



GENDER SENSITIVE RESILIENCE CAPACITY INDEX-

Gender-Responsive Management and Response to
the COVID-19 Pandemic in the Arab States Region:
From Emergency Response to Recovery and
Resilience - Palestine

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During the past number of years, the concept of resilience has become increasingly important within international development and humanitarian organisations and a critical concept bridging the humanitarian and development nexus.

The 2016 World Humanitarian Summit¹ reached a consensus on the need to better bridge humanitarian assistance with development cooperation. However, the agreement left open the question of how this can best be done in practice. Different actors have been invested in understanding how individuals and households cope with shocks and stressors to streamline the Resilience into programming and measurements. Various attempts have been proposed to define and measure Resilience quantitatively and qualitatively. Despite progress made by many actors on the theoretical, conceptual, and academic sides, programmatically and practically, measuring, monitoring, and evaluating resilience interventions is still challenging.

In 2008, the Food and Agriculture Organization (FAO) proposed an econometric approach for measuring household resilience. Since then, it has been at the forefront of developing, testing, and rolling out the Resilience Index Measurement and Analysis (RIMA)² in many countries. In 2019, the UN Women Regional Office for the Arab States approached FAO to conceptualise a gender-sensitive resilience capacity index based on FAO's econometrics, approaches, and experiences.

In the Arab States region, UN Women began its resilience monitoring efforts in 2019 and the first [Gender-Sensitive Resilience Capacity Index Report for Iraq](#) was published in June 2020. During 2020, UN Women extended its resilience monitoring framework to cover regional resilience-focused programmes (*Women's Leadership, Empowerment, Access, and Protection (LEAP) – Egypt, Iraq, Jordan and Regional Component* and *Gender-responsive Management and Response to the COVID-19 Pandemic in the Arab States Region: From Emergency Response to Recovery and Resilience*) in Egypt, Iraq, Lebanon, Palestine, and Yemen. The UN Women resilience reports through the Gender-Sensitive Resilience Capacity Index (GS-RCI) in [Iraq](#) and [Yemen](#) were produced in June and July 2021 respectively under the LEAP programme. This is the third of six reports that UN Women intends to publish and is a result of data collection efforts under the regional 2020-2021 LEAP and COVID-19 response programmes in **Palestine**.

With thanks to the Government of Japan, who generously funded the regional LEAP and COVID-19 programmes as well as the resilience monitoring efforts, UN Women in Palestine was able to roll-out the gender-sensitive resilience capacity index in the West Bank and the Gaza Strip through its implementing partners, ADWAR-Roles for Social Change Association and the Red Crescent Society for Gaza (RCS4G).

This report will present findings on resilience from the lens of 110 host community women who have received conditional and unconditional cash assistance throughout the COVID-19 programme implementation period. The aim of this report is to present evidence on the impact of UN Women's interventions and provide in-depth analysis around resilience and factors critical for strengthening resilience. This will allow UN Women to expand its evidence based on resilience and help better design programmes, ensuring that they are mainly based on needs and vulnerabilities of the population of concern.

¹ "Humanitarian and development actors need to work collaboratively across silos and mandates to implement plans with a clear and measurable collective outcome that reduces the vulnerability of internally displaced persons over the long term" (UN Doc. A/70/709, 2016: 23 f.).

² <http://www.fao.org/resilience/background/tools/rima/en/>



The methodology used in the second phase of GS-RCI measurement in Palestine took into account methodological recommendations for the refinement of the index presented the [independent evaluation](#) of UN Women's 'Strengthening the Resilience of Syrian Women and Girls and Host Communities' ("Madad") programme. The conceptual framework, which allows for understanding how women deal with shocks, stressors and adverse situations and address their immediate needs and long term, has also been strengthened. In this second phase of implementing the resilience monitoring efforts, the indicators under each of the pillars and the data collection tools have been revised. This enabled UN Women and FAO to better refine the conceptual framework, which is the backbone of the gender-sensitive resilience capacity index (GS-RCI).

[What is Gender-Sensitive Resilience Capacity Index \(GS-RCI\)?](#)

The GS-RCI is a quantitative approach to measuring resilience of women, based on FAO's econometrics, approaches and experiences. Through a constructed index, stakeholders are allowed to better understand how women deal or cope with shocks and stressors.

The GS-RCI is constructed using a multidimensional approach. Specifically, four critical pillars are used (women's access to basic services, adaptive capacity, access to assets and social cohesion and interconnectedness) against a specific outcome (in this case indicators proxying livelihood and women empowerment). The weighting of each pillar is response-dependent (in other words, it depends on how important women consider these determinants to be). In addition, each pillar is a composite index on its own and is developed based on a set of direct and proxy indicators. Each component contributes to the GS-RCI and is identified by value; though there are no predetermined thresholds. An increase in the GS-RCI value over time implies improved resilience. Since the calculation of the GS-RCI is based on the pillars and the weightings allocated to each of the pillars, the GS-RCI's structure and results are dynamic in nature.

[How is Gender-Sensitive Resilience Capacity Index measured?](#)

Changes in beneficiaries' resilience overtime, measured through the GS-RCI and as a result of project interventions, requires substantial investment in collecting and analysing data at different points in time. For longer-term projects³, three surveys are undertaken; one survey at the start of the project, which allows us to set a baseline, and followed by two surveys (a midline survey carried out three-six months after the start and an endline taking place six-nine months after the end of the programme). As the implementation duration of the COVID-19 programme was nine months, UN Women and its partners carried out two surveys (a baseline and an endline).

