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# GENDER ALERT: NEEDS OF WOMEN, GIRLS, BOYS AND MEN IN HUMANITARIAN ACTION IN PALESTINE

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# Introduction: Rationale and Background

The different needs of women, girls, men and boys are increasingly being mainstreamed in humanitarian assistance planning, implementation, and monitoring. Integrating gender analysis into humanitarian programming bolsters human rights-based approaches and the ability to serve vulnerable populations. A gender analysis assesses relationships between women, girls, boys, and men reviewing their respective roles, access to resources, control of resources, and the constraints each group faces relative to one another. Women and girls are disproportionately impacted by gender norms and pre-existing inequalities. Gender along with other factors (such as age, sexual orientation, gender identity, ethnicity, disability, education, employment, and location) can intersect to further compound challenges in emergencies.<sup>2</sup>

Global evidence has shown that pre-existing gender and intersectional inequalities are often exacerbated by crises, including public health emergencies.<sup>3</sup> Lessons learnt from the HIV pandemic as well as the Ebola and Zika outbreaks demonstrate the importance of a robust gender analysis and gender-integrated responses as they can ensure that humanitarian interventions meet the unique needs of women, girls, men, boys, and LGBTI individuals.<sup>4</sup> A number of gendered impacts have emerged already in the COVID-19 health emergency.<sup>5</sup>

Over the course of the last year, the situation in the occupied Palestinian territory (oPt) has been marked by multiple, overlapping crises. The COVID-19 pandemic, the resulting economic crisis, and a rapid deterioration in Israeli-Palestinian relations risk further destabilizing the humanitarian situation in the oPt.

The first COVID-19 case was confirmed in the West Bank on 5 March 2020 and in the Gaza Strip on 21 March 2020.<sup>6</sup> As of mid-August 2020, there were nearly 20,000 confirmed cases in the oPt.<sup>7</sup> The pandemic and its ramifications have dramatically impacted the Palestinian economy, which the World Bank estimates will contract by at least 2.5 per cent in 2020. The Palestinian Central Bureau of Statistics (PCBS) quantifies losses at roughly \$2.5B USD, which would represent a 14 per cent decline in the GDP.<sup>8</sup> In parallel, the oPt has seen vol-

atile political developments, including proposals to annex parts of the West Bank; the Palestinian Authority (PA) halting nearly all bilateral contacts with Israeli authorities;<sup>9</sup> and the announcement of an agreement between the UAE and Israel. The health emergency, sharp economic decline, and breakdown in relations between local authorities demonstrate the untenable status quo in the oPt.

Like many countries in the region, the oPt is home to fragile health systems.<sup>10</sup> In the oPt, the COVID-19 response has been hindered by existing limitations. The PA does not control border crossings, cannot restrict internal movement and trade, nor access the monetary and fiscal tools countries would traditionally use during such a crisis.<sup>11</sup> Having endured an 80 per cent reduction in its income, the PA risks collapsing.<sup>12</sup> UNRWA, experiencing significant financial challenges and shortfalls in donor support, launched a COVID-19 flash appeal in May 2020, including \$13.9M for Gaza and \$5.4M for West Bank operations.<sup>13</sup>

The Gaza Strip remains in a protracted humanitarian crisis due to an Israeli blockade, successive rounds of conflict, and the ongoing internal Palestinian divide. A deteriorating humanitarian situation, high unemployment, food insecurity, electricity blackouts, sanitation disasters,<sup>14</sup> and massive casualties against participants held along the perimeter fence (“Great March of Return and the Breaking of the Siege” (GMR))<sup>15</sup> has increased poverty and overwhelmed social services.<sup>16</sup> Of a total population of 2.1 million people, 1.5 million, or 71 per cent, are estimated to be in need.<sup>17</sup> Only ten per cent of households have “direct access to safe drinking water”.<sup>18</sup> A total of 53 per cent of Palestinians in Gaza are living below poverty line, more than three times the number in the West Bank.<sup>19,20</sup> These pressures have been linked to increased incidence of gender-based violence (GBV), school drop-outs and early marriage, while shelters and other service providers struggle to meet the needs with increasingly limited resources.<sup>21</sup>

In the West Bank, 14 per cent of residents are living in poverty, including six per cent who are living in “deep poverty”.<sup>22,23</sup> The burden of poverty falls hardest on vulnerable groups including: women-headed households, youth and children, peo-



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ple with disabilities, refugees, Bedouin, displaced persons, those in Area C, H2, East Jerusalem and the Seam Zone.<sup>24</sup> The situation has been exacerbated by intensified settlement activity (including in East Jerusalem, H2 of Hebron, and Area C), increased demolitions of Palestinian-owned structures, settler violence, restrictive planning regimes, raids by security forces, and obstacles to the delivery of materials needed for humanitarian projects.<sup>25</sup> As of early September, 492 structures had been demolished, displacing 651 people in 2020.<sup>26</sup> Israel maintains control of all ground and surface water, allocating Palestinians a daily average 84.3 litres of water (in some cases, as low as 20), well below the 100 litre minimum recommended by the World Health Organization (WHO).<sup>27</sup>

In Area C, Palestinians are prohibited from building cisterns or other water retaining/collecting infrastructure without Israeli-issued permits.

Though the vast majority of the Palestinian population (95 per cent) is connected to an energy grid, Palestine is energy-insecure. The provision and control of Israel remains dependent on Israel, due to restrictions on building plants within the West Bank.<sup>28</sup>

Against this backdrop, increased needs and limited resources are likely to disrupt development and humanitarian programmes supporting women and girls.<sup>29</sup> Previous health epidemics have shown that women, most often caregivers, are more likely to carry the physical and psychological burdens of the crisis (a phenomenon known as the “shadow epidemic”).<sup>30</sup>

These factors will result in serious short and long-term implications for vulnerable populations, including vulnerable women and girls in the oPt, and around the globe.

# Gender Analysis: Vulnerable Groups

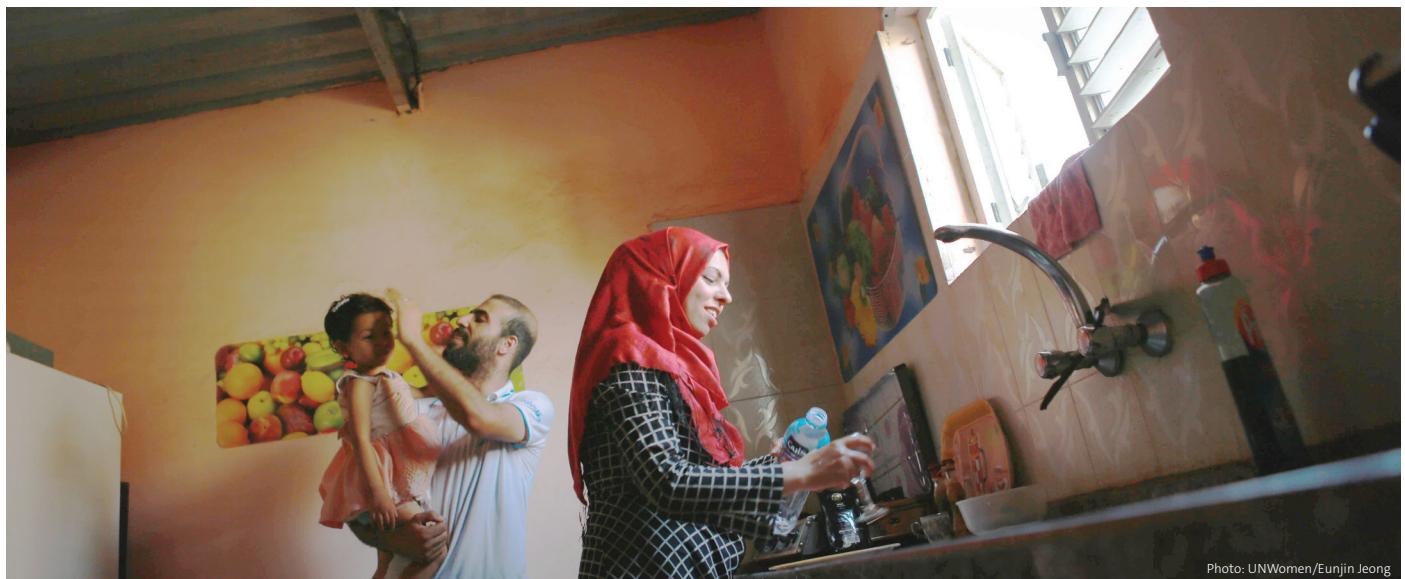


Photo: UNWomen/Eunjin Jeong

The collective nature of the Israeli occupation and its policies and practices create conditions that are conducive to protracted crisis facing all Palestinian women, men, girls and boys. After over 50 years of occupation, every Palestinian living in the oPt is vulnerable to some degree.<sup>31</sup>

