



## Gendered needs during the May 2021 conflict in the Gaza Strip

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in the Gaza Strip



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# Executive summary

The Palestinian population remains under military occupation in a protracted humanitarian crisis, primarily as a result of the State of Israel's policies and practices over the past 54 years. One of the most harmful of these has been the 14-year-long blockade of the Gaza Strip, coupled with successive rounds of intensive military attacks. Under these harsh conditions, more than two million women, men, boys and girls struggle to lead dignified lives; the recurrent military escalations by Israeli forces makes this nearly impossible, as was highlighted by the military attacks on the Gaza Strip from 10 to 21 May 2021.

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in the occupied Palestinian territory, the Israeli military attacks resulted in the deaths of 260 Palestinians, including 66 children and 41 women in Gaza; 129 were believed to have been civilians. Nearly 2,200 injured people were documented, including 480 women and 685 children. At the peak of the offensive, 113,000 persons were seeking emergency shelter at United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) schools or with host families. During the evenings of 20 and 21 May, over 77,000 internally displaced persons (IDPs) sought shelter in 58 UNRWA schools. Following the ceasefire, the vast majority returned to their homes. However, data from July 2021 showed that about 8,220 IDPs remained with host families or in rented accommodation.<sup>1</sup>

Local authorities reported that 1,770 housing units were destroyed or severely damaged and 25,620 further housing units withstood damage. In addition, multiple water and sanitation facilities and infrastructure, 179 government schools and 33 health-care facilities sustained damage.<sup>2</sup>

As is well documented, conflict and displacement impact women, men, boys and girls in unique and gender-specific ways. This, in turn, impacts a comprehensive sectoral response. For example, experts, service providers and affected women all discussed expecting an increase in all forms of GBV and the deprivation of rights after the military attacks, as well as an increase in violence against children.<sup>3</sup>

To address these gender-specific needs, a rapid gender analysis (RGA) was conducted in the Gaza Strip with the aim of informing a more comprehensive and gender-sensitive sectoral response to conflict scenarios. The analysis and conclusions are based on quantitative and qualitative data. Primary data consisted of 10 key informant interviews (KIIs) with representatives from local and international organizations working in the Gaza Strip; eight focus group discussions (FGDs) with 28 men, 27 women, 25 girls and 16 boys; and a quantitative survey of 215 women in different parts of Gaza. Data were augmented with field observations and case studies.

This report is intended primarily for humanitarian actors, the United Nations, international organizations, and donors working in the Gaza Strip. It also aims to engage policymakers, authorities in the State of Palestine, including the Gaza Strip, and international and local civil society organizations. The RGA for the Gaza Strip focuses on several sectors, namely water, sanitation and hygiene (WASH), protection (including shelter and GBV), and humanitarian assistance, more broadly.

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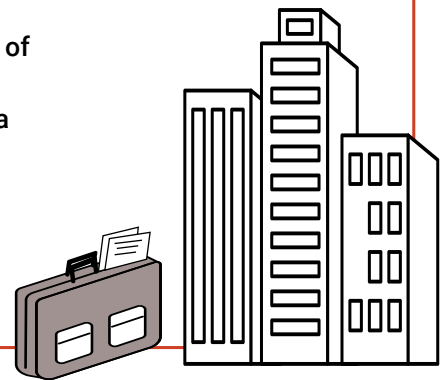
# Abbreviations

<b>ESCWA</b>	United Nations Economic and Social Commission for Western Asia
<b>FHH</b>	female-headed households
<b>FGD</b>	focus group discussion
<b>GBV</b>	gender-based violence
<b>ICRC</b>	International Committee for the Red Cross
<b>IDP</b>	internally displaced person
<b>KII</b>	key informant interview
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>PCBS</b>	Palestinian Central Bureau for Statistics
<b>MHH</b>	male-headed households
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>RGA</b>	rapid gender analysis
<b>UNCTAD</b>	United Nations Conference on Trade and Development
<b>UNFPA</b>	United Nations Population Fund
<b>UNRWA</b>	United Nations Relief and Works Agency for Palestine Refugees in the Near East
<b>WASH</b>	water, sanitation and hygiene
<b>WFP</b>	World Food Programme

# KEY FINDINGS

Although participants in focus group discussions (FGDs) prioritized men's economic participation, findings show that participants, aware of the dire impact of the military attacks on already scarce employment and economic opportunities, highlighted economic opportunities as a key and immediate need in the Gaza Strip.

**EMPLOYMENT AND ECONOMIC OPPORTUNITIES FOR BOTH MEN AND WOMEN ARE DESPERATELY NEEDED.**



There was insufficient coordination among humanitarian actors and service providers in the Gaza Strip concerning the provision of **EMERGENCY SHELTER AND BASIC NECESSITIES** such as food, water, bedding, clothing and hygiene supplies (including personal protective equipment for reducing the risk of COVID-19).



**ACCESS TO SAFE SHELTER WAS NOT ENSURED.**

According to data from interviews and FGDs, shelters were not able to address the specific gendered needs of women and girls, who expressed fear of harassment or violence when using bathrooms or sleeping in the shelters.



## WOMEN AND GIRLS LACKED ACCESS TO MENSTRUAL HYGIENE PRODUCTS AND OPPORTUNITIES TO BATHE.

This was further compounded by the lack of water during the military attacks.



## DURING THE MILITARY ATTACKS, WOMEN REPORTED EXPERIENCING DIFFERENT FORMS OF DOMESTIC VIOLENCE.

As a result, service providers anticipate increasing rates of gender-based violence (GBV) in the aftermath of the offensive.



Local service providers faced several obstacles in providing necessary services to women and girls, while **THEIR OWN SAFETY WAS ALSO AT RISK AMID THE ATTACKS.**



## PARTICULAR GROUPS OF WOMEN REMAINED AT RISK

and did not have access to emergency shelters or services during the attacks, including women with disabilities, women prisoners, women with serious illnesses, pregnant and lactating women, and elderly women.

# KEY RECOMMENDATIONS

To address the specific gendered needs of women, men, boys and girls that surfaced during the RGA for the Gaza Strip, the following reforms are needed:

1

The United Nations Country Team and other humanitarian actors **MUST EVALUATE AND UPDATE PREVIOUS EMERGENCY PLANS** currently in place, including the Gaza Inter-Agency Contingency Plan, in coordination with international, civil society and women's rights organizations.

2

**A MULTI-SECTORAL REFERRAL PROTECTION NETWORK MUST BE CREATED** and implemented in the Gaza Strip that actively engages government actors, humanitarian and development actors, civil society, the health sector and the policing and justice sector.

3

**UPDATED COORDINATION PROTOCOLS BETWEEN LOCAL AND INTERNATIONAL HUMANITARIAN ACTORS MUST BE REASSESSED**

and implemented to ensure the timely delivery of basic necessities such as food, water, bedding, clothing and hygiene supplies (including menstrual hygiene) during and immediately after an emergency.

4

Women and girls' access to multi-sectoral services, both in-person and remotely, must be enhanced so as to counter **EXPECTED INCREASES IN GBV IN THE AFTERMATH OF CRISES.**

5

**FACILITIES FOR MENSTRUAL HYGIENE MANAGEMENT MUST BE PRIORITIZED IN ALL DESIGNATED EMERGENCY SHELTERS**

in the Gaza Strip (and backup shelters), in collaboration with the GBV Sub-Cluster. All toilets and bathing spaces must be sufficiently gender-segregated, lockable, and have facilities for the disposal of menstrual products and for washing and drying reusable products.

6

**LOCAL NON-GOVERNMENTAL ORGANIZATION STAFF MUST BE ASSISTED IN PROTECTION AND SECURITY COORDINATION,**

through the International Committee of the Red Cross (ICRC) and United Nations agencies. This will facilitate safe access to affected areas and enable them to deliver comprehensive case management during emergencies, including to marginalized areas.

# Introduction



## A. Background to the situation in the Gaza Strip

The Israeli military occupation of the West Bank, including East Jerusalem, and the Gaza Strip has persisted for 54 years. The Gaza Strip has faced particularly severe hardships. Gaza's economy has been in steady decline since the Oslo Accords of 1993; Gazans are thought to be 25 per cent poorer now than in 1993.<sup>4</sup> In 2005, the State of Israel ended military rule in the Gaza Strip and withdrew all Israeli settlements, yet maintained tight control of land, sea and airspace entry and exit points. For a brief period, Gaza fell under the Palestinian Authority. In 2006, Palestinian elections resulted in a Hamas majority in the Palestinian Legislative Council. In 2007, a political division between Gaza and the West Bank emerged. This division enabled Israel and its allies to 'seal' Gaza off from the West Bank and the rest of the world.

Since 2007, the Gaza Strip has endured a land, sea and air blockade. As a result, the United Nations Secretary-General has declared Gaza to be 'one of the most dramatic humanitarian crises.'<sup>5</sup> The blockade, coupled with regular military offensives and travel restrictions imposed on the population, has resulted in a dire humanitarian situation, chronic poverty and ongoing de-development that furthers inequality and disempowerment. In 2016-2017, poverty in the Gaza Strip was four times more prevalent than in the West Bank; incidence of multidimensional poverty registered at 45 per cent.<sup>6</sup> Poverty rates rose from 40 per cent in 2007 to 56 per cent in 2017 and the poverty gap increased from 14 to 20 per cent.<sup>7</sup> During the first quarter of 2021, the unemployment rate was 48 per cent, increasing from 40 per cent in 2007.<sup>8</sup> The average household size is 5.5 individuals and the average monthly household expenditure in the Gaza Strip is 556 Jordanian Dinars (\$784).<sup>9</sup> According to the World Bank, Gaza's contribution to the Palestinian economy has halved in the last three decades.<sup>10</sup> The United Nations Conference on Trade and Development (UNCTAD) has estimated that the Israeli occupation has cost Gaza \$16.7 billion during the past decade.<sup>11</sup>

In terms of resources, only 10 per cent of Gazans have access to safe drinking water and there is insufficient electricity for sewage treatment stations.<sup>12</sup> The Gaza Strip receives only 180 megawatts, 120 from Israel via 10 power lines and 60 generated by Gaza's power plant with Qatari-funded fuel provided by Israel.<sup>13</sup> Research by the ICRC found that the vast majority of Gaza's residents (86.2 per cent) only have electricity for an average of six to eight hours a day.<sup>14</sup>

One of the most densely populated areas in the world, the Gaza Strip has faced countless cycles of military attacks by the State of Israel, most prominently in 2008, 2012, 2014 and 2018-2019. During each offensive, a significant number of deaths and injuries were documented and extensive damage to infrastructure, housing and necessary facilities was sustained.

