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# 2021 Gender Alert:

## A Multisectoral Gender Analysis to Inform the 2022 Humanitarian Programme Cycle in the oPt

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### **Acknowledgments and Disclaimer:**

The Gender Alert was produced thanks to funding from the Government of Norway. The views and opinions expressed in this document do not necessarily represent the views of the donor, UN Women, the United Nations or any of its affiliated organizations.

UN Women would like to thank the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) for the permission to use the photographs included in this report.

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# Introduction: Rationale and Background



An estimated 5.2 million Palestinians continue to live under Israeli occupation. The policies and practices of the occupation affect the inalienable human rights of the Palestinian people, creating a day-to-day reality where their living standards, coping mechanisms, as well as physical and mental wellbeing are threatened, particularly for the most vulnerable Palestinian communities. Recent developments, such as the COVID-19 pandemic and the May 2021 Gaza escalation, have only intensified a protracted crisis exacerbating the severity of humanitarian consequences in the occupied Palestinian Territory (OPT) while impairing access to essential services; hindering resilience and recovery; and constraining protection interventions.

Severe pressures experienced by civilians in the OPT resulting from the occupation have been linked to gender-based violence (GBV); school dropouts; as well as child marriage, forced marriage, and early high-risk pregnancies while

service providers struggle to meet the population's needs due to limited resources.<sup>1</sup>

The May 2021 escalation of hostilities in Gaza and the COVID-19 pandemic have reinforced pressures facing women, girls, boys and men in the OPT. The pandemic has also exacerbated inequalities, inequities and discrimination based on location, age, and geography. Women and girls are disproportionately impacted by gender norms and pre-existing inequalities. Globally, COVID-19 has affected women and girls in multi-dimensional ways, particularly those facing multiple, intersecting forms of discrimination. Women's rights organizations have also been negatively impacted which will have consequences for the populations these organizations serve and represent. UN Secretary-General António Guterres has warned that the pandemic may cause "a reversal of the limited progress made on women's rights and gender equality in the 26 years of implementation of the Beijing Declaration and

Platform for Action”.<sup>2</sup> Relatedly, Under-Secretary-General and then Executive Director of UN Women, Phumzile Mlambo-Ngcuka, highlighted that “The decrease of women in the labour market will make the pandemic last in the lives of women for many generations to come”. She has called for debt relief, greater financing, and increased levels of official development aid to help in “preventing a major regression in gender equality caused by COVID-19”.<sup>3</sup>

In mid-2021, there were an estimated 5.2 million Palestinians living in the OPT, with 3.12 million in the West Bank, including east Jerusalem, and 2.11 million in the Gaza Strip.<sup>4</sup> More than 2.3 million Palestinian refugees registered with UNRWA reside in the occupied Palestinian territory and

more than 3.4 million reside outside it.<sup>5</sup> 38 per cent of Palestinians 14-years-old or younger and 5 per cent are 65 year or older.<sup>6</sup> In the West Bank, the humanitarian situation continues to be marked by Israeli settlement expansion; settler violence and raids by security forces; the demolition and seizure of Palestinian structures; the displacement of Palestinians; restrictive planning regimes, and the obstruction of the delivery of materials needed for humanitarian projects. An escalation of hostilities across Israel and the OPT and the Gaza Strip experienced the heaviest sustained fighting between Israel and Palestinian factions since 2014.<sup>7</sup> These developments have had significant short- and long-term implications for vulnerable populations, including women and girls in the OPT.

## Methodology

In cooperation with OCHA, UN Women in the OPT develops the yearly Gender Alert analysis to inform the humanitarian needs overview (HNO) and humanitarian response plan (HRP). The outline and content of gender alert analyses are usually pre-consulted with OCHA and the humanitarian gender group and thus have a thematic focus that matches the analysis format of the HNO. For instance, for the 2020 gender alert, UN Women used the HNO categorization of critical problems and vulnerable groups. For the 2021 gender alert, UN Women is adopting a multisectoral approach to the gender alert that aligns to the HNO Joint Intersectoral Analysis Framework (JIAF). The gender alerts are usually cited several times in the OPT HNOs and sometimes full sections on gender considerations, are included in the humanitarian country team emergency response plans (such as the COVID-19 response plan and the Gaza flash appeal in the aftermath of Gaza May 2021 escalation).

Adopting the lens of the 2022 OPT HNO Intersectoral Framework for Humanitarian Conditions Analysis, this report will undertake an intersectoral analysis (covering six clusters: WASH, shelter, protection, health, food security, and education) through the Joint Intersectoral Analysis Framework (JIAF) conceptual framework of pillars and sub-pillars as well as the multi-sectoral

needs assessment (MSNA). Most specifically it will address the following three humanitarian consequences:

- Physical and mental wellbeing: which assesses wellbeing data (such as morbidity and mortality, malnutrition outcomes, psychosocial or physical impairment, injuries and trauma, fear, etc.) of the affected population. Grave human rights violations (such as killing, maiming, rape, arbitrary detention and disappearances) are also considered under this category;
- Living standards: which assesses the ability of the affected population to meet their basic needs using indicators of population’s access to essential goods and services (e.g., healthcare, food, education, rule of law, shelter, water and sanitation facilities, livelihoods and productive assets, etc.);
- Coping mechanisms: which assesses the degree to which individuals, households, communities and systems are coping, facing challenges, or recovering.

Within these categories a number of highlighted groups will be considered, including: people living in poverty; women-headed households; Palestinian refugees living in or outside refugee camps; children, in particular those under five;



youth, especially young women; the elderly; pregnant and lactating women; persons including women and girls with disabilities; survivors of GBV; persons and children with disabilities; those in Gaza displaced by the May 2021 escalation; households whose primary source of income is agriculture, livestock or herding; and households whose shelter was been damaged or destroyed in

the May 2021 escalation.

The report will also include a cluster analysis briefly highlighting sector specific gender data and trends by sector (protection, health, WASH, education, food security, and shelter). The report will close with a section on conclusions and recommendations.

# 1. Physical and Mental Wellbeing

The following section presents an intersectoral gender assessment of the physical and mental wellbeing of highlighted groups.

## The gendered impact of recent developments



Recent developments have intensified protection concerns as well as significantly harmed the physical and mental wellbeing of Palestinians in the OPT. The May 2021 escalation of hostilities between Israel and Palestinian armed groups have greatly exacerbated the humanitarian crisis facing Gaza's two million residents. The recent escalation killed 260 Palestinians (including 40 women and 63 children, 23 of which were girls under the age of 18), wounded almost 2,000 Palestinians (including 398 women and 600 children), displacing 113,000 who sought shelter and protection at UNRWA schools or with hosting families at the height of the escalation (more than half of them are women and girls).<sup>8</sup> An increased number of deaths and injuries among men has led to more female-headed households.<sup>9</sup> Sawa, a leading Palestinian organization providing support, protection and social counselling to survivors of violence via a helpline reported receiving around 37,000 calls during the May escalation. This figure was double its usual workload, as individuals raised concerns about their safety, missing children, and unexploded ordinance in addition to usual pleas for help with domestic abuse, child protection, and mental health problems.<sup>10</sup> A CARE rapid needs assessment undertaken in Gaza after the escalation revealed that 76 per cent of those surveyed reported an increase in security concerns facing women

and girls since the conflict began while 88 per cent of women surveyed expressed the need for psychological support.<sup>11</sup> In Gaza, service providers underscored "crucial gaps regarding the provision of specialised health services for more serious mental health cases" stating that "There is a lack of specialised services in the community and a shortage of qualified staff to deal with the trauma of ongoing violence".<sup>12</sup>

