

gaza's "great march of return" one year on



impact on palestine refugees
and unrwa services

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The development of this report was coordinated by the Protection Division, UNRWA.

About UNRWA

UNRWA is a United Nations agency established by the General Assembly in 1949 and is mandated to provide assistance and protection to a population of over 5.4 million registered Palestine refugees. Its mission is to help Palestine refugees in Jordan, Lebanon, Syria, West Bank and the Gaza Strip achieve their full potential in human development, pending a just solution to their plight. The Agency's services encompass education, health care, relief and social services, camp infrastructure and improvement, microfinance and emergency assistance. UNRWA is funded almost entirely by voluntary contributions.

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Cover photo: Palestinian demonstrators gather in Khuza'a on the Gaza side of the perimeter fence between Israel and the Gaza Strip during the Great March of Return demonstration on 6 April 2018. © 2018 Photo Courtesy of Mahmoud Bassam

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introduction

The so-called Great March of Return (GMR) protests began on 30 March 2018 – known as “Palestinian Land Day” – when 40,000-50,000 Palestinian men, women and children, the vast majority of them peaceful demonstrators, took to the perimeter fence separating Gaza from Israel, in popular protest, to demand the end of the Israeli blockadeⁱ and the right of return for refugees. Weekly demonstrations have continued now for a year and have attracted large and diverse crowds, including women and children, elders, civil society, political activists and public figures. Initially protestors gathered every Friday after prayers in five sites along the fence, however, GMR activities have evolved during the past twelve months and have included night-time disruptions along the fence and demonstrations along the Gaza coastlineⁱⁱ.

While protests have continued to be largely non-violent and the vast majority of those in attendance are unarmed, there are often reported incidents of stone throwing as well as tire burning, attempts to damage the fence and, since April, some demonstrators flew kites or balloons towards Israel that carried burning rags and damaged Israeli property, including agricultural land. Israeli Security Forces (ISF) have, throughout the past twelve months, responded to these civilian demonstrations with the use of tear gas, rubber-coated bullets and live ammunition. According to OCHA figures, as of 22 March 2019, the ISF have killed 195 Palestinians (including 41 children) and injured nearly 29,000 people (including over 7000 wounded with live ammunition)ⁱⁱⁱ.

Palestine refugees make up more than two-thirds of the Gaza population of nearly two million people. Most refugees live in the towns and cities of Gaza but a substantial portion (more than 500,000 people) live in eight overcrowded and impoverished refugee camps. UNRWA provides services ranging from education, health and relief and social services to these Palestine refugees as mandated by the UN General Assembly.

UNRWA has monitored the effects of the GMR^{iv} on Palestine refugees and has echoed other parts of the UN in raising concern about the excessive use of force by the ISF and supported calls for investigations^v to ensure accountability for any violations of international law. The Agency has also been providing assistance to those individuals and families affected by the GMR primarily through its 22 primary health facilities and its psychosocial counsellors who work in its health centres and schools. The ongoing violence has put a severe strain on the entire health system in Gaza, including the services provided by UNRWA.

This report provides an overview of the information collected by UNRWA through its operations, as well as testimonies of staff and beneficiaries, that demonstrate the impact of the GMR^{vi} on Palestine refugees and on the Agency's services.

impact on palestine refugees

“This is a situation completely underestimated by the world. More people were injured in about 10 days of mostly peaceful demonstrations than during the 50 days of an all-out war in 2014. This should have generated far more robust reactions.”

UNRWA Commissioner-General Pierre Krähenbühl, 27 June 2018

The ISF's response to the GMR has resulted in the largest number of injured persons since the hostilities in Gaza in the summer of 2014 and it has led to the near collapse of the health system. While UNRWA has not been able to record how many Palestine refugees have been killed and injured during the demonstrations, it has documented the death of 13 UNRWA school students and has treated 2,729 patients for GMR-related injuries at its 22 UNRWA primary health facilities. The use of live ammunition against the demonstrators has resulted in serious injuries, some of which have life-changing consequences, not just for those injured but for their entire family. The effects of the GMR will be felt by Palestine refugees and others in Gaza for years to come.

