







Food Security and
Nutrition Survey of
Herding Communities In
Area C

Joint UNRWA – UNICEF – WFP Household Survey

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Acronyms and Abbreviation

ARI Acute Respiratory Infection

FAO Food and Agriculture Organization of the United Nations

HH Head of Household

ICA Israeli Civil Administration

IDF Israeli Defence Forces

MoSA Ministry of Social Affairs

NCHS National Centre for Health Statistics

NIS New Israeli Shekel

oPt occupied Palestinian territory

PA Palestinian Authority

PCBS Palestinian Central Bureau of Statistics

PFHS Palestinian Family Health Survey

SEFSec FAO/WFP Socio Economic and Food Security Survey Report

UNFPA United Nations Population Fund

UNRWA United Nations Relief and Works Agency for Palestine Refugees in the Near

East

UNICEF United Nations Children's Fund

USD United States Dollar

WFP World Food Programme

WHO World Health Organization

Executive Summary¹

As territorial fragmentation continues in the West Bank herding communities living in Area C face increasing movement restrictions, limiting their access to range land and natural water resources. The Israeli occupation, expansion of illegal settlements, and displacement of Palestinian communities over the past decade, combined with drought, have forced Bedouin and herding communities in Area C to rely on bought fodder and tankered water, which is unsustainable. Livelihoods are under threat and families are struggling to meet their dietary needs. Aid assistance is mitigating some negative effects of chronic food insecurity but the situation remains poor. In addition to the hundreds of roadblocks and check points, there are severe restrictions on the development of water infrastructure. As a result, herding communities in Area C are falling deeper into poverty and debt. To prevent this continuous deterioration, the United Nations World Food Programme (WFP) and the United Nations Relief and Works Agency (UNRWA) launched a joint emergency programme in August 2009. It aims to protect and assist 5,200 Area C Bedouin and Palestinian herder families (approximately 38,840 individuals), including more than 2,400 refugee families, to maintain their livelihood and way of life in the face of political and environmental challenges. This is part of a broader inter-agency food security and nutrition monitoring programme to provide protection and assistance to herding communities in Area C.

Using the FAO/PCBS/WFP Socio-Economic and Food Security methodology, this study was conducted in October 2009 to establish a food security and nutrition baseline to measure the impact of the joint UNRWA/WFP project and other interventions targeting this population group. UNICEF's objective was to establish a baseline on the nutritional status of children to inform programming and advocacy priorities related to Area C.

This survey summarises the first statistics available on food security and nutrition conditions among herder communities in Area C. The survey does not provide trends, nor does it offer indepth analysis of the findings. The data presented here provide a snapshot of conditions for about a tenth of the households in Area C during the month of October 2009.

Main Findings

Food Security

Food insecurity in Area C is the result of the physical and economic restrictions that
prevent access to sufficient, safe and nutritious food. Israel's military control of Area C also
exacerbates water scarcity and causes the cost of food to be more expensive than it would
otherwise be.

 Seventy-nine percent of surveyed Bedouin and Palestinian herders in Area C are food insecure compared to the West Bank Palestinian population where 25 percent of households are food insecure. The level of food insecurity for these herding communities is higher than in Gaza where 61 percent of households are food insecure.

• Food expenditure as a proportion of total household expenditure is as high as 62 percent.

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¹ The methodology used for this survey of Area C is similar to the 2008 West Bank SEFSec so that data can be compared. The SEFSec was conducted during the last 6 months of 2008, while the Area C survey was conducted in the six months to October 2009.

Table 1: Main food security indicators in herding communities in Area C (%)

FOOD SECURITY INDICATORS	2009 (Area C herders)	2008 (SEFSec / National Level)
Food insecurity	79	25
Poor food consumption	42.5	10
Families currently in debt	93	
Families without further access to credit	20	

Nutrition

- The prevalence of wasted, underweight and stunted children between six and 59 months is 5.9 percent, 15.3 percent and 28.5 percent, respectively. These rates indicate poor, and in the case of stunting, serious nutritional status according to WHO guidelines. Although not directly comparable due to the use of different methodological tools, the rates are far worse than the West Bank averages of 1.7 percent, 3.2 percent, and 7.9 percent, respectively, as reported in the 2006 Palestinian Family Health Survey (PFHS).
- There is a high prevalence of disease related to poor nutrition and hygiene. Forty-four percent of children aged 6-59 months had a diarrheal episode two weeks prior to the survey while 48 percent had acute respiratory infection (ARI) two weeks prior to the survey. Diarrhoea prevalence in Area C is far higher than the West Bank average of 11.5 percent. ARIs are one of the four or five leading causes of deaths among young children in oPt.
- The introduction of complementary fluids to almost half (48.8 percent) of infants 0-6
 months old instead of exclusive breastfeeding as recommended by WHO and UNICEF,
 coupled with challenges in accessing safe water, pose immediate and long-term health
 risks for children.
- Only 6.7 percent of children surveyed eat the recommended five meals per day, and the high proportion of young children (41.1 percent) who eat just two meals a day, especially the 9.1 percent who consume just one meal per day, require urgent interventions.

Table 2: Key indicators of nutrition among young children (%)

CHILD NUTRITION INDICATORS	2009 (Area C herders, analysis based on 2006 WHO reference)	2006 (PFHS / West Bank, analysis based on 1977 NCHS reference)
Global Acute Malnutrition (GAM)	5.9	1.7
Underweight	15.3	3.2
Stunting Prevalence	28.5	7.9

Coping Mechanisms

- Seventy-seven percent of surveyed households rely on credit to buy food with nearly a third reporting selling their productive assets to fund food purchases.
- Forty percent have not paid utility bills (water and electricity) in the past six months.
- Households are reducing their food intake, especially parents who are cutting their ration
 to allow children to eat more. Eighty-one percent of households are spending less on food;
 94 percent are buying poorer quality food;
 86 percent are cutting the quantity they are
 buying; and
 93 percent have cut their consumption of meat.
- More than 50 percent of households have cut health and education spending which will have long-term implications.

Assistance

• Eighty-four percent of families interviewed received assistance in the previous six months. Of these, 80 percent said the main assistance was food aid followed by other forms of assistance such as health assistance (19 percent).

- Twenty percent was very satisfied with the assistance they received, 50 percent were satisfied and 25 percent were either unsatisfied or very unsatisfied.
- Of those who received no assistance, 68 percent said the main reason was that they did
 not know they could receive assistance, 17 percent believed they lived in non-accessible
 areas and 15 percent did not apply for assistance.²

² It is important to note that the first cycle of WFP / UNRWA food distribution was still under way when the survey was undertaken between 5 and 29 October. As of November 2009, WFP and UNRWA have provided assistance to 100 percent of surveyed families.

Main Recommendations

Food insecurity and poor nutrition among the Bedouin and Palestinian herder population is mainly a result of the ongoing conflict with Israel and the resulting restrictions in terms of movement, access to water and land, the development of basic infrastructure and the resulting impact on basic service delivery. Integrated food security and nutrition interventions must therefore be complemented by protection and advocacy responses.

Food Security and Nutrition Responses

- Continue food aid to food insecure and food dependent families who are physically blocked or frustrated from obtaining access to food.
- Ensure socio-economic and food security indicators are regularly monitored to ensure rapid intervention in emergency situations and to capture trends over time.
- Identify and assist newly vulnerable groups to prevent the continued deterioration in household food security and nutrition levels.
- Interventions should urgently address access to sufficient safe water.
- Delivery of an integrated health and nutrition package to improve micronutrient and immunization coverage.
- Implement a communication strategy to promote appropriate infant and young child feeding, maternal nutrition, immunization and hygiene promotion.
- Support initiatives to protect, diversify, and develop household income generation. Cash
 assistance and the extension of agricultural services related to livestock should be
 prioritized as a driver of livelihood recovery.
- Develop and implement a medium-term poverty strategy to enhance household livelihoods including expanded access to health care and education.

Protection and Advocacy Responses

- Continued agency-wide focus on mainstreaming a 'protection reflex' in order that programmes adapt service delivery to emerging needs of target population accordingly.
- Ongoing design and implementation of tailored protection projects/interventions and inter-Agency responses aiming to reduce the vulnerability of the target population. This is to take place alongside and in complement to Agency regular activities.
- Continuous monitoring and reporting of incidents of rights violations in Area C herding
 communities and presentation of reported violations of IHL to the relevant Authorities and
 the wider UN Advocacy Framework (OCHA / OHCHR, etc.). Mobilisation and awareness of
 the diplomatic community through briefings and updates on the situation of herding
 communities to ensure sustained focus on the target population from the International
 Community. This is to be supported by a targeted and coordinated advocacy strategy.

Background³

Area C

The Oslo II Accords signed in 1995 established the Palestinian Authority (PA) and divided the West Bank into three administrative areas (known as "A", "B" and "C"). ⁴ Though the interim arrangements were supposed to lead to a gradual transfer of power to the PA, there have been no official changes to the control of areas A, B, and C since the start of the second *Intifada* in September 2000. The subsequent construction of the barrier and ongoing expansion of Israeli settlements have placed additional restrictions and limitations on the PA in Area C localities. More than 60 percent of the West Bank is classified as Area C, where Israel retains full security and administrative control over planning and construction, while the Palestinian Authority is responsible for the provision of services. This division has created challenges in ensuring that basic services are provided to the most vulnerable communities in Area C. For example, the PA is responsible for the provision of education and health services. However, difficulties in obtaining building permits from the Israeli Civil Administration (ICA) for the construction or expansion of schools and health clinics significantly impedes its ability to fulfill this responsibility. The delivery of basic public services is likewise severely challenged by access and movement restrictions across Area C.

There are over 400 Palestinian villages that have some part of their built up area in Area C. Of these, 254 communities have more than 50 percent of their built up area in Area C. While it is difficult to ascertain the exact Palestinian population residing in Area C due to the high number of communities whose boundaries overlap Areas A, B and C, it is estimated that as many as 150,000 Palestinians live in Area C.⁵ Service provision to populations in Areas A and B has increased in recent years while communities in Area C still struggle to access basic services and assistance such as water/sanitation, primary education and basic safe shelter.

Area C contains 121 settlements, with a population of approximately 290,697⁶ Israeli settlers who have been allowed to transfer to the West Bank in contravention of IHL. Settlers frequently attack Palestinians. Since January 2008 there have been more than 625 incidents of settler violence, including physical injury and damage to property.

