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gaza field office



rapid gender analysis: gendered
impacts of the october 2023
escalation in gaza

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About UNRWA

UNRWA is a United Nations agency established by the General Assembly in 1949 and mandated to provide assistance and protection to registered Palestine refugees in the Agency's area of operations, namely the West Bank, Gaza, Jordan, Lebanon, and Syria, pending a just and lasting solution to their plight. Thousands of Palestine refugees who lost both their homes and livelihoods in 1948 have remained displaced and in need of significant support over the past seventy-plus years. UNRWA supports the rights of Palestine refugees to access essential services and directly provides services in education, health care, relief and social services, protection, camp infrastructure and improvement, microfinance, and emergency assistance.

UNRWA Department of Communications

P.O. Box 19149, 91191 East Jerusalem

T: Jerusalem (+972 2) 589 0224

F: Jerusalem (+972 2) 589 0274

T: Gaza (+972 8) 677 7533/7527

F: Gaza (+972 8) 677 7697

Cover photo: © Displaced men and women find temporary shelter and solace at UNRWA Khan Younis Training Centre, located in the southern Gaza Strip.

rapid gender analysis:
gendered impacts of the
october 2023 escalation in gaza

table of contents

Abbreviations.....	05
Background.....	06
Rapid Gender Analysis Objective.....	06
Methodology.....	07
Findings.....	07
Key Findings	07
Gender Norms And Roles	07
Health	08
Mental Health.....	08
Food Security	09
Water Sanitation and Hygiene (Wash)	09
Shelter	09
Protection	10
Safety.....	10
Gender-Based Violence.....	10
Child Protection.....	10
Recommendations.....	11
Overarching Recommendations	11
Health	11
Wash	11
Food Security	12
Shelter	12
Protection	12

abbreviations

DES	Designated Emergency Shelters
GBV	Gender Based Violence
IPV	Intimate Partner Violence
IDP	Internally Displaced Persons
OCHA	Office for the Coordination of Humanitarian Affairs
RGA	Rapid Gender Analysis
MoH	Ministry of Health
NFI	Non-Food Items
PSEA	Prevention from Sexual Exploitation and Abuse
SRHR	Sexual Reproductive Health and Rights
SEA	Sexual Exploitation and Abuse
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

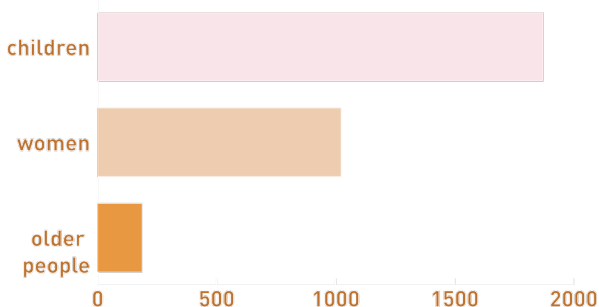
Background

An ongoing armed conflict between Hamas and Israel erupted on 7 October 2023 when Hamas launched a substantial barrage of rockets from the Gaza Strip into Israel. Simultaneously, Hamas militants breached the perimeter fence of Gaza at multiple locations, infiltrating Israeli towns, communities, and military facilities near the Gaza Strip, resulting in loss of Israeli lives and the capture of individuals. The Israeli military responded by declaring “a state of war alert,” and initiated strikes on targets within the Gaza Strip.

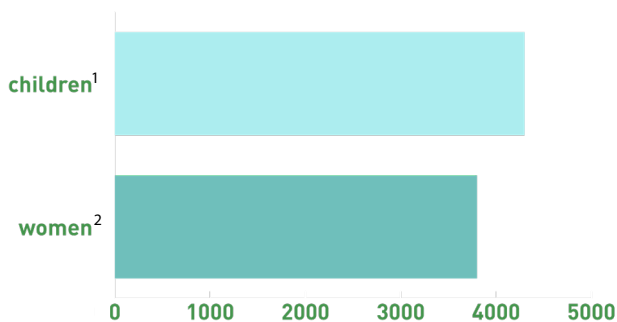
On the evening of 7 October, the Israeli authorities suspended the supply and provision of electricity to the Gaza Strip, reducing daily access of electricity to 3-4 hours. Subsequently, on the evening of 9 October, the Israeli authorities announced the complete siege on Gaza, discontinuing the supply of any essential resources such as food, fuel, electricity, and water into the Gaza Strip.

