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Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

The Director-General has the honour to bring to the attention of the Health Assembly the attached report of the Acting Director of Health, UNRWA, for the year 2005.

ANNEX

REPORT OF THE ACTING DIRECTOR OF HEALTH, UNRWA, FOR 2005

HUMANITARIAN AND HEALTH CONDITIONS

1. The year 2005 brought hopes and expectations of a breakthrough in the cycle of violence. However, even under the best-case scenario, the international community should be aware of the persisting and future challenges.

Casualty toll

2. In the year 2005 there was a continuation of the violence, loss of life, and destruction that have been occurring in the occupied Palestinian territory since the humanitarian crisis started in September 2000. The casualty toll during rounds of military incursions into camps was much higher among the population of the affected communities. According to the Palestinian Central Bureau of Statistics, 3942 Palestinians living in the occupied Palestinian territory were killed from September 2000 to the end of 2005, with 1870 dead in the West Bank and 2072 in the Gaza Strip, and 29 434 were injured. One particularly tragic aspect of these statistics has been the number of children killed during this period: 344 and 440 respectively in the Gaza Strip and the West Bank, representing 19.9% of total fatalities, while over 12 300 children were injured. Among those killed, 12 were UNRWA staff members and 159 UNRWA schoolchildren, of whom four were killed in 2005 by Israeli fire into UNRWA schools. In addition, a total of 1548 children enrolled in UNRWA schools were injured, of whom 10 were inside school premises. Since September 2000, Israeli losses have totalled 1084 dead and 7633 injured.

House demolition

3. Home demolition and uprooting of trees has been another tragic aspect of the crisis. By 31 December 2005, a total of 2991 shelters accommodating 5193 families (28 483 persons) have been completely demolished or damaged beyond repair in the Gaza Strip during Israeli military activities. Of these shelters, 2521 accommodated 4337 refugee families (24 151 persons), of whom 3507 (19 375 persons) have so far been identified as being eligible for assistance under the Agency's rehousing scheme. In the West Bank, a total of 1476 houses have been demolished since the beginning of the crisis.

4. In 2005 in the Gaza Strip, no refugee shelters were destroyed or damaged by the Israeli Defence Forces. This is a major change from 2004, where major destruction in Rafah and Jabalia took place owing to Israeli incursions. In the Gaza Strip there was also a reduction in land-levelling operations. In total, 180 hectares of agricultural land were bulldozed. Bulldozing operations ceased in April 2005. The destruction of orchards has contributed significantly to food insecurity in Gaza. For example, over 50% of Beit Hanoun's orchards have been destroyed in the last four years.

5. Rehousing refugee families made homeless as a result of Israeli Defence Forces' actions over the course of the intifada remains UNRWA's top priority in this domain. The Agency has so far been able to secure funding for 2402 new housing units to house 2563 of the affected refugee families. Approximately US\$ 20 million are still needed for rehousing the remaining 944 eligible

refugee families in 879 dwelling units. This is in addition to the estimated amount of US\$ 1.1 million needed for the repair of about 887 damaged shelters for 1125 families.

6. As part of the disengagement proposal, the Agency plans to reconstruct 3644 shelters for special hardship cases in Gaza and repair a further 2655. The cost for this is estimated to be US\$ 74 494 200. The Agency has thus far a shortfall of US\$ 68 200 000. The work will generate approximately 1.2 million job-days. In the West Bank the Agency will reconstruct 678 shelters and repair 447 at a cost of US\$ 8 370 000, and thus generate 112 000 job-days.

7. In the Gaza Strip, according to the Palestinian Centre for Human Rights approximately 31 500 square metres of land, most of it agricultural, have been razed by Israeli forces. This represents about 10% of the total land of the Gaza Strip. Approximately 656 businesses, factories, or schools have been destroyed or damaged.

Access problems

8. The occupied Palestinian territory is controlled by a dense network of fixed and flying checkpoints, road blocks, earth mounds and other measures used to monitor and restrict Palestinian movement. Over 700 closure measures currently restrict movement of Palestinian goods and people inside the West Bank, while the Gaza Strip is often divided into three sections by checkpoints. In Gaza after the disengagement, a revised route was approved by the Israeli Cabinet in February 2005, but further access difficulties are anticipated.