Area C is of vital importance to all Palestinians as it is critical to Palestinian economic development. Area C holds the bulk of Palestinian agricultural and grazing land and main aquifers. Moreover, because Area C is the only contiguous territory in the West Bank, and is therefore the bridge between all three areas, it is critical to the free movement, travel and transport of people and goods. It also holds land reserves necessary for the expansion of Palestinian population centres.

Given that it is less-densely populated, Area C locations are the desired site of sanitary landfills, waste-water treatment plants and other environmentally sensitive infrastructure. Any large-scale

 $^{^{\}rm 3}$ Based on the "Humanitarian Response Plan for Area C".

⁴ The Israeli-Palestinian Interim Agreement divided the West Bank into 3 areas:

[•] Area A: under the full control of the PNA, comprising all major population centres;

Area B: under Palestinian civil control and Israeli security control, encompassing most rural villages; and

[•] Area C: approximately 60% of the West Bank, under complete Israeli control for both security and civil administration, sparsely populated and consisting of most of the agricultural land in the West Bank.

⁵ Bimkom 2008; "The prohibited Zone". Data is not available disaggregated per refugee status; however it estimated that around 46% (70,000) of the population in Area C are registered refugees. For this calculation, the percentage of registered refugees was based on 1997 PCBS Census data.

⁶ B'Tselem, 2009 - Settlements Populations (http://www.btselem.org/English/Settlements/).

infrastructure projects, including national roads, water and electricity networks, water treatment plants, etc., will involve work in Area C. According to the World Bank, however, the recurrent destruction of trees, private homes and public infrastructure by Israeli authorities and settlers, as well as settler encroachment on this land, creates a permanent state of insecurity that deters Palestinian investment. ⁷ As a result, economic activity in Area C is almost exclusively limited to low intensity agriculture and herding. ^{8,9}

The Humanitarian Situation in Area C

The Palestinian population in Area C is composed of some of the most vulnerable families and communities in the oPt. Of the approximately 40,000 Palestinians residing in communities entirely in Area C, 35,000 live in 200 vulnerable herding/Bedouin encampments. Farmers and herders living in Area C tend to fare worse than the general population in terms of social indicators. This is because they usually live in remote areas under-served in public services (education, water/sanitation, health care) and infrastructure. They are rarely granted permits to upgrade their homes or to invest in agriculture and other businesses. ¹⁰

Whilst service provision to populations in Areas A and B has increased over recent years, the humanitarian situation in Area C is deteriorating. Traditional livelihoods of herding and Bedouin communities are under threat. Increasingly limited access to land and lack of permits and water resources has eroded traditional livelihoods of herding and Bedouin communities and has led to increased poverty. Of the 1,500,000 dunums of existing grazing lands in the West Bank, 85 percent is closed to Palestinians as a result of Israeli settlements, closed military areas and the barrier. As a result, only 225,000 dunums are available for the grazing of sheep and goats. ¹¹

Insufficient land for pasture forces herders to buy expensive fodder to feed their animals which often forces herders/Bedouin into debt. For herders/Bedouin, livestock has now become a financial liability rather than an asset.¹² The intrusive route of the barrier through eight of the eleven West Bank governorates isolates farmers from their farms, greenhouses, grazing lands and water resources.¹³ The completion of the barrier will further aggravate the situation, with an expectant loss of almost 15 percent of West Bank agricultural land. Drought and frost have exacerbated the hardship.

This has forced families to leave Area C and increased their dependency on humanitarian and development-related aid and assistance. ¹⁴ Forced displacement also threatens family cohesion and strains host communities and traditions. ¹⁵

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⁷ The World Bank, 2008 – The Economic Effects of Restricted Access to Land in the West Bank. Social and Economic Development Group, Finance and Private Sector Development. Middle East and North Africa Region.

⁸ The World Bank, 2008 – The Economic Effects of Restricted Access to Land in the West Bank. Social and Economic Development Group, Finance and Private Sector Development, Middle East and North Africa Region.

⁹ FAO/WFP, December 2009 – Food Security and Vulnerability Analysis Report in the oPt.

¹⁰ FAO/WFP, December 2009 – Food Security and Vulnerability Analysis Report in the oPt.

¹¹ O'Callaghan Sorcha, Jaspars Susanne, Pavanello Sara – Losing Ground: Protection and Livelihoods in the Occupied Palestinian Territory. ODI Humanitarian Policy Group (HPG) Working Paper, July 2009.

¹² UNRWA, 2009 – Isolated Herding Refugee Population, Draft document.

¹³ OCHA, July 2009 – Five Years After the International Court of Justice Advisory Opinion: A Summary of the Humanitarian Impact of the Barrier.

¹⁴ FAO/WFP, December 2009 – Food Security and Vulnerability Analysis Report in the oPt.

¹⁵ UNRWA, 2009 – Isolated Herding Refugee Population, Draft document.

Assessment Justification

Over nine months, UNRWA and WFP will distribute food to 5,200 herding households (refugee and non-refugee) in 209 Area C communities. Each ration, designed to last three months, ¹⁶ contains cereals, pulses, vegetable oil, sugar and salt. As a result of the intervention, families will be able to decrease their food expenditure and invest more in sustaining their livelihoods. This is part of a broader inter-agency programme of food security and nutrition monitoring, and providing protection and assistance to herding communities in Area C.

This is the first food security and nutrition survey of Area C. It aims to establish food security and nutrition baselines against which subsequent responses can be measured, and to inform and refine future programming interventions. More data on children's health and nutrition status will be available by end-2010 through the multiple indicator family survey undertaken by UNICEF, UNFPA and PCBS.

Baseline Objectives

The baseline will provide an overview of the food security and nutrition status of the herding communities selected for the UNRWA-WFP pilot project. Benchmarks for dietary diversity patterns, food consumption and general socio-economic profiles will be set. It will also provide crucial information for UNICEF health and nutrition interventions. This is the first survey of this sample size undertaken in Area C, and as such, does not provide trends, nor does it offer in-depth analysis of the findings due to lack of supporting data.

The objectives of the baseline are:

- 1. To provide the socio-economic profile of the herding communities living or earning their livelihoods in Area C, including baseline information on livelihood options, access to credit, and level of indebtedness and expenditure patterns.
- 2. To set a benchmark of the dietary diversity and food consumption for households benefiting from WFP-UNRWA interventions.
- 3. To generate recommendations to strengthen inter-agency responses and interventions in these herding communities.
- 4. To establish the prevalence of child malnutrition and causal factors, including communicable disease and infant and child feeding challenges.
- 5. To establish coverage of essential immunization and micronutrient interventions in Area C.
- 6. To identify programme interventions to accommodate the seasonal migration patterns of the Bedouin and Palestinian herder communities.

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¹⁶ The caseload is based on the 2009 UNRWA/OCHA Vulnerability Survey. It should comprise the overall herding/Bedouin communities living or having its livelihood in Area C.

Methodology

This Food Security and Nutrition Survey was developed jointly by UNRWA, UNICEF and WFP. The food security questionnaire is similar to the Socio-Economic and Food Security Survey Questionnaire that is regularly used by WFP, FAO and PCBS, for the purposes of comparability over time. ¹⁷

Nutrisurvey software was used to determine sample size and clusters across Area C localities, in this cross-sectional nutrition survey. The sampling frame of villages was provided by UNRWA. Anthropometric measurements were taken for children aged six to 59 months, found in randomly selected households. Nutrition data entry and analysis was carried out using SPSS software, Anthro and Nutrisurvey/ENA packages of data analysis.

The anthropometric analysis was based on WHO 2006 standard references. Height and weight measurements were recorded to the nearest 0.1 cm and 100g respectively. The questionnaires are attached in Annex 4.

Eight teams of UNRWA social workers conducted the survey in October 2009. Training was provided to the teams by UNICEF and WFP in Jericho (1-2 October 2009) and data was collected from 5th October 2009 until 29th October 2009.

The survey target population comprised approximately 5,200 households located in Bedouin and Palestinian herder communities currently targeted by the joint UNRWA-WFP project.

Table 3: The targeted and surveyed population in Area C

Governorate	Targeted Population (nos)		Sı	urvey Sample (nos)		
	Refugees Families	Non Refugees Families	All Families	Refugees Families	Non Refugees Families	All Families
Bethlehem	69	278	347	18	16	34
Hebron	1376	874	2250	117	121	238
Jenin	54	133	187	14	1	15
Jericho	331	267	598	14	37	51
Jerusalem	217	635	852	36	19	55
Nablus	196	127	323	3	22	25
Qalqiliya	15	99	114	33	10	43
Ramallah	101	120	221	8	6	14
Salfit	10	5	15	0	0	0
Tubas	230	46	276	8	27	35
Tulkarem	7	0	7	0	0	0
Total	2606	2584	5190	251	259	510

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¹⁷ WFP/FAO/PCBS, Socio Economic and Food Security Survey Report in West Bank, August 2009 WFP/FAO/PCBS, Socio Economic and Food Security Survey Report in Gaza Strip, November 2009

Demographic and Household characteristics¹⁸

1. Household size

The average household in the surveyed population has 7.4 people, more than the average West Bank household of 5.5 people. Each has an average of 3.8 males and 3.6 females. Households in the Nablus governorate have nine members on average while households in the Tubas governorates have eight members on average, making them the largest in the survey.

2. Refugee Status

Fifty-one percent of families are non-refugee and 49 percent are refugees. As shown in Figure 1, most herders (90 percent) are non-refugees, while most Bedouin (65 percent) are refugee.

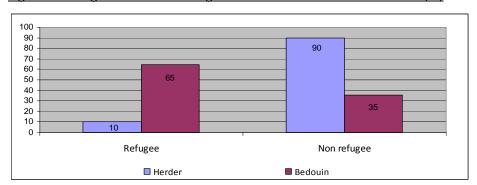


Figure 1: Refugee status according to Bedouin and Palestinian Herder (%)

3. Bedouin and Palestinian Herder

Of the families interviewed, 71 percent are Bedouin herders and 29 percent are Palestinian herders. There are more Bedouin herders than Palestinian herders in all surveyed governorates except Nablus where Palestinian herders are the majority (84 percent).