[Methodology](#)

As part of the programmatic monitoring, UN Women's implementing partner recruited five enumerators in West Bank and the Gaza Strip (two men and three women). The programme's total target was 110 women, and the programme monitoring targeted all beneficiaries participating in the programme⁴.

The data collection was conducted using an extensive quantitative survey that was undertaken at the start of the programme (in November 2020) and at the end of the programme (April 2021). Data collection was closely supported by UN Women Monitoring and Reporting Officer in Palestine and UN Women's Regional Monitoring and Reporting Specialist⁵.

³ Projects with a duration of over one year.

⁴ The sampling methodology was not required since all programme beneficiaries were monitored.

⁵ The programme targeting was needs-based although the surveyed beneficiaries may not be considered a fully representative sample of all the group's different profiles.



Gender-Sensitive Resilience Capacity Index Pillars

The conceptual framework for measuring the GS-RCI is built on the strategic approach adopted by FAO, which addresses the underlying causes that contribute to vulnerability, and seeks to understand and address long-term trends that affect people's exposure to risks and increase/decrease capacity to absorb or resist shocks. The core resilience components, namely pillars, are:

- Access to Basic Services (ABS)
- Assets (AST)
- Social Cohesion and Interconnectedness (SCI)
- Adaptive Capacity (AC)

Access to Basic Services (ABS) refers to beneficiaries' ability to access services such as education, employment, health services, adequate shelter, political participation, and decision-making, and how critical is the access.

Assets and income generation comprise both productive and non-productive assets. Based on the assumption that higher income can lead to higher savings and ownership of assets, this has been used as a starting point in dealing with shocks and stressors. The ability of women to generate income will enable them to become more independent. Furthermore, the ability of women to spend on non-essential goods or to sell productive assets can be considered a proxy for wealth.

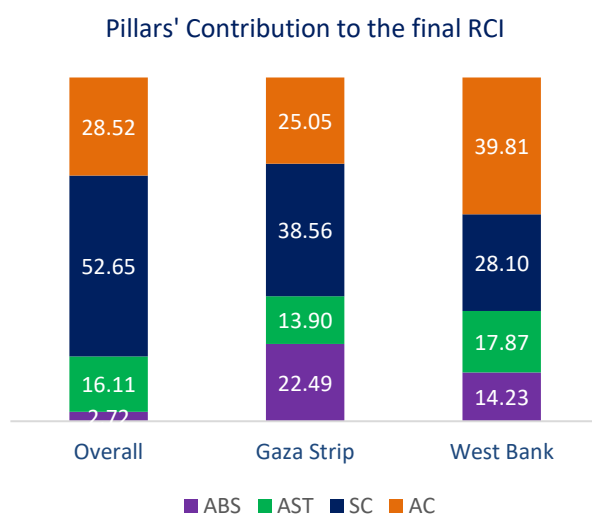
Adaptive capacity mainly considers the ability of women to adapt to changing environments. This pillar is primarily determined by complex inter-relationships and gendered dynamics related to decision making and the ability to influence decision making. There are other factors such as demographic structures affecting adaptive capacities such as the dependency ratio (e.g. how many adults are in a given household, the individual that is the household head, etc) and the level of education of individuals within the household.

Social Cohesion and Interconnectedness. There is growing evidence that social infrastructure is one of the resilience drivers, mainly if social dimensions are considered. Social structures and relationships within the communities can reflect some of the underlying socio-economic disparities and affect some individuals/groups' resilience as opposed to others. The social infrastructure can also indicate individuals' ability to access (cash or in-kind), ask for support when shocks and stressors happen, and the higher the social network, the easier the access to informal assistance. Also, developing resilience capacities relies on protective factors within the households and the community. The feeling of safety and security within one's community lay the foundation that is at the core for strengthening Resilience and provides opportunities that promote well-being and Resilience. Access to transfers in many contexts make up a large part of poor households' annual income, and remittances generate additional income for individuals and households. Similarly, sharing of resources with neighbours/groups can be a proxy indicator of social cohesion and support networks that enable community-based social safety net measures to be put in place.

The resilience monitoring is data driven, or in other words is response-dependant. Therefore, the analysis and structure of the GS-RCI structure is dynamic and may be different for each of the project targeted groups.



The GS-RCI structure



This graph represents the contribution of pillars to the GS-RCI structure at the endline. It was noted that the social cohesion and interconnectedness (SCI) pillar in the overall GCS-RCI has the strongest correlation (slightly over 50 per cent) among the four pillars, followed by adaptive capacity (AC), assets (AST), and access to basic services (ABS) respectively. As mentioned previously, the SCI pillar is mainly driven by indicators related to the feeling of safety and security within their communities, intercommunity relationships, and social networks of individuals. When the RCI structure results were compared by geographical area (the Gaza Strip and the West Bank), the SCI pillar held more weight for women in the Gaza

Strip than women in the West Bank, highlighting that the feeling of safety and security was found to be critical for both but little more for women in the Gaza Strip.

