

OCCUPIED PALESTINIAN TERRITORY (oPt)

PROTECTION ANALYSIS UPDATE

March 2022

**Thematic Focus: Protection issues affecting
women and girls**

1. REPORT SUMMARY

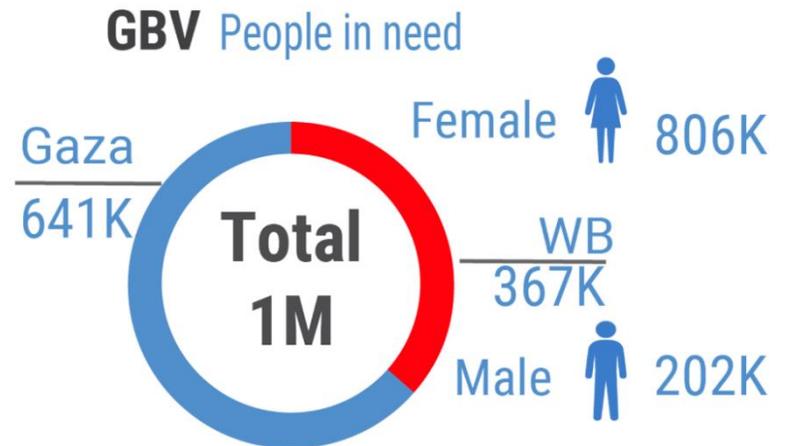
Women and girls in the occupied Palestinian territory (oPt) are facing increasing and disproportionate impacts of the worsening humanitarian and security situation, which is resulting in an increase of civilian casualties and protection risks, deprivation of freedom of movement and forced displacement. Data shows that gender-based violence (GBV) is one of the main risks exacerbated by COVID-19 restrictions and recent resurgence of violence. Women and girls feel unsafe due to the high levels of GBV, and adolescent girls in particular are at high risk of early marriage and school dropout.

Despite increasing protection needs, humanitarian access to affected populations continues to be restricted in some areas, particularly to women, girls and persons living with disabilities, which may force vulnerable households to adopt negative coping strategies and increase burdens on female headed households in particular.

Life-saving GBV services are extremely limited – and access to these services is further restricted due to limitations on movement and measures related to the COVID-19 pandemic – with the result that those who experience GBV are not able to access quality care and support to recover.

This protection analysis is focused on protection issues affecting women and girls across the oPt. It will be updated around twice each year, with additional in-depth protection analysis carried out by the Protection Cluster and GBV Sub-Cluster (GBV SC). As such, the below identified threats are not exhaustive and attempt to capture, as a priority, the issues that the GBV SC and its partners are working on, and activities prioritized.

2022 oPt
Humanitarian Needs Overview | Humanitarian Response Plan



Methodology

This analysis is guided by the Global Protection Cluster’s Protection Analytical Framework, which seeks to identify threats, their impact on the population and capacities available to mitigate these.

Use of secondary data and analysis inputs from the GBV Sub Cluster and its partners, as well as situational reports from OCHA and OHCHR.

Limitations:

Due to the fragile security situation in both Gaza and West Bank in recent months (since resurgence of violence in May 2021), compounded by the COVID-19 situation, many GBV partners have faced difficulties with gathering in-depth and reliable data.

Ongoing needs assessments, updated analysis of threats, impact and capacity, and design of responses to address these are pending.

Plans to roll-out the GBV Information Management System (GBV IMS+) in the oPt will harmonize and standardize systems for the collection, management, analysis, and use of data.

