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After the May 2021 Escalation: A Multi-Sectoral Gender Needs Assessment in the Gaza Strip

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Acronyms

AWRAD	Arab World for Research and Development
CPI	Consumer Price Index
FGDs	Focus Group Discussions
GBV	Gender Based Violence
GMR	Great March of Return
IASC	Inter-Agency Standing Committee
IDPs	Internally Displaced People
MHPSS	Mental Health and Psychosocial Support
MIRA	Multi-Cluster/Sector Initial Rapid Assessment
NFIs	Non-Food Items
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	The Office of the United Nations High Commissioner for Human Rights
PCBS	Palestinian Central Bureau of Statistics
PCDCR	The Palestinian Center for Democracy & Conflict Resolution
RGA	Rapid Gender Assessment
SGBV	Sexual and Gender-Based Violence
UN	United Nations
UNIFEM	United Nations Development Fund for Women
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNW	United Nations Women
WASH	Water, Sanitation and Hygiene

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EXECUTIVE SUMMARY

On 13 April 2021, the beginning of the fasting month of Ramadan, unrest began in East Jerusalem after the Israeli authorities installed metal barriers outside the Damascus Gate, blocking access to a public area for Palestinians. Although relative calm was restored with the removal of the metal obstacles on 25 April, tensions were also heightened by the Israeli authorities' imminent eviction of four extended Palestinian refugee families from their homes in the Sheikh Jarrah neighbourhood, located in occupied East Jerusalem. The United Nations Office of the High Commissioner for Human Rights (OHCHR) has stated that the evictions, if ordered and implemented, would violate Israel's obligations under international law. Palestinians held daily protests in Sheikh Jarrah in support of the families, triggering confrontations with Israeli settlers and Israeli security forces. Between 7 and 10 May, widespread clashes erupted across East Jerusalem, particularly around the Al Aqsa Mosque and the Damascus Gate. The heavy Israeli security presence amidst a large number of worshippers contributed to the tensions.

Palestinian armed groups in the Gaza Strip exchanged rockets with the Israeli army on 10 May in response to the unrest in East Jerusalem. Israeli forces carried out a large number of airstrikes. The hostilities continued for 11 days. According to United Nations human rights experts, the firing of missiles and shells by Israel into heavily populated areas of Gaza, particularly with the high civilian toll and severe property destruction, constituted indiscriminate and disproportionate attacks against civilians and civilian property, likely violating the laws of war and constituting a war crime. A ceasefire reached between Israel and Palestinian armed groups, entered into force on 21 May 2021 and has since held.

Against this backdrop, United Nations Women initiated this gender assessment of the impact of the May 2021 Israeli escalation and the resulting humanitarian crisis on women, girls, men and boys in the Gaza Strip. This assessment builds on the premise that people of different ages and genders experience conflict-related crises differently. As a result, their respective responsibilities and priorities are often dissimilar. The differentiated gender roles, needs, rights, and power relations between women and men influence their experiences with conflict, their coping methods, and priorities. Understanding these distinct experiences is key to the design and implementation of gender-responsive and rights-based humanitarian action. Highlighting sector-specific and multisectoral gender needs and priorities is also important to ensuring that humanitarian action is gender-responsive and equitable.

This assessment sought to address the following thematic areas: gender-specific needs and priorities in alignment with the existing humanitarian cluster focus; types of multisectoral gender needs for different groups post-crisis including women IDPs, widows, people with disabilities and adolescents; understanding how gender roles, power relations, and positioning between women and men determine their respective experiences of conflict, their coping methods, and their capacities or agency; access to services during and in the aftermath of the crisis and to what extent those services were gender-responsive; and gender-related protection concerns during displacement and in the aftermath of the crisis. To achieve that, this assessment adopted an intersectional approach taking into consideration the differences among groups of women, girls, men and boys, as well as various age cohorts. The assessment concludes with gender-focused recommendations for governmental and humanitarian actors.

This gender assessment of the 2021 Israeli escalation drew on existing resources, as well as quantitative and qualitative data which were provided the primary data and information for the analysis. A desk review was conducted of secondary data and information on the humanitarian crisis and responses generated

Photo: UN Women/ Samar Abu Alouf

by United Nations humanitarian actors and other relevant governmental and non-governmental actors. This was complemented by primary data collection and information gathered through:

- A questionnaire/survey administered with a representative sample of populations from the different conflict-affected areas, including displaced communities and communities affected by house demolitions (1,100 female and male respondents);

- Seven focus group discussions with women, men, boys and girls in different localities and with different personal characteristics (age, marital status, gender, location); and

- 25 individual in-depth, semi-structured interviews; 12 with women, men, boys and girls from the affected population, and 13 key informant interviews with representatives from women's organizations, governmental actors and humanitarian clusters.

The research team collected qualitative data starting in mid-June 2021. The research team had obtained a permit from the relevant authorities in Gaza to field the survey 45 days after the end of the escalation and immediately moved into the field for primary data collection. The dates for the survey spanned from 6 to 30 July 2021.

Understanding the humanitarian impact of the latest escalation in the Gaza Strip within the context of previous wars is essential. The Strip extends over a relatively small area of land, with a very high population density. As such, any military action will undoubtedly affect a large percentage of the population. Indeed, many Gazan victims of the 2008/2009 war on Gaza were victimized again in 2012, 2014 and 2021. Psychological trauma was reinforced with each successive attack with little time for recovery. Similarly, the gender-specific consequences of the previous wars were further exacerbated by the May 2021 war, which added to and worsened the situation for women all over the Gaza Strip.

Available data, cited throughout the report, reveal that the 11-day 2021 war had relatively less impact than the 51-day 2014 war as measured by average daily damage. While in the 2014 war 3,157 homes were damaged per day, in the 2021 war 1,554 homes were damaged per day. In addition, the 2014 war resulted in 44 deaths per day, while the 2021 war resulted in 22 deaths per day.

The households included in the assessment were victimized in one way or more. The vast majority (81 per cent) reported the complete (10 per cent) or partial (71 per cent) destruction of their homes.

According to data published by the Shelter Cluster (July 2021), 60,071 housing units were impacted by the latest war (1,255 totally destroyed, 918 severely damaged and 57,989 partially damaged). Reflecting previous research findings, the majority of these homes (89 per cent) are legally owned by a male family member, while 7 per cent are reported to be owned by one or more female family member. In 1 per cent of the cases, the home was jointly owned by a male and a female member. Just 2 per cent were rented and 1 per cent were built on government land.

Although the May 2021 war did not last as long as previous wars, the level of displacement resulting from the latest war was similar, with 77 per cent of the heads of households reporting having been displaced according to the present survey. At the time of the survey (45 days after the war), as many as 10 per cent continued to be displaced. A majority (54 per cent) had been displaced but had returned to their homes after one day or more. The remaining 13 per cent were displaced but returned to their homes within 24 hours. Female-headed households reported a higher rate of displacement (88 per cent) than male-headed households (77 per cent).

The varying levels of continued displacement, wherein people return to the original place of residence, are correlated with the coping mechanisms utilized by the households. In general, while men and women survey participants tend to have similar answers on coping with displacement, women report a slightly lower rate of resorting to shelters than men (14 per cent compared to 18 per cent). At the same time, women tend to stay closer to home than men. Whereas 11 per cent of women report that they stayed with neighbours or in the remains of their damaged house, only 7.5 per cent of men had the same response. When the data is disaggregated by the head of household, slight differences are noted. Female-headed households tend to stay in the remains of their damaged homes at a higher rate than male-headed households (7.5 per cent compared to 2.8 per cent). While at the same time, female-headed households tend to report higher rates of staying in the street than male-headed households (2.5 per cent to 1 per cent), all household heads report the same level of use of shelters. A paradox is noted when analysing these results by age of participant. While younger heads of households report displacement at a much lower rate than older heads of households, they report that they are still displaced at a much higher rate at the time of the survey.

Testimonies of the displaced reveal the complex and controversial nature of the use of schools as shelters. The decision to seek shelter in schools is clouded by layers of factors and, for some, is informed by previous experiences and personal considerations. The motivations to move into a shelter are many, and to some families the advantages of sheltering in a school outweigh the disadvantages resulting from the excruciatingly poor conditions described by some research participants. The most important considerations are finding safety from imminent danger, securing basic needs (especially food) and qualifying for future assistance. For children, the feeling of safety in schools outweighs any other considerations. The qualitative data revealed that the school shelters were limited in terms of preparedness, resources, and services, and suffered from countless problems including crowding, noise, fighting, rumour spreading, and violence as well as few hygiene and sanitation services, little privacy, and harassment (especially for women, children and people with disability).

Over the course of the 11-day escalation, more than 100 attacks were launched by Israel against WASH infrastructure, affecting services for approximately 1.2 million Gazans (OCHA, 2021a). WASH circumstances are often gendered. Within the household, responsibility for maintaining hygiene among children and cleanliness in shelters is often accorded to female members, who thus bear the brunt of an inadequate water supply. The absence of clean water also poses serious health risks, especially for those whose health is already precarious, including young children, the elderly, and those with chronic diseases. War damage on the home is the main variable correlated with satisfaction with water. According to the present

assessment, 74 per cent of households with completely demolished homes suffered from water shortages, while 64 per cent of others also reported such shortages. A higher percentage of male-headed households reported that their families suffered from shortages of water for domestic use than female-headed households (65 per cent to 56 per cent). This might be due to the greater need of water for domestic use for larger families (an average of 6.9 members among male-headed households to 4.8 members among female-headed households). There were no differences on this issue by the age of head of household.

Over the course of the escalation, six hospitals and 11 primary healthcare centres were damaged (OCHA, 2021a). However, the damage to the functioning of Gaza's healthcare system should not be viewed in isolation from the general context. Before the 11-day period of violence, healthcare in Gaza was already under significant strain from two preceding developments: The Great March of Return (GMR) of 2018/2019 and the COVID-19 outbreak. The war impacted access to and quality of health services: one third of households said that their general access to health care has deteriorated. However, the majority (64 per cent) reported that their access stayed the same and 1 per cent reported an improvement. The reported deterioration is slightly higher among male-headed households (33 per cent) than female-headed households (28 per cent). In addition, while all age groups reported a deterioration in access (an average rate of 34 per cent), only 18 per cent of the oldest cohort (65 or above) reported the same access. Members of households with completely damaged homes reported a slightly higher negative impact (43 per cent) than households without any home damage (41 per cent).

During the war, 11 per cent of households reported having at least one pregnant woman and 14 per cent of households reported having at least one lactating woman. There was no difference in reporting by male and female participants nor by the gender of the head of household. The age of heads of household was, however, correlated with reporting: 19 per cent and 24 per cent households of younger couples reporting having a pregnant woman and/or a lactating woman (respectively). In contrast, only 6 per cent and 10 per cent of the age group 36–50 reported having a pregnant and/or a lactating woman (respectively).

The vast majority of these households (90 per cent) reported that the war negatively impacted (to large extent or to some extent) the access of pregnant women to prenatal health services and 88 per cent reported a negative impact on the ability of lactating women to provide proper feeding for babies. More women than men report negative impacts on the health of women and children. For example, while 86 per cent of males noted that the war negatively impacted the health of pregnant women, 91 per cent of females had the same response. In addition, more women (69 per cent) communicated a negative impact on the nutrition of babies, than their male counterparts (63 per cent).

In general, as much as 60 per cent of households that include people with disabilities noted that the provision of health services to people with disabilities deteriorated as result of the war. This was especially true for female-headed households that reported having a person with disability at double the rates of male-headed households (22 compared to 11 per cent). Households with people with disability are disproportionally impacted. Of households with completely or partially demolished homes, 12 per cent report having a person with a disability, while households without any home damage report an 8 per cent rate.

One of the most serious consequences of the recent fighting has been students dropping out of school. Children who were physically injured, particularly those who developed a permanent disability, may opt to no longer attend school owing to their injury. Other factors also play into the decision to leave school.

The emotional and psychological conditions of all household cohorts are viewed as having worsened due to the war. The highest level of perceived decline is noted among adult female household members

Photo: UN Women/ Samar Abu Alouf

(64 per cent), followed by adult male members (60 per cent), male children (55 per cent) and female children (52 per cent). Male-headed households were more likely to report a deterioration in the psychosocial conditions of female children (54 per cent) than female-headed households (36 per cent).

Households with completely damaged homes were more likely to announce changes in the psychosocial conditions of their members. For example, 74 per cent acknowledged a decline in the psychosocial conditions of female household members, compared to 64 per cent among households with partial home damage and 57 per cent of household with no home damage. The same pattern applies to statements about the psychosocial health of female children.

According to the present assessment, the need for social protection, including social assistance, intensified as result of the war. As much as 76 per cent of households believe that they are at a higher risk of poverty now than before the war, while 23 per cent believe that the risk of becoming poor is the same as before the war (noting that the risk continues to be high just as it was before the war). Males as well as females from male-headed households assess the risk of household exposure to poverty resulting from the war at the same level, while female-headed households report a slightly higher risk of poverty (79 per cent) in the aftermath of the war than male-headed households (75 per cent). These reported results are not to be confused with actual rates of poverty. National data show that female-headed households are more impacted by poverty than male-headed households. New studies in Gaza have indicated a relative decline in the gap between male and female-headed households, as the new poor are mainly male-headed households of younger educated couples.

The assessment data confirms previous findings on the clear correlation between exposure to military attacks and the risk of poverty. Households that are directly impacted by the war report the highest risk of poverty. A full 87 per cent of respondents from completely demolished homes report a higher risk of poverty, whereas 74 per cent of households with partial damage, and 73 per cent among households with no home damage report a higher risk of poverty. In addition, 81 per cent of participants report an increase in their need for assistance. This result is not correlated with respondent gender, but there is a minor correlation with the gender of the head

of household (84 per cent for female-headed households and 81 per cent for male-headed households). While the need for assistance among households with damaged homes (82 per cent) is slightly higher than households with no home damage (77 per cent), it seems that the impact of the war is relatively small given the already cumulative deteriorating conditions and increasing need for assistance by most Gazans as a result of a prolonged policy of "de-development", previous wars, continuing conflict, tight closure of the boarders and other movement restrictions.

Living in times of conflict also increases the likelihood for the intensification of internal community tensions and gender-based violence (GBV). The vast majority of respondents (90 per cent) believe that tensions within the community have increased in the aftermath of the war. In addition, 74 per cent of respondents noticed an increase in the levels of violence in the community and 72 per cent reported that tensions within the family increased after the war.

Exposure to GBV and the threat of GBV is also perceived to be on the rise because of war-related violence, where 54 per cent of survey participants said that they noticed an increase in violence against adult females in the community. Another 45 per cent noticed an increase in violence against female children in the community. A further 37 per cent and 31 per cent (respectively) noticed an increase in violence against adult women and female children within the household.

Another 6.3 per cent of households reported that they completely or partially lost a formal business because of the war. Businesses were owned 93 per cent of the time (64 instances) by a male family member, while in 7 per cent of the cases (five cases) they were owned by a female member. Households led by younger couples (18–35 years) are most impacted, with 7 per cent of such households losing a business (28 businesses comprising 41 per cent of all lost businesses), followed by the age group 36–50 years old (losing 24 businesses and comprising 35 per cent of all lost businesses). The age group 51–64 lost 14 businesses comprising 20 per cent, and participants above 64 years of age lost three businesses comprising 4 per cent of the total lost businesses.

In addition, another 7.3 per cent of survey respondents completely or partially ceased home-based income-generation activity. Loss of home-based businesses disproportionately impacted women with 18 per cent of the lost businesses owned by women, compared to 80 per cent by men. Another 2 per cent of lost home-based businesses were jointly owned by a male and a female family member.

To most women, especially young women, the war further impacted their quest for empowerment and independence. Some FGD participants expressed how the war further curtailed their ability to find jobs and earn income. In addition, pregnant and lactating women were acutely affected by an absence of sufficient food and an insufficiently diverse diet.

Care for the war injured was reported to be provided in 17.4 per cent of the households. The reported primary caregiver for the injured (i.e., short term care for immediate needs resulting from an injury including accessing medical care, securing medication, rehabilitation, and other assistance) was an adult male in 13.1 per cent of households and an adult female in 4.3 per cent of households. Long-term care for resulting disabilities is primarily carried out by female household members. Females most often provide psychosocial and emotional support for family members (55 per cent of females to 25 per cent of males), they are also the carers for people with disability (70 per cent of females to 30 per cent of males), and for the elderly (63 per cent of females to 37 per cent of males).

Access to speedy emergency services is correlated with the gender of the head of household. Male-headed households report higher levels of access (72 per cent) than female-headed households (64 per cent). More important is that the households with completely or partially damaged homes report lower access rates (63 per cent and 69 per

cent respectively) to speedy emergency services in comparison to households that did not suffer from home damage (81 per cent).

Most households (59 per cent) report that they have been approached by the government or international organizations to fill out an application or questionnaire assessing damage. In the case of 90 per cent of households, the application had the male head of the family as an applicant. In contrast, female heads of household were applicants in just 6 per cent of the cases. In general, a slightly higher percentage of male-headed households were approached to fill out an application (59 per cent) than female-headed households (55 per cent).

Approaching families to fill out an application is highly correlated with the level of damage of the home, where 87 per cent of households with complete damage were approached, while 70 per cent with partial damage were approached. Only 4 per cent of the households with no damage to their homes were approached.

By the time of the survey, 45 days after the end of the war, 49 per cent of households (534 households) reported receiving at least one type of assistance from one source or more. Local NGOs and CBOs were the most often reported sources of assistance and local councils were the least common reported sources. While male-headed households comprised the majority of households reporting receipt of assistance (90 per cent of the sampled heads of households), female-headed households were most likely to receive support from all sources. This, in part, explains the relative ability of female-headed households to cope with adversity as they are better connected to and targeted by all sources of support.

The assessment findings show that the United Nations is the most effective in targeting female-headed households relative to male headed-households (with a relative positive gender gap of 71 per cent). The United Nations is followed by INGOs with a relative positive gender gap of 30 per cent. NGOs come in third place with a positive gender gap of 22 per cent, followed immediately by the government and relatives or friends at 20 per cent each.

While female-headed households comprise a small percentage of the number of households benefiting from all types of support, they are targeted at a relatively higher level than male-headed households. For example, female-headed households comprise 19 per cent of the 48 households that reported receiving housing services (renovation, rebuilding), while male-headed households comprise 81%. The reach rate among female-headed households is 17 per cent, while it is 9 per cent among male-headed households.

The only area where satisfaction was higher than dissatisfaction was for assistance in meeting basic household needs such as food and health (53 per cent for satisfaction to 45 per cent for dissatisfaction). For all other aspects of assistance evaluation, dissatisfaction was higher than satisfaction. In this context, satisfaction with the received support is slightly higher in female-headed households than male-headed households. For example, more female-headed households were satisfied that the received support met their basic needs (62 per cent) and allowed them to lead a dignified life (26 per cent). This is compared to 52 per cent and 22 per cent respectively among male-headed households. When asked to assess the role of support in reducing gender-based violence (GBV), an equal percentage of male and female-headed households (23 per cent) expressed satisfaction.

The following overall recommendations, based on the data and ensuing analysis, are included in the conclusion of this needs assessment:

1) Carefully consider the needs and priorities that are listed by war victims as expressed in the results of the above assessment. As the vast majority of needs and priorities are intrinsic and urgent in Gaza (before, during and after the war), assistance must be provided urgently through humanita rian actions for the most direct and immediate impact.

2) Present shelter arrangements should be re-examined closely in consideration of the experiences of those who refrained from using the shelters and preferred to stay home, and those who had no choice but to use shelters. Clear guidance on gender needs and priorities meeting gender standards in emergencies and humanitarian situations must be adopted with the introduction

of specific and tangible measures. Mainstreaming the needs of people with disability and other citizens with special needs (elderly, ill and people with mental health challenges) in the shelters should should be required.

3) Increased emergency preparedness at the community level is essential. The establishment of community emergency/protection groups must be accompanied by building a formal structure and system with standards and procedures, in addition to facilities to cater to the community and its citizens.

4) The establishment of community emergency/ protection would benefit from a registry of all people with disability to be streamed into avirtual platform and connected to reliable service providers and counselling centres.

5) The issue of targeting based on gender must be assessed. The vast majority of households said that they relied on at least one source of assistance assistance. Among the beneficiaries, the vast majority are households that are headed by males (which is reflective of the PCBS official data).

6) The targeting of female-headed households or any applicant for assistance who is female is commonly recommended as best practice around the world. This assertion is supported by ample evidence that female-headed households are generally poorer and more vulnerable. As such and as part of policy towards equality, most assistance sources do more outreach to female-headed households than male-headed households, while acknowledging that assistance is provided to the 91 per cent of male-headed households that include both males and females. This is justified as the war further impoverishes all families and cuts them off from any existing or potential assets. More male-headed households are becoming just as or more vulnerable than female-headed households with extreme and prolonged unemployment rates and a fragile coping system. Male-headed households are thus somewhat inferior when compared to more resilient and connected female-headed households that have extensive experience, better coping mechanisms and connections to sources of assistance.

7) The consideration of gender equality throughout the humanitarian response is necessary to lay the foundations for an eventual recovery. To do so, mainstreaming gender in all phases of humanitarian response has to begin with adequate disaggregated data on sex and age; ensuring that interviews interviews and discussion groups include women and girls; and that women and girls, including the the most vulnerable, inform and participate in leading the response.

8) Efforts to ensure outreach to women, in particular during the emergency response, will secure their access to critical information on available protection and basic services including GBV, reproductive health services, COVID-19 response services, and child health and hygiene.

9) Gender equality and the achievement of sustainable early recovery and development are all connected as shown in the conclusions above. if humanitarian interventions are not planned with gender equality in mind, not only do the chances of doing harm increase, but the opportunity to enhance equality in livelihoods and leadership will be lost.

10) Building on evidence from previous crises in the Occupied Palestinian Territory (oPt), the recovery stages need to prioritize gender-specific needs, recognize womeńs agency and leadership, and address gender biases in access to humanitarian services, capitalize on women's and men capacities, and catalyse their equal participation, without discrimination, in recovery responses.