The impact, however, varies according to socio-economic and political factors. These include the region, type of residence, proximity to closed areas, exposure to occupation-related risks, family size, household composition, type of family (e.g. nuclear, extended, single-member, large family), head of household, marital status, GBV, protection threats, level and type of education, skills, gender, age, work and employment, connectivity to institutions and services, connectivity with the international community, sources of assistance and social support networks, dependency rates, ownership of assets, housing conditions, access to water, electricity and other services, and discrimination based on partisan politics. Pervasive violence, which causes physical harm and limits options in the oPt, is a key driver of vulnerability. For disadvantaged groups analyzed, both political violence and social violence constrain possibilities and potential.<sup>32</sup>

The Gender Alert analysis is developed to inform the 2021 humanitarian needs overview (HNO) and humanitarian response plan (HRP). The structure of the Gender Alert mirrors the structure of the HNO, in that it is divided into three sections, by consequences of the crisis, also called critical problems, including:

- Critical problems relating to protection and forced displacement
- Critical problems relating to access to essential services
- Critical problems relating to resilience and recovery

The Humanitarian Country Team, through the 2021 Humanitarian Needs Overview (HNO) process identified specific vulnerable groups and geographic areas. Based on their status, gender, protection risks, and the severity of their needs, the list below comprises the most vulnerable groups in the oPt based on a range of available data as identified in the HNO:

1. People living below poverty line
2. Refugees
3. Children under five in Gaza
4. Female-headed households
5. Small-scale farmers, herders and fisherfolk in Gaza
6. Pregnant and lactating women in Gaza
7. Bedouin and herders in Area C
8. Women with disabilities
9. Women victims and survivors of GBV
10. Internally-displaced women.

In the following sections and adopting a multisectoral lens, the Gender Alert includes an analysis of the gender differentiated impact of the humanitarian crisis on the above mentioned vulnerable groups in the oPt. COVID-19 and its impact on affected populations is mainstreamed across all sections.

# 1. Critical Problems Relating to Protection and Forced Displacement

The following section presents a gendered analysis of critical problems relating to protection and forced displacement adopting a multisectoral lens to assess the impact of the ongoing crises on vulnerable groups.

## 1.1. People living below poverty line

Marginalized women in the oPt, including those below poverty line, have become more vulnerable to the impact of multiple, compounded emergencies in part due to their limited access to resources.<sup>33</sup>

Families living below poverty line in the oPt often cope with economic challenges at the expense of the wellbeing of women and girls. Nearly 30 per cent of Palestinians in the oPt live below poverty line.<sup>34</sup> In the West Bank 13.9 per cent are below the poverty line (defined as less than \$716 USD/ILS 2,470 per month for a family of five).<sup>35</sup> In Gaza, half are below poverty line and roughly 33 per cent are below the extreme poverty line (defined as less than \$572USD/ILS 1,974 per month for a family of five).<sup>36</sup> In the oPt, unemployment disproportionately affects women, as 43 per cent of women are unemployed in comparison to 20 per cent of men.<sup>37</sup> In Gaza, 78 per cent of women are unemployed, compared to 46 per cent of men.<sup>38</sup> Vulnerable women and children are particularly hard hit when families below the poverty line apply negative coping strategies such as reducing food diversity which affects nutrition rates.<sup>39</sup>

An attempt to be more cost-effective has created a trend towards extended families (large households can also qualify for more assistance). This trend can reinforce patriarchal systems, reducing the independence of women. Unable to provide for all the family, the male head of household may feel disempowered, a dynamic that may contribute to more domestic violence.<sup>40</sup>

In Gaza, poverty limits families from repairing or maintaining their homes, increasing vulnerability to hostilities and natural disasters. A 2018 survey by the Shelter Cluster identified 19,700 housing units that were beyond repair and required full re-

construction.<sup>41</sup> Also in Gaza, the use of prescription drugs such as Tramadol and Lyrica has become a common coping mechanism, including for those living below poverty line such as the working class, the unemployed, and male and female students, raising protection concerns.<sup>42</sup> A dearth of employment opportunities, especially for women and girls, has aggravated this issue. In rare cases, male drug users have forced women in their families into prostitution to generate income.

Drug-addicted women are vulnerable and risk turning to prostitution in exchange for money or drugs. The existing stigma against women who are sexually active compounds their vulnerability and leads to women and girls being less likely to access help in these cases.<sup>43</sup>

Another dimension in Gaza has been the impact of the GMR, which has created new realities for women and girls. Injuries to male family members have increased economic, social, and psychological risk for women. Women, often burdened with the responsibility to be the caretaker for their injured family members, are pushed further towards a reliance on aid with limited ability to generate income for household expenses or increased medical costs.<sup>44</sup>

In the West Bank, as around the world, COVID-19 has exacerbated existing vulnerabilities for those living below poverty line. An April 2020 household survey of the West Bank, including East Jerusalem, revealed that 87 per cent of food-insecure respondents' main source of stress was a difficult financial situation.<sup>45</sup>

Another survey in the West Bank has revealed that poor families were in need of basic essentials such as food supplies, cleaning supplies, and disinfectant products to protect themselves from COVID-19.<sup>46</sup>

A global recession related to COVID-19 will lead to a prolonged decline in women's income and employment, with harsher consequences for already impoverished women such as those in the oPt.



Photo: UNWomen/Eunjin Jeong

Women are likely to be hit harder than men because of existing biases. On average, they are paid less, hold less in savings, have less job security, and are closer to poverty.<sup>47</sup>

## 1.2. Refugees

More than 70 per cent of Palestinians are registered as refugees with UNRWA and face a variety of protection concerns. 50 per cent of registered refugees are women (a total of 823,711 female refugees in Gaza, a total of 538,580 female refugees in the West Bank).<sup>48</sup>

Over one million of refugees registered with UNRWA are categorized as in poverty and in need of food assistance.<sup>49</sup> There are 1.1 million refugees in Gaza, of 1.6 million people there, who are in need of humanitarian assistance.<sup>50</sup> In Gaza, 85.5 per cent of refugee households reported an urgent need of food; eight per cent higher than non-refugee households.<sup>51</sup>

In this context, refugee women have been identified as a particularly vulnerable group,<sup>52</sup> and COVID-19 has increased vulnerabilities for women refugees. 58.2 per cent of refugee households also reported feeling at high risk of food shortage, seven per cent higher than non-refugee households.<sup>51</sup> Perhaps most strikingly refugee households articulated a significantly bleaker outlook for 2020 with 67.3 per cent feeling insecure versus 53.8 per cent of non-refugee feeling insecure.<sup>52</sup> During the first month of the COVID-19 crisis, Women's Centre for Legal Aid and Counseling (WCLAC) report-

ed that 12.7 per cent of their social and legal consultations were with women residing in refugee camps.<sup>54</sup>

COVID-19 poses significant protection risks and can spread quickly in densely-populated areas like refugee camps in Gaza and the West Bank, including East Jerusalem and Area C.<sup>55</sup> The lack of adequate WASH facilities and limited health care services puts these communities at risk, particularly women and girls, given existing gender disparities in health care access, most notably in rural areas and the Gaza Strip.<sup>56</sup>

To combat COVID-19, refugee camps in the oPt will likely install additional WASH resources which can raise protection concerns for women and girls. In communal settings these WASH systems should be equipped with provisions such as locks, sufficient lighting, proper accessibility, and sex-segregation to protect women and girl beneficiaries.<sup>57</sup>

## 1.3. Children under five in Gaza

Boys and girls in the Gaza Strip live in a protracted protection crisis under occupation, exasperated by a more than 13-year blockade and internal divisions between the PA and Hamas. The long-standing blockade and reoccurring military escalations have damaged school infrastructures. Chronic power shortages have harmed the ability of students to study at school and at home, negatively impacting education quality, girls' right to education and their potential.<sup>59</sup>



Photo: Samar Abo Elouf

In addition, Gaza suffers from poor access to amongst other things, health systems, medical supplies, and safe drinking water (only ten per cent of the population has direct access to clean and safe drinking water).<sup>60</sup> 70 per cent of children in the Gaza Strip under the age of five (a total of 210,000 children) are particularly vulnerable to micronutrient deficiencies.<sup>61</sup> 30.7 per cent suffer from anemia; roughly 60 per cent suffer from Vitamin A and D deficiency; and 76.2 per cent from zinc deficiency.<sup>62</sup> 86 per cent of children under five living in Gaza's Access-Restricted Areas did not have a minimal accepted diet.<sup>63</sup> 71 per cent of five-year olds in Gaza experienced moderate or severe stunting.<sup>64</sup>

The GMR has taken a particular toll on children at demonstrations, leaving nearly 7,700 children injured and 43 dead since March 2018.<sup>65,66</sup> Injured children in Johr al Deek village reported facing psychological and emotional challenges because they had witnessed the killing of village members at the GMR.

