emergency assistance over the next six to eight months, particularly for reproductive health and safe delivery assistance to vulnerable Palestinian women and girls.

Considering the specifics of the situation in the Occupied Palestinian Territory and the complex nature of the emerging humanitarian and development needs, UNFPA will continue its operations in two major directions: (1) providing humanitarian relief assistance; (2) supporting development-oriented efforts of Palestinian authorities and civil society. In addressing immediate needs of the humanitarian and relief nature over the next eight months UNFPA will pursue the following objectives and interventions:

Provide basic health services, including safe motherhood, family planning, STI treatment and HIV/AIDS prevention through: supplying of essential drugs and commodities, urgently needed equipment, materials and medicines for hospitals, primary health care facilities and mobile clinics.

Extend required rehabilitation support to the damaged service delivery stations and provide training to service providers and community workers.

Support treatment, rehabilitation and counselling for traumatized women and their families in refugee camps and affected areas through expansion of established network of women's centers and the initiation of women-oriented projects, addressing the status and needs of women and girls in conflict and post-conflict situations

Implement a comprehensive situation and develop a medium-term strategy for rehabilitation activities as well as re-establishment of the vital statistics systems and demographic data recovery.

To achieve the mentioned objectives the following strategies will be deployed:

- ◆ Setting priorities of assistance based on the needs and continued analysis of the operational environment
- ◆ Adopting flexible and innovative approaches in combining relief and development oriented efforts
- ◆ Utilizing local, regional and international expertise
- ◆ Linking UNFPA appeal and interventions with the activities of other UN Agencies and donors to maximize the use of available resources;
- ◆ Utilizing the existing coordination structures of the UN system and donor community to foster complementarily with other aspects of humanitarian assistance.

Based on the accumulated implementation experience and analysis of the immediate needs, UNFPA operations will concentrate on achievement of the following outputs:

- ◆ Improved access to reproductive health services, information and counselling with emphasis on emergency obstetric care through:
- ◆ ensuring availability of essential medical supplies and equipment for basic maternal and reproductive health and initiating rehabilitation of damaged health facilities;
- ◆ expanding support to community-based information campaigns;
- ◆ providing training to service providers in safe delivery and basic RH care, including prevention of gender-based violence;
- ◆ Integrated psycho-social counselling and support programs for traumatized women and member's of their families into the services of all 11 comprehensive health centres and 4 hospitals supported by UNFPA (expanding experience of women's center network, providing support to women and their families in the affected areas);
- ◆ Initiation of specifically tailored projects and activities addressing the status of women and girls in conflict and post conflict situations.
- ◆ Completing of a comprehensive rapid needs assessment in reproductive health, population and gender by a multi-disciplinary team of experts to put in place a longer-term strategy for operations.
- ◆ Restoration of minimum functions of the Palestinian Central Bureau of Statistics. Put in place a medium-term plan to ensure rehabilitation of the PCBS and re-establishment of the statistical system (including preparations for a new population and housing census) to provide basic community,

population, social and economic data, necessary for reconstruction and development.

UNFPA has constantly monitored the situation on the ground, to the extent feasible under emergency circumstances. The Jerusalem office has initiated a situation assessment, which is currently being conducted with the support of a specialized team. The findings of this assessment will be translated into a concrete set of further projects.

<b>Activity</b>	<b>Requirements, USD</b>
Operational Capacity-building of Selected health facilities (infrastructure support, equipment and supplies, etc.)	600,500
Support to Reproductive Health services, Information and Counselling, with Emphasis on Emergency Obstetric Care at the Central, Peripheral and Community Levels.	2,296,000
Psychosocial Counselling and Women Empowerment Programme	264,000
Restoration of PA's Capacity to Generate Demographic and Soci-economic Data	401,990
Comprehensive Needs Assessment for longer Term Emergency Interventions	34,500
<b>Total</b>	<b>3,596,990</b>

### **AIDA**

AIDA – the Association of International Development Agencies – is an informal group of international NGOs, which meets regularly to address issues of common interest, such as access, contingency planning etc. An AIDA Humanitarian Facilitator post was created at the beginning of the intifada to help coordinate humanitarian/emergency activities of AIDA members, and after an interval in which the post has been vacant the position will soon be filled. A Humanitarian Steering Committee, made up of the major NGOs, advises the Facilitator. The Steering Committee is made up of OXFAM GB, CARE, Save the Children Fund US and UK, Catholic Relief Society, World Vision International, Medical Aid for Palestinians, American Near East Refugee Aid. During the recent incursions, AIDA members also arranged a number of joint convoys of food and medical assistance to localities adversely affected by the closure regime. These convoys were organised in cooperation with local Palestinian partners.

The following is not intended to be an exhaustive list of the proposed emergency activities of international NGOs in the OPT, following the March-April offensive.