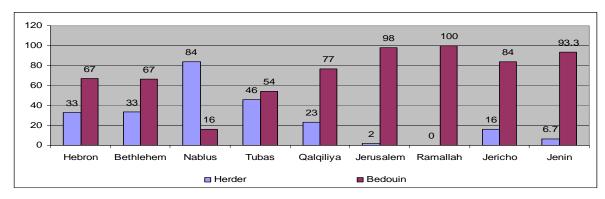


Figure 2: Bedouin and Palestinian Herders by governorate level (%)

¹⁸ Comparisons against the West Bank average rely upon data from Socio-Economic and Food Security Survey Report (SEFSec); West Bank, 2009

4. Community location according to the barrier.

Fifteen percent of the surveyed families live in enclaves, surrounded by the barrier or settlements; and five percent live in seam zones, in between the Green Line and the barrier.

90 79 80 70 60 50 40 30 15 20 5 10 0 Outside Barrier Surrounded by Barrier Inside Barrier

Figure 3: Location of the community according to barrier (%)

5. Dwelling Characteristics

Sixty-five percent of families in Area C live in makeshift dwellings or caves. Most of the dwellings are of poor quality, built mostly from concrete cinder blocks or metal sheeting, with the poorest living in wood or cardboard dwellings.

Twenty-five percent live in tents. The rest live in other forms of accommodation such as apartments (4 percent) and 6 percent of families live in single room properties (with multiple families sharing one dwelling).

By comparison 56 percent of West Bank households live in houses and 40 percent live in apartments.

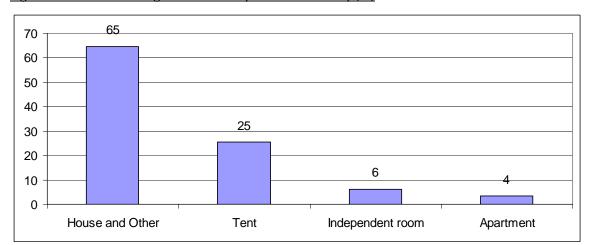


Figure 4: Kind of dwelling unit the family lives in currently (%)

6. The main source for water, electricity and energy

Water

Across Area C, the main sources of drinking water are rainwater harvesting cisterns, the Israeli public network and water storage tanks. The Israeli and Palestinian public network services just nine percent of households in Area C compared to an average of 82 percent across the West Bank.

Among surveyed households, 50 percent of the surveyed herders use cisterns for drinking water compared to 21 percent of Bedouins. According to the World Bank, the health impacts of water-borne disease are especially harsh on small communities unconnected to the network, and for people living in Area C, who are vulnerable to both access controls and to the high cost and poor quality of water.¹⁹

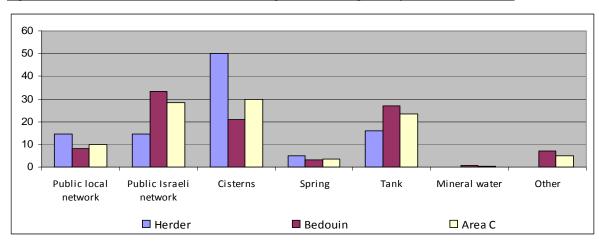


Figure 5: Main sources for household drinking water among surveyed households (%)

Electricity

Forty-one percent of surveyed families had no electricity compared to an average of just one percent of families across the West Bank.

Specifically, 44 percent of Bedouin households had no electricity and 35 percent of Palestinian herders had no electricity. Twenty-four percent relied on the public electrical network compared to 97 percent of the West Bank. Other sources of electricity were community and neighborhood generators (19 percent) and private generators (seven percent).

No households in the Jenin and Ramallah governorates had electricity. Jerusalem and Bethlehem had the highest coverage of electricity (50 percent) followed by Tubas (25 percent).

¹⁹ The World Bank, April 2009 – West Bank and Gaza, Assessment of restrictions on Palestinian Water Sector Development.

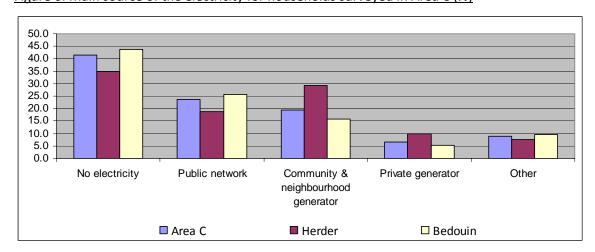


Figure 6: Main source of the electricity for households surveyed in Area C (%)

Energy

Sixty percent of households use wood as the main cooking fuel. Dependency on wood was as high as 70 percent for preparing some basic foods such as baking bread. Only 42 percent of households used cooking gas, compared to 97 percent across the West Bank in general.

Sixty-eight percent relied on wood/coal for heating compared to 24 percent of households in general in the West Bank.

7. The availability of kitchen, bathroom and toilet

Ninety-seven percent of West Bank households have a kitchen with piped water. However, only 68 percent of herder families and 65.7 percent of Bedouin families have a kitchen and of these approximately 20 percent have piped water.

Bathroom and toilet availability is similar. Nearly all West Bank families have a bathroom with piped water but just 60 percent of Palestinian herding households and 66 percent of Bedouin households have a bathroom and of these only 20 percent have running water.

Similarly, only 70 percent of Palestinian herder households and 59 percent of Bedouin households have a toilet and of these, only 20 percent have running water.

8. Livelihoods

Eighty percent of interviewed families did not own agricultural land which is comparable to the proportion of West Bank families (75 percent) who do not own agricultural land.

However, the average land holding for households in Area C is half the average for West Bank land holdings, 6.5 dunums compared to 13 dunums.

Still, a significantly larger proportion of Palestinian herder families and Bedouin families own agricultural land, 44 percent and 33 percent respectively.

Income/Expenditures²⁰

1. Total Income

Sixty-eight percent of surveyed families in Area C said their income had fallen in the previous six months and that they had been falling for the past two years. Average monthly incomes have shrunk to NIS 1,024 (US\$277), less than half the average West Bank monthly income of NIS 2,554 (US\$690). Herding families earn even less. Palestinian herders earned NIS 947 a month (US\$256) and Bedouin herders earned NIS 1,060 (US\$286) a month.

By comparison only 40 percent of West Bank families in general reported a decrease in their income while 55 percent reported a stable income.

2. Households Expenditure

The average monthly household expenditure in Area C in the previous six months was NIS 2,011 (US\$544). Of this, NIS 1,249 (US\$338) was spent on food, accounting for 62 percent of household expenditure. By contrast the average West Bank household spent NIS 1,107 (US\$299) a month on food, accounting for 49 percent of household expenditure. ²¹

Still, 28 percent of families said they had cut their expenditure and in doing so households predominantly cut spending on food (81 percent), clothing (83 percent), and non-food items (83 percent). They were less inclined, or able, to cut spending on education (58 percent), health (60 percent), transportation (76 percent) and utility bills (53 percent).

Of those that cut spending on food, 94 percent reduced the quality of food they bought and 86 percent reduced the quantity of food they bought or consumed. Of those reducing the quantity of food purchased, 93 percent bought less meat and fruits and 77 percent cut their milk and dairy intake.

3. Access to credit

Eighty-two percent said they relied on credit to fund household purchases including food. Nearly 60 percent of surveyed families said they used credit to purchase food compared to 47 percent of West Bank families. ²²

A massive 93 percent of surveyed households in Area C are in debt.

Assistance

Although the first cycle of WFP / UNRWA food distribution was still underway when the survey was undertaken between 5 and 29 October, 84 percent of families interviewed received some form of food, health or other assistance in the previous six months. Eighty percent said they had received

²⁰ Comparisons against the West Bank averages and national income data rely upon data from Socio-Economic and Food Security Survey Report (SEFSec); West Bank, 2009

²¹ SEFSec, West Bank (2009)

²² SEFSec West Bank data (2009)

food assistance and just 1.6 percent said they had received cash assistance compared to 32 percent of assisted households in the West Bank. ²³ As of November 2009, WFP and UNRWA have provided assistance to 100 percent of surveyed families.

Fifty-three percent of children who were sick in the surveyed households relied on the Ministry of Health as the primary health care provider while 22 percent visited UNRWA health centres and mobile clinics. These results were partially affected by the joint UNRWA/WFP food distribution project that targeted the surveyed households.

Twenty percent of households receiving assistance said they were very satisfied, 50 percent said they were satisfied with what they received, and 25 percent said they were unsatisfied or very unsatisfied.

Of the families that reported receiving no assistance, 15 percent said they had not applied for any, 17 percent said they were living in remote areas, while 68 percent said they did not know they qualified for assistance.

Household food security levels

Food security exists when all people, at all time, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life. Food insecurity exists when this access is jeopardized.

The following food security estimates are based on income and consumption poverty, as opposed to the food acquisition methodology. The table underneath provides a description of the four food security groups identified:

Food Security Groups

Food Secure	Marginally Secure	Vulnerable to Food	Food Insecure
		Insecurity	
-Households with income	-Households showing	-Households showing	-Households with
and consumption above	either income OR	both income and	income and
USD5.6/adult	consumption above	consumption below	consumption below
equivalent/day	USD5.6/adult	USD5.6/adult	USD4.7/adult
-Households with	equivalent/day (not	equivalent/day	equivalent/day
income or consumption	both)	EXCEPT households	-Households showing
between USD4.7 and	-Households with both	showing no decrease	decrease in total, food
USD5.6/adult	income and	in expenditure	and non-food
equivalent/day but show	consumption between	patterns (categorized	expenditures,
no decrease in total, food	USD4.7 and	as marginally secure).	including households
and non-food	USD5.6/adult		unable to further
expenditures.	equivalent/day but show		decrease their
	no decrease in		expenditure patterns.
	expenditure patterns.		

Seventy-nine percent of the assessed herding communities living or working in Area C are food insecure which means they live on less than US\$4.70 per adult equivalent per day. By contrast 25 percent of West Bank households are food insecure.

-

²³ This is as a percentage of received assistance

Three percent of the remaining Area C herding households are vulnerable to food insecurity, 13 percent are marginally food secure and less than five percent are food secure. This compares with an average of 35 percent of households in the West Bank that are food secure.

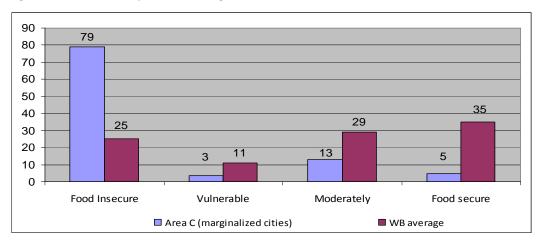


Figure 7: Food security levels among households in Area C (%)

Food security by received assistance

Eighty-five percent of food insecure families received assistance and 15 percent have not received any assistance.

