

Gender Alert: Needs of Women and Girls in Humanitarian Action in the occupied Palestinian territory (2018)¹

The major drivers of humanitarian vulnerability in the occupied Palestinian territory (oPt) remain unchanged. As of November 2017, at least 1.9 million Palestinians experienced or were at risk of experiencing violence, displacement and restricted access to livelihoods and were identified as targets for humanitarian assistance and protection in 2018; out of an estimated 2.5 million people who are in need of humanitarian assistance throughout the oPt [1].

The humanitarian conditions in Gaza are exacerbated by the intra-Palestinian political divide which has contributed to a serious deterioration in the access of the population to basic services as measures affecting civil service allowances, electricity supply and medical payments were imposed by the Palestinian Authority. As of April 2018, approximately 19,200 people were still displaced from the 2014 conflict,² with a gap of over 2,657 of the 11,000 totally destroyed housing units still awaiting reconstruction due to lack of funds.³ Although many of the 2014 displaced populations have returned, the vast destruction of agricultural/productive land and assets and recent events related to “Great March of Return” near the border remain cause of concern.

In the West Bank, continuing settlement expansion, destruction of homes and livelihoods, strict movement and access restrictions, and extreme limitations on planning and development, continues to

Key facts at a glance – from the most recent national statistics:

- The sex ratio of 103.3 has been almost stable for around 11 years.
- The share of female headed households in 2016 were 9.1% in Gaza and 12.2% in West Bank.
- The fertility rate is decreasing: the share of population below age 14 decreased by 3% and working age 15-64 increased by 4.5%.
- Illiteracy rates have seen a significant decrease: males dropping from 6.7% in 1997 to 1.6% in 2017, and females from 16.7% in 1997 to 4.5% in 2017, reducing the gender gap from 10% to 2.9%.
- In 2016, the labor force participation rate in Palestine was 71.6% for males and 19.3% for females (17.7% in West Bank and 22% in Gaza Strip).
- In 2016, the unemployment rate was 26.9% in Palestine: 22.2% for males and 44.7% for females (29.8 in WB and 65.2 in Gaza Strip).
- The highest rate of unemployment in the Palestinian governorates was in Rafah governorate at 58.3% while the lowest rate of unemployment is in Ramallah & Al-Bireh governorate at 8.6%.
- The share of men in the informal sector is higher than that of women (34.9% vs 20.0%); and the share of female workers in the informal sector was higher in the West Bank compared with Gaza Strip (23.2% vs 11.1%).
- The gap in unemployment rates among women and men is increasing; and increases with higher educational attainment (e.g. the unemployment rate among women with 13 years of schooling or more was 50.6% compared with 19.1% of men in the same group).
- There is only one woman registered in the Agricultural, Commerce and Industry Chambers of commerce in the West Bank, and none in the Gaza Strip.

Source: *Women and men in Palestine (2016)*, *PCBS Census (2017)*, *PCBS statistical yearbook (2017)*

¹ Developed for the 2019 HNO and HRP

² At the height of this military operation, nearly 500,000 people – 28 % of the population – were displaced [3].

³ https://www.sheltercluster.org/sites/default/files/docs/one_page_factsheet_april_2018.pdf

prevent people - particularly in Area C, East Jerusalem and Hebron H2 - from accessing essential services and has led to a heightened risk of forcible transfer for many Palestinians [1].

Everyday life, including gender relations and gender dynamics is severely impacted by the prolonged Israeli occupation. Inequitable gender attitudes remain common in Palestine, with men largely viewed as heads of households, main providers and protectors of their families and women responsible for care and domestic work related to their often large and extended families with high numbers of children. The constant deterioration of the economic situation, land confiscation, illegal settlement building, and restrictions on mobility by Israel, exacerbated by Palestinian political divisions, leaves many men unable to meet their roles and women compensating for the absence of services and income. There are contradictory attitudes to gender roles, reflecting changing roles as well as the frustrations and tensions in households under stress. E.g. 59 % of women and 42 % of men believe that women should have greater representation in political authority; at the same time, a majority of both agree that 'women are too emotional to be leaders'; and despite women's increasing participation in higher education and the paid labour market, the division of work within the household falls sharply along gendered lines. However, there are many signs of more equitable views, e.g. in relation to the right to work, education and care and domestic work, particularly amongst younger age groups [2].