9. A further deterioration in the living standards of UNRWA's registered Palestinian refugees is also expected to be caused by the increasing eligibility and passage restrictions, hindering the ability of those applying for permits to reach land located west of the completed barrier wall in the northern West Bank areas. The continuation of the construction of the wall southwards will, as it has in the northern areas, cause increased access restriction and a growing threat to ownership of Palestinian land. This will have detrimental effects on the livelihood of individuals and families, and will also restrict the growth of Palestinian rural and urban communities.

10. The wall/fence currently being constructed inside the West Bank is compounding movement restrictions, cutting off Palestinians from their land, work and trade opportunities in Israel. Israel began the construction of the wall/fence in June 2002 as a security measure. It comprises a system of fences, ditches, razor wire, groomed trace sands, an electronic monitoring system, patrol roads, and a "no-go" buffer zone. According to data released in October 2005, the total length of the separation wall is 680 kilometres; of this, 31% has been completed, 16.5% is under construction, 43% has been approved but construction has not begun and 9.5% has not yet received final approval. In many places, the wall/fence veers east of the 1948 armistice line and into the West Bank, isolating Palestinian families from their land, communities and services; as a result, about 490 000 Palestinians will be affected. The completion of the planned barrier wall around Jerusalem will have a significant impact on UNRWA's ability to provide assistance to the refugee community in the West Bank. 60% of the Agency's West Bank field office staff, West Bank ID holders, and staff from East Jerusalem are expected to face access problems travelling to their duty stations in East Jerusalem. Similar restrictions involve the Agency's programmes providing social, relief, education and health services.

Economic conditions

11. Since the outbreak of the intifada in 2000, the conflict in the occupied Palestinian territory has precipitated the slide of the Palestinian economy into a deep, unemployment-led recession that has

produced increasing vulnerability among the population. This has led the Palestinian Authority and donor community to refocus crucial development assistance into the creation of social protection for the population, with UNRWA focusing on providing essential humanitarian support through its emergency social safety net and poverty alleviation provision, in addition to its regular assistance to the Palestinian refugee community, which represents over 40% of the Palestinian population of the occupied Palestinian territory.

12. Studies carried out by the Palestinian Central Bureau of Statistics indicated that poverty levels have fluctuated between 58% and 70% over the past four years, reaching 85% in Gaza. Using a different poverty line, the World Bank has recently estimated that some 47% of Palestinians live in poverty at US\$ 2.30 per day per person, while 16% (representing more than 600 000 Palestinians) live in subsistence poverty (which affects those who cannot afford or can hardly afford the basics of survival) at US\$ 1.60 per day. World Bank macroeconomic data illustrate the scale and rapidity of the devastation: by the end of 2002, real per capita gross domestic product had fallen to 37% of its pre-intifada level and it remained at 35% in 2003.

13. Socioeconomic conditions in the occupied Palestinian territory continued to deteriorate during 2005 with no noticeable improvement since the Israeli disengagement, even prior to the electoral victory of Hamas in the Palestinian legislative elections of January 2006. The economy remains severely distressed, devastated by restrictions on movements of goods and personnel that have crippled businesses, forced the majority of the population below the poverty line and created an environment inimical to sustained growth or foreign investment.

14. According to the latest figures available from the Palestinian Central Bureau of Statistics, unemployment in Gaza rose from 15.5% in the third quarter of 2000 to 34.6% in the third quarter of 2005. Unemployment in the West Bank rose from 7.5% to 25.5% in the same period. Inevitably, this has led to a sharp increase in poverty. In 2004 the World Bank estimated that 47% of the population were below the poverty line, particularly in Gaza where the figure was at 65%. Many of those concerned are living in extreme poverty. The figure for subsistence poverty was 23%. Statistics from the Palestinian Central Bureau of Statistics show that in the latter half of 2005, 62.5% of all households in the occupied Palestinian territory were living below the poverty line. In real terms this means that over 2.2 million people are attempting to subsist on less than US\$ 2 per person per day, which puts them below the World Bank's globally defined poverty line. Refugees are particularly hard hit as they have traditionally been more dependent on wage labour in Israel, have fewer assets that they can sell and have been hit by repeated Israeli army incursions into camps, leading to further depletion of their resources. Based on a survey by the Graduate Institution of Development Studies issued in July 2005, one in three refugees living in camps in the occupied Palestinian territory were surviving on less than US\$ 1 per day and households are unable to meet daily needs.

