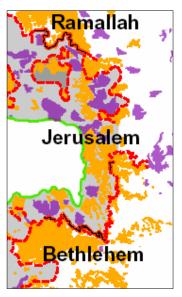




Reports on the West Bank Barrier

JANUARY 2004

Impact of the Jerusalem Barrier



This report aims to outline the impact that construction of the separation barrier will have on the operations and delivery of UNRWA's services in the Jerusalem area.

The report is intended as an early assessment - as construction of the barrier continues - and as the first in a series of regular updates on the conditions of refugees in the area. Furthermore, the profile of some localities will be regularly presented, in order to draw attention on particular conditions of isolation and 'livelihoods restrictions' resulting from the barrier's construction.

Introduction

As of November 2003, the route of the separation barrier had been determined in the Jerusalem area, with the exception of the section extending from South of Anata to the edge of Ma'ale Adumim settlement. On the basis of the published route,

UNRWA's West Bank Field Office has endeavoured to assess restrictions in access to education, health care and relief services by refugees residing in the affected areas. Furthermore, data has been collected on the home addresses of Agency staff, for an estimated impact on the operation of UNRWA programmes in the Field.

Impact on Education

Construction of the barrier will impact access to education at different levels, it will involve both students and teachers, it will affect the operation of UNRWA schools, while also hindering access of refugee students both to UNRWA and PA schools. All these aspects will be reviewed in this section.

Fourteen UNRWA schools are located in the area under consideration. Ten of them will be outside the barrier, whereas four will be inside. Major problems for access of pupils and teachers are envisaged in both categories of schools, as some students and teachers reside in different areas and commute to the schools. A review of the home addresses of both teachers and students highlight that 74 UNRWA teachers will have to exit the barrier in order to reach their work place, and 12 will have to enter from it. In parallel, 190 students will have to go out of the barrier to go to school, and 70 will have to try and enter Jerusalem, because their house will be on the outside of the barrier. Therefore, according to data collected from UNRWA head teachers in the relevant schools, a total of 86 UNRWA teachers and 260 UNRWA students will be affected by the barrier in their daily movements.

The transfer of refugee students to PA schools that are located in more easily accessible districts has been reported in the case of the UNRWA school in Abu Dis, from which 15 refugee students have already moved. Beyond logistical problems of access, proximity of the schools to the barrier site is likely to have a psychologically disruptive effect on all students and teachers alike.

School	Location	Inside or outside the barrier	No. of students	No. of students coming from outside the area		No. of teachers	No. of teachers coming from outside the area	
					affected			affected
Abu Dis Girls	Abu Dis	Outside	618	4	4	21	6	6
Aida Girls	Aida Camp	Outside	733	3	3	28	1	1
Beit Jala Boys	Beit Jala	Outside	601	1	1	26	6	6
Beit Safafa	Beit Safafa	Inside	70	0	0	5	0	0
Jer. Boys	Wad El Joz	Inside	204	50	39	12	7	7
Jer. Girls	Silwan	Inside	196	5	5	15	5	5
Kalandia Boys elem.	Kalandia camp	Outside	500	25	0	17	2	2
Kalandia Boys prep.	Kalandia camp	Outside	411	0	0	11	3	3
Kalandia Girls elem.	Kalandia camp	Outside	410	1	1	13	2	2
Kalandia Girls prep.	Kalandia camp	Outside	552	0	0	19	2	2
Shufat Boys elem.	Shufat camp	Outside	469	0	0	18	10	10
Shufat Boys prep.	Shufat camp	Outside	460	3	3	12	9	8
Shufat Girls	Shufat camp	Outside	1480	178	13	46	34	34
Sur Baher	Sur Baher	Inside	542	26	26	20	0	0
TOTAL			7,246	296	95	263	87	86

UNRWA schools, Jerusalem area

In addition to students attending UNRWA schools, a considerable number of refugee children are enrolled in PA and private schools in Jerusalem and its suburbs. In Jerusalem itself, 2,152 refugee students are enrolled in 33 PA and private elementary schools, and 1,625 refugee students are in 15 secondary schools. In Jerusalem's suburbs, 3,872 refugee students attend 23 elementary schools; and 1,446 are in 13 secondary schools. No details are available on their place of residence, therefore their route to school cannot be determined. However, it is most likely that a considerable proportion of these students will be affected by the barrier's construction, especially after completion of the UNRWA cycle of education (9th grade), when all refugee children enroll in PA secondary schools.

