



UN Women/Carlos Pérez Osorio



Photo: UNRWA



UN Women/Stephanos Sifos



Photo: UNRWA

COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming

Findings of a Rapid Gender Analysis of COVID-19 in Palestine

April 2020



LIST OF ABBREVIATIONS AND ACRONYMS

AWRAD	Arab World for Research and Development
CTP	Cash Transfer Programme
COGAT	Israel's Coordinator for Government Activities in the Territories
GBV	Gender-Based Violence
GUPW	General Union of Palestinian Women
HCT	Humanitarian Country Team
IMAGES	The International Men and Gender Equality Survey
MoH	Ministry of Health
NGOs	Non-governmental Organizations
NIS	New Israeli Shekel
oPt	Occupied Palestinian Territory
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
UNICEF	The United Nations Children's Fund
UNRWA	The United Nations Relief and Works Agency for Palestine Refugees in the Near East
USAID	The United States Agency for International Development
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, Sanitation and Hygiene
VAW	Violence Against Women
WHO	World Health Organization

TABLE OF CONTENTS

IN THEIR OWN WORDS	4
INTRODUCTION	5
WHAT IS A GENDER ANALYSIS?	6
THIS ANALYSIS	7
METHODOLOGY	7
PRE-COVID-19 CONTEXT OVERVIEW AND CURRENT NATIONAL RESPONSE	8
HEALTH, ECONOMIC SITUATION, POLICIES, AND RESTRICTIONS	9
NATIONAL RESPONSE TO COVID-19	12
FINDINGS AND ANALYSIS	13
QUARANTINE AND GENDER CONSIDERATIONS	14
GENDER, HEALTH, AND STIGMA	16
THE PRIVATE SPHERE: INCREASED DOMESTIC BURDENS AND GBV	18
ECONOMIC IMPACT	21
EDUCATION	22
ACCESS TO INFORMATION	24
GENDER DYNAMICS IN DECISION-MAKING AND EMERGENCY RESPONSE	25
CONCERNS BY WOMEN'S ORGANIZATIONS	26
CONCLUSIONS	28
RECOMMENDATIONS	29
ANNEXES	33
REFERENCES	34

IN THEIR OWN WORDS

Paying the Price for my Husbands' Quarantine

"My husband came back from his work in Israel; the family met and decided that he must stay in our home which is very small. I had no choice but to move out and find myself and my three teenage children another place to stay.

No one would take us, so our neighbour offered her house for us to stay. Now, I am responsible for two homes. I must do all the work and worry about the physical, emotional and mental health of my husband and my children. My teenage boys are rebelling, and they think that they can bully me while their father is away.

I must work very hard to keep them around the house and not running around with other kids. Most women were not as lucky as I were, they had to live with their quarantined husbands in the same house, use the same bathroom and corridor. No one would take them in as they are increasingly stigmatized.

They are constantly on their feet cleaning, disinfecting, and running after the children and the husband to ensure that they are separated. The main issue for women and children in the families of labourers is managing the quarantine for the male workers while having to bear all the burdens. The government and the community must take responsibility as well"

Tulkarem, a wife of a worker in a market in Israel and a mother of three.

The Suffering Started a Long Time Ago!

"In Gaza, not much has changed. The occupation had always restricted our movement; we could never think of traveling abroad, and my father had always restricted our movement and forced us to stay at home. We have always been in quarantine; now everyone else knows how that feels."

Young female survivor, Gaza.



Photo: UN Women/ Seung Deok Seo

Sick Women Suffer without Support

"She had a serious cancer condition as she was quarantined, the only person who was allowed to stay with her was her daughter.

The mother died from complications and the daughter suffered from a psychological breakdown; the mother did not receive proper health care, and later, a proper burial. The daughter did not receive proper health care or psychosocial support. We are in touch with her as much as we can but helping her virtually is not ideal at all"

A female key informant, Gaza.

A Dream Holiday Turning into a Nightmare

"I always dreamed of taking a long holiday and spend it at home with myself, my children and my husband.

Now the dream turned into a nightmare. I have more burdens doing home chores, child care, teaching, following up activities with my children, ensuring their safety, attending to their emotional needs, while ensuring that my husband who is doing work from home all the time is also having a quiet space to do that. I care for everyone, and I have no time to breathe or tend to the emotional roller coaster I am going through. The Ministry never follows up with us. They do not ask us to do any work while at home."

Female government employee, West Bank.

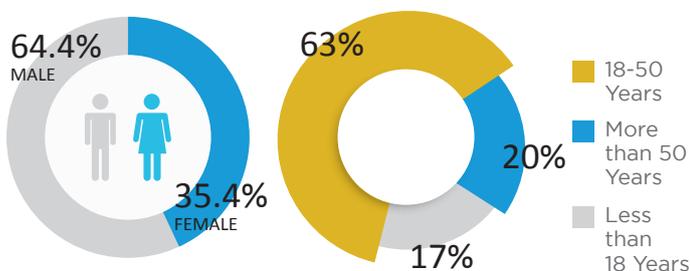
INTRODUCTION

On 11 March 2020, the World Health Organization declared respiratory viral infection COVID-19 a pandemic. As of 26 April, there were 495 confirmed cases of COVID-19 in the occupied Palestinian territory – 325 in the West Bank, 153 in East Jerusalem and 17 in Gaza (83 have recovered in the West Bank and 22 in East Jerusalem; and two have died in the West Bank and two in East Jerusalem). Initially, cases were observed in the Bethlehem governorate, then appeared in most other areas of the West Bank and Gaza Strip. During this same period, 27,800 were tested, 12,880 were under house quarantine and 1,750 were quarantined in isolation under the immediate supervision of the Ministry of Health (MoH).^{1,2} According to MoH in Gaza, as of 25 April 2020, a total of 1,971 people are staying at quarantine facilities in Gaza; 57.2 per cent (1,123) are males and 42.8 per cent (848) are females.³

COVID-19 Sex and Age Distribution

According to MoH records, at the time of writing this paper (26 April 2020) there were 221 infected males (64.6 per cent) and 121 infected females (35.4 per cent) in the West Bank and Gaza Strip.⁴ 17 per cent of those infected were children - boys and girls under 18; 63 per cent between the ages of 18 and 50; and 20 per cent were older than 50 years of age.

Distribution of Infected Cases by Sex and Age



As stated in the IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action, “crises do not affect everyone equally: gender and other aspects of social identity related to age, sexual orientation, marital status, disability, caste, ethnic and religious affiliation, economic and migration status are

drivers of inequality and interact to determine the capacities and vulnerabilities of women, girls, men and boys. Women and girls are severely constrained by gender inequalities and by differences in power, privilege and opportunity⁵.”

In the oPt, in addition to socio-economic and cultural factors, the protracted occupation and the intra-Palestinian factional strife create additional layers of potential discrimination.⁶ These elements need to be considered as part of both a short- and long-term response.

This Rapid Gender Analysis was conducted in order to: increase the availability of data and analysis on the gendered impact of the Coronavirus Disease (COVID-19) on the affected population in the West Bank and Gaza to inform the Humanitarian Country Team (HCT) preparedness efforts, rapid sectoral and multi-sectoral response, knowledge production and advocacy efforts. Some of the questions that were tackled include:

- How have the roles of women, girls, men and boys changed since the onset of the crisis? What are the new roles of women, girls, men and boys and how do they interact? How much time do these roles require?
- What structures is the community using to make decisions now? Who participates in decision-making spaces?
- How have the opportunities that are available and accessible changed, including access to education, employment, livelihoods, health services, legal rights and ownership/ control of assets?
- What are the protection and GBV risks facing women, girls, men and boys? How do legal frameworks affect gender and protection needs?
- What are the needs, capacities and preferences of women, girls, men and boys in the affected population?

WHAT IS A GENDER ANALYSIS?

A gender analysis looks at the relationships between women, girls, men and boys and considers their respective roles, access to and control of resources and the constraints each group faces relative to others. In humanitarian crises, gender continues to be an important determinant as it relates to influencing health,⁷ socio-economic and political realities, as well as psychosocial consequences. While humanitarian crises deteriorate the health, social, and economic status of populations collectively, women and children are especially vulnerable.⁸

The impact on women, boys and girls is further influenced by the layered socio-economic and political realities which they live under. Pre-existing socio-cultural factors contribute to the formation and implementation of health emergency response.

In the context of crisis-response, health services tend to focus on immediate health-care provision. However, health interventions- and the associated policies and measures can also create or reinforce gendered inequalities further obstructing any transformative development aspirations

for the communities.

In times of emergency or crisis, the intersections between economy, access, and gender inequalities are further enmeshed in preventative and response measures. In a humanitarian context, a rapid gender analysis⁹ allows for an understanding of who in the population is affected by the crisis, what they need and what they can do for themselves during recovery.

A rapid gender analysis is a tool which can inform current emergency response as well as future interventions, assessments, and strategic building as availability of information further progresses.

It utilizes context-specific qualitative and quantitative data and analysis to inform the design of gender-transformative approaches and avoid negative coping and response mechanisms while confronting a crisis. By assessing current contexts through a relational and multi-dimensional gender lens, rapid gender analysis can easily be incorporated into existing assessment tools, strengthening the accuracy and comprehensiveness of findings and recommendations.



THIS ANALYSIS

As an emerging global humanitarian crisis, the spread of Coronavirus (COVID-19) and subsequent mitigation policies and measures, are expected to affect women, girls, men and boys differently. Consequently, their needs, priorities and interests may differ, as do their resources, capacities and coping strategies. Women are often the first responders to a crisis, and they play a central role in the survival and resilience of families and communities. Understanding the gendered impact of this humanitarian crisis on the population is key to ensuring that the response of humanitarian partners guarantee the protection of all members of the affected population and contribute to addressing the needs and priorities of women, men, girls, and boys equitably and effectively.

While the devastating impact of COVID-19 is already affecting communities worldwide, the pre-pandemic conditions in the oPt increase the odds that Palestinians will be negatively impacted at all levels. With the Palestinian coping capacity interlinked with the Israeli military occupation¹⁰ the blockade on Gaza and intra-Palestinian factional strife,¹¹ the added layer of an indefinite humanitarian crisis is likely to accentuate already present and create new psychosocial, economic, and political needs and inequalities.

