

### HIGHLIGHTS

- UNRWA is facing an unprecedented financial crisis, risking the agency's ability to deliver urgent humanitarian assistance in the oPt, including to almost one million people in the Gaza Strip.
- Electricity outages of up to 16 hours a day, continue to undermine the provision of basic services in the Gaza Strip, despite an increase in electricity supply from Israel.
- Funding for emergency fuel distributed by the UN to 175 critical facilities will be exhausted by mid-February; \$5.6 million is urgently required to prevent a collapse of services.
- 17 Palestinians were killed by Israeli forces across the oPt between 6 December 2017 and 30 January 2018 during protests and clashes, with some cases raising concern about excessive use of force.



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Kidney Dialysis Unit at Ar Rantisi hospital in Gaza, January 2018.

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### OVERVIEW

Recent week's developments have brought the Gaza Strip to the brink of collapse. Firstly, UNRWA, which is one of the main service providers and source of livelihood for about 1.3 million Palestine refugees in Gaza, is facing an unprecedented financial crisis. This has followed indications from the United States, the Agency's main donor, that overall contributions to UNRWA in all its areas of operation in the Middle East in 2018 will fall far short of the more than \$350 million it provided in 2017. UNRWA's humanitarian interventions, which include food assistance to almost one million people in the Gaza Strip, are at particular risk. To date in 2018, none of released US funding has been provided to these projects and other donor contributions have not been sufficient to cover the gap. UNRWA's projects constitute 53 per cent of the overall requirements for the 2018 Humanitarian Response Plan (HRP), the multi-agency strategy and funding appeal for the humanitarian community in the oPt.

Secondly, as highlighted in one of this Bulletin's articles, the lack of progress in the implementation of the reconciliation agreement reached between Fatah and Hamas on October 2017, has resulted in little improvement for the population of Gaza. Although the Palestinian Authority (PA) reversed the funding cut implemented since June 2017, resulting in an increase in electricity supply by Israel, this has not translated into a net gain of equal amount, due to the diversion of funds that have reduced energy production by the Gaza Power Plant. Consequently, electricity outages of up to 16 hours a day, continue to undermine the provision of basic services. The PA has re-imposed a number of taxes on Gaza residents which, combined with the ongoing salary crisis in the public sector, are likely to worsen the already dire economic situation, reflected in an unemployment rate exceeding 46 percent. Despite Hamas transferring control of the Palestinian side of the Gaza crossings to the PA, there has been no change in the volume of people allowed through the Israeli and Egyptian controlled crossings.

Thirdly, funding for the emergency fuel provided by the UN to critical health, water, and sanitation services in Gaza, allowing them to run backup generators in the absence of power supply, will be exhausted by mid-February 2018, unless new funding is secured. Following the almost total

### JANUARY FIGURES

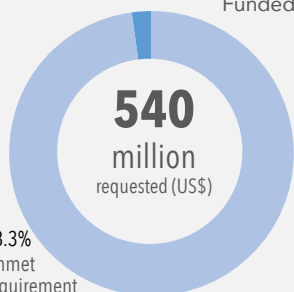
Palestinian killed (direct conflict)	6
Palestinian injured (direct conflict)	540
Israelis killed (direct conflict)	1
Israelis injured (direct conflict)	5
Structures demolished in the West Bank	32
People displaced in the West Bank	37

### HUMANITARIAN RESPONSE PLAN 2018

540 million  
requested (US\$)

1.7% funded

1.7%  
Funded



exhaustion of fuel reserves, on 29 January, the Beit Hanoun hospital, which serves over 300,000 people in northern Gaza, announced a halt in the provision of medical services. Without emergency fuel, emergency and diagnostic services at the other 12 public hospitals will be severely reduced; 55 sewage pools will overflow; the functioning of 48 desalination plants will be reduced to around 20 per cent; and the capacity to collect 1,700 tons of solid waste per day will be cut by a third. To maintain the provision of 700,000 liters of fuel per month during 2018 to 175 critical facilities, \$5.6 million is urgently required. This is the bare minimum required to stave off a collapse of basic services.

The Gaza situation has been further destabilized, another Bulletin article shows, by the heightened tensions observed since the United States' recognition of Jerusalem as the capital of Israel, on 6 December 2017. Seventeen of the 20 Palestinian fatalities by Israeli forces across the oPt up to 30 January, nine of them in Gaza, occurred during protests and clashes, the vast majority of which involved stone throwing by Palestinians. Following one of these killings, the UN High Commissioner for Human Rights raised serious concerns "as to whether the force used by Israeli forces was properly calibrated to the threat." The other three Palestinians were killed in Israeli airstrikes in Gaza, launched in response to the shooting of rockets and mortars by armed factions in Gaza towards southern Israel.

