UNICEF HUMANITARIAN ACTION UPDATE

OCCUPIED PALESTINIAN TERRITORY

14 January 2009

- 840,000 children under extreme stress and trauma-inducing conditions;
- At least 971 killed since 27 December, including 311 children and 76 women. Over 4,418 have been injured, including over 1,459 children and 625 women (Ministry of Health figures);
- Over 35,000 people seeking refuge in emergency public shelters, mostly schools, many more reported with host families;
- Health system under extreme duress; shortages of fuel, electricity, specialists, medical supplies;
- Threat of public health disaster due to shortages in drinking water and escalating failure of sewage systems;
- Growing concerns about landmines, unexploded and abandoned ordinances;
- Extremely limited access and inability of aid agencies to provide adequate response compounds the suffering of children and vulnerable Gaza population.
I. ISSUES FOR CHILDREN

The Israeli operation entered its 19th day. According to Ministry of Health (OCHA) figures of January 13, at least 971 Palestinians (amongst them 311 children and 76 women) have been killed throughout this military operation, and more than 4,418 (1,459 children and 625 women) injured. Exact figures are not available due to insecurity, rising number of casualties, and difficulty in taking out the injured from collapsed buildings. Hundreds of homes have been destroyed and damaged resulting in the displacement of thousands of people.

Such alarming numbers of children fallen victims of the current military operations are likely to continue to grow. More than half (56%) of Gaza's 1.4 million residents are children, and past days have unfortunately highlighted that there are currently no safe spaces in Gaza. No recognized safe heaven can fully protect the children of Gaza, as they become the captive victims in an area where only a very few of the critically ill or injured are able to flee.

The children are however not the sole vulnerable group in the current environment. By 12 January, 35,000 people were reported to have sought refuge in 38 emergency shelters, organized and supported by UNRWA. Hospitals are struggling to treat the sheer number of wounded patients and report an urgent need for medical equipment, specialist skills, and supplies. As of 7 January, hospitals had been running on generators for five consecutive days and fuel reserves at the Pediatric Hospital were sufficient for less than three days. Medical staff themselves are not immune to danger, and at least six emergency medical workers have been killed since the beginning of the military operations.

Shortage of drinking water and sewage overflows in residential areas are becoming an imminent public health danger. Much of the population is now dependent on their own stored water supplies and limited sales by private distributors. Incidental reports appear to indicate that some areas are cut off from any access to water for days on end, forcing some residents to brave the conflict to find limited quantities of drinking water for themselves and their families. Sewage overflows are most serious in northern Gaza and partners say they are increasingly concerned that a sewage lake will overflow into nearby communities. Such movements of people or goods are reportedly increasingly dangerous, with growing fears of possibly high numbers of unexploded ordinances littering the areas where missiles and bombs have fallen. These lethal remnants of war pose a direct threat to children and their families.

Finally, although access to schools is not currently realistic, many fear that such an effective means of providing children with a protective environment, and the normalcy of a safe routine will be off limit for a while yet. At least 18 UNRWA schools are said to have sustained damage; while a growing number of the unaffected ones are being occupied by internally displaced families (IDPs). Meanwhile, the continued fighting means that about 441,452 Gaza primary age school children cannot have access to education.

The above is compounding a context of high vulnerability for both population and infrastructures. Gaza has been under an Israeli-imposed blockade for the last 18 months –since Hamas took control of the territory-fuelling sharp increases in poverty, and a significant deterioration on infrastructure and services. Around 80% of the population was already dependent on food assistance to meet daily needs prior to the crisis.

UNICEF is highly concerned at the above-described situation on the ground and its terrible toll on children and parents. International and national aid agencies have, to date, experienced extremely significant challenges in providing an adequate response to the needs of children. UNICEF and its partners have not been able to send support teams of experts to provide coordination and immediate hands-on relief assistance to the children in need, and only limited amounts of aid has been distributed on the ground, due to the prevailing fighting.