(1) Vulnerable groups

Adolescent boys and girls

According to the latest census 2017 [4], almost 22% of the Palestinian population are between the ages of 10 – 19. Adolescent girls are one of the most vulnerable groups in Palestine as a result of their exposure to violence, limited choices through sociocultural norms, early marriage and motherhood, and poor access to education and health services.

Even though enrolment and graduation rates in education for girls and boys in Gaza are promising, adolescents' educational and career aspirations are often not prioritized. Boys are often asked to work instead of going to school – in particular when money becomes tight [5].⁴ **School drop-out rates** are higher for boys than girls in the West Bank; but not too different between girls and boys in Gaza, where dropout rates overall are higher.

Girls who have dropped out of school are among the most vulnerable, as they are often homebound, much more socially isolated and tend to score lower for **psychosocial wellbeing**. School dropouts are more likely to indulge in **risky behaviours** and to become addicted to drugs – although this problem seems to affect boys more than girls [9; 10]. Smoking amongst young people aged 15-27 in Gaza has increased in recent years, up to 40.9% of males and 5.4% of females. Young people in Gaza also have high rates of addiction to Tramadol.⁵ This in turn affects girls' feelings of insecurity when moving around in the community [10].

Table 1: Dropout rates in 2015-16

	Girls	Boys
West Bank	0.4	1.1
Gaza	1.6	1.5
Overall	0.8	1.2

Source: PCBS Statistical Yearbook 2017

⁴ The percentage of children (10-14 years) in labor decreased from 2.1% in 2012 to 1.7% in 2016 and stayed relatively stable for the age group 15-17 years at around 7.8% in 2016. Children in labor, who are not enrolled in education, represented 17.0% and 31.0% for both age groups respectively in 2016. Unfortunately, these statistics are not sex-disaggregated in the report [6].

⁵ Tramadol addiction reportedly affects between 50% and 80% of the adult population [10].

Schooling in Gaza is challenged by two factors in particular: Many school facilities in Gaza are damaged and destroyed due to recurrent Israeli military assaults. Limited funding for school rehabilitation has rendered many classrooms useless, resulting in **overcrowded classrooms** and adolescents only going to school for around four hours a day as double shifts are implemented to meet educational needs. The average number of pupils per class is 38 at UNRWA and government-run schools, 23 at private schools. Recent research showed that in big cities and camps, classes may have more than 50 students [5]. Of great concern is the unprecedented financial crisis faced by UNRWA, which provides schooling to some 272,000 of Gaza's children [7]. In addition, the **electricity shortage**, with cuts off up to twenty hours a day, restricts students' study time at school and ability to concentrate at home, and increases the drop-out rate. Violence in schools is high and has also been shown to be a reason for dropping out (see reference below)

In some of the more remote communities in Area C in the West Bank, girls are taken out of school after primary school due to the **long distances to schools** and the time burden placed on women who accompany them on their way to and from school, and because they are often required to help with **household chores**. WASH initiatives such as [8], have reduced women's time spent on Unpaid Care Work (e.g. fetching water), and freed time for girls to study and stay in/go back to school, amongst other things.

Young women in the Gaza Strip are prevented from seeking **general health services** through lack of permission, or money; not wanting to go alone; the lack of female health worker; and a lack of information about services. Barriers preventing boys accessing health care services are financial rather than social. While adolescents' health outcomes overall are relatively good, the most pressing issues they face are related to sexual and reproductive health (SRH), particularly for girls and risky behaviours like smoking and substance abuse [10].

Due to structural and cultural factors, **adolescents with disabilities** face particular barriers to accessing health and other public services, e.g. the basic package of health services offered by the Ministry of Health and UNRWA is not disability sensitive, most families pay for most medical services out of pocket, and rehabilitation services are almost non-existent. Girls especially are stigmatized and denied their right to health care [10]. A recent study showed that the share of non-married women is much larger amongst women and girls living with disabilities than the overall population [11].