On 13 October, Israel issued a broad evacuation order encompassing the area of North of Gaza to South of Gaza, impacting over 1.1 million people and leading to mass displacement of the population. Notably, despite the Israeli forces’ evacuation order, an unknown number of Internally Displaced Persons (IDPs) remain in UNRWA Designated Emergency Shelters (DES) and non-DES in Gaza City and North Gaza with UNRWA no longer in a position to assist or protect them.

Since 7 October, 4,651 individuals have been killed which include:

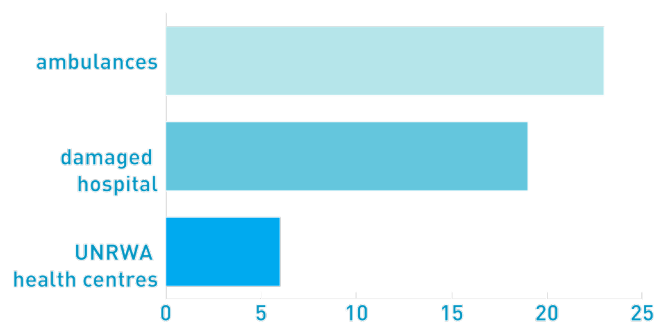


Further, about 14,245 people have been reported injured, including:



In total, 62% of those killed and injured are women and children. As of 22 October 2023, the number of displaced people stood at about **1.4 million**, including over **566,000 sheltering in 148 UNRWA-designated emergency shelters** in increasingly dire conditions³.

As of 21 October, 205 educational facilities have been affected (including at least 29 UNRWA schools) additionally, there have been 62 documented attack on healthcare -including:



Among UNRWA health centres⁴ is the Al-Ahli Arab Hospital (where close to 500 people were confirmed dead) .At least 42% (164,756) of all housing units in Gaza have either been destroyed or damaged since the start of the hostilities contributing to mass displacement of population inside the Gaza strip⁵.

Rapid Gender Analysis Objective

This Rapid Gender Analysis (RGA) has been developed as part of UNRWA’s commitment to providing evidence-based gender-responsive support to the Gazan population. The purpose of the RGA is to provide information and analysis about the different needs, capacities and coping strategies of women, men, boys and girls to underpin UNRWA’s and other actors’ capacity to design and deliver gender-responsive emergency support.

The specific objectives of the RGA are:

- To understand and analyse the different impacts of the escalation on women, girls, men and boys and other vulnerable populations; their different coping mechanisms; and how humanitarian response should navigate gender norms and roles.
- To inform the response plan and provide targeted recommendations for humanitarian leadership, actors, and donors to ensure the gendered dimensions of risk, vulnerability and capacities are considered when addressing the different needs of women, girls, men and boys and other vulnerable populations.
- To provide the foundation for a more detailed Gender Analysis when the situation allows; and for other UN and partner organizations to make use of it for collaborative planning.
- To address the gap in sex disaggregated data, to provide information about gender dynamics, evolving roles and responsibilities in households and communities since the escalation.
- To develop a set of actionable recommendations for humanitarian response and programme design to ensure targeted and effective support is provided to meet the needs of the most crisis-affected individuals, especially women and girls.

Methodology

A Rapid Gender Analysis (RGA) provides practical programming and operational recommendations to meet the different needs of women, men, boys, and girls and to ensure we 'do no harm'. A RGA uses tools and approaches of Gender Analysis Frameworks and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterize humanitarian interventions.

This analysis was conducted from 15-21 October 2023. The analysis is continuing and the RGA will be updated periodically as the conflict develops and the operational context evolves.

Research methods included:

- Observations in the UNRWA Designated Emergency Shelters.
- Informal conversations with women, men, boys, and girls at the UNRWA Designated Emergency Shelters.
- Key Informant Interviews with five select UNRWA frontline staff.
- Internal Reports from UNRWA including Situation Reports. External Situation Reports from OCHA and other agencies.

This analysis had several limitations.