## *“There is no guarantee of a future in the Gaza Strip”*

*Male youth, FGD, Beit Lahia*

The inhumane living conditions worsened significantly as a result of the 10-21 May 2021 offensive, when the Gaza Strip endured the most intense military intervention since the seven-week 2014 Israeli offensive. A ceasefire was observed by all parties on 21 May 2021. In the aftermath of the bombardment, OCHA reported 256 casualties (150 men, 40 women and 66 children) in Gaza, and nearly 2,200 people were injured. Furthermore, 58 education facilities, 28 health structures and 16,250 housing and commercial properties sustained damage or were destroyed, including water facilities. Thousands of people were displaced. At the height of the military attacks, 113,000 IDPs sought shelter at UNRWA schools or with host families; by July 2021, about 8,500 IDPs were still seeking sheltering.<sup>15</sup> The military attacks came in the midst of the COVID-19 pandemic; as of 18 August 2021, the Gaza Strip had a total of 119,929 confirmed cases and a total of 1,114 deaths.<sup>16</sup>

## **B.** The rapid gender analysis objectives

The RGA for the Gaza Strip has the following objectives:

- To analyse and understand the distinct impacts of the May 2021 Israeli military attacks on women, men, boys and girls.
- To assess the needs and capacities of women, men, boys and girls, as well as their access to services and assistance.
- To assess available protection and security mechanisms for women and girls during and after the attacks.
- To provide operational recommendations and propose interventions for relevant stakeholders to address both practical and strategic gender needs.
- To undertake and publicize a gender analysis that complements existing assessments and supports future planning and programming for reconstruction and recovery in the Gaza Strip following the offensive.

## **C.** Methodology

An RGA, as originally developed by CARE International, provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis, while also offering actionable recommendations.<sup>17</sup> The RGA uses a range of primary and secondary sources to understand gender roles and relations and how they might change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls.

Primary data collection was undertaken in August 2021 and write-up was finalized in September 2021 by a team comprised of a gender expert, an evaluation expert and field researchers based in the Gaza Strip, with support from ESCWA.

The research methods included:

- Ten semi-structured key informant interviews (KIIs) with relevant stakeholders and experts.
- Eight focus group discussions (FGDs) conducted face-to-face with 28 displaced men and male youths (over 18 years), 27 displaced women and female youths, 25 girls (15-18 years-old), and 16 boys (15-18 years-old).
- A **purposeful participatory survey**<sup>18</sup> with 215 women through structured face-to-face interviews.
- Four **case studies/individual stories** conducted to study the impact of the military attacks on the lives of four women.
- A **secondary data review** of qualitative and quantitative gender information collated prior to the attacks.

RGA participants signed consent forms that informed them of the purpose of their participation and of how data would be gathered, used and stored. All participants were provided consent forms. For youth participants, consent forms were signed by their parents or legal guardians in addition to their own consent. For FGD and survey participants, anonymity was ensured as identifiable information was not documented or utilized.

The gender expert and evaluation expert conducted an orientation workshop for the field researchers, who were selected based on their experience in data collection and psycho-social support backgrounds. The training included a discussion on informed consent and covered potentially sensitive issues, taking into account gender dynamics, the psychological state of participants and cultural considerations. The orientation workshop also discussed ethical issues related to the 'do-no-harm' principle; voluntary participation; anonymity and confidentiality; the protection of data; risks and benefits of engaging with participants; and the dissemination of RGA results. Those interviewed or surveyed were given the opportunity to share their experiences and express their grief and trauma and were provided with appropriate referrals if needed or requested.

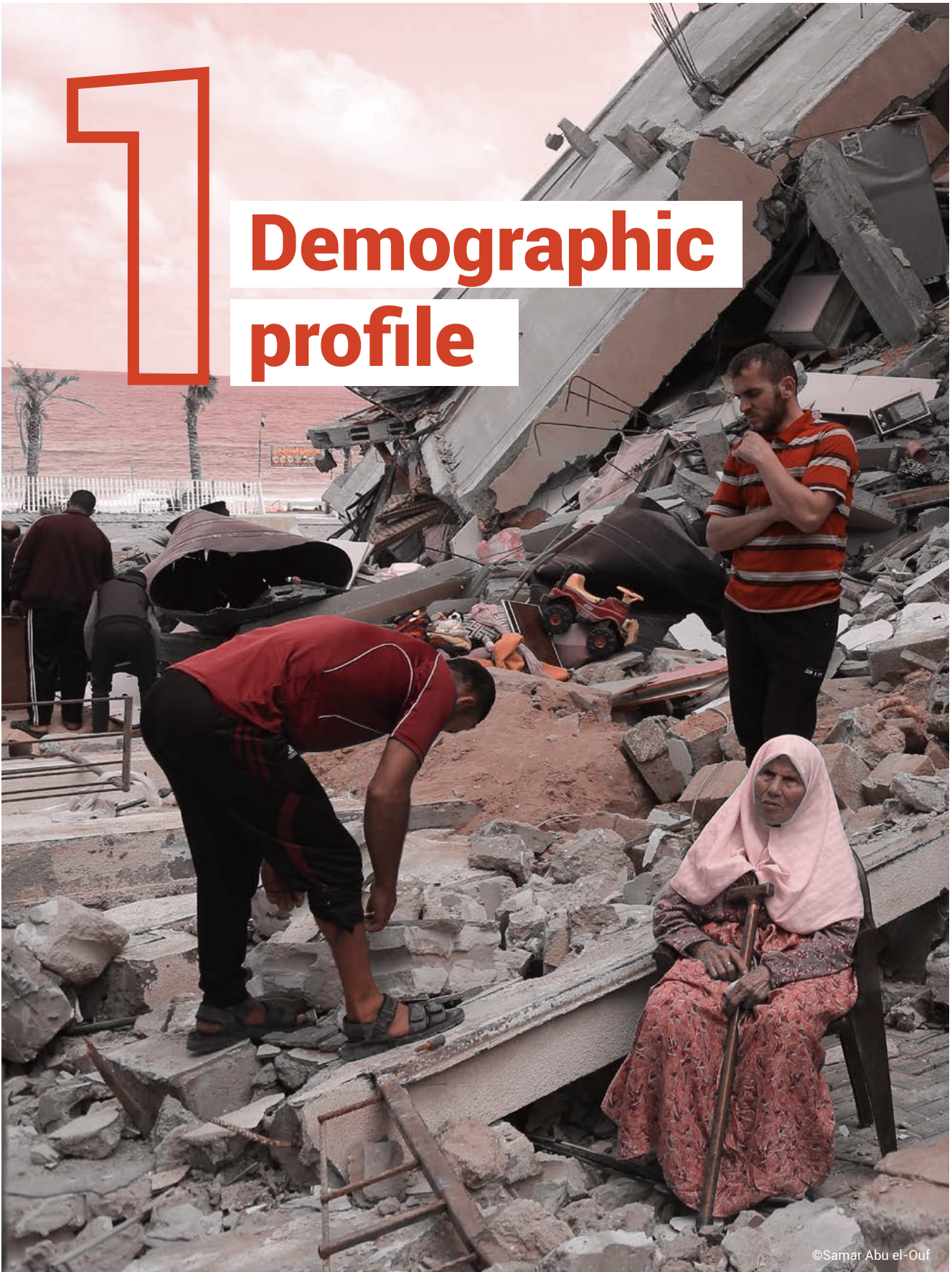
Lastly, the research has some limitations, including:

- Data collection occurred in August 2021, three months after the offensive, which possibly influenced the comprehensive documentation of gendered needs and capacities in the Gaza Strip.
  - The purposeful participatory surveys only focused on women and not men, due to the timeframe.
  - There was a limited number of KIIs conducted due to the timeframe and, therefore, only certain issues were targeted (i.e. GBV).
  - The persistence of the COVID-19 pandemic influenced the ability to gather a wider variety of data.
-



1

# Demographic profile



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## Demographic analysis

At the end of 2020, there were 5,164,173 persons in the occupied Palestinian territory, with 2,077,357 in the Gaza Strip; this includes 1,024,634 women and 1,052,723 men (table below).<sup>19</sup> More than half of the population of Gaza is under 19 years old. Nearly 1.4 million Gazans are registered refugees with UNRWA.<sup>20</sup> Persons with disabilities comprise 2.6 per cent of the population in Gaza (2.9 per cent men and 2.3 per cent women).<sup>21</sup>

Life expectancy in the Gaza Strip is 72.7 years for men and 74.9 years for women.<sup>22</sup> The percentage of married women aged 15-49 in polygamous unions is 5.5%.<sup>23</sup> The average household size in Gaza is 5.5 individuals, with a fertility rate of 4.5.<sup>24</sup> The maternal mortality rate was 19.1 per 100,000 in 2019 (an increase from 8.6 in 2017).<sup>25</sup> Female-headed households (FHH) comprise 9.4 per cent of all households in Gaza.<sup>26</sup> According to United Nations Population Fund (UNFPA), as of May 2021, an estimated 29,000 women were expected to give birth over the next three months in Gaza, as well as in East Jerusalem and Area C.<sup>27</sup>