CHAPTER 1: INTRODUCTION, PURPOSE AND OBJECTIVES

Introduction

On 13 April 2021, the beginning of the fasting month of Ramadan, unrest began in East Jerusalem after the Israeli authorities installed metal barriers outside the Damascus Gate, blocking access to a public area for Palestinians. Although relative calm was restored with the removal of the metal obstacles on 25 April, tensions were also heightened by the Israeli authorities' imminent eviction of four extended Palestinian refugee families from their homes in the Sheikh Jarrah neighbourhood, located in occupied East Jerusalem.[1] The United Nations Office of the High Commissioner for Human Rights (OHCHR) has stated that the evictions, if ordered and implemented, would violate Israel's obligations under international law.[2] Palestinians held daily protests in Sheikh Jarrah in support of the families, triggering confrontations with Israeli settlers and Israeli security forces. Between 7 and 10 May, widespread clashes erupted across East Jerusalem, particularly around the Al Aqsa Mosque and the Damascus Gate. The heavy Israeli security presence amidst a large number of worshippers contributed to the tensions.[3] By the 10 May, 657 Palestinians had been injured, mostly in the upper bodies, with at least one Palestinian losing an eye.[4] Since then, 27 Palestinians have been killed and 6,794 injured by Israeli forces across the West Bank in protests, clashes and attacks.[5]

Palestinian armed groups in the Gaza Strip exchanged rockets with the Israeli army on 10 May in response to the unrest in East Jerusalem. Israeli forces carried out a large number of airstrikes. The hostilities continued for 11 days. According to United Nations human rights experts, the firing of missiles and shells by Israel into heavily populated areas of Gaza, particularly with the high civilian toll and severe property destruction, constituted indiscriminate and disproportionate attacks against civilians and civilian property, likely violating the laws of war and constituting a war crime.[6] A ceasefire was reached between Israel and Palestinian armed groups and entered into force on 21 May and has since held.

Between 10 and 21 May, 242 Palestinians, including 66 children (23 girls, 43 boys), 38 women (of whom four were pregnant) and 138 men, were killed in Gaza.[7] The overall number includes three people with disabilities, including one child. At least 129 of those killed were civilians. More than 230, including 62 children, were reportedly killed by Israeli forces. Some of the Palestinian casualties in Gaza may have resulted from Palestinian rockets falling short. According to the Palestinian Ministry of Health in Gaza, 1,900 people were injured during the hostilities.[8]

Even prior to this latest escalation, the Gaza Strip has been in a protracted humanitarian crisis due to the Israeli blockade, successive rounds of conflict, and ongoing internal Palestinian political divisions. COVID-19 added both health and socio-economic consequences.A deteriorating humanitarian situation, hyper-unemployment, food insecurity, electricity blackouts, sanitation disasters,[9] and large-scale casualties of participants in demonstrations held along the perimeter fence during "The Great March of Return and the Breaking the Siege" (GMR)[10] have increased poverty and overwhelmed social services.[11] Of a total population of 2.1 million people, 76 per cent or 1.57 million are estimated to be in need of humanitarian assistance.[12] Only 10 per cent of households have "direct access to safe drinking water",[13] and 53 per cent of Palestinians in Gaza are living below the poverty line, which is more than three times the number in the West Bank.[14,15] These pressures have been linked to increased incidence


Photo: Sharif Sarhan

of gender-based violence (GBV), school drop-outs and early marriage, while shelters and other service providers struggle to meet needs with increasingly limited resources.[16] Gender inequalities were already increasing as a result of the COVID-19 pandemic. An early assessment of the impact of COVID-19 also demonstrated an increase in GBV incidence and an impact on women's lives through further mobility and livelihood restrictions, particularly among those active in the informal sector where there is no work protection or income compensation.[17]

The impact of the recent escalation cannot be truly understood without recognizing its distinctly gendered legacy and results. Across the different humanitarian sectors, men and women, boys and girls across all ages and ability levels, must contend with new realities in access to services, ability to provide for themselves and for others, and expected household gendered roles. For these Palestinians, such changes and conditions are driven by a combination of present circumstances and social perceptions and norms. Based on knowledge of previous rounds of conflict and the results of the UN Women rapid qualitative assessments, the ongoing crisis is creating and exacerbating gender-specific risks and vulnerabilities[18] and is resulting in a higher scale of humanitarian needs among women, girls, men and boys in Gaza. The following analysis will take up this issue and examine the evidence from previous wars to analyse gender in intersection with the core thematic focus of humanitarian clusters.

Purpose

The Inter-Agency Standing Committee (IASC, 2018), a forum for coordination and policy making for United Nations and non-United Nations humanitarian actors explains:

In crisis situations, mainstreaming a gender focus from the outset allows for a more accurate understanding of the situation; enables us to meet the needs and priorities of the population in a more targeted manner based on how women, girls, boys and men have been affected by the crisis; ensures that all people affected by a crisis are acknowledged and that all their needs and vulnerabilities are taken into account; and facilitates the design of more appropriate and effective responses.[19]

UN Women thus initiated this gender assessment of the impact of the 2021 Israeli escalation and the resulting humanitarian crisis on women, girls, men and boys in the Gaza Strip.

This assessment builds on this premise that people of different ages and sexes experience conflict-related crises differently. As a result, their respective responsibilities and priorities are often dissimilar and differentiated gender roles, needs, rights, and power relations between genders influence their distinct experiences with conflict, their coping methods, and priorities. Understanding these disparate experiences is key to the design and implementation of gender responsive and rights-based humanitarian action. Highlighting sector-specific and multisectoral gender needs and priorities is also important to ensuring that humanitarian action is gender-responsive and equitable.

UN Women worked with the research team to undertake this gender assessment. The findings of the assessment should complement and enrich other data-collection exercises undertaken by humanitarian actors and should inform humanitarian appeals, planning and response.

Objectives

The assessment sought to address the following thematic areas:

- Gender-specific needs and priorities in alignment with the existing humanitarian cluster foci (shelter, education, WASH, social protection, food security/livelihood, health).
- Types of multisectoral post-crisis gender needs for the different groups including women IDPs, widows, people with disabilities, and female and male adolescents.
- Understanding how gender roles, power relations, and positioning between women and men determine their respective experiences of conflict, their coping methods, and their capacities/agency.
- Focus on access to services during and in the aftermath of the crisis and how far those services were were gender responsive.
- Specific focus on gender-related protection concerns during displacement and in the aftermath of the crisis.

The following are vital dimensions that were taken into account during the research:

- Adopting an intersectional approach and appreciating the sensitivity of the differences among groups of women, girls, men and boys.
- Focusing on the voices of young people (male and female) and illustrating how the crisis affects men and boys differently.
- Including specific gender-focused recommendations for governmental and humanitarian actors.

CHAPTER 2: METHODOLOGICAL APPROACH AND TOOLS

The research adopted an approach and a methodology that are based on both local and international experience in conducting research and projects that focus on gender analysis and women's empowerment. This assessment focused on a gendered analysis of the experiences, lived realities, roles, needs, perspectives and rights of women, girls, boys and men within the overall (unbalanced) familial and social context in both private and public spheres. This required an extensive knowledge of gender-based vulnerabilities and the integration of a gendered perspective in programming operations. In addition, women were not to be viewed as helpless victims. Any study must assess their level of agency and participation in the emancipation process from the war and post–war impacts. Gender-focused approaches are crucial in cementing partnerships with local women's organizations when assessing needs and implementing interventions.

Methods and tools

This gender assessment of the 2021 Israeli escalation drew on existing resources, as well as quantitative and qualitative data which provided the primary data and information for the analysis. A desk review was conducted of secondary data and information on the humanitarian crisis and responses generated by United Nations humanitarian actors. This was complemented by primary data collection and information gathered through:

A questionnaire/survey administered with a representative sample of the population from the different conflict-affected areas, including displaced communities and communities affected by house demolitions (1,100 female and male respondents).

Seven focus group discussions with women, men, boys and girls in different localities and with different personal characteristics (age, marital status, gender, location).

25 individual in-depth, semi-structured interviews; 12 with women, men, boys and girls from the affected population, and 13 key informant interviews with women's organizations, governmental actors and representatives of humanitarian clusters.

Box 1: Assessment timeframe

Escalation: 10 to 21 May, 2021

Field work: 15 June to 30 July, 2021

UN Women already commenced the preparation for the assessment during the escalation. The first phase started with a rapid assessment and analysis of the post-escalation impacts in comparison with previous escalations. This resulted in the preparation and publication of the first part of the assessment, which prepared the assessment approach, methods and tools. The research team collected the qualitative data starting in mid-June 2021. The research team obtained a permit from the relevant authorities in Gaza to field the survey 45 days after the end of the escalation and immediately moved into the field for primary data collection. The dates for the survey spanned from 6 to 30 July 2021.

Existing data and sources

Researched reviewed existing studies and data sources with a review of reporting and other documents (see Annex 1 for the bibliography) revealing that the primary focus of other research and reports was on post-war conditions and casualties. Up to that point, no gender-based analysis had been performed and no qualitative data had been collected or analysed to shed light on the impact of the post-war period on the real lives, roles, relations and needs of women, men, girls and boys within the household and in the public sphere.

Qualitative methods

Focus group discussions:

The research team conducted seven FGDs with 87 participants (37 women, 32 men, eight boys,

10 girls) with representation of persons with disabilities, activists and other impacted groups such as businesses, entrepreneurs and farmers (see Annexes 2 and 3).

Key-informant interviews:

The team conducted 13 key-informant interviews (eight females, five males) with experts who have first-hand experience in the field and who had witnessed the events and/or provided support to victimized families (see Annexes 4 and 5).

Interviews with family members:

The research team carried out 12 in-depth interviews with members of families (seven males, five females) that suffered from various forms of victimization (death, injury, loss of shelter, displacement, business loss, access to land, etc.). Women/men participating in the interviews came from regions affected by the war, including participants who continue to reside in their communities and those who are displaced and staying either in shelters or with host families (see Annex 6).

Quantitative data:

The survey

The research team targeted 1,100 households (557 males, 543 females) in the various regions that were directly impacted by the war. The interviews were conducted face-to-face (while adhering to health guidelines regarding COVID-19). Respondents (49.4 per cent women and 50.6 per cent men) were responsible adults in their households with sufficient information on their respective situations to provide complete answers. The proposed sample distribution took into consideration the following criteria:

1. Preliminary reports on the extent of damage
2. Number of attacks targeting the residential area
3. Number of people killed by the attacks
4. Number of displaced persons
5. Number of shelters

The questionnaire enabled the team to satisfy the objectives of the rapid gender assessment by ensuring that the following were included in the assessment:

1. The impact of the war on the various dimensions of the lives of the households and on each category of members in view of gender, age and ability.
2. The risk of future, further vulnerability and marginalization.
3. The needs and gaps in humanitarian support (see Annexes 7 and 8 for the questionnaire and sample distribution).

Table 1:
Sample distribution by governorate

		North Gaza	Gaza City	Deir El-Balah	Khan Younis	Rafah	Total
Sex of respondent	Male	51.5%	50%	50%	51.4%	49.4%	50.6%
	Female	48.5%	50%	50%	48.6%	50.6%	49.4%
Type of residence	Urban	82.4%	90.9%	44.4%	81.8%	77.5%	77.7%
	Rural	11.8%	0%	0%	9.1%	0%	5.5%
	Refugee Camp	5.9%	9.1%	55.6%	9.1%	22.5%	16.8%
Marital Status	Single	5.9%	3.6%	9.4%	5%	6.9%	5.9%
	Married	89.4%	85%	86.3%	91.4%	88.8%	88.4%
	Widowed	4.1%	8.2%	3.8%	2.3%	3.8%	4.5%
	Divorced	0%	3.2%	0.6%	0.9%	0.6%	1%
	Abandoned/ separated (without legal divorce)	0.6%	0%	0%	0.5%	0%	0.3%

		North Gaza	Gaza City	Deir El-Balah	Khan Younis	Rafah	Total
Educational Level	Illiterate	7.6%	2.7%	3.1%	4.1%	2.5%	4.5%
	Less than 12 years of education	42.1%	32.3%	38.1%	55%	35%	41.1%
	Completed secondary schooling	22.9%	25%	28.1%	17.7%	32.5%	24.5%
	2-year diploma	10.3%	9.1%	18.1%	5.5%	11.3%	10.4%
	BA or more	17.1%	30.9%	12.5%	17.7%	18.8%	19.5%
Head of the household (as defined by PCBS)[21]	Father	87.1%	80.9%	88.1%	95%	93.1%	88.5%
	Mother	8.5%	14.1%	10%	4.1%	6.3%	8.6%
	Son	2.1%	5%	1.3%	0.5%	0%	1.9%
	Daughter	0%	0%	0.6%	0.5%	0.6%	0.3%
	Other	2.4%	0%	0%	0%	0%	0.7%

Box 2:

De-development, war and the definition/role of head of household

The PCBS definition of head of household is used here, however it must be noted that households that are enduring prolonged conflict, closure, political division, and systemic economic deterioration are consistently in a process of redefining the boundaries of the terminology. During and post-war, roles and relations have been in a state of flux with the intensification of humanitarian aid focusing on women. This further enhances the complex reality of determining the head of a household. As the data show, the respondents who are divided almost equally between men and women were able to represent their families as well as themselves in completing the questionnaire. The standard approach to assessing who is the head of household does not reflect reality, especially in communities that face prolonged humanitarian crises resulting from systemic political repression. The following testimonies from the qualitative data and some initial responses from survey participants illustrate the complexity of the issue and the need to continue to consider additional dimensions to fully capture the reality of gender roles and relations under closure, conflict and war.

One of the women respondents (48 years old, North Gaza) expressed the non-linear nature of a head of household through the idea that families work and decide together in many cases, especially when they are under pressure: "During the war and immediately after, we had to work together as a family. In representing the family, we keep my husband in the front as to keep his social status and image. Yet, we all know that we are all in this together and we must work closely, divide up the responsibilities, and make decisions through consultation."

In some cases, male heads of households believe that their role as breadwinners and decision-makers is even more critical to manage and cope with the aftermath of the war: "I must fend for my family. I must provide and work to bring back the situation of my family to normal. I must be watchful and careful in managing our resources and our relationship with the community and the sources of assistance." (Male, 51, Rafah)

In contrast, female family members are encouraged to take on additional roles that are traditionally male-dominated including the role of seeking assistance: "Every time we hear about any type of assistance, I go to seek it as my chances are much better than my husband's. I am running from one NGO to another, while my husband stays home. He looks after the kids while I am away. When the assistance arrives, we both discuss how to spend it." (Female, 43, Gaza)

The victimization of family members due to the war adapts the roles of women or adds burdens to them. In the case of an 18-year woman who found out she was pregnant only three days after her young husband was killed during the war, her position in relation to her family and her in-laws continues unfold:
"I want to have a say in my child's upbringing. I want to be sure that my child is well taken care off. I am still in between my family and my late husband's family. What will my role be? I am not sure."

The changing roles of men and women resulting from the war are further explained in chapter 4. While immediate impacts might reflect a short-term change, the cumulative impact of the prolonged conflict, closure and economic deterioration is having a long-term impact on the role of women as effective heads of households, but without any official recognition. According to one of the female key informants "the new responsibilities of women represent more burdens on women. But they don't transform into rights and decision-making. However, this is connected to the poverty, unemployment, and vulnerability of most families in Gaza."

CHAPTER 3: ANALYSIS OF FINDINGS (PRIMARY AND SECONDARY DATA)

Understanding the humanitarian impact of the latest escalation in the Gaza Strip within the context of previous wars is essential. The Strip extends over a relatively small area of land and has a very high population density.[22] As such, any military action will undoubtedly affect a large segment of the population. Indeed, many Gazan victims of the 2008/2009 war on Gaza were victimized again in 2012, 2014 and 2021. Psychological trauma was only reinforced with each successive attack with little time for recovery. Similarly, the gender-specific consequences of the previous wars were further exacerbated by the May 2021 war, which added to and worsened the situation for women all over the Gaza strip.

This chapter seeks to situate the latest war within the context of previous escalations in Gaza, especially in terms of gender-specific consequences. This assessment presents the key findings, analyses of primary and secondary quantitative and qualitative data, and the linkages between the present results and the data and findings of other studies on the 2021 war and previous wars.

Characteristics of survey participants and households: Sex, age and disability

The characteristics of individual participants in the assessment and their households are largely aligned with the demographic makeup of the Gaza population. Consistent with PCBS data, the following examples illustrate the assessment sample's representativeness of the actual demographic characteristics of the Gaza Strip.

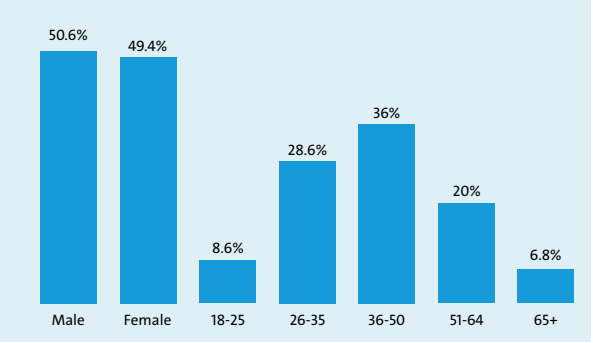
• Sex:

50.6 per cent of the respondents were male and 49.4 per cent were female.

• Age distribution:

8.6 per cent between 18 and 25; 28.6 per cent between 26 and 35; 36 per cent between 36 and 50; 20 per cent between 51–64; and 6.8 per cent are 65 years or older. Female heads of households are generally older than male heads of households, where 51 per cent of female-headed households are headed by women who are older than 50 years old, compared to 25 per cent among male heads of households. In contrast, 75 per cent of male household heads are 50 years or younger, compared to 49 per cent of female heads of households.

Figure 1:
Survey participants by sex and age



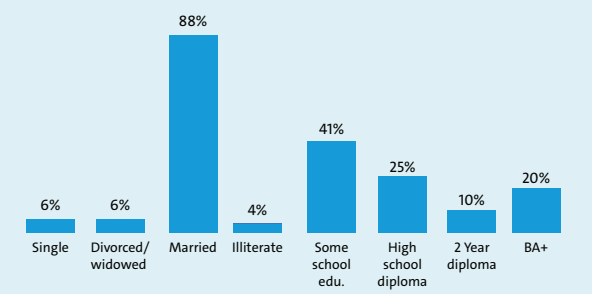
• Marital status:

The vast majority of respondents (88 per cent) were married; another 6 per cent were divorced, widowed or abandoned. Only 6 per cent were single.

• Education:

One fifth of all respondents completed a university degree (BA or more), and another 10 per cent completed a 2-year diploma. One fourth completed high school, while the largest group of respondents (41 per cent) completed some school education but did not complete high school. Only 4 per cent said that they cannot read or write.

Figure 2:
Survey participants by marital status and educational attainment



The survey participants provided information on their own households:

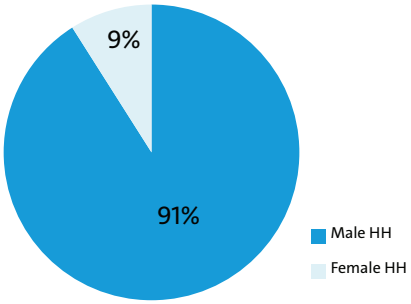
• Gender of household heads:

91 per cent of participants say that a male is the head of household, while only in 9 per cent of household participants say that a female is head of household. In less than 1 per cent of households, the position of head of household has changed as a result of the war. This is due mostly to the death of the male head of household or his incapacitation due to a disabling injury.

• Age of household heads:

Survey participants from female-headed households tend to be older than participants from male-headed households. While 76 per cent of participants from male-headed households are in the age group 18–35, only 29 per cent of participants from female-headed households are in the same age group.

Figure 3:
Distribution of households by the sex of head of household



• Household size:

The average household size is 6.1, with 3.1 male members and 3.0 female members. More households have no male members (4.1 per cent), hence only female members, than households with no female members (0.5 per cent).

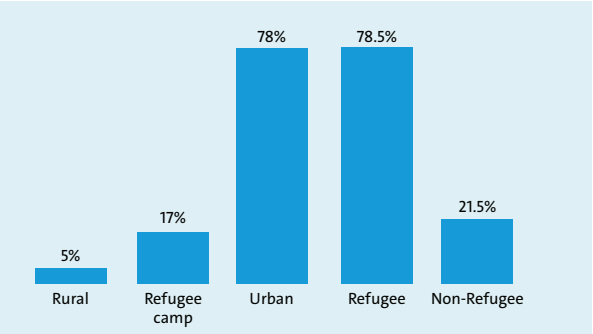
• Urban/rural location:

78 per cent of the respondents reside in urban areas, 17 per cent in refugee camps and 5 per cent in rural areas.

• Refugee status:

78.5 per cent of the households are refugees (76.9 per cent registered and 1.6 per cent unregistered with UNRWA) and 21.5 per cent are non-refugee. There is no difference between male and female-headed households in terms of refugee status. The same percentages of male and female survey participants are refugees, while the refugee status of female-headed households is higher than that of male-headed households (86 per cent to 80 per cent).

Figure 4:
Distribution of households by type of residence and refugee status



• Children under 15:

Children under the age of 15 comprised 40 per cent of the household members.

• Children under 5:

Only 31 per cent of the households have children under 5; 67 per cent have no male children under 5 and 71 per cent have no female children under 5. In

addition, while 50 per cent of the households have male children between the ages of 5 and 14, 47 per cent of the households have female children in the same age group.