Another issue concerning Gaza, which is also addressed in this Bulletin, is gender-based violence (GBV). According to a number of surveys, the problem is more acute in Gaza than in the West Bank, attributable to the worsening humanitarian situation in the former. UN Women has recently launched a report highlighting the continuing gaps and needs of GBV prevention and service activities in Gaza. The report indicates that impoverishment and the absence of economic opportunities for breadwinners and their households are central drivers of GBV in Gaza. Dozens of local NGOs and community-based organizations in Gaza provide support for victims of GBV. As described by a GBV survivor featured in this Bulletin, this support helped her regain a new sense of purpose in life.

In his most recent briefing to the Security Council, the UN Special Coordinator to the Peace Process, Nikolay Mladenov, emphasized regarding the situation in the Gaza Strip, that to prevent additional suffering and avoid a new escalation, "the combustible cocktail of humanitarian, political and security challenges must be addressed urgently and effectively."

*To prevent additional suffering and avoid a new escalation in the Gaza Strip, the combustible cocktail of humanitarian, political and security challenges must be addressed urgently and effectively.*



## ONLY MARGINAL IMPROVEMENT IN HUMANITARIAN SITUATION IN THE GAZA STRIP IN WAKE OF THE INTRA-PALESTINIAN RECONCILIATION AGREEMENT

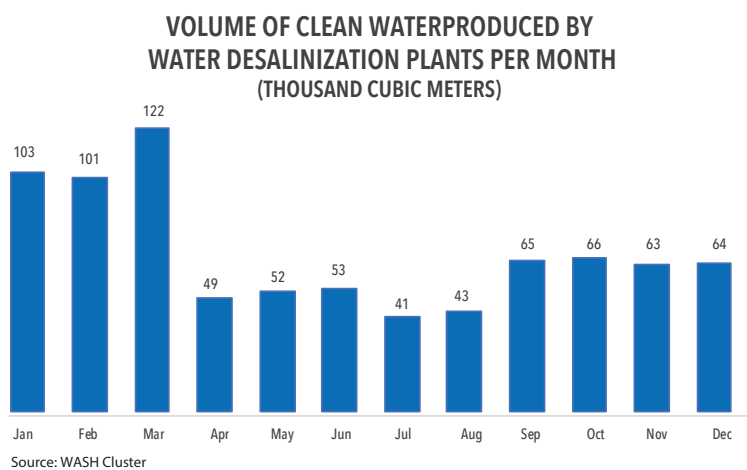
Very few of the measures agreed in the reconciliation agreement between Fatah and Hamas on 12 October 2017 have been implemented to date and improvements in conditions in the Gaza Strip are extremely limited. On 25 January, the UN Special Coordinator Mladenov reported to the Security Council that the implementation of the agreement “has effectively ground to a halt”, with the sides unable to reach agreement on key issues such as “the collection of taxes, the integration of and payment of salaries to public sector employees, the status of the return of Government administration in the ministries and other institutions and, ultimately, security control of Gaza”. The lack of progress on these issues, compounded by the ongoing Israeli blockade and Egyptian access restrictions, continues to aggravate an already dire humanitarian situation.

### Electricity

On 8 January 2018, three months after the reconciliation agreement, the Fatah-led Palestinian Authority (PA) reversed the funding cuts to electricity supplied by Israel to Gaza that had been introduced in June 2017. Consequently, Israel increased the supply to 120MW (megawatts), up from 70MW in the second half of 2017, which reduced electricity blackouts from a maximum of 20 hours to 12 hours per day. This improvement was short-lived as the Gaza Electricity Distribution Company (GEDCO) was ordered by the PA to start covering part of the cost of the electricity purchased from Israel, at the expense of the fuel purchased to run the Gaza Power Plant (GPP). Thus, ten days after the restoration of normal Israeli supply, the GPP was forced to shut down one of its two operating turbines, extending outages to up to 16 hours per day.

