

The Imperative of Mainstreaming Gender in Humanitarian Action in Palestine:

Six Case Studies from Gaza



THE IMPERATIVE OF MAINSTREAMING GENDER IN HUMANITARIAN ACTION IN PALESTINE: SIX CASE STUDIES FROM GAZA

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- “Multisectoral Responses to Women Victims and Survivors of Gender Based Violence in the Gaza Strip”
- “Protecting and Strengthening the Resilience of Women and Girls Affected by the Great March of Return in Gaza”

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Acknowledgments



Committed to the principle of leaving no one behind and to inclusive, just and accountable humanitarian programming, *The Imperative of Mainstreaming Gender in Humanitarian Action in Palestine: Six Case Studies from Gaza* draws on both primary and secondary resources to demonstrate the importance of implementing gender-responsive humanitarian interventions in the work of the six Humanitarian Clusters and their implementing partners operating in the occupied Palestinian territory (oPt). These are: the Health Cluster, the Education Cluster, the Protection Cluster, the Food Security Cluster, the Water, Sanitation and Hygiene (WASH) Cluster, and the Shelter Cluster. The report would not have been possible without the generous collaboration of the Cluster Coordinators who suggested the themes of the case studies, shared their data, and facilitated the contact with the impacted communities. UN Women would also like to acknowledge the contributions of the Humanitarian Gender Group (HGG), a working group that is co-led by UN Women and the UN Office for the Coordination of Humanitarian Affairs (UN OCHA), and whose members include Cluster Coordinators, Gender Focal Points, and Gender-Based Violence Working Group (GBV WG). The HGG has provided the structure, expertise, and moral support needed to make gender mainstreaming a reality and an embedded practice in the oPt. The completion of the report would have been impossible without the financial support of the Government of Japan and the oPt Humanitarian Fund, administered by OCHA. Last but not least, it is the generosity and sincerity of the impacted communities, its women, men, boys and girls, who made the time to share their experiences and reflections, their needs and visions and to whom we are ever so thankful. Their experiences and voices inform the very core of what gender-responsive humanitarian action is and should be about.



Introduction



The Imperative of Mainstreaming Gender in Humanitarian Action in Palestine: Six Case Studies from Gaza

Fifty-three years of Israel's occupation, over 13 years of land, sea and air blockade, recurrent rounds of conflict, three devastating wars in the space of less than six years (2008-2014), and the ongoing internal Palestinian political divide, have all left the densely populated and impoverished Gaza Strip (5,203 inhabitants per km²)¹ in a state of disrepair with chronic energy and water crises. Back in 2012, the UN Country Team (UNCT) warned that Gaza would be unliveable and its economy would be unviable by 2020.³ In 2021, the Humanitarian Country Team (HCT) estimates that approximately 2.45 million Palestinians across the occupied Palestinian territory (oPt) will require some form of humanitarian assistance. About 64 per cent of those, or 1.57 million people, live in the Gaza Strip.³ The public health crisis of COVID-19 pandemic has further exacerbated the already dire situation in Gaza where the health sector is over-stretched and struggling to cope. Unemployment rates are very high among women and youth and the chances of getting a job are almost nil. It is reported that Gender-based violence (GBV) incidence, particularly against women and girls, is increasing, and already negative coping mechanism such as school drop-outs and early marriage are becoming more common.

While the different needs of women, girls and boys and those with disabilities are increasingly recognised and mainstreamed in the different phases of humanitarian programming: planning, implementation and monitoring, ensuring full gender-responsive interventions is ever more urgent during this crisis. Inclusive humanitarian programming that ensures full integration of gender bolsters human rights-based approaches, builds resilience, saves lives and leaves no one behind. Through six case studies from Gaza, this document illustrates the urgency of considering gender both in understanding the impact of the humanitarian situation on Palestinians in Gaza and in providing aid that is responsive to their distinct gendered circumstances and needs.

For example, women and men have different needs, priorities and expectations when it comes to access to water, sanitation and hygiene (WASH). Access to proper sanitation as well as related knowledge and practices are directly influenced by gender relations and roles. WASH facilities and access to water is associated with responsibilities undertaken by women, as they are the ones responsible for the daily running of household chores and meeting the basic needs of family members.

In addressing Gaza's chronic food insecurity, women's essential and often unpaid contribution to the agricultural sector is overlooked. Women farmers continue to face gendered barriers to land ownership and agricultural livelihoods. More efforts are needed to gather comprehensive and reliable data on women's contribution to the food and agricultural sector, especially unpaid and informal labour, so future policies and interventions can better support and empower them to improve Gaza food security.

The perpetually deteriorating socio-economic and political conditions in the Gaza Strip not only does it create increased rates of trauma and psychosocial challenges, but when combined with a defunct healthcare system and systemic restrictions on movement, it facilitates the spread of drug use. Women and girls who have become addicted to drugs also experience gender-based violence and are likely to experience domestic violence. This is contrasted with men and boys, who are more likely to be treated as ill and in need of support and treatment in order to overcome their addiction. Cultural norms and stereotypes often negate or deny that women and girls are likely to resort to drug use. This misperception not only obstructs the avenues available to women and girls in seeking help and support to overcome their addiction, but it also conceals the warning signs and symptoms that girls and women show.

Access to quality education in a safe, child-friendly environment in Gaza is compromised by the protracted occupation and recurrent conflict. The main challenges for school children and youth are lack of access to quality schooling, safe child-friendly learning environments in existing schools, and educational materials. This has led many students and parents to give up on education. For males, some families prefer that they leave school to work and help the family in meeting its expenses. For females, some parents might opt to marry off their young daughters at an early age to save expenses and have less worry about their commute to school and the risks that might face them in relation to personal security on the road to school.

Timely access to information on cancer-related services and diagnosis can save lives. Due to the stigma that is sometimes associated with breast cancer, many women cancer survivors in Gaza tried to hide their illness from their family, including children, husband, and parents, until the disease advanced into severe stages. This shows that gender should also be taken into account in the design of all phases of cancer related health services including public awareness.

Through the following six case studies, this document seeks to demonstrate how every humanitarian situation has gendered impacts on men, women, boys and girls. To save lives, build resilience and leave no one behind, it is imperative for all humanitarian actors to fully integrate gender in the design, planning, implementing and monitoring of their interventions.

01



Education

Girls and Boys Access to Education in the Access Restricted Area in Gaza:

(A Case Study of Johr Al Deek Village)



Photo: UN Women/ Halla al-Safadi



Introduction

The following is a case study of education risks and opportunities in a Gaza community that is exposed to chronic conflict. The analysis is based on a desk review of the most recent available data on education and risks in the Gaza Strip, with a focus on Access Restricted Areas (ARAs). The desk review is complemented by a case study of education risks and opportunities in Johr Al Deek, south of Gaza City adjacent to Israel borders. According to the Palestinian Central Bureau of Statistics (PCBS, 2018),¹ the population size of the village is at 4,586 (2,258 males and 2,328 females). Refugees comprise 73 per cent of the village population. The case study involved in-depth interviews with six community informants, two parents, and six male and female students.

Background

The Israeli blockade and the Palestinian internal division, combined with continuous economic decline, have negatively impacted the educational system and process in the Gaza Strip. The recurrent conflict and the ensuing damage and destruction of educational facilities have disrupted services and impacted the psychosocial wellbeing of children and teachers. For example, during the 2014 hostilities, 547 educational facilities, including 259 schools, 274 kindergartens, and 14 tertiary education institutions were damaged or destroyed, affecting 350,000 students.²

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547

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274

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14

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A number of studies have shown how war trauma has resulted in the development of Posttraumatic Stress Disorder (PTSD) and depression in Palestinian boys and girls in Gaza Strip.³ The educational system in Gaza is also affected negatively by 13 years of blockade and the continuing failure to effect real intra-Palestinian reconciliation. The 2020 Humanitarian Response Plan (HRP) states that 0.5 million basic, secondary and kindergarten (KG) students and teachers are identified as ‘people in need’ under the education cluster.⁴ One of the strategic objectives of the Humanitarian Response Plan (HRP) is that “vulnerable schools are supported in responding to emergencies through preventive measures, remedial programs and school based psychosocial services”. As much as 280.3 thousands are in need to be covered under this objective.⁵

According to the HRP (2020), in Gaza, school children suffer from a range of humanitarian challenges, including poverty, continuous power outages, and overcrowded schooling conditions, limited hours of instruction and limited accessibility, in particular for children with disabilities (CWDs). According to OCHA (2018), schools in Gaza are chronically overcrowded: 70 per cent of UNRWA schools and 63 per cent of schools run by the Ministry of Education and Higher Education (MoEHE) operate on a double shift system. This reduces instructional hours on core subjects and foundation learning. It also results in student having difficulties in focusing on their studies and heightened levels of violence in schools.



Photo: UN Women/ Halla al-Safadi

Another key barrier to education is the unprecedented financial crisis of UNRWA, which currently (2019-2020) provides primary education to 282,207 Palestinian refugee students in 276 schools across the Gaza Strip.⁶ The rising numbers of students puts increasing pressure on the Agency's education programme, especially in the current context of drastically reduced funding: The Agency is facing the most serious deficit in its 68-year history following the decision of the United States, UNRWA's main donor to stop its funding.

In the same context, a report by UNRWA in 2016 shed the light on the impact of armed conflict and violence on UNRWA schools and education services including its schools in the Gaza Strip. For example, "at least 83 UNRWA schools' buildings were damaged during the 2014 hostilities. UNRWA repeatedly provided the coordinates of the location of schools used as designated emergency shelters to the Israeli authorities. For example, the precise location of Jabalia Elementary

Girls School, which was housing 3,300 displaced Palestinian civilians at the time, was hit on 30 July 2014 causing the deaths of 15 civilians (including four children), was repeatedly communicated to ensure its protection."⁷ The damage inflicted on UNRWA schools due to Israeli attacks has also affected the ability of the UN agency to build much needed new schools because, according to UNDP, "repeated hostilities that have damaged and destroyed schools have forced education providers to prioritize constant repair and rebuilding, which comes at the detriment of the need for new schools to match population growth."⁸

As a result, the future of education in Gaza seems even darker. According to UNDP, in 2012, the UN Report 'Gaza in 2020, a livable place?' found that in order to meet the demands of a rapidly expanding population, 250 additional schools were needed immediately, and another 190 schools would be needed by 2020.