Although girls and young women nowadays are far less likely to marry before the age of 15 [12], a large share of adolescents still get married before the age of 18. According to Palestinian Central Bureau of Statistics (PCBS), 20.5% of females and 1.0% of males got **married before the age of 18 years** in Palestine (19.9% of the total married population in West Bank and 21.6% of the total married population in Gaza Strip) by end 2016 [13]. The highest rate in the West Bank was in Hebron 36.8% (the lowest in Jericho and the Jordan Valley: 1.2%), and in Gaza Strip, the highest rate was 42.1% in Gaza Governorate (the lowest rate in Dier Al-Balah: 7.1%). In 2014, 25.1% of women between the ages of 20 and 24 in Gaza and 19.6% of women in that age range in the West Bank gave **birth before the age of 18**, with a clear variation by region, mother's education and the wealth index of the households [14].

There are no recent national statistics on gender-based violence (GBV) generally and for adolescents in particular. However, in 2016/17, around 50% of men and 70% of women reported using some form of **physical discipline against their children** [2]. Furthermore, all participants in the current GAGE⁶ study on adolescent girls in Gaza mentioned having been subjected to **physical, emotional and verbal violence by teachers, service providers and students**, with physical violence by teachers and school directors being common and violence being the reason why many students dropped out of school. This

⁶ Gender & Adolescents: Global Evidence initiative (GAGE)

corroborates earlier findings from 2015, where 71.2% of girls enrolled in Palestinian government secondary schools were exposed to violence [5]. Violence against children has many causes, such as being seen as a legitimate means to discipline children by parents and/or teachers, or a way of solving interpersonal conflict between students e.g. due to jealousy and discrimination [33]. But also poverty, home density, psychological problems, political violence, and violence at home have been shown to be related to violence in schools [*Ibid.*]. Finally, a 2015 study showed that young women between the ages of 17-20 are at **high risk of domestic violence**: 39% were exposed to emotional, 23.7% to economic violence, 16.9% to controlling behaviour, 13.6% reported physical violence, and 3.4% sexual abuse [15]. Pervasive patriarchal gender norms are at the root of domestic violence which affects women of all ages, education level of socio-economic status [29]. However, the risk is exacerbated by overcrowding and the ongoing political violence in the West Bank and military operations in Gaza [29; 30; 31].

Recommended action:

1. Education cluster to address school dropouts for adolescent boys and girls in Gaza and the West Bank (particularly Area C, H2 and East Jerusalem).
 2. WASH cluster to take into consideration potential effects on women's time use and indirect impact on school dropouts.
 3. Health cluster to provide psychosocial support and outreach activities to adolescent girls and boys.
- Protection cluster to continue work against violence in schools and domestic violence against children and adolescents.

Women with disabilities

2.1% of Palestinians have some kind of disability – 44,570 persons in the West Bank and 48,140 persons in Gaza Strip [4]. With 3.2% of people with at least one disability in the North Gaza governorate.

A recent study in Gaza showed that 65.4% of 988 disabled women and girls **lack access to basic services**. Furthermore, 59% of respondents were subjected to at least one forms of **violence**: verbal (58.6%), physical (34.2%), sexual (2.4%) and economic violence (26%), neglect and isolation and

prevention from going outside home (31%), deprived of marital rights such as, dowry, desertion, divorce arbitrarily, etc. (37.6%). Only about one third of the respondents had some knowledge of the Palestinian Disabled Law, and many faced **obstacles when trying to claim their rights** [11]. The majority of women with disabilities are **poor**, with incomes below the minimum wage level. Respondents are mostly **single** (81.8%) – reflecting the level of societal discrimination. 62.4% of the disabled women and girls faced **problems with their education** due to the inaccessibility or unsuitability of schools, unavailability of sign language or assistive devices for visually disabled, or untrained staff. 41% of the respondents have preparatory or elementary school level only.⁷

It is important to note that in the absence of adequate services and income opportunities people living with disabilities are often dependent on their relatives to satisfy their needs, which creates **additional responsibilities for caregivers – who are mostly women** (e.g. [8]).

Recommended action:

1. Address protection, educational and economic needs of women and girls with disabilities.
2. Provide assistance to caretakers of household members with disabilities.

Table 2: Share of population with at least one disability

	females	males
West Bank	2.0	2.3
Gaza	3.2	4.1

Source: based on PCBS Census 2017

⁷ 63.6% of government schools in Palestine have 'disability-friendly' toilets, and 53.3% of schools have mobility slopes for children with disability - more often in government and UNRWA schools compared to private schools. However, schools are not adapted for other types of disabilities and public transport to schools and classrooms are not adapted [6].

