



Food Security and Nutrition Survey For Herding Communities In Area C

**Joint UNRWA – UNICEF –
WFP Household Survey**

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Acronyms and Abbreviation

FAO	Food and Agriculture Organization of the United Nations
HH	Head of Households
ICA	Israeli Civil Administration
IDF	Israeli Defence Forces
MoSA	Ministry of Social Affairs
NIS	New Israeli Shekel
oPt	occupied Palestinian territory
PCBS	Palestinian Center Bureau of Statistics
PNA	Palestinian National Authority
SEFSec	FAO/WFP Socio Economic and Food Security Survey Report
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNICEF	United Nations Children's Fund
USD	United States Dollar
WFP	World Food Programme
WHO	World Health Organization

Executive Summary¹

As territorial fragmentation continues in the West Bank, livestock-dependent communities living in Area C are facing increasing movement restrictions and their access to range land and natural water resources is severely limited. The first decade of the 21st century has seen the Israeli Occupation combine with drought to create a non-sustainable dependence on bought fodder and tanked water for Bedouin and herding communities located in Israeli controlled Area C.

There is evidence of the positive impact of assistance to mitigate the negative effects of chronic food insecurity among Palestinians. However, food security remains poor and there are imminent threats to the livelihoods and nutrition of a growing proportion of the population, the Bedouin and Palestinian herders.

Herding as a main livelihood activity in Area C is facing mounting challenges as a result of the fragmentation of the West Bank arising from restrictions that limit access to grazing lands and prevent the movement of people and goods; poor access to water as a result of restrictions on the development of water infrastructure and consecutive years of water scarcity; and a lack of diversified livelihoods.

To avoid these herding communities in Area C from falling into deeper cycles of indebtedness and increased risk of livelihood erosion, the United Nations World Food Programme (WFP) and the United Nations Relief and Works Agency (UNRWA) launched a joint emergency programme in August 2009. The aim of the project is to protect and assist 5,200 Area C Bedouin and Palestinian herder families – including more than 2,400 refugee families – to maintain their livelihood and way of life in the face of political and environmental challenges. This is part of a broader interagency programme of food security and nutrition monitoring, providing protection and assistance to herding communities in Area C.

Using SEFSec methodology, this study was conducted in October 2009 to establish a Food Security and Nutrition baseline to measure the impact of the joint UNRWA/WFP project and other interventions targeting this population group.

Main Findings

Food Security

- Food insecurity in Area C is the result of the physical, social and economic restrictions on the access to sufficient, safe, and nutritious food arising from Israeli movement and access restrictions, water scarcity, water access, food prices, livelihood deterioration and the erosion of coping mechanisms.
- This joint UNRWA-WFP-UNICEF Food Security and Nutrition Baseline Household Survey reveals that 79% of the surveyed Bedouin and local Palestinian herders in Area C are food insecure as compared with 25% of households at the national level. The level of food insecurity for these herding communities is even higher than in the Gaza Strip (61%) and only 5% were found to be food secure as compared with an average of 35% in the West Bank.

¹ Methodology of West Bank SEFSec and the current survey are similar as to allow comparison of data. Although data collection periods are not similar. SEFSec covers the last 6 months of 2008, while the current survey covers the last 6 months prior October 2009.

- The proportion of food expenditure in relation to total household expenditure is as high as 62% in surveyed households in Area C.

Table 1: Main food security indicators in herding communities in Area C

FOOD SECURITY INDICATORS	2009 (Area C herders)	2008 (SEFSec / National Level)
Food Insecurity	79.0%	25.0%
Poor Food Consumption	42.5%	10%
Families currently in debt	93%	
Families without further access to credit	20%	

Nutrition

- The prevalence of wasting, underweight and stunting were 5.9%, 15.3% and 28.5% respectively. These rates indicate a poor nutrition situation according to WHO categorisations. These results further indicate a deterioration of the nutrition situation when compared to the available West Bank data from the 2006 Palestinian Family Health Survey².
- Inadequate child caring practices (infant and young child feeding), high disease incidence (44% diarrhoea and 48% ARI), and low coverage of some essential public health interventions (vaccination and micronutrient supplementation) predispose the population to increased risk of malnutrition. Only about 52% of infants aged less than 6 months were exclusively breastfed, about 10.2% of the children were breastfed for less 6 months and only 42.6% of children received complementary feeding at the right age.

Table 2: Main anthropometric results in herding communities in area C

ANTHROPOMETRIC RESULTS	2009 (Area C herders)	2006 (PFHS / National Level)
Global Acute Malnutrition (GAM)	5.9%	1.4%
Underweight	15.3%	2.9%
Stunting Prevalence	28.5%	10.2%

Coping Mechanisms

- Having already sold disposable assets, 77% of surveyed households are now relying on credit to buy food. 40% of households in Area C have not paid utility bills (water and electricity) in the past 6 months.
- Palestinians in herding communities in Area C are reducing their food intake, especially parents, who reduce their ration to allow for their children to eat enough. 81% of the surveyed

² PCBS. Palestinian Family Health Survey. 2006.

population has decreased its spending on food, 94% reduced the quality of food they buy and 86% reduced the quantity purchased. 93 % of the Palestinians have reduced their consumption of meat.

- The reduction of health and education expenses, which affects more than half of the herding communities interviewed, creates long term implications for households. Even more worrying is that nearly a third sold their productive assets so as to sustain their livelihoods

Assistance

- The vast majority of families interviewed received assistance (84%) over the previous 6 months. The majority of the assistance provided was food (80% of families received assistance) followed by other forms of assistance such as health assistance (19%).
- The vast majority of households receiving assistance stated that they were either very satisfied (20%) or satisfied (50%) with what they received, while 25% considered themselves not satisfied or very unsatisfied.
- Among those who did not receive assistance, the main reasons provided were their lack of knowledge of potential assistance (68%), their belief that they lived in non-accessible areas (17%) and that they did not apply for assistance (15%).

Main Recommendations

Due to the political nature of food insecurity in the Bedouin and Palestinian herder population, Food Security and Nutrition Responses to address the immediate situation of high food insecurity and poor nutrition are complemented by Protection and Advocacy Responses to address underlying violations of IHL and Israeli administrative and military restrictions.

Food Security and Nutrition Responses:

- To continue food aid to food insecure and food dependent families that have physical access restrictions to food. Due to the specific nutrition challenges facing these families, rations must be designed towards meeting optimal nutritional outcomes.
- Ensure regular monitoring of socio-economic and food security indicators to adopt suitable programme intervention and take rapid actions toward any emergency situation.
- To identify and assist newly vulnerable groups with sufficient levels and type of assistance to prevent the continued deterioration in household food security and nutrition levels. Assistance provided should address issues such as access to water and health care.
- Delivery of a basic minimum health and nutrition integrated package to improve the micronutrient and immunization coverage and prevent communicable disease.
- Development and delivery of a robust communication strategy aimed at promotion of appropriate infant and young child feeding, maternal nutrition, health (immunization and disease prevention) and hygiene promotion.
- Support initiatives to protect, diversify, and develop household income generation. Cash based assistance (either conditional through Cash-for-work or unconditional through cash

transfers) should be prioritised as a driver of livelihood recovery.

- Develop interventions that address other household challenges – such as access to health care, access to education, and access to water – alongside food security.
- Medium term poverty strategy to enhance household livelihoods and therefore improving household food security.

Protection and Advocacy Responses:

- Continued agency-wide focus on mainstreaming a protection reflex in order that programmes adapt service delivery to emerging needs of target population accordingly.
- Ongoing design and implementation of tailored protection projects/interventions and inter-Agency responses aiming to reduce the vulnerability of the target population. This is to take place alongside and in complement to Agency regular activities.
- Continuous monitoring and reporting of incidents of individual rights violations in Area C herding communities and presentation of reported violations of IHL to the Israeli Authorities and the wider UN Advocacy Framework (OCHA / OHCHR, etc.) to ensure sustained focus on the target population from the International Community.

Background³

Area C

The Oslo II Accords signed in 1995 established the Palestinian National Authority (PNA) and divided the West Bank into three administrative areas (known as “A”, “B” and “C”).⁴ Though the interim arrangements were supposed to lead to a gradual transfer of power to the PNA, there have been no official changes to the A, B, C areas since the start of the 2nd *Intifada* in September 2000. The subsequent construction of the Separation Barrier and ongoing expansion of Israeli Settlements have placed additional restrictions and limitations on the PNA in affected Area C localities.

Over 60% of the West Bank is currently classified as Area C, where Israel retains full security and administrative control over planning and construction, while the Palestinian Authority is responsible for the provision of services. This division has created problems in ensuring that basic services are provided to the most vulnerable communities in Area C. For example, the responsibility for the provision of education and health services to Palestinians in Area C rests with the PNA. However, difficulties in obtaining building permits from the Israeli Civil Administration (ICA) for the construction or expansion of schools and health clinics significantly impedes the fulfilment of this responsibility.

There are over 400 Palestinian villages that have some part of their built up area in Area C. Of these, approximately 150 are entirely located in Area C. While it is difficult to ascertain the exact Palestinian population residing in Area C due to the high number of communities whose boundaries cross Area C and A or B, it is estimated that as many as 150,000 Palestinians (of whom at least 31,685 are registered refugees) live in Area C.⁵ Service provision to populations in Areas A and B has increased over recent years while communities in remote parts of Area C are struggling to adequately access basic social services and assistance such as water/sanitation, primary education and basic safe shelter.

Area C contains 121 settlements, with a population of approximately 285,800⁶ settlers, who have been transferred to the West Bank in contravention of IHL.⁷ Violence against individuals perpetrated by settlers is frequent. More than 625 incidents of settler violence, including injury and damage to property, have been recorded since January 2008⁸.

Area C is of vital importance to all Palestinians as it is critical to Palestinian development and livelihoods: Area C holds the bulk of Palestinian agricultural and grazing land and main aquifers. Moreover, because Area C is the only contiguous territory in the West Bank, it is critical to the free movement, travel and transport of people and goods. It also holds land reserves necessary for the expansion of Palestinian population centres.

³ Based on the “Humanitarian Response Plan for Area C”.

⁴ The Israeli-Palestinian Interim Agreement divided the West Bank into 3 areas:

- Area A: under the full control of the PNA, comprising all major population centres;
- Area B: under Palestinian civil control and Israeli security control, encompassing most rural villages; and
- Area C: approximately 60% of the West Bank, under complete Israeli control for both security and civil administration, sparsely populated and consisting of most of the agricultural land in the West Bank.

⁵ Based on UNRWA Refugee Registrations cross-checked against PCBS census data.

⁶ Israel’s Central Bureau of Statistics (CBS), 2008 quoted in B’Tselem 2009, Land Expropriation and Settlements Statistics.

⁷ Article 49 of IV Geneva Convention: “The Occupying Power shall not deport or transfer parts of its own civilian population into the territory it occupies”.

⁸ UNOCHA Protection of Civilians data-base.

Given that it is less-densely populated and there are restrictions on development, Area C locations are the desired location of sanitary landfills, waste-water treatment plants and other environmentally sensitive infrastructure. Any large-scale infrastructure projects, including national roads, water and electricity networks, water treatment plants, etc., will involve work in Area C. However, recurrent destruction of trees, private homes and public infrastructure, as well as settler encroachments on this land, creates a permanent state of insecurity that deters Palestinian investment.⁹ As a result, economic activity in Area C is almost exclusively limited to low intensity agriculture and herding.¹⁰

The Humanitarian Situation in Area C

The Palestinian population in Area C is composed of some of the most vulnerable and herding families and communities in the oPt. The approximately 40,000 Palestinians residing in communities entirely in Area C include over 35,000 people living in 200 vulnerable herding/Bedouin encampments. Farmers and herders living in Area C tend to fare worse than the general population in terms of social indicators. This is because they are usually living in remote areas under-served in public services (education, water/sanitation, health care) and infrastructure, and are denied permits to upgrade their homes or invest in agriculture and other businesses.¹¹

Whilst service provision to populations in Areas A and B has increased over recent years, the humanitarian situation in Area C is deteriorating. Traditional livelihoods of Herding and Bedouin communities are under threat. Increasingly limited access to land and lack of permits and water resources has eroded traditional livelihoods of herding and Bedouin communities and has led to increased poverty. Of the 1,500,000 dunums of existing grazing lands in the West Bank, 85% is closed to Palestinians as a result of Israeli settlements, closed military areas and the Separation Barrier. As a result, only 225,000 dunums are available for the grazing of sheep and goats.¹²

Insufficient land for pasture forces herders to buy expensive fodder to feed their animals which often forces herders/Bedouin into debt. For herders/Bedouin, livestock has now become a financial liability rather than an asset.¹³ The intrusive route of the Barrier through 8 of the 11 West Bank governorates already isolates the farms, greenhouses, grazing lands and water resources of thousands of farmers.¹⁴ The completion of the West Bank Barrier will further aggravate the situation, with an expectant loss of almost 15% of West Bank agricultural land.

