



## The International Seminar on Gender Based Violence (GBV) in the Humanitarian Context of the Gaza Strip

20 – 21 September, 2016  
Gaza City

### Seminar Report

#### Executive Summary

In the framework of the UN Women strategic priorities on Gender Based Violence (GBV) and humanitarian action and in alignment with international Guidelines for Integrating Gender Based Violence (GBV) Interventions in Humanitarian Action, UN Women organized an international seminar on Gender Based Violence (GBV) in the Gaza Strip as a conflict affected area (20-21 September) under the project “*Improving Holistic Protection Services for Women and Girls in the Conflict Affected Context of the Gaza Strip*” (April 2015 to September 2016) which has been funded by the Government of Japan. The seminar aimed at highlighting the current challenges and opportunities with regards to integrated response to GBV in Gaza, and exchanging national and international experiences around GBV prevention and response in humanitarian settings with the aim of developing concrete, context-specific

recommendations for GBV programming in Palestine.

For two days, the seminar brought together 350 participants; local and international actors working on GBV including governmental actors, INGOs, UN agencies, humanitarian sectors and clusters, NGOs (from the West bank and Gaza), donors and academics, to exchange national and international experiences and lessons learnt on GBV prevention and response in emergencies. The seminar different sessions had generated very important recommendations including the need to have better inclusion of GBV prevention and response in all stages of humanitarian action in Palestine and the importance of increasing the accountability of different actors to prioritize GBV prevention and response during and after emergencies.

## Seminar Planning and Preparations

The seminar planning phase took place over a period of four months (from June to September, 2016) and included the following steps:

### *The Development of the Seminar Concept Note and Agenda:*

In order to develop the seminar concept note and agenda, the UN Women team in Gaza had consulted with an array of actors including UNFPA (also as a chair of the GBV sub-working group), OCHA, UNRWA, UNICEF, UNDP, humanitarian sectors and clusters, academics and UN Women colleagues in Jerusalem office and the regional office. The purpose of the consultation process was to develop the seminar sessions and presentations in a way that would address some of the knowledge gaps on GBV incidence, services, and existing coordination mechanisms in Gaza.

### *The Selection of Local and International Speakers:*

During the consultation process on the themes of the seminar papers, parallel consultations took place with UN Women regional office, UN Women HQ, the GBV sub-working group, UN agencies and humanitarian sectors and clusters on nominations for local and international speakers. UN Women received several nominations. The selection process had resulted in the selection of four local speakers (representing different UN agencies, humanitarian sectors, academics, and CSOs) and eight international speakers (five who came specifically to participate in the seminar from UN HQ, regional and country offices<sup>1</sup> and three who are internationally recruited UN staff based in Palestine<sup>2</sup>). All speakers had provided UN Women with their papers/presentations ahead of the seminar.



### *The Logistical Preparations:*

Due to restrictions on access to Gaza, the event needed thorough and complex logistical preparations including facilitating access of international speakers and 15 women CSOs from the West bank to participate in the seminar in Gaza. All speakers were provided with a detailed logistical note that included important information on their travel and accommodation.

## Seminar Sessions:

The Seminar took place over a period of two days (20-21 September, 2016). The first day included an opening session and three plenary sessions and was attended by 250 actors including representatives of donors, governmental actors, UN agencies, INGOs, NGOs, CBOs and academics. The second day

<sup>1</sup> Of UNFPA, UNRWA and UN Women

<sup>2</sup> Of OCHA, UNFPA and UN Women

included group work (3 groups) exercise and group work presentations. 100 actors had participated in the second day.

## The Seminar First Day<sup>3</sup>

### The Opening Session:

The seminar was opened by her excellency Dr. Haifa Al Agha; Minister of Women's Affairs; Mr. Hiroyuki Kajita; First Secretary/ Head of Economic Cooperation at the Representative Office of Japan to the Palestinian Authority; Ms. Dubravka Šimonović, Special Rapporteur on Violence against Women and Dr. Sabine Machl; UN Women Special Representative in Palestine. The opening remarks had focused on how the Israeli blockade, recurring violent escalations of the conflict, and large scale displacement and destruction have exacerbated pre-existing vulnerabilities and contributed to an increase in GBV in Gaza. The speakers had all highlighted the many challenges that face GBV victims and survivors in accessing GBV services and the increased demand for coordinated and integrated GBV service provision. The opening remarks were concluded by stressing the importance of the seminar as much needed space for national and international actors to have a closer look on how to improve the quality of GBV services to better meet the needs of women, men, boys and girls in Gaza.



