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RAPID GENDER ANALYSIS TO INFORM THE 2021 HUMANITARIAN PROGRAMME CYCLE IN THE OCCUPIED PALESTINIAN TERRITORY

September 2020



Abbreviations

AAP	Accountability to Affected Populations
CVA	Cash and Voucher Assistance
GMR	Great Marches of Return
GBV	Gender-based Violence
HLP	Housing, Land and Property
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
IEC	Information, Education and Communication
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer plus
MENA	Middle East and North Africa
MSME	Micro, Small and Medium Enterprises
NFI	Non-food Item
NGO	Non-governmental Organisation
NNGO	National Non-governmental Organisation
oPt	occupied Palestinian territory
PFA	Psychological First Aid
RGA	Rapid Gender Analysis
SEA	Sexual Exploitation and Abuse
SRH	Sexual and Reproductive Health
WASH	Water, Sanitation and Hygiene
WLO	Women-led Organisation
WRO	Women's Rights Organisation

Introduction

BACKGROUND

The impacts of humanitarian crises are not gender neutral. Global evidence shows that when disasters strike, and humanitarian crises unfold, they have differential impacts on women, girls, men, boys and persons of diverse gender identities. Humanitarian response informed by gender analysis means that humanitarian action incorporates recommendations drawn from that robust analysis, which identifies the shifting needs, capacities and priorities of women, girls, men and boys. A recent report¹ from the OCHA Gender Unit identified that several Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs) had made progress in utilising and integrating gender analysis into the humanitarian response planning process but that more progress could still be made, specifically by improving sector-specific gender analysis and the application of that analysis to specific sectoral interventions. The same report identified that the occupied Palestinian territory (oPt) Humanitarian Programme Cycle (HPC) documents had made considerable progress towards gender integration and gender sensitive programming, but that more sectoral and cross cutting work could still be done since, overwhelmingly, the majority of gender analysis continued to focus on traditional areas associated with “women’s issues” such as gender-based violence (GBV), sexual and reproductive health (SRH), and maternal health.

This synthesis report is produced by CARE in partnership with OCHA. It is part of efforts to ensure a more systematic gender analysis is accessible, and utilised, throughout the 2021 HPC process. Drawing on the 2020 oPt HNO and HRP, as well as the Gender Unit’s review of several 2020 HNOs, this document synthesizes recent² CARE Palestine West Bank/Gaza and OCHA generated gender analysis reports with the aim of helping HPC actors better integrate gender analysis into the planning process. To do this, the document specifically focuses on:

- Summarising key gender information from recent, existing reports necessary for understanding gendered dynamics and sectoral needs, with an emphasis on Shelter, Health including SRH, Protection, and Food and Nutrition Security; and
- Identifying specific recommendations to the Humanitarian Country Team (HCT) for consideration in the 2021 humanitarian programme cycle through which the 2021 HRP and HNO will be developed.

This report aims to provide additional gendered information and recommendations needed to achieve gender integration into the 2021 HPC process for the oPt. The information presented here is therefore intended to complement existing gender data, analysis, and actions presented in the 2020 HNO and HRP, not to repeat or replace it. It is important to note that, overall, the 2020 oPt HNO and HRP did a good job of identifying gendered statistics and data, as well as mainstreaming gender analysis into sectoral analysis and planning. While there is always room for improvement, the HCT’s work is to be commended.

CONTEXT

The 2020 oPt HNO identified a number of humanitarian consequences related to the on-going, protracted crisis; particularly in relation to protection of civilians and forced displacement of Palestinians. These included: access to essential services, erosion of resilience, threats to lives and security, lack of freedom of movement, and lack

¹ UN OCHA Gender Unit and Gender Focal Points. 2020 HPC Gender Review Report. 11 May 2020.

² From the last 12 months - August 2019-August 2020

of access to livelihoods, accountability or effective remedy.³

The 2020 HNO estimated that some 2.4 million Palestinians (50.3% female, 49.7% male) would be in need of humanitarian assistance during the year as they continued facing high rates of poverty, disrupted livelihoods, and inadequate access to essential services. This was projected to particularly hit vulnerable groups which included female-headed households, internally-displaced persons (IDPs), refugees, children, older people, and people with disabilities. Total numbers of people in need were estimated as 554,000 boys (25%), 525,000 girls (23%), 559,000 men (25%) and 600,000 women (27%).⁴ With the onset of COVID-19 in March 2020, these numbers have grown as the pandemic has continued to exacerbate the already overburdened health system.

Gendered inequalities are extensive in the oPt, as traditional gender norms dictate, and limit, freedom of movement, decision-making power, and access to health, education, and other basic services and resources differently for men, women, boys, and girls. Moreover, socially and economically disadvantaged women, youth (male and female), and marginalised populations such as people living with disabilities are even more disproportionately affected.

When overlapped with existing and persistent gendered disparities, the response to both the protracted crisis and COVID-19 becomes increasingly complex. Global trends⁵ indicate that women and girls are bearing specific burdens of the COVID-19 crisis, regardless of country or context, such as: increased responsibilities on household tasks and caring for their families, restricted mobility, and rising levels of GBV. Furthermore, the economic and livelihood impacts of the ongoing security concerns and COVID-19 are severely impacting women, at-risk, and marginalised populations. Combined with the protracted protection crisis engulfing the oPt, and the decreased levels of funding marking the 2020 HRP process, integrating gender equality into the upcoming 2021 HPC response planning process becomes both more essential, and more complex.

Demographic Profile

The oPt is host to approximately 5.1 million people, with 2.51 million females and 2.59 million males.⁶ Youth in the oPt represent 30% of the total population, with 103.5 males per 100 females,⁷ and significant increases in the youth population (ages 17-35) over the past 20 years.

Table 1: Sex and Age Disaggregated Data ⁸

oPt	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20-59		Age 60+		Total #/%	
%	49%	51%	49%	51%	49%	51%	52%	48%	50%	50%
#									2,514,000	2,587,000

³ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

⁴ Ibid.

⁵ CARE. COVID-19 Rapid Gender Analysis Global Trends. <http://www.careevaluations.org/evaluation/covid-19-rapid-gender-analysis-global-trends-june-2020/>

⁶ Situation of the Palestinian Women on the Eve of International Women's Day. 8 March 2020.

⁷ H.E. Dr. Awad, Highlights the Situation of the Palestinian Women on the Eve of the International Women's Day. 8 March 2020

⁸ United Nations, World Population Prospects - Department of Economic and Social Affairs. Population Dynamics. Estimates for 2020., <https://population.un.org/wpp/Download/Standard/Population/>

While the general population skews slightly more towards male, the older population skews female. In 2018, life expectancy in the oPt was 73.8, with 72.2 for men and 75.5 years for women.⁹ In 2015, the proportion of the population aged 65 or older was 2.9% in the oPt, with a sex ratio of 82.5 males per 100 females. Older women are often more socially and economically vulnerable than men as they are still called on to be caregivers while, simultaneously, having less access to services, supports, assets, or mobility.

More than one-tenth of Palestinian households are headed by women. Data from 2019 indicates that the percentage of households headed by women is 11% (12% in the West Bank and 9% in Gaza).¹⁰

The status of education shows a mixed picture. There have been significant increases in literacy rates and enrollment in higher education among women in the past decade. Data from the Ministry of Education and Higher Education and Scientific Research, showed that male enrollment in secondary education in 2019 was 71%, compared to female enrollment which was 91%.¹¹ However, there remains a gender gap in literacy rates, where the illiteracy rate among women aged 15 years and above was 4.3% (62,600 persons) in 2018, compared to 1.3% among males (20,200 persons).¹²

Almost 93,000 persons (2.1% of the total population) have some form of disability, with 45% of people with disabilities living in the West Bank and 52% in Gaza.¹³ 20% of people with disabilities in the oPt are under 18 years of age; 18.1% of females and 20.8% of males. More male than female Palestinians are living with physical disabilities as a result of conflict-related violence and trauma. Both male and female Palestinians with disabilities face multiple barriers to services and lives with dignity.

