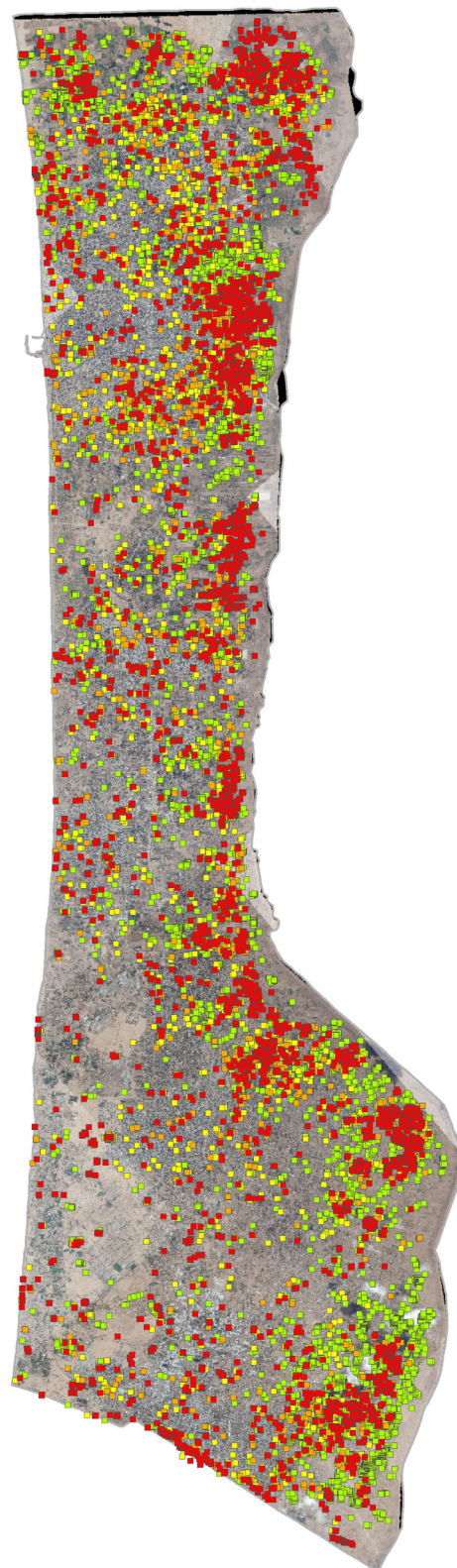




Satellite damage analysis  
Date: 14 August 2014, Source: UNOSAT

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



## Executive Summary

- On 7 July 2014, the Israeli army launched a military operation code-named “Protective Edge”, in the Gaza Strip, following several weeks of escalation. The scale of destruction, devastation and displacement wreaked in the 50 days of conflict that ensued is unprecedented in Gaza, since at least the start of the Israeli occupation in 1967. Following several short-lived cease-fires, on 26 August, the parties to the conflict reached an open-ended cease-fire which has held to date.
- On 13, 18 and 19 August, under the coordination of OCHA, a Multi-Cluster/Agency Initial Rapid Assessment (MIRA) was carried out in Gaza with the aim of gathering baseline information on the needs arising from the military operation, and informing the humanitarian response. A 400-point questionnaire was developed and the assessment teams, drawn from the relevant clusters, UN agencies, NGOs, and line ministries visited all five governorates and 25 municipalities in Gaza. The list of informants included community leaders, NGOs, CBOs, mayors, teachers, youths, IDPs, health experts, and representatives from the electricity and water utilities. Among the key findings:
- Due to the densely populated and urbanized

## Protection concerns

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

- The lack of protection is most evident in the high level of civilian casualties. According to preliminary data collected by the Protection Cluster, since 7 July up to 28 August, at least 2,133 Palestinians have been killed. This figure includes 362 persons who could not be yet identified or their status established. Of the initially verified cases, 1,489 are believed to be civilians, including 500 children (187 girls and 313 boys), 257 women and 282 members of armed groups. Many fatalities involved multiple family members, with at least 142 Palestinian families having three or more members killed in the same incident, for a total of 739 fatalities. According to the Palestinian Ministry of Health, over 11,100 Palestinians, including 3,374 children, 2,088 women and 410 elderly were injured. Preliminary estimates indicate that up to 1,000 of the children injured will have a permanent disability and up to 1,500 orphaned children will need sustained support from the child protection and welfare sectors.
- Explosive Remnants of War (ERW), from Israeli

fire, are widely dispersed in and around homes and public spaces and buildings throughout Gaza. It is estimated that some 1,900 items have to be secured, including non-exploded tank shells, missiles, aircraft bombs, rockets, bullets, shrapnel, fuses, gas canisters and flechettes. These, in addition to ERW contamination from Palestinian armed groups, pose a major risk to the population, especially to children. The main priority is the clearance of ERW and risk awareness campaigns.

- In addition, an increase in the prevalence of a number of existing protection concerns was identified during the assessment. These included excessive disciplinary measures by parents/teachers against children (violence against children was identified in 16 of 25 municipalities); manifestations of gender-based violence (GBV); and increased stress and domestic violence among the affected population. The crisis exacerbated existing child protection issues and undermined protective factors. Children witnessed parents and family being killed and were confronted with the added distress associated with displacement – and being separated from their families – in addition to the tense and volatile situation in shelters. An estimated 373,000 children will require specialized psychosocial support.
- The assessment identified the need for legal support to address some of these protection needs, including pursuing accountability for alleged violations of international law resulting in deaths and injuries, as well as destruction of property as a result of the military operation.
- At the height of the conflict, an estimated

## Internally Displaced Persons (IDPs)

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

homes have been rendered uninhabitable.