### Plenary Session I: Gender Based Violence in the Context of the Gaza Strip

This session had provided the participants with an overview of GBV incidence and available services in Gaza. The different papers/presentations had focused on GBV trends and drivers, mapping of GBV services, and highlighting regional experiences in GBV response and referral (focusing on UNRWA regional experience in GBV response and referral).

#### Session Topics:

- GBV Incidence in the Gaza Strip: An Overview of Findings of Various Studies on GBV
- GBV Trends and Drivers in the Gaza Strip
- Mapping of GBV Services in Gaza
- UNRWA Referral System: Experiences from the Region

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<sup>3</sup> Refer to annex 1 (Seminar Agenda)

## Recommendations from Plenary Session I:

- *Building an accurate understanding of GBV patterns and drivers in Gaza cannot be isolated from understanding the impact of the overall political/humanitarian/economic context created by the prolonged occupation and other political realities on increasing the risk and vulnerability to GBV as well as understanding the diversity of realities of groups of women and girls with a focus on groups who face heightened risk and vulnerability such as female IDPs, widows, adolescent girls, women with disabilities, female heads of households and elderly women.*
- *Patriarchy and dynamics between women and men in Gaza are important factors to be unpacked and analyzed. Increasing knowledge of communities and tackling misconceptions is essential to both prevention and protection of women and girls.*
- *There is a need to articulate more deeply how we see impact of blockade, divide of Palestinian Authority, fragmentation in increasing vulnerability.*
- *“Projectisizing” GBV is key concern when looking at humanitarian settings in conflict areas and 3rd world countries. To ensure better ownership of government and social services there is a need to go beyond the mentality of projectization to create holistic services and comprehensive response rather than creating projects with limited funding and timeframe.*



*There are a number of priority issues that require increased efforts to address a number of gaps identified. These include:*

- *Support dialogue with national authorities on gaps and inconsistencies in national legal and justice systems with regard to women's rights across Palestine.*
- *Support innovative approaches to respond to GBV and expand the scope of humanitarian GBV response which include interventions that address:*
  - ❖ *economic vulnerability through cash assistance, reintegration and housing (shelter) assistance*
  - ❖ *security through investing in safe shelters and engaging police in protection of women and girls from GBV*
  - ❖ *Legal counseling and aid related to inheritance rights, custody, divorce,*
  - ❖ *Integration of GBV response across the healthcare system.*

- *Upscale coordination efforts from information sharing to coordination of interventions to address gaps in response and elevate quality of services.*
- *Lead agencies championing work on GBV are encouraged to strengthen articulation of boundaries and complementarities between humanitarian and development responses to GBV.*
- *Donors and humanitarian partners should strengthen response to GBV in Gaza through increasing investment in funding, and capacity in the humanitarian sphere.*
- *There is a real need to have a multisectoral approach to GBV in Gaza focusing on case management and referral. The experience of UNRWA in having a GBV referral system for refugees had indicated the need for referring the cases to outside of UNRWA services. Assessing referrals to external service providers had indicated sometimes lack of satisfaction among beneficiaries as compared to services they received in UNRWA. Referral services need to be better organized and linked to national efforts. This has to come hand in hand with an overall improvement over the quality and accessibility of GBV services.*

## Plenary Session II: GBV Programming and Coordination

The second plenary session had focused on experiences from the field in Gaza and the Arab region, as well as the opportunities and challenges in sectorial GBV services and coordination both in Gaza and globally. The different papers/presentations had specifically focused on GBV prevention in humanitarian emergencies, the perspective of local service providers on the opportunities and challenges of multisectoral GBV response in Gaza, GBV coordination in emergencies in the Arab region, and lessons learnt from UN Women's experience in Al Zatari camp on GBV prevention and response.