- Due to trauma inflicted on the population, information was collected through observation and informal exchanges with the displaced population rather than structured or semi-structured interviews.
- Front line staff are equally displaced by the conflict with many remaining in shelters making it impossible to reach a wider sample size.
- Sex-disaggregated data, particularly in relation to gender-specific effects or gendered dimensions (e.g. women-headed households) are not being captured systematically.

Findings

Key Findings

- Pre-existing traditional and patriarchal social and cultural norms have been disrupted as the conflict has eliminated livelihood opportunities for men, which is a key activity expected of men in Gaza, which also confirms their status as capable providers and protectors of their families.
- There are critical gaps in access to health services that particularly affect women and adolescent girls, including access to comprehensive emergency obstetric care, newborn care, and sexual and reproductive health services.
- An estimated 50,000 pregnant women are facing extreme challenges accessing prenatal and maternity care, 500 women are expected to give birth in the coming month - an average of 160 per day.
- The mental impact on the displaced population, including frontline workers, is dire. Furthermore, mental health is the area which has been highlighted by the displaced population as most impacted by this escalation because it compounds pre-existing trauma from previous escalations.

- Due to food insecurity, women and children, especially pregnant and lactating women, are at risk of under- or malnutrition, which will negatively affect their immune health, increasing their susceptibility to contracting maternal nutrition-related illnesses such as anaemia, pre-eclampsia, haemorrhage. This increases the risk of death for both mothers and babies.
- The displaced population has adopted a one meal a day as a coping strategy due to shortage of food supply and one shower a week due to lack of sufficient water.
- Overcrowded shelters mean there is limited privacy for women and girls. Coupled with limited water and hygiene supplies, the menstrual hygiene of women and girls is compromised, which puts them at risk of infection.
- There are rising tensions in the shelters due to overcrowding and limited supplies for the displaced population. This increases the likelihood of domestic violence due to intrafamilial tensions, which puts women and children at particular risk: anecdotal evidence has so far shown an increase in household tensions.
- Breakdown of the rule of law and social structures can exacerbate Gender Based Violence (GBV) in the shelters, including increasing the risk of child marriage as a coping mechanism for larger households.
- The breakdown in the school system, lack of child friendly spaces and materials to play with makes children more susceptible to abuse. Additionally, girls and boys are now more engaged in domestic work at a larger scale than before.

Gender Norms And Roles

Amidst growing insecurity and displacement, pre-existing traditional patriarchal social and cultural norms have partially shifted as men are no longer performing traditional livelihood roles. However, roles of women and girls in the domestic sphere have remained similar within the new displacement sites. Adult males were previously the primary income earner in most households but are unable in the ongoing crisis to perform their traditional responsibility of providing for and protecting their families. Research from other conflicts demonstrates this disruption to performance of gendered roles can negatively affect men's perceptions of their identity, worthiness, and capacity to contribute, which in turn is associated with higher rates of GBV⁶.

'I'd rather die in my house in dignity, than die under these conditions'

(Displaced Palestinian man currently located at the UNRWA Logistics Base along with 8,000 other internally displaced people)

Prior to the escalation, the average woman in Palestine spent 3h42m a day performing household work (cooking, cleaning, etc.) while men dedicated 1h17m⁷. Additionally, women spent 2h15m taking care of children, the elderly or disabled family members in comparison to 57m spent by men⁸. Additionally, since men do not always support with caregiving duties, women bear a disproportionate burden of care, which contributes to their physical and emotional exhaustion⁹.

This household division of labour appears to be replicated in the emergency shelters. Women continue to be primarily responsible for caregiving and other unpaid work. In the emergency shelters, women and girls have been observed to be cleaning, cooking, and collecting water, although some men were observed engaging in care work such as taking care of small babies to relieve the mothers. The majority of the men were observed to spend a large amount of their time in the company of other men, listening to news, and trying to find a suitable place for their families to live - replicating pre-existing household level gender dynamics.

In the wake of school closures, girls and boys are also performing traditionally gendered roles. Girls now spend more time supporting their mothers cleaning, preparing food, and collecting water. Boys are observed helping their fathers with maintenance work and accompanying them to the markets to buy the basics.