Concurrently the West Bank and East Jerusalem witnessed significant unrest with clashes and violent incidents involving Palestinians, Israeli settlers, and Israeli security forces erupting regularly since April 2021. Events occurred mainly in and around the Old City of East Jerusalem, including the Al Aqsa Mosque, and in the neighbourhood of Sheikh Jarrah, due to the threat of forced eviction of Palestinian families from their homes, initiated by Israeli settler organizations. UN OCHA has documented 31 Palestinian casualties (including two women and five boys) and 7,516 injuries with men and boys experiencing almost all of the injuries (7,384 men and 125 boys were injured).<sup>13</sup> The UN Special Rapporteur on minority issues condemned attacks on Israel's Palestinian minority by extreme right-wing and vigilante groups (including settlers at times with the reported backing of security forces), highlighting reports of extreme right-wing violence and disproportional use of force by law enforcement officials.<sup>14</sup>

At the same time, COVID-19 has also increased pre-existing inequalities at the societal and family levels negatively impacting women in particular. UN Women Palestine has found that women, already overwhelmed with unpaid care and domestic labour, have been forced to take on board home-schooling responsibilities. Moreover, mobility restrictions, a part of patriarchal norms in the Palestinian after context have become more rigid, while economic opportunities, already scarce, have been further narrowed down for women who are often employed in the informal sector.<sup>15</sup> Women, however, represent 60 per cent of workers in the care sector and 70 per cent of frontline health workers, exposing them disproportionately to COVID-19.<sup>16</sup> In addition to

the health threats they face, men and women healthcare workers have reported experiencing “social stigma during the pandemic as a result of communities’ perceptions that, being regularly exposed to COVID-19, health workers are a vector of the virus”. Such “exposure to social stigma [has] had a negative impact on the wellbeing of respondents, who reported feeling isolated and socially ostracized” during the pandemic.<sup>17</sup>

## The gendered effects of protracted humanitarian crisis, poverty, displacement



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In the OPT poverty has been increasing since 2016 and is now at around 30 per cent with 1.4 million people living in poverty.<sup>18</sup> Compared to the first quarter of 2021, the number of employed persons (excluding workers abroad) increased in the second quarter – by one per cent in the West Bank and 6 per cent in Gaza.<sup>19</sup> Women below the poverty line in the OPT face protection concerns heightened by the impact of multiple emergencies and their own limited resources.<sup>20</sup> Over one million of UNRWA-registered refugees are in poverty and in need of food assistance.<sup>21</sup> While both men and women refugees are vulnerable, refugee women have been identified as a particularly vulnerable group;<sup>22</sup> these vulnerabilities have been exacerbated by recent developments including COVID-19. Families living under the poverty line in the OPT often cope with economic challenges at the expense of the wellbeing of women and girls. Women disproportionately experience unemployment in the OPT; 20 per cent of men are unemployed while 43 per cent of women are unemployed.<sup>23</sup>

In Gaza, a Rapid Damage and Needs Assessment (RDNA) launched in June 2021 by the World Bank and the European Union estimated recent damages at between 290 to 380 million US\$ and economic losses at nearly 200 million US\$.<sup>24</sup> The assessment underscored that the social sector has been hit hardest, “significantly weakening the safety net of the most vulnerable”. Immediate and short-term recovery and reconstruction needs have been calculated at between 345 to 485 million US\$. The damage to businesses, physical injuries, and the overall downturn in economic activity is anticipated to increase the unemployment rate in Gaza to 50 per cent in 2021.<sup>25</sup> 70 per cent of the population in Gaza expressed the need to rely on less preferred and less expensive foods in June 2021.<sup>26</sup>

Political violence and structural violence (including rights violations, protracted crisis, poverty, and displacement) are widespread and negatively affect mental health. The holistic effect has placed an enormous psychosocial stress on Palestinians in the OPT. In 2020 198,797 adults (45 per cent women and 55 per cent men) were estimated to have moderate or severe mental health disorders while 299,979 children (50 per cent girls and 50 per cent boys) were believed to experience severe, moderate, and mild disorders.<sup>27</sup>

## Violence against women and girls as well as domestic violence



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The occupation “renders Palestinians vulnerable and disenfranchised and normalizes the violence that is entirely rooted in the occupation”. As a result, “refugees, victims of demolitions, Bedouin

communities and the population living in Gaza; and children, adolescent girls and boys; divorcees, women head of households, pregnant and lactating women and sex workers... experience a higher prevalence of sexual violence precisely because they inhabit situations of vulnerability".<sup>28</sup> More recently, research has highlighted that sexual and gender-based violence (SGBV) is "substantially underreported and incidents that entail important safety risks such as cases of sexual exploitation and abuse, remain largely invisible to the reporting channels". Underreporting signals that services are not survivor-centred and that survivors do not trust that their safety can be guaranteed by existing SGBV services, particularly the clinical management of rape.<sup>29</sup>

Prior to the pandemic, PCBS data in 2019 indicated that 29 per cent of women experienced some form of violence by their husband.<sup>30</sup> The impact of COVID-19 and its variants, however, has increased protection risks and domestic violence.<sup>31</sup> Lockdown measures leave many women at home with their abusers with no available help. The pandemic has also created financial pressures which too often lead to an escalation of violence in the home. Service providers for gender-based violence (GBV) against women and girls have reported a drastic increase in demand for services, particularly psychosocial counselling and assistance in cases of severe GBV since the start of the pandemic.<sup>32</sup> The WHO has reported that "helplines for survivors of gender-based violence reported a 70% increase in calls received".<sup>33</sup> In the Gaza Strip, UN Women reported that GBV incidents, particularly against women and girls, have been increasing as have negative coping mechanisms, such as school drop-outs and early marriage.<sup>34</sup>

Violence has also affected many in the public sphere. In the West Bank, the "imprisonment of children and young people is widespread and impairs their well-being gravely" with the most common offense being stone throwing punishable with up to 20 years imprisonment under Israeli military law. Research has identified that adolescent boys are "particularly vulnerable to ill-treatment in military detention as well as violence and child labour".<sup>35</sup> Moreover, the Special Rapporteur on the situation of human rights defenders expressed concern over arrests, harassment, criminalization and threats targeting

human rights defenders in August 2021 including prominent women leaders Dr. Shatha Odeh and Muna Al-Kurd. More specifically, the Special Rapporteur stated that "arrests and raids on the homes of Palestinian human right defenders form part of a wider crackdown against those defending the human rights of Palestinians in the Occupied Palestinian Territory" and called on authorities to "stop targeting these human rights defenders and allow them to carry out their legitimate and peaceful work free from any kind of restrictions".<sup>38</sup> In the Old City of Hebron ADWAR has reported that "women, young women and girls suffer from all forms of psychological, social, physical and sexual violence...".<sup>37</sup>

## The gendered impact on pregnant and lactating mothers as well as children and youth



UN Secretary-General António Guterres stated that "If there is a hell on earth, it is the lives of children in Gaza".<sup>38</sup> Boys and girls in Gaza live in a protracted protection crisis under occupation, magnified by the May 2021 escalation, a 14-year blockade, and internal divisions between the PA and Hamas. UNICEF has estimated that 250,000 children were in need of mental health and psychosocial support services (MHPSS) due to trauma and fear from "injuries, widespread destruction and the loss of lives as a result of the escalation".<sup>39</sup>

With 1.14 million young people in Palestine, youth make up 22 per cent Gaza's population

and 23 per cent of the West Bank. The recent crises have heightened risks and exacerbated the vulnerabilities of young people in Gaza and East Jerusalem, in particular, resulting in high rates of anxiety, depression, and post-traumatic stress disorder, all of which may increase high-risk behaviour (such as violence, drug use, and suicide).<sup>40</sup>

