



AREA “C” VULNERABILITY PROFILE PROJECT 2013

Assessment date :				
Assessing agencies:				
Assessor names :				

A. BASIC INFORMATION

A.1 LOCATION					
1. Governorate	2. Main locality	3. Community/ sub-locality	4. GPS		5. PCBS/OCHA (P-Code)
			X	Y	To be provided
6. Local Government Unit/ Village council	7. Type of community			8. Is the Community Bedouin?	
	<input type="checkbox"/> Urban (City/ Town) <input type="checkbox"/> Refugee Camp <input type="checkbox"/> Rural (Village) <input type="checkbox"/> Hamlet/ encampment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Comments on access:</i> Type of access Road to the community? Distance from main road? _____(km)					
A.2 COMMUNITY CONTACTS					
9.1 Name of key informant (s)	9.2 Position	9.3 Tel 1	9.3.1 Tel 2	9.4 Email	9.5 Gender
Contact 1					
Contact 2					
Contact 3					
Contact 4					
Contact 5					

A.3 POPULATION FOR AREA (C) RESIDENTS					
10. Estimated Area (C) Pop.	11. Estimated overall community Pop.	12. Est. of Households In Area (C)	13. Est. Of Households in the overall community	14.1 Est. Of registered refugees in Area (C)	14.2 Est. of registered refugee families in Area (C)
	To be provided 2013 projection		To be provided 2013 projection		
Comments on population: If applicable, estimated Number of children, Women?					
Are there families who temporarily relocate to other areas? If yes, how many households? Which To which locations ?months ?					

B. LAND & LIVELIHOOD FOR AREA (C) RESIDENTS

B.1. LIVELIHOOD FOR AREA (C) RESIDENTS					
Livelihood	15.1 Rank main livelihood sources (1 to 3, up to 3)	15.2 Rank main livelihood sources with women present in labour force (1 to 3, up to 3)	16. Is there any change on the livestock & cultivated land between the year 2000-2013		
Farming			16.1 # of sheep & goats	16.2 # of cows	16.3 Amount of cultivated land (Dunums)
Herding					
PA/Public Employment			<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/> Not applicable	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/> Not applicable	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/> Not applicable
Employment in Israeli settlement					
Local services					
Other(Specify) _____					

17. How were the Area (C) Residents' livelihoods affected by the following factors in the <u>past two years</u> ?				
17.1 Limited access to land resulting from:				
Settlements activities	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable
Barrier (Construction, prior coordination, permits/agr.gates)	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable
Closure obstacles (Road blocks, Earthmounds, Road gates)	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable
Bypass Roads	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable
Military bases	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable
Closed Military Areas	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable
Prior coordination requirements	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable

17.2 Settler Violence	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable
17.3 Restrictions on access to market or place of work because of checkpoints/ obstacles	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable
17.4 Planning and zoning restrictions	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable
17.5 Military bases/training	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable
17.6 Other (specify _____)	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> worse	<input type="checkbox"/> Not applicable

18. Status of land (CHECK ALL THAT APPLY)

Private ownership (individual / communal)

Rented

Not owned but traditional use

Other (specify) _____

B. INFRASTRUCTURE & ACCESS TO SERVICES FOR AREA (C) RESIDENTS

C.1. WATER & SANITATION FOR AREA (C) RESIDENTS

19.1. Is the community connected to the water network?

No Yes, **irregular** supply Yes, **regular** supply

19.2 Select sources of water other than water network (ranked 1-3, up to 3)

Rank	Source	19.3 Is there any concern about the quality of water?
	Water Tanker	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Rainwater harvesting/domestic collection wells	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Springs	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Filling point within 5Km	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Filling point beyond 5Km	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other(specify)_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENT:

19.3 What is the average price paid for tanker water per cubic meter? _____ **NIS**

Comments on water: What is the nearest Water source? _____ Can you use it? Yes No