Adaptive capacity held the second highest weight making up almost one third of GS-RCI structure. This pillar is mainly driven by an individual's ability to apply flexibility in addressing challenges and balancing power among household members. Some of these characteristics can either promote (education or dependency ratio⁶) or inhibit resilience (having a particular disability or inability to save income generated). While the AC pillar also held the second highest weight when compared across the Gaza Strip and the West Bank, adaptive capacity for women in the West Bank held more weight than women in the Gaza Strip, highlighting the importance of this pillar in addressing resilience in the short term for women in the West Bank.

The relevance of assets is almost homogeneously important to both women in the Gaza Strip and the West Bank. The assets component is determined by variables related to employment status and the ability of women to generate income and spend on non-essential good/services as well as ownership of assets (including productive assets).

Access to basic services is the fourth critical determinant of resilience, and the above results indicate some similarities for both women in the Gaza Strip and the West Bank. The data collected under this pillar revealed that women are experiencing challenges in accessing basic services, in particular protection services (59.1 per cent) and participating in decision making processes related to politics (40 per cent). When these challenges were disaggregated by geographical coverage, more women in the Gaza Strip reported challenges in accessing basic services than women in the West Bank. Some differences were noted in relation to access to secure shelter with 66 per cent of women in the Gaza Strip and 91 per cent of women in the West bank reported not having a secure shelter. As for protection services, 44 per cent of women in the Gaza Strip and 64 per cent of women in the West Bank reported facing challenges accessing protection services. Although the weight of this pillar is

⁶ Age dependency ratio is the ratio of dependents--people younger than 15 or older than 64--to the working-age population--those ages 15-64. Data are shown as the proportion of dependents per 100 working-age population. <https://databank.worldbank.org/metadataglossary/gender-statistics/series/SP.POP.DPND>



relatively low in the overall GS-RCI structure, women’s access to basic services is important to strengthen resilience in the longer-term.

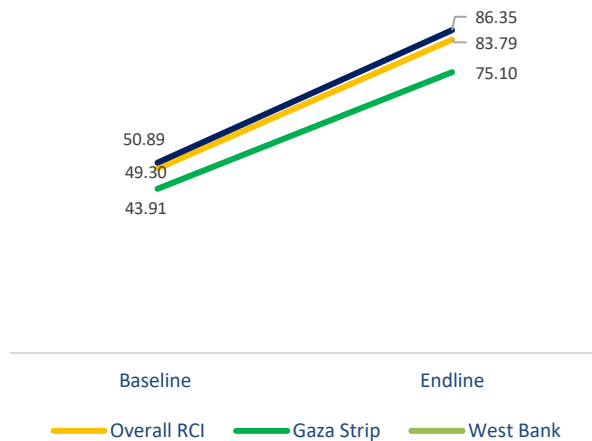
Project Results- GS-RCI Progress

GS-RCI progress by Community of Origin

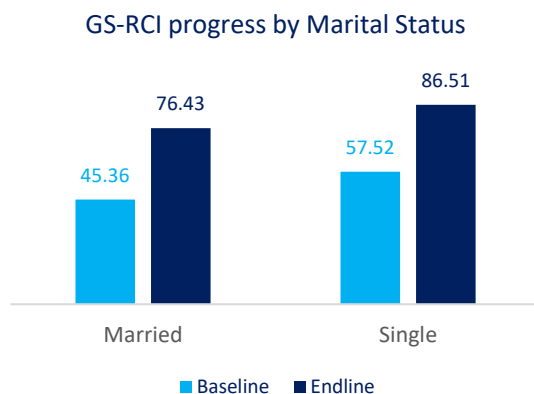
GS-RCI differences among women from the Gaza Strip and the West were noted. Women in the Gaza Strip were found less resilient than women in the West Bank at the time of the baseline survey. Women in the Gaza Strip reported (1) lower ownership of productive and non-productive assets than women in the West Bank; (2) less ability to spend on non-essential goods and services; and (3) lower possibility to save from income generated activities as well as accessing basic services. Less women in the Gaza Strip reported feeling safety and security, or tolerance in intercommunity relationship than women in the West bank. Women in the Gaza Strip also reported higher dependency ratio (1.6 times higher) than women in the West Bank. As for progress against the GS-RCI, an overall increase of 70 per cent in resilience has been noted. The increase for women in the Gaza Strip (71.1 per cent) was similar to the increase for women in the West Bank (69.7 per cent). Progress in index scores is further analysed in the following sections by marital status, household head status, presence and number of children, and type of assistance.



GS-RCI progress, by community of Origin



GS-RCI Progress by Marital Status



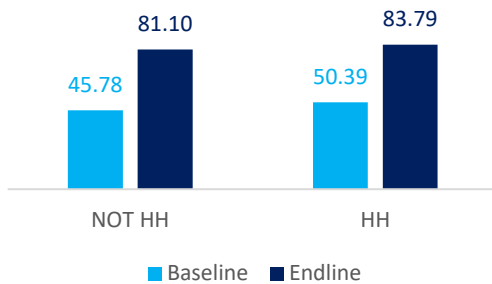
When the GS-RCI results are compared with the marital status⁷, married women were found to be less resilient at the start of the project than single women. The analysis of the baseline survey data revealed that 91 per cent of married women and 63 per cent of single women reported having debts at the start of the project. The amount of debt reported by married women was higher in proportion than single women. Furthermore, more single women (56 per cent) reported having a source of income at the time of the baseline survey than married women (34 per cent). As a result, more married women were forced to deploy emergency-type coping strategies than single women. Towards the end of the project, progress

⁷ The total number of widowed and single female respondents is low in respect to the total population and not statistically significant. Therefore, the interpretation of results may not fully be fully accurate and conclusions cannot be drawn.



was noted for both single and married women although the progress in the resilience of married women was reportedly a little higher than the resilience of single women. These results can be explained by the fact that a 77 per cent increase was noted in the number of married women reporting engaging in income generation opportunities and a 4 per cent increase was noted in the number of married women who were able to save income generated at the time of the endline survey. While at the end of the project single women reported an 18 per cent increase in dependency ratio (from 1.6 to 1.9), married women reported a decrease of 7 per cent (from 2.8 to 2.6).