Women in Area C and Hebron H2

Circumstances in **Area C** are particularly hard for women in the absence of basic infrastructure and services, geographic isolation, poverty, conservative norms and traditions, and no labour market opportunities under a discriminatory planning regime, violence by army personnel and settler violence, and the constant threat of home demolitions and forced displacement. Few economic opportunities exist beyond working as an agricultural labourer or animal herders, in addition to working in nearby settlements under extreme conditions. Bedouin and herder communities depend on herding as their primary source of income and are particularly affected by the Israeli **movement restrictions**.⁸ Restrictions on mobility due to the restrictive permit regime, poor infrastructure and threats by soldiers and settlers is particularly perilous for pregnant women who require prenatal, neonatal and other maternal care from hospitals. Women (and men) are at high risk of **psychosocial disorders** like anxiety and depression, compounded by a sense of failure to protect their children from violence. Women are also at risk of deliberate **violence by Israeli soldiers and settlers** while tending to farmland, collecting water or in their homes. Girls in the area have **limited access to education**, as a result of absent infrastructure and restricted mobility, often they drop out of school, which can lead to early marriage, early pregnancy and sexual abuse. Finally, women are often at **risk of GBV**, exacerbated by the stresses and frustrations experienced by men. Few communities in Area C have access to services such as police, health centres or shelters. Again, Bedouin communities are especially at risk [16].

Over 40,000 Palestinians live in Hebron H2 area; almost 30% of them next to Israeli settlements. The area is surrounded by over 100 physical obstacles erected by the Israeli army including checkpoints and roadblocks that restrict Palestinian residents' movement to H1 area and to other areas within H2. In addition to the spatial segregation in H2 area, Israel imposes a legal system. Similar to Area C, the circumstances promote a **patriarchal culture that stresses women's role in the domestic sphere**. Palestinian children here are surrounded by **systematic violence**, with few safe spaces from their earliest years, which has been linked to psychosocial disorders, such as anxiety and depression, as well as aggression. There is little outside assistance placing extra burdens on the family, most often on mothers. The impacts of the lack of economic opportunities are particularly hard on girls who are the first to **drop out of school** and women by the lack of resources to care for their children, maintain their home and develop themselves [16].

Recommended action:

Address WASH, protection, economic and psychosocial needs of women and girls in H2 and Area C, with special focus on Bedouin and herder communities.

Women and children in Access Restricted Areas (ARA)⁹

The mean household family size in ARAs is 8.5 – larger than the average of 5.6 in Gaza and 4.8 in the West Bank in 2017 [4]. The share of women headed families in the area is 13.0% - also higher than the average of 9.1 in Gaza 2016 [14]. The area is characterised by particularly high poverty levels, chronic

⁸ In 2016, the occupying authority initiated nine new settlement posts, expanded 90 other settlements, developed 25 new detailed plans for building settlements on Palestinian agricultural land, and 64 other plans were announced and approved [17].

⁹ The buffer zone - a military area which up to 300 metres from the perimeter fence is considered by most farmers as a "no-go" and up to 1,000 metres a "high risk" area - extends along the entire northern and eastern perimeter of Gaza, bordering with Israel, and with Egypt in the South. Palestinian access is prohibited in the buffer zone, and households living in and near the zone often face displacements or house demolitions in escalation of violence and war. Thus, families live under constant threat to personal security and safety, and many of them have no steady source of income. ARA also extends to the sea where the restricted area is generally 6 nautical miles (less than 1/3 of the Oslo agreements) [18; 19].

malnutrition in a context of marked food insecurity (more than 96.5% and 97.8% of ARA households in Rafah and Khan Younis, respectively), low levels of education of women, poor access to clean water and poor sanitation, and limited access to quality health services. During the 2014 war all primary health centres were closed, and many are still damaged or non-functional. 89.8% of the population rely on UNRWA health centres, 25.5% on NGOs health organizations and 14.9% on private clinics. Violence against boys and girls is of great concern, as well as early marriage, violence against women and the prevalence of explosive remnants of war (ERWs) in the area [18; 19].

Recommended action:

1. Address WASH, health, protection and economic needs of women, girls, boys, and their families in ARA.
2. Food security cluster and health and nutrition cluster to support.