One negative consequence has been their reduced attendance at school.<sup>67</sup> With a deteriorating economic situation, children's social vulnerability has heightened.<sup>68</sup> COVID-19 has increased existing vulnerabilities of children in the Gaza Strip, making children's nutritional status more vulnerable.<sup>69</sup>

Particularly vulnerable children's groups include those with disabilities, chronic illnesses, those living in refugee camps, and those deprived of their liberty.<sup>70</sup> Protection risks affect orphaned children and children whose primary caregivers are hospitalized, quarantined, or otherwise unavailable.<sup>71,72</sup> Children transferred into facility-based isolation or quarantine face stress, fear, and panic, especially if separation from primary caregivers is required or if children are placed in facilities where non-relative adults are present. Such transfers often risk children's privacy and stigma related to COVID-19.<sup>73</sup> Due to a dearth in sex- and age disaggregated data (SAAD), it was challenging to unpack the gender differentiated impact of the crisis on this vulnerable group.

#### 1.4. Female-headed households

Female-headed households represent 11.7 per cent of the West Bank and 9.2 per cent of the Gaza Strip.<sup>74</sup> 31 per cent of female-headed households are vulnerable to food security challenges, five per cent more than male-headed households in the oPt. In the West Bank, 19.3 per cent of female-headed households are food insecure. 62 per cent of female-headed households in Gaza are vulnerable to food insecurity.<sup>75</sup>

In Area C, 36 per cent of female-headed households are designated distressed.<sup>76</sup> Though fe-

male-headed households represent 11 per cent of the oPt, they make up 20 per cent of those suffering from extreme poverty.<sup>77</sup> In Gaza, since 2018, the GMR has led to an increase in the number of female-headed households. For younger women with children, the impact of injury or loss of family members to GMR-related violence meant they inherited greater roles and burdens when they became the female head of household.<sup>78</sup>

Reports in Gaza find that divorced and separated women are more likely than their male counterparts to experience “social restrictions that interfere with their ability to move freely, engage in extra-domestic productive activities, and in general exercise their agency to choose the course of their lives and those of their children”.<sup>79</sup>

Female-headed households face increased vulnerability due to COVID-19. The impact of the COVID-19 related economic recession can be seen in the Gaza Strip as 84.4 per cent of female-headed households recently described an urgent need of food, three per cent higher than male-headed households. 67.1 per cent of female-headed households reported fearing a high risk of food shortage, nearly ten per cent higher than the 56.6 per cent of male-headed households. These figures go up significantly when compared to 2019.<sup>80</sup> Female-headed households are also at particular risk as economic insecurity may leave them vulnerable to forced displacement or eviction.<sup>81</sup>

Female-headed households (as well as child-headed households, separated children, and single women) face vulnerability from interventions which change existing accommodations, WASH facilities, and lighting as part of COVID-19 re-planning processes.<sup>82</sup>

## **1.5. Small-scale farmers, herders and fisherfolk in Gaza**

In 2019, 4.3 per cent of Gazan households were employed in the fishing, agriculture and forestry sector.<sup>83</sup> Due to the everyday realities of the occupation, many of those working in the agriculture and fishing sectors in Gaza face greater protection risks.

World Bank figures state that 30 per cent of agricultural work in Gaza is performed by women as part of their domestic responsibilities,<sup>84</sup> while more recent assessments suggest rates as high as 46.1 per cent.<sup>85</sup> The Palestinian Ministry of Agricul-

ture reports that 20 per cent of the 66,000 farmers in Gaza are women who either own farms or work as farm employees.<sup>86</sup>

Lands along the fence face access restrictions and difficulties leaving as much as 20 per cent of Gaza’s arable land inaccessible to Palestinian farmers and herders unexploited.<sup>87</sup> Israeli forces carry out land-levelling and excavation operations near the perimeter fence in Gaza, presumably to enforce access restrictions. In lands near the fence that Palestinian farmers can access, agricultural activities are disrupted by Israeli military gunfire, resulting in injuries and damage to property.<sup>88,89</sup>

Such actions pose protection and displacement risks to male and female agricultural workers and can be economically costly.<sup>90</sup>

Between January and July 2020, 201 attacks by the Israeli navy involving shooting were reported by fisherfolk in restricted areas of Gaza’s sea space.<sup>91</sup> For years, the use of live fire and boat seizures, have put fisherfolk’s lives and livelihoods at risk.<sup>92</sup> This phenomenon has contributed to reducing the size of the fishing sector from 10,000 in 2000 to about 3,500 in 2020 and has led Oxfam to identify fisherfolk as a group at risk.<sup>93,94</sup>

There is a vital need for more detailed data on women’s contributions to the food and agricultural sector, including in unpaid and informal labour. Such information would improve the understanding of gendered protection risks and ensure policymaking can better support women working as small-scale farmers, herders, and fisherfolk in Gaza.<sup>95</sup>

## **1.6. Pregnant and lactating women in Gaza**

The Health Cluster estimates that there are 210,000 pregnant and lactating women in the oPt.<sup>96</sup> Palestinians face a double vulnerability: increasing rates of obesity (26 per cent of pregnant women in the oPt are overweight) and malnutrition (a high level of micronutrient deficiencies).<sup>97</sup> In fact, 28 per cent of lactating women in Gaza had depleted levels of iron.<sup>98</sup> 18 per cent of pregnant women and 14 per cent of lactating mothers living in Gaza’s Access-Restricted Areas (ARA) are undernourished.<sup>99</sup> This status quo results in one in four of pregnant women being at risk of death during childbirth.<sup>100</sup>

Livelihoods and poverty lead to vulnerabilities for

pregnant and lactating women in the oPt. In a recent WFP-UNICEF study, pregnant and lactating women who do not consume iron-rich foods every day were 6.6 times more likely to say that it was very difficult to obtain high iron foods to eat daily.<sup>101</sup> In the same study mothers who did not exclusively breastfeed newborns for the first six months were 13.4 times more likely to say their husband disapproves of breastfeeding than those who did breastfeed for the first six months.<sup>102</sup>

COVID-19-related restrictions have exacerbated protection risks for pregnant and lactating women. Pregnant women are now less likely to attend routine appointments due to lockdown and fear of COVID-19 infection – anecdotally reported a 90 per cent decrease of attending such prenatal check-ups.<sup>103, 104</sup> UNFPA highlights that “safe pregnancies and childbirth depend on functioning health systems and strict adherence to infection prevention.”<sup>105</sup>

These conditions do not exist in Gaza.<sup>106</sup> Specific protection risks mean that pregnant and nursing women must be prioritized in the “provision of medical supplies, food, care, social protection measures and psychosocial services”.<sup>107</sup>

### **1.7. Bedouin and Herders in Area C**

Palestinians, especially women, in Bedouin communities in Area C face complex, multidimensional dynamics that marginalize and expose them to significant protection risks. Food insecurity among Bedouin households in Area C is close to 60 per cent, with the current economic slowdown in the oPt expected to highly exacerbate this vulnerability.<sup>108</sup>

Rural and Bedouin communities in Area C continue to experience property demolition by the Israeli authorities and displacement due to Israeli military training.<sup>109, 110</sup>

Such military training exercises in Area C can leave women, girls, men, and boys at risk to unexploded ordnance.<sup>111</sup> Displacement during the COVID-19 pandemic would increase protection vulnerabilities greatly.<sup>112</sup>

In addition to demolition and displacement, Palestinian women face protection risks from settler violence. Moreover, closed military zones in the West Bank reduce access for Bedouin/herders to herding and farming. This presents a protection

risk as nearly 90 per cent of Bedouins/herders in the West Bank depend on herding as their primary source of income.<sup>113</sup>

Higher levels of polygamous marriage have been documented in household contexts “highly dependent on herding or agriculture and where women’s domestic/productive labor burdens were their most acute”.<sup>114</sup> In Area C, roughly five per cent of married women were in polygamous marriages — significantly higher than the one per cent documented in other parts of the West Bank and Gaza Strip.<sup>115</sup>

Higher levels of polygamous marriage have been documented in household contexts “highly dependent on herding or agriculture and where women’s domestic/productive labor burdens were their most acute”.<sup>114</sup> In Area C, roughly five per cent of married women were in polygamous marriages — significantly higher than the one per cent documented in other parts of the West Bank and Gaza Strip.<sup>115</sup>

Women are regularly subjected to forced as well as early marriage, and are also particularly vulnerable to GBV due to the fact protection services provided by the PA are restricted from operating in Area C.<sup>116</sup> Marginalized women and girls in Area C of the West Bank remain more vulnerable during the COVID-19 health emergency due to their lack of access to early-warning systems as well as limited access to technologies and health services.<sup>117</sup> In total, these challenges generate complex protection threats for women and girls, including heightened risks of gender-based violence), intimate partner violence, sexual abuse and forced marriage.