Poverty and livelihoods challenges create protection vulnerabilities for pregnant and lactating women in the OPT. The Health Cluster estimates that there are 210,000 pregnant and lactating women in the OPT.<sup>41</sup> Some 25 per cent of pregnant woman in the OPT are at risk of death during childbirth while roughly 25 per cent of pregnant women also suffer from anaemia.<sup>42</sup> It was also estimated in early June 2021 that there were around 87,000 pregnant women in Gaza and vulnerable areas of the West Bank. Of these 87,000, an estimated 29,000 women were expected to give birth in the following three months. In Gaza, 15 per cent of these expected deliveries were estimated to experience complications.<sup>43</sup> One in four of pregnant women is at risk of death during childbirth.<sup>44</sup>

## The gendered impact on vulnerable groups including the elderly and the disabled

Vulnerable groups face additional protection concerns in the OPT. The May 2021 escalation of hostilities in Gaza killed 17 elderly and wounded 91 elderly.<sup>45</sup> A recent rapid needs assessment in Gaza revealed that 44 per cent of surveyed women



and 80 per cent of persons with disabilities, reported not feeling safe in their homes.<sup>46</sup> The elderly, who experience multiple physical and mental vulnerabilities, are at continued of displacement. People with disabilities, many of whom are children, continue to face unique challenges. Those living in or dependent on the access restricted areas which make up nearly 35 per cent of Gaza's cultivable land and 85 per cent of its maritime area (such as farmers, herders, Bedouins, and fishers) have suffered enormously due this latest round of displacement, injury, and an inability to continue livelihood activities.<sup>47</sup>

Furthermore, protection concerns remain for elderly household members, as well as those with pre-existing conditions, who are at an increased risk of developing serious complications if they contract COVID-19. Those who develop serious complications from COVID-19 are at an increased risk of death due to inadequate or absent treatment, particularly in Gaza.<sup>48</sup>

## 2. Living standards

The following section presents an intersectoral gender assessment of the living standards of highlighted groups.

### The gendered impact of recent developments



The ability of Palestinians to meet their basic needs through accessing essential goods and services has been significantly obstructed in the OPT. Israeli attacks in the May 2021 escalation in Gaza destroyed 1,255 houses; damaged 331 schools and kindergartens; damaged or destroyed 290 WASH facilities; and damaged 33 health facilities.<sup>49</sup> Israeli authorities' actions to shut down Gaza's only two functioning crossings and to prohibit access to Palestinian waters for all activity, including after fishing prevented the entry of fuel, food, medicine, and other humanitarian supplies into Gaza and violated customary international humanitarian law.<sup>50</sup> During this period women, men, girls, and boys of all age groups (particularly those with disabilities, cancer patients, and chronic diseases) were unable to follow up on their cases and access necessary treatment and medicines as a result of the closure of the majority of clinics, health centres, and institutions that provide health services.<sup>51</sup> The influx of injured and damage done to Gaza's healthcare facilities (which had already been enormously stressed) further strained Gaza's healthcare system.<sup>52</sup>

Israeli authorities and military heightened the

energy crisis in Gaza by “systematically targeting power lines... and refusing to repair four of the main power lines”. The resulting power deficit reportedly resulted in limiting power to only four hours of electricity at a time followed by 16 hours of power cuts which also limited essential services such as healthcare.<sup>53</sup> Women, who bear the brunt of caring for children as well as performing household tasks (including cooking, washing, cleaning, caring for the elderly, the sick and the disabled) experienced greater pressure to do so given power outages, water shortages and further lack of resources. The inability to provide has heightened psychological pressures including anger, fear, and anxiety.<sup>54</sup> Research has emphasized the need to increase access to helplines, texting and social media services providing psychological first aid services for women and girls (particularly survivors of violence).<sup>55</sup> In the West Bank, recent developments have highlighted the population's increased harassment by settlers under the constant threat of annexation.

Pandemic restrictions imposed by Israel and the Palestinian authorities have resulted in the population facing mobility restrictions, limiting access to essential health services, among other services.<sup>56</sup> While limited access to sexual and reproductive health rights (SRHR) was a concern in the OPT prior to COVID-19, a severe lack of resources in the Palestinian healthcare system (due to the occupation as well as patriarchal norms within Palestinian society), has further deprioritized women's access to SRHR. Equipment shortages and restricted mobility negatively impacted maternal healthcare, with essential natal care services being “inaccessible particularly to women in remote or restricted areas” (such as Gaza, Area C, H2 and areas cut off by the wall or settlements).<sup>57</sup>

Palestinians in the OPT have faced inequitable access to COVID-19 vaccines and other essential medical items such as personal protective equipment (PPE). Whereas in June 2021, Israel had vaccinated more than 60 per cent of its citizens, only 9 per cent of Palestinians in the West Bank and Gaza had been vaccinated despite Israel's legal obligations as an occupying power.<sup>58</sup> As the

Special Rapporteur on the human rights situation in the Palestinian territories occupied since 1967 has reported, “during a serious health crisis, one that crosses borders and communities, a two-tier occupation regime reinforces unequal rights, particularly the right to adequate health.”<sup>59</sup>

## The gendered effects of protracted humanitarian crisis, poverty, and displacement

From January to 26 August 2021, 642 structures were demolished and 917 Palestinians were displaced in Jerusalem and the West Bank. These demolished structures may be residential, livelihood-related, service-related or part of infrastructure.<sup>60</sup> Such demolitions impact access to essential services including water connections and wells as well as result in a loss of livelihoods. Palestinian farming and herding communities in the West Bank are often unable to access farming land and privately-owned Palestinian land when such land has been designated as closed for military purposes, nature reserves, or requires the imposition of ‘prior coordination’ requirements.<sup>61</sup> In Area C, home demolitions have a significant impact on women as traditional gender norms link them to their home and domestic responsibilities. Recent research has highlighted that such destruction can have a devastating emotional consequence on women, “including the development of psychosocial disorders like anxiety and depression, which can be compounded by a sense of failure to protect one’s children from violence.”<sup>62</sup> In the OPT assessments have identified that cultural norms demand that issues (including mental health issues) be resolved within families, hindering access to MHPSS services particularly for women and girls. Furthermore, stigma related to mental health limits men’s, women’s, boys’, and girls’ access to MHPSS services. This notion affects women and girls in particular who are hindered by their families to access such services due to the fact that their families believe they may become “unmarriageable.”<sup>63</sup>

According to the World Bank, “More than 36 percent of youth are unemployed in the Palestinian territories, particularly high in Gaza

with 66 percent and as high as 91% for women”..<sup>64</sup> In Gaza the 14-year blockade has contributed to creating serious access limitations to energy, safe drinking water, medical supplies, agricultural tools and supplies, import and export opportunities, as well as the ability to create sustainable, long-term production.<sup>65</sup> The Special Rapporteur on the human rights situation in the Palestinian territories occupied since 1967 has described Gaza’s economy as “flat on its back” with “an export sector that has nearly expired as a result of the closure and severe restrictions”.<sup>66</sup>

The recent escalation has had a devastating impact on Gaza’s economy including reduced incomes to households due to “injured or killed family members, temporary or permanent loss of employment, and reduced economic activity”.<sup>67</sup> These limitations compound the vulnerabilities facing adolescent girls “linked to poverty, social norms and low access to services” and result in harmful practices, including child marriage.<sup>68</sup> Demolitions and forced evictions carried out in November 2020,<sup>69</sup> February and July 2021,<sup>70</sup> in the Bedouin community Humsa Al-Baqai’a, have also had a detrimental impact on the community’s access to water. In these incidents, Israeli forces demolished or confiscated a total of 158 structures (including mobile water tankers, plastic water tanks and hygiene facilities). According to reports in July 2021, 70 people including 35 children were displaced.<sup>71</sup> Roughly 14,000 Palestinians in approximately 180 communities in Area C have no connection to a water network, are without water infrastructure, and are considered at high risk for water scarcity and must largely rely on shallow wells or buying water.<sup>72</sup> In some Palestinian communities in Area C, water makes up 15 percent of household expenses. For herder communities, such as Bedouins, the cost of water undermines their ability to maintain their livelihood, substantially increasing the risk of forcible transfer.<sup>73</sup> Additionally, in Area C women are often left with limited economic prospects which often leaves them to work unpaid on family farms in agricultural labour and/or animal herding.<sup>74</sup>