### Session Topics:

- GBV Prevention in Humanitarian Emergencies: OCHA's Perspective from the Field
- Opportunities and Challenges of Multi-Sectoral GBV Services in Gaza: A view of local service providers
- Coordination of GBV Responses of Humanitarian Actors in Gaza
- UN Women's Experience in AL Zatari Camp in Jordan: Lessons for GBV programming

## Recommendations from Plenary Session II:

- *GBV in emergencies requires a well-coordinated multi-sectoral approach.*
- *Specific efforts must also be made to engage men and boys as partners in preventing GBV, but also in terms of identifying and building capacities of partners able to address the GBV concerns of men and boys themselves more specifically.*
- *The revised 2015 GBV IASC Guidelines put stronger emphasis on raising awareness of all clusters/sectors so that they are better able to fulfil their GBV prevention and response functions during emergencies. It is recommended that a roll-out of the Guidelines is undertaken with the support of GBV Sub-Clusters and Humanitarian Country Teams in all countries (including Palestine) in 2017.*
- *The participatory development of contextually-relevant standard operating procedures is critical to ensuring that referral pathways are developed, and all actors are aware of their roles and responsibilities to provide GBV prevention and response services during and emergency. Special attention should be paid to the recently developed SoP's and referral pathways in Gaza.*
- *Given the protracted nature of the crisis, it is critical that all partners work together to reduce individual, community and institutional level vulnerabilities. Moreover, international partners must strengthen local and national capacities to the greatest degree possible to ensure sustainability. Adopting such an approach will help to ensure that individuals, communities, and systems are better prepared to respond to GBV during times of crisis.*
- *Engagement in a more systematic and transparent dialogue with the relevant (local) authorities on data collection, prevention, response and inconsistencies in legal and protection frameworks is key.*
- *Expanding the limited number of responders, including within the local authorities, and further strengthening and operationalizing the referral mechanisms, including through capacity-building opportunities for responders.*
- *Develop a more holistic scope of interventions, as current interventions mainly focus on psychosocial support, but insufficiently address issues of relating to prevention through the education and health systems, economic vulnerability of those affected by GBV, safe shelters, legal support or counselling, and community representation.*
- *Reducing the over-reliance on humanitarian assistance as a response mechanism.*



- *Finding ways to enable women's organizations, community representatives and CBOs participation in the coordination structures, which often require a significant human resource investment.*
- *Strong efforts must be made to improve the ethical collection and utilization of GBV data to inform decision-making.*

*Based on UN Women and OCHA successful partnership since 2013, areas for further reinforcement as a preparedness measure in Gaza include:*

- ❖ *Better inclusion of gender and GBV related priorities in humanitarian response planning.*
- ❖ *Supporting the collection, sharing and use of sex and age disaggregated data.*
- ❖ *Strengthened engagement of humanitarian actors with women's organizations.*
- ❖ *The provision of technical support to the humanitarian leadership and coordination structures (HC, HCT, and inter-cluster coordination group) to ensure improved programming.*
- ❖ *Increasing the visibility of gender issues in the HCT and cluster advocacy messages and activities.*
- ❖ *Capacity-building and training for partners and clusters/sectors.*
- ❖ *The identification of three OCHA gender focal points in different areas of work (coordination, advocacy and communications), as well as gender focal points in the clusters at the national level and in Gaza.*
- ❖ *Inclusion of GBV issues in the OCHA led IDP re-registration and vulnerability profiling exercise and referral of, among others, GBV concerns to the relevant actors, in August-December 2015.*
- ❖ *The integration of gender and GBV in more robust communications with communities, piloted through the IDP re-registration and vulnerability profiling exercise.*
- ❖ *Experience of UN Women's programme in Al Zadari camp shows that GBV prevention can be addressed through creating livelihoods opportunities to women refugees, with a focus on transitioning from short-term interventions (cash for work) to longer-term sustainable employment opportunities. This should be coupled with awareness raising interventions aimed at men and boys to create behavioral changes in the camp.*
- ❖ *Working in refugee camps/IDPs communities should be carefully designed by keeping into consideration the general camp/IDP community context, the SoP's related to camp management, the roles of other agencies inside the camp as well as the interventions implemented by other organizations.*



### Plenary Session III: GBV Programming and Information Management

The third plenary session had focused on highlighting successful initiatives on GBV programming and coordination in Gaza that focus on child protection, psychosocial and legal assistance. The session had also included an overview of the global GBV Information Management System.