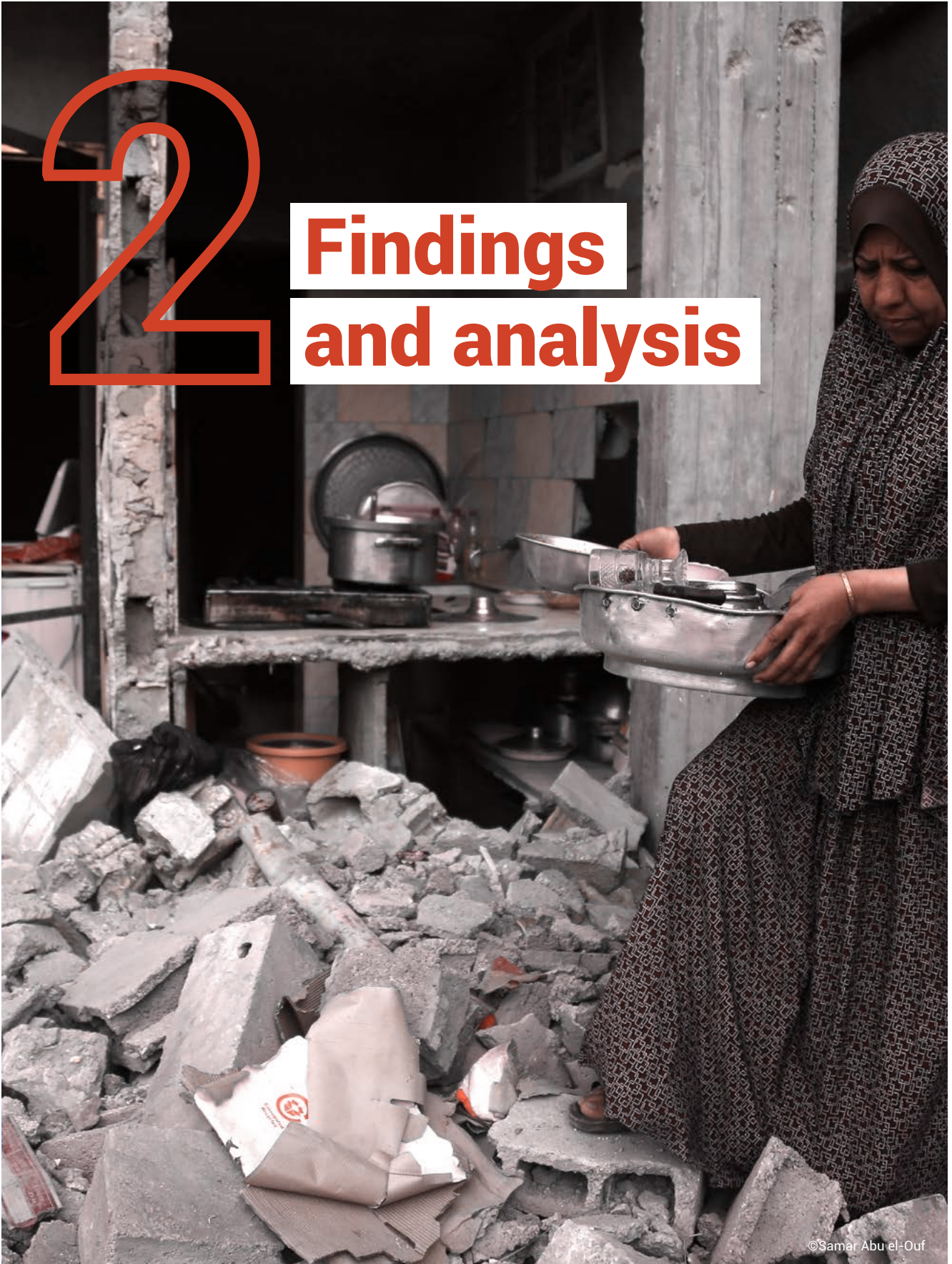
## Sex and age disaggregated data for the Gaza Strip

Female breakdown by age				
Gaza Strip	Age 0-4	Age 5-19	Age 20 and up	Total
Percentage	15%	36%	49%	100%
Number	152,436	369,557	502,641	1,024,634
Male breakdown by age				
Gaza Strip	Age 0-4	Age 5-19	Age 20 and up	Total
Percentage	15%	37%	48%	100%
Number	158,622	386,910	507,191	1,052,723

Source: PCBS, 2020b.

# 2

## Findings and analysis



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## A. Gender roles and responsibilities

Women, men, boys and girls assume distinct gender roles and responsibilities in the Gaza Strip. The occupation and political conflict impact all facets of legal, social, cultural, educational, economic and political frameworks and engagement. It is well-documented that Palestinian women have been active in social and political movements, especially in the context of resisting the Israeli occupation; however, since the Second Intifada in 2000, women's direct participation has been significantly side-lined due to increased militarization.

Palestinian women's social value is linked to their roles as wives, mothers and/or family caretakers, and they live under the protection and guardianship of male kin. In Gaza, where women have limited employment opportunities, they are likely to take on the care burden of family members, particularly those who may have been injured. A recent survey found that nearly 80 per cent of men and 59 per cent of women agree that a woman's most important role is to take care of the household.<sup>28</sup>

The blockade and subsequent marginalization of Gaza have entrenched traditional gender roles and have undermined women's ability to engage in the public sphere, including in politics and economic activities. Programmes focusing on the promotion of women's agency and empowerment are given less importance than other humanitarian services, with women working to care for their families and loved ones through crisis after crisis. Time poverty and high care burdens mean that transformative empowerment remains elusive.

The COVID-19 pandemic has further entrenched gender inequality, increasing Palestinian women's domestic obligations and unpaid care work, including the care of children, the elderly, the sick (including those infected with COVID-19), and persons with disabilities. With the emergence of remote learning, women are also primarily responsible for educating their children.

### 1. Control of family resources and decision-making

The World Food Programme (WFP) has found that a primary concern for most families in the aftermath of the military attacks is income generation and the ability to provide basic needs and repay debts.<sup>29</sup> This is particularly relevant to the RGA as women in Gaza have limited opportunities to garner personal assets aside from their dowries, which are typically comprised of jewellery. This is due to limited employment opportunities as well as socio-cultural attitudes concerning inheritance practices, whereby women are encouraged to waive their inheritance rights in favour of male family members, particularly if the asset is land.<sup>30</sup> A recent study highlighted that only 16 per cent of Palestinian women report having a piece of land registered in their name.<sup>31</sup>

In terms of cash inheritance, norms dictate that a male family member controls the sum.<sup>32</sup> Even when women have an income, socio-culturally it is seen as men's role to control household finances.<sup>33</sup> Men and women in Gaza have different views on this: 94 per cent of men and 74 per cent of women believe that women are dependent on men and that men should provide for them. Additionally, 87 per cent of men and 76 per cent of women believe that women take family assets outside of the family when they get married, justifying male kin's control of wealth.<sup>34</sup> Palestinian women also have limited access to credit; while 34.4 per cent of men have a bank account, only 15.9 per cent of women do.<sup>35</sup>

RGA survey data collected after the military offensive indicate slight shifts in control and decision-making concerning family resources. More than one-third (38 per cent) of women respondents stated that their husband was the main decision-maker regarding spending money during the offensive, 15.3 per cent said it was a joint

decision and 19.5 per cent (including working single women, married, widowed, separated and divorced) exercised their own decision-making power. Additionally, 27 per cent of respondents, about 14 per cent of whom live with extended family, stated that other family members, such as fathers-in-law, mothers-in-law and/or husband's brothers or sisters, had decision-making power. Purchases primarily constituted food and health and personal hygiene items. Some women reported that men depended on women's savings.<sup>36</sup>

## 2. Division of labour

Palestinian society tends to consider the role of women to be reproductive rather than productive. Thus, the division of labour within Palestinian households still falls sharply along gendered lines; this has become even more pronounced during the pandemic and subsequent lockdowns. According to data collected in 2012-2013, women spent 19 per cent of their time undertaking unpaid domestic and care work, while men only spent 4 per cent.<sup>37</sup> A more recent study found that women contribute to all types of domestic work, particularly cleaning and preparing food, and about half of men contribute to repairing the house, buying food, controlling the weekly budget and paying bills. The study also found that attitudes concerning domestic labour are formed at an early age: nearly all women reported having been required to undertake domestic chores when they were adolescents, while only a few men had.<sup>38</sup>

During the military attacks, the gendered dimension of labour in the household did not change significantly. Household labour increased for women and became more difficult to undertake due to a lack of necessities such as water, electricity and cooking gas; such necessities continue to be unavailable after the offensive.<sup>39</sup> Most women and girls took on additional chores due to the high number of people in shelters (including UNRWA classrooms), including preparing food and cleaning the shelter spaces. Workloads were further compounded by the need for families to shelter together or to host other families. Power shortages, the destruction of the main and subsidiary water distribution networks, and damage to sewage stations and drainage lines added further pressures.

RGA survey data indicates that 74 per cent of women compared to 15 per cent of men assumed total responsibility for caring for the family and undertaking household tasks during the attacks. Nearly half of men reported not being involved in any domestic labour during this time. Boys in FGDs reported that they were actively involved in helping their mothers to prepare food, wash and dry clothes, clean the house and buy necessities.<sup>40</sup> While there was a general feeling of helplessness among men and women, there was a perception during the offensive that women and girls were not able to handle the trauma, despite them taking active roles in maintaining their households (or the shelter spaces), feeding the family, comforting children, and/or hosting displaced persons. In relation to this perception, several men expressed that they needed to assume care of their families.

In general, women in FGDs and key informants agreed that during the attacks, husbands helped their wives and children to some extent. However, they also pointed out that afterwards, roles reverted back to the status quo ante.<sup>41</sup> However, if the wife was injured or a family member killed, the husband assisted with housework, preparing food and looking after the children.<sup>42</sup>

## B. Capacity and coping mechanisms

Given the harsh living conditions in the Gaza Strip, many have adopted a variety of coping mechanisms. Women's coping mechanisms fall into short, medium and long-term strategies.<sup>43</sup> In the short term, women change food consumption habits (including deprioritizing their own consumption) and spending; seek external assistance; borrow money, sell assets (including their jewellery) and/or choose not to pay bills; engage in exchange; and/or utilize resourceful opportunism. In the medium term, women take on livelihood or vocational strategies (primarily informal), including so-called 'suitable' and 'unsuitable' self-employment roles; aim to withstand household tension and violence; take on desperate or dangerous roles; develop new or innovative enterprises; leverage the aid system; adapt children's expectations; and/or invest in their education. Most women are unable or unwilling to plan for the long term; instead they seek to adapt children's expectations, while others seek outmigration or turn to their religious faith.