GS-RCI progress by Household Head Status



GS-RCI Progress by Household Head Status

At the start of the programme, female-headed households were found to be slightly more resilient than women who were not heading households. Overall, female-headed households reported fewer challenges in accessing basic services, more ownership of productive and non-productive assets as well as engagement in income-generating activities. Female-headed households also reported having a lower dependency ratio (1.4 times less than

women not heading households) and higher abilities to save from income generation activities. At the end of the programme, women who were not heading households showed slightly more progress than female-headed households. This increase for women who were not heading households can be attributed to an increase in income generated through employment/self-employment, an increase in the abilities to spend on non-essential goods and services, and strengthened social networks. Women who were not heading households reported participating in social events/groups and an increase in the abilities to share resources with neighbours more than female-headed households.

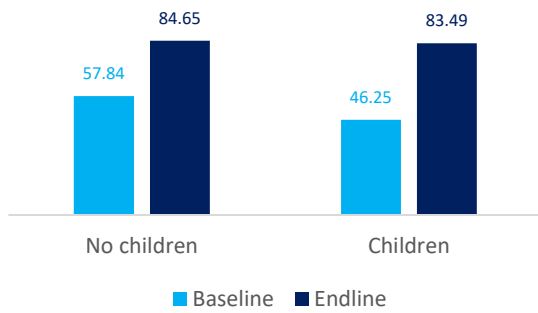
GS-RCI Progress by Presence and Number of Children

When the GS-RCI results are compared among women with children in their household, women with children were found to be less resilient at the baseline than women without children. This is mainly due to the fact that women with children reported more challenges accessing employment and income generation opportunities. However, at the endline, women who had children showed a higher increase in resilience (81 per cent) than those who did not have children (45 per cent). When this result was investigated, data analysis revealed that women with children had an 18 per cent increase in the number of adults with a source of income through employment/self-employment at the time of the endline survey, an increase in the ability to save income generated, and higher progress in terms of strengthening social networks within their communities than women without children. This was also the case when results were disaggregated by the number of children with more progress noted for women with 1 to 3 children when compared to women who had no children at all⁸.

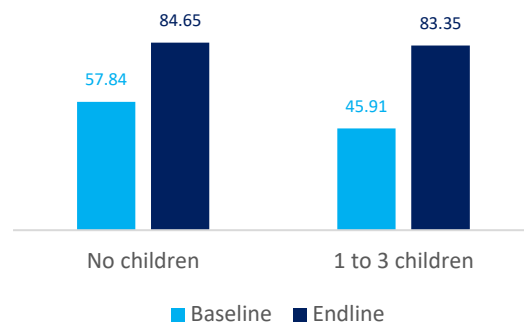
⁸ The total number of respondents with four-six children or more is low in respect to the total population and not statistically significant. Therefore, the interpretation of results may not be fully accurate and conclusions cannot be drawn.



GSRI GS-RCI progress by number of children



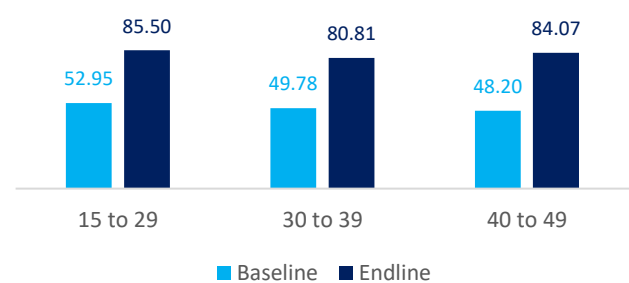
GS-RCI progress by number of children



GS-RCI Progress by Age Group

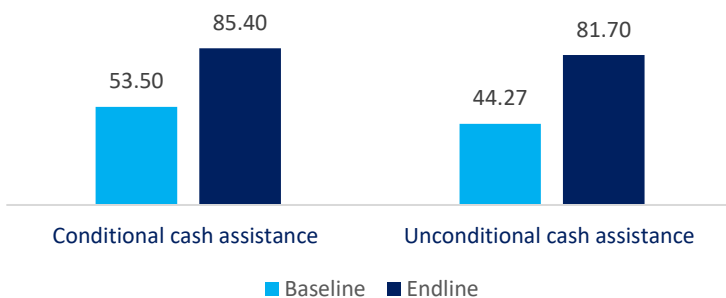
GS-RCI results at the baseline indicate that women who are aged between 40 and 49 years of age were the least resilient at the start of the project, followed by women aged between 30 and 39 years of age, and women aged between 15 and 29 years of age, respectively. Women aged 40 to 49 years of age reported slightly more obstacles and challenges in their access to basic services than women aged between 30 and 39 years of age and women aged 15 to 29 years of age. Women aged 40 to 49 years of age also reported less ownership of productive and non-productive assets than the two other age groups as well as the least engagement in terms of social networks especially participating in social group activities. While all three age groups showed progress at the end of the project, women aged between 40 and 49 years of age showed the highest progress, followed by women aged between 15 and 29 years of age. When this result was further investigated, women aged between 40 and 49 years of age reported a larger increase in their income generation (35 per cent) in the last three months than other age groups. This has in turn impacted their abilities to spend on non-essential goods and to save income generated. Furthermore, women aged between 40 and 49 years of age reported a reduction in their dependency ratio at the time of the endline survey (from 2 to 1.2).