The shortfalls in the electricity supply continue to undermine the provision of basic services and productive capacity across Gaza. Piped water is supplied to households for only a few hours every four to five days; desalination plants, which are the main source of potable water delivered primarily in water tanks, operated at less than 60 per cent of their capacity in the first quarter of 2017; and the waiting time for elective surgeries at main hospitals can be up to one year.<sup>1</sup>

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## Salaries and taxes

On 3 January, President Abbas revoked two presidential decrees from 2007 and 2017 that exempted residents of Gaza from paying certain taxes. These include taxes on imports (value added tax at 17 per cent), income (20 per cent), real estate, cigarettes and customs duties. Given the dire economic situation, including unemployment rates of over 46 per cent, civil society organizations have warned that the re-imposition of these taxes may lead to further deterioration.

The measures adopted by the PA in 2017 for public employees on their payroll, including salary cuts of 30-50 per cent and early retirement, remain in place. Since the takeover of Gaza by Hamas in 2007, most of these employees have not reported for work at the instruction of the PA. Following the signing of the reconciliation agreement, about 2,000 returned to work despite the salary cuts upon the instructions of the PA.

The over-22,000 employees recruited by Hamas since 2007 continue to receive only part of their salaries on an irregular basis: only 60 per cent of the Gaza-based Ministry of Health (MoH) staff received a partial salary through the end of 2017. On average, MoH employees, of whom approximately a third are nurses and 16 per cent are doctors, have been receiving only 40 per cent of their total monthly salary every 40 to 50 days.

PA cuts in financial allocations to cover the running costs of ministries and public services in Gaza, implemented since June 2007, are yet to be reversed. For the first time since 2007, on 23 January 2018, the PA MoH allocated NIS one million to purchase fuel to run generators at health facilities in Gaza. However, this funding will be sufficient for only ten days of fuel supply.

*Given the dire economic situation, including unemployment rates of over 46 percent, there is concern that the re-imposition of taxes on Gaza residents may lead to further deterioration.*



## Crossings

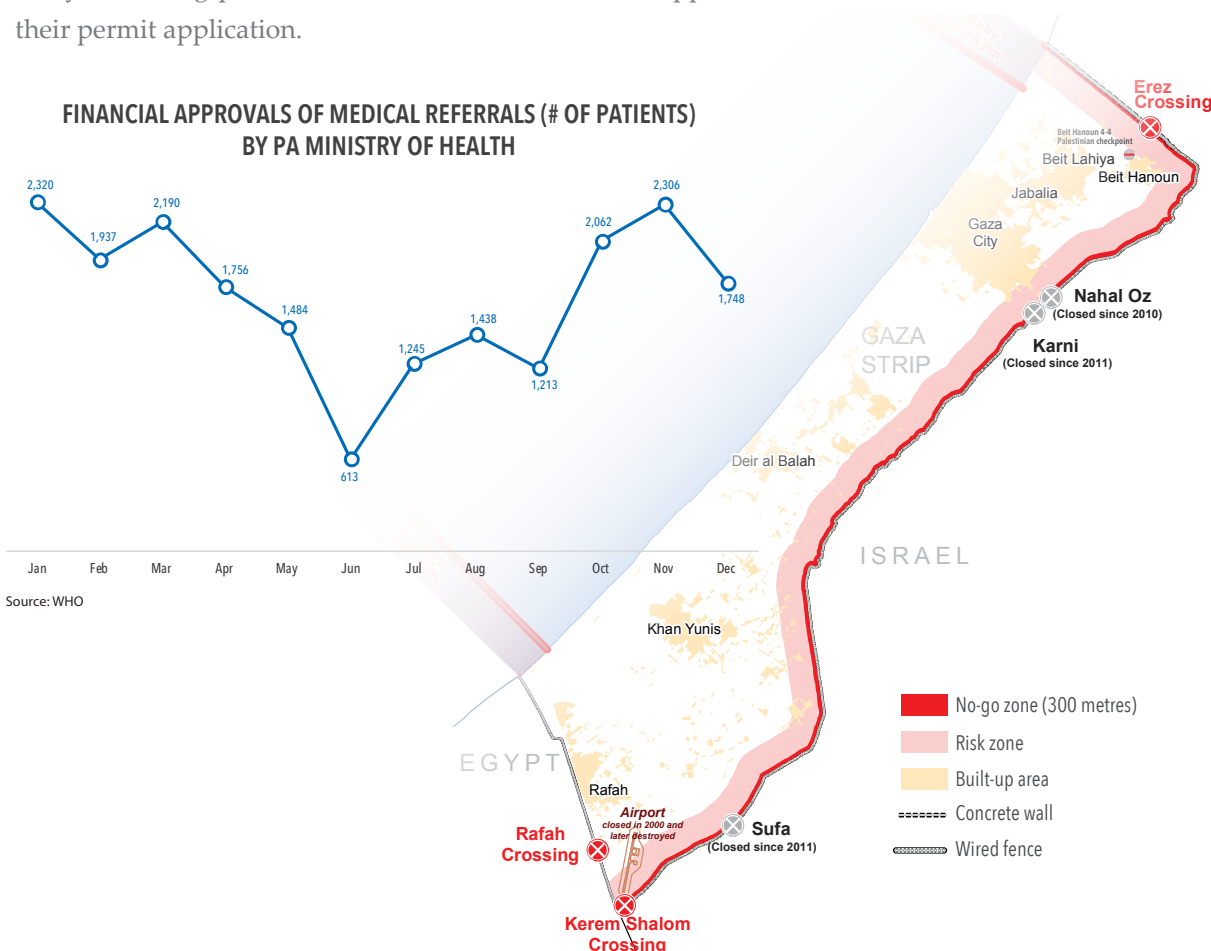
On 1 November 2017, following the reconciliation agreement, Hamas transferred control of the Palestinian side of the Gaza crossings to the PA. This measure led to the removal of the Hamas-controlled checkpoint (Arba-arba) leading to the Erez crossing, thereby facilitating access to Erez for those granted Israeli exit permits. However, only a few categories of people are eligible for these permits and the number of exits recorded in 2017 declined by 48 per cent compared with 2016, and by 54 per cent compared with 2015.<sup>2</sup>