Health

Gaza's medical system, already overstretched from 16 years of the blockade, is now overwhelmed by the injuries and deaths from the current escalation. Limited numbers of health facility personnel face growing caseloads; and hospitals struggle with a few hours of electricity each day and are forced to ration depleting fuel reserves, hospitals will have to further reduce their functions when fuel runs out¹⁰. Fourteen of UNRWA primary health care centres have been closed, leaving only eight that are operational in Middle, Khan Younis and Rafah areas. Additionally, 33 of 50 primary health care centres run by the Ministry of Health have been closed. The health points at the Designated Emergency Shelters (DES) are overwhelmed with medical cases and without further supplies will run out of drugs. An initial UNRWA health assessment among IDPs shows there are nearly 13,400 persons with non-communicable diseases (NCDs) and 200 post-natal cases requiring medical attention¹¹. Moreover, the complete siege and closure of the Rafah crossing means patients have lost access to specialized services in and from neighbouring Jerusalem or West Bank, such as cancer treatment.

The population displacement and emergency focus has caused critical gaps in access to health services that particularly affect women and girls, including access to comprehensive emergency obstetric care, newborn care, family planning and contraceptive provision. Hospitals that offer Sexual and Reproductive Health Rights (SRHR) in Gaza have been damaged following the airstrikes, completely cutting off their ability to offer healthcare to women who, prior to the conflict, were already systematically denied sexual and reproductive healthcare and rights¹². This, coupled with the risks of movement, has especially negatively impacted pregnant women, with an estimated 50,000 pregnant women facing extreme challenges to access of prenatal and maternity care. 13 5,500 women are expected to give birth in the coming month - an average of 160 per day¹⁴ with the health points at the Designated Emergency Shelters unable to provide specialized services.

'I haven't felt the foetus moving since I came here. I am afraid to go out and I don't know where to get specialized care. I am afraid I might lose the child'

(Displaced woman at UNRWA Rafah Logistic Base)

Mental Health

Suicide rates in Gaza have been increasing for the past 10 years. In recent years, there are on average 562 attempts per year¹⁵. The suicide rate is much higher among young men aged 18-30 who comprise about 75% of all suicide deaths. A key contributing factor is the social pressure on men to provide for their families¹⁶, a responsibility that many men are unable to fulfill due to the dire economic situation in Gaza where the unemployment rate was 45% in 2022¹⁷.

For women, suicide can be a way of escaping systematic oppression and violence experienced in the family and in the society¹⁸. An UNRWA survey conducted after the May 2021 hostilities in the Gaza Strip found that the incidence of war-related trauma had increased with 42% of UNRWA first grade school children surveyed in Gaza needing psychosocial support. Even nine months after this survey, 35% of these children were still suffering from reactions to trauma, with some even resorting to suicide. The escalation in Gaza will further exacerbate the mental health needs of the population who have lost loved ones, property, and dignity. The current health sector focus on the escalation and treating the wounded leaves a huge gap in access to specialized mental health treatments.

Mental health data collected by UNRWA is alarming. Parents at the emergency shelters have reported increased levels of distress, fear, anxiety, insecurity, and panic attacks among children with some who have stopped talking, demonstrating signs of acute psychological trauma. Children are at risk of experiencing long-term emotional and psychological trauma, and are more likely to develop mental health disorders, such as depression, anxiety, and post-traumatic stress disorder. According to observations of UNRWA staff on the ground, some children are exhibiting challenging behaviour, requiring specialized interventions.

UNRWA data shows that the most sought-after service provided by UNRWA social workers is psychosocial support, reflecting the high levels of distress experienced by the population. Since the hostilities started, UNRWA has supported over 5000 people with PSS and social interventions services across the Gaza Strip: 73% of them in Rafah and Khan Younis. Women represent 54%, men 46% and children 13%, older persons and persons with disabilities 13%, with social and psychological stressors the most common reason for seeking help. The mental impact to frontline workers is dire: frontline responders and health workers are working tirelessly to respond to the needs of the affected population and do not have time to process their own traumatic experiences.

'I am here as a displaced person, and I am helping other displaced people. Yesterday I got news that my extended family members were killed in an airstrike. I have lost family members and my home. I am dealing with aggression from the displaced population but also from my UNRWA colleagues due to limited supplies. People compare the escalation to 2014 where there was a flow of supplies, not realizing the extent of the complete siege imposed during this escalation. I am still shocked, but I am here to serve'

(Displaced female UNRWA staff in a Designated Emergency Shelter (DES) in Khan Younis)

Food Security

Sixty-three percent of the population in Gaza was food insecure prior to the escalation¹⁹. To address food insecurity, UNRWA provides emergency assistance to over one million Palestine refugees who lack the financial means to secure basic food. Before the escalation, approximately 620,310 refugees had been living below the abject poverty line of USD 1.74 per person per day²⁰.