Findings and Analysis

GENDER ROLES AND RESPONSIBILITIES

In the oPt, women, men, boys and girls have distinct gender roles and responsibilities and understanding these norms is crucial to understanding the impact of the crisis, displacement, and how to ensure adequate access to assistance. The 2020 oPt HRP and HNO outlined several ways in which traditional gender norms and patriarchal culture impact men's, women's, boys' and girls' different sector-based humanitarian needs (i.e. WASH, Food Security, Health, etc.). This section provides information about gender roles and norms to complement that analysis.

Division of Domestic Labour and Unpaid Care Work

Generally, the division of labour between men and women in the oPt is sharply divided, with women responsible for household or reproductive tasks, and men in charge of income-generating activities.¹⁴ Gender roles generally continue to follow overarching patriarchal norms with women and men considering men the primary decision-makers and providers. Traditional patriarchal norms and their manifestations in legal frameworks, combined with the [decades-long Israeli occupation](#) have reinforced adherence to traditional gender roles, leading to

⁹ World Bank Data. Life expectancy at birth. 2018. <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=IL-PS>

¹⁰ H.E. Dr. Awad, Highlights the Situation of the Palestinian Women on the Eve of the International Women's Day. 8 March 2020

¹¹ Ibid.

¹² Palestinian Central Bureau of Statistics. Press Release by Palestinian Central Bureau of Statistics (PCBS) on the occasion of International Literacy Day. 8 September 2019. <http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3543>

¹³ Palestinian Central Bureau of Statistics. 12 March 2019. http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_3-12-2019-dis-en.pdf

¹⁴ CARE MENA COVID-19 Rapid Gender Analysis (RGA). June 2020.

deeply entrenched and widespread manifestations of gender inequality.¹⁵

Inequitable gender attitudes continue to be pervasive, with many believing that a woman's most important role is within the household (80% of men and 60% of women).¹⁶ As a result, women and girls are disproportionately responsible for unpaid care and domestic work in many communities in the oPt. A 2019 analysis explored how unpaid domestic work is distributed across household members, particularly in the context of a protracted crisis. The study found that women in the Gaza Strip who do not engage in paid work spend an average of 12 hours daily on unpaid care and domestic work, compared to an average of five hours for men.¹⁷ In addition to involvement in paid work, several factors influence time spent on care responsibilities including age, family size, financial situation, the care of family members with disabilities, and support from husband and extended family - with each of these factors resulting in increased "care burdens" for women, limiting their time available for paid work, resilience, mental health, education and/or community and political participation.

Due to restrictions imposed by the occupying power, lack of access to proper infrastructure, overcrowded accommodations and shelters, and limited hours of electricity available each day also exacerbate women's unpaid care and domestic work and related protection risks. The 2020 HNO clearly identifies, for example, that women and girls are most affected by poor quality water supply and sanitation services because they are majorly responsible for the unpaid domestic work and care of family members, which often entails intensive physical work. Such intersecting dimensions have significant influences on women's overall social and economic wellbeing.

This traditional gendered division of labour, and resulting family dynamics, has also increased GBV in all its forms, including sexual violence, intimate partner violence, and child marriage.¹⁸ Traditional norms dictate that two main elements of masculinity in a traditional patriarchal society are to provide and protect. According to the Special Rapporteur on violence against women (2017)¹⁹ the protracted crisis has led to diminished opportunities for male Palestinians to engage in this role, thereby increasing frustration and driving up rates of violence - including, but not limited to, GBV.

It is important to note that the onset of the COVID-19 pandemic has largely disproportionately impacted women and girls as their traditional roles have been magnified, resulting in increased labour and responsibilities in situations of economic downturns, school closings, and frontline-healthcare provision. Reports at the regional and national level^{20 21} indicate a significant increase in women's caregiving roles and household responsibilities as a result of the COVID-19 crisis, with women experiencing higher levels of stress than their male counterparts. Some surveys indicate that 68% of women experience a significant increase in household duties compared to 44% of men and 51.5% of women report a significant increase in child caretaking tasks, compared to 30% of men.²² Despite this, some men and women are experiencing shifts in the distribution of care work and household responsibilities as a result of the COVID-19 crisis, with men helping more with housework and caring for children,

¹⁵ Karam Dana & Hannah Walker. Invisible disasters: the effects of Israeli occupation on Palestinian gender roles, *Contemporary Arab Affairs*, 8:4, 488-504, (2015). DOI: 10.1080/17550912.2015.1090100

¹⁶ UN Women & Promundo. Understanding Masculinities: International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa, Egypt, Lebanon, Morocco, and Palestine, available at <https://promundoglobal.org/wp-content/uploads/2017/05/IMAGES- MENA-Multi-Country-Report-EN-16May2017-web.pdf>

¹⁷ Oxfam. Rapid Care Analysis: A contextualized tool for the Occupied Palestinian Territory. November 2019.

¹⁸ Human Rights Council. Report of the Special Rapporteur on violence against women, its causes and consequences, on her mission to the Occupied Palestinian Territory/State of Palestine. June 2017.

https://reliefweb.int/sites/reliefweb.int/files/resources/A_HRC_35_30_Add_2_EN.pdf

¹⁹ Ibid.

²⁰ CARE MENA COVID-19 Rapid Gender Analysis (RGA). June 2020

²¹ AWRAD. Coping with COVID-19 pandemic: Impacts and Coping Strategies among Palestinians

²² Ibid.

compared to before the pandemic and lockdown.²³

Household Decision-Making, Access to, and Control over, Resources

In some cases in the oPt, women's involvement in the labour force does not appear to impact decision-making power, despite regional trends²⁴ that indicate such a correlation. In household surveys conducted in Area C, women in the Jordan Valley, who are the most economically active, had the least decision-making power in terms of choosing to work outside the home, with only 9% having the final say in this decision versus 22% for all women in the region.²⁵

As per traditional gender norms, male heads of household still tend to hold most of the household decision-making power, with men generally having greater control over family resources than women and the allocation of resources differing across genders.²⁶ A UN Women study (2017) found that 80% of men and 48% of women believe that men should be the final decision makers in the home. A recent [CARE rapid gender analysis \(RGA\)](#) found that the majority of male respondents, and about one-third of female respondents, report that it is still the husband who decides how money will be spent in a household. The same assessment found that less than one-fifth of women said that the wife decides how money will be spent, with the rest of respondents reporting that decisions are made jointly.²⁷ This does not appear to have shifted overly much since the onset of COVID-19 and men continue to be the primary decision makers in the home.²⁸

Despite this, there are important opportunities for shifts. In another 2018-2019 survey, 53% of the public agreed or strongly agreed that husbands should have the final say in all household decisions concerning the family, but 46.3% of the public either disagreed or strongly disagreed with the same statement. It is especially important to note that the majority of female respondents disagreed or strongly disagreed (53%) that husbands should have a final say in household decisions.²⁹ Traditional norms dictate that, though husbands have greater control over family resources than wives do, what each spends their economic resources on differs, with men reporting spending on food, transportation, education, and their businesses and women spending on medicine, health care, household items, the needs of children, kitchen goods, and personal needs.³⁰

²³ Juzoor for Health and Social Development. Research Paper: Impact of the COVID-19 Outbreak and Lockdown on Family Dynamics and Domestic Violence in Palestine. June 2020.

²⁴ CARE MENA COVID-19 Rapid Gender Analysis (RGA). June 2020.

²⁵ Institute of Women's Studies, Birzeit University and Oxfam. Addressing the Needs of Palestinian Households in Area C of the West Bank. January 2019.