#### Session Topics:

- Case Management of Child Protection and GBV in both Emergency and Development in Gaza
- Psycho-social Services to GBV Victims and Survivors—A Focus on Female Adolescents
- Legal Services to GBV Victims and Survivors: The Experience of the Legal Clinics in Gaza
- GBV Information Management System



#### Recommendations from Plenary Session III:

*The experience of the Gaza Child Protection Working Group<sup>4</sup>- operating under the umbrella of the Protection Cluster in establishing Protection Committees that have key roles and responsibilities inside government designated emergency shelters during an escalation in conflict which results in displacement- had highlighted the following recommendations (The need to):*

- *Review and update the training packages for protection committees in Government designated emergency shelters.*
- *Train protection committee members on the emergency Standard Operating Procedures (SOPs for Designated Governmental Shelters.*
- *Finalize the Inter-Agency Standard Operating Procedure for Gender Based Violence and Child Protection Case Management and Referral in Gaza.*
- *Align the UNRWA and government Standard Operating Procedures for the protection of the most vulnerable groups.*

*On psychosocial assistance services:*

- *Improve existing psychosocial services to be less reactive and short-term oriented. As they stand now, very few offer specialized care.*
- *Service providers should more proactively target vulnerable groups.*
- *Providers' attitudes about age and gender in the provision of psychosocial and mental health services need to be urgently addressed.*
- *Services provided are neither age nor gender-sensitive and do not address adolescent girls' multi-faceted vulnerabilities.*

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<sup>4</sup> This is based on the experience of the Emergency and Case Management Standard Operating Procedures developed to address critical lessons learnt from the 2014 conflict, enables a holistic approach to service provision, to maximize and support protection for the most vulnerable groups including children and women.

- *Specialty and subspecialty areas such as mental health and child/adolescent psychiatry are greatly disadvantaged.*
- *Counsellors number is limited with 1:750-1400; it is recommended not to exceed 1:250*
- *Findings confirm critical gaps in HR management, including an absence of strategic direction, lack of clarity of roles and responsibilities, a weak supervisory system, and few incentives to improve performance.*
- *We need at least 30 psychiatrists, 1.5 per 100,000 inhabitants, 48 in 2030 and 71 in 2050 (UNFPA, 2016).*

*On Legal Services:*

- *Enhance the capacity of justice and security institutions to prevent and respond to GBV.*
- *Promote access to justice for GBV survivors by strengthening institutional capacities of state and traditional justice actors.*
- *Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines.*
- *Support the reform of national and local laws and policies to promote access to justice and the rule of law, and allocate funding for sustainability.*
- *Integrate GBV prevention and mitigation into protection monitoring activities and support the development of community-based protection strategies.*
- *Efforts must be made to address negative social norms and harmful gender roles, by having women and men engaged in creating a positive and resilient community.*
- *In a complex legal environment, such as in Gaza, where there are gaps and discrimination against women in law and practice, individual case work and client counselling are important, but also must feed into efforts to address systemic and programmatic change.*
- *Donors should consider longer term project funding to allow the time and effort that is needed to address the underlying social and cultural norms that make GBV and insecure rights to HLP for women socially acceptable.*

*On the GBV information management system:*

- *The GBV IM should be sensitive to partners' concerns, aware of confidentiality and, above all, well trained on and supervised.*
- *The IM system should be accompanied by clear tools that define the flow and the nature of the information to be collected and shared*
- *Information management comes with ethical responsibilities. Sharing information on gender based violence is extremely sensitive and should be done in line with internationally recognized ethical and safety principles*
- *Specific recommendations<sup>5</sup> were shared on the GBV IM inclusion in preparedness, system and analysis, strategic planning and resource mobilization, implementation and monitoring*

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<sup>5</sup> Refer to the GBV IM presentation/paper

## Seminar Second Day

The second day included breaking into 3 groups. Each group was focused on one of the three main themes covered in the plenary sessions in the seminar first day. Participants were asked to sign up for the group that matches their interest and experience. Each group had the guest speakers/presenters participate in it as per their participation in the sessions in the first day. Each group had a moderator and a note taker from among group members. Overall, the second day was attended by 100 actors.