(2) Sectors

Health and nutrition

Gaza performs relatively well on key indicators, e.g. the infant mortality rate is approximately 22 per 1,000 live births, the maternal mortality ratio is below 20 per 100,000 live births, immunization coverage is at 95% for most vaccines, there is near universal coverage of antenatal care, all Gazan women deliver in health facilities, and there has been a noticeable reduction in the fertility rate [10]. Nevertheless, the **health system is on the verge of collapse** as a result of the 10-year blockade, the deepening intra-Palestinian political divide, deteriorating energy supply, inconsistent payment of public sector medical personnel, and growing shortages in medicines and disposables [1; 7]. Damaged, or not functioning health care centres leave women responsible for their children's health, seeking health services outside their living area [18]. People with disabilities and elderly who depend on electrical medical devices are particularly vulnerable given the shortage of electricity, medical supplies and skilled staff [19].

GBV services through health service providers have been negatively affected by the long hours of power cuts, and financial constraints. Organizations have cancelled activities and reduced working hours. Some **hospitals are expected to close** in order to preserve energy for the central hospitals with a larger catchment population. This will especially effect women, pregnant women, the elderly and those with chronic illnesses, and GBV survivors as health is the culturally accepted entry point to detect, treat and refer cases. Many GBV Sub-Cluster partners are suffering from overcrowding in their facilities [20].

Despite the many **psychosocial and mental health service** providers active in Gaza, organizational, cultural and psychological barriers often prevent young people accessing those services. They often focus on younger children or adult women. Social norms play a key role in hindering service uptake, particularly for adolescent girls – service users face a high degree of stigma, and service use is often perceived to constrain marriageability [9].

Men use health services less frequently than women, but they also tend to use them primarily in cases of urgent medical need rather than for prevention and self-care or to seek mental health and other types of psychological and emotional support. Yet, **men's psychosocial distress** (particularly in Gaza) is very high, and current programming in psychosocial and mental health tends to overlook men as a target group [2].

Recent events related to “Great March of Return” are cause for concern. As of 7th June 2018, 131 Palestinians, including 15 children, were killed by Israeli forces during the demonstrations since 30th March. The cumulative number of injuries is estimated at around 13,900; more than 7,500 needed to be hospitalized – putting additional pressure on stretched health services.¹⁰

Recommended action:

1. Health service promotion and tailoring for all groups, including adolescent girls and men (particularly with respect to psychosocial well-being).
2. Continue integration of GBV related services into health service provision and strengthen coordination of comprehensive referral system.
3. Joint work with food security cluster to raise awareness about healthy diet (epidemiological transition).
4. Targeting of particularly vulnerable groups such as women and girls with disabilities, and that of women and girls living in key geographical areas such as Area C, H2, East Jerusalem, and Gaza (particularly ARA).

WASH

Since the first part of 2017 **Gaza’s chronic electricity deficit has further deteriorated**. As of April 2017, Gaza is supplied only with electricity purchased from Israel (about 55% of the previous supply), resulting in electricity **blackouts of up to 20 hours per day** with tremendously negative impacts on delivery of basic services [20], severe impacts on the manufacturing and agriculture sectors, and a reduction of water supply and critical WASH facilities. Most of the population has **access to piped water for only three to five hours every five days** and only the most critical health, water and sanitation facilities are functioning [1]. The aquifer, Gaza’s sole source of natural water, is deemed to be “unusable” by end-2017, with “irreversible” damage by 2020, if no immediate action is taken [19].

In **Gaza, 96.4% of water resources are contaminated** [21], only 11.3 % of households use an improved drinking water source¹¹ [4], around 60 per cent of the population have drinking water sources that are considered risky to public health, and over 93% of households are connected to the domestic water network which is not suitable for drinking and cooking purposes. In some areas sewage systems do not exist (mainly Khan Yunis and Rafah) and cesspits are used to discharge wastewater, mainly by men, but in some areas (e.g. Al Shoka and the Swedish village in the west of Rafah governorate), women take on the role of emptying cesspits and discharging sewage outside their homes [21].

