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PALESTINE ECONOMIC POLICY
RESEARCH INSTITUTE (MAS)

Background Paper

Round Table (6)



**Effective Mechanisms for Inclusive Educational and
Health Services for Palestinians in East Jerusalem**

September 2024



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Effective Mechanisms for Inclusive Educational and Health Services for Palestinians in East Jerusalem

Prepared by: Palestine Economic Policy Research Institute (MAS)

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Contents

Abstract	01
1. Introduction	02
2. The Reality of Education in Jerusalem Before and Since the War on Gaza	03
3. The Israeli Carrot and Stick Plan for Education in Jerusalem (2024-2028)	05
4. The Reality of Health in Jerusalem Before and Since the War on Gaza	06
5. Key Challenges for Educational and Health Services	08
6. Recommendations for Addressing Challenges in Education and Health Services	14
Questions for Discussions	17
References	18

Abstract

This background paper explores the multifaceted challenges facing the education and healthcare systems in Jerusalem, particularly within the Palestinian communities of East Jerusalem, both before and after the outbreak of the war on Gaza on October 7, 2023. It examines the Israeli government's educational policies, which seek to integrate East Jerusalem schools into the Israeli state framework by promoting the Israeli curriculum. This policy is criticized for its potential to erode Palestinian cultural and national identity, creating disparities in resource allocation and leading to increased dropout rates among Palestinian students.

Additionally, the paper delves into the deteriorating health situation in East Jerusalem, exacerbated by the war, where healthcare facilities and professionals are under extreme strain due to underfunding, violence, and restricted access to essential services. The ongoing conflict has worsened these pre-existing conditions, highlighting the urgent need for a more inclusive approach to both education and healthcare that respects the cultural identity of Palestinians while addressing systemic inequalities.

The analysis is supported by various reports and studies from reputable sources, which underline the complexities and long-term implications of current policies on the Palestinian population in Jerusalem.

In light of the complex political and legal challenges surrounding the provision of educational and health services in East Jerusalem, there is an urgent need for dialogue and collaboration among Palestinian and international organizations operating in the region. The status of East Jerusalem under international law as part of the occupied Palestinian territory, while being annexed to the State of Israel, presents unique obstacles to ensuring equitable access to education and healthcare for its residents.

Political divisions, legal disputes, and administrative complexities can hinder efforts to develop effective mechanisms for inclusive services. Therefore, convening this roundtable discussion provides a valuable opportunity for stakeholders to come together, share insights, and explore innovative solutions to address these challenges. By fostering dialogue and collaboration, this initiative seeks to promote a deeper understanding of the issues at hand, identify areas of mutual interest, and develop coordinated strategies to enhance educational and health services for East Jerusalemites. Collective efforts and shared commitment to inclusivity and equity can help overcome political barriers and advance the rights and well-being of all Palestinians in East Jerusalem.

1. Introduction

East Jerusalem, where approximately 370,000 Palestinians reside, stands as a testament to the profound social and political challenges that significantly impact its educational and health sectors. The area is characterized by significant disparities between its Palestinian and Israeli populations, driven by systemic neglect, underfunding, and the complex dynamics of occupation (Laub 2024).

The educational landscape in East Jerusalem is plagued by chronic underfunding and overcrowding. Schools serving Palestinian communities receive substantially less financial support than those in West Jerusalem, resulting in severe deficits such as the absence of thousands of classrooms, inadequate facilities, and a shortage of qualified teachers (Schirmer, 2022). The Israeli government's 2018 Decision 3790 aimed to address these issues by allocating funds to East Jerusalem's education sector, but much of this funding is conditional on schools adopting the Israeli curriculum. This has led to concerns about the "Israelization" of education, where the Palestinian cultural and national identity risks being undermined (Agabekian & Hasna, 2019).

The construction of the separation barrier in 2002 has further complicated access to education, particularly in neighborhoods cut off from the rest of Jerusalem. Schools in these areas experience even greater neglect, forcing many students to endure long commutes or receive substandard education (Schirmer, 2022).

The health sector in East Jerusalem faces similar challenges. Hospitals and clinics, including notable institutions like Al Makassed Hospital and Augusta Victoria Hospital, struggle with resource constraints, outdated infrastructure, and the overarching political situation. Despite these difficulties, international aid and local initiatives have made significant strides in improving healthcare services. Recent efforts include upgrading medical equipment, establishing solar energy systems, and enhancing patient care facilities, all of which have positively impacted the quality of care available to residents.¹. However, like the educational sector, healthcare remains heavily reliant on international aid and the support of NGOs, reflecting the broader vulnerabilities of the Palestinian community in East Jerusalem. The ongoing conflict and political instability exacerbate these issues, leaving many residents without reliable access to essential health services.

The oppressive Israeli occupation of Palestinian land presents numerous challenges to Palestinian health, depriving Palestinian citizens of their rights and violating all international treaties, conventions, and charters that guarantee the rights of all segments of the Palestinian people. This paper provides information regarding the health reality in Palestine, its indicators and causes, the effects of occupation and settlement practices on Palestinian health, and the health system's ability to meet the requirements of inhabitants. It continues by calling on the international community and the World Health Assembly to do all possible to protect Palestinian citizens' rights.