These realities already shape gender dynamics and community relations in the West Bank and Gaza whereby women, girls and boys are comparatively more vulnerable. Moreover, unequal gender relations in the oPt continue to be reinforced by the ongoing Israeli occupation, cultural social norms, and a deteriorating socio-political and economic reality.

METHODOLOGY

For the purposes of this assessment, a combined qualitative and quantitative approach was utilized. Moreover, the analysis of this paper relies on both primary as well as secondary data. For primary data usage, the research team¹² undertook a desk review of existing policies as well as the developing emergency response reports, documents, statements by officials and community members as it pertains to combatting the spread of COVID-19.

Seventeen (17) key informant and in-depth interviews with women and men¹³ including community members as well as policymakers in the oPt were conducted. The team carried out the interviews through virtual means of communication. Moreover, the research team relied on two online surveys which were shared with 800 Palestinians on the performance of the Palestinian government and the impact of COVID-19 on social and gender issues.¹⁴

Secondary data primarily relied on statistical information related to gender inequalities in the oPt from official sources such as the Ministry of Women's Affairs, the Palestinian Central Bureau of Statistics (PCBS), and UN sources.

PRE-COVID-19 CONTEXT OVERVIEW AND CURRENT NATIONAL RESPONSE



Photo: UNRWA

As the global pandemic continues to exhaust and deplete the resources and power of the various areas of the medical sector, it is also affecting psychosocial, political, and economic realities.

In Palestine, the spread of COVID-19 virus comes in the context of an already fragile and vulnerable Palestinian community.

Broadly, Palestinian capacities for emergency response are significantly curtailed given the status quo of a military occupation, the blockade on Gaza, intra-Palestinian strife, and the added layer of the failure of regional and international par-

ties to achieve any real and sustainable peace, shrinking options for development and growth. As part of a more robust, effective, and context-specific rapid gender analysis, an understanding of former conditions and socio-economic realities is necessary.

This section provides an overview of the context in oPt prior to the eruption of the COVID-19 humanitarian crisis. It provides an overview of conditions in the health sector, the overarching socio-political restrictions on the general Palestinian population, as well as gender dynamics pre-pandemic.

HEALTH, ECONOMIC SITUATION, POLICIES, AND RESTRICTIONS

As this is predominantly a health crisis, understanding the conditions under which the Palestinian health sector functions is important. The Palestinian Ministry of Health (MoH) is the main driver of the health sector hospitals in the oPt. There are 81 available hospitals with 30 in Gaza and 51 in the West Bank, including East Jerusalem. As of 2017, the total bed capacity in the oPt was 6,146.¹⁵

However, due to the Israeli occupation and closure policies, matters such as purchasing pharmaceuticals and importing medical supplies are restricted.¹⁶

This has resulted in impositions on the MoH that further contribute to a defunct health sector. This includes the MoH having to overpay for medicines¹⁷ or reliance on Israeli control of import entry, including important materials such as vaccines, testing kits and personal protection equipment (PPE). As such, the health sector in the oPt suffers from inadequate supply, resources, and staff. Unable to fully develop health services and resources, Palestinians have relied on a medical referral system where Palestinians in Gaza are referred to facilities in the West Bank, Jerusalem, or Israel. Similarly, for Palestinians in the West Bank, including East Jerusalem, medical referrals to hospitals in Israel are common practice (withstanding the associated bureaucratic challenges).

In 2019, life expectancy at birth in Israel including Israeli settlements in the West Bank- is higher than Palestinians in the same territory by almost nine years.¹⁸ These figures discount the challenges which face Palestinians in regard to mental well-being where mental illnesses still present a significant challenge in public health¹⁹ given the chronic exposure to violence. The collective impact of such measures contributes to the violation of the right to health which includes access without discrimination, as well as right of the

population to participate in health-related decision making at the national and community level.²⁰

On the economic front, due to the perpetual deterioration of socio-economic realities across the oPt, seeking proper medical help poses a challenge given the extra financial burdens this may create on families. Almost 90 per cent of health coverage is provided by UNRWA and the Government Health Insurance, however given the recent aid cuts by the US government to UNRWA, a financial crisis impacted the agency's services. Moreover, the continued withholding of Palestinian Authority taxes by Israel or cutting of aid to Palestinians further stymies budgetary allocation to public services.

Restrictions and policies against Palestinians are not limited to the health sector. In the West Bank, including East Jerusalem, Palestinians experience restrictions on mobility, access to resources, and human rights including the right to expression, education, and equal employment opportunities, as a result of the combined effects of both Israeli-imposed measures and shortcomings from the governing authorities in alleviating the barriers faced by Palestinians. Daily life is influenced by a myriad of systemic obstacles. This includes movement restrictions in the form of Israeli controlled checkpoints;²¹ attacks on the right to shelter in the form of home demolitions and expulsion as either a punitive measure²² or because of Israeli bureaucratic constraints,²³ and military imposed impediments on accessing lands and resources.²⁴

This has reinforced negative social norms and disrupted daily life, social cohesion, and familial relations on a community level and further entrenched Palestinian dependency on both Israel and international aid at the political and economic levels.

Moreover, given the geo-political divide amongst Palestinians in the West Bank, Gaza and East Jerusalem, there is a lack of internal uniformity on the judicial and policy systems. For instance, while the Palestinian Authority changed the legal age of marriage to 18 in November of 2019²⁵ the same does not apply to Gaza. Regarding guardianship, divorce, child custody, and marriage, it is the Personal Status Law which applies to the West Bank while the Family Rights Law applies in Gaza.

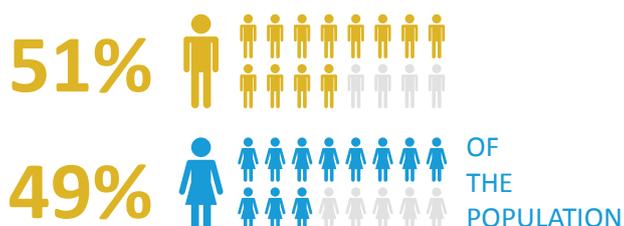
For Palestinians in East Jerusalem, legal rights and access are split between West Bank procedures and Israeli regulations.

Despite the lack of uniform and coordinated efforts at the policy-making level, the laws are unanimously discriminatory against women which is further exacerbating inequalities across the oPt.²⁶

Similarly, access to resources and rights are muddled between Israeli occupation-related policies and measures, as well as the differential contexts between Palestinians in the West Bank, Gaza, and East Jerusalem. While the impact on women, girls, men and boys varies across regions as well as social categories, disproportionate gendered inequalities permeate across the spectrum even if in varying manifestations.

In the West Bank and Gaza, males constitute 51 per cent of the population while females constitute 49 per cent.

IN THE WEST BANK AND GAZA



Gender inequalities as well as gender-based violence (GBV) in the oPt exist across social, economic, and political spheres. For instance, discrepancies between female and male partici-

pation in the labour force persist, coupled with a 40 per cent gap in daily wage (92 NIS for women, 129 NIS for men in 2019).²⁷

40%
GAP IN DAILY WAGE BETWEEN WOMEN AND MEN



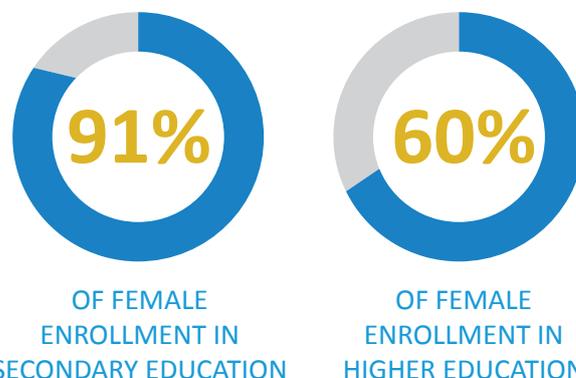
Within the public sector, women constitute 43 per cent of employees, however in the realm of general directors and higher, women constitute a mere 12 per cent.²⁸

EMPLOYMENT IN THE PUBLIC SECTOR

43% EMPLOYED WOMEN
12% WOMEN AS GENERAL DIRECTORS OR HIGHER

While female enrolment in secondary education (91 per cent) and higher education (60 per cent) is higher than male enrolment, unemployment rates in the oPt affect women disproportionately (43 per cent of women are unemployed compared with 20 per cent of men).²⁹

EDUCATION



Almost 65 per cent of Palestinian labour employment is within Israel or in Israeli settlements. As unequal realities in relation to males and females in Palestine continue, it is important to recognize that almost half of the population in the

PERSONS WITH DISABILITIES

2.1%

OF THE PALESTINIAN
POPULATION
WITH 20%
BEING CHILDREN
UNDER
THE AGE OF 18.



1/5

OF WOMEN WITH DISABILITIES HAVE
EXPERIENCED PSYCHOLOGICAL VIOLENCE
BY THEIR HUSBANDS

West Bank and Gaza are children (2.3 million), where gender inequalities also exist. While 95 per cent of female children and 93 per cent of male children are enrolled in primary education, 38 per cent of children with disabilities are out of school. Young girls between the age of 6-15 who have a disability are less likely to be enrolled in school (30 per cent compared to 22.5 per cent of boys).³⁰

Moreover, only 61 per cent of children are enrolled in secondary education where one out of four 15-year-old boys are out of school.

Additionally, almost 71 per cent in the West Bank and 31 per cent in Gaza, respectively of children between the ages 1-14 experienced violent child discipline. Child labour (between ages 10-17) in the West Bank is higher (4 per cent) than that of Gaza (2 per cent)³¹ and (as of 2017) approximately 320,439 children in the oPt are found in need of psychosocial support and protection programmes.³²

Moreover, in 2017, almost 20 per cent of Palestinian women were married before turning 18 years of age.³³ Data showcases the general inequalities amongst women, girls, men and boys factors such as age, location, socio-economic status, marital status and ability are also defining factors.