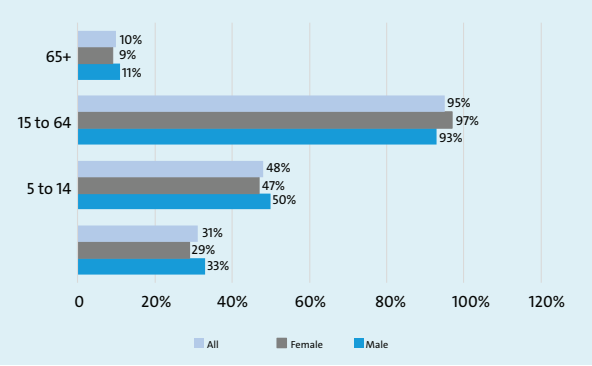
• Males and females between 14 and 64:

While 93 per cent of the households have at least one male between the ages of 14 and 64, 97 per cent have at least one female member in the same age group.

• Males and females above 65:

As for household members 65 years or older, 11 per cent of the households have elderly male members while 9 per cent report having at least one elderly female member.

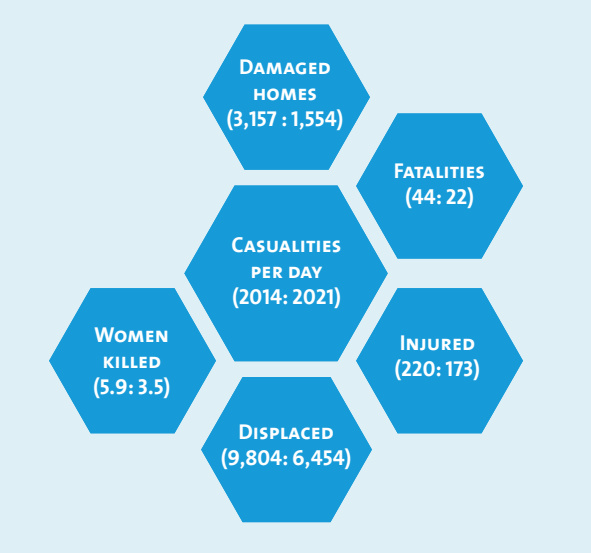
Figure 5:
Households with at least one member in the following age groups by sex of members



Overall casualties

Available data cited throughout the report reveal that the 11-day 2021 war had relatively less impact than the 51-day 2014 war as measured by average daily damage. The following graph illustrates the average daily casualties. For example, while in the 2014 war 3,157 homes were damaged per day, in the 2021 war 1,554 homes were damaged per day. In addition, the 2014 war resulted in 44 deaths per day, while the 2021 war resulted in 22 deaths per day.

Figure 6:
Number of causalities per day (A comparison between 2014 and 2021 wars)



The following sections provide detailed results and analysis for each of the six humanitarian sectors: shelter and displacement; WASH and other infrastructure; health; social protection; livelihood, work, income, and food security; and education as well as coping and gender roles.[23]

Shelter and displacement

Israel's attacks on Gaza destroyed 1,148 housing units and severely damaged 1,026 beyond the point of habitation. A further 14,918 housing units experienced varying degrees of partial damage (Shelter Cluster, 2021). The attacks on shelters, particularly high-rise apartment buildings, prompted a wave of displacement, though reports indicate the majority of households that were displaced have returned since the ceasefire (OCHA, 2021a).

The damage caused by Israel has ramifications for various population segments across Palestinian

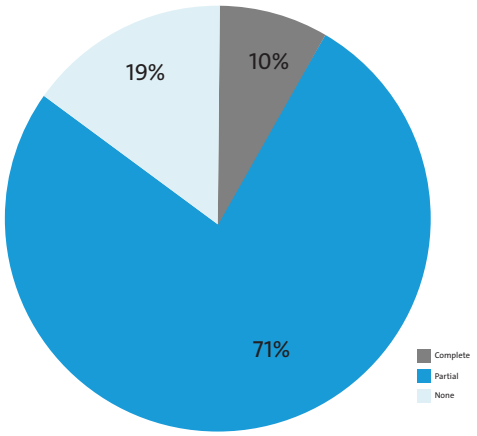
society. Palestinians with pre-existing disabilities or who were newly disabled by the fighting, face some of the most immediate and significant challenges. Those who have become disabled in the fighting may find that their previous lodgings are no longer suitable for them. For those who had pre-existing disabilities, their shelters may have been destroyed or damaged to the point that they became no longer suitable. In the aftermath of the Great March of Return, an estimated 10 per cent of Palestinians who had become disabled were forced to change their housing, either because it was no longer suitable for their living conditions or because they could no longer afford to live there. Almost four in ten reported that their current houses needed to be adapted, but the majority noted they lacked the financial means to accomplish this (PCDCR, 2019).[24]

For children, the loss of a home or the little security they enjoy in their safest place can be a jarring and deeply traumatic experience, as can be the experience of seeing adult family members unable to provide protection. The loss of non-food items (NFIs) of children, such as treasured personal effects (e.g., photos, toys), produces similar effects. Damage or destruction of shelters may also cause a loss of personal privacy for children, who may be forced to share rooms with other siblings or even adults, in rare instances, from outside their immediate family. In addition to the stress caused by the loss of privacy, such a situation can create an environment for child abuse. This especially impacts girls, as they are targeted disproportionately due to the gendered nature of child abuse.

The loss of NFIs also poses a challenge to a household's recovery. NFIs include a wide range of items, but, in the aftermath of previous escalations, some of the most critical NFIs for households were those related to food preparation and hygiene maintenance. The former includes cooking materials (e.g., pots and pans, gas cylinders, and other items). The maintenance of domestic responsibilities is a role traditionally ascribed to women and girls in Gazan society, with mothers, wives, and other female members of households being responsible for activities such as cooking and cleaning. The loss of NFIs and damage to supporting infrastructure falls hardest on these female household members who must find alternate means of fulfilling these responsibilities. This can induce personal feelings of guilt, as well as accusations by male household members that the female family members are failing to meet their responsibilities. The consequences of shelter destruction and damage are felt by men too, particularly those who are the heads of households. The loss of a shelter and the inability to repair the existing shelter or provide a new one for a family, or, owing to a lack of financial resources, are drivers of shame, which can induce stress and other negative psychological consequences. The inability to replace lost NFIs can create similar feelings.

The households included in the study were victimized in one way or more. The vast majority (81 per cent) reported the complete (10 per cent) or partial (71 per cent) destruction of their homes.

Figure 7:
Percentage distribution of households by reported home damage



According to data published by the Shelter Cluster (July 2021), 60,071 housing units were impacted by the latest war (1,255 totally destroyed, 918 severely damaged and 57,989 partially damaged).

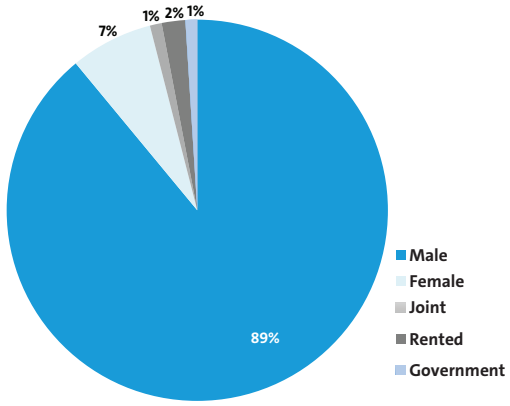
Table 2:
Housing damage assessment (July 2021)

Governorate	Totally destroyed buildings	Totally destroyed housing units	Severe damage housing units	Partially damaged housing units
North	131	341	389	30,255
Gaza	126	657	223	15,112
Middle	29	61	141	3,387
Khan Younis	53	141	135	6,489
Rafah	23	55	30	2,746
Total	**362**	**1,255**	**918**	**57,989**

Source: https://www.sheltercluster.org/palestine/factsheets/2021-08

Reflecting previous research findings,[25] the majority of these homes (89 per cent) are legally owned by a male family member, while 7 per cent are reported to be owned by one or more female family member. In 1 per cent of the cases, the home was jointly owned by a male and a female member. Just 2 per cent were rented and 1 per cent were built on government land.

Figure 8:
Ownership of homes by sex



In their present place of residence, which in 90 per cent of cases is their original home, the average number of rooms used by the households is three for a two-person occupancy rate per room. The substandard quality of housing conditions should be noted: one fifth of the surveyed households resides in homes that are covered by metal sheets or other harmful and temporary materials, while few continue to live in huts or tents. The majority (79 per cent) reside in homes built of cement-based bricks, and only 1 per cent reside in stone-built homes. In addition to complete or partial home damage, 43 per cent report that they suffered complete (16 per cent) or partial (27 per cent) loss of home appliances.

At the time of the present assessment, half of the interviewed survey participants reported that their current place of residence did not have a solid roof, walls and/or windows. In addition, while 57 per cent find their housing conditions to be satisfactory, another 43 per cent found them dissatisfactory.

Figure 9:
Indicators of substandard housing conditions

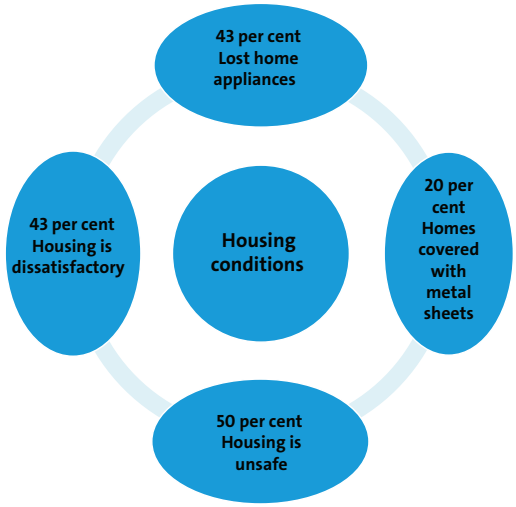


Photo: UN Women/ Halla al-Safadi

These alarming results are confirmed by previous findings. For example, according to a 2018 report by the Shelter Cluster, 20.3 per cent of Gazan families live in vulnerable (moderate, high or severe) housing, out of which 6.2 per cent are "not suitable for upgrading". The report confirmed that such poor housing conditions increase the likelihood of contracting harmful infections and developing respiratory problems. Inadequate shelter also impacts the mental health and wellbeing of families and disrupts children's education.

In view of the communities targeted in this assessment, the qualitative data confirm the relation between the impact of war and vulnerability and marginalization that had already existed. Housing conditions and the damage resulting from the war were disproportionately devastating to already marginalized families with sub-standard housing. These conditions are further compounded by the vulnerability of the most frequently targeted areas to bombardment. For instance, border areas are predominantly rural and have high poverty rates. Residents' circumstances are further worsened by exposure to the continued negative impacts of the unfolding violence near the borders (including during the Great March of Return) and difficulty in accessing land.

To the victims, losing a house is not only a material issue, but also is frequently combined with other losses leading to a bleak and uncertain state of being.

The following testimonies from a small, marginalized community in the East of Gaza illustrate the difficulties that residents experience:

- Our house was simple, but it was our home. It was cosy and had a communicable positivity. What we had was what the whole family, men and women, worked day and night to attain. It was immense for all of us. All is lost now. We moved from our demolished house to a shack, all nine of us: five males and four females. We must collect ourselves and start over.

  (Female, married, 43)

- I had just completed my house, which was an apartment for myself and my future wife on top of the family's house. I had to work hard for so many years, take so many loans and continue to be positive against all odds. Even before I moved in, the whole house was gone before our eyes.

  (Male, married, 33)

- The house was completely demolished. It housed

13 of us. Our neighbours wanted to help and offered us a shack on their land. We are all in one room. We are anxious about our next steps."

(Male, married, 52)

Although the May 2021 war did not last as long as previous wars, the level of displacement resulting from the latest war was similar to previous wars: 77 per cent of the heads of households reported having been displaced At the time of the survey (45 days after the war), as many as 10 per cent continued to be displaced. A majority (54 per cent) had been displaced but had returned to their homes after one day or more. The remaining 13 per cent were displaced but returned to their homes within 24 hours. Female-headed households reported a higher rate of displacement (88 per cent) than male-headed households (77 per cent). A higher percentage of male-headed households (11 per cent) continued to be displaced than female-headed households (4 per cent). Among those who were displaced, the majority (69 per cent) resorted to relatives, friends or neighbours for shelter. As much as 16 per cent of the respondents resorted to a shelter/UNRWA school. Others (6 per cent) lived in the remains of their home or another place that the family owns (e.g., another home, store, or business) for housing during their displacement. Only 1 per cent stayed in the street until they went back to their home. Another 8 per cent used a mix of housing arrangements including tents provided by international humanitarian actors, and one of the arrangements listed above. The majority of households that completely lost their homes (77 per cent or 87 families) but only 2.3 per cent (18 families) of those with homes that were partially damaged were still displaced at the time of conducting the survey.

The varying levels of continued displacement, wherein people return to the original place of residence, are correlated with the coping mechanisms utilized by the households. In general, while men and women survey participants tend to have similar tactics for coping with displacement, women report a slightly lower rate of resorting to shelters than men (14 per cent to 18 per cent). At the same time, women tend to stay closer to home than men. Whereas 11 per cent of women report that they stayed with neighbours or in the remains of their damaged house, only 7.5 per cent of men had the same response. When the data is disaggregated by the head of household, slight differences are noted. Female-headed households tend to stay in the remains of their damaged homes at a higher rate than male-headed households (7.5 per cent to 2.8 per cent). While at the same time, female-headed households tend to report higher rates of staying in the street than male-headed households (2.5 per cent to 1 per cent), all heads of households report the same level of use of shelters.

When asked about coping with displacement, women explained that they must weigh their limited options much more carefully than men. For example, women had more concerns about having to move to shelters than men. They also prefer to stay in the street than move into other people's homes. The following testimonies illustrate their attitudes:

I was in the shelter in previous wars. I will not go back. I felt dead in these shelters. My privacy is invaded 24 hours. I can't deal with the suffocation, the noise, and the shame that I feel which is beyond description. I felt that my soul was stripped of me then. I'd rather stay here in my home or nearby and then it is up to God to take away my life or keep it.
(Female, 46, Khan Younis)

I felt very embarrassed to ask for shelter with my neighbours. I would be a strange woman in a strange house. I would not feel comfortable at all and I am sure that they wouldn't feel comfortable.

(Female, 39, Rafah)

A paradox is noted when analysing these results by age of participant. While younger heads of households report displacement at a much lower rate than older heads of households, they report that they are still displaced at a much higher rate at the time of the survey.


Photo: UN Women/ Halla al-Safadi

The results of the present survey show that 21 per cent of younger participants (18–35 and 36–50 years old) report displacement compared to 29 per cent of older cohorts (51–64 and 65 and more years old). In contrast, while 11 per cent of the age group 18–35 and 13 per cent of the age group 36–50 report continued displacement, only 3.2 per cent of the age group 51–64 and 4 per cent of those above 65 report the same.

In terms of coping mechanisms, as much as 18 per cent of the younger heads of households reported resorting to a shelter, while only 11 per cent of the oldest cohort reported the same. In contrast, older heads of households seem to own more assets than younger heads of households, and, as such, they cope with displacement by residing in another building/space that the family has at a higher rate than the youngest cohort (11 per cent compared to 1 per cent).

The qualitative data reveals additional possible explanations for the lower levels of displacement and for younger people returning to the original home:

I have six children. I must protect them in any way possible. Moving them to a shelter or any other far-away safe space is my duty, and I will do anything to get them to safety. Moving into a shelter will ensure that they are protected, fed and in the company of other children.

(Male, 38, East of Gaza City)

According to one of the key informants (Female, 48, Gaza), the eligibility criteria to rebuild or renovate damaged homes might contribute to the lower level of interest by humanitarian actors: "Like female-headed households, extended families with older heads of households, and hence a generally larger family size, are better targeted by humanitarian organizations and government institutions. Younger couples might be at a disadvantage."

There are no statistical differences in the survey results assessing housing conditions (the shelter originally utilized by the family) based on gender of the respondent and the gender of the head of household. There is, however, a correlation between the war-resulting damage and the assessment of housing conditions. For example, 81 per cent of those whose homes were not harmed by the war were satisfied with their housing conditions, while 49 per cent of respondents with homes completely destroyed and 53 per cent of those with homes partially damaged are satisfied.

Many schools across Gaza served as shelters by displaced households. By 21 May, approximately 71,000 people had displaced to the safety of UNRWA schools (OCHA, 2021a). Contemporary reports indicated that the schools were not prepared to receive the displaced and mentioned instances that included closed and locked schools and an absence of basic services such as drinking water or sanitation facilities (Al Jazeera, 2021). Further, these facilities were not designed to host tens of thousands of individuals, which, based on the events of 2014, would result in damage and wear-and-tear (OCHA, 2014). The effects of this war-time necessity would thus have serious consequences for school children at the beginning of the new school year if schools were not repaired or rehabilitated.

Box 3:

Schools as shelter (gender and age analysis)

Testimonies of the displaced reveal the complex and controversial nature of the use of schools as shelters given their shortcomings as described here. The decision to seek shelter in schools is clouded by many factors and, for some, is informed by previous experiences and personal considerations. In the words of one of the key informants (Male, 47, NGO):

Families must think many times before moving into a shelter. Some decided to stay home and were willing to take an imminent risk and not move into a shelter. Others opted for informal solutions for short-term stays with others. I reckon that the numbers of Gazans who needed to go into a shelter was at least double the number that arrived at the schools. Most didn't want to go through the experience as most of them suffered in the shelters during previous wars such as in 2014.

The motivations to move into a shelter are many, and to some families outweigh the excruciatingly poor conditions described by some research participants. The most important consideration is finding safety from imminent danger:

"It breaks my heart to see my children scared to death from the noise of the shelling. They run around like they have lost their senses, with no direction, just scared and crying. While the shelter is inappropriate for them it is the place where I could give them the safety that they need from the bombardment. (Female, married, 46).

In addition to losing a home (completely or partially), other considerations for choosing to go into a shelter were the following:

Securing basic needs (especially food):

"We live in a remote area, with no work and no source of income during the war. I had to feed my children and try to get my daughter the medication that she needs by going into a shelter." (Female, married, 38)

Qualifying for future assistance:

Some believe that going into the shelter after suffering from any type of damage due to the war will be a requirement or at least an extra qualifying factor in being considered for future assistance or compensation. According to one of the parents (Male, married, 48): "I must find a way to fix my house and maybe get some assistance to fix the greenhouse on my land which is my source of income. Coming to the school might help me qualify for future assistance."

For children, the feeling of safety in schools outweighs any other considerations. The words of some children were expressive: "I usually hate school. For the first time, I was relieved to come to school. The minute I entered the school, all I could do was run and play with the other children." (Male, 9 years old) A young girl added: "My mother keeps saying that my face turned from pale to red when I walked into the school. I really felt lifeless while at home. I was scared all the time. Now, I feel that blood is circulating in my veins." (Female, 11 years old)

But reports from family members who had to endure the shelter experience are reason for a full-fledged transparent investigation at all levels. The testimonies are reflective of a wide range of complaints that were verified by more than one research participant:

Crowded spaces:

"We stayed in a room with five other families: there were 25 of us (women and children) in a room that is smaller than 16 m2. It was utterly uncomfortable. You just wished it were a nightmare and that you could wake up and all the commotion and noise would disappear." (Female, single, 18)

The crowded schools with extremely limited preparedness, resources, and services led to a countless number of problems:

Noise:

"I ran away from having to comfort nine children in my own house to having to hear all the noise that just didn't stop. I am already tired and I go without any real sleep as long as I am here. At times, I wish that I would be deaf and blind. I want it all to go away." (Female, married, 45)

Hygiene:

"I try to keep our space clean; but there is no proper water, cleaning materials, and, most of all, no one wants to put the effort to clean the school. It is hard to do while having so many people stuffed in one small place. The bathrooms are the worst part of being here. They are just disgusting. I avoided going into them, but unlike the men, we must go to a closed place. Men would go to the field behind the school." (Female, single, 20 years old)

"When we are in the school, there is zero privacy. When I had my period, everybody in the room knew about it. Every time, I would go change in the bathroom. I would think twice before doing it but I felt that I smelled bad and that everyone was noticing that as I couldn't wash and clean myself as well as I would at home." (Female, married, 36)

Fighting, rumours, and violence:

"The most devastating part of being in the shelter is the tension; everyone is nervous and all of us are ready to defend the very small space allocated to us. The children are always fighting. The women are the ones who take full responsibility for the children in an uncontrollable environment. The women are fighting to secure space, sometimes using psychical violence, as they are packed in one small place with the children. The men are in the open space. They pace and stare about in total disbelief, while the women are trying to manage daily life as they would at home. Rumours about everything become rampant and it is mostly demonizing, demoralizing and discouraging to the displaced people here." (Key informant, female, 41, NGO)

Lack of privacy and harassment:

"The noise, the commotion, the sleepless nights, the smells and just being around strangers is haunting. I know that we as women feel very uncomfortable; we are extra concerned about our privacy in a traditional setting. We are cautious not to do anything or be anywhere where it might invoke any rumours or any type of even minor encounter with men. The men are also very careful, but you know some young women say that a couple of men made some gestures that were concerning. I continue to watch my daughters very closely to avoid any uncomfortable situation." (Female, married, 35 years old).

Harassment:

"We are very nervous here. I watch over my siblings since my mother asked me to watch my little brothers and sisters. She said that there are people who pretend to sell things to children and young people but they are pushing some drugs, while others might be a threat for the children and asking for sexual favours to give children candy and other stuff." (Female, single, 15)

Three related needs were listed in the survey. Contingent on the number/percentage of families impacted by a specific type of damage and in order of urgency, the priorities noted were:

- Restoring partially demolished homes: 72 per cent of households (69 per cent of females, 74 per cent of males) said that this was very urgent or somewhat urgent.
- Provision of home appliances and furniture (66 per cent: 64 per cent of females, 68 per cent of males).
- Securing new shelter/housing was an urgent priority for 45 per cent of households (44 per cent of females, 46 per cent of males).