### **OXFAM GB**

Through its emergency fund, OXFAM supplied water tanks and related supplies to Jenin municipality to be deployed at strategic locations in Jenin camp. OXFAM is intending to provide backup water support to health clinics throughout the West Bank in the form of extra tanks and small booster pumps to enhance water power and storage capacity in addition to providing emergency preparedness training and equipment to municipalities. OXFAM is also replacing 400 damaged roofwater tanks in Nablus, in coordination with the Ministry of Public Works Nablus division. OXFAM's current programme is centred on village addressing water supply problems resulting from the closure regime and infrastructure damage.

*CARE International*

In response to recent destruction in the West Bank, CARE International distributed emergency medical supplies, water and a generator to localities throughout the West Bank and Gaza. In addition to its ongoing programmes, USAID is proposing an expansion to CARE's existing Emergency Medical Assistance Programme, costing approximately \$5.6 million. Based on a detailed needs assessment to identify gaps, this would entail the stockpiling of medical supplies, pharmaceuticals and equipment in warehouses in Gaza and the West Bank for redeployment in case of emergencies

In addition to its ongoing programmes, USAID is proposing an expansion to CARE's existing Emergency Medical Assistance Programme, costing approximately \$5.6 million. Based on a detailed needs assessment to identify gaps, this would entail the stockpiling of medical supplies, pharmaceuticals and equipment in warehouses in Gaza and the West Bank for redeployment in case of emergencies.

*Save the Children Alliance*

The Save the Children Alliance partners in the OPT, SC/US, SC/UK and SC/Sweden are undertaking a number of ongoing psychosocial, educational and health programmes. Following the recent IDF military incursion, the Save the Children Alliance partners in the OPT, SC/US, SC/UK and SC/Sweden formulated a common appeal to mount a rapid emergency response in the areas of material assistance, child protection, community-based psychosocial support, health, education and water/sanitation.

Programme	Activities	Estimated budget (\$US)	Implementing Agencies
Material assistance (a) to ensure children's access to necessary supplies (b) identify problems with existing household coping strategies & assistance gaps	(a) Design effective secondary distribution system with local partners in case of curfew; (b) Provide support for basic services through the MoSA to vulnerable families.	142,500	SC/UK, SC/US
Child protection Need to strengthen emergency preparedness and response to promote children's right to protection	Undertake a rapid situation analysis to identify main child care & protection concerns, mapping 'at risk' groups	30,000	SC/S, SC/UK, SC/US
Psycho-social support Community-based approach working through/with local partners	Assess extent of trauma Restore children's normal routine Provide community-based interventions	800,000	SC/US SC/S
Health Immediate financial assistance at local level to support community based services, esp at PHC level	Re-supply medicines, vaccinations, supplies & equipment at PFH level esp for chronically ill; Re-supply hospitals, blood banks & laboratories	650,000	SC/US
Education SCF to participate in proposed rapid needs assessment team of damage & needs	Training & support for replacement teachers; Repairs –reconstruction - replacement of equipment & materials Non-formal educational activities	470,000	SC/US SC/UK
Water/Sanitation Restore safe drinking water to impacted communities/launch child health care & awareness campaign Address problem of solid waste collection	Infrastructure/awareness campaign Nablus; Infrastructure, chlorination, awareness campaign Jenin town and villages; Emergency environmental health awareness campaigns	590,000	SC/US, SC/UK
<b>Total budget</b>		<b>2,682,500</b>	

In addition to this joint SCF Alliance appeal, SC/US may receive an additional \$3 million from USAID to expand its existing psycho-social programme, specifically to address the problem of trauma caused to children following the recent offensives of the last two months. SC/UK is also proposing a number of additional programmes costing US\$ 1,200,000 addressing sanitation problems in Anabta village; solid waste collection in 30 villages in Jenin-Tulkarem-Qalqilya; MCH programmes in northern and southern villages; psycho-social support in Tulkarem & Jenin; and home & village-based ECP;

*Catholic Relief Services (CRS)*

CRS participated in the groups of faith-based NGOs, which organised joint convoys to localities under curfew during the recent offensive. CRS has also participated in the recent World-Bank led assessment missions in the Bethlehem, Hebron and Jenin districts where CRS has ongoing water-infrastructure projects; addition programmes to address the needs in these areas are awaiting the detailed assessment results. CRS will also be an implementing partner in WPF's expanded programme of food assistance.

*World Vision International (WVI)*

WVI was also a partner in the joint faith-based NGO convoys, which delivered vital food, water and medical supplies to curfewed cities. WVI also specifically targeted Salfit where it is supporting 18 village communities under a USAID grant. An extra \$1 million is being sought to expand existing psychosocial and job creation programmes, in addition to providing food coupons and direct food assistance in isolated areas. WVI is also planning to reposition water tanks in isolated rural areas.

*Medical Aid for Palestinians (MAP)*

In addition to existing programmes, MAP is currently preparing a joint proposal with the UK-based NGO MERLIN, Medical Emergency Relief International. The programme envisages supporting existing clinics/providing mobile clinics to work with local partners in isolated villages in the Hebron, Ramallah and Nablus areas to address critical health issues arising from increasing restrictions on access.