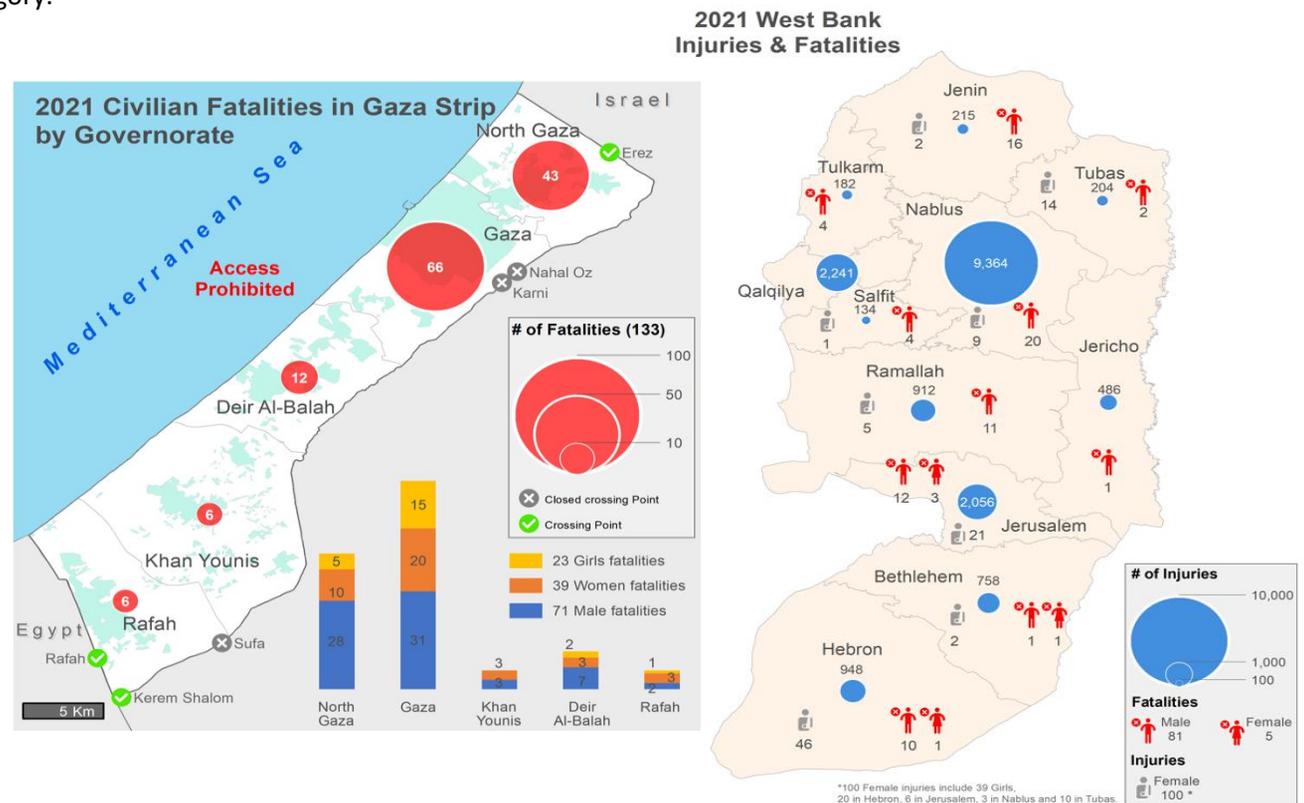
2. CONTEXT OVERVIEW

At the end of 2021, the estimated total population of Palestine was projected to be 5.230 million, of which 2.57 million are women and 2.66 million are men; In the West Bank, 1.53 million women and 1.60 million men, in Gaza 1.04 million women and 1.07 million men. Owing to women’s longer life expectancy, there are more older women than men (aged 65 years and above), with 54.4 per cent women and 45.6 per cent men in that age category.

In 2018, the percentage of female-headed households was at 11 per cent: 12 per cent in the West Bank and 9 per cent in Gaza Strip. Households headed by women tend to be poorer and more vulnerable. In general, the poverty rate for women in Gaza is about four times higher than for women living in West Bank. Women with disabilities tend to be the most economically marginalized, suffering from employment discrimination, often compounded by accessibility constraints. The low participation rate for women in the formal sector is largely due to the gendered division of labour and traditional social norms, whereby women are perceived as primary caregivers and men as breadwinners. Settler violence, check-points and other movement restrictions stemming from the military occupation constitute additional obstacles for women to access employment opportunities.¹

Protection crisis

A large number of women and girls impacted by the effects of conflict and occupation, including the blockade of Gaza, are in need of humanitarian assistance. According to the 2022 Humanitarian Needs Overview², around an estimated 1million women and girls are in need of humanitarian assistance in the occupied Palestinian territory (oPt).



¹ A/HRC/46/63, para. 41

² <https://www.ochaopt.org/content/humanitarian-needs-overview-2022>

Humanitarian needs in the oPt continue to be driven by a protracted protection crisis that leave many Palestinians struggling to live their life with dignity. This crisis is characterized by more than 53 years of Israeli military occupation, lack of respect for international humanitarian and human rights law, legal fragmentation deriving from internal Palestinian political divisions, and recurrent escalations of hostilities between Israel and Palestinian armed groups.

The Israeli occupation, including the blockade of Gaze, poses severe challenges for the protection of women and girls. Women and families are disproportionately impacted by policies and practices including: High levels of ISF presence and violence in the West Bank including day and night search and arrest operations, as well as systematic vehicle inspections; Arrests and ill-treatment of children; Settler violence with disadvantaged rural women increasingly exposed to violent acts by settlers³; Home demolitions continuing at a high rate resulting in forced evictions and displacement of entire families, severely increasing the vulnerability and impacting the safety and wellbeing of women and girls; and severe restrictions on the freedom of movement with repercussions including for access to health, particularly in Gaza.⁴

Women moreover face direct or disproportionate effects of violence at demonstrations, online, and in other public spaces by all duty-bearers and by non-state actors in the oPt. Most recently, gender-based targeting of women and Women Human Rights Defenders took place by Palestinian Security Forces during demonstrations in the West Bank between June and August 2021. OHCHR documented numerous cases of physical attacks against women activists, journalists and by-standers, as well as being subjected to threats with sexual connotations, and other sexual violence and harassment.⁵

³ Concluding observations on the initial report of the State of Palestine, CEDAW/C/PSE/CO/1, para. 42

⁴ Committee on the Elimination of Discrimination against Women (CEDAW), Concluding observations on the initial report of the State of Palestine, CEDAW/C/PSE/CO/1, para. 9

