



United Nations

A young boy in a dark blue t-shirt and black shorts with red accents is walking through a scene of complete destruction. The background shows the skeletal remains of a multi-story building with exposed concrete and twisted metal. The sky is blue with scattered white clouds. The boy is looking down and to the left.

GAZA

INITIAL RAPID

ASSESSMENT

27 August 2014

www.ochaopt.org

United Nations Office for the Coordination of Humanitarian Affairs occupied Palestinian territory

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Coordination Saves Lives

EXECUTIVE SUMMARY

On 7 July 2014, the Israeli army launched a military operation code-named “Protective Edge”, in the Gaza Strip, following several weeks of escalation. The scale of destruction, devastation and displacement wreaked in the 50 days of conflict that ensued is unprecedented in Gaza, since at least the start of the Israeli occupation in 1967. Following several short-lived cease-fires, on 26 August, the parties to the conflict reached an open-ended cease-fire which has held to date.

On 13, 18 and 19 August, under the coordination of OCHA, a Multi-Cluster/Agency Initial Rapid Assessment (MIRA) was carried out in Gaza with the aim of gathering baseline information on the needs arising from the military operation, and informing the humanitarian response. A 400-point questionnaire was developed and the assessment teams, drawn from the relevant clusters, UN agencies, NGOs, and line ministries visited all five governorates and 25 municipalities in Gaza. The list of informants included community leaders, NGOs, CBOs, mayors, teachers, youths, IDPs, health experts, and representatives from the electricity and water utilities. Among the key findings:

1. Protection concerns

Due to the densely populated and urbanized nature of Gaza, virtually the whole population was exposed to conflict and affected by damage to vital electricity and water infrastructure. Palestinians residing east of Salah ad-Din Road, in northern Gaza, Rafah and certain parts of Gaza City were particularly affected. Throughout the conflict there was a real fear among the population that no person or place was safe, as evidenced by attacks on hospitals, residential buildings and schools designated as shelters. Psychosocial distress levels, already high among the population of Gaza, have worsened significantly as a result of the conflict.

The lack of protection is most evident in the high level of civilian casualties. According to preliminary data collected by the Protection Cluster, since 7 July up to 28 August, at least 2,133 Palestinians have been killed. This figure includes 362 persons who could not be yet identified or their status established. Of the initially verified cases, 1,489 are believed to be civilians, including 500 children (187 girls and 313 boys), 257 women and 282 members of armed groups. Many fatalities involved multiple family members, with at least 142 Palestinian families having three or more members killed in the same



incident, for a total of 739 fatalities. According to the Palestinian Ministry of Health, over 11,100 Palestinians, including 3,374 children, 2,088 women and 410 elderly were injured. Preliminary estimates indicate that up to 1,000 of the children injured will have a permanent disability and up to 1,500 orphaned children will need sustained support from the child protection and welfare sectors.

Explosive Remnants of War (ERW), from Israeli fire, are widely dispersed in and around homes and public spaces and buildings throughout Gaza. It is estimated that some 1,900 items have to be secured, including non-exploded tank shells, missiles, aircraft bombs, rockets, bullets, shrapnel, fuses, gas canisters and flechettes. These, in addition to ERW contamination from Palestin-

ian armed groups, pose a major risk to the population, especially to children. The main priority is the clearance of ERW and risk awareness campaigns.

In addition, an increase in the prevalence of a number of existing protection concerns was identified during the assessment. These included excessive disciplinary measures by parents/teachers against children (violence against children was identified in 16 of 25 municipalities); manifestations of gender-based violence (GBV); and increased stress and domestic violence among the affected population. The crisis exacerbated existing child protection issues and undermined protective factors. Children witnessed parents and family being killed and were confronted with the added distress associated with displacement – and being separated from their families – in addition to the tense and volatile situation in shelters. An estimated 373,000 children will require specialized psychosocial support.

The assessment identified the need for legal support to address some of these protection needs, including pursuing accountability for alleged violations of international law resulting in deaths and injuries, as well as destruction of property as a result of the military operation.

2. Internally Displaced Persons (IDPs)

At the height of the conflict, an estimated 500,000 people – 28 per cent of the population – were internally displaced, including in UNRWA schools designated as emergency shelters (293,000), government schools (49,000), in informal shelters such as empty buildings, churches or mosques, and with host families (170,000). It is estimated that some 108,000 people will be long-term displaced as their homes have been rendered uninhabitable.

As the number of IDPs in shelters was many times more than had been anticipated in contingency plans based on previous experience of hostilities, overcrowding, a lack of dignity and privacy, lack of adequate sanitation and hygiene, insufficient access to water for drinking and for domestic use, and a lack of electricity were some of the concerns raised. Health concerns included communicable diseases, a lack of medical staff in shelters and a lack of medication and health care for chronic diseases. Shelters also provided very limited privacy for women. IDPs with host families also put a significant strain on the already depleted resources of host families and communities.

Priorities include supporting IDPs and host families in finding more durable solutions in terms of shelter, protection and access to services and livelihoods.

3. Humanitarian space

Movement was restricted for all actors due to security concerns, the unpredictable nature of the conflict and challenging coordination with Israeli forces. These factors significantly impeded the ability of humanitarian organizations to conduct their work, field visits, and monitoring in a safe manner. Primary security concerns included collateral damage to UN and NGOs facilities, vehicles, and aid workers, but there have also been incidents of discontent among the local population towards the international community. Though not always successful, coordination with the Israeli forces through the Coordination and Liaison Authority (CLA) in Erez occurred regularly for areas considered as high risk, and engagement with military actors was maintained for: the opening of crossings and checkpoints; access for humanitarian personnel; the evacuation of dual-nationals and foreign residents; the functioning of humanitarian pipelines and the expedited entry of critical materials into Gaza; and the provision of coordinates of civilian installations to the Israeli authorities.

4. Health

Gaza's health system suffers from chronic shortages in medicine, medical supplies and equipment, and there have been limited training opportunities for staff. The energy crisis and the lack of financial support for the Ministry of Health had negatively impacted the continuity and quality of services prior to the recent emergency.

During the conflict, at least 15 out of 32 hospitals were damaged and six closed down as a result (three remain closed). Out of 97 primary health centres (PHC) monitored for damage and closures, 45 reported damage and 17 were closed. Four are completely destroyed. The reduction in the number of operational hospitals and PHCs throughout the conflict exacerbated the pressure on the still functioning facilities, especially when receiving large numbers of casualties. Consequently, patients had to be discharged prematurely or were deprived of appropriate care for their condition, with potential long-term negative consequences. The overwhelming number of injuries and limited resources resulted in an increase in the number of patients referred for treatment outside of Gaza, including cases of multiple trauma and increased risk of complications. Complicated referral procedures led to a backlog of patient referral, with 500 patients being processed and waiting as of 28 August.

Priorities are the repair and rehabilitation of damaged facilities; maintaining supplies of fuel, medicines and medical disposables; the improvement of IDP shelters to

prevent communicable disease outbreaks; and improving the referral process to hospitals outside of Gaza.

5. Education

The new school year, scheduled to start on 24 August, has been postponed to 14 September, impairing more than half a million children's access to education. Twenty-six schools have been completely destroyed and 122 damaged during the conflict, 75 of which are UNRWA schools. At least 11 higher education facilities have also been affected. The education sector was already overstretched prior to the crisis, suffering from a shortage of almost 200 schools, with classes running in double shifts. When schools open, children will face even more acute over-crowding and under-resourcing, as a result of the collateral damage incurred.

Priorities are ERW clearance and the rehabilitation of schools from damage sustained and due to their use as emergency shelters for IDPs. Furniture, textbooks and learning materials will also need to be replaced. Additionally, with hundreds of thousands of children in need of psychosocial support, teachers and educational staff (many of whom have also experienced acute trauma) will be stretched to provide the appropriate support required to ease children back into school and to provide ongoing support throughout the school year.

6. Food Security

Around two thirds of the population of Gaza was receiving food assistance prior to the crisis, and food insecurity or vulnerability to food insecurity affected 72 per cent of households. At least 40,000 people employed in the agriculture/fishery sector were directly affected by the crisis.

The most frequently identified concerns regarding food security and nutrition included: loss of the source of income and livelihoods due to severe damage to agricultural lands; death/loss of animals, inability to access agricultural lands, particularly in the Israeli-imposed three-kilometre buffer zone, and loss of employment. This, combined with the lack of disposable income due to livelihoods losses from the prolonged blockade, has constrained the ability of most households to purchase food from the local market and re-engage in food production for subsistence and income. In several communities, dietary diversity was highlighted as an issue of concern, particularly for children and pregnant and lactating women, due to the lack of diversity in large scale food assistance programmes and the high prices of fresh food and red meat. The lack of cooking gas, fuel, and

cooking utensils, as well as the limited access to water were also highlighted as constraints to households' ability to consume cooked food.

Among the priorities are food assistance to all IDPs and food insecure families; temporary employment and in-kind assistance for repair of productive assets; emergency support to revitalize the food production sector; market monitoring and enforcement of price ceilings for basic food commodities; and livelihoods support to fishermen.

7. Shelter and Non-Food Items (NFIs)

Some 13 per cent of the entire housing stock in Gaza, comprising 44,300 housing units, is affected. Approximately five per cent of the housing stock is uninhabitable: an estimated 18,000 housing units have been either destroyed or severely damaged, leaving more than 108,000 people homeless. This is in addition to the pre-crisis housing deficit of 71,000 housing units, due to people living in overcrowded or inadequate conditions. Although people in the shelters received basic non-food items (NFIs), needs remain, particularly among host families and the homeless. There were concerns about items not being distributed equally across shelters and among IDPs.

Priorities are the continued provision of Non-Food Items (NFIs) to IDPs; transition and return solutions for IDPs with a protection focus; ERW clearance and rubble removal; and the entry of construction materials for repair and reconstruction.

8. Water, Sanitation and Hygiene (WASH)

Gaza already faced a challenging situation in regards to water and wastewater prior to the escalation, and services were further hampered during the war, due to electricity and fuel shortages and the inaccessibility of many installations. Despite improved access to these areas following the cessation of hostilities, services remain affected due to the damage sustained by some facilities, including the Gaza Power Plant (GPP). Approximately half a million people were directly affected by damage to water facilities, and one million were affected due to damage to the wastewater plant and wastewater pumping stations.

Between 20 and 30 per cent of water and sewage networks remain damaged, mostly in the former Israeli-imposed three-kilometre buffer zone. Some 30 to 50 per cent of water storage capacity at the household level

is damaged, putting a particular strain on host families. Water, when available, is rarely adequate because of reduced network pressure from damage and power cuts. Households with no electricity and/or supplemental pumps cannot fill rooftop storage tanks even when water is available. Damage to treatment plants and energy shortages has also resulted in an increase in the discharge of raw sewage into the environment. Although

solid waste is being collected in most areas, collection is less frequent than usual and the waste is gathered in temporary sites within communities, rather than dumped in designated landfills.

Priorities included repairs to essential infrastructure and increased distribution of potable and domestic water to households, municipalities and shelters.

Vulnerable groups

Women: As the primary care givers in Gaza, women will have to deal with the large numbers of family members killed and injured and the long-term impact of damaged infrastructure and reduced services, while themselves suffering from psychosocial stress. Displacement proved especially difficult for women and girls, with increased evidence of GBV in shelters, limited privacy, compromised dignity, and reduced access to hygiene. During the emergency, more than 40,000 pregnant women were deprived of access to basic reproductive health care. Due to an increased caseload and reduced capacity at newborn health facilities, neonatal mortality was reported to double from seven to 14 per cent at Shifa Hospital; and damaged healthcare centres will reduce their access to sexual and reproductive health services. Female headed families, including new war widows, are a priority group in need of protection and support.

Children: Children were not sheltered from the effects of the conflict and, as parents were focused on survival, they were not able to adequately take care of their children. Incidents of violence against children and child abuse increased, and family separation occurred.

Persons with disabilities: These are estimated to represent 2.4 per cent of the population of Gaza. Shelters were generally described as inadequate for persons with disabilities, although UNRWA shelters provide for accessible toilets and entrances, in addition to some ad hoc support. It is estimated that some 10 per cent of the injured – 1,000 persons – may be long-term or permanently impaired. Comprehensive services will need to be included as part of the humanitarian response, including health care, rehabilitation services, provision of assistive devices and items, as well as psychosocial and livelihood support.

Elderly: People aged 55 and above account for 5.5 per cent of the population of Gaza. Elderly persons lacked access to adequate medical treatment and medication and faced additional challenges in evacuating their homes and staying in shelters. Their social and economic situation makes them vulnerable to shocks and emergencies, and their experience of multiple hostilities has undermined their sense of security and increased the psychological toll. The situation is particularly difficult for older women who are widows: over 40 per cent of relatively young older women (aged 60-69) are widowed, a number rising to 90 per cent for those over the age of 80.