C.2. ELECTRICITY FOR AREA (C) RESIDENTS

20. Is the community connected to the electricity network?

- No Yes, **irregular** supply Yes, **regular** supply

20.1. What are additional sources of electricity? (ranked 1-3, up to 3)

Rank	Source
	<input type="checkbox"/> Diesel generator
	<input type="checkbox"/> Sunlight (Solar panels)
	<input type="checkbox"/> Kerosene lamps
	<input type="checkbox"/> none
	<input type="checkbox"/> Other (specify) _____

COMMENT:

C.3. PRIMARY EDUCATION (GRADE 1 TO 9) FOR AREA (C) RESIDENTS

22. Is there an elementary school within the <u>overall</u> community?	<input type="checkbox"/> Yes	22.1 Located in <input type="checkbox"/> Area (A) <input type="checkbox"/> Area (B) <input type="checkbox"/> Area (C) <input type="checkbox"/> East Jer.	22.2 Are there any problems? (CHECK ALL THAT APPLY) <input type="checkbox"/> Distance to school Specify (km) _____ <input type="checkbox"/> Renovation is needed <input type="checkbox"/> Pending demolition /stop work order <input type="checkbox"/> Not enough teachers
	<input type="checkbox"/> No	22.3 If no, where is the nearest school?	Location(community name): _____ Distance(km): _____ Roundtrip Transport cost (NIS) per student per day: _____

23. Are there any obstacles to elementary education access?

- Yes No **IF NO**, move to question 24

IF Yes, Provide top 3 reasons	23.2. If applicable, check any obstacles that are specific for:		
	GIRLS	TEACHERS and STAFF	WOMEN TEACHERS and STAFF
<input type="checkbox"/> Distance to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack of/ cost of transportation to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Closures/checkpoints / Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crossing closed military areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settler violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Comments : Does the MoE provide school transportation? Yes No

C.3.1 SECONDARY EDUCATION (GRADE 10 TO 12) FOR AREA (C) RESIDENTS

24. Is there a Secondary school within the <u>overall</u> community?	<input type="checkbox"/> Yes	24.1 Located in <input type="checkbox"/> Area (A) <input type="checkbox"/> Area (B) <input type="checkbox"/> Area (C) <input type="checkbox"/> East Jer.	24.2 Are there any problems? (CHECK ALL THAT APPLY) <input type="checkbox"/> Distance to school Specify (km) _____ <input type="checkbox"/> Renovation is needed <input type="checkbox"/> Pending demolition /stop work order <input type="checkbox"/> Not enough teachers
	<input type="checkbox"/> No	24.3 If no, where is the nearest school?	Location(community name): _____ Distance(km): _____ Roundtrip Transport cost (NIS) per student per day: _____

25. Are there any obstacles to secondary education access?

Yes No **IF NO**, move to question 26

IF Yes, Provide top 3 reasons	23.2. If applicable, check any obstacles that are specific for:		
	GIRLS	TEACHERS and STAFF	WOMEN TEACHERS and STAFF
<input type="checkbox"/> Distance to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack of/ cost of transportation to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Closures/checkpoints / Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crossing closed military areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settler violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____

Comments:

C.4. HEALTH SERVICES FOR AREA (C) RESIDENTS

26.1 Location of closest clinic/Primary health care centre (Locality name): _____	26.2 Distance (If outside the locality): Specify (km): _____	26.3 roundtrip transportation cost (If outside the locality) Specify (NIS): _____
27. 1 Is the community served by a mobile clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No	27.2 Mobile Services provider: _____	27.3 Frequency of mobile service/week _____
28.1 Do area(C) community residents face any obstacles to accessing primary health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If Yes, Provide top 3 reasons	28.2 If applicable, Check the obstacles that are specific for:			
	Women	Children	Chronically ill people	Persons with disabilities
<input type="checkbox"/> Distance (specify) _____ km	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Closures / checkpoints / Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Limited opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack of skilled staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack of specialized health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
<i>Comments:</i>				

C.5. SHELTER FOR AREA (C) RESIDENTS		
29. Type of structures in the community	Rank (1 to 3)	29.1. What are the main problems relating to shelter? (CHECK ALL THAT APPLY)
Zinc		<input type="checkbox"/> Shelter not weatherproof <input type="checkbox"/> Shelter threatened with demolition <input type="checkbox"/> Other Specify _____ <input type="checkbox"/> No problems <i>Comments:</i>
Concrete/ Stone		
Tents		
Caves		
Other (Specify)		