Photo: UN Women/ Halla al-Safadi

This situation has been aggravated on the one hand by Israel's closure policies, implemented since 2007, which have prohibited the construction, rehabilitation, and upgrading of nearly all education infrastructure. On the other hand, repeated hostilities that have damaged and destroyed schools have forced education providers to prioritize constant repair and rebuilding, which comes at the detriment of the need for new schools to match population growth. Between 2012 and the end of 2016, only 33 governmental schools and 24 UNRWA schools were built, which is much below the actual need. In Gaza, access to quality education in a safe, child-friendly environment for children and youth is compromised by a protracted conflict and occupation. The main challenges for school children and youth are lack of access to quality schooling, safe child-friendly learning environments in existing schools, and educational materials.⁹

The political and economic contexts mentioned above may, at least partially, explain the relatively high rate of dropping out among Palestinian adolescents in the Gaza Strip. A country report by UNICEF, UNESCO, and MoEHE in 2018, reveals that "almost all Palestinian children, between the ages of six and nine, are in school, but by age 15, nearly 25% of boys and 7% of girls have dropped out." The main reasons for dropping out, according to the report, include "low quality education that is also often seen as not relevant to their lives, physical and emotional violence in schools, including from teachers and peers, and armed conflict." In the Gaza Strip, classes are overcrowded with an average of 37 children per class. Among those enrolled in Grades 1 to 10, some 90 per cent go to double-shift schools. This reduces learning hours and the ability for teachers to properly support children, especially those who have learning and behavioural difficulties.¹⁰

Johr Al Deek: Access Restricted

Like all boarder areas with access restrictions, Johr Al Deek suffers from the impacts of conflict with hundreds of homes either fully or partially destroyed during the 2014 and 2016 conflicts. Households also suffer from marginalization with higher than average poverty rates. A proportion of the population living in tin houses face a multitude of environmental issues including the presence of solid waste pollution.

The students who are unable to attend schools within the community boundaries (males from 7th grade and females enrolled in the scientific stream from 11th grade) endure difficulties in trying to access schools. Interviews with community leaders, parents and students reveal the following findings:

- Students who decide to continue their education must access schools in nearby areas including Al Burij, Al Zaitoun, Mugragah and Al Abraj areas.
- Younger and older male students (starting at 7th grade) must walk or be transported to these schools, while older females (11th and 12th grades enrolled in the scientific stream) must do the same.
- The main challenge faced, according to students and parents, is their feeling of insecurity related to attacks and confrontations linked to Great March of Return (GMR). While the GMR marches take place on Friday, a school day-off, the psychological impacts are felt by parents and students. Occasional marches take place in school days as well. They also cited the injury of an unspecified number of students injured in the area. One of the schools is located in the centre of Great March of Return locations (between Karni border crossing point and Al Buriej). The use of live ammunition and tear gas creates fear among children and parents. According to one student

"I must think a hundred times before going to school; you are placing yourself in the line of fire when you decide to go to school".

who participate in the Friday marches are at a higher risk. According to a village official

"One of the students have to live with an amputated leg and another suffers from disability; both had to leave school as they can't walk to school and the schools didn't provide any alternative to compensate them for lost classes and integrate them back in school".

- Many of the injured children face psychological and emotional challenges, leading them to stay away from schools. Most children witness the killing of some village members while many participate in the funerals of victims.
- Insecurity also stems from the fact that many students must walk early in the morning while it is still dark on unlit roads. On the road, they must deal with the impacts of the solid waste dumping ground including the presence of a large number of stray dogs. The pollution and fumes generated by the dumpster impact the health of students; an issue that was raised by the local council with international and human rights organizations, but with no response. In the summer, they must endure the heat and the dangers of snakes and scorpions that are known in this region. Many families refrain from sending their children to schools during winter as they must walk for an average of 15 minutes under the rain and on muddy roads.
- According to students and parents, some of them have given up on education to avoid the above-mentioned risks and save transport expenses when applicable. Others assert that families might prefer having children engage in "more productive, income-generating activities given the very limited work opportunities, high unemployment and poverty rates among households", according to a village official. According to one of the mothers "extreme obstacles make it more attractive to families to



Photo: UN Women/ Halla al-Safadi

take their children out of school and involve them in income-generating work. So, they can help their families and take care of their own financial expenses". All of these factors have negative impacts on parents, who increasingly perceive education as less valuable. This results in less interest among families in the education of their children and the high rates of dropping out of schools, especially in grades between primary and secondary school. Reports from the students and parents illustrate a mixed view of the gender-differentiated impact of protection risks on male and female students. For males, some families prefer that they leave school to help the family in meeting its expenses through work. They also believe that males are prone to risks associated with participation in the Great March of Return or other confrontations with the Israeli army on the way to school. For females, some parents might opt to marry off their young daughters to save expenses and have less worry about their commute to school and the risks that might face them in relation to personal security from Israeli attacks and harassment from others on the road to school.

Interviews have confirmed that while families are increasingly interested in the education of girls, dominant patriarchal values and social norms,

as well as gender-based violence and extended family dynamics, negatively impact their educational enrollment and leads to early marriage. This is compounded by families' perceived fears for their girls in mixed schools and in walking/traveling to far-away schools (in the case of girls who wish to complete their scientific secondary school in which is not available in the village). Boys who drop out engage in agricultural, livestock and herding work. Girls who drop out most probably get married or stay at home; a few of them might enroll in training courses such as embroidery, sewing and housekeeping. According to one of the female students

"most people around me think that education has no value for a girl; regardless of the education she attains, she will end up in the kitchen; so we see no point in education".

- Furthermore, interviews with community leaders and parents confirmed a widespread feeling that government policies towards marginalized areas are not conducive to development, poverty alleviation and equal opportunity to education.



Recommendations

- 1) **Build a new school for boys in Johr Al Deek village to include primary**, elementary and secondary grades. This will allow for using the remaining classrooms for girls so they do not have to travel far to seek their scientific secondary education.
- 2) **Until the new school is constructed and equipped, continue to make transportation available.** In this case, the village council had a recent agreement with the Agricultural Development Association (PARC) to make two vans to transport the students to their schools. This arrangement continued for one month and then stopped because of the closure of schools due to the COVID-19 pandemic.
- 3) **Mitigate the insecurity of the roads by providing pavements and shaded stops to protect from the sun and rain** as well as dealing with snakes and stray dogs, and ensuring systematic transport.
- 4) **Work with the MoEHE and parents to cover the school expense** as many families live in poverty and are unable to afford educational expenses.
- 5) **Work with local institutions and families to raise awareness of the value of education for both males and females.**
- 6) **Continue to work on improving WASH facilities in all schools**, particularly female schools, and improve privacy in mixed schools.
- 7) **It is also important to prioritize female students for safe/protected transport.**
- 8) **The recommendations can be relevant to other localities** in the Access Restricted Area depending on the gender-specific needs and priorities of the affected population.

02



Health

Access To Information On Breast Cancer Services



Photo: UN Women/Halla al-Safadi



Introduction

This report is based on the findings of two focus groups of women in the Gaza Strip. In each group, the research focused on examining (1) access to information on cancer-related health services and (2) comprehension of that information as factors in explaining the use of such health services. The results of the focus groups serve as a case study of women cancer patients in general, and breast cancer in particular.

Methodology

The first focus group was with cancer patients and the second group was with non-cancer patients. The focus groups were held on 7 June 2020, in Khan Yunis. The first group was at the Women and Children Association with 16 girls/women aged between 27 and 60, and the second was held at the Brilliant Tomorrow for Homes Sons Society in Khuza'a with 10 women aged between 21 and 54. In each focus group, the participants were prompted with a variety of questions intended to produce in-depth responses on the different areas of research.

Notes and recordings were taken during the focus groups. Using these, researchers analyzed the discussion for the main topics expressed by participants. This report includes the analysis of the topic and themes expressed by participants with some relevant quotes, followed by recommendations.

Results and Analysis

The opinions and feedback of the participants were analyzed and categorized into broad themes, which are expressed below with selected quotes. The themes discussed are: knowledge among women about cancer and its spread, influence of gender and age on access to cancer treatment services, information sources, availability and accessibility of cancer information, cancer/breast cancer prevention, evaluation of available cancer services, and perceptions of service providers.

Extent of knowledge about cancer and its spread among women

- The majority of the women knew about cancer because they had been diagnosed with one type of cancer. Most of them have had extremely difficult experiences with the disease. Some of them have described responding to their illness in ways that reflect the widespread stereotypes of cancer patients. Due to the existing stigma some of them tried to hide their illness from their family, including children, husbands, and parents, until the disease advanced to severe stages, or until they received a referral that required travelling.
- Women cancer patients realize that a large percentage of women suffer from breast cancer. Many of them associate their disease with the phosphorous that the Israeli army has dropped on the Gaza Strip during military assaults over the years. Others consider this as one of the contributing factors to the disease.
- The women often suffered from multiple symptoms for extended periods of time and went through several medical examinations before finding out that the cause of their symptoms was cancer. They said that primary care centers and hospitals did not perform tests for specific types of cancer until many other examinations were performed.
- A few women received good family support. Their families did not expect them to receive treatment in Gaza because they knew health services in Gaza were not adequate for all types of cancer and the necessary tests. Instead, they promptly applied for transfers to Egypt or the West Bank. These families took on major financial expenses as this was not covered by health insurance. However, this was rare in the focus group, with only two out of 16 women receiving this kind of support.
- Most of the women who were not cancer patients had only basic information about different types of cancer, and breast cancer in particular. Younger girls (those in their 20s) thought

that the issue did not concern them because it does not affect young women.

- Others felt that institutions which are helping women to get screened for cancer should not have the age requirement of being over 40. They felt that young women may benefit from such services in the long run through a better awareness of their own bodies and their health.
- One of the women who did not have cancer expressed her desire at the age of thirty-five to be examined by one of the free screening campaigns, but they informed her that it was only for women over forty so she was unable to be checked at the time. She is concerned about some of the lumps near her right breast. After the meeting she requested a special consultation for specialists outside of her community.
- The knowledge of women in the second group varied on whether breast cancer is hereditary or not. Some of them believed that breastfeeding reduces the risk of developing the disease. The difference of opinions reflected the individual experience of all the participants, which indicates the need of accurate information and of awareness raising among women of all ages.
- Most women in the second group believe that breast cancer is not a dangerous disease if it is early detected, as this is the basis for recovery. They also believed that when the disease is early detected, the chance of recovery is greater. Awareness about agencies that provide detection services would be useful and necessary as it would help reaching treatment faster.

The extent of the influence of gender and age on access to cancer treatment services

- Women with cancer did not believe that age should be a factor in obtaining treatment. Breast cancer can affect women of any age.
- In the women's view, the fact that women are the ones most affected by cancer in the Gaza Strip is unfortunate, because the disease does not only affect their physical and mental health, but may also threaten their social life and living conditions. Some breast cancer patients have been divorced and left alone to fight the

disease. This possibility forces many women to choose between their families or getting appropriate treatment.

"Our knowledge of the disease is very weak, and we need more awareness and more access to services in marginalized places and also for younger girls who have no incentive to watch out for the disease unless they become sick or one of their relatives or acquaintances develops the disease."

Sources of receiving information

- Women usually receive their information from doctors and nurses who examine their condition and make recommendations on the treatment plan.
- Women prefer to receive practical information about breast cancer, especially in visual and audio formats instead of as written information. They can more easily understand what they need to do in ways more accessible to them culturally and according to their educational level. Women would feel more comfortable receiving information through peer support and from female health staff because they could ask questions and repeat information without reservations or shame.

"Before this time, I attended a symposium where they taught us how to examine ourselves at the end of the menstrual cycle. An artificial breast model was available, and we learned practically. Also, the association was close to us, the trainer was a woman, and we took our time during the training."

"In my experience, I have never seen fliers or brochures with educational instructions or contact numbers, but I know that Al-Ahly Hospital has a device for examining the disease."