University students are not recorded according to refugee status, therefore no exact figures are available for the impact of the barrier on higher education of refugees in the Jerusalem area. However, a strong deterioration in the possibility to attend courses at Al-Quds, Bethlehem and Bir Zeit Universities can be envisaged.

Kalandia Training Centre does provide accommodation to its trainees. However, students generally visit their families on holidays and other occasions. Out of the total 440 trainees presently attending KTC, 46% will need to go through the barrier in order to reach their original place of residence, and come back to the Centre.

Impact on Health Care

Jerusalem town is an important centre for the provision of health care services to refugees. Construction of the barrier will directly affect access to the UNRWA Jerusalem Health Centre; two other UNRWA Health Centres and two Sanitation stores will be separated from surrounding areas (Shufat and Kalandia Camps); also access of refugees to secondary and tertiary care in Jerusalem hospitals will be severely hampered.

The UNRWA Jerusalem Health Centre (JHC) is located in the Old City of Jerusalem. Over the past three months (August-October 2003), a total number of 19,095 generic visits was completed at the Centre; 5,101 pediatric visits; 1,650 pre-natal visits and family planning; and 1,802 dental treatments. About 60% of patients usually come from the outskirts and surroundings of town, therefore their access to health care will be delayed or obstructed by the barrier. Moreover, the head doctor, a nurse, the laboratory technician and the pharmacist of the JHC reside outside of town, and need to pass through the barrier to reach their work place. Smooth completion of medical procedures is impacted by delays and difficulties experienced by medical staff as well as patients.

A random visit to the JHC highlighted that the average duration of the journey from villages around Jerusalem to the Health Centre was three hours. The trip always involved climbing over, or squeezing through, the concrete blocks which presently constitute the barrier in Abu Dis. The health centre personnel reported cases of refugees referring to the Centre also for barrier-related accidents, i.e. falling or slipping from the Barrier. An even more remarkable number of such cases are reported by the Abu Dis clinics, which are closer to the site of accidents. Apparently some grease is spread at the bottom of the barrier, in order to discourage or damage 'infiltrators'.

A mobile clinic has been established by the JHC in order to cope with increasing problems of access to its services. A doctor, a nurse and an assistant pharmacist receive patients affected by non-communicable diseases (high blood pressure and diabetes) at a room made available by the Biddo local council. However, due to lack of doctors the clinic has not been operating for the past two months.

Two more UNRWA Health Centres and two Sanitation stores are located in Shufat Camp and Kalandia Camp. Both localities are going to be 'cut out', i.e. will be East side of the barrier. Although primarily serving refugee patients from the camp, access by medical personnel and neighbouring communities will be restricted.

UNRWA stipulates conventions with hospitals in Jerusalem in order to meet refugees' needs for secondary and tertiary health care. For example, pregnant women with high risks factors, e.g. high blood pressure, diabetes etc., and a record of at least three visits to the JHC, are referred to the AI Maqassed hospital in Jerusalem. Overall, this hospital has received 839 refugee patients from 1 January to 15 November 2003. In addition, 2,605 refugee patients have been treated in the August and Victoria hospital, and 2,811 in St John's Eyes hospital. Their average length of stay in St John's hospital was two days. Type of treatment ranged from diagnosis (2,145); reference (155); simple operations (145);

diabetes eye laser operations (129); one session laser operations (36); and major operations (404).¹

As highlighted in the table below, a considerable number of hospital patients come from Nablus and Hebron areas. Also the great majority of patients residing in Jerusalem area is not actually from Jerusalem town. Therefore almost the entire 6,255 refugees being referred to secondary and tertiary care in Jerusalem will encounter the barrier on their route to the hospital.

HOSPITAL	Hebron area patients	Jerusalem area patients	Nablus area patients	GRAND TOTAL
Al Maqassed	200	551	88	839
August & Victoria	846	1,637	122	2,605
Saint John's	844	1,612	355	2,811
TOTAL	1,890	3,800	565	6,255

Refugees treated in Jerusalem hospitals, Jan-Nov 2003

Impact on Relief and Social Services

Construction of the separation barrier in the northern areas of the West Bank is clearly resulting in impoverishment of the affected communities. Limited access to goods, services, natural resources, market and job opportunities is having a detrimental impact on all sectors of the population. A similar effect can be envisaged in the Jerusalem area.