Moreover, as of 2019, persons with disabilities constitute almost 2.1 per cent of the Palestinian population in the West Bank and Gaza with 20 per cent per cent being children under the age of 18. Almost one fifth (1/5) of women with disabilities have experienced psychological violence by their husbands.³⁴ Moreover, female-headed households (11 per cent) are more prone to poverty (54 per cent in Gaza and 19 per cent in the West Bank).

Gaza shows an even more urgent case in regard to collective population vulnerability due to the protraction of an Israeli-imposed blockade, the regular closure of the Egypt-controlled Rafah crossing, and Palestinian Authority punitive measures which, together, have exacerbated the humanitarian crisis.

Generally, the population suffers from severe food insecurity (68 per cent³⁵ compared with 12 per cent in the West Bank),³⁶ high rates of poverty and unemployment (55 per cent), as well as lack of access to resources and supplies necessary for survival. For instance, only 10 per cent of households in Gaza have access to clean drinking water where only 4 per cent of aquifer water is fit for consumption and 73 per cent of the shoreline in Gaza is contaminated by sewage.³⁷

Almost 93 per cent of caregivers reported issues in regard to children's wellbeing.³⁸ In order to deepen the understanding of the gendered consequences created by various policies and measures; it is important to also recognize that they do not occur in a vacuum.

Realities are not one-dimensional and are also underpinned by perceptions. Attitudes and views are important in contextualizing and transforming gender relations and the tangible impact this has on the lives of women, girls, men and boys.

The Israeli-military occupation is inherently masculine and has further reinforced patriarchal norms in Palestinian society while disproportionately impacting women,³⁹ girls, men, and boys. Collectively, the economic strain which exacerbated unemployment rates and development opportunities, the decades long political state of emergency that has stymied the development of social services, the cultural as well as occupation related restrictions on mobility, access to resources and services, and the policy-based regulations contribute to gender inequalities in the oPt while legitimizing patriarchal norms within legal frameworks.

NATIONAL RESPONSE TO COVID-19



During its 44th meeting on 24 February 2020, the Palestinian Cabinet decided to establish a follow-up committee to handle the COVID-19 outbreak.

The tasks of this committee are to:

- 1) Assess the needs and establish standard procedures to deal with suspected cases and persons who have been infected with COVID-19;
- 2) Follow up and internalize WHO criteria;
- 3) Coordinate with neighbouring countries;
- 4) Coordinate prevention and curative measures with relevant actors; and
- 5) Raise public awareness on the virus.

In the same meeting, the Cabinet also decided to allocate an emergency budget to cover the costs of dealing with the virus.⁴⁰ On 5 March 2020, the Palestinian Prime Minister declared a state of emergency across the oPt, in an attempt to “flatten the curve.”

The MoH in coordination with WHO, UNICEF, and the private sector began the activation of its risk communication plan for public health awareness and tackling misinformation or uncertainty.⁴¹ In the West Bank, this was followed by implementing measures against social gatherings. On 6 March, educational facilities were closed, followed by the closure of worship spaces and restaurants, and social distancing was encouraged. As of 22 March, the West Bank was under complete lockdown⁴² with a 7:00 p.m. curfew, where civilians are only allowed to leave for purchasing necessities or seeking medical attention. On 2 April, the mass lockdown was ex-

tended for 30 days by Palestinian Authorities with shopping limited to the hours between 10:00 am and 5:00 pm.

In Gaza, Israel’s almost 13-year long blockade⁴³ on the strip where the population is tightly confined to more than 5,200 people per square kilometre⁴⁴ means higher risk of viral spread amongst the population. As of 6 March, educational institutions were closed down and on 22 March Palestinian authorities called for the complete closure of restaurants, wedding halls, weekly markets, and restricted public events including the Muslim Friday prayers.

Palestinians who hold Jerusalem identification cards were prohibited from entering areas A and B in the West Bank. Private schools and universities have implemented a remote-learning approach to continue providing students with education, however a large segment of the population attends public schools. Finally, emergency numbers and contacts were disseminated by the respective authorities in the West Bank and Gaza as well as guidelines for journalists covering COVID-19.

Despite the political rift, the Palestinian Authority and Gaza’s de facto authorities have been coordinating and cooperating in addressing the crisis. In addition to this, representatives from the ministries of health continue to coordinate and meet regularly with Israel’s Coordinator for Government Activities in the Territories (COGAT) with regards to issues of mutual concern such as Palestinians working in Israeli settlements.

FINDINGS AND ANALYSIS



Photo: UNRWA

In light of the large-scale lockdown and restricted social gatherings, evaluations and strategic development require understanding of the household as a unit of analysis. Given the intersection and collision of the private with the public, gender inequalities are not only increasing, but roles of women, girls, men and boys are also shifting and creating new dynamics which are being shaped by a series of overlapping economic, social and political factors. Based on preliminary data collection and meetings that UN Women had with more than 30 women-led organizations and women's leaders⁴⁵ in the West Bank and Gaza, the ongoing COVID-19 crisis is expected to create and exacerbate gender-specific risks and vulnerabilities.

“The Palestinian Government is improving its efforts on a daily basis; this is a crisis of disproportionate impact on our society. Palestine is hardly independent and we are constantly trying to remedy the damage that is resulting from our lack of control over borders. In a time of such major crisis, we need to constantly keep prioritizing

women's and gender issues. Impact of the crisis will now be borne by women, and we must make all efforts to support women and families.”

H.E. Amal Hamad, Minister of Women's Affairs

With COVID-19 Palestinians, already vulnerable and resource insecure population, face an increased risk of reinforcing some of the negative coping mechanisms and patriarchal structures at the micro and macro levels and widening gender inequalities. The consequences of the current crisis on women, men, boys, and girls in the oPt hinge on the actions and reactions of policy makers, community engagement, coping mechanisms, strategic capacity building, and resource allocation, amongst others. This continues to develop and unravel with the length of the lockdowns, capacity of the health system, and more relevantly, the trajectory of decision-making and policy implementation. As such, while this is not a comprehensive analysis, it serves to provide context-specific insight on the gendered impact of COVID-19 in the oPt which lay the basis for the recommendations herein.

QUARANTINE AND GENDER CONSIDERATIONS

According to PCBS in 2020, it is estimated it is estimated that around 133,000 Palestinians work inside Israel and Israeli settlements. The vast majority of workers in Israel and Israeli settlements are males. Around 1000 women work in Israel and Israeli settlements.

The decision by Israeli authorities and the PA to limit the movement of workers between workplace (Israel) to home (the West bank)- which was initially for a duration for 2 months has resulted that many workers stayed in Israel. This has created additional domestic and community burdens on women and potentially children in the absence of men for longer periods (2 months).

There are also immediate concerns of human rights violations and the psychosocial impact on workers who must endure the harsh living conditions, without any protection, in Israel.

At the same time, banning Palestinian workers from entering settlements in the West Bank will have a direct economic impact and indirect social impact on men and women. In relative terms, this 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. This is compounded by the fact that most women who work in settlements come from marginalized areas, especially in Area C.

Same concerns apply to workers from Gaza who had to stop working in Israel due to the COVID-19 situation and movement restrictions.

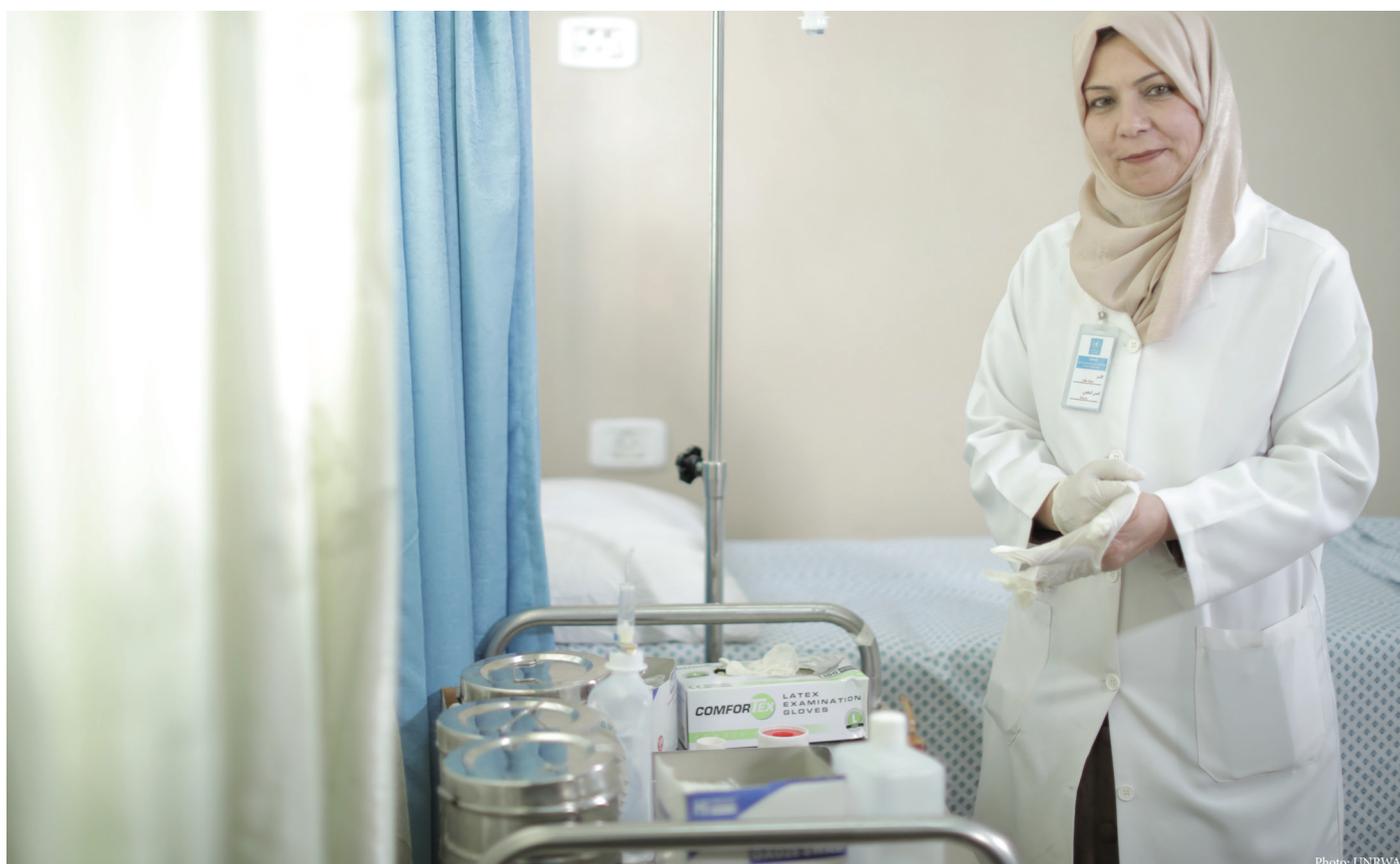
Due to a shortage in appropriate COVID-19 testing kits, coupled with an already paralyzed health sector, the first response is placing returning workers who return back to the West Bank from Israel under house quarantine or government sanctioned quarantine in designated facilities such as hotels that have been put at the disposal of the MoH. However, because

of the large numbers and limited space available, families must take their own measures in accordance with the recommended lockdown precautions. In some instance this means that families of workers/labourers risk exposure if they cannot find a safe space for the 3-week recommended quarantine duration.