The worsened electricity and fuel crisis has further intensified women’s responsibility for unpaid care and domestic work. This work is often time intensive and physical and made even more difficult with restricted access to services, restricted mobility and lack of resources, e.g. 23 WASH items were included in the “dual use” list and thus restricted to import in 2015 [15]. 61% of women believe the blockade and electricity cuts contribute to higher rates of domestic violence against women [20]. The poor water quality and hygiene practices have led to widespread diarrhoea in children under the age of 5 [18].¹²

In Area A and B in the **West Bank**, an estimated 445,000 people are either **disconnected or receive water once a week or less**, with a further 150,000 suffering from similar conditions in Area C. On average, Palestinians use 8% of their monthly expenditure on purchasing water, often forced to buy

¹⁰ <https://www.ochaopt.org/content/humanitarian-snapshot-casualties-context-demonstrations-and-hostilities-gaza-30-march-7-june>

¹¹ Piped into dwelling, protected well, protected spring, rainwater and public tap

¹² The majority of households in ARA had at least one child under the age of five infected with diarrhea in June/July 2017.

water from tankers, rising to as much as half of all monthly expenses. This results in **water consumptions as low as 20 litres per person per day** in some communities of Area C without water infrastructure, much less than the 50-100 litres recommended daily minimum quantity by WHO [21]. Communities in **Area C are considered the most vulnerable concerning water access**, relying on rainwater harvesting during winter and the beginning of spring, and water trucks the rest of the time. Women and children in the communities spend large amounts of time collecting water from distant sources, exposing themselves to security risks [8]. Where men in Area C go to fetch water by small water trucks or with donkey carts in areas surrounded by Israeli settlements, they are more exposed to settler violence than women who collect water from cisterns which are usually (but not always) closer to home [21].

Recommended action:

1. Address women's ability to support family and be able to contribute to income-generation by reducing time needed for unpaid care and domestic work (this will also affect drop-out rate of girls).
2. Address WASH needs of particularly vulnerable populations, e.g. in ARA, under- and unserved communities in Area C and H2, and of vulnerable groups such as families with members with disabilities, and female-headed households.

Protection

Despite the ceasefire in **Gaza**, recent events related to "Great March of Return" and the ongoing restrictions of movement of people and goods remain a major concern. The ongoing crisis has led to an ever-worsening socio-economic situation, psychological stress and increased levels of GBV [e.g. 2; 15; 16]. 39.6 % of women reported at least one of the types of domestic violence during the 11 months after summer 2014 [15].¹³ A more recent national survey showed that in 2016/17, 33 % of women reported spousal emotional violence within the previous year and 21% had ever experienced physical violence by their husbands [2].¹⁴ No new displacement was recorded by the end of April 2018, but around 19,200 Palestinians are still reliant on temporary shelter cash assistance (TSCA) which has suffered severe funding shortages, leading to negative coping strategies such as taking children out of school and engaging them in income generation [19].

In the **West Bank**, concerns remain after settler and Palestinian attacks increased in 2017 following a three-year decline, and the possible excessive use of force and extra-judicial killings by Israeli forces and lack of sufficient accountability regarding these cases. 2% of households in the West Bank faced harassment and assaults by the Israeli soldiers and settlers in through Oct 2015 – December 2016 – overwhelmingly against men. Palestinians face enormous restrictions to their mobility, particularly from entering East Jerusalem, areas isolated by the Barrier, "firing zones", the Israeli-controlled area of Hebron H2, and land around or within Israeli settlements. Many Palestinians are at risk of displacement and/or forcible transfer (particularly Bedouin and herding communities in area C and residents in East Jerusalem) because of demolitions due to lack of building permits which are almost impossible to obtain; restrictions on access to natural resources and denial of basic service infrastructure; lack of secure residency; and the continuing establishment and expansion of Israeli settlements, with more than 10,000 housing units approved and/or tendered since the beginning of 2017 (more than double the total during all of 2016). Palestine refugees inside and outside refugee camps continuously face various protection threats, including Israeli military operations often leading to injuries, killing and damage to

¹³ 86.2 % of these women reported emotional, 36.2 % physical, 19 % sexual, 47.7 % economic violence and 35.1 % controlling behaviour.

¹⁴ Unfortunately, the report does not further disaggregate between Gaza and the West Bank.

property. Between January and September 2017, Israeli military operations in Palestine refugee camps were recorded on average 14 times per week, some lasting up to four hours [19].