In October and November 2018, UNRWA staff carried out a series of interviews with young people who had sustained severe injuries resulting in permanent disabilities. They found that their physical impairments were coupled with significant psychosocial difficulties. Many of those interviewed, reflected that, with the loss of physical function, they felt themselves to have gone from being an asset to their family - someone who could help provide for others - to becoming a burden. Their injuries often prohibit them from returning to previous jobs or taking up new income-earning opportunities. Those who were unmarried expressed hopelessness in regard to the prospect of marrying in the future. All of those interviewed were deeply frustrated and felt a sense of despair about their future.

a mother's perspective - lives changed in an instant

I'm a mother of six. My youngest son, Ahmed, was shot in the head during the GMR. He was only 17. Now nothing is the same, there is no happiness in our home anymore. His injury was so serious that his brain was outside of his skull. Luckily, the doctors managed to save his life. He spent 20 days in the Intensive Care Unit and two months in a special rehab clinic. I spent every hour I could with him at the hospital.

Ahmed is no longer himself. Mentally, he has regressed and has the cognitive ability of a young child. He's completely dependent on me and his father for dressing, eating, hygiene and his other daily needs. I do not dare to leave him alone because I am afraid he might injure himself. Despite his suffering, Ahmed is still happy. He likes to use his phone, watch TV and play in the street next to the house.

For me, everything has changed. I don't visit family anymore, and they never visit us. I cannot take Ahmed with me anywhere because he is afraid of crowds. I'm exhausted and stressed. I feel like I have aged 20 years in just a few months. I cannot sleep anymore. When I lie down I feel a weight on my chest and I cannot breathe.

impact on children



Mohammed Abu Hussein, 15 years old, studies at home in Jabalia refugee camp, Gaza. He was injured while taking part in the GMR. His leg was amputated due to the extent of his injury. Mohammed receives treatment from the UNRWA clinic in Jabalia camp. © 2019 UNRWA Photo by Hussein Jaber

The GMR has taken a particular toll on children. Twenty per cent (533) of persons treated for GMR-related injuries in UNRWA health clinics were children below 18 years of age, the vast majority of them boys (95 per cent). 10 per cent of cases involving children have been classified as "severe" and have required hospital admissions. Eighty per cent of all children treated by UNRWA were injured with gunshot wounds.

This is the same proportion as adults injured by gunshot wounds, which underlines that children have in no way been spared from the most dangerous and harmful types of violence at the demonstrations.

UNRWA statistics (based on medical data from consultations at its primary health-care facilities) are consistent with the overall trends in respect to children killed and injured. The UN Human Rights Council mandated Commission of Inquiry (Col)^{viii} has provided chilling details of the contexts in which children have been killed and injured; children who were playing, dancing, watching the crowds, waving flags, handing out sandwiches, assisting those affected by tear gas, chanting slogans. Some threw stones, a few burned tyres, some were shot from behind while running back from the fence. The Commission concluded that lethal force was used by the ISF against children who posed no imminent threat to soldiers and that in several instances there was reasonable grounds to believe that Israeli snipers shot at children intentionally.^{ix}

tariq, a 13 year-old unrwa student who was shot and injured in the gmr

I was injured on the first day of the demonstrations. I didn't tell my parents I was going, I just jumped in a jeep that was heading for the demonstration site as I was curious. I was standing about 100 metres from the fence, standing still, empty-handed, watching, when I was shot in the calf. I was taken to hospital and waited several hours before someone was able to contact my parents. I was in hospital for 13 days and was off school for three months while I recovered.