HOSTILITIES IN GAZA

1. Background

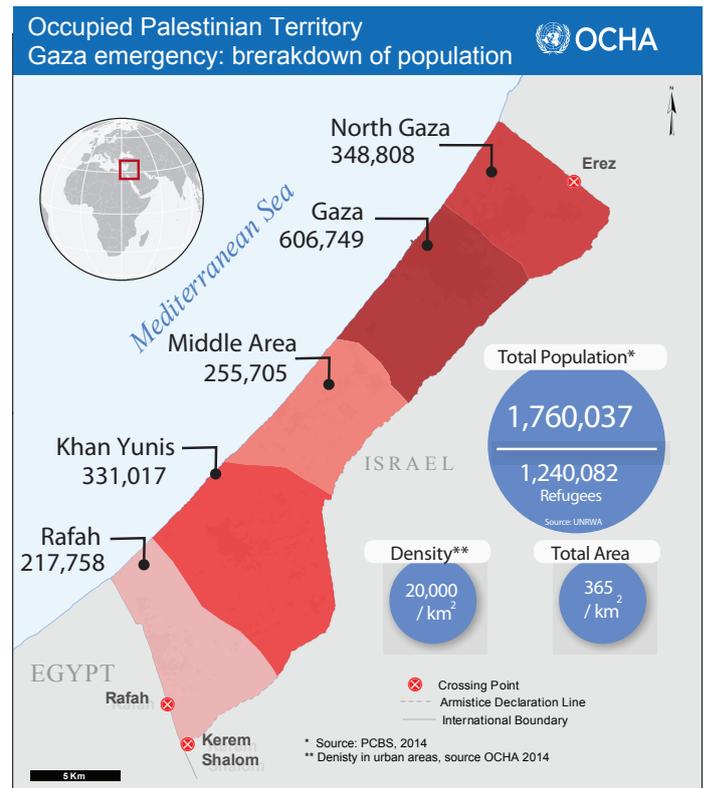
On 7 July 2014, the Israeli army launched a large military operation in the Gaza Strip, codenamed "Protective Edge", with the stated objective of stopping Palestinian rocket firing at southern Israel and destroying the military infrastructure of Hamas and other armed groups. This marked the collapse of the Egyptian-brokered ceasefire understanding reached between Israel and Hamas in November 2012, which has gradually eroded since the beginning of 2014. By contrast, the previous year recorded the lowest levels of conflict and casualties in Gaza and southern Israel since the outbreak of the second Intifada in September 2000, despite a severe deterioration in the living conditions in the Gaza Strip since the second half of 2013.

The latest escalation, which led to the launch of the Israeli offensive, started in early June 2014. It was characterized by an intensification of rocket and mortar firing by Palestinian armed groups at southern Israel, alongside an increase in Israeli airstrikes. Tensions further increased following the abduction and killing of three Israeli youths in the southern West Bank, on 12 June, which the Israeli government attributed to Hamas. Overall, between 1 June and 7 July a total of 16 Palestinians, including two civilians, were killed, and another 58 Palestinians and seven Israelis, mostly civilians, injured.

2. Underlying drivers of vulnerability

The escalation in hostilities came against a backdrop of a significant deterioration in the living conditions in the Gaza Strip since mid-2013, following the shutdown of the illegal tunnels with Egypt. This exacerbated an already fragile situation generated by the Israeli blockade, imposed since June 2007.

The longstanding Israeli restrictions on external trade, including with Israel, and on transfers to and from the West Bank have prevented the realization of the Gaza Strip's economic potential. The access restrictions between the Gaza Strip and the West Bank, applied regarding both people and goods, are part of an official policy adopted by the Israeli authorities, which calls for keeping the connections between the two parts of the oPt.¹ This has been compounded by the restrictions on access to agricultural land and fishing waters, and the chronic shortage of electricity. These constraints have discouraged investment, prevented sustainable growth, and perpetuate high levels of unemployment, food insecurity and aid dependency.



The blockade in general and the ban on the import of basic construction materials in particular, have encouraged the development of a system of tunnels dedicated to the smuggling of restricted goods into Gaza. In 2012, an estimated 1.7 million tonnes of aggregate, cement and steel bars were transferred to Gaza via the tunnels, compared to approximately one million tonnes of the same materials which entered through the Kerem Shalom crossing for authorized projects. Overall, the volume of construction materials transferred through the tunnels

in the first five months of 2013 was over three times the amount allowed through the Kerem Shalom crossing, around 7,500 tonnes of construction materials were entering each day.

The almost total halt in smuggling activities since July 2013, following the closure of most tunnels by the Egyptian authorities, has led to a gradual depletion of the stocks of building materials available on the market and to the freezing of most construction activities. Consequently, it is estimated that over 30,000 workers have lost their jobs, bringing the unemployment rate by the second quarter of 2014 to almost 47 per cent (relaxed definition), the highest since 2008.

Additionally, due to the restrictions imposed by Israel and Egypt on financial transfers to the Gaza Strip, former de facto government employees, including the security forces, have not been paid salaries regularly since August 2013 and no salaries at all since April 2014.

In recent years, the smuggling tunnels also became the main source for the supply of fuel to the Gaza Strip, due to the lower cost of Egyptian-subsidized fuel compared to Israeli fuel. The former was used not only by the private sector, but to operate schools, hospitals and water and sanitation facilities. The Gaza Power Plant (GPP), in particular, which supplied 30 per cent of the electricity available in Gaza, had become entirely dependent on Egyptian diesel smuggled through the tunnels. The disruption in the fuel supply to the GPP following the halt in tunnel activities has triggered scheduled outages of 12-18 hours per day. Together with the fuel shortages that limited the ability to rely on backup generators, this crisis severely undermined the provision of basic services, including health, water, sanitation and solid waste management.

Finally, in recent years, the Rafah border crossing with Egypt has become the primary exit and entry point to the Gaza Strip for Palestinians, due to the long-standing restrictions imposed by Israel on the movement of people via the Erez Crossing. However, severe restrictions on the operation of the crossing, imposed by the Egyptian authorities from June 2013 onwards in the context of political uncertainty and military operations in northern Sinai, drastically reduced the passage of pedestrians in both directions.

3. Scope of the humanitarian crisis

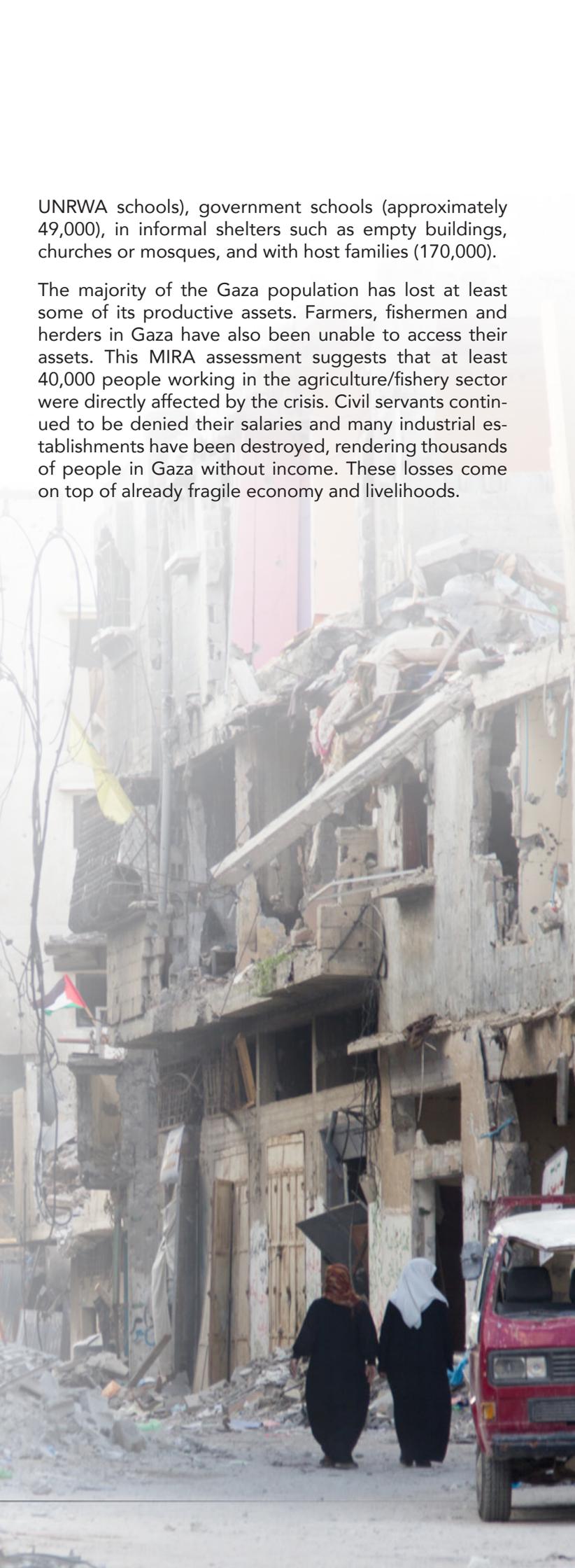
All geographic areas of Gaza were affected by conflict since the emergency was declared on 7 July, and witnessed aerial bombardment, naval shelling or artillery fire. Some 43 per cent of Gaza, located three kilometres from the security fence towards the west and in northern Gaza, were designated by the Israeli military as a "Buffer Zone". Communities in this area experienced ground operations and fighting and were the worst affected, particularly Khuza'a, East Rafah, Al-Qarara, Bani Suhaila, Al-Maghazi Camp, Al-Bureij Camp, Ash-Shuja'yeh neighborhood in Gaza City, East of Jabalia, as well as Beit Hanoun, Umm An-Nasser and Beit Lahiya in northern Gaza.

Due to its densely populated and largely urban environment, all people in Gaza were exposed to conflict, resulting in a pervasive sense of insecurity and the feeling that nowhere was safe. Similarly, all people were affected by damages to vital infrastructure, such as the electricity and water networks, which impacted on basic service delivery and household comfort. At least four sites of archaeological value have been damaged, two of them very heavily, according to a UNESCO initial assessment.

At the height of the conflict, more than 500,000 people were internally displaced, including in UNRWA schools designated as emergency shelters (293,000 in 85

UNRWA schools), government schools (approximately 49,000), in informal shelters such as empty buildings, churches or mosques, and with host families (170,000).

The majority of the Gaza population has lost at least some of its productive assets. Farmers, fishermen and herders in Gaza have also been unable to access their assets. This MIRA assessment suggests that at least 40,000 people working in the agriculture/fishery sector were directly affected by the crisis. Civil servants continued to be denied their salaries and many industrial establishments have been destroyed, rendering thousands of people in Gaza without income. These losses come on top of already fragile economy and livelihoods.



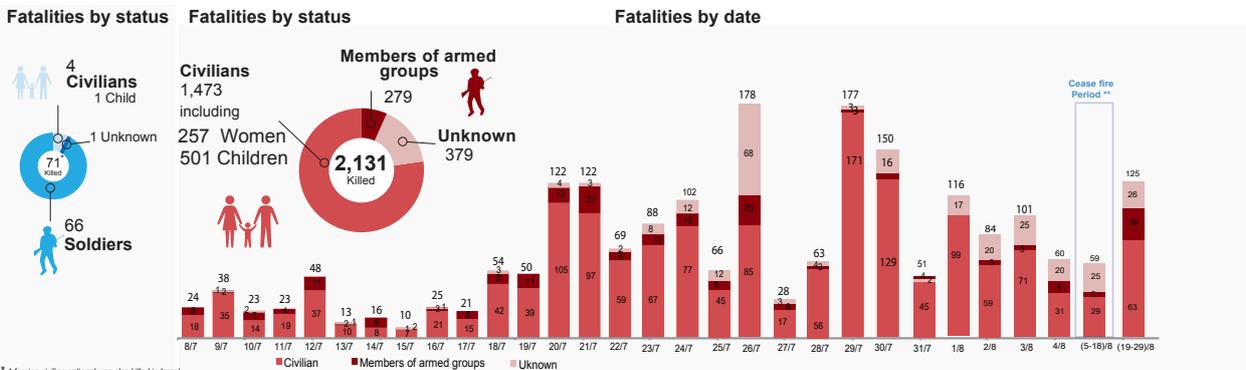
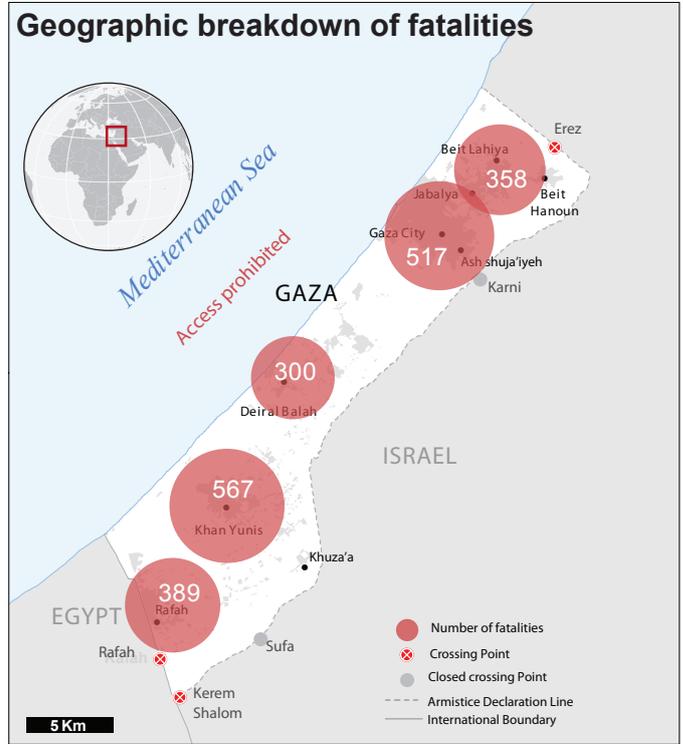
ISSUES OF CONCERN

Casualties

According to preliminary data collected by the Protection Cluster from various sources, since 7 July up to 28 August, at least 2,133 Palestinians have been killed. This figure includes 362 persons who could not be yet identified or their status established. Of the initially verified cases, 1,489 are believed to be civilians, including 500 children (187 girls and 313 boys), 257 women and 282 members of armed groups. At least 142 families lost three or more family members, a total of 739 people. The geographic distribution of the fatalities per Governorate shows that: 16.7 per cent were killed in Northern Gaza, 24.1 per cent in Gaza, 26.7 per cent in Khan Yunis, 14 per cent in the Middle Area - Deir al-Balah and 18.5 per cent in Rafah. According to the Palestinian Ministry of Health, over 11,100 Palestinians, including 3,374 children, 2,088 women and 410 elderly were injured.