The limited availability of water has a disastrous impact on Palestinians in Gaza as a whole, and a particular harmful impact on the living conditions of women and girls who are traditionally

responsible for ensuring the basic needs of their families, including water. The gendered impact of a lack of access to clean water and sanitation has a particularly marked effect on women and girls in Gaza where the lack of access to clean water affects handwashing, showers, cleaning food and menstrual hygiene.<sup>75</sup>

The COVID-19 pandemic has threatened female-headed households' access to housing. As female-headed households have less access to adequate shelter than male-headed households, female-headed households may experience increased eviction rates and other protection risks.<sup>76</sup>

## Violence against women and girls as well as domestic violence



Women and girls who are survivors of GBV often face social stigma that can limit their access to essential services. Outdated and discriminatory local laws continue to limit access to gender-responsive services and justice for women and girls that are GBV survivors.<sup>77</sup>

COVID-19 lockdowns in the OPT shut down essential lifesaving services, including referrals and emergency sheltering, which often left survivors in situations of confinement with their abusers. When survivors have been able to access services again, UN Women has documented that fear of potential COVID-19 infection and previous unpleasant experiences with service providers has kept them from accessing such services.<sup>78</sup>

In Gaza due to the recent escalation, essential GBV response services (such as MHPSS, health

services, and legal aid) were suspended and the two main shelters were closed during the bombardment with GBV survivors in the shelters sent home. The Safe Space in the Jabalia refugee camp was damaged by shelling.<sup>79</sup> A rapid needs assessment found that 85 per cent of those surveyed were not aware of the prevention of sexual exploitation and abuse (PSEA) complaints system and reporting mechanisms.<sup>80</sup>

In the West Bank and East Jerusalem, settlement expansion has limited women's access to basic services and at times exposed them to violence and insecurity. One example of this is in the Jaber neighbourhood of Hebron's Old City, where streets have been paved to facilitate movement for settlers. Palestinian residents of the Old City are prevented from walking on these streets and are forced to walk next to settlers' homes on the sidewalk where they are exposed to danger and harassment by settlers. As a result, women and girls can experience harassment which can in turn lead to women and girls not accessing such areas and staying home, excluding them from public participation.<sup>81</sup> In practice, women are reporting instances of having to cross up to five checkpoints in order to reach services and training or work opportunities.<sup>82</sup>

## The gendered impact on pregnant and lactating mothers as well as children



Globally the COVID-19 pandemic has forced the rerouting of resources within the healthcare system. As a result, women's health issues and SRHR have been deprioritized in favour of funding

the pandemic response. In the OPT, this reduced funding for women's health and SRHR as well as movement restrictions have limited women's access to life-saving services such as emergency healthcare, childbirth, or postpartum care. Palestinian women needing care in Jerusalem or Israel have been unable to access such hospital services there.<sup>83</sup>

UNICEF has reported on the limitations related to basic health services in the OPT. UNICEF has documented that "health care services are often overstretched due to the limited number of health care facilities, which in turn promotes the early discharge of mothers and their babies following birth (often within 2-3 hours)". This reality results in a limited window to detect medical complications and provide lifesaving interventions.<sup>84</sup> Furthermore, the COVID-19 era has seen a dramatic decrease in the availability of services and of their usage due to fear of getting infected. In Gaza, the health cluster has reported a 90 per cent decrease of attending prenatal check-ups in the COVID-19 era.<sup>85</sup> This fear is rational since pregnant women undergo physical changes that "can make them more vulnerable to experiencing serious respiratory infections".<sup>86</sup>

In Gaza Palestinians face massive limitations to essential services that have threatened the collapse of living standards and negatively affected pregnant mothers and children under five. A lack of access to safe drinking water has resulted in water-related diseases becoming the main cause of child morbidity.<sup>87</sup>

In Gaza 30 per cent of children aged three to six attend licensed preschools; as a result, a majority of children miss out on a critical phase of education and development.<sup>88</sup>

A lack of access to reliable electricity leads to chronic power shortages which negatively affects the ability of students, including girls, to study at school and at home and achieve their potential.<sup>89</sup> COVID-19 has further affected children's well-being, limiting their access to essential services such as education, health, nutrition, water and sanitation and protection services.<sup>90</sup> More specifically in Gaza males were found to be "four times less likely to be engaged in e-learning than females". Females in more vulnerable schools have

experience sizeable declines in their well-being; in 2019 87.5 per cent of these girls reported feeling optimistic about the future while in 2020 only 1.5 per cent reported feeling this way.<sup>91</sup> The risk of dropping out of school increases in the aftermath of escalations, when households face additional financial pressures. Boys may experience pressure to work while girls may be expected to assist with household activities. Additionally, in periods of increased hardship, girls may be pushed to drop out of school and into an early marriage.<sup>92</sup>

In some areas of the West Bank, women and girls face limited access to health services. For example, in Masafer Yatta, a doctor in a caravan health clinic affiliated to the Palestinian Ministry of Health provides services one day a week. In Al-Mofakara, women and girls do not have access to a basic health clinic; the one in neighbouring Twanah does not offer pregnancy, childbirth, and/or chronic disease services. These limitations force women to go the government hospital in Hebron for childbirth and the treatment of difficult diseases for critical cases.<sup>93</sup>

## The gendered impact on vulnerable groups including the elderly and the disabled



2017 PCBS figures report that there are 92,000 persons with reported disabilities in the OPT. Recent research has reported that women and girls' hardships are greater than those faced by men and boys with disabilities due to "discrimination, marginalization, social exclusion, stigmatization and [a] routine failure to ensure



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their social inclusion and effective participation in public life”.<sup>94</sup> 5.4 per cent of females reportedly have at least one impairment.<sup>95</sup> Despite disability or injury women are often expected to continue fulfilling their home duties. Their situation often forces them to rely on family members given existing social norms that limit women’s unaccompanied mobility which can limit their access to medical treatment. This can contribute to them experiencing social stigma or a feeling of being a burden to their family as well as pressure related to their chance of getting married. Moreover, women and girls in such circumstances experience reduced decision-making power (when compared to before their disability/injury).<sup>96</sup>

The elderly are at particular risk due to displacement and their lack of access to services such as healthcare and caregiving.<sup>97</sup>

People with disabilities, of which many are children, continue to face unique challenges especially for

rehabilitative and caregiving services.<sup>98</sup> In Gaza a recent CARE needs assessment revealed that 32 per cent of respondents with disability and/or whose family members are disabled were not able to access health services or medical treatment.<sup>99</sup> In the OPT women with disabilities often lack access to disability-friendly services (such as sexual and reproductive health services as well as justice and security services).<sup>100</sup>

While Palestinians of all backgrounds, including the elderly, joined in the Great March of Return in Gaza the direct participation of females was comparatively lower than their male counterparts.<sup>101</sup> Thousands of Palestinians were disabled (most of the injuries sustained during the GMR protests being in the legs) in a context without proper healthcare facilities and supplies. Most cases of injury occurred amongst the boys and men in the household, while those women and girls who were not injured carried the emotional and caregiving burden.<sup>102</sup>

## 3. Coping Mechanisms

The following section presents an intersectoral gender assessment of the coping mechanisms of highlighted groups.