Recent studies have indicated that the political situation and insecurity, including threats of home demolitions, arrests and night raids in the West Bank and the aftermath of consecutive military assaults in Gaza, have had a significant impact upon mental health and psychological well-being. oPt has one of the highest burdens of mental disorders in the Eastern Mediterranean Region, with 47 per cent of Palestinian girls aged 6 to 12 years (compared to a higher 54 per cent of boys) presenting emotional and/or behavioural disorders. Especially in Gaza, there are reportedly high rates of anxiety and depression among women.⁶

3. PRIORITY PROTECTION RISKS FACING WOMEN AND GIRLS⁷

The two protection risks highlighted below and the driving forces behind these have been exacerbated in the past year, in particular due to the recent escalation in Gaza and the ongoing COVID pandemic. **These risks must be urgently addressed.**

Decades of Israeli occupation and the ongoing conflict in Gaza exacerbate the already existing risks of violence and discrimination that women face in Palestine, including domestic violence, sexual abuse and forced marriage. This violence and discrimination is underpinned by high levels of gender inequality, supported and promoted by the strong patriarchal culture in Palestinian society. This situation is compounded by the effects of the COVID-19 crisis, which has interfered with daily life with significant health threats and challenges to access services⁸.

⁵ A/HRC/49/83, paras 39-40

⁶ ESCWA socio-economic situation Report 2019, p. 23.

⁷ As identified in [August 2021 general oPt Protection Analysis Update](#)

⁸ <https://palestine.unfpa.org/en/gender-based-violence>

Protection Risk 1: Gender-Based Violence (GBV)

GBV remains a prevalent protection risk in the oPt, with the impacts of 2021 highly visible in the current situation and in demand for services. It is well documented that the COVID pandemic exacerbated the threat of violence due to extended lockdowns, financial pressures, and general anxiety at household level. The SAWA hotline⁹ reported a 70 per cent increase in calls after the beginning of lockdowns. The Gaza May escalation brought about a further deterioration.

Women and girls in the oPt face widespread and varied forms of GBV throughout their lives. No comprehensive law dealing with discrimination against women exists in the oPt.¹⁰ Moreover, the political and legal fragmentation between West Bank, Gaza, and East Jerusalem in itself poses a major obstacle to the realization of women's rights and protection of women and girls. At present, no laws specifically criminalize gender-based violence such as femicide, domestic violence, and sexual harassment, abuse, and assault.¹¹

In 2019, the Palestinian Central Bureau of Statistics (PCBS) conducted the latest survey on violence,¹² according to which, 29.4 per cent of (married or previously married) women between the ages of 18-64 have experienced violence in the 12 months preceding the survey – 37.5 per cent in Gaza and 24.3 per cent in West Bank.¹³ Of those, 56.6 per cent experienced psychological violence, 17.8 per cent physical violence, 8.8 per cent sexual violence, 32.5 per cent social violence, and 41.1 per cent economic violence, and 8 per cent experienced the

emerging issue of cyber violence. The review also looked into the experiences of non-married women (18-29 years old). It showed that 45 per cent of young women reported having experienced psychological violence and 16 per cent physical violence. The main coping mechanism remains keeping silent, although 41 per cent of young women know about existing services. With regard to girls, 74 per cent of girls below the age of 11 have experienced psychological violence, mainly by their caregivers, 62 per cent experienced physical violence and 18 per cent was a severe form of violence. Better disaggregated data is needed on women and girls with disabilities who are often more vulnerable and at a higher risk of being exposed to all forms of GBV.

Violence experienced by married or previously married women between ages of 18-64



When it comes to femicide, there are no official statistics on the prevalence and the issue is vastly underreported. However, femicide is increasing.¹⁴ In Gaza, there is a lack of systematic data collection on

⁹ One of SAWA's (GBV-SC partner) core programs is running a helpline which operates in all of the oPt and provides support and assistance, primary social and psychological counseling for women, children, and men who have been exposed to various forms of violence and abuse.

¹⁰ CEDAW, Concluding observations on the initial report of the State of Palestine, CEDAW/C/PSE/CO/1, para. 10.

¹¹ Femicide is the intentional killing of women or girls because of their gender.

¹² PCBS (2019), [Preliminary results of the violence survey in the Palestinian Society](#).

¹³ However, methodological flaws in the PCBS survey have been identified which do not allow for a reliable comparison. Moreover, the survey does not include child, early and forced marriage as a form of GBV.

¹⁴ WCLAC, "Parallel Follow-up Report Prepared by the Women's Center for Legal Aid and Counselling (WCLAC) and the Palestinian Non-Governmental Organizations Forum to Combat Violence Against Women (Al Muntada)", 2020, p. 6

femicide by the authorities and protection partners report difficulties in obtaining information. Recent annual reports by the UN High Commissioner for Human Rights on the situation in the oPt, reports that leniency and biased judicial practice contributes to social acceptance of crimes of femicides.¹⁵

Information from more recent assessments undertaken by GBV SC member organisations, as well as data drawn from programme and service delivery, confirms that women and girls in oPt face widespread and varied risks of GBV. This risk is exacerbated by conflict and displacement, for example in the aftermath of the escalation of hostilities in Gaza in May 2021.¹⁶

A rapid GBV assessment conducted jointly by the World Bank Group, the European Union (EU), and the UN after the hostilities in Gaza found that, based on preliminary data and lessons learnt from previous escalations, the May 2021 escalation exacerbated gender-specific risks and vulnerabilities and resulted in higher scale of humanitarian needs among women, girls, men and boys in Gaza.