Vulnerable families enrolled under the Emergency and Special Hardship programmes will not only be involved in this general wave of impoverishment. While becoming more dependant on humanitarian assistance, they will also be impacted by any access problem that the Agency staff will experience in the delivery of aid.

A review of families receiving UNRWA's emergency assistance residing in localities affected by the Jerusalem barrier amounts to 6,984 cases 'inside', and 11,472 cases 'outside' the barrier. In addition, 1,057 families in the area receive special hardship assistance.² Eighteen staff members of the Relief and Social Services department will need to cross the barrier every day in order to reach their work place and/or perform their duties in the community.

Relief and social activities will also be impacted by the location of some relevant Agency installations in areas isolated by the barrier. This will be the case for a distribution centre, two supplementary feeding centres and two community centres located in Kalandia and Shufat Camps. Both camps will be located 'outside' of the barrier. Although primarily serving camp residents, these installations also attract beneficiaries from surrounding areas. In this respect, the Shufat community and rehabilitation centre will be particularly

¹The discrepancy in the number of treatments received at St John's hospital and the number of patients referred from the areas is due to the fact that some refugee patients approached the hospital without being referred from the Area officers. Also St John's records on type of treatment does not highlight cases when a patient received more than one treatment, e.g. a diagnosis and an operation. As a result, number of treatments exceeds by 203 the number of patients referred from the Areas. See below table on home addresses of patients.

 $^{^{2}}$ No differentiation could be made between SHCs residing inside and outside the wall, due to the codification system of their place of residence (i.e. more than one village correspond to each code).

affected, as a 20% average of the disabled patients will need to go through the Barrier in order to continue their rehabilitation activities.

Refugees' livelihoods - Civil, Social and Economic Rights



Citizenship and residency rights are of special complexity in the Jerusalem area. At present, already some people residing in Jerusalem peripheral neighbourhoods are not endowed with Jerusalem IDs, and therefore experience great difficulties in accessing the centre of town. Construction of the separation barrier will result in additional complications: areas inhabited by Jerusalem ID holders will be 'cut out' of the barrier, whereas some areas inhabited by West Bank ID holders will be taken inside the barrier route. The

impact that such territorial arrangement will have on the residency rights and freedom of movement of the Palestinian population in the area cannot yet be determined. It may be envisaged that Jerusalem ID holders, whose place of residence will be on the 'external' side of the barrier, would need to move 'inside' town in order not to lose their Jerusalemite status --and provided they can prove that Jerusalem is their 'Centre of Life', i.e. that they reside, work and send their children to Jerusalem schools. However, their practical options to move 'inside' town will be rather scarce, as little accomodation is available in East Jerusalem for such a massive relocation. By the same token, it is likely that West Bank ID holders, whose place of residence is being included 'inside' will be classified as illegal residents, and required to move out. Some early warning signs of such policy could be noticed in Nu'man village, where an IDF night-time operation gathered all young men from the locality and asked them to give up their title deeds to their land. Although such request was met by refusal, the local population now fears the threat of forced displacement.

Another option relevant to residency status might be the distribution of special permits to those wishing to reside in areas which are considered 'inappropriate' vis-à-vis the barrier structure. Difficulties in the concession of such documents, and enforcement of the related rights, have already become evident in the northern part of the West Bank (Jenin, Tulkarem and Qalqilya). No better prospect is envisaged for residents affected by the creation of the 'Jerusalem envelope'.

Updates on confiscation orders, demolition or damage to shelters, movement of goods and trade conditions across different sides of the barrier will be recorded as construction of the barrier advances and the impact on these sectors progressively becomes clearer. Also cases of refugees residing and working, owning land, businesses etc. on different sides of the barrier will be investigated; migration flows and aspirations will be recorded; and changing perceptions/conditions will be looked at for specific sub-groups of the affected refugee population (e.g. women, youth, agricultural workers, etc.). A monthly update will gather updates in the fields above, as well as any detail on the adequate running and delivery of UNRWA services to the refugee population.