Five surgeries and eight months of physiotherapy later, Tariq is able to walk without crutches although he limps and cannot run or play football like he used to. He suffers recurrent nightmares, struggles to concentrate at school and has become quiet and withdrawn. UNRWA is trying to help him adjust to his disability and settle back into school.

children treated at unrwa health centres for great march of return injuries

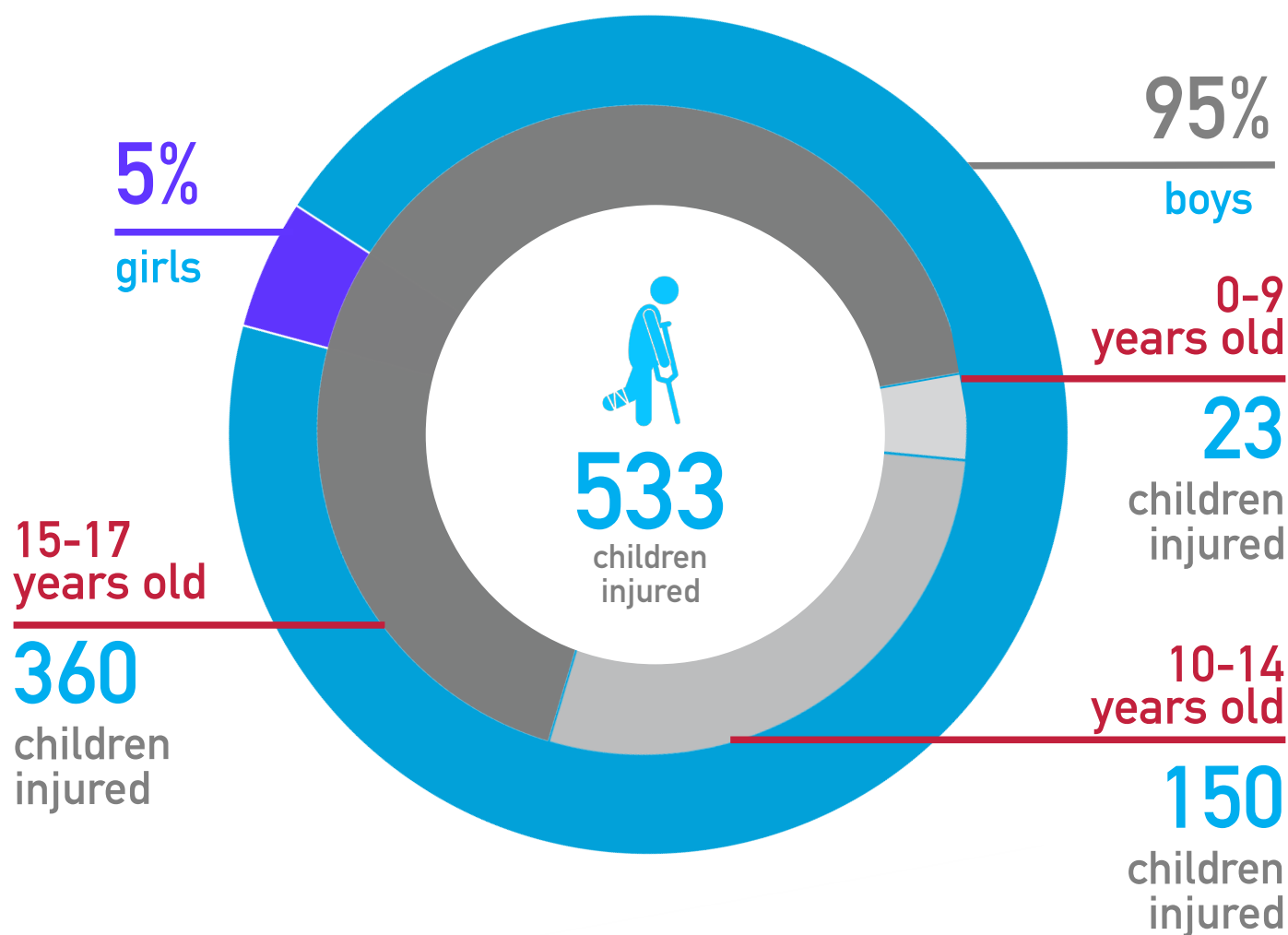


Figure 1: This infographic illustrates the number of children treated for injuries in UNRWA health centres from injuries sustained at the Great March of Return between March 30, 2018 - March 15, 2019.