Drought and frost in the past number of years, combined with diminished areas of grazing lands, poor access to water, mobility restrictions to grazing land and lack of diversified livelihoods, have put at risk the sustainability of the herding/Bedouin livelihood. This has encouraged the displacement of populations out of Area C with a resultant increase in the dependency on humanitarian, development-related aid and assistance.¹⁵ Forced displacement also threatens family unity, puts pressure on host communities and affects community cohesion and traditions.¹⁶

⁹ The World Bank, 2008 – The Economic Effects of Restricted Access to Land in the West Bank. Social and Economic Development Group, Finance and Private Sector Development, Middle East and North Africa Region.

¹⁰ FAO/WFP, December 2009 – Food Security and Vulnerability Analysis Report in the oPt.

¹¹ FAO/WFP, December 2009 – Food Security and Vulnerability Analysis Report in the oPt.

¹² O'Callaghan Sorcha, Jaspars Susanne, Pavanello Sara – Losing Ground: Protection and Livelihoods in the Occupied Palestinian Territory. ODI Humanitarian Policy Group (HPG) Working Paper, July 2009.

¹³ UNRWA, 2009 – Isolated Herding Refugee Population, Draft document.

¹⁴ OCHA, July 2009 – Five Years After the International Court of Justice Advisory Opinion. A Summary of the Humanitarian Impact of the Barrier.

¹⁵ FAO/WFP, December 2009 – Food Security and Vulnerability Analysis Report in the oPt.

¹⁶ UNRWA, 2009 – Isolated Herding Refugee Population, Draft document.

Assessment Justification

A Joint UNRWA-WFP operation consisting of three rounds of distribution to cover the food needs of 5,200 herding households (including both refugee and non refugee) in 209 communities of “Area C” for a pilot period of 9 months.¹⁷ The 3-month ration provided is composed of the following food items: cereals, pulses, vegetable oil, sugar and salt. As a result of the intervention, families will be able to decrease their food expenditure and invest further in maintaining their livelihoods. This is part of a broader interagency programme of food security and nutrition monitoring, providing protection and assistance to herding communities in Area C.

This study is aimed at establishing the food security and nutrition situation baselines against which the subsequent response can be measured. Establishing the population’s current situation will facilitate gauging the appropriateness of the interventions proposed/ commenced. These baselines will help in measuring the impact of the interventions commenced in the future. Furthermore, there has not been an Area C specific study, therefore necessitating the establishment of baselines.

Baseline Objectives

The baseline will provide an overview of the food security and nutrition of the herding communities selected to be part of the initial joint UNRWA-WFP project at the onset of the food assistance. This will allow for the establishment of benchmarks of their dietary diversity patterns, food consumption score and general socio-economic profile, and hence be able to measure the progress and gauge the impact of the intervention through time. It will also provide information necessary for UNICEF’s review of the health and nutrition interventions in terms of adequacy, coverage and access parameters.

The objectives of the baseline will be:

1. To provide the socio-economic profile of the herding communities living or having their livelihood in Area C, including baseline information on the livelihoods options, access to credit, and level of indebtedness and expenditure patterns.
2. To set a benchmark of the dietary diversity and food consumption score of the identified HHs before the inception of the joint UNRWA-WFP project.
3. To generate recommendations from oPt food security stakeholders so as to strengthen a collective and coordinated response for these herding communities.
4. To establish the prevalence of malnutrition and causal factors.
5. To identify potential programme interventions that consider seasonal migration patterns among the Bedouin and Palestinian herder communities.

¹⁷ The caseload is based on the 2009 UNRWA/OCHA Vulnerability Survey. It should comprise the overall herding/Bedouin communities living or having its livelihood in Area C.

Methodology

This Food Security and Nutrition Survey has been developed jointly by UNRWA, UNICEF and WFP. The food security questionnaire is very similar to the Socio-Economic and Food Security Survey questionnaire allowing comparisons in findings¹⁸.

On the nutritional side, this being a cross sectional study, the Nutrisurvey software was used in the sample size and cluster determination across Area C localities. The sampling frame of villages was provided by UNRWA. Anthropometric measurements were taken for children aged 6-59 months, found in randomly selected households. Nutrition data entry and analysis was carried out using SPSS software, Anthro and Nutrisurvey/ENA packages of data analysis. The anthropometric analysis was based on 2006 WHO reference cut-off. Height and weight measurements were recorded to the nearest 0.1 cm and 100g respectively. The questionnaires are attached in Annex.

Eight teams of UNRWA Social Workers conducted the survey in October 2009. Training was provided to the teams by UNICEF and WFP in Jericho (1-2 October 2009) and data was collected by the teams in the field from 5th October 2009 until 29th October 2009.

The survey target population comprised approximately 5,200 households¹⁹ located in Bedouin and Palestinian herder communities currently targeted by the joint UNRWA-WFP project.

Table 3: The targeted and surveyed population in West Bank Area C

Governorate	Targeted Population			Survey Sample		
	Refugees Families	Non Refugees Families	All Families	Refugees Families	Non Refugees Families	All Families
Bethlehem	69	278	347	18	16	34
Hebron	1376	874	2250	117	121	238
Jenin	54	133	187	14	1	15
Jericho	331	267	598	14	37	51
Jerusalem	217	635	852	36	19	55
Nablus	196	127	323	3	22	25
Qalqiliya	15	99	114	33	10	43
Ramallah	101	120	221	8	6	14
Salfit	10	5	15	0	0	0
Tubas	230	46	276	8	27	35
Tulkarem	7	0	7	0	0	0
Total	2606	2584	5190	251	259	510

¹⁸ WFP/FAO/PCBS, Socio Economic and Food Security Survey Report in West Bank. August 2009

¹⁹ Only 10% of the whole population were surveyed

Food Security Household Survey

Demographic and Household characteristics²⁰

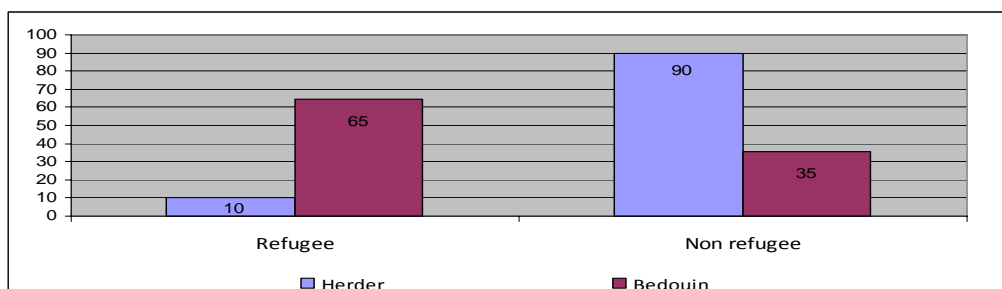
1. Household size

The size of the average household of the surveyed population is 7.4 persons as compared with the 5.5 persons West Bank average. The number of males, on average, is 3.8 and 3.6 for females. At governorate level, Nablus and Tubas have the biggest family size (9, 8. respectively), followed by Bethlehem, Ramallah, Jericho, Hebron and Jerusalem.

2. Refugee Status

The numbers of non-refugee and refugee families are nearly equal, with 51% and 49% respectively. As shown in Figure 1, the majority of the herders are non-refugee (90%), while the majority of Bedouin are refugee (65%).

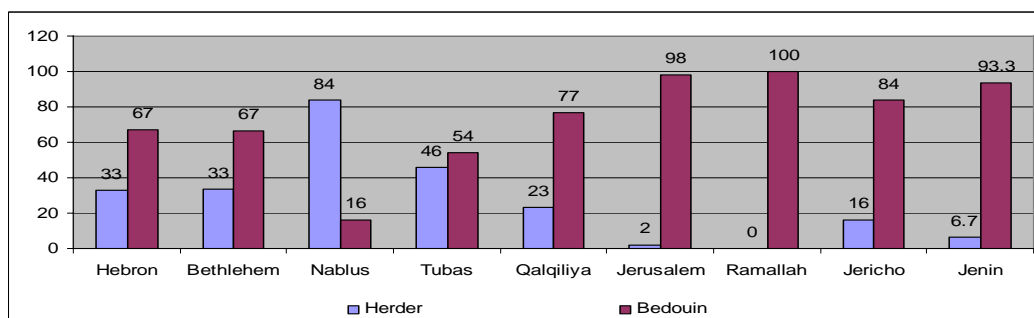
Figure 1: Refugee status according to Bedouin and Palestinian Herder



3. Bedouin and Palestinian Herder

Of the families interviewed 71% are Bedouin herders and 29% are Palestinian herders. When broken down according by governorate level (fig. 2), all surveyed governorates have more Bedouin herders than Palestinian herder families, with the exception of Nablus where Palestinian herders constitute the vast majority (84%).

Figure 2: Percentage of Bedouin and Palestinian Herders by governorate level

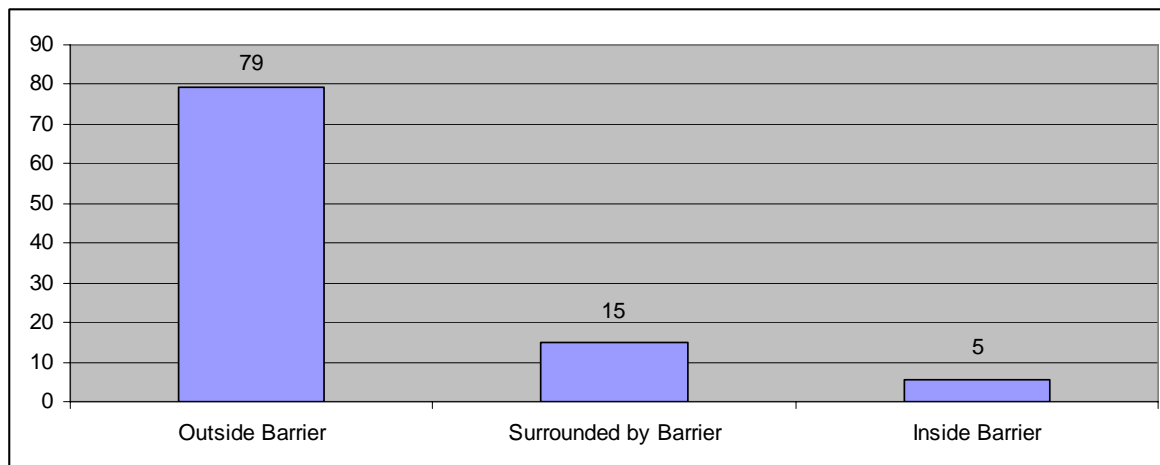


²⁰ Comparisons against the West Bank average rely upon data from Socio-Economic and Food Security Survey Report (SEFSec); West Bank, 2009

4. Community location according to the West Bank Barrier.

79% of the surveyed families live outside the West Bank Barrier and 15% are surrounded by the West Bank Barrier. Only 5% live inside the Seam Zone²¹.