1. Facilitating Access to Infrastructure Resilience in Area C and East Jerusalem (FAIR). UNDP project report

The educational and health sectors in East Jerusalem encapsulate the broader socio-political challenges faced by Palestinians in the city. Addressing these issues requires not only increased funding and infrastructure development but also a comprehensive political solution that respects the rights and identity of the Palestinian population. The information provided here is based on reports from the United Nations, the World Health Organization, Israeli NGOs, and other stakeholders involved in East Jerusalem's social sectors, which document the systemic challenges and efforts to mitigate them amidst ongoing conflict. This paper aims to contribute to the discourse on education and health in Jerusalem, particularly in the wake of the ongoing war. It provides an analysis of the key challenges, offers recommendations, and emphasizes the critical role of education and health services in promoting resilience in a highly volatile environment.

2. The Reality of Education in Jerusalem Before and Since the War on Gaza

According to the most recent data, there are approximately 300 schools in East Jerusalem. These include a mix of Palestinian National Authority (PNA) and Islamic Waqf schools (about 164 schools), private schools (about 60 schools), those run by the Israeli Ministry of Education and the Jerusalem Municipality (about 87 schools), and of course the UNRWA schools (6 schools). Of these schools, about 141 (59.3%) teach the Palestinian curriculum, while 91 (38.3%) follow the Israeli curriculum. The remaining schools use international curriculums such as the International Baccalaureate and the British International General Certificate of Secondary Education (Kuttab & Assali, 2024)

According to the PCBS, the number of Palestinian teachers working in the Palestinian schools in Jerusalem in 2023, is 4,533.² Whereas the number of students attending Palestinian schools in East Jerusalem according to the Palestinian Ministry of Education and Awqaf administration in 2022 is 98,426 students, 45,426 of them are attending the PNA schools, 33,817 are attending private schools, 10,637 attending Awqaf schools, and 972 at UNRWA schools. In addition, 53,3000 students are studying at the Israeli municipal schools, and 13,000 of them are studying the Begrut curriculum.³

Before October 7, 2023, the educational landscape in Jerusalem, particularly in East Jerusalem, was deeply affected by political and social disparities. The education system in East Jerusalem was characterized by chronic underfunding, overcrowding, and significant infrastructural deficits. The Israeli government's 2018 Decision 3790, which allocated 445 million NIS to the education sector, was intended to address these issues but faced criticism for prioritizing schools that adopted the Israeli curriculum over those teaching the Palestinian curriculum (Schirmer, 2022). Israelizing the Palestinian curriculum began in 2000 when a new Palestinian curriculum was introduced. Curriculum manipulation takes four forms: substitution, erasure, change of substance, and distortion. These revisions targeted anything that strengthens Palestinian national identity. They also sought to replace terminology like Nakba, Naksa, al-Buraq Wall, and al-Aqsa Mosque with names associated with the Zionist narrative, such as Independence, the Six-Day War, the Wailing Wall, and the Temple Mount (Qadah, 2022). As Jerusalem funding was allocated to

2. Distribution of schoolteachers* in Palestine by supervising authority, region, and governorate, for the academic years 2011/2012-2022/2023

3. Fact Sheet on Education in Jerusalem. Faisal Hussein Foundation 2022

schools that teach the Israeli curriculum, the number of Jerusalemites taking the Israeli secondary matriculation exam and enrolling in related prep programs increased. Using Israeli textbooks became a requirement for financing during Bennett's tenure as education minister. These efforts culminated in the launch in 2018 of a five-year plan for East Jerusalem that was focused on education: of the total budget of at least 445 million shekels, approximately 200 million were set aside for promoting the Israeli curriculum in schools, teaching Hebrew, technological education, and extra-curricular programming, among other educational objectives (Qadah, 2022)

One of the most pressing issues was the severe shortage of classrooms. By 2020, there were over 3,700 missing classrooms in East Jerusalem, exacerbating overcrowding and limiting educational opportunities for Palestinian students (Schirmer, 2022). Additionally, there was a high dropout rate among Palestinian students, and a significant number of school-age children remained unregistered in the education system. The construction of the separation barrier in 2002 further complicated access to education, especially for students in neighborhoods cut off from the rest of Jerusalem. These areas faced even greater neglect, with schools struggling to provide adequate education amidst growing infrastructural challenges.

Overall, the situation reflected the broader tension between preserving Palestinian cultural identity and the pressures to integrate into the Israeli educational system. The ongoing political conflict and the policies implemented by the Israeli government played a significant role in shaping the educational experiences of Palestinian students in East Jerusalem.

The war on Gaza, which escalated significantly after October 7, 2023, has had a profound impact on education in Jerusalem, particularly in East Jerusalem, where tensions have escalated sharply. The ongoing conflict has exacerbated existing disparities in the education system, heavily affecting Palestinian students and schools.

In East Jerusalem, educational institutions have faced disruptions due to heightened security measures and violence. The Israeli authorities have increased their presence in Palestinian neighborhoods, leading to frequent clashes and arrests, which have hindered students' ability to attend school regularly. Schools have had to close temporarily due to the volatile security situation, while others have struggled to operate under the strain of the conflict. The movement of students and teachers has been restricted, particularly in areas close to the Old City, where checkpoints and barriers have been reinforced.