psychosocial impact

In addition to the physical impact, the GMR-related violence has also had a significant effect on the psychosocial well-being and mental health of Palestine refugees in Gaza, particularly for those who have witnessed the violence and for the families that have experienced casualties as a result of it. All those seeking health care in UNRWA health clinics as a result of the GMR, and the family members or friends accompanying them, received psychosocial first aid from trained health staff. 1,263 of those were assessed to be in need of individual psychosocial support sessions and have received them.

Seventy-three patients have been diagnosed with serious mental health conditions and two patients have been treated for attempted suicide following injuries in the GMR. UNRWA has also doubled the number of support groups for injured people and their families as a result of the GMR. In addition to counsellors in UNRWA health clinics, the Agency's 276 school counsellors have confronted the psychosocial impact the GMR violence has had on school children, and have provided individual and group counselling for them.

an unrwa school counsellor reflects on the gmr

I've been working as a psychological counsellor for nearly 10 years. I work in an UNRWA boys' school and the GMR has had a huge impact on our students many of whom have attended the demonstrations. I think we have to stress what makes our students participate: it is the blockade. These kids don't have hope, they don't have dignity, they cannot leave Gaza, they have no employment opportunities, there's no electricity, they lack money...the poverty, the economic pressure; it's severe. Students here have a very difficult life.

We have around 20 students in my school who have been injured in the GMR, they are mostly 14 to 15 years old. They have been injured in a variety of ways: live ammunition, shrapnel, tear gas canisters and rubber bullets. Some cases have been serious and had to be sent out of Gaza for treatment. The injuries have a huge impact – especially on those with permanent disabilities who can't participate in sports, who can't

live normal lives. They become isolated socially. I see the psychological impact. These boys become withdrawn, they aren't able to focus and concentrate in class, and they have nightmares about what happened.

And then there are students who have lost family members. One student lost his father who was shot in the head during the demonstrations. Others have had their fathers or brothers injured. There are two cases where the father has undergone amputation. The students are so affected by this. Their behaviour changes; they have problems with teachers and other students.

effects on education



Mohammed Matar, a teacher at the UNRWA Gaza Preparatory School for Boys teaches his students an Arabic lesson. © 2019 UNRWA Photo by Mohammed Hinnawi

UNRWA operates 274 schools in Gaza with 278,938 students (143,973 boys and 134,965 girls). UNRWA school principals have recorded the deaths of 13 students aged between 11 and 16 years since the start of the GMR. A total of 227 students have also been recorded by their school as injured (most were aged between 13 and 15 years, but some were as young as 7 years old). Most students have missed at least two weeks of school as result of their injuries, with some students requiring much longer absences (up to 65 school days in one instance).

UNRWA teachers have expressed concern over their ability to assist injured students in keeping up with their studies during their absences and support their return to school after they have recovered. Some staff worry that a prolonged absence from school, coupled with the additional stresses and life changes resulting from a GMR injury, may be the trigger for dropping out of school altogether. In response, UNRWA has worked to scale up its computerized Interactive Learning Programme (website) and UNRWA TV channel on YouTube to provide additional learning support for students affected by conflict.