Household's income survey

15. According to a survey conducted by the Palestinian Central Bureau of Statistics, the median monthly income in the occupied Palestinian territory decreased from US\$ 520 before the Al-Aqsa intifada to US\$ 320 during the fourth quarter of 2005. This decrease varies by region: the median monthly income decreased in the West Bank from US\$ 600 to US\$ 400, while in the Gaza Strip it decreased from US\$ 360 to US\$ 240. 60.4% of Palestinian households indicated that their income has decreased during the Al-Aqsa intifada (62.5% in the West Bank and 56.4% in the Gaza Strip); 51.6% lost more than 50% of their usual income (45.9% in the West Bank and 64% in the Gaza Strip).

Coping strategies towards the economic situation

16. The results of the survey indicated that during the last 12 months, 47.8% of households in the occupied Palestinian territory reduced their expenditure on basic needs, 45.6% in the West Bank and 52.2% in the Gaza Strip. 87.9% of the households surveyed took various coping measures depending on the monthly family income. Delaying payment of bills, reducing expenditure, or borrowing from individuals, still represent households' main coping strategies to face the hardships of the current crisis. UNRWA, institutions of the Palestinian Authority, relatives and friends, charity institutions and labour unions still represent the main sources of assistance.

Humanitarian aid

17. The results of the survey revealed that 67% of households reported that they need assistance: 64.6% in the West Bank and 71.8% in the Gaza Strip. However, only 27.2% of households interviewed reported that they received humanitarian assistance during the fourth quarter of 2005. About 38.5% reported that the total amount of assistance received is less than US\$ 40, while 70.2% received less than US\$ 60. In terms of the frequency of providing the assistance for households, UNRWA is ranked highest at 58.4%, followed by institutions of the Palestinian Authority (including the Ministry of Social Affairs) at 15.6%, then relatives at 11.6%, labour unions at 8.1%, and charity institutions and committees (including Zakat) at 4.4%. The results reveal also that 65.1% of the total assistance is provided in the form of food supplies, and 21.1% in cash. The survey revealed that, in response to the hard economic situation, there was a major decrease in the expenditure of the surveyed households on main consumption materials: 93.6% reported cutting back on clothes; 80.9% on food; 77.4% on housing; 69% on entertainment activities and travel; 59.8% on health, while 50.8% decreased their expenditure on education. The figures are even higher in the Gaza Strip as can be seen from Table 1 and are very alarming, indicating the humanitarian crisis affecting the Palestinian population.

TABLE 1: PERCENTAGE OF HOUSEHOLDS THAT DECREASED EXPENDITURE ON MAIN CONSUMPTION MATERIALS DURING THE LAST 12 MONTHS IN THE WEST BANK AND GAZA, 2005

Main consumption materials	Occupied Palestinian territory %	Region	
		West Bank %	Gaza Strip %
Clothes	93.6	91.6	97.2
Food	80.9	76.2	89.0
House	77.4	76.6	78.9
Entertainment activities and travel	69.0	66.3	73.6
Health	59.8	54.0	69.9
Education	50.8	44.6	61.4
Other	2.4	2.8	1.6

Food insecurity

18. High poverty rates have also led to increased food insecurity based on limited access to food due to curfews and closures, as well as high unemployment, depletion of resources, exhaustion of coping strategies and strained social support networks. According to WFP, as of mid-2004, approximately 1.2 million people in the occupied Palestinian territory, or 38% of the population, were food insecure. A further 26% of the population, or 586 000 people, were at risk of becoming food insecure. Again, refugees were more at risk: 39% of the refugees were estimated to be food insecure, against 36% of non-refugees. Food is generally available in the Gaza Strip and the West Bank, but access to food is limited owing to physical and economic constraints.

19. The extensive imposition of closures, curfews and permit systems constitutes a violation of the obligation to respect the right to food, as it threatens the physical and economic access to food, as well as food availability. The United Nations reported in June 2003 that “due to movement restrictions, the distribution and marketing of food produce has been severely affected, thereby disrupting food supply stability and seriously affecting the economy of farmers/rural population.” According to a study by the United States Agency for International Development, “market disruptions from curfews, closures, military incursions, border closures and checkpoints affected [the availability of] key high protein foods, especially meat and poultry and dairy products, and in particular, infant formula and powdered milk.”

