

## Humanitarian impact of the closure of Shu'fat Refugee Camp

### Rapid initial visit to community representatives

UNRWA/OCHA/WHO/UNICEF on behalf of WB-ICCG

13 October 2022

#### 1. Description of events

On 8 October, a Palestinian opened fire at an Israeli military checkpoint at the entrance of Shu'fat refugee camp in East Jerusalem, killing one Israeli security guard and injuring another. The attacker is still at large. Subsequently, Israeli authorities closed the Shu'fat checkpoint and established an additional flying checkpoint in Anata, preventing at least 130,000 people from entering and exiting, including medical personnel. On 12 October, a strike was announced in the camp. On 13 October, a joint UN mission was able to enter the camp to meet with the community. At the time of the visit, movement in and out of the camp was constrained by significant delays at the checkpoints due to extensive searches, ID checking and other measures limiting the ability of people to move freely.

#### 2. Inter-agency visit

UNRWA, OCHA, UNICEF and WHO joined the UNRWA team in Shu'fat camp to meet with community representatives in order to:

- (1) Better understand the humanitarian impact of movement restrictions
- (2) Build trust with the community
- (3) determine what possible follow up intersectoral assessments and/or responses might be needed.

#### 3. Findings

The joint mission met with members of different representative bodies and individuals within the camp, including the Camp Services Committee and the Women's Committee.

**Community frustration.** Community representatives expressed their thanks for the joint visit but shared their concerns that insufficient attention had been paid to the needs of the community in these past days. The community wants to see a position taken on the removal of what they deem to be "collective punishment" or a form of "collective revenge". The community representatives shared multiple issues of concern arising from the highly restrictive measures being applied by the Israeli authorities on the camp and its residents.

**New movement restrictions.** The highly restricted access, and in some periods complete closure, of the camp and its surroundings due to the security measures applied by Israel has had a significant impact on the community. A new mobile checkpoint to the northeast of the camp was established for traffic headed towards Ramallah or Jericho, in addition to the existing checkpoint towards Jerusalem. Extremely intensive security checks were being carried out. The traffic backlog has led to waiting times of more than 7 hours in some cases.

**Impact on essential services.** The impact of these delays has been seen on emergency medical teams, fire and rescue services, teachers and the transport of solid waste. Hundreds of residents have faced

challenges in reaching healthcare services located outside the camp, including for children requiring access to specialized medicines, cancer patients receiving chemotherapy, pregnant and lactating women, those requiring access to dialysis services . About 6,000 school children faced challenges to cross the checkpoint to attend schools outside the camp, across East Jerusalem.

**Access to livelihoods.** Thousands of workers who leave the camp each day to make a livelihood, including hundreds of teachers, doctors and nurses including those working in Israeli hospitals were prevented from accessing their places of work.

**The impact on children.** The plight of children was highlighted in particular – in the days prior to the visit, the children of the camps have been exposed to violence, harassment and enormous stress and anxiety. These last few days have been extremely detrimental to their development. Community members indicated that this situation generated animosity towards Israel amongst children, leaving them feeling hopeless and angered.

**Proposed actions.** There were calls for the lifting of the restrictions that have been put in place, for the UN and for the international community to hold Israel to account for this act of “collective punishment”. Community representatives highlighted the injustice of their treatment by Israel which is particularly acute today, as taxpayers, as contributors to society and as human beings.

#### 4. Needs

While many of the needs identified through the discussions held with community representatives have been lessened due to the substantial easing of movement restrictions on the night of the 13 October, there are needs that were identified during the period of closure that should be considered for future scenario planning in responding to needs of a community sealed off.

**Trauma capacity.** The health centers within Shu’fat do not have the capacity to deal with trauma stabilization and the movement of ambulances is heavily restricted during acute periods of need (confrontations, military operations, demonstrations etc). Health partners could explore the options of upgrading trauma capacity in refugee camp settings, in collaboration with UNRWA health facilities.

**Access of patients to healthcare.** During the closure of the camp, patients who rely on receiving treatment at health facilities outside of the camp were unable to reach health facilities. This is particularly concerning for patients with conditions that would substantially deteriorate from missing medical appointments (I.e dialysis patients). Health partners could explore options for having emergency transport plans for patients with chronic conditions (for example, a pre-identified shuttle service for patients).

**Waste disposal.** During the closure of the camp, waste disposal was stopped due to access restraints. WASH partners could explore emergency plans to create alternative / temporary waste collection solutions in situations of intensive movement restrictions.

**MHPSS.** Children in particular are psychologically distressed by situations of intensive movement restrictions and violence that include intimidation and harassment and the use of teargas which occurs alongside the closure of schools and prevention of children to attend learning outside the camp. MHPSS partners have remote protocols already established that could be utilized in such a situation.

**Humanitarian access.** Due to the location of the camp, it fell outside of the jurisdiction of COGAT. Humanitarian partners were not able to establish sufficient channels of communication with MoI / Border Police for the movement of humanitarian staff and goods. This can be worked on by UNRWA, with the support of OCHA, for future scenarios of escalation affecting East Jerusalem.

## 5. Recommendations

- The situation in Shu'fat will continue to be monitored.
- The above issues identified during the visit will feed in to ongoing contingency planning for the West Bank.