Higher incidence of intimate partner violence, sexual abuse and forced marriage in vulnerable communities such as IDPs, refugee camps, Bedouin communities, Gaza, and East Jerusalem, **and groups**, such as women with disabilities and adolescents, and those with limited availability and access to multi-sectoral services are of concern. Disaggregated statistics for the West Bank and Gaza on domestic and intimate partner violence date back to 2011.¹⁵ In 2010/11, 29.9% of women in the West Bank and 51.1% in the Gaza Strip were exposed to some form of violence by their husbands [32]. Similar to other findings [e.g. 15], the majority of the violence was of psychological nature, followed by physical violence. Elderly women are more vulnerable to poverty, disease, and have limited access to services compared to elderly men and the rest of the population. In addition, these vulnerable groups often have limited knowledge of the services offered by different humanitarian actors, which contributes to unequal access to these services [16; 19; 25].

Violence against children too is a cause of concern. In 2016/17, around 50% of men and 70% of women reported using some form of **physical discipline** against their children [2]. Adolescent girls in Gaza are subjected to **physical, emotional and verbal violence by teachers, service providers and students**, leading to many school drop-outs [5]. Children are also **harassed and experience violence and intimidations on their way to school** in the West Bank and East Jerusalem, leading to girls being pulled out of school [27]. Women Young women between the ages of 17-20 are also at high risk of **domestic violence**, particularly of emotional violence (39%), followed by economic violence (23.7%), controlling behaviour (16.9%), physical violence (13.6%), and sexual abuse (3.4%) [15]. Children with disabilities and children from poorer households in particularly remote areas and/or areas exposed to violence by Israeli forces and settlers are at higher risks of violence.

Recommended action:

1. In cooperation with shelter and non-food items cluster, monitoring of hostilities in Gaza and situation of populations at risk of displacement and forcible transfer in the West Bank, preparation of assistance.
2. Support of IDPs reliant on TSCA.
3. Engagement of communities in building systems and establishing emergency measures, particularly in very remote and hard to reach areas.
4. Integration of GBV services, and child protection related services into all cluster work, paying particular attention to groups at high risk, such as women and girls in refugee camps, IDPs, in Bedouin communities in Area C, in H2, East Jerusalem, and women and girls with disabilities.

Food Security

40% and 13% of households in Gaza and the West Bank were estimated to be moderately to severely food insecure in Nov 2017 [19]. 46% of female headed households and 35% of refugee households are food insecure – confirming that lower occupational status and restrictions on movement are two of the most important underlying factors of food insecurity in Palestine [22]. **Women in the oPt are particularly disadvantaged** as their limited share of agricultural holdings, economic opportunities and restricted mobility, constrain their ability to contribute to household food security and increases their vulnerability. Female-headed households, pregnant and lactating women are particularly vulnerable to food insecurity and malnutrition. [23].

¹⁵ PCBS currently prepares renewed data collection on this topic. First results are expected in late 2018.

In Gaza, due to the electricity crisis, **households are not able to refrigerate food items**, which increases expenditure and women's workloads as daily cooking or use of canned food is required [20]. The food insecurity that affects almost half of Gazan households, results in **micronutrients deficiencies** with impacts on health, academic performance and work productivity. A surplus of empty calories and deficit of physical activity have led to **increasing rates of obesity and diabetes** among Gazans: over 40% of university students – females more than males – were considered overweight or obese in 2017 [12]. The groups who are most food insecure include farmers whose access to land and agricultural inputs have been affected by the barrier, mobility restrictions and the blockade; herders in the West Bank whose access to water and pasture was limited by Israeli restrictions and settlements; fishermen in Gaza Strip whose access to fishing water, fuel and spare parts was restricted; and households whose salaries decreased as a result of losing their jobs in Israel or whose public sector salaries could not be paid fully or on time [22].

Recommended action:

1. Target female headed households, pregnant and lactating women as well as particularly vulnerable groups in Area C and ARA.
2. Joint work with health and nutrition cluster to raise awareness about healthy diet (in view of epidemiological transition).

Shelter and NFI

As mentioned above, many Palestinians in the West Bank are at **risk of displacement and/or forcible transfer** (particularly Bedouin and herding communities in area C and residents in East Jerusalem), and around 19,200 Palestinians are still reliant on **temporary shelter cash assistance** in Gaza. Furthermore, **winter storms, severe rains and flooding** are common in the oPts and have added to disruptions and losses in agriculture and to damages of already poor infrastructure in the West Bank [27]. In November 2017, around 60 communities in low-lying locations with over 560,000 people, 15 primary health centres and 69,000 students and teachers across Gaza were identified at risk of flooding, even from light rainfall; and more than 8,000 households across Gaza in need of winterization assistance because of their precarious living conditions, including leaking roofs, unsealed windows, damaged walls and lack of insulation [28].