In Gaza since 15 March 2020, all travelers coming through Rafah and Beit Hanoun (Erez) crossings had to undergo a compulsory quarantine at one of the MoH designated facilities.⁴⁶ The de facto authorities in Gaza have designated 28 quarantine centers, including schools, hotels, primary health care centers, and hospitals, distributed across the five governorates of the Gaza Strip.⁴⁷ Quarantined cases include travelers coming back to the Gaza Strip, patients who receive treatment in Egypt or Israel, workers and merchants who return from Israel to Gaza.

As of 25 April 2020, a total of 1,971 people are staying at quarantine facilities in Gaza; 42.8 per cent are females.⁴⁸ Women's organizations⁴⁹ have mapped and documented the needs of women and girls at quarantine facilities in Gaza which include medicine, specific food items (i.e. vegetables and milk), mobile phones and hygiene/dignity kits. Even though dignity kits were provided by different actors, according to women in quarantine facilities, they are not considered enough for the full duration of 21 days (can be extended to 28 days). Many women and girls expressed the need for psychosocial counselling especially those who are sick or separated from their children, where the mother is quarantined and her children are inside Gaza.

In the oPt, overall the designated quarantine facilities do not appear to consider include adequate space for women and girls and their respective needs. This is especially important in terms of the protection of health and reproductive rights of women. As for women's reproductive health, prioritizing and predicting needs of pregnant women in relation to response to the



novel COVID-19 virus has not been implemented at an institutional level in the oPt during this period.

“Women would call their families crying [because of the dire quarantine facility conditions], but the families can’t really do anything.”

Female, Gender Expert, Gaza

While some villages in the West Bank are using various buildings for quarantine purposes, it appears that little consideration for potential female occupancy was undertaken, with the focus seemingly centred on the male population, especially workers arriving from Israel.⁵⁰

In Gaza, due to the over-crowded and highly populated area, home quarantine is difficult and fears over tragic consequences over the spread has resulted in an immediate government-imposed quarantine. The conditions of these facilities (such as schools that were used at the beginning of the crisis) have been insufficient to address the needs of women from the provision of sanitation products, to access to restrooms. Moreover, through the newly established Local Emergency Committees, smaller towns and village communities are managing the mitigation

and provision of healthcare services to community members. This is not only because of a weak health sector but also due to movement restrictions and financial insecurities. As women in the oPt are less likely to tend to their personal health ailments in comparison to men, women may require greater attention in testing and healthcare, especially as they take a central role in both the household and frontline response in their communities.

It seems that villages which had higher participation of women in decision-making prior to the pandemic have continued to have female-participation, whereas areas that were less likely to have active female participation are further reinforcing male-dominated community relations. Moreover, the level of services provided in Coronavirus-related facilities varies between the West Bank and Gaza, as well as between governorates. Early reports in the West Bank and Gaza on the facilities used to quarantine suspected and confirmed cases have noted poor living and hygiene facilities. While improvements have been witnessed, a closer examination of the facilities is needed, especially in relation to WASH (water, sanitation and hygiene) services that have higher impacts on women and girls.

GENDER, HEALTH, AND STIGMA

Health Workers on the Frontlines



Photo: UNRWA

Currently, women represent nearly 60 per cent of workers in the care sector in Palestine.⁵¹ Women comprise 70 per cent of frontline health workers (12,558 nurses and medics in the West Bank and Gaza Strip). This raises the question of exposure and the necessary mitigation for all workers in this field. As the outbreak evolves, this will imply a heavier load of treatment and care as, particularly for women frontline health-care and social workers. It also implies that they may face greater exposure to COVID-19.

Women's health generally, but in the oPt specifically, has been narrowly defined, only focusing on reproductive and maternal health. However, health also includes general women's mental well-being, access to proper nutrition, and preventative care.

Socio-economic status and access to education and economic resources is correlated with improved women's health. Given the disparities between access to economic resources, education, and general social status between men, wom-

en, boys and girls in the oPt, there are also discrepancies in access to health as well as awareness of healthcare. Palestinian women who are pregnant or new mothers are at increased risk of not being able to access proper healthcare, especially with the current lockdown measures and the severe reduction in medical referrals to hospitals in Jerusalem and Israel. Moreover, Palestinian women must not only navigate Palestinian-sanctioned closures, but also Israeli checkpoints in traveling (even for medical reasons). Historically, Palestinian women have been held at Israeli checkpoints despite being in labour. Moreover, Palestinians have a general deficit in midwives (e.g. in 2016 almost 99.4 per cent of women delivered with the help of medical professionals at health facilities).⁵²

There does not appear to be clear measures for providing pregnant women with either the necessary emergency response measures or necessary nutritional value. Generally, maternal mortality rates in vulnerable places in the oPt, namely Gaza⁵³ and Area C have been higher as

a result of the occupation mainly, but also inefficient access to Palestinian public health services. As the collective lockdown affects women, girls, men and boys differently, the current measures may be – even if unintentionally - reinforcing patriarchal norms and traditional perceptions. This is especially for women and girls in the oPt, where ability to move freely can be limited under patriarchal conceptualizations that are buttressed by the chronic exposure to violence (namely from the Israeli occupation which has been correlated to increased violence against women and children in the oPt). As such, for those (namely women and girls) that already experience strict control over their movement, access to resources and general rights, the current lockdown may witness a surge in the normalization of concepts such as ‘keeping the women indoors for their protection’ at the household and community levels. However, even within the household, as the primary tenders to hygiene and sanitation measures, women are at increased risk of exposure not only to the novel coronavirus, but to the toxins and chemicals in cleaning supplies. This may not only have a direct impact on women’s health, but also result in future health complications. Support and awareness campaigns on managing health in light of the need for regular sanitization are yet to be systemically conducted in the oPt. The responsibility of maintaining the cleanliness of the household is also increasing burdens and negatively impacting the psychosocial status of women, and girls as primary domestic caregivers.

“We have always been home and not able to really leave. We don’t really go out anyway. The difference right now is everyone else is with us.”

S., female, 16, Gaza

Women are also playing a central role at the household and community level. While this increases their odds of contracting the novel COVID-19, protection gear and access to testing remains limited given the budgetary and resource restrictions at a national level, and unequal gender considerations at the community level.

“Our approach to working with patients with COVID-19 must be grounded in human rights.

Their families suffer from stigma and must be fully supported by showing acts of kindness and promoting an image of humanity and resilience regarding families of victims. We must use all mediums including social and official media to present positive images.”

Laila Atshan, Psychosocial Expert

Additionally, infection of household members, especially children may cast negative blame against female caregivers generally which may result in social abuse and antagonization. Stigmatised women are more likely to experience medical neglect in regard to their reproductive and sexual health. Stigma is also likely to further influence the more vulnerable members of the community with higher risk of deteriorating health, this includes those who are immunocompromised, those with chronic illnesses, and the elderly. Stigma is reported to be one of the concerns of policymakers and community representatives, as it is already manifesting through attitudes towards returning labour workers as potential carriers of the virus. This is likely to also influence their families, who by association, are also socially alienated and discriminated against in relation to access to community resources and services.

Stigmatization is also influencing health workers. Both male and female frontline health workers are increasingly exposed to isolation and ill-treatment in some cases. However, for female health workers, there is the added consideration of potential deterioration of health becoming a justification for patriarchal norms of remaining in the household.

“I work for a prominent humanitarian organization. As I was doing my duty as a first aid health worker; I contracted COVID-19. My boss immediately uttered negative words about my situation and refused to talk to me on the phone. I was helping my people and working to save lives, still I was labeled by my colleagues. This is in contrast to when I was injured saving lives in confrontations with the Israeli army; then I was described as a hero.”

First aid medic, Male

THE PRIVATE SPHERE: INCREASED DOMESTIC BURDENS AND VIOLENCE AGAINST WOMEN AND GIRLS

Socially, family relations in Palestine are already strained, given the chronic violence and relentless restrictions imposed upon the population. Given the perpetual state of political uncertainty, at an institutional level, issues of gender inequalities specifically and social issues generally, have been relegated to secondary concerns to the protracted occupation and general lack of self-determination, sovereignty, and control over resources. Within the context of the COVID-19 crisis, the lines between the private sphere and the public sphere are further blurred exposing widened gender inequalities and unequitable gender relations.

The presiding status quo of Palestinians as a food and resource insecure population prior to the eruption of the pandemic looms over members of the population as well as decision-makers.

With unemployment rates already high, and even more for women, the current lockdown measures risk further exacerbating the economic insecurity which may result in added burdens on households and communities.