### The gendered impact of recent developments



Recent developments have had a major psychosocial toll on the resilience of individuals and communities in the OPT. The May 2021 surge in humanitarian needs in Gaza has “exhausted the coping mechanisms of families and communities and brought service-providers to their capacity, unable to fulfill the increasing needs”.<sup>103</sup>

The decreasing resilience in the mental health of women in particular has been linked to intimate partner violence (IPV), which increased significantly in 2020, intensifying post-traumatic stress and anxiety disorders.<sup>104</sup> The stigma around mental health remains “higher for women and threatens their status in society”.<sup>105</sup> Moreover, the social taboo around speaking about IPV or other forms of GBV is believed to obstruct recovery and increase mental health challenges for women, who often view suicide as “the only way out of oppression and abusive relationships”.<sup>106</sup>

In Gaza OCHA reported that from January to October 2020, 24 people (including four women and five children) had committed suicide, an increase compared to the entire year of 2019 when there were 22 suicides reported. These figures likely do not fully capture the total number of

suicides in Gaza, given that suicide is stigmatized and likely underreported. Additionally, OCHA underscored the increasing numbers of women and girls reporting “post-traumatic stress disorder, anxiety disorders, and all types of stress-related illnesses”.<sup>107</sup> Reoccurring conflict has created a shortage of medical students interested in specializing in psychiatry, weakening the system’s ability to cope with the existing mental health crisis. Across the OPT there remains a lack of rehabilitation services for those with chronic mental health disorders.<sup>108</sup>

Recovery will require a substantive and sustained commitment as well as action on health sector reforms. This approach should develop community mental health services (including psychosocial rehabilitation services for GBV survivors); integrate mental health into health facilities (primary healthcare facilities and general hospitals); strengthen mental health programmes in schools; and design a multi-sectoral suicide prevention strategy to improve the detection of, treatment for, and referral related to suicide.<sup>109</sup>

Additionally, an important component of resilience is supporting those delivering essential services including women’s rights organizations. In Palestine, some women’s rights organizations are bolstering resilience by offering “staff peer support as part of an overall approach to psychological health and safety in the workplace”.<sup>110</sup> At Sawa staff are limited to answering phones for “a maximum of 20 hours a week to prevent counsellor burnout”.<sup>111</sup>

### The gendered effects of protracted humanitarian crisis, poverty, and displacement

Within the context of protracted humanitarian crisis, poverty, and displacement in the OPT, bolstering resilience and supporting recovery is critical to promoting protection and development. The injury of a breadwinner (as experienced during the Great March of Return in Gaza as well as the May 2021 escalation) increased pressures on

the injured breadwinner as well as on women (as caregivers) while reducing their family incomes.<sup>112</sup> COVID-19 has increased stress for those living under the poverty line in the OPT. The resilience of women, who often “eat last and least”, has been further eroded by these recent developments.<sup>113</sup>

Female-headed households, in particular, face resilience challenges. While female-headed households make up 11 per cent of the OPT, they disproportionately suffer from extreme poverty at a rate of almost 20 per cent.<sup>114</sup> Female-headed households are food insecure at a rate of 31 per cent in the OPT (5 per cent higher than male-headed households). In Area C in 2019, 36 per cent of female-headed households were designated as distressed, a rate 14 per cent higher than male-headed households.<sup>115</sup>

Regarding internally displaced persons (IDPs) in the OPT, major information gaps exist regarding their location, living conditions, and vulnerabilities. Obtaining more accurate, up-to-date information – particularly for women and girls – will increase the ability of organizations to support IDPs’ resilience and recovery.<sup>116</sup>

Another initiative, the “We Will Rebuild Gaza” campaign, seeks to foster recovery in Gaza. The initiative, supported by over 150 youth volunteers, provides basic psychosocial support to women and children at shelters in Gaza. Youth peer helpers have also distributed food packages to families in shelter schools, conducted needs assessments for the rehabilitation of damaged houses and public playgrounds, supported street cleaning as well as humanitarian first response activities.<sup>117</sup> Actively engaging Palestinian women and girls in the first step of reconstruction (rubble removal) will be an important move towards ensuring a gender-responsive reconstruction. Women should be involved so that they can secure their rightful role in the reconstruction process and support fairer development in the OPT.<sup>118</sup>

## Violence against women and girls as well as domestic violence

The COVID-19 pandemic and the May 2021 escalation have had a major impact on the resilience of survivors of violence against women



and girls as well as domestic violence.

COVID-19 has tested the resilience of families across the world and in Palestine intensified pre-existing factors that trigger sexual and gender-based violence (SGBV). UN Women Palestine has identified that SGBV services are “not only life saving but also fundamental to social cohesion”. In order to foster resilience and encourage recovery the healthcare system in the OPT must prioritize providing emergency contraception, first psychosocial aid, and postexposure prophylactics for sexually transmitted infections including HIV. Such steps will prevent “women, children and men, communities and societies from falling apart, fragmented by violence, stigma and cultural taboos”.<sup>119</sup> Moreover, raising awareness about mental well-being as well as normalizing discussions about mental health (including anxiety and stress) can encourage resilience and safe spaces free of GBV and domestic violence.<sup>120</sup> In remote areas of Area C in the West Bank, many health and protection cluster partners deliver essential healthcare and psychosocial support

services through mobile clinics. In order to support coping mechanisms in these hard-to-reach areas, it is crucial to integrate SGBV services into these mobile clinics.<sup>121</sup>

An example of building resilience for survivors of violence against women and girls as well as domestic violence in the OPT is the HAYA Joint Programme. Through the HAYA Joint Programme (supported by UN Women, UNFPA, UN-Habitat, and UNODC) the Palestinian Ministry of Health has established GBV rooms in hospitals and primary healthcare directorates in the West Bank as well as one in Al Shifa Hospital in Gaza. These GBV rooms have dedicated personnel who ensure privacy, confidentiality, and the protection of survivors seeking medical, social, and psychological services.<sup>122</sup> Improving services for survivors of violence can bolster their lives allowing for the opportunity for recovery for individuals and communities.

Several women's rights organizations have for nearly 16 years led a campaign advocating for the passage of the Family Protection Bill. The bill would encourage resilience for women and girl survivors of SGBV by providing essential protections for Palestinian women, children, and families. The bill would establish reporting mechanisms, judicial procedures, and family protection counsellors which can support security and access to justice for women victims of violence.<sup>123</sup>

## **The gendered impact on pregnant and lactating mothers as well as children and youth**

The resilience of pregnant and lactating mothers, children, and youth continues to be threatened. The May 2021 escalation and COVID-19 pandemic have decreased resilience as relates to the overstretched healthcare system in Gaza. Damage done to 33 health facilities has had a significant impact on community resilience in a setting already challenged by multidimensional poverty marked by malnutrition, violence, and limited access to clean water. This along with COVID-19 have severely impacted pregnant women's access to safe, reproductive health services as well as prospects for recovery.<sup>124</sup> Pregnant women and girls must continue natal care and seek out

assisted deliveries to maintain their health and resilience.<sup>125</sup> Towards this objective, UNICEF, the Ministry of Health, and local NGO partners have maintained the provision of essential maternal, neonatal, child health, and nutrition services for high-risk women and young children through telephone counselling, mobile teams, and mobile clinics. 3,124 neonates, 2,787 high-risk pregnant and lactating women, and 13,099 children under five (6,454 boys and 6,645 girls) benefited from these essential services.<sup>126</sup>