The recent conflict and resurging violence in Gaza and the West Bank including Jerusalem since May 2021, has had a negative impact on caregivers' ability to meet basic needs of the family, which may lead

¹⁵ A/HRC/46/63, para. 32

¹⁶ Gaza Rapid Damage and Needs Assessment, June 2021, p. 55

¹⁷ Terre des hommes Foundation 2021: Rapid Needs Assessment in the Gaza Strip and West Bank including East Jerusalem

¹⁸ United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory 2020, "A crisis within a crisis: fighting GBV during COVID-19"

to GBV, including intimate partner violence and violence against children.¹⁷ Forced internal displacement of people further increases the threat of GBV as women and girls outside of their homes are more vulnerable. Further, both GBV shelters in Gaza were closed due to the bombardment and survivors were sent home and hence faced a double protection threat.

Protection Cluster partners saw a surge in reporting of GBV cases at the outset of the COVID-19 crisis, including reports of domestic violence and femicide. The Women Center's for Legal Aid and Counselling reported a 69 per cent increase in GBV consultations across the oPt in April, compared with March. According to SAWA, a NGO running a helpline in the oPt, calls related to abuse and violence also increased by 20 per cent on a weekly basis, between the last week of March and 9 April 2020.¹⁸ The pandemic and related infection prevention and control measures continue to limit freedom of movement of women and girls and thus their ability to manage GBV risk. For example, many women suffering from intimate partner violence are forced to stay at home with the perpetrator, and are unable to access relevant services.

Vulnerable/most at risk groups: Women and girls with disabilities, Bedouin women, internally displaced women and women and girls living in refugee camps are particularly at risk of violence.¹⁹ Moreover, divorcees, widows and abandoned women are particularly vulnerable because of the loss of social protection and are exposed to social stigma and high risk of violence²⁰. Bedouin women are in many cases physically cut off from employment prospects, leaving them with few options for supporting themselves

¹⁹ Report of the Special Rapporteur on violence against women, its causes and consequences, on her mission to the oPt/State of Palestine, [A/HRC/35/30/Add.2](#), p. 9.

²⁰ Islamic Relief: [Research](#) on how stigma makes Gazan women vulnerable to GBV, February 2021

financially and therefore more likely to marry and not report domestic violence if it means losing their only source of income.²¹ Internally displaced women suffer from a similar exclusion from the job market in addition to the fact that displacement and lack of access increases vulnerability to and instances of GBV. Women and girls in refugee camps are further exposed to violence due to their confinement to the household, which also isolates them from society and prevents them from accessing support and protection. Women and girls in communities impacted by conflict and displacement, including Gaza, Area C and East Jerusalem, are at particularly high risk of GBV, such as intimate partner violence, sexual abuse and forced marriage. These communities also tend to be characterized by limited availability of and access to multi-sectoral protection services.²²

A study undertaken by UNFPA in 2019 showed that women and girls with disabilities are the most vulnerable to all kinds of violence, compared with men and boys with disabilities and women and girls without disabilities.²³ Violence often occurs under the authority of a guardian or by family members themselves who in some cases perceive female relatives with disabilities as a dishonour to the family.²⁴ Women and girls with disabilities face different levels of vulnerability and marginalization, due to a combination of causes, such as stigma, prevailing culture, structure of service delivery and discriminatory attitudes. Their vulnerability is heightened by limited awareness, low educational attainment and educational exclusion,

²¹ Ibid

²² ESCWA socio-economic situation Report 2019, p. 24.

²³ UNFPA (2019), [Women and girls with disabilities: Needs of survivors of gender-based violence and services offered to them](#), pp. 5-6.

²⁴ Meeting with Medical Aid for Palestinians, February 2020

²⁵ Gender Justice Report, p. 14.

²⁶ A/HRC/46/63, paras. 27,64.

²⁷ Since the amendment of the Personal Status Law on 21 October 2019, the minimum age of marriage is 18 for all (in West Bank). However, Article 5 allows sharia courts and other religious authorities to grant exceptions to the minimum age of marriage. In Gaza, the minimum legal

age for marriage remains 17 for girls and 18 for boys. However a girl can marry at the age of 14 if a judge approves it as being in the child's interest.

lack of resources and dependence on others, who may lack adequate support or resources themselves.

Furthermore, women who lack or are denied access to legal and social protection services (such as shelters) include those who are already vulnerable such as women with disabilities, women accused of murder or other offences, or those who have involvement with drugs, selling sex or collaboration with Israeli authorities.²⁵ Other offences can include adultery or incest, and as highlighted in recent reports of the UN High Commissioner for Human Rights, these charges are discriminatory against women.²⁶ For women LGBTIQ, access is not always denied but certainly restricted, either directly or due to not being able to identify themselves as such due to security concerns.