During an education needs assessment in June 2018, education staff, students and parents all expressed a need for increased psychosocial support and resources to better help children in and outside of school in dealing with the impact of crisis and conflict.

an unrwa maths teacher reflects on the gmr

One day I heard that one of my students, Yousef, had been injured in the GMR. He was away from school for two months. When he came back he was broken mentally and physically, but he is doing a lot better now. He still needs crutches to walk. The other students have been kind to him, but they were not shocked nor afraid when seeing an injured friend. Injuries like these are normalized now. All the kids have seen it before; it is all around them. I asked Yousef why he went to the GMR and he answered that his life is full of problems and he was curious to see the protests. It should be shocking that a child decides to go to the GMR by himself, but this has become commonplace.

Yousef goes to school three times a week; the other three school days he needs to attend physiotherapy. As a result, his grades are suffering but he's happy to be back in school. The school counsellor together with his teachers and the school principal have made a programme to facilitate his reintegration into the classroom.

impact on unrwa services

“The direct consequence of the number of injured and nature of wounds has brought the health-care system in Gaza to a breaking point.”

UNRWA Commissioner General Pierre Krähenbühl, 31 May 2018

In addition to the devastating impact on Palestine refugees in Gaza, the GMR has also affected UNRWA services and the ability of the Agency to respond to the consequences of the violence.

health services strained to breaking-point

The health system in Gaza was already under enormous strain as a result of years of Israeli blockade and recurrent hostilities. The GMR has added to the pressure and brought health services to the brink of collapse. UNRWA already provides approximately four million medical consultations per annum to over 1.4 million registered Palestine refugees in Gaza. UNRWA has responded to the GMR violence as part of its provision of primary health care services through its 22 health clinics in Gaza. While not equipped to undertake emergency, surgical procedures for injuries resulting from the use of live ammunition, in view of the overwhelming demand and lack of capacity from the Ministry of Health, UNRWA health clinics have received and given some treatment to patients who should ordinarily be treated in hospitals. Sixty-four per cent of all injuries treated at UNRWA health clinics have been classified as “moderate or severe”, many of which would, under normal circumstance, have been referred to hospitals.

UNRWA primary health-care clinics do not have operating theatres, are not set up to provide emergency, first-line response services and are not able to provide the powerful painkillers that severely injured patients require. However, in some cases, UNRWA health staff had to remove bullets and metal scraps from patients who visited an UNRWA health clinic and were not able to have their injuries treated elsewhere. On average, 10 to 20 GMR-injured patients visit UNRWA health clinics every day. These patients often represent complex cases that need extensive medical and psychosocial care.

Treating patients injured in the GMR requires longer and more frequent consultations which affects service delivery at the already busy health centres. GMR-related visits are often emergency cases and are heavily concentrated in certain clinics including in the Bureij and Khan Younis. The health centres are absorbing these patients on top of those processed through the regular appointment scheduling system which adds additional pressure on the services.

UNRWA clinics have also seen shortages of medical supplies, such as dressing materials - 40 per cent of GMR cases required dressing only and a further 32 per cent required treatment and dressing. UNRWA nurses report having to use less materials than required to treat a wound properly. At other times they have resorted to dressing with sheets of plastic when supplies have reached a critically low level.

A secondary effect of the GMR has seen the Ministry of Health suspend elective surgeries in Gaza hospitals due to the extremely busy hospital schedules for GMR patients. Many of these suspended surgery cases will visit UNRWA health clinics for interim care while they await hospital admission.