In 2020 UNICEF reported interferences impacting children's access to education (when schools were open) including: "clashes and the use of tear gas and other weapons in and around schools; checkpoints and other access restrictions for students and teachers; threats and intimidation of school children and teachers by [Israeli Forces] and settlers; as well as a climate of fear and tension in and around some schools due to military presence".<sup>127</sup> However, for students in the West Bank who had reliable access to electricity (remote areas in Area C and Bedouin communities notwithstanding) that were able to access distance learning during the COVID-19 pandemic, preliminary research indicates that distance learning may have mitigated the disruption as these students appear to have seen improvement in their well-being between 2019 and 2020.<sup>128</sup> This is likely in part due to the fact that the aforementioned interferences related were mitigated as school students (adolescent boys in particular) were less exposed to targeting by at checkpoints or exposed to Israeli Forces and settler-related violence.<sup>129</sup>

Recent research has highlighted the need for specialized child protection case management services to increase the resilience of vulnerable children, including those at risk of child labour, school dropout, and child marriage as well as refugee children and children with disabilities.<sup>130</sup>

## **The gendered impact on vulnerable groups including the elderly and the disabled**

In the OPT, as in many parts of the world, persons with disabilities experience challenges related to their ability to access coping mechanisms. In



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particular, women with disabilities experience reduced resilience. CARE estimates that women with disabilities in the OPT are “up to four times more likely to experience intimate partner violence” while often having no option but to rely on their abuser for mobility. This in turn limits their ability to build resilience or access other services.<sup>131</sup> Women with disabilities have minimal opportunities for economic resilience as an estimated four per cent of women with disabilities participate in the workforce.<sup>132</sup>

In the Jordan Valley there are approximately 60,000 Palestinian residents residing in Area C.<sup>133</sup> With no Palestinian jurisdiction over Area C and the continuous threat of forcible transfer, resilience has been systematically eroded, particularly for women and youth.<sup>134</sup> Women have, however, demonstrated economic resilience through supporting their families with agriculture in areas of the West

Bank. In Masafer Yatta, Masafer Bani Naem, and Al-Mofakara where many communities depend on livestock as their main source of income, women have played a major role in taking care of livestock, producing milk and its derivatives as well as taking and selling their products in the market directly or from their homes to the local community.<sup>135</sup>

Only 6.7 per cent of agricultural land holdings are held by women across Palestine.<sup>136</sup> In Gaza women’s cooperatives have created supportive spaces for women in agriculture. Donors have supported these initiatives which bolster resilience by funding the purchase of costly equipment (including ovens, mixers, and freezers).<sup>137</sup> COVID-19 and related restrictions have created unfortunately challenges for small-holder farmers, particularly women, in accessing markets.<sup>138</sup>

## 4. Cluster analyses

This section presents a cluster specific and gender focused analysis briefly highlighting cluster specific gender data and trends in six humanitarian clusters, including protection, health, WASH, education, food security, and shelter.

### 4.1 Protection



• Gaza's 2 million residents continue to suffer from a relentless humanitarian crisis, exacerbated greatly by the May 2021 escalation of hostilities between Israel and Palestinian armed groups. The recent escalation killed 260 Palestinians (including 40 women and 63 children), wounded almost 2,000 Palestinians (including 398 women and 600 children), displacing 113,000 who sought protection at the height of the escalation, more than half of them were women and girls.<sup>139</sup> An increased number of deaths and injuries among men has led to more female-headed households.<sup>140</sup> 241 children lost one or both parents.<sup>141</sup> The May 2021 escalation also further increased protection threats (including verbal, physical, sexual, and psychological violence) for children.<sup>142</sup>

• The West Bank and East Jerusalem have witnessed unrest, clashes, and violent incidents involving Palestinians, Israeli settlers, and Israeli forces raising significant protection concerns. OCHA has documented 31 Palestinian casualties (including two women and five boys) and 7,516 injuries with men and boys experiencing almost all of the injuries (7,384 men and 125 boys were injured).<sup>143</sup>

• Palestinian boys and girls may experience abuse at the hands of caregivers, often those who are under intense stress themselves, a phenomenon that is especially acute for children with disabilities.<sup>144</sup>

• Women and girls in the OPT experience various protection risks (including from GBV in general and domestic violence, sexual harassment, and early marriage in particular) in private and public spheres due to the occupation as well as entrenched societal discrimination. Recent research has highlighted challenges facing tracking cases of femicide in the OPT, including the "differences in definitions, vision and methodologies used" as well as "statistics of the different entities". Moreover, there is a disparity in the classification of murder cases as "some are classified under 'suicide' or 'death for unknown reasons', or closed immediately without proper investigation".<sup>145</sup>

• Preliminary findings undertaken in the aftermath of the 2021 escalation in Gaza, reveal that, 10 per cent of households had at least one pregnant family member and 13 per cent had at least one lactating woman during the war. 37 per cent of these households reported an increase in the level of violence in general against women within the household, while 15 per cent reported an increase in sexual violence.<sup>146</sup>

• Women with disabilities often lack access to disability-friendly services (such as sexual and reproductive health services and justice and security services) in the OPT.<sup>147</sup> An increasing proportion of women and girls with disabilities experience intersecting forms of social, physical, psychological, and sexual violence.<sup>148</sup>

• In 2020, 11 Palestinian children (all boys, aged 14-17 years old) were verified to have been killed (eight from the West Bank including East Jerusalem and three from Gaza), highlighting the specific risks adolescent boys face. Research has highlighted that "Adolescent boys are particularly vulnerable to ill-treatment in military detention as well as



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example, Israel transfers various types of waste (including sewage sludge, infectious medical waste, used oils, solvents, metals, electronic waste and batteries) to the West Bank and “many waste treatment processes, particularly of hazardous waste, could potentially result in health hazards and pollution, including harm to... water, air and ground pollution”.<sup>153</sup>

## 4.2 Health



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violence and child labour”.<sup>149</sup> Out of these, eight were killed by Israeli forces, one by Palestinian Security Forces, one by Hamas’ al-Qassam Brigades, and one by explosive remnants of war. In 2020, the UN verified 20 Palestinian children (16 boys and 4 girls) injured by Israeli settlers in the occupied West Bank, with most incidents occurring in Hebron governorate, particularly the H2 area of Hebron city. According to information provided by the Government of Israel, the number of Palestinian children detained in Israel Prison Services facilities was 131 as of December 2020; a significant protection concern for children.<sup>150</sup>

- Men have unique needs in the OPT that often go overlooked and unsupported. Data demonstrates that “men use health services less frequently than women... primarily in cases of urgent medical need rather than for prevention and self-care”. Additionally, “men’s psychosocial distress (particularly in Gaza)... [is] very high” while “men are often reluctant to seek mental health and other types of psychological and emotional support”.<sup>151</sup>

- Compounded trauma from the occupation as well as recent emergencies have increased the need for MHPSS in the OPT. UNFPA has underscored the need to mitigate the long-term negative mental health impacts that the hostilities incur on youth in Gaza including through including young people as active participants (and not only as beneficiaries) in supporting clean-up efforts and providing basic psychosocial support. Such initiatives (in safe and meaningful ways) can empower youth.<sup>152</sup>

- In addition to immediate protection concerns, there are a number of other protection issues facing women, men, girls, and boys in the OPT. For

- In the OPT women represent 60 per cent of workers in the care sector and 70 per cent of frontline health workers.<sup>154</sup> Despite bearing a disproportionate burden in responding to the COVID-19 pandemic, many have highlighted that women’s voices are rarely heard in decision-making.<sup>155</sup>