### **1.8. Women with disabilities**

It has been noted that in the oPt an increasing proportion of women and girls with disabilities experience a variety of intersecting forms of psychological, social, physical and sexual violence.<sup>118</sup> Between 2007 and 2017, the disability rate in the oPt increased for males and females from 4.7 per cent to 5.8 per cent.<sup>119</sup> The Gaza Strip experiences a disability rate of 6.8 per cent, compared to 5.1 per cent in the West Bank.<sup>120</sup>

The GMR has had a striking impact on the disabled in Gaza. Over 31,000 Palestinians have been injured since the Return Marches began on 30 March 2018 with women representing six per cent, men representing 73 per cent, boys 19.6 per cent, and girls 1.6 per cent of all injured.<sup>121</sup>

Injured or disabled women are often expected to continue fulfilling their home duties. They have

limited access to medical treatment often forced to rely on family members (due to social norms that demand women not leave their homes unaccompanied).<sup>122</sup>

Women and girls have experienced reduced decision-making power (as compared to before their injury) and face social stigma regarding being a burden on their family or pressure that they are less capable of getting married.<sup>123</sup>

Across the oPt, voices of women with disabilities are routinely ignored, even in times of crisis. A survey of women and girls with disabilities in the oPt, undertaken in March and April 2020, discovered that “no official body, whether at the level of a ministry or a department, has contacted any woman or girl with a disability in order to examine their needs, or to check on their conditions in light of the emergency, whether in the West Bank or Gaza Strip”.

Furthermore, the survey found several cases where women with disabilities were removed from cash assistance programmes of the Ministry of Social Development.<sup>124</sup> Thus far the local emergency plans appear to have failed to factor in or protect the needs of women with disabilities.

Experts have highlighted the protection concern that COVID-19 will overwhelm health services, reduce mobility, and divert funding; all hampering women and girl’s access to health services – including treatment for a disability or chronic medical condition.<sup>125</sup> In Gaza, quarantine and other COVID-19 related restrictions have already limited women’s abilities to travel to Israel to receive treatment safely. Women have reported that local authorities have not taken sufficient steps to ensure their health wellbeing despite the pandemic.<sup>126</sup> The Israeli annexation threat and resulting end of Palestinian Authority coordination has had grave implications for health access, including medical referrals<sup>127</sup> and the import of essential supplies by humanitarian agencies.<sup>128</sup>

## 1.9. Women victims and survivors of GBV

The 2019 PCBS Violence Survey demonstrate that 29 per cent of women experienced some form of violence by their husband. Of these, 57 per cent reported psychological violence, 36.2 per cent reported economic violence (e.g. prevention of work, disposing of property or inheritance without consent, demanding to know how money is being spent), 27.6 per cent social violence, 18 per cent

physical, and nine per cent sexual violence.<sup>129</sup> PW- WSD fieldwork found that 30 per cent of abused women were abused by family members.<sup>130</sup> In Gaza, protection concerns have grown as drug use by male family members has increased; increasing women’s exposure to domestic violence, sexual harassment, marital rape and forced prostitution.<sup>131</sup> Women, vulnerable to drug addiction as well, are less likely to receive support to overcome addiction than men and boys due to entrenched patriarchal beliefs that view women as “chaste”, deny women and girls’ drug addiction, and hinder early preventative action.<sup>132</sup>

Protection concerns have also been raised in Gaza related to the consequences of GMR protests. The death of male heads of households in some cases burden younger males to undertake the role of head of household, regardless of their age. This phenomenon threatens to increase hyper-masculinity in the young male, resulting in an increase of domestic violence and GBV for their family members.<sup>133</sup>

The COVID-19 pandemic has increased protection concerns. Domestic violence against women and children has increased during the emergency as a result of “increased psychological and economic pressures”.<sup>134</sup> In fact, COVID-19 has left many victims of family violence trapped at home with a violent perpetrator at a time of severely curtailed contact with those outside the household.<sup>135</sup> Fifty-three per cent of service providers reported an increase in domestic violence with psychological violence being the main type experienced.<sup>136, 137</sup> During the month of June, Sawa documented a 30 per cent increase in calls over May 2020 with 102 women reporting physical, verbal, and emotional abuse from across the oPt.<sup>138</sup>

In April, Sawa also reported a 20 per cent increase in calls regarding mental health/psychosocial support (MHPSS) as well as abuse/violence cases, predominantly from adolescent boys and young men experiencing abuse at home from their fathers, mothers, and siblings.<sup>139</sup>

Another organization, Women’s Centre for Legal Aid and Counselling (WCLAC), received 200 calls in May 2020, 80 per cent of which were from women aged 19-39.<sup>140</sup> Contacting such services may pose protection concerns as communicating by text, chat, or email may be discovered by third parties leading to a loss of privacy that may impact the

personal safety of the survivor.<sup>141</sup>

UN Women has highlighted that “service providers are struggling to meet the emerging needs of women at risk of violence due to limited resources.... [and] many civil society and governmental organizations are struggling to turn into virtual working mode due to lack of the necessary infrastructure, including equipment’s, and lack of the technical know-how”.<sup>142</sup>

At the same time, the Family and Juvenile Protection Unit at the Palestinian Civil Police and the Public Prosecutors Office have reported a dramatic decrease in cases related to domestic violence which can be attributed to movement restrictions which limit women’s ability to report abuse.<sup>143</sup>

In the West Bank, shelter services have been limited to existing cases which has likely increased survivors’ vulnerability, safety, and wellbeing.<sup>144</sup> Despite the fact that the High Judicial Council (HJC) and the Attorney General Office (AGO) have developed emergency plans in response to the COVID-19 crisis, the needs of women survivors of GBV have yet to be addressed.<sup>145</sup>

Like elsewhere in the world, the underlying assumption of the authorities’ emergency response - that home is a space of safety to which families can and should retreat in a crisis – has demonstrated a poor understanding of women’s reality.<sup>146</sup>

This is underscored by the alarming fact that 70.8 per cent of participants in a recent Juzour study believed that domestic violence would continue to increase due to lockdown extensions.<sup>147</sup>

## **1.10. Internally-displaced women**

In Gaza, over 835 families (an estimated 5,000 individuals) remain internally displaced (IDP).<sup>148</sup> An Oxfam survey conducted in November and December 2019 found that 57 per cent of respondents were displaced by the 2014 escalation and

of those 6.1 per cent remain displaced.<sup>149</sup>

IDPs in Gaza have identified that displacement “has increased the risk of violence against children and gender based violence (GBV) at home”, while services providing psychosocial support are unavailable for the majority of adults and children.<sup>150</sup> Regarding the economic situation for IDPs in Gaza, evidence shows that “83 per cent of IDP families are obtaining their food on credit while, 64 per cent of the surveyed heads of households are not working”, demonstrating the major toll of displacement on families.

In East Jerusalem and the West Bank, 457 structures were demolished and 547 Palestinians displaced in 2020 through 7 September.<sup>150</sup>

Displacement has a particularly severe impact related to the protection of women and families, as highlighted by the Special Rapporteur on violence against women, its causes and consequences.

On this topic, the Special Rapporteur stated that “House demolitions... and forced eviction policies have a gendered impact on women.... The fear of and actual demolitions of women’s homes have a severe psychological impact on them, causing anxiety and leading to depression, which compels women to stay inside.

Losing their homes results in family displacement to often over-crowded relatives’ homes. This has led to an increase in the occurrence of violence against women and early marriages”.<sup>152</sup>

Moreover, in the Jordan Valley, violence, harassment, and intimidation by Israeli forces and settlers “further aggravates Palestinian women and girls’ vulnerabilities in the Jordan Valley, violating their right to the highest attainable standard of physical and mental health and amounting to a form of ill-treatment”.<sup>153</sup>

## 2. Critical Problems Relating to Access to Essential Services

The following section presents a gendered analysis of critical problems relating to access to essential services adopting a multisectoral lens to assess the impact of ongoing crises on vulnerable groups.

### 2.1. People living below poverty line

Nearly 30 per cent of Palestinians in the oPt live below the poverty line.<sup>154</sup> In the West Bank 13.9 per cent are below the poverty line.<sup>155</sup> In Gaza, half are below the poverty line and roughly 33 per cent are below the extreme poverty line.<sup>156</sup> Historical examples and emerging data indicate that the current economic downturn will have a harsher economic impact on women (who are on average closer to poverty with greater barriers to employment) than men.<sup>157</sup>

In the West Bank, COVID-19 has made it more difficult to access water. For example, over 50 families in Silwan, Beit Sakarya, and Duma have exhibited need paying their water bills.<sup>158</sup> Similarly, families under the poverty line have indicated need for food supplies, cleaning and disinfectant products to protect themselves from infection, with the most pressing need in Alzbaidat and Alfasayel.<sup>159</sup>

A World Bank Group report states that Gaza's water supply has been "at crisis levels since 2005" and today only "10 per cent of the population have direct access to clean and safe drinking water".<sup>160</sup> Limited access to water, therefore, proves to be very costly. Despite uncertainty over the water quality surveys have reported "families spending up to a third or even half of their income on water".<sup>161</sup> Given that women are traditionally responsible for ensuring the basic needs of their families, including water, women are directly affected by the water crisis in Gaza.<sup>162</sup>

Women in cancer focus groups in Gaza highlighted their financial burdens. They described having limited access to early cancer screening devices at local clinics and the burden of paying to travel to receive early cancer screenings. They also expressed a need for better drug treatment at more affordable costs.<sup>164</sup>

Many women below poverty line in rural areas lack internet access, devices, and/or the funds to pay for internet costs.<sup>165</sup> Similarly, children in low-income families face limitations to accessing devices and the internet, particularly important in the COVID-19 era which has moved some education online.<sup>166</sup> A dearth of SADD limits the gender differentiated impact that can be identified at this stage.