Protection Risk 2: Child, early, and forced marriages (CEFM)

One of the forms of GBV that poses particularly high risks for adolescent girls is early and forced marriage²⁷. According to the strategy for addressing CEFM,²⁸ the prevalence of child marriages in Palestine is at 24 per cent of all marriages.²⁹ Although in general CEFM seems to be declining,³⁰ an increase has been identified in certain areas, particularly parts of Gaza and isolated parts of Area C and East Jerusalem. Recommendations have been made to the

age for marriage remains 17 for girls and 18 for boys. However a girl can marry at the age of 14 if a judge approves it as being in the child's interest.

²⁸ Wadi, A. (2020), Strategy for addressing CEFM in the West Bank and Gaza.

²⁹ In the Arab region, on average, one in five women are married before the age of 18. See UNFPA (2019), State of the World Population. Furthermore, in nearly 10% of marriages both spouses are under the age of 18 years old. See Report of the Special Rapporteur on violence against women, its causes and consequences, on her mission to the Occupied Palestinian Territory/State of Palestine, [A/HRC/35/30/Add.2](#), 8 June 2017, para. 39.

³⁰ 15% among women aged 20-24 in 2014 and approximately 11% in 2017. See PCBS (2014), Palestinian Multiple Indicator Cluster Survey and PCBS (2017), The Population, Housing and Establishment Census.

Palestinian Central Bureau of Statistics (PCBS) to provide an update on CEFM prevalence based on the raw data, which was obtained as part of the 2019 violence survey. In Gaza, three out of 10 women were married before the age of 18.³¹ Poor families in Access Restricted Areas (such as Khan Younis and Rafah), refugees and internally displaced people (IDP) are identified as communities where high rates of child/early marriage have been recorded.³² In West Bank and Area C, the highest prevalence of CEFM is recorded in the Jordan Valley (38%) and the southern part of the West Bank (35%). A higher prevalence rate was identified in villages and encampments (40%) compared to other localities.³³ In East Jerusalem, in communities where traditional marriage is predominant, more than one in three girls marry before the age of 18.³⁴ Girls and women married early are often at a heightened risk of gender-based violence.

Vulnerable/most at risk groups: Girls (15-17) in urban and refugee population who are living in camp settings and conflict affected areas; from internally displaced population; from poor communities; school dropouts; living in patriarchal conservative and faith based communities (Gaza, Hebron and East Jerusalem); from extended families (prone to endogamy); and from communities with high rates of polygamy.³⁵ Moreover, the risk of CEFM is exacerbated for girls in conflict and humanitarian crisis situations.³⁶

³¹ Compared to two out of ten women in the West Bank. See PCBS (2014), Palestinian Multiple Indicator Cluster Survey.

³² Wadi, A. (2020), Strategy for addressing CEFM in the West Bank and Gaza.

³³ Oxfam (2019), Addressing the Needs of Palestinian Households in Area C of the West Bank: Findings of the First Household Comprehensive Survey.

³⁴ Juzoor for Health and Social Development (2017), Empowering Women in Marginalized East Jerusalem Communities.

4. RESPONSE AND CHALLENGES



Partners in Gaza marking 16 days of Activism against GBV through different advocacy and virtual activities.

Photo©: GBVSC

4.1 Operational context including access issues

Specialized GBV services are limited in the oPt.³⁷ In 2020, UNFPA published a study³⁸ presenting the findings of research conducted on the access to and quality of services by survivors of GBV in Palestine and made the following recommendations to enhance this: increasing capacity in and quality of case management; improving the referral system across sectors; widening target groups to allow access to all survivors regardless of gender, age, ability, or social status; and policy actions and amendments to certain laws. There is a national referral pathway in place in Gaza and the West Bank (awaiting endorsement in Q1/Q2 2022). Recent reviews, such as the PSEA

³⁵ Wadi, A. (2020), Strategy for addressing CEFM in the West Bank and Gaza.

³⁶ See OHCHR (2019), Child, early and forced marriage in humanitarian settings, [A/HRC/41/19](#).

³⁷ ESCWA socio-economic situation Report 2019, p. 25.

³⁸ UNFPA (2020), "Seeking Protection: Survivors of sexual violence and their access to services in Palestine"

review of assistance to survivors³⁹ and a recent review of the clinical management of rape in oPt⁴⁰ also convey a need to advocate to fill gaps in services, build the capacity of partners to provide specialized and high quality services, with a strong focus on survivor's centered practices.

In the West Bank, as part of a joint UN Women, UNDP, and UNICEF programme⁴¹, the first '*One Stop Centre*' opened in Ramallah in 2017, housed in the same building as the Family and Juvenile Protection Unit of the Palestinian Civil Police. The Centre provides health, legal, referral and police protection services for women and girl survivors of GBV.⁴² Additionally, three shelters exist that support women in need of safe accommodation: the Mehwar Centre in Bethlehem, run by the Ministry of Social Development (MoSD); the Family Defence Society shelter in Nablus; and the WCLAC emergency shelter in Jericho. In Gaza, Al-Hayat Centre, managed by the Center for Women's Legal Research and Consulting with support from UN Women, and Beit Al Aman, run by the de facto authorities in Gaza, provide emergency shelter to women exposed to or at risk of GBV.⁴³ There is a gap in coordination between the two existing shelters in Gaza and a lack of funding is moreover affecting their capacity. Neither of the two shelters in Gaza accept women with a criminal record, substance abusers, women struggling with mental health disorders or LGBTQI+.