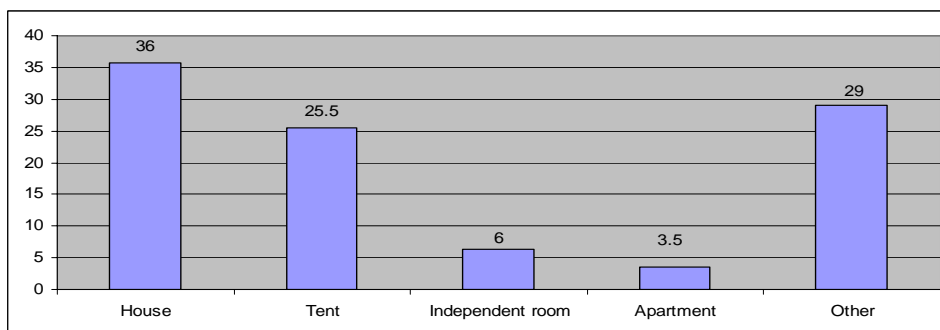
Figure 3: Location of the community according to West Bank Barrier



5. Household Characteristics

Survey results indicate that the majority of households interviewed in herding communities in Area C are living in houses made of block, wood or metal sheeting (36%) followed by tents (25.5%), and other forms of accommodation such as apartments (6%) or single room properties (3.5%). This compares against the West Bank average where the majority of the respondents lived in houses or apartments (56% and 40%, respectively).

Figure 4: Kind of dwelling unit the family lives in currently²²



6. The main source for water, electricity and energy

• Water

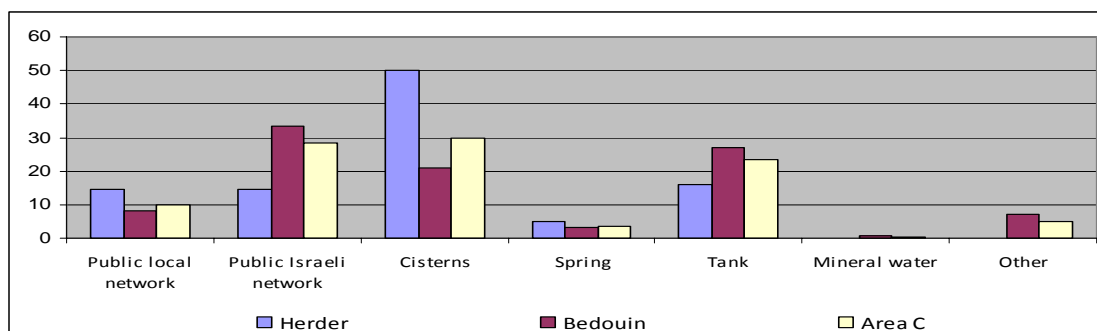
The main sources of drinking water in Area C are rainwater harvesting cisterns, public Israeli network, and water storage tanks (30%, 28% and 23% respectively), with the public local network accounting for 9%. This compares against the West Bank average of 82% of households receiving

²¹ Inside West Bank Barrier mean the area between green line and the West Bank Barrier

²² Other categories include: Zinco, Baraks, cave

water through local public networks. As detailed in Figure 5, 50% of the surveyed herders use cisterns as their source of drinking water while less than a quarter of Bedouins relied on cisterns (21%).

Figure 5: The main sources for household drinking water for households surveyed in Area C

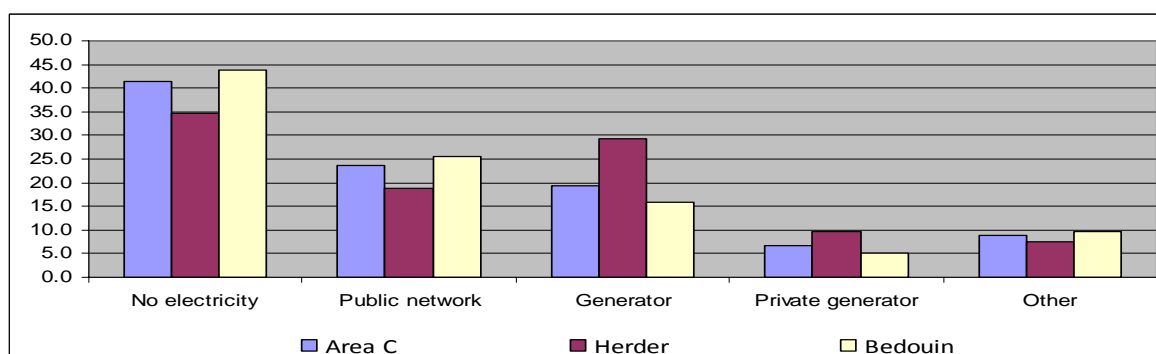


• Electricity

41% of the surveyed families in Area C did not have a source of electricity as compared with only 1% in the rest of the West Bank without a source of electricity in their homes. Lack of access to electricity affected Bedouin populations (44%) as compared with Palestinian herders (35%). 24% of surveyed households relied on the public electrical network as compared by 97% in the West Bank as a whole. Other sources of electricity were the generators (19%), and private generators (7%).

Geographically, no surveyed household in Jenin and Ramallah governorates had electricity in their homes. Jerusalem and Bethlehem had the highest coverage of electricity (50%) followed by Tubas (25%).

Figure 6: Main source of the electricity for households surveyed in Area C



• Energy

The majority of households use wood as the main cooking fuel (60%). Dependency on wood reached as high as 70% as a source of energy for baking (i.e. bread). Only 42% of the surveyed households used cooking gas, as compared against a nearly total use of cooking gas amongst West Bank households (97%).

68% of surveyed households relied upon wood / coal for household heating as compared against only 24% of West Bank household reliance on wood / coal.

7. The availability of kitchen, bathroom and toilet

Nearly all West Bank families have a kitchen with piped water (97%). However, only 45% of the surveyed families in Area C have a kitchen but without piped water. 33% of those interviewed did not have a kitchen in their home. Similar trends are valid for the availability of a bathroom or a toilet. Nearly all West Bank families have a bathroom with piped water as compared with 23% of surveyed households in Area C. Most families in Area C did not have a bathroom (43%) or toilet (37%).

8. Livelihoods

Survey results show that 80% of the interviewed families did not own agricultural land. This is similar to the West Bank average land ownership of 25%. However, the average land holding for surveyed households in Area C is half of the average for West Bank land holdings at 6.5 dunums as compared with 13 dunums.

Conversely, 57% of surveyed households in Area C possessed some livestock while only 5% of total households in the West Bank owned livestock.

Income/Expenditures²³

1. Total Income

Households in Area C reported an average monthly income of NIS 1,024 (NIS 947 amongst Palestinian Herders and NIS 1,060 amongst Bedouin herders). The West Bank²⁴ average monthly income was NIS 2,554, almost 2.5 times greater than the reported Area C monthly income.

Over the previous six months, 68% of surveyed families in Area C faced a reduced income, following a similar trend spanning the previous two years. West Bank families were less affected with only 40% reporting a decrease in their income and 55% of households declaring a stable income over the previous six months of conducting the survey.

2. Households Expenditure

The survey results show that the average monthly household expenditure in Area C households during the past six months was NIS 2,011.

The average monthly food expenditure in Area C was NIS 1,249 (62% of household expenditure) as compared with NIS 1,107 (49% of household expenditure) at the average West Bank level²⁵.

50% of families in Area C reported a decrease in total expenditure over the past 6 months, while 28% reported an increase. This is similar to the West Bank average. Among the surveyed Area C families who reported a reduction in their total expenditures, approximately 81% reported a decrease in their food expenditure, 83% on clothes and housing needs, and 76% on transportation.

²³ Comparisons against the West Bank averages and national income data rely upon data from Socio-Economic and Food Security Survey Report (SEFSec); West Bank, 2009

²⁴ SEFSec, West Bank (2009)

²⁵ SEFSec, West Bank (2009)

Among those families that decreased their food expenditure, 94% reduced the quality and 86% the quantity of food that they usually buy and/or consume. Of those reducing the quantity of food purchased, 93% decreased meat and fruits consumption and 77% reduced milk and dairy consumption.

3. Access to credit

In general, a vast majority of the respondents in Area C (82%) indicated that they relied on credit for household expenditures (food and non-food items). Nearly 60% of surveyed families reported that use of credit to purchase food increased, as compared with 47% of West Bank families reporting increased use of credit for food purchases.²⁶ It should be noted that 93% of the surveyed households in Area C are in debt.

Assistance

The vast majority of families interviewed received some form of food, health or other assistance²⁷ (84%) over the previous 6 months. The bulk of the assistance received consisted of food (80%), with only 1.6% reporting having received cash assistance (as compared with 32% of households in the West Bank reporting having received cash assistance).²⁸ 53% of the sick children among the surveyed households relied upon the Ministry of Health as the primary health care provider while 22% visited UNRWA health centres and mobile clinics.

These results were partially affected by the joint UNRWA/WFP food distribution project that targeted the surveyed households. The first cycle of food distributions under this project began in September 2009 and would be partially reflected in these findings.

The vast majority of households receiving assistance declared themselves either very satisfied (20%) or satisfied (50%) with what they received, while 25% considered themselves unsatisfied or very unsatisfied.

Of the cases of families that reported they had not received any assistance, reasons given were that they had not applied for any assistance (15%), that they were living in remote areas (17%) with a majority stating that they did not know why they did not qualify for any assistance (68%).

Household food security levels

The survey findings show that 79% of the assessed herding communities living or having their livelihood in Area C are food insecure²⁹ as compared with 25% of families in the West Bank.³⁰

3% of the remaining Area C herding households are vulnerable to food insecurity, 13% are marginally food secure and less than 5% are food secure. This compares with the reported 35% food secure households in the West Bank.

²⁶ SEFSec West Bank data (2009)

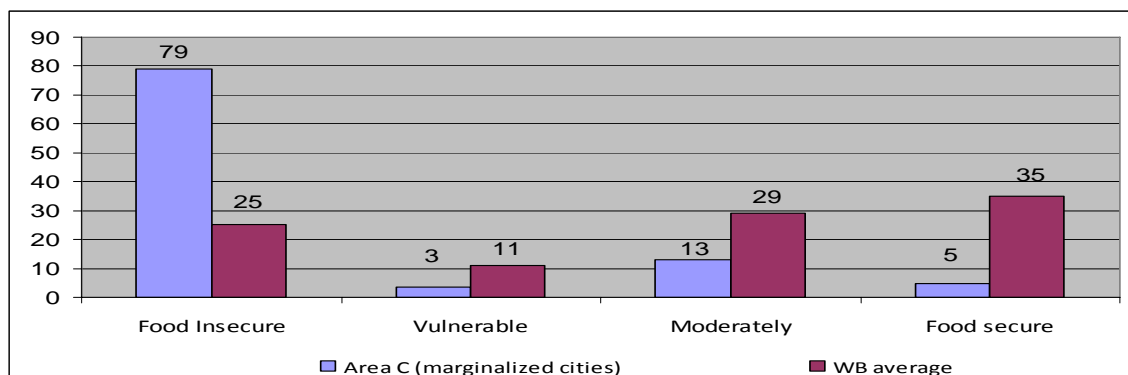
²⁷ The first cycle of food distribution was not completed during collected the data

²⁸ This is as a percentage of received assistance

²⁹ Food insecure: income and consumption < US\$4.7, and households with decrease of total food and non-food expenditures or unable to decrease expenditures further.

³⁰ SEFSec West Bank data (2009)

Figure 7: Food security levels among households in Area C



1. Food security by received assistance

85% (340 cases out of 510) of food insecure families received assistance and 15% (58 cases) have not received any kind of assistance. Conversely, 87% (only 20 cases) of food secure families received assistance and 13% (only 3 cases) had not received any assistance.³¹

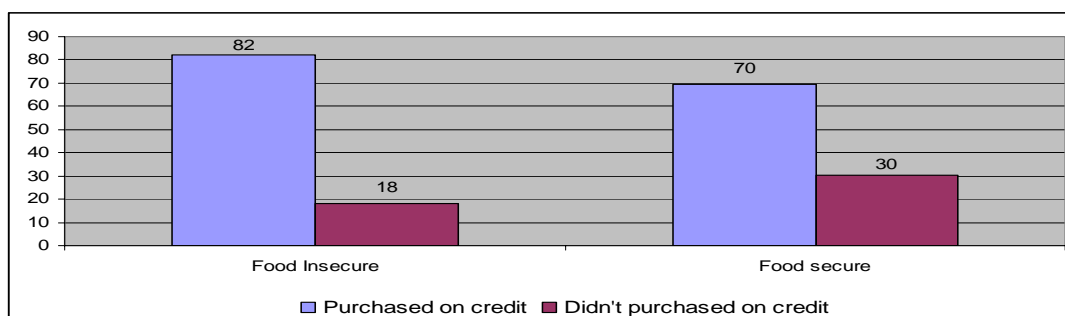
2. Food security by location to West Bank Barrier

88.5% of surveyed families living inside the Seam Zone are food insecure as compared with a food insecurity rate of 79% amongst all surveyed households in the Area C.