²⁶ CARE Palestine WBG COVID Rapid Gender Assessment. April 2020.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Arab Barometer Wave V. 2018-2019. <https://www.arabbarometer.org/surveys/arab-barometer-wave-v/>

³⁰ CARE Palestine WBG COVID Rapid Gender Assessment. April 2020



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LIVELIHOODS, INCOME AND PAID WORK

The oPt is faced with severe economic challenges as result of conflict, military occupation, and reductions in international aid.^{31 32} In Area C, which is heavily restricted by Israeli military control, surveys conducted by Birzeit University, report that the main sources of income are unstable and insecure, with less than one-quarter of households relying on the stability of a regular salary for their primary income and 51% of surveyed households dependent on irregular wages for some part of household income.³³

There is a significant gap in the participation rate in the labour force and daily average wage between men and women. Despite women achieving high levels of educational attainment, in 2018, the female workforce participation rate was at only 21%, compared to 72% of men, with the average daily wage rate for women at 92 NIS compared to 129 NIS.³⁴ In 2013, the participation rate of young women aged 15-24 years was 17% compared to 69% for young males. Women's access to paid work is primarily through the informal sector, with 40.5% of employed Palestinian women in some form of informal work.³⁵ The 2020 HNO notes that youth and women also

³¹ Carnegie Endowment for International Peace. Palestine: Facing Severe Economic Challenges. 9 June 2020. <https://carnegieendowment.org/2020/06/09/palestine-facing-severe-economic-challenges-pub-82007>.

³² UN General Assembly. Economic costs of the Israeli occupation for the Palestinian people: fiscal aspects. 2 August 2019. https://unctad.org/meetings/en/SessionalDocuments/a74d272_en.pdf

³³ Institute of Women's Studies, Birzeit University and Oxfam. Addressing the Needs of Palestinian Households in Area C of the West Bank. January 2019.

³⁴ Palestine Central Bureau of Statistics. 7 March 2019.

³⁵ <http://www.pcbs.gov.ps/Downloads/book2453.pdf> (Arabic).

experience high rates of unemployment, including recent graduates, with unemployment among Gaza's youth (aged 15-29) reaching 64%, and females in Gaza at around 70%. This has significant impacts for women's capacity to build resilience and recover from shocks, especially in the midst of the protracted, complex emergency now compounded by the COVID-19 pandemic.

In many Middle East and North African (MENA) countries and communities, women do not enjoy complete access to public spaces or even, in some cases, the space outside their home or immediate community. These restrictions stem from cultural expectations and taboos, the risk of harassment, and insecurity, and are more acute in religiously conservative communities and conflict-affected areas where women are expected to be accompanied by either a male relative or travel in groups.³⁶ In the Palestinian town of Beit Fourik, for example, women and girls experience restricted mobility and anecdotal information indicates that women in villages and refugee camps need permission to work outside the home, are limited in work opportunities outside the geographical area where they reside, and are unable to work evening hours and in settings where there is intermixing with men.³⁷ Combined with low levels of access to paid, fair work and decent wages, this limits women's ability to meet humanitarian needs, and confront protection challenges, more than their male counterparts. The 2020 oPt HNO notes that women who are able to find work encounter exploitation, underpayment, and relegation to menial functions beneath their ability, while those who attempt to contest their discrimination under the law may find themselves denied because of antedated definitions of legal capacity.

The COVID-19 pandemic has resulted in additional significant declines in livelihoods, workforce participation, and household incomes for both women and men. With the pre-pandemic unemployment rates already high, and even more for women and youth, lockdown measures exacerbate economic vulnerabilities and insecurities. Surveys conducted by Arab World for Research and Development (AWRAD) indicate that 71% of respondents reported losing family income (fully or partially) due to the crisis, with women being disproportionately impacted again (76% female, 66% male). This has also led to negative impacts on mental health and emotional well-being as reports demonstrate increases in emotional stress, anxiety and anger, with younger people showing some of the highest levels of negative psychological effects, indicating that pandemic-related economic vulnerabilities may be one of the main driving factors of emotional distress.³⁸

In the current context, it is important to take a holistic look at vulnerable men and women's livelihoods sources and asset bases. The HNO notes that women and youth in the West Bank are particularly disadvantaged given their limited share of agricultural holdings, their restricted access to services, and the limited economic opportunities available to generate income; thereby restricting their ability to contribute to household resilience and food security compared to adult male counterparts. UN Women Palestine found that 95% of Palestinian women in women-led micro, small, and medium enterprises (MSMEs) reported their businesses being negatively impacted by the COVID-19 pandemic compared to before. Assessments show that women-led businesses generally face more challenges than male-led ones, but this has become more problematic since the pandemic.

In a recent CARE RGA, 45% of females and 27% of males said that they had experienced business issues before, but this had climbed to 94% of female respondents and 70% of males as decreases in demand, movement restrictions, and childcare limitations disproportionately hit women's time and businesses. In this same environment, 25% of female respondents and 8% of male respondents reported they had to stop work completely, while 8% of male respondents - and 0% of female respondents - reported they could continue to do business by reducing work hours and labour. Among females, the reason for such shifts were mainly due to

³⁶ CARE MENA Rapid Gender Analysis - COVID-19. June 2020.

³⁷ CARE Souqona Project: Women in non-traditional roles: sheep and goat dairy value chain in Beit Fourik.

³⁸ AWRAD. Coping with COVID-19 pandemic: Impacts and Coping Strategies among Palestinians

restrictions on movement, while male respondents reported having no access to items or resources needed for their business production.³⁹ While these shifts were specifically reported in response to COVID-19, they illustrate the impacts of deeper gender norms on the different strategies, needs, and coping mechanisms available to men compared to women when faced with sudden, new, shocks in the oPt. As such, they should inform Livelihoods, resilience building, Protection, Education, and employment/cash/job creation strategies explored during the HPC. For example, the HNO 2020 points out that 16,000 jobs - including 3,000 for women - have been created by UNDP, UNRWA and other UN Agencies. These gendered impacts clearly show the need to support more MSMEs and job creation sectors where women have more title, presence, and flexibility.

Palestinian women contribute widely to the cultural sector, specifically in the field of popular culture and heritage conservation, although their contribution is not always acknowledged. In 2015, some of the few available statistics indicated that up to 84.0% of workers in this sector are female, the highest female participation of any sector. At the same time, only 26.2% of journalists were female.⁴⁰

PARTICIPATION AND LEADERSHIP

Measures to address legal and structural discrimination and advance equality among social groups have resulted in national achievements, such as the amendment to the Palestinian Elections Law, which secured 20% of representation of women in municipal councils and the Palestinian Legislative Council. Nevertheless, such gains are at risk given traditional attitudes and male dominance in civic and political structures. This creates significant barriers to female political participation and access to decision making positions, accumulating in broader discrimination and lack of opportunity.⁴¹ Youth in the oPt are also faced with limited opportunities for civic participation. Due to patriarchal social-cultural characteristics of Palestinian society, youth are widely shut out of decision-making processes and lack access to political structures and powerholders that are in a position to uphold and protect their rights.

49% of Palestinians are women, yet they make up less than 12% of decision makers at the national level. Women comprise 5% of Palestinian Central Council members, 11% of the Palestinian National Council, 14% of the Council Ministers, and one out of 16 governors. While the percentage of women's participation in the public sector has reached 44%, the rate of women who hold the rank of Director General and higher is 13%, compared with 87% of men.⁴²

Such disparity in leadership is also reflected in lower female participation in emergency committees and community and political organisations involved in emergency coordination and activities. Women's participation in the COVID-19 response has been particularly minimal. Women in the oPt are disproportionately represented in public sector service jobs with high exposure to frontline emergency impacts such as trauma response, psychological first aid (PFA)/education, and the COVID-19 response given their positions often concentrate as health care workers and educators. However, they have limited representation in governing bodies and community groups. Yet some efforts are being made to strengthen women's role in emergency response and coordination. At local-levels, networks of women's organisations are leading efforts to increase meaningful participation in decision making, while also continuing to play a prominent role in service provision, information dissemination and advocacy. For example: the Women Media and Development Center (TAM) advocated for women's participation in COVID-19 emergency committees and were able to secure increased participation; the Women's Center for Legal Aid and Counseling (WCLAC) is providing legal and psychosocial support services

³⁹ CARE Palestine WBG COVID Rapid Gender Assessment. April 2020

⁴⁰ WHO. 2015.

⁴¹ CARE Palestine West Bank/Gaza. Women in Leadership. Challenges and opportunities for women's political participation and access to decision-making. January 2020

⁴² CARE Palestine West Bank/Gaza. Women's Economic Empowerment Factsheet. January 2020.

through their hotline and legal services in their centers; and the Woman Affairs Center in Gaza (SAWA) is working to address GBV through their team of specialised counselors in their center and via a hotline. According to the 2020 oPt HNO, women and girls with disabilities are particularly denied the opportunity to make decisions, participate in society, find employment or enjoy their right to inheritance.