### GROUP 1 – GBV in the Context of the Gaza Strip

#### Key Topics/Guiding Questions:

- What are the priority types of GBV in Gaza? How to unpack the definition of GBV in Gaza based on the global categorization of GBV types?
- How to connect the understanding of the Gaza specific context on e.g. domestic violence, denial of economic rights, violations related to personal status law, inheritance, child custody etc.

#### Key Issues Identified:

- Domestic violence is the most widespread forms of violence in the Gaza Strip.
- Examining the different types of GBV, need to take into account the context of the Gaza Strip and its implications on increasing domestic violence. This includes the occupation, the blockade, the political division etc.
- Although there is not enough data about SGBV, national actors and service providers mentioned that there are some indicators reflecting noticeable increase in SGBV across the Gaza Strip and mainly sexual exploitation.
- Given the dominant cultural norms and traditions, it is impossible to disclose data and information on certain SGBV cases including illegal pregnancies, FGM and hymen reconstruction.
- Some GBV cases has led to suicide. In order to underreport it, local authorities in Gaza asked health care providers NOT to disclose or share information on causes of suicides.
- Living in temporary shelters had deprived women and girls from any privacy and made them vulnerable to GBV particular sexual GBV and harassment.
- Female genital mutilation (FGM) is a new type that is reported to be existent in certain areas within the Gaza strip. There are a number of official complaints registered by victims and documented by human rights organizations.
- Increase drug addiction among males has negative impact on increasing domestic GBV.
- There is a lot of similarity between types of GBV in the West Bank and those in Gaza Strip but due to lack of information there could be some types that are more dominant than others in each area. It is the social SILENCE which determine the increase or the decrease in the size of a particular type of violence.



### General Recommendations

1. The need to focus on analyzing incidence of new types of GBV in Gaza, including: sexual exploitation and cases of FGM incidence.
2. Sexual harassment and domestic violence are the most two top GBV types that are dominant in Gaza and require immediate and continuous efforts and response.

## GROUP 2 — Programming, services and response

### Key Topics/Questions:

- Gaps in service provision
- Concrete recommendations on how to address the gaps

### Key Issues Identified:

- Gaps in service provision
- Key actors that are missing
- How can services be sustainable?
- How to ensure quality of services?
- Impact of occupation and blockade on GBV – creates a culture of violence and prevents socio-economic development
- Lack of policy and legal framework



### General Recommendations:

1. Need an overarching strategic plan that would bring together policy, programming and advocacy of all actors – local authorities, UN, INGOs, NGOs, etc. One possibility is to use the framework of the National Strategy to Combat VAW 2011-2019 and adapt it to context of Gaza as needed.
2. Gaps in service provision include protection (police, prosecution, and shelters), social protection, livelihood, and forensics. All of these services need to be developed or strengthened.
3. Gaps in reaching out to beneficiaries that have little or no access to services – women with disabilities, female headed households, women in conflict with law, women with older children, and women with drug abuse problems in families. All partners need to develop targeted services for those groups.
4. Advocacy needs to be based on positive messaging and to target Gaza decision makers. Local partners that have open communication with local authorities should use them for advocacy and to influence these decision makers on GBV issues.
5. All stakeholders should use a unified data collection template, as is being developed through GBV SWG, so that programming and policy are based on reliable evidence.
6. Mainstream GBV into humanitarian programming through integrating it into the gender marker vetting process.

7. GBV should be integrated into family counselling sessions and child counselling by all partners.
8. Address sustainability. Local NGOs should put service provision into core funding and strategic plan to avoid “projectization.” Donors should support core capacity of NGOs and not chase projects.
9. UN, bilateral donors should increase international advocacy and call for Israel to be held accountable for impact of blockade on increasing GBV incidence in Gaza.
10. Engage municipalities in GBV prevention and response.