great march of return injuries treated at unrwa centres

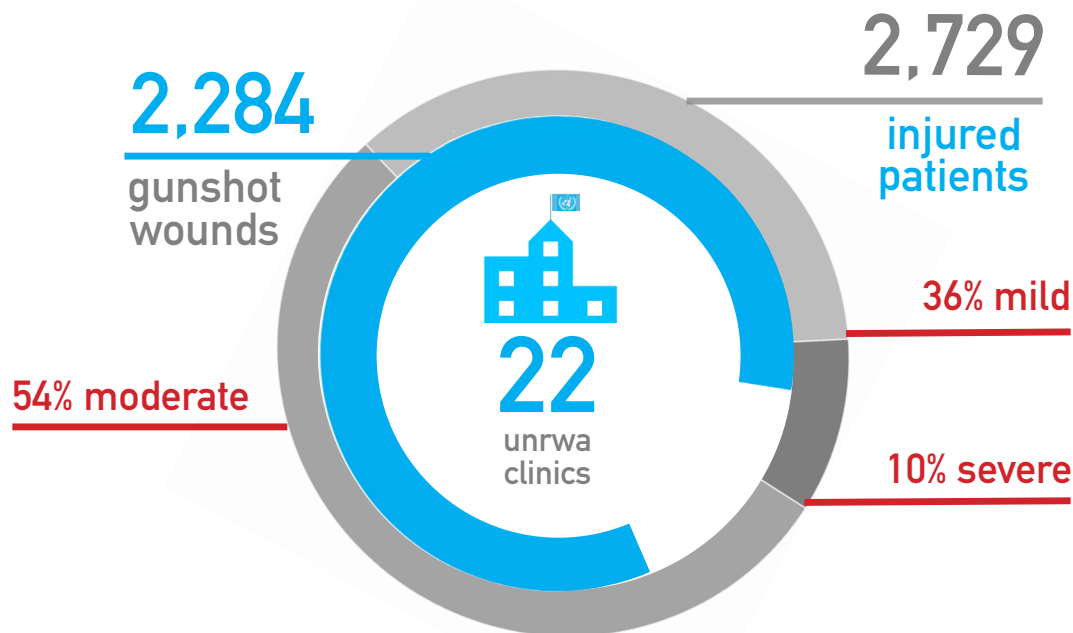


Figure 2: This infographic illustrates the number of injuries treated in UNRWA health centres from injuries sustained at the Great March of Return between March 30, 2018 - March 15, 2019.

unrwa health clinic staff - the challenge of early discharge from gaza hospitals

One day during the GMR, a patient with a severe gun-shot wound in the leg had his wound dressed by Bureij health-clinic staff. Just a couple of hours later, the patient returned to the clinic in severe pain. Clinic staff explained that they could not prescribe the pain medication he needed or help him any further with his wound and referred him to the closest hospital. The patient refused to leave. He had been turned away

from the hospital because his case was not urgent enough and had been told to come to the UNRWA clinic. Staff tried unsuccessfully to calm him down while he stood in the corridor, screaming in pain and demanding to see a doctor. In the end, the patient collapsed outside the director's office, the dressing and the wound opened and he was quickly losing blood. Clinic staff then rushed the patient to the hospital where he was finally admitted.

mental health and psychosocial services

The people of Gaza have carried a heavy burden of psychosocial and mental health problems long before the GMR, a consequence of years of blockade and conflict. Restrictions on the movement of people and goods has led to a dire socio-economic situation which has serious repercussions on psychosocial well-being of Palestine refugees^x. In 2017 prior to the GMR, the UNRWA Community Mental Health Programme found that more than 5,000 refugee adults and children suffered exceptionally high levels of psychosocial stress, almost half the adults studied, experienced poor well-being (with 63 per cent of those warranting further screening for depression) and almost 30 per cent of children experienced serious psychosocial or mental health difficulties. The added caseload of GMR-related patients has seen services overwhelmed.

Similar to the situation in the health sector, non-urgent cases are receiving delayed or reduced services. Counsellors find themselves unable to provide the needed individual and family follow-up in all cases. For example, in October 2018 alone, counsellors at UNRWA health clinics provided 228 GMR patients with psychosocial first aid and found that 43 per cent required individual psychosocial support and follow-up. The UNRWA Community Mental Health Programme was significantly affected by the Agency's 2018 funding crisis, negatively impacting the ability of the Agency to respond. Failure to address psychosocial needs can have a spiralling effect in the community and can contribute to drop out from school, job loss, rise in family tensions and increased rates of gender-based violence in the home.

rehabilitation services facing an overwhelming case load

UNRWA provides physical rehabilitation services in 15 of its 22 primary health centres. The high rate of lower limb injuries among the GMR patients has seen a rising demand for physiotherapy services. Many of the GMR cases are complex and require intensive rehabilitation, up to three sessions a week for more than an hour, with some patients requiring many months of treatment. UNRWA physiotherapists report a doubling of their patient caseload as a result of the GMR (from 12 patients a day to 24 patients a day).