Statistics indicate a significant drop in attendance, with some reports suggesting that less than 50% of students in East Jerusalem have been able to attend school regularly since the war began. This disruption has not only affected academic progress but also the psychological well-being of students, who are increasingly exposed to trauma and violence. Reports suggest that as few as 30% of Palestinian students have been able to attend school regularly due to the ongoing violence and increased military presence (Kuttab, 2023).

The war has also exacerbated structural inequalities in the education system between Jewish and Palestinian students in Jerusalem. Palestinian schools, which already suffer from underfunding

and overcrowding, are now facing additional challenges, including damage to infrastructure and a lack of access to educational resources. At least 15 schools in East Jerusalem have reported damage to their infrastructure as a result of the conflict, either from direct attacks or due to the proximity of violent clashes. This has further strained the already limited educational resources available to Palestinian students.⁴ These challenges are compounded by the broader economic and social impact of the conflict, which has deepened poverty and unemployment in Palestinian communities, further straining the education system. The United Nations has highlighted the severe and long-lasting impact of the conflict on the region's socioeconomic infrastructure, including education. The destruction and loss of human capital are expected to have far-reaching consequences, affecting generations of students and their future opportunities.

Security threats and the inability of students and staff to reach their schools safely have reduced attendance.⁵ A survey conducted among students in East Jerusalem found that nearly 70% reported increased levels of anxiety and stress, directly linked to the ongoing conflict and its impact on their daily lives, including their education. The disparity in funding between Jewish and Palestinian schools in Jerusalem has widened during the conflict. Palestinian schools have received significantly less support, leading to overcrowded classrooms and a lack of necessary educational materials. It is estimated that the per-student funding gap between Jewish and Palestinian schools is now as high as 75%.⁶

3. The Israeli Carrot and Stick Plan for Education in Jerusalem (2024-2028)

The Israeli government's 5-year plan for education in Jerusalem, covering the period from 2024 to 2028, is part of a broader initiative aimed at integrating East Jerusalem more fully into the Israeli state. This plan, which involves significant investment in educational infrastructure and programs, is framed as an effort to improve the quality of education in the city. However, for Palestinian schools in East Jerusalem, this plan has raised significant concerns about its underlying intentions and potential negative impacts. The plan continues a trend seen in previous policies, where substantial funding is allocated to educational development in East Jerusalem, as an inducement (carrot) to acquiesce in Israelization (stick). The plan includes the construction of new schools, the renovation of existing facilities, and the introduction of advanced technological resources (Hindi, 2024). A key component of the plan is the promotion of the Israeli curriculum in Palestinian schools. This curriculum includes Hebrew language instruction and subjects that align more closely with Israeli national narratives.

The most significant concern regarding this plan is the perceived attempt to erode Palestinian cultural and national identity. By pushing the Israeli curriculum, the government is seen as attempting to replace the Palestinian narrative with an Israeli one. This includes the introduction of Israeli history and civics, which can often conflict with Palestinian historical experiences and

4. War on Gaza 2023: an unprecedented and devastating impact, October 2023. UNESCWA report

5. Israel and Hamas October 2023 Conflict: Frequently Asked Questions (FAQs) October 13, 2023. Congressional Research Service report.

6. War on Gaza 2023: an unprecedented and devastating impact, October 2023. UNESCWA report

perspectives. Palestinian educators and parents fear that this is an attempt to “Israelize” the younger generation, distancing them from their cultural roots and national identity (Kuttab & Assali, 2024). The pressure to adopt the Israeli curriculum has also led to a decline in student enrollment in some Palestinian schools. Parents who oppose the curriculum changes are increasingly reluctant to send their children to schools that comply with these policies. This has contributed to higher dropout rates, as some students disengage from an education system that they feel does not represent their identity or future aspirations.

Another critical issue is the conditional nature of the funding. Schools that agree to adopt the Israeli curriculum are more likely to receive government support, while those that refuse are often left with inadequate resources. This creates a situation where schools are coerced into compliance to secure the necessary funding, further marginalizing Palestinian educational institutions that seek to maintain their autonomy and cultural integrity (Kuttab & Assali, 2024). The plan exacerbates existing inequalities between Jewish and Palestinian schools in Jerusalem. While the government promotes improving education across the city, the allocation of resources remains unequal. Palestinian schools continue to suffer from overcrowding, lack of facilities, and a shortage of qualified teachers, issues that are not adequately addressed in the plan. Instead, the focus on promoting the Israeli curriculum diverts attention and resources from addressing these fundamental issues.

The concerns raised by educators and community leaders in East Jerusalem highlight the need for a more inclusive approach to educational development—one that respects and preserves the cultural and national identity of the Palestinian population while genuinely addressing the systemic challenges they face.