### GROUP 3 – Information Management and coordination

#### Key Topics/Questions:

- Recommendations for strengthening coordination in Gaza through information, coordination of responses, coordination, and interlinkages with developmental interventions
- Challenges for coordination, coordination at national level
- Coordination mechanisms for joint response – using the cluster model for effective response (e.g. Aisha - PS services, Hayat - legal aid and sheltering)
- Gaps of unaddressed cases – advocacy and coordination needed to mobilize response

#### Key Issues Identified and Key Recommendations:

1. Limited and fragmented coordination:
  - ❖ Enhance the coordination between the organizations INGOs, UN and local NGOS, donors and governmental institutions to avoid duplication in services provided to GBV survivors.
  - ❖ Enhance the role of the governmental institution and enhance the coordination with them.
  - ❖ Develop protocols organizing the relation between all actors
  - ❖ Coordinate between all actors specially during emergencies
  - ❖ Enhance the Referral system, weakness of referral system reflects the weakness of coordination between organization
2. Survivors centered approach and quality of services:
  - ❖ Do no harm for the survivors when we collect the survivors’ data and we provide services.
  - ❖ Work with medical teams since there is still reluctance to provide medical care due to the existing legal framework
  - ❖ Reach out to the most remote and vulnerable groups with adequate and quality services
  - ❖ Emergency/contingency work plan to be developed by all GBV actors
3. Information management:
  - ❖ Develop material and tools online such as online platforms, website, media, IEC which include all the information related to GBV and that are easy to access it for all actors
  - ❖ Advocacy for each cluster to mainstream GBV in their plan and interventions
  - ❖ All the data that organizations collect must be disaggregated by sex.
  - ❖ Dissemination of information and referral pathways to the affected communities
  - ❖ Enhance Information sharing mechanisms to help survivors to access the services

#### 4. Research, learning, advocacy

- ❖ Develop Information Education Communication (IEC) materials and tools to improve outreach to the conflict affected communities/ local population (social media, billboards, media, radio, online platforms, posters)
- ❖ Develop a comprehensive GBV strategy including a work plan for the GBV SC that is complementary with the national strategy to combat GBV (the strategy can be used to advocate for funding, to better reach GBV survivors in needs)
- ❖ Encourage all CBOs to join the GBV SC activities and make sure that the GBV SC reach out to all GBV actors

### Achieved Outputs

- ❖ 350 local and international actors have improved knowledge on GBV incidence, services and coordination efforts in the Gaza Strip
- ❖ 350 local and international actors are better informed of good practices and lessons learnt on GBV prevention and response in different countries and humanitarian contexts
- ❖ New opportunities for knowledge exchange and coordination of efforts among local and international actors created
- ❖ Specific priorities for tailored GBV programming, coordination and information management identified
- ❖ Specific priorities for advocacy efforts identified i.e. on GBV inclusion in all stages of humanitarian action in Palestine
- ❖ Accountability obligations of actors including state actors and donors towards GBV prevention and response in Gaza highlighted

### Next Steps

- ❖ UN Women will share the seminar report with all seminar participants, the GBV sub-working group members, the protection cluster, the ICCG and other relevant humanitarian coordination mechanisms
- ❖ UN Women will advocate through the GBV sub-working group, OCHA and the protection cluster to utilize the recommendations to inform programming and coordination efforts in Gaza. The recommendations will hopefully support strengthen evidence-based advocacy on GBV response in emergencies in Gaza.
- ❖ UN Women will continue to design and implement programmes in cooperation with civil society partners to address the gaps and challenges highlighted during the seminar

## Seminar Media Coverage

- ❖ <https://www.youtube.com/watch?v=-m6ri9lxYnw>
- ❖ <http://palestine.unwomen.org/en/news-and-events/stories/2016/09/pr-international-seminar-gbv>
- ❖ <http://english.pnn.ps/2016/09/21/first-international-seminar-on-gender-based-violence-in-the-humanitarian-context-of-gaza/>
- ❖ <http://palestine.unfpa.org/events/international-seminar-gender-based-violence-humanitarian-context-gaza-strip>
- ❖ <http://muslimgirl.com/31160/un-women-holds-international-gender-based-violence-seminar-gaza/>
- ❖ <https://www.facebook.com/unwomenarabic/photos/pcb.558228701039236/558228584372581/?type=3>