There appear to be opportunities for change, with 42% of men and 59% of women arguing for more women in positions of political authority.⁴³ Women's participation in Palestinian national movements appears to have made men and women open to more female involvement as voters, leaders of non-governmental organisations (NGOs), heads of professional syndicates, and members of parliament.⁴⁴ Over the last several years, advocacy initiatives by Palestinian women's rights groups and feminist collectives have led the civic and political engagement of Palestinian women forward. However, while both men and women believe that women should have greater representation in political authority, a majority of both men and women believe that "women are too emotional to be leaders"⁴⁵ indicating that progress that has yet to be made on transforming attitudes around gender roles and women's participation in positions of power in civil society.

In addition to reduced access to humanitarian aid across communities, women's participation and involvement in setting aid priorities appears to be limited. This is an essential element to consider in the HPC 2021 process given the continually increasing gender disparities in needs, and barriers to engagement for women and girls as both the protracted protection emergency and COVID-19 crisis continue, in a limited funding environment. In a study conducted prior to the COVID-19 pandemic, women in Area C reported having high levels of knowledge about forms of aid distributed in their communities, but very few of them had been consulted about their aid priorities.⁴⁶ Following the onset of the pandemic, a CARE study found that 60% of male respondents reported being involved with associations, groups, or clubs compared to only 47% of female respondents.⁴⁷ The OCHA Gender Unit review noted that opportunities for meaningful engagement in decision making were one of the missing elements from the majority of reviewed HPC documents, despite evidence that meaningful engagement is the most effective way to ensure effective response and recovery.⁴⁸

ASPIRATIONS, CAPACITIES AND COPING MECHANISMS

In a study that explored life aspirations of Palestinian girls and women (over 15 years of age), findings indicate that age, marital status, number of children, educational level and place of residence were all significant variables in the realities of women's daily lives that influenced aspiration domains. Overall, married women scored lower in life aspirations than single women, and an inverse relationship was found between the number of children and life aspirations, as well as age and life aspirations. It was also revealed that refugee women had higher life aspirations regarding educational opportunities as a mechanism for developing their abilities and achieving their life's aspirations compared to urban and rural participants.⁴⁹

⁴³ UN Women & Promundo. Understanding Masculinities: International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa, Egypt, Lebanon, Morocco, and Palestine, available at <https://promundoglobal.org/wp-content/uploads/2017/05/IMAGES- MENA-Multi-Country-Report-EN-16May2017-web.pdf>

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Institute of Women's Studies, Birzeit University and Oxfam. Addressing the Needs of Palestinian Households in Area C of the West Bank. January 2019.

⁴⁷ CARE Palestine West Bank/Gaza COVID Rapid Gender Assessment. April 2020.

⁴⁸ UN OCHA Gender Unit and Gender Focal Points. 2020 HPC Gender Review Report. 11 May 2020.

⁴⁹ Banat, B. Life Aspirations of Palestinian Women. March 2019. https://www.researchgate.net/publication/331732281_Life_Aspirations_of_Palestinian_Women



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In protracted conflict settings with precarious economic circumstances, families most often do not have financial security or savings to rely upon, resulting in some borrowing or taking on debt in order to meet urgent needs⁵⁰. The 2020 HNO clearly states that adolescent girls face a series of overlapping vulnerabilities linked to poverty, social norms, and low access to services, leading to harmful practices, including child marriage. “In households living in poverty, adolescent girls are often the first to experience the sting of chastened financial resources. To save financial resources or devote them to male siblings, adolescent girls may be pulled out of education or married off as child brides. Boys also face hardships in impoverished households, which often include going to work to support family incomes.”⁵¹

In the face of limited incomes and assets, female-headed households are often forced to adopt negative coping strategies, including taking out high cost loans or cutting down on vital family activities/practices. For example, since the onset of COVID-19, more than half of respondents reported food insecurity since the outbreak, with anecdotal evidence that female-headed households are more likely to reduce the quality and quantity of food consumption, borrow food, rely on help from relatives and friends, and adapt food intake including limiting portion size at mealtimes.⁵² Female respondents also noted measures to mitigate negative economic impacts of COVID-19 on their businesses, such as suspending business operations, changing the type of production, reducing working hours and prices, and customising production. Furthermore, a majority (89%) of female small

⁵⁰ CARE International Rapid Gender Analysis MENA Region. 5 April 2020.

⁵¹ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

⁵² CARE Palestine West Bank/Gaza COVID Rapid Gender Assessment. April 2020.

business owners were forced to reallocate money previously dedicated to their work or business to the household in order to cope with the crisis, compared with half of male respondents.⁵³ Though specifically reported for COVID-19, these are common tactics and resources that female income earners resort to more frequently in the face of shocks than their male counterparts, thereby disproportionately eroding their resilience and coping capacity.

ACCESS TO SERVICES AND RESOURCES

The 2020 HNO highlighted that 75% of 2.4 million people were affected in some way by the humanitarian consequences related to limited access to essential services (49.1% women). As a result of restricted access to economic resources and mobility - especially for females and vulnerable groups such as people with disabilities - many in the oPt are relying heavily on humanitarian support, with living conditions severely undermined and high rates of poverty and unemployment.⁵⁴ While electricity may have improved, the general decline in the access of people to basic services - especially in relation to water and electricity - has continued to undermine the ability of women to engage in income generating activities and of women and girls to meet their other essential and secondary needs. This is directly linked to traditional gender norms dictating that women and girls bear the primary responsibility for the functioning and maintenance of households, and the fact this continues to be increasingly time-consuming and insecure.⁵⁵ A study by UK Aid, which analysed the institutional, attitudinal, environmental, and informational barriers for people with disabilities in Gaza, found that people with disabilities faced multiple, additional, severe barriers to access employment and basic services; making this even worse for married women and/or females with disabilities.⁵⁶

Sector-specific Issues

PROTECTION AND GENDER-BASED VIOLENCE

The compounding complexities of the humanitarian situation affect persons of all genders, and at-risk and marginalised groups differently. The 2020 HNO reports 1.9 million people (52.6% females) have been in some way affected by the humanitarian consequences related to protection and forced displacement.⁵⁷ This includes 365,000 people affected by GBV, though the gender breakdown of other protection violations is not provided. However, males tend to experience settler-related violence and Great Marches of Return (GMR) related incidents at a significantly higher rate than women. IMAGES Palestine survey results report that 65% of men and 55% of women have experienced one or more specific form of occupation-related violence and adversity within the last five years, with men more likely to report having lost land, having been harassed by soldiers or settlers, detained or injured,⁵⁸ and men and boys (particularly young males) more likely to be targets of violence when held in detention by Israeli authorities. Testimonies gathered from men and boys indicate incidents of sexual harassment and abuse, torture, and other forms of ill-treatment.⁵⁹

⁵³ CARE Palestine WBG COVID Rapid Gender Assessment. April 2020

⁵⁴ According to the Palestinian Central Bureau of Statistics (PCBS), 2019, 80% of residents have been thrust in perpetual dependency on humanitarian aid.

⁵⁵ UN OCHA. Gender analysis and priority gender needs in the occupied Palestinian territory. March 2017. <https://www.ochaopt.org/content/gender-analysis-and-priority-gender-needs-occupied-palestinian-territory>

⁵⁶ UK Aid. Disability in Gaza: Policy, barriers to inclusion and a mapping of interventions. 24 May 2020.

