About DARA (Development Assistance Research Associates)

DARA – Development Assistance Research Associates – is an independent, international, non-profit organisation, which works to improve the quality and impact of development and humanitarian interventions. We do this through research, evaluations, promoting learning and knowledge sharing.

DARA aims to enhance global efforts to reduce human suffering and inequity and encourage prevention. Our focus is on the improvement of humanitarian action, the promotion of international stability and development, and the reduction of disaster risk.

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Occupied Palestinian Territories
Occupied Palestinian Territories at a Glance

Country data
- Population (2006): 2.6 million
- Under five mortality rate (2006): 22 per 1,000
- Human Development Index Ranking (2008): 106
- Life expectancy (2006): 73 years

The crisis
- December 2008 Israeli offensive against Gaza Strip sparked a humanitarian disaster, compounding an already difficult situation for Palestinians;
- Israeli bombardments killed 1,440 people, injured 5,380 and made 100,000 homeless; fighting ruined factories, workshops and agricultural land, destroying livelihoods;
- Crisis marked by human rights violations, politicisation, limitation of access to affected populations and targeting of UN facilities;
- 1.5 million Palestinians remain trapped in Gaza, extremely vulnerable and dependent on heavily restricted aid flows for basic necessities.

The response
- Donor response was rapid and generous: 70 percent of 2009 CAP appeal were pledged by February; donors have already pledged US$530 million of US$615 million for a 2009 Flash Appeal;
- US$74 million were pledged outside CAP and large amounts of in-kind donations also reached Gaza – but fragmentation and rapid cluster-rollout complicated coordination and limited overall effectiveness;
- Israel blocked and impeded aid flows, restricting the amount and variety of aid to reach affected population and creating severe access problems;
- Humanitarian organisations also affected by donor conditions placed on aid funding, particularly on working with Hamas.

Donor performance
- Donors rated below average on commitment to promoting human rights, refugee and IDP laws, and neutrality (HRI Pillar 4);
- Donors scored fairly well on responding to needs, but response quality compromised by political, military and security objectives;
- Explicit aid conditionality and overall lack of preparedness by donors and humanitarian actors worsened impact of crisis.

The crisis caught donors and humanitarian agencies unprepared – despite it having been essentially ‘announced in advance’. It worsened an already dire humanitarian situation, and the highly politicised international response jeopardised the flow of essential aid to civilians.

Overall, this crisis revealed an alarming shrinkage of the humanitarian space in the occupied Palestinian Territory (oPT) (Berger 2009).

**Conditions worsen**

The World Bank (2006, 2008), the International Committee of the Red Cross (ICRC) (2006), and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (oPT 2007) have blamed the humanitarian consequences of the protracted crisis in the oPT on the occupation and the deprivation of civil rights. The situation in the West Bank has not improved significantly, despite support for development and reconstruction programmes and the revitalisation of funding to the Palestinian Authority (PA) after the Annapolis summit in late 2007. GDP is one third lower than in 1999 and low investment is eroding the limited Palestinian productive base, leading to increased aid dependency.

Significant improvements in living conditions have been stalled by the progression of the separation wall, continued blockades, limits on movement, the extension of Israeli settlements and inequitable access to water (World Bank 2009). These factors have led to the de facto segregation of the Palestinian population. In a ‘de-development’ paradigm, even refugees covered by the United Nations Relief and Works Agency (UNRWA) in the territories and in the region show declining indicators in health, education and social development – something never seen before (UNRWA 2005).

While the situation in the West Bank is troubling, conditions are worse in Gaza. Although unemployment rose to 20 percent in the West Bank in 2008, it is around 37 percent in Gaza (PCBS 2009). Poverty rates fell from 22 percent to 19 percent in the West Bank, yet in Gaza remain at 52 percent. When remittances and food aid are excluded, this increases to 22 percent in the West Bank and 38 percent in Gaza (PCBS 2007). In all, 80 percent of the population in Gaza receives some aid (OCHA oPT 2009b).

The global rise in food prices has affected Palestinian living conditions. In 2008, the consumer price index rose by 14 percent in Gaza and ten percent in the West Bank (PCBS 2008). Before the December conflict, food insecurity already affected 56 percent of households in Gaza, due mainly to the blockade and the decline in economic activity. (WFP/FAO 2008).