Photo: UN Women/ Halla al-Safadi

Women assessing the availability and accessibility of information about cancer

- Women believed that it is important for them to have information about cancer throughout the year and not just in the month of October, so they can fully understand and help others to detect the disease early and facilitate treatment.
- Women in both groups believed that there are agencies that work effectively, but those organizations do not focus on the issue all the time. Some women who used the services from women's health and human rights institutions found that they were suitable and satisfactory, but medicines are not always available. Expensive medicines, needles, and other health supplies are especially lacking. Because of this, the women sought out other institutions or they paid for the medications themselves which negatively affected the economic situation of their families.

Cancer / breast cancer prevention

- Women understood the importance of prevent-

ing cancer through early diagnosis and early examination, but they had little influence over decisions related to diagnostic tests and information they received from doctors, which often came long after their health started to worsen.

- Women preferred to do examinations and receive health information and guidance from women outside of their community to preserve their privacy and prevent information from spreading without their consent.

Women's evaluation of services available to cancer patients

- Most women were directed to clinics in their community, whether government or UNRWA clinics. They were often advised to go to the Red Crescent Society in Khan Yunis, or other hospitals (especially the European Gaza Hospital) available in the Khan Yunis governorate.
- Only women who had been treated discussed their place of treatment. The other women knew only that they should go to a hospital. Women felt that having early cancer screening



Photo: UN Women/ Halla al-Safadi

devices available in their local clinics would be very beneficial, as it would save them the cost of transportation and other fees. Women felt that services available to them for cancer detection were inadequate, especially in terms of medication and referral costs. Costs uncovered by the insurance increases financial burdens on households.

It was evident in the first group in particular that those with more experience fighting the disease acted as guides and counselors to new patients. "I went to the Culture and Free Thought Association where they provide health and logistical services and the possibility of examination and a doctor who helps in examining and raising awareness about breast cancer. They also provide medicines, the ability to cover x-rays, transportation, in addition to psychological support and entertainment for cancer patients, and activities such as a women's walking and running marathon."

Examples of available services

- The Culture and Free Thought Association carried out awareness and psychosocial support workshops and also helped to provide treatment for a period of time in 2019 through the projects of donor countries, but services were suspended this year due to the COVID-19 pandemic.
- Al-Bureij - Women's Health Association provided transportation and money for analysis and treatment, and provided psychosocial support sessions and recreational trips. During the period of COVID-19, they contacted women to raise awareness and communicated with women cancer patients to assess their needs.
- UNRWA or government outpatient clinics and hospitals (the European Hospital) provide awareness as well as analysis and treatment.
- Basma Amal Association assists in the process of traveling to Jerusalem and provides cars (transportation cost per person is 300 NIS).



Recommendations

Based on the focus group discussions, a number of recommendations have been made, including those suggested by participants in the focus groups and by researchers based on analysis of the discussions.

Access to information:

- Awareness campaigns should be presented in formats accessible to all women, such as through visual and audio means rather than written. Women reported feeling more confident when learning through culturally appropriate means.
- Awareness efforts should seek to present information in practical formats as much as possible, such as with simulation exercises that allow women to practice self-examination.
- Stakeholders should work to promote awareness among men about cancer and especially how to support women who have been diagnosed in order to reduce social stigma that leads women to delay treatment.
- Marginalized areas should be a priority when providing awareness-raising and recreational meetings and psychosocial support for women at risk of or with cancer.

Logistical requirements:

- International actors should exercise pressure on the Israeli government to allow the entry of necessary medicines and supplies for proper treatment and diagnosis for cancer patients. This would also help to mitigate the extremely high costs and difficulty of leaving the Gaza Strip to receive treatment
- Women should have easy access to specialized and local health centers for cancer patients that are able to provide all necessary diagnostic tests in a centralized and coordinated manner close to women's homes. Such centers may also offer blood for patients who need repeated blood transfusions.
- Women at risk or recently diagnosed may benefit from the support of women who have experience with the disease and opportunities should be organized to facilitate these relationships, which can provide physical, spiritual, nutritional, and psychosocial support. This could be done by reaching out to women who survived cancer and allowing them to send their stories to current patients for emotional support, or establishing women's peer support that brings together women with extensive experience with the disease and newly diagnosed patients.
- Cancer patients would benefit from being providing healthy food (and micro-nutrients as necessary), as many of them have very difficult financial situations and cannot afford a proper diet.
- Stakeholders should consider supporting women who have been abandoned by their families because of their disease through protection and livelihood interventions.
- Screening centers should reevaluate their policies on age limits for diagnostic tests, allowing women to receive a screening regardless of age if they have risk factors or symptoms.
- Hospitals should provide psychosocial support services to help patients manage their experiences with the disease.
- Stakeholders should evaluate effective means of financially supporting women and families who face unaffordable costs of treatment.
- Actors should be sensitized that women understand the need for early detection of the disease, but report being delayed by health care providers who do not run proper diagnostic tests early enough. Reexamination of the health systems and the training of service providers should address this issue and allow patients more agency in their health care decisions.
- Providers should implement inclusive services available for patients who have disabilities and offer services tailored to them and their needs.

03



Protection

Gender-sensitive Access to Services by Drug Users in the Gaza Strip



Photo: UN Women/ Halla al-Safadi

Background

Studies about the use of illegal drugs in Palestine show that drugs are widely distributed across the West Bank and Gaza Strip, and their use have increased in recent years. In 2008, the International Narcotics Control Board maintained that there were 10,000 drug users registered in the West Bank and Gaza and about 15,000 in East Jerusalem, the vast majority of them were males.¹ A study published in November 2017 by the Palestinian National Institute of Public Health estimated that there were 26,500 high-risk drug users (HRDU) in Palestine (16,453 in West Bank and 10,047 in Gaza Strip). The study showed that HRDUs constituted 1.8 per cent of Palestinian males who are 15-years of age and older. The study also found that Hashish/marijuana and synthetic marijuana were the most used drugs in the West Bank while in the Gaza Strip prescription

drugs such as Tramadol and Lyrica were mostly used.² Despite estimations and studies on the prevalence of drug-use and addiction in the occupied Palestinian Territory (OPT), numbers may still be higher due to various factors, namely that drug users may not seek medical support or report to national rehabilitation and counseling services.

In 2011, the United Nations Office on Drugs and Crime (UNODC) published a report which summarized an assessment conducted by the Arab World for Research and Development (AWRAD) and the Palestinian Ministry of Health (MoH) about factors behind the spread of drugs in the West Bank and the Gaza Strip. Social factors were highlighted as possible causes such as unemployment, lack of awareness, poverty, over-population, and family disintegration.³

In a more recent study, Asma Al-Ghoul (2015), focused on the Gaza Strip only by conducting interviews with specialists (e.g. psychiatrists) working in the Strip. Al-Ghoul highlights context-specific explanations to drug use, namely those related to political developments in the Gaza Strip such as the Israeli blockade that has been in effect since 2007, as well as, the numerous Israeli escalations against the Strip.

According to qualitative data in Al-Ghoul's study, Dr. Fadel Ashour, a specialized psychiatrist, who treats drug addictions in his private clinic explains that some of the main reasons behind the spread of illicit drug use are psychological pressures which result from repeated shocks, such as the blockade and successive wars. Ashour notes that because of *"the many lost dreams of young people as well as of families...there are many people in society who try to adapt to these shocks and pressures by using drugs as a negative coping mechanism."* Moreover, according to Ashour, while in previous years drug use was more prevalent amongst those who were poor or of lower education levels, presently it is spreading among various groups of different socio-economic backgrounds. Its prevalence is also found among unexpected groups such as people considered by the community as "conservative". The use of Tramadol,⁴ in specific, has spread in the Strip at an alarming rate, according to a study by Maysa al-Abadleh from the Islamic University in Gaza. Al-Abadleh additionally maintained that Tramadol usage has become a "common phenomenon among all social groups such as male and female university, high and middle school students, the working class, the unemployed, and those who are searching for sexual aphrodisiacs."⁵

Broadly, the perpetually deteriorating socio-economic and political conditions in the Gaza Strip not only create increased rates of trauma and psychosocial challenges, but when combined with a defunct healthcare system and systemic restrictions on movement, it facilitates the spread of drug use. However, other factors such as family dynamics, cultural norms and perceptions of gender roles as well as the presence (or lack thereof) of national services are also important considerations in examining addiction behaviours. This requires approaching addiction not as a singular phenomenon that is reduced to individual characteristics and circumstances which may make people more prone to substance abuse, rather a deeper understanding of the social environment which facilitates this reality.

Gender-dynamics in the Gaza Strip, coupled with a protracted military-imposed blockade, socio-economic and political instability and limited support results in limited space for alleviating pressures, addressing the high rates of psychosocial issues, and pursuing opportunities for personal growth. This case study also provides a brief analysis of the factors which facilitate the spread of illicit drug use among Palestinians in the Gaza Strip, focusing on the discrepancies between men/boys and women/girls.



Gender and Addiction in the Gaza Strip

According to the report “Right to Health: Access to Drug Dependence Treatment for Palestinian Women” which is based on previous studies by the Palestinian National Institute of Public Health, Ministry of Women’s Affairs in Palestine, UN Women and others, “the problem of drug use in recent years has increasingly spread among young people and women, including those among family members of current drug users, with the initiation age of drug use being between 12 and 20 years. Females who were or continue to be married to drug users are at higher risk of using drugs. Family problems, continuous sexual abuse and forcible administration or coercion to take drugs by male family members are some of the reasons why females start and continue using drugs.” Despite the growing literature on drug use and women in the oPt, evidence remains scarce and women drug users still a “hidden population.”⁶

According to information gathered by AWRAD, women and girls who have become addicted to drugs also experience or are likely to experience gender-based violence. Conversely men and boys, are more likely to be treated as ill and in need of support and treatment in order to overcome their addiction. Cultural norms and stereotypes often deny that women and girls are likely to resort to drug use too. This support patriarchal and traditional expectations that women and girls are “chaste” and “honourable.” This perception, not only obstructs the avenues available to women and girls in seeking help and support to overcome their addiction, but it also conceals the warning

signs and symptoms that women and girls show-case. Denying that girls can abuse drugs and become addicts results in little family monitoring of their female children and addiction-relation behavioural changes. This further hinders early prevention and action, especially for younger girls.

There is a tangible double standard in the treatment of women and girls compared with their male counterparts. Unlike men, societal perception places more burdens and pressures on women, dissuading many from seeking the necessary help.

Community perceptions towards drug abuse

"I tried to tell my family many times. I finally told my mother, because I knew she wouldn't disgrace her daughter...I feel so much indignation towards society...when my school principal found out about my case, she suspended me and shamed me."

S., Female, in high school..

"...as long as we are not a public nuisance and have no problem with the authorities, it's okay."

F., Male, 37-years-old .

For women and girls who seek drugs as a coping mechanism, the ways in which they are exposed to it shows that if males in the household have access to, or are drug-users, they are more likely to try drugs. Additionally, the prevalence of drugs as a coping mechanism in the Strip, especially in light of limited psychosocial support services, means that more children, including girls, are exposed to it. This also aggravates the risk of child-abuse and using young girls as drug mules by relatives who are dealing drugs.

The patriarchal conception that women and girls do not use drugs, further prevents authorities to monitor child-abuse as drug mules. One participant noted that she was used as a drug mule by her uncle at the age of 9, and became addicted to Tramadol out of curiosity at the age of 13.