Despite the handover of control of the Rafah crossing to the PA on 1 November, the Egyptian authorities have only opened Rafah for eight days for specific categories of people. Approximately 23,000 people considered as priority cases, including humanitarian cases, were registered on a waiting list in mid-January 2018. Since the handover, no goods have been allowed through Rafah apart from fuel, compared with over 200 trucks per month prior to the agreement.

## Financial approval for medical referrals

Financial approval by the PA for Gaza patients to access health care in non-MoH facilities, including those outside the Gaza Strip, is one of few areas where an improvement has been recorded following the reconciliation agreement. The main barrier to patient access to health care outside of Gaza remains the Israeli security permit regime: only 53.7 per cent of patient permit applications in the last quarter of 2017 were approved on time. The majority of applications (44.1 per cent) were delayed, forcing patients to reschedule their medical appointments and re-submit their permit application.

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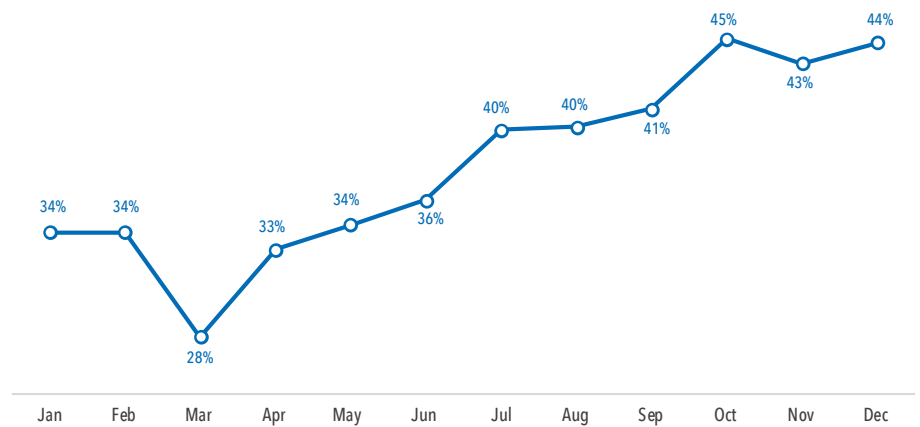


## Shortages of medicines and medical disposables

By December 2017, 44 per cent of essential medicines and 28 per cent of essential disposables at the MoH's Central Drug Storage in Gaza were at zero stock, which is defined as less than one month's supply. The PA is responsible for the funding, purchase and delivery of medicines from the West Bank to government hospitals and clinics in the Gaza Strip. The escalation in internal Palestinian divisions in March 2017 led to a decline in deliveries from the West Bank and the gradual rise in the percentage of essential medicines at zero stock (see chart). A transfer of medicines by the PA MoH during January 2018 is expected to reduce the percentage of essential drugs and disposables at zero stock to 41 and 19 per cent respectively.