All of UNRWA's distribution centres are currently closed due to the hostilities. By the time of the 7 October escalation, 100,000 families hadn't received their third cycle of food assistance. The current escalation will further exacerbate food insecurity in Gaza, both with respect to certain foods in the market and the increasing prices of all food items. Most bakeries are unable to operate due to the shortage of essential ingredients, particularly wheat flour, which cannot last more than one week. a. Only one of the five mills in Gaza is functioning.

The electricity cuts have disrupted food security by affecting refrigeration, crop irrigation, and crop incubation devices, consequently harming various livestock, including poultry, fish, and other commodities. The lack of access to feed and damage from the airstrikes have impacted farmers: many breeders, primarily small-scale ones, have reported substantial losses. Farmers are losing their crops in agricultural lands east of Khan Younis and other locations²¹. WFP has reported that stocks of essential food commodities are sufficient for only two weeks, but these are stored in warehouses in Gaza which are difficult to access: only four or five days of stocks are available in the shops.

As a coping strategy, families have reported to have decreased the number of meals eaten each day from three to one. Women and children, especially pregnant and lactating women, are therefore at a higher risk of under or malnutrition, which may have a negative effect on their immune system, leaving them more susceptible to contracting maternal nutrition related illnesses such as anaemia, pre-eclampsia and haemorrhage, which increases risks of maternal mortality. Lack of access to

baby food and enriched formulas in besieged hospitals raises concern about survival of the newborns in the catastrophic conditions, which were already at risk due to the compounding negative effects of the blockade.

Water Sanitation and Hygiene (Wash)

After the Hamas attack in Israel, Israel imposed a total siege of Gaza, cutting off water and electricity. This has catastrophic humanitarian effects: the current average water consumption is estimated at three litres per day per person for all needs, including drinking, cooking, and hygiene. There have been reports of the population consuming water from unsafe sources putting them at risk of infectious water-borne disease outbreak²². Hostilities have also damaged water and sanitation facilities. At least six wells, three water pumping stations, one water reservoir and one desalination plant, serving over one million people, were damaged have been damaged so far²³. In some DES, UNRWA has been forced to ration potable water to only one litre of water per person per day. The minimum international daily standard is 15 litres²⁴.

A multi-sectoral gender analysis from the 2021 escalation reported that WASH circumstances are often gendered within the household. Female members are responsible for maintaining hygiene and cleanliness in the household, so they will often suffer the most when water is limited. Additionally, the limited hygiene supplies in local markets and coming into Gaza exposes women and girls to diseases and infections, while also challenging their dignity. Inadequate access to toilets, bathing spaces, and laundering services will impact women mentally and socially, especially during menstruation. Overcrowding in shelters has also contributed to limited privacy for women and girls, who are forced to queue for a long time to access the few bathrooms and toilets available to even change clothing. As a coping strategy, many have decreased the number of times they take a shower to once a week.

'It's very difficult to manage my menstruation in these conditions, I can smell myself and I am avoiding being close to people'

(Displaced female in the Emergency Shelter)

Shelter

As of 21 October, 42% (164,756) of housing units in Gaza were reported destroyed or damaged. The Gaza Ministry of Public Works reported the destruction of 15,100 housing units and the rendering of 10,656 housing units uninhabitable. Another 139,000 housing units suffered minor to moderate damage²⁵. This has caused displacement to about 1.4 million Gazan population with 527,500 of them staying in the Designated Emergency Shelters (DES). Overcrowded shelters have very limited supplies of food, drinking water, hygiene, and cleaning supplies. These dire conditions, compounded by conflict-related trauma, have started to fuel tensions among IDPs, resulting in some fights breaking out among men²⁶. The increasing flow of displaced people and a shortage of

available spaces has resulted in a large number of displaced populations sleeping outside in the school yard and on the streets.