This is already showcasing negative coping mechanisms on the individual and collective levels. According to the first survey conducted by AW-RAD, at the end of March 2020,⁵⁴ 71 per cent of respondents⁵⁵ report that family income has declined (significantly or limitedly) due to the pandemic and 30 per cent expect to lose their jobs in the coming time period as emergency measures necessarily protract. The second survey, completed on 17 April, reveal the following findings as they relate to gender and COVID-19:

- Women and men are equally concerned about the negative economic and educational repercussions of the Pandemic and the ensuing measures;
- Women are somewhat more concerned than men about community violence and crime,

violence against women and violence against children;

- Women are more concerned about the increasing burdens at the household level (62 per cent) than men (46 per cent).

More women (68 per cent) say that their household chores have increased compared to men (44 per cent). The same pattern applies to caring for children, where 52 per cent of women say that it increased, while 30 per cent of men say the same.

- More women are regularly doing their office work at home (48 per cent) than men (34 per cent).
- Both men (29 per cent) and women (26 per cent) say that they have already lost their jobs (completely or partially).
- Women feel the decline in household income more than men; 76 per cent of women report that their families lost their income (fully or partially), compared to 65 per cent among men.
- To cope with the prevailing conditions, more men resort to smoking than women (50 per cent to 20 per cent). Women and men report equal practice of sports and walking. At the same time, more women report an increase in weight (58 per cent) than men (50 per cent). At the emotional and psychological level, women report higher levels of stress (82 per cent) than men (71 per cent). At the same time, women report higher levels of anger with people close to them (68 per cent) than men (53 per cent).
- Finally, in terms of participation, men report higher levels of community participation and voluntarism, where 52 per cent of the men say that they volunteer in their community, compared to 24 per cent among women.

Government policies and measures in the West Bank have technically placed families in home quarantine. This has been accompanied with the closure of all educational institutions, which was followed by curfews and closure of most government and non-government organizations. Originally the Governmental Cabinet had decided to relieve all women with children from their work and asked them to stay home to care for the children. Eventually all unessential government staff were asked to stay home. However, no specific guidance was provided for male staff members to participate in home and childcare roles. This, among other measures, leads to further emphasizing stereotypical divisions of gender roles and reinforcing the role of women as home and child caregivers, while relieving men from such roles despite being readily present at home. Women are already reporting additional burdens within the household.

According to Um Ahmad from Nablus (PA employee):

“Staying at home is creating a whole new reality. I must now care for all aspects of my children’s welfare. With the introduction of e-learning, I am the only one who is really following with the children to do their schoolwork. They are confined and stressed and I must deal with that, but I am also stressed. I called the TV station to complain on the absence of any psychosocial support for families.”

Another woman expresses her concern for the continued stay of the husband at home:

“While it is nice to have the family together in a protective manner, my husband finds nothing to do. He is bored and continues to spend hours on his mobile and social media. Boredom is making him edgy and prone to violence.”

There is a visible pattern of women primarily taking on the role of caregiving, even if at the expense of compromising their own needs. The added burdens of household chores include meeting the needs and wants of various members of the family, ensuring necessary hygiene and sanitation standards for minimizing exposure to the viral infection, adjusting to the new teaching

mechanisms, and managing household resources. Of the surveyed respondents, by AWRAD 58 per cent of women report that their household duties have increased, compared to 40 per cent of men and 41 per cent of women say that childcare duties have increased, compared to 32 per cent of men.

Moreover, domestic violence is already on the rise in Palestine. There is already a higher risk of gender-based violence (GBV),⁵⁶ namely against women, girls, and boys, for Palestinians in impoverished communities that are chronically exposed to collective violence⁵⁷ and economic insecurity- this includes Gaza, refugee camps, or Area C in the West Bank. Currently, in light of COVID-19 and subsequent official response and measures, 40 per cent of surveyed Palestinian expect an increase in community violence and 33 per cent expect an increase in domestic violence.⁵⁸ Relevant hotlines are experiencing increased physical violence complaints in addition to the psychosocial violence that is systematically highlighted. One organization alone, the Palestinian Working Women Society for Development (PWWSD), reported providing more than 510 phone call consultations including 206 in relation to GBV, within the span of less than two weeks (22 March – 4 April 2020),⁵⁹ which is considered by the organization as an increase.⁶⁰ Another organization, SAWA, has recorded a 10 per cent increase of female calls on domestic violence and abuse within the span of a week. Between 9 April and 16 April, the hotline also received three cases of suicide attempts due to incest, sexual abuse, harassment, and rape attempts.⁶¹ Organizations, institutions, and ministries which are centred around women-related issues and gender dynamics are experiencing a capacity overload in attempting to address social needs in the oPt.

This also occurs in the context of aid cuts and Israel withholding tax money from the Palestinian Authority, which began before the pandemic. For instance, although in 2014 the US provided \$400 million to UNRWA, in 2018 this was reduced to \$65 million and completely cut by 2019.⁶² A number of women’s organizations interviewed for this analysis expressed their concerns over



Photo: SAWASYA Programme

possible funding cuts whereby prioritization of financial aid will necessarily be allocated to meeting survival necessities amongst the population rather than supporting the mitigation of social problems.

“[Familial problems] are almost non-existent in our community. In case of problems, the council is prepared to play a role in resolving them.”

I., male, head of village council

“There is an increase in aggression, but issues like violence are solved internally.”

Lubna, female, Tulkarem

“As a result of the economic conditions, of losing jobs and with the current state of anxiety, there is deterioration in the economic situation of women, and this is leading to economic violence in the home and is resulting in higher rates of domestic violence. Especially right now we cannot separate between economic violence and social violence.”

H.E. Amal Hamad, Minister of Women’s Affairs

Women, girls and boys are also more negatively impacted in regard to access to protective measures and accountability. For instance, with the closure of judicial institutions and services, there is growing concern over the reversion to traditional mechanisms of resolving social problems. In the oPt, this is namely the concept of *sulha* which is a form of mediation that is preferred in some Palestinian communities over judicial accountability.

This consists of intra-communal mediating efforts, which normally favour men over women and are often led by family patriarchs. This tends to place women and girls at a disadvantage with risks of exploitation not only in relation to accountability for GBV against women but also exploitation and coercion in accessing and controlling resources.

This is often dictated by the dominant perceptions and attitudes of community members. In 2017, the International Men and Gender Equality Survey (IMAGES) survey found that 63 per cent of men and 50 per cent of women believe a ‘woman should tolerate violence to keep the family together.’

ECONOMIC IMPACT

The growth of economic and food insecurity amongst households is already having adverse impacts, namely against women who are having to revert to their personal social contacts and networks in order to provide for their respective families. The burdens for economic security are expected to increase with labour workers (mostly men) indefinitely unemployed as well as those that worked in informal sectors or in the provision of services. It also contributes to further economic violence as well as augmenting economic and food insecurities for women, girls and boys in the oPt.

Economic and resource insecurity continues to be a driving factor in the collective anxiety at the official level but also at the household level especially for female headed households. It is important to recognize that in 2017, almost 41 per cent of health expenditure in the West Bank and Gaza was out-of-pocket payment.⁶³ This already places economically insecure households (such as female headed households) at a disadvantage in seeking proper medical care as well as necessary preventative care (noting that preventative care in the oPt is only 3 per cent of the health sector's expenditure⁶⁴). More than this, this compounds the economic stress on vulnerable women, boys and girls, within the context of a pandemic. Most work opportunities for women are in the informal sector such as kindergartens, small businesses where there is currently no alternative for income generation.

On an official level as well as community level there are still no sustainable solutions offered for the coming months. In a flash survey conducted by UN Women (and based on responses from 301 respondents of women entrepreneurs in the West bank and Gaza), it was found that 95 per cent of Palestinian women owners of micro, small and medium enterprises report negative impact due to the COVID-19 pandemic. The most affected sectors of women-led micro and medium enterprises in Palestine include food products (26 per cent) and embroidery sector (20 per cent).⁶⁵ Moreover, almost 25 per cent of

females in the private sector work with no employment contract, and only 49 per cent receive a contribution in financing retirement or end-of-service package.⁶⁶ The first group of government staff that was informed to remain at home as the lockdown measures took place were women. As mentioned previously, this signals prioritization of male employment over female employment in the oPt, while simultaneously emphasizing the home-care role of women. As such, in addition to the stereotypical gender home-care roles that are being further entrenched within household dynamics, there is also the added layer of remote work in the home and the prioritization of man's remote work over the woman. This includes providing space, uninterrupted work time, as well as relegation of household chores to females (even if both are working).

In 2017, 80 per cent of men and 60 per cent of women believe a woman's most important role is home-care and 83 per cent of men and 70 per cent of women believed that when 'work opportunities are scarce, men should have access to jobs before women'.⁶⁷ The current lockdown may reinforce some of the negative stereotypical gender role attitudes adversely impacting women on an individual level and families at the household levels. Almost 7 per cent of women-led micro and medium enterprises report childcare limitations in continuing their operations.⁶⁸

"Working from home has turned into a nightmare. I will need a vacation after this 'vacation.'"

Areen, female, Ramallah

"We [women], must take care of our own homes and take care of the hygiene measures. My husband [a returned labor worker] is under quarantine in our house and I have moved with my kids to a neighbor's house. I take care of all the responsibilities, the children, the cleaning, budget management, and checking in on my husband's needs. Some women's families can't take it, can't help, or can't stand it."

Lubna, female, Tulkarem

EDUCATION

The first measure that Palestinian authorities undertook in dealing with COVID-19 virus was the complete closure of schools and education facilities and reverting to remote schooling. Almost half of the Palestinian population is of school age (under 18 years of age).⁶⁹

The Palestinian education sector is chronically disrupted due to the occupation,⁷⁰ however, the new challenges of COVID-19 response may accentuate or create new gender inequalities.

Through a newly and rapidly adopted remote learning approach, private schools in the oPt have been providing students with online lessons requiring access to electricity, internet, and computers. However, most Palestinian boys and girls are enrolled within the public-school system. Moreover, there is a division between refugees and non-refugees, where most refugee children access education through UNRWA facilities that are already lacking in resources and capacity.⁷¹

Likewise, universities have all been closed and moved to electronic learning. In the West Bank,⁷² including East Jerusalem, and Gaza⁷³ the Ministries of Education and Higher Education have encouraged the utilization of broadcast radio and multi-media platforms such as Zoom, and Google Classroom.