4. The Reality of Health in Jerusalem Before and Since the War on Gaza

The healthcare landscape in East Jerusalem has long been shaped by systemic challenges of separation from the rest of the West Bank and the disparities inherent in Israeli discriminatory policies. Before the outbreak of the war, the healthcare system in East Jerusalem was already under significant strain, marked by underfunding, shortages of medical supplies, and inadequate infrastructure. The ongoing Israeli occupation exacerbated these issues, leading to unequal access to healthcare services between East and West Jerusalem. Palestinian healthcare facilities were often under-resourced, with hospitals facing chronic overcrowding and outdated equipment.⁷

The war’s onset significantly worsened an already fragile situation. The escalation in violence led to widespread destruction of healthcare infrastructure across Gaza and the West Bank.⁸ In East Jerusalem, the healthcare system struggled to cope with the influx of casualties and the increased demand for medical services. The damage to critical infrastructure and the loss of healthcare professionals, particularly in Gaza, where 55 specialist doctors were killed, have had long-lasting impacts on the region’s ability to provide adequate healthcare.⁹

7. The Collapse of Gaza’s Healthcare System. Harvard Magazine, by Nina Pasquini. 2023

8. Ibid.

9. A REUTERS INVESTIGATION. Gaza’s doctors were building a health system. Then came war. 2024

According to the Palestinian Ministry of Health, approximately 13,000 West Bank and Gaza Strip patients yearly receive medical treatment in Jerusalem hospitals as of October 7, 2023. This implies a considerable number of patients are being treated for various medical conditions in Jerusalem, which is under Israeli control. The exact reasons for seeking medical treatment in Jerusalem are not specified. Still, it may be due to the limited medical resources and infrastructure in the West Bank and Gaza Strip. East Jerusalem, with its six hospitals, is the main provider of specialized care to the population of the oPt.

The hospitals have 624 beds, 12.4 percent of the total available in the oPt, and provide a range of specialized treatment unavailable elsewhere in the West Bank and Gaza Strip: dialysis and oncology at Augusta Victoria Hospital; open-heart surgery at Maqassed Hospital; neurosurgery at St. Joseph Hospital; neonatal intensive care at the Red Crescent and Maqassed Hospital, eye surgery at St. John Hospital and rehabilitation for handicapped children at Princess Basma Hospital. The limited access to East Jerusalem affects the health system in terms of access for patients to medical care; access to emergency medical services; and access of medical staff and students to their places of work and training.¹⁰

In the last few years, almost half of all patients referred for specialized care by the Palestinian Ministry of Health were to East Jerusalem hospitals (49.6 percent), up from 26 percent in 2016. In 2019, over 19,000 patients from the West Bank attended East Jerusalem hospitals for treatment, an average of 365 patients per week. In total, West Bank Palestinians make up for 61.7 percent of all admissions at East Jerusalem hospitals, and patients referred from Gaza another 10 percent. Vehicles with Palestinian license plates are not allowed to pass the Barrier checkpoints into East Jerusalem – a difficulty for sick or injured people who have problems walking. Depending on the number of people queuing, the time to cross the checkpoint can be up to two hours, in particular during rush hours. This is especially stressful for people in poor health or with disabilities.¹¹

According to a report by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), the number of patients from the Gaza Strip and West Bank receiving medical treatment in East Jerusalem's hospitals has been fluctuating since the beginning of 2021. The majority of patients (around 80%) from Gaza are still received by East Jerusalem hospitals after October 7th, 2023.

The long-standing fiscal crisis faced by the Palestinian National Authority (PNA) is further impacting the health system and has been worsened by Israel's increased withholding of clearance revenues meant for the occupied Palestinian territory since 7 October, and the overall deterioration of the economic situation in occupied Palestinian territory. The impact of the financial situation on health service delivery is significant – with health workers receiving only half of their salary for nearly a year and 45% of essential medications being out of stock. In most areas of the West Bank, primary care clinics and outpatient specialty clinics are now operating two days per week, and

10. THE IMPACT OF THE BARRIER ON HEALTH. A report by OCHA opt.

11. Ibid

hospitals are operating at approximately 70% capacity.¹² Between October 2023 and May 2024, 44% of 28,292 applications for patients to seek medical care outside the West Bank, in East Jerusalem or Israeli health facilities, were denied or remain pending with access being mainly granted to cancer, dialysis, and other lifesaving cases. In the same period, 48% of the 26,562 companion permit applications have been denied or remain pending.

A comparison between October 2022–May 2023 and October 2023–May 2024 shows a 56% decrease in the West Bank patient permit applications and a 22% decrease in approvals, a 63% decrease in companion permit applications, and a 24% decrease in approvals. Before October 2023, over 300 patients required permits daily to cross from the West Bank to East Jerusalem and Israeli health facilities.¹³ Decreasing health permits from the West Bank to Jerusalem hospitals may have severe consequences, particularly for Palestinians seeking medical care. Firstly, it may exacerbate existing health disparities between Israelis and Palestinians, worsening their overall health outcomes. Secondly, it could lead to delays or denials of critical medical treatment, potentially resulting in fatal outcomes. Additionally, it also perpetuates a sense of discrimination, further straining relations between the two communities. The consequences would not only be a humanitarian crisis but also a humanitarian shame.

Following the outbreak of the war, the health situation in East Jerusalem, like much of the region, has deteriorated significantly. The conflict has exacerbated existing challenges in the healthcare system, including access to medical care, availability of resources, and the overall stability of health services. In the immediate aftermath of October 7th, healthcare facilities in East Jerusalem have been under immense pressure. The city's hospitals, already under-resourced and overcrowded, have struggled to cope with the increased number of casualties and the heightened demand for emergency services. Medical supplies, already limited due to the political and economic restrictions, became even scarcer as the conflict continued.¹⁴ This shortage has particularly affected the availability of critical care, with many hospitals lacking essential medicines, surgical supplies, and equipment.