**The December conflict**

Conditions deteriorated even further when conflict suddenly escalated on 28 December 2008. After the end of the ceasefire between Israel and Hamas, the Israel Defense Forces (IDF) initiated a heavy military operation within Gaza, citing the launch of homemade Palestinian mortars over Israeli territories and the breach of the ceasefire.

Three weeks of Israeli aerial bombardments, shelling and ground operations left 1,440 dead (including 431 children and 112 women) and 5,380 injured (including 1,872 children and 800 women) (UNICEF 2009). In all, 14,800 homes were destroyed or damaged and around 100,000 people forced to abandon their homes – at the peak of the offensive, 50,000 took refuge in collective shelters. (OCHA oPT 2009a, WHO 2009). UN facilities were also targeted, and violations of international humanitarian law and Geneva Conventions were documented, including Israel’s use of white phosphorus in populated areas (HRW 2009). On the Israeli side, three civilians were killed and 183 injured when 1,200 homemade rockets were fired over Israeli civilian areas. (UNICEF 2009, OCHA oPT 2009a). Eleven Israeli soldiers were killed and 339 wounded.
The conflict destroyed factories, workshops and agricultural land, leaving much of the population without means to earn a living. Already in a dire situation after 18 months of strict blockade, the 1.5 million inhabitants of the Strip were left vulnerable and trapped in a war zone. Meanwhile, Israel’s refusal to allow equipment to detect and destroy unexploded ordnance into Gaza left at least seven people dead and 23 injured (ICG 2009).

Donors renew support
Donors had frozen aid to the Palestinian Authority for 18 months after the landslide Hamas electoral victory in early 2006. At the December 2007 donors’ conference in Paris, they renewed their support, pledging US$7.7 billion.

Most HRRI survey respondents agreed that donors’ allocations for humanitarian aid were sufficiently generous. Donors gave US$481 million in 2008, up from US$359 million in 2007. Following the trends of previous years, UNRWA received 69 percent (US$181 million) of the US$262 million requested.

Analysis of the donor response to oPT this year cannot ignore the impressively rapid and generous response to the devastation in Gaza between the end of December 2008 and mid-January 2009. As early as 15 January, the UN released an emergency appeal, the Initial Response Plan and Immediate Funding Needs, which combined new, revised and existing projects from the CAP 2009, launched at the end of 2008. This emergency appeal requested US$117 million, 70 percent of which was granted by 31 January, including US$7 million from the Central Emergency Response Fund (CERF).

OCHA estimates that an additional US$74 million was mobilised during January for actions outside the CAP (OCHA FTS, June 2009). In addition, huge amounts of in-kind donations were made by both informal and formal associations, private individuals and non-traditional donors (logistics cluster 2009). Some of these in-kind donations are included in the FTS, but much of what entered the Strip through the southern city of Rafah is probably not properly accounted for.

Joint needs assessments were launched on 22 January by the Emergency Relief Coordinator (ERC) and a high-level team of UN officials and NGO representatives. This resulted in the Gaza Flash Appeal (2009) for US$615 million, launched on 2 February, to meet immediate humanitarian needs. UNRWA, which is responsible for 65 percent of assistance in Gaza, appealed for US$325 million of this. As of June 2009, more than US$530 million had been granted, with private sources as the primary source of funding for the first time (US$75 million), followed by the US (US$70 million) and ECHO (US$59 million).

Donors pledged US$5 billion at a donor conference in Egypt on 2 March, in the wake of the crisis. However, some of the pledges carried over from previous conferences, and are not explicit or specific commitments. The PA had requested that donors cover the US$1.8 billion deficit, but it is not clear if this occurred. How funds for reconstruction and restoring livelihoods will be distributed is also unclear, although the Gulf countries have said they will create a US$1 billion reconstruction fund through an office in Gaza.

New donors are conspicuous, particularly Kuwait, the Gulf states, Saudi Arabia and private funds. Respondents to the survey find these more flexible than traditional donors, but less strategic. They focus on relief and sometimes have cumbersome visibility requirements for recipient agencies. They tend to behave autonomously from Western-led platforms and have their own agents in the field, often trying to avoid alignments with any one Palestinian side.