The Humanitarian Needs Overview in 2019 estimated approximately 52,098 people in Gaza, including 26,049 children, were in need of MHPSS responses as a consequence of the GMR; this is in addition to the estimated 210,000 already acutely vulnerable suffering from severe or moderate mental health disorders.

OCHA HNO Palestine, 2019

an unrwa physiotherapist reflects on the gmr

I've been working at this UNRWA health centre since 2009. This has been the most difficult year of my working life. I'm overloaded and exhausted but also it's the effect of seeing these particular patients, feeling their pain and seeing their emotions. The rehabilitation is very intensive, it requires real commitment from the patient, including follow up with exercises at home. What I have noticed and what is difficult is that after 2-3 sessions you're hoping that the patient is starting to see some improvement and some pain relief, but you discover that the patient is still suffering terribly because there is still shrapnel or metal fragments in the body. Where there is damage to a nerve, the patient is in severe pain, they cannot sleep properly for months on end. I see that many of my patients are depressed.



A group of young refugees who injured in the GMR receiving physiotherapy services at the UNRWA clinic in Jabalia camp. © 2019 UNRWA Photo by Hussein Jaber

conclusion

In the twelve months of GMR demonstrations, more Palestinians have been injured than during the 2014 Gaza hostilities, more Palestinians have been killed than during the 2012 Gaza hostilities, and responding to the violence has brought an already strained health system to the brink of collapse. UNRWA has witnessed first-hand the profound impact on the lives of Palestine refugees (including children) who make up the majority of Palestinians in Gaza, as well as the immense pressure it has placed on the Agency's services.^{xi}

Serious concerns have been raised about the excessive use of force deployed by the ISF in circumstances where individuals are unarmed and pose no imminent or serious threat.^{xii} The consequences are seen both in the shockingly high number of casualties and in the very personal accounts of lives changed forever. It should be noted that the use of live ammunition pre-dates the GMR in Gaza and affects also the West Bank where the ISF have increasingly used live ammunition against Palestinians in recent years in response to protests and demonstrations, and during operations including in and around refugee camps.^{xiii} UNRWA reiterates its long-standing call for accountability for violations of international law, including with regard to the excessive use of force. Failure to bring such accountability, risks a cycle of impunity that will place further lives at risk across the entire occupied Palestinian territory.

The GMR is symptomatic of the rising level of frustration and despair among Palestinians living in the Gaza Strip who have endured 12 years of blockade, more than 50 years of occupation and, for Palestine refugees, 70 years of a lack of a just and lasting solution to their plight. There is no one in Gaza untouched by these effects which have restricted the movement of people and goods, devastated the Gaza economy, and resulted in record high unemployment and rising dependency on food aid. Use of force in response to GMR demonstrations in the past twelve months and the resulting physical and psychological consequences, have compounded an already severe situation for those in Gaza.

While UNRWA will continue to provide services in Gaza in accordance with its mandate, it is clear the situation is not sustainable. Political solutions, including a just and lasting solution to the plight of Palestine refugees, are urgently needed.

footnotes

i The restrictions imposed by Israel amount to a blockade. See, inter alia, GA resolution 73/99, of 2018, on the Israeli practices affecting the human rights of the Palestinian people in the Occupied Palestinian Territory, including East Jerusalem and also GA resolution 73/19, of 2018, on the Peaceful settlement of the question of Palestine.