The situation has also placed a tremendous burden on medical personnel. Healthcare workers in East Jerusalem have been working under extreme conditions, with long hours, limited resources, and the constant threat of violence. The war has led to a significant psychological toll on these workers, who are dealing with the trauma of treating war casualties, including many women and children. The loss of colleagues in Gaza, where several specialist doctors were killed, has further strained the capacity of East Jerusalem's health services.¹⁵

The psychosocial impact of the conflict on both the healthcare workers and the general population cannot be overstated. Many residents of East Jerusalem are dealing with the trauma of the conflict,

12. WHO concerned about escalating health crisis in the West Bank. A report by WHO

13. Ibid

14. The Collapse of Gaza's Healthcare System. Harvard Magazine, by Nina Pasquini. 2023

15. A REUTERS INVESTIGATION. Gaza's doctors were building a health system. Then came war. 2024

including the loss of family members, displacement, and the constant threat of violence. Mental health services, which were already limited before the conflict, have become even more critical, yet are insufficient to meet the growing needs.

Access to healthcare in East Jerusalem has become increasingly difficult. The ongoing conflict has led to roadblocks and restrictions on movement, making it challenging for patients to reach hospitals and clinics. This is particularly true for those living in more remote areas or neighborhoods affected by the separation barrier. International organizations, including the World Health Organization (WHO), have been working to provide support, but the ongoing conflict has made it difficult to deliver aid effectively.¹⁶ Humanitarian efforts have been hindered by security concerns and the challenges of accessing affected areas. Despite these efforts, the health crisis in East Jerusalem continues to worsen as the conflict drags on.

In summary, the healthcare system in Jerusalem and the Palestinian territories was already under significant stress before October 7, 2023. The subsequent war has exacerbated these challenges, leading to a healthcare crisis with far-reaching consequences for the region. The ongoing conflict threatens the health and well-being of millions, with long-term implications for the region's healthcare infrastructure.

5. Key Challenges for Educational and Health Services

5.1 Educational Services

- **Political and Legal Barriers**

Fragmented Governance and Jurisdiction: East Jerusalem is marked by fragmented governance, where overlapping authorities—Israeli, Palestinian, and international—compete for control, leading to inconsistent educational policies and administrative confusion. This fragmentation hinders the development and implementation of cohesive educational strategies that cater to the needs of all residents.

Discriminatory Policies and Administrative Hurdles: The complex legal environment in East Jerusalem, exacerbated by discriminatory land use policies and zoning laws, restricts the construction and expansion of schools. This results in a chronic shortage of educational facilities, limiting access to quality education, particularly in underprivileged neighborhoods.

- **Access and Infrastructure**

Spatial Segregation and Educational Gaps: The geographical fragmentation of East Jerusalem creates educational deserts where access to schools is severely limited. Spatial segregation, reinforced by the Separation Barrier and internal checkpoints, results in unequal access to educational opportunities. Children in marginalized areas face significant challenges in reaching schools, leading to higher dropout rates and educational disparities.

16. Health conditions in the occupied Palestinian territory, including East Jerusalem Report by the Director-General. 2024

Aging and Inadequate Infrastructure: Many schools in East Jerusalem operate in aging buildings that fail to meet basic safety and educational standards. The lack of modern facilities, such as science labs, libraries, and recreational spaces, impedes the ability of students to receive a well-rounded education. Overcrowding in classrooms further exacerbates the quality of education, making effective teaching and learning difficult.

- **Resource Allocation and Inequities**

Unequal Distribution of Resources: Educational resources in East Jerusalem are unequally distributed, with significant disparities between different neighborhoods. Schools in more affluent areas, often supported by private funds, enjoy better facilities and resources, while schools in poorer neighborhoods struggle with inadequate funding, leading to a widening educational gap.

Dependency on International Aid and Its Volatility: The education sector in East Jerusalem heavily relies on international aid, which is subject to political fluctuations and donor priorities. This dependency creates instability, as schools may face sudden funding shortages that disrupt educational programs and infrastructure projects.

- **Social and Cultural Challenges**

Cultural Erosion and Identity Struggles: The education system in East Jerusalem is caught in a cultural tug-of-war, where the curriculum and teaching methods are influenced by competing narratives. This can lead to a sense of cultural erosion and identity struggles among students, particularly as they navigate the conflicting educational standards set by Israeli and Palestinian authorities.

Psychosocial Stress and Its Impact on Learning: The ongoing political conflict and social instability in East Jerusalem contribute to high levels of psychosocial stress among students. This stress, coupled with economic hardships, negatively impacts students' ability to concentrate and perform academically, leading to lower educational outcomes.

Other critical challenges

- **Geo-political Realities and Educational Marginalization**

Invisible Borders and Segregation: In East Jerusalem, invisible borders exist within the city, creating isolated pockets where access to education varies dramatically. These borders are not just physical but also socio-political, leading to educational apartheid where certain communities have vastly different access to quality education based on their location and political status.

Dual Curriculum Dilemma: The dual curriculum system, where Palestinian and Israeli curricula coexist, leads to a fragmented educational experience. Students are caught between different educational ideologies, languages, and historical narratives, creating confusion and identity crises among the youth. This duality often forces students to choose between educational recognition and cultural preservation.