### Humanitarian aid contributions

<table>
<thead>
<tr>
<th>Humanitarian funding</th>
<th>CAP requirements</th>
<th>CAP contributions</th>
<th>Total HA contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>original</td>
<td>revised amount</td>
<td>%</td>
</tr>
<tr>
<td>2007</td>
<td>454,691</td>
<td>426,324</td>
<td>277,353 65%</td>
</tr>
<tr>
<td>2008</td>
<td>462,121</td>
<td>452,223</td>
<td>338,039 75%</td>
</tr>
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### Main humanitarian donors 2008

<table>
<thead>
<tr>
<th>Total contributions (top five)</th>
<th>CAP 2008 contributions (top five)</th>
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<tbody>
<tr>
<td>ECHO</td>
<td>USA</td>
</tr>
<tr>
<td>Kuwait</td>
<td>ECHO</td>
</tr>
<tr>
<td>US</td>
<td>Private</td>
</tr>
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<td>Norway</td>
<td>Sweden</td>
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<tr>
<td>Private</td>
<td>Canada</td>
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Source: OCHA FTS, June 2009
The politicisation of aid

Despite Israeli restrictions on access, external aid managed to reach the Strip through Rafah and the Israeli crossing points. Warehouses in Gaza filled quickly with food aid and medicines, but the amount of unsolicited donations underlined the need for a common, coordinated system to control the provision of in-kind aid. The Logistics Cluster (2009), for instance, reports that 4,000 tons of medical supplies and more than 100 ambulances entered the Strip through Rafah between 28 December and 1 February, though only 29 of Gaza’s 148 ambulances had been destroyed. Similarly, WHO reports that there are currently 35 warehouses of medical supplies and medicines, with no capacity for sorting them and with many drugs close to expiry. Conversely, there is a shortage of some medicines (WHO 2009).

The situation in Gaza highlights the politicisation of aid. Hamas’s ability to deliver aid efficiently is critical to its reputation as a provider of good governance, through which it won the recent elections. The PA, meanwhile, seeks to slow aid to Hamas to prevent it gaining a political advantage. In Israel’s eyes, the blockade is justified as long as Hamas remains a threat. This leads to disputes over what type of aid can enter Gaza, who delivers it, and who receives it.

Many agencies reported that the amount and variety of aid allowed to reach Gaza’s population was unsatisfactory. Israel would allow only a fraction of the required basic supplies into the Strip, specifically banning construction materials and thereby preventing any reconstruction programme. An arbitrary system was established to define, on a variable basis, what could be allowed into Gaza (Logistics Cluster 2009).

“The crisis caught donors and humanitarian agencies unprepared – despite it having been essentially ‘announced in advance’.”
As coordinating with Hamas was unavoidable, independent distribution of aid also became an issue for international agencies. Conflicts erupted in the short-term between UNRWA and Hamas officials, but they have since been resolved. Referring to efforts to sideline Hamas through the delivery of aid, a Hamas leader commented: “Whatever they did not get from Hamas by siege and war, they won’t get now with a sack of flour,” (ICG 2009).

On top of basic supplies, cash is also in short supply. It is estimated that at least NIS 400 million each month is needed to restart economic activity (WFP/FAO 2009). Hamas has only been able to pay 20 percent of the salaries of its civil servants, though the PA initially managed to compensate for damaged houses and deaths by diverting funds away from wages. UNRWA is not able to extend its usual hardship caseload, reconstruction is on hold, and a general disappointment has taken hold among citizens of Gaza. This may cause mounting pressures on Hamas, potentially leading to new conflict. As the ICG (2009) reports, “The status quo is unsustainable and Gaza, once again, is an explosion waiting to happen.”

As of May 2009, restrictions on importing building materials and cash into Gaza remain in force. (Logistics Cluster 2009). This is preventing significant rehabilitation and is jeopardising the disbursement of pledged funds.

The barriers to effective aid delivery
The humanitarian coordinator (HC) in the oPT operates through the Office of the United Nations Special Coordinator for the Middle East Peace Process (UNSCO), a UN body that takes part in the political process. This probably hampers the independence of the HC. Nevertheless, OCHA is strongly rooted in the territories and has an acknowledged capacity for monitoring and information. Its advocacy role has been instrumental in raising awareness of the humanitarian implications of political developments in the oPT. Since it is seen as a key and independent actor, OCHA is generously funded by donors.