*Medecins Sans Frontieres, MSF/Greece*

Due to the recent invasion by the Israeli Defence Forces (IDF), restriction of movement of people and goods and the closure of entire areas in the West Bank, MSF-GR carried out a needs assessment in close collaboration with the Union of Palestinian Relief committees (UPMRC), with whom MSF – Greece works in Gaza. As a result, it was decided to support the operation of UPMRC's mobile clinic (MC) in remote villages around Ramallah, specifically to escort and ensure passage of the ambulances used in 16 villages in the north-east part of the Ramallah district; support the UPMRC with medical staff and with medical supplies (mainly drugs); monitor any changes in the medicaments needs. At the end of the 3-month period the situation will be reevaluated. A needs assessment in the Bethlehem area is also in progress.

*ANERA*

Outside of its current USAID funding, ANERA will seek additional private donations to cover recent donations of medicines and food commodities in localities under curfew.



**Funding Requirements, Humanitarian Response May-December 2002**

<b>Agency</b>	<b>Amount required USD</b>
<i>Shelter and Cash assistance</i>	
UNRWA	4,648,000
<b>Sub-Total Shelter and Cash Assistance</b>	<b>4,648,000</b>
<i>Education</i>	
UNICEF	1,320,000
UNRWA	223,000
SC/UK	470,000
<b>Sub-Total Education</b>	<b>2,013,000</b>
<i>Emergency Income Generation</i>	
UNRWA	630,000
<b>Sub-Total Income Generation</b>	<b>630,000</b>
<i>Food</i>	
UNRWA	1,025,000
WFP	18,300,000
WVI	1,000,000
<b>Sub-Total Food</b>	<b>20,325,000</b>
<i>Health</i>	
WHO	1,269,000
UNRWA	165,208
UNICEF	790,000
PRCS	1,280,000
UNFPA	3,332,990
CARE	5,600,000
MAP/UK	800,000
SC/US	650,000
<b>Sub-Total Health</b>	<b>13,887,198</b>
<i>Psychosocial Support</i>	
UNRWA	290,000
UNICEF	990,000
UNFPA	264,000
SC/US and Sweden	800,000
<b>Sub-Total Psychosocial Support</b>	<b>2,344,000</b>
<i>Humanitarian Information Management</i>	
OCHA	1,012,000
<b>Sub-Total Information/Coordination</b>	<b>1,012,000</b>
<i>Non-Food Assistance</i>	
UNRWA	139,292
SC/US and UK	142,500
<b>Sub-Total Non-Food Assistance</b>	<b>281,792</b>
<i>Water-Sanitation</i>	
UNRWA	1,365,000
SC/UK	590,000
OXFAM/GB	256,000
<b>Sub-Total Water/Sanitation</b>	<b>2,211,000</b>
<b>Grand Total</b>	<b>47,351,990</b>

Agency	Sector/Activity	Amount required USD
UNRWA	Emergency Shelter	4,648,000
UNRWA	Education	223,000
UNRWA	Income Generation	630,000
UNRWA	Food	1,025,000
UNRWA	Health	165,208
UNRWA	Psychosocial support	290,000
UNRWA	NFI	139,292
UNRWA	Water/sanitation	1,365,000
<b>Subtotal UNRWA</b>		<b>8,485,500</b>
UNICEF	Education	1,320,000
UNICEF	Health	790,000
UNICEF	Psychosocial support	990,000
<b>Subtotal UNICEF</b>		<b>3,100,000</b>
WFP	Food	18,300,000
<b>Subtotal WFP</b>		<b>18,300,000</b>
UNFPA	Reproductive Health	3,332,990
UNFPA	Psychosocial support	264,000
<b>Subtotal UNFPA</b>		<b>3,596,990</b>
WVI	Food	1,000,000
<b>Subtotal WVI</b>		<b>1,000,000</b>
SC Alliance	Education	470,000
SC Alliance	Health	650,000
SC Alliance	Psychosocial support	800,000
SC Alliance	NFI	142,500
SC Alliance	Water/sanitation	590,000
<b>Subtotal SC Alliance</b>		<b>2,652,500</b>
WHO	Public Health	1,269,000
<b>Subtotal WHO</b>		<b>1,269,000</b>
PRCS	Emergency Health	1,280,000
<b>Subtotal PRCS</b>		<b>1,280,000</b>
CARE	Primary Health	5,600,000
<b>Subtotal CARE</b>		<b>5,600,000</b>
MAP/UK	Primary Health	800,000
<b>Subtotal MAP/UK</b>		<b>800,000</b>
OCHA	Humanitarian Information	1,012,000
<b>Subtotal OCHA</b>		<b>1,012,000</b>
OXFAM	Water/Sanitation	256,000
<b>Subtotal OXFAM</b>		<b>256,000</b>
<b>Grand TOTAL</b>		<b>47,351,990</b>