The loss of shelter is experienced differently by men and women-headed households. The inability to provide shelter for the family and living in overcrowded spaces has a negative impact on the dignity of men. It is a source of immense distress experienced by men that is likely to increase tensions at intrafamilial and interfamilial levels, thus making shelters more insecure. The negative impact of overcrowding and insecurity is also experienced by female headed households who have already experienced high levels of marginalization and specific risks in the Palestinian patriarchal society. They now face elevated risks of GBV stemming from the lack of male guardianship and protection²⁷.

Protection

Safety

As of 21 October, 4,651 individuals have been killed, 62% being women and children with 32 UNRWA staff and personnel among the fatalities with 18 others injured. About 1.4 million individuals have been displaced, losing their homes, and forced to seek shelter in the UNRWA Designated Emergency Shelters, including frontline workers²⁸. Increased tension amongst the male population, including in the shelters, has resulted in numerous fights. Additionally, only men and boys are leaving the shelters to seek basic supplies for their family, which increases their risk of conflict-related injury or death. Shelters themselves remain unsafe due to indiscriminate attacks at civilian sites, including hospitals, mosques, and schools.

‘Nowhere is safe in Gaza. Being here offers a sense of safety but that doesn’t mean it’s completely safe. there’s no safety and security due to the frequent strikes coming everywhere’

(Displaced UNRWA staff seeking shelter at the UNRWA Logistic Base in Rafah)

Due to overcrowding in the emergency shelters, men are sleeping outside to maximize inside space, for women and children. However, the risk of building damage due to strikes increases the risk of fatalities among women and children; while men staying in the outdoor spaces are more exposed to missile strikes. Since the beginning of the escalation, nearly 221 IDPs sheltering at UNRWA facilities have been injured with 15 others killed²⁹.

Gender-Based Violence

The displacement of the population, breakdown of reporting structures, limited functional helplines due to the unreliable phone network, and the unavailability of staff outside of DES, has impacted Gender Based Violence (GBV) case reporting. As a result, clear data on GBV trends is currently unavailable.

However, UNRWA is still providing GBV services in the DES, including for Intimate Partner Violence (IPV) and psychosocial support.

Despite the lack of clear GBV data to analyse the current trends in Gaza, it is well established that armed conflict exacerbates GBV including Sexual Exploitation and Abuse (SEA) particularly for women and girls. This, in addition to pre-existing gender inequalities, gender discrimination, and the ‘normalization’ of GBV before the crisis, compounded by the general breakdown of the rule of law and social structures during conflict, as well as social shame and stigma accompanying GBV, especially instances of sexual violence, all contribute to increased GBV³⁰.

Overcrowding, resulting in general lack of safety and privacy, carries elevated risks of domestic violence due to intrafamilial tensions, which puts women and children at particular risk; anecdotal evidence suggests an increase in household tensions. To mitigate the identified risk of GBV associated with overcrowded emergency shelters, girls are recommended to walk in groups in the yards and to Water Sanitation and Hygiene (WASH) facilities or are accompanied by an adult both during the day and night.

Although UNRWA is still offering GBV services in the form of psychosocial support and social work interventions, including case management for GBV and Child Protection, these services are not offered in the non-Designated emergency shelters, as well as in the North and Central of Gaza, where staff have been displaced. As a result, women and girls have difficulty in accessing the already limited GBV and protection services. This, coupled with the restrictions on the movement due to the security concerns, further limits access to some of the GBV services, including but not limited to Clinical Management of Rape.

Child Protection

The escalation has resulted in 1,873 child deaths to date, 4,300 injured children and thousands more missing.

Schooling has been disrupted for more than 600,000 children in Gaza, increasing their risk of abuse, neglect, and violence. Education facilities have been struck directly or damaged by the airstrikes. Moreover, children who are orphaned because of the conflict will be particularly susceptible to abuse and neglect.

‘Children are no longer thinking as children, they are forced to identify the dead bodies of their mothers or fathers. They are the real narrators’

(UNRWA staff member in charge of the Area Emergency Operation Room - South of Gaza)

Parents have reported concerns about the mental state of their children with children having been uprooted from their homes, their schools, and their normal familial life. Children are constantly afraid and experience high levels of anxiety

during sirens and bombings, causing parents to worry about their emotional well-being and mental health, both now and in the longer term.