Food security by location to barrier

Families who live in the Seam Zone are most vulnerable to food insecurity. The majority, 88.5 percent, of households in these areas are food insecure compared to 79 percent of all surveyed households in Area C.

Food security by purchasing on credit

Food insecure families are more reliant on credit to fund household spending than food secure families (figure 8). In the West Bank 60 percent of food insecure families purchased their food on credit.

90 82 80 70 70 60 50 40 30 30 18 20 10 0 Food Insecure Food secure ■ Purchased on credit ■ Didn't purchased on credit

Figure 8: Food security levels in surveyed households in Area C by use of credit (%)

Food security by external shocks facing households in Area C

Difficulty accessing water was the main challenge (73 percent) food insecure households faced.

Fifty percent of households said animal disease had also been a challenge and 52 percent said the sickness of a family member had also posed challenges.

Food secure households said the main challenge (65 percent) was the barrier.

Table 4: Households in Area C who faced difficulties by food security level (%)

Challenges	Food Insecure	Food secure	All Surveyed households in Area C
Access to water	73	44	73
Animal disease	50	22	46
Sickness of HH members	52	48	51
Barrier	34	65	38

Sources of food²⁴

On average, 53 percent of surveyed families relied on cash to purchase food. Twenty-one percent depended on credit when cash was unavailable.

Twelve percent of Area C households said they produced some of their own food. Ten percent said they relied on food aid.

20

²⁴ This is for specific food items outlined in Annex 4 in the questionnaire (in Q601_3)

60 53 50 40 30 21 20 12 10 10 2 2 1 Credit Food aid Other Gift Cash (own Own Barter cash) production

Source of Food

Figure 9: Main food sources in surveyed households in Area C (%)

Food consumption score

Data was collected between 5 and 29 October 2009.

The Food Consumption Score estimates the amount and variety of food consumed by households in the seven days preceding the survey. It counts the number of times specific food items are consumed. Households are categorised as having 'poor', 'borderline' and 'acceptable' food consumption patterns.

Poor food consumption consists of a diet in which cereals (bread and rice), potatoes, sugar and oil are eaten almost daily, vegetables are eaten four days in seven while animal products and fruits are very rarely consumed. Quantities are also likely to be low and fail to provide kilocalorie requirements.

A borderline diet is similar but includes slightly more frequent consumption of vegetables (five times in a week), meat and eggs (three to four times a week) and fruits (twice a week). Quantities are probably just sufficient to meet kilocalorie requirements.

An acceptable diet is more diversified with consumption of the various food groups on a near daily basis. The amounts consumed are expected to be sufficient to meet kilocalorie requirements.

Forty- three percent of surveyed families had a poor diet, 28 percent had a borderline diet and 30 percent had an acceptable diet. In the West Bank²⁵, 72 percent of families have a good or acceptable diet while just 10 percent have a poor diet (figure 10).

Ramallah and Jenin governorates are the most affected with 71 percent and 67 percent of households recording a poor diet.

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²⁵ SEFSec data (2009)

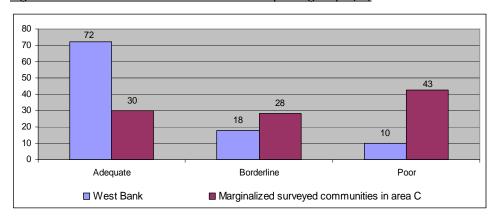


Figure 10: Poor and borderline food consumption groups (%)

Current Shocks, Risks and Coping Mechanism

1. Difficulties faced by households

a. Health Conditions

Respondents were asked whether a household member was sick (for a period greater than six months). More than half the families (51 percent) faced this issue, a similar proportion to the West Bank average.

b.Access and prices for water

More than 73 percent reported difficulties accessing water. Moreover, 80 percent said water prices had increased over the previous six months. As highlighted by the World Bank, communities unconnected to water network services pay very high prices for often poor quality water (typically four times more than network water). ²⁶ Households in Area C are directly impacted as 53 percent rely on cisterns and tanks rather than a public water service network.

c. Drought

Drought has affected 70 percent of the surveyed households during the past six months.

2. Coping strategies

Table 5 provides an overview of the coping strategies used during the survey period. More than half the households interviewed said they had cut their spending on health and education to funding food consumption. Even more worrying because it affects their ability to sustain a livelihood in the future, nearly a third had sold their productive assets to fund food consumption. Faced with no other options, once they have exhausted all other means for funding their food consumption, as many as 12 percent are forced to leave their land and relocate to another town.

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²⁶ The World Bank, April 2009 – West Bank and Gaza, Assessment of restrictions on Palestinian Water Sector Development.

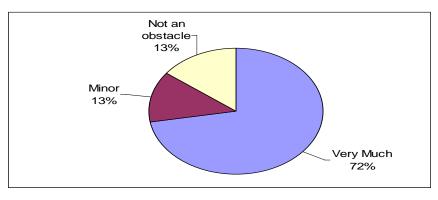
Table 5: Long run coping strategies by security levels (%)

Long Run Coping Strategy (during last six months)	Food Insecure	Food secure	Surveyed households in Area C
Not pay bills/utilities	38	43	40
Used life savings	40	52	43
Sale of assets jewellery, furniture, productive assets, etc)	38	30	37
Sale of productive assets/operational	41	18	36
Redistributing resources within extended families to save	40	17	37
Reduce health and education expenses	54	32	51
Change place of residence	13	9	12

Mobility and access to basic services

Seventy-two percent of people who live or work in the surveyed communities in Area C reported access difficulties during past six months. Thirteen percent said they faced minor difficulties while 13 percent said they did not face any obstacles during the same period (figure 11).

Figure 11: Did you/your family face any access difficulties in the past six months?



Sixty-two percent of families said they had difficulties reaching work compared to 18 percent of households in the West Bank reporting difficulties reaching work.

Of those having difficulties reaching work, more than 80 percent said the problem was their inability to get a permit to cross checkpoints within the West Bank or to work in Jerusalem or Israel or due to military installations such as barriers and checkpoints. Eighty-four percent of households said expensive transportation costs also stopped them from traveling to work.

Table 6: Average Distance from home to nearest service (in kilometres)

	Surveyed households in Area C	West Bank ²⁷
Public transportation	5	1
Nearest clinic	8	2
Health centre	8	2
Nearest elementary school	6	1
Nearest maternal health centre	12	2

Nutritional Household Survey

Results

The survey focused on the prevalence of acute malnutrition (wasting), underweight and stunting among children between six and 59 months old.

Wasting or acute malnutrition is a measure of thinness in relation to height and is associated with severely inadequate food intake and recurrent bouts of diarrhoea. The term "underweight" is a composite form of under-nutrition that includes elements of stunting and wasting and is a measure of weight relative to age. Stunting is a measure of shortness relative to age, and is caused by prolonged nutritional inadequacies.

The survey assessed 5,190 families, including 510 children. Of the children surveyed, 54.2 percent were boys, and 45.8 percent were girls. For details on the localities, and distribution by age and sex aggregates, please see Tables A17 and A18 in Annex 1.

1. Wasting

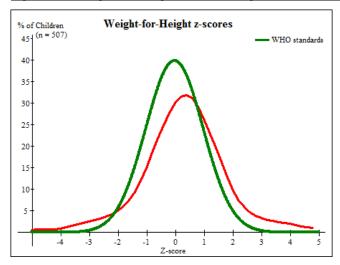
Table 9: Prevalence of wasting (%)

Indicator	Total n = 506	Boys n = 273	Girls n = 233
Prevalence of global acute malnutrition	5.9	4.8	7.3
Prevalence of moderate acute malnutrition	4.5	2.9	6.4
Prevalence of severe acute malnutrition	1.4	1.8	0.9

For more technical details, please see Table A19 in Annex 1.

²⁷ SEFSec data (2009)

Figure 12: Weight for height deviation against reference population



About 1.4 percent of children (1.8 percent of boys and 0.9 percent of girls) suffered from severe "wasting" or severe acute malnutrition, and 5.9% of children (4.8 percent boys, 7.3 percent girls) were malnourished. No cases of oedema, or swelling of body parts due to excess of fluid in the interstices of body tissues, were reported. Though rates are not directly comparable due to the use of different methodological tools (reference populations), the rates are far higher than the West Bank averages as reported in the Palestinian Family Household Survey 2006, which are less than 0.5 percent and 1.4 percent, respectively.

Children aged six to 17 months and 54 to 59 months recorded higher levels of acute malnutrition (11.2% and 14.3% respectively) than the rest of the age categories. As shown in Figure 12, 9.5 percent of children were overweight. Comparable data for the West Bank is not available. For details on distribution by age, please see Table A20 in Annex 1.

2. Underweight

Table 11: Prevalence of underweight (%)

Indicator	Total n = 510	Boys n = 277	Girls n = 233
Prevalence of underweight	15.3	14.1	16.7
Prevalence of moderate underweight	11.6	10.5	12.9
Prevalence of severe underweight	3.7	3.6	3.9

Overall, 15.3 percent of children were underweight and 3.7 percent were severely underweight, indicating a poor situation based on WHO standards that define rates below 10 percent as acceptable, between 10 and 20 percent as poor, between 20 and 30 percent as serious, and above 30 percent as critical. Again, while the data are not directly comparable, the West Bank average for underweight children in 2006 was 3.2 percent.

Children aged six to 17 months and 54 to 59 months recorded the highest rates of underweight prevalence, 23.1 percent and 17.9 percent respectively. The period between six and 17 months is

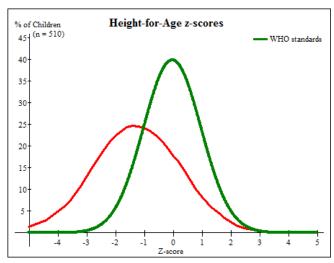
especially important as for a child's physical and mental development. To see distribution by age, see Table A22 in Annex 1.

3. Stunting

Table 13: Prevalence of stunting (%)

	Total n = 510	Boys n = 277	Girls n = 233
Prevalence of stunting (Children short for their age)	28.5	27.4	29.6
Prevalence of moderate stunting (Moderate shortness for age)	17.5	15.5	19.7
Prevalence of severe stunting (Severe shortness for age)	11.0	11.9	9.9

Figure 13: Height for age deviation against the reference population



Chronic malnutrition, or stunting, affects 28.5 percent of children, one-third of who are severely stunted. Overall, severe stunting affects 11 percent of children. These rates indicate a poor nutrition context according to WHO, which defines stunting rates below 10 percent as acceptable, between 10 and 20 percent as poor, between 20 and 40 percent as serious, and above 40 percent as critical. Average West Bank stunting rates were 7.9 percent in 2006. For technical details, see Table A23 in Annex 1.