Displacement

Based on past experience, actors on the ground had anticipated and prepared for the displacement of some 50,000 people to emergency shelters. However,

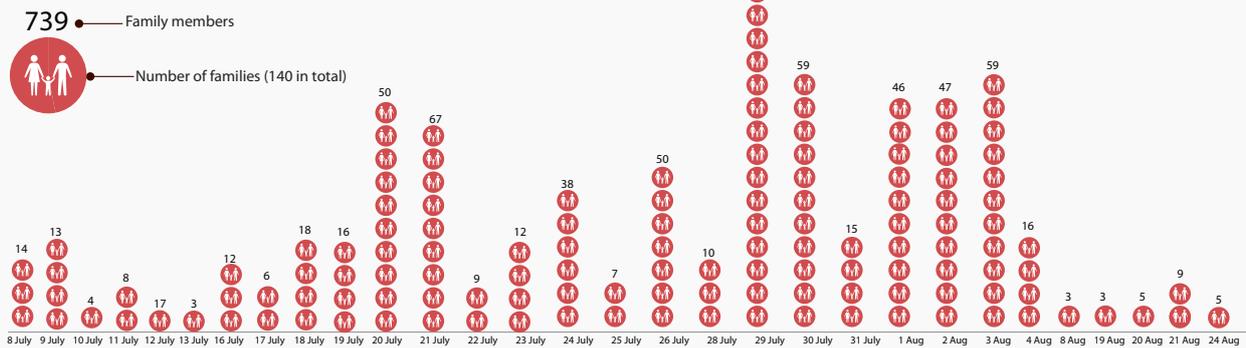


* 1 foreign civilian national was also killed in Israel

** With exception of one day (8 Aug.), between 5 and 18 August, there were a series of temporary ceasefires.

Family-specific Fatalities

As of 24 August, at least 142 families had lost three or more family members in the same incident, for a total of 739 civilian fatalities.



Gaza Strip: Internally Displaced People (IDPs) Figures

As of 30 of August 2014



IDPs hosted at UNRWA schools, government shelters and with host families

The Israeli military launched a military operation on Gaza

7-Jul-14

9-Jul-14 | 900

10-Jul-14 | 2,050

11-Jul-14 | 3,250

12-Jul-14 | 4,500

13-Jul-14 | 21,600

14-Jul-14 | 24,500

15-Jul-14 | 26,200

A temporary humanitarian pause (10:00-15:00). Israeli ground incursion began at night

16-Jul-14 | 22,600

17-Jul-14 | 22,900

18-Jul-14 | 48,000

19-Jul-14 | 62,460

20-Jul-14 | 100,000

21-Jul-14 | 110,000

22-Jul-14 | 135,000

23-Jul-14 | 140,000

24-Jul-14 | 167,000

25-Jul-14 | 176,000

26-Jul-14 | 200,000

27-Jul-14 | 215,000

28-Jul-14 | 215,000

29-Jul-14 | 240,000

30-Jul-14 | 245,000

31-Jul-14 | 250,000

A 72h humanitarian ceasefire entered into force at 8:00, however it was short-lived

1-Aug-14 | 280,000

2-Aug-14 | 475,000

3-Aug-14 | 485,000

A 72h ceasefire entered into force at 8:00

5-Aug-14 | 309,000

6-Aug-14 | 187,000

7-Aug-14 | 202,000

Hostilities resumed

8-Aug-14 | 200,000

9-Aug-14 | 255,000

A 72h ceasefire entered into force at midnight

10-Aug-14 | 425,000

12-Aug-14 | 335,000

13-Aug-14 | 370,000

14-Aug-14 | 350,000

15-Aug-14 | 365,000

Ceasefire extended for additional 24h

18-Aug-14 | 380,000

19-Aug-14 | 380,000

20-Aug-14 | 400,000

21-Aug-14 | 435,000

22-Aug-14 | 460,000

25-Aug-14 | 475,000

Ceasefire agreement

26-Aug-14 | 489,386

27-Aug-14 | 108,000

28-Aug-14 | 108,000

29-Aug-14 | 106,599

Before Ceasefire

as of 26 August



489,386

Total of IDPs in the Gaza Strip

Total for IDPs with host families

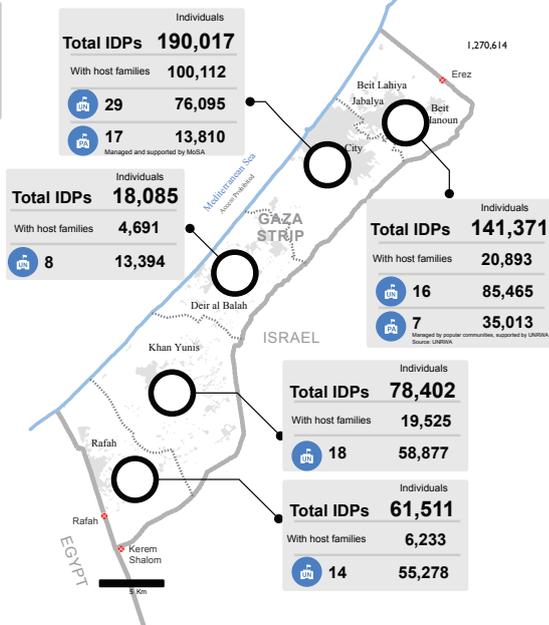
151,454

Individuals

Total for IDPs at schools

Schools: 85, Individuals: 289,109

Schools: 24, Individuals: 48,823



After Ceasefire

as of 29 August

106,599

Total of IDPs in the Gaza Strip

Total of IDPs with host families

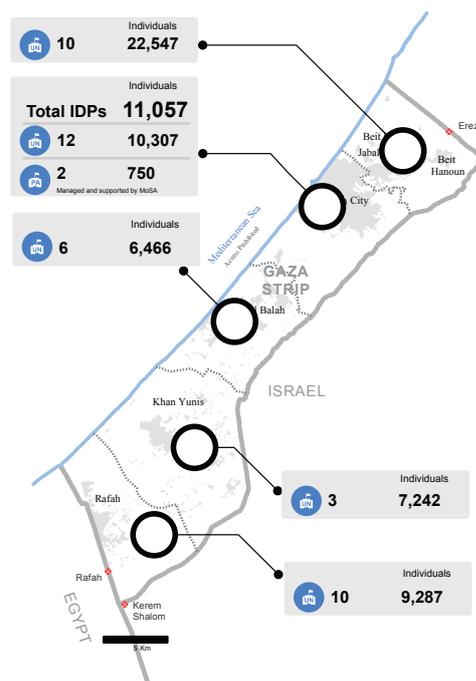
50,000 Individuals

*Number of IDPs with host families is an estimate; Ministry of Social Affairs is working on updating the total figure.

Total of IDPs at schools

Schools: 41, Individuals: 55,849

Schools: 2, Individuals: 750



Legend



PA shelter*



UNRWA school shelter**

the actual number of displaced reached approximately 500,000 at the height of the conflict (28 per cent of the population). The numbers decreased during the temporary ceasefires, but again reached 475,000 people in the last days of hostilities, due to general fear and a lack of access to services in their normal places of residence. Immediately after the end of the hostilities, on 26 August, there was a dramatic decline in the number of IDPs, with the number of those at UNRWA designated shelters decreasing from 289,000 to 53,000 between 26 and 27 August. Yet, it is estimated that some 108,000 people will be long-term displaced because they do not have homes to return to. Most displacement occurred from areas in the Israeli-imposed buffer zone, mainly from northern Gaza and eastern Gaza City.

The most recurrent concerns affecting IDPs in shelters that were raised during the interviews include:

- Inadequate sanitation and hygiene, in particular lack of showers (16 municipalities)
- Overcrowding and a lack of privacy (15 municipalities)
- Insufficient access to water (drinkable and for domestic use) and a lack of electricity (14 municipalities)
- Insufficient food supply and concerns about the quality and adequacy of the food provided (12 municipalities)
- Health concerns, including the spread of communicable diseases; shortage of medical staff and medication, particularly for chronic diseases (15 municipalities)
- Shortage of NFIs (12 municipalities)

The overcrowding and lack of privacy had a harsher impact on women and girls, who were compelled to compromise modesty norms, while feeling scrutinized by others (particularly fathers and brothers). In some schools used as shelters, such as in Az-Zaytoun and Ash-Shuja'iyeh, adolescent girls were reportedly prevented from leaving the classrooms or mixing with others. There is anecdotal information provided by community-based organisations and women's organisations of sexual harassment of women and adolescent girls in shelters. Further, most shelters were perceived as inadequate for persons with disabilities.

IDPs also put a significant strain on the already depleted resources of host families and communities: in three municipalities, respondents highlighted serious concerns about access to water, including for drinking, lack of adequate hygiene, shortage of food, and shortage of NFIs. The situation of IDPs in informal shelters was perceived to be even more precarious, as they were less likely to receive assistance than those staying in designated schools and in relatives' houses. Key informants in five municipalities reported an increase in family disputes.

Overall, IDPs' difficult living conditions, both in the emergency shelters and with host families, coupled with incidents where shelters came under attack, generated widespread feelings of insecurity and loss of dignity.

In all but three municipalities, respondents listed the destruction/demolition of their homes as the main obstacle to return. Other impediments included: fear of ERW, lack of access to basic services, and the loss of sources of livelihood. In five municipalities, the reluctance to return was associated to the location of homes within the Israeli declared "buffer zone" or in close proximity to the fence with Israel.

Access to basic services

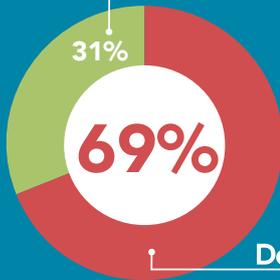
Gaza's energy crisis and crumbling public services were put under extreme strain during the conflict. Water and electricity networks were damaged and Gaza's only power plant was hit several times by Israeli artillery, resulting in its eventual shut-down. Necessary repairs and maintenance could not take place due to the security situation and in several instances the direct targeting of personnel.

The quality of life of people in Gaza, and IDPs in particular, was compromised due to the unavailability of basic services such as electricity, water and sanitation and the inability to purchase basic goods, such as fresh food.

The majority of Gaza's population is facing problems in accessing basic services. Not only the IDPs, but also the non-displaced lost part of their productive and non-productive assets, severely undermining their sources of livelihood. Many municipal workers did not receive their salaries for the past four months.

GAZA STRIP TOTAL

Percentage of demand met



Demand 470 mW
Available 148 mW

Gaza's sole power plant remains shut down after being shelled on 29 July.



Explosive Remnants of War

Thousands of explosive remnants of war (ERW) are left in civilian areas affected by conflict, including homes, gardens, roads and streets, fields, agricultural lands, abandoned shelters, destroyed homes, schools and other public and government infrastructures; UN premises have also been contaminated. ERW constitute a major threat, especially to children, farmers, humanitarian workers and IDPs returning home.

While ERWs have been seen in all governorates, the following localities seem to be particularly affected: Beit Lahiya, Johr ad-Deek, Deir al-Balah, Abasan al-Kabira, Al-Fukhari, Al-Qarara and Ash-Shouqa. In Deir al-Balah,

many ERW seem to have been destroyed, but further work is required to identify and remove invisible ERW. Diverse types of ERW have been identified, such as non-exploded tank shells, missiles, aircraft bombs, rockets, bullets, shrapnel, fuses, gas canisters and flechettes.

The precise level of ERW contamination cannot be currently established. However, the scope of damage to buildings and estimates of a failure rate of about ten per cent suggest that the contamination level is higher than following the "Cast Lead" offensive in 2008-9. UNMAS anticipates that at least 5,000 explosive items need to be secured or destroyed. This excludes any abandoned ammunition, improvised devices or unexploded ordnance from the Palestinian armed groups.



HUMANITARIAN IMPACT



Health

Prior to the conflict, Gaza's health system suffered from chronic shortages in medicines, medical supplies and equipment and there have been limited training opportunities for staff. The energy crisis and the lack of financial means for the Ministry of Health (MoH) had an impact on the continuity and quality of services.

Health facilities suffered extensive damage during the hostilities. At least 17 of 32 hospitals reported light to extensive damages and six closed during the conflict. Three hospitals remain closed while another three re-opened with reduced capacity. Al-Wafa hospital, the only rehabilitation hospital in Gaza, which was completely destroyed, re-opened rehabilitation services in an alternative location to ensure the continuity of treatment for some patients. Beit Hanoun hospital, which was extensively damaged, partially re-opened to accept emergency patients, as it is the only Ministry of Health hospital serving northern Gaza.

Eight out of 97 primary health centers (PHCs) were completely destroyed, and another 42 sustained damage. As of 28 August, 30 PHCs remain closed due to damage and/or security concerns. People in the catchment area of those PHCs have been re-directed to farther PHCs, or to hospitals' emergency rooms.

The reduction in the number of operational hospitals and PHCs throughout the conflict exacerbated the pressure on the functioning facilities, especially when receiving large numbers of casualties. Consequently, patients had to be discharged prematurely or were deprived of appropriate care for their condition, with potential long-term negative consequences. This is likely to be reflected in the caseload of rehabilitation institutions dealing with complex injuries, complications and disabilities. As during the conflict surgical capacity within Gaza's main hospitals was almost fully allocated to the treatment of injuries, the health service providers have to manage now a considerable backlog of elective surgical procedures.

The overwhelming number of injuries and limited resources resulted in an increase in the number of patients referred for treatment outside of Gaza, including cases of multiple trauma and increased risk of complications, such as renal failure, amputations, infected wounds and permanent nerve damage and disability. Complicated referral procedures led to a backlog of patient referral, with 500 patients being processed and waiting as of 28 August. On the other hand, the number of chronically ill patients receiving treatment outside Gaza decreased significantly during July and August.

UNWRA and the MoH established medical posts and an early warning system in shelters, to ensure basic primary health care services as well as disease surveillance to monitor and prevent the outbreak of 13 communicable diseases. The analysis of disease notifications from this system shows a minor increase in cases of diarrhea and skin infections, as well as viral meningitis, which at this stage do not raise a public health concern. Existing protective factors, which contribute in preventing an outbreak of diseases, include effective vaccination coverage and improved health and hygiene knowledge among the affected communities. However, complaints of water and hygienic kits shortages have been reported by key informants from different health facilities, particularly medical points at shelters. Consequently, the severe damage to water and sanitation facilities will continue to pose a considerable threat to the health and wellbeing of the affected population.