Similar coping mechanisms emerged during the May 2021 offensive. Nearly every woman surveyed for the RGA relied on their religious faith to withstand the offensive. A majority (90 per cent) reported that family members gathered in one place during the bombings to feel safe and to provide protection for their children. Mothers slept next to their children to provide support and protection.

Women in the FGDs reported that they used coping strategies such as playing with children and providing a comfortable atmosphere, despite the difficult situation. Other women initiated conversations with women in the shelters for entertainment and to reduce fear. Some exercised, choosing to walk in the school yard to reduce stress and anxiety. Girls used their hobbies to cope, including writing scripts and novels, journaling and making short films. Some turned to their parents for material and moral support, while others chose to participate in psycho-social support sessions to talk about their experiences during the military attacks.<sup>44</sup> Displaced men aimed to provide a comfortable atmosphere to calm their children, or sought to provide food for their families.<sup>45</sup> Boys coping mechanisms included sleeping for long periods of time, playing online games or playing football in the streets.<sup>46</sup> Male youth opted to continuously watch the news, which they reported as affecting them negatively.<sup>47</sup>

Regarding financial coping strategies, 50 per cent of women surveyed for the RGA stated that they sought financial assistance from others; 49 per cent requested in-kind and non-food aid from others; 41 per cent sought food assistance from others or relied on assistance from relatives and friends; and 41 per cent sought shelter from relatives and friends. Oxfam conducted research on similar coping mechanisms among male-headed households (MHH) and FHH in 2020. During that period, more MHHs resorted to seeking help from friends and neighbours than FHHs (23.6 per cent vs 17.2 per cent, respectively), whereas FHHs resorted to unidentified sources of support more than MHHs (7.4 per cent vs 3.7 per cent, respectively). FHHs were more likely to seek support through working in the homes of wealthier families, collaborating with other women to form savings groups, or engaging community organizations.<sup>48</sup> FHHs were also more likely to rely on assistance and donations, perhaps because women are perceived to be more eligible to receive such assistance.

In terms of negative coping mechanisms, 87 per cent of surveyed women reported that they reduced the amount of food they ate; 85 per cent reduced the number of meals during the day; and 65 per cent ate lower quality and less nutritious food. Also, 61.4 per cent of women resorted to taking sedatives or painkillers to cope with what was happening around them. In FGDs, women shared their lack of motivation due to the military attacks: "Previously I used to do sports and now we have no energy for that"; "There is no energy to do household chores"; and "We feel lazy and lethargic, and we hardly do what we are asked to do".<sup>49</sup>

The interpretation of displays of emotion during the offensive was gendered. Boys in FGDs made statements such as, "Girls are more afraid than boys," and "Boys do not show signs of fear or of being affected by the war".<sup>50</sup> Men suggested that, "The psychological impact on men is less than that on women because of the great psychological burden they bear and their intense fear for everyone".<sup>51</sup> This was also confirmed by FGDs of displaced men: "Men are less afraid than women; men's morale is higher than women's".<sup>52</sup> Women acknowledged that men tried to put on a brave front for the family: "I think that my husband is less afraid than me. I felt that he was suppressing his feelings and trying to appear strong in front of me and in front of the children so that his image would not shake our safety, as he is the source of safety for the family".<sup>53</sup> However, many men did express emotions related to the offensive, including fear and anxiety over the possibility of losing family members or their homes or of not being able to provide safety or sustenance: "I was trying to calm the children and provide a suitable and comfortable atmosphere for them, but the horror and destruction were greater than our feelings".<sup>54</sup>

## 1. Livelihoods and income

The State of Palestine has one of the lowest female labour force participation rates in the world. In Gaza, the labour force participation rate for men is 55.2 per cent compared to 15 per cent for women. There has been a significant decrease since 2015, when the rate was 70.3 per cent for men and 20 per cent for women.<sup>55</sup> However, more women are based in the informal sector, which is not accounted for in labour force surveys, and more women than men (8.3 per cent vs. 3.1 per cent) work in unpaid positions for family businesses.<sup>56</sup>

The unemployment rate for men is 42.1 per cent and 63.6 per cent for women; this has increased since 2015, when it was 30.7 per cent for men and 51.1 per cent for women.<sup>57</sup> In 2019, the average daily wage for men was 134.4 Israeli new shekels (NIS) (\$41), while women earned 98.6 NIS (\$30).<sup>58</sup> Surveys reveal that 83 per cent of men and 70 per cent of women consider that men's access to work should take priority over women's when opportunities are scarce.<sup>59</sup> A significant percentage of respondents (91 per cent of men and 77 per cent of women) stated that women are better suited to being housewives and do not need to generate their own income or assets.<sup>60</sup>

*"My husband was working before the war and lost his job during the war, and now not a shekel comes into our house and we cannot provide food and clothes for our children"*

*Woman, FGD, Bureij Camp*

According to the Food Insecurity Experience Scale, from 2014 to 2016, 18.7 per cent of Palestinians experienced severe food insecurity and 21 per cent experience moderate food insecurity.<sup>61</sup> Mass unemployment affects the population of Gaza and is another driver of poverty. A shrinking formal sector has forced many women into the informal economy where jobs are less secure and workers more vulnerable. Women do run their own enterprises. However, many women lack access to credit and assets needed to develop these businesses. This is particularly true in the case of property entitlements, which tend to favour men.<sup>62</sup> Notably, in the aftermath of the military offensive, most women and men in FGDs mentioned that they lost a significant source of income with the destruction of their agricultural lands.<sup>63</sup>

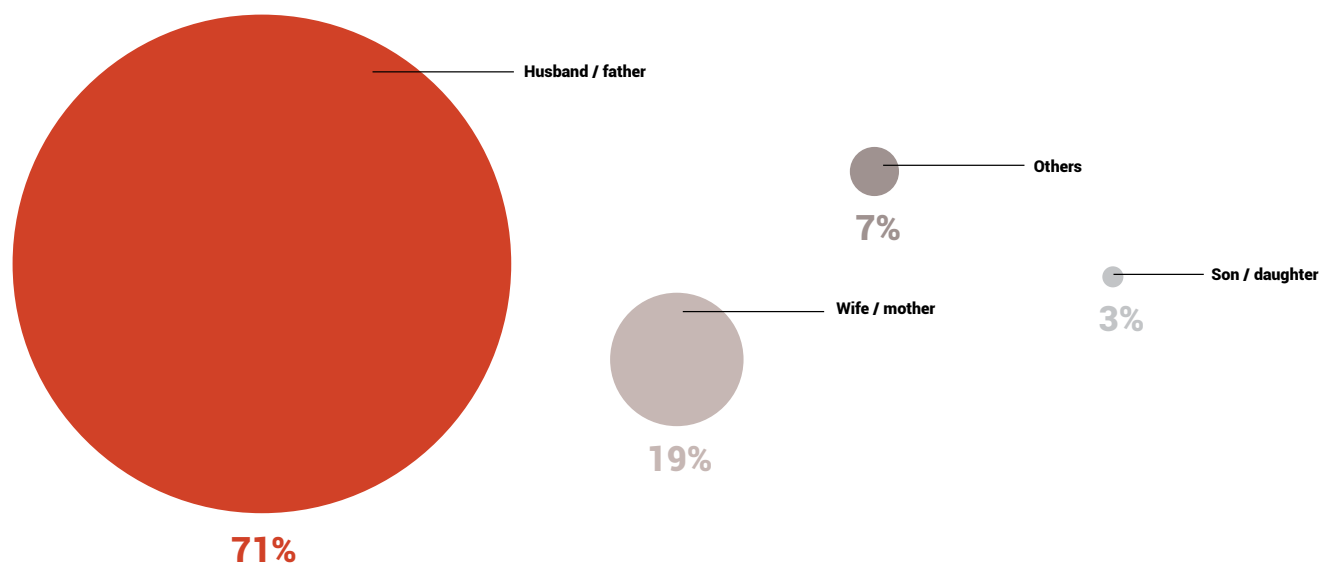
In the RGA survey, 74 per cent of women stated that their husband or father is the household breadwinner; 19 per cent stated that they are the breadwinners; and 10.7 per cent stated that other members of the household (sons, daughters, brothers, sisters, fathers-in-law or mothers-in-law) are the breadwinners (figure 1).

*“I noticed that many men lost their livelihoods due to many factories being bombed. The closure of the crossings also greatly affected work for both men and women. The roles have changed as girls are starting small projects in their homes, such as making sweets, detergents, Palestinian folk dishes, clothing design and embroidery, enabling them to live and help their families”*

*Social activist, KII*

The poverty rate among FHHs in the Gaza Strip was 54 per cent in 2017.<sup>64</sup> In 2018, the number of FHHs in the occupied Palestinian territory benefiting from cash transfer programmes was 45,742; the Gaza Strip accounted for 57 per cent of this number.<sup>65</sup> In 2018, women were the primary breadwinners in 9.9 per cent of households in Gaza.<sup>66</sup> According to the RGA survey, 66.5 per cent of FHH are supporting their families through cash assistance, external support or pensions, while 33.5 per cent have paid work. Regarding sources of income, 42.8 per cent are engaged in private projects, permanent jobs or temporary jobs; 37.7 per cent receive social assistance from the Ministry of Social Development; 16.3 per cent receive support from UNRWA; 10.7 per cent receive humanitarian aid from civil society organizations; and 13.5 per cent receive financial aid from relatives and friends. In FGDs, boys explained that they are trying to support their families by “...working collecting stones (rubble) after houses were bombed and selling the rubble to meet my family’s needs and to make money”.<sup>67</sup>

**Figure 1. Household breadwinners**





## 2. Decision-making within the household

At the family level, apart from decisions around contraception, the majority of men feel that they hold sole decision-making power, despite a proportion of women claiming to share decision-making. In previous surveys, one quarter of women felt that they had sole decision-making authority over their mobility or whether they could spend time with friends or family. An even smaller proportion (10 per cent) felt they had sole decision-making authority over whether they could work outside the home. When it comes to purchasing large household items, husbands continue to have a greater decision-making role.<sup>68</sup> Women with decision-making power in this regard are usually single working women providing for the household, widows or divorced women.

