

Humanitarian Updates from MSF's Projects

The Realities, Causes and Impacts of Prolonged and Recurrent Forced Displacement in the West Bank

FORCED DISPLACEMENT. Since January 21, the Israeli 'Iron Wall' operation in the north of the West Bank has displaced more than **42,000 people** – mainly from three refugee camps in Jenin and Tulkarem and surrounding neighborhoods and villages. Israeli troops have emptied and reshaped the camps, causing significant destruction, and signaled their intention of long-term presence (at least for the “coming year”), **preventing any return**. In other parts of the West Bank, Palestinians continue to face forced displacement driven by various factors. According to OCHA¹, between January 1, and April 21, 2025, **excluding military operations, 566 structures** were demolished – forcing the displacement of over 680 people. This marks a **45% increase in demolitions and a 58% increase in displacements** compared to the same period in 2024.

In the West Bank, **forced displacement is related to a range of interconnected hardships**. Disrupted access to healthcare, increased mental health needs, financial hardship and loss of livelihoods, as well as limited access to essential services such as water are contributing to forced displacement, while these hardships deepen further after the displacement.

From February to the end of April 2025, MSF teams have provided primary health care to **over 2,000 patients, more than 50% of whom are IDPs**, through mobile clinics in 42 public locations and IDP shelters around **Tulkarem** and **Jenin**. **Chronic illnesses** remain the most common health issues among MSF patients, with **52% suffering from hypertension, type 2 diabetes, or both** – conditions that require ongoing medication to prevent serious complications. Access to healthcare for displaced people remains extremely limited. A pervasive climate of violence, the presence of Israeli forces, numerous movement restrictions, widespread medication shortages in health centers because of, among others, the UNRWA ban and the MoH financial difficulties, and transportation costs all present significant barriers – especially since the majority has lost everything when forced to flee their homes, often with nothing but the clothes on their backs.

As of 27 April, in 2025, MSF provided mental health support and/or social assistance to at least 120 Palestinians (i.e. 23 families) in **Hebron** Governorate, who were forcibly displaced, mainly due to home demolitions.

ATTACKS ON AND OBSTRUCTION OF HEALTH CARE. In 2023 and 2024, MSF supported with the training of 217 PRCS volunteers across the Nablus, Qalqilya, and Tubas governorates. MSF teams recently followed up with the volunteers, and **80** of them reported having recently provided medical first aid during an incident. **Of those incidents, 72% were violent in nature – almost all** (all but two) linked to actions by **Israeli Forces**, primarily during military operations or search-and-arrest raids.

Among the 58 violent incidents, **40% involved victims who were healthcare workers or first responders**. In the remaining cases, the victims were part of the general civilian population. Critically, in 84% of these cases, the delivery of medical care was delayed.

When surveyed:

- **74%** of respondents said they **feel unsafe while providing volunteer medical assistance**.
- **86%** reported difficulties reaching those in need. The most commonly cited obstacles were **checkpoints (70%) and violence (61%)**. A majority pointed to the presence and movement restrictions imposed by Israeli Forces as the main barriers to accessing patients.
- **86%** said they or their team had been **directly threatened or attacked while delivering care**.
- The same percentage stated that wearing identifiable paramedic symbols (such as vests or badges) did **not** increase their sense of safety in the field.

In **Hebron** Governorate, between 14 of February and 17 of April, MSF was forced to **cancel six mobile clinics** due to security concerns and the difficulty of organizing, securing and coordinating movements. On 28 and 29 March, a particularly violent attack by Israeli soldiers and settlers took place in Jinba (Masafer Yatta), resulting in the hospitalization of five Palestinian residents—two in the intensive care including one child. During the attack, the village's school, mosque, and all houses were vandalized, affecting 25 households. Also, the facility used by **MSF's**

¹ OCHA, [West Bank Demolition and Displacement Tracker](#).

mobile clinic in Jinba was attacked; furniture, sinks, and windows were destroyed. The residents in Jinba remain at high risk of forcible transfer. On 6 April, when MSF's mobile clinic team passed the Farsh al Jawa checkpoint in Hebron, Israeli settlers in a car pointed a stick at cars stuck in traffic, including MSF's mobile clinic vehicle—the stick was mistaken for a gun, causing distress. Shortly thereafter, at Ras al Joura, Israeli soldiers **threw tear gas at the cars, including MSF's team**. Due to the caused distress MSF cancelled the mobile clinic.