Though all age categories recorded serious stunting levels, rates among children six to 17 months old were the highest (38.1 percent). For more details on stunting by age, see Table A24 in Annex 1.

4. Infant and child care

WHO and UNICEF recommend exclusive breast-feeding for infants up to six months of age on demand and that breast-feeding continue, with appropriate complementary foods, to the age of two years and beyond.

Of the 510 children assessed, 131 or 25.7 percent were breast-feeding at the time of the assessment. Of these, 85 percent were breast-fed within one hour after birth while the rest were breast-fed after one hour. WHO and UNICEF recommend babies to be breast-fed within the first hour of birth.

Table 15: Breast-feeding introduction after birth

Breast-feeding introduction after birth (%)		
Within one hour after birth	85	
Between 1 st to 6 th hour	9.5	
After 1 day	5.4	

Most children were breast-fed on demand (83 percent), 14.9 percent were breast-fed three to six times in a day, while 2.1 percent were breast-fed less than three times in a day. Up to 4.2 percent of the child population assessed had never been breast-fed. Among the children currently not breast-feeding, about 26.6 percent were breast-fed for less than one year.

Almost half of mothers, 46.2 percent, said they stopped breast-feeding because they were pregnant. The availability of commercial baby formula was the reason given by 3.6 percent of mothers. Another 2.1 percent said they stopped breast-feeding on the advice of someone while 0.9 percent said they stopped breast-feeding because of something they heard in the media.

Table 16: Length of breast-feeding period among 6-24 month age group

Length of breast-feeding period (%)					
Less than 6 months 10.2					
6-11 months	16.4				
12-15 months	37.2				
15 months and over	32.0				
Never breast-fed	4.2				

Complementary feeding

Table 17: Introduction of fluids / foods to infants

Introduction of fluids / foods to infants (%)				
0-3 months 12.9				
4-5 months	35.9			
6-8 months	42.6			
9 months and more	8.6			

About 13 percent of infants receive fluids and foods in their first three months and the introduction of complementary foods escalates sharply after that. The challenges of accessing safe water pose clear risks to infant health. Only 42.6 percent of the infants received complementary foods (fluids and soft foods) at the appropriate age of 6-8 months.²⁸

These complementary feeding results are based on the revised Infant and Young Child Feeding Guidelines and are not comparable with oPt and West Bank complementary feeding estimates of 56.7 percent and 50.4 percent, which considered proportion of children 6-9 months receiving complementary foods (PFHS, 2006).

Table 18: Feeding frequency for children 6-59 months old

Frequency of feeding children/ 24 hours (%)					
One meal in a day 9.1					
Twice	32.0				
3-4 times	52.2				
5 or more times	6.7				

UNICEF recommends a minimum of five meals a day for children below five years old, but only 6.7 percent of children are fed this often and 41.1 percent eat just two meals a day. Fifty-two percent eat three or four times a day.

5. Diarrhoea and acute respiratory infections

In the two weeks prior to the survey, 44.4 percent of children had diarrhoea and 48 percent had acute respiratory infections (ARIs), which are indicative of serious public health concerns. The West Bank average as reported in Palestinian Family Health Survey in 2006 was 11.5 percent and 14.5 percent for pneumonia. ARIs are one of the four or five leading causes of deaths among young children.

In the six months prior to the survey 65.9 per cent of children below 12 months old had received Vitamin A and D supplementation. This coverage is lower than the acceptable coverage rate of 80 percent as defined by the Ministry of Health (MoH).

The Ministry of Health and UNRWA are the main providers of health care for children. Still, a substantial proportion, 17.3 percent, rely on private clinics for health care.

Table 19: Main providers of health care for sick children

Sources of health care when child is sick / 24 hours (%)				
MoH clinic	53.4			
UNRWA clinic	21.6			
Red Crescent clinic	0.2			
International NGO clinic	2.4			
Local NGO clinic	3.3			
Private clinic	17.3			
Never been sick	1.8			

Conclusions and Recommendations

Seventy-nine percent of surveyed families in herding communities in Area C are food insecure and highly dependent on assistance. While the survey was being conducted, 84 percent reported receiving some form of food and/or cash and health assistance. These findings can be contrasted with the averages from the 2009 SEFSec West Bank report, which identified a West Bank food insecurity rate of 25 percent.

The higher food insecurity rate in Area C herding communities is caused by the intensified administrative and military restrictions, and several years of drought. As shown in the survey findings, more than 50 percent of the families surveyed reported difficulties in reaching work due to Israeli restrictions (i.e. inability to get a permit to cross checkpoints with the West Bank, to work in Jerusalem or Israel, imposed military restrictions). Thirty-eight percent were confronted with access issues due to the Barrier. Seventy-three percent of the sample population faced difficulties to access water. Drought has affected 70 percent of the surveyed households during the past six months prior to the survey. Due to imposed restrictions, lack of access to basic services, and the impact of the drought, 12 percent of the surveyed population had to face forced displacement.

The desperate need for assistance is reflected by household spending patterns. Sixty-two percent of total household expenses go to purchasing food. This is alarming. The PCBS defines a deeply impoverished household as one that devotes 44 percent of its expenditure to food.

In addition to experiencing food scarcity, families in Area C also suffer a shortage of water with 73 percent reporting trouble accessing water and 54 percent say they have experienced family illness that has impeded their ability to afford food. Forty-six percent say the need to access animal health care has also been a challenge.

The prevalence of stunted (28.5 percent) and underweight (15.3 percent) children is of serious concern, and much higher than the West Bank averages of 7.9 percent and 3.2 percent, respectively. The prevalence of diarrhoea (44.4 percent) and acute respiratory infections (48 percent) represent a public health concern, especially when combined with inadequate infant and child feeding practices and poor access to safe water.

The introduction of complementary food to almost half (48.8 percent) of infants 0-6 months old instead of exclusive breastfeeding as recommended by WHO and UNICEF, coupled with challenges in accessing safe water, point to the need for behaviour change communication strategies especially designed to reach isolated, mobile communities.

Only 6.7 percent of children surveyed ate the recommended five meals per day, and the high proportion of young children (41.1 percent) who eat just two meals a day against the recommended five daily meals, especially the 9.1 percent who consume just one meal per day, require urgent intervention.

To strengthen the food security of herding communities in Area C:

- Continue food aid to food insecure and food dependent families where physical access restricts access to food.
- Ensure socio-economic and food security indicators are monitored regularly, and to conduct further in-depth, qualitative analysis of causal factors.
- Identify and assist newly vulnerable groups with sufficient levels and types of assistance.

- Assistance should address issues such as access to water.
- Support initiatives to protect, diversify, and develop household income generation. Cash based assistance (either conditional through cash-for-work or unconditional through cash transfers) should be prioritised as a driver of livelihood recovery. Also critical is the extension of agricultural services to increase the productivity of livestock.

The recommendations below address responses to IHL violations aimed at alleviating the administrative and military restrictions that are the root cause of vulnerability in Area C.

- Continued agency-wide focus on mainstreaming a 'protection reflex' in order that programmes adapt service delivery to emerging needs of target population accordingly.
- Ongoing design and implementation of tailored protection projects/interventions and inter-Agency responses aiming to reduce the vulnerability of the target population. This is to take place alongside and in complement to Agency regular activities.
- Programmatic response to the humanitarian consequences of rights abuses through two possible modes of action:
 - o Service delivery through regular programmes and/or targeted assistance, and
 - Support to reinforce the capacity of authorities, civil society, and community based organisations.
- Continuous monitoring and reporting of incidents of rights violations in Area C herding communities and presentation of reported violations of IHL to the relevant Authorities and the wider UN Advocacy Framework (OCHA / OHCHR, etc.).
- Mobilisation and awareness of the diplomatic community through briefings and updates on the situation of herding communities to ensure sustained focus on the target population from the International Community. This is to be supported by a targeted and coordinated advocacy strategy.

Interventions to rectify the deteriorating nutrition situation include:

- Rigorous nutrition and disease surveillance.
- To prevent sickness and death from unsafe water, a robust communication strategy on hygiene awareness.
- Behaviour change interventions will additionally focus on infant and young child feeding, promoting exclusive breast-feeding for the first six months, appropriate complementary feeding after six months, and continued breast-feeding until 24 months.
- Strengthening the capacity of the Ministry of Health to reach marginalized and difficult to access areas with an integrated package of health and nutrition services.
- Also needed is an in-depth study on education access challenges to inform strategies for bringing schools closer to children.

Annex 1 – Detailed tables

Table A 1: Is your dwelling? (%)

	Rented unfurnished	Rented furnished	Owned	For free	Other
Herding surveyed communities in Area C	5.1	0.2	79.8	13.8	1.2
Herder	6.3	0.7	85.3	4.9	2.8
Bedouin	4.8	0	77.0	17.6	0.6

Table A2: Main sources of electricity Herding surveyed communities in Area C (%)

	Public network	Community generator	Neighbourhood generator	Private generator	No electricity	Other
Herding surveyed communities in Area C	23.7	7.9	11.5	6.7	41.3	8.9
Herder	18.8	8.3	20.8	9.7	34.7	7.6
Bedouin	25.5	7.9	7.9	5.1	43.9	9.6

Table A3: Main source of energy for cooking (%)

	Gas	Kerosene	Electricity	Wood
Herding surveyed communities in Area C	42.2	0.2	0.2	57.5
Herder	48.6	0.0	0.0	51.4
Bedouin	38.9	0.3	0.3	60.5

Table A4: Main source of energy for heating (%)

	No heat	Gas	Kerosene	Electricity	wood	other
Herding surveyed communities in Area C	4.1	2.4	1.6	11.6	67.6	12.8
Herder	4.9	4.2	2.8	13.2	61.1	13.9
Bedouin	3.9	1.7	1.1	10.7	70.5	12.1

Table A5: Main source of energy for baking (%)

	Gas	Kerosene	Electricity	Wood	Other	
Herding surveyed communities in Area C	4.3	0.4	3.1	70.3	21.9	
Herder	4.9	0	2.8	49.0	43.4	
Bedouin	3.9	0.6	3.4	78.7	13.5	

Table A6: Availability of the kitchen, bathroom and toilet in the household (%)

		with Piped	without Piped	No
		Water	Water	
Herder	Kitchen	23.8	44.8	31.5
	Bathroom	23.6	36.8	39.6
	Toilet	27.1	43.8	29.2
Bedouin	Kitchen	20.5	45.2	34.3
	Bathroom	19.7	34.8	45.5
	Toilet	20.5	38.8	40.7