⁵⁷ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

⁵⁸ UN Women & Promundo. Understanding Masculinities: International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa, Egypt, Lebanon, Morocco, and Palestine, available at <https://promundoglobal.org/wp-content/uploads/2017/05/IMAGES- MENA-Multi-Country-Report-EN-16May2017-web.pdf>

⁵⁹ Daniel J.N. Weishut. Sexual torture of Palestinian men by Israeli authorities, *Reproductive Health Matters*, 23:46, 71-84, (2015). DOI: 10.1016/j.rhm.2015.11.019

GBV is therefore a key protection concern in the oPt. Cases of intimate partner violence, sexual abuse, and forced marriage are particularly high in vulnerable communities such as refugee camps, Bedouin communities, in Gaza and East Jerusalem. Vulnerable populations include IDPs, refugees, women and girls with disabilities, and those with limited availability to access multi-sectoral services.⁶⁰ In 2019, 38% of Gaza women reported being subjected to a form of violence within the household: 62.5% say they were psychologically abused; 25.8% report physical abuse; and 8.7% report sexual abuse.⁶¹

Adolescent girls face a series of overlapping vulnerabilities linked to poverty, social norms, and limited mobility and access to services which lead to harmful practices including child marriage. In 2018, 20% of Palestinian females (19% in the West Bank and 21% in the Gaza Strip) were married before the age of 18, compared to 1% of males. However, overall rates of child marriage have declined for both sexes; in 2010, 24% of females and 2% of males were married before the age of 18.⁶²

The ongoing crisis and protracted conflict have also had a severe impact on children. According to UNICEF, approximately 1.1 million children are in need of humanitarian assistance (559,900 males and 540,100 females)⁶³ with an estimated 342,093 children across the oPt in need of Protection interventions as they face demolitions, conflict-related violence, restricted movement and lack of services⁶⁴. Violence is a challenge for children of all ages as it has become commonplace in both schools and homes. Around 89% of children are subjected to psychological aggression and 74% to physical punishment in the household⁶⁵. In schools, this takes the form of psychological violence, including verbal insults, as well as physical violence. Over one-fifth of students in Gaza aged 12-17 have been exposed to psychological violence and over 20% experience physical violence, with higher exposure amongst boys (28%) than girls (16%). This is likely linked to traditional norms of masculinity and socialised trauma responses, as compared to higher rates of sexual violence, harassment, child marriage and other forms of exploitation and GBV for girls.

It is important to note that threats to children and adolescents have distinctly gendered natures. For example, the vast majority of casualties related to the GMR and other demonstrations were of men and boys. The 2020 HNO notes that, for boys, being wounded or maimed may limit their ability to marry and become, in their eyes, full members of society. In addition, boys coming from households where wage-earners have been killed or wounded may be forced to enter the workforce to provide for household needs. Girls, on the other hand, may become caregivers for family members who have experienced injuries or disabilities, requiring them to drop out of school. Girls who have been injured or experienced an impairment may be considered unfit to marry by their families, which may cause families to perceive them as posing an additional financial burden and suffering social stigma.

The risk of GBV as a threat of violence and harmful gendered practices have been on the rise at regional⁶⁶ and global levels, especially in the midst of COVID-19. Pre-existing gender and intersectional inequalities often worsen during a crisis, including public health emergencies. Confinement, forced coexistence, restrictions in access and movement, and the associated fear and uncertainty of pandemics contribute to an enabling environment that exacerbates protection vulnerabilities. As a result, GBV and other protection risks appear to have increased among Palestinians since the onset of the pandemic, as associated risk factors have been

⁶⁰ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

⁶¹ Preliminary Results of the Violence Survey in Palestinian Society, 2019, <http://www.pcbs.gov.ps/Downloads/book2480.pdf>

⁶² Ibid.

⁶³ UNICEF. State of Palestine Humanitarian Situation Report July-September 2019

⁶⁴ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

⁶⁵ UNICEF. State of Palestine, Situation Report, June 2018.

⁶⁶ CARE International Rapid Gender Analysis MENA Region. 5 April 2020.

exacerbated, leading to an increase in the prevalence of GBV according to CARE Palestine West Bank/Gaza's RGA and qualitative information from women's organisations.⁶⁷ Findings from CARE indicate that respondents noticed an increase in security concerns facing women and girls related to GBV, intimate partner violence, and domestic violence. Approximately one-third of both male (27%) and female respondents (33%) indicated that GBV was an increased risk for women and girls in the crisis.⁶⁸ In Nazareth and other Arab towns in the 1948 territory, there has been a marked increase of 20% in GBV-related incidents, compared to the same period last year.⁶⁹ Restrictions of movement and fear of contracting the virus have made it more difficult for many survivors of violence to contact support services and access medical, legal, psychological care and protection,⁷⁰ especially as women were faced with challenges finding the time and privacy to seek support. Widows are also at higher risk of immediate psychological/emotional and economic violence by family members, as some are expected to re-marry and the family of the late husband often take control over the finances. Furthermore, legal barriers facing IDP women's access to humanitarian assistance, especially widows and second wives, remain a concern.⁷¹

SHELTER

Many in the oPt are faced with inadequate and unprotected living conditions, overcrowded shelters and substandard housing.⁷² According to the Shelter Cluster Mid-year Dashboard (2020), in Jerusalem and the West Bank, 316 structures were demolished from January to June 2020, of which 123 (39%) were residential, affecting 374 individuals including 200 children. It was also estimated that more than 3,500 shelters in Jerusalem and the West Bank need rehabilitation and upgrading due to sub-standard conditions. In Gaza, it was reported that over 835 families – or approximately 5,000 individuals – remain internally displaced and that more than 60,000 households need rehabilitation and upgrading.

While there is considerable data on the state of shelter, a significant amount of the information available has yet to be disaggregated by sex and/or analysed by gender, thereby making it difficult to develop a holistic picture of the gendered impacts of displacement and/or gendered Shelter needs. Despite this, the 2020 HNO makes it clear that shelter and housing have distinctly gendered impacts and dimensions for Palestinians given prevailing social norms and the influence of traditional gender norms on the division of family roles. For example, Palestinian women, who are commonly expected to keep the house and raise children, experience both logistical and wellbeing challenges when faced with home demolitions. In the aftermath, women often find themselves forced to move into the homes of relatives, where they have little influence over the domestic sphere. As a consequence, they face erosions of their decision-making power, resilience, emotional wellbeing and resources. Combined with existing overcrowding, women often report living in environments of their husband's extended family where they are subject to increased harassment and/or abuse.⁷³ Since home demolitions are essentially evictions, this is particularly dangerous and problematic for female-headed households who are unlikely to have the right to land and property ownership. This puts them in vulnerable scenarios when trying to find alternative accommodation, such as overcrowding, sharing with other families, or being exposed to negative coping mechanisms linked to housing needs/rental payments.

COVID-19 poses additional challenges to the shelter situation in the oPt. Gaza is one of the most densely

⁶⁷ CARE Palestine West Bank/Gaza COVID Rapid Gender Assessment. April 2020.

⁶⁸ Ibid.

⁶⁹ CARE Palestine West Bank/Gaza, Gender-Based Violence in COVID-19 in Policy Brief. 2020

⁷⁰ Women's Centre for Legal Aid and Counselling. COVID-19 and Women's rights in Palestine: WCLAC Gender Assessment Report 8 July 2020.

⁷¹ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

⁷² Ibid.

⁷³ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

populated places in the world, with almost 2 million people residing on a 365 square km strip of fenced-in land and 5,151 residents per square kilometre. This makes social distancing close to impossible. Women's traditional role as family caretaker increases their exposure to risky situations and opportunities for contracting the virus compared to Palestinian men as gender norms require them to ensure household hygiene and care for the young, older people, and the sick.

HEALTH, INCLUDING SEXUAL AND REPRODUCTIVE HEALTH (SRH)

An assessment carried out by UN Women reports that women represent nearly 60% of workers in the care sector and comprise 70% of frontline health workers (12,558 nurses and medics in the West Bank and Gaza Strip). However, men comprise the majority of senior health care staff and those in decision making positions. In 2012, 13.6 % of registered physicians were females and 86.4 % males. This leaves women health care workers more exposed to frontline trauma as well as current pandemic-related care.⁷⁴

The pattern and impact of major diseases varies between men and women. Data from 2010 showed that 70.7% of people aged 60 years and over in the oPt (75.4% of older females compared to 64.7% of older males) suffered from at least one chronic disease.⁷⁵ The burden of noncommunicable diseases remains high, impacted by lifestyle conditions, nutritional factors and environmental conditions, with cardiovascular, respiratory diseases, and cancer prevalence high among males and females. In Gaza, women represent 55.3% of all cancer patients, with breast cancer as the most common type of cancer. Assessments of women cancer patients in Gaza show an urgent need for hygiene kits and medication.⁷⁶ However, permits to leave Gaza for treatment are disproportionately denied to male Palestinians. In 2013, permits to leave Gaza through Erez were denied or delayed for 11.31% of patients - 13.5% males and 8.9% females. This pattern has held true and female patients continue to be more likely to be approved, and less likely to be denied permits, delayed, or called for a security interview than male patients.