Such a lack of physical access to date makes it difficult for UNICEF to adequately measure the reality and scale of the needs on the ground. The response outlined through the following activities is thus proposed as a very initial response plan, covering the next few weeks. A more comprehensive plan, fully commensurate with needs, will be shared once effective access to Gaza is allowed. Unfortunately, it is expected that the scale of the needs will, at that stage, be significantly higher than the current document aim to highlight.
2. UNICEF RESPONSE TO DATE AND IMMEDIATE PLANS FOR ACTION

Health and Nutrition

The military operation, now in its third week, continues to have a devastating impact on children with what regards their capacity to access quality health services. Significant shortages of drugs and consumables are reported at hospital and clinics level alike. Although some supplies have been getting through into Gaza over the last few days, these are insufficient to meet the needs of the high casualties, intensive care cases for the severely injured, sick children and those with chronic non-communicable diseases. Two hospitals, neonatal wards were partially damaged, namely Dorah and Gaza Pediatrics’ hospitals with reports that the majority of the windows and adjoining walls of the wards have been damaged (WHO, MOH report, 2009). Routine immunization programs have been stopped since December 27th.

The majority of the casualties are being attended to by the MoH hospitals with some admitted into the intensive care units (ICU). The MOH staff continues to cope despite power outages averaging 12 hours per day; and health personnel working around the clock for several consecutive days. Health personnel are now exhausted, both mentally and physically, putting patients even more at risk. The intensive care units (ICUs) are seriously stretched, demanding the services for more professional skilled medical staff in areas such as neurosurgery, vascular, orthopaedic- and open heart surgery(MOH-WHO Sitrep, 2009).

As an initial element of response, UNICEF provided to partners still operational in Gaza some 350 First Aid kits, and 20 resuscitation kits, complimenting some 13 emergency kits provided earlier and pre-positioned, allowing to serve up to 30,000 people for one month with basic medical items. UNICEF is working closely with both UNRWA and the Palestinian Red Crescent Society to ensure coordination and attempt a speedy delivery of the said supplies. Nevertheless, serious insecurity conditions thus far prevented the delivery of such items. UNICEF expects that they will be delivered over the coming few days.

Activities planned in the coming 6-8 weeks (assuming access to Gaza is substantially increased)

Above and beyond the aforementioned, supplies in the immediate pipeline, with expectation of delivery into Gaza over the coming week, include additional interagency emergency health kits, obstetric surgical kits including drugs, midwifery kits, resuscitation kits, first aid kits, surgical instruments (basic surgery, dressing sets, suture sets), micronutrient film coated tabs supplements, high energy biscuits, F-100 and F-75 therapeutic diet and safety boxes fused syringes for vaccination. Essential and critical drugs with some intensive care equipments are yet to be finalized after a review of the MOH submitted list of needs and partner contributions. This will complement supplies ordered prior to the emergency, which include vaccines, IMCI drugs, IEC printed materials and routine immunization vaccines and cold chain equipment, including 12 solar refrigerators.

With regards to the nutrition situation of children, the current emergency has in all likelihood increased the incidence of severe acute malnutrition (SAM) and we anticipate an increased case load in the coming weeks due to deteriorating conditions. The numbers of under-fives that require treatment is unknown but using available data, it is possible the case load of SAM children is upwards of 3,000 plus infants and children in all of Gaza. Given the much larger number of children who are suffering from or at risk of moderate acute malnutrition the response currently includes a range of food products in support of supplementary feeding and these are programmed by WFP, UNRWA and some NGOs. UNICEF will be programming therapeutic milks (F75 and F100 and RUTF) that will be prepared and used under medical supervision when access improves.

Should medical treatment of SAM not be possible with improving security and nutrition programs operating at scale, it may be necessary to use and distribute RUTF with accompanying information on product use. UNICEF will be working with WFP and other partners to monitor the situation to ensure early and effective treatment of SAM. The focus of the nutrition response will be in the medium to long term to support breastfeeding and improving the quality of complementary foods. A number of creative options are being explored for ready to use supplementary food with WFP and others.

In terms of activities, UNICEF will do its utmost to supports MoH, UNRWA, INGOs and local NGOs to maintain health service delivery, and mitigate as best possible the impact of the conflict on children and mothers alike. In order to do so, UNICEF will focus on the following activities:

1 Ready to Use Therapeutic Food
a) Provision of emergency obstetric and neonatal and intensive care support equipments and drugs
b) Provision of additional IMCI essential drugs, including immunization requirements, as well as equipment and tools for clinically assessing and managing sick children and postnatal;
c) Support the training of primary health care providers and their supervisors on the adapted standard case management training and triage approach with a follow up programme;
d) Support the integrated disease and nutrition surveillance system to help monitor health outcomes at the facility and homes;
e) Support programmes communication for family and community behaviour change, community support groups and dialogue, including psychosocial support with the Protection section;
f) Support the management of severe acute malnutrition in selected locations with local partners;
g) Conduct training of 250 primary health care providers and their 50 supervisors on SAM and health education;
h) Promote micronutrient deficiency control and under-nutrition prevention through exclusive breast feeding, support micronutrient supplementation, as well as awareness raising and advocacy for appropriate infant and young child feeding through a public private partnership and social mobilization.