*44 per cent of essential medicines and 28 per cent of essential disposables at the MoH's Central Drug Storage in Gaza are at zero stock*

**RATE OF DRUGS AT ZERO STOCK IN 2017  
AT MOH CENTRAL DRUG STORE**



Source: WHO



## RISE IN PALESTINIAN DEATHS AND INJURIES IN CLASHES AND PROTESTS FOLLOWING US RECOGNITION OF JERUSALEM AS ISRAEL'S CAPITAL

Following the United States' recognition of Jerusalem as the capital of Israel on 6 December 2017, the occupied Palestinian territory (oPt) experienced heightened tensions and violence, mainly Palestinian protests and clashes, which resulted in a significant rise in casualties versus previous months. As of 30 January 2018, 20 Palestinians and one Israeli had been killed, and over 5,000 Palestinians and 17 Israelis injured.<sup>3</sup> Some of the incidents during this period have raised concern about possible excessive use of force by Israeli forces. Against the backdrop of the dire humanitarian situation in the Gaza Strip, the limited escalation observed in recent weeks across the Gaza-Israel boundary raises particular concern because of its potential to trigger a new round of hostilities.

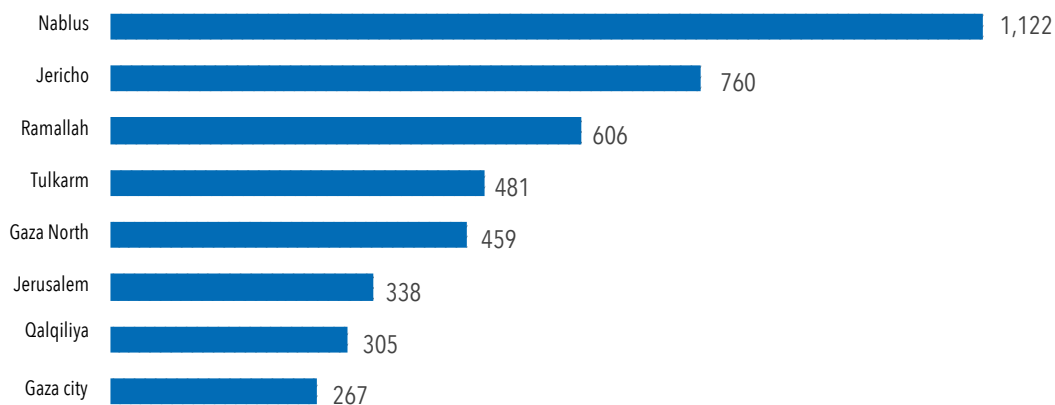
Seventeen (17) of the Palestinian fatalities during this period occurred during confrontations with Israeli forces, mostly following protests against the US announcement on Jerusalem, as well as during some of the over 650 search and arrest operations carried out by Israeli forces. Of these fatalities, eight occurred in the West Bank and nine in the Gaza Strip, and four were children (aged between 15 and 17).

During these clashes, Palestinian demonstrators throwing stones confronted Israeli forces, to which the latter responded by firing tear-gas canisters, rubber bullets and/or live ammunition, or by physically confronting the protesters. One of the fatalities was shot and killed while reportedly attempting to stab an Israeli soldier during one of the protests next to Beit El checkpoint (Ramallah). Another was killed, reportedly in an exchange of fire, during a search and arrest operation in Jenin city. According to Israeli sources, the operation was conducted to apprehend the perpetrators of a drive-by killing by Palestinians of an Israeli settler in the Nablus area on 9 January.

*Against the backdrop of the dire humanitarian situation in the Gaza Strip, the limited escalation in recent weeks across the Gaza-Israel boundary could trigger a new round of hostilities.*

### PALESTINIAN INJURIES IN TOP EIGHT GOVERNORATES

6 Dec, 2017 to 30 Jan, 2018



Such clashes accounted for nearly all of the over 5,100 Palestinian injuries recorded during this period, 60 per cent of them caused by tear gas inhalation requiring medical treatment, followed by injuries from rubber bullets and live ammunition. Clashes in the Gaza Strip involving Israeli forces deployed on the Israeli side of the perimeter fence accounted for half of the fatalities and 21 per cent of the injuries. In the West Bank, the protest ‘hotspots’ were the checkpoints at Huwwara (Nablus), Beit El (Ramallah), Qalandiya (Jerusalem) and Gilo (Bethlehem); the Israeli-controlled area of Hebron city (H2); the entrance to Jericho city; and some of the entrances to Jerusalem’s Old City.