20. In a survey by the Palestinian Central Bureau of Statistics, questioning households on their top priority, 37.1% of Palestinian households answered that it is food; 21.3% said that it is work, 20.2% chose money, 8.3% chose education and 5.4% chose health. The survey also indicated austerity food measures that the households undertook owing to the hardship conditions they live in. Table 2 indicates that during the last 12 months 96.4% of the population decreased the monthly expenditure on meat, 93.1% decreased expenditure on the quality of the food they consume, 93.6% decreased expenditure on the quantity of fruit, 83.9% decreased expenditure on quantity of food and 76.2% decreased their expenditure on milk and milk products. Presented data in Table 2 indicate that although both territories are severely affected, the Gaza Strip is in an even worse situation than the West Bank.

TABLE 2: PERCENTAGE OF HOUSEHOLDS THAT DECREASED MONTHLY EXPENDITURE ON FOOD DURING THE LAST 12 MONTHS IN THE WEST BANK AND GAZA STRIP, 2005

Households decreased	Occupied Palestinian territory %	Region	
		West Bank %	Gaza Strip %
Quantity of monthly consumed meat (meat, chicken, fish)	96.4	95.3	98.0
Quality of food	93.1	91.0	96.2
Quantity of fruit	93.6	90.4	98.2
Quantity of food	83.9	82.9	85.3
Quantity of milk and milk products	76.2	70.5	84.6

Health conditions

21. Notwithstanding the extraordinary efforts that were exerted to prevent breakdowns in service delivery and quality, there were indicators of the deterioration of the health and nutritional status of the population. Malnutrition levels amongst Palestinians have increased rapidly since September 2000. A study by Johns Hopkins University/Al-Quds University, funded by the United States Agency for International Development, reports that the occupied Palestinian territory “and especially the Gaza Strip, face a distinct humanitarian emergency in regards to acute moderate and severe malnutrition”. The report of the Personal Humanitarian Envoy of the Secretary-General, Catherine Bertini, (2002) also regards the increase in malnutrition as an indicator of a growing humanitarian crisis. In 2002, over 22% of children under five were suffering from malnutrition (9.3% from acute malnutrition and 13.2% from chronic malnutrition). Recent studies reported by UNICEF revealed that 350 000 children are stunted, with the burden of malnutrition falling mostly on children 12 to 23 months of age. More than 15% of them are malnourished at this critical period for their future development, making them even more vulnerable after infancy.

22. UNRWA studies in 2004 on the prevalence of iron deficiency anaemia among children 6 to 36 months of age, pregnant women and nursing mothers, revealed that anaemia rates in the Gaza Strip were as high as 54.7% among children, 35.7% among pregnant women and 45.7% among nursing mothers. The corresponding rates in the West Bank were 34.3% among children, 29.5% among pregnant women and 23.1% among nursing mothers. The high prevalence of anaemia for many children will have permanent negative effects on their physical and mental development. It is worth mentioning that prevalence of anaemia among infants 6 to 12 months of age reached 75% in Gaza.

23. During 2005 a study conducted by UNRWA to assess the prevalence of anaemia among first and ninth grade schoolchildren revealed that the overall prevalence of anaemia among schoolchildren was 23.9% in Gaza and 14.7% in the West Bank. Analysis of data by area in Gaza Field revealed that anaemia prevalence among schoolchildren was 36.3%, which exceeded the 20% cut-off point of WHO in all areas and therefore can be considered a public health problem. Moreover, the prevalence of anaemia in some pockets was much higher than others. Alarming rates were reported among first grade schoolchildren, from Khan Younis at 59.9%, from Jabalia at 52.3% and from Rafah at 30.4%. Among ninth grade schoolchildren, the highest rate of anaemia was reported from Khan Younis schools, at 29.5% among females. Although the prevalence of anaemia among schoolchildren in the West Bank was almost 15%, there were, however, certain groups with a higher prevalence of anaemia such as Aqabat Jabr schools, where the anaemia rate reached 33.5% among first grade students, 26.7% among those in ninth grade, with Am’ari ninth grade female students at 28.6%.