### 2.2. Refugees

COVID-19 may have a detrimental impact on refugees in the oPt living in dense urban areas or in areas with poor sanitation. Both these conditions can make measures that prevent the spread of COVID-19 (handwashing, social distancing) difficult.<sup>167</sup> UNRWA is responsible for providing the essential services of disposing of waste, cleaning, and disinfecting refugee camps.<sup>168</sup>

During the pandemic, UNRWA's frontline staff has provided essential services to refugee GBV survivors, including psychosocial support, legal aid, case management, medical care, and emergency cash assistance.

In the West Bank, UNRWA health systems are under pressure given a rapid increase in the number of COVID-19 cases and overstretched response capacities.<sup>169</sup> Despite this, UNRWA case managers have undertaken outreach to GBV survivors with a recent history of domestic violence.<sup>170</sup>

In Gaza, UNRWA has established emergency hotlines and provided MHPSS services. Ninety-one per cent of refugee households reported having health insurance compared to 94 per cent of non-refugee households.<sup>171</sup> 57.9 per cent of refugee households reported having received assistance from the Ministry of Social Development (MoSD) versus 64.2 per cent of non-refugees. Refugee and non-refugee households in Gaza express similar levels of satisfaction with the MoSD.<sup>172</sup> Due to limited SADD, no further analysis of gender differentiated impact can be identified at this time.



Photo: UN Women/ Palestine

### 2.3. Children under five in Gaza

Gaza faces massive limitations of basic amenities, negatively affecting children aged under five in Gaza. Poor water quality and limited access to essential treatments of resulting diseases have led to water-related diseases becoming the main cause of child morbidity in Gaza.<sup>173, 174</sup> Currently only 30 per cent of children aged between three and six in Gaza attend licensed preschools, leaving a majority of children missing a critical phase of education and development.<sup>175</sup> A chronic electricity deficit in Gaza causes daily power cuts, restricting the ability of boys and girls to study and learn. This increases the drop-out rate and negatively impacts children's right and ability to access education at school and at home.<sup>167</sup>

While families appear increasingly interested in educating girls, patriarchal norms and gender-based violence contribute to limited educational opportunities for girls, resulting in their early marriage.<sup>177</sup>

COVID-19 has heightened challenges facing children under five years old in Gaza. School closures further marginalize the least-resourced children who are unable to access distance learning; experts forecast that the longer schools remain shuttered, the lower the likelihood is of these children returning to access school education.<sup>178</sup> A dearth of SADD limits the gender-differentiated impact that can be identified at this stage.

Limited operations of Family Courts in Gaza has heavily impacted rights of women, boys and girls (orders related to alimony, custody, visitation, protection, and inheritance rights).<sup>179</sup> Finally, COVID-19 has reduced access to compulsory vaccinations for newborns as well as quality medical treatment and medicine for groups including children of single mothers, children in poverty, children with chronic diseases, children with disabilities, and orphans.<sup>180</sup>

### 2.4. Female-headed households

The COVID-19 pandemic has revealed critical problems for female-headed households in regard to access to essential services. These include housing rights and tenure security as the economic situation may increase evictions of female-headed households,<sup>181</sup> especially given the reality that female-headed households have less access to adequate shelter than male-headed households, which can expose them to greater risk of illness.<sup>182</sup>

Female-headed households may also be marginalized and face barriers to the provision of medical supplies, food, care, social protection measures and psychosocial services.<sup>183</sup>

In fact, female-headed households and child-headed households in quarantine, lockdown, or self-isolation face challenges in being identified for basic food assistance, including in-kind distribution and cash-based transfers.<sup>184</sup>

In Gaza, 95.1 per cent of female-headed households had access to health insurance, higher than male-headed households of which 89.6 per cent had access to health insurance.<sup>185</sup> Fewer female-headed households received MoSD assistance, however, as 61.1 per cent of male-headed households reported receiving assistance compared to 59 per cent of female-headed households. Despite a higher percentage receiving assistance, male-headed households more negatively evaluated the regularity and sufficiency of MoSD assistance than female-headed households.<sup>186</sup>

In the West Bank, a COVID-19-related ban on Palestinian workers from entering Israeli settlements will have a “direct economic impact and indirect social impact on men and women”. Approximately 1,000 women work in Israel and Israeli settlements. The lack of access to the workplace will have a “direct impact on female-headed households and households that rely on women’s work in settlements as a primary source of income”.<sup>187</sup>

## 2.5. Small-scale farmers, herders and fisherfolk in Gaza

Women face challenges to accessing the labour force, in large part due to an ingrained societal mentality that women alone must attend to housekeeping. This mentality is quantifiable as in Gaza 57 per cent of women reported housekeeping as the reason they were outside the labour force while zero per cent of men reported this as a reason they were not in the labour force.<sup>188</sup>

Small-scale farmers, herders, and fisherfolk in Gaza experience tremendous challenges in accessing essential services. The ongoing blockade has contributed to creating serious access limitations to energy,<sup>189</sup> clean water, agricultural tools and supplies,<sup>190</sup> import and export opportunities, as well as the ability to create sustainable, long-term production.<sup>191</sup> Local authorities’ policies (discriminatory in terms of distribution of land, subsidies, external funding and investment opportunities) have negatively impacted small farmers and fishers. Existing restrictions on public advocacy also limit individuals’ or communities’ ability to change these policies.<sup>192</sup>

Given that 7.1 per cent of female-headed households identify that agriculture income makes up 50 per cent (or more) of their income (versus only 2.4 per cent for male-headed households), fe-

male-headed households are particularly impacted by these critical access service challenges.<sup>193</sup> Furthermore, women experience significant and historic limitations to participating in this sector. The Food Security Cluster has highlighted that “existing agricultural extension services have traditionally been oriented solely to men, and only 6.7 per cent of agricultural land holdings are held by women across Palestine”.

Moreover, women often face restrictions in access to and control of resources (e.g. finances, education) and limited ability to access their rights by local and international law.<sup>194</sup> The COVID-19 pandemic has disproportionately impacted female businesses (including farmers), as 28 per cent of female respondents to a recent survey in the West Bank and Gaza indicated that they could not do business at all compared to eight per cent of male respondents.<sup>195</sup>

## 2.6. Pregnant and lactating women in Gaza

In Gaza, mothers access to health care services has further deteriorated in recent years, while the inconsistent supply of medical items has negatively affected health care quality.<sup>196</sup> Over-stretched health care services (usually due to the limited number of health care facilities) encourages mothers’ early discharge after they give birth, reducing the chance of the “detection of potential medical complications and the provision of life-saving interventions”.<sup>197</sup>

Limitations to safe drinking water in Gaza makes the relatively high rate of bottle-feeding for newborns a concern, and potentially an avenue for exposing newborns to contaminated and unsafe drinking water.<sup>198</sup>

Maternal Mortality Rate (MMR) indicates much about the quality of a health care system. Official figures of documented cases of MMR in the West Bank and Gaza demonstrate improvement, as MMR reduced from 55 per 100,000 births (1999) to roughly 23 in 2014.<sup>199</sup> In Gaza the figure was 16.2 in 2019,<sup>200, 201</sup> which ranks much better than the WHO and SDGs’ guidelines for health systems (between 50 and 70 per 100,000).<sup>202</sup> There is, however, an important caveat: reported MMR figures do not include births that were not documented, suggesting that MMR may actually be higher than has been reported.<sup>203</sup> Fear of contracting COVID-19 as well as increasingly overwhelmed health systems may affect access to essential healthcare

services. These factors may discourage important hospital visits and threaten the provision of supplies, health care, and other vital services, such as antenatal care and delivery, to pregnant and nursing women.<sup>204, 205</sup>

## 2.7. Bedouin and herders in Area C

Bedouin and other Palestinian communities in Area C endure critical challenges in accessing basic services including education, infrastructure and mobility.<sup>206</sup> The restrictive permit regime, poor infrastructure, and threats by soldiers and/or settlers reduce women's ability to leave their houses and communities.<sup>207</sup> Women face limited access to GBV protection services offered by the PA as the PA are restricted from operating in Area C.<sup>208</sup> The impact of occupation has contributed indirectly to dangerous environmental conditions, related to limited access to safe drinking water, sewage disposal, sanitation services, and infrastructure.<sup>209</sup> Moreover, gender disparities exist in accessing health care especially in the countryside of the West Bank.<sup>210</sup>