The coordination mechanisms in oPT are many and varied (DARA 2009). The framework stemming from the Oslo Accords remains in place, and was revitalised somewhat after the 2007 donor conference in Paris. The PA in Ramallah organises donor coordination through the Palestinian Reform and Development Plan, and sectoral coordination is in place. The cluster approach was initially rolled out during the second half of 2008. The need to swiftly activate clusters during the Israeli strike probably disrupted implementation and complicated their links with existing coordination mechanisms.

Many respondents questioned the roll-out of the clusters during the crisis, noting the difficulties of participation from Gaza given that most clusters were in Jerusalem. The UN Development Programme (UNDP) early recovery network poses specific challenges for NGOs in Hamas-controlled Gaza, as it is a partner of the PA in Ramallah and therefore creates a political determinant for aid programming and implementing in the Strip. In some cases, the clusters benefited the humanitarian community. For example, the logistics cluster provided updated information and facilitated clearance and delivery inside Gaza for many agencies.

In spite of the significant funding received, the UN-coordinated Humanitarian Emergency Response Fund (HERF) had to address gaps in the response. All HERF projects are short (two to five months), cost below US$200,000 (excluding overheads and indirect operational costs), and are meant to focus on specific needs (HERF 2009). Eighty percent of HERF funds are allocated to NGOs, while the rest are channelled through the UN (OCHA oPT 2009c).

In 2008, most HERF projects addressed the vulnerability of communities in Areas C (the 70 percent of the land surface of the occupied territories under Israeli control according to the Oslo Accords) and weather shocks (heat or cold waves, droughts, or floods). The fund is included in the appeal process, and financed 18 projects in Gaza in response to identified needs during the first eight weeks of 2009 (OCHA 2009). Respondents to the HRI survey praised the flexibility and timeliness of the fund.

In turn, CERF mobilised around US$5 million during 2008 for rapid food assistance (UN CERF 2008). In the first half of 2009 alone, it allocated more than US$9 million as a rapid response to the crisis, covering health, water and sanitation, logistics, shelter and food.

Independence compromised
Since the Oslo Accords in 1998, the donor community has supported Palestinian development and addressed humanitarian needs according to an established set of criteria that prioritises commitment to the peace process, the recognition of Israel, and the adoption of orthodox economic practices (DARA 2009). This conditionality reflects an alignment of policies of the main Western donors and Israel, and led donors to cut off funds to the Islamic Palestinian administration elected in 2006.

The humanitarian community surveyed complained that this political situation has led to ambiguous diplomacy on the part of Western powers. They tend to accept the facts according to Israel regarding the situation on the ground, in spite of the radicalisation of both sides. The main Western donors have not offered a clear position on the factors leading to the humanitarian situation, though they continue paying the costs of the occupation.
Good and bad practice

There were significant examples of bad practice. Donors were inconsistent when requesting access. According to the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (2009), they failed to develop a strategy with which to negotiate access for delivery of assistance and protection. As mentioned above, the logistics cluster did facilitate the delivery of goods into Gaza by humanitarian agencies; direct contacts with the IDF and coordinated efforts by the European Commission and the Israeli Government also improved access. Yet many donors undermined collective efforts by attempting to obtain independent access. For instance, the US created independent access mechanisms for its preferred aid agencies. Similarly, some diplomats lobbied strenuously for the clearance of specific agencies' trucks.

Many respondents were concerned by the apparent drying-up of funds to West Bank projects in favour of Gaza. Moreover, the existence of institutional and bilateral lines for funding to the ‘friendly’ administration of the West Bank seems to justify this donor behaviour. But many respondents could not see a coherent strategy as many projects were under-funded in the West Bank and had no mechanisms for a transition from relief to development. In other cases, donors gave funding for projects although Israeli restrictions prevented agencies from implementing them.

The systemic conditionality of aid finds explicit expression within the policies of certain donors. The United States Agency for International Development (USAID) and Canada strictly applied the ‘anti-terrorist’ act, making demands that many agencies find operationally limiting and unacceptable.

Respondents also felt many donor agencies failed in terms of preparedness and contingency planning. The situation in Gaza was already critical at the onset of the offensive, and coping mechanisms were stretched to their limits.