For already impoverished communities in the oPt, these dynamics form new burdens on caregivers (mostly women) as they have to also become teachers. However, this must also necessarily entwine with the social infrastructure and the context of communities in Palestine. In Gaza, the humanitarian crisis caused by the 13-year long Israeli-imposed blockade meant a necessary hierarchal prioritization of daily survival which may risk sacrificing other needs such as access to education.

This relegation is further compounded by the growing unemployment rates amongst gradu-

ates with an intermediate diploma or higher (36 per cent amongst males and 70 per cent amongst females).⁷⁴ In addition to this, there continues to be gender discrepancies between women and men in the higher education sector as a whole. For example, while females constitute almost 70 per cent of student enrolments between the years 2016 and 2017, higher education staff continues to be male dominated. In Gaza, only 6 per cent of PhD holders have traditional university positions (similar trends in the West Bank show only 14 per cent of PhD holders are women).⁷⁵

On a tangible and technical dimension, Gaza suffers from chronic electricity cuts, lack of access to proper sanitation systems and supplies, economic insecurities and high poverty rates. These factors mean little access to resources and tools necessary for remote learning. Similarly, in the West Bank, including East Jerusalem, the decades long occupation has meant a weak infrastructure as it pertains to possessing digital rights or access to technological resources. It was only in the last few years that Palestinians in the West Bank were able to gain access to cellular data for instance, and this comes with heavy surveillance from several parties, the Palestinian authorities on one end, and Israeli security intelligence on the other.

In addition to the new burdens in households with school-enrolled children (average household size is 5.0),⁷⁶ there is also the gender-based inequality in regard to access to internet and technology. Male headed households illustrate higher rate of access to internet, and electronic devices such as mobiles, computers and tablets. Moreover, almost 72 per cent of males use internet compared to 69 per cent of females. Only 19 per cent of female headed households own a computer compared to 35 per cent of male headed households.⁷⁷ Moreover, in 2017, almost 54 per cent of men and 71 per cent of women believe that women should have the same freedom to access sites on the internet as men.⁷⁸



Photo: UNRWA

For caregivers (mostly women) performing academic educational roles adds to the burdens especially given the lack of resources, support, and guidance available. While e-learning has been implemented, there appears to be little consideration given to household members that are becoming the new learning support providers.

This not only affects men and women, but it also risks negatively impacting students' education. In light of increased pressures and logistical obstacles due to chronic resource insecurity, women and girls may bear the brunt of prioritization of who receives the tools, time, and internet access. In addition to the above, as more households and individuals revert to online platforms for either gaining updates on the crisis or for communica-

tion and education, there is increased exposure to cyber-bullying.

In 2019, almost 1 out of 10 children experience cyber-bullying⁷⁹ and one third of young Palestinian women experience cyber-violence and harassment.⁸⁰ Further, while corporal punishment within school systems is limited during the duration of the lockdown, the increase of domestic violence harms children and youth at risk of such exposure. Young boys are especially likely to experience violence (physically and verbal) from family members.⁸¹ Already between 1 April and 9 April, the Palestinian organization SAWA's 121 helpline received calls about violence, most of which were from young boys and men between the ages of 13 to 25.

ACCESS TO INFORMATION

Information sharing has been one of the driving forces in ensuring collective engagement and adherence to official reports, measures, updates, and services. As such, journalists across the oPt have been given special leniency in movement for covering updates as they pertain to COVID-19. One of the main coordination points occurring across the oPt appears to be the formation of community-based emergency committees for addressing the various issues and needs of residents and community members. Information transfer and acquisition largely takes place amongst community members or through online platforms. However, given the limitation on movement as well as the overwhelming sources of information on social media platforms, available services and resources are reportedly not being received across communities and their members.

Many Palestinians, especially women, either have unequal access to internet services and technological devices or are not technologically literate in up-to-date applications and tools. Adding to this, with the increased duties within the household, time constraints are an important factor in remaining up-to-date and apprised of certain services that families may be eligible for. For instance, while the ministry of agriculture has been distributing tree saplings for the purposes of promoting home gardens across the West Bank, there has not been a mechanism of informing the population nor has there been a set criterion which prioritizes vulnerable households (who have the capacity to undertake home gardens).

Given the quick developments and need for rapid response, monitoring mechanisms as they relate to the local emergency committees or security forces implementing the mass lockdown have not yet been formed. There appears to be a lack of proper information sharing and information gathering channels which maximize household reach, especially ones at risk of GBV and exploitation as well as economic and food insecurity.

Social platforms are allowing for more information on the needs of women in the oPt:

“If one of the women [can’t] or is not speaking about her own needs, she is still expressing the needs of others. Now many women groups are intensifying their online counselling services in an attempt to reach all women.”

Dalal Sala

Initiatives for gathering data and sharing information especially in relation to women are already active and growing. Different organizations have been communicating directly with women on their needs or the needs of women around them and began coordinating a referral system dependent on the received cases.

A number of organizations in the West Bank and Gaza have toll free/hotlines that provide services for women and children victims and survivors of violence. Some of these hotlines are being overwhelmed with calls on GBV related issues as well as concerns of families being resource insecure as the crisis protracts. Service providers have started to also provide online legal and psychosocial counselling.

However, the power of many women’s organizations is mostly reliant on volunteers, namely women. Beyond the organizational and institutional level, young women across cities, towns, and villages are also the first to be called on for gathering information. Despite this, institutional and systemized support as it pertains to allocating resources in ensuring the physical health of volunteers and access to personal protective gear and equipment as it relates to COVID-19 remains limited.

There are higher risks of exposure for women in the frontlines, especially if they are not medical or security personnel. While reasons for this are limited official institutional capacities and resources, it also signals a lack of prioritization of (non-institutionally affiliated) women at the frontline.

GENDER DYNAMICS IN DECISION-MAKING AND EMERGENCY RESPONSE

Women in Leadership Positions During the Crisis

The participation of women in the current response is very limited in national and sub-national decision-making processes, as well as representatives of women's organizations. Based on preliminary findings, there are limited exceptions such as the Minister of Health, Dr. May Keileh, who is primarily responsible for the health dimension of the response; as well as the Governor of Ramallah, Dr. Laila Ghannam, who provides an exemplary model for top-tier leadership on this issue in her governorate.

Dr. Amal Hamad, Minister – Ministry of Women Affairs continues to lead the efforts to integrate a gender-perspective and promote the needs of women, boys, and girls in the work of the government during the crisis.

Decision making as it pertains to COVID-19, is primarily in the hands of Palestinian governing authorities. Almost 82 per cent of Palestinians surveyed by AWRAD⁸² evaluate the performance of Palestinian officials in response toward Covid-19 positively.

While the Minister of Health as well as the governor of Ramallah and al-Bireh⁸³ are both women taking leading roles in mitigating the impact of COVID-19, only 5 per cent of Palestinian Central Council members, 11 per cent of Palestinian National Council members and 14 per cent of the Council of Ministers are women.

The institutional and official underrepresentation of women in decision-making is also being reflected across communities potentially reinforcing negative perceptions of women as leaders. Presently, it is politically affiliated representatives and council members who appear to be taking leading roles in mitigating the impact of the crisis on their respective communities, and despite the central role women are playing in supporting families and community members, they appear mostly absent from decision-making spaces and if they were, their influence in the decision-making processes is largely rendered invisible.⁸⁴

Historically, those decision-making processes arise within the political context of the oPt. After the signing of the 1993 Oslo Accords, this has translated into politically active veterans and those affiliated with either political parties or governing authorities to also be the leaders at the level of towns and villages and with a male-centred government, the same pattern is reinforced at the micro level. While this gender disparity is a general issue for women and girls in the oPt, under the current state of emergency it is also translating to an insufficient addressing or recognition of the differentiated needs of women, girls, men and boys.

With the “flatten the curve” goal being the top priority of officials, lockdown measures and quarantine of persons who have been exposed to hotspots, or infected persons, as well as those showcasing any symptoms became a key strategic measure.

At the time of this study, the main concern for officials and health representatives is facilitating the return of Palestinian labour workers working inside Israel and ensuring that the viral infection does not spread rapidly and on a massive scale. Given the limited capacity of Palestinian officials, respective villages, towns, and cities are also self-initiating to taking rapid and immediate measures.

The roles of community councils and emergency committees are wide-ranging from addressing food security and access to necessary hygiene supplies, to ensuring the availability of quarantine facilities and resolving intra-communal issues.

“Now, we are becoming a domestic society. All public sphere institutions have been summed within the household. Women are working on behalf of the government, the schools, the health system and the police and justice system.”

Amal Khreish, Palestinian Working Women Society for Development

CONCERNS BY WOMEN'S ORGANIZATIONS

Women organizations have expressed the following concerns and issues to be further addressed.⁸⁵ They align with the findings of this paper.

Exacerbated burdens of unpaid care work on women and girls highlight the role that women are playing in cost-saving activities on behalf of the government and the private sector. This will be further reinforced as poverty and unemployment rates and irregular and partial payments increase.

Additional and new roles that might expose women to higher risks. This is a lesson learned from previous crisis (e.g., the 2014 they relate). As a result of their role “as care-takers” especially during emergencies, women tend to take additional and new roles to ensure the survival and welfare of their families. This includes seeking cash and food assistance, as well as psychosocial support for other family members. In the case of an outbreak, this role is expected to expose women to greater health risks and thus subsequently expose their families and those whom they care for (children, elderly).

The COVID-19 pandemic has a disproportionate negative effect on women and their employment opportunities, and this must be taken into consideration when designing current responses and the latter recovery plans. An agreement has been signed by employers with the PM office with regards to continuing paying the salaries for the employees during the crisis. The PM has also given instructions to pay 50 per cent of the PA staff wages to the workers for two months while settling the remaining amounts after the crisis ends. A fund has been established by the PA and the Palestinian General Federation of Trade Unions to compensate the workers especially the most marginalized. Work is in process to design the mechanisms to reach out to the most marginalized women who are heading households. However, it is expected that this fund will be operational for only a short period of time.