In 2021, 23% of all registered marriages included girls under 18 years of age. The North governorate of Gaza accounted for 33.2% of registered child marriages³¹. Increases in child marriage are associated with poverty related to large family sizes. Accordingly, it is predicted that the exponential increase in poverty caused by the escalation in Gaza will exacerbate child marriage, which is used as a coping mechanism for parents who are already struggling with limited resources for their families. Furthermore, child marriage may also increase when applied as a protective mechanism to shield young girls from the risks of sexual violence from strangers, with risks particularly high in the overcrowded shelters³².

Recommendations

Overarching Recommendations

1. Collect and analyse sex, age, and disability disaggregated data on the impact of the escalation as well as response. Ensure to include disability status and follow the do no harm principles. Disaggregated data is required for more targeted and effective programming especially for groups most at risk such as people with disability, pregnant women, post-natal women, women-headed families, and children.
2. Targeted Non-Food Items (NFI) should be distributed, including dignity and hygiene kits, baby kits for the newly born, adult diapers for persons with disabilities, blankets, and warm winter clothes.
3. Apply a participatory approach that includes regularly consulting women, men, boys, girls and persons with disability to understand the different preferences and concerns they have such as time for distribution and priority non-food items and food. Ensure women and girls are consulted and take on meaningful decision-making and leadership roles in the response activities.
4. Strengthen communication with diverse groups within the community to including on available channels to report abuse and violence including Prevention of Sexual Exploitation and Abuse Prevention of Sexual Exploitation and Abuse (PSEA), GBV and Child Protection.
5. Ensure a diverse representation in the shelter management committees and ensure that women and persons with disabilities are represented.
6. Advocate for the Rafah border to be open for continuous food and non-food humanitarian supplies into Gaza.
7. Targeting criteria should be communicated clearly to avoid tensions and mitigate the risk of the targeted groups from being attacked.

Health

1. Advocate to maintain all critical services and supplies for Sexual Reproductive Health and Rights (SRHR) (including long-acting reversible contraceptives); and provide information to women and adolescent girls on how to access these.
2. DES health personnel should prioritize delivery of the most needed medications and treatments; monitor potential contagious disease outbreaks; and deliver preventative measure.
3. Strengthen prenatal and post-natal care, including screening of pregnant mothers and infants and making appropriate referrals across sectors for support. Ensure continuous support is provided to post-natal women after giving birth such as provision of necessary NFIs for the babies.
4. Advocate for connectivity networks to be restored so remote mental health services can be offered from the West Bank through toll-free lines.
5. Provide a mechanism to ensure frontline workers, including social workers, access mental health support themselves.

Wash

1. Provide filters and/or chlorination tablets to the displaced population to minimize the risk of water-borne diseases caused by drinking unpurified water.
2. Map potential water points to improve safe access to potable water since women and girls are primarily responsible for collecting water and maintaining hygiene in the home.
3. Continually maintain and repair the overburdened latrine and bathing facilities given the high population ratio to facilities.
4. Provide volunteers in the DES with protective equipment for cleaning and cleaning material such as gloves, soap, and brooms etc.
5. Ensure people with disabilities and older persons have the necessary equipment and facilities to maintain their hygiene.
6. Due to changes in privacy for women and adolescent girls, prioritize menstrual hygiene management, ensure women and girls have ongoing access to appropriate products and have safe and dignified ways to clean and/or dispose of them.

Food Security

1. Target the most vulnerable populations such as pregnant women and older persons, children, and person with disabilities with life-saving food assistance. Additionally, ensure food provided does not require long cooking time due to the shortage of water and fuel.
2. Consult women when planning food delivery modalities, so they integrate safety, accessibility, and non-discrimination considerations.
3. Consider setting up communal kitchens so the displaced population can cook food centrally to reduce the risk of fire incidents in the shelters.
4. Integrate gender and protection in cash-based interventions and target the most vulnerable individuals.

Shelter

1. Ensure that the most vulnerable households, including female-headed households, have access to the shelters and do not sleep outside.
2. Establish a representative shelter management committee to identify and address the needs of the different groups in the community; and mitigate rising tensions within and between groups.

3. Integrate gender and protection in shelter management and maintenance, including ensuring proper lighting and locks in the WASH facilities and yards.