Limited education opportunities can lead to girls dropping out of school, which can in turn mean girls face the early marriage, early pregnancy, and/or sexual assault. The circumstances in Area C leave women with limited economic prospects save agricultural labour and animal herding, which can often be unpaid work on family farms.<sup>111</sup>

In response to the COVID-19 emergency, the Palestinian Ministry of Education has implemented distance learning practices. Unfortunately, these policies appear likely to exacerbate inequalities for girls and boys in Bedouin communities and Area C who do not have access to needed technology to participate.<sup>212</sup> This dynamic will likely have a greater negative impact on girls given existing biases and the tendency to compromise on girls' needs rather than boys' needs related to technology and internet resources.<sup>213</sup>

## 2.8. Women with disabilities

Women and girls with disabilities encounter challenges including discrimination, marginalization, and stigma. When compared to men and boys with disabilities women and girls' hardships are greater.<sup>214</sup> The disability rate in the oPt is estimated at 5.8 per cent with approximately 92,000 persons with reported disabilities.<sup>215</sup> In 2017, 5.4 per cent of females in reported having at least one impairment.<sup>216</sup>

Women with disabilities often lack access to disability-friendly services (including sexual and reproductive health services as well as justice and security services)<sup>217</sup> or inclusive and accessible environments in the West Bank and Gaza. Service providers in Gaza "face an increasing demand by their target groups and lack the capacity to respond to urgent needs" due Gaza's wide-ranging challenges.<sup>218</sup>

The GMR has had a substantial impact on women with disabilities in Gaza. Women disabled or injured "are disadvantaged first for being a woman and second for being challenged physically". Such changes in ability can obstruct their capacity building, development, and growth and isolate them into "cycles of abuse, violence, and diminished agency in their household and community".<sup>219</sup>

COVID-19 threatens to exacerbate existing challenges for women with disabilities. The MoSD's Rapid Response Plan in the Social Protection Sector for the Implications of the Corona Virus Pandemic forecasts increased marginalization among the already marginalized including people with disabilities.<sup>220</sup>

## 2.9. Women victims and survivors of GBV

Women and girls in the oPt continue to experience various forms of violence (e.g. domestic violence, sexual harassment, early marriage, femicide) in private and public spheres due to entrenched discrimination and prolonged Israeli occupation. Outdated and discriminatory local laws limit survivors' access to gender-responsive services and justice.<sup>221</sup>

Women and girls who are survivors of GBV often face social stigma that would not be attached to men and boys. Stigma can limit victims' ability to access essential services. One example of this in the Gaza Strip, is accessing addiction rehabilitation services. For women and girls, most shelters for survivors do not accept women who use drugs, due to stigma, "despite the fact that they may be correlated and addressed in tandem".<sup>222</sup> A recent qualitative study by the Protection Cluster found that females maintained that there were too few treatment centers for women or that existing services needed to be improved.

Survivors of GBV have witnessed their access to services badly affected by the pandemic. During

the first two months of the lockdown, MoSD has halted all field visits and some CSO service providers have suspended essential services, including group therapy sessions and case conferences, due to capacity issues.<sup>223, 224</sup>

Services were later resumed as MoSD got an approval from the council of ministers to consider GBV services as essential services during emergencies. In April 2020, 28 per cent of service providers reported a decrease in the reporting of GBV attributing this to movement restrictions and fear of COVID-19 which limit women at risk's abilities to leave home and seek help.<sup>225</sup> GBV victims without a phone, internet, or awareness to seek support cannot access vital services. Victims' concerns about their protection can hinder them from reporting cases and seeking support.<sup>226</sup> Without peer support to encourage victims to seek help, abuse is more likely to continue unreported.<sup>227</sup>

Access to other essential services for survivors have been impacted by COVID-19. Most court litigation related to ongoing cases has stopped while Sharia courts stopped services in the West Bank and Gaza. More recently, the Gaza Sharia court announced the court would attend to urgent cases such as custody and alimony.<sup>228</sup> Despite this, court closures have restricted women's access to justice and delayed hearings related to alimony, child custody, and child support cases.<sup>229</sup>

## **2.10. Internally-displaced women**

Between January and August 2020, 419 structures were demolished and 511 Palestinians were displaced in Jerusalem and the West Bank.<sup>230</sup> In July 2020 the Shelter Cluster identified that more than 450 shelters in East Jerusalem and 3,264 shelters in Area C required rehabilitation or consolidation to reduce risk of displacement.<sup>231</sup>

Across the West Bank, demolitions impact access to essential services like water connections

and wells in communities that suffer from water shortages. Palestinian farming and herding communities in the West Bank experience the inability to access farming land and privately-owned Palestinian land as such land has been designated as closed for military purposes, nature reserves, or requires the imposition of 'prior coordination' requirements.<sup>232</sup>

In Area C, home demolitions have a large impact on women as traditional gender norms link women and the home or domestic life. Demolitions sever access to one's home, a central pillar of a family and community.

Such destruction can have a devastating emotional consequence on women, "including the development of psychosocial disorders like anxiety and depression, which can be compounded by a sense of failure to protect one's children from violence".<sup>234</sup>

There also exists a lack of access to quality household disaggregated information on the needs of vulnerable communities like women IDPs, compounded by movement restrictions that impede access to these communities.<sup>234</sup>

In Gaza, an estimated 5,000 individuals remain internally displaced.<sup>235</sup> As of July 2019, around 8,500 people remain internally displaced. IDPs stated difficulties in accessing essential services and amenities: 75 per cent of interviewed households reported being unable to access psychosocial support for adults, 72 per cent no access to disability support services, 70 per cent no access to psychosocial support for children, 28 per cent health care services unavailable, and 33 per cent maternal health care services unavailable.<sup>236</sup>

Due to a dearth of SADD, no further analysis of gender differentiated impact can be identified at this time.

### 3. Critical Problems Relating to Resilience and Recovery

The following section presents a gendered analysis of critical problems relating to resilience and recovery adopting a multisectoral lens to assess the impact of ongoing crises on vulnerable groups.

#### 3.1. People living under the poverty line

Nearly 30 per cent of Palestinians in the oPt live below poverty line.<sup>237</sup> In the West Bank, 13.9 per cent live below poverty line.<sup>238</sup> In Gaza, half the population lives below the poverty line and roughly 33 per cent are below the extreme poverty line.<sup>239</sup> Many vulnerable families rely on humanitarian aid including from the MoSD to cope with economic precariousness. Sixty-six per cent of beneficiaries that the MoSD supports are in Gaza and 34 per cent in the West Bank.<sup>240</sup> Assistance programmes in Gaza have lowered extreme poverty rates by eight per cent and poverty rates by seven per cent.<sup>241</sup> Assessing resilience in Gaza discovered that 34 per cent of the households there felt emotionally and socially supported by families and communities.

Structural biases and existing inequities, like elsewhere in the world, mean that women are less likely to be employed and that their employment is more precarious compared to men. In fact, women are “more likely to be engaged in short-term, part-time and other precarious employments/ contracts which offer poorer social insurance, pension, and health insurance schemes”.<sup>242</sup> Moreover, women carry additional responsibilities at home, “usually in-charge of their homes’ internal affairs, and usually bear most of the domestic tasks and duties of taking care of the house, the children, cooking, cleaning”.<sup>243</sup> The injury of a breadwinner in the family, an increasing phenomenon since the beginning of the GMR in Gaza, has only increased pressures for women as caregivers while reducing their family incomes.<sup>244</sup>

Another factor undermining the resilience of people living below poverty line in the oPt has been the COVID-19 pandemic. More than half of the women’s rights organizations surveyed recently reported increased food insecurity and a decline in livelihoods since the outbreak.<sup>245</sup> This trend may result in households adopting negative cop-

ing mechanisms like consuming less food. When women “eat last and least,” they can experience health complications such as an increased susceptibility to COVID-19.<sup>246</sup>

#### 3.2. Refugees

Refugees in the oPt experience compounded stress from interlocking crises and deep-seeded vulnerabilities. A strong family community can be a source of resilience against these pressures.

However, refugee households in the oPt experience stress at home linked to poverty, unemployment, and debt. Overcrowded urban areas and refugee camps as well as the separation of families between Gaza and West Bank due to ongoing occupation hinder community-based resilience for many.<sup>247</sup>

Education can be an excellent way to foster resilience for women and girls. UNRWA’s Education Programme is providing free basic education for 533,342 Palestinian refugee children in the 2019-2020 scholastic year. In the West Bank, 59.9 per cent of UNRWA’s students are girls while 48.3 per cent are girls in Gaza.<sup>248</sup> School drop-out can result in negative outcomes for children, including early marriage for girls.