ii Under international law, Palestinians have a right to freedom of expression and peaceful assembly. The ISF must refrain from using lethal force except as a last resort and only in response to an imminent threat to life. The de facto authorities in Gaza also have a duty to ensure that the demonstrations remain peaceful and to prevent violence including for example the use of incendiary kites and balloons against Israel.

iii In addition, in the same period but outside the context of the GMR, OCHA has recorded a further 76 Palestinians (including 15 children) killed in Gaza by Israeli forces incidents including airstrikes, tank shelling and access incidents. Also in the same period, there was one Israeli soldier killed and six injured as a result of the demonstrations and related activities. Outside of the context of the GMR, there was an additional one Israeli soldier killed and 50 Israelis (including 47 civilians) injured by Palestinian armed groups in separate incidents which including rockets fired at southern Israel. <https://www.ochaopt.org/content/approaching-first-anniversary-great-march-return-protests-gaza>

iv See for example the statements of the UN High Commissioner for Human Rights including 'Gaza deaths: Israel must address excessive use of force', 27 April 2018, at <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=22995&LangID=E>

v See for example 'UNRWA dismayed at loss of life and injuries in Gaza', 14 May 2018, <https://www.unrwa.org/newsroom/official-statements/unrwa-dismayed-loss-life-and-injuries-gaza>

vi Names of individuals interviewed have been changed to protect their identity. The first-person reflections included in this report were collected in face-to-face interviews conducted by UNRWA staff in Gaza.

vii For example WHO has reported 124 amputations as a result of GMR injuries (including 21 children). World Health Organization, Situation Report, occupied Palestinian territory, 1-28 February 2019 http://www.emro.who.int/images/stories/palestine/documents/WHO-Health-Cluster-Special-Situation_Report-1-28_Feb_2019.pdf?ua=1

viii In its resolution S-28/1, the Human Rights Council established the independent international commission

of inquiry to investigate the demonstrations held in Gaza between 30 March and 31 December 2018, the response of Israeli security forces to the demonstrations and the impact on civilians in Gaza and Israel.

https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session40/Documents/A_HRC_40_74_CRP2.18March.pdf

ix See Report of the detailed findings of the independent international Commission of inquiry on the protests in the occupied Palestinian territory (A/HRC/40/CRP.2), para 713 https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session40/Documents/A_HRC_40_74_CRP2.18March.pdf

x "Gaza ten years later", United Nations Country Team in the occupied Palestinian territory, July 2017 https://unsco.unmissions.org/sites/default/files/gaza_10_years_later_-_11_july_2017.pdf

xi In 2018, UNRWA also experienced an unprecedented funding crisis following the withdrawal of US Government funding which led to a shortfall of \$446 million. This caused cuts to services and severe disruption to operations, particularly in Gaza.

xii The Commission of Inquiry found that with the exception of two incidents, there was reasonable grounds to believe that in all other cases it examined, the use of live ammunition by ISF was unlawful, see report of the Independent International Commission of Inquiry on the Protests in the Occupied Palestinian Territory (A/HRC/40/74), para 884. It found "reasonable grounds to believe that the Israeli security forces killed and maimed Palestinian demonstrators who did not pose an imminent threat of death or serious injury to others when they were shot, and where there shooting did not thwart any such threat. Less lethal alternatives remained available and substantial defences were in place, rendering the use of lethal force neither necessary nor proportionate." Para, 885. https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session40/Documents/A_HRC_40_74_CRP2.18March.pdf

xiii In 2018 alone, the ISF carried out approximately 7,000 security operations in the West Bank overall, while UNRWA recorded 695 ISF operations occurring in and around Palestine refugee camps. Live ammunition was fired in the context of many of these operations, at times resulting in fatalities, but very often in injuries, property damage, and psycho-social effects. OCHA recorded 3,690 live ammunition injuries in the West Bank in the past five years (2014-2018), a 700% increase compared to the previous five years (449 injuries between 2009 and 2013).



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