The general outcry of the humanitarian community was widely ignored by Western donors. Careful to preserve their relationship with Israel, they failed to exercise pressure on Israel despite reports of violations of international humanitarian law, high civilian casualties and the use of restricted or forbidden ammunition (HRW 2009). That said, all parties to the conflict may have committed serious breaches of protection, which are currently being investigated.

Even Western media stations such as the BBC and Sky News, professing a desire to remain neutral, refused to broadcast a Disasters Emergency Committee (DEC) aid appeal for Gaza. (The appeal eventually raised UK£1 million after its broadcast through ITV, Channel Four and Channel Five.)

Several examples of good practice do stand out, as there are some donors with a genuine interest in addressing GHD practice in the oPT. The ERC’s swift launch of a high-profile joint needs assessment, in particular, spurred a focus on needs and rapid donor response to the first Gaza appeal. Some donors did try to address the issue of access, even if their non-strategic efforts were inadequate and at times detrimental.

The roles of OCHA and HERF, and the CAP elaboration were seen to have demonstrated good practice. Some clusters were also considered to have been usefully tested in the crisis.

Following Israeli strikes on UN compounds, the UN holds Israel responsible for the damage to civilians and UN premises and has requested US$10 million in compensation (United Nations Secretary General 2009). Donors have not made claims for Israeli compensation for damages to their investments. Israeli destruction of power plants, sewage dams, roads and airport facilities in Gaza was repeatedly noted during the survey, and documentary evidence exists. However, donors commonly pledge more funds at conferences that follow episodes of acute violence. Many survey respondents expressed frustration at donors’ failure to hold Israel accountable or even to express indignation at inappropriate attacks.

The recent Gaza crisis highlighted the limitations placed on the humanitarian space by such conditionality. Access to those in need was hampered, relief items limited, and protection and compensation for violations of international humanitarian law not properly addressed. Both new and traditional donors have their own agendas and employ conditionality, though new donors are generally less exposed to scrutiny. Respondents to the survey gave a low grade to the independence of OECD Development Assistance Committee (DAC) donors’ humanitarian assistance from political, economic or security interests, but rated non-DAC donors even lower.
Lessons learnt and recommendations for the future

Some donors have questioned the applicability of GHD Principles in the oPT context. A working group is likely to address this question, and a better understanding of the key challenges could result. Nevertheless, our analysis shows there are specific fields where donorship could be improved.

1 The GHD Principles offer a framework for good donorship across the broader international community, incorporating relevant non-OECD donors. Proactive policies should be defined in order to engage new donors in the process.

2 The Gaza conflict exposed the need for better strategic negotiation for access to victims, in which donors can play a pivotal role.

3 Donors should do more to support early recovery (currently jeopardised in Gaza by the limitations of goods into the Strip).

4 Prevention strategies and preparedness are crucial, and should be integrated across the board as mandatory components of the humanitarian response.

5 The unsolicited donations for Gaza reaffirm the need to define a common system to manage in-kind aid.

Conclusion

Looking to the future, the main challenge in the region is to preserve humanitarian action from political conditionality. The complexity of this conflict precludes optimism: this will not be the last humanitarian disaster experienced by civilians in the oPT. Thus, an appropriate humanitarian strategy – one grounded in humanitarian principles and free of conditionality or politicisation – becomes more vital than ever. Yet it remains to be seen how successfully donors can – or will – disengage their political agendas and humanitarian action to effectively provide relief, protection, and recovery to the victims of this conflict.

About the Author

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Dr. Solé-Arqués is a specialist in internal medicine and public health, a Senior Evaluator in DARA and an international consultant on public health and humanitarian aid. He has been involved in complex emergencies since the early 1990s, serving as an ECHO expert in Bosnia, Kosovo, Angola and Colombia. He was WHO Coordinator for the West Bank and Gaza in 2003 and for the ECHO regional health sector; and Head of the Regional Support Office in Amman in 2006, covering humanitarian operations for Central Asia, the Middle East and North Africa. He has carried out extensive consultancy and evaluation work in the Middle East, Southeast Asia, Africa and Latin America for multiple international organisations, including Médecins Sans Frontières, Médecins du Monde, WHO, ECHO and the EC. He has collaborated with DARA on the TEC and a number of evaluations and has served as Team Leader for several HRI missions; he is also a former member of the HRI’s Peer Review Committee.