Women's experience of gender-based violence, including sexual harassment, marital rape and forced prostitution increases as drug use by male family members does. A common practice for male drug users is to force women (within their families, either wives or sisters) into prostitution as a means of generating income to buy drug, or in exchange for drugs. Likewise, for women who develop an addiction and after exhausting resources and assets in order to purchase drugs, they may resort to prostitution in order to acquire money or drugs. In such cases, women and girls are even less likely to seek help or inform anyone because of the strict cultural perceptions towards women who are sexually active.

Moreover, opportunities for employment are very scarce in Gaza, and even more limited for women and girls. As such, men and boys who use drugs are more likely to find work to purchase drugs.

Triggers for Drug Use

Adding to the overarching Israeli blockade, uncertain political reality, and economic deterioration, triggers for drug abuse in the Gaza Strip include:

- Fragmented family relations;
- Presence of male authority figures in the family who use drugs;
- Lack of monitoring of behavioural changes (especially of girls) by family members and parents;
- Feeling a sense of void and searching for escape;
- Curiosity of trying new things;
- Drugs in the Gaza Strip are wide-spread and easily accessible;
- Dire economic conditions and lack of employment opportunities;
- Psychosocial pressures;

- Drugs as stimulants for creativity/productivity;
- Feelings of estrangement in the Gaza Strip;
- Perception of drugs as aphrodisiacs;
- Addiction as a result of prescribed medication for treatment (such as amputations due to injuries sustained at the Great March of Return protests).

It is noteworthy, that if male users are financially independent and able to perform their expected duties (as sons, husbands, fathers) they do not suffer the social isolation and stigma that women and girls would experience. This may be due to the conceptualization of “remaining pure/chastity” as a duty and obligation for women and girls towards not only their family, but their community as well.

Services

In a qualitative study which included 12 females from the Gaza Strip, the extent of illicit drug use in Palestine was examined and most participants agreed that there is “a shortage of effective counseling and rehabilitation services.”

It was especially females who noted “they do not know of any treatment centres and some claimed that the services available were good but need to be improved.” Similarly, the assessment undertaken by AWRAD demonstrated that while both men and women do not know what the available services are, women and girls have less resources to search and seek these services. Generally, services which target addiction such as rehabilitation and treatment centers are scarce in the Gaza Strip. For women and girls, this issue is further compounded with the fact that most shelters for sexual and gender-based violence survivors do not accept women who use drugs,⁷ despite the correlation between the two issues.

According to a key expert interviewed by AWRAD, one of the main reasons for not having proper rehabilitation centers is the general political context, in which little institutional attention is paid to addiction. This is worsened by the fact that more people are becoming drug users, due to the increased stress, economic and social pressures, as well as political instability in the Strip.

In this context, rehabilitation centers are both limited and inefficient. For women community response is even worse, ranging from social isolation and stigmatization to the repressive patriarchal attitudes towards women and girls. This results in female users having neither a professional and specialized space to care for their needs and provide the opportunity to overcome, nor supportive family dynamics.

Women and girls often experience diverse forms of gender-based violence, including sexual, physical, emotional, economic and psychological violence within the family context. Addressing these remains largely absent from recovery programmes in the Strip. However, this is not only due to the limitation of services, but also because awareness raising about addiction generally remains sparse. Moreover, addiction appears to be denied in Palestinian society (specifically in the Gaza Strip), impeding measures to address it. The issue of addiction is often reduced to an anomalous condition amongst deviant households, rather than one that is entwined with the social environment. As such, the possibility of establishing specialised centers is close to non-existent in the Strip.

This leaves the burden on health centers such as hospitals or clinics to address addiction as a temporary physical condition rather than a psychosocial reality. Due to the social stigma and the sensitive nature of admitting female users; hospitals in the Strip may even turn away patients out of fear that it may impact their ability to provide other medical services as well as potentially exacerbating community problems with medical staff and facilities. Moreover, there is a lack of specialised addiction experts in the Gaza Strip due mostly to the blockade. This has led to a prioritization of services focusing on nutrition, WASH, psychosocial support for trauma and recovery from disabilities (such as those sustained from injuries during the Great March of Return).

Due to the shortage of funding and economic strain of public services in the Gaza Strip, organizations and institutions are struggling to expand their services to a wider population. Moreover, the present national facilities and institutions for rehabilitation lack protective measures and may pose risks for women and girls who may experience inter alia, harassment, sexual, emotional, and psychological abuse. This increases the risk of not providing proper care, information, and services but also of exacerbating addictions.



Photo: UN Women/ Halla al-Safadi

According to interviews conducted by AWRAD, women and girls show higher distrust in the community as well as in national and public services due to the systemic mistreatment and exploitation of women and girls' vulnerability within a patriarchal context.

Protection and safety of women and girls remains limited in the Strip. This fosters a vicious cycle where the lack of proper support nurtures atmospheres where women and girls are prone to become drug users, and at the same time stigmatizing, exploiting, abusing, and burdening women and girls during the recovery. This leads to women and girls relapse, and/or never really have the opportunity to recover.

There is a general absence of protection mechanisms for women and girls in Gaza. Those who are also struggling with addiction have even less support and protection. This leaves them susceptible to blackmailing and coercion. This also has an impact on the development of proper centers which are dedicated to women and girls and which attempt to foster confidentiality, privacy, and holistic intervention approaches. Usually there is a societal negative perception towards facilities which reinforces community perceptions towards the opportunities for change, for understanding and for confronting addiction. The inability of centers to secure proper funding or to promote community awareness, and the general denial that addiction is a psychosocial phenomenon in Gaza, become mutually reinforcing. Services are not developed, affected people are unable to find the support they need, and so centers are seen as failures. This results in further cutting funding to centers, which in turn impacts the recovery processes .

It is important to acknowledge that the treatments and facilities that may be available to those seeking recovery, treatment approaches and rehabilitation mechanisms do not appear to address the needs of their patients. According to Al-Ghoul study mentioned earlier, an integrated system for the provision of drug dependence treatment and services at the national level is relatively new in Palestine.

Until recently, drug dependence treatment was provided by a limited number of centers which were operated by geographically scattered civil society organizations. Similarly, a few non-governmental organizations provide detox and psychosocial interventions for drug users. Additionally, in this qualitative assessment, it is found that while addressing and creating the avenues for drug-users and addicts is pivotal, participants and experts also noted the importance to expand the services and support of psychosocial centers as a preventative mechanism for combatting drug addiction. However, this cannot happen without the help and support of national institutions, and relevant authorities.

Role of Political Climate and Governing Authorities in Addiction Treatment

Due to the overarching volatile political climate, social norms which deny the prevalence of drug addiction, and lack of evidence-based studies on the subject,⁸ the role of governing authorities in combatting addiction is often left unexamined. While some claim that authorities prioritize political agenda at the expense of public interests, it is difficult to measure the extent of the role authorities play in addressing the issue of drug addiction in the Strip due to the lack of studies.

Asma al-Ghoul (2015) notes: It is difficult to get safe data and clear figures on drug-abuse in Gaza. Official representatives of the security apparatus like the director of the Drug Control Administration, do not see a particular drug problem in the Gaza Strip: “all countries of the world, whether rich or poor, suffer from the drug problems,”— as he pointed out, adding, that “the spread of drugs in the Strip is similar to any other crime in any society and we cannot say that it has become a phenomenon or that it is threatening society.”

Some available literature, albeit scarce, may provide more insight on government-drug use relationships. Since the beginning of the imposed Israeli blockade in 2007, the restrictions on import and export by Israel further pushed governing authorities to building tunnels between Egypt and the Strip. Since then, there has been a rise in addiction cases in the Strip. Researchers, such as Professor Yusef Progler, found that there was an increase in the use of drugs in the Strip, especially with opiate “upper” drugs, such as Tramadol.⁹ One consequence of smuggling through the tunnels (intended or otherwise) may have been easier access to unmonitored drug use by the rest of the population¹⁰ which suffers from high rates of depression and psycho-somatic challenges. The increase in drug abuse can also be attributed to the socioeconomic and psychological impacts of the Israeli blockade on Palestinians in Gaza which are reported to increase people’s vulnerability and trigger risk-taking behaviours such as drug abuse among men and women.

In 2019, the Strip was reported to be suffering

from a complete Opioid crisis. Although the crisis appeared to mostly affect boys and men, national bodies denial of the crisis may have catalysed its spread towards other segments of society, such as women and girls. This is especially recognizing that women are often the ones undertaking the caregiver role in households (including caring for addicted sons or brothers), which may result in drug use whether out of the curiosity of trying or as an escape from the psychosocial burdens of household responsibilities amid a challenging socio-political and economic insecurity caused by the protracted humanitarian crisis in Gaza. The persisting negation of the drug crisis by national bodies obstructs opportunities to construct healthcare facilities, rehabilitation centres, awareness campaigns, and general public services.

With regards to dealing with the cases by the authority, men and boys are more likely to either be jailed, bailed out, or fined. On the other hand, there is more room for negotiation when it comes to women and girls, largely due to societal traditions, perceptions, and norms. Negotiations are undertaken by representatives of the female (usually patriarchs within the family or notable male representatives associated with the family) and authorities. The notion of “protecting honour” and preserving the female’s reputation is evoked. Negotiation procedures may also include some form of verbal agreement or an exchange between authorities and families in the form of probation periods and contractual agreements to seek recovery. It also maintains decision-making power in the hands of family members. Women’s and girls’ total lack of agency and decision-making regarding their own recovery process vulnerates their human rights and places them as “minors”.

Moreover, the process of negotiation between respective authorities, and family members reinforces the collective cultural denial of women and girls as potential addicts or HRDU, further impeding the facilitation of proper treatment at rehabilitation centers. These dynamics not only create a problem for judicial accountability measures,- especially against those who are dealing drugs, even exploiting children for dealing pur-

poses- but it also leaves women and girls all the more vulnerable to punishment by society and family members further subjecting them to GBV and other risks. It also further emphasizes the inability of women and girls to be protected under patriarchal mechanisms.

The insistence to keep female addiction as an invisible aspect within the community is even observed in national health studies on the extent of illicit drug use in Palestine, which often discount females in their samples.¹¹ The need to establish appropriate centers becomes the responsibility of either health-workers or duty-bearers such as

non-governmental organizations which are limited in economic power and community relations.

Trying to invisibilize women and girls' abuse problems results in them being left alone with limited capacities to confront their community and families. It also limits their help seeking behaviour.

The combination of all the aforementioned factors, and others, appears to nurture a culture which lacks accountability, checks and balances, and widens the mistrust between the community broadly, women and girls specifically, and between the people and the authorities.