- During the May 2021 escalation of hostilities Israeli forces damaged 33 health facilities.<sup>158</sup> The military escalation had a significant effect on the health infrastructure in Gaza, which was already heavily overstretched due to the effects of the occupation and COVID-19.<sup>157</sup> The damage and destruction of medical facilities as well as the injury or death of health care workers (including the killing of the doctor leading Gaza’s COVID-19 response)<sup>158</sup> further strained the public health response to COVID-19.<sup>159</sup> Preliminary findings reveal that 10 per cent of the households had at least one pregnant family member and 13 per cent had at least one lactating woman; the vast majority of these families reported a deterioration of accessibility to prenatal and postnatal services.<sup>160</sup> In May 2021 UNICEF Palestine estimated that 250,000 children were in need of mental health and psychosocial support services (MHPSS) in Gaza due to trauma and fear

from “injuries, widespread destruction and the loss of lives as a result of the escalation”.<sup>161</sup>

- Official figures of documented cases of maternal mortality in the West Bank and Gaza demonstrate improvement, as the Maternal Mortality Rate (MMR) reduced from 55 per 100,000 births (1999) to roughly 23 in 2014.<sup>162</sup> In Gaza the figure was 16.2 in 2019,<sup>163</sup> which ranks much better than the WHO and SDGs’ guidelines for health systems (between 50 and 70 per 100,000).<sup>164</sup> There is, however, an important caveat: reported MMR figures do not include births that were not documented, suggesting that MMR may actually be higher than has been reported.<sup>165</sup>

- UNICEF Palestine has documented that a number of dynamics (including: lockdown measures, movement restrictions, school closures/remote schooling, a lack of recreational spaces, conflict related violence, highly-stressed families confined in relatively small places, and socio-economic pressures) have contributed to an increased prevalence of violence within households. There has been a 40 per cent increase in Gaza and 26 per cent increase in the West Bank of MHPSS teleservices provided to children experiencing violence at home. Girls experienced a significantly higher demand for MHPSS services as well as a higher rate of suicide attempts. The COVID-19 pandemic also resulted in an increase in the demand and provision of services to support children engaged in child labour; up 52 per cent in Gaza and 9 per cent in the West Bank.<sup>166</sup>

### 4.3 WASH

- Palestinians in the West Bank suffer severe water shortages, irregular supply, and often place water tanks on their roofs to stock water when there is no running water.<sup>167</sup> The demolition and confiscation of water and WASH infrastructures in the West Bank including East Jerusalem increases affected communities’ vulnerability. The severe shortage of water infrastructure contributes to a coercive environment and increases vulnerability to forced displacement and economic as well as social complications.<sup>168</sup> It is estimated that in the West Bank nearly 660,000 Palestinians have limited access to water.<sup>169</sup> 420,000 persons



consume less than 50 litres on average daily per capita,<sup>170</sup> well below the 100 litres recommended by WHO. Women and girls who lack access to clean water are unable to manage their menstrual hygiene which can also impact their participation in public spaces (including schools) as well as make them susceptible to infection.<sup>171</sup>

- The inability of households to access clean water for hand washing and, in the cases of those in protracted displacement, to adequately maintain social distancing further exacerbates sanitary risks at a time when the health sector is already overburdened.<sup>172</sup> The situation in particular for pregnant women, lactating women, and women who have recently given birth who face elevated threats from a lack of clean drinking water and a low state of hygiene.<sup>173</sup>

- Today only 4 per cent of household members in Gaza have access to “safely managed water that is free of pollution.”<sup>174</sup> Despite its low quality and inconsistent supply, water is very expensive in Gaza.<sup>175</sup> The General Assembly has recognized that affordable water should not exceed three percent of household income.<sup>176</sup> Surveys have reported families spending up to a third or even half of their income on water.<sup>177</sup> During the May 2021 escalation of hostilities Israeli forces’ attacks

destroyed damaged or destroyed 290 WASH facilities.<sup>178</sup>

- Children in Gaza are exposed and particularly susceptible to nitrates in water, which stunts their growth and affects brain development, impacting their health in ways that have life-long consequences. High levels of nitrates cause cyanosis, harm pregnant women and increase the risk of cancer.<sup>179</sup> These contaminants present particular risks to children and pregnant women. Water-associated diseases account for approximately 26 percent of childhood diseases in Gaza and are a primary cause of child morbidity.<sup>180</sup> Gaza's combination of poor clean water supply, limited hygiene practices, and insufficient sewage treatment could lead to an outbreak of disease that spreads outside of its borders.<sup>181</sup>

## 4.4 Education



- During the May 2021 escalation in Gaza, 149 public and private schools sustained damage. 37 UNRWA schools, the Gaza Training Center (GTC), and a Rehabilitation Center for the Visually Impaired (RCVI) were collaterally impacted. During the escalation 63 UNRWA schools were used as designated emergency shelters to host IDPs, partially damaged, and in need of minor rehabilitation. 80 kindergartens in Gaza reported damages due to the escalation.<sup>182</sup>

- The Palestinian Ministry of Education reported that as of May 2021 there had been roughly 25,000 cases of COVID-19 for students across the OPT.<sup>183</sup> In addition to affecting students

directly, the COVID-19 pandemic has resulted in the intermittent closure of schools, colleges and universities affecting access to education. In response schools have attempted to use distance learning programmes and platforms to limit the disruption to accessing education and the spread of the virus. In the West Bank, where households have more reliable access to electricity (not including remote areas in Area C and Bedouin communities), children were able to access distance learning during the pandemic. There is a preliminary indication that these steps may have mitigated disruption as some improvement in the well-being of students in the West Bank between 2019 and 2020 has been documented.<sup>184</sup> Such improvement is likely linked in part to the fact that school students (adolescent boys in particular) were less exposed to settler-related violence and are targeting by Israeli forces at checkpoints, something they are vulnerable to.<sup>185</sup>

- Challenges faced in accessing education posed by the Israel occupation in East Jerusalem, where most students do not have access for online distance learning, 72 percent of families live below the poverty line, and children often do not have access to a mobile phone.<sup>186</sup> Furthermore, in Gaza more than 575,000 children and teenagers (over half the school-aged population) lack access to computer equipment, a reliable power supply and reliable internet access.<sup>187</sup> Dropping out of school can result in negative outcomes for children, including force marriage and early pregnancies for girls. In Gaza, a recent increase in the school dropout rate for boys was linked to a “deteriorating economic situation and overall well-being for students, their families and communities”.<sup>188</sup>

- In Gaza 10,539 children are reported to be enrolled in 80 kindergartens, of which 53 per cent are boys and 47 per cent are girls. Of this group 91 children (roughly 1 per cent) are children with disabilities.<sup>189</sup> Just 30 per cent of children aged three to six attend licensed preschools in Gaza.<sup>190</sup>

## 4.5 Food security

- Poverty and unemployment are the key drivers of food insecurity in Palestine. In Gaza, “nearly seven out of ten people are poor, half of the



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workforce is unemployed, and seven out of ten households are food insecure”.<sup>191</sup>

- Of the many affected by the recent escalation in Gaza, WFP has identified 20,000 labourers (many of whom were owners of economic facilities and belonging to farming communities) who lost their income as a result of the escalation and are now vulnerable and food insecure.<sup>192</sup> The industrial and commercial sectors were reported to be seriously damaged impacting the long food supply value chain. More specifically this included the destruction of industrial, processing, production, and retail activities inside the 'PADICO' industrial zone.<sup>193</sup> Preliminary findings from a multi-sectoral gender assessment reveal that 6.5 per cent of the surveyed households lost (completely or partially) a formal business (93 per cent of which were in the name of a male family member and 7 per cent in the name of a female family member) and 7.5 per cent reported the complete or partial loss of a home-based income generation activity (80 per cent owned by males, 18 per cent by females, and 2 per cent jointly owned).<sup>194</sup>

- Prior to the May 2021 escalation, over 80 per cent of wage employees in the private sector in Gaza earned below the minimum wage. This is starkly different from the West Bank where the rate was 7 per cent.<sup>195</sup>

- There were 300,000 newly food-insecure people in Gaza attributed to the economic slowdown caused by COVID-19 (as compared to 2019).<sup>196</sup>

- 95 per cent of Palestinian women in women-led micro, small, and medium enterprises reported that their businesses had been negatively

impacted by the pandemic compared to prior to the pandemic.<sup>197</sup> This phenomenon, in turn, negatively impacts their food security.