Losses by small business especially in the service sector are expected, where 70 per cent of business owned by women are in this sector. Women in the informal sector are especially exposed to higher economic loss. Women running micro and medium businesses particularly in food processing or handicrafts will be affected. This will further erode households' coping mechanisms and subject families to further vulnerabilities.

Families in marginalized areas already suffer from high levels of poverty, substandard housing, overcrowding and limited access to services. A number of women had already asked women's organizations to receive hygiene products which different organizations had already provided. Nevertheless, providing hand sanitizers and soap for large households is difficult and challenging. Issues of household hygiene are strongly connected to socio-economic status as well as behavioural patterns. According to a number of physicians, the overuse of cleaning material is exposing family members, especially women, to serious illness including asthma and other lung and respiratory-related illnesses.

Awareness raising and behavioural change must be considered as part of prevention measures. Based on the experiences of women groups so far, many women who are seeking services at women's organizations expressed a sense of “underestimating the threat of the virus outbreak.” For example, when women in Gaza were asked about preparedness for the virus, women often expressed a sense that “the virus can not kill more than Gaza wars.” While many are aware of the risks, social habits and practices do not seem to be affected. Women still attend weddings and allow their children to engage in gatherings and social activities. Women's organizations believe that much awareness raising around the virus is



Photo: UN Women/Eunjin Jeong

needed and that more efforts should be invested to ensure women's access to reliable sources of information.

Increasing GBV and protection risks. Women's organizations are expecting that with families staying at home, household tension will increase and higher incidence of GBV against women and children will be recorded. Fear of the virus and limited households' resources and capacities will increase psychosocial pressure on all members of the family including women and children. More vulnerable groups such as women and girls with disabilities might be more at health and protection related risks. Cases of violence against women were documented by a number of women's organizations through the hotline service and there is a need to closely monitor the prevalence of VAW during the crisis, which is expected to increase based on evidence from previous disease outbreaks where women and girls faced particular vulnerabilities.

Women's Access to multi-sectoral Services. Some women's organizations in Gaza have already started classifying services to essential and non-essential services. Some organizations such as juvenile and orphanage (both governmental) had stopped receiving new cases which places more pressure on women's organizations in terms of finding transitional solutions for these cases.

Organizations are caught up in a dilemma between keeping their critical services open and accessible on the one hand and exposing women workers and beneficiaries to health threats, on the other hand. Out of "duty of care", some organizations have decided to shut operations/ or majorly reduce services. Women's health organizations have specifically expressed concerns over the safety of their teams particularly that until today they have not procured full body suits to protect their teams from possible threats.

CONCLUSIONS

- While aiming to minimize the impact of COVID-19 on Palestinians as a whole especially given the deteriorating socio-economic and political reality for Palestinians, coping mechanisms and household targeted solutions must prioritize gender considerations. For this reason, it is necessary that all official response, strategy, and measures being undertaken by the respective parties incorporate a **gender analysis and lens** not only for limiting negative consequences on already vulnerable members of the Palestinian community, but in order to create room for development rather than de-development as it pertains to gender equalities. Measure, policy, and response implementation during the duration of the emergency crisis are not to be viewed as temporary, but as defining factors to the Palestinian community's socio-economic and political social fabric after COVID-19 passes.
- The closure of schools is further exacerbating the burden of **unpaid care work** on women and girls, who absorb the additional work of caring for children. It has affected working women who were requested to work from home noting that in the majority of Palestinian households, child caring is perceived "as the duty of the mother" which makes working from home options more stressful. The crisis is also expected to gravely impact women's livelihood particularly those active in the informal sector where there is no work protection or income compensation. This will further erode households' coping mechanisms and subject families to further vulnerabilities.
- Moreover, as a result of the declaration of an emergency in Palestine in response to the COVID-19 and the restriction of movement between the cities, it is expected and already reported that there will be an increase in **domestic violence** as more people are confined to their homes which results in overcrowding and increased violence.
- At the same time, restrictions on movement and services will prevent women and girls from **accessing essential services** (including health, protection, security and justice). This will put women's lives at higher risks of abuse, particularly in cases of family and/or spousal violence. Women's organizations have already been receiving cases of women who need protection and were unable to receive sheltering services at governmental facilities. As mentioned previously, at the same time, services are being reduced and are more difficult to access.
- On a nation-wide level, persisting and **growing gender inequalities** may create social problems in the future as it pertains to gender dynamics specifically and social cohesion generally. Prevention, protection and accountability measures for curtailing the rising rates of GBV and domestic violence under the state of emergency, but also after, are necessary in considering equitable and just gender relations.
- Finally, female headed households and women whose primary source of income relied on work in the informal sector are likely to witness higher rates of economic and domestic violence, as well as unequal access to education and information. They as well as other groups that are considered more vulnerable such as female widows, women with disabilities and elderly women should be prioritized in the national and humanitarian response.

RECOMMENDATIONS

Efforts should be concentrated on creating alternative and innovative coping mechanisms which empower community members and promote social solidarity, especially for women and girls who are rendered more vulnerable by the crises.

Recommendations for Humanitarian Actors:

Sex and Age Disaggregated Data and Gender Analysis

It is necessary for all humanitarian actors (including sectors and clusters) to undertake a gender analysis to inform COVID-19 planning and response. It is equally important for all humanitarian actors to systematically collect sex and age disaggregated data.

Gender responsive quarantine facilities

Ensure that communities have arrangements prepared for quarantine purposes. For those who must remain under house quarantine, a systematic and comprehensive approach of alleviating food security stress as well as basic needs acquisition should be considered. This includes ensuring provision of hygiene materials for the household, as well as all necessary, accurate, and medically sound recommendations and techniques for maintaining health while household members may be infected.

Ensure that government-run quarantine facilities have gender responsive facilities and services including WASH facilities that take into account issues of women's privacy and modesty. Also ensure that women and female adolescents are supported with adequate dignity kits and internet connection.

Stigma

Confront stigma as it relates to COVID-19 as a forward-thinking approach. This includes launching collective awareness campaigns and advocacy messaging of women, men, and children as survivors not only as victims where the narrative

focuses on avoiding social rejection and encouraging embracing and supporting the survivors.

Psychosocial support

Intensify reach to families in need of emotional and psychosocial support. Collaboration with international organizations and parties that may be able to provide remote counselling should be explored (especially in countries not adversely impacted by COVID-19) while also training more social workers/counsellors online for virtual counselling and protection services.

Provide clearly defined activities, coping mechanisms, and strategies for consoling children in the house as well as child-care in times of crisis; design a dissemination plan which targets most vulnerable households keeping in mind minimal need for supplies for any of the respective activities.

Other efforts should be about raising awareness about mental well-being and invoking the concept of recognition. This means that humanitarian actors those curating messaging use media platforms to recognize the collective tragedy being experienced and to normalize the anxiety, stress, and concerns that community members may be feeling. This should be followed up by suggestions for community members in supporting one another, and in defining for communities' concepts of safe spaces free of GBV and domestic violence.

Health and social care workers

Support to the MoH staff, especially nurses and medics at the frontline by incentivizing, providing psychosocial support regularly, ensuring a safe working environment with a complaints and accountability mechanism in cases of sexual harassment, assault, or any GBV. Incorporate recreational activities to avoid over exhaustion, especially if lockdown measures are likely to continue indefinitely. Also ensure the allocation of medical resources and supplies is reserved for vulnerable women, boys and girls, especially pregnant and lactating women.

GBV against women and girls

Share information on stress relieving activities (through the consultation of psychologists, psychosocial trainers, and mental-health experts on anger, violence, and aggression) widely alongside general information on emotional well-beings and warning of projections toward family members. This may help curtail domestic violence (even if temporarily) as relevant parties and officials design and implement GBV response programme and safe mechanisms for women to seek protection and help.

Support emergency safe houses and sheltering services- and ensure that coordinated cautionary transport for women and children should be made readily available should they need to be distanced during the lockdown measures.

Continue to provide multisectoral GBV services to women and children victims and survivors of GBV. Using suitable methods such as hotlines and online counselling should be more considered with an understanding that the continuation of services is lifesaving.

Education

Organize awareness campaigns throughout the pandemic and lockdown which should focus on the importance of child education. The campaigns should also include messages that emphasize gender equality concepts in the households. It is also important to provide remote-learning tools to households alleviating burdens on caregivers that are associated with the provision of online education and ensuring children do not fall behind.

Ensure that any services or provision of supplies actively and consciously takes into account the need to reach vulnerable households especially female-headed households. This includes any social assistance and economic support such as cash transfer, home gardens, monetary or material supplements.

Economic recovery

Support women's micro, medium and small enterprises and ensure their sustainability under

the current crisis.

Provide vulnerable groups such as female-headed households, women with disabilities and women survivors of GBV with cash assistance and cash for work opportunities (also considering online/distant working modalities) which will build their resilience and strengthen their coping mechanisms under the crisis.

Participation of women in the humanitarian response planning and decision-making

Engage with 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.

Ensure increased humanitarian financing to local women's organizations, including identifying financing opportunities for women's organizations along the humanitarian-development-peace nexus.

Recommendations for Governmental Actors and Decision-Makers:

Sex and Age Disaggregated Data and Gender Analysis

Local communities should be provided with relevant templates for data gathering information (as most communities are already doing this) which include a gender dimension in its data collection. This includes information such as number of pregnant women, number of breast-feeding women, their estimated date of delivery, if there are any nutritional needs that they require and if community cannot provide to have a referral system with governmental authorities to coordinate relief efforts.

Unpaid care work

Encourage and promote the role of men in home and childcare by official messaging from representatives and decision-makers as well as incorporation of guidelines on activities for families that specifically nurture equitable and non-stereotypical roles for female and male caregivers. Provide families with activity toolkits and guide-



Photo: UN Women/ Samar Abu Al-ouf

lines on navigating child-care and home care equally. This can include official government sanctioned platforms that incorporate the promotion of gender equality at household levels.