24. It is worth mentioning that the high anaemia rates persisted in spite of UNRWA’s interventions, which include the issuing of medicinal iron supplements to anaemic children through its maternal and child health services, the fortification of wheat flour with iron and folate and other public health measures. However, UNRWA could not provide prophylactic iron for children owing to financial limitations. A study funded by the United States Agency for International Development revealed that 22% of children have low vitamin A plasma levels. The estimated prevalence would be considered to fall into the severe category (> 20%) according to WHO criteria for judging whether vitamin A deficiency in a community constitutes a public health problem.

25. Moreover, today’s children grow up knowing mostly oppression and violence. A study of 1 266 children in the West Bank and Gaza Strip showed that 48% had personally experienced violence or witnessed an incident involving an immediate family member. Since December 2003, there has been a large outbreak of mumps in the West Bank which started in Nablus and spread out to other

districts. The outbreak affected a total of 3861 refugees of whom 71.3% were children below 15 years of age. 68.1% of those affected were previously immunized. The outbreak reached its peak during April to May 2004 and subsided completely in May 2005. 38 (1% of total cases) reported complications; 18 had orchitis, 14 had pancreatitis and three had meningitis. In addition, three cases had more than one type of complication. All cases with complications were admitted to hospitals; no deaths were reported. UNRWA participated in a measles-mumps-rubella campaign conducted in May 2005 and launched in collaboration with UNICEF and the Ministry of Health in the West Bank, during which 58 561 students enrolled in UNRWA schools and vocational training centres were vaccinated – with a coverage of 96%.

26. An UNRWA study conducted during 2005, revealed that the overall prevalence of modern contraceptive use Agency-wide increased from 32.1% in 1995 to 49.9% in 2000 and 55.4% in 2005, with the highest prevalence (69.0%) in Lebanon, followed by Syria (67.2%), the West Bank (56.3%), Jordan (53.0%), and with the lowest in Gaza (33.7%). Although marked improvement has been attained, as evidenced by the increase in the prevalence of modern contraceptive use in Gaza Field from 23.7% in 1995 to 36.5% in 2000, there has been a drop since 2000. This could be attributed to a change in the reproductive behaviour among the refugee population and an increased desire to have more children, which is not unexpected under conflict situations associated with a high fatality toll.

Access to Health Services

27. The results of the survey of the Palestinian Central Bureau of Statistics indicated that a high percentage of households have problems accessing health services: 28.3% owing to military checkpoints, 37.3% owing to the Israeli closure and 45.7% because of the high cost of medical treatment. Analysis of UNRWA data on immunization in the West Bank by area and health centre, revealed that the extraordinary efforts exerted by health staff and the successful collaboration with the public health authority, nongovernmental organizations and community organizations, resulted in a substantial improvement in immunization coverage in the West Bank in general, and in certain pockets with low coverage detected during 2004 in the Jerusalem and Hebron areas in particular. The coverage rate for all vaccines in Hebron health centre improved from 83% in 2004 to 100% in 2005, while in Jerusalem health centre it improved from 85% in 2004 to 98% in 2005 and in Kalandia health centre from 90% in 2004 to 100% in 2005. Booster immunization also improved from 75.6% in Jerusalem health centre in 2004 to 97.9% in 2005, in Kalandia from 79.6% in 2004 to 100% in 2005 and in Hebron health centre from 89.7% in 2004 to 90.7% in 2005.

UNRWA'S RESPONSE

Emergency appeals

28. Since October 2000, UNRWA has launched eight appeals to support its programme of emergency humanitarian assistance in the occupied Palestinian territory, on top of its regular programme activities. Through these appeals, UNRWA requested funding at US\$ 924.7 million and received US\$ 501.4 million, as shown in Table 3.

TABLE 3: FUNDING OF EMERGENCY APPEALS (IN US\$ MILLIONS)

	2000-2003 appeals		2004 appeal*		2005 appeal		Grand total	
	Amount	%	Amount	%	Amount	%	Amount	%
Amount appealed	529.8		209.4		185.5		924.7	
Confirmed pledges	323.4	61	98.6	47	92.9	50	514.9	56
Amount received	318.7		109.0		73.7		501.4	
Total unfunded amount	206.4	39	110.8	53	92.6	50	409.8	44

*Includes the Supplementary Appeal for Rafah (amount requested US\$ 15.8 million, amount pledged US\$ 6.9 million, amount received US\$ 3.6 million).