Restrictive gender norms and the protracted crisis have also impacted SRH services, including maternal health services in the oPt, resulting in a range of challenges from duplication of services to shortage of equipment and supplies and restricted mobility.⁷⁷ Women of reproductive age living in remote locations and restricted areas (Area C, H2, areas behind the Barrier or enclaved by settlements, and Gaza) are particularly vulnerable to severely restricted access to services, including life-saving services such as emergency obstetric and newborn care for complications in pregnancy.

Adolescents and youth experience limited access to SRH information and services and are faced with a lack of adequate and age-specific comprehensive SRH educational materials. Findings from a study exploring social norms and attitudes hindering youth in the oPt from accessing SRH information, education, and services, indicate that young people receive little or no information at school regarding the bodily and psychological changes that they experience during puberty, with more than 90% of respondents in favor of including age-appropriate comprehensive sexual education in school curricula.⁷⁸

Following the identification of the first COVID-19 cases in the West Bank, the Palestinian Authority declared a state of emergency. Movement restrictions and the reprioritisation of resources and health services impeded

⁷⁴ UN Women. COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming. April 2020.

⁷⁵ WHO. Occupied Palestinian Territory. 2015.

⁷⁶ CARE Palestine West Bank/Gaza. COVID-19 in Gaza Policy Brief. 31 March 2020.

⁷⁷ UNFPA. The State of Palestine. 2018. https://www.unfpa.org/sites/default/files/PS_UNFPA_Results_07_27.pdf

⁷⁸ Palestinian Medical Relief Society. Mapping Adolescent and Youth Sexual and Reproductive Health Services in Palestine. January 2019.

women and girls' ability to access already limited SRH services, exposing the underlying inequities of the health system.⁷⁹ According to a report by UN Women, Palestinian women who are pregnant or in need of childbirth or postpartum services experience increased risk of not being able to access adequate healthcare, especially with current lockdown measures and the reduction in medical referrals to hospitals in Jerusalem and Israel.⁸⁰

Gaza's health sector capacity was already overstretched. It is now facing the need to cope with COVID-19 infections, shortage of medical supplies, and an increasing burden on public healthcare services. In a CARE assessment, significantly fewer female respondents (58%) than males (86%) reported having safe access to health facilities inside and outside of their community. This was mainly attributed to a lack of cash and an inability to travel. Limited availability and accessibility of essential health services also impacts those who experienced health challenges prior to the outbreak of COVID-19. In Gaza, more than 45% of those staying in quarantine centres in April 2020 were women, while the medical and security staff stationed there were all men. The prevalence of male medical and security staff creates barriers for women accessing health care, mental health support, and basic hygiene needs, as well as the right to privacy and comfort, given taboos and norms related to gender mixing.

FOOD AND NUTRITION SECURITY

Poverty, unemployment, low household incomes, high costs, restricted trade and access to resources all contribute to food and nutrition insecurity in the oPt. There are approximately 1.7 million in the oPt (33% of the population) who are severely or moderately food insecure.⁸¹ 68% of Gaza residents and 12% of West Bank residents are food insecure. Food insecurity in Gaza has risen from 59% in 2014 to 69% in 2018. By comparison, food insecurity has actually gone down in the West Bank.⁸² Across the oPt, the number of food insecure people is almost equally divided across refugee (55%) and non-refugee (45%) populations. In Gaza, over 300,000 children under the age of five suffer from micronutrient deficiencies. The interlocking effects of food insecurity and inadequate water and sanitation lead to an increased risk of acute malnutrition as well as impaired physical growth and cognitive development.⁸³

In the context of the oPt, food and nutrition security is also connected to challenges associated with the Israeli occupation. Agricultural livelihoods are severely impacted by limited energy sources and restrictions from Israeli authorities to access land in the West Bank.⁸⁴ As the approval rate for permits declines due to increasing bureaucratic requirements and access restrictions to land increase, landowners and agricultural workers are finding it increasingly difficult to conduct essential year-round agricultural activities and this is having an adverse impact on yield, productivity, and value.⁸⁵ Women in agriculture are particularly disadvantaged, despite being a significant unregistered portion of the workers in this sector, reflected in limited economic opportunities, restricted mobility, and limited technical preparation.⁸⁶

As a result, food insecurity has also disproportionately impacted women and marginalised groups, such as pregnant and lactating women, older women and/or men and women with disabilities. 31% of female-headed households throughout the oPt are food insecure, compared to only 26% of male-headed households.⁸⁷ That

⁷⁹ CARE Palestine West Bank/Gaza, Gender-Based Violence in COVID-19 in Policy Brief. 2020.

⁸⁰ UN Women. COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming. April 2020.

⁸¹ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

⁸² UN OCHA. 2019 Humanitarian Needs Overview, OPT.

⁸³ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

⁸⁴ UN OCHA Monthly Humanitarian Bulletin: Fewer permits granted to access land behind barriers. February 2019.

⁸⁵ Ibid.

⁸⁶ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

⁸⁷ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

number is even more severe in Gaza, where 54% of families headed by women are food insecure.⁸⁸ This is a result of women's decreased access to, or share of, agricultural ownings, land, economic opportunities, and constricted mobility. Female farmers and landless women who are also dependent on their agriculture for livelihoods are also highly vulnerable to conflict, natural disasters, and the impacts of climate change. This combination of constraints affects their ability to contribute to household food security and/or to maintain their household reserves in the face of shocks. Females, particularly those in poorer households, also face diminished health outcomes as a result of prolonged food insecurity. For example, in 2014, as a result of food insecurity, an estimated 72% of adolescent females in Gaza were estimated to have a Vitamin D deficiency, while 64% were estimated to have a Vitamin A deficiency.⁸⁹ The pandemic has exacerbated this situation with female-headed households being more likely to reduce the quality and quantity of food consumption and/or adopt negative coping strategies. CARE Palestine West Bank/Gaza RGA respondents reported that female-headed households are more likely to eat less or worse; borrow food; rely on others for help; limit their (women's) portion sizes or intake to allow small children to consume more; and/or reduce the number of meals eaten in a day. While these reports were specific to COVID-19, they illustrate coping strategies single income, and/or female-headed households might use in the face of sudden food security shocks. Female respondents also borrowed food or relied on help from others more often than male counterparts.⁹⁰ In populations where women are responsible for food security within the household, food shortages and increased food insecurity places them under heightened pressure and can expose them to intimate partner violence or reliance on negative coping mechanisms, such as resorting to transactional sex, sexual exploitation and abuse (SEA) or entering girls into child marriage.⁹¹

⁸⁸ World Food Programme. WFP Palestine Country Brief. July 2020.

⁸⁹ UN OCHA. 2020 Humanitarian Needs Overview, OPT.

⁹⁰ CARE Palestine West Bank/Gaza COVID Rapid Gender Assessment. April 2020.

⁹¹ IASC Gender Reference Group. Interim Guidance Gender Alert for COVID-19 Outbreak. March 2020.



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Recommendations

Overall, the 2020 oPt HNO and HRP included gender analysis quite well in their sectoral overview of needs and accompanying humanitarian response activities. The decision to mainstream protection at the heart of the 2020 HRP, and to work with gender and protection technical staff across several sectors, clearly allowed for better gender integration in the oPt HPC process than in some other countries.