UNICEF will also provide support to ensure appropriate coordination of nutrition partners response plans, and will work towards ensuring coherence of all the sector partners response strategies as well as related awareness and social mobilization strategies.

Water, Sanitation and Hygiene (WASH)

Water and sanitation services and infrastructures have been badly affected by the current emergency situation in Gaza. The shelling and incursion into the different areas of the strip is resulting in serious damage to water and wastewater infrastructures already badly hit by the above-mentioned 18 months of restrictions on repairs and supplies, and is now leaving tens of thousands people without access to adequate water supply for up to 4-5 days on end.

The fact that Gaza is mainly urban areas with limited land space and heavy densely populated is another important factor in the dire humanitarian consequences in case of the collapse of WATSAN services. The damages caused to some of the sewage networks and sewage works such as pumping stations is affecting thousands of populations as sewage has started flooding the streets.

Similarly worrisome, although not as urgent, hundreds of families have already moved to perceived safer areas with relatives and in public shelter buildings such as schools and community centres. WASH facilities at these premises are clearly not designed for this purpose. Extended stay of IDPs in crowded conditions in such school facilities without matching WASH services could, in the mid term, constitute a serious public health hazard.

Finally, damage caused to water and sewage networks by armoured vehicles and impact of missiles, rockets and bombs will exponentially increase water contamination risks and result in tens of thousands of people left without services. It is thus crucial that aid agency be allowed unfettered and safe access to Gaza, along with the ability to bring in adequate repair parts to the strip in as short a term as possible.

In support to immediate response requirements UNICEF made available significant amounts of supplies pre-positioned in its warehouses as well as those of its partners. This included supplies ranging from water purification tablets, family water kits with water and hygiene items for upward of 6,000 families, large water tanks with a capacity to support drinking water needs of up to 8300 persons per day as well as back up generators for broken or failing water pumps and clinics.

Activities planned in the coming 6-8 weeks (assuming access to Gaza is substantially increased)

UNICEF will advocate for the protection of civilians and vital facilities, and access of the population to basic WASH services. UNICEF will undertake significant WASH programming response activities as described below, as well as enhance coordination through setting up WASH Cluster Approach for better accountability, predictability and effective coordinated response. The WASH Sector initiated coordination efforts since day 3 of the crisis, supported by the existing EWASH mechanism. Solid coordination tools are now being put in place for all sector partners, and WASH will contribute to information management support as inputs to cross-sectoral information needs. Informal coordination inside Gaza exists between the few partners still active, but with similar access and movement challenges as above-described.
Further to the above system support focus, UNICEF will immediately procure key WASH items to support immediate and medium relief efforts, including adult and baby hygiene kits, back up generators, water purification, testing and treatment units, waste management material, etc. In terms of activities, and in spite of the lack of information on the full impact of the current military operation on WASH facilities, the following activities are expected to improve the access to safe drinking water for about 200,000 to 300,000 people through direct support to CMWU (Gaza water utility) and WASH NGOs focusing on the following activities:

a) Provision of emergency water distribution systems (tanks with tapstands) and water-trucking to points located in un-served areas (areas where the network is out of service or where there is no network –about 15%-20% of Gaza strip).

b) Water trucking to and/or restoration of WASH services in gathering sites (IDPs in school, public buildings), hospitals, and affected schools where necessary, to facilitate immediate resumption of education activities.

c) Water and sanitation in 30 family centres (emergency child-protection and psycho-social centres for psycho-social support to individuals and groups, children/mothers/adolescents)

d) Provision of WASH equipment/devices to CMWU for emergency repairs in the areas served by their water network,

e) Distribution of WASH kits to selected families (hygiene kits and household water treatment),

f) Water quality surveillance and hygiene promotion activities.

g) Sanitary and technical assessment of sewerage systems, and remediation/repairs.

h) Support to solid waste management, as required

i) Ensure the involvement and effective coordination of all agencies, including NGO’s in responding to the WASH needs

Child Protection and Adolescent Development and Participation

The heightened insecurity of daily life for children and young people and their exposure to such phenomena as military incursions and killings, home demolitions and displacement, house searches, lack of access to normal routines as schooling and play, lack of access to basic support services have all had an enormous toll on children’s social and emotional well being over the last 18 months. This situation has now been seriously compounded for the 840,000 children in Gaza following the shelling and military incursion in late December 2008/ early January 2009. In addition, parents’ mental and physical coping mechanism has been significantly impacted whilst still bearing the responsibility of caring and supporting their children through this very difficult period. Increasing number of reports of unexploded ordnances littering some areas of Gaza constitute a potentially deadly additional threat to the mobility and well-being of Gaza children, as well as the ability of aid agencies and caregivers to provide adequate protection and supports.