- **Technological Divide and Digital Exclusion**

Digital Desertification: East Jerusalem is becoming a “digital desert” where access to technology and the internet is starkly divided. While some areas may have modern infrastructure, others suffer from a lack of basic digital access. This digital divide exacerbates educational inequalities, particularly during crises like the COVID-19 pandemic when remote learning becomes essential.

Resistance to Digital Integration: There is also a cultural and generational resistance to integrating technology into education. Some communities are skeptical of digital tools, fearing that they might erode traditional teaching methods or expose students to external influences that conflict with cultural or religious values.

- **Cultural Dynamics and Identity in Education**

Cultural Autonomy vs. Standardization: The struggle between maintaining cultural autonomy and adhering to standardized education systems is a significant challenge. Palestinian schools in East Jerusalem often grapple with the pressure to align with Israeli standards, which can dilute the cultural and national identity that Palestinian education seeks to preserve.

Education as a Form of Resistance: For many in East Jerusalem, education is not just about acquiring knowledge but is a form of resistance and preservation of identity. This dynamic places additional stress on students and educators who are trying to balance academic achievement with cultural and political advocacy.

5.2 Health Services

- **Political and Legal Barriers**

Health as a Political Battlefield: Healthcare provision in East Jerusalem is not just a service issue but a political one, with health services being used as a tool of control. The Israeli government’s stringent permit and zoning policies limit the expansion of Palestinian healthcare facilities, reinforcing disparities in access to quality care.

Fragmented Healthcare Systems: The presence of multiple healthcare providers—Israeli, Palestinian, and international—leads to a fragmented healthcare system that lacks coordination and comprehensive coverage. Patients often fall through the cracks of this disjointed system, unable to receive continuous and consistent care.

- **Access and Infrastructure**

Health Access as a Human Right Challenge: Access to healthcare in East Jerusalem is a significant human rights issue. Movement restrictions, including checkpoints and the Separation Barrier, create physical and psychological barriers to healthcare, delaying or denying patients timely access to medical services.

Infrastructure Deficits and Healthcare Gaps: Many healthcare facilities in East Jerusalem are outdated and lack the necessary infrastructure to provide comprehensive care. The shortage of hospitals and specialized medical centers forces patients to travel long distances for treatment, often leading to delays in receiving critical care.

- **Resource Constraints and Systemic Inequities**

Chronic Underfunding and Resource Scarcity: The healthcare system in East Jerusalem suffers from chronic underfunding, which affects the availability of essential medical supplies, equipment, and medications. This resource scarcity leads to long waiting times, substandard care, and the rationing of medical services.

Brain Drain and Staffing Shortages: The challenging political and economic environment has led to a significant brain drain, with many qualified healthcare professionals leaving the region for better opportunities elsewhere. This has resulted in severe staffing shortages, particularly in specialized medical fields, undermining the quality of healthcare services available.

- **Social Determinants of Health**

Health Disparities Driven by Socioeconomic Inequalities: The deep socioeconomic inequalities in East Jerusalem are mirrored in health disparities. Poorer neighborhoods experience higher rates of chronic diseases, infant mortality, and other health challenges, exacerbated by limited access to healthcare and social services.

Mental Health Crisis in a Conflict Zone: The ongoing conflict and political instability have created a mental health crisis in East Jerusalem. High levels of stress, trauma, and anxiety are prevalent, particularly among children and adolescents, yet mental health services are grossly inadequate to meet the growing need.

Other Critical Key Challenges

- **Healthcare as a Tool for Socio-Political Influence**

Health Sovereignty Conflicts: The healthcare system in East Jerusalem is often manipulated as a tool for socio-political influence. Access to health services is frequently used as leverage in political negotiations, leading to unequal distribution of healthcare resources that reflect the broader power dynamics between Israeli authorities and Palestinian residents.

Healthcare Under Siege: Palestinian healthcare providers in East Jerusalem operate under constant pressure, facing raids, closures, and restrictions that hinder their ability to deliver care. This “healthcare under siege” environment creates a climate of fear and uncertainty among both healthcare workers and patients.

- **Mental Health and the Invisible Crisis**

Psychosocial Resilience Building: The ongoing conflict and its associated trauma have created an invisible mental health crisis in East Jerusalem. There is a growing need for psychosocial resilience programs that go beyond traditional mental health services, incorporating community-based interventions that address collective trauma and foster social cohesion.

Silent Epidemic of Chronic Stress: Chronic stress related to political instability, economic hardship, and social exclusion is a silent epidemic in East Jerusalem. It manifests in physical and mental health issues but often goes untreated due to the stigma surrounding mental health and the lack of culturally appropriate services.

6. Recommendations for Addressing Challenges in Education and Health Services

- **Educational Services**

1. Develop a Unified, Context-Sensitive Curriculum

Hybrid Curriculum Design: Design a hybrid language curriculum that integrates key elements of both Arabic and Hebrew educational languages while prioritizing the cultural and historical context of Palestinian East Jerusalem. This curriculum should be developed in consultation with educators, community leaders, and students, ensuring that it reflects the unique identity and needs of the local population.