WASH and other infrastructure

Over the course of the 11-day escalation, more than 100 attacks were launched by Israel against WASH infrastructure, affecting services for approximately 1.2 million Gazans. The May 2021 Situation Report by OCHA confirmed that the three major desalination plants in Gaza have since resumed operation, though at a limited capacity as due to damaged electrical networks, leaving approximately 400,000 people without a regular water supply. Already before the recent escalation, access to clean water was precarious. Water from the coastal aquifer, reflecting overuse and infiltration by sewage and harmful chemicals, had become completely undrinkable. Additionally, wastewater treatment plants were only functioning at limited capacity, reflecting the lack of fuel available to power operations.[26] Against this backdrop had been the persistent threat of COVID-19, which was infecting Palestinians and imperilling Palestinian lives already before the May 2021 escalation. The inability of households to access clean water for hand washing and to adequately socially distance in the cases of those in protracted displacement, further exacerbated this risk, as did the limitations of a damaged health sector.

WASH circumstances are often gendered. Within the household, responsibility for maintaining hygiene among children and cleanliness in shelters is often accorded to female members, who thus bear the brunt of an inadequate water supply. The inability to meet expected or previous standards and the development of negative outcomes, such as health problems in household members, can add further stress. Linked to this, the inability to access water also limits the capacity to prepare cooked meals.

The absence of clean water also poses serious health risks, especially for those whose health is already precarious, which includes young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children, the elderly, and those with chronic diseases. Without adequate water to wash hands or without the ability to access adequate hand-washing facilities, households face challenges in preventing the spread of communicable diseases. This is especially problematic given the possibility of COVID-19 transmission. Elderly household members, as well as those with pre-existing conditions, are at increased risk of developing serious complications if they contract COVID-19. The healthcare system in Gaza is already under strain from the destruction of its facilities and the influx of the injured, meaning those who develop serious complications from COVID-19 are at increased risk of death due to inadequate or absent treatment. Additionally, for menstruating women and girls, the lack of clean water or hygiene facilities can lead to health problems and may impact their dignity. Furthermore, when WASH facilities are inadequate, either at school or at home, and they cannot manage their menstrual hygiene appropriately, some leave school. For women and girls, the destruction of washing facilities or latrines in private shelters, or the reliance on shared community facilities can also generate issues related to privacy and safety. Pregnant and lactating women, as well as women who have recently given birth, also face elevated health threats from a lack of clean drinking water and poor hygiene.

The present assessment reveals that the vast majority of households (87 per cent) rely on private vendors for drinking water (e.g., private desalination plants that sell water in gallons or water tanks). Another 10 per cent rely on water from charitable sources distributed for free through collection points or trucking to households. The rest (3 per cent) rely on public water networks or desalination plants).

Female-headed households are slightly more dependent on network water (described as undrinkable by government and international agencies) for drinking than male-headed households (3.7 per cent to 2.7 per cent). In addition, they are more reliant on public desalination plants and donated water than male-headed households (13 per cent to 11 per cent). In contrast, 87 per cent and 83 per cent of male and female-headed households (respectively) buy drinking water from private sources. The evidence thus shows the higher levels of marginality and vulnerability of female-headed households compared to male-headed households. Additional evidence shows the relatively greater


Photo: UN Women/ Halla al-Safadi

marginalization of younger couples and their families. Households led by younger people are also dependent on network water, public desalination plants, and donated water than households led by older people. For example, while 15.6 per cent of the youngest cohort (18–35 years old) utilizes all three listed sources, only 10.4 per cent of the age group 36–50 years old do the same. In contrast, 90 per cent of the households led by people 36–50 years old buy drinking water from private sources, compared to 84 per cent of the younger cohort. The rate is 86 per cent among households led by persons older than 50 years.

The majority of households (85 per cent) were satisfied (highly or somewhat satisfied) with the quality of drinking water, while 15 per cent were dissatisfied. Still, a majority of households (64 per cent) report that they suffer from water shortages for domestic use, while 36 per cent report that they do not suffer from such shortages. Male-headed households were more satisfied with the quality of drinking water than female headed households. While 46 per cent of the first group were highly satisfied, only 32 per cent of the second group felt the same way. In contrast, 40 per cent of male-headed households were somewhat satisfied compared to 54 per cent among female-headed households. War damage on the home is the main variable correlated with satisfaction with water; 74 per cent of households with completely demolished homes suffered from water shortages, while 64 per cent of others also reported such shortages. A higher percentage of male-headed households reported that their families suffered from shortages of water for domestic use than female-headed households (65 per cent to 56 per cent). This might be due to the greater need of water for domestic use for larger families (an average of 6.9 members in male-headed households to 4.8 members in female-headed households). There are no differences on this issue by the age of head of household.

The vast majority of households (80 per cent) continue to be connected to the public sewage network, while the rest (20 per cent) are not connected. Among households that are not connected, 92 per cent have a sceptic tank and just 8 per cent do not. More female-headed households report being connected to the sewage system (86 per cent) than male-headed households (80 per cent). Households with younger couples are relatively disadvantaged: 77 per cent reported connection to the system, while connection was reported at a rate of 82 per cent or higher among older cohorts.

Electricity is another key issue for Gazans. Only 18 per cent of participants show satisfaction with the electricity supply (3.5 per cent satisfied and 14.5 per cent somewhat satisfied). The rest are dissatisfied (70 per cent dissatisfied and 12 per cent somewhat dissatisfied). A minority of the households (2 per cent) report that they are not connected to the electricity network. There are no differences regarding connectivity and age of respondent or head of household regarding this issue.

At the time of conducting the assessment, only 57 per cent said that that they were connected to the Internet, and 43 per cent were not. Connectivity to the Internet is somewhat correlated with the gender of the survey participant, the gender of the head of household, and age. While 60 per cent of male participants said that they were connected, 56 per cent of females were. In addition, male-headed households reported a higher level of connectivity (58 per cent) than female headed-households (53 per cent). Furthermore, households led by older Gazans wre less connected to the Internet (41 per cent) than other age groups. The most connected households were led by the age group 51–64 (67 per

cent), followed by the 36–50 age group. Households led by younger members were also disadvantaged with a connectivity rate of 54 per cent.

Four related needs were listed in the survey and all were considered equally urgent:

- Provision of water supply in the form of immediate assistance (37 per cent: 38 per cent of females, 36 per cent of males)
- Fixing water infrastructure within the house (36 per cent: 36 per cent of females, 36 per cent of males)
- Reconnecting the household to the wastewater network (35 per cent: 35 per cent of females, 35 per cent of males)
- Reconnecting the household to the water network (34 per cent: 34 per cent of females, 34 per cent of males)

Health

Over the course of the escalation, six hospitals and 11 primary healthcare centres were damaged (OCHA, 2021a). However, the escalation's damage to the functioning of Gaza's healthcare system should not be viewed in isolation from the general context. Before the 11-day period of violence, healthcare in Gaza was already under significant strain from two preceding developments: the Great March of Return (GMR) of 2018/2019 and the COVID-19 outbreak. The increase in injuries incurred in the GMR strained an already fragile system, which often discharged patients without receiving full care (UN Women, 2020). Many of the injured still required home care, as well as medical visits. Home care responsibilities often fall to women in the household as caregivers. On the eve of the escalation, Gaza was already grappling with a rising COVID-19 caseload: the month of April witnessed a 58 per cent increase in infections in the territory with positivity rates of 30 per cent and hospital bed capacity at 57 per cent (OCHA, 2021c).

Damage to healthcare facilities and the influx of new patients also posed a threat to the health of pregnant women and those who had recently given birth. In 2014, the neonatal mortality rate at al Shifa Hospital doubled from 7 to 14 per cent as a result of the war (OCHA, 2014). Stress can also induce breastfeeding difficulties in new mothers, who must turn to substitutes, such as liquid or powdered milk and infant formula, both of which are not readily available generally and during fighting and its immediate aftermath are particularly difficult to obtain. As noted previously, one challenge in responding to household needs in the aftermath of the 2008/2009 War was providing sufficient nutritional items for children under five years old, as well as water and NFIs needed to provide said nutrition (UNIFEM, 2009).

The ability of Gaza's health system to provide care has been further compromised by the lack of specialized treatments for complicated illnesses and conditions. Palestinians who cannot receive treatment in Gaza are forced to apply for a permit to travel to healthcare centres in the West Bank, often in Jerusalem. Israel regularly rejects these permits, or issues them only after long delays injurious to ill applicants. Men are most likely to have their permits rejected, often because of gendered notions that they are more threatening and dangerous than women or children. Men, as well as women, who are refused permission to leave Gaza for care are forced to remain and many have died or suffered permanent injuries.

Addressing stress and stress-induced conditions is equally critical in meeting the healthcare needs of those in Gaza. Adults and children must live with the legacy of family members being killed or injured, forced displacement, the destruction of homes and neighbourhoods, persistent feelings of insecurity and powerlessness to defend themselves and their families, and the inability to restore the standard of living preceding the fighting and destruction. In the aftermath of the 2014 War, increased incidence of stress-induced conditions, such as bed-wetting, eating and sleeping disorders, fear, and violent behaviour were observed (OCHA, 2014). Children may also have to face the threat of

Photo: UN Women/ Halla al-Safadi

neglect, as parents or caregivers may have died or been injured, have reduced resources to devote to them, or be struggling with processing their own psychosocial circumstances and stresses. Difficult circumstances and stress, as noted above, may also increase children's exposure to violence at the hands of adults, including family members.

Increased household healthcare needs affect household members in different ways. Male family members, especially those earning income and heading households, will be expected to provide financial means to provide care in hospitals and health centres. Female members of the households, reflecting similar conceptions, are commonly expected to provide homecare for the injured. Throughout the GMR, women reported that they were expected to care for injured household members in addition to their domestic responsibilities. Challenges in helping injured family members, either through providing access to medical care or convalescence, can add further stress to household members (UN Women, 2020).

The May 2021 escalation was recognized as a driver of psychosocial needs, but past responses failed to acknowledge and meet such needs for adult males. To some degree, this reflects the lack of publicly visible need for such services, as males may be less likely to admit or acknowledge their own need for psychosocial services owing to social norms and expectations. As a result, responses have often prioritized the needs of women, boys and girls who are more able to publicly express vulnerability or emotional needs. Nonetheless, it has been observed that men recognize their own need for these services, commenting on the paucity available to them. Evidence from the aftermath of the first Gaza War (2008/2009) shows that men were as likely to identify the need for mental health services and that the major obstacle to accessing services is not necessarily the lack of willingness to get psychosocial support, but limited financial resources and the relevancy of available services or the lack of sufficient knowledge on where and how to access those services that do exist.[27]

The present survey reveals that the majority of families in Gaza (88 per cent) report having health insurance, the remaining 12 per cent report that they have no insurance.[28] Among families with health insurance, 88 per cent have governmental insurance, 7 per cent UNRWA insurance, and 4 per cent have private insurance. Only 1 per cent have

insurance from more than one source. The rates of people with health insurance do not vary based on the gender of the respondent or the gender of the head of household. However, families with homes that were not harmed during the war have slightly higher rates of insurance (91 per cent) compared to those that lost their homes completely or partially (85 per cent).

Impact of the war on health services

According to the present survey, a majority of households (70 per cent) report satisfaction (satisfied or somewhat satisfied) with health services before the latest war. In contrast, 30 per cent report dissatisfaction. There are no differences in the levels of satisfaction based on gender of participant, or the gender or age of head of household. Households without any war-related home damage report a higher satisfaction rate (81 per cent) than households that suffered from complete destruction (64 per cent) and households that suffered from partial damage (54 per cent). This is related to the remote nature of the most war-affected areas and their marginalization and weak accessibility to services in general and health services in particular.

The war impacted access to and quality of health services. For example, one third of households said that their general access to health care has deteriorated. The majority (64 per cent) reported that their access stayed the same and 1 per cent reported an improvement. The reported deterioration is slightly higher among male-headed households (33 per cent) than female-headed households (28 per cent). In addition, while all age groups reported a deterioration in access an average rate of 34 per cent), only 18 per cent of the oldest cohort (65 or above) reported the same level of access. Members of households with completely damaged homes reported a slightly higher negative impact (43 per cent) than households without any home damage (41 per cent).

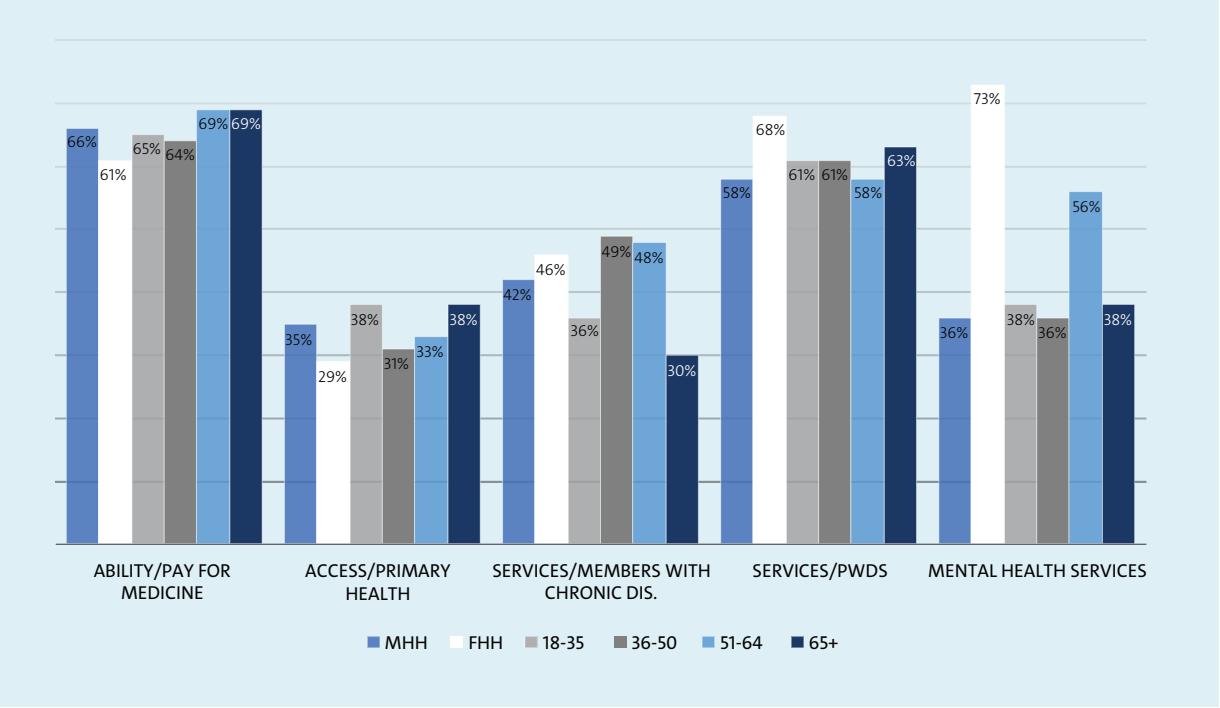
The aspects of health services that saw the greatest impact were the ability to pay for medicine; affordability of health services; ability to cover the cost of transportation to reach health facilities; availability of health services; and accessibility to primary health care. The areas of mental health and services for persons with addiction to drugs were reported as having the least impact. This is mainly due to the fact these two services were deemed irrelevant by the majority of households (70 per cent view mental health services as irrelevant and 81 per cent view services to drug addicts as irrelevant). Still, more than 50 per cent of families with members who face mental health challenges report a deterioration of health services for their needy members as a result of the war.

Gender and age of head of household are correlated with reporting on the war's impact on access to health services. The following figure shows the complexity of assessing the impact of the war as per each gender and age group with more in each group reporting difficulties in paying for or accessing health care:

- Male-headed households and older participants report a deterioration in their ability to pay for medicine.
- Male-headed households, as well as the youngest and oldest participants, report a deterioration in their accessibility to primary health care services.
- Female-headed households, as well as the middle-aged cohorts in both male and female-headed households, report a deterioration in accessibility to services for members with chronic diseases.
- Female-headed households, as well as older participants, report a deterioration in accessibility to to services for members with disability.
- Female-headed households with members who have mental challenges, as well as the middle-aged cohort of 51–64 years old in both male and female-headed households, report a deterioration in their accessibility to services for members with mental health challenges.

Figure 10:

Percentage of households reporting deterioration of selected aspects of health services by gender and age of head of household



The war exacerbated COVID-19 risks and conditions for 50 per cent of families. Another 50 per cent say that their accessibility to COVID-19 services was negatively impacted, while 42 per cent say it stayed the same and 4 per cent say it improved. The rest (4 per cent) considered the issue irrelevant. Male-headed households report higher levels of COVID-19 negative impact (52 per cent) than female-headed households (44 per cent).

People with disability

A negative impact was also felt by the majority of families with people with disability. At least 12 per cent of families report having at least one person with disability, of which 1 per cent report the latest war resulted in a disability in the family. The largest group among persons with disability are adult males (49 per cent), followed by male children (29 per cent), adult females (24 per cent) and female children (16 per cent).[29] A majority of households (54 per cent) reported that members with disability received rehabilitation and health services before the war. This rate declined to 35 per cent after the war (a 19-point decline). Still, access to health and rehabilitation services was challenging before the war (46 per cent) and after the war (65 per cent). In general, as much as 60 per cent of households that include people with disabilities report that the provision of health services to people with disabilities deteriorated as a result of the war. This was especially true for female-headed households that reported having a person with disability in their midst at double the rates of male-headed households (22 percent compared to 11 per cent). Of households with completely or partially demolished homes, 12 per cent report having a person with a disability, while households without any home damage report an 8 per cent rate.

Box 4:

Perpetuating disability within a disabling environment

Reports from the qualitative data confirm the compounded impacts of the war, prolonged de-development process and substandard services on people with disability. In each war or confrontation, more people, mostly young men, join the legions of people with disability in Gaza. The war conditions are doubly burdensome on people with disability and their families. Family mobility and options are even more limited in the case of people with disability. The following are examples:

Surrounding environment and assistive devices:
"I had to leave my wheelchair at home and just rely on the people around me to carry me and move me form one place to another as we tried to find shelter. This made it much more difficult for me and my family. In our relatives' home, I had to sleep outside in the yard as there was no way that I could be carried into the house." (Male, single, 24)

Schools are no place for people with disability:
"I had to stay home with my child who has multiple disabilities as I could not take him to the shelter. I can't take care of his basic needs there. There are no facilities or services; nothing is there to help him. This was my experience in the last war." (Female, married, 55 years old)

Isolation and limited access to services:
"Our daughter who has multiple disabilities relies on us to take daily to get her shot in the health centre. During the war, we were unable to do that. We had to move to another area and the health centre was occupied with people with war injuries and they had no medication for our daughter. We stayed with her at home, watched her health deteriorate. She was totally isolated from the outside world." (Male, married, 58 years old)

Families splitting:
"Our son has nervous breakdowns and is very unstable. We couldn't take him anywhere as he would have seizures and scream at any time and might become violent with others. My husband took my other five children to the shelter while I stayed home with my son. I told myself that maybe we would die together. I brought him into the world and if we die, it would be best to go together as he will have no one after me to take care of him." (Female, married, 47 years old)

People with disability:
To illustrate the many negative impacts on people with disability, one of the key informants (Male, 39) explained:

"The war results in so much damage to infrastructure. Destroyed streets prevent the people with disability from moving around, leading to further isolation. Most of the needed medications were not available and there was no institution to ensure that the daily medical needs of people with disability are made available. Shelters, that were in schools, had no basic services or adaptation for people with disability. In many cases, some of the assistive devices were damaged or lost. A number of people with disability who stayed in the shelter came out with debilitating conditions as they had to sleep on the floor or had just substandard sheets with no facilities to enable them to receive the hygiene that they need. They came out with serious sores and infections."

People with chronic diseases

A significant percentage of households (41 per cent) reported having at least one family member with a chronic disease. An equal percentage of families report chronic diseases among older male and female members (19 per cent), while a slightly higher percentage of families noted chronic diseases among male children (5.4 per cent) than female children (3.3 per cent). The opposite is true among adult family members (18¬–64 years old), where 49 per cent of the households report chronic diseases among adult female members, compared to 45 per cent among male adult members. As much as 43 per cent of households with members who suffer from chronic diseases report a deterioration of health services as a result of the war. Female-headed households report a higher percentage of chronic diseases (57 per cent) than male-headed households (40 per cent), although male-headed households comprise 88 per cent and female-headed households report 12 per cent of all households with members who have chronic diseases. In addition, families with older heads of household report much higher levels of chronic diseases than younger cohorts (86 per cent to 21 per cent respectively).

The war impacted households with higher percentages of chronic diseases. Households with completely demolished homes report a 44 per cent rate of chronic disease prevalence, while

Photo: UN Women/ Halla al-Safadi

households without any home damage report a 40 per cent rate.

Women and child health

During the war, 11 per cent of households reported having at least one pregnant woman and 14 per cent of households reported having at least one lactating woman. There was no difference in reporting by male and female participants nor by the gender of the head of household. The age of heads of household was, however, correlated with reporting: 19 per cent and 24 per cent of households of younger couples report having a pregnant and/or a lactating woman (respectively). In contrast, only 6 per cent and 10 per cent of the age group 36–50 reported having a pregnant and/or lactating woman (respectively).

The vast majority of these households (90 per cent) reported that the war negatively impacted (to large extent or to some extent) the access of pregnant women to prenatal health services and 88 per cent reported a negative impact on the ability of the lactating woman to provide proper feeding for babies. More women than men report such negative impacts on the health of women and children. For example, while 86 per cent of males report that the war negatively impacted the health of pregnant women, 91 per cent of females had the same response. In addition, more females (69 per cent) communicated a negative impact on the nutrition of babies, than their male counterparts (63 per cent).

Furthermore, a majority of participants noted that women were having more difficulties securing health/hygiene supplies after the 2021 war. The assessment of this issue is not correlated with the gender of respondent or head of household – all cohorts assess the situation at the same level.

Psychosocial challenges and mental health

The emotional and psychological conditions of all household cohorts are viewed as having worsened due to the war. The highest level of perceived decline in mental health was noted among adult female household members (64 per cent), followed by adult male members (60 per cent), male children (55 per cent) and female children (52 per cent). Male-headed households were more likely to report a deterioration in the psychosocial conditions of female children (54 per cent) than female-headed households (36 per cent).