In response to the level of casualties during clashes along the fence in Gaza, the UN High Commissioner for Human Rights raised “serious concerns as to whether the force used by Israeli forces was properly calibrated to the threat”, and called on Israel to open independent and impartial investigations into incidents that have resulted in injury or death, “with a view to holding the perpetrators accountable for any crimes committed”.

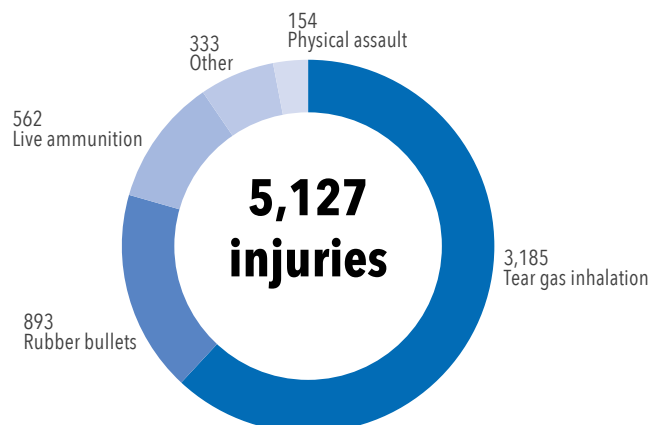
Also in the Gaza Strip, some Palestinian armed factions, which reportedly excluded Hamas, fired dozens of rockets and mortars indiscriminately towards southern Israel. Only a small number actually landed in Israel, resulting in limited property damage but no casualties, and the remainder either fell short inside Gaza or were intercepted in the air by Israeli missiles. In response, the Israeli air force launched a series of airstrikes targeting military sites in Gaza, killing three Palestinians, including a civilian and two members of an armed group, and injuring 25 civilians, including nine children.

The highest number of Palestinians injured by Israeli forces in a single month in 2017 (14 fatalities and 4,574 injuries) was in December. This was followed by July (14 fatalities and 1,771 injuries) when widespread protests and clashes took place due to the installation of metal detectors at the entrance of the Haram Ash Sharif/Temple Mount in Jerusalem.

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## PALESTINIAN INJURIES BY ISRAELI FORCES BY TYPE

6 Dec, 2017 to 30 Jan, 2018







Mus'ab al-Tamimi

## CONCERNS ABOUT EXCESSIVE USE OF FORCE: A CASE STUDY <sup>4</sup>

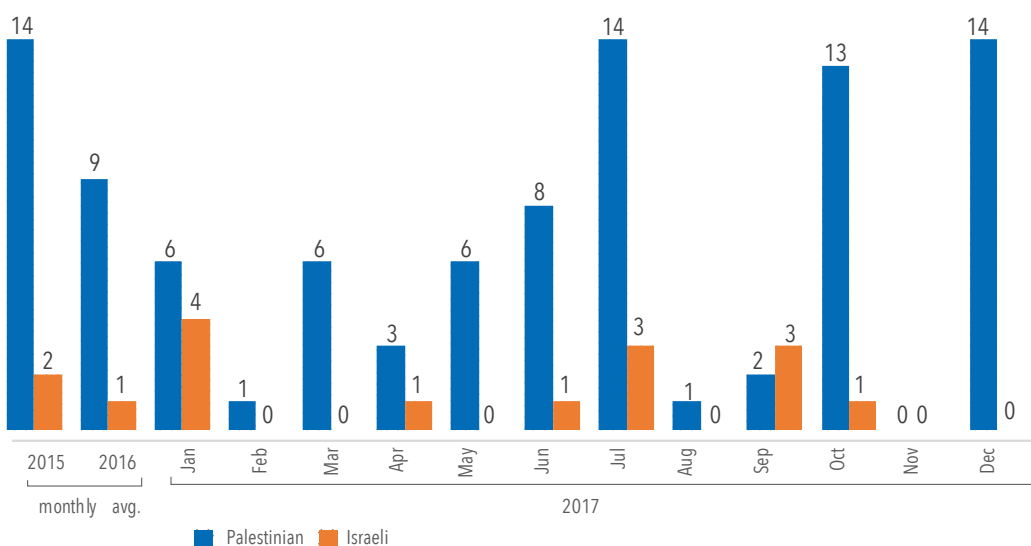
On 3 January 2018, a 16-year old Palestinian boy from Deir Nidam village, northwest of Ramallah, was shot and killed by an Israeli soldier during clashes. The clashes reportedly erupted as children began throwing stones at Israeli forces in an attempt to secure the release of a mentally ill 18-year-old man detained by the soldiers.