Given this, all the recommendations presented below are meant to complement existing good practices from the 2020 oPt HPC process. They do not in any way invalidate any of those practices or the different ways they contributed to gender integration during the last HPC process. The following recommendations are meant to support the HCT in further strengthening these existing good practices during the 2021 HPC process:

Disaggregated, Gender Responsive Data and Targets

- 1. Continue to systematically disaggregate all information, analysis, plans, and targets by both gender⁹² and age throughout the HPC process; especially for targeted groups and/or people in need.** The 2020 oPt HNO and HRP largely disaggregated sectoral needs assessment information (HNO) and response targets (HRP) by

⁹² Please note that the authors have deliberately used gender here rather than sex. This is because the 2020 oPt HRP did a good job of disaggregating many of the targets - and much of the analysis - by sex. However, further gendered elements (related to non-binary gender identities and/or intersectional gender identities) were less present.

sex and/or age. However, “vulnerable groups” were often still presented as aggregates such as “the elderly” or “adolescents” or “people with disabilities” instead of being disaggregated by sex and age (at a minimum). This does not allow actors to target actions to specific groups and their different, specific, needs. This is particularly relevant when the analysis information presented in the HNO clearly indicates that some groups - such as older women, young men, women with disabilities, etc. - are more vulnerable and/or require specific outreach strategies or differentiated intervention activities. For example, the oPt HNO included excellent analyses of the different protection threats facing men, women, boys, and girls and the ways they affect needs across sectors, such as in the Shelter sector projects that excellently targeted sub-projects to several sub-groups’ specific needs. However, the Education sector did not explicitly bring a significant proportion of its analysis of different groups’ needs from the HNO into concrete HRP plans. The use of additionally disaggregated analysis should continue to be deepened, and included, throughout each sector’s specific plans so that differentiated intervention strategies are explicit across all sectors. Specific groups requiring differentiated strategies in the oPt include, but are not limited to:

- a. Female farmers and landless women, especially young women or female heads of households in this category (compared to men);
- b. Women whose marital status and/or social position puts them at particular disadvantage and/or exposes them to stigma such as daughters-in-law, women who were child brides, refugee women (and men) and divorced/widowed women;
- c. Male and female youth who are poor and/or living with disabilities;
- d. Women of reproductive age or young men - especially male youth - living in access restricted or remote locations such as Area C, H2, areas behind the Barrier or enclaved by settlements etc. and whose access to services or inputs is severely restricted.

2. **Scale up mainstreaming efforts to target, plan, and implement activities that address the root causes of gender inequality as a key component of oPt HRP interventions.** It is important to continue addressing women and girls’ unequal care burdens, inequitable access to decision making, and unequal access to resources (i.e. cash, land, agriculture, WASH, health services, etc.) as part of actors’ fundamental humanitarian intervention strategies. Despite increasingly limited funding for humanitarian activities, COVID-19 and other shocks have shown that ignoring these fundamental issues only exacerbates humanitarian needs and limits households’ ability to cope in both the short- and long-term. Projects’ ability to address, or redress, gender inequalities should continue to be included as part of the project prioritisation process, through setting criteria for HRP-funded projects to explicitly include activities guaranteeing women/vulnerable groups’:

- a. Participation in decision-making forums, unions, emergency committees and associations;
- b. Access to sufficient resources and support to make their own decisions;
- c. Control over their own movements and services;
- d. Access to humanitarian aid.

Examples of how to achieve this include: an increased focus on Palestinian women’s and girls’ land rights; programming so that women and girls have access to and control of sufficient cash or financial resources to meet their short- and long-term needs; supporting women and girls to personally hold their leases or rental contracts (by registering women as the key contact and/or head of household in targeting so they have the

opportunity to sign agreements with agencies as well as men); providing additional support to run water committees; and working with community leaders (e.g. mukhtars) and members to address the protection risks linked to lack of housing, land and property (HLP) access, and/or to address conflicts between landlords and tenants (with an additional emphasis on women's leadership in these spaces so that women have access to same-sex supports), etc. While many of the activities included in the 2020 HRP do meet these criteria (i.e. mobile legal clinics, counselling services, media/IEC campaigns and legal trainings), this also implies revising some of the original Protection exclusions from the 2020 HRP, for example, those excluding women's land tenure rights so they are explicitly included in the 2021 HRP.

3. **Consider revising the HRP project prioritisation process, and selection criteria, to more explicitly reflect the HNO's original gender⁹³ disaggregated analysis of "people in need."** While the 2020 oPt HPC process happened in a limited funding environment, and project decisions therefore logically focused on meeting immediate urgent needs through proven projects, targets, methodologies and criteria, this may have inadvertently led to a) decreased participation of national NGOs (NNGOs) and b) an overemphasis on male aid recipients compared to female ones. Despite the fact that females were identified as the larger part of "people in need" in the 2020 HNO, most sectors in the 2020 HRP targeted more males as aid recipients compared to females - with the exception of Shelter. While the difference in numbers in male-vs-female people targeted was not overly large, it is significant that the overall effect of emphasising "proven projects" may have led to more males accessing aid than females despite original analysis figures. The 2021 HPC process can address this by:

- a. Actively including a specific number of HRP funding/project spaces for interventions led by new, smaller actors representing specific, marginalised, vulnerable groups such as women with disabilities, young men survivors of torture, etc.
- b. Actively including more Palestinian women's organisations, NNGOs and/or groups representing marginalised populations (especially sub-groups of women) in the prioritisation and decision-making process. See Recommendation 4, below, for suggestions of relevant networks to consult/engage in this process.

Women's Voice, Participation and Leadership

4. **Incorporate higher targets of national women-led and women's rights organisations (WLO/WRO), and/or women-led programmes and services directly into the HRP process.** While the oPt team has made progress towards localisation, Grand Bargain, and World Humanitarian Summit commitments, only 6% of funding in the 2020 HRP went directly to NNGOs, with even less going to women-led and/or women's rights organisations. The HCT should continue build on the progress already made by setting more ambitious funding and participation targets for women-led organisations' integration into the HPC process. This can be combined with specific activities to support women's leadership and resilience building by providing women-led NNGOs with direct access to humanitarian response planning and decision-making processes and funds outside of the Cluster system. For example, setting aside specific technical and/or funding support for WRO/WLO caucuses to plan out priority projects or priority needs simultaneously with, and in lead up to, the HPC process. Specific, explicit efforts should also be made to integrate and include women's organisations, and/or women leaders in HPC and Cluster processes related to "non-traditional" activity sectors such as WASH, Shelter, Camp Coordination and NFIs, instead of only Protection, GBV and SRH. The HCT and humanitarian actors can further support this through more concerted engagement with NNGOs,

⁹³ Please note that, as above, the authors have deliberately chosen to discuss gender rather than sex disaggregated analysis for the same reasons as those presented previously.

women's forums and/or organisations and networks such as MUNTADA, AMAL, the UNSCR1325 coalition, the CEDAW committees, and the Palestinian NGO Network, among others.

5. **Increase the emphasis on, and provide more funding for, affected populations' participation in the HPC process, especially women, girls, and people from marginalised populations (such as men and women with disabilities, male and female youth from poor households, etc.).** The majority of sectors in the 2020 oPt HPC process emphasised the need to engage with affected populations and include them in a meaningful community engagement and feedback process. This includes project planning, evaluation and monitoring for SEA concerns. Gender analysis data, however, makes it clear that Palestinian women and girls - as well as marginalised people such as men and women living with disabilities or male and female youth - have limited access to existing community participation spaces and/or constrained time to take on additional committees or unpaid work. Combined with security concerns, limited mobility, taboos related to gender mixing and participation and gender gaps in access to internet technology, this can continue to limit their meaningful participation. The 2021 HPC process can address this by further prioritising intervention support and funding for engagement activities specifically intended to support people from these groups. Support can include, but is not limited to: transfers and vouchers for personal ICT access (i.e. internet vouchers, mobile data, etc.), alternative communication and feedback channels designed to explicitly reach groups with limited access, and more targeted and/or intensive outreach to males and females from marginalised groups (i.e. young widows, male and female youth, mothers of survivors from the GRM, female farmers and landless women, etc.). This is especially important during the COVID-19 crisis, given increased constraints on mobility. The HCT and humanitarian actors should also insist that HRP interventions identify and support existing committees of Palestinian women and girls or males and females from marginalised groups, instead of creating new ones wherever possible. It is strongly suggested that the HCT includes these increased gender-responsive AAP interventions in HRP project selection criteria.