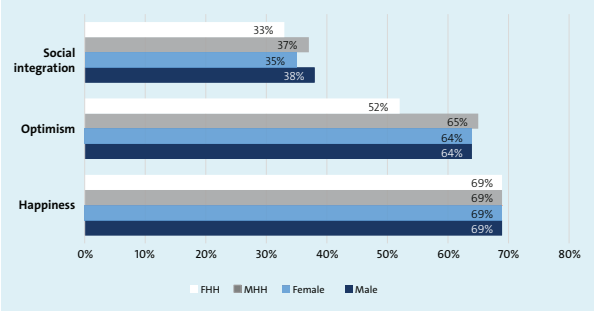
Households with completely damaged homes were more likely to announce changes in the psychosocial conditions of their members. For example, 74 per cent acknowledged a decline in the psychosocial conditions of female household members, compared to 64 per cent among households with partial home damage and 57 per cent of household with no home damage. The same pattern applies to statements about the psychosocial health of female children.

A total of 69 per cent of respondents noted that they did not feel as happy, while for 29 per cent there was no change. The same pattern applied to feeling optimistic, where 63 per cent said that they were less optimistic about the future. In addition, 36 per cent of households announced increased social isolation (decreased social integration). The reported decline in these indicators is somewhat correlated to the gender of the respondent, as well as the gender of the head of household. Males and male-headed households report slightly higher levels of deterioration in terms of social integration as a result of the war. While male and female respondents described the same level of deterioration in feeling optimistic, male heads of households tend to acknowledge a much higher level of deterioration in their level of optimism than female heads of households. There are no differences based on gender in terms of assessment of the impact of war on level of happiness.

According to one of the key informants (female, 39, Gaza), these findings must not hide the fact that women and female-headed households live in relative deprivation compared to their male counterparts and male-headed households. Women made their comparisons with a pre-war situation that already showed a low level of happiness, optimism and social integration, further impacted by all livelihood indicators. This key informant pointed to the notion of relative deprivation and the subjective assessment of change: "Women and female-headed households compare their conditions now to a low bar. They don't feel the same decline as would other better-situated male-headed households. To women, the situation has been deteriorating long before this war as it relates to occupation and non-occupation factors."

Figure 11:

Percentage reporting decline in life quality as a result of the war (select indicators) by gender and head of household



Age is not correlated with assessment of deterioration in optimism and social integration, but is highly correlated with assessment of happiness, with 78 per cent of the oldest cohort (65+) describing a deterioration in their happiness after the war. In comparison, 66 per cent of all other age groups had the same response. In general, households that were highly impacted by the war reported increased social isolation. Households with completely destroyed homes were more likely to report increased social isolation (49 per cent) than households with partial damage (40 per cent) and households with no damage (27 per cent).

A decline in feeling safe was also acknowledged, where 60 per cent of respondents say that they feel less safe in their own homes now than before the war. The reported assessments of personal safety showed no correlation between the gender of the respondent (59 per cent of males and 61 per cent of females report deterioration in their feeling of safety) or the head of household. Populations under attack tend to share similar feelings as men, women and children are exposed to the same level and type of military aggressions within their common spaces and their responses to attacks are generally collective. According to a male participant (41, North Gaza): "During the attacks, we are all feeling unsafe. I pretend that I am courageous to give my children

the confidence and strength to persevere. But I feel really unsafe for myself and for my family."

This attitude was felt by a female child (12, Gaza Middle): "I am so afraid for my life. I feel that I will be killed any minute. I get support from my parents, yet I feel that they are also not sure what to do under the circumstances. I feel their fear and I encourage them."

In contrast, exposure to attacks during the war is correlated, with 81 per cent of respondents from completely destroyed homes acknowledging that they felt less safe in their current place of residence (the majority of them continue to be displaced as reported above). This is compared to 59 per cent of households with partially damaged homes (the vast majority of whom continue to live in their original homes) and 49 per cent among households with no home damage. Respondents also describe feeling less happy, with 69 per cent of all participants reporting a deterioration. Home damage had a particularly significant impact on those reporting feeling less happy: households with completely damaged homes (86 per cent), followed by households with partial damage (68 per cent) and households with no damage (60 per cent).

Regarding feeling safe, the respondents noted the following:

- 60 per cent of adult females feel less safe now than before the war; with higher reported declines in feeling safe among members of female-headed households (69 per cent) than male-headed households (61 per cent).
- 57 per cent of respondents noted that they feel less safe while walking around; with a minor difference between male heads of households (56 per cent) and per cent) and female heads of households (58 per cent).
- A majority believe that male and female children feel less safe now than before the war (53 per cent for males and 51 per cent for females).
- For both male and female children, the assessment of deteriorating safety among female-headed households (70 per cent and 73 per cent respectively) is higher than male-headed households (69 per cent for each group).
- 58 per cent feel the safety of adult males has declined as a result of the latest war. This feeling is more widespread among female headed households that include adult males (62 per cent) than male-headed headed households (56 per cent).

The following priorities were confirmed in the survey:

- All households with an injured person/people with disability believe that the provision of health services to the injured/ people with disability is urgent.
- 79 per cent believe that the provision of hygiene/ dignity kits is urgent (77 per cent of females, 81 per cent of males).
- 71 per cent believe that the provision of medicine is urgent (71 per cent of females, 73 per cent of males).
- 69 per cent believe that the provision of medical supplies is urgent (67 per cent of females, 70 per cent of males).
- 67 per cent believe that reducing pollutants resulting from the war is urgent (66 per cent of females, 68 per cent of males).
- 62 per cent believe that securing primary health care for children is urgent (60 per cent of females, 63 per cent of males).
- 58 per cent believe that ensuring no mines/war remnants remain is urgent (58 per cent of females, 58 per cent of males).
- 57 per cent believe that the provision of reproductive health services (gynaecological checks, family planning, access to contraceptives, etc.) is urgent (56 per cent of females, 59 per cent of males).
- Finally, 42 per cent believe that securing maternal/ post maternal care for women in urgent (40 per cent of females, 45 per cent of males).

Social Protection

Over the course of the escalation, 66 children were killed and thousands more were injured. After the announcement of the ceasefire, violence between Israel and Gaza-based factions stopped and it became unlikely that residents were at risk of direct physical harm from further violence (OCHA, 2021a). Even before the escalation, however, social protection issues were present in Gaza, the most prevalent were GBV, abuse of children (including sexual abuse), child labour, and malnutrition among women and girls (OCHA, 2021b). The escalation of conflict and its consequences, such as displacement and increased strain and distress from the daily threats of injury and violence, are all drivers of increased threats. Violence manifests in many forms, including verbal, physical, sexual, and psychological abuse, all of which have been reported in the aftermath of previous wars.

In the aftermath of the 2014 War, increases in violence against women and children by a variety of actors were observed (OCHA, 2014). Similar trends were seen in the aftermath of the GMR. Among those who had been injured, as many as 35 per cent reported experiencing verbal abuse, while 4 per cent reported experiencing physical abuse (PCDCR, 2019). Children in particular are at risk of experiencing abuse at the hands of parents, siblings, schoolteachers, and even school counsellors. Girls can also be forced into early marriage to ease economic burdens. Women are at risk of intimate-partner violence, as well as abuse by in-laws, parents, siblings, and, in some instances, even their own children. Palestinian children may experience abuse at the hands of caregivers, often those who are under intense stress themselves. This phenomenon is especially acute for children with disabilities.

In addition to an observed increase in protection-related incidents, such as violence and abuse, Palestinians must also cope with the fact that services may become less accessible just when they are needed most. Since the escalation, calls to the Gaza's national helpline (run by Social Protection Cluster partners) have increased, indicating a need for expanded psychosocial services, particularly those related to helping children with feelings of panic, trauma, and fear. The volume of the calls and their character also creates stress for those providing these services. They often need mental health and psychosocial services themselves (OCHA, 2021a). This pattern resembles that of previous escalations. OCHA (2014) confirmed that women and children who previously needed to travel to access services related to gender-based violence (GBV) before the war found these services inaccessible during and after the war. Their reduced capacity to travel or the impossibility of travel left them without a key source of support at a critical time.

Coping with the legacy of the escalation is one of the greatest challenges for households. Men, women, and children must manage their feelings related to the death and injury of loved ones, the destruction of their homes, the feeling of powerlessness to protect those they love, and their inability to provide for the most basic needs of their household. These and other feelings can induce significant stress, which can manifest in anti-social behaviours such as increased irritability and violence directed at loved ones or withdrawal of needed emotional support and presence. Men and women whose spouses were killed in the fighting must manage the grief of losing a loved one, just as children must manage their feelings around the loss of a parent (UNFPA, 2021).

In the aftermath of previous periods of escalated violence, increased instances of GBV and violence against children have been observed (UN Women, 2020). Mothers may face heightened violence and harassment for failing to protect their children from harm, such as injury, disability, or death since they are expected to be caregivers to children. Children whose primary caregivers were hospitalized or died may also face neglect or lack of support, particularly emotional support, from their fellow household members who are attempting to adjust to the new realities created by the escalation's legacy. The

Photo: UN Women/ Halla al-Safadi

same is true for elderly people and people with disabilities who rely on caregivers. One of the most serious threats is to those women whose husbands were killed. They are at risk of forcible remarriage, often to a member of their former husband's family. The present assessment (2022) confirms previous findings that households may become more protective in an effort to spare children from harm. These intentions can lead to repressive counter measures and GBV, such as segregating women to limited spaces within the lodging and restricting external engagement and freedom of movement (OCHA, 2014).

Too often, the response and assistance directed towards persons with disabilities is focused on improving individual welfare, as opposed to tackling community-based biases or attitudes that restrict those with disabilities from pursuing their aspirations. In addition, the widespread nature of the humanitarian crisis across Gaza often means that the distinct needs of people with disabilities are subsumed beneath generalized assistance meant to provide a minimum standard of living for Palestinian households (UN Women, 2020).

Need for social assistance

According to the present assessment, the need for social protection, including social assistance, has intensified as a result of the war. As much as 76 per cent of households believe that they are at a higher risk of poverty now than before the war, while 23 per cent believe that the risk of becoming poor is the same as before the war (noting that the risk continues to be high, just as it was before the war). Males as well as females from male-headed households assess the risk of household exposure to poverty resulting from the war at the same level, while female-headed households report a slightly higher risk of poverty (79 per cent) in the aftermath of the war than male-headed households (75 per cent). These reported results are not to be confused with actual rates of poverty. National data show that female-headed households are more impacted by poverty than male-headed households. New studies in Gaza have indicated a relative decline in the gap between male and female-headed households, as the new poor are mainly male-headed households of younger educated couples.

The assessment data confirms previous findings on the clear correlation between exposure to military attacks and the risk of poverty. Households that are directly impacted by the war report the highest risk of poverty. A full 87 per cent of respondents from completely demolished homes reported a higher risk of poverty, whereas 74 per cent of households with partial damage, and 73 per cent among

households with no home damage report a higher risk of poverty.

In addition, 81 per cent report an increase in their need for assistance. This result is not correlated with respondent gender, but there is a minor correlation with the head of household gender (84 per cent for female-headed households and 81 per cent for male-headed households). While the need for assistance among households with damaged homes (82 per cent) is slightly higher than households with no home damage (77 per cent), it seems that the impact of the war is relatively small given the already cumulative deteriorating conditions and increasing need for assistance by most Gazans as a result of a prolonged policy of de-development, previous wars, continuing conflict, tight closure of the boarders and other movement restrictions.

Furthermore, 63 per cent of households report an increase in the instability/irregularity of receiving social assistance. This assessment is not correlated with the gender of the respondent or head of household and is not significantly impacted by the damage caused to the house by the war.

The deterioration in living conditions is also related to the perceived ability of adults to serve as protectors and providers. In the aftermath of the latest escalation, as much as 65 per cent of respondents feel that they are less able to provide for their families and meet their needs, while a third saw no change. The reported deterioration only adds to the intensity of the already substandard living conditions, which have been accumulating over decades of military occupation and closure of the region. (which is low even before the latest war). Males and male-headed households report higher levels of deterioration in their felt capacity to be a provider (68 per cent and 67 per cent respectively) than females and female-headed households (63 per cent and 51 per cent respectively).

Respondents (male and female) from households with completely damaged homes report higher levels of deterioration in their ability to provide after the war (79 per cent), compared to households with partial damage (66 per cent) and households with no damage (54 per cent). Combined with that, a majority of respondents (56 per cent) felt that the opportunities for social mobility for children in their family dwindled after the war.

Community tension and GBV

Living in times of conflict also increases the likelihood for the intensification of internal community tensions and gender-based violence (GBV). The vast majority of respondents (90 per cent) believe that tensions within the community have increased in the aftermath of the war. In addition, 74 per cent of respondents noticed an increase in the levels of violence in the community and 72 per cent reported that tensions within the family increased after the war.

Exposure to GBV and the threat of GBV is also perceived to be on the rise because of war-related violence, where 54 per cent of survey participants said that they noticed an increase in violence against adult females in the community. Another 45 per cent noticed an increase in violence against female children in the community. In comparison, 37 per cent and 31 per cent (respectively) noticed an increase in violence against adult women and female children within the household.

The observed levels of violence are dependent on violence type and the group impacted:

- The highest noted increase in violence was in verbal/emotional violence against women in the household (51 per cent).
- The second highest increase was in acknowledged verbal/emotional violence against children in the household (49 per cent).
- An observed increase in physical violence against children in the household was noted by 40 per cent and physical violence against women in the household by 36 per cent of respondents.
- The noted increase in the remaining forms of violence (sexual violence and abuse of elderly and people with disability) ranged between 13 per cent and 16 per cent.

The perceived increase of violence against women within the family was reported equally by men and women yet reports of violence are more widespread among respondents from male-headed households (37 per cent) than female-headed households (29 per cent).

Exposure to war-related damage is correlated with reported increase in violence against women. Households with completely destroyed homes report an increase in violence against women within the household at a higher level (45 per cent) than households with partially damaged homes (39 per cent) and households with no damage (31 per cent). The above-mentioned patterns apply to reported increases in violence against female children, where more male-headed households report an increase (31 per cent) than female-headed households (25 per cent). Households exposed to complete home destruction are more likely to report an increase in violence against female children (34 per cent) than households with partial damage (32 per cent) and households with no damage (24 per cent).

All types of violence including sexual, physical, and verbal violence just as much in the community, against women and against male and female children are reported equally by male and female respondents and from male and female-headed households.[30] The only exception to this was physical violence against children within the household, where male-headed households were more likely to report an increase (41 per cent) than female-headed households (30 per cent). Households with complete or partial home damage were more likely to report an increase in community violence (77 per cent) than households with no home damage (65 per cent). Households with no home damage were more likely to notice an increase in sexual violence against women and children (18 per cent and 22 per cent respectively) than households with complete war-related home destruction (11 per cent for both types) and households with partial home damage (15 per cent and 13 per cent respectively). In addition, households with complete or partial home destruction are more likely to notice an increase in physical violence against women in the household (43 per cent) than those with no home damage of any type (35 per cent).

While it is alarming that both household settings (male and female-headed households) suffer from violence, the assessment data confirms the disproportional rates of violence against women and children in more patriarchal family settings, compared to matriarchal settings as indicated above. It must also be noted that violence within the family setting affects all family members but especially women, male and female children, elderly, and people with disability. The different impacts are illustrated through the following statements made by the assessment participants:

My husband lost his job. He was traumatized and became withdrawn after the loss of our child in 2014. During this late war, all of his emotional turmoil resurfaced and he started losing it when dealing with every family matter. He is a victim who is victimizing all of us. He is not happy. We are not happy and the boys are mimicking him and directing their anger at their younger siblings and sisters.

(Female, 49, North Gaza)

I witnessed the shattering of our neighbour's body. His parts and flesh were spread around the ruins of their building. This is causing me nightmares. I am depressed and have no desire to live. Life has no taste; it is the war, but it is being in Gaza all the time that angers me and I want to scream at and hit others.

(Male, 15, East Gaza city)

When we moved into our uncle's house, my father shifted from someone who never hits or screams to someone who is trying to fully control us by any means. He was feeling very bad about being in my uncle's house and living under his roof. Being with my uncle's family pressured him to play tough and resort to violence or threats to show them that he is trying.

(Female, 15, Rafah)

My son has a mental and physical disability. During the war I had to run around with him and move

him from one place to another. While we were in the shelter, no one could tolerate his presence and his actions. Everyone looked at me as incapable of controlling him. Since I felt so much pressure and was so traumatized and tired, I just couldn't help but to hit him. I feel bad, but I received no help in dealing with my son and his needs. Everyone, the community, the government, and the NGOs – all expect me to fully take care of my son without any real help.

(Female, 38, North Gaza)

During the war, my older parents had to live with us as their area was under continuous bombardment. The house is too small. I just couldn't tolerate their requests and their complaining. For the first time in my life, I started scolding my older parents and this is the worst feeling ever. Not only is it hurtful, but also sacrilegious. (Male, 51, Khan Younis)

The survey results reveal that the needs in the social protection sector are prioritized as follows:

- Cash assistance is the most urgent need after the war (95 per cent: 94 per cent of females, 97 per cent of males).
- The second most urgent priority is the provision of psychosocial assistance to adult female members in the household (80 per cent: 79 per cent of females, 80 per cent of males).
- 76 per cent (72 per cent of females, 80 per cent of males) consider the provision of psychosocial assistance to adult male members in thehousehold as an urgent priority.
- 65 per cent (62 per cent of females, 67 per cent of males) consider the provision of psychosocial assistance to male children in the household as an urgent priority.
- 60 per cent (57 per cent of females, 63 per cent of males) consider the provision of psychosocial assistance to female children in the household as an urgent priority.
- 19 per cent (18.6 per cent of females, 18.7 per cent of males) consider the provision of psychosocial assistance to elderly members in the household as an urgent priority; this percentage is closely aligned aligned with the percentage of families that have elderly within the household.
- 18 per cent (17.7 per cent of females, 18.3 per cent of males) consider the provision of psychosocial assist ance to people with disability in the household as an urgent priority; this percentage is closely aligned with the percentage of families that have people with disability within the household.
- 6 per cent of the participants (6.6 per cent of females, 5 per cent of males) consider helping family members with drug-related challenges as an urgent priority.
- For families with people with disability, almost all of them prioritize the provision of health services and psychosocial assistance.

Livelihood, work, income, and food security

All aspects of livelihood of the Gaza population have been negatively impacted by the war. This impact, while directly resulting from the latest war, is deemed cumulative and part and parcel of the long-term de-development of the Gaza Strip over the past decades.[31] The present study shows that households impacted by the latest escalation had also been victims of previous wars. As much as 79 per cent of the present victimized households were displaced as a result of previous wars, with 3 per cent continuing to be displaced since 2014.[32]

Before the outbreak of the recent conflict, households in Gaza were facing elevated rates of food insecurity. The 2021 HNO estimated that 1.4 million people in Gaza out of a total population of 2 million were food insecure (49 per cent of all women, 48 per cent of all children), an increase of 300,000 from the previous year. This was attributed to the economic slowdown caused by COVID-19 (OCHA, 2021b). Gaza's ability to feed itself has been under strain for the past decade, with hundreds of dunums of farmland damaged or inaccessible

Photo: Mirna Aho

as a result of Israeli military restrictions and much of Gaza's coastline off-limits to fishing for the same reasons. In addition, Gaza's ability to supply its own food has become imperilled because of the destruction. Uncertainty about whether the crossings into Gaza, chiefly Kerem Shalom, will be re-opened and to what degree pose further threats (OCHA, 2021a).

Importantly, drivers of food insecurity include not only a lack of available food, but also the limited abilities of households to purchase available food. In the aftermath of the 2014 war, one of the primary threats to household food security was the reduction of household income caused by the fighting. However, the rise in prices also contributed to the problem, putting many goods out of reach of households whose income was already reduced. In the aftermath of the 2014 war, prices measured by the consumer price index for food and soft drinks rose by seven percent, while prices for vegetables increased by as much as 50 per cent (OCHA, 2014). The sharp rise in the vegetable prices was attributed to the difficulty in getting crops to the market. However, the prices of staple foods did not increase, a development attributed to the timely influx of humanitarian aid. This offers an important lesson for response to the recent escalation (OCHA, 2014). In instances of food insecurity, one of the most common coping mechanisms is reducing portion sizes or prioritizing certain family members over others. A study in the aftermath of the 2008/2009 war found that, male, elderly members of households were the least likely to be prioritized across Gaza, while boys were more likely to be prioritized than girls among children (UNIFEM, 2009). For both population groups, reduced consumption of food comes with serious consequences. Among children, the inability to eat enough food or consume sufficiently nutritious food can lead to conditions such as stunting, while, for the elderly, reduced consumption can make them more vulnerable to certain conditions and diseases.

Pregnant and lactating women were acutely affected by an absence of sufficient food and an insufficiently diverse diet. For those who are recent mothers, the ability to obtain food items specifically for infants, such as liquid or powdered milk or infant formula, poses a particular challenge. In the aftermath of the 2008/2009 war, food aid was distributed to the majority of households across Gaza, targeting households in deep poverty, those who had been displaced, and female-headed

households, among others. Distribution efforts were not without problems, however. In addition to households being dissatisfied with the quantity of food they received. Others noted that the food received did not meet their needs (UNIFEM, 2009). This may have reflected the absence of specialized and targeted food distributions, as well as lack of a comprehensive gender analysis of the situation, as households also mentioned the lack of supplements for children younger than five years and an absence of cooking fuel as reasons for being dissatisfied with food assistance (UNIFEM, 2009).

As detailed above, households may also face threats to food security given the inability to access clean water or the loss of NFIs necessary to prepare food. Previously, the lack of essential cooking facilities and supplies (e.g., cooking gas, fuel, and water) adversely impacted the ability of households to consume cooked food, limiting the prevalence of nutritionally diverse diets (OCHA, 2014). Poor nutrition carries a heightened risk for pregnant women and those who have recently given birth, along with infant children. In this regard, nutrition issues cannot be separated from WASH concerns as the damage to water networks and general household access to water poses a constraint on household's ability to consume a nutritionally diverse diet.