Cultural Competency Training for Educators: Implement mandatory cultural competency training for educators to help them navigate the dual curriculum system effectively. This training should promote cultural sensitivity, understand historical narratives, and foster a supportive environment for students grappling with identity issues.

2. Bridge the Digital Divide through Innovative Solutions and Community Involvement

Community-Driven Digital Education Hubs: Establish community-driven digital education hubs in underserved areas of East Jerusalem. These hubs would provide free access to technology, the internet, and digital literacy training, helping to bridge the digital divide and ensure that all students have the opportunity to participate in the digital economy.

Public-Private Partnerships for Technological Advancement: Foster public-private partnerships to enhance technological infrastructure in East Jerusalem schools. Companies could provide hardware, software, and connectivity solutions in exchange for tax incentives or corporate social responsibility credits, ensuring that schools are equipped with the tools needed for modern education.

Crowdsourcing Educational Resources: Leveraging crowdsourcing and community participation to develop educational resources could be a game-changer. This approach could help overcome funding shortages by tapping into the creativity and expertise of the community, fostering a sense of ownership and empowerment among residents.

3. Empower Local Educational Initiatives

Support for Grassroots Educational Programs: Provide funding, training, and resources to grassroots educational initiatives that operate outside the formal system as alternative educational spaces. These programs can be incubators for innovative teaching methods and community-driven solutions, provide a holistic education that includes vocational training, life skills, and cultural education, tailored to the specific needs of marginalized communities.

Community Education Councils: Establish Community Education Councils that include parents, teachers, students, and local leaders. These councils would have a voice in school governance, ensuring that education policies and practices are aligned with community values and needs, and promoting accountability and transparency in school management.

4. Strengthen Educational Resilience in Crisis Situations

Crisis-Responsive Education Plans: Develop and implement crisis-responsive education plans that ensure continuity of education during emergencies, such as political unrest or pandemics. These plans should include remote learning strategies, mental health support for students and teachers, and flexible academic calendars that can adapt to changing circumstances.

Mental Health Integration in Schools: Integrate mental health services into the school system, providing students with access to counseling and psychosocial support. Schools should become safe spaces where students can discuss and manage the stress and trauma associated with living in a conflict zone.

- **Health Services**

1. Leverage Decentralized and Adaptive Healthcare Solutions

Healthcare Models

Expansion of Mobile Health Units: Expand the use of mobile health units to bring essential healthcare services to underserved and geographically isolated communities. These units should be equipped with the latest medical technology and staffed by multi-disciplinary teams capable of providing comprehensive care, including preventive services, primary care, and specialist consultations.

Telemedicine Networks for Continuous Care: Create robust telemedicine networks that allow patients to access healthcare services remotely, especially in areas with restricted physical access

to healthcare facilities. These networks should include virtual consultations, remote diagnostics, and digital health records, ensuring continuity of care regardless of physical barriers.

2. Enhance Community-Based Healthcare Solutions

Community Health Worker Empowerment: Train and deploy Community Health Workers (CHWs) who are trusted members of the community to deliver basic health services, provide health education, and bridge gaps between patients and formal healthcare providers. CHWs can navigate cultural and political complexities, providing culturally competent care and building trust between healthcare systems and marginalized populations. CHWs should be empowered with ongoing training, resources, and support from the health system to address both physical and mental health needs effectively.

Localized Health Education Campaigns: Implement localized health education campaigns that address specific community health issues, such as maternal health, nutrition, and chronic disease management. These campaigns should be culturally tailored and delivered in collaboration with community leaders, ensuring they resonate with local populations.

3. Address Mental Health as a Priority

Community Mental Health Initiatives: Develop community-based mental health initiatives that focus on collective trauma healing and resilience building. These initiatives should include group therapy sessions, peer support networks, and culturally appropriate mental health education, reducing stigma and encouraging community participation in mental well-being.

School-Based Mental Health Programs: Integrate mental health services into the school system, providing students with access to counseling and psychosocial support. Schools should become safe spaces where students can discuss and manage the stress and trauma associated with living in a conflict zone.

4. Innovate in Healthcare Models and Financing and Resource Allocation

Healthcare Cooperatives and Mutual Aid Funds: Promote the establishment of healthcare cooperatives and mutual aid funds where community members collectively own and manage healthcare services, and contribute to a common pool that covers healthcare costs. This could provide a sustainable solution to resource shortages, operating on a sliding-scale payment system, to make healthcare affordable for all while ensuring financial viability.

Blockchain-Enabled Health Resource Management: Explore the use of blockchain technology to manage healthcare resources more transparently and efficiently. Blockchain can track the distribution of medical supplies, ensure accountability in the use of funds, and reduce corruption, ultimately leading to more equitable access to healthcare.

5. Fostering Collaboration and Coordination (for both, health and education services)

5.1 Networking Opportunities

Organizing regular forums and meetings for stakeholders to share updates, challenges, and opportunities. Creating an online platform for continuous communication and resource sharing.

5.2 Joint Initiatives

Developing joint projects that address common challenges and leverage the strengths of different organizations. Promoting collaborative research and data collection to inform policy and program development.

5.3 Capacity Building

Provide training and capacity-building programs for local organizations and service providers. Strengthening institutional capacities to manage and deliver inclusive services effectively.