Recommendations

According to the interviews conducted by AWRAD, in order to address drug-use generally and gender disparities specifically, a set of recommendations may be considered:

- Challenge patriarchal misconceptions of women's and girls' behavior and promote positive behavioural change towards women and girls who suffer from drug addiction;
- Transform social mechanisms for women's and girls' recovery paths (eliminate negotiations in favour of recovery-centred health approaches);
- Generate funding focused on developing proper rehabilitation centers;
- Increase community role in combatting addiction (awareness and advocacy, as well as equipping community with necessary tools);
- Advocate for confronting social stigma and social violence against those who experience drug addiction;
- Encourage family monitoring of warning signs and behavioral changes associated with drug-use, while also providing families with the avenues and information on services or mechanisms available for them;
- Collaboration and partnering with SGBV service providers in seeking solutions for GBV survivors that are also drug users (incorporation of specialized counselling and referral services). This means allowing for inclusive policy and inclusive mechanisms of support/protection;
- Development of protection mechanisms and standards for the institutions and organizations that provide help and assistance to drug-users;
- Addressing the psychosocial needs and trauma experienced by the population of the Strip in light of the protracted conflict;
- A more proactive role of governing authorities in combatting the entry of drugs into the Strip;
- Awareness campaigns targeting children and their sense of curiosity which may lead them to use drugs recreationally, leading to addiction;
- Awareness campaigns targeting guardians and parents on how to best address and cope with children/family members who are in need of support and help to overcome their addiction;
- Exploring the establishment of recreational activities for the different segments of society in the Strip, as alternatives to resorting to drugs.

04



Shelter

The Impact of Flooding on Gender Roles in Substandard Housing in Gaza



Photo: UN Women/ Halla al-Safadi

Introduction

This is a gender analysis of a case study of a community in Gaza that suffers from floods and substandard housing during winter. The analysis is based on a desk review of the most recent available data on shelter risks in the Gaza Strip, complemented by a case study of families living in Block 8 of the Jabalia Refugee Camp. The families are impacted by annual winter floods of a nearby basin – Abu Rashid basin. The case study involved a focus group discussion with 10 residents in the block.

Political and Humanitarian Contexts

In late 2019, an article by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) stated that “some 235,000 people residing in 39 low-lying areas lacking adequate infrastructure across the Gaza Strip are at risk of flooding during the upcoming winter season due to possible overflow of storm water facilities and sewage pumping stations, according to estimates by the Water, Sanitation and Hygiene (WASH) Cluster for the oPt.

235,000

people residing in 39 low-lying areas lacking adequate infrastructure

WASH Cluster estimate also pointed to the immediate reasons behind this risk: “Gaps in maintenance and repairs of the relevant WASH facilities, compounded by the shortage of fuel to operate backup generators during long electricity outages: both factors are driven by significant funding shortages”. In 2019, less than 74 per cent of the amount needed to operate Gaza’s 484 water and sanitation facilities was funded, leaving a critical gap of \$18 million. In addition, the WASH Cluster estimate shed light on the negative impact of the flooding on almost one quarter of a million of vulnerable people:

“This may expose an already vulnerable population to waterborne diseases, property losses; disruption in access to livelihoods and services, and displacement.”¹

An OCHA article has also referred to another recent and important technical assessment by the WASH Cluster and its partner (Action Against Hunger) that examined “77 critical WASH facilities serving a population of 1.18 million and reported serious operational and maintenance deficits. Thirty of these facilities are wastewater pumping stations located in flood-prone areas. On average, 85 per cent of the spare parts needed for emergency repairs were out of stock in the assessed facilities. Moreover, while 88 per cent of the facilities assessed are equipped with backup generators, their operation may be undermined by the re-

current shortage of funds to purchase the fuel needed to run them.” Also, “some \$3.5 million is needed to cover current gaps in these 77 facilities, including operational and maintenance needs, winter preparedness and fuel to run backup generators. Six partners in the WASH Cluster have recently appealed for \$ 2.3 million to cover the most urgent of these gaps; as of mid-December”. However, “only 320,000 US Dollars were recruited.”

The above-mentioned OCHA 2019 article explains and unpacks the humanitarian and political context related to the problem of winter floods in the Gaza Strip: “Although of major concern during the winter season, the risk of flooding is just one aspect of the crisis affecting Gaza’s WASH sector. It is estimated that nearly three-quarters of the population (or 1.5 million people) face daily constraints in accessing adequate water and sanitation services and require related humanitarian assistance. This situation has been driven by longstanding structural constraints, including import restrictions imposed in the context of the Israeli blockade, disputes and lack of coordination between the Fatah-led Palestinian Authority and the de facto Hamas authorities, and the recurrent outbreak of hostilities.”³

In addition to the impact of the 13-year-old Israeli blockade on Gaza and its houses and population (e.g. lack of construction materials, medical equipment and supplies, and lack of electricity, etc.), other Israeli actions especially



Photo: UN Women/ Halla al-Safadi

launching four major wars on Gaza between 2008 and 2014, and recurrent escalations during between 2014 and 2020 have also had very strong negative impacts on Palestinian houses and apartments in Gaza. For example, “the last Israeli military operation in Gaza (July/August 2014) inflicted massive destruction on shelter and housing units in the Gaza Strip. Approximately, six per cent of the housing units were rendered uninhabitable and an estimated 17,800 housing units were either destroyed or severely damaged, leaving more than 65,000 people displaced.”⁴

The Impact of Flooding on Gender Roles in Substandard Housing

“Substandard housing isn’t just housing that’s unattractive or outdated. It’s housing that poses a risk to the health, safety or physical well-being of occupants, neighbors, or visitors. Substandard housing increases risk of disease, crime, social isolation and poor mental health.”⁵

Unfortunately, surveys about the impact of flooding on gender roles in Gaza specifically are scarce. There are some studies about “internally displaced persons,” including women and men in general, either those who become displaced persons due to winter flooding, or to the Israeli major escalations on Gaza, etc. For example, in an assessment report by Norwegian Refugee Council (NRC), it was found that “most of the surveyed Internally Displaced Persons (IDPs) expressed that displacement has been a cause of an increase in Gender Based Violence (GBV) and that services for psychosocial support are not available for the majority of adults and children”. With regards the economic situation, the assessment shows that roughly 83 per cent of IDP families are obtaining their food on credit while, 64 per cent of the surveyed heads of households are not working.⁶

The same applies to the qualitative research in this area; it is also limited and rare. One of the exceptions is a report by OCHA in December 2017. It included interviews with 52-year-old man Mr. M.W and his family who have suffered from floods every winter for the past 30 years. This, according to the report, “reflects the deterioration in the neighborhood’s infrastructure in the face of pressure from rainfall.” The following statement by Mr. M.W. may provide a picture about the suffering of women in this regard: *“every year, all my furniture, personal possessions, clothes, bedding, food and kitchen utensils are ruined. Even my refrigerator, washing machine and oven no longer function due to water damage. We are living in really difficult circumstances”*. During the winter of 2016, the house was severely flooded and the family was forced to find alternative accommodation for an entire week. Asked how floods impact their social lives, Mr. M.W. explained: “Our daughter dropped out of high school last year; every time there is heavy rain, all her books get soaked and can no longer be used. She loves to study but we cannot afford to keep buying her new books”.⁷

In our case study; a group of residents in Block 8 in the Jabalia Refugee Camp explained their never-ending struggle and suffering due to the recurrent flooding of their houses every winter. These families are living in Block 8 of the Jabalia Refugee Camp, where they get hardly hit by the annual winter flooding of a nearby basin – Abu Rashid basin. There are several infrastructural and maintenance issues that lead to its flooding. The Abu Rashid basin receives storm water as well as wastewater. When it floods, residents in Block 8 get their houses ruined by this polluted water.

83%

of IDP families are obtaining their food on credit

64%

of households' members are not working



"You should see it to believe it. The water contains human excrement and rats, it's not just rainwater!" Mr. R. S.

Residents describe the state of horror they experience every time the floods came, and how little time they would have to do anything:

"It took 10 minutes for the whole neighborhood to drown. Can you imagine the horror in those 10 minutes?" Mrs. S. A.

Whatever they do is useless, they say, any preparations they make can only help so much:

"I built barricades and I placed sand bags and even increased the height of my house's entrance a little bit. None of it works." Mr. I. N.

"I built an extra room above my house so we can escape to it. I also increased the height of my house. But it's all useless, the water follows you regardless." Mr. R. S.

As a result, every time their houses are flooded, they have to leave and go to relatives or any shelters they can find, until they can return again:

"Every winter we have to leave our house, just take our papers and escape the floods. I swear every time the winter comes, we enter a state of emergency." Mr. B. A.

The most obvious impact of these floods is the loss of furniture, clothing, and almost all other items in the house that are drowned:

"Whatever you can take you take, a small mattress or a carpet, but everything else remains and gets ruined. The kitchen cabinets, the bedrooms' furniture, the electrical equipment such as the refrigerator, all of it gets ruined." Mr. H. M.

"All of my furniture drowned. The refrigerator's motor died. Also, my bedroom and the closet got ruined. The closet's door expanded because of the water and now it doesn't close. But I can't replace it and I wouldn't, as I know it will happen again next year." Mrs. S. A.

Other impacts of this recurring disaster include people being trapped in their houses



and unable to leave without help from the official organizations such as Civil Defense forces. Most residents mentioned having had the Civil Defense or other specialized teams come to get them out of their houses and save them from drowning:

“Last year, my wife couldn’t go down the stairs where it was all drowning, and a bulldozer came and got her out using its metal plate. This year the Civil Defense came and got me and my wife and children out of the house in one of their trucks. You probably think this is like an Indian movie, but you can ask the Civil Defense and they will tell you more.” Mr. I. N.

Fortunately; there have not been any human casualties in Block 8 as a result of the floods. But the risk is real.

“I am mostly afraid for my children, with the water coming into the house, I am always terrified of them getting electrified or something.” Mr. R. S.

“Last year the Civil Defense forces came to rescue women and young children and they found a young man who was freezing because of the cold water and weather and they immediately took him to the hospital for treatment.” Mrs. A. D.

Moreover, there are considerable health impacts of this disaster which are made worse by the already poor access to health services. The cold water, the polluted water, the aftermath (e.g. spoiled and damp furniture and walls, rotten items, etc.), the extra work required of household members to get things back to normal (e.g. cleaning, rebuilding, etc.), and many other factors all lead to various health issues within the families. Further impacts include children missing out on their education as they cannot get to their schools.

“My daughter is in Tawjihi (high school) and she had an exam when we were flooded, so we got the civil defense to come and get her out of the house and then get her back in after she did her exam. Other children would simply skip school. And schools wouldn’t do anything about it, they don’t try to compensate for these children and most of the time they don’t even provide books to replace the spoiled ones.” Mr. R. S.

Gender-Differentiated Impacts



Photo: UN Women/ Halla al-Safadi

Although the impact of these floods seems to affect the whole family in similar ways, this is not always the case. For instance, women are usually in-charge of their homes' internal affairs, and usually bear most of the domestic tasks and duties of taking care of the house, the children, the elderly and family members with disabilities, cooking, cleaning and ensuring everything flows well. When a disaster like floods hits them, women also bear most of the burden of dealing with the consequences.

Male residents felt very strongly about their role as being the saviours of the family, trying to take necessary measures to avoid the floods. But they are not the only ones; women also take part in these activities, and when floods hit, they also take part in trying to control the damage.

"When the water comes, I work with the guys to try and stop it, and sometimes I even act before they do." Mrs. A.D.

But when all measures fail, both male and female residents admitted that it was more on women to try to get their lives back in order. This might mean cleaning up the houses, cleaning whatever is left of the furniture, and sometimes even re-creating certain tools or supplies to replace what was lost.

"My wife got the help of her sisters in law to clean up the house. The next time we were hit, I told

her to get them to help her again, but she felt ashamed and wouldn't do it." Mr. R. S.