During the military offensive, decision-making at the household level varied. RGA survey data show that 13.8 per cent of women were not involved in household decision-making, whereas 10.4 per cent were consulted; 31.9 per cent took decisions jointly with other family members. Only 6 per cent regarded themselves as the sole decision-makers. FGD participants explained that their main concerns were protection, safety and maintaining solidarity amongst family members,<sup>69</sup> which was linked to decisions to seek shelter elsewhere or host displaced families.

### Box 1. Zahra's story

"I cannot forget the day when the bombing intensified; the screams of the neighbours were loud because of the intensity and randomness of the bombing. My husband was not at home. I hugged my daughters and we ran from the house into the street where dozens of neighbours were fleeing from the intensity of fear and panic".

When her husband returned, he started shouting at her and castigating her for leaving the house without his permission. He decided that they would all return to the house amid the fear and panic.

Note: Zahra is a pseudonym.

Regarding decision-making during the military offensive, 48 per cent of women stated that they took a joint decision to stay at home during the offensive. The decision to take shelter was taken jointly by 16.7 per cent, while 11.6 per cent were not involved and 68.4 per cent did not need to take this decision. Families who were displaced to shelters or schools were living in the most dangerous areas during the offensive. The majority of FGD participants stated that there was not time for discussion or consultation, as they were displaced under bombardment.

Of the 30 per cent of respondents whose families hosted other families during the offensive, approximately 20 per cent made the decision to host in partnership with their husbands; 17.7 per cent of respondents indicated that they were not involved in the decision to host, while 19.5 per cent took this decision jointly with other family members. About one third of respondents jointly took the decision of moving to the homes of extended family or friends, while only 5 per cent made this decision on their own (10.7 per cent were not involved in any decisions).

## C. Access to services and resources

Gaza's health-care system was significantly impacted by the May 2021 military offensive, with an estimated total financial impact of between \$25 million and \$35 million, resulting in a significant disruption to health-care services. The impact of the offensive on the health-care sector is both direct, through damage to health infrastructure, as well as indirect, through the losses incurred due to interruptions in service delivery. The damage resulting from

the conflict is estimated at between \$10 million and \$15 million, and includes damage to the infrastructure of six hospitals, seven clinics, one health centre/laboratory, and another laboratory. The Hala Al-Shawa health-care clinic was completely destroyed.<sup>70</sup>

## 1. Access to health-care services

The majority of respondents to the survey (97.7 per cent) did not have safe access to health-care facilities, including primary care centres/clinics and health-care centres during the offensive. Concerning inaccessibility, 75.7 per cent stated that it was not safe to reach health-care facilities due to bombings; 42.9 per cent indicated that it was because of the closure of the facility; 34.8 per cent mentioned that health-care facilities were only receiving emergency cases and injuries; 22.4 per cent did not have enough money to pay for health care; 26.2 per cent indicated that there were no working health-care facilities in the area; and 22.9 per cent of the respondents did not need health-care services during the military attacks. No medical treatment was available at any of the shelters/UNRWA schools. Because health-care centres were designated for emergency cases only, cancer patients did not receive adequate treatment or periodic medical tests during the offensive, which increased their psychological stress levels (box 2). Furthermore, most women and girls faced obstacles to safely accessing psychological and health-care services because no services were provided through local and international non-governmental organizations during the offensive.

*“All women complained about the lack of basic services in the shelters, such as food, drink, medicine, bedding, security and a lack of privacy for women due to the classrooms being overcrowded with men, women, girls and boys, which created many psychological and social problems. Pregnant women faced serious health complications due to extreme fear and some women miscarried in the shelters. There was a lack of a suitable places and adequate nutrition for them”*

*GBV Cluster representative, KII*

Concerning reproductive health, family planning and antenatal care services, an equally high percentage of respondents (97.7 per cent) did not have safe access to facilities. More than half of respondents stated that it was not safe to reach health-care facilities due to the bombings; around one-third said that health-care facilities were closed in their area; 26.7 per cent mentioned that health-care facilities were only receiving emergency cases; while 44.8 per cent did not need reproductive health services during the military attacks.

## Box 2. Insaf's story

Insaf<sup>a</sup> is 43 years old and divorced with two daughters. Since her divorce, she has been living in a modest rented flat, relying on her small income and some intermittent assistance from family and friends.

Insaf has breast cancer: "My story with the disease started in 2014, when I discovered that I had a lump in my breast... I didn't hesitate to check it in order to be reassured and know what type it was. Unfortunately, the tumor was malignant". She continued, "the result affected my mental health negatively, because I realized that day that what happened to my sister will happen to me – she died of cancer. I underwent a complete mastectomy and had repeated doses of chemotherapy".

A year after her mastectomy, her husband divorced her without warning, which shocked her. She stated that during the treatment period, she suffered from severe physical and psychological pain, as each dose of chemotherapy caused complications. At the beginning of 2020 during routine examinations, she, "discovered a second lump in the other breast, which made me feel frustrated, stressed and anxious because I know the extent of the pain and difficulties of this disease through my first experience but, thank God, I persevered, and was patient and able to have the chemotherapy for the second breast".

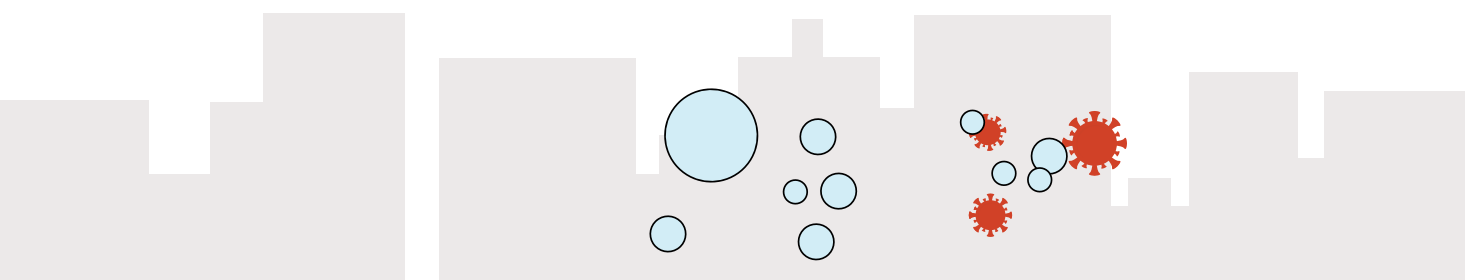
Insaf adds, "The bitterness of the pain I went through from 2014 until 2020, can't be described, and the pressure I am under and my pain increased due to the recent offensive on Gaza in May 2021. So, I was no longer able to deal with the thoughts and fears that were hovering in my head every day. Sometimes I fear for my daughters and their lives, and sometimes I think of the interruption to my scheduled treatments, which could last five years. At other times I feel fear because of the siege and the interruption to the chemotherapy necessary for my survival".

Insaf's family lives in Jordan but she cannot travel to see them because her daughters cannot travel without the consent of their father, so she must continue to stay in Gaza to take care of them.

<sup>a</sup> This is a pseudonym.

## 2. Access to water, sanitation and hygiene

Gazans have limited access to adequate WASH facilities and during the offensive, WASH infrastructure was seriously impacted. Wastewater treatment plants functioned at a reduced capacity due to lack of fuel. For women and girls, limited access to WASH negatively impacts health, including menstrual health and hygiene, household chores, and school attendance. RGA survey results show that more than half of women noted that water was available intermittently and insufficiently, while 35 per cent mentioned that water was rarely available and insufficiently. Only 10.2 per cent of the respondents stated that water was available consistently.



### Box 3. Access to WASH and the threat of violence

The majority of surveyed women (82 per cent) stated that they could not safely use toilets. Specifically, 72.7 per cent stated that toilets were not secure during the day and 77.8 per cent indicated that toilets were not secure at night. Additionally, 18.8 per cent stated that latrines were in unsafe areas; 13.1 per cent indicated that there were no locks on the doors; and 25.6 per cent confirmed that there were no separate toilets for men and women. As a result, 68.8 per cent of those who could not use toilets safely stated that they went to the latrines with other women, while 21 per cent went to the latrines with male family members. The vast majority of women (86 per cent) indicated that they did not have access to a safe place to bathe during the offensive. Specifically, 75.7 per cent stated that bathing was not secure at night; more than half of women stated that water was not available; while 16.2 per cent mentioned that there were no separate bathing facilities for men and women at the shelters or with host families. Also, 18.4 per cent of respondents displaced to UNRWA schools stated that bathing facilities were unavailable, meaning that some women risked going back to their homes while under attack.

In FGDs, the vast majority of women who were displaced to UNRWA schools stated that the latrines were not secure during the daytime and were unsafe to use; as a consequence, they opted to move in groups to avoid verbal or sexual harassment. Women in FGDs reiterated that there was no security in bathrooms/showers (box 3). Furthermore, the lack of water during the siege compounded the issue.<sup>71</sup>

*“There is no security and safety in the school’s latrines; the women and girls are completely afraid of experiencing violence. An indoor latrine was set up in the classroom for fear of girls using the school’s latrines and being exposed to violence or sexual harassment”*

*IDP woman, FGD, Beit Lahia*

Displaced women and girls stated that menstrual and personal hygiene items were not available in the shelters; several noted the need for sanitary pads, clean underwear and/or medication.<sup>72</sup> Women and girls who were menstruating and needed to bathe were put in a precarious position given the lack of privacy in the shelters/classrooms and the lack of water. Some highlighted that only curtains separated men and women in some classrooms. About half of the survey respondents stated that women and girls’ hygiene and menstrual needs were intermittently met; one third indicated that these needs were rarely met within the shelters; only 18 per cent of the women said that these needs were sufficiently met. Many families focused on providing food rather than paying attention to the hygiene and menstrual needs of women and girls.