According to eyewitnesses, the soldiers responded by firing live ammunition to disperse the youths without trying to use less lethal means. The initial shots struck rocks by the boys, who stopped the stone-throwing and took shelter on the side of the road approximately 70 meters away from the soldiers. Eyewitnesses reported that one of the boys stepped into the middle of the road, apparently to see where the soldiers were standing, and was struck in the neck by a live round fired by a soldier partially concealed by olive trees.

According to the Israeli media, the IDF claimed that, "the soldiers said he (the victim) appeared to be holding a gun, prompting them to open fire".<sup>5</sup> The spokesperson added that it was not immediately confirmed that the boy had been armed at the time of the shooting, and that the circumstances were being investigated. A video and photos taken by activists present during the events confirm that the boy was not carrying a weapon when he was shot.

*A 16-year old Palestinian boy from Deir Nidam village was shot and killed by an Israeli soldier during clashes. A video and photos taken by activists present during the events confirm that the boy was not carrying a weapon when he was shot.*

### PALESTINIAN AND ISRAELI FATALITIES BY MONTH\*



\*Excluding Palestinian fatalities by Israeli settlers

## ADDRESSING GENDER-BASED VIOLENCE IN THE GAZA STRIP

According to UN Women, gender-based violence (GBV) in the oPt has assumed a higher profile in recent years. In 2010 the Palestinian Central Bureau of Statistics (PCBS) undertook a survey which revealed that levels of domestic violence had declined in the West Bank compared with 2005, but had increased in the Gaza Strip. The rise in GBV in Gaza was attributed to the deteriorating humanitarian situation following the Israeli blockade imposed after the Hamas takeover in 2007, and the devastating impact of the 'Cast Lead' hostilities in December 2008-January 2009.

Interventions by the international community to combat GBV have focused on supporting local non-governmental organizations (NGOs). Fifteen local NGOs and 40 community-based organizations (CBOs) provide GBV services in Gaza and are loosely organized through two platforms: the al Amal coalition of NGOs and al Wessal network of CBOs. This infrastructure has evolved in a haphazard and uncoordinated manner, reflecting both the political and programmatic priorities of international donors responding in an ad hoc manner to local needs in the absence of a master strategy. This has been exacerbated by the internal division between the West Bank and Gaza, and by the lack of internal strategic coordination among NGOs themselves in Gaza. Since the creation of the Palestinian National Committee to Combat Violence against Women in 2008, followed by the 2011 adoption of the National Strategy to Combat Violence against Women by the Palestinian Authority's Ministerial Committee, donor initiatives to combat violence against women in the West Bank have had to align themselves with Palestinian national priorities, which is still not the case in Gaza.<sup>6</sup>

Gender Mainstreaming is a priority in the 2018-2020 Humanitarian Response Plan (HRP), prepared by the humanitarian community in the oPt.<sup>7</sup> This will be reflected in the way in which humanitarian assistance to households is delivered, including through responses that specifically address gender based vulnerabilities; assistance eligibility criteria that do not discriminate against women who may not otherwise have access; and monitoring beneficiaries of humanitarian assistance by sex, when applicable.

### FUNDING SUPPORT FOR GBV SURVIVORS

During 2017, the oPt Humanitarian Fund (HF) funded three projects that target GBV survivors in the areas near the fence across the Gaza Strip as well as in some refugee camps. Two of the projects were implemented by local NGOs (completed) and one by an international NGO (ongoing) working in Gaza. The projects, which aimed at alleviating the suffering of GBV survivors of multiple traumatic events generated from the latest conflict in 2014, the prolonged blockade on Gaza, the dire socio-economic situation and domestic violence, provided access for survivors to specialized facilities and services. The projects so far have supported some 12,800 people, 77 per cent of whom were women, mainly those heading households, disabled, internally displaced and other victims of GBV.