"The cleaning part isn't easy. Normal cleaning products aren't very effective when it comes to cleaning after wastewater floods. The smell doesn't go away easily. I get headaches and now when I leave the house and go out in the open air my headaches actually get worse." Mrs. S.A.

Not only do women bear the burden of cleaning up, but they also try their best to ease the financial difficulties of their lives during these already difficult times and tasks.

"I started making cleaning products at home, to try and limit our expenditures on these items." Mrs. A.D.

Even the health impact hits women harder. While all family members are prone to diseases and health issues that may result from the floods and wastewater polluting their houses, but women tend to suffer more due to their additional burden of cleaning and getting things back in order.

"We live in an emergency state for four months of winter. The cold and polluted water, going into shelters, and then coming back and all the cleaning up and other tasks are causing me a chronic pain in my knees." Mrs. A. D.



Recommendations

All residents stated that they get some sort of assistance to help them manage and get through their crisis. These include mattresses to replace what was spoiled, coupons to help with their living expenses, food packages and other similar help. Organizations that provide these are mainly UNRWA, and some local and international aid organizations such as NRC. Moreover, the emergency help they get from the Civil Defense forces was highly appreciated by residents.

However, they unanimously agreed that these types of temporary assistance are not what they need. They need a radical solution to solve this problem once and for all. For them, the solution is for the municipality to increase the height of the streets.

“Unanimously, we do not want a mattress or a coupon, we want a final solution.” Mr. R.S.

Suggestions provided by residents included forming a technical and political committee to arrive at the needed actions and solutions and implement

them. But in their opinion, the main solution is to increase the height of their houses above street level, until more profound infrastructural solutions are done.

The municipality is responsible to conduct technical assessments and define short- and long-term solutions with clear estimated budgets. These assessments need to be done in close coordination and involvement of the local community.

International organizations and local community-based organizations have a role to advocate in order to put pressure on the municipalities and other responsible parties to introduce a lasting solution.

In terms of gender roles and the specific impact on women; NGOs and INGOs can focus on raising awareness and implementing interventions to promote shared responsibilities at the household level in an effort to lessen the burden on women as a consequence of floods.

05

Water, Sanitation and Hygiene (WASH)

Gender Roles and Access to Water in the Gaza Strip



Photo: UN Women/ Halla al-Safadi

Background

According to a report by the World Bank Group in 2018, “water supply in Gaza has been at crisis levels since 2005.” Access to improved water was nearly universal two decades ago, but has dropped to being nearly nonexistent today. In fact, while 95 per cent of the population – a total of 2.05 million, 1.01 million of whom are female and 41 per cent of whom are under the age of 15 – have access to the piped network, the undrinkable nature of the tap water means that only one per cent of the population receives water suitable to drink.² In the words of Maryam Abu Yusef, a resident of Nuseirat refugee camp in the Gaza Strip and mother of five: “The quality of the water we get from the municipality is very poor. It has a high level of salinity and cannot be drunk.”³ In 2017, 17-year-old Ahmad agreed, saying “I have never drunk tap water because it is not clean, and it could make me sick. My parents told me that they used to drink tap water at home, but it must have been many years ago, before I was born.”⁴

Water Quality

The water is undrinkable because of the Israeli military blockade of the Gaza Strip, which, under the pretext of denying access to “dual-use”²² materials, has limited the entry of power, fuel, and spare parts needed to maintain water treatment and wastewater sanitation facilities. As a result, the population has seen an overreliance on Gaza’s only internal renewable source of water, the Coastal Aquifer, whose levels have dropped so low due to overuse that seawater has started to enter it and render it undrinkable. In fact, most of the 260 municipal wells in Gaza produce water with salt and nitrate levels greater than the limits established by the World Health Organization.⁵



[The tap water] also leaves buildup in the faucets, so we have to replace them every so often. Showering with this water causes skin and hair problems and we have to buy special oils and ointments for that. – Mrs. M. A., married mother of five from a-Nuseirat⁶

Our water is salty as if you are drinking from the sea. – Mrs. U. A., 50, mother of 11⁷

Sometimes, I use the fresh water to wash my daughters’ hair, and in the morning we use this water to wash our faces, because the tap water burns our eyes. – Mrs. W. F., 42, a mother of eight, a-Shuja’iya neighborhood, Gaza City⁸

The water we get is salty and unsuitable for drinking. Sometimes it even smells bad. We use it only to clean the house and do dishes and laundry, but nothing ever feels really clean. The clothes sometimes smell bad and get stained. The water also ruins the washing machine. We’ve fixed the machine several times, which cost us 50 to 70 shekels [approx. US\$14 to US\$20] every time, and the technician said the problems were caused by the too much salt in the water. – Mrs. I. K., 48, a mother of six, a-Sultan neighborhood, Rafah⁹

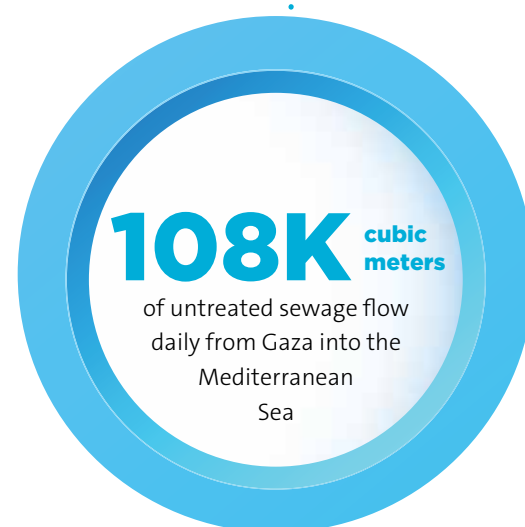


Photo: UN Women/ Halla al-Safadi

Not only is the water provided through municipal networks salty and unpalatable, but it has proved to be a threat to residents' health. Fatima Al Boraai, a mother and housewife who lives in Al Amal neighborhood, noticed that after their tap water changed taste, elderly and child family members faced increased bouts of diarrhea.¹⁰ This observation is echoed loudly by health care and public health professionals across the Gaza Strip. The Palestinian Ministry of Public Health has reported a doubling of diarrheal disease in in Strip.¹¹ Additionally, a 2019 peer-reviewed study in the journal BMC Public Health found that the prevalence of diarrheal disease among children less than 5 years old was 11.7 per 100 individuals and that as many as 22.7 per cent of households reported an episode of acute diarrhea of at least one of their members within a 48-hour timeframe. Moreover, a publication by the RAND Corporation reports that more than 25 per cent of all disease in the Gaza Strip is due to poor water quality and availability and that water-related diseases are the number one cause of childhood disease.¹²

Sewage and Sanitation

The largest reason behind such high rates of disease is a lack of proper sewage management and sanitation. According to the RAND Corporation, “more than 108,000 cubic meters of untreated sewage—equivalent to 43 Olympic-size swimming pools—[flow] daily from Gaza into the Mediterranean Sea, creating extreme public health security risks in Gaza and in neighboring Israel and Egypt.” This issue has worsened drastically in recent years, due to Israel’s blockade on construction materials and water pumps as well as the electricity crisis which leaves already existing sanitation facilities idle for hours every day during power blackouts.¹³ Not only does the power crisis mean sewage is released untreated into the Mediterranean, but the lack of sufficient pumps also causes sewage backups into homes and neighborhoods, especially in the winter during heavy rain.



Mr. F. S., a 67-year-old resident of the neighborhood az-Zaytun in Gaza City, recounts when the generators of one of the sewage pumping stations malfunctioned: I live with my wife and seven children, who are five to seventeen years old, on the ground floor of a building, about twenty meters away from the sewage pumping station. On Wednesday, 13 November 2013, at around 1 o'clock, we'd just finished eating lunch after the boys came back from school, when suddenly sewage started leaking into our house. We started taking off the floor the mattresses and rugs and clothes that got wet. Then we tried to plug the drain holes in the house with bits of cloth so that the sewage wouldn't rise, but that didn't help. Sewage came up through the holes and filled the house. We put bags of sand up against the front door so that the sewage wouldn't get in from there. We got completely wet: our hands, feet, our clothing. Everything stank. It took us hours to get all the water out and the floor dry. Then we washed only our hands and feet, because we didn't want to use a lot of water, in case it would cause another flooding.¹⁴

This risk of sewage overflow and flooding continues to this day. A recent article in late 2019 by The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) states that “some 235,000 people residing in 39 low-lying areas lacking adequate infrastructure across the Gaza Strip are at risk of flooding during the upcoming winter season due to possible overflow of storm water facilities and sewage pumping stations.”¹⁵

The sanitation crisis puts Gazans’ health at risk not just at home, but also during recreation. For many Gaza residents, the sea has long been an essential resource for dealing with the summer heat. In the words of Mrs. A. S., a 38-year-old mother with eight children aged between 12 and three years of age, “[My children] love to swim and spend their time at the beach. We have been neighbors with the sea for many years.” However, the unsanitary water conditions give A. S. cause for concern. She says the sewage outlet near their local beach discharges sewage daily, causing the water to become dark black, and that her children get skin rashes because of the contaminated water. But due to poverty and lack of public recreational spaces, clean pools and other alternative play sites are not options for A. H.’s family, a difficult dilemma faced by many other households in the Gaza Strip.¹⁶

Water Scarcity and Coping Strategies

Because of the salinity and health risks of water associated with the public network, it is generally only used for purposes other than drinking and cooking. To provide potable water for their families, 97 per cent of the population in Gaza relies on informal desalination plants and informal private water tankers.¹⁷ However, while these processes may produce water palatable enough to drink, the unregulated nature of this coping strategy means that much of this water still falls outside of accepted standards of safety. For example, according to a test by the Palestinian Water Authority, as much as 70 per cent of the desalinated water delivered to households in the Shati refugee camp by private trucks suffers from fecal contamination.¹⁸

Despite the lack of guarantee of the safety of this drinking water, it still takes up a big portion of many households' income. Surveys have reported families spending up to a third¹⁹ or even half²⁰ of their income on water.

70%

of the desalinated water delivered by private trucks suffers from fecal contamination

97%

relies on informal desalination plants and private water tankers

He [the private water vendor] takes about 100 shekels (US\$28 USD) per cubic meter. When there's no tap water, we have to use the drinking water for the toilet, dish-washing, laundry and showers. In summer, when it's really hot and we take a lot of showers, we buy a cubic meter of water every three days. Throughout the rest of the year, we buy water once a week. It's a huge expense that we can barely afford, especially since the Palestinian Authority has cut salaries. – Mrs. M. A., a mother of five from a-Nuseirat²¹

For cooking and drinking, we buy water every day from vendors who go around the neighborhood or from shops that sell water containers. We buy 50 liters of fresh water a day, at two shekels [approx. US\$0.6] a liter. – Mrs. I. K. a-Din, 48, married mother of six, a-Sultan neighborhood, Rafah²²

Power outages reduce the availability of both public network water and private vendors. Even the brackish water of the public network is not reliably available: only 22 per cent of the population receives an uninterrupted supply of water every day of the month.²³ Because of this, many families rely on electric pumps to fill water containers on their roof, which causes problems when the electricity and water are not available at the same time.