- Female-headed households in the West Bank are food insecure at an estimated 19.3 per cent rate versus 62 per cent in Gaza.<sup>198</sup> Female-headed households are more susceptible to poverty (54 per cent in Gaza and 19 per cent in the West Bank) compared to male-headed households.<sup>199</sup> Females, in particular individuals in poorer households, have been identified to face diminished health outcomes as a result of prolonged food insecurity than men.<sup>200</sup>

- For women responsible for food security within the household, increased food insecurity heightens pressure and can result in their exposure to intimate partner violence or adopting negative coping mechanisms (i.e. transactional sex, SEA, or entering girls into child marriage).<sup>201</sup>

- Vulnerable women and children are particularly hard hit when families below the poverty line adopt negative coping strategies (i.e. reducing dietary diversity which affects nutrition rates).<sup>202</sup>

- Only 6.7 per cent of agricultural land holdings are held by women across Palestine limiting women's ability to secure food through their own agricultural land.<sup>203</sup>

## 4.6 Shelter

- In Gaza during the May 2021 escalation of hostilities Israeli forces destroyed 1,255 houses and displaced 113,000 people who sought shelter and protection at UNRWA schools or with hosting families at the height of the escalation.<sup>204</sup> There are an estimated 7,000 children in the families who lost their homes during this period.<sup>205</sup> Preliminary findings from a recent multi-sectoral gender assessment demonstrate that 59 per cent of surveyed households report that they were approached by a government, non-governmental or international agency to fill out an application assessing war-related damages (93 per cent of which were completed by males and 7 per cent by females).<sup>206</sup>

- Evictions of Palestinians and demolitions of



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their homes, continued and even spiked in 2020.<sup>207</sup> From January to 26 August 2021, 642 structures were demolished and 917 Palestinians were displaced in Jerusalem and the West Bank (of those displaced men made up roughly 22 per cent, women 21 per cent, boys 30 per cent, and girls 26 per cent). These demolished structures include residential, livelihood-related, service-related and infrastructure structures.<sup>208</sup>

- In the Bedouin community of Humsa Al-Baqai'a (in November 2020,<sup>209</sup> February and July 2021),<sup>210</sup> Israeli forces demolished or confiscated a total of 158 structures. Reports in July 2021 identified that 70 people including 35 children were displaced.<sup>211</sup> Such practices (contrary to the Geneva Conventions' the protection of private property and prohibition on forcible transfer)<sup>212</sup> have deprived Palestinian women and men of adequate housing<sup>213</sup> as well as endangered their access to water, sanitation and hygiene during the COVID-19 pandemic.<sup>214</sup>

- Research indicates that GBV increases amongst populations affected by severe hardship, including displacement.<sup>215</sup> Furthermore, a 2018 study in Gaza

indicated that 49 per cent of family heads surveyed believed that displacement led to an increase of GBV within their families.<sup>216</sup> Overcrowding in a home as well as a lack of adequate shelter and housing can lead to sexual violence.<sup>217</sup>

- For children the loss of their home, treasured personal belongings, security or their parents' protection can be deeply traumatic. For girls, the loss of personal privacy due to the damage or destruction of their shelter can be an especially stressful experience.<sup>218</sup>

- A recent trend towards extended families (multiple families or generations living together as one household) has been identified in the OPT as families seek cost-effective arrangements and may benefit from additional assistance (as larger households can often qualify for additional assistance). This trend, however, raises concerns as it may reinforce patriarchal systems and limit the independence of women. Furthermore, if the male head of household is unable to provide for this larger family, he may feel disempowered which may contribute to an increase in domestic violence.<sup>219</sup>

# Conclusion



Crises impact women, girls, boys and men of all ages and abilities differently. Their needs and interests differ as well as their resources, access, capacities, and coping strategies. Humanitarian action must actively engage women and girls, who like men and boys, can contribute towards crisis response. In fact, the humanitarian action phase can present new opportunities for “more progressive gender roles and relationships to emerge”.<sup>220</sup>

This is particularly true in the Palestinian context where women and girls face intense pressures and rights violations under occupation and in a protracted humanitarian crisis. Historically marginalized groups are disproportionately and negatively impacted by gender norms and pre-existing inequalities. Sudden onset emergencies, such as the May 2021 escalation in Gaza and the COVID-19 pandemic, intensify existing challenges to improving the physical and mental wellbeing, living standards, and coping mechanisms of women, men, girls, and boys in the OPT. Moreover, global warming portends to further strain this unstable status quo. These trends demonstrate

that ‘business as usual’ will not work in changing the trajectory in the Palestinian context.

The use of sex- and age-disaggregated data (SADD) and gender analysis are some of the most effective ways to promote gender equality as well as attend to the unique needs of women, men, boys, and girls in humanitarian efforts. Despite this, not all humanitarian and development agencies collect and analyze context-specific SADD to inform humanitarian programming.

In fact, this was abundantly clear in the process of preparing this report, where SADD data was very often unreported. On a similar topic, in recent focus group discussions with youth in the OPT, youth have expressed concerns of being overlooked in humanitarian planning stating “that in their opinion services are provided according to the needs of donors rather than the needs of the target group”.<sup>221</sup>

Independent analysis at the global level has identified the significant need for improving the tracking of funding for gender equality

and the empowerment of women and girls (GEEWG) programming. These findings should be applied as well in the Palestinian context. Improving progress measurement will help hold humanitarian actors accountable for achieving GEEWG outcomes. Bolstering existing GEEWG tracking mechanisms can help improve outcomes. Given resource-constraints during the COVID-19 era and increased needs within the OPT, tracking GEEWG programming can help leverage available funding.<sup>222</sup>

Women's organizations provide expertise in understanding and addressing women's needs, vulnerabilities, demands, and capacities. Humanitarian actors must fully engage with local women's organizations from the start through the end of the humanitarian planning process including when discussing priorities, costing, and resource allocations across all sectors. The Agenda for Humanity's Grand Bargain has prioritized bolstering the decision-making influence of women-led organizations within humanitarian responses. To do so within the OPT, all actors should consider engaging women-led organizations in the leadership of working groups and other decision-making bodies; supporting women-led groups in proposal writing to increase access to humanitarian funds; providing financial support to women-led enterprises; strengthening activities that increase women's participation

in governance; and supporting self-organized women's groups.<sup>223</sup>

In Gaza, where social assistance and reconstruction efforts are underway, it is particularly important to take into account the specific needs of vulnerable women (including in relation to GBV, reproductive health, women with disabilities, the elderly, female-headed households) and displaced populations (including in relation to privacy, GBV, female dignity kits, hygiene for kids, care responsibilities, male stress/anxiety) to ensure inclusivity.<sup>224</sup> Experts have highlighted the opportunity a gender-responsive approach to reconstruction in Gaza presents.<sup>225</sup> Reconstruction must acknowledge women's capabilities and potential in acting as equal actors in reconstruction as well as contributing to building peace.

Finally, the UN Human Rights Council's recent decision to form an ongoing Commission of Inquiry on Palestine presents a tremendous opportunity for protecting women, men, girls, and boys under the occupation and protracted humanitarian crisis in the OPT. The new Commission of Inquiry, the Office of the High Commissioner for Human Rights, and the Human Rights Council must ensure this new forum effectively and equitably attends to the needs of all groups of the affected populations.

# Endnotes

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