Economic recovery

Ensure that all new additions to the national cash transfer programme (CTP) and other assistance

regimes are sensitized to the increasing responsibilities of women in families with quarantined or ill male members, unemployed males in redefining eligibility and the definition of head of household as women will be necessarily performing the role of head of household given what we know from previous crisis experiences. This must be accompanied with the provision of temporary

job opportunities in sectors providing services including health.

Support female and male farmers, fishermen/women, Palestinians in the agricultural sector to ensure filling the gaps of food insecurities. This includes coordinated safe access to lands, water, and necessary products for food procurement. This also allows for empowering community members as well as promoting social solidarity during a time that will necessarily witness the rise of conflict. This should be accompanied by clear monitoring procedures to avoid any possible exploitation (including gender-based exploitation).

Design a post-crisis economic action plan which incorporates a gendered analysis in its approach to recovering from the stressors which the current state will put on the population. Also ensure that all governmental and national response plans voice the needs of women and girls, promote and empower the role of women early responders and women-led organizations.

GBV against women and girls

Direct efforts by relevant police personnel and in coordination with local emergency committees should design appropriate protection and accountability measures that targets women and children at high risks of violence. Accountability measures should be clearly, firmly, and immediately notified to the population, and regularly emphasized, with tangible measures taking place without jeopardizing rule of law.

Provide safe transitional sheltering solutions for women survivors of GBV, outside the quarantine facilities, where they can leave abusive environment and receive services in a safe and survivor-centred manner. Also ensure that the shelters have personal protective equipment (masks, gloves tec.) for staff and GBV survivors as well as dignity kits and other personal hygiene products.

Ensure the continuity of Sharia court services to women and children. Special focus should be placed on cases of alimony, custody, child visitation, orphans' financial rights and inheritance rights.

Justice and Security institutions to introduce methods that enable the provision of virtual services and virtual coordination between service providers, when possible, to enhance women survivors of violence access to justice and security.

Security, health and social care workers

Encourage cordiality, respect, kindness, and humanitarian approaches for all police personnel at the hotspot points and encourage appreciation for the work they do. Ensure that all official security personnel as well as medical staff in the field are protected with the necessary gear at all times, with a clear non-discriminatory policy in allocation of gear. Male police officers are not to be prioritized over female nurses for example. Manage protection gear with consideration of gender perceptions and dynamics in the oPt in order to avoid reinforcing negative relations and security.

Participation of women in the response planning and decision-making

Promote the role of women as leaders, advocate for women taking on new burdens and amplify the voices of leading women throughout this pandemic. An official and institutional call for engaging women in local emergency committees should be implemented. Information and decision making should all have a gender consideration in context and situation assessment. Organizations working with women must be encouraged to have access to financing and be capacitated to be able to do so. Provide technical and logistical support for women groups to adapt and transform their services in accordance to the changing realities as it pertains to planning, budget management, funding reallocation, and meeting the real needs of respective communities

“Our work as government and that of international organizations and local NGOs must reinforce the rule of law, the central role of the government and its institutions. It must as well ensure human rights – based approach and the respect of victims’ humanity by all actors.”

H.E. Amal Hamad, Minister of Women Affairs

ANNEXES

LIST OF INTERVIEWS

#	Name	Position	Institution
1	Amal Hamad	Minister	Ministry of Women Affairs
2	Dalal Salameh	Member	Central Committee – Fatah Movement; General Union of Palestinian Women
3	Hedaya Shamoun	Coordinator	Monitoring and Research Unit - AMAN
4	Ghassan Abu Hattab	Coordinator	Center for Development Studies – Birzeit University - Gaza
5	Reem Freinah	Director	Aisha Association for Woman and Child Protection - Gaza
6	Amal Masri-Daraghme	CEO & Chief Editor	Ougarit – Middle East Business Magazine
7	Laila Atshan	Freelance	Psychosocial Counselling Expert
8	Amal Khrieshe	Director	Palestinian Working Women Society for Development
9	Ashraf Walid	General Director	Ministry of Agriculture
10	Arin Anabtawi	Director	Ministry of Tourism
11	Imad Awad	Mayor	Kufr Aqab Municipality
12	Izzat Badwan	Mayor	Kubar Village Council
13	Lubna A.	Mother/living in Tulkarem	Tulkarem
14	Samah M.	Mother/ living in Nablus	Nablus
15	Muna S.	Mother/living in Hebron	Hebron
16	Hala A.	Young Female	Khan Yunis
17	N.A.	First aid medic	Undisclosed

REFERENCES

1. <https://corona.ps/details>
2. The research team was unable to obtain sex and age disaggregated data on the number of all tested and quarantined cases.
3. <http://www.moh.gov.ps/portal/wp-content/uploads/2020/04/Corona-Eng.-25-4.pdf>
4. Excluding East Jerusalem.
5. Policy Gender Equality and The Empowerment of Women and Girls in Humanitarian Action November 2017 IASC Reference Group on Gender and Humanitarian Action, page 2
6. Gender Alert: Needs of Women, Girls, Boys and Men in Humanitarian Action in Palestine, UN Women, September 2019, page 4
7. Sarah Hawkes and Kent Buse, 'Gender and global health: evidence, policy and inconvenient truths', *Lancet* 381: 9879, 2013, pp. 1783–7.
8. Fionnuala Ní Aoláin, 'Women, vulnerability, and humanitarian emergencies', *Michigan Journal of Gender and Law* 18:1, 2011, pp.1–23. p.8.
9. According to IASC Gender Handbook for Humanitarian Action (2018), a Rapid gender analysis is a tool to conduct gender analysis quickly during an emergency response. Rapid gender analysis can be done progressively with understanding deepening as more information becomes available. Rapid gender analysis can easily be incorporated into existing assessment tools, and strengthens the accuracy and comprehensiveness of findings and recommendations. https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf
10. United Nations, The Question of Palestine: <https://www.un.org/unispal/>
11. Al-Jazeera English, October 2017: <https://www.aljazeera.com/indepth/features/2017/10/hamas-fatah-goal-approaches-171012064342008.html>
12. The researcher was fully assisted by the team of the Arab World for Research and Development (AWRAD)
13. For a detailed account of KIIs please refer to Annex i.
14. Both full reports might be accessed through AWRAD's website: www.awrad.org/en
15. MoH, 2017: http://www.site.moh.ps/Content/Books/ZxRcynmiUofNqt66u4CrHRgmJR6Uv7z77srjJEAh06xnxz5V3rgLTu_RhO7xf2j2VusNilvWkjwp84yXHLdGleB97gKrHHI5iZ9oPJ25owGEN.pdf
16. WHO, 2018: http://www.emro.who.int/images/stories/palestine/documents/WHO_Right_to_health_2018_Web-final.pdf?ua=1
17. WHO, 2019: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_33-en.pdf
18. ICBS, 2019: http://www.cbs.gov.il/reader/cw_usr_view_SHTMLID=591
19. WHO, 2019.
20. UNHCR, Factsheet 31: <https://www.ohchr.org/Documents/Publications/Factsheet31.pdf>
21. Btselem, 2019: https://www.btselem.org/freedom_of_movement/checkpoints_and_forbidden_roads
22. Btselem, 2020: https://www.btselem.org/punitive_demolitions/statistics
23. Btselem, 2020: https://www.btselem.org/planning_and_building/statistics
24. OCHA: OCHA: <https://www.ochaopt.org/theme/movement-and-access>
25. Al-Araby, November 2019: <https://english.alaraby.co.uk/english/news/2019/11/7/palestinian-authority-outlaws-child-marriage-in-occupied-west-bank>
26. Musawah, 2018, 70th CEDAW Session: https://tbinternet.ohchr.org/Treaties/CEDAW/Shared_per_cent20Documents/PSE/INT_CEDAW_NGO_PSE_31669_E.pdf
27. PCBS, 2019: <http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3406#>
28. PCBS, 2019.
29. PCBS, 2019: <http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3595#>
30. UNICEF, 2018 a: <https://www.unicef.org/mena/reports/state-palestine-out-school-children>
31. PCBS, 2019: <http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3595#>
32. UNICEF, 2018 b: <https://www.unicef.org/sop/media/341/file/Children%20in%20the%20State%20of%20Palestine.pdf%>%>%>%>
33. PCBS, 2019: <http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3406#>
34. PCBS, December 2019: http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_3-12-2019-dis-en.pdf
35. UNICEF, 2018 c: <https://docs.wfp.org/api/documents/WFP-0000105498/download/>
36. OCHA, 2018: <https://www.ochaopt.org/content/food-insecurity-opt-13-million-palestinians-gaza-strip-are-food-insecure>
37. UNICEF, 2018 a.
38. UNICEF, 2018 b.
39. Karama, 2018: <http://www.el-karama.org/wp-content/uploads/2018/11/Palestinian-Women-The-Disproportionate-Impact-of-the-Israeli-Occupation.pdf>
40. <http://www.palestinecabinet.gov.ps/portal/Decree/Details/26110181-aa5a-4721-8c92-c7c55843d35f>
41. OCHA, 2020: <https://www.ochaopt.org/content/covid-19-emergency-situation-report-1>
42. Haaretz, March 2020: <https://www.haaretz.com/middle-east-news/palestinians/palestinians-in-west-bank-ordered-to-home-confine-for-14-days-as-of-tonight-1.8698870>
43. OCHA: <https://www.ochaopt.org/theme/gaza-blockade>

This paper is generously funded by the oPt Humanitarian Fund, under the project “Multisectoral Responses to Women Victims and Survivors of Gender-Based Violence in the Gaza Strip”

Disclaimer:

The views and opinions expressed in this report do not necessarily represent the views of the oPt Humanitarian Fund, UN Women, the United Nations or any of its affiliated organizations.

Research Team:

Arab World for Research and Development
(AWRAD)

Dr. Nader Said – Foqahaa,
Mariam Barghouti, and
Samer Said

Design: UN Women/Yasmina Kassem

Copyright © 2020 UN Women. All rights reserved.

Publication by UN Women Palestine Office.