UNRWA has implemented multiple strategies to reduce the number of refugee children dropping out of UNRWA schools. In Gaza, an increase in boys’ school drop-out was linked to a “deteriorating economic situation and overall well-being for students, their families and communities”.<sup>249</sup>

Additionally, economic empowerment is vital to support resilience and recovery for all communities, including refugees in the oPt. UNRWA has taken efforts to address the widespread gender disparity in employment and economic activities available to women. A recent microfinance loan programme provided 42 per cent of all loans to women in the West Bank and Gaza.<sup>250</sup>

Such initiatives are critical to be maintained despite the fact that UNRWA has witnessed a sharp decrease of donor assistance, including by the

United States of America, which has negatively impacted refugees' resilience in the oPt.<sup>251</sup>

The COVID-19 pandemic has had a gendered impact on refugees' resilience in the oPt. As identified for other vulnerable groups in this report, refugees will be impacted by the compounded effects of an economic slowdown, movement restrictions, and increased domestic violence. The costs paid by women have been particularly severe.<sup>252</sup>

### **3.3. Children under five in Gaza**

Children aged under five in the Gaza Strip endure daily challenges threatening not only their resilience but their lives as well. They experience multidimensional poverty marked by malnutrition, violence, and limited access to clean water. The consequences of these factors are clear as "under-five mortality in Gaza is around 24 for every 1,000 live births – and the vast majority of these deaths occur in the first year of life". Recent efforts by UNICEF have sought to ensure nutrition services for anemic children, by providing education awareness-raising for families of children under five coupled with supplementary micronutrients to 25,000 anemic children. A dearth of SADD limits the gender differentiated impact that can be identified at this stage.

Opportunities to build resilience through educational opportunities for children under five are limited as well. Only 30 per cent of children aged between three and six attend licensed preschools in Gaza while daily power cuts challenge the ability of boys and girls to study and learn.<sup>255</sup> Despite these challenges, efforts to support children in Gaza during a fragile security situation and protracted humanitarian crisis seek to build children's resilience. Between January and June 2020, UNICEF and its local partners provided 4,139 children with structured psychosocial support (including individual counselling, group counselling, and child/parent interaction sessions), 54 per cent of these reached were boys. An additional 832 children (41 per cent girls) received individual case management.<sup>256</sup>

### **3.4. Female-headed households**

Female-headed households face resilience challenges given their existing vulnerability. While female-headed households make up 11 per cent of the oPt, they account for almost 20 per cent of

families suffering from extreme poverty.<sup>257</sup> Twenty-six per cent of male-headed households in the oPt are food insecure, while 31 per cent of female-headed households are food insecure..

Female-headed households in the West Bank are food insecure at an estimated 19.3 per cent compared with 62 per cent in Gaza.<sup>258</sup> Female-headed households are more susceptible to poverty (54 per cent in Gaza and 19 per cent in the West Bank) compared to male-headed households.<sup>259</sup> In Area C, 36 per cent of female-headed households have been designated distressed, compared to only 22 per cent of male-headed households.<sup>260</sup> Compared to the West Bank overall, Area C households are less likely to be female-headed. In a 2014 survey, a female headed eight per cent of households in Area C, less than the 12 per cent in the entire West Bank that same year.<sup>261</sup>

In Gaza, a recent Oxfam survey found that while male-headed households felt slightly more insecure about the future (70.8 per cent) than female-headed households (66 per cent), a higher percentage of female-headed households reported feeling unhappy (58.7 per cent) than male-headed households (50.8 per cent). Female-headed households were also seven per cent less likely to express the feeling that they belong to their community to some extent or to a large extent. Lastly, 40.2 per cent of female-headed households rely fully on aid and donations as their sole source of income, compared with 29.8 per cent of male-headed households.<sup>262</sup> Households suffering the loss of a male provider in GMR-related violence are left more vulnerable to Gaza's dire economic situation.<sup>263</sup>

In some cases, such as older women who have lost their husbands and have no children at home, women began to explore avenues for personal empowerment.<sup>264</sup>

In total, this demonstrates that female-headed households in Gaza carry a heavier burden, making them comparably less resilient than male-headed households.

Given the fact that female-headed households are already overstretched, the COVID-19 pandemic and the related economic downturn will increase threats to female-headed households economic resilience.<sup>265</sup> Vulnerable groups, including



Photo: UN Women/Palestine

female-headed households, must be a priority in all economic recovery efforts to ensure resilience and equitable recovery.<sup>266</sup>

### 3.5. Small-scale farmers, herders and fisherfolk in Gaza

In Gaza, 20.9 per cent of females aged 18 and above participate in the labour force.<sup>267</sup> While “46.1 per cent of women participate in the agricultural sector in Gaza”,<sup>268</sup> only 1.4 per cent of the female workforce is **employed** in the agriculture, fishing, and forestry sector (compared to 7.9 per cent of men).<sup>269</sup> At least 14.7 per cent of urban farmers are women, though figures on women farmers tend to be underreported (surveying women farmers is challenging given men often manage external relations for businesses while women are tasked with generally harvesting and selling in villages).<sup>270</sup>

Gaza’s blockade has eroded resilience for over a decade. This has reduced import and export opportunities for local farmers and fisherfolk, resulted in price fluctuations, and limited their ability to maximize the potential of the land and sea (which is particularly difficult for those operating in access-restricted areas). In an attempt to cope with this reality, many are forced to rely on aid through various means (including “applying for a multitude of conditional grants and projects focused on income generation for farmers and local landowners”).<sup>271</sup>

Small-holder farmers, predominantly women, ex-

pect to face further challenges accessing markets due to COVID-19 related travel restrictions.<sup>272</sup> Targeted women’s economic empowerment strategies would build resilience and mitigate the impact of the COVID-19 outbreak.<sup>273</sup>

Women’s cooperatives have proven to be supportive spaces for women in agriculture to share information and efforts. Cooperatives have helped donors fund the purchase of costly and otherwise inaccessible equipment, such as ovens, mixers, and freezers.<sup>274</sup>

The Food and Agriculture Organization (FAO) has sought to address the urgent needs of vulnerable women herders in the West Bank and Gaza<sup>275</sup> as well as build resilience through the creation of sustainable employment opportunities that include 50 per cent female youth.<sup>276</sup>

### 3.6. Pregnant and lactating women in Gaza

Since March 2018, Gaza has seen a significant increase in Palestinian casualties related to demonstrations at the perimeter fence. This has increased strain on an already overstretched health care system. As a result, health care services for mothers has further deteriorated.<sup>277</sup>

Antenatal care significantly increases positive outcomes and resilience for pregnant mothers. In Gaza UNRWA reports that for refugee women in Gaza, 97.4 per cent of pregnant women attended four or more antenatal visits, highest of any UNRWA field of operation.<sup>278</sup>

Fear of contracting COVID-19 and the related lock-down has severely impacted pregnant women's access to safe reproductive health services.<sup>279</sup> To maintain resilience, pregnant women and girls must continue natal care and seek out assisted deliveries.<sup>280</sup>

Recently, UNICEF has supported resilience by supporting hotlines that promote nutrition among pregnant and lactating women. Between April and June 2020, about 4,993 high-risk PLWs and 1,302 children accessed continued essential health and nutrition care services.<sup>281</sup>

### **3.7. Bedouin and herders in Area C**

The Jordan Valley makes up almost 42 per cent of Area C and approximately 30 per cent of the West Bank. Nearly 60,000 Palestinian residents reside within Area C in the Jordan Valley rural and Bedouin communities.<sup>282</sup> Given that the Palestinian government is denied jurisdiction in Area C, the threat of forcible transfer for many in Area C, and the region's extreme marginalization, the region's resilience has been systematically eroded.<sup>283</sup>

14 per cent of people are under the poverty line in the West Bank, with the "burden of poverty" falling hardest on vulnerable groups including: Bedouin communities, female-headed households, Area C, H2, East Jerusalem and the Seam Zone. Resilience has eroded for Bedouin communities in Area C, particularly the women and youth, whose level of food insecurity is around 60 per cent.<sup>284</sup>

Economic resilience for women and girls is limited by the fact that there are few economic opportunities for them "beyond working as agricultural labourer or animal herders" often unpaid "on family farms or with family herds".<sup>285</sup>

Over 70 per cent of Bedouin and herder communities are refugees and are under the constant threat of forced displacement and settler violence.

As over 90 per cent of them depend on herding as their main income source, movement restrictions placed on them affect them greatly.<sup>286</sup>

### **3.8. Women with disabilities**

Around the world, women and girls with disabilities face challenges due to discrimination, marginalization, social exclusion, stigmatization and routine failure to ensure their social inclusion and effective participation in public life.<sup>287</sup> Seeking to

build resilience for the community, the Sustainable Development Goals calls on states to recognize the rights of persons with disabilities on equal grounds with their peers and end violence against all girls and women (including women with disabilities).