Diminished livelihoods and incomes are cardinal threats to household food security. The 11 days of violence had a devastating effect on Gaza's economy, destroying workplaces, movable and immovable assets, and vital infrastructure including roads (OCHA, 2021a). In addition, many households must contend with the likelihood of reduced incomes, reflecting injured or killed family members, temporary or permanent loss of employment, and reduced economic activity. In the aftermath of the GMR, most injured Palestinians who were previously working reported they were not able to return to their previous jobs (PCPDR, 2019). The loss of income often has deleterious implications for the well-being of children, principally through the reliance on negative coping mechanisms. Common among these are the entry of boys into the workforce to supplement the income lost by injured or dead family members. It is critical to note that child labour in Gaza was increasing even before the recent escalation as a result of the economic contraction caused by the COVID-19 crisis (OCHA, 2021a).

Female-headed households are among those most vulnerable to the effects of the recent escalation. To begin with, many females operate businesses in their primary shelters or in adjoining areas, meaning the destruction or damage to a shelter also implies the loss of a workplace and its accompanying income stream. Already before the escalation, female household heads were diverting income from their businesses to support families (CARE, 2020). Female heads of household may also be the sole caregivers for children or the elderly, a responsibility which requires them to address household's financial needs as well as their health and social needs. In the aftermath of recent fighting, it is especially critical to distinguish between those households that were previously headed by females and those for whom this is a recent development, owing to the death or injury of a male head of household. These households are more likely to need immediate support as they have lost their primary earner, possibly forcing them to rely on negative coping mechanisms. All these factors contribute to making economic autonomy very difficult to attain, whereas such financial independence is widely acknowledged as a precondition for women's empowerment and ability to escape violence.

The present assessment reveals that 6.3 per cent of households reported that they completely or partially lost a formal business because of the war. Businesses were owned 93 per cent of the time (64 instances) by a male family member, while in 7 per cent of the cases (five cases) they were owned by a female member. Households led by younger couples (18–35 years) are most impacted, with 7 per cent of such households reported losing a business (28 businesses comprising 41 per cent of all lost businesses), followed by the age group 36–50 years old (losing 24 businesses and comprising 35 per cent of all lost businesses). The age group 51–64 lost 14 businesses comprising 20 per cent, and participants


Photo: Mirna Aho

above 64 years of age lost three businesses comprising 4 per cent of the total lost businesses. In addition, another 7.3 per cent of survey respondents completely or partially ceased home-based income-generation activity Loss of home-based businesses disproportionately impacted women with 18 per cent of the lost businesses owned by women, compared to 80 per cent by men. Another 2 per cent of lost home-based businesses were jointly owned by a male and a female family member.

Other livelihood assets were also lost a result of the war. The largest losses (complete or partial) are reported in relation to livestock and other domesticated animals (15 per cent of households). This is followed by losses of agricultural crops (10 per cent of households) and transport vehicles (among 9 per cent of households). In addition, 7 per cent of households reported losing agricultural tools/implements.

Given the above adversities, households report higher levels of deterioration in their income and employability:

- 74 per cent of households reported a deterioration in their income and regularity of income.
- 70 per cent noted a deterioration of employment opportunities for both adult male and female family members.
- Another 68 per cent announced that their reliance on debt has increased.
- Only 3.5 per cent of households found that they were able to save from their income.

As a result of the war, males, females and male- and female-headed households all found that their household income has decreased.[33] Reported loss of income is correlated with the immediate damage resulting from the war. While 89 per cent of households that completely lost their home reported a decline in their household income, 74 per cent of the households with partial damage and 66 per cent of households with no damage report the same.

Both male- and female-headed households announced an increasing reliance on debt (69 per cent to 64 per cent respectively) due to the war. The highest reported level of reliance on debt is reported by households that completely lost their homes (85 per cent), compared to 73 per cent among those whose houses had no damage and 65 per cent of households with some damage. The following testimonies illustrate the nature of these losses. According to one participant (Female, 55, North Gaza), damage to the crops had caused both loss of income and decreased food security:

We live in an area near the border. We planted our land with all types of vegetables. We sell some for income and we keep some for our own use. All our produce was damaged as a result of the bombardment and our inability to irrigate it. Until we start again, I am putting more work in my sewing machine and my husband has to buy foodstuff from the shop using debt.

Another female participant (56, Khan Younis)

lost her income, previously the core of her household's livelihood and her source of dignity and independence:

I had 10 sheep in my name. They were all killed because of the war. To me they were the key to my well-being and that of my children and old father who lives with us. The sheep were not only giving me income, but also dignity, as I didn't have to beg others for assistance. Now, I am waiting for any support to help me pick up the pieces and feed my family.

To most women, especially young women, the war further impacted their quest for empowerment and independence. Some FGD participants expressed how the war further curtailed their ability to find jobs and earn income. One of the young women (27, East of Gaza City) asserted:

In Gaza, there are no jobs in general. Almost all my young friends who graduated from university, especially women, have no jobs. We are always seeking opportunities and as we think we get closer to finding an employment or entrepreneurship opportunity, our dreams are shattered yet again. The war kills opportunities and our quest for empowerment is just so unattainable under the conditions in Gaza. Wars make us less hopeful and less desiring of seeking change. Change in Gaza as it stands is an impossibility. We as women accept our reality. Maybe in the future, a miracle will happen.

National data confirms that labour force participation rates continue to be low among women, while unemployment rates among young people, especially among young women, are among the highest in the world. PCBS data (2021) indicate that the male labour force participation rate reached 69 per cent, while for females it was 18 per cent. The unemployment rate reached 48 per cent in Gaza Strip compared to 17 per cent in the West Bank. Unemployment is much higher among females (47 per cent) than males (22 per cent). The rate is 68.6 per cent among females in Gaza compared to 47 per cent among Gaza males.

The priorities in this sector, as revealed by the present survey, are the following:

- Provision of food is an urgent priority for 80 per cent of the households.
- Provision of assistance to secure animal products (dairy and meat) is an urgent priority for 41 per cent of households (39 per cent of females, 43 per cent of males).
- Provision of assistance to plant agricultural products is an urgent priority for 19 per cent of households (18 per cent of females, 20 per cent of males).
- Provision of food processing tools/equipment is an urgent priority for 18 per cent (17 per cent of females, 19 per cent of males).

Education

As of 23 May 2021, an estimated 54 education facilities had been damaged. With the exception of the Tawjihi, the general exam for Palestinian secondary students, final exams were cancelled and the academic year for non-UNRWA schools was ended early. The Education Cluster estimated that 600,000 children had suffered learning loss (OCHA, 2021a). Even before the recent escalation, however, education in Gaza was already under strain. Lockdown measures, such as the closure of schools, caused learning loss as many children were forced to stop their schooling or continue online with reduced outcomes.

One of the most serious consequences of the recent fighting has been students dropping out of school. Children who were physically injured, particularly those who developed a permanent disability, may opt to no longer attend school owing to their injury. Among students who were injured in the GMR, the majority (52 per cent) dropped out after sustaining their injury, and among those who continued to attend, their attendance became infrequent, or they were forced to change schools. This can reflect the lack of accessibility for children with disabilities, the lack of transportation, the cost of education, the need for regular care at home, and the difficulty in catching up with missed instruction (PCDCR, 2019).

The risk of dropping out is not limited only to those children who have sustained injuries but extends to other children in the household. In the aftermath of the escalation, households often faced a double financial pinch: the need to devote more resources to shelter and health, and the loss of income from injured wage earners or destroyed businesses. Boys may find themselves pressured to enter the workforce to compensate for income loss

Photo: UN Women/ Halla al-Safadi

or to generate necessary income. In contrast, girls may be expected to assume the role of caregivers for injured family members or assist with chores or similar household activities that were previously the responsibility of other members (UN Women, 2020). In instances of early marriage, which are more common in periods of increased hardship such as the aftermath of escalated violence, girls may be expected to discontinue their education to serve in a domestic role (OCHA, 2021b).

When a school-aged child is not able to attend school, the role of educator often falls to female members of the household. Women and girls may feel unequipped to educate children or siblings, leading to feelings of anxiety and inadequacy, as well as guilt for negative outcomes (UN Women, 2020). Response actors may already be planning to conduct catch-up courses to reverse learning loss caused by the COVID-19 pandemic. Efforts should be explored to expand these courses to students who miss periods of the upcoming school year, and lessons should be learned and incorporated from previous programmes.

Importantly, the impact of damage to schools is not felt uniformly across all groups of students. Children with disabilities face heightened barriers to returning to schools that have become less accessible as a result of damage. Following the GMR, it was determined that less than 60 per cent of government or UNRWA schools could adequately meet the needs of injured students. Prior to the 2021 escalation, among injured students, 23 per cent reported the need to make school accommodations more accessible, including provision of elevators and accessible toilets (PCDCR, 2019).

In terms of priorities, 70 per cent of the respondents (66 per cent of females, 71 per cent of males) consider the provision of assistance to meet educational expenses and the organization of supplementary education to school-age children as urgent.

Coping and gender roles

Coping with the results of the war entailed additional caregiving roles and tasks within the household and with the outside world, which varied based on gender, age, and ability. These additional roles were performed to cope with the new demands:

Securing assistance:

As reported by the households, adult males continue to be the primary care providers in the field of seeking assistance. While 76 per cent of households report that an adult male has the primary responsibility for securing food assistance, 16 per cent report that an adult female is responsible. In 77 per cent of the households, an adult male has the primary responsibility to borrow to sustain the family, compared to 13 per cent of the households with an adult female responsible. Securing cash assistance is reported to be the primary responsibility of an adult male in 83 per cent of the households, while 10 per cent report a female adult as the responsible person. In less than 1 per cent of the families, it was reported that a male child is responsible for securing cash assistance.

Securing Services:

In the aftermath of the war, male adults were reported to be the primary providers of relevant basic services needed by the household. As much as 86 per cent of households recognized an adult male as the primary person responsible for securing water and electricity/energy, 8 per cent noted an adult female for that responsibility. Female household members secured health services in just 19 per cent of households, while 76 per cent reported that an adult male member is responsible. One per cent of households reported that male or female children are primarily responsible for securing health services.

Provision of care:

Care for the war injured was reported to be provided in 17.4 per cent of households. The reported primary caregiver for the injured (i.e., short term care for immediate needs resulting from an injury including accessing medical care, securing medication, rehabilitation, and other assistance) was an adult male in 13.1 per cent of households and an adult female in 4.3 per cent of households.

Females most often provide for psychosocial and emotional support for family members (55 per cent of females compared to 25 per cent of males), they also care for people with disability (70 per cent of females to 30 per cent of males), and for the elderly (63 per cent of females to 37 per cent of males). In a very limited number of cases (less than 1 per cent), male or female children are the primary care providers for people with disability and elderly. Adult males have the primary responsibility for resolving disputes with neighbours in the case of 76 per cent of the households, compared to just 5 per cent of adult females.

Other house care work:

The respondents report an equal percentage of primary responsibility between males and females (43 per cent each) for cleaning the house and its surrounding relating to the impact of war. Adult males, however, have the primary responsibility for fixing the damage to the house (83 per cent), compared to 7 per cent of households for which an adult female is responsible. It must be noted here that this level of participation in care work is only related to damage immediately after the war and does not imply any transformation in gender relations and roles, where women carry out the vast majority of this work. For example, a UN Women report (2020) indicated that the ratio of women to men's time spent on unpaid work in Palestine reaches 7:1, with no significant differences between the West Bank and the Gaza Strip.[34] The tradition of a strongly gendered division of unpaid care labour is also likely to mean that when added care responsibilities arise, they will fall primarily on women. Estimates of the impact of the COVID-19 pandemic on women's unpaid time in Jordan have indicated that it may increase by 18–24 hours per week, compared to 1–3 hours for men. According to one female participant (38, North Gaza), the war has had additional impacts on the distribution of

care work:

Our house was demolished and our family was split in half. My husband, with one son, had to go to his family's house in a different district. I, with one of my sons, had to stay with my family. Now I am taking care of my husband and son virtually and go there to serve them. My family expects me to do all the work and serve my brothers to justify my staying with them. This is in addition to my work on the farm that I do now all by myself without my husband and son.

Furthermore, while the survey data above indicates the gender roles in relation to specific ramifications of the war, it is important to note that men and women view their roles and that of the other gender differently, especially when it comes to unpaid care. Data below shows that reporting on coping varies based on the gender of the respondents. Males to tend to amplify their role, while females understate theirs. The following examples are illustrative of how women and men view their contributions differently:

- While 5 per cent of male respondents said that female household members are primarily responsible for securing cash assistance, 15 per cent of female respondents report the same. In contrast, 88 per cent of males reported that male household members are responsible for securing cash assistance, while 78 per cent of females say the same.

- While 12 per cent of male respondents said that female household members are primarily responsible for securing food, 19 per cent of female respondents report the same. In contrast, 79 per cent of males reported that male household members are responsible for securing food while 73 per cent of females say the same.

- While 38 per cent of male respondents said taht female household members are primarily responsible for cleaning the household and its surroundings after the war, 48 per cent of female respondents report the same. In contrast, 48 per cent of males report that male household members are responsible for cleaning, while 38 per cent of females say the same.

- While 8 per cent of male respondents say that female household members are primarily responsible for borrowing to sustain the family, 17 per cent of female respondents report the same. In contrast, 80 per cent of males reported that male household members are responsible for borrowing, while 74 per cent of females say the same.

- Both male and female members noted that male household members are more likely to care for the injured at the outset of the injury; yet women are the primary caregivers in the case o flong-term injusry or disability.

Care work and care giving work as impacted by the war is closely correlated with the gender of the head of household, where female members tend to take the lead in coping efforts in female-headed households, males predominately lead these efforts in male-headed households. The following examples are illustrative:

- While in 89 per cent of the male-headed households, males are primarily responsible for securing cash assistance, in 71 per cent of the female-headed households, females are responsible.

- While in 81 per cent of the male-headed households, males are primarily responsible for securing food assistance, in 71 per cent of the female-headed households, females are responsible.

- While in 45 per cent of the male-headed households, males are primarily responsible for cleaning the house and surroundings after the war, in 60 per cent of the female-headed households, females are responsible.

- While in 82 per cent of the male-headed households, males are primarily responsible for borrowing to sustain the family, in 65 per cent of the female-headed households, females are responsible.

CHAPTER 4: HUMANITARIAN ASSISTANCE IN THE AFTERMATH OF THE WAR

The following chapter provides an assessment of the support provided to war victims and provides analysis of perceived access to emergency services, humanitarian assistance and a complaint system. In addition, the sources and types of assistance, as well as the reach of, and satisfaction with these services as well as support based on gender are all analysed here.

Access to emergency services, humanitarian assistance and complaint systems

Households are divided about their assessment of their access to speedy communication with emergency services during the war. 37 per cent of participants (36.3 per cent of females, 38.2 per cent of males) believe that they had access to speedy communication with emergency services. 34 per cent (32.4 per cent of females, 34.6 per cent of males) believe that to some extent. And 24 per cent (24.3 per cent of females, 22.4 per cent of males) disagree. 5 per cent (7 per cent of females, 4.7 per cent of male) say that the issue is irrelevant/does not apply to their situation.

Access to speedy emergency services is correlated with the gender of the head of household. Male-headed households report higher levels of access (72 per cent) than female-headed households (64 per cent). More important is that the households with completely or partially damaged homes report lower access rates (63 per cent and 69 per cent respectively) to speedy emergency services. This is in comparison to households that did not suffer from home damage (81 per cent).

Most households (59 per cent) report that they have been approached by the government or international organizations to fill out an application or questionnaire assessing damage. In the case of 90 per cent of the households, the application had the male head of the family as an applicant. In contrast, the female head of household was the applicant in only 6 per cent of the cases.

In general, a slightly higher percentage of male-headed households were approached to fill out an application (59 per cent) than female-headed households (55 per cent). Approaching families to fill out an application is highly correlated with the level of damage of the home, where 87 per cent of households with complete damage were approached, while 70 per cent with partial damage were approached. Only 4 per cent of the households with no damage to the home were approached.

The majority (77 per cent)[35] reported that they had insufficient information on where to access humanitarian assistance after the war. The findings on the complaint mechanism for humanitarian assistance are also indicative. The vast majority of respondents (90 per cent) are not aware of how to access complaint mechanisms connected to humanitarian support regarding damage caused by the 2021 war. Few reported that they know how to access this. Women have less awareness (6 per cent) than men (13 per cent). Male and female-headed households have the same level of awareness. Households with damaged homes are more aware (10 per cent) than households that did not suffer from home damage (6 per cent). In both cases, female-headed households and households with damaged homes, the need for assistance increases the need for information, hence seeking such information.

Of those who say that they are aware of the mechanism, 51 per cent say that they would use an existing compliant mechanism to provide feedback on the aid that they have received or on how it was

delivered. A lower percentage (38 per cent) of those who are aware say that they have used a complaint mechanism connected to humanitarian assistance. This implies that out of all households, 3.5 per cent said that they have used an existing complaint mechanism.[36]

The respondents who did not use the complaint mechanism provided the following reasons:

- Complaints do not result in a positive change (37 per cent: 53 per cent of females, 32 per cent of males)
- No reason to file a complaint (19 per cent: 13 per cent of females, 20 per cent of males)
- Negative experiences with compliant handlers previously (15 per cent: 20 per cent of females, 13.6 per cent of males)
- Worry that negative feedback would affect assistance (10 per cent: 0 per cent of females, 13 per cent of males)
- Perceived lack of transparency in the process (9 per cent: 0 per cent of females, 11.4 per cent of males)
- Lack of data protection/confidentiality (2 per cent: 6.7 per cent of females, 0 per cent of males)
- Do not know (8 per cent: 6.7 per cent of females, 9.1 per cent of males)

Sources of assistance

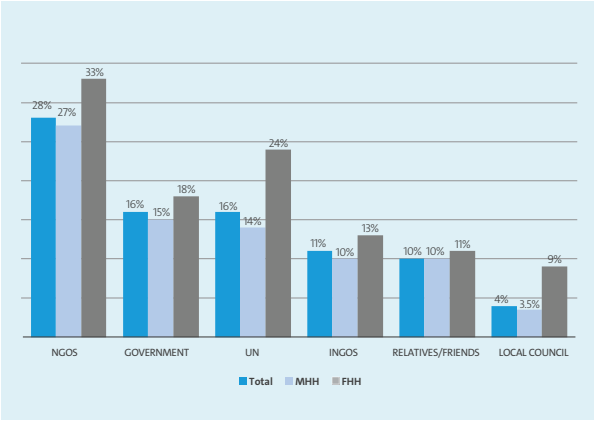
By the time of the survey, 45 days after the end of the war, 49 per cent of households (534 households) reported receiving at least one type of assistance from one source or more. Local NGOs and CBOs were the most commonly reported source of assistance with local councils being the least common reported source, another 16 per cent reported receiving assistance from the governmental sources, and the same percentage from United Nations Agencies:

- 11 per cent reported receiving assistance from international NGOs (INGOs).
- 10 per cent reported receiving assistance from relatives, friends or neighbours.
- 4 per cent reported receiving assistance from their local council.

While male-headed households comprised the majority of households reporting receipt of assistance (90 per cent of the sampled heads of households), female-headed households were most likely to receive support from all sources. This, in part, explains the relative ability of female-headed households to cope with adversity as they are better connected to and targeted by all sources of support (see Figure 12):

Figure 12:

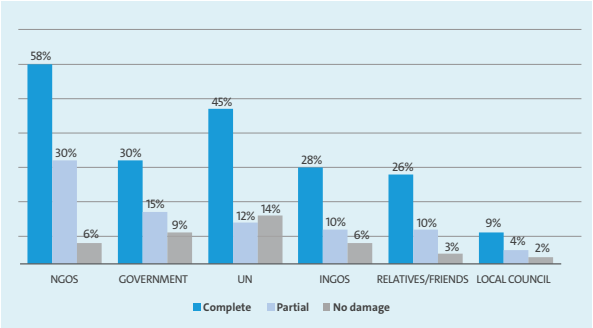
Percentage of male and female-headed households reporting receipt of assistance from the following sources



The above findings show that the United Nations is the most effective in targeting female-headed households relative to male headed-households (with a relative positive gender gap of 71 per cent). The United Nations is followed by INGOs with a relative positive gender gap of 30 per cent. NGOs come in third place with a positive gender gap of 22 per cent, followed immediately by the government and relatives/friends (20 per cent each).[37]

The relative effectiveness of assistance is further reflected through the levels of targeting of households that suffered from damage to their residents. All support sources target those who were the most impacted. Out of the households that completely lost their residence, 58 per cent reported benefiting from support from NGOs/CBOs, 45 per cent from United Nations agencies, 30 per cent from the government, 28 per cent from INGOs, 26 per cent from relatives/friends and 9 per cent from the local council. This reveals that local NGOs/CBOs are the most effective in reaching the most negatively impacted by the war (households with completely demolished homes), followed by the United Nations and the government. To guarantee more effective outreach, it is important to build new partnerships with women-led organizations and reinforce existing ones. In addition, sources of assistance are less focused on households with partially damaged homes and households with no home damage (see Figure 13 below). These results are dependent on the type of support provided (as indicated in the section below).

Figure 13:
Reported reach of assistance sources per level of home damage



Types of assistance

The distribution of assistance from all surveyed households and from households that reported receiving assistance is provided in the following table.

Table 3:
Percentage distribution of types of assistance received (among all households, recipients of assistance)

#	Type of assistance	# of households receiving assistance	% from all households (1100)	% from households that received any type of assistance (534)
1	Food	441	40%	81.2%
2	Cash	304	27.6%	27.6%
3	Tertiary health services	135	12.3%	24.9%
4	Psychosocial support	115	10.5%	21.2%
5	Primary health care	59	5.4%	10.8%
6	Water	57	5.2%	10.5%
7	Shelter/relocation	49	4.5%	9.0%
8	Housing (renovation / re-building)	48	4.4%	8.8%
9	Reproductive health services	43	3.9%	7.9%
10	Mental health services	24	2.2%	4.4%
11	Wastewater services	29	2.6%	5.3%
12	Education/information	17	1.5%	3.1%

While female-headed households comprise a small percentage of the number of households benefiting from all types of support, they are targeted at a relatively higher level than male-headed households. The following are examples:

- Female-headed households comprised 19 per cent of the 48 households that reported receiving housing services (renovation, rebuilding), and the reach rate among female-headed households is 17 per cent. The reach rate among male-headed households is 9 per cent, yet they comprise 81 per cent of the total reached households.