GSRI GS-RCI progress by Age Group



GS-RCI Progress by type of assistance

GSRI GS-RCI progress by type of assistance



When the GS-RCI results were compared with the type of assistance received (conditional versus unconditional cash assistance⁹), it was noted that both types of assistance resulted in an increase in resilience. However, the resilience for women who received unconditional cash transfer was a little higher than women who received cash assistance.

⁹ The unconditional cash assistance was USD 25 per beneficiary for a duration of six months while conditional cash assistance was USD 60 for three months.



Project Results- Resilience Outcomes:

Evidence collected over the years by UN Women acknowledges the linkages between its livelihood programmes and gender equality, dignity, and empowerment. The measurement component of the index showcases the contribution of the four pillars (access to basic services, assets, adaptive capacity and social cohesion and interconnectedness) to four outcomes: (i) improved livelihoods, (ii) women empowerment and decision making (iii) reduced tolerance to gender-based violence (GBV), (iv) improvement in wellbeing. The four outcomes are based on a set of direct and indirect indicators, which can be used to measure changes in livelihoods, tolerance to GBV, and wellbeing and decision-making.

The correlation between the four identified outcomes were examined against the GS-RCI pillars at baseline and endline to determine whether the GS-RCI and its determinants were linked and whether the GS-RCI had an impact on the four identified outcomes. The results showed that all outcomes are directly linked, however, at varying degrees of correlation. The highest correlation was noted for reduced tolerance to GBV, followed by wellbeing, improved livelihoods and women's empowerment and decision-making indicators, respectively.

Outcome 1- Improved Livelihoods

Indicator: *Livelihood based coping strategies.*

Definition: *Livelihoods is defined as “the capabilities, assets and activities required for a means of living”. The livelihood coping strategies is an indicator that measures the extent of livelihood coping mechanisms households need to utilise as a response to a financial shock. This indicator provides a robust understanding of the strategies typically employed by households in difficult situations, and the relative severity of the strategies employed when compared to each other.*

Livelihood-based coping strategies¹⁰ are longer term household measures deployed to cope with a lack of food, or money to buy food. These strategies are categorised according to severity. There are three categories: stress, crisis, and emergency. The deployment of these strategies indicates people's ability to deal with shocks. Stress coping strategies reflect a reduced ability to deal with future shocks and include spending savings, buying food on credit, etc. Crisis coping strategies reduce future productivity and includes selling productive assets and being unable to attend to health needs. Emergency strategies are more difficult to reverse and are more dramatic in nature. They include sending household members to engage in illegal, exploitative, or degrading jobs, removing children from school and sending them to work, etc. Although livelihoods and income are not synonymous, they are directly linked. The ability to generate income will determine the frequency and types of coping strategies individuals and households deploy in the face of shocks in the short term and long term.

At the start of the programme, data analysis reveals that 40 per cent of all beneficiaries did not have enough food to eat in the past seven days. As a result, women resorted to a range of livelihood-based coping strategies. At the time of the baseline survey, 40 per cent of the women in the Gaza Strip and 20 per cent of women in the West Bank resorted to the deployment of emergency-type coping strategies. In terms of the crisis-type coping strategies, 100 per cent of women in the Gaza Strip and 76 per cent of women in the West Bank reported deploying crisis-type coping strategies. As for stress-type coping strategies, 96 per cent of the women in the Gaza Strip and nearly 98 per cent of women in the West Bank deployed stress-type coping strategies. In terms of overall progress, a 21 per cent decrease was reported in the number of women who did not have enough food to eat in the past seven days. At the end of the project, a reduction in the deployment of all three types of livelihood-

¹⁰ https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp271449.pdf

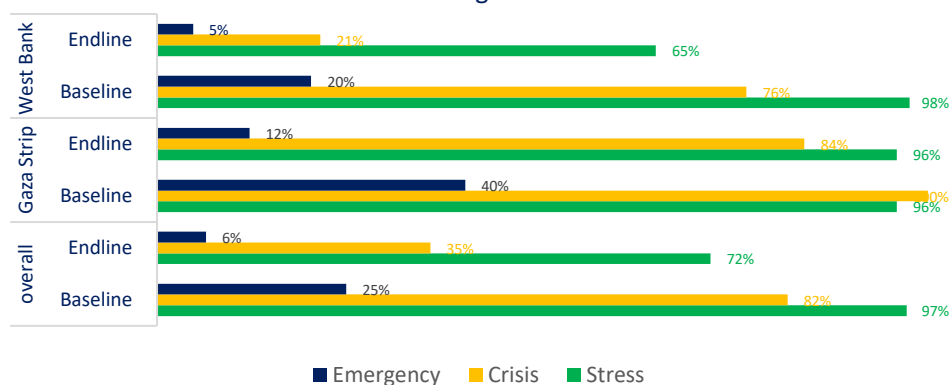


based coping strategies has been noted for women in both the Gaza Strip and the West Bank, demonstrating the direct and positive impact of the project on the beneficiaries. A 74 per cent reduction was also noted in the deployment of emergency-type coping strategies, along with a 57 per cent reduction in the deployment of crisis-type coping strategies and a 26 per cent reduction in the deployment of stress-type coping strategies.