There have been an estimated 4,800 births during the crisis, mostly attended by skilled health professionals. However, transportation difficulties due to the security situation have been reported, particularly in East Khan Yunis and Johr Ad-Deek. Although there are no reports to indicate an increase in miscarriages during crisis compared to the preceding period, the full picture on the repercussions of the conflict on reproductive health remain to be assessed.²

According to the key informants of the MIRA assessment, a considerable number of children arrived at health facilities with acute stress related diseases, such as bed wetting, eating and sleeping disorders, fear and violent behavior. An increase in such cases is likely as psychological problems often only appear months after exposure to trauma.

Gaza Strip: Damaged Clinics as of 5 Sept. 2014



OCHA

17 out of 32 hospitals were damaged and six closed down as a result. Out of 97 primary health centers (PHC) monitored for damage and closures, 45 reported damage and 17 were closed. Four are completely destroyed. 16 ambulances were damaged, and 83 health personnel injured, 21 health personnel died.

464 patients were referred to hospitals outside Gaza: Rafah/Egypt: 230, Erez: 234 (West Bank including East Jerusalem: 187, Turkey: 18, Jordan: 29.

Hospital Status

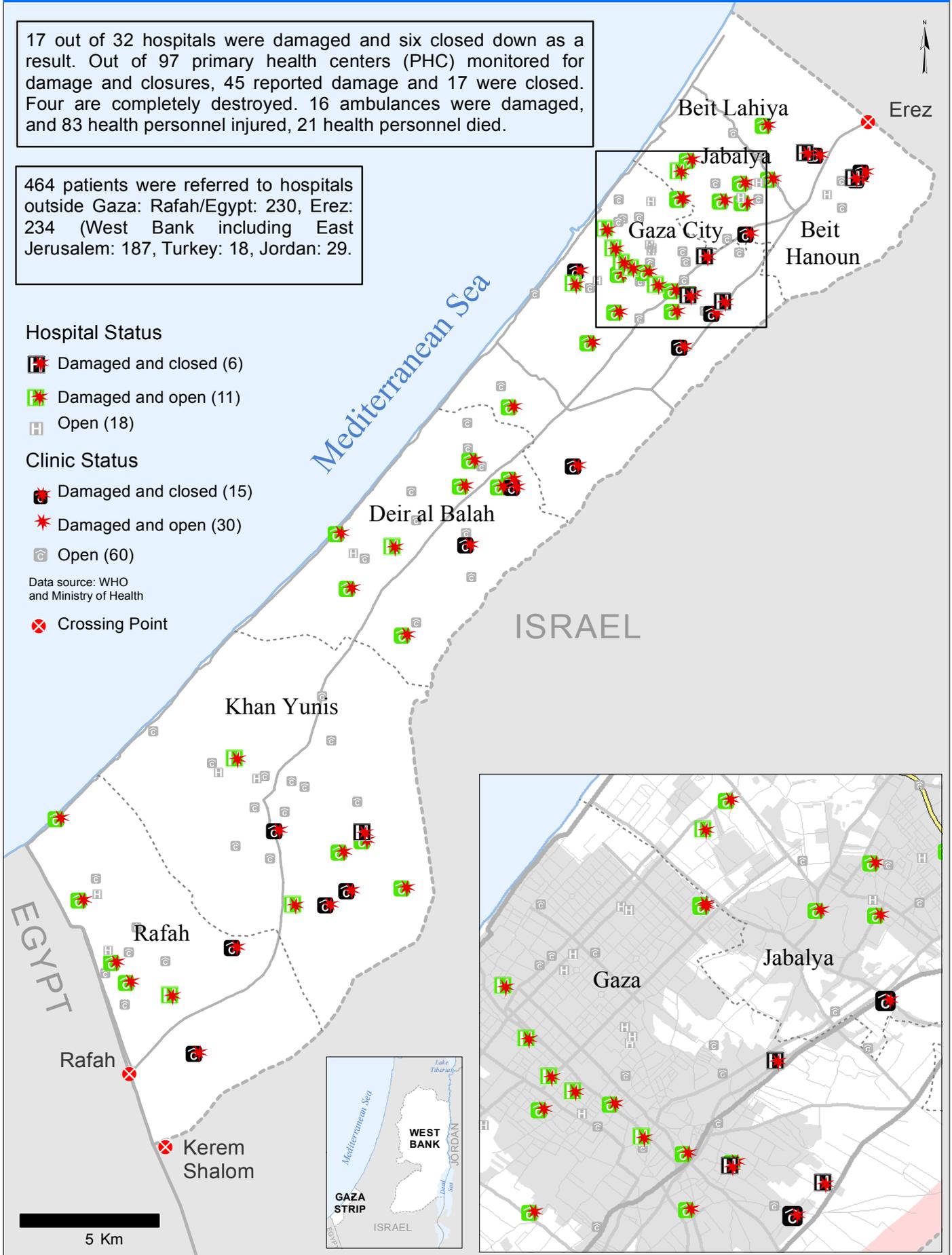
- Damaged and closed (6)
- Damaged and open (11)
- Open (18)

Clinic Status

- Damaged and closed (15)
- Damaged and open (30)
- Open (60)

Data source: WHO and Ministry of Health

- Crossing Point





Education

All 474,000 children enrolled in government, UNRWA or private primary and secondary schools, and 55,003 children enrolled in kindergartens, as well as 30,002 university-aged youths, have been affected by the conflict. The new school year, scheduled to start on 24 August, was postponed to 14 September, depriving children and youths of their right to education. Hundreds of thousands of children are anticipated to be in need of psychosocial support (PSS), adding to the burden on teachers and educational staff (many of whom have also experienced acute trauma).

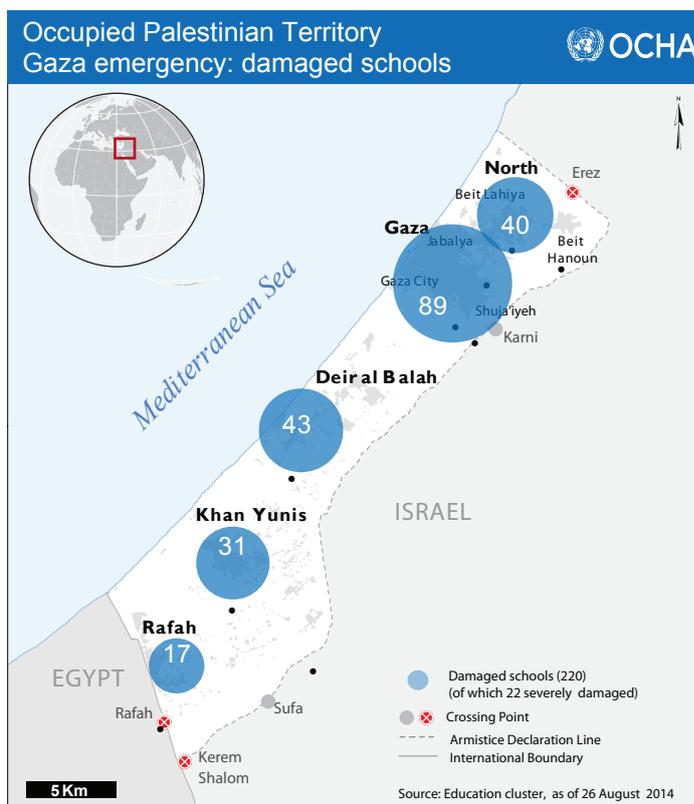
Schools that sustained damage or were used as emergency shelters for IDPs will need rehabilitation. According to a Ministry of Education and Higher Education (MoEHE) assessment, 26 schools have been completely destroyed and 122 have been damaged. UNRWA has reported at least 75 damaged school buildings. At least 11 higher education facilities, including the Islamic University in Gaza, have been affected. The Gaza governorate, especially the eastern part, is the most affected area, with nine schools completely destroyed and 39 damaged. Similarly, thousands of students and their families in Eastern Gaza and elsewhere have been displaced and will need to be re-located to alternate schools, increasing class sizes and the number of schools operating on double shifts. Children who were not displaced but in the past attended schools that were destroyed or damaged will need to travel longer distances and bear higher transportation costs to reach alternate schools.

The education sector was already at a crisis point prior to this escalation, suffering from a shortage of almost 200 schools, with classes running in double shifts.



Food Security

According to the last food security survey carried out for 2013, 57 per cent of the households in the Gaza Strip suffered from food insecurity and another 15 per cent were vulnerable to food insecurity. Various indicators suggest that this figure had already increased prior to the conflict, due to the general decline in the economic activity, and even more during the conflict, due to the high level of displacement, the inability to access liveli-



hoods, especially agriculture, and the lack of economic access to food. Most municipalities reported that farmers, herders and fishers were heavily affected by the war because of the loss of livelihood assets.

Key informants in nine municipalities indicated that agricultural inputs, such as seeds, seedlings, pesticides and fertilizers were not available on the market, impeding their ability to recover. Others (in three municipalities) noted that the price of these inputs made them unaffordable for most people. Key informants in two-thirds of the municipalities reported that water for irrigation was also largely unavailable or inaccessible, due to the destruction of water wells and ponds, water carriers and networks, or due to electricity cuts.

Some 71 per cent of communities which assessed their food and nutrition situation found it required urgent intervention, with the most severe situation identified in Khan Yunis (six municipalities), Northern Gaza (four), Rafah (three) and Deir al-Balah (two) governorates. None of the Gaza Governorate communities classified themselves as being severely affected by the food and nutrition crisis, possibly because unlike others, these communities are peri-urban and less dependent on agricultural livelihoods. The Ministry of Agriculture has estimated agricultural asset losses at US\$ 550 million.

The most frequently identified concerns regarding food security and nutrition included: loss of the source of income and livelihood due to the damage sustained by

agricultural lands, death/loss of animals, inability to access agricultural lands, and the loss of employment. This, combined with the lack of disposable income, has constrained the households' ability to purchase food and re-engage in food production for subsistence and income. In several communities, dietary diversity was highlighted as an issue of concern, particularly for children and pregnant and lactating women, due to the content of food assistance packages and the high prices of fresh food.

The shortage of cooking gas, fuel and cooking utensils, as well as the limited access to water were also highlighted as constraints to households' ability to consume cooked food. In six of the 25 municipalities, food utilization and nutritional status are likely to deteriorate if urgent repairs of the water systems (and of damaged housing units) are not undertaken. The main areas of concern included, food, particularly for children under five, food diversity and availability of fresh food, veterinary services, access to banks, access to fodder, lack of access to markets or high risk in accessing them, lack of electricity (refrigeration facilities/water pumps), the prices of vegetables/fruits, and supply chain problems.

The comprehensive Consumer Price Index (CPI) for Gaza showed a 3.14 per cent increment in July 2014 compared to June, while the CPI for food and soft drinks increased by 7.3 per cent, led by vegetable price increases of about 50 per cent, due to the lack of access to crops supplying the local market.³ The price increase of certain food commodities, such as eggs or vegetables, combined with reduced access to the markets due to security issues, have made it impossible for people to buy those items, impacting their dietary intake. However, staple food prices remained stable during the conflict, presumably because of the large influx of humanitarian food assistance.



Shelter

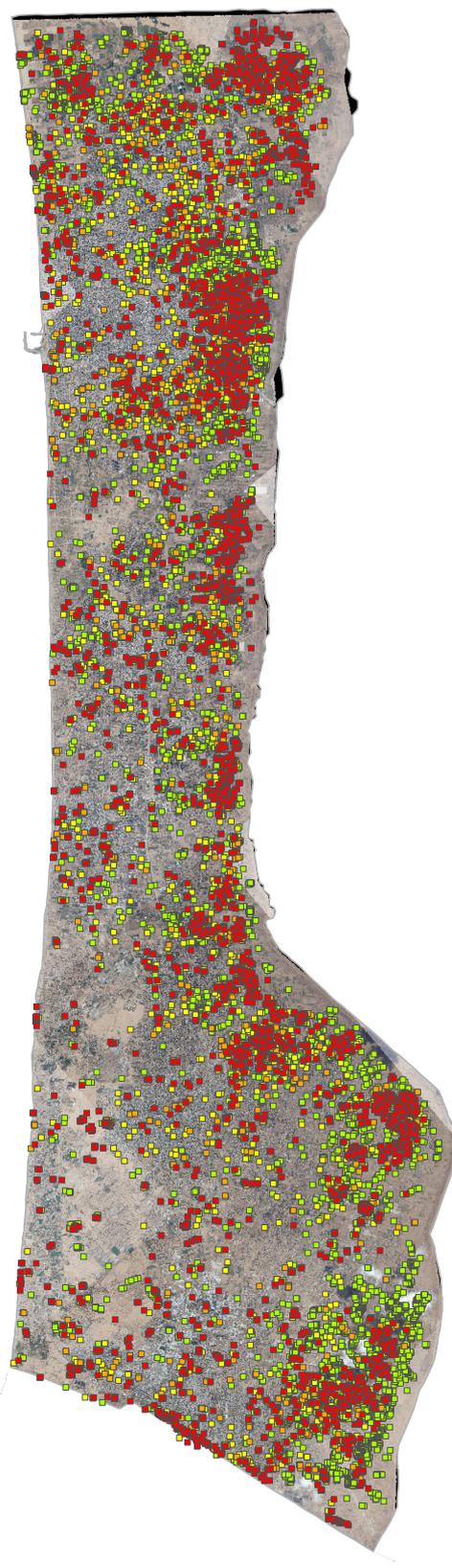
The scale of damage and subsequent displacement due to the conflict is unprecedented in the Gaza Strip, with approximately 13 per cent of the housing stock affected. Five per cent of the housing stock has become uninhabitable (severely damaged or destroyed). This is in addition to the pre-crisis housing deficit of 71,000 housing units. The highest number of completely destroyed homes is found in northern Gaza, followed by Khan Yunis, while most homes with severe damage are found in Rafah.