- Female-headed households comprised 12.5 per cent of the 48 households that reported receiving relocation or shelter-related services, and the reach rate among female-headed households is the same. The reach rate among male-headed households is 10 per cent, yet they comprise 87.5 per cent of the total reached households.

- Female-headed households comprised 13 per cent of the 134 households that reported receiving tertiary health support services, yet the reach rate among female-headed households is 33 per cent. The reach rate among male-headed households is 25 per cent, yet they comprise 87 per cent of the total reached households.

- Female-headed households comprised 7 per cent of the 57 households that reported receiving primary health care assistance, and the reach rate among female-headed households is 10 per cent. The reach rate among male-headed households is 13 per cent, yet they comprise 93 per cent of the total reached households.

- Female-headed households comprised 11.5 per cent of the 435 households that reported receiving food assistance, and the reach rate among female-headed households is 86 per cent. The reach rate among male-headed households is 82 per cent, yet they comprise 88.5 per cent of the total reached households.

- Female-headed households comprised 14 per cent of the 114 households that reported receiving psychosocial support, and the reach rate among female-headed households is 30 per cent. The reach rate among male-headed households is 22 per cent, yet they comprise 86 per cent of the total reached households.

- Finally, female-headed households comprised 2 per cent of the 302 households that reported receiving cash assistance, and the reach rate among female-headed households is 66 per cent. The reach rate among male-headed households is 58 per cent, yet they comprise 88 per cent of the total reached households.

- While households that were directly harmed by the war (complete or partial destruction of the home) comprise the majority of all types of assistance recipients, the reach rate to these households is higher in some support areas but not all. For some assistance types, families that were not directly harmed have a higher reach rate. The following are examples of higher reach to the most harmed:

- The reach rate of housing support (renovation, rebuilding) among households that completely lost their homes is 13 per cent, compared to 9 per cent among households that partially lost their homes and 7 per cent among families that did not lose their homes.

- The reach rate of relocation/shelter services among households that completely lost their homes is 32 per cent, compared to 5 per cent among households that partially lost their homes and 7 per cent among families that did not lose their homes.

- The reach rate of food assistance among households that completely lost their homes is 92 per cent, compared to 78 per cent among households that partially lost their homes and 87 per cent among families that did not lose their homes.

- The reach rate of water services among households that completely lost their homes is 22 per cent, compared to 9 per cent among households that partially lost their homes and 15 per cent among families that did not lose their homes.

- The reach rate of psychosocial support services among households that completely lost their homes is 36 per cent, compared to 22 per cent among households that partially lost their homes and 11 per cent among among families that did not lose their homes.

- The reach rate of cash assistance among households that completely lost their homes is 73 per cent, compared to 56 per cent among households that partially lost their homes and 53 per cent among families that did not lose their homes.

- The opposite pattern is visible in the case of other types of support, most of which are in the health sector:

- The reach rate of tertiary health services among households that completely lost their homes is 37 per cent, compared to 19 per cent among households that partially lost their homes and 59 per cent among families that did not lose their homes.

- The reach rate of mental health care services among households that completely lost their homes is 5 per cent, compared to 6 per cent among households that partially lost their homes and 19 per cent among families that did not lose their homes.

- The reach rate of reproductive health services among households that completely lost their homes is 12 per cent, compared to 7 per cent among households that partially lost their homes and 42 per cent among families that did not lose their homes.

- The reach rate of education/information support among households that completely lost their homes is 2.5 per cent, compared to 2 per cent among households that partially lost their homes and 18 per cent among families that did not lose their homes.

Satisfaction with assistance

Level of satisfaction was calculated solely from the group of households that reported receiving at least one type of support from any source (as listed above). Those who did not receive any type of assistance were not included in the following results. Satisfaction is based on the sum of (satisfied) or (somewhat satisfied).[38] The only area where satisfaction was higher than dissatisfaction was for assistance in meeting basic household needs such as food and health (53 per cent to 45 per cent). For all other aspects of assistance evaluation, dissatisfaction was higher than satisfaction (see Table 4):

- The highest rate of dissatisfaction (71 per cent) regarded the role of assistance in helping families live a dignified life.

- About two thirds of the respondents were dissatisfied with the role of assistance in helping families transition back to a normal situation.

- 64 per cent were dissatisfied with the role of assistance in helping families reduce tension within the household.

- 62 per cent were dissatisfied with the role of assistance in helping families reduce violence in the household.

- 61 per cent were dissatisfied with the role of assistance in easing the psychological/emotional suffering of family members.

- 53 per cent were dissatisfied with the role of assistance in helping families reduce violence against children.

Table 4:

Satisfaction with assistance in various aspects of the life a household

	Satisfied	Dissatisfied	No answer
Helping the family to have a dignified life	22%	71%	7%
Helping the family in transitioning back to its normal situation	27%	65%	8%
Helping the family in reducing tensions within the family	29%	64%	7%
Helping the family in reducing GBV	23%	62%	15%
Easing the psychological/emotional suffering of the family members	31%	61%	8%
Helping the family in reducing violence against children	26%	53%	21%
Helping the family meet its basic needs (food, health)	53%	45%	2%

Satisfaction is slightly higher in female-headed households than male-headed households for most types of support. For example, more female-headed households were satisfied that the received support met their basic needs (62 per cent) and allowed them to lead a dignified life (26 per cent) compared to 52 per cent and 22 per cent respectively among male-headed households. When asked to assess the value of support in reducing GBV, an equal percentage of male and female-headed households (23 per cent) expressed satisfaction. Other notable findings were as follows:

- The role of assistance to help families live a dignified life; showed the greatest dissatisfaction (71 per cent: 64 per cent for female-headed households, 71 per cent for male-headed households).
- About two thirds of respondents (62 per cent female-headed household, 65 per cent male-headed household) are dissatisfied with the role of assistance in helping families transition back to a normal situation.
- 64 per cent (65 per cent female-headed household, 63 per cent male-headed household) are dissatisfied with the role of assistance in helping families reduce tension within the household.
- 62 per cent (62 per cent female-headed household, 62 per cent male-headed household) are dissatisfied with the role of assistance in helping families reduce GBV in the household.
- 61 per cent (62 per cent female-headed household, 60 per cent male-headed household) are dissatisfied with the role of assistance in easing the psychological/emotional suffering of family members.
- 53 per cent (41 per cent female-headed household, 54 per cent male-headed household) are dissatisfied with the role of assistance in helping families reduce violence against children. The level of home damage (complete, partial or none) had no correlation with the level of satisfaction.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

The following chapter presents conclusions, based on survey results, on the gendered impacts of war in Gaza along with a list of priorities in each of the six humanitarian sectors. Overarching recommendations for humanitarian support in Gaza, as well as other development-related recommendations are also listed here.

Conclusions

The escalation in violence endured by Gaza between 10 and 21 May has left a legacy of devastation in a territory already under a suffocating blockade and facing a new threat from COVID-19.

Consolidation of vulnerabilities within a prolonged and systemic de-development

The latest war is a visible manifestation of the prevalent ongoing political, economic and social context in Gaza. To truly understand the impact of the war and the varying short and long-term gender impacts, it must be viewed as part and parcel of a sustained prolonged de-development process. The deepening poverty and unemployment rates, hence the deteriorating living conditions in all fields, reflect a non-functional economy that is fully and negatively impacted by the closure, the political division and the funding regime that is incapable of building the basis of a viable economy in a place that the United Nations calls "unliveable". Throughout any research in Gaza, the most challenging task is to attempt to dissect the impact of a specific event from the overall environment. Most of the responses from the research participants reflect the incremental role of the war in further consolidating their vulnerabilities and marginalization, yet they also reflect the long road that led to the present situation. These conclusions have been confirmed by a number of sources. For example, According to UNCTAD, conflict has accelerated the "de-development" of the Occupied Palestinian Territory, a process by which development is not merely hindered but reversed.[39]

Consequences of the war, while impacting all Gazans, are not uniform

The consequences of the destruction have not been uniformly felt; with specific segments of Gaza's population facing distinct threats as a result given their gender, age, and abilities. While the study clearly shows that women are disproportionately impacted, men are also not immune from unique threats, in terms of access to services and assistance. These circumstances, risks, and threats will have to be accounted for in the development of any response, including identification of immediate and critical priorities. While the impact of the war is felt across all groups and regions in the very small enclave of the Gaza Strip, the ramifications of the war are disproportionately impacting the already vulnerable/marginalized communities and households. The war creates poverty and consolidates the existing system that produces poverty and marginalization. This is especially true in areas close to the boarders and suffer from violence and attacks throughout the year, while at the same time house the most marginalized rural poor.

Wars reinforce patriarchal systems, relations and roles

The various war-related impacts reflect, as well as consolidate, existing gender dynamics, roles and relations. In the oPt, and especially in Gaza, gender dynamics, roles and relations are properly understood through the iterative relation between conflict- and occupation-related policies and actions with their structured and systematic imperatives and patriarchy as an economic and cultural unit of analysis. The vast majority of those who are killed,

injured, or disabled are males, yet many of the victims are also females. As it relates to the war, communities become more prone to higher levels of tension, insecurity and economic decline which all lead to an environment that is less conducive to gender equality. The dominant arguments are less invested in issues that go beyond what is perceived as basic and urgent. The urgency of gender equality and addressing the needs of specific groups becomes less popular as the war inflicts devastating impacts on households. Hence, immediately after the war, most family members became more interested in arguments and demands that cater to the family as a unit, and not as much in the specific needs of each individual or cohort. Displacement and moving into shelters are intrinsically dehumanizing and reflective of chaotic conditions. This creates a sense of insecurity and fear, which in turn further promotes existing traditional cultural norms that are not encouraging of gender equality.

The space for transformative gender change is shrinking

While gender inequalities continue to be embedded in political, economic, legal and cultural institutions, traditional gender roles are under immense pressures in the Gaza Strip. The lateral pressures (closure and lack of true independence or autonomy), those from above (international and regional community limitations and conditions), and from inside (with the malfunctioning governance system) and from below (communities, resistance to change, and all aspects of civil society) are gradually creating a psychological and symbolic internal solidarity within the Gaza community vis-a-vis the outside world. This is further exemplified at the level of the household, and applies to gender relations, where the oppression of all Gazans, the extreme unemployment among men and educated women, poverty and the heavy reliance on an ever-growing assistance regime, creates the impression that "As all others are failing us, we must come together and in the most symbolic manner present a perception of unity. Most people would say that we are all in this together; men, women and children. We must put our issues and present complaints to the side and just work to keep us afloat. This places pressures on women, men, children and others to postpone their personal issues and sacrifices some of their rights to fend for the household which is perceived to need support from all of its members. This is mostly done at the expense of women and children who must put up with the existing injustice." (Female activist, Gaza). This general feeling hides the fact that women continue to be increasingly burdened by the economic demise of Gaza, the emotional and psychological ramifications of the emasculation of men, as well as the issues of discrimination and gender-based violence at all levels. While the impact of the war and the prolonged closure seem to be creating new responsibilities for women, such new roles are not part of a transformative process that is grounded on sound policy, economic growth, and overall human development. Instead, it comes on the basis of a deepening crisis, increasing vulnerability and continued marginalization.

The impacts on male and female-headed households vary, yet the gaps are shrinking

The overall, systemic de-development and pressures on Gazans incrementally lead to the deterioration of the livelihoods of all households in Gaza. In fact, the present assessment, as well as previous research, reveals that vulnerability and marginalization are increasingly homogenised across all groups and cohorts. In fact, the relative decline and negative impact caused by the war is felt by male-headed households who are becoming increasingly poor and vulnerable given the high unemployment rates even among young and educated men and women. In addition, the relative notion of decline is related to the fact that male-headed households have higher incomes and employment rates than female-headed households, leading to a feeling of decline relative to their pre-war situation. This assessment confirms previous findings. A study by OXFAM (2020) revealed that:

New vulnerable groups are emerging across the social spectrum: they include fishers, farmers, merchants, contractors, landowners, female-headed households, disabled persons, government employees, people injured because of political violence (i.e., those injured during the GMR) and

people who are sick but who cannot get a medical referral. While these groups may not appear to meet the poverty criteria in terms of household and material possessions, other criteria, such as their inability to access medical assistance or to acquire basic needs such as food, put them in a vulnerable position in the midst of a deepening humanitarian crisis.[40]

Humanitarian-development frameworks tested to the limit and impeding the achievement of gender equality

Several United Nations reports have argued that exiting conditions in Gaza are leading both to more dependency on aid and to reinforcing the normalization of dependency on the occupation, thus fostering a welfare-dependent culture. This further hinders sustainable development and growth, while stripping collective agency and fixating on individual benefits. The consequences of these trends on the social fabric of Palestinians in Gaza can be observed in increased social dislocation, family disintegration and problematic relations between beneficiaries of monetary aid and those who are excluded. UNCTAD noted in 2015 that Gaza could become uninhabitable by 2020 if current economic trends persisted. All indicators listed in this assessment confirm the increasingly harsh reality in the region. In addition to many years of an economic blockade, multiple long-lasting military operations have shattered the ability of Gaza to produce for the domestic market or to export, ravaging its already debilitated infrastructure and leaving no time for reconstruction and economic recovery. Humanitarian agencies struggle to find a balanced and mutually reinforcing approach to humanitarian action and development. The structural obstacles are paramount and take the form of permanent arrangements. This is leading to a reinforcement of dependency under which gender relations are not prioritized and the primary focus becomes easing the humanitarian situation at the expense of transformative programming. In this regard, the existing data confirm that United Nations agencies successfully target female-headed households in their humanitarian response. As indicated above, this assistance is primarily in the areas of cash assistance, food security and psychosocial and health services. In contrast, humanitarian interventions that focus on assets and productive resources (shelter, land, and infrastructure) reflect the present ownership of, access to and control over these resources, which are skewed in favour of males within a patriarchal system.

Humanitarian priorities take precedence

In this context, it is clear that humanitarian needs take precedence. Women, men, boys and girls are all expected to postpone their personal projects and demands, along with those of their cohorts, to serve the needs of household solidarity in the face of continued war-related adversities.

All in all, the most urgent priorities are the following, as measured by the percentage of households in need:

- Cash assistance (95 per cent),
- Food (80 per cent),
- Psychosocial assistance to adult female members in the household (80 per cent),
- Hygiene/dignity kits (79 per cent),
- Psychosocial assistance to adult male members in the household (76 per cent), and
- Medicine (71 per cent).

Recommendations

The following are overall recommendations based on the data and ensuing analysis of this needs assessment:

1) Carefully consider the needs and priorities that are listed by war victims as expressed in the results of the above assessment. As the vast majority of needs and priorities are intrinsic and urgent in Gaza (before, during and after the war), assistance must be provided urgently through humanitarian actions for the most direct and immediate impact:

   - Rebuilding the completely damaged homes or finding acceptable alternatives in the form of new housing. In doing so, issues of ownership and access might be considered as increased female or shared ownership would be feasible with clear clear requirements from donors and implementing agencies.
   - Renovation of homes that are partially damaged and expose a threat to human lives.
   - Psychosocial counselling at the individual and family levels.
   - The provision of hygiene/dignity kits in a more systemic and organized manner.
   - The provision of reproductive health services.
   - Securing maternal/post maternal care.

2) Present shelter arrangements should be re-examined closely in consideration of the experiences of those who refrained from using the shelters and preferred to stay home, and those who had no choice but to use shelters. Clear guidance on gender needs and priorities meeting gender standards in emergencies and humanitarian situations must be adopted with the introduction of specific and tangible measures. Mainstreaming the needs of people with with disability and other citizens with special needs needs (elderly, ill and people with mental health challenges) in the shelters should be required.

3) Increased emergency preparedness at the community level is essential. The establishment of community emergency/protection groups must be accompanied by building a formal structure and system with standards and procedures, in addition to facilities to cater to the community and its citizens.

4) The establishment of community emergency/protection would benefit from a registry of all people with disability to be streamed into a virtual platform and connected to reliable service providers and counselling centres.

5) The issue of targeting based on gender must be assessed. The vast majority of households said that they relied on at least one source of assistance. Among the beneficiaries, the vast majority are households that are headed by males (which is reflective of the PCBS official data). However, it must be noted that there is an increasing realization among households that having a woman registring as the main beneficiary, hence registered as female-headed households, is preferred by United Nations agencies and other actors. As such, women are increasingly taking on an additional burden of fetching assistance and managing the requirements of the processes on their own. Research has proven that such assistance is not altering gender relations or creating a more transformative environment for gender equality.[41]

6) The targeting of female-headed households or any applicant for assistance who is female is commonly recommended as best practice around the world. This assertion is supported by ample evidence that female-headed households are generally poorer and more vulnerable. While Gaza has many features that are similar to most other societies, the variance between male- and female-headed households might be an urgent issue to be further investigated. According to the formal definition of a head of household only 9 per cent of Gaza households are headed by women. However, in reviewing the applications for most of the UN, INGOs and local assistance sources, it is evident that more than 9 per cent of applications are in the name of

women. As such and as part of policy towards equality, most assistance sources do more outreach to female-headed households than male-headed households, while acknowledging that assistance is provided to the 91 per cent of male-headed households that include both males and females. This is justified as the war further impoverishes all families and cuts them off from any existing or potential assets. More male-headed households are becoming just as or more vulnerable than female-headed households with extreme and prolonged unemployment rates and a fragile coping system. Male-headed households are thus somewhat inferior when compared to more resilient and connected female-headed households that have extensive, better coping mechanisms and connections to sources of assistance.

7) The consideration of gender equality throughout the humanitarian response is necessary to lay the foundations for eventual recovery. To do so, mainstreaming gender in all phases of humanitarian response must begin with adequate disaggregated data on sex and age, ensuring that interviews and discussion groups include women and girls, and that women and girls, including the most vulnerable, inform and participate in leading the response.

8) Efforts to ensure outreach to women, during the emergency response in particular, will secure their access to critical information on available protection and basic services including on GBV, reproductive health services, COVID-19 response services, and child health and hygiene. Women also often have a different experience of the conflict, and a different understanding of the most pressing needs for their immediate community.

9) Gender equality and the achievement of sustainable early recovery and development are all connected as shown in the conclusions above. If humanitarian interventions are not planned with gender equality in mind, not only do the chances of doing harm increase, but the opportunity to enhance equality in livelihoods and leadership will be lost. This would thus exacerbate inequalities and backslide on progress made, which in turn can hinder sustainable recovery in the longer term.

10) Building on evidence from previous crises in the Occupied Palestinian Territory (oPt), the recovery stages need to prioritize gender-specific needs, recognize womeńs agency and leadership, and address gender biases in access to humanitarian services, capitalize on women's and men capacities, and catalyse their equal participation, without discrimination, in recovery responses.

ANNEXES

Annex 1: Bibliography

AWRAD and PWWSD. (2020). In-depth Assessment of Women's Access to and Ownership of Land and Productive Resources in the occupied Palestinian Territory. Palestine. Retrieved from https://pwwsd.org/uploads/15949011091533037615.pdf

Husseini, Ibrahim (2021). Palestinians recount violent raid by Israeli forces on Al-Aqsa. Al Jazeera. Retrieved from https://www.aljazeera.com/news/2021/5/10/palestinians-recount-violent-raid by-israeli-forces-on-al-aqsa

Said Foqahaa N. et als. (2020). Oxfam Research Reports: Responsiveness of the Palestinian National Cash Transfer Programme to Shifting Vulnerabilities in The Gaza Strip.

OHCHR. (2021). Gaza-Israel escalation: End violence now, then work to end occupation, say UN experts. Retrieved from https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=27102&LangID=E

UN. (2009). Needs of women and men in Gaza in the aftermath of the Israeli military operation- UNIFEM survey.

UNCTAD. (2015). Report on UNCTAD assistance to the Palestinian people: Developments in the economy of the Occupied Palestinian Territory.

UNFPA. (2018). Gender-based violence in Gaza Strip: Situation Analysis.

UNICEF. (2020). State of Palestine Appeal. Retrieved from https://www.unicef.org/appeals/state_of_palestine.html

UNICEF. (2020). State of Palestine: Humanitarian Situation Report.

UNOCHA. (2019). 2020 Humanitarian Needs Overview.

UNOCHA. (2021). 2021 Humanitarian Needs Overview.

WFP. (2020). Responsiveness Of The Palestinian National Cash Transfer Programme To Shifting Vulnerabilities In The Gaza Strip.

UN Women. (2019). Gender Alert 2019. Palestine.

UN Women. (2020). An Assessment of the Gendered Impact of the Great March of Return (GMR).

UN Women. (2020). COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming Findings of a Rapid Gender Analysis of COVID-19 in Palestine April 2020.

UN Women. (2020). Two Years Later: The Gendered Impact of the Great March of Return in the Gaza Strip.

UN Women. (2021). Gender and Wars in Gaza Untangled: What Past Wars Have Taught Us? Retrieved from https://palestine.unwomen.org/sites/default/files/Field%20Office%20Palestine/Attachments/Publications/2021/06/D8-RGA%20Brief-compressed%203.pdf

Annex 2: Focus Group Discussion (FGD) guiding questions

Assessing the present situation
Before the latest war (May 2021), please tell us about you, your family, living conditions, where you live, housing, economic, education, employment, etc.