Photo: UN Women/ Halla al-Safadi

This is the case for the families of Mrs. M. A. and Mrs. W.F.:

“At the moment, we only have running water once every four days, for three or four hours. When the water is available, we use an electric pump to fill containers on our roof... Unfortunately, the water supply and the electricity supply aren’t coordinated. Sometimes the power comes on at 11:00 p.m. and we stay awake to see if the water will come on. Sometimes the water only comes on at 2:00 a.m. If there’s still electricity, we use the pump to fill the containers. If the water comes on when there’s no electricity, it doesn’t help us at all because the pressure is very weak and the water can’t reach the containers on the roof. I also have to use the washing machine in the middle of the night, the moment when both the water and electricity are available.” – Mrs. M. A., a mother of five from a-Nuseirat²⁴

“The power outages really interfere with the water supply to our houses. When there’s no electricity, there’s very little water in the taps. We had to buy a pump so that the water would reach the containers on our roof. We have four containers of 4,000 liters altogether. When we get running water, we turn the pump on and fill up the containers. But sometimes, there’s no electricity when there’s water. When that happened, we used to operate the pump with a generator, so that we wouldn’t run out of water. But the generator uses a lot of fuel, which is very expensive. Now there’s no fuel from Egypt and the fuel from Israel is very expensive, so we don’t use the generator at all. Even at night, when we don’t have power, we make do with candles and flashlights. A few months ago, my husband bought a new water container, which we put at the entrance to the house, so that we can fill it up when there’s no power. We get water out of the container in buckets, because it’s not connected to our plumbing.” – Mrs. W. F., 42, a mother of eight, a-Shuja’iya neighborhood, Gaza City.²⁵



Photo: UN Women/ Halla al-Safadi

Similar issues surface when families need to pump drinkable water delivered by private trucks. In an article on Al-Jazeera, Mousa Hillah, as resident of the neighborhood al-Shuja'iyya in Gaza City, recounts to the reporter that the electricity had come on only from 6:30-8:30 in the morning that day, which was too early to be of use when the water truck arrived. Because of these complications, some families resort to physically hauling water. In Mr. A. N.'s family's household of 19 individuals in the Shati refugee camp, drinking water comes to the house via his 15-year-old son who "piles plastic jugs onto a wheelchair and rolls it to the mosque to fill them from the shared water fountain."²⁶

Water availability also causes problems of patient care in hospitals. According to Dr. Nassir Hammad, the head nurse of Al-Shafi hospital in Gaza, "When the water is cut, all the sterilization process from machines, instruments, beds and rooms is affected. Even when water is available, doctors and nurses are often unable to sterilize their hands to carry out surgery because of the water quality." While medical staff attempt to cope by utilizing sanitizing gels in lieu of washing hands, the lack of clean water still prevents proper sterilization of critical equipment.²⁷ While modest improvements in electricity supply for the medical sector have been made due to emergency funding of power plants in Gaza and the addition of solar power courses in the last couple years, the supply is far from complete.²⁸



Gender Dimensions of Wash in the Gaza Strip

Women and men have different needs, priorities and expectations when it comes to access to water, sanitation and hygiene (WASH). As noted in the “Gender and Wash Toolkit for Palestine,” this access as well as related knowledge and practices are “directly influenced by gender relations and roles. As is the case in most societies in the world, WASH facilities and access to water is associated with responsibilities undertaken by women in Palestine, since they are the ones responsible inside the household of meeting the basic needs of its members.” As seen in the testimonies above, women and their roles are directly affected by the water crisis in Gaza.

Explicit consideration of women and their needs when studying and implementing WASH interventions can have a positive effect on reducing gender-based violence (GBV) and can help avoid potential unforeseen complications. As an example, the Gender and Wash Toolkit for Palestine recounts one project that constructed a latrine with a light and lock for women in Area C. However, men started playing cards outside the latrine at night in order to take advantage of the artificial light, which rendered the latrine useless and forced women to defecate in dark bushes.²⁹

UNICEF’s report “Water, sanitation, and hygiene assessment at the household level in the Gaza



Strip” points out several distinctions between men and women in the effects of and coping strategies toward the water crisis. For example, the vast majority of women are not responsible for retrieving drinking water for the household; in fact, only 2.3 per cent of surveyed households in the Gaza Strip engaged women in the drinking water collection process, which is a reflection of cultural norms that prefer that men handle logistics outside the home. Children are more likely to be included in the collection of drinking water, as 10.9 per cent of households reported so.³⁰ In these cases, children, often boys, leave the house with various containers which they fill at wells or charity fountains in their neighborhood or with water purchased from vendors.

Sometimes my brothers go to water filling stations run by charities in our neighborhood, where they can fill some jars and bottles with clean water. It does not last long. – S, 8-year-old girl, Gaza Strip

I live on the sixth floor of an apartment building in Gaza City. The elevator rarely works because of electricity cuts – we only get electricity three hours a day. ... We spend days without water at home. I go and buy water to fill bottles on the street, which I carry up the stairs. – A. 14-year-old boy, Gaza City³¹

When asked about coping strategies to deal with short water supply, men and women expressed some differences: men reported higher rates of trying to limit household water consumption, while women were more likely to store water in small containers in case of emergency and to buy and use drinking water when domestic water supplies run out. Importantly, in terms of shekels per capita per month, expenses on feminine hygiene products were as high as expenses for drinking water.³²

Conclusions and Recommendations

In the words of the RAND Center Report, “Gaza has long suffered from a dual water crisis: a shortage of potable water for drinking, cooking, and hygiene, combined with a lack of wastewater sanitation.”³³ This dual crisis is leading to increased death and disease among the already vulnerable population in the Gaza Strip, not to mention the financial and household hardships it causes. Women, being the demographic traditionally tasked with household cleaning and childcare (including bathing and hygiene of children), are impacted in particular. At the same time, women often have less say in decision making for the family, as men are usually in charge of purchasing water and other responsibilities outside the household. Children of the families are often involved in the retrieval of household water. As WASH interventions for the Gaza Strip are planned and implemented, considerations of gender and all household members must be a central component in the process. In light of the water crisis in Gaza and its gender dimensions, we offer the following recommendations:

- **International actors must call on the Israeli government end** the blockade on Gaza and to allow “dual-use”³⁴ materials necessary for WASH to enter the Strip;
- **Donors and governments must increase funding for WASH initiatives**, such as water treatment and desalination plants and wastewater treatment facilities;
- **Any WASH interventions must be paired with increased access to electrical power to be effective.** Solar power may deserve particular support, as it both leads to energy independence within the Strip and reduces the negative effects of fossil fuel sources;
- **Feminine hygiene must always be included** as an integral aspect of sanitation and hygiene analysis and interventions;
- **Unconditional resource transfers / cash-based transfers support WASH related expenses**, as they allow families to address their most pressing needs, whether that is drinking water, fuel for water pumps, feminine hygiene products, replacing corroded plumbing, and so on. Increased funding for similar programmes is needed to meet the emerging needs of the vulnerable population in Gaza;
- **Health and WASH authorities should consider mechanisms for regulating or otherwise encouraging informal and private desalination and water providers to bring water quality to accepted standards of safety.** Importantly, any regulation must be accompanied by support in meeting those standards;
- **The population in Gaza would benefit from several topics of public education campaigns:**
 - **The health risks associated with water from informal and private desalination and water providers**, and actions households can take to reduce those risks (such as boiling, etc.);
 - **The dangers of diarrheal diseases in children and proper steps to treatment;**
 - **The importance of and proper technique for cleaning water storage containers**, both large rooftop container and smaller ones;
 - **The health risks of swimming in contaminated seawater.**
- **Public awareness of the health risks of swimming in contaminated seawater must be paired with the provision of alternative public places for summer recreation;**
- **Considering that children (mostly boys) are often responsible for the retrieval of water**, WASH actors should consider means of child-appropriate training and/or interventions on safe handling of water when retrieving from public sources and transportation to the home.

06



Food Security

Female Farmers' Contribution to Food Security in Gaza



Photo: UN Women/Halla al-Safadi



Introduction

“If agriculture is fine, then the country is fine.” This common Palestinian proverb reflects the role of the Palestinian agricultural sector as “one of the most important pillars of Palestinian resilience against Israeli occupation policies in the West Bank and the Gaza Strip since 1967”, according to the Palestinian Ministry of Agriculture’s National Agricultural Sector Strategy (2017-2022).¹

The agricultural sector also provides employment, livelihood and food security for a large proportion of Palestinians. Furthermore, its importance to other critical sectors for supply and demand of services and outputs makes the agricultural sector a key contributor to industry, trade, transport, communication and service sectors.²

Women in the Workforce

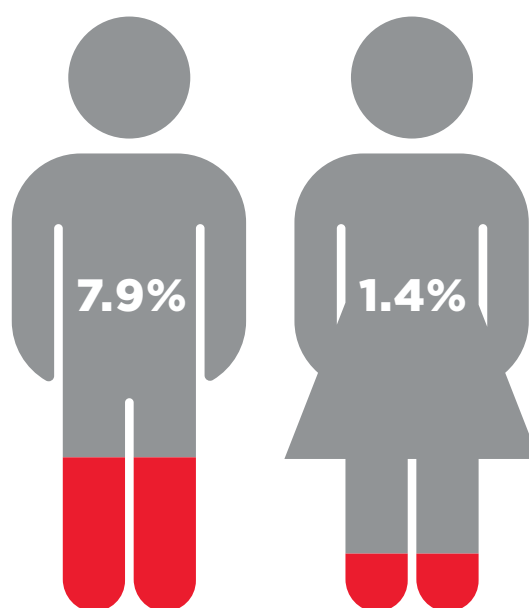
According to the Palestinian Central Bureau of Statistics (PCBS) annual labour force survey of 2019, the labour participation of women in Gaza was 19.2 per cent (compared to 62.3% among males in Gaza). At the same time, unemployment in Gaza reached 45.1 per cent (39.5% among men and 63.7% among women). This fraction of employed women breaks down into the following: 2.8% are employers, 8.8% are self-employed, 85.4% are wage employees, and 3.0% are unpaid family members working in a family business.³



The PCBS data reports that only 1.4 per cent of the female workforce is employed in the agriculture, fishing, and forestry sector, compared to 7.9 per cent of the male workforce employed in this sector.⁴ However, this official employment data likely leaves out a massive portion of the reality of Gazan women's contribution to agriculture, a belief also echoed by the Food and Agriculture Organization (FAO) of the United Nations (UN).⁵

In fact, many governmental and non-governmental organizations support this idea, although the exact estimates and data differ. According to the World Bank, 30 per cent per cent of agricultural work is performed by women as part of their domestic responsibilities, although the World Bank's definition of "agricultural work" in this context remains vague.⁶

In a study by Hadi Fathi Khalil and Husam Al Najar of the Islamic University of Gaza, published in CIHEAM and Union for the Mediterranean (UfM)'s Watch Let-



Workforce is employed in the agriculture, fishing, and forestry sector



ter No. 40, 14.7 per cent of urban farmers in Gaza are women. However, the authors note that this is likely an underestimation because reaching out to farming women is more difficult than men due to the traditional gender roles men and women play in agriculture: women generally harvest and sell in villages, whereas men often manage personal contacts and external relations.⁷ The Palestinian Ministry of Agriculture claims that 20 per cent of the 66,000 farmers in Gaza are women who either own farms or work as farm employees.⁸

However, other sources cite significantly higher rates of women's contribution to agriculture. According to a paper by PARC's Athar Hodali, published in the same CIHEAM and UfM Watch Letter as above, 46.1 per cent of women participate in the agricultural sector in Gaza. Moreover, in Palestine generally, women do as much as 87 per cent of agricultural animal production labour and 54 per cent of agricultural plant production labour.⁹ These higher rates can arguably be supported by PCBS's own official data: when polled about their reason for being outside the labour force, 56.9 per cent of women in Gaza answered "housekeeping" (the other response options were "old/illness" "studying/training," and "other"). When PCBS gathered data on unpaid activities, 98.9 per cent of unpaid activities in Gaza were categorized as "own-use providers of service for household."¹⁰ While there was no breakdown of these unpaid activities data by sex, it can be inferred that the majority of these unpaid household services were performed by women.