Protection

1. Prioritize GBV and child protection services as critical and devote dedicated resources to adapt responses to address new restrictions in movements and access to services.
2. Carry out GBV safety audits in collective shelters to ensure safe access and movement for women and girls.
3. Ensure women, girls, men, and boys have information on how to access available Protection services, especially if/when changes occur in referral pathways or regular points of access for these services have closed.
4. Provide clear messaging to the affected population on protection risk and mitigation strategies.
5. Engage IDP Local Committees to facilitate some oversight of shelters to minimize the risk of GBV.
6. Ensure women, girls, men, and boys have information on the child protection services available and how to access these, including through targeted and child-friendly information for children.

¹ Ministry of Health in Gaza.

² Ibid.

³ OCHA [Hostilities in the Gaza Strip and Israel | Flash Update #15](#).

⁴ Ibid.

⁵ Ibid.

⁶ World Bank Group, [Gender Based Violence in Fragile, Conflict, and Violence \(FCV\) Situations](#).

⁷ UN Women, [Policy Brief no. 4, The Care Economy in Palestine](#), based on the report *Progress of Women in the Arab States 2020: the role of the care economy in promoting gender equality* by UN Women and ILO. According to the UN Women study, Palestinian women, even before the crisis, used to spend eight times more hours on unpaid domestic work than men (20.3 versus 2.6 hours per week). Source: [UN Women, A Feminist Economic Analysis of COVID-19 Impact on the Palestinian Economy, 2021](#).

⁸ Palestinian Central Bureau of Statistics (PCBS), *Average Time Spent on Various Activity for Persons Aged 10 Years and Above by Sex in Palestine for Selected Years (2015)*, available here: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/time%20use%204.htm.

⁹ Jennifer Caputo, Eliza K. Pavalko, and Melissa A. Hardy,

[The Long-Term Effects of Caregiving on Women's Health and Mortality, Journal of Marriage and Family, 2016 Oct; 78\(5\): 1382–1398.](#)

¹⁰ WHO EMRO | [Hospitals in the Gaza Strip at a breaking point, 12 October.](#)

¹¹ UNRWA <https://www.unrwa.org/resources/reports/unrwa-situation-report-10-gaza-strip-and-west-bank-including-east-jerusalem>.

¹² Source: IPPF, *Over 37,000 pregnant women at risk of life-threatening complications in Gaza*, published on Reliefweb on 13 October 2023.

¹³ OCHA [Hostilities in the Gaza Strip and Israel | Flash Update #12](#).

¹⁴ UNFPA, [Crisis in Gaza](#), updated on 16 October 2023.

¹⁵ Islamic Relief, *'On the brink: Gaza's youth are turning to suicide amid growing desperation'*, published on Reliefweb on 30 November 2020.

¹⁶ Ibid.

¹⁷ PBS, [Presents the Main Findings of Labour Force Survey in 2022](#).

¹⁸ OCHA, *'Deterioration in the mental health situation in the Gaza Strip'*, *The Humanitarian Bulletin | August - September 2020*.

¹⁹ World Food Programme (WFP), *Palestine overview*, access here: <https://www.wfp.org/countries/palestine>.

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²¹ OCHA [Hostilities in the Gaza Strip and Israel | Flash Update #14](#).

²² OCHA [Hostilities in the Gaza Strip and Israel | Flash Update #12](#).

²³ Ibid.

²⁴ [Hostilities in the Gaza Strip and Israel | Flash Update #13 | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory \(ochaopt.org\)](#).

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²⁷ PUN Women, [Facts and figures: Women and girls during the war in Gaza | UN Women – Headquarters](#), 20 October 2023.

²⁸ Ibid.

²⁹ UNRWA SitRep.

³⁰ World Bank Group, [Gender Based Violence in Fragile, Conflict, and Violence \(FCV\) Situations](#).

³¹ GBV Sub cluster in Gaza.

³² UNRWA GBV research on social norms conducted in 2023 (unpublished) confirms that child marriage in Palestine communities is often seen as a way of protecting girls.



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communications division
unrwa jerusalem
po box 19149, 91191 east jerusalem

t: jerusalem (+972 2) 589 0224, f: jerusalem (+972 2) 589 0274
t: gaza (+972 8) 677 7533/7527, f: gaza (+972 8) 677 7697

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