Table A7: Families that own agricultural land (%)

	Yes	No
Herding surveyed communities in Area C	19.6	80.4
Herder	44.4	55.6
Bedouin	32.6	67.4

Table A8: Household income during past six months (%)

	Yes,	Yes,	No, remained the
	Decreased	increased	same
Herding surveyed communities in Area C	68	4	28
Herder	68	4	28
Bedouin	68	3	29

Table A9: Household expenditures during past six months (%)

	Yes,	Yes,	No, remained the
	Decreased	increased	same
Herding surveyed communities in Area C	50	28	22
Herder	47	33	18
Bedouin	50	26	23

Table A10: Households that reported cutting expenses (%)

Items	Herding surveyed communities in Area C	Herder	Bedouin
Food	81	80	81
Clothes	83	83	83
Education	58	60	57
Housing needs	83	82	83
Health	60	65	58
Travel\recreation	52	48	53
Transportation	76	76	76
Utility bills	53	52	54
Other	22	36	16

Table A11: Access to credit (%)

	Yes	No
Herding surveyed communities in Area C	82	81
Herder	87	13
Bedouin	80	20

Table A12: The change in the purchasing of food on credit (%)

	Increase	Decrease	Stayed the	Don't know
			same	
Herding surveyed communities in Area C	59.0	8.0	32.0	2.0
Herder	61.1	7.9	28.6	2.4
Bedouin	57.7	7.9	33.0	1.4

Table A13: Do you/your family face difficulties to reach work in the past six months? (%)

	Not difficult	Difficult	Very difficult	Almost Impossible	Not applicable
Herding surveyed communities in Area C	21.3	30.8	29.2	2.4	16.2

Table A14: Problems faced in reaching their work (%)

	Herde	er	Bedo	uin
	Yes	No	Yes	No
Inability to get a permit to cross checkpoints				
(within WB)	80.9	19.1	76.1	23.9
Inability to get a permit to work in				
Jerusalem/Israel	83.1	16.9	81.4	18.6
Inability to move within the West Bank due to				
movement restrictions (barrier, checkpoints,				
earth mounds, etc)	87.2	12.8	78.7	21.3
Inability to get to Israeli/Jerusalem due to				
movement restrictions (barrier, checkpoints,				
earth mounds, etc)	85.2	14.8	84.2	15.8
Transportation cost unaffordable	83.7	16.3	84.5	15.5
Due to the long time it takes to reach				
workplace	81.3	18.7	79.8	20.2

Table A15: Health services among herder and Bedouin (%)

Table A13. Health		Herd			Bedo	uin		
	We needed but didn't receive the service	We received the service but late	We received the service it within the right time	Didn't need	We needed but didn't receive the service	We received the service but late	We received the service it within the right time	Didn't need
Emergency/injuries (2 hours)	9.9	7.0	16.2	66.9	4.8	5.9	16.4	72.8
Ambulance (1 hour)	3.5	1.4	1.4	93.7	4.2	3.1	2.8	89.8
Hospital/labour services (2 hours)	8.5	3.5	10.6	77.5	3.4	2.8	19.4	74.4
Care/child care (diarrhea, coughing) (1 day)	7.1	2.8	18.4	71.6	3.4	8.5	25.5	62.6
Special cases (broken bone etc) (1 week)	0.7	0.7	1.4	97.2	0.9	1.7	3.5	93.9
Mental health care (1 day)	1.4		1.4	97.2	1.4	1.2	1.7	95.7
Follow up on chronic diseases (1 week)	4.2	1.4	16.2	78.2	1.7	3.4	14.6	80.2
Vaccination (1 week)	4.9	3.5	28.2	63.4	3.1	5.4	50.3	41.2
Maternal health (1 week)	1.4	0.7	12.8	85.1	1.7	1.7	26.4	70.1
Birth control (1 week)	1.4		2.9	95.7	1.2	0.9	12.8	85.2

Table A16: Movement restrictions movement on herding communities (%)

	Very Much	Minor difficulties	Not an obstacle
Herding surveyed communities in Area C	72.2	13.	14.8
Herder	69.2	12.6	18.2
Bedouin	73.5	13.2	13.2

Table A17: Distribution of age and sex of study sample

Age/Sex	Boys		Girls		Total		Ratio (Boy: Girl)	
Age/ Sex	no.	%	no.	%	no.	%	Ratio (Boy. Gill)	
6-17 months	73	49.7	74	50.3	147	28.9	1.0	
18-29 months	85	59.4	58	40.6	143	28.1	1.5	
30-41 months	58	51.8	54	48.2	112	22.0	1.1	
42-53 months	45	57.0	34	43.0	79	15.5	1.3	
54-59 months	15	53.6	13	46.4	28	5.5	1.2	
Total	276	54.2	233	45.8	509	100.0	1.2	

Table A18: Distribution of the assessed children by governorate

Governorate	Frequency	Percent
Hebron	238	46.7
Bethlehem	34	6.7
Nablus	25	4.9
Tubas	35	6.9
Qalqiliya	43	8.4
Jerusalem	55	10.8
Ramallah	14	2.7
Jericho	51	10.0
Jenin	15	2.9
Total	510	100.0

Table A19: Prevalence of wasting based on weight-for-height z scores by sex

Indicator	Total n = 506	Boys n = 273	Girls n = 233
Prevalence of global acute malnutrition (<-2 z-score and/or oedema)	(30) 5.9 % (4.2 - 8.3, 95% C.I.)	(13) 4.8 % (2.8 - 8.0, 95% C.I.)	(17) 7.3 % (4.6 - 11.4, 95% C.I.)
Prevalence of moderate acute malnutrition (<-2 z-score & >=-3 z-score, no oedema)	(23) 4.5 % (3.0 - 6.7, 95% C.I.)	(8) 2.9 % (1.5 - 5.7, 95% C.I.)	(15) 6.4 % (3.9 - 10.3, 95% C.I.)
Prevalence of severe acute malnutrition (<-3 z-score and/or oedema)	(7) 1.4 % (0.7 - 2.8, 95% C.I.)	(5) 1.8 % (0.8 - 4.2, 95% C.I.)	(2) 0.9 % (0.2 - 3.1, 95% C.I.)

Table A20: Prevalence of acute malnutrition by age

		was (<-	vere sting 3 z- ore)	Moderate wasting (>= -3 and <-2 z-score)		Normal (> = -2 z score)		Oedema	
Age (mths)	Total no.	No.	%	No.	%	No.	%	No.	%
6-17	143	3	2.1	13	9.1	127	88.8	0	0.0
18-29	143	1	0.7	4	2.8	138	96.5	0	0.0
30-41	112	2	1.8	3	2.7	107	95.5	0	0.0
42-53	79	0	0.0	0	0.0	79	100. 0	0	0.0
54-59	28	1	3.6	3	10. 7	24	85.7	0	0.0
Total	505	7	1.4	23	4.6	475	94.1	0	0.0

Table A21: Prevalence of underweight by sex

	All n = 510	Boys n = 277	Girls n = 233
Prevalence of underweight (<-2 z-score)	(78) 15.3 % (12.4 - 18.7, 95% C.I.)	(39) 14.1 % (10.5 - 18.7, 95% C.I.)	(39) 16.7 % (12.5 - 22.1, 95% C.I.)
Prevalence of moderate underweight (<-2 z-score and >=-3 z- score)	(59) 11.6 % (9.1 - 14.6, 95% C.I.)	(29) 10.5 % (7.4 - 14.6, 95% C.I.)	(30) 12.9 % (9.2 - 17.8, 95% C.I.)
Prevalence of severe underweight (<-3 z-score)	(19) 3.7 % (2.4 - 5.7, 95% C.I.)	(10) 3.6 % (2.0 - 6.5, 95% C.I.)	(9) 3.9 % (2.0 - 7.2, 95% C.I.)

Table A22: Prevalence of underweight by age

		unde	vere rweight z-score)	Moderate underweigh t (>= -3 and <-2 z-score)		Normal (> = -2 z score)		Oedema	
Age (mths)	Tota I no.	No.	%	No.	%	No.	%	No.	%
6-17	147	9	6.1	25	17.0	113	76.9	0	0.0
18-29	143	4	2.8	17	11.9	122	85.3	0	0.0
30-41	112	3	2.7	11	9.8	98	87.5	0	0.0
42-53	79	0	0.0	4	5.1	75	94.9	0	0.0
54-59	28	3	10.7	2	7.1	23	82.1	0	0.0
Total	509	19	3.7	59	11.6	431	84.7	0	0.0

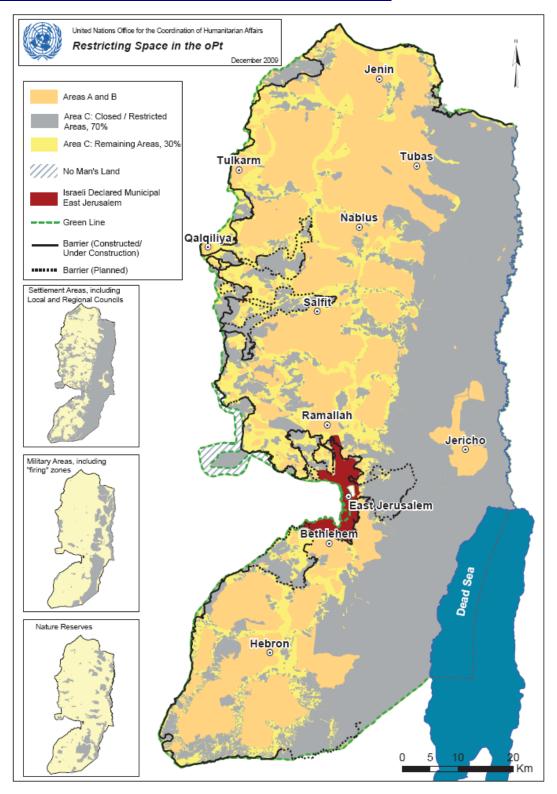
Table A23: Prevalence of stunting

	All	Boys	Girls
	n = 510	n = 277	n = 233
Prevalence of stunting	(145) 28.5 %	(76) 27.4 %	(69) 29.6 %
(<-2 z-score)	(24.7 - 32.5,	(22.5 - 33.0,	(24.1 - 35.8, 95% C.I.)
(Children short for their age)	95% C.I.)	95% C.I.)	(24.1 - 33.8, 93% C.I.)
Prevalence of moderate	(00) 17 F 0/	/42\ 1F F 0/	
stunting	(89) 17.5 %	(43) 15.5 %	(46) 19.7 %
(<-2 z-score and >=-3 z-score)	(14.4 - 21.0,	(11.7 - 20.3,	(15.1 - 25.3, 95% C.I.)
(Moderate shortness for age)	95% C.I.)	95% C.I.)	(13.11 23.3) 3370 6)
Prevalence of severe stunting	(56) 11.0 %	(33) 11.9 %	(22) 0.0 %
(<-3 z-score)	(8.6 - 14.0,	(8.6 - 16.3,	(23) 9.9 %
(Severe shortness for age)	95% C.I.)	95% C.I.)	(6.7 - 14.4, 95% C.I.)