29. In addition, UNRWA launched its ninth Emergency Appeal, to sustain the programme of emergency humanitarian assistance during 2006 at US\$ 95.5 million, which is less than previous emergency appeals because of integration of the cost of emergency medical supplies, hospitalization and psychological counselling and support into the regular budget.

Programme of emergency assistance

30. UNRWA cares for almost half of the population of the occupied Palestinian territory and is the largest humanitarian operation in the region. According to WHO, speedy response to a crisis should be geared to ensuring the survival, and protecting the well-being of the affected population. Essential elements of response include equitable access to adequate safe water, hygienic sanitation, food and shelter, and protection of the affected population from ill-health and violation. The Agency has neither the mandate to pursue protection issues nor control over natural resources; nevertheless, UNRWA has developed a refined package of measures to mitigate the worst effects of the conflict on refugee communities within the means available. These measures consist of employment programmes, cash and in-kind assistance, food aid, reconstruction and repair of conflict-damaged infrastructure, emergency medical care and psychological counselling and support.

31. **Emergency employment.** The objective of this programme is to contain and mitigate the socioeconomic crisis facing the refugee population through temporary job creation, using both direct hire (where UNRWA both funds and directs the programme of work) and indirect hire (where UNRWA funds and supervises activities implemented through community organizations). Maintenance of UNRWA's service levels and infrastructure is a secondary objective of the temporary job creation programme. Staff were recruited under this programme in order to meet the additional demand on UNRWA's medical care services or to replace staff who could not reach their duty stations owing to restrictions imposed on movement of vehicles and personnel. Eighty-two health staff were recruited in Gaza and 92 were recruited in the West Bank.

32. **Food assistance.** The objective of the emergency food aid programme is to combat malnutrition and micronutrient deficiencies and counteract the problems of physical and economic access to food by providing food security nets through a basket of six basic commodities that are not produced or that

are not available locally at an affordable cost. An indirect benefit of the programme is that it also frees up scarce household funds for other essential needs. UNRWA's emergency food assistance programme has delivered over five million food parcels in the West Bank and the Gaza Strip since the start of the intifada. Food aid has been targeted at refugee households that have lost their income altogether and at those whose incomes have been severely disrupted. The Agency coordinated aid activities targeting non-refugees with the Palestinian Authority's Ministry of Social Affairs and WFP in order to avoid duplication. Families in areas under curfew or closure and those facing crises, resulting for example from evacuation, have also been assisted. In such cases, the Agency assists both refugees and non-refugees without distinction. During 2005 the Overseas Development Institute conducted a review of the emergency programme. The report stated: "The irregularity of food distribution is itself enough to frustrate attempts to correlate amounts distributed with objective needs. That said, the contents of the food basket are generally appropriate, and are greatly appreciated by recipients. Indeed, the food ration entitlement has great symbolic significance for Palestine refugees, and any decision to cut it needs to take this into consideration". It also stated "The programme has undoubtedly contributed significantly to alleviating hardship, and it has reached the great majority of the most vulnerable". With respect to utilization of food the team of the Overseas Development Institute stated: "On the question of selling-on of relief food, while there is anecdotal evidence that relief food does indeed appear on the market, it does not appear that this happens on a significant scale. Evidence from focus group interviews with householders would also appear to indicate that for the most part, the food received is consumed by the households concerned".

33. **Cash and in-kind assistance.** The objective of this assistance is to enable the most vulnerable families affected by the crisis to meet urgent needs. Since launching its flash appeal in October 2000, UNRWA has distributed over US\$ 23 million in cash assistance grants in the Gaza Strip and approximately US\$ 15 million in the West Bank. In-kind assistance, in the form of tents, blankets, mattresses and kitchen kits is provided mainly to those whose homes have been demolished through Israeli military activity. Over 114 000 beneficiaries have received in-kind assistance in the West Bank, while in the Gaza Strip 118 600 beneficiaries have received assistance since the crisis began.

34. **Reconstruction and repair of conflict-damaged infrastructure.** The objective is to meet the housing needs of families made homeless, and repair damage caused to shelters, community infrastructure and UNRWA installations. Since the intifada began in September 2000, UNRWA's re-housing programme has struggled to keep pace with the rate of destruction brought to bear. The Agency has so far only been able to re-house 984 families in 914 dwelling units and repair 1366 damaged shelters in Gaza, owing to a shortage of funds. An additional 92 dwelling units to accommodate 97 families are currently under construction. In the West Bank, the Agency has been able to rebuild a total of 506 shelters and rehabilitate 325 cases of major damage.