Upon the beginning of the crisis, UNICEF immediately liaised with its staff and partners on the ground to attempt to mitigate the impact of the situation on children, particularly as it relates to children’s psychosocial well being. While outdoor games were impossible to pursue, UNICEF and its partners focused on continuing their efforts to provide children with opportunities to use indoor games, to take their mind off the terrible context as much as possible. Furthermore, UNICEF partners have resumed their psychosocial support activities over the last few days, starting with visits to IDPs centers and vulnerable groups hosted by expanded families. UNICEF was also able to support the resumption of the psychosocial hotline, where trained partner staff, working from morning to late in the night could advise caregivers on how to best protect and reassure distressed children in the given environment.

Activities planned in the coming 6-8 weeks (assuming access to Gaza is substantially increased)

The UNICEF Child Protection program activities will contribute to normalizing the physical, mental and social responses of children, adolescents and primary caregivers. It is therefore proposed to implement a cross-sectoral programme of health, adolescents, gender, and education that will give immediate and appropriate support from multi-disciplinary services under a child protection psychosocial programme that could later be integrated into on-going country planning and programming. In this way, even if the environment and infrastructure of the child’s world remains destroyed and a threat, children have a starting point from which to
rebuild their coping strategies, resilience and assimilation of their experiences from their primary caregivers and other role models i.e. adolescents.

This emergency response will build on existing partnerships and resources to immediately respond to the needs of children and their families affected by conflict through the following activities:

a) Establishment of 30 Family Centres across Gaza Strip that will offer multi-disciplinary interagency services and support including:
   - Early childhood development/child survival (joint UNICEF/WHO integrated management of childhood illnesses) (pregnant women and mothers with children aged 5 years and under), nutrition, supplementary feeding, health and hygiene education, pre-post natal care and psychosocial support.
   - Social services and support for children with special needs
   - Psychosocial services and recreational activities for children aged 6-13 years
   - Sign posting and referral to other services
   - Engaging and mobilising adolescents (13 – 18 years) with community initiatives, peer to peer psychosocial support, health referral, recreational activities and life skills via buddy system with professional community workers
   - Distribution of non food items for children and families
   - Community outreach and follow-up

b) Conducting of initial emergency psychosocial assessment visits to areas most affected, including hospitals and health centres, individual homes and residential institutions. The visits will aim to:
   - Provide immediate psychosocial support to children and parents
   - Identify those children who require referral to more in-depth counselling teams

c) Provision of psychosocial counselling programmes for children affected

d) Offer psychosocial support capacity to front line social care and health workers

e) Making available social and emotional support to parents and their children through the services of a toll free line

f) Distribution of home recreational kits

g) Conduct urgent Mine Risk awareness and education campaigns, covering the risk of unexploded ordnances and remnants of war equipment to children and adults alike

h) Ensure monitoring and reporting on the situation of children affected by conflict

i) Development of advocacy campaigns with the partners and adolescents to reach out and encourage active participation of adolescents to the emergency response or other positive civic society engagement.

UNICEF will continue to ensure the coordination of child protection sector agencies to ensure a comprehensive and cohesive response to the protection issues of children affected by conflict.

Education

The current crisis has resulted in significant damage to school infrastructure and loss of equipment and stationary. A number of schools (up to 20) are already reported to have sustained limited to significant damages, while others may contain unexploded or abandoned ordnances. Furthermore, other school compounds are used as temporary shelter, and may not be available for education use for some time. In such a context, it is extremely unlikely that school will be able too resume normal operations as of 17 January 2009, as planned. When bearing in mind the results of UNRWA semester exams in Gaza in January 2008, which found 50%-60% failure rates in mathematics and a 40% failure rate in Arabic, it is clear that resumption of quality education must be a key priority, to allow a whole generation of Gaza children a chance to gain adequate knowledge and skills for their adult life and ensuing responsibilities. This will also help create some sort of normalcy in their lives as well as relieve the parents from coping on their own.