What has changed in your life as a result of the war? How did the war impact you/your household in the following areas? (Take into consideration any specific impact on household members: women, men, girls, boys, people with disability, elderly, person with chronic diseases)
1) Family (victimization): Who? What type of victimization?
2) Displacement
3) Housing conditions (residence)
4) Access to water
5) Access to the wastewater system
6) Psychological and emotional challenges
7) Family relations (who is making decisions? Any tensions within the family? GBV?)
8) Health conditions, access to health services, availability of appropriate services, affordability
9) Access to education of children who are in schools, universities?
10) Access to food: availability; affordability; diversity
11) Economic conditions (income, access to land, business, work)

How did the war influence the following in relation to women, men, girls and boys in the family (taking into consideration people with disability, elderly, persons with chronic diseases)?
1) Existing household dynamics (roles, burdens, needs, power relations, decision-making),
2) Negative and positive coping mechanisms (individual, familial, community, formal assistance, informal assistance, acceptance, withdrawal – psychological problems including depression and mental illnesses-drugs, additional burdens, other modes)
3) Access to services
4) Vulnerabilities and increase risk and exposure to gender-based violence (at home or the host school or family).
5) Daily needs of family members
6) Was the household influenced in other ways? How?

Roles, responsibilities, resources, access, (all before and after the victimization)
- How did the above-mentioned war/victimization influence how you spend your time? How did your roles and responsibilities within the household change? And in the community?
- And how about the roles and responsibilities of the other women/men in your household?
- How does that influence your life? What additional burdens resulted from the war? Please elaborate.

- How are you coping? How did home care, productive roles, care for the children and other family members change? How did your role change from before the victimization?
- What are the psychological/emotional impacts on family members (women, men, girls, boys)? How does that influence family relations? GBV? Tension? Conflict? etc.

Issues to probe: Caring for victims, social pressure, stigma, GBV, social isolation, and domestic work, employment (formal/informal) within and outside of the household, time use and workloads, additional burdens.

- What resources (income, assets) do you have access to (that you can use)? How were they influenced by the war/victimization? How has that changed from before the victimization?
- Do you face any risks accessing these resources? How about the other women/men/girls/boys in your household?
- How did you cope in terms of income, income sources, selling assets, borrowing, and taking over new work/types of work, etc?

Issues to probe: Consider probing separately for income (type of income, source of income) and assets (different household assets, community assets).

- Do you move about freely? What are the obstacles that you face in accessing and utilising services to your benefit? Do you feel that you are able to advance and improve your situation? In what way? How was this ability influenced by the war/victimization?

Assistance and services (before and after the victimization for all questions)

How did the war/victimization influence the following?

- What assistance do you receive, in which form? From whom? How did that change after the war/victimization? Which organization(s) is/are providing assistance specifically as a response to the aftermath of the war/victimization? What are the exact services? Who is targeted by this assistance?
- Relevance: How relevant is this assistance to you personally? To your personal needs? To the needs of your family? Is that leading to your empowerment? If yes/no, how?
- Process: How is the assistance obtained? Is that appropriate for your needs, time available and other burdens?
- Decision-making: Who in your household decides how to use the assistance? Do you think the assistance could be used in a better way and how? Who, within the household, benefits most from the assistance?
- Access to information: Do you personally have enough information about the assistance related to the aftermath of the war and in general (for example, do you know exactly what/how much is provided, how often, how to register, when and how to collect it etc.)?
- Barriers to access: Is there anything that prevents you/your family members from accessing this type of assistance?
- Quality and modality: How could the assistance/services be improved to better suit your needs? And those of the women/men/girls/boys in your family? Which form of assistance/service is the most appropriate for your household?
- Needs and priorities: Which are the three most important needs for your family members Which are the most important needs for the women, men, girls, and boys in your household?
- Household relations: After the war, what could be done to improve relations between men, women, girls and boys within the household? What needs to be done to improve your own relation/standing with other members of the family (adult men/women, boys/girls)?
- Any other comments or recommendations?

	Women	Men	Girls	Boys	People with disability	Elderly	Persons with chronic diseases
Education							
Health							
Social protection (Assistance, family relations, GBV, drugs)							
Housing							
Food security							

Annex 3: List and description of Focus Group Discussions (FGDs)

#	Target group	Location	# of participants	Males	Females
1	Displaced women	Beit Hanoun	13	0	13
2	Displaced men and women	Nuseirat	17	5	12
3	Displaced women	Nuseirat	7	0	7
4	Boys (14¬18 years)	Nuseirat	8	8	0
5	Girls (14–18 years)	Khan Younis	10	0	10
6	Community members/activists	Um Al-Naser	20	20	0
7	Community members/activists	Gaza	12	7	5
	Total		87	40	47

Annex 4: Key Informant Interview (KII) guiding questions

Please introduce yourself, your position, your organization and its relevant work (policies, legislation, programmes and interventions) to the situation in Gaza:

Themes/Questions

1. In your view, what are the major impacts/developments (economic, social, cultural, livelihoods) in the lives of Palestinian women, men, boys and girls as a result of the latest war on Gaza? What are the key changes that have taken place during the past two years?

2. In addition to the war itself, what are the key factors leading to the changes that exacerbate the situation? (Occupation, closure, division, community, government policies, laws, donor practices, etc.)

3. How did the war and its surrounding conditions impact the different cohorts (women, men, boys and girls) within the household (especially in areas most affected by the war)? (Please provide evidence/ examples of the suggestions/arguments; data/examples from your work; basis for the various arguments)

4. Based on your work/experience in the latest war (and previous ones) and its impact and within the past two years, what has changed of women, men, boys and girls in relation to the following issues/questions (within the household and outside):
o Gender roles (who does what?)
o Gender relations (decision making, freedom to act, GBV)
o Gender, age and disability – related needs
o Access to assistance and services for each cohort

5. Based on your experience and the aftermath of the war, what are the key needs and priorities of women, men, girls, boys, people with dibsliaty, chldiren, youth, elderly (most affected by the war)? (Please provide reason/evidence why do you believe that these are the needs and priorities; data/examples from your work; basis for the various needs and priorities). Who is expected to provide these needs? Please focus on the following areas: Education, health, shelter, social protection, WASH, and food security.

6. How do you assess the role of the previous and current services/assistance modalities in meeting these needs of households impacted by the war, women, victims of the war? What has been achieved and what are the gaps that remain and must be attended to? How do they contribute to meeting immediate gender needs and gender equality/mainstreaming or otherwise promote inequality)? What are the results (intended or unintended) come out of them?

7. What does your organization do (will do) to mainstream gender needs/roles/rights into your services/ programmes/projects to victims of the war? Do you carry out any activities/initiatives that have as a (main or secondary) objective contributing to gender equality/transforming gender relations as you work with victims? What results have you achieved in terms of meeting gender immediate needs and advancing women empowerment and gender equality? What has worked for you? What has not worked for you? What do you think could work? What needs to be done differently?

8. What exact services are needed? How would they promote women empowerment and gender equality?

Annex 5: Key informant interviews (KIIs)

#	Name	Institution	Position
1	Ibtisam Zaqout	Palestinian Center for Human Rights	Documentation Unit
2	Majeda Shehadeh	Palestinian Center for Human Rights	Women and Children Unit
3	Ahmad Abu Alfoul	Palestinian Civil Defense	Manager
4	Yahya Mohareb	Al-Mezan Organization	Lawyer
5	Najah Ayash	Women Programs Association	Program Manager
6	Basam Zaqout	Palestinian Medical Relief Society	Program Manager
7	Dr Yahya Abed	Juzoor for Health and Social Development	General Director
8	Ahmad Odeh Safi	Rafah Municipality	Head of the Municipality
9	Mariam Abu Alata	Aisha Society	Coordinator
10	Noor Al-Deen Salah	Islamic Relief Palestine	Coordinator - Education and protection
11	Fayzeh Al-Hojo	International Application Cluster	Health and Education sector
12	Ghada Najjar	Ahli Arab Hospital	Program Manager
13	Nidaa' Abu- Atta	Islamic Relief Palestine	Fundraising and public relations officer

Annex 6: In-depth Interviews (IDIs)

#	Status - Gender	Location
1	Housewife - female	Beit Hanon
2	Employee - male	Al-Naser
3	Fisherman - male	Deir Al-Balah
4	Entrepreneurs – 2 females	Gaza City
5	Mother of a martyr	Beit Hanon
6	Mother of a martyr	Al - Shejaiya
7	Person with disability - male	Beit Lahia
8	Farmer - male	Khan Younis
9	Entrepreneurs – 2 males	Gaza City
10	Engineer - male	Gaza City
	Total: 12 (5 females, 7 males)	

Annex 7: Survey questionnaire

Rapid Gender Assessment – Gaza 2021

GG1	Question No.	
GG2	Location No.	
GG3	Interviewer ID	
GG4	Interviewer name	
GG5	Date	
GG6	Start time	

This questionnaire must be answered by a responsible adult in the house (the father, mother, or older sons and daughters with knowledge of the affairs of the family and the community)

A "household" is defined by PCBS as: "One person or a group of two or more persons, with or without a family relationship, who live in the same dwelling unit, who share meals and make joint provisions for food and other essentials of living."

AA1 Location of interview

1. Home of the household
2. Another property/part of the house owned by the household
3. Shelter/UNRWA school
4. Host home/relatives/friends
5. Rented home
6. Tent provided after the 2021 war

About the respondent		
A1	Governorate	1. North Gaza 2. Gaza city 3. Deir El Balah 4. Khan Younes 5. Rafah
A2	Type of residence	1. Urban 2. Rural 3. Refugee camp 4. Bedouin/scattered
A3	Is the household.....?	1. One-member family 2. Two-member family 3. Nuclear (Two generations) 4. Extended (Three generations or more)
About the respondent		
A6	Sex of the respondent	1. Male 2. Female

A7	Age of the respondent	Year
A8	Marital status of the respondent	1. Single 2. Married 3. Widowed 4. Divorced 5. Abandoned/ separated (without legal divorce)
A8a	Your educational attainment	1. I can't read or write (illiterate) 2. Less than 12 years of education 3. Completed secondary schooling 4. 2-year diploma 5. BA or more
About the Household		
A9	Who is the head of household? ("This is the person who usually lives with the household and is recognized as head of household by its other members. Often, he/she is recognized by the family as the main decision-maker and is responsible for financial support and welfare of the household. "PCBS)	1. Father 2. Mother 3. Son 4. Daughter 5. Other (specify)
A10	Has the position of the head of household changed after the 2021 war?	1. Yes 2. No
A11	If yes, who was the head of household before and who is assuming this position now – 2021 war?	A11a. Pre-war head of household A11b. Post-war head of household
A12	Number of household members	A12_a._____Males A12_b._____Females
A13	Total	
A14.A	# of male family members less than 5 years old	
A14.B	# of female family members less than 5 years old	
A15.A	# of male family members above 5 years and less than 15 years	
A15.B	# of female family members above 5 years and less than 15 years	
A16.A	# of male family members up to 64 years old	
A16.B	# of female family members up to 64 years old	

A17.A	# of male family members above 65 years old	
A17.B	# of male family members above 65 years old	
A18	Refugee status for household	1. Registered refugee 2. Unregistered refugee 3. Non refugee
A19	Was your family internally displaced before the latest 2021 war?	1. Yes (I continue to be IDP) 2. Yes (but I returned to my old home or resided in my new home) 3. No
Housing, Water and electricity Status (current housing)		
B1	How many rooms are used by the household?	
B2	What is the total size of your dwelling? (Square meters)	
B3	Type of building material for the dwelling/house?	1. Stone 2. Cement/bricks 3. Hut/tent 4. Zenco 5. Other
B4	Would you say that your current place of residence has a solid roof, walls, floors and windows?	1. Yes 2. No
B5	How do you assess your current housing conditions?	1. Satisfactory 2. Somewhat satisfactory 3. Somewhat unsatisfactory 4. Unsatisfactory 5. No answer
B6	The current main source of drinking water for your household is:	1. Water Network 2. Private Vendor (private desalination plant) which are sold in gallons or in big tanks 3. Public Desalination Plant (CMWU/or community managed plant) 4. Charity water distributed for free (in collection point or tucking to households) 5. Not sure
B7	How satisfied are you with the quality of drinking water?	1. Satisfied 2. Somewhat satisfied 3. Somewhat unsatisfied 4. Unsatisfied 5. Not sure
B8	Do you suffer from a shortage of water for domestic use?	1. Yes 2. No

B9	Is your house connected to a sewage network?	1. Yes 2. No
B10	If no, do you have a septic tank?	1. Yes 2. No
B11	Is your household/place of residence currently connected to the electricity grid?	1. Yes 2. No
B12	How satisfied are you with the quality of the electricity supply?	1. Satisfied 2. Somewhat satisfied 3. Somewhat unsatisfied 4. Unsatisfied
B13	Is the household/place of residence connected to the Internet (after the 2021 war)?	1. Yes 2. No
Health status		
C1	Does your family have health insurance?	1. Yes 2. No
C2	What kind of insurance do you have?	1. UNRWA 2. Government 3. Private/work 4. More than one 5. Not sure
Family members with disabilities		
C3	Do you have any people with disabilities? --(If No move to ---) If yes answer -----)	1. Yes 2. No
C4	If yes, how many people with disabilities are in the household?	
C5	How many are female children?	
C6	How many are male children?	
C7	How many are adult women?	
C8	How many are adult men?	
C9	Do your household members with disabilities receive any health or rehabilitation services? (Before the war)	1. Yes 2. No
C10	Do your household members with disabilities receive any health or rehabilitation services? (After the war)	1. Yes 2. No
COVID-19		
C11	Would you say that COVID-19-related conditions/risks for the family members have exacerbated after the war?	1. Yes 2. No

C12	Would you say that COVID-19-related services have become less or more accessible to family members?	1. Less accessible 2. Stayed the same 3. More accessible 4. No Answer / Not sure	
Member of the household have a chronic disease?			
C13	Does any member of the household have a chronic disease? (Diabetes, blood pressure, heart, cancer)	1. Yes 2. No	
	The members who have chronic diseases are.....? (Mark all that apply)		
		Yes	**No**
C14.1	Male children	1	2
C14.2	Female children	1	2
C14.3	Adult men (up to 64 years of age)	1	2
C14.4	Adult women (up to 64 years of age)	1	2
C14.5	Elderly males (65 years or more)	1	2
C14.6	Elderly women (65 years or more)	1	2
C15	How do you assess the health services received by your family before the 2021 war?	1. Satisfactory 2. Somewhat satisfactory 3. Somewhat unsatisfactory 4. Unsatisfactory 5. We have no access to health services 6. I don't know	
Reproductive health			
C16	Did the family have at least one pregnant woman during the 2021 war?	1. Yes 2. No	
C17	If yes, did the war negatively impac their access to prenatal service?	1. Yes 2. To some extent 3. No	
C18	Did the family have at least one lactating woman during the 2021 war?	1. Yes 2. No	
C19	If yes, did the 2021 war impact her ability to provide proper feeding for the baby?	1. Yes 2. To some extent 3. No 4. I don't know	
Health services			
C20	Has the general access of the family to primary health services deteriorated, stayed the same or improved after the 2021 war?	1. Deteriorated 2. Stayed the same 3. Improved	

	Would you say that the following has deteriorated, stayed the same, or improved after the 2021 war? (Answer to each item)				
		Deteriorated	**Stayed the same**	**Improved**	**Not sure/does not apply**
C21.1	Availability of health services in general	1	2	3	4
C21.2	Affordability of health services	1	2	3	4
C21.3	Ability to pay for medicine	1	2	3	4
C21.4	Ability to cover the cost of transport to reach a health facility	1	2	3	4
C21.5	Accessibility of primary health services	1	2	3	4
C21.6	Mental health services	1	2	3	4
C21.7	Services to persons addicted to drugs	1	2	3	4
	Would you say that the following has deteriorated, stayed the same, or improved after the 2021 war? (Answer to each item)				
		Deteriorated	**Stayed the same**	**Improved**	**Not sure/does not apply**
C22.1	Persons with disability	1	2	3	4
C22.2	Members with chronic diseases	1	2	3	4
C22.3	Members with mental health challenges	1	2	3	4
C23	Did the household have access to speedy communication with emergency services during the war?	1. Yes, to a large extent 2. To some extent 3. No 4. Not sure/does not apply			
C24	Did the household have sufficient information to access needed humanitarian assistance after the 2021 war?	1. Yes, to a large extent 2. To some extent 3. No 4. Not sure/does not apply			
Complaint mechanisms					
C25	Are you aware of how to access complaint mechanisms in relation to humanitarian support regarding the damage caused by the 2021 war?	1. Yes 2. No 3. Decline to answer			
C26	If yes, would you use the existing complaint mechanisms to provide feedback on the aid that you have received and/or the way that aid workers have behaved in your location?	1. Yes 2. No 3. Decline to answer			
C27	Have you or anyone in your household used complaint mechanisms to provide feedback about the aid that you have received and/or the way that aid workers have behaved in your location?	1. Yes 2. No 3. Don'tknow 4. Decline to answer			

C28	If no, what are the main reason for why you would not use the existing complaint mechanisms to provide feedback about the aid that you have received and/or the way that aid workers have behaved in your location?	1. Complaints do not result in a positive change 2. Judgement by the family and/or community 3. Worry that negative feedback would affect future aid 4. Lack of confidentiality/data protection 5. Lack of transparency in the process 6. Negative experience with Complaint Handlers in the past 7. I had no reason to complain 8. Don't know
Victimization by the war | Housing and displacement		
T1	Was your place of residence (home) damaged as a result of the latest war?	1. Yes, fully 2. Yes, partially 3. No
T2	If yes (fully or partially), in whose name was the house registered (formally owned)?	1. Male member 2. Female member 3. Joint male/ female 4. The house is rented 5. The house/land on which the house is built is not registered (government land) 6. Other (specify ----)
T3	Were you displaced as result of the war (Did you have to move out of your house and relocate to another place of residence)?	1. No 2. Yes, for a short period of time (went back on the same day after the hostilities in our neighbourhood seceded) 3. Yes, for more than one day and now we are back into our house 4. Yes, we continue to be displaced
T4	During your time of displacement, where did you reside/continue to reside?	1. A shelter/UNRWA school 2. Family/friends 3. With neighbours 4. In the remains of our house 5. In another place that our family owns 6. In a tent provided by an organization (UN, other organization) 7. Stayed at streets 8. Other
How was your family impacted by the latest 2021 war in the following fields?		
		Victimization
V1	Lost a family member	# of victims V1_a Males_____ V1_b Females_____
V2	# of family members injured	# of victims V2_a Males_____ V2_b Females_____

V3	If injured, how many have a disability as a result?	V3_a Males_____ V3_b Females_____ V3_c Age 0–18_____ V3_d Age 19–64_____ V3_e Age 65 or more_____			
Other losses: As a result of the war, have your household lost any of the following?					
V4	A formal business	1. Yes, completely 2. Yes, partially 3. No			
V5	If yes (1 or 2), who owned the business?	1. Male member 2. Female member 3. Joint male/ female			
V6	A home-based income-generation activity (business)	1. Yes, completely 2. Yes, partially 3. No			
V7	If yes (1 or 2), who owned the home-based income-generating activity?	1. Male member 2. Female member 3. Joint male/ female			
V8	Transport vehicles	1. Yes, completely 2. Yes, partially 3. No			
V9	Home appliances (Television, refrigerator, washer, dryer, computer)	1. Yes, completely 2. Yes, partially 3. No			
V10	Livestock	1. Yes, completely 2. Yes, partially 3. No			
V11	Agricultural crop (that was planted)	1. Yes, completely 2. Yes, partially 3. No			
V12	Agricultural implements (tools)	1. Yes, completely 2. Yes, partially 3. No			
V13	Please indicate how your feelings/ conditions have decreased, stayed the same or increased after the 2021 war?	**Feel less.. (safe, happy...)**	**Stayed the same**	**Feel more**	**Unsure/ Does not apply**
V13.1	I feel safe at home	1	2	3	4
V13.2	I feel safe walking around	1	2	3	4
V13.3	Adult household males feel safe in general	1	2	3	4
V13.4	Adult household females feel safe in general	1	2	3	4
V13.5	Male children feel safe in general	1	2	3	4

V13.6	Female children feel safe in general	1	2	3	4
V13.7	I am generally happy	1	2	3	4
V13.8	I have significant influence on important decisions that concern the family	1	2	3	4
V13.9	I feel that children in my family have sufficient opportunities for mobility	1	2	3	4
V13.10	I feel I can provide for my family and meet my family's needs	1	2	3	4
V13.11	I am optimistic about the future	1	2	3	4
V14	Compared to before the 2021 war, are women in the household having more difficulties securing hygiene/health supplies after the 2021 war?	1. Yes 2. No 3. Not sure/ I don't know			

Living conditions (before and after the war)
Please tell us about the following aspects of your household conditions before and after the war; have they declines, stayed the same of improved, unsure/no answer)

Living conditions					
H1		**Decreased**	**Stayed the same**	**Increased**	**Unsure/does not apply**
H1.1	Your household income	1	2	3	4
H1.2	Regularity/stability of income	1	2	3	4
H1.3	Employment opportunities for adult males in the household	1	2	3	4
H1.4	Employment opportunities for adult females in the household	1	2	3	4
H1.5	Regularity/stability of receiving social assistance	1	2	3	4
H1.6	Amount of debt by the household	1	2	3	4
H2	Is the family currently able to save from its income?	1. Yes 2. No			

L1 **Assessment of Risk/Uncertainty**
How do you assess the risks facing the household in relation to following aspects of your household conditions after the war compared to before? Are they increasing, staying the same or decreasing?

		Decreased	**Stayed the same**	**Increased**	**Unsure/does not apply**
L1.1	Violence in general against women within the family	1	2	3	4

L1.2	Violence in general against women outside of the home	1	2	3	4
L1.3	Violence in general against female children within the family	1	2	3	4
L1.4	Violence in general against female children outside of the home	1	2	3	4
L1.5	Household is becoming poorer than before	1	2	3	4
L1.6	Need for assistance	1	2	3	4
L1.7	Emotional and psychological conditions of adult males in the family have worsened	1	2	3	4
L1.8	Emotional and psychological conditions of adult females in the family have worsened	1	2	3	4
L1.9	Emotional and psychological conditions of male children/boys in the family have worsened