## D. Humanitarian assistance and sectoral response

Services and resources in the Gaza Strip are limited. As a result, according to the Palestinian Central Bureau for Statistics (PCBS), 68.6 per cent of households in Gaza receive assistance: the majority receive food (40.1 per cent), cash (22.4 per cent) and food parcels/coupons (18.6 per cent).<sup>73</sup> About half the population of Gaza receives essential food assistance from UNRWA. An additional 245,000 non-refugees are targeted by other United Nations agencies with food and cash transfers.<sup>74</sup>

In the aftermath of the military attacks, only 14 per cent of women surveyed received humanitarian assistance: 86.7 per cent of these received food parcels; 16.7 per cent received dignity kits and hygiene supplies; 16.7 per cent received financial assistance and 10 per cent received in-kind aid such as kitchen utensils, clothes and blankets. The majority (96.3 per cent) stated that they were not consulted about their needs by the agencies providing aid.

Of those surveyed, 61.6 per cent mentioned that no humanitarian assistance was distributed during the offensive; about half of the respondents did not have any information about the distribution of assistance; while 12.4 per cent believed that distribution was not impartial. These results are consistent with FGD findings, where the majority of participants, including displaced women and men, stated that they did not receive any kind of humanitarian assistance during their displacement, particularly those sheltering at UNRWA schools. Host families confirmed that they were in need of humanitarian assistance because they were unable to provide food for those they were hosting: 86 per cent of the respondents stated that they preferred cash assistance, 41 per cent preferred vouchers and 25.6 per cent preferred in-kind assistance.

### 1. Emergency shelter<sup>75</sup>

The vast majority of RGA survey respondents (89 per cent) stated that it was not easy to access shelter during the offensive due to safety concerns. A similar number of displaced women (88 per cent) who were either in shelters or with host families stated that there were an insufficient number of places to sleep and that privacy was lacking. For many women (86 per cent) privacy was not taken into account in the shelters, which meant that a similar percentage of displaced women (84 per cent) did not feel safe in the shelters. About half of respondents feared bombing and shelling while seeking shelter, and one-third stated that they lacked basic needs including food, water, hygiene materials, beds, bedding and medicine once they were sheltered, which was confirmed by the GBV Sub-Cluster representative.<sup>76</sup>

Displaced women noted the following needs in order to ensure safer shelter: food and water (81 per cent); cash assistance (73.7 per cent); and clothes, mattresses, hygiene items, psycho-social support, drugs, medical treatment and physical protection (50 per cent). A quarter of displaced women need legal support. All FGD participants mentioned that they still feel insecure and afraid even after the end of the military attacks and fear that an offensive will occur again.

According to the majority of FGDs, shelters, primarily UNRWA schools, were not well-equipped to receive IDPs or to address the unique needs of women, men, boys and girls, particularly with regard to privacy and safety, especially in bathrooms (box 3). Despite the regularity of Israeli military offensives, the UNRWA schools were not prepared to serve as shelters; they were unable to feed or house such a large number of people and were further compromised due to concerns about COVID-19. Notably, the UNRWA Protection Unit could not be deployed to provide appropriate services to women experiencing violence inside the shelters due to the overall security situation and the risk to staff's lives.<sup>77</sup>

#### Box 4. Huda's story

Huda<sup>a</sup> lives in Al-Atatra, near the border area of the northern Gaza Strip, with two sons and one daughter. Huda has taken care of her children for years after her husband left.

During the offensive, Huda fled to an UNRWA school with more than 80 men, women and children without any basic necessities, away from their neighbourhood of Al-Atatra, which was badly damaged. She explains: "During the May offensive, myself and my children were displaced from my home, fleeing death and resorting to one of the UNRWA schools, escaping with neighbours and relatives from the indiscriminate shelling and poisonous gas".<sup>b</sup> She believes that if the offensive had been prolonged, they would have died of hunger and fatigue. "We were waiting for news about the ceasefire at every moment, and although the offensive ended, fear still lives in our hearts. We felt great psychological pressure and tension constantly, along with physical pain from time to time, tightness in the chest and difficulty breathing".

Huda explained the difficulties in sheltering at an UNRWA school. For many women, accessing bathrooms and bathing facilities was especially difficult while sheltering in such public spaces. She notes that while most men went to the mosque to use the toilets, women were forced to use buckets inside the classrooms, which caused great embarrassment. To avoid this, sometimes she would leave the school to return to her home so that she could use the bathroom, despite the indiscriminate missile strikes, leaving her children at the school with her mother.

<sup>a</sup> This is a pseudonym.

<sup>b</sup> The neighbourhood of Al-Atatra holds a storehouse that contained hundreds of tons of pesticides, fertilizers and agricultural materials that was bombed during the offensive, releasing toxic fumes into the surrounding area. See: Ouf, 2021.

## 2. Mobility

Palestinian women's mobility is negatively impacted by socio-cultural norms and attitudes, which are sometimes enshrined in law. A recent study found that almost 90 per cent of Palestinian men and women agreed or strongly agreed that the husband needs to know where his wife is at all times. Furthermore, 85 per cent of ever married men reported exhibiting controlling behaviour.<sup>78</sup> A recent judicial ruling in Gaza barred women from travel without permission from a male guardian. Calls from Palestinian legal and human rights experts to rescind the ruling have not been heeded.<sup>79</sup>

A minority of women could not move freely during the military attacks for reasons other than safety; 6 per cent of women surveyed in the aftermath of the offensive stated that they could only move if accompanied by a male relative and 2.8 per cent could only move if accompanied by another woman or child. The vast majority of the respondents (94 per cent) explained that the lack of security was the key factor limiting their freedom of movement during the offensive and 20 per cent stated that the cost of transportation was also an important factor hindering travel to other governorates. Only 7.4 per cent considered social restrictions to be a key factor in limiting their freedom of movement during the offensive.

## Protection-related issues and gender-based violence

There is no explicit law criminalizing violence against women and girls in the State of Palestine, though a strategy on tackling violence previously existed. A formal referral system is in place in the West Bank, *Takamol*, and UNRWA has its own GBV referral system. However, in the Gaza Strip, there is no formal coordination mechanism for GBV referrals, with service providers relying instead on relationships and contacts. The Gaza Strip also lacks family protection units, which are based in police stations in the West Bank. There are two safe houses in the Gaza Strip: Dar al Aman, which serves as a government shelter, and the Hayat Center, which serves as a safe space.<sup>80</sup> Only 40 per cent of Palestinian women know of specialized services addressing GBV.<sup>81</sup>

Instances of violence against women and girls in occupied Palestinian territory are compounded by a deteriorating economic situation, chronic conflict, geographic fragmentation and displacement stemming from the Israeli occupation. This is further exacerbated by a patriarchal social context, with a limited, non-harmonized legal framework and limited access to comprehensive multi-sectoral services.

A recent survey by PCBS highlights that violence against current or ever married women continues unabated, with GBV rates higher in Gaza than in the West Bank (box 5) Notably, a significant proportion of women in the Gaza Strip do not report abuse or seek services (66 per cent), and only 28 per cent of current or ever married women who experienced violence were aware of the existence of centres or institutions that provide services.<sup>82</sup>

### Box 5. Violence against women in Gaza

The blockade of Gaza and the repeated military interventions impact rates of GBV. Electricity and fuel crises have worsened living conditions, exacerbating tensions in the home and increasing the likelihood of violence.<sup>a</sup>

In the Gaza Strip:

- 38 per cent of current or ever married women experienced some form of violence (psychological, physical, sexual, social or economic) by their husbands at least once.
- 64 per cent of current or ever married women experienced psychological violence by their husbands at least once.
- 11 per cent of current or ever married women experienced sexual violence by their husbands at least once.
- 26 per cent of current or ever married women experienced physical violence by their husbands at least once.<sup>b</sup>

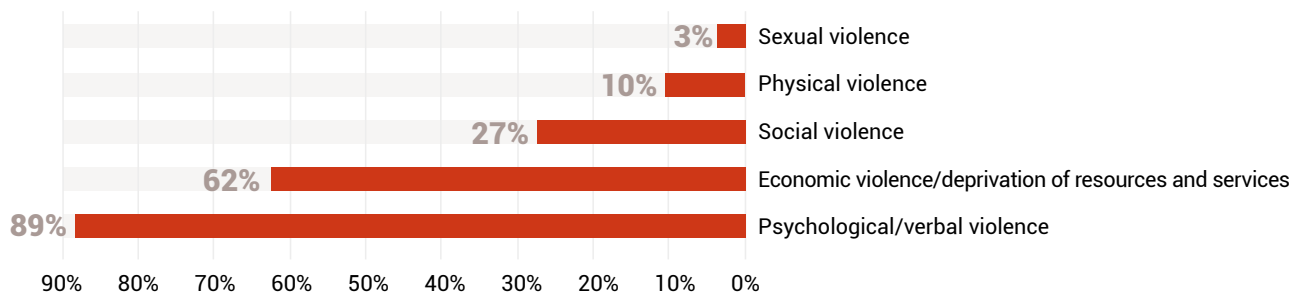
<sup>a</sup> UNPFA, 2018.

<sup>b</sup> PCBS, 2019a.

While there are no official data of GBV during the military attacks, RGA survey data found that women experienced several forms of violence during the offensive, including psychological/verbal, economic, social, physical and sexual violence, in that order (figure 2). Of the survey respondents, half of women stated that their husbands were the perpetrators; 23 per cent stated that brothers and fathers were; and 23 per cent mentioned that other male relatives (uncles and cousins) were. An additional 8.5 per cent reported violence from in-laws.