Activities planned in the coming 6-8 weeks (assuming access to Gaza is substantially increased)

In addition to the pre-positioned education supplies such as school-in-a-box, recreational kits, and math and science kits, possibly catering for up to 30,000 children with supplies already pre-positioned in Gaza alone, UNICEF works with the MoEHE and NGOs to improve education quality and student performance. UNICEF will respond to the emergency with the following actions:
a) Conduct limited repairs for 20 primary schools including replacing some school/classroom furniture and simple equipment or school tents;

b) Provide 60,000 students with stationary item such as pens, pencils, rulers in school bags;

c) Equip 200-250 primary schools in Gaza with teaching equipment including school-in-a-box, recreation kits and math and science kits to benefit 60,000 primary school-aged students;

d) Provide 150 ECD kits to benefit at least 5,000 pre-school children in 100 community centres or kindergartens schoolchildren with 30,000 schoolbags and stationery items;

e) Provide 100,000 copies of remedial education worksheets covering Grade1-4 students;

f) Orient 2,000 teachers on using remedial worksheets. Orientation will also include improved teaching approaches and psychosocial counselling in emergency situations;

g) Provide 30,000 school bags with stationary items as in-kind support too families having lost their houses or important access to income;

h) Provide stationary set to at least 2,000 teachers and 6 Education Directorates such as office papers and stationary;

i) As and if required, provision of students uniforms for about 20,000 primary school children;

j) Training or orientation programme for teachers and parents related to pedagogical methods under emergency situation;

k) Help bring back the normalcy of school system through orientation to parents and social advocacy.

UNICEF will continue to ensure the coordination of the education sector partners, and will strengthen its own capacity too cater for the needs of information management and sector lead, in support to the overall inter agency coordination efforts.
3. FUNDING REQUIREMENTS

The UNICEF Humanitarian Action Update seeks to appeal for US$ 20,000,000.

The amount is an update of the ‘Gaza Immediate Funding Needs Document’ prepared by the Humanitarian Country Team in the occupied Palestinian territory taking into account the increasing demands for children.

Table 1: Gaza Emergency Requirements (US$)

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<tr>
<th>Appeal Sector</th>
<th>Main Activities</th>
<th>Gaza Emergency Requirements in US$</th>
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<tr>
<td>Education</td>
<td>- Conduct limited repairs to schools, including school equipment</td>
<td>$ 2,500,000</td>
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<td>- Provide teaching equipment, stationary, recreational kits, school bags etc.</td>
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<td>- Coordination of Education sector partners (including staffing for coordination, information management, costs of assessments/M&amp;E activities, etc)</td>
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<tr>
<td>Child Protection and Adolescent Development</td>
<td>- Provide immediate inter-disciplinary social, psychosocial and protection services to children, caregivers and adolescence</td>
<td>$ 6,000,000</td>
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<td>- Coordination of child protection partners (including staffing for coordination, information management, costs of assessments/M&amp;E activities, etc)</td>
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<tr>
<td>Health and Nutrition</td>
<td>- Provide essential newborn and child care drugs and equipment</td>
<td>$ 4,000,000</td>
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<td>- Ensure nutrition security for families and prevent severe acute malnutrition</td>
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<td>- Coordination of nutrition partners</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
<td>- Conduct Urgent repairs to WASH facilities to restore services and minimize risks.</td>
<td>$ 6,500,000</td>
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<td>- Rehabilitation of WASH facilities (second phase)</td>
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<td>- Provide domestic and drinking water.</td>
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<td>- Water quality surveillance</td>
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<td></td>
<td>- Distribution of emergency kits (hygiene, water items, other NFIs)</td>
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<td>- Support to sanitation and hygiene promotion</td>
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<td></td>
<td>- Coordination of WASH sector partners (including staffing for coordination, information management, costs of assessments/M&amp;E activities, etc)</td>
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<tr>
<td>Monitoring and Evaluation</td>
<td>- Conduct initial rapid assessment immediately upon access provision to Gaza for support team</td>
<td>$ 1,000,000</td>
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<td>- Facilitate and when required lead in-depth sector assessments in technical areas of concern to UNICEF</td>
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<td>- Establish systems supporting regular data gathering to enable appropriate follow up on the impact of the conflict on children for key indicators</td>
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Total 20,000,000

Details of the occupied Palestinian Territories’ emergency programme can be obtained from:

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