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## A new report shows impoverishment a central driver of GBV in Gaza

In December 2017, UN Women launched a report on GBV services in Gaza based on research undertaken over an eight-month period in 2016 and 2017. The research outlines the available multi-sectoral responses to GBV, the geographic distribution of the services and the challenges faced by organizations responding to GBV. The ultimate aim of the research was to uncover the mechanisms through which women have attempted to find solutions to their abusive situation and to identify the roles which formal service providers have played in supporting them.

The findings highlight that impoverishment and the absence of economic opportunities for breadwinners and their households are central drivers of GBV in Gaza. Poverty is also linked to the critical issue of overcrowded households, with women survivors often citing living in the extended family households of their spouses as compounding their abuse. Factors that enable situations of abuse to continue include: perpetrators rarely (if ever) face legal, criminal or social penalties for their behaviour; violence against women in the context of marriage is not considered a crime in civil law and salient family law in Gaza; and dominant social norms prioritize the preservation of a marriage regardless of its costs to victims.

The report makes recommendations to address the lack of a collective strategy to tackle GVB in Gaza. Problems include the total absence of formal training in GBV sensitization, lack of professional capacity building development of protocols and systems of care, protection and justice for survivors throughout the government sector, and gaps in GBV services provided by NGOs. The report proposes greater emphasis on income generation support programming for GBV victims and for donors to review the balance of support for GBV across all sectors.

*The findings of a UN Women new report on services in Gaza highlight that impoverishment and the absence of economic opportunities for breadwinners and their households are central drivers of GBV in Gaza.*





This section was  
contributed by UN WOMEN

*Maysa describes the support and treatment she received from the organization as literally lifesaving, given that she had contemplated suicide on a number of occasions.*

## CASE STUDY: A NEW SENSE OF MEANING IN LIFE, SELF-RESPECT AND HOPE

Maysa, a 37-year-old married woman, is a mother of children aged from two to 15. She was married at the age of 20 to a non-relative who she chose rather than marrying a cousin in a traditional arrangement. It was only upon marriage that she discovered that her husband was mentally ill and had been receiving treatment from the government mental health clinic. They lived with his large extended family, occupying one room and depending mainly on social welfare.

Within a week of being married, her husband attacked her with a screwdriver. While episodes of extremely violent abuse, one resulting in a miscarriage, continued throughout their marriage, the immediate problem for Maysa was the abusive context of living with her husband's family. They treated her like a servant and constantly criticized her, without offering support or protection from her abusive husband. Maysa believed that she could have handled her husband's abuse and its effects on her and her children better if her family had lived independently.

During the 2014 hostilities, Maysa moved with her family out of her in-laws' house after a brother-in-law violently beat one of her children. Still dependent on social welfare, all she could afford then was to move all 10 of them, including her husband, into the storeroom of a shop rented from her husband's relative. The only reason that prevented her from seeking divorce earlier was her fear of losing the children to her abusive husband and his family.

Once the family lived on their own, Maysa's point of entry to formal GBV assistance was as a result of seeking humanitarian aid at a local charity. Following the 2014 hostilities, she and her sister went to a psychosocial activity held at a CBO in their community. The counsellor identified Maysa as suffering from abuse and connected her with an organization that offers support to GBV victims and survivors.

Maysa describes the support and treatment she received from the organization as literally lifesaving, given that she had contemplated suicide on a number of occasions. She described the interaction by staff at the organization as "caring" and making her feel "secure". When asked about the particular help she had received, Maysa emphasized livelihood support, including cash assistance, training in craft production and small business skills. She also emphasized shelter assistance which helped the family build a small house and has helped on occasion to cover her husband's medication. Maysa highlighted the positive impact of the psychosocial support she received that included: group counselling, home visits, individual counselling and the general therapeutic effects of craftwork. She described how receiving support has renewed her sense of meaning in life, self-respect and hope.

## ENDNOTES

1. See OCHA, Gaza Crisis: Early Warning Indicators, December 2017.
2. For further details, see OCHA Humanitarian Bulletin, December 2017.
3. Source for data on casualties is OCHA's Protection of Civilians database.
4. Information provided by the Office of the High Commissioner for Human Rights
5. <https://www.timesofisrael.com/soldiers-shoot-kill-palestinian-teen-suspected-of-having-a-gun-idf/>
6. UN Women (2017), Navigating Through Shattered Paths: NGO Service Providers and Women Survivors of Gender-based Violence: An Assessment of GBV Services in Gaza, pp. 7-8.
7. See <https://www.ochaopt.org/content/gender-analysis-and-priority-gender-needs-occupied-palestinian-territory>