Gender-specific livelihood-based coping strategies

UN Women is in the process of expanding its evidence base in relation to gender-specific livelihood-based coping strategies. When beneficiaries were asked if they deployed other types of coping strategies, some women reported cooking occasionally for their neighbours or family members to make temporary income, accompanying sick people to hospital for a small amount of income, commuting on foot instead of using transportation as a means to reduce spending, feeding children first, using land to generate and sell agricultural produce, participating in community-level saving schemes¹¹ and selling the food items provided by UNRWA aid vouchers.

Livelihood-based coping strategies by type and community of origin



Indicator: Increase in women’s decision making and abilities to influence decisions within their households

Definition: The women’s empowerment and decision-making indicator measures gendered dynamics within their households and women’s autonomy in relation to social, economic, and reproductive outcomes.

Outcome 2- Women’s Empowerment and Decision-making

Discrimination in household decision-making is often rooted in patriarchal attitudes that favour men over women. There is growing evidence that indicates household decisions are often made through a bargaining process that is more likely to favour men in particular in areas that include control over income, assets, food consumption, freedom of movement, and education of children. By changing discriminatory attitudes in their households, women can advance the rights of girls in the future and for generations to come. Women’s empowerment within households will increase the likelihood that children, in particular girls, will not conform to ‘traditional’ or ‘societal’ perceptions in relation to the roles of men and women. Therefore, monitoring decision-making dynamics within the household is critical to understanding whether there have been any changes to beneficiaries’ bargaining power and in which areas.

¹¹ Community-based saving is currently introduced in many developing countries to help particularly poor communities to save money by organising so-called community-based saving groups.



This indicator measures women’s participation in decisions within their households (either themselves or jointly with others). There are three categories against which decision-making indicators were organised: social, economic, and reproductive. For each of these categories, a set of statements or proxy indicators have been included that help measure women’s participation in the decision-making process in relation to spending, food consumption, freedom of movement, how many children to have and the education of children. Each statement is given a score (1 if a woman makes the decision herself or she reports the ability to influence a decision taken jointly to a large extent). The higher the overall score, the greater the indication of gender equity in decision-making.

An overall increase of 27 per cent has been noted in the aggregate value of the decision-making indicator between baseline and endline. The detailed review of this indicator shows that significant progress has been achieved, especially in the abilities of women to influence decisions to a large extent. At the time of the endline survey, a 2 per cent increase has been noted in women who are now able to make decisions for themselves and a 14 per cent increase has been noted in the number of women who are able to influence decisions. This finding suggests a shift in decision making powers within their households and in particular around women’s employment, spending money made from income generation activities where women are mainly contributing and the freedom to visit relatives. For further details, please refer to the table below.

Decision-making statement	Percentage of women who responded "Myself"			Number of women who can influence to "large extent"		
	baseline	endline		Baseline	Endline	
Whether you can/will work outside the home	56%	60%	↑	23%	59%	↑
How to spend money made from income generating activity where the man is mainly contributing	40%	37%	↓	14%	42%	↑
How to spend money made from income generating activity where women is mainly contributing	59%	63%	↑	18%	56%	↑
Whether household should take on a small loan, from what source and how much	42%	42%	=	20%	45%	↑
What food to buy and consume	45%	51%	↑	27%	50%	↑
What household goods to buy and consume	46%	53%	↑	25%	46%	
The sale of household assets	45%	42%	↓	11%	44%	↑
The education of children	47%	46%	↓	29%	56%	↑
How many children to have	25%	19%	↓	16%	35%	↑
Housework and care of elderly in the household	47%	55%	↑	24%	45%	↑