Overall, the lack of access to affected areas to retrieve essential household items during the hostilities was the

Satellite damage analysis

Date: 14 August 2014, Source: UNOSAT

- Destroyed Structure
- Moderately Damaged Structure
- Severely Damaged Structure
- Crater / Impact



main concern for people in most municipalities, whereas rubble removal from the destroyed/damaged buildings debris clearance of household points was the second priority. Key informants at both governorate and municipality levels had concerns about the lack of access to repair and building materials. ERW contamination was identified as a major concern for return and reconstruction. Concern was also raised about the destruction of commercial sites and damages to industrial facilities, with at least 419 businesses and workshops damaged, of which 128 completely destroyed. Some 68 per cent of the damaged industries were in Gaza City. According to the Palestinian Federation of Industries, the construction industry suffered the biggest losses, making up 28 per cent of the damaged industries.

Although people in the shelters received basic non-food items (NFIs), needs remain, particularly among host families and the homeless. There were concerns about items not being distributed equally across shelters and among IDPs. Thousands of displaced households remain without essential household items and hygiene kits, and those that have received hygiene kits will continue to need support with the related consumable items. During ceasefires, many households were able to leave shelters to procure the necessary materials, but during hostilities they required in-kind assistance. One immediate point of concern is the poor economic access to essential items, requiring the continuation of in-kind distributions. The majority of households have poor access to electricity and fuel, affecting the ability to cook. The imminent arrival of the colder seasons will increase the need for energy at the household level despite the limited fuel supply.



Water, sanitation and hygiene (WASH)

Gaza already faced a challenging situation in regards to water and wastewater prior to the escalation, due to continued over-pumping and contamination of the coastal aquifer, delays and constraints in the construction and renovation of seawater desalination plants and wastewater treatment plants, and continual electricity and fuel shortages. Water and wastewater services were further hampered during the war, due to aggravations of electricity and fuel shortages and the inaccessibility of many wells, pumping stations, and other facilities located within the Israeli declared buffer zone. Despite the improved access to these areas following the cessation of hostilities, services remain affected due to the damage sustained by some facilities, including the Gaza Power Plant (GPP).

MIRA key informants pointed out that agricultural and standby wells, typically with lower water quality and no chlorination, have been used by many municipalities to supplement water supplies and replace damaged, inoperable wells. An initial Damage Assessment Report (DAR) undertaken by the Coastal Municipalities Water Utility (CMWU) indicates that 12 per cent of wells have been destroyed or damaged, particularly in Gaza City, Beit Hanoun, and Deir Al Balah municipalities.

The DAR further identified over 33,000 meters of damaged water and wastewater networks, with the majority located in Khan Yunis (17,800 meters), particularly Bani Suheila, Abassan al-Jaddida, Khuza'a, Al-Fukhari, and Al-Qarara, followed by Gaza Municipality, where an estimated 6,300 meters of networks are damaged, the majority in Ash-Shuja'iyeh. This figure is expected to increase significantly, as it currently does not include Northern Gaza, which was either inaccessible or covered with rubble at the time of the report. The DAR also indicates that 5 per cent of main lines, 3 per cent of distribution lines, and 12 per cent of household connections have been damaged. In the eastern areas and in Beit Hanoun, bulldozer damage had exacerbated the impact of bombing and artillery fire.

There have been complaints about water quality in Rafah and Gaza municipalities, with particular concerns of sewage entering water pipes due to damages. Pools of stagnant wastewater resulting from damaged wastewater networks have been found in Deir al-Balah and Ash-Shuja'iyeh, among other areas. Wastewater treatment plants in Beit Lahiya and Gaza City are not fully functional due to damage to the plants themselves or to pressure lines. Consequently, raw sewage is being discharged directly to sea or infiltrating into sand dunes.

CMWU has been repairing damages and has addressed 80 per cent of the priority repairs to infrastructure serving the greatest number of people. Despite this, current estimates are that 20 to 30 per cent of households, or 450,000 people, remain unable to access municipal water due to damage and/or low pressure. Additionally, many of these repairs are temporary and will require longer-term repair after emergency works are completed.

The reduction in network pressure due to damage and power cuts is also reducing the availability of water to households. As a result, the number of pumping hours reported by municipalities does not always correspond to the hours households receive water. Additionally, households without electricity and/or supplemental pumps cannot fill rooftop storage tanks when water is available. IDP shelter locations are consistently highlighted as needing more water.

Gaza Strip: WASH damage and estimated number of people with no access to clean water (5 Sept. 2014)



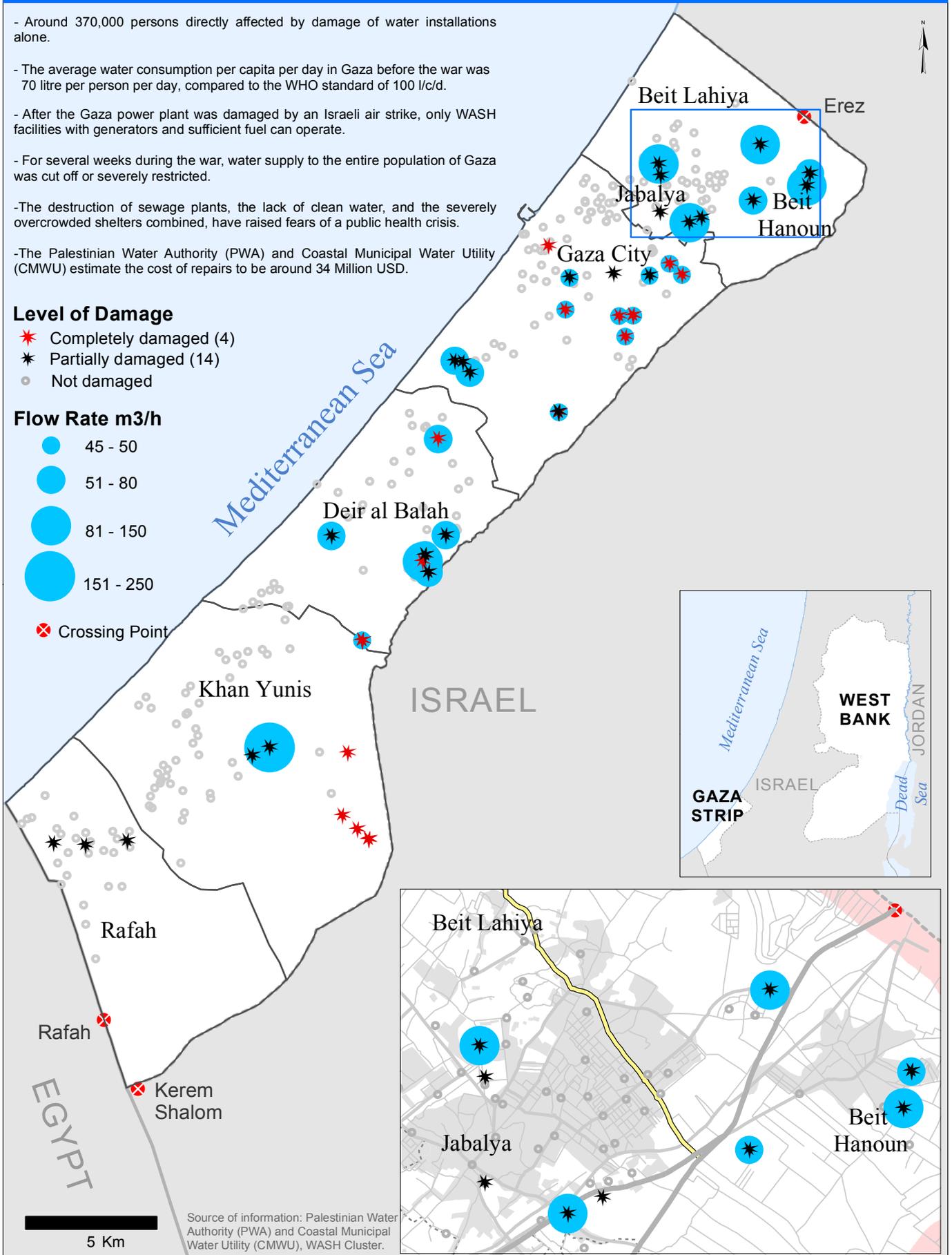
- Around 370,000 persons directly affected by damage of water installations alone.
- The average water consumption per capita per day in Gaza before the war was 70 litre per person per day, compared to the WHO standard of 100 l/c/d.
- After the Gaza power plant was damaged by an Israeli air strike, only WASH facilities with generators and sufficient fuel can operate.
- For several weeks during the war, water supply to the entire population of Gaza was cut off or severely restricted.
- The destruction of sewage plants, the lack of clean water, and the severely overcrowded shelters combined, have raised fears of a public health crisis.
- The Palestinian Water Authority (PWA) and Coastal Municipal Water Utility (CMWU) estimate the cost of repairs to be around 34 Million USD.

Level of Damage

- * Completely damaged (4)
- * Partially damaged (14)
- o Not damaged

Flow Rate m3/h

- 45 - 50
- 51 - 80
- 81 - 150
- 151 - 250
- ⊗ Crossing Point



Although municipalities and CMWU are making efforts to truck domestic water to neighborhoods which remain unconnected, they face a shortage of available trucks. CMWU and municipalities are urgently in need of electricity or fuel to continue operations of water and sewage pumps, generators, tankers, and trucks for solid waste.

Households buy potable desalinated water from private vendors and tankers, whose systems were also disrupted by the war. Many desalination plants were unable to operate, due to electricity/fuel shortages, but have resumed operation following the ceasefire, while the number of damaged plants is still unknown. Those in operation are expected to have increased operational costs, due to greater reliance on generators and the cost of scarce fuel supplies. Demand also increased for desalinated water, due to shortages in municipal supplies and use of desalinated water for domestic uses. Some areas have reported increases in prices of tankered water up to double previous prices; other areas report that prices have increased only marginally. The price change decreases economic access of already vulnerable families, exacerbating the problems of access to drinking water. Stabilizing desalinated water prices and increasing families' ability to purchase this water is critical.

Non-ceasefire times have seen a reduction in private sector water trucking to many areas, particularly in Rafah and the areas east of Salah ad-Din road, which were unsafe. Desperation for water during ceasefire times led to attacks on tankers, which further impeded deliveries. Community participation in placing and monitoring water points continues to be vital to successful water trucking operations. Villages that received potable water from Israel's national water company (Mekorot) via the network or through small municipal desalination plants, such as Khuza'a, Abassan al-Jaddida, Abassan al-Kabira and Johr ad-Deek, were particularly affected, as they had no established relationships with private tankers to reach them and their networks were badly damaged. The fact that the Gaza drinking water is reliant on the private sector makes the collection of information challenging. Municipalities have limited information on agricultural wells, WASH Cluster partners trucking efforts, or the operationality and capacity of private sector desalination plants.

Household water storage in each governorate is a critical factor. Households in some areas, such as Beit Hanoun, Wadi as-Salqa, Shokat as-Sufi, Khu'zaa, Johr ad-Deek, and Az-Zahra lost 70 – 95 per cent of their previous storage capacity. Even host families with undamaged facilities are struggling, as storage tanks are not large enough to cater for the increased household size and reduced hours of operation on municipal networks. Household storage tanks of 250 liters and larger are not widely available within Gaza, as the factories which produce these were damaged or without raw materials. Restarting the production of plastic tanks and pipes within Gaza is essential to meet these needs.

Damage to the water and sewage treatment infrastructure and the inability to repair them, as well as the inadequate hygiene facilities in the shelters for IDPs, have resulted in reduced opportunities for washing, using toilets, and basic hygiene. Reduced access to water, limited privacy, and cramped living conditions have led to increased cases of diarrhea, lice, and skin rashes, most acutely in temporary school shelters. This has negatively impacted the privacy and dignity of women and girls at IDP and host families in particular. The majority of communities report that people do not have sufficient hygiene items. Additional items requested include lice treatment shampoo, cleaning supplies for shelters and households, and underwear for women and girls.

Solid waste was being collected in most areas, but less frequently than usual and was not transported to landfills. Instead, waste was being gathered to temporary sites within communities. Areas with significant numbers of IDPs, such as Gaza City or Jabaliya, faced a further strain on their capacity. As pointed out by Gaza municipality, the trucks are operating, but only cover 50 per cent of the need due to large population increases. At the time of the assessment, the landfill in the Middle Area continued to burn, releasing strong odors and raising health concerns among residents of Al-Musaddar. Municipal workers, who perform these tasks, as well as supporting water and wastewater staff, are still unpaid. This was raised as a significant concern and constraint in many interviews.

PROTECTION CONCERNS

1. Protection of civilians

Throughout the conflict there was a real fear among the population that no place or person was safe or immune from attack, a fear generated and fuelled by repeated incidents of attacks hitting hospitals, schools used as shelters and entire residential buildings. Municipal workers, health workers and members of search and rescue teams have been injured and killed. Key informant interviews also indicate that people came under attack as they fled their homes to safer places. Many key informants indicated that children could not be protected from witnessing the same levels of violence as adults.

Psychosocial distress levels were already high across the population in Gaza, but worsened significantly during the conflict.⁴ Increase in adult stress related symptoms affecting women and men was identified in all governorates and municipalities, including excessive nervousness, difficulty to concentrate, violent behaviour, sleep disturbances, eating problems, fear, withdrawal from social and other activities, and difficulty with day to day parenting. Women reported an urgent need for psychosocial assistance for themselves and their children.