In 2018, UN Women conducted an assessment of the available shelters in the oPt.⁴⁴ Some common challenges identified were the stigma attached to the services, the extensive sheltering period in the emergency shelters (due to no other available options), limited data

and knowledge management, incomplete service provision, the exclusion of certain vulnerable groups of women e.g. women with disabilities due to lack of accessibility and LGBTQI persons, lack of sustainability and funding, and the poor utilization of the national referral system (which is not currently implemented in Gaza).⁴⁵

The oPt GBV SC and the Child Protection/MHPSS Working Group (CP/MHPSS WG) have adopted an initial two-year strategy (2020-2022) that provides a framework for joint advocacy on CEFM.⁴⁶ The strategy shows gaps in legislation and enforcement, i.e. while the minimum age of marriage was raised to 18 (in West Bank), the law allows exceptions for Sharia courts and other religious authorities and it lacks enforcement mechanisms to prevent CEFM. In Gaza, the minimum legal age for marriage remains 17 for girls, with exceptions allowed under Sharia courts.

Impact of May 2021 escalation in Gaza

The capacity to respond to threats was critically weakened by the recent conflict in May 2021. GBV in-person services in Gaza, such as GBV case management, legal aid, Psychosocial Support (PSS), and other community education and awareness raising activities were suspended. All governmental institutions were closed, including the safe shelter facility and the women's detention facility, exposing GBV survivors to further harm. Several GBV service providers, including frontline workers, were directly affected by the bombardments.

³⁹ United Nations oPt, 2020 "Development of Prevention of Sexual Exploitation and Abuse (PSEA) protocol for Victims' Assistance in the State of Palestine"

⁴⁰ UNFPA and PMRS, 2018. "Assessment of Clinical Management of Rape in oPt."

⁴¹ Sawasya Programme: <https://www.unwomen.org/en/news/stories/2017/8/feature-palestines-first-one-stop-centre>

⁴² ESCWA socio-economic situation Report 2019, p. 25; Gender Justice Report 2018, p. 14.

⁴³ ESCWA socio-economic situation Report 2019, p. 25.

⁴⁴ UN Women (2018), [Assessment of the services of anti-violence centres and shelters in Palestine](#), pp. 45-50.

⁴⁵ Ibid

⁴⁶ Wadi, A. (2020), Strategy for addressing CEFM in the West Bank and Gaza.

Impact of COVID-19 restrictions on service provision in oPt

Restrictions imposed during the COVID-19 crisis prevented the provision of in-person services. GBV service providers adapted their modalities to remote delivery, providing psychological consultations, expanding toll-free helpline services and rolling-out social media, radio and TV awareness campaigns.

However, these remote modalities have their limitations. The GBV SC in the West Bank reported that many women living in marginalized areas have no access to the internet, nor do they have phones. Furthermore, some women are not familiar with the technology used to communicate with their families or service providers. Women said receiving information on how to use mobile phones to access remote services is a priority.

○ Shelter

Shelter organizations reported that the gap in sheltering services for GBV survivors during COVID-19 contributed to the increasing number of life-threatening GBV cases. The government-run shelter in the Gaza Strip was closed and West Bank shelters were instructed to not admit new cases unless they underwent quarantine for 14 days, a challenge for shelters not set up to include quarantine facilities.⁴⁷ Additionally, some shelters do not admit unaccompanied youths below the age of 18 and there are moreover concerns about the impact of shelters potentially not having dedicated services for unaccompanied girls. The situation of girls in need of GBV and sheltering needs to be further highlighted and addressed.

○ Access to Justice

The closure of regular and Sharia courts, following the declaration of the state of emergency in Palestine, had a disproportionate impact on women's access to justice, particularly Sharia courts since they deal with personal status litigation including custody, maintenance and divorce cases; and even livelihood, alimony payments have not been issued for several months.

○ Detention

To ease overcrowding during COVID-19, women were released from prisons in Gaza and may have faced protection risks returning to live with extended families in potentially difficult and hostile environments. These risks were particularly acute as one third of women detained in Gaza are detained based on so called "moral misconduct" or sexual offences charges, leading to non-acceptance by families. There are no adequate protection measures to mitigate these risks and protection services have difficulty conducting outreach to these households.

○ Disabilities

A survey by Stars of Hope Society found that women and girls with disabilities in the West Bank and Gaza have not been contacted by any governmental institution regarding their needs during the COVID-19 crisis. This suggests women with disabilities are not adequately considered in governmental emergency plans. The survey also included several cases of women with disabilities who were cut off from MoSD cash assistance.

○ Stigma

Women may be hesitant to report violence due to a fear of stigmatization, particularly during the COVID-19 crisis. Women stated that it is a greater priority for them to maintain family relationships

⁴⁷ United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory 2020, "A crisis within a crisis: fighting Gender-Based Violence (GBV) during COVID-19"

and well-being during this crisis, than to protect themselves from violence. Stigma towards women in quarantine centres was a particular concern during the beginning of the pandemic.