Table A24: Prevalence of stunting by age based on height-for-age z-scores

		Seve stunti (<-3 z-so seve shortn	ing core) re	(>= ·	erate stunting -3 and <-2 z- score) Moderate hortness	Normal gr (>	rowth = -2 z score)		
Age (mths)	Total no.	No.	%	No.	%	No.	%		
6-17	147	15	10.2	41	27.9	91	61.9		
18-29	143	19	13.3	20	14.0	104	72.7		
30-41	112	11	9.8	16	14.3 85		75.9		
42-53	79	8	10.1	1 8 10.1		63	79.7		
54-59	28	3	10.7	4	14.3	21 75.0			
Total	509	56	11.0	89	17.5	364	71.5		

Annex 2 – OCHA Map of Area C / Restriction Space



Annex 3 - Food Security / Food Consumption Score

Food Security levels

The following parameters were used to analyze food security (same methodology as from the West Bank and the Gaza Strip SEFSec):

- Food secure: income AND consumption ≥ US\$5.6/adult equivalent/day, or between US\$4.7-5.6 and no decrease in total food and non-food expenditures.
- Marginally food secure: income OR consumption ≥ US\$5.6/adult equivalent/day, or income AND consumption between US\$4.7-5.6 with no decrease in total expenditures
- Vulnerable to food insecurity: income AND consumption < US\$5.6 but no decrease in expenditures (those would be marginally food secure)
- Food insecure: income and consumption < US\$4.7, and households with decrease of total food and non-food expenditures or unable to decrease expenditures further.

Food consumption patterns

The Food Consumption Score estimates the amount and variety of food consumed in the households during the 7 days preceding the survey, by counting the number of times specific food items (grouped in specific food groups) are consumed. Three groups are constructed by applying thresholds that define a 'poor' food consumption pattern, 'borderline' food consumption, and 'acceptable' food consumption. Essentially:

- A 'poor' food consumption consists of cereals (bread and rice), potatoes, sugar and oil consumed on a nearly daily basis, vegetables 4 times during the 7 days prior to the survey and very rare consumption of animal products and fruits; quantities are also likely to be low and below kilocalorie requirements for household members with additional needs (pregnant and lactating women, physically active adults).
- A 'borderline' diet is similar but includes a slightly more frequent consumption of vegetables (5 times during the 7-day period), meat and eggs (3 to 4 times) and fruits (twice); quantities are probably just sufficient to meet kilocalorie requirements.
- An 'acceptable' diet is more diversified with consumption of the various food groups on a near daily basis; the amounts consumed are expected to be sufficient.

<u>Annex 4 – Food Security and Nutritional Survey / Questionnaire</u>

IDH01	1 Governorate:] IDH05	Number of H unit within B	~		
IDH02	2 Locality:		IDH06	Household N unit	umber in the ho	ousing	
IDH03	Community area.		IDH07	Household re	epetition		
			IDH09	Locality in re	lation to the bar	rrier (West	Bank
IDH10	Date of the survey			only) 1. Inside Barr 3. Surrounde	rier 2. 0 ed by Barrier 4.	Outside Bar . Cut by Bar	
IDH12	Name of Household Head						
<u> </u>							
IRO 1	Visits' schedule		Day	Month	Year	Visit Numb	er
						2 nd visit	
				1 		3 rd visit	
<u></u>	<u> </u>		<u>, — , — . </u>		<u>, — — — — </u>		
IRO 2	Total No of household m	nembers (male, female)	□□ IR	03 Total No o	of Males		
IRO 4	Total No of Females						

Section 2: Housing Characteristics

凵

Section 3: Ownership of land and livestock

Q301	Does the hh own agricultural land?	1. Yes 2. no	
Q302	What is the area of the agricultural land?	In dunums	
Q303	How is that land used? 1. yes 2. no 3. don't know	 Field Crops Permanent Crops Trees Pasture Forest Not planted Other: Specify 	
Q304	What is the watering method used 1. Artisan well 2. Public network 3. tanks 4. Cistern 5. Rain fed 6. Other	 Field crops Vegetables Fruit trees Pastures Forest 	
Q305	Area of fruit trees	In dunums	
Q306	Area of vegetables	In dunums	
Q307	Area of field crops	In dunums	
Q308	Does the HH have livestock /types /size of the flock	1. Yes 2. No	

Section 4: Assistance, access and coping strategy

Q401	During the past 6 months have you 1.Yes, the household received assistance and needed it								
	or any of your household's			needed it					
	members received any kind	d of 2. Yes, the household received assistance and		e household received assistance and					
	assistance?		did not need it						
			3. No, the household did not receive assistance and needed it4. No, the household did not receive assistance						
			and did n	ot need it					
			5.No	6. Don't know					
Q405	If you haven't received assis	stance, wh	nat do	You haven't applied					
	you think was the reason?			You live in a remote area					
			You live in a relatively well off						
				neighbourhood					
Q406	Regardless of the fact that y	ou had or	hadn't	1. Yes, we need 2. No, we don't					
	received assistance, do you	think that	t you are	need					
	in need?	_		3.Don't know					
Q408	For how long can you	1. I can steadfast regardless of period 2. 1 year 3.							
	steadfast financially in the	Several months				Several months			
	future?	4. barely	y can mana	ge 5. We have a serious problem and					
		we cant	manage 3	don't know					
Q409	During the past 6 month 1. sickness of a			member					
	have you faced any of the	2. loss o	oss of breadwinners job			_			
	following?	3. loss o	n HH busin	ess	J <u>∐</u> L	╛			
		4. loss o	n HH positi	ons (house, land, agricultural, green	╽╚╬	╛			
		house, e	etc)		J ĽĽĽ	╛			
	Yes	5. Diffici	ulties in rea	ching work place, land, etc	l∐⊨	╛			
	No	6. loss o	n assets (ca	ar, well, poultry, etc)	1 <u> </u>	4			
	Not applicable	7. loss o	f sources o	f aid	1 -	╡			
	4 don't know	8. loss o	f all or part	of wage] 片누	╡			
		9.lack of	f access to	raw materials	1 H:	╡			
		10. a far	nily membe	er got new job, inheritance, better job,	1 HH	\dashv			
		new pro		- · · · · · · · · · · · · · · · · · · ·	1	╡			
			•	tter service area	1 H/F	╡			
			ease in pric		1 -	\dashv			
					1 -	╡			
		14. Acce	ess to water	r		╡			
		15.Drou				╡			
			ease in wat	er prices	""	_			
				•	1				
		17. anin	nal disease						

Q410 1. Cash (for training, unemployment allowance, direct transfer, social hardship case allowance) 2. Food assistance (food for work, / training) 3. Health Assistance 4. Furniture 5. Clothes/Sheets 6. Job (cash for work) 7. Inputs for income generating activate 8. Tools and Equipments for income generating activate 9. School stationary 10. Others, specify Satisfaction: 1. Very satisfied 2.Satisfied 3.Dissatisfied 4.Very dissatisfied 88. Not applicable 98.DK\NA Provider: 1. The Municipality/village council 2. The Palestinian Authority/ministries/agencies 4. Other UN organizations 5. Chambers of commerce/industry 6. A Local NGO (Palestinian non governmental organization) 7. An international NGO 8. A religious organization 9. WFP 10. A private source 11.DK

	List the information about the different assistance packages that you have received during??					
Α	Provider 1	1.Type:				
		2. Value in NIS				
		3.Source:				
		4.Satisfaction:				
В	Provider 2	1.Type: 2. Value in NIS				
		2. Value III NIS				
		3.Source:				
-	Dura dalam 2	4.Satisfaction:				
С	Provider 3	1.Type: 2. Value in NIS				
		2. Value III NIS				
		3.Source:				
		4.Satisfaction:	I			
Q 411	Coping Strategies		1.Yes 2. no 8. not applicable 9. don't know	Ho w ma ny tim		
				es		
	a. For the household to st	ead financially during <u>the past week</u> , did yo	ou have to do any of th	es		
		ead financially during <u>the past week</u> , did yo	ou have to do any of th	es		
	following		ou have to do any of th	es		
	following 1 Consume less food 2 consume lower quality f		ou have to do any of th	es		
	following 1 Consume less food 2 consume lower quality f	ood	ou have to do any of th	es		
	following 1 Consume less food 2 consume lower quality f 3 Borrow food or rely on h 4 Purchase food on credit	ood	ou have to do any of th	es		
	following 1 Consume less food 2 consume lower quality f 3 Borrow food or rely on f 4 Purchase food on credit 5 Restrict consumption by 6 Reduce the number of n	adults in order for children to eat		es es		
	following 1 Consume less food 2 consume lower quality f 3 Borrow food or rely on f 4 Purchase food on credit 5 Restrict consumption by 6 Reduce the number of n	ood elp from friends or relatives adults in order for children to eat		es es		
	following 1 Consume less food 2 consume lower quality f 3 Borrow food or rely on f 4 Purchase food on credit 5 Restrict consumption by 6 Reduce the number of n b. For the household to st	adults in order for children to eat		es es		
	following 1 Consume less food 2 consume lower quality f 3 Borrow food or rely on h 4 Purchase food on credit 5 Restrict consumption by 6 Reduce the number of n b. For the household to st the following 1. Not pay bills/utilities	adults in order for children to eat		es es		
	following 1 Consume less food 2 consume lower quality f 3 Borrow food or rely on h 4 Purchase food on credit 5 Restrict consumption by 6 Reduce the number of n b. For the household to st the following 1. Not pay bills/utilities	adults in order for children to eat neals eaten in a day		es es		