3. Food security by purchasing on credit

As expected, food insecure families rely more on credit for household expenditures than food secure families (figure 8). In the West Bank, 60% of food insecure families purchased their food on credit. There is a clear risk for these herding communities of excessive indebtedness with this coping mechanism nearly stretched to its limit.

Figure 8: Food security levels in surveyed households in Area C by use of credit



³¹ In case of food secure families the number of cases are too small so the analysis will not valid.

4. Food security by external shocks facing households in Area C

There was a relationship between the main external shocks reported by a family and their level of food insecurity. Amongst food insecure families, difficulty to access to water (73%) was the main challenge facing the family. This compares with food secure households that reported the Separation Barrier (65%) as the main challenge facing the family.

Amongst food insecure families, animal disease (50%) and sickness of a family member (52%) were also reported as main household challenges.

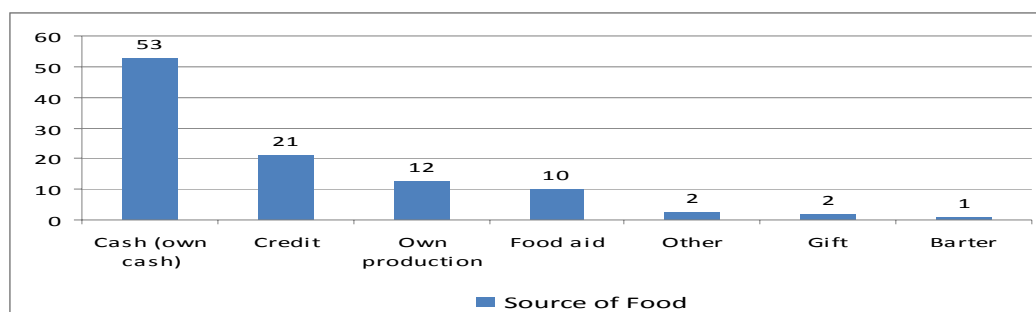
Table 4: Percentage of households in Area C who faced difficulties by food security level

Problems	Food Insecure	Food secure	All Surveyed households in Area C
Access to water	73	44	73
Animal disease	50	22	46
Sickness of HH members	52	48	51
West Bank Barrier	34	65	38

5. Sources of food³²

On average, 53% of surveyed families relied on access to cash to purchase food, with 21% of households depending on credit as a secondary source. Household food production and food aid represented 12% and 10% respectively of access to food.

Figure 9: Percentage of main food sources in surveyed households in Area C



6. Food consumption score³³

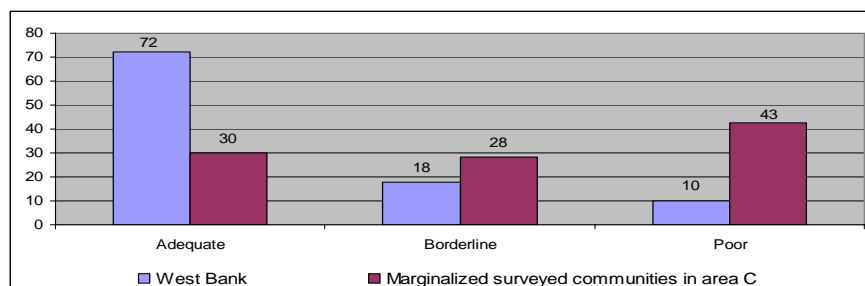
Food consumption scores provide a snapshot of the food consumption situation when data was collected (i.e. at 5th October 2009 until 29th October 2009). The majority of surveyed families have a poor food consumption score (43%), 28% have borderline food consumption score, and 30%

³² This is for specific food items which is mentioned in the Annex 4 in the questionnaire (in Q601_3)

³³ Detailed explanation on the food consumption score in Annex 1.

have an acceptable consumption score. In the West Bank³⁴, 72% of families have a “good” or acceptable consumption score, while 10% face a “poor” consumption score (figure 10).

Figure 10: Percentage of poor and borderline food consumption groups



At governorate level, Ramallah and Jenin are the most affected with 71% and 67% have the interviewed population facing a “poor” consumption score.

Current Shocks, Risks and Coping Mechanism

1. Difficulties faced by households

a. Health Conditions

Respondents were asked whether a household member was sick (for a period greater than 6 months). More than half of the families (51%) in Area C faced this issue; this is similar to the West Bank average.

b. Access and prices for water

More than 73% of the herding communities reported facing difficulties accessing water in their community. Moreover, 80% said that water prices had increased over the previous six months. As highlighted by the World Bank, communities unconnected to water network services pay very high prices for often poor quality water (typically four times more than network water).³⁵ Households in Area C are directly impacted as 53% are still relying on cisterns and tanks rather than public water service network.

c. Drought

Drought has affected 70% of the surveyed households during the past six months.

2. Coping strategies

Table 5, provides an overview of the coping strategies used during the survey period by different food security groups. Having a long term impact on households is the reduction of health and education expenses, which affects more than half of the households interviewed. Even more worrying – and directly affecting the future sustainability of livelihoods – nearly a third of the interviewed households had sold their productive assets. Forced displacement has also been one of the long term coping mechanisms affecting 12% of the surveyed herders/Bedouin.

³⁴ SEFSec data (2009)

³⁵ The World Bank, April 2009 – West Bank and Gaza, Assessment of restrictions on Palestinian Water Sector Development.

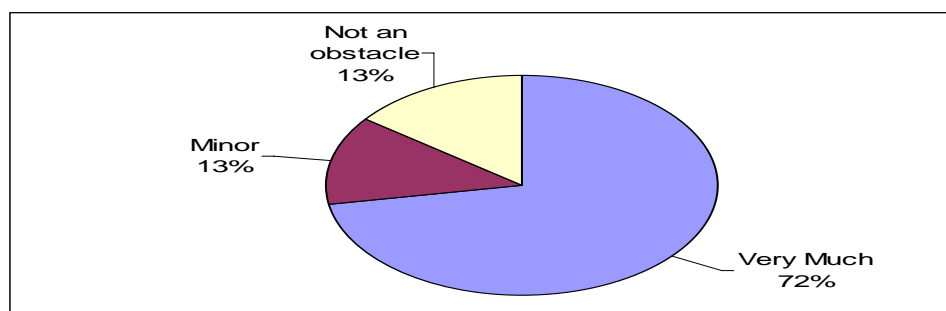
Table 5: Long run coping strategies by security levels

Long Run Coping Strategy (during last six months)	Food Insecure	Food secure	Surveyed households in Area C
Not pay bills/utilities	38	43	40
Used life savings	40	52	43
Sale of assets jewellery, furniture, productive assets, etc)	38	30	37
Sale of productive assets/operational	41	18	36
Regrouping of family members to save money	40	17	37
Reduce health and education expenses	54	32	51
Change place of residence	13	9	12

Mobility and access to basic services

72% of people who live or have their livelihood in herding surveyed communities in Area C reported facing access difficulties during past six months. 13% faced minor difficulties, and 13% did not face any obstacles during the same period (figure 11).

Figure 11: Did you/your family face any access difficulties in the past six months?



Difficulties reaching work affected 62% of surveyed families, while only 18% of households in the West Bank faced such difficulties.

For those having difficulties reaching their work, more than 80% of the surveyed families cited their inability to get a permit to cross checkpoints within the West Bank, their inability to get a permit to work in Jerusalem or Israel, their inability to move within the West Bank or to Israel due to Israeli imposed restrictions (West Bank barrier, checkpoints etc). Unaffordable transportation costs were also a reason cited for 84% of households.

Table 6: Average Distance from home to nearest service (in kilometres km)

	Surveyed households in Area C	West Bank ³⁶
Public transportation (in km)	5	1
Nearest clinic (in km)	8	2
Health centre (in km)	8	2
Nearest elementary school (in km)	6	1
Nearest maternal health centre (in km)	12	2

Nutritional Household Survey

Results

1. Anthropometric results

The nutrition analysis carried out mainly focuses on acute malnutrition (wasting), underweight and chronic malnutrition.

- Wasting is defined as a weight for height indices of <-2 z scores weight-for-height and/or oedema while the severe acute malnutrition is defined as $<-3z$ scores weight-for-height and/or oedema. It is a measure of an acute/short and mostly severe nutritional stress like inadequate food intake, disease etc. Presence of oedema is a manifestation of a severe acute condition.
- Stunting is defined as a height for age indices of <-2 z scores height-for-age and it a measure of prolonged/ chronic nutritional inadequacies.
- Underweight is the overall nutrition wellbeing of the person and considers both the wasting and stunting status of an individual.

Other demographic, disease and childcare aspects were also explored as they influence the nutrition wellbeing of the population.

Table 7: Distribution of age and sex of sample

Age/Sex	Boys		Girls		Total		Ratio (Boy: Girl)
	no.	%	no.	%	no.	%	
6-17 months	73	49.7	74	50.3	147	28.9	1.0
18-29 months	85	59.4	58	40.6	143	28.1	1.5
30-41 months	58	51.8	54	48.2	112	22.0	1.1
42-53 months	45	57.0	34	43.0	79	15.5	1.3
54-59 months	15	53.6	13	46.4	28	5.5	1.2
Total	276	54.2	233	45.8	509	100.0	1.2

With the exception of the 18-29 months age category, the rest of the age categories indicate a representative sample selection with no sex bias. Most of the children assessed were randomly

³⁶ SEFSec data (2009)

selected from Hebron Governorate (46.7%), Jerusalem (10.8%) and Jericho (10%) as detailed in table below.

Table8: Distribution of the assessed children by governorate

Governorate	Frequency	Percent
Hebron	238	46.7
Bethlehem	34	6.7
Nablus	25	4.9
Tubas	35	6.9
Qalqiliya	43	8.4
Jerusalem	55	10.8
Ramallah	14	2.7
Jericho	51	10.0
Jenin	15	2.9
Total	510	100.0

Table 9: Prevalence of acute malnutrition based on weight-for-height z-scores (and/or oedema) by sex

	All n = 506	Boys n = 273	Girls n = 233
Prevalence of global acute malnutrition (<-2 z-score and/or oedema)	(30) 5.9 % (4.2 - 8.3, 95% C.I.)	(13) 4.8 % (2.8 - 8.0, 95% C.I.)	(17) 7.3 % (4.6 - 11.4, 95% C.I.)
Prevalence of moderate malnutrition (<-2 z-score & ≥ -3 z-score, no oedema)	(23) 4.5 % (3.0 - 6.7, 95% C.I.)	(8) 2.9 % (1.5 - 5.7, 95% C.I.)	(15) 6.4 % (3.9 - 10.3, 95% C.I.)
Prevalence of severe malnutrition (<-3 z-score and/or oedema)	(7) 1.4 % (0.7 - 2.8, 95% C.I.)	(5) 1.8 % (0.8 - 4.2, 95% C.I.)	(2) 0.9 % (0.2 - 3.1, 95% C.I.)

The Global Acute Malnutrition (W/H <-2 Z score or oedema) is 5.9% and the Severe Acute Malnutrition (W/H <-3 z-score) is 1.4%. The results show a poor/alert nutrition situation based on WHO categorisation. There was no oedema case reported. Slightly more girls were malnourished than boys. The graph below illustrating the assessed population against the reference population further indicates presence of overweight (w/h >2 z score). Based on these results which show deterioration of the situation from the 2006 national prevalence (GAM rate 1.4%), close monitoring of the nutrition situation is needed.