During FGDs, some girls expressed concerns regarding physical abuse and harassment from family members, feeling that they were unable to talk to anyone in the family about these issues.<sup>83</sup> Women and girls expressed concern over the safety in shelters such as UNRWA schools. Mothers made sure to sleep next to their daughters at night as there was no privacy in the classrooms and escorted their daughters to the bathrooms.<sup>84</sup>

**Figure 2. Forms of violence that women experienced during the military attacks**

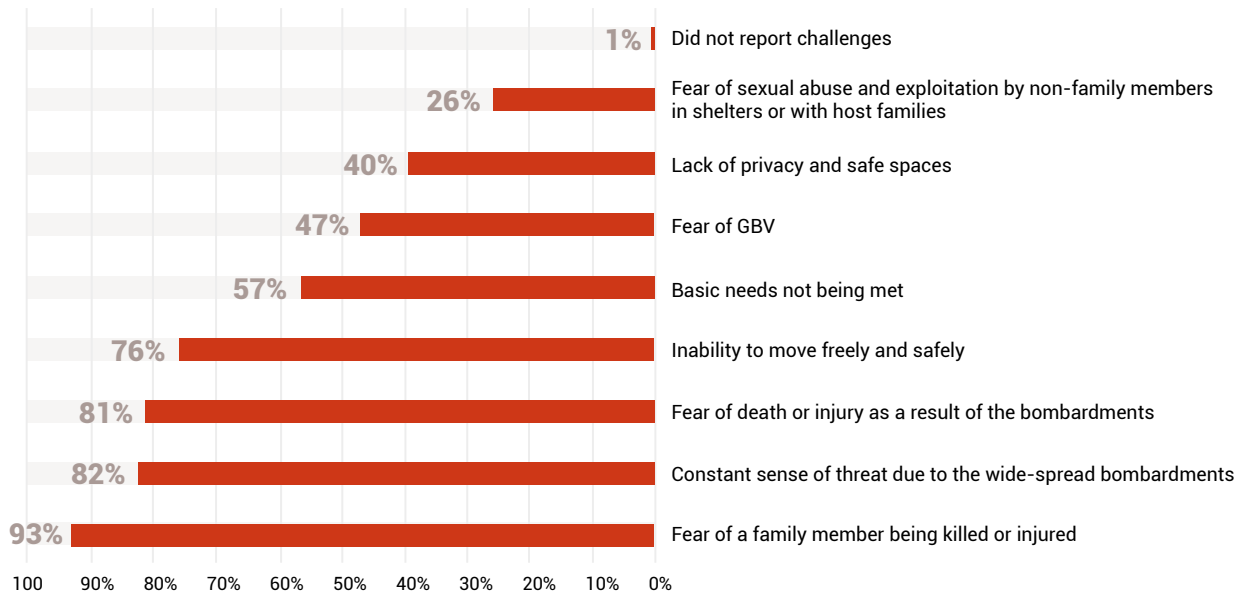


Statistics from local women's organizations also provide evidence of worsening rates of violence during the offensive. The Hayat Center, which ran eight free helplines when electricity was available, stated that there was an increase in the number of GBV cases reported during and after the offensive. The Center received 78 cases from May to July 2021 during the period after the offensive compared to 50 cases during the period of January to April 2021 before the offensive. Responding to 15 new cases in May 2021, the Center housed people in their domestic violence shelter, in addition to those from seven cases in April. An additional 29 cases were responded to and people given shelter until August 2021 due to increasing tensions within households as a result of the offensive.<sup>85</sup>

The Aisha Association for Woman and Child Protection received many calls from women who faced physical, psychological and economic violence during the offensive. In some cases, husbands were not complying with child custody decisions because they knew that they would not be held accountable due to the closure of the courts and police stations. Additionally, some husbands chose not to pay alimony during the offensive, which put further strains on divorced women's capacities to provide basic needs for their children. Lawyers' offices were damaged, which impacted the provision of legal aid to cases concerning GBV, alimony and/or child custody.<sup>86</sup> There are reports that women sought legal support and counselling services to file for divorce. Organizations noted that their free helplines were in great use, which overwhelmed service providers, who themselves faced significant danger.<sup>87</sup>

During the military attacks, women's feelings of insecurity were related to their inability to move freely and safely; not having their basic needs met; fear of GBV; a lack of privacy and safe spaces; and fear of sexual abuse and exploitation by non-family members in shelters or with host families (figure 3). Women stated that they used different coping strategies in response to the violence they experienced. The RGA survey results indicate that 69 per cent stated that they stayed silent and did not inform anyone, while 36 per cent sought support from family, friends or relatives. Only 9 per cent of survivors sought support from women's organizations; 5 per cent accessed shelters; 4 per cent sought psycho-social support; 2 per cent sought help from the police; while 1 per cent sought help from community leaders (mukhtars or religious leaders). According to a representative from the Aisha Association, some women mentioned that their husbands forced them to have sex, including while staying with host families, creating tension and embarrassment for the women, who also had very few options for bathing. Such occurrences were also reported in emergency shelters.<sup>88</sup>



**Figure 3.** Primary reasons for women's feelings of insecurity during the offensive

During the military offensive, many women and girls faced difficulties in accessing psychological, legal and health-care services because no services were provided by local and international institutions. This was likely compounded by the pandemic lockdowns that had previously occurred. As a result, there was a high usage of hotlines run by institutions in Gaza.<sup>89</sup> There were concerns that survivors based in shelters and support centres in Gaza would be evacuated and sent back to their families, further endangering them, because there was no formal planning for such scenarios. This meant communicating with relatives or friends to find support for these women during the military attacks, which could expose them to danger from husbands or other families members.<sup>90</sup> Despite these hurdles, some service providers were able to deliver mental health services, legal counselling and family counselling with psychiatrists and case managers via a free phone line during the offensive.<sup>91</sup> After the military attacks, UN Women provided vouchers for food and certain necessities and cash assistance to women, and provided legal and psycho-social services in GBV cases.<sup>92</sup>

*“International and UN institutions failed to provide urgent interventions and were unable to provide security coordination, especially for survivors of sexual and gender-based violence in the government shelter and Hayat Center. When shelters were unable to provide protection for the survivors, we coordinated with their family or friends to host them during the offensive, which may have endangered them”*

*Aisha Association representative, KII*

Vulnerable and at-risk women, such as those with disabilities or those resident in border areas, had difficulties accessing service centres, both during and after the offensive because of the security situation and the potential for further bombardments. In response, the Aisha Association opened branches in the north and south regions to facilitate access for women in these areas.<sup>93</sup> Notably, women in the Ansar prison were not evacuated, even though the areas surrounding the prison were bombed; UN Women was able to provide services before and after the offensive.<sup>94</sup>

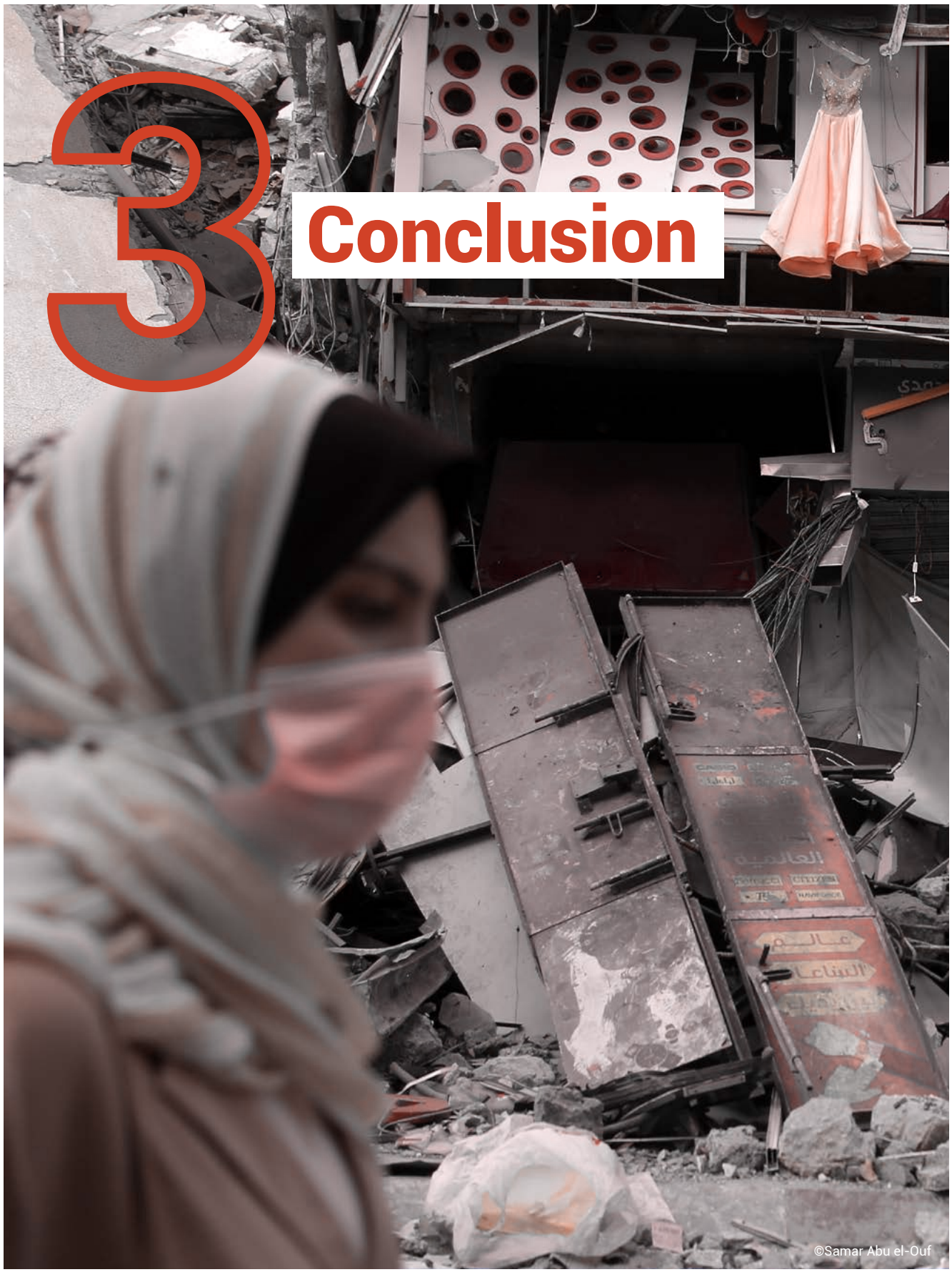
Service providers, particularly social workers and case managers, faced mobility and communications challenges during the offensive (including the closure of some helplines due to the lack of Internet), making it nearly impossible to provide needed assistance. The service providers were also victims of the offensive, with many experiencing power outages, poor Internet, the displacement of relatives, and some also serving as host families. However, they continued their work, including following up with cases and providing remote counselling and psychological support. Providers also suffered from vicarious trauma, in addition to their own insecurity due to the offensive.<sup>95</sup> Institutions were unable to provide some services due to a lack of a sense of safety and security among their staff. Furthermore, there was limited coordination between workers in international and local institutions regarding service provision during the offensive.<sup>96</sup>