VIOLENCE AND MENTAL HEALTH

In **Jenin** and **Tulkarem** governorates, in response to the still-ongoing Israeli 'Iron Wall' operation, MSF teams provided **psychological support to 576 individuals** in March. Of these, **83% are forcibly displaced refugees** from the three refugee camps targeted by Israeli forces. Many patients are retraumatized by echoes of the 1948 Nakba, with this **intergenerational trauma** manifesting in depressive symptoms, sleep and eating disorders, psychosomatic pain, and heightened anxiety – particularly due to their inability to return to homes that have been demolished or converted into military zones by Israeli forces.

In **Nablus** governorate, in March, **40% of MSF patients** in MSF mental health clinics suffer from **violence-related stressors** – 8% of them have been direct witness of violence. The Nablus Mental Health Outreach Team reports that **100% of anxiety cases remain linked to life under Israeli occupation**, consistent with previous months. Notably, patients report that there has been a significant rise in anxiety related to increasingly frequent and violent Israeli military incursions into villages, which have directly disrupted access to essential services. Several new cases have been opened, involving families of Palestinians who have been killed or detained by Israeli forces, as well as individuals who have been displaced. MSF teams are dealing with numerous cases of **suicidal ideation among teenagers**, who feel like there is no future for them in the West Bank.

In **Hebron** Governorate, MSF surveyed 197 households and asked if anyone in their household had experienced or witnessed a violent event carried out by settlers or soldiers in the past three months. The findings reveal that 25% (n=49) of households had at least one member who witnessed violence, and 28.1% (n=55) of households had at least one member who experienced it. Respondent indicated that 15.1% (n=39) of violent events were perpetrated by soldiers, 38% (n=98) by settlers in civilian clothes, 20.9% (n=54) by settlers in military clothes, and 22.9% (n=59) by both settlers and soldiers. Most common types of witnessed or experienced violence are 'threats and/or intimidation' (n=60, 30.6%), physical assault (n=32, 16.3%), and attacks on agriculture or livestock (n=31, 15.8%).

- Living in a household where at least one member had experienced violence was associated with a 2.3 times higher likelihood (95% CI: 1.0–5.3) of severe mental health symptoms compared to those in households without such experiences.
- For each additional violent event experienced, the mental health severity score increased by 0.36 units, indicating a moderate dose-response relationship where exposure to multiple violent events is associated with higher levels of mental health distress. Among households where at least one member had experienced violence (n=55), 38.2% experienced two violent events, 25.4% experienced three violent events, 10.9% experienced four violent events, and 7.3% experienced five violent events; compounding the mental health impact.

LIVING CONDITIONS & FINANCIAL HARDSHIP

The increasingly coercive environment in the West Bank, linking pervasive everyday violence and loss of livelihoods, leave many Palestinians in extremely precarious living conditions. In the north, displaced families from refugee camps face extreme hardship after being forced to leave their homes and all possessions behind. Many now live in rented, often unfurnished, accommodations, public shelters, or unfinished buildings, with rapidly depleting savings and growing daily needs. In response to the crisis, MSF stepped in where others could not, organizing **20 distributions** in **Jenin** and **Tulkarem** alongside local partners, during the month of March. These included **over 900 blankets, pillows, mattresses**, but also distribution of around **360 NFIs** (hygiene kits, sanitary products, diapers, clothes), and more than **450 family food parcels**. MSF teams in Tulkarem are also providing critical support to around 450 IDPs sheltering in unfinished buildings, distributing electric and water heaters, water tanks, and showers to help improve their living conditions.