D. SPECIFIC PROTECTION RISKS / CONCERNS FOR AREA (C) RESIDENTS

D.1. TYPES OF PROTECTION RISKS / CONCERNS FOR AREA (C) RESIDENTS	
30. What are the current protection concerns? (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Demolition eviction/evacuation orders	<i>Go to section D-2</i>
<input type="checkbox"/> Freedom of movement	<i>Specify:</i>
<input type="checkbox"/> Confiscation/requisition of land	<i>Specify:</i>
<input type="checkbox"/> Access to land	<i>Specify:</i>
<input type="checkbox"/> Access to services	<i>Specify:</i>
<input type="checkbox"/> Settler violence	<i>Go to Section D-4</i>
<input type="checkbox"/> Military Operations and arrests	<i>Specify:</i>

D.2. DEMOLITIONS / EVICTIONS FOR AREA (C) RESIDENTS

31. Does the community **currently** have stop-construction/demolition, eviction or evacuation orders? (CHECK ALL THAT APPLY)

<input type="checkbox"/> Stop construction/demolition orders (both private and public structures)	Estimated number of stop construction/demolition orders _____ Estimated number of residential houses with demolition orders _____ Estimated number of other structures with demolition orders _____ Estimated number of <u>Donor funded</u> structures with demolition orders _____
<input type="checkbox"/> Evacuation orders	Estimated number of evacuation orders _____ Estimated area of land affected _____ (Dunums)

Comments:

<p>32.1 Who is providing legal aid to the community at present?</p>	<input type="checkbox"/> Private representation (at community expense) <input type="checkbox"/> Palestinian Authority <input type="checkbox"/> INGO/NGO specify _____ <input type="checkbox"/> Other specify _____ <input type="checkbox"/> None	<p>Comments:</p>
<p>3.2.2. Is further legal aid needed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>33. Have members of the community experienced any of the following since September 2000?</p>	<input type="checkbox"/> Demolitions <input type="checkbox"/> Evacuation/Eviction <input type="checkbox"/> Involuntarily relocation within the community (other than due to demolitions/evictions) <input type="checkbox"/> Involuntarily relocation outside of the community (other than due to demolitions/evictions)
	<p>Comments:</p> <hr/> <hr/>

D.3. LANDMINES & UXOs IN AREA (C)

<p>34. Are there any mine fields or suspected dangerous areas (e.g., UXOs) in or near the community?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, is the area fenced and/or marked with warning signs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>35. Have people been injured by landmines and/or UXOs in or near the community since June 1967 occupation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Comments:</p>	

D.4 SETTLER VIOLENCE AGAINST AREA (C) RESIDENTS

36. Have community members faced settler violence in the past 2 years?

Yes No

36.1 If yes, how often?

- Daily
 Weekly
 Monthly

 Less frequent

36.2 What type of violence?

- Physical attacks against persons
 Harassment and intimidation
 Destruction/damage of trees / crops / other agr.structures
 Settler trespassing /takeover of property
 Blocked access to land
 Pollution of land or water
 Other Property damage

Comments:

37. Have community members or organizations representing them filed complaints with Israeli Authorities in relation to settler violence?

- Always In most cases Occasionally Never

38. Are you aware of any action taken by the Israeli Authorities in response to settler violence?

Yes No

E. SUPPORT RECEIVED BY AREA (C) RESIDENTS DURING THE LAST 2 YEARS

39. Has the community received any humanitarian assistance in the last 2 years?

Organization	Type of Assistance	Date of last Intervention
<i>Comments:</i>		

F. ANALYSIS / SUMMARY (completed by assessor)

40. What follow-up is needed from sectors/clusters?		
Cluster / sector	Brief description of needed intervention	Priority
<input type="checkbox"/> Agriculture		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Education		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> WASH		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Food / nutrition		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Health		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Protection		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Shelter		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

G. GENERAL COMMENTS (completed by assessor)

Verified by: _____