Figure 12: Weight for Height z score

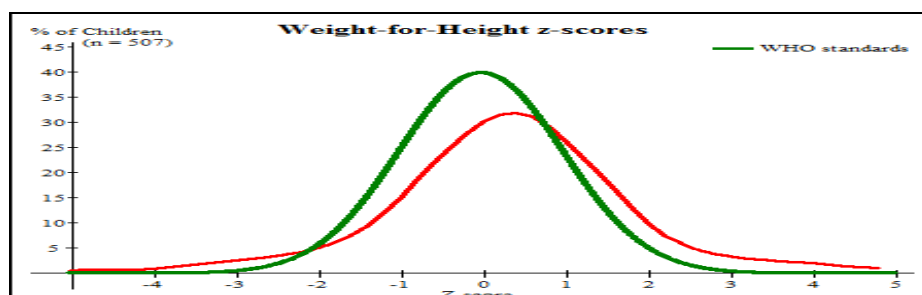


Table 10: Prevalence of acute malnutrition by age based on weight-for-height z-scores and/or oedema

Age (mths)	Total no.	Severe wasting (<-3 z-score)		Moderate wasting (>= -3 and <-2 z-score)		Normal (>= -2 z score)		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	143	3	2.1	13	9.1	127	88.8	0	0.0
18-29	143	1	0.7	4	2.8	138	96.5	0	0.0
30-41	112	2	1.8	3	2.7	107	95.5	0	0.0
42-53	79	0	0.0	0	0.0	79	100.0	0	0.0
54-59	28	1	3.6	3	10.7	24	85.7	0	0.0
Total	505	7	1.4	23	4.6	475	94.1	0	0.0

The age categories of 6-17 months and 54-59 months recorded higher levels of acute malnutrition (11.2% and 14.3%) that the rest of the age categories

Table 11: Prevalence of underweight based on weight-for-age z-scores by sex

	All n = 510	Boys n = 277	Girls n = 233
Prevalence of underweight (<-2 z-score)	(78) 15.3 % (12.4 - 18.7, 95% C.I.)	(39) 14.1 % (10.5 - 18.7, 95% C.I.)	(39) 16.7 % (12.5 - 22.1, 95% C.I.)
Prevalence of moderate underweight (<-2 z-score and >=-3 z-score)	(59) 11.6 % (9.1 - 14.6, 95% C.I.)	(29) 10.5 % (7.4 - 14.6, 95% C.I.)	(30) 12.9 % (9.2 - 17.8, 95% C.I.)
Prevalence of severe underweight (<-3 z-score)	(19) 3.7 % (2.4 - 5.7, 95% C.I.)	(10) 3.6 % (2.0 - 6.5, 95% C.I.)	(9) 3.9 % (2.0 - 7.2, 95% C.I.)

The global underweight prevalence of 15.3% and severe underweight of 3.7% were recorded without significant gender difference. The rates indicate a poor/alert nutrition situation based on the underweight indicator. This is nutrition situation is of concern and requires prioritization of poverty reduction response and integrated response package delivery.

Table 12: Prevalence of underweight by age based on weight-for-age z-scores and oedema

Age (mths)	Total no.	Severe underweight (<-3 z-score)		Moderate underweight (>= -3 and <-2 z-score)		Normal (>= -2 z score)		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	147	9	6.1	25	17.0	113	76.9	0	0.0
18-29	143	4	2.8	17	11.9	122	85.3	0	0.0
30-41	112	3	2.7	11	9.8	98	87.5	0	0.0
42-53	79	0	0.0	4	5.1	75	94.9	0	0.0
54-59	28	3	10.7	2	7.1	23	82.1	0	0.0
Total	509	19	3.7	59	11.6	431	84.7	0	0.0

The underweight prevalence among the 6-17 months and 54-59 months age categories was higher than in other age categories. Serious levels are recorded in the 6-17 months age category (23.1%), indicating nutritional concerns in the child's early life in Area C communities.

Table 13: Prevalence of stunting based on height-for-age z-scores and by sex

	All n = 510	Boys n = 277	Girls n = 233
Prevalence of stunting (<-2 z-score)	(145) 28.5 % (24.7 - 32.5, 95% C.I.)	(76) 27.4 % (22.5 - 33.0, 95% C.I.)	(69) 29.6 % (24.1 - 35.8, 95% C.I.)
Prevalence of moderate stunting (<-2 z-score and ≥ -3 z-score)	(89) 17.5 % (14.4 - 21.0, 95% C.I.)	(43) 15.5 % (11.7 - 20.3, 95% C.I.)	(46) 19.7 % (15.1 - 25.3, 95% C.I.)
Prevalence of severe stunting (<-3 z-score)	(56) 11.0 % (8.6 - 14.0, 95% C.I.)	(33) 11.9 % (8.6 - 16.3, 95% C.I.)	(23) 9.9 % (6.7 - 14.4, 95% C.I.)

The chronic malnutrition or stunting prevalence is 28.5% with a severe stunting of 11.0%. These rates indicate a poor nutrition situation according to WHO categorisation. However, considering that about a third of the stunted have severe stunting, the situation can be considered serious. Further, the assessed populations overall shift to the left from the reference population shows the significant population's tendency to stunting, as shown in the graph below.

Figure 13: Height for Age z scores

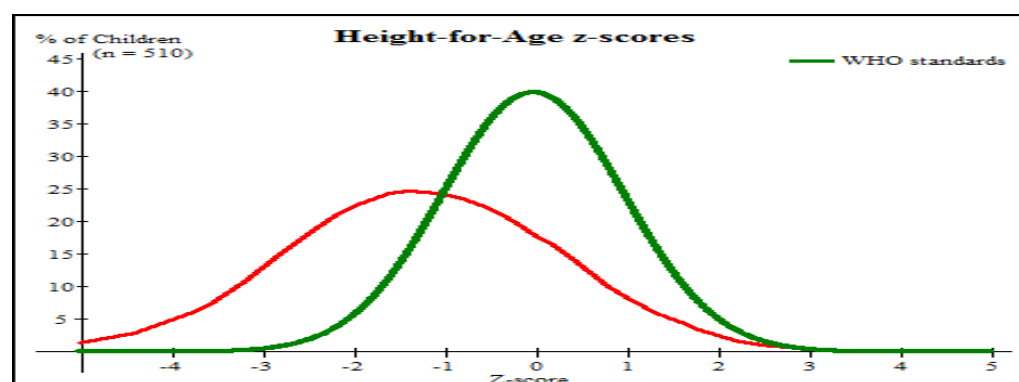


Table 14: Prevalence of stunting by age based on height-for-age z-scores

Age (mths)	Total no.	Severe stunting (<-3 z-score)		Moderate stunting (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)	
		No.	%	No.	%	No.	%
6-17	147	15	10.2	41	27.9	91	61.9
18-29	143	19	13.3	20	14.0	104	72.7
30-41	112	11	9.8	16	14.3	85	75.9
42-53	79	8	10.1	8	10.1	63	79.7
54-59	28	3	10.7	4	14.3	21	75.0
Total	509	56	11.0	89	17.5	364	71.5

The 6-17 months age category records the highest stunting rates out of all age categories. The overall stunting levels and the 6-17 months age category stunting levels indicate a priority area of concern that requires a long term strategy for livelihood promotion to reduce poverty, integrated response for health nutrition and water and sanitation (at a minimum) and rigorous infant and young child feeding promotion including micronutrient supplementation.

Infant and child care analysis

Out of the 510 children assessed, about 25.7% were breastfeeding at the time of the assessment. Among those breastfeeding (n=131) at the time of the assessment, 85.0% were introduced to breast feeding within one hour after birth while the rest were breastfed after one hour. All children are recommended to be introduced to breastfeeding within the first hour of birth.

Table 15: Breastfeeding introduction after birth

Breastfeeding introduction after birth	
Within one hour after birth	85%
Between 1 st to 6 th hour	9.5%
After 1 day	5.4%

With regard to breastfeeding frequency, most of the children were breastfed on demand (83%), 14.9% were breastfed 3-6 times in a day, while 2.1% were breastfed less than 3 times in a day. It is noteworthy that about 3.1% of the child population assessed had never been breastfed in their lifetime. Breast milk is the main food that infants aged 6 months and below, should depend on and should be provided every time the child demands.

Among the children currently not breastfeeding (including those that have never been breastfed, representing 3.1% of the total), about 26.6% of them are breastfed for less than one year, against the recommended 2 years.

Table 16: Length of breastfeeding period

Length of breastfeeding period	
Less than 6 months	10.2%
6-11 months	16.4%
12-15 months	37.2%
15 months and over	32.0%
Never breastfed	4.2%

Some of the reasons given by the mothers for not breastfeeding include detection of pregnancy (46.2%), availability of commercial baby formula (3.6%), advice from someone (2.1%) and information from the media (0.9%). About 47.3% of the mothers gave other reasons. Health care providers (doctors, nurses, midwife) and immediate family members (mother in laws and husbands mainly) were reported to provide advice that lead to cessation of breastfeeding.

Complementary feeding

Early introduction of complementary feeding greatly compromises the exclusive breastfeeding rate in the first 6 months of life among the inhabitants of Area C. About 12.9% of infants receive fluids and foods in their first 3 months of life, while a total of 48.8% of infants are not exclusively breastfed in their first 6 months of life.

Table 17: Introduction of fluids/ foods to infants

Introduction of fluids/ foods to infants	
0-3 months	12.9%
4-5 months	35.9%
6-8 months	42.6%
9 months and more	8.6%

Inadequate feeding frequency was recorded among children with a minimal proportion (6.7%) taking the recommended 5 or more meals in a day.

Table 18: The Frequency of feeding children/ 24 hours

Frequency of feeding children/ 24 hours	
One meal in a day	9.1%
Twice	32.0%
3-4 times	52.2%
5 or more times	6.7

Morbidity and other public health issues

The prevalence of diarrhoea two weeks prior to the assessment was recorded at 44.4% while 48% of the children had acute respiratory infection in the same period. These are high disease prevalence of public health concerns and call for intensive quality water and hygiene promotion interventions and promotion of family and community practices through Integrated Management of Child Illnesses (IMCI).

The coverage of Vitamin A and D supplementation in Area C community stands at 65.9% six months prior to the assessment. Majority of the beneficiaries are less than one year, due to the government strategy of targeting the under 12 months old. This coverage is lower than the national coverage rate of 90% or the acceptable coverage of 80% as defined by the MoH.

About 71.6% of the children aged 9 months and above were vaccinated against measles; 18.8% of them were vaccinated before 6 months while 52.8% were vaccinated over 6 months before the assessment. About 77.6% of the children aged 12-23 months are fully vaccinated. The coverage is still lower than the acceptable 80%.

The MoH and UNRWA are the main providers of health care assistance visited when children are sick, as detailed in the table below.

Table 19: The percentage of main providers of health care assistance visited when children are sick

Sources of health care assistance, when child is sick	Percent
MoH clinic	53.4
UNRWA clinic	21.6
Red Crescent clinic	0.2
International NGO clinic	2.4
Local NGO clinic	3.3
Private clinic	17.3
Never been sick	1.8

Comparison with previous data

Though these nutrition assessment results are not directly comparable to previous studies, due to methodological and catchment population differences, below is a summary of the 2006 Palestinian Family Health Survey (PFHS), giving an indication on the emerging trends. The anthropometric analysis for 2006 was based on the NCHS 1977 reference.

Table 20: Extract of the key variables by governorate (PFHS, 2006)

	Weight/Height <-2 z score (wasting)	Weight/Age <-2 z score (underweight)	Height/ Age <- 2 z score (stunting)	Received Vit A&D*	Exclusive Breastfeeding for <5 months*
Hebron	1.1	3.5	10.4	40.0	24.1
Bethlehem	0.7	0.9	5.0	42.1	12.1
Nablus	1.8	2.3	6.0	35.5	28.2
Tubas	n/a	n/a	6.7	29.4	10.4
Qalqiliya	1.7	2.1	4.5	18.0	38.5
Jerusalem	4.9	5.5	11.5	50.0	33.3
Ramallah	0.8	3.8	6.9	52.8	35.3
Jericho	3.7	6.4	14.7	60.0	16.3
Jenin	0.6	2.9	6.6	18.3	29.8
West Bank	1.7	3.2	7.9	39.4	25.9
National Estimate	1.4	2.9	10.2	26.6	26.5

Data * makes reference to five year preceding the 2006 survey

It is notable that the recorded levels of wasting (5.9%), underweight (15.3%) and stunting (28.5%) are higher than the figures previously report, even when independently interpreted. Conversely, the vitamin A and D coverage recorded was higher (65.9%) than was previously recorded.

Conclusions and Recommendations

Based on the food security analysis, 79% of surveyed families in herding communities in Area C are food insecure and highly dependent on assistance. 84% of families reported that they received some form of food and /or cash and health assistance. These findings can be contrasted with the West Bank averages from the 2009 SEFSec West Bank report, which identified a West Bank food insecurity rate of 25%. The higher rates in the surveyed Area C communities can be attributed to the increased administrative and military restrictions imposed by the Israeli authorities in Area C, and several years of water scarcity and drought.