5. Reduce health and education expenses	
6. Change place of residence	

Section 5: Income and Expenditure

Q5 01	What was your average monthly family in 6 months (in NIS) ²⁹	t	NIS			
Q5	During the past six months, did your hous	sehold income change	e? Yes, o	decreased		
02				ncreased		
		No, remained the same				
Q5	During the past two years, did your household income change? Yes, decreased					
03			,	increased		
OF	Have the bh expenditures changed	1. Yes decreased	NO, r	emained the same		
Q5 04	Have the hh expenditures changed During the past 6 months	2. Yes increased	3 No dia	dn't change 98. DK	H	
Q5	If expenditures of hh was reduced, on	1.Food	3. No uic	2.Clothes	ᆂ	
05	which items	1.1000		2.0001163	ΙH	
		3.Education		4.Housing needs	十一	
	1.Yes 2.No	3.24434.3		ggeas	ΙĦ	
	88.Not applicable 98.Don't know	5.Health		6.Travel\recreation		
		7. Transportation		8. Utility bills		
					$\perp \sqsubseteq$	
		9.Other (specify):				
					\perp \perp	
		Quantity consumed	d by house	holds' members	H	
					+H	
		Quality of food con	sumed			
0.5	If your family expenditure were	Quantity of meat p	urchacad	/consumed		
Q5 06	reduced on food, what was reduced? (Answer: 1- Yes 2- No)	Quantity of fileat p	urchaseu ,	Consumed		
00	(Allawer: 1 163 2 140)	Quantity of fruits p	ourchased	/consumed		
		, ,		<u>, </u>	+#-	
		Quantity of milk pu	rchased /	consumed	ᅵ片	
		Others (Specify		1		
Q5	What was your household average consu		1	NIS		
07	past 6 months (in NIS)	imption during the				
Q5	What was your household food consumpt	tion during the past		NIS		
08	6 months (in NIS)					
Q5	Do you purchase food on Credit	1. Yes 2. No	•			
09						
Q5	What is the average monthly percentage	of food purchased or	credit of	total monthly food		
10	purchase?					
		10			%	
Q5	Is the purchase of food on credit is the sa		\on'+ kn			
11	1. Increase 2. Decrease 3. S	•	JOH L KHOW			
Q5 12	Are you in debt? 1. Yes 2. No					

²⁹ Income including that received as wages and salaries from employment as well as in kind benefits, mixed income from owning business, income from self employment, property income, transfers (those from relatives and friend in addition to aid received in cash or in kind)

1.	How many meals did to	he <u>adults</u> in your HH ate Yesterday (adults above 15 years)	Adu	lts at	e [
2.	How many meals did to	he <u>children</u> in your HH ate Yesterday (children under 15 years)		dren	
3.		Its and children) ate the food yesterday?			u
		· · · · · · · · · · · · · · · · · · ·			
Food	Items	A. Number of days the food item was eaten last 7 days (0 – 7 days)			
	at, Frikeh, Burghul				
2. Rice	1				
3. Bread 4. Fish	ı .				
5. Eggs					
	meat (sheep/goat/beef)				_
7. White	e meat (poultry)				
	ed meat/fish				
(Include	and dairy products all bedouins dairy as -Cheese, dried yogurt)				
10. Oliv	e oil				
l1. Veg	etable oil				
12. Pick ⁄egetab	les (olive and other ples)				
l3. Frui	ts				
14. Veg	etables				
	es (lentil and chickpeas)				
	ers, roots, Potato				
(molass	,				
18. SW6	ets, sugar, Jam, Honey				
19. Zate	er and Doqqa				
20. Oth	er – drinks, tea, coffee,				
ction (6: mobility and acce	ss to basic services			
To wh	nat extent would you say th	nat movement restrictions represented an obstacle to you /your			
family answ		1. Very Much 2. Minor 3. Not an obstacle 4. Don't know/no			
	t difficult 2.difficult 3. Ve	s able to reach your work place during the past 6 months ry difficult 4. Almost impossible 8. Not applicable 9. Don't			
		aching workplace during the past 6 month the reason was	_		
		oss checkpoints (within WB)	Ш		
	bility to get a permit to wo				
	ability to move within the v its, etc)	vest bank due to movement restrictions (wall, checkpoints, earth			

	4. Inability to get to Israeli/Jerusalem due to movement restrictions (wall, checkpoints, earth							
	mounts, etc)					Ļ	_	1
	5. Transportation cost unaffordable					Ц	_	<u> </u>
	6. due to the long time it takes to reach w	orkplace						
Q7 04	During the past 6 month were you able to 1. Very Much 2. Minor 3. Not an obsta			-	j			
Q7 05	If you faced any difficulties in reaching/pla	anting your land	d during the pa	st 6 m	nonth the reason			
	1. inability to get a permit to cross checkpoints (within WB)							
	2. inability to get a permit to cross to Jerusalem/Israel]
	3. inability to move within the west bank mounts, etc)	due to movem	ent restrictions	(wall	, checkpoints, earch			
	4. Inability to get to Israeli/Jerusalem due mounts, etc)	to movement i	restrictions (wa	II, che	eckpoints, earth			
	5. Transportation cost unaffordable]
	6. due to the long time it takes to reach la	ınd				Ī	_]
Q7	What kind of health services did any of	a. the need	b. the	c if	the answer to a is 1 o	<u></u>) \\/	<u>J</u> hat
06	the households members need during	1. we	source	_	ne reason	1 4	_ vv	iiat
	the past 6 months	needed but	1. MoH	1. D	on't know were to go			
		didn't	2.UNRWA		asn't willing to go du	e t	0	
		receive the	3.Red		ppointing previous			
		service 2. we	Crescent 4.NGO		erience ne health centres is fa	r		
		received	5. Private		sportation not availal		د	
		the service	clinic		ne service is available			
		but late	8. not	can	not be reached due to)		
		3. we	3. we applicable movement restriction					
		received	9. don't					
		the service	know		und residence/service			
		it within the right time	10.other		viders ervice is not affordabl	Δ.	7 N	lot
		4. didn't			licable 8. Don't know			•01
		need						
	(
1.	emergency/injuries (2 hours) Ambulance (1 hour)					_		
2. 3.	Hospital/labour services (2 hours)							
4.	Care/child care (diarrhoea, coughing) (1							
	day)							
5.	Special cases (broken bone etc) (1 week)							
6.	Mental health care (1 day)							
7.	Follow up on chronic diseases (1 week)							
8.	Vaccination (1 week)							
9.	Maternal health (1 week)							
10	Birth control (1 week)							
		•	•	-		_		
Q7	In general, how do evaluate the service	a. Evaluatio	on		Do you think the serv	vic	e h	as
07	received	ar Evaluation			improved during the months	pa	ast	
		1. good 2. A 4. Don't kn	Acceptable 3. B ow	ad	1. Yes 2. No 9. Dor know/no answer	ı't		
1.	Waiting time					_		•
2.	Duration							
3.	Available of medications			J				

Service provider working hours

5.	Distance from home to the centre						
6.	Distance from home to hospital						
7.	The medical staff behaviours						
8.	Adequate number of medical staff						
9.	Adequate number of female medical staff						
10	Emergency services						
Q7	Do you have health insurance?	1. Yes 2. No					
08							
Q7	How far is your home from			1. K	ilo n	neter	
09							
		1. public transportation					
		2. nearest clinic					
		3. health centre					
		4. School					
		5. nearest elementary school					
		6. nearest maternal health cent	tre				•

Q1-9: Feeding practices for children aged 6 – 59 months (or 65 – 109.9 cm) in the household.

S.No	First Name	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
									How many times	
		(If 6-24	If breast-feeding,	If breast-feeding, how	If not breast-feeding,	If not breast-	If stopped breast-	At what age was	do you feed the	If mother is (you are)
		months)	after how long	many times do you	how old was the	feeding the 6-24	feeding due to	child given water/	child in a day	working or away how
			was child put	breastfeed in a day?	child when you	months child,	advice; who gave the	foods other than	(besides breast	do you feed the child
		Are you	to the breast		stopped breast-	what was the	advice	breast milk	milk)?	1= Go with the child to
		breast-	after birth?		feeding?	reason for			1= Once	work/always together
		feeding ³⁰ the		1=<3 times		stopping:	1= Doctor/nurse/	1=0-3 months	2= Twice	2= Express the milk &
		child?	1=within one	2=3-6	1=<6 months		midwife	2=4-5 months	3= 3-4 times	preserve in fridge
			hour after birth	3=On demand	2=6-11 months	1= Media		3=6 -8months	4= 5 or more	3= Feed formula only
		(if no, skip to			3=12 – 15 months	information	2= mother in law	4= 9 months or	times	4= Combine breast-
		Q14)	2 = between 1 st -		4=≥15 months	2= Advice from		more.		feeding, formula &
			6 hours		5= Never breast-fed	someone	3= Husband			liquids
		1=Yes				3= commercial				5= Combine BF & soft
		2=No	3 = after 1 day			formula available	4=Friend/neighbour			diet
						4=Pregnancy				6= Give soft diet only
			4= Don't know							
1										
2										
3										
4										

Q 10-16 Anthropometry, morbidity and vaccination status for children aged 6 – 59 months or (65 – 109.9cm) in the household

S.No		Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21
	First Name							Has the child	Has child				
As per table		Child Sex	Age in	Oedema	Height (cm)	Weight	MUAC	had	had serious	Has child been	(If ≥9	(If 12-23 months	When child ever
above			month			(kg)	(cm)	diarrhoea ³¹ in	ARI ³² in the	provided with	months	old)	gets sick, where do
			s					last two weeks	last two	Vitamin A & D in	old)	Has child been	you seek healthcare
		1=Male		1=yes					weeks	the last 6 months		fully vaccinated	assistance?
		2=Female		2=no						(0-12 month old	Has child	(received all	
								1= Yes	1=Yes	mainly)	been	vaccinations at	1=MoH clinic
								2= No	2=No	(show sample and	vaccinate	appropriate time?	2=UNRWA clinic
										confirm by Card)	d against		3=Red Crescent clinic
										1=Yes	measles?	(Show card)	4=International NGO
										2=No	1=In past	1 – Yes	clinic
										2 700	6 months	2- No	5=Local NGO Clinic
											2=Before		6=Private clinic
											6 months		7=Not applicable
											3=None		
1													
2													
3													
4													

 ³⁰Child having received breast milk either directly from the mothers or wet nurse breast within the last 12 hours
 ³¹ Diarrhea is defined for a child having three or more loose or watery stools per day
 ³² ARI: The three signs asked for are cough, rapid breathing and fever