Outcome 3- Reduced Tolerance to GBV

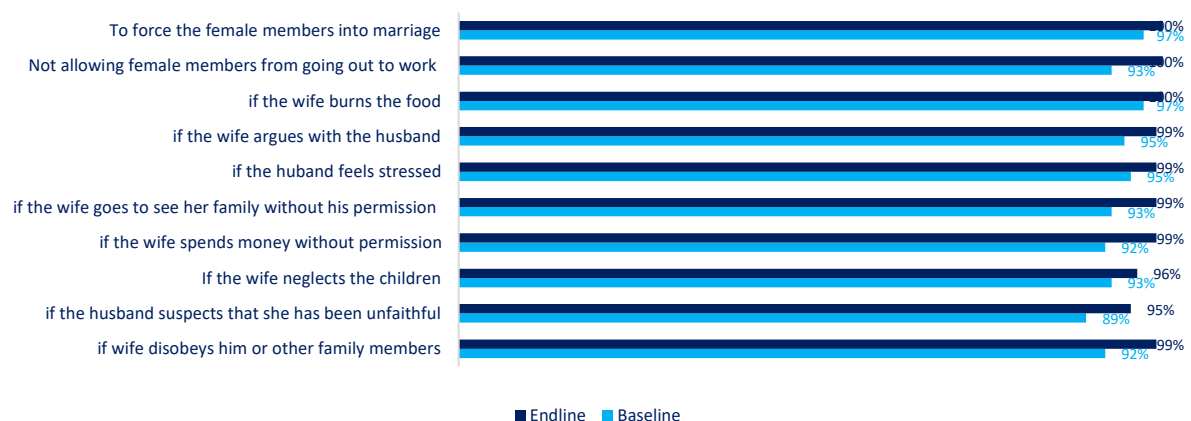
Indicator: Women’s acceptance of GBV

Definition: Acceptance of GBV as a private issue and often prevents others from intervening or prohibits women from reporting. The risk of GBV is high, when and where violence is normalised. This indicator helps to measure levels of tolerance and acceptance to domestic violence and tracks changes as a result of women’s economic empowerment.

UN Women’s entry point for targeting vulnerable women is the protection centres. The target beneficiaries are those women who are at risk or surviving GBV. Protection support and promotion of gender equality is part of UN Women’s regular programmes and is a first step to change behaviour. Monitoring acceptance levels to GBV is also of paramount importance to understand whether there have been changes in perceptions by women in relation to violence. This indicator measures women tolerance to GBV. It consists of statements reflecting several scenarios in which women would accept a violent behaviour against her by her husband. Each statement is based on a Likert scale of 1-5 representing the extent to which they agree or disagree in the given scenarios.

Although data analysis of the baseline survey indicates low levels of acceptance to GBV, progress has been noted. An increase of 5 per cent in the number women was reported by the end of the project, highlighting that almost 100 per cent of women indicated that they will not tolerate GBV. For further details, please refer to the below graph.

Number of women who **disagree** and **strongly disagree** with GBV



Outcome 4- Wellbeing

Indicator: Improvement in women’s wellbeing

Definition: This aggregate indicator is a self-rated indicator. It helps to monitor changes in women’s wellbeing in the following domains: confidence, motivation, inclusion, respect, and abilities. This indicator also captures their perceptions of gender equality.

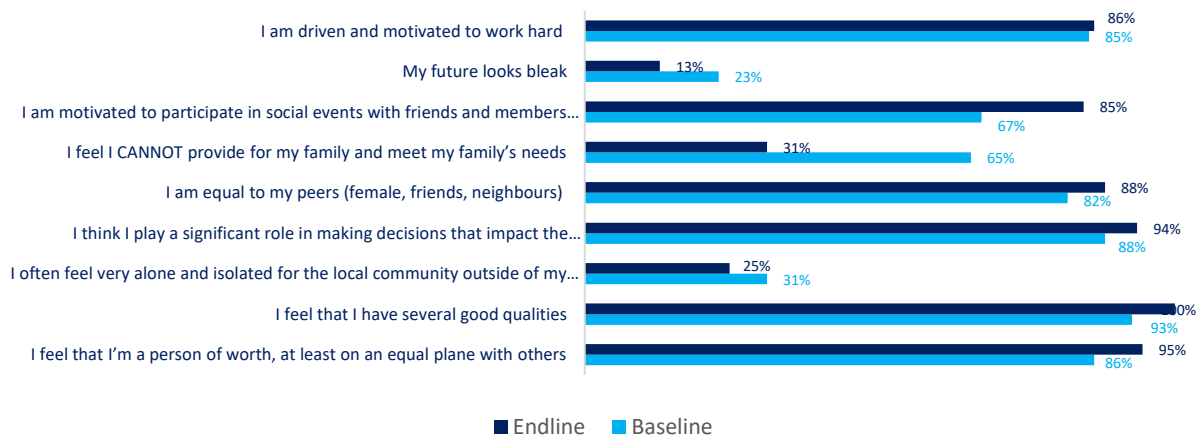
This index is comprised of two indicators: the first indicator is a reflection of self-image and the second indicator captures the beneficiaries’ perceptions of gender equality. Both indicators consist of statements reflecting the five domains of wellbeing and gender equality perceptions. Each domain contains of statement(s) based on a Likert scale of with 1-5 points representing the extent to which they agree or disagree with these statements.

Overall, there has been significant progress in the self-image indicator between the baseline and endline. Data analysis indicates that there is a 9 per cent increase in the number of women reporting