In **Hebron** Governorate, 197 respondents were asked to reflect on their household's financial situation since October 2023 and indicate whether it has worsened, improved, or remained the same. The majority of respondents reported

that their financial situation has “Worsened somewhat” (n=95, 48.5%) or “Worsened significantly” (n=65, 33.2%). Among individuals who experienced a decline in their financial situation, the most common contributing factors included “Cancellation of work permit” (n=118, 73.8%), “Increased cost of living” (n=58, 36.2%), “Movement restrictions” (n=53, 33.1%), and “Attacks on or obstructions to livelihood” (n=45, 28.1%).

Financial hardship and mental health: Respondents from households whose financial situation had significantly worsened since October 2023 were 2.7 times more likely (95% CI: 1.4–5.3) to experience severe mental health symptoms, compared to those from households without financial deterioration.

ACCESS TO WATER & ELECTRICITY

Access to water remains critically limited in parts of the West Bank, severely impacting both public health and daily life. In **Jenin** and **Tulkarem**, because of the Israeli military incursion, the persistent lack of electricity and water at health facilities has disrupted health services and compromised the cold chain needed to safely store medicine. In mid-March, around **3,000 people in Jenin were cut off from water for an entire week**. According to a recent OCHA needs assessment, displaced refugees in the area are now heavily reliant on bottled water to meet their basic needs. MSF also supported **Jenin’s** main hospital, Khalil Suleiman Hospital, with **402 truckloads of water** after it went without water – first in February, due to infrastructure damage caused by Israeli forces destroying water pipes, and again the following month, due to the suspension of water delivery over unpaid bills. In **Tubas**, MSF responded to the needs of residents of Al Far’a camp. MSF teams distributed **hygiene kits for 100 households** who were forced to flee as the Iron Wall operation spread to Tubas but were allowed to come back after ten days.

In **Hebron** Governorate, out of the 197 households surveyed, 53.3% (n=105) indicated they faced difficulties accessing clean water within the past three months. 18% (35 households) reported being without water for more than 15 days.

- For those who reported challenges in accessing clean water, the most common issues were “Financial barriers (e.g., high cost of water or transportation)” (n=72, 41.1%), “Intimidation or threats from settlers” (n=33, 18.9%), and “Physical barriers (e.g., blocked access points)” (n=21, 12%).
- When asked about the impact of limited water access on their daily lives and activities, the most frequent responses included “Restricted daily chores and household tasks” (n=87, 22.3%), “Increased stress or anxiety related to water access” (n=61, 15.6%), and “Affected personal hygiene” (n=57, 14.6%).

ASKS & RECOMMENDATIONS TO THIRD STATES

Urgently **act**, beyond mere condemnation, to ensure that the Israeli government:

- Stops practices violating **international humanitarian and human rights laws**. Demand Israel’s compliance with its obligations under the Fourth Geneva Convention, which prohibits the **forcible transfer** of protected persons in occupied territories, and its legal duties as the Occupying Power to ensure the protection, dignity, and welfare of the Palestinian population, including the realization of their fundamental rights, access to essential services, and facilitation of safe return to their homes.
- Ends its **collective punishment** and other **coercive measures** leading to forced displacement, including but not limited to severe and systematic movement restrictions, demolition of residential and agricultural structures, prolonged military incursions with the **deliberate aim** of forcibly displacing and preventing return of affected communities, disproportionate use of force, and barriers to accessing essential services and clean water.
- Ensures Palestinian people and their children are protected from **settler violence** and further attacks prevented.
- Removes **movement restrictions** that block Palestinians from reaching essential services and impede humanitarian action.
- Refrains from hindering and instead facilitates the **scale-up of coordinated humanitarian assistance**, prioritizing access to essential healthcare services, distribution of food and safe drinking water, and the provision of adequate shelter materials and NFIs, including hygiene kits, for displacement-affected communities.
- Ceases all attempts to **instrumentalize and curtail humanitarian assistance** – including by removing bureaucratic and administrative impediments, including respect for existing registrations and provision of work visas for humanitarian workers.
- Ends all coercive measures which seem to be aimed towards **annexation**, including, but not limited to, prolonged large-scale military operations, barriers to providing and receiving medical and humanitarian aid; collective punishment including home demolitions; settler violence; and movement restrictions.