35. **Emergency health care.** The objective is to meet the additional burden on the health-care system due to newly emerging needs and challenges, and facilitate access to health services in locations affected by closures and the wall/fence in the West Bank. This programme does not run in the Gaza Strip owing to its smaller geographical size and the concentration of camp-based refugees who are able to access services locally. Composed of a medical officer, practical nurse, laboratory technician, assistant pharmacist and a driver, mobile health teams visit villages on weekly or bi-weekly schedules. It is worth mentioning that these are not mobile clinics but rather mobile teams that examine patients in rooms, if provided by the visited community, or in the streets if no rooms are available. The teams offered a full range of essential medical services including, immunization, control of communicable and noncommunicable diseases, and provided first-aid treatment for conflict-related injuries. A total of 136 276 patients were served during 2005.

36. During 2005 there were five mobile teams in the West Bank, each serving an average of 100 patients per visit. In addition to maintaining the services of these teams, the Agency is seeking to establish two new mobile teams in the Nablus and Hebron areas. These additions will enable 14 000 patients to receive essential health care every month.

37. The five mobile clinics reached 150 localities in 2005. On average, each locality is visited once every five weeks. Some are visited more frequently (Bethlehem is visited once every three weeks) and others less frequently (Hebron every seven to eight weeks). As can be seen from Table 4, the average number of client visits per month for each mobile health team has increased substantially over the last three years.

TABLE 4: AVERAGE NUMBER OF CLIENT VISITS PER MONTH FOR EACH MOBILE HEALTH TEAM 2003-2005

Clinic	Average number of monthly visits 2003	Average number of monthly visits 2004	Average number of monthly visits 2005
Bethlehem	1 284	1 160	1 582
Hebron	1 083	1 941	2 747
Jenin	2 158	1 856	2 178
Jerusalem	1 839	1 852	2 322
Nablus	3 122	2 607	2 456
Average number of monthly visits (all clinics)	1 878	1 883	2 256

38. The team from the Overseas Development Institute who evaluated the emergency programme recommended maintaining the five mobile teams and increasing their number to seven, building five fixed stations and expanding the services that they provide. In both the Gaza Strip and the West Bank, additional medical supplies were made available to meet the increased demand on UNRWA treatment services.

The ongoing challenges

39. In the 2006 emergency appeal, UNRWA's Commissioner-General stated: "2005 has been a year of momentous change in the occupied Palestinian territory: a new President was elected, municipal elections took place, and Israel withdrew its presence from the Gaza Strip and from parts of the northern West Bank. There was a marked decrease in the levels of violence prevalent during the previous years. A sense of hope, although still very fragile, has reappeared in this devastated land". She also added: "All of us hope that the conditions generally acknowledged to be necessary for the revival of the Palestinian economy will soon begin to be fulfilled. In time, these will bring productive employment and sustainable economic growth to the occupied Palestinian territory. But it is essential that we now address the gap between the crisis of these past years and the anticipated future resumption of economic development".

40. In spite of the disengagement of Israeli settlers and the army from the Gaza Strip, and a significant overall decline in levels of violence and destruction of property during 2005, the Agency has not yet noted any improvement in key humanitarian indicators. Poverty rates increased in 2005 compared with 2004, and the access regime, in spite of a short-lived improvement in Gaza during the second quarter of the year, remains largely unchanged, with the exception of internal movement within the Gaza Strip as a result of disengagement. In some important respects, such as access to health for Palestinian residents of the occupied Palestinian territory, conditions may even have worsened lately.

41. UNRWA is seeking to maximize any economic opportunities for Palestinian refugees in the occupied Palestinian territory – over 40% of the population, and more than two thirds in Gaza – which will arise as a result of the disengagement. It will also work to ensure that humanitarian needs are not neglected. Unless both these issues are addressed effectively, the security and human development implications for all Palestinians in the occupied Palestinian territory could be severe. The Agency is working closely with the Palestinian Authority, sister United Nations agencies and the Office of the Quartet’s Special Envoy for Gaza Disengagement. However, the execution of this plan is largely dependent on the stability of the political situation on the ground as well as the willingness of donors to fund it.

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