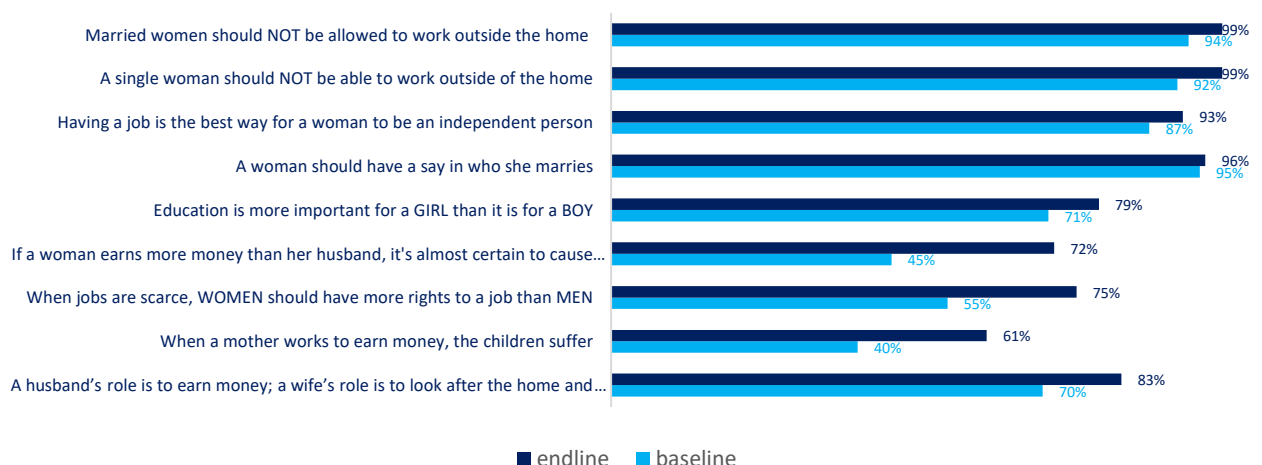
an improvement in their self-image. At the end of the programme, 81 per cent of women reported positive self-image. For further details, please refer to graph below. Kindly note that in order to reduce/prevent social desirability bias, the technique used in the survey questionnaires included reversed statements, as can be found in the below graph, to capture different opinions and allow free expression of any opinion.

Self-image, total number of women who agree and strongly agree with the following statements:



Similarly, a 12 per cent increase has been noted in the number of women who have positive perceptions on gender equality. The greatest increase in positive perceptions were on issues related to women's employment and seeking jobs. For further details, please refer to graph below. Kindly note that in order to reduce/prevent social desirability bias, the technique used in the survey questionnaires included reversed statements, as can be found in the below graph, to capture different opinions and allow free expression of any opinion.

Perceptions of Gender Equality, total Percentage of women who agree and strongly agree with the following statements:





Conclusions and Recommendations:

Conclusion 1: There are disparities in the GS-RCI structure between women in the Gaza Strip and women in the West Bank as well as between different demographic profiles (female-headed households, women with or without children, single women, married women, and women of different age groups). Data collection confirms that resilience for women in Palestine cannot be generalized and factors determining their level of resilience are also different.

Recommendation: UN Women needs to continue expand its evidence base with regards to the profiling of women (demographically and geographically) in relation to resilience. This will enable an organisational growth of knowledge in relation to resilience programming and amplify results with available resources. Results achieved through cash-based interventions can be further amplified if demographic (and in the case of Palestine, geographic) dimensions are taken into consideration in the design of the projects/programmes, as initial data analysis suggests that interventions in the Gaza Strip need needs to include social cohesion aspect in its programmes.

Conclusion 2: Although the project presented different results when compared against marital status, age group, presence and number of children, etc., conclusions on the resilience of vulnerable sub groups for example widowed women, divorced women, women with high number of children (more than four children) and women above the age of 50 could not be drawn as they were not targeted for assistance.

Recommendation: To increase the quality of evidence for better programming and to ensure that future projects successfully target the least resilient women, the targeting and selection criteria requires further consideration to give equal space to divorced and widowed women as well as other groups (women with a large number of children and women over the age of 50). In this way, UN Women will be able to expand its evidence around all groups of vulnerable women and ensure that sound evidence is generated to inform programme design.

Conclusion 3: Social cohesion and interconnectedness has more relevance to women in the Gaza Strip than women in the West Bank. While women in the Gaza Strip reported having stronger social networks and a higher dependency on support provided by aid agencies, they have identified their feeling of safety and security as well as peaceful or tolerant inter-community relationships as two important factors to strengthening their resilience.

Recommendation: It is important to consider social structures and networks within a community when designing resilience-focused projects/programmes. As communities consist of intra-community groups with different interests and allegiances, the strength of networks and relationships can foster women's sense of security and tolerance, and reducing their fragility within social spheres.

Conclusion 4: Data analysis and results achieved present evidence that cash-based interventions produce significant benefits beyond the impact of cash itself. The project was able to improve the livelihoods of women during COVID-19 to a large extent, improved sense of well-being and perceptions of women on gender equality, as well as women empowerment and decision-making.

Recommendation: The multi-pronged/sectoral approach used through the programme, if sustained and expanded, could make a marked difference in women's longer-term resilience as well as address their critical needs more holistically.



Conclusion 5: Women’s resilience in the West Bank has been found to be highly influenced by adaptive capacity (ability to adapt to changing environments), which was reportedly critical for strengthening resilience. A resilient woman is one that is able to quickly recover from stresses through strategic actions/measures/strategies.

***Recommendation:** Strengthening adaptive capacities of vulnerable women should take into consideration indicators impacting demographic structures and responsibilities within their households such as dependency ratios, diversified income within their households (other adults are working/not), and women’s abilities to save income generated. It is therefore, of high importance to equip women with skills and facilitate their access to income generation opportunities that improves their abilities to prepare for or recover from a crisis/shock and increase their self-reliance.*

Conclusion 6: Improving access to basic services will have a spill over effect on social cohesion and interconnectedness of women in the Gaza Strip, which will lead to an overall strengthened resilience. The inter-pillar correlation between access to basic services, and social cohesion and interconnectedness in the Gaza Strip was 2.8 times higher than for women in the West Bank.

***Recommendation:** Greater investments are needed in women’s access to basic services (in particular protection services and support in the Gaza Strip), which in turn will impact social cohesion and interconnectedness – leading to strengthened overall resilience.*