Gender Mainstreaming in Sectoral Responses

6. **Revise Food Security and Shelter/NFI intervention design (as compared to the 2020 HRP) to better meet women's, men's, girls' and boys' different gendered needs and/or address gendered disparities and concerns.** While several sectors in the 2020 HRP make concerted efforts to meet different gendered needs, humanitarian actors should continue to reinforce efforts to consult and co-design interventions with women, girls and people from marginalised groups. This includes, but is not limited to, Food Security and NFI intervention design such as the contents of dignity kits, preferred modalities, and locations and mechanisms for food, NFI or cash/voucher distribution. Consultation should allow for flexible responses and recognition that preferences may change over time. For example, women and/or girls may prefer in-kind distributions over cash and voucher assistance (CVA) in the immediate short-term, to avoid pressure for bartering, but may prefer CVA with extra flexibility in the medium- or longer-term once security issues have been addressed or when/as priorities shift. It is also important to continue prioritising the co-design of Shelter NFIs and dignity kits (among other inputs) with women, girls, and people from marginalised groups so they continue to be carefully designed for cultural relevance, safety, privacy and needs. For example, co-designing to ensure that kits meet family size requirements so household members are not forced to share bedding items which can lead to insufficient privacy for women and girls. 2020 assessments noted that, for the most part, Palestinian women, men, boys and girls felt safe in their shelter options and were satisfied with related inputs. It is essential that, where good practices are in place, their continuation is prioritised. This could be complemented by immediate Shelter and Protection (including HLP) activities to better disaggregate data and understand where women, girls and vulnerable groups' are sleeping, to better understand protection-related risks of each shelter modality and the different gendered risks and choices related to accompanying NFI modalities. The HRP/HNO should offer a platform to transform unequal gender

relations in household food production and distribution to ensure equal access to nutritious diets. Food and Nutrition Security responses should not only meet the immediate food needs of women and girls, but also build their capacities to sustain long-term access.

7. **Revise and reprioritise HRP interventions so they better respond to gender disparities in immediate humanitarian needs and, simultaneously, address the root causes of women/girls' vulnerability to the economic shocks that exacerbate humanitarian needs.** The root causes of gender inequality, and people's vulnerability to humanitarian shocks, continue to leave women and girls behind. To remedy this, the HPC planning process should seek to strengthen humanitarian-development nexus approaches, in line with World Humanitarian Summit Grand Bargain commitments, to meet immediate needs in ways that leverage short-term interventions for longer-term resilience and empowerment goals, despite current funding limitations. The HCT should encourage humanitarian actors to pay more attention to guaranteeing effective targeting of such assistance through increased CVA, in-kind, and market-based interventions, including cash for work to enable vulnerable women and girls and other marginalised groups to meet their food security, medical and basic item needs.
8. **Strengthen integration of gender considerations in livelihoods/economic empowerment initiatives.** The HNO/HRP should also leverage humanitarian-development nexus programming to increase the diversity of livelihood and income-generating activities targeted at Palestinian women and young women. They should consider activities implemented through partnerships with, and investments in, small and medium businesses, cooperatives, community-based organisations, and youth groups - especially those led by women and vulnerable groups - instead of mostly agriculture-focused activities. The importance of investing in MSMEs as part of an effective humanitarian response cannot be understated since it provides immediate cash flow to support people to meet their housing, food security, medical, and basic items needs. Given that women are underrepresented in agriculture activities, a focus on agriculture compared to MSMEs as vehicles for providing cash support disproportionately assists males as compared to females. Each MSME supports, on average, three households and therefore represents an efficient vehicle for humanitarian programming (see current Lebanon programming for examples). For instance, women farmers' access to wages and control over resources provided through humanitarian response is often limited. Investing in these areas therefore meets immediate humanitarian needs through alternative channels that create more equitable access to humanitarian inputs for women and girls while also supporting transformative approaches to longer-term economic empowerment.
9. **Systematically prioritise and include gendered needs related to hygiene throughout all sectors, including menstrual hygiene.** Menstrual hygiene is an essential element of women and girls' health, safety, and dignity in humanitarian emergencies. Despite this, it was largely missing from the 2020 HNO and HRP. For 2021, all sectors should therefore collaborate with women and girls to better identify, fund, and implement menstrual hygiene activities across the response. Gender-responsive hygiene activities - especially menstrual hygiene - should go above and beyond providing dignity kits, and privacy for girls in schools, to include: menstrual-friendly WASH facilities, education sessions and support for young people (of all genders), economic interventions and livelihoods programmes that provide access to menstrual hygiene materials or information, additional NFIs related to menstrual hygiene, etc. All materials should be calculated to the specific needs of individual household members who are menstruating rather than households as an aggregate.
10. **Continue to promote advocacy and policy work as essential life-saving actions in the HRP, especially as they relate to gendered Protection, Health, WASH, and Shelter needs.** HRP 2020 projects addressing international humanitarian law and international human rights issues were already essential in the oPt

context. However, with the onset of COVID-19, and continued protection violations against Palestinian people, this has become even more urgent. In addition to continuing to prioritise and fund these activities, it is essential to continue tying this into calls for policies guaranteeing that women and girls, survivors of torture and/or trauma (especially young men), and people with disabilities or suffering from chronic diseases, have equitable access to affordable, quality services - especially health care and SRH in line with the Minimum Initial Service Package for SRH in Crisis Settings including GBV services. Restrictions of movement imposed to mitigate COVID-19 transmission and/or security risks must take into consideration these vital needs. Waivers and/or outreach approaches, e.g. through mobile teams, must be considered to ensure continued access to life-saving services even during lockdown. It is therefore essential to continue advocating for the Israeli authorities to ease restrictions of movement for essential medical staff to support all elements of appropriate public health and safety arrangements, and to facilitate the work of humanitarian agencies continuing to provide essential humanitarian services as part of all sectoral interventions. Additionally, the 2020 HPC process must continue to integrate the advocacy messages and related project funding essential to addressing the root causes of male and female Palestinian's humanitarian needs. These include, but are not limited to: the need to end the internal Palestinian divide between the West Bank and Gaza; the need to continue working towards policy changes that support Palestinian women and youth in leadership; and the need to increase awareness and protection of Palestinian women and girls' rights to education, movement, and access to resources, essential services and equitable, safe, dignified work.

Technical Capacity for Gender Responsiveness

11. **Consider requiring systematic investments in gender-sensitive, and representative staffing and/or technical capacity.** While coordination and training activities across most sectors of the 2020 oPt HRP included reference to gender balance and/or gender training for staff, interventions did not explicitly address the need to develop gender-responsive staffing plans, targets or strategies. In the current complex context, there are increased barriers to women's and marginalised groups' participation and this can have inadvertent impacts on women and marginalised groups' access to services e.g. COVID quarantine centers and/or participation in humanitarian project planning. The 2021 HPC process should, therefore, consider explicitly analysing and investing in gender technical capacity. Representative staffing plans include active recruitment and retention efforts for youth (especially female youth), women with disabilities, and people with lived experience from poor female-headed households. This should be further enabled through funding for deliberate, intentional efforts to address barriers to employment and inclusion of people from these groups in the humanitarian system, including in preparedness, response and recovery decision-making.
12. **Collect and incorporate lessons learned from implementing the IASC Gender with Age Marker (GAM) in the 2020 planning cycle and the re-activated Community Engagement Working Group.** Collect and analyse these lessons to better understand a) how easy they were to implement; b) how effectively NNGOs, women-led or marginalised group-led organisations were able to engage; and c) how effective these mechanisms were at improving quality of, and access to, humanitarian services for Palestinian men, women, boys and girls. If and where possible, extend the lessons learned to include capturing experiences of LGBTIQ+ people as well as other people from other marginalised groups. The HCT and humanitarian actors in the oPt should, specifically, liaise with relevant working groups, clusters and forums such as the Association of International Development Agencies and the Palestinian NGO Network to do so.



Acknowledgements

This report was written by Robyn Baron and Alyssa Bovell for CARE with input and support from Salam Kanaan, Suhair Ramadan, Laura Tashjian, Dina Hanania, Susannah Friedman, Mireia Cano, Amelia Rule, James Morgan, Anushka Kalyanpur, Justus Liku and Chloe Day from CARE, and April Pham and Toni-Anne Vinell Stewart from OCHA.

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