The high levels of food insecurity and dependency on aid amongst families living in Area C is reflected in the high percentage of food expenditure against total household expenditure (62%). This is considered an alarming level when compared with the threshold adopted by PCBS to classify household by their standards of living. PCBS defines the worse-off households to be those whose food consumption ratios exceeds 44%.

In addition to physical and economic barriers to access food, families in Area C also reported challenges to access water (73%), access animal health care (46%), and facing illness in the family (54%).

Based on the above analysis of the nutrition situation, a poor to serious nutrition situation is presented. The stunting rates (28.5%, 95% CI: 24.7-32.5) and underweight rates (15.3%, 95% CI: 12.4-18.7) coupled with high disease prevalence (diarrhoea and ARI), unacceptable micronutrient and vaccination coverage, inadequate infant and child feeding practices, indicate likelihood for a deterioration of an already poor nutrition situation. In particular, low exclusive breastfeeding (51.2%), late introduction to breastfeeding after birth, early introduction of complementary foods (48.8% not exclusively breastfed in their first 6 months), short period of breastfeeding (only 32% of the children were breastfed for over 15 months period), high disease prevalence and poor micronutrient and vaccination coverage present a major risk factors to the nutrition situation in Area C, and therefore require immediate and medium term response.

Addressing the multidimensional nature of the challenges facing these households is necessary to alleviate food insecurity. As the root causes underlying the high food insecurity and poor nutritional situation in Area C is political nature, the recommendations include both protection and advocacy interventions alongside short, medium, and longer term solutions to improve food security, nutrition, and access to services.

A number of recommendations should be considered to strengthen the food security of herding communities in Area C:

- To continue food aid to food insecure and food dependent families that has physical access restrictions to food. Due to the specific nutrition challenges facing these families, rations must be designed towards meeting optimal nutritional outcomes.
- Ensure regular monitoring of socio-economic and food security indicators to adopt suitable programme intervention and take rapid actions toward any emergency situation.

- To identify and assist newly vulnerable groups with sufficient levels and type of assistance to prevent the continued deterioration in household food security and nutrition levels. Assistance provided should address issues such as access to water and health care.
- Support initiatives to protect, diversify, and develop household income generation. Cash based assistance (either conditional through Cash-for-work or unconditional through cash transfers) should be prioritised as a driver of livelihood recovery.
- Develop interventions that address other household challenges – such as access to health care, access to education, and access to water – alongside food security.
- Medium term poverty strategy to enhance household livelihoods and therefore improving household food security.

The recommendations below address responses to IHL violations aimed at alleviating the administrative and military restrictions that are the root cause of vulnerability in Area C.

- Continued agency-wide focus on mainstreaming a protection reflex in order that programmes adapt service delivery to emerging needs of target population accordingly.
- Ongoing design and implementation of tailored protection projects/interventions and inter-Agency responses aiming to reduce the vulnerability of the target population. This is to take place alongside and in complement to Agency regular activities.
- Continuous monitoring and reporting of incidents of individual rights violations in Area C herding communities and presentation of reported violations of IHL to the Israeli Authorities and the wider UN Advocacy Framework (OCHA / OHCHR, etc.) to ensure sustained focus on the target population from the International Community.

Some of the proposed interventions to rectify the poor and deteriorating nutrition situation include:

- Rigorous nutrition surveillance through sentinel sites to closely monitor the incidence of acute and chronic malnutrition across the Area C of the oPt. An integrated surveillance system catering for both nutrition and disease surveillance and consolidation of the information into a Health Management Information System is needed. Consideration of biochemical analysis for micronutrient deficiency in selected clinics would add value to the anthropometric surveillance.
- Delivery of a basic minimum health and nutrition integrated package to improve the micronutrient and immunization coverage and prevent communicable disease. The package that should be delivered twice a year should (at least) consist of de-worming, Vitamin A, D, iron and zinc supplementation immunization against the child illnesses (EPI services) and health and nutrition promotion messages. Ensuring quality water and hygiene promotion should be part of the package.
- Micronutrient supplementation through the health facilities and outreach services (IMCI strategy below). Based on surveillance information generated (above), can target the malnourished cases with additional supplementation as needed.
- Micronutrient supplementation through health facilities and outreach services (IMCI strategy

below). Based on surveillance information generated (above), can target the malnourished cases with additional supplementation as needed.

- Outreach strategy for Integrated Management of Child Illnesses (IMCI) to reach all parts of Area C on regular basis.
- Development and delivery of a robust communication strategy aimed at promotion of appropriate infant and young child feeding and maternal nutrition, health (immunization and disease prevention) and hygiene promotion. To increase knowledge and the adoption of good practices on early introduction to breastfeeding of infants after birth, exclusive breast feeding in first 6 months and appropriate complementary feeding after 6 months and breastfeeding till age 24 months. Raising awareness on the relationship between hygiene and disease etc. is needed.
- Medium term poverty strategy to enhance household livelihoods and therefore improve household food security coupled with appropriate infant and child feeding (promotion of dietary diversity, appropriate food intake by age etc). Such strategies may include income generating activities whose impact and progress is monitored through diversification of household food intake.

Annex 1 – Detailed tables

Table A1: House hold size by governorates.

Governorates	House hold size	Males	Females
Jenin	6.1	3.1	3.1
Qalqiliya	6.6	3.4	3.2
Jerusalem	7.3	3.6	3.7
Hebron	7.3	3.8	3.5
West Bank	7.4	3.8	3.6
Jericho	7.5	3.9	3.6
Ramallah	7.8	4.1	3.7
Bethlehem	7.9	4.0	3.9
Tubas	8.2	4.3	4.0
Nablus	8.7	4.5	4.2

Table A2: House size in Herding communities in Area C

	Household size	No. of male	No. of female
Herding surveyed communities in Area C	7.4	3.8	3.6
Herder	7.9	4.1	3.8
Bedouin	7.3	3.8	3.6

Table A3: The community according to the West Bank Barrier

	Inside WB Barrier	Outside WB Barrier	Surrounded by WB Barrier	Cut by WB Barrier
Herding surveyed communities in Area C	5.4	79.2	15	0.4
Herder	14.0	83.2	2.8	0
Bedouin	2.0	77.4	20.1	0.6

Table A4: Kind of dwelling unit the family lives in currently

	House	Apartment	Independent room	Tent	Other
Herding surveyed communities in Area C	35.7	3.5	6.3	25.5	29
Herder	36.1	5.6	4.2	36.1	28.1
Bedouin	34.7	2.8	7.3	21.6	33.6

Table A5: Kind of dwelling unit the family lives in currently by governorates

Governorates	House	Apartment	Independent room	Tent	Other
Jenin	0.0	0.0	0.0	100.0	0.0
Qalqiliya	16.3	0.0	0.0	9.3	74.4
Jerusalem	0.0	0.0	0.0	14.5	85.5
Hebron	55.0	5.9	9.2	14.7	15.1
Jericho	25.5	15.7	9.8	45.1	3.9
Ramallah	0.0	7.1	0.0	92.9	0.0
Bethlehem	76.5	5.9	5.9	8.8	2.9
Tubas	2.9	2.9	0.0	85.7	8.6
Nablus	16.0	0.0	0.0	68.0	16.0

Table A 6: Is your dwelling?

	Rented unfurnished	Rented furnished	Owned	For free	Other
Herding surveyed communities in Area C	5.1	0.2	79.8	13.8	1.2
Herder	6.3	0.7	85.3	4.9	2.8
Bedouin	4.8	0	77.0	17.6	0.6

Table A7: Main sources of electricity Herding surveyed communities in Area C

	Public network	Community generator	Neighbourhood generator	Private generator	No electricity	Other
Herding surveyed communities in Area C	23.7	7.9	11.5	6.7	41.3	8.9
Herder	18.8	8.3	20.8	9.7	34.7	7.6
Bedouin	25.5	7.9	7.9	5.1	43.9	9.6

Table A8: Main source of energy for cooking

	Gas	Kerosene	Electricity	Wood
Herding surveyed communities in Area C	42.2	0.2	0.2	57.5
Herder	48.6	0.0	0.0	51.4
Bedouin	38.9	0.3	0.3	60.5

Table A9: Main source of energy for heating

	No heat	Gas	Kerosene	Electricity	wood	other
Herding surveyed communities in Area C	4.1	2.4	1.6	11.6	67.6	12.8
Herder	4.9	4.2	2.8	13.2	61.1	13.9
Bedouin	3.9	1.7	1.1	10.7	70.5	12.1

Table A10: Main source of energy for baking

	Gas	Kerosene	Electricity	Wood	Other
Herding surveyed communities in Area C	4.3	0.4	3.1	70.3	21.9
Herder	4.9	0	2.8	49.0	43.4
Bedouin	3.9	0.6	3.4	78.7	13.5

Table A11: The availability of the kitchen, bathroom and toilet in the household in Herding surveyed communities in Area C

		with Piped Water	without Piped Water	No
Herder	Kitchen	23.8	44.8	31.5
	Bathroom	23.6	36.8	39.6
	Toilet	27.1	43.8	29.2
Bedouin	Kitchen	20.5	45.2	34.3
	Bathroom	19.7	34.8	45.5
	Toilet	20.5	38.8	40.7

Table A12: Percentage of families that own agricultural land in Herding surveyed communities in Area C

	Yes	No
Herding surveyed communities in Area C	19.6	80.4
Herder	44.4	55.6
Bedouin	32.6	67.4

Table A13: The pattern of household income during past six months

	Yes, Decreased	Yes, increased	No, remained the same
Herding surveyed communities in Area C	68	4	28
Herder	68	4	28
Bedouin	68	3	29

Table A14: Household expenditures change during past six months

	Yes, Decreased	Yes, increased	No, remained the same
Herding surveyed communities in Area C	50	28	22
Herder	47	33	18
Bedouin	50	26	23

Table A15: Percentage distribution of households that reported reduced in their expenditures

Items	Herding surveyed communities in Area C	Herder	Bedouin
Food	81	80	81
Clothes	83	83	83
Education	58	60	57
Housing needs	83	82	83
Health	60	65	58
Travel\recreation	52	48	53
Transportation	76	76	76
Utility bills	53	52	54
Other	22	36	16

Table A16: Access to credit

	Yes	No
Herding surveyed communities in Area C	82	81
Herder	87	13
Bedouin	80	20

Table A17: The change in the purchasing of food on credit

	Increase	Decrease	Stayed the same	Don't know
Herding surveyed communities in Area C	59.0	8.0	32.0	2.0
Herder	61.1	7.9	28.6	2.4
Bedouin	57.7	7.9	33.0	1.4

Table A18: Does you/your family face any difficulties to reach their work past six months?