The impact of the offensive on rates of violence has extended beyond May 2021; many service providers expect to see further increases in reported cases of violence against women and children. A provider from the Aisha Association said they “expect an increase in the rates of reported cases of violence after the war due to the increased tension and severe psychological pressure on both women and men, also due to the loss of work and the inability of men to provide for their family members, and the loss of possessions for those who lost their homes”.<sup>97</sup> In light of the poor shelter and protection coordination and the lack of a gender perspective, experts and service providers argued that a clear contingency plan for UNRWA and other local and international protection providers must be drafted to manage the shelters and provide protection and privacy for women. Clear policies and plans must be drawn up to rapidly determine the needs of families in shelters in the future, while also taking into account the security and safety of staff during such dangerous times.<sup>98</sup>

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# 3

## Conclusion



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Given the harsh living conditions in the Gaza Strip, PCBS reported in 2020 that 37 per cent of individuals aged 15-29 years wish to migrate, compared to 15.2 per cent in the West Bank. More men than women expressed this desire: 29.1 per cent of men compared to 17.8 per cent of women.<sup>99</sup> The vast majority of the FGD participants, including women, men, boys and girls, stated that there is no future for people in Gaza, particularly young people, due to the occupation, blockade, prolonged crisis, repeated wars and political division. Most young people stated that they have no aspirations for the future because of the lack of security and safety, partisanship, and limited employment opportunities. Young people stated that with the current situation, "A future in Gaza is unimaginable," and that life in the enclave is focused solely on obtaining basic necessities like food, water and electricity. The lack of such necessities impedes day-to-day living as well as future ambitions, such as attending school and preparing for exams.<sup>100</sup> Several boys highlighted the lack of employment options in the midst of perpetual conflicts, resulting in limited aspirations.<sup>101</sup> Girls highlighted that they are not only oppressed by the occupation, but also by society's patriarchal attitudes. One girl said, "We do not have choice over anything as girls in a society that oppresses women; not in education, nor travel, nor even ambition".<sup>102</sup>

Through survey responses, KIIs, FGDs and secondary data collection, the RGA highlights that various sectors and actors were not prepared for the military offensive that occurred in the Gaza Strip from 10 to 21 May 2021, particularly in the midst of a global pandemic. It is clear that official emergency plans were not in place. This is despite numerous previous offensives on the enclave. This lack of preparation further increased the vulnerability of all Gazans. In general, the response of the United Nations and international and local organizations was insufficient and did not cover all geographic areas of the Gaza Strip. A small number of international and local organizations were able to provide services to displaced persons, including the distribution of in-kind aid, blankets, medical mattresses, food parcels, health kits/dignity kits, and personal care items. Organizations such as UN Women and UNFPA, including the GBV Sub-Cluster, provided psycho-social support and counselling over free hotlines for a limited number of women and girls through local partners. Agencies such as UNRWA were able to provide water, food and masks during the final days of the offensive. However, the quantitative and qualitative data collected for this RGA highlight that a coordinated intervention from the international community is needed to better provide for the women, men, boys and girls of Gaza.

# 4

## Recommendations



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Ultimately, the occupation, the inhumane blockade and the unlawful military offensive by the State of Israel on the Gaza Strip must end. In the meantime, steps must be taken to address the gendered impacts of the May 2021 offensive on all Gazans, in keeping with international humanitarian law and international human rights law. Ensuring up-to-date gender-disaggregated data and analysis of the shifting gender dynamics within the Gaza Strip in the aftermath of the May 2021 offensive will facilitate more effective and appropriate programming, and will ensure that future humanitarian assistance is tailored to the specific needs of women, men, boys and girls. Therefore, it is recommended that the Palestinian Government and de facto authorities, United Nations agencies, and local and international organizations continue to invest in gender analysis. New data and analyses should be shared widely among sectors and programming should be adapted to these changing needs, in line with the State of Palestine's human rights obligations and engagement with international frameworks such as the Convention on the Elimination of All Forms of Discrimination against Women, the Beijing Declaration and Platform for Action, the Women, Peace and Security agenda and the 2030 Agenda for Sustainable Development.

In order to address the specific gendered needs of women, men, boys and girls that surfaced during the RGA for the Gaza Strip in the aftermath of the May 2021 offensive, the following concrete and practical reforms are recommended:

## **A.** General gender mainstreaming recommendations

- All relevant actors must collect and analyse sex, age and disability disaggregated data in the aftermath of the May 2021 offensive to better inform future crisis response plans.
- All relevant actors must ensure that women and girls are equally represented in humanitarian response and recovery committees.
- All relevant local and international actors must ensure that humanitarian and development programmes meet the needs of impacted women and girls, particularly the most vulnerable.<sup>103</sup>
- All relevant humanitarian and development actors must seek additional funds to enhance the services provided to women and girls, and ensure that sufficient proportions of available resources are allocated to development programmes.

## **B.** Specific programming and sectoral recommendations

### **1.** Gender-based violence

- Create and implement a multi-sectoral referral protection network in the Gaza Strip that actively engages government actors, humanitarian and development actors, civil society, the health sector and the policing and justice sector.
- Ensure that relevant Palestinian institutions and other GBV service providers deliver services in an efficient and holistic manner, particularly to women and girls, by training and developing the capacities of institutions' gender-sensitive response mechanisms, so that the needs of all women and girls are taken into account, including the most vulnerable.
- Enhance and facilitate women and girls' access to multi-sectoral services, both in-person and remotely, to counter expected increases in GBV in the aftermath of crises.
- Ensure that local service providers and first responders, particularly those working in the field of GBV, have access to psycho-social support and other vicarious trauma management services.

- Assist in providing protection and security coordination for local non-governmental organization staff, through ICRC and United Nations agencies, to facilitate their safe access to affected areas and to support them in their provision of services.

## 2. Water, sanitation and hygiene

- Prioritize menstrual hygiene management in all designated emergency shelters in the Gaza Strip (and backup shelters), in collaboration with the GBV Sub-Cluster, and ensure that all toilets and bathing spaces are sufficiently gender-segregated, lockable, and have facilities for the disposal of menstrual products and for washing and drying reusable products.
- Provide unconditional cash assistance to women so as to ensure they have the freedom and flexibility to spend according to their needs and priorities.
- Activate free and accessible reproductive health helplines to enable access to midwives' and nurses' guidance and expertise.

## 3. Shelter

- The United Nations Country Team and other humanitarian actors must evaluate and update previous emergency plans, including the Gaza Inter-Agency Contingency Plan,<sup>104</sup> in coordination with international, civil society and women's rights organizations.
- Equip all designated emergency shelters in the Gaza Strip to be responsive to the gendered needs of women and girls in line with international best practice, including accessibility for those who are pregnant, with disabilities, and/or elderly.
- Assess and update designated emergency shelters through a gender-sensitive lens and rehabilitate shelters to be responsive to the needs of women and girls with disabilities, including the provision of means of communication and instructions for people with disabilities.
- Enhance the gender-sensitivity of UNRWA's humanitarian role in providing designated emergency shelter services in the future.

## 4. Humanitarian and development assistance

- Reassess and implement updated coordination protocols between local and international humanitarian actors to ensure the timely delivery of necessities such as food, water, bedding, clothing and hygiene supplies during and immediately after an emergency.
- Provide emergency relief assistance, including food parcels, food vouchers, non-food items (shelter kits), and cash assistance for affected people, particularly FHH and at-risk or vulnerable women and girls.
- Provide cash and voucher assistance for survivors of GBV and women and girls at-risk, including IDPs, women with disabilities, women with serious illnesses, pregnant and lactating women, and the elderly.
- Implement economic projects for women and girls and provide them with job opportunities (including in non-traditional sectors) that enable them to increase their incomes.



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  103. For example, women with disabilities, women prisoners, women with serious illnesses, pregnant and lactating women, and elderly women.
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From 10 to 21 May 2021, the Gaza Strip endured intensive Israeli military attacks that resulted in the deaths of 260 Palestinians, including 66 children and 41 women. At the peak of the offensive, 113,000 persons had to seek shelter outside of their homes. Residential buildings, key facilities and infrastructure were destroyed. To understand the impact of the offensive on women, men, boys and girls, and identify their gender-specific needs, a rapid gender analysis (RGA) was conducted in the Gaza Strip. Using survey responses, key informant interviews, focus group discussions and secondary data collection, the RGA demonstrates that various sectors and actors were not prepared for the offensive, despite numerous previous offensives on the enclave. This was exacerbated by the global pandemic. The lack of preparation increased the vulnerability of all Gazans.

The RGA is intended primarily for humanitarian actors, the United Nations, international organizations and donors working in the Gaza Strip. It also aims to engage policymakers, authorities in the State of Palestine, including the Gaza Strip, international and local civil society organizations, and the donor community, so as to inform a more comprehensive and gender-sensitive sectoral response.