More specifically, Goal Ten seeks to promote the social, economic and political inclusion of all, irrespective of age, sex or disability.<sup>288</sup>

In the oPt, the protracted protection crisis along with existing vulnerabilities faced by women with disabilities has eroded the resilience of women with disabilities. These vulnerabilities include being "up to four times more likely to experience intimate partner violence" (which is likely higher for those with intellectual and/or cognitive disabilities). Furthermore, women with disabilities often rely on their abuser for mobility, limiting their ability to build resilience or access services.<sup>289</sup> Women with disabilities also face challenges to building economic resilience as only four per cent of them participate in the workforce.<sup>290</sup>

COVID-19 has further challenged the resilience of women with disabilities in the oPt. Women with disabilities appear to have been by-in-large left out of pandemic emergency response plans. The MoSD "missed the participation of people with disabilities and the institutions working with them, or the institutions that represent them in the development of the [COVID-19 emergency] plan".<sup>291</sup>

Experts have also identified structural problems with emergency committees and question their suitability to support women with disabilities in recovery planning. While "some committees refuse to include the needs of girls and women with disabilities because of their affiliation or their families to different political organizations", committees are "formed by one political party and which is also male-dominated". These important concerns, along with concerns over privacy and confidentiality, should be addressed to create an effective recovery for women and girls.<sup>292</sup>

### **3.9. Women victims and survivors of GBV**

Women victims and survivors of GBV face resilience challenges given existing vulnerabilities and the ongoing, protracted humanitarian crisis in the oPt.



Photo: Samar Abo Elouf.

The 2019 PCBS Violence Survey<sup>293</sup> noted a decrease in the percentage of “violence experienced by currently married or previously married women by their husbands” from 37 per cent in 2011 to 29 per cent in 2019.<sup>294</sup> A June 2020 survey in the West Bank highlighted the women turn to their parents when experiencing GBV as 90 per cent of women identified parents as the main source of help for victims of domestic violence.<sup>295</sup>

The 2017 International Men and Gender Equality Survey (IMAGES) revealed that 63 per cent of men and 50 per cent of women believed that a “woman should tolerate violence to keep the family together”.<sup>296</sup>

In Gaza, the impact of the GMR has eroded resilience. GMR-related violence has resulted in more domestic violence at home and negatively impacted women who are “expected- to prioritize the well-being (mental and physical) of other household members, sometimes at the expense of their own...” These trends reduce women’s ability to adopt positive coping mechanisms as they lose “personal time that was formerly dedicated for nurturing hobbies, skills, taking on work, or caring for their own needs”.<sup>297</sup>

COVID-19 has had a major impact on the resilience of women survivors. Between 5 March and 19 May 2020, PWWSD provided consultations to 1,834 people (95 per cent women) and counselling

sessions to 742 people (96 per cent women).

Of those reporting abuse to PWWSD, 32 per cent reported verbal abuse, 27 per cent psychological violence, 26 per cent physical violence, nine per cent economic violence, four per cent social violence, and one per cent sexual violence.<sup>298</sup> Current circumstances have overstretched individuals’ abilities to cope as “the quarantine and physical distancing put many at risk of the negative consequences of loneliness, isolation, or domestic violence”.<sup>299</sup>

A Cash For Work intervention led by UN Women has demonstrated the positive impact on the resilience of vulnerable groups of women in Gaza, including GBV survivors. 91.2 per cent of beneficiaries reported a decrease in domestic violence and 70 per cent an increase in household decision-making power.<sup>300</sup>

Regarding health, efforts should be made to raise awareness about mental wellbeing and encourage the normalization of anxiety and stress.

This paired with community members supporting one another can encourage resilient, safe spaces free of GBV and domestic violence.<sup>301</sup>

To support resilience and recovery for women survivors of GBV, efforts should also be made to

ensure the availability of sheltering services and emergency safe houses. Relatedly, a “coordinated cautionary transport for women and children should be made readily available should they need to be distanced during the lockdown measures”.<sup>302</sup>

Systems have proven unable to remain resilient as demands have overwhelmed them. Lockdown has created long delays and backlogs in the court system.<sup>303</sup>

Quarantine has negatively impacted “an increasingly fragile social support network” that helps safeguard women from discrimination and gender-based violence.<sup>304</sup> In a recent UN Women Rapid Assessment of domestic and family violence across the oPt, surveyed organizations reported that COVID-19 had forced 43 per cent to stop some services, 33 per cent to reduce staff size, and seven per cent of them to shut down.

Staff members at service providers, mainly women, find their emotional and psychological well-being at risk.<sup>305</sup> In such a challenging context, recovery requires multiple systematic changes to positively support GBV survivors’ resilience.

### **3.10. Internally-displaced women**

Displacement affects much more than simply losing one’s housing and shelter, it also has a major effect on resilience and recovery.

Research indicates that GBV tends to increase

among populations affected by severe hardship, including displacement.<sup>306</sup> With resilience eroded Palestinian IDPs in the West Bank and Gaza experience increased violence against children and GBV.

A NRC assessment from 2018 found that 49 per cent of family heads believed displacement led to an increase of GBV in their families. Roughly 42 per cent reported an increase of violence against children related to displacement.<sup>307</sup>

The 2019 Israeli Military Order 1797 increases the ability to demolish and displace individuals in Area C more quickly. It expedites the Israeli authorities’ ability to demolish unauthorized “new structures” and gives owners only 96 hours to present building permits to Israeli authorities.<sup>308</sup>

This development will significantly decrease resilience in Palestinian communities in the West Bank.

Humanitarian organizations have had limited success registering and profiling Palestinian IDPs in the oPt, limiting the ability to understand the resilience and ability to recover of women IDPs. OCHA has noted that major gaps of information exist for IDPs and that increased information on the location, living conditions and vulnerabilities of IDPs, will increase organizations’ ability to support resilience and respond to their needs.<sup>309</sup>

# Recommendations

Applying a gender analysis to complex humanitarian crises and action is critical, as **crises impact women, girls, boys and men in different ways**. A gender perspective calls on humanitarian actors to design, plan, implement and monitor their programmes integrating the following dimensions: women and girls bear important capabilities in designing and delivering humanitarian assistance; women, girls, men and boys all exhibit different needs and have different coping mechanisms; women, girls, men and boys all have unique opportunities to benefit from support; and existing power inequalities between women and men are heightened during crisis.

Humanitarian actors should also ensure that a gender analysis is undertaken assessing the positions of women, girls, men and boys and considering their respective roles; access to and control of resources; as well as the constraints each group faces relative to the others. **A gender analysis should be integrated into the humanitarian needs assessment and into all sector assessments/situational analyses throughout the Humanitarian Programme Cycle (HPC). Clusters must be equipped to undertake a rapid gender analysis during an emergency humanitarian response.** The simple, four-step process can be used throughout the HPC and customized for different clusters using the relevant needs analysis guidance. A rapid gender analysis can be incorporated into existing assessment tools to improve the accuracy and comprehensiveness of findings and recommendations.<sup>310</sup>

A gender equality perspective is also about ensuring humanitarian assistance is designed and implemented with a “do no harm” approach that it does not set off conflict, exacerbate tensions between populations or subject individuals to danger and/or abuse including GBV. **Programmes without a gender lens risk leaving behind the most excluded**, falling short of accomplishing the goal, providing inadequate support or even unintentionally causing harm.<sup>311</sup>

Such a perspective requires **increasing the attention given to various historically-marginalized groups** such as adolescent girls, women exposed to gender-based violence, food insecure female-headed households, children facing obstacles in accessing schools, children in the labour force, children subject to violence, out-of-school children, youth, the elderly, communities in Area C, Bedouins and herder communities living in Area C, Gaza residents without access to clean water or sanitation, Hebron H2 residents, persons living in the Seam Zone, persons with disabilities, individuals in need of urgent medical referrals, refugees living in abject poverty, refugees residing in camps, small-scale farmers, non-Bedouin herdsmen, fisher folk and the working poor.<sup>312</sup>

**Humanitarian actors should systematically collect sex- and age-disaggregated data (SADD);** Clusters should identify the age groupings that are most important to their programming. To be most effective, SADD must be collected, analyzed, and used to inform programming.

Additionally, it can be important in some contexts to disaggregate data along other lines (e.g. ability, ethnicity, level of income, education).<sup>313</sup>

**Humanitarian actors should ensure the participation of women's organizations in the humanitarian response planning and decision-making.** All humanitarian actors should ensure the full engagement of local women's organizations from the beginning of the humanitarian planning process and as in relation to COVID-19 response, including discussions on prioritization, costing and resource allocations across different clusters and sectors.

**Humanitarian actors should promote increased humanitarian financing to local women's organizations**, including identifying financing opportunities for women's organizations along the humanitarian-development-peace nexus.

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