2. Main pre-existing protection concerns identified

A number of pre-existing protection concerns have been identified during key informant interviews, such as gender-based violence (GBV), sexual abuse of women and children, child labour, honour killings, and malnutrition among women and children.⁵ The prevalence of several of these has increased during the conflict, such as excessive disciplinary measures by parents/teachers against children, manifestations of GBV, increased stress and domestic violence among the affected population. The emergency exacerbated pre-existing⁶ child protection issues and undermined protective factors.

Past experience indicates that displacement often results in psychosocial distress and negative coping mechanisms, which may include child labour and early marriage of girls, and contributes to rising unemployment and poverty. Furthermore, research provides evidence that military violence and domestic violence against women and children are linked. A 2009 study by UNIFEM involving 1,100 women confirmed an increase in the violence against women and children in the aftermath of the "Cast Lead" Israeli offensive in Gaza, in December 2008 through January 2009. Similarly, following military confrontations, men and women reported

reverting to risk-taking behaviour, including domestic violence against women and children as well as drug abuse. Communities that have experienced displacement reported a higher incidence of those behaviours.⁷

3. Main protection concerns

The following are the main protection concerns identified by key informants during the assessment's interviews:

- Continued attacks and bombings in 24 of 25 municipalities
- Psychosocial distress among boys, girls, men, and women in 24 of 25 municipalities
- Displacement in 23 of 25 municipalities
- Presence of ERW in 19 of 25 municipalities (suspected in all)
- Violence against children in 16 of 25 municipalities
- Activity of armed groups in 16 of 25 municipalities
- Gender-based violence⁸ in 14 of 25 municipalities
- Separation of children from their families or abandonment of children in 10 of 25 municipalities

4. Vulnerable groups: access to services/assistance and specific needs

Respondents across most municipalities have identified elderly people, persons with disabilities, the chronically ill, pregnant women and female headed households, and children as particularly affected in their access to services and assistance:

- **Persons with disabilities:** shelters were generally described as being inadequate for persons with disabilities. Females with disability were identified to be more vulnerable than males. Although UNRWA shelters had accessible toilets and entrance (e.g. at first floor level), persons with disabilities and their families could not always be accommodated on ground floors. Specific NFIs such as tailored toilet seats and mobility and assistive devices were generally absent, particularly in northern Gaza. However, some ad hoc support for persons with disabilities was in place.
- **Elderly persons and the chronically ill:** lacked access to adequate medical treatment and medication. Reference was also made to the lack of access to adult diapers and attention to special dietary needs. In addition, persons with

disabilities and elderly persons reported facing challenges to evacuate their homes due to a lack of transportation.

- **Pregnant and lactating women:** lacked special dietary support and access to vitamin supplements.
- **Female headed families:** particularly those staying in shelters, were reported to be more exposed to protection risks. Women and girls in several municipalities reported more difficulties in access to services, and specific hygiene items for women were not always available. Female headed families which have lost their source of livelihood require micro-finance support to rebuild their lives and support their children.
- **Children:** parents focused on survival were not able to take adequate care of their children. As a result, many children could not access the support and treatment they needed, for example when sick.

5. Legal support needs

All but one municipality identified the need for legal assistance in relation to death, injuries, property loss or damage related to the military operations. In particular, the following needs for legal support were identified:

- To claim compensation through the Israeli justice system for the destruction of homes by Israeli forces
- To pursue accountability for the death, injuries and destruction of property as a result of the military operation
- In relation to Palestinians arrested during the military operation (to ensure fair trial in the Israeli justice system and release)
- Due to the loss of personal identification papers, property and family law related documentation

6. Child Protection

Children were affected by the conflict and traumatic events that took place all around them. While children who witness trauma are more likely to experience distress and will need careful follow-up, their natural coping mechanism and the positive impact of creating a stable and normalizing environment for children should not be underestimated.

Family separation

Separation of children from their families as a result of displacement was identified as a key protection con-

cern by 40 per cent of municipality level respondents. However, 20 per cent of municipality respondents said that it is uncertain how many children were affected. Estimates varied: while almost no children were believed to be separated in Wadi as-Salqa, in Abassan al-Kabira it could have been as high as 5,000 children at some point. Further clarification and secondary data sources suggest that when separation occurs, it is usually during movement from one place to another, and families are quickly reunited. In cases where parents have died, children are generally taken care of by the extended family, as is customary. However, some focus group discussions and anecdotal information suggest that there are cases of child headed families, where both parents passed away. Difficulties in ascertaining the exact number and whereabouts of children who have been separated from both caregivers remain. A system to accurately identify, document, trace and reunify children with their families is urgently needed.

Children exposed to abuse, GBV, domestic violence and family disputes

In a third of the municipalities, respondents identified child abuse/violence against children as a concern, while 20 per cent of responders pointed out domestic violence. Thirty six (36) per cent of responders said that these issues were impacting mostly boys, 20 per cent said mostly girls, and 44 per cent said that boys and girls were equally impacted. Boys and girls are also affected by GBV and family disputes.

Community and family violence greatly impacts the children who witness and live with it, consequently with a negative effect on development. Children are at higher risk of being abused when they live in a household where domestic violence is present. Children who are exposed to violence in the home are 15 times more likely to be physically and/or sexually assaulted.⁹

Increase in stress related symptoms

The uninterrupted shelling and sound of drones was a main source of fear, particularly among children. Almost all children had seen or heard the bombing of houses, including their own or their neighbours', and were further exposed by seeing images on the news. Many children had witnessed their parents and family being killed and had seen parts of dead bodies. Compounded by the distress associated with displacement and the tense and volatile situation in shelters, children were showing signs of acute fearfulness, distress and a tendency to resort to violence to resolve conflicts.

Almost all respondents reported an increase in stress-related symptoms among children, including bedwetting, excessive clinging to parents and difficulties settling in. At times of heightened stress and fear, children need the

protection, care, love, support and attention of their immediate caregivers. However, when immediate caregivers are themselves overwhelmed, they are less likely to be able to attend to these additional needs.

Children's access to support

Respondents said that children would seek support and information from their mother, father, friends/peers, counsellors, teachers, social workers, religious leaders, and trusted people in the shelters. Some respondents said that children would normally first seek assistance from their mother; some said that children do not tend to seek assistance; and several respondents emphasized the importance of grandparents. Children over 14 tend to speak more openly with their peers. Therefore, peer-to-peer adolescent support groups could be envisaged.

7. Gender based violence, domestic violence, child abuse/violence against children and family disputes

In almost all municipalities, respondents identified incidents of GBV, domestic violence, child abuse/violence against children or family disputes as a significant concern. Also, in most of the municipalities respondents acknowledged that these forms of violence had increased since the conflict began.

- **GBV:** In 36 per cent of the municipalities respondents identified incidents of GBV, in particular representatives from northern Gaza, Khan Yunis and Deir al-Balah. All governorates and respondents in 14 out of 25 municipalities (52 per cent) identified GBV as a concern. Sexual harassment was reported in Shifa hospital, as female IDPs appear to have been

harassed by people who visited the hospital. Women spoke of physical and verbal abuse. Women who lost their spouses during the recent crisis were identified by civil society organizations as the most vulnerable. Women reported an urgent need for psychosocial assistance for themselves and their children, and were concerned about "having no space to express their pain" as well as "talking about their own loss at a place where everyone else suffered loss." Reverting to negative coping mechanisms was also identified by the women interviewed in the meeting/focus group discussion undertaken by UNWOMEN.

- **Child abuse/violence against children:** Key respondents in 32 per cent of the municipalities in northern Gaza and Khan Yunis identified child abuse/violence against children as a concern.
- **Domestic violence:** In 20 per cent of the municipalities, in northern Gaza in particular, domestic violence was identified as a concern.
- **Family disputes** were reported in all governorates and in 44 per cent of the municipalities, and it was noted that this phenomenon has increased since the beginning of the crisis.

HUMANITARIAN SPACE AND ACCESS

8. Access

Safe and adequate access: Major roads and infrastructure have been severely damaged during the hostilities, impacting humanitarian response efforts. Efforts should be made to identify key roads and infrastructure that have been affected by hostilities and ensure these areas are secured. Efforts led by UNMAS should be scaled up to ensure that the ERW threats in Gaza are eliminated, so that vehicles transporting aid items and humanitarian personnel no longer face this threat.

Consistent pipeline operations: While Kerem Shalom Crossing for goods has operated fairly consistently, security threats close to the crossing jeopardized its functioning. Bottlenecks have already been experienced at checkpoints from the West Bank into Israel, which have limited capacity and limited facilities to scan exiting trucks. The Rafah Crossing from Egypt into Gaza has been functioning below capacity. The reopening of previously functioning commercial crossings into Gaza should be considered as the recovery begins, as well as rigorous prioritization of humanitarian aid items and personnel to enter Gaza. The removal or easing of restrictions on the entry of items classified by Israel as “dual use” is essential not only to allow the start of reconstruction, but also to facilitate the provision of humanitarian assistance in the short term.

9. Humanitarian space

Movement was restricted for all actors due to security concerns, the unpredictable nature of the conflict and challenging coordination with Israeli forces. These factors significantly impeded the ability of humanitarian

organizations to conduct their work, field visits, and monitoring in a safe manner. Primary security concerns included collateral damage to UN and NGOs facilities, vehicles, and aid workers. There have also been incidents of discontent among the local population towards the international community, particularly an incident where an ICRC office in Khan Yunis was reportedly set on fire.

The evacuation of the dead and injured was particularly problematic in active combat areas, especially in Khuza’a and eastern Khan Yunis, Ash-Shuja’iyeh, east of Rafah and in Beit Hanoun, even following prior security coordination. As a result, many people could not be evacuated for days and, in some cases, weeks. Insufficient humanitarian pauses further hampered response and monitoring capacity.

Though not always successful, coordination with the Israeli forces through CLA Erez occurred regularly for areas considered as high risk.¹⁰ There were concerns about a breakdown in law and order due to insufficient numbers of active police forces in Gaza. Gaza based civil defence and fire brigades’ capacity needs reinforcement to manage the needs on the ground.

The UN Access Coordination Unit (ACU) has engaged with military actors to facilitate humanitarian access to Gaza, including: negotiating to keep checkpoints and crossings open; obtaining access for humanitarian aid workers into Gaza; overseeing the evacuation of over 1,200 dual-nationals and foreign residents from Gaza to Jordan; ensuring pipelines remain open for the entry of humanitarian aid items; facilitating the expedited entry of critical materials into Gaza; and providing coordinates of civilian installations such as non-UNRWA IDP shelters to COGAT/CLA Erez. Some international organisations experienced challenges in the entry of critical national and international staff into Gaza.

RESPONSE CAPACITY

Response capacities of the national authorities have been severely constrained by long-standing movement and access restrictions imposed by the Israeli authorities and more recently by the Egyptian authorities, as well as internal Palestinian divisions. The rapidly deteriorating humanitarian situation since July 2013 had depleted people's coping mechanisms and weakened authorities' preparedness to respond to emergencies. Humanitarian actors also noted gaps in preparedness and stock shortages, mainly due to a lack of funding in certain critical sectors, as well as entry challenges for so-called dual use items.

Generally adequate human resource capacity and skills, and high awareness among communities prevented disease outbreaks and other associated challenges. Certain coping mechanisms further mitigated the impact of the crisis, such as strong community solidarity, individual initiatives to provide shelter and food, or informal credit between households. But chronic shortages and crumbling infrastructure across sectors, combined with a conflict of unprecedented scale, left actors struggling to respond. Service providers were unable to reach communities and carry out repairs and maintenance due to the hostilities. Local municipalities were facing great challenges to continue providing essential services. The Palestinian Civil Defence's preparedness for search and rescue operations was inadequate due to the shortage of cars and equipment, a lack of training, and general insecurity. The private sector, already weakened by the long-standing restrictions and economic crisis, sustained significant damages as a result of the hostilities. Nevertheless, the private sector played an important role in meeting certain needs, for example the need for emergency drinking water.

A government Emergency Operations Centre (EOC) was established in Ramallah with connection to Gaza. In Gaza relevant line ministries responded to the best of their capacity, but many faced staffing, salary and running cost issues. Coordination of interventions and financial support remained inconsistent across sectors, as well as response and financial monitoring.

An inter-agency Emergency Operations Centre (EOC) was also established on the first day of emergency, including representatives from UN agencies, international and national NGOs, ICRC, PRCS and line ministries to coordinate and plan responses and assessments and identify needs, gaps and priorities.

UN and NGO humanitarian actors present in Gaza continued to respond throughout the crisis with existing and increased resources, but were hampered by access limitations. National and local NGOs and CBOs were able, to some extent, to reach out to affected communities in areas where others did not have access due to the security situation, and numerous partnerships exist or were developed to equip these NGOs and CBOs with resources to enhance their capacity.

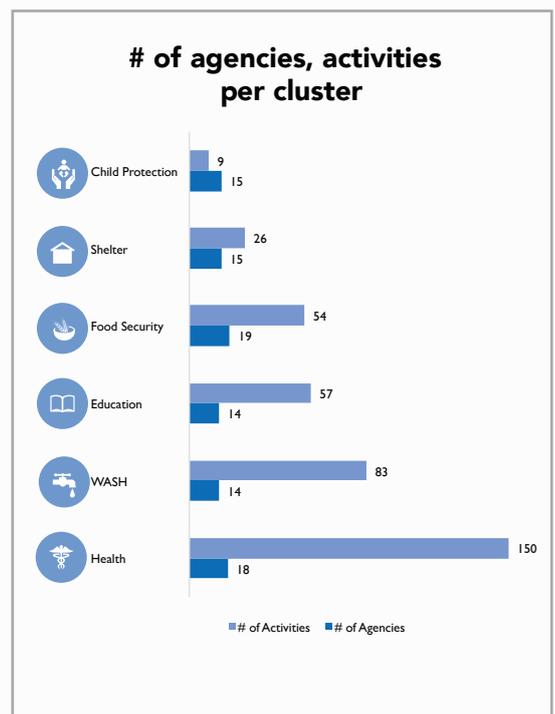
Overall, it was assessed that most of the affected population received some form of support, although some affected people could not be reached due to access and security constraints. Additionally, many received minimal assistance, sometimes delivered on a one-off basis whereas continuous intervention was required. IDP movement at the end of the hostilities and the identification of their immediate, medium-term and longer term needs will pose a major challenge.