4.2 GBV SC partner responses and capacities

To address the specific needs of women and girls within the humanitarian context in the oPt, the GBV SC is enhancing and supporting provision of multi-sectoral face-to-face and remote services, including case management, psychosocial support, cash and voucher assistance, dignity kits, legal aid, emergency medical care (through coordination and referral), and outreach around these services.

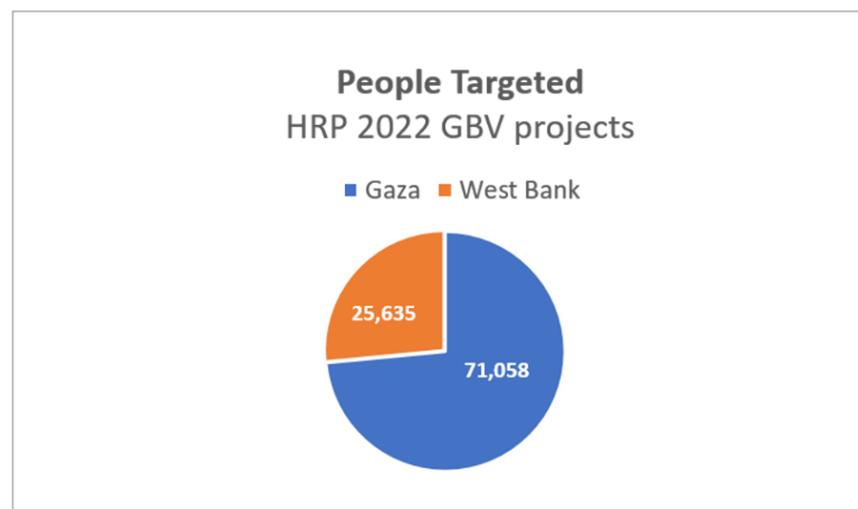
Through the GBV SC, plans are in place for organizations to work collectively in 2022 to **build national capacity on case management for GBV survivors**, with a strong focus on increasing knowledge, skills, and sustainability of GBV case management services in oPt.

*In 2022, GBV actors will focus on expanding service delivery and offering high quality multi-sectoral services for the **most vulnerable groups**, especially women and girls with disabilities, groups excluded or restricted from access to shelters, and female-headed households. They will work closely with other Clusters, in particular CP/MHPSS WG and Health Cluster, and continue to use health and psychosocial support services as the best entry point for GBV survivors to access care and support.*

Efforts will continue to strengthen data collection and analysis of GBV trends and gaps, update referral pathways, and facilitate

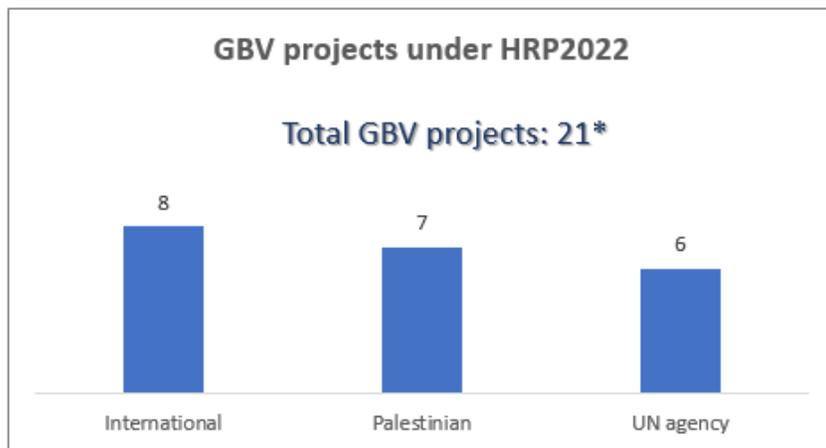
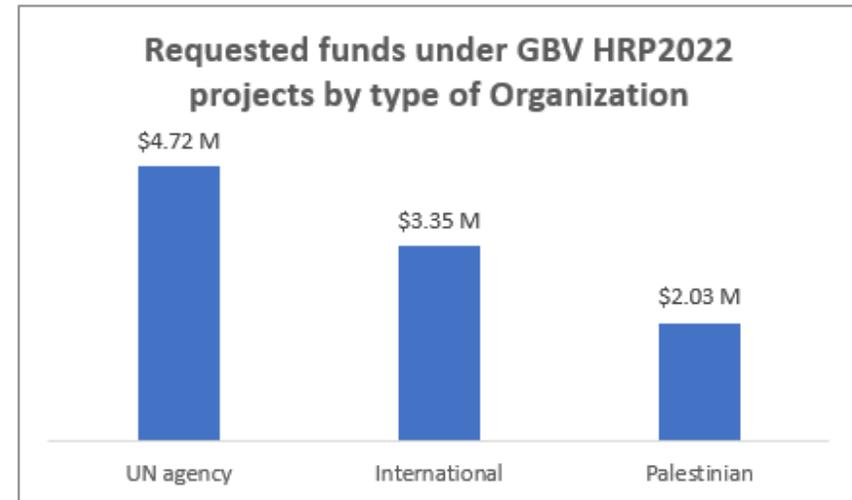
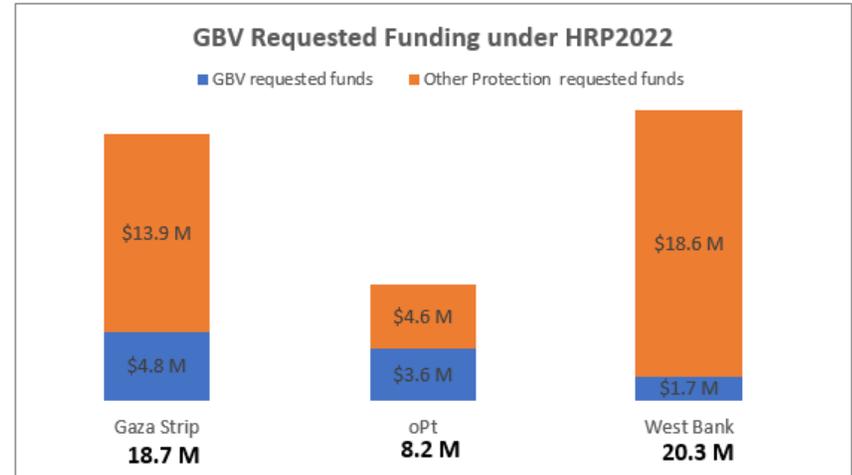
coordination between government and non-government service providers. This includes plans to **roll-out the GBV Information Management System (GBV IMS+) in oPt**, to harmonize and standardize systems for the safe and ethical collection, management, analysis, and use of data for GBV service provision and coordination. In addition, self-care and stress management support will be provided to first responders, with capacity-building for both GBV and non-GBV specialists to ensure essential, life-saving services are available, accessible, and in line with minimum standards.