- As the number of IDPs in shelters was many times more than had been anticipated in contingency plans based on previous experience of hostilities, overcrowding, a lack of dignity and privacy, lack of adequate sanitation



## Health

and hygiene, insufficient access to water for drinking and for domestic use, and a lack of electricity were some of the concerns raised. Health concerns included communicable diseases, a lack of medical staff in shelters and a lack of medication and health care for chronic diseases. Shelters also provided very limited privacy for women. IDPs with host families also put a significant strain on the already depleted resources of host families and communities.

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

## Humanitarian space

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

- Gaza's health system suffers from chronic shortages in medicine, medical supplies and equipment, and there have been limited training opportunities for staff. Prior to the breakup of hostilities, 27 per cent of the essential drugs and 54 per cent of the essential medical disposable items were out of stock. The energy crisis and the lack of financial support for the Ministry of Health had negatively impacted the continuity and quality of services prior to the recent emergency.

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

- Priorities are the repair and rehabilitation of damaged facilities; maintaining supplies of fuel, medicines and medical disposables; the improvement of IDP shelters to prevent communicable disease outbreaks; and improving the referral process to hospitals outside of Gaza.



## Education

- The new school year, scheduled to start on 24 August, has been postponed to 14 September, impairing more than half a million children's access to education. Twenty-six schools have been completely destroyed and 122 damaged during the conflict, 75 of which are UNRWA schools. At least 11 higher education facilities have also been affected. The education sector was already overstretched prior to the crisis, suffering from a shortage of almost 200 schools, with classes running in double shifts. When schools open, children will face even more acute over-crowding and under-resourcing, as a result of the collateral damage incurred.
- Priorities are ERW clearance and the rehabilitation of schools from damage sustained and due to their use as emergency shelters for IDPs. Furniture, textbooks and learning materials will also need to be replaced. Additionally, with hundreds of thousands of children in need of psychosocial support, teachers and educational staff (many of whom have also experienced acute trauma) will be stretched to provide the appropriate support required to ease children back into school and to provide ongoing support throughout the school year.



## Food Security

- Around two thirds of the population of Gaza was receiving food assistance prior to the crisis, and food insecurity or vulnerability to food insecurity affected 72 per cent of households. At least 40,000 people employed in the agriculture/fishery sector were directly affected by the crisis.
- The most frequently identified concerns regarding food security and nutrition included: loss of the source of income and livelihoods due to severe damage to agricultural lands; death/loss of animals, inability to access agricultural lands, particularly in the Israeli-imposed three-kilometre buffer zone, and loss of employment. This, combined with the lack of disposable income due to livelihoods losses

from the prolonged blockade, has constrained the ability of most households to purchase food from the local market and re-engage in food production for subsistence and income. In several communities, dietary diversity was highlighted as an issue of concern, particularly for children and pregnant and lactating women, due to the lack of diversity in large scale food assistance programmes and the high prices of fresh food and red meat. The lack of cooking gas, fuel, and cooking utensils, as well as the limited access to water were also highlighted as constraints to households' ability to consume cooked food.

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



## Shelter and non-food items

- Some 13 per cent of the entire housing stock in Gaza, comprising 44,300 housing units, is affected. Approximately five per cent of the housing stock is uninhabitable: an estimated 18,000 housing units have been either destroyed or severely damaged, leaving more than 108,000 people homeless. This is in addition to the pre-crisis housing deficit of 71,000 housing units, due to people living in overcrowded or inadequate conditions. Although people in the shelters received basic non-food items (NFIs), needs remain, particularly among host families and the homeless. There were concerns about items not being distributed equally across shelters and among IDPs.
- Priorities are the continued provision of Non-Food Items (NFIs) to IDPs; transition and return solutions for IDPs with a protection focus; ERW clearance and rubble removal; and the entry of construction materials for repair and reconstruction.



## Water, Sanitation and Hygiene (WASH)

- Gaza already faced a challenging situation in regards to water and wastewater prior to the escalation. The high salinity of most of the water extracted from the aquifer and distributed through the network has forced households to purchase more expensive desalinated water for drinking and cooking purposes. Additionally, the shortage of wastewater treatment capacity resulted in the daily discharge of some 90 million litres of raw and partially treated sewage in to the sea, raising environmental and public health concerns. Services were further hampered during the war, due to the damages incurred, the increase in electricity and fuel shortages, and the inaccessibility of many installations. Approximately half a million people were directly affected by damage to water facilities, and one million were affected due to damage to the wastewater plant and wastewater pumping stations.
- Between 20 and 30 per cent of water and sewage networks remain damaged, mostly in the former Israeli-imposed three-kilometre buffer zone. Some 30 to 50 per cent of water storage capacity at the household level is damaged, putting a particular strain on host families. Water, when available, is rarely adequate because of reduced network pressure from damage and power cuts. Households with no electricity and/or supplemental pumps cannot fill rooftop storage tanks even when water is available. Damage to treatment plants and energy shortages has also resulted in an increase in the discharge of raw sewage into the environment. Although solid waste is being collected in most areas, collection is less frequent than usual and the waste is gathered in temporary sites within communities, rather than dumped in designated landfills.
- Priorities included repairs to essential infrastructure and increased distribution of potable and domestic water to households, municipalities and shelters.

## Vulnerable groups

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

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

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

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