Recommended action:

1. In cooperation with protection cluster, monitoring of hostilities in Gaza and situation of populations at risk of displacement and forcible transfer in the West Bank, preparation of assistance.
2. Support of IDPs reliant on TSCA.
Engagement of communities in building systems and establishing emergency measures, particularly in very remote and hard to reach areas.
3. Support of repair and upgrade of buildings at risk of flooding; preparation of winterization assistance.

Education

There are several challenges to children's education in Gaza and the West Bank. Most prominently, in Gaza, many school are **damaged and destroyed**, and limited funding for rehabilitation results in **overcrowded classrooms** and **double shifts** to meet educational needs. This challenging situation is exacerbated by the **electricity crisis** which restricts students' study time at school and ability to concentrate at home and increases drop-out rates [5]. In the West Bank, girls in Area C have limited access to education, as a result of absent infrastructure, closures, permit restrictions and curfews, and **restricted mobility**, as well as because they are often required to help with household chores. In Hebron H2 area too, the impacts of **economic hardship** are particularly hard on girls who are the first to drop

out of school [16]. Furthermore, girls are often pulled out of school due to **harassment, violence and intimidations on their way to school** in the West Bank and East Jerusalem [27]. Women and girls with disabilities face particular challenges to their education due to the inaccessibility or unsuitability of schools, unavailability of sign language or assistive devices for visually disabled, or inadequate staff [11]. Violence in schools is high and has also been shown to be a reason for dropping out.

Recommended action:

1. Address violence in school and school dropouts for adolescent boys and girls in Gaza and the West Bank (particularly Area C, H2 and East Jerusalem).
2. Support of particularly poor and vulnerable households, who are at higher risk of pulling boys and girls out of schools for economic reasons.
3. Address protection, educational and economic needs of women and girls with disabilities.

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Appendix

Table 3: Vulnerable groups identified by cluster

Vulnerable groups identified in the 2016 UNCT CCA ⁵⁴	Vulnerable groups identified by HCT cluster(s) in the 2018 HNO					
	Education	Food Security	Health/ Nutrition	Shelter and NFIs	WASH	Protection
Adolescent girls		•				•
Bedouins and herder communities living in Area C	•	•	•	•	•	•
Children facing obstacles in accessing schools	•					
Children in labour	•					
Children subject to violence	•					•
Communities in Area C	•	•	•	•	•	•
The elderly		•	•			
Food insecure households headed by women	•	•		•		
Gazans without access to safe water or sanitation				•	•	
Hebron H2 Residents	•					•
Individuals in need of urgent medical referrals			•			
Out of school children	•					
Persons with disabilities	•	•	•	•		•
Persons living in the "Seam Zone"		•	•			•
Refugees living in abject poverty		•		•		
Refugees residing in camps		•		•	•	•
Small-scale farmers, non-Bedouin herders and fisher folk		•			•	
Women exposed to gender-based violence						•
Working Poor		•				
Youth		•	•			•

Source: UNOCHA (2017). 2018 Humanitarian Needs Overview. Occupied Palestinian territory, Nov 2017, p. 16

Table 4: People in need by sector and location

BREAKDOWN BY SECTOR (MILLIONS)					
CLUSTER	Gaza Strip	WB (AREA C)	WB (Areas A,B)	WB(East Jerusalem)	People in need of assistance
 Protection	 1.07 M	 0.31 M	 0.35 M	 0.22 M	1.9 M 
 WASH	 1.46 M	 0.11 M	 0.25 M	 7.2K	1.8 M 
 Health/ Nutrition	 1.2 M	 0.20 M		 0.20 M	1.6 M 
 Food Security	 1.19 M	 0.05 M	 0.36 M	 7K	1.6 M 
 Education	 0.45 M	 0.03 M	 1.5K	 12K	0.5 M 
 Shelter and NFIs	 0.23 M	 0.03 M		 2.4K	0.3 M 

Source: UNOCHA (2017). 2018 Humanitarian Needs Overview. Occupied Palestinian territory, Nov 2017, p. 17