Partners will also be aiming to ensure access to Cash and Voucher Assistance to reduce risks of GBV for women and girls.



The GBV sector in oPt is underfunded.

In 2021, only 27.4% of oPt GBV sector requirements were funded. This is compared to 63.8% for the Protection sector, and 80.3% for Humanitarian overall. As a consequence, the sector lacks funding for GBV high-quality multisectoral services to GBV survivors, GBV humanitarian coordination, and GBV information management, with the result that those who experience GBV are not able to access quality care and support to recover.



* HRP2022 projects on GBV or with GBV components, including CP/MHPSS and multisectoral projects

5. RECOMMENDED ACTIONS

Humanitarian needs

- High need for high quality provision of multi-sectoral face-to-face and remote specialized services, including case management and referral, sheltering services, legal aid and representation, psychosocial support (including to frontline workers), cash and voucher assistance, dignity kits, legal aid, emergency medical care (through coordination and referral), and outreach to empower GBV survivors to access specialized care and support.
- Increased focus on internally displaced women and girls and women and girls with disabilities, through the provision of dignity kits, protection information, and cash and voucher assistance for GBV survivors as part of GBV case management.
- Development of a contingency plan to respond to GBV during emergencies. The National Referral System¹ sets out procedures during normal times, yet it is crucial to have a Standard Operating Procedure (SOP) for emergencies, aligned with the National Referral System.
- Need for updated Referral Pathways and Standard Operating Procedures, aligned with the expected updated National Referral System, inclusive of both Prevention of Sexual Abuse and Exploitation protocols and women and girls with disabilities.
- Need for GBV mainstreaming in the humanitarian response by increasing coordination on GBV among the Humanitarian Clusters, and strengthening national and community-based systems that prevent and mitigate GBV.

Advocacy Messages

Messages targeting the Government authority:

- Establish a national network for the protection of women and girls in times of conflict, to provide specialized, equipped shelters responsive to the needs of women, girls, persons with disabilities, and LGBTQI+ persons in accordance with Security Council Resolution 1325 and international laws and conventions on the protection of women and girls in conflict areas.
- Call for a review of government plans and interventions during an emergency, specifically the Rapid Response Plan for the social sector, to ensure interventions protect the rights of and respond to transgressions faced by vulnerable women and girls, including women and girls with disabilities.
- Advocating for the endorsement and effective enforcement of the Family Protection Bill, to prevent and combat GBV in all its forms and to protect and ensure that women and girls in the occupied Palestinian territories can fully enjoy their human rights. Immediately repeal discriminatory legislation, in consultation with national GBV actors and civil society, to ensure full and adequate protection of women and girls across the oPt.
- To ensure equal and non-discriminatory access to specialized services for GBV survivors, including women and girls with disabilities and LGBTQI+ persons, including sheltering, legal and judicial services guided by GBV guiding principles set out in the GBV Minimum Standards and based on the principle of doing no harm to GBV survivors.

Messages targeting donor and humanitarian aid communities:

- Advocate for the endorsement and effective enforcement of the Family Protection Bill, to prevent and combat gender-based violence in all its forms to protect and ensure that women and girls in the occupied Palestinian territories can fully enjoy their human rights. Immediately repeal discriminatory legislation, in consultation with national GBV actors and civil society, to ensure full and adequate protection of women and girls across the oPt.
- Increase the availability and accessibility of life-saving highly specialized services both in West Bank and Gaza for GBV survivors, including promoting community awareness about how and where to access services.