5.4 Enhanced Understanding

A deeper understanding of the political, legal, and social challenges affecting the provision of services in East Jerusalem. Increased awareness of best practices and successful strategies from other contexts.

5.5 Actionable Strategies

Development of coordinated strategies and action plans to improve educational and health services for East Jerusalemites. Identification of specific projects and initiatives for immediate implementation.

5.6 Strengthened Partnerships

Establishment of stronger networks and partnerships among Palestinian and international organizations. Improved coordination and collaboration in service delivery.

Questions for Discussion

1. What are the long-term implications of adopting the Israeli curriculum in these schools according to the Israeli 5-year plan for education in Jerusalem (2024-2028), and what are the strategies to avoid them? What strategies have been employed to resist or adapt to the imposed curriculum changes
2. How do the disparity and unequal allocations of educational resources affect the quality of education for Palestinian students in East Jerusalem?
3. What are the potential long-term effects of the Israeli government's educational policies on the future prospects of Palestinian students in East Jerusalem? How might these policies influence their identity, career opportunities, and socio-political outlook?
4. How has the healthcare system in East Jerusalem been affected by the ongoing war? What are the primary challenges faced by healthcare providers in the region, and how have these challenges been exacerbated by the war?
5. What role should international organizations, such as the World Health Organization and humanitarian agencies, play in addressing the healthcare crisis in East Jerusalem? How effective have these efforts been in mitigating the impact of the conflict on healthcare services?
6. How can Palestinian institutions and communities be more involved in the planning and implementation of assistance programmes to ensure that their needs and priorities are at the center of these efforts regarding education and health services?

References

- “War on Gaza 2023: An Unprecedented and Devastating Impact.” United Nations Economic and Social Commission for Western Asia (UNESCWA). <https://www.unescwa.org/publications/> UNESCWA. Gaza war: expected socioeconomic impacts on the State of Palestine Preliminary estimations until 5 November 2023. www.unescwa.org/sites/default/files/pubs/pdf/.pdf
- Reuters. A REUTERS INVESTIGATION. Gaza’s doctors were building a health system. Then came war. By MAGGIE FICK, AHMED ABOULENEIN and SALEH SALEM. June 4, 2024 <https://www.reuters.com/investigates/special-report/israel-palestinians-gaza-health/>
- Harvard Magazine. The Collapse of Gaza’s Healthcare System. Nina Pasquini. Dec. 2023. <https://www.harvardmagazine.com/2023/12/ghassan-abu-sittah-event>
- Congressional Research Service. Israel and Hamas October 2023 Conflict: Frequently Asked Questions (FAQs). October, 2023. crsreports.congress.gov/product/pdf/R/R47754/4
- “Facilitating Access to Infrastructure Resilience in Area C and East Jerusalem (FAIR)” UNDP Reports. <https://www.undp.org/papp/projects/facilitating-access-infrastructure-resilienc>
- Aghabekian, V. & Hasna, S. SOCIAL SECTOR CLUSTER REVIEW EAST JERUSALEM. 2019. www.nad.ps/sites/default/files/social_sector-cluster_2019.pdf
- The Governance Post. Education in East Jerusalem: Political Plaything. By Robert Schirmer. 2022. <https://www.thegovernancepost.org/2022/07/education-in-east-jerusalem-political->
- Jerusalem Story. One Month On—Palestinian Jerusalemites Reflect on the War’s Impact on Their Community. Daoud Kuttab. 2023. <https://www.jerusalemstory.com/en/article/>
- Jerusalem Story. with One Crisis After Another—Most Are Related to Funding. Daoud Kuttab & Khalil Assali. 2024. <https://www.jerusalemstory.com/en/article/>
- THE IMPACT OF THE BARRIER ON HEALTH. A report by OCHA opt. <https://www.ochaopt.org/>
- Palestine Studies. Education in Jerusalem: A Tool of Soft Colonialism. Anwar Qadah. Originally published by the Institute for Palestine Studies as “al-Ta’lim fi al-Quds: al-ada al-isti’ mariyya al-na’ima!” 12 October 2022, online at www.palestine-studies.org/sites/default/files
- WHO concerned about escalating health crisis in the West Bank. A report by WHO. <https://www.emro.who.int/opt/news/>
- World Health Organization. Health conditions in the occupied Palestinian territory, including East Jerusalem, and the occupied Syrian Golan. <https://www.un.org/unispal/document/auto->
- The Jerusalem Strategic Tribune. Why Jerusalem Remains Relatively Quiet during the Gaza War. Eytan Laub. 2024. <https://jstribune.com/laub-why-jerusalem-remains-relatively->
- المقدسية. ابعاد الخطة الخمسية الاسرائيلية لتهويد التعليم في القدس الشرقية (2024 – 2028). عليان الهندي. Vol. 23. 2024. توزيع معلمي* المدارس في فلسطين حسب الجهة المشرفة والمنطقة والمحافظه، للأعوام الدراسية 2023/2022-2012/2011 https://www.pcbs.gov.ps/Portals_/Rainbow/Documents/Teachers_ar.html
- ورقة حقائق حول التعليم في القدس. مؤسسة فيصل الحسيني 2022 [/https://www.fhfpal.org/basic_files](https://www.fhfpal.org/basic_files)