	Not difficulty	Difficult	Very difficult	Almost Impossible	Not applicable
Herding surveyed communities in Area C	21.3	30.8	29.2	2.4	16.2

Table A19: the problems face the families in reaching their work

	Herder		Bedouin	
	Yes	No	Yes	No
Inability to get a permit to cross checkpoints (within WB)	80.9	19.1	76.1	23.9
Inability to get a permit to work in Jerusalem/Israel	83.1	16.9	81.4	18.6
Inability to move within the west bank due to movement restrictions (wall, checkpoints, each mounts, etc)	87.2	12.8	78.7	21.3
Inability to get to Israeli/Jerusalem due to movement restrictions (wall, checkpoints, each mounts, etc)	85.2	14.8	84.2	15.8
Transportation cost unaffordable	83.7	16.3	84.5	15.5
Due to the long time it takes to reach workplace	81.3	18.7	79.8	20.2

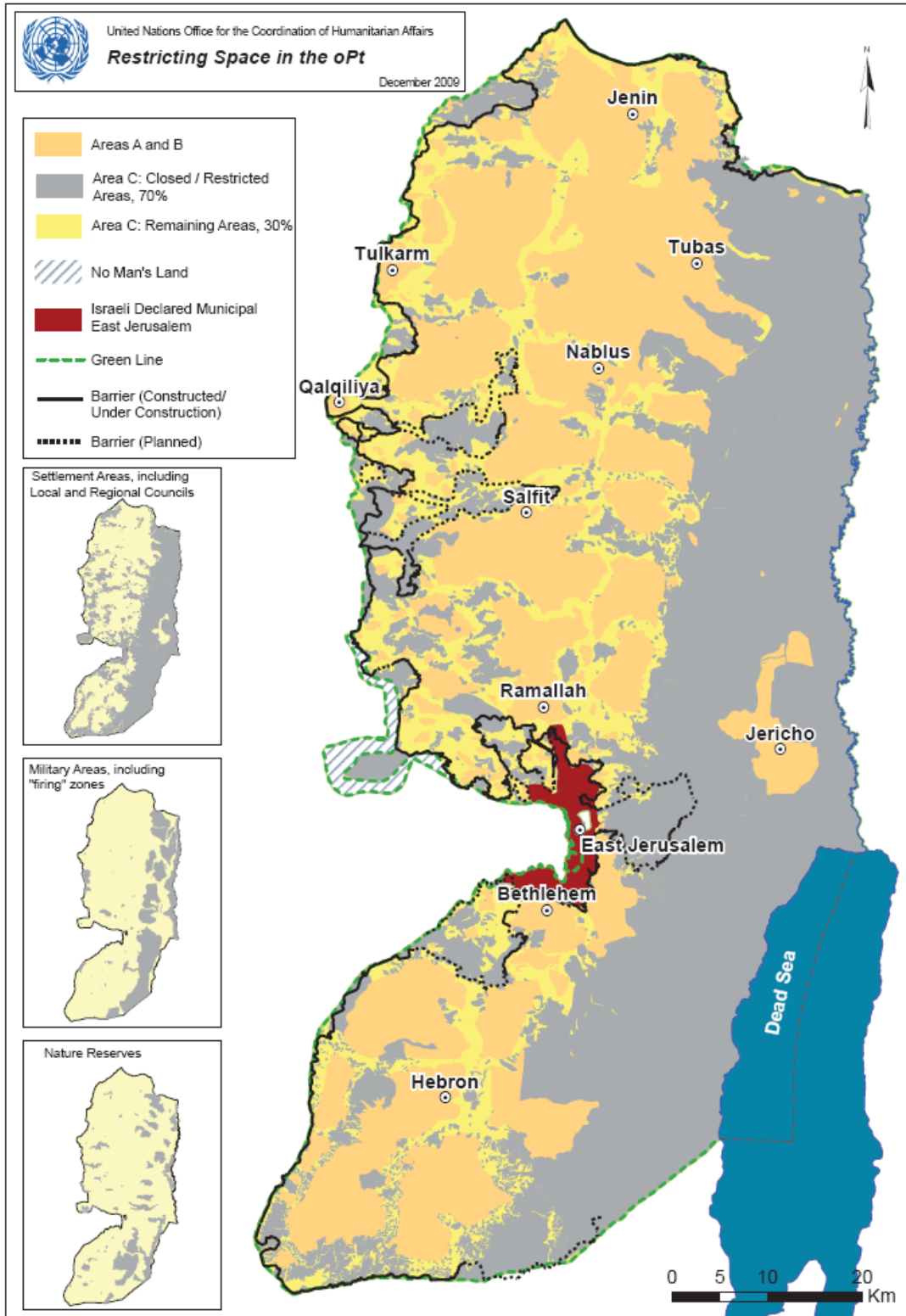
Table A20: The health services among herder and Bedouin

	Herder				Bedouin			
	we needed but didn't receive the service	we received the service but late	we received the service it within the right time	didn't need	we needed but didn't receive the service	we received the service but late	we received the service it within the right time	didn't need
emergency/injuries (2 hours)	9.9	7.0	16.2	66.9	4.8	5.9	16.4	72.8
Ambulance (1 hour)	3.5	1.4	1.4	93.7	4.2	3.1	2.8	89.8
Hospital/labour services (2 hours)	8.5	3.5	10.6	77.5	3.4	2.8	19.4	74.4
Care/child care (diarrhea, coughing) (1 day)	7.1	2.8	18.4	71.6	3.4	8.5	25.5	62.6
Special cases (broken bone etc) (1 week)	0.7	0.7	1.4	97.2	0.9	1.7	3.5	93.9
Mental health care (1 day)	1.4		1.4	97.2	1.4	1.2	1.7	95.7
Follow up on chronic diseases (1 week)	4.2	1.4	16.2	78.2	1.7	3.4	14.6	80.2
Vaccination (1 week)	4.9	3.5	28.2	63.4	3.1	5.4	50.3	41.2
Maternal health (1 week)	1.4	0.7	12.8	85.1	1.7	1.7	26.4	70.1
Birth control (1 week)	1.4		2.9	95.7	1.2	0.9	12.8	85.2

Table A21: Percentage of restrictions movement on Herding surveyed communities in Area C

	Very Much	Minor difficulties	Not an obstacle
Herding surveyed communities in Area C	72.2	13.	14.8
Herder	69.2	12.6	18.2
Bedouin	73.5	13.2	13.2

Annex 2 – OCHA Map of Area C / Restriction Space



Annex 3 – Food Security / Food Consumption Score

Food Security levels

The following parameters were used to analyze food security (same methodology as from the West Bank and the Gaza Strip SEFSec):

- Food secure: income AND consumption \geq US\$5.6/adult equivalent/day, or between US\$4.7-5.6 and no decrease in total food and non-food expenditures.
- Marginally food secure: income OR consumption \geq US\$5.6/adult equivalent/day, or income AND consumption between US\$4.7-5.6 with no decrease in total expenditures
- Vulnerable to food insecurity: income AND consumption $<$ US\$5.6 but no decrease in expenditures (those would be marginally food secure)
- Food insecure: income and consumption $<$ US\$4.7, and households with decrease of total food and non-food expenditures or unable to decrease expenditures further.

Food consumption patterns

The Food Consumption Score estimates the amount and variety of food consumed in the households during the 7 days preceding the survey, by counting the number of times specific food items (grouped in specific food groups) are consumed. Three groups are constructed by applying thresholds that define a 'poor' food consumption pattern, 'borderline' food consumption, and 'acceptable' food consumption. Essentially:

- A 'poor' food consumption consists of cereals (bread and rice), potatoes, sugar and oil consumed on a nearly daily basis, vegetables 4 times during the 7 days prior to the survey and very rare consumption of animal products and fruits; quantities are also likely to be low and below kilocalorie requirements for household members with additional needs (pregnant and lactating women, physically active adults)
- A 'borderline' diet is similar but includes a slightly more frequent consumption of vegetables (5 times during the 7-day period), meat and eggs (3 to 4 times) and fruits (twice); quantities are probably just sufficient to meet kilocalorie requirements;
- An 'acceptable' diet is more diversified with consumption of the various food groups on a near daily basis; the amounts consumed are expected to be sufficient.

Annex 4 – Food Security and Nutritional Survey / Questionnaire

IDH01	Governorate: _____ □□	IDH05	Number of Housing unit within Buildings □□□
IDH02	Locality: _____ □□□□□□	IDH06	Household Number in the housing unit □□
IDH03	Community area. □□□	IDH07	Household repetition □□□
IDH10	Date of the survey	IDH09	Locality in relation to the Barrier (West Bank only) 1. Inside Barrier 2. Outside Barrier 3. Surrounded by Barrier 4. Cut by Barrier
IDH12	Name of Household Head	_____	

IR01	Visits' schedule	Day	Month	Year	Visit Number
		□□	□□	□□□□	1 st visit
		□□	□□	□□□□	2 nd visit
		□□	□□	□□□□	3 rd visit

IR02	Total No of household members (male, female)	□□	IR03	Total No of Males	□□
IR04	Total No of Females	□□			

Section 2: Housing Characteristics

H201	What kind of dwelling unit does the family live in?	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Other / specify:.....	<input type="checkbox"/>																																							
H202	Is your dwelling?	1. Rented unfurnished 2. Rented furnished 3. Owned 4. For free 5. For work 6. Other / specify:	<input type="checkbox"/>																																							
H203	Current dwelling usage status	1. residence only 2. Several (work and residence)																																								
H204	How many rooms are there in the dwelling unit for the household use?	(Number of rooms excluding bathroom and kitchen)	<input type="text"/> <input type="text"/>																																							
H206	What is the main source of drinking water for your household?	1. Public local network 2. Public Israeli network 3. cisterns 4. springs 5. tank 6. Mineral water 7. Other	<input type="checkbox"/>																																							
H207	What is the main source of electricity?	1. Public network 2. Community generator 3. Neighbourhood generator 4. Private generator 5. No electricity	<input type="checkbox"/>																																							
H208	Availability of a Kitchen	1. Kitchen with Piped Water 2. Kitchen without Piped Water 3. No Kitchen	<input type="checkbox"/>																																							
H209	Availability of a Bathroom	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom	<input type="checkbox"/>																																							
H210	Availability of a toilet	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom	<input type="checkbox"/>																																							
H211	What is the main source of energy for																																									
	1. Cooking	1. Gas 2. Kerosene 3. Electricity 4. Wood 5. Other (specify).....	<input type="checkbox"/>																																							
	2. Heating	0. No heat 1. Gas 2. Kerosene 3. Electricity 4. Wood/Coal 5 Other (specify).....	<input type="checkbox"/>																																							
	2. baking	1. Gas 2. Kerosene 3. Electricity 4. Wood 5. Other (specify).....	<input type="checkbox"/>																																							
H212	Are the following commodities and services available to the household? 1. Yes 2. No	<table border="1"> <tr> <td>1. Private car</td> <td><input type="checkbox"/></td> <td>6. Dishwasher</td> <td><input type="checkbox"/></td> <td>11. VCR/DVD</td> <td><input type="checkbox"/></td> <td>16. Satellite dish</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Electric fridge</td> <td><input type="checkbox"/></td> <td>7. Central heating</td> <td><input type="checkbox"/></td> <td>12. Telephone</td> <td><input type="checkbox"/></td> <td>17. Internet services</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Solar heater</td> <td><input type="checkbox"/></td> <td>8. Vacuum cleaner</td> <td><input type="checkbox"/></td> <td>13. Jawwal</td> <td><input type="checkbox"/></td> <td>18. Radio / recorder</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Washing machine</td> <td><input type="checkbox"/></td> <td>9. Home library</td> <td><input type="checkbox"/></td> <td>14. Cellular</td> <td><input type="checkbox"/></td> <td>19. Printer</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Gas stove</td> <td><input type="checkbox"/></td> <td>10. TV</td> <td><input type="checkbox"/></td> <td>15. Computer</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	1. Private car	<input type="checkbox"/>	6. Dishwasher	<input type="checkbox"/>	11. VCR/DVD	<input type="checkbox"/>	16. Satellite dish	<input type="checkbox"/>	2. Electric fridge	<input type="checkbox"/>	7. Central heating	<input type="checkbox"/>	12. Telephone	<input type="checkbox"/>	17. Internet services	<input type="checkbox"/>	3. Solar heater	<input type="checkbox"/>	8. Vacuum cleaner	<input type="checkbox"/>	13. Jawwal	<input type="checkbox"/>	18. Radio / recorder	<input type="checkbox"/>	4. Washing machine	<input type="checkbox"/>	9. Home library	<input type="checkbox"/>	14. Cellular	<input type="checkbox"/>	19. Printer	<input type="checkbox"/>	5. Gas stove	<input type="checkbox"/>	10. TV	<input type="checkbox"/>	15. Computer	<input type="checkbox"/>		
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5. Gas stove	<input type="checkbox"/>	10. TV	<input type="checkbox"/>	15. Computer	<input type="checkbox"/>																																					

Section 3: Ownership of land and livestock

Q301	Does the hh own agricultural land?	1. Yes 2. no	<input type="checkbox"/>
Q302	What is the area of the agricultural land?	In dunums	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q303	How is that land used? 1. yes 2. no 3. don't know	1. Field Crops 2. Permanent Crops 3. Trees 4. Pasture 5. Forest 6. Not planted 7. Other: Specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q304	What is the watering method used 1. Artisan well 2. Public network 3. tanks 4. Cistern 5. Rain fed 6. Other	1. Field crops 2. Vegetables 3. Fruit trees 4. Pastures 5. Forest	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q305	Area of fruit trees	In dunums	<input type="text"/> <input type="text"/> <input type="text"/>
Q306	Area of vegetables	In dunums	<input type="text"/> <input type="text"/> <input type="text"/>
Q307	Area of field crops	In dunums	<input type="text"/> <input type="text"/> <input type="text"/>
Q308	Does the HH have livestock /types /size of the flock	1. Yes 2. No	<input type="checkbox"/>