Responses carried out to date

Gaza Strip: Who does What (as of 24 August 2014)

On 7 July 2014, a humanitarian emergency began in the Gaza Strip, following a severe escalation in hostilities involving intense Israeli aerial and navy bombardment and Palestinian rocket firing. The humanitarian impact of these hostilities occurred against a backdrop of heightened vulnerability and instability in Gaza. The scope of damage and destruction incurred during the recent escalation is unprecedented in the Gaza Strip. Humanitarian partners, through the cluster system, have been scaling up their responses to reach people in need and carrying out rapid needs assessment to better understand and respond to the full scope of needs. This 'Who does What and Where' snapshot illustrates the different activities undertaken by humanitarian actors per cluster.

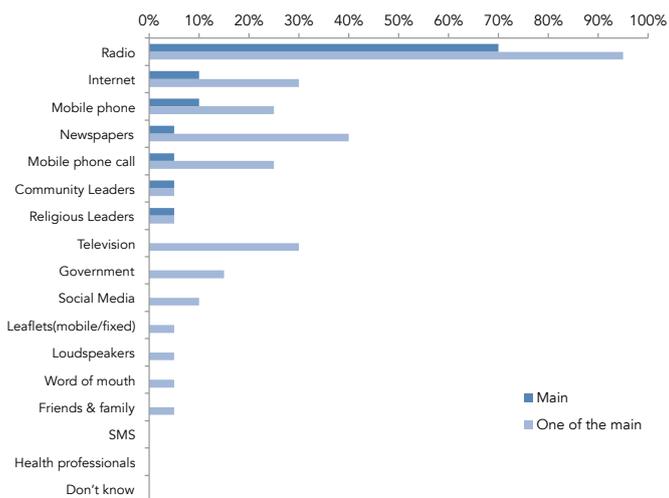
47 Agencies	Activities				
	Education (14)	Food Security (19)	Health (18)	Shelter (15)	WASH (14)
ACF		●			●
ANERA		●	●	●	●
ArdElInsan			●		
CatholicReliefServices	●			●	
COOPI	●				
DanChurchAid(DCA)		●			●
EducAid	●				
GlobalCommunities(CHF)		●		●	●
GVC					●
HandicapInternational			●		
HelpAge				●	
IOCC		●			
IslamicReliefPalestine		●	●	●	●
MA'ANDevelopmentCenter	●	●		●	●
MDMFrance			●		
MedicalAidforPalestinians(MAP)			●	●	
MedicoInternational			●		
MédicosdelMundo(MDMSpain)			●		
MercyCorps		●		●	●
MoSA				●	
MSF/France			●		
NearEastCouncilofChurches(NECC)/Gaza			●		
NorwegianChurchAid	●				
NRC	●				
OxfamGB					●
OxfamItalia&UAWC		●			
OxfamNovib					●
PalestinianMedicalReliefSociety(PMRS)			●		
PARC		●			●
PRCS				●	
PU-AMI		●		●	●
QatarCharity		●			
ReliefInternational	●				
SavetheChildren	●	●	●	●	●
SecoursIslamiqueFrance(SIF)		●	●	●	
TommohAssociationforSkillsDevelopment	●				
UNDP	●				
UNESCO	●				
UNFPA			●		
UNICEF	●		●	●	●
UnitedPalestinianAppeal(UPA)			●		
UNRWA		●		●	
WelfareAssociation	●	●	●		
WFP		●			
WFP&OxfamGB		●			
WorldHealthOrganisation			●		
WorldVision	●	●			



COMMUNICATIONS WITH AFFECTED COMMUNITIES

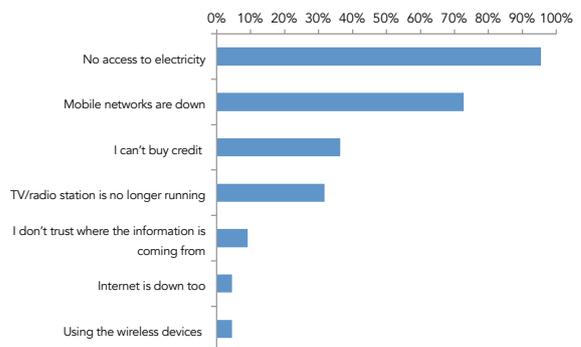
10. Main channels of communication available to the community

Radio is the main channel of communication available to communities, rated by 95 per cent of the groups as one of the main communication channels, including 70 per cent who rated it as the number-one channel. Only 10 per cent or less rated other channels as their number-one means of communications. Many rated newspapers (40 per cent), TV (30 per cent), Internet (30 per cent), mobile phones (25 per cent) or the government (15 per cent) as one of the three main communication channels.¹¹



11. Factors preventing people from getting information they need

Lack of access to electricity is the main factor preventing people from getting information, with only one focus group out of 22 – from Abassan al-Jaddida (Khan Yunis) – not mentioning this as a relevant factor. Most groups (73 per cent) also mentioned mobile networks being down as an impediment to obtaining information. In this context, seven of the groups, or about a third, also reported on damaged or lost communication devices.



12. Information needs

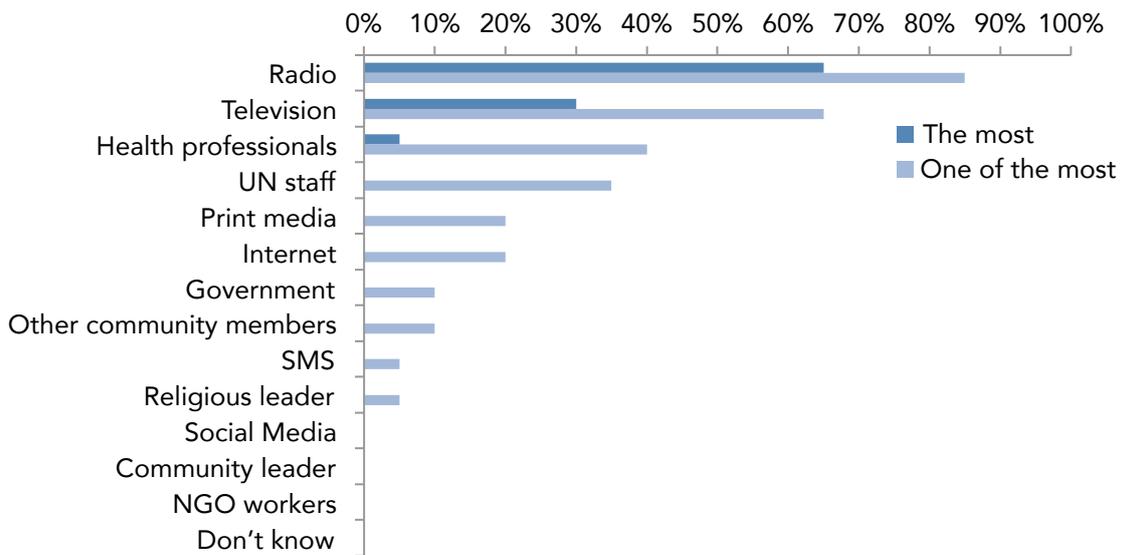
All groups mentioned that they need information on the security situation. The vast majority of people also want information on how to access services, including health, food, financial assistance and psychosocial support. Many people also want information on possible return to their place of origin, shelter/accommodation information or shelter materials. Others wanted to know "what is happening" (59 per cent), get information on how to replace personal documentation or on the status of crossings (55 per cent each).



13. Sources of information considered most reliable

The vast majority of respondents (85 per cent) consider the radio to be the most reliable source of information, with Al-Aqsa station mentioned the highest number of times as a specific reliable source, followed by Al-Quds, and local radio stations. Radio is followed by television as the second- or third-most reliable information source, with Al-Jazeera mentioned the highest number of times

as a specific reliable source, followed by Al-Aqsa TV and Ma'an News. Reports by health professionals – namely UNRWA, the Ministry of Health and health-related media reports – were considered to be among the most reliable sources of information by 40 per cent of groups. Other sources of information rated by more than one group as one of the most reliable were UN staff, print media, the Internet, and other community members (10 per cent).¹²



STRATEGIC HUMANITARIAN PRIORITIES



Health

- Support to specialized medical teams and additional specialized surgeons
- Continued lobbying for access to health care and protection of health care workers and facilities
- Improved referral process to hospitals outside of Gaza, including patients with chronic illnesses
- Continued vigilance of health situation among displaced families and sufficient preventive health and hygiene activities
- Health access for people in outlying areas where clinics may be closed
- Repair and rehabilitation of damaged health facilities
- Maintaining supplies of fuel, medicines and medical disposables sufficient for emergency situations
- Implementing psychosocial support programs for affected people, particularly children
- Specialized service provision for most vulnerable groups
- Improvement of IDP shelter conditions to prevent and mitigate communicable disease outbreaks



Education

- Reconstruction of damaged and destroyed schools
- ERW threat management and rubble clearance
- Replacement of destroyed furniture, textbooks and learning materials
- Psychosocial support and recreational activities for children



Food Security

- Food assistance to all IDPs, as well as continued regular food assistance at the current level, ensuring that basic food needs are met, assistance is predictable and diversity is improved
- Food assistance for population without economic access, including complementary food assistance and temporary employment and/or in-kind assistance for repairs and rebuilding of agricultural and community assets as well as cash support. Focus will be on those who have lost their livelihood and need time before re-establishing their productive capacity, in particular for those who are not assisted by other, already established mechanisms
- Overall priority will be given to households who have lost their primary breadwinner and other vulnerable categories, like elderly, female headed households, disabled persons
- Emergency support to revitalize the food production sector
- Rebuilding market systems and establishing mechanisms for market monitoring, setting and enforcement of price ceilings for basic food commodities
- Restoring damaged agricultural assets, including but not limited to greenhouses, orchards, irrigation wells, pumps and networks, poultry and other animal farms, fences, olive and citrus groves
- Interventions that aim at re-establishing productions linked to seasonality and protect animal production, including support to access fodder
- Cash, assets and technical assistance to households who relied (in part) on sustenance food production
- Immediate support to fishermen to compensate for the lack of income, as well as replacement of destroyed and/or damaged assets and equipment



Shelter and non-food items

- Transition and return solutions for IDPs, including:
 - Longer term collective centre management with improved living conditions for IDPs, particularly for their hygiene and water situation, food, NFIs and to mitigate protection concerns
 - Continued stay with host families, with support for host families and IDPs in terms of food assistance, NFIs, water and hygiene and energy
 - Rental subsidies in existing housing units and in newly created rental units: IDPs will receive standardized rental assistance to live in existing housing units and in addition, actors may consider rehabilitating or converting unfinished and/or damaged buildings in exchange for rent-free temporary housing for affected households
 - In-situ temporary housing: Households with destroyed houses who own land in areas with lower population density, such as agricultural areas, may choose to return to their plot of land and construct a temporary housing. Agencies can support these households with materials and technical advice, but also with pre-fabricated structures, where appropriate, and where the design, materials and layout are consistent with the aspirations of the affected households, cultural practices, and climatic considerations
- Continued provision of NFIs
- Ensuring that minor home repairs are done: shelter partners can provide in-kind or conditional cash assistance to allow vulnerable families to undertake necessary repairs to slightly damaged homes
- Ensuring the entry of construction materials for reconstruction efforts, as well as ensuring documentation and legal support for people whose homes need to be reconstructed
- ERW clearance in residential areas, both in urban and rural locations
- Rubble removal and recycling



Water, Sanitation and Hygiene

- Support to service providers, which is critical for restoration of basic water and sanitation services to the population through:
 - Support to water, wastewater network and facilities repairs, including spare parts, equipment and construction materials
 - Support to electricity network repairs
 - Supplying fuel for generators, facilities, and solid waste collection vehicles
 - Provision of generators, including spare parts, fuel and equipment, as well as other various consumables, including chlorine
- Support to communities, to fill the temporary gaps until service provision is restored, and alleviating the threats to hygiene and dignity due to household economic vulnerability, including:
 - Potable water supply, in form of cash, water voucher, or in-kind trucking support
 - Water tankers for potable water trucking
 - Water for domestic use through trucking or temporary community distribution systems
 - Bulk storage, PE plastic tanks and small storage (jerry cans) including support to Gaza-based production of tanks
 - Sanitary installations for IDPs in long-term collective shelters and rehabilitation of household sanitation, solar heaters
 - Solid waste management trucking
 - Hygiene kits and vouchers for hygiene items
 - Hygiene promotion both at community level and through mass media and campaigns



Protection

- Clearance of ERW and risk awareness campaigns, targeting in particular schools and other places where children access recreational and psychosocial support activities, including via radio and other means
- Addressing the needs of persons with disabilities, the elderly and people who have sustained injuries which may leave them permanently disabled, including assistive and mobility devices
- Monitoring of documentation of cases of violations of international law, including grave violations against children, and legal assistance to pursue accountability for violations
- Legal support to address the loss of identification, property and family law related documentation, inheritance rights of women and children and legal support for vulnerable IDPs to secure interim housing solutions
- Psychosocial support for children and their families, in particular women and survivors of GBV, prioritizing structured 1 on 1 and group counselling and other targeted psychosocial activities over several sessions, with clear referral pathways between the various interventions
- Establishing a child centered system of identification, referral, and case management/ follow up for the most vulnerable children and families
- Establishing a system to accurately identify, document, follow up, and if needed, trace and reunify children with their families; develop and deliver prevention messages
- Supporting the re-establishment of local community-based and formal child protection systems
- Establishing safe spaces for women and children in IDP shelters to access psychosocial support, address gender based violence and identify cases in need of specialized support
- Improving identification, registration and addressing the needs of female headed families including access to humanitarian assistance
- Addressing the needs of pregnant and lactating women and their access to services
- Addressing the needs of GBV survivors in a multi-sectoral approach and establishing a GBV information management system to create a strong referral system for survivor centered support and care.