Despite some inconsistencies, the numbers from these publications reveal two key points: the crucial contribution women make to agriculture in Gaza, and the urgent need for comprehensive data on the magnitude and shape of their role.

Food Security and Urban Agriculture in Gaza

To better understand the importance of female farmers' contribution to the food industry and agricultural labour force in the Gaza Strip, one must keep in mind the crisis of food insecurity in the Strip, which has increased in recent years to a degree that it affects about 68 per cent of households. A report in December 2018 by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) stated that “over 68 per cent of households in the Gaza Strip, or about 1.3 million people, are severely or moderately food insecure.” This is, according to the OCHA report, “despite the fact that 69 per cent of households in Gaza reported in the survey that they received some form of food assistance or other forms of social transfers from Palestinian governmental bodies or international organizations.” Compared to the food insecurity rate of 59 per cent in 2014, the reported rate in 2018 was 9 points higher, underscoring the worsening humanitarian situation in Gaza caused by the Israeli military blockade.¹¹



Due to this context of crisis, it is worth paying attention to the role of urban agriculture in buffering food insecurity, and the role of women in it. In a study based on 129 urban farmers titled “the Role of Women in Urban Agriculture and Food Security in Beit Lahia City, Gaza Strip,” Hadi Fathi Khalil and Husam Al Najar found that “about 16.3 per cent of the respondents use urban agriculture products to supply their household with food” and 9.3 per cent of them sold their products in the market. The remainder, almost three-fourths

(74.4 per cent) of the respondents, reported that the ultimate use of the products was for both household and market supply. Such practices by urban farmers help them to ensure the household livelihood by reducing consumption and expenses on high-price products from the market and to provide income to the family. The study claims that 89.2 per cent of urban farmers reported feeling food secure (completely or to some extent) thanks to urban agriculture, which was reflected by the high per cent of respondents (74.4 per cent) who normally eat three or four meals per day, an alternate measure of food security.¹²



Photo: UN Women/ Halla al-Safadi

As regards women's involvement, 78.3 per cent of respondents of the study “believe that household women play an important role in urban agriculture activities,” while the other 21.7 per cent responded that women are not involved in such activities. This is despite the fact that only 14.7 per cent of responding urban farmers in the study were women. Moreover, because urban agriculture takes place close to home, the study argues that it is more suitable for women “as they do not need to leave their children or their household burdens to go far for the farms.”¹³

Challenges

The challenges Gazan women in agriculture face fall into two broad categories – challenges faced by the Gazan agricultural sector in general, and gender-related challenges. In terms of the agricultural sector in general, Gazans must deal with several obstacles, most of which stem from the Israeli military occupation in various forms. Due to the unilaterally declared “buffer zone” along the Gazan side of the Israel-Gaza border after Israeli withdrawal in 2005 (wherein lands occupied by Israeli settlements were returned to Palestinians), as much as 20 per cent of agricultural land in the Gaza Strip, PARC reports, is inaccessible to Palestinian farmers and herders in Gaza.¹⁴ The Palestinian Ministry of Agriculture, however, puts this per cent even higher, at 40 per cent of all agricultural land in the Gaza Strip, totaling 62 square kilometers, inaccessible because of the “buffer” or “border” zone.¹⁵ And even in lands near the border that Palestinian farmers can access, their agricultural activities are disrupted by Israeli military gunfire, which is known to leave Palestinian farmers injured or killed.¹⁶

In the first two months of 2017 alone, PARC reported 23 Israeli military shootings against farmers and herders, resulting in at least one injured farmer.¹⁷ These shootings also cause property and financial loss, such as the expenses required to replace water tanks damaged by Israeli bullets.¹⁸ The loss of life and property due to Israeli actions is not limited to inside the range of firearms. Israeli shellings and bombings can reach much deeper into Gaza territory, and even Israeli “warning missiles” have been reported to cause death, destruction of homes, and loss of livestock.¹⁹ Israeli spraying of herbicides along the border, which drift across to the Palestinian side, cause both health issues and loss of crops.²⁰ The Israeli military blockade prevents agricultural tools and supplies from entering the territory. And the daily 20-hour electricity blackout creates difficulties in operating even basic agricultural technology, such as irrigation systems.²¹

Moreover, the Gaza Strip faces a water crisis. Under the pretext of denying access to “dual-use”²² materials, the Israeli government has limited the entry of power, fuel, and spare parts needed to

maintain water treatment and wastewater sanitation facilities in the Strip. As a result, the population has seen an overreliance on “Gaza’s only internal renewable source of water, the Coastal Aquifer” whose levels have dropped so low due to overuse that seawater has started to enter, rendering it undrinkable and unusable for agriculture.²³

The high price of purchasing suitable water has rendered irrigated crops, such as vegetables and fruits, unprofitable for many farmers.²⁴ As a result, some farmers are resorting to rain-fed seasonal crops such as wheat and barley, which are low-revenue. According to the Palestinian Ministry of Agriculture, in 2017 as much as 60 per cent of the agricultural water need went unmet due to the combination of water and electricity shortages.²⁵

In his article in the Middle East Eye, Amjad Ayman provides individual testimonies of women farmers and their experiences with these challenges as well as their contributions as providers for their families. A. Q., a 34-year-old mother from the town of Abasan “works on her neighbors” land from 6am to 2pm, harvesting wheat, barley and seasonal corn every day except for Friday, her day off.” During the 2014 Israeli war against the Gaza Strip, “Q’s husband M., 40, sustained injuries during an Israeli air strike near their home. After shrapnel hit his spine and left hand, he was confined to a wheelchair, unable to work in his normal farming job. Since then Q. has been working to provide for her “three children and husband with her monthly income of US\$ 215-US\$ 273. After a long day of work, she rushes back home to take care of her family.” Moreover, Q. puts herself at risk because she works in buffer area where Israel is preventing farmers from accessing their land:

“I do get afraid that the Israelis will shoot us. Last January, two farmers that I work with were injured from the Israeli shooting,” she said.

K. A., another female agricultural wage worker in Gaza, is a 50-year-old mother who works for US\$7 a day to support her family because her husband, a builder, is unemployed.²⁶



Photo: UN Women/ Halla al-Safadi

Unlike agricultural wage-workers like A. Q. and K. A., other women, such as S. G. and her sister S. from Beit Lahiya, own land that they cultivate and may use to employ others. After their father's death ten years ago, S.G. and S. inherited the farm and now employ eight female farmhands. They, like Gazan farmers in general, have seen the challenges posed by the Israeli blockade, such as the serious financial setbacks from the damage to her water tanks caused by Israeli fire. She also shoulders the burden of electricity cuts and the difficulties they cause for irrigation:

"Most of the time, I stay awake until midnight waiting for electricity to fill the tanks with water that comes from the Beit Lahia water well".²⁷

Some of these challenges to Gazan agriculture mean additional hardship on women. For example, the electricity blackouts cause food refrigeration to be nearly impossible. This requires women, who are traditionally tasked with household food preparation, to cook every day and to rely on canning, a much more time-intensive process, to preserve food.²⁸ Some women are forced into assuming responsibility in agricultural (whether managerial or hands-on) after their husbands are killed or injured by Israeli military fire.²⁹ Additionally, existing agricultural extension services have traditionally been oriented solely to men, and only 6.7 per cent of agricultural land holdings are held by women across Palestine, despite women's key involvement in the sector.³⁰



Photo: UN Women/ Halla al-Safadi

Gazan women in agriculture are of course not immune to the risks and challenges Palestinian women face in general, such as gender-based violence (GBV). Thirty-five per cent of women in Gaza reported being exposed to psychological abuse, 31 per cent to physical abuse, and 17 per cent to resource denial (financial abuse).³¹ In fact, 61 per cent of women in Gaza believe that the Israeli blockade and electricity cuts have caused increased rates of domestic violence.³²

The resources and help centers available to women facing abuse and violence have been forced to close or reduce their hours and/or services because of the electricity blackouts.³³ In addition to violence and the traditionally male-dominated agricultural sector, women often face restrictions in accessing and controlling resources, such as finances and education, and don't have complete knowledge of their rights in local and international law.³⁴

Social factors compound the issue of agricultural land ownership, particularly for women. According to research by AWRAD for the Palestinian Working Women Society for Development (PWWSD), only 6.6 per cent of Palestinian women in the West Bank and Gaza Strip have the sole ownership over agricultural land. While a small fraction of women co-own land with other family members, three-fourths of agricultural land (74.9 per cent) in the study is owned solely by men. In fact, 84 per cent of all women in the study have no land (agricultural or otherwise) registered in their name. The reasons for these disparities include patriarchal cultural and religious norms that encourage men to retain complete control over land, pressure on women to relinquish their land inheritance to male family members who are considered in greater need of land, and lack of a legal system that effectively protects women's land ownership and inheritance rights.³⁵



Resources Available to Women

A few resources available to Gazan women in agriculture have shown positive results. PARC, upon realizing the critical contribution of women to agriculture, has been offering agricultural extension services tailored to women in agriculture, and started implementing gender-focused programmes and policies in Palestine since 1997.³⁶ Additionally, PARC manages women's clubs and women's centers to provide spaces for women in agriculture to meet, collaborate, and support one another.³⁷ PARC has also worked to increase the capacity of women's agricultural cooperatives. Women's cooperatives provide supportive spaces where women in the agriculture and food sectors can pool knowledge and efforts and more sustainably produce high-value products that can be sold on the market. Cooperatives sometimes also fund the purchase of costly and otherwise inaccessible equipment, such as ovens, mixers, and freezers.³⁹ Through these social and material benefits, one of the cooperatives has reported an increase of the women's average monthly income from USD 57 to US\$ 172.⁴⁰



Conclusions

Women in Gaza play an invaluable role in the food and agricultural sector, despite the fact that much of this work is unpaid and undocumented in official statistics. This role has become ever more critical given the food security crisis provoked by 13-year of Israeli military blockade.

The challenges that women deal with include those faced by agricultural workers in general plus the gender-specific burdens that the military occupation, the patriarchal gender and social norms, and the political and economic crisis cause.

Discriminatory gender norms and a lack of effective public policy results in many women left with no control over their land and agricultural assets. Some women have access to resources such as women's cooperatives and PARC extension services that provide support in a largely male-dominated sector.

Overall, the findings of this case study indicate that there is a critical need for efforts to gather comprehensive and reliable data on women's contribution to the food and agricultural sector, especially unpaid and informal labour, so future policies can better support and empower women in the agricultural sector.

ENDNOTES

INTRODUCTION

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