Section 4: Assistance, access and coping strategy

[illegible]

Q410	Type: 1. Cash (for training, unemployment allowance, direct transfer, social hardship case allowance) 2. Food assistance (food for work, / training) 3. Health Assistance 4. Furniture 5. Clothes/Sheets 6. Job (cash for work) 7. Inputs for income generating activate 8. Tools and Equipments for income generating activate 9. School stationary 10. Others, specify Satisfaction: 1. Very satisfied 2.Satisfied 3.Dissatisfied 4.Very dissatisfied 88. Not applicable 98.DK\NA Provider: 1. The Municipality/village council 2. The Palestinian Authority/ministries/agencies 3. UNRWA 4. Other UN organizations 5. Chambers of commerce/industry 6. A Local NGO (Palestinian non governmental organization) 7. An international NGO 8. A religious organization 9. WFP 10. A private source 11.DK		
	List the information about the different assistance packages that you have received during??		
A	Provider 1	1.Type: 2. Value in NIS 3.Source: 4.Satisfaction:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

B	Provider 2	1.Type:	<input type="checkbox"/>	
		2. Value in NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		3.Source:	<input type="checkbox"/> <input type="checkbox"/>	
		4.Satisfaction:	<input type="checkbox"/>	
C	Provider 3	1.Type:	<input type="checkbox"/>	
		2. Value in NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		3.Source:	<input type="checkbox"/> <input type="checkbox"/>	
		4.Satisfaction:	<input type="checkbox"/>	
Q 411	Coping Strategies		1.Yes 2. no 8. not applicable 9. don't know	How many times
	a. For the household to stead financially during <u>the past week</u>, did you have to do any of the following			
	1 Consume less food	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	2 consume lower quality food	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	3 Borrow food or rely on help from friends or relatives	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	4 Purchase food on credit	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	5 Restrict consumption by adults in order for children to eat	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	6 Reduce the number of meals eaten in a day	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	b. For the household to stead financially during <u>the past six months</u>, did you have to do any of the following			
	1. Not pay bills/utilities	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	2. Sell off assets jewellery, furniture, productive assets, etc)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	3. Used life savings	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	4. Regrouping of family members to save money	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	5. Reduce health and education expenses	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
6. Change place of residence	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

Section 5: Income and Expenditure

Q501	What was your average monthly family income during the past 6 months (in NIS) ³⁷ NIS	
Q502	During the past six months, did your household income change?	Yes, decreased Yes, increased No, remained the same	<input type="checkbox"/>
Q503	During the past two years, did your household income change?	Yes, decreased Yes, increased No, remained the same	<input type="checkbox"/>
Q504	Have the hh expenditures changed During the past 6 months	1. Yes decreased 2. Yes increased 3. No didn't change 98. DK	<input type="checkbox"/> <input type="checkbox"/>
Q505	If expenditures of hh was reduced, on which items 1.Yes 2.No 88.Not applicable 98.Don't know	1.Food	<input type="checkbox"/> <input type="checkbox"/>
		3.Education	<input type="checkbox"/> <input type="checkbox"/>
		5.Health	<input type="checkbox"/> <input type="checkbox"/>
		7. Transportation	<input type="checkbox"/> <input type="checkbox"/>
		9.Other (specify):.....	<input type="checkbox"/> <input type="checkbox"/>
		2.Clothes	<input type="checkbox"/> <input type="checkbox"/>
		4.Housing needs	<input type="checkbox"/> <input type="checkbox"/>
		6.Travel\recreation	<input type="checkbox"/> <input type="checkbox"/>
		8. Utility bills	<input type="checkbox"/> <input type="checkbox"/>

³⁷ Income including that received as wages and salaries from employment as well as in kind benefits, mixed income from owning business, income from self employment, property income, transfers (those from relatives and friend in addition to aid received in cash or in kind)

17. Dried fruit and Dibs (molasses)	
18. Sweets, sugar, Jam, Honey	
19. Zater and Doqqa	
20. Other – drinks, tea, coffee, spices	

Section 6: mobility and access to basic services

Q701	To what extent would you say that movement restrictions represented an obstacle to you /your family during the past 6 months 1. Very Much 2. Minor 3. Not an obstacle 4. Don't know/no answer	<input type="checkbox"/>			
Q702	Were you/ your family members able to reach your work place during the past 6 months 1. Not difficult 2.difficult 3. Very difficult 4. Almost impossible 8. Not applicable 9. Don't know	<input type="checkbox"/>			
Q703	If you faced any difficulties in reaching workplace during the past 6 month the reason was				
	1. inability to get a permit to cross checkpoints (within WB)	<input type="checkbox"/>			
	2. inability to get a permit to work in Jerusalem/Israel	<input type="checkbox"/>			
	3. inability to move within the west bank due to movement restrictions (wall, checkpoints, earth mounts, etc)	<input type="checkbox"/>			
	4. Inability to get to Israeli/Jerusalem due to movement restrictions (wall, checkpoints, earth mounts, etc)	<input type="checkbox"/>			
	5. Transportation cost unaffordable	<input type="checkbox"/>			
	6. due to the long time it takes to reach workplace	<input type="checkbox"/>			
Q704	During the past 6 month were you able to reach/plant your land /grazing land 1. Very Much 2. Minor 3. Not an obstacle 4. Don't know/no answer				
Q705	If you faced any difficulties in reaching/planting your land during the past 6 month the reason was	<input type="checkbox"/>			
	1. inability to get a permit to cross checkpoints (within WB)	<input type="checkbox"/>			
	2. inability to get a permit to cross to Jerusalem/Israel	<input type="checkbox"/>			
	3. inability to move within the west bank due to movement restrictions (wall, checkpoints, earch mounts, etc)	<input type="checkbox"/>			
	4. Inability to get to Israeli/Jerusalem due to movement restrictions (wall, checkpoints, earth mounts, etc)	<input type="checkbox"/>			
	5. Transportation cost unaffordable	<input type="checkbox"/>			
	6. due to the long time it takes to reach land	<input type="checkbox"/>			
Q706	What kind of health services did any of the households members need during the past 6 months	<table border="1"> <tr> <td>a. the need 1. we needed but didn't receive the service 2. we received the service but late 3. we received the service it within the right time 4. didn't need</td> <td>b. the source 1. MoH 2.UNRWA 3.Red Crescent 4.NGO 5. Private clinic 8. not applicable 9. don't know 10.other</td> <td>c. if the answer to a is 1 or 2 what is the reason 1. Don't know were to go 2. wasn't willing to go due to disappointing previous experience 3. the health centres is far transportation not available 4. the service is available but cannot be reached due to movement restriction 5. dangerous security situation around residence/service providers 6. service is not affordable 7. Not applicable 8. Don't know</td> </tr> </table>	a. the need 1. we needed but didn't receive the service 2. we received the service but late 3. we received the service it within the right time 4. didn't need	b. the source 1. MoH 2.UNRWA 3.Red Crescent 4.NGO 5. Private clinic 8. not applicable 9. don't know 10.other	c. if the answer to a is 1 or 2 what is the reason 1. Don't know were to go 2. wasn't willing to go due to disappointing previous experience 3. the health centres is far transportation not available 4. the service is available but cannot be reached due to movement restriction 5. dangerous security situation around residence/service providers 6. service is not affordable 7. Not applicable 8. Don't know
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1.	emergency/injuries (2 hours)			
2.	Ambulance (1 hour)			
3.	Hospital/labour services (2 hours)			
4.	Care/child care (diarrhoea, coughing) (1 day)			
5.	Special cases (broken bone etc) (1 week)			
6.	Mental health care (1 day)			
7.	Follow up on chronic diseases (1 week)			
8.	Vaccination (1 week)			
9.	Maternal health (1 week)			
10.	Birth control (1 week)			

Q707	In general, how do evaluate the service received	a. Evaluation	Do you think the service has improved during the past 6 months
		1. good 2. Acceptable 3. Bad 4. Don't know	1. Yes 2. No 9. Don't know/no answer
1.	Waiting time		
2.	Duration		
3.	Available of medications		
4.	Service provider working hours		
5.	Distance from home to the centre		
6.	Distance from home to hospital		
7.	The medical staff behaviours		
8.	Adequate number of medical staff		
9.	Adequate number of female medical staff		
10.	Emergency services		
Q708	Do you have health insurance?	1. Yes 2. No	<input type="checkbox"/>
Q709	How far is your home from		1. Kilo meter
		1. public transportation	<input type="text"/> <input type="text"/>
		2. nearest clinic	<input type="text"/> <input type="text"/>
		3. health centre	<input type="text"/> <input type="text"/>
		4. School	<input type="text"/> <input type="text"/>
		5. nearest elementary school	<input type="text"/> <input type="text"/>
		6. nearest maternal health centre	<input type="text"/> <input type="text"/>

Q1-9: Feeding practices for children aged 6 – 59 months (or 65 – 109.9 cm) in the household.

S.No	First Name	Q1 (If 6-24 months) Are you breastfeeding ³⁸ the child? (if no, skip to Q14) 1=Yes 2=No	Q2 If breastfeeding, after how long was child ___ put to the breast after birth? 1=within one hour after birth 2 = between 1 st - 6 hours 3 = after 1 day 4= Don't know	Q3 If breast feeding, how many times do you breastfeed in a day? 1=<3 times 2=3-6 3=On demand	Q4 If not breast feeding, how old was the child when you stopped breast-feeding? 1=<6 months 2=6-11 months 3=12 – 15 months 4=≥15 months 5= Never breastfed	Q5 If not breast feeding the 6-24 months child, what was the reason for stopping: 1= Media information 2= Advice from someone 3= commercial formula available 4=Pregnancy	Q6 If stopped breast feeding due to advice; who gave the advice 1= Doctor/nurse/ midwife 2= mother in law 3= Husband 4=Friend/neighbour	Q7 At what age was child given water/ foods other than breast milk 1=0-3 months 2=4-5 months 3=6 -8months 4= 9 months or more.	Q8 How many times do you feed the child in a day (besides breast milk)? 1= Once 2= Twice 3= 3-4 times 4= 5 or more times	Q9 If mother is (you are) working or away how do you feed the child 1= Go with the child to work/always together 2= Express the milk & preserve in fridge 3= Feed formula only 4= Combine breastfeeding, formula & liquids 5= Combine BF & soft diet 6= Give soft diet only
1										
2										
3										
4										

Q 10-16 Anthropometry, morbidity and vaccination status for children aged 6 – 59 months or (65 – 109.9cm) in the household

S.No <i>As per table above</i>	First Name	Q10 Child Sex 1=Male 2=Female	Q11 Age in months	Q12 Oedema 1=yes 2=no	Q13 Height (cm)	Q14 Weight (kg)	Q15 MUAC (cm)	Q16 Has the child ___ had diarrhoea ³⁹ in last two weeks 1= Yes 2= No	Q17 Has child ___ had serious ARI ⁴⁰ in the last two weeks 1=Yes 2=No	Q18 Has child ___ been provided with Vitamin A & D in the last 6 months (0-12 month old mainly) (show sample and confirm by Card) 1=Yes 2=No	Q19 (If ≥9 months old) Has child ___ been vaccinated against measles? 1=In past 6 months 2=Before 6 months 3=None	Q20 (If 12-23 months old) Has child ___ been fully vaccinated (received all vaccinations at appropriate time?) (Show card) 1 – Yes 2- No	Q21 When child ---- ever gets sick, where do you seek healthcare assistance? 1=MoH clinic 2=UNRWA clinic 3=Red Crescent clinic 4=International NGO clinic 5=Local NGO Clinic 6=Private clinic 7=Not applicable
1													
2													
3													
4													

³⁸ Child having received breast milk either directly from the mothers or wet nurse breast within the last 12 hours

³⁹ Diarrhea is defined for a child having three or more loose or watery stools per day

⁴⁰ ARI : The three signs asked for are cough, rapid breathing and fever