All sectors and clusters identified the need to conduct further, detailed interventions.

CLUSTER KEY ISSUES

Health — Population

Severity	High	25 localities	<ul style="list-style-type: none"> The spread of infectious diseases inside the shelters. Waste water treatment stations are not operating due to security situation and shortage of fuel. Shortage of medical supplies including drugs and disposables. Lack of hygiene kits/materials to keep clean inside the temporary designated shelters. 	25 localities	<ul style="list-style-type: none"> Around 0.5 million of the Gaza Strip population displaced. Overcrowding inside the schools and hosted families. Lack of basic services at IDP's centers as they are designed as schools and not shelters.
	Medium				
	Low				

Protection — Shelter

Severity	High	25 localities	<ul style="list-style-type: none"> There is no safe place in Gaza. Around 500,000 individuals displaced. Major threat due to the presense of thousands of explosive remnants of war (ERW) and UXOs. 	23 localities	<ul style="list-style-type: none"> Tens of thousands of Internally Displaced Persons (IDPs) whose homes were destroyed or severely damaged. Lack of safe and suitable shelters for hosting IDPs. Lack of essential Non Food Items (NFIs) in temporary designated shelters. 	
	Medium				1 localities	<ul style="list-style-type: none"> Severe Shortage of NFIs. Overcrowdings in the temporary designated shelters.
	Low				1 localities	<ul style="list-style-type: none"> IDPs at host families are in need of food and NFIs.

Education — Food

Severity	High	16 localities	<ul style="list-style-type: none"> Schooling would be severely disrupted due to destruction of school buildings. Need for psychosocial support and recreational activities for children and teachers. Risk of explosive remnants of war (ERWs) infest in educational facilities. 	18 localities	<ul style="list-style-type: none"> Damages to agriculture water wells and irrigation systems. Damages to agricultural produce and assets.
	Medium	6 localities	<ul style="list-style-type: none"> Lack of information on which schools children of displaced families will attend. Need to remove road blocks to ensure safe access to education. 	7 localities	<ul style="list-style-type: none"> Prices of food items became more expensive and many farmers lost their sources of income. Damage to agricultural areas as most of the agricultural lands located in the east part of the Gaza Strip.
	Low	2 localities	<ul style="list-style-type: none"> Many kindergartens are damaged during the conflict. 		

WASH

Severity	High	19 localities	<ul style="list-style-type: none"> Severe shortage of water supply due to destruction of water networks and main municipal water tanks. Provision of water services is severely disrupted due to energy and fuel crisis.
	Medium	3 localities	<ul style="list-style-type: none"> Waste water pumping and treatment is severely disrupted due to destruction of networks and shortage of power supply.
	Low	2 localities	<ul style="list-style-type: none"> Thousands tons of solid waste are accumulated in streets and temporary dump stations due to lack of capacity of municipalities and their access to landfill.

SEVERITY INDEX PER CLUSTER/LOCALITY

Governorate	Locality							
		Population	Protection	Health	Shelter	WASH	Education	Food
North Gaza	Al Qaraya al Badawiya al Maslakh	●	●	●	●	●	●	●
	Beit Hanun	●	●	●	●	●	●	●
	Beit Lahiya	●	●	●	●	●	●	●
	Jabalya	●	●	●	●	●	●	●
Gaza	Al Mughraqa (Abu Middein)	●	●	●	●	●	●	●
	Al Zahra'a	●	●	●	●	●	●	●
	Gaza City	●	●	●	●	●	●	●
	Juhor ad Dik	●	●	●	●	●	●	●
Deir Al-Balah	Al Musaddar	●	●	●	●	●	●	●
	An Nuseirat Camp	●	●	●	●	●	●	●
	Az Zawayda	●	●	●	●	●	●	●
	Deir al Balah	●	●	●	●	●	●	●
	Al Maghazi Camp	●	●	●	●	●	●	●
	Al Bureij Camp	●	●	●	●	●	●	●
Khan Yunis	Abasan al Jadida (as Saghira)	●	●	●	●	●	●	●
	Abasan al Kabira	●	●	●	●	●	●	●
	Al Fukhkhari	●	●	●	●	●	●	●
	Al Qarara	●	●	●	●	●	●	●
	Bani Suheila	●	●	●	●	●	●	●
	Khan Yunis	●	●	●	●	●	●	●
	Khuza'a	●	●	●	●	●	●	●
	Wadi as Salqa	●	●	●	●	●	●	●
Rafah	Rafah	●	●	●	●	●	●	●
	Shokat as Sufi	●	●	●	●	●	●	●
	An Naser	●	●	●	●	●	●	●

- Severe situation: urgent intervention required
- Situation of concern: surveillance required
- Lack of/unreliable data: further assessment required
- Relatively normal situation or local population able to cope with crisis, no action required.

ASSESSMENT METHODOLOGY

On 13, 18 and 19 August, under the coordination of OCHA, a joint Multi-Cluster/Agency Initial Rapid Assessment (MIRA) was carried out in Gaza at the governorate and the municipality levels, with the aim of gathering baseline information on the humanitarian situation, challenges and needs arising from the conflict in Gaza. The information obtained provides a snapshot of the humanitarian situation based on the information and perceptions of a sample of key interlocutors at the governorate and municipality level.

The assessment aims to provide a strategic overview of the current situation, to reach a shared understanding of the humanitarian situation, its scale and severity, and its likely evolution. The information gathered serves as a baseline to inform both further response decisions and funding appeals. The information of the initial assessment is shared with all actors as appropriate.

Specific assessment objectives included:

- **Better understanding of the needs of people affected by the crisis**
- **Better prioritization of needs to help the most vulnerable receive appropriate and timely assistance**
- **Creating a common operational picture on which to carry out strategic planning and revise Gaza Appeal**
- **Facilitating the sharing of resources to ensure an even coverage of the affected area**

The humanitarian actors, including UN agencies, NGOs and local authorities, who have been working together in the Emergency Operations Centre since 8 July to coordinate responses and collect information, carried out the joint initial assessment. A government liaison person was identified at the Ministry of Public Works and Housing.

A 400-point questionnaire was developed and the assessment teams, some 100 people from the relevant clusters, UN agencies, NGOs, and line ministries visited

all five governorates and 25 municipalities in Gaza. The list of more than 250 informants included community leaders, NGOs, CBOs, mayors, teachers, youths, IDPs, health experts, and representatives from the electricity and water utilities. The assessment covered key issues, such as health, shelter, WASH, education, food security and protection, as well as general information. Particular attention was paid to the inclusion of vulnerable groups, such as the elderly, IDPs, persons with disabilities, women and youths into the assessment. The questionnaire was designed to mainly collect qualitative information to get a snapshot of strategic priorities to inform humanitarian response. MIRA is based on purposive sampling data collection.

The assessment consisted of group discussion, individual or smaller group interviews and visual observation, and lasted approximately three hours per location. The information was entered directly into i-Pads that synchronised with a central database managed by OCHA. Data quality control was carried out by OCHA. The data was analysed by experts from each of the thematic areas and supplemented with information from other assessments, group discussions or secondary sources.

The following sheets/datasets were generated:

1. Priorities per cluster (governorate and municipality)
2. Severity Matrix
3. Cluster Key Concerns
4. Data disaggregated by cluster
5. Data at the governorate level disaggregated by cluster
6. Data at the municipality level disaggregated by cluster

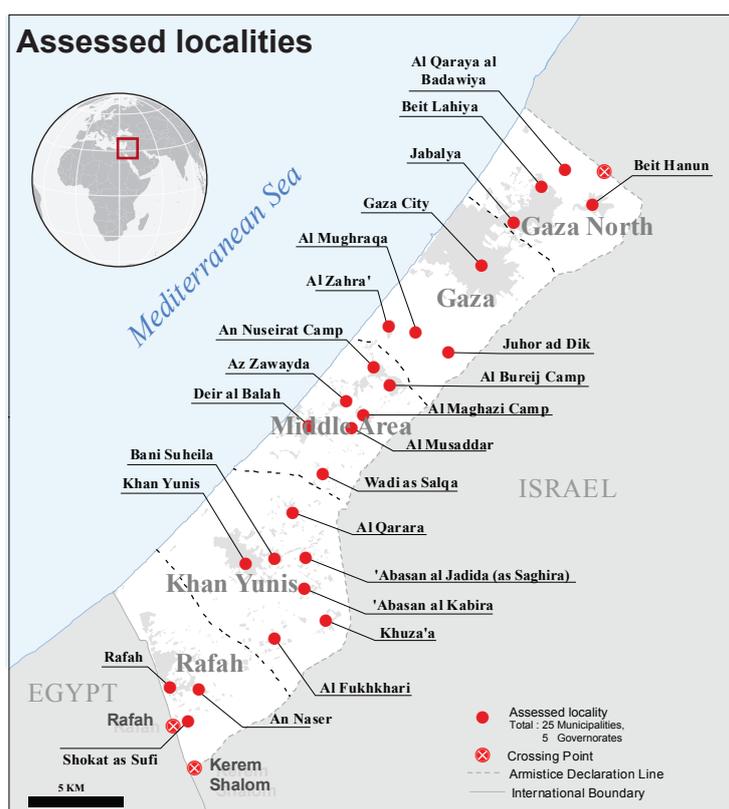
The draft assessment report was shared with all actors involved, as well as with relevant line ministries and others. Further, more detailed sector specific assessments will follow to identify specific interventions required, for example a technical assessment of the shelter situation.

A LIST OF PARTICIPATING ORGANIZATIONS

No.	Agency	Agency Name
1	ACF	Action Against Hunger
2	ACAD	Arab Center For Agricultural Development
3	AOD	Association Quality Development
4	CTCCM	Community Training Center and Crisis Management
5	Dan Churchaid	DanChurchAid
6	ESDC	Economic & Social Development Center of Palestine
7	FAO	Food and Agriculture Organization of the United Nations
8	CHF	Global Communities
9	Handicap International	Handicap International
10	Help Age	HelpAge International
11	IDCO	Improvement and Development for Communities
12	Islamic Relief	Islamic Relief - Palestine
13	Ma'an Development Center	Ma'an Development Center
14	MAP	Medical Aid for Palestinians
15	MOA	Ministry of Agriculture
16	NRC	Norwegian Refugee Council
17	MoH	Ministry of Health
18	MoPWH	Ministry of Public Works and Housing
19	OHCHR	Office of the High Commissioner for Human Rights
20	OGB	OXFAM – GB
21	OIT	OXFAM – Italia
22	PARC	Palestinian Agricultural Development Association
23	PCDCR	Palestinian Center for Democracy and Conflict Resolution
24	PEF	Palestinian Environmental Friends Association
25	PHG	Palestinian Hydrology Group
26	PU-AMI	Première Urgence - Aide Médicale Internationale
27	Save the Children	Save The Children International
28	Save Youth Future	Save Youth Future
29	Tamer Institute	Tamer Institution
30	Tomoooh association	Tommooh Association for Skills Development
31	UNICEF	UNICEF
32	UNESCO	United Nation Educational, Scientific and Cultural Organization
33	UNDP	United Nations Development Programme
34	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
35	UNFPA	United Nations Population Fund
36	UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
37	War Child Holland	War Child Holland
38	WFP	World Food Programme
39	WHO	World Health Organization
40	World Vision	World Vision
41	YEC	Youth Empowerment Center

A LIST OF KEY INFORMANTS

No.	Key Informants
1	Local Municipalities Mayors
2	Palestinian Center for Democracy and Conflict Resolution (PCDCR)
3	Tamer Institution
4	Youth Empowerment Center
5	UNRWA Area Staff
6	The Culture and Free Thought Association (CFTA)
7	Rural Women Development Association
8	Palestinian Red Crescent Society
9	Popular Refugee Committee
10	Local CBOs
11	Local Municipalities' Senior Staff
12	Union of Agricultural Work Committees (UAWC)
13	UNRWA Area Educational Officers
14	Ministry of Education
15	Ministry of Health
16	Coastal Municipalities Water Utility (CMWU)
17	Palestinian Farmers Association
18	Community Leaders, youth, teachers, IDPs, persons with disabilities, local community members, village mukhtars, MoSA, MoPWH, MoA



ENDNOTES

1. This policy has been referred to by the Israeli authorities in various official documents and statements as the "separation policy". For a list of such documents and statements see Gisha, at: http://gisha.org/UserFiles/File/publications/separation_policy_2014.pdf
2. A comprehensive assessment of the reproductive health needs is planned.
3. Eggplant prices increased by 318.56 per cent, squash by 300.76 per cent, green pepper by 111.77 per cent, tomato by 81.29 per cent and cucumber by 60.24 per cent.
4. Many studies have found that a child or an adult who has experienced prolonged exposure to traumatic events is in danger of developing more severe PTSD symptoms or psychological problems (e.g., Kaysen et al., 2003; Yule, 2001; Melhem et al., 2004).
5. See Palestinian Central Bureau of Statistics, Violence Survey in the Palestinian Society 2012.
6. Studies conducted in the Gaza Strip found that children living in war zones are at high risk of suffering from PTSD and depressive disorders (Thabet, Abed & Vostanis, 2004; Qouta et al., 1997).
7. 2014 OCHA, Humanitarian Needs Overview, November 2013.
8. Gender-based violence is a broader umbrella term referring to any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females, which in most settings privilege men. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Examples of GBV include: domestic violence, sexual violence, forced early marriage etc. See IASC Guidelines on Gender-based Violence Interventions in Humanitarian Settings (2005).
9. UNICEF, 2006, Behind Closed Doors: The Impact of Domestic Violence on Children.
10. Coordination arrangements were regularly not approved, delayed or not respected.
11. Data in this section is based on twenty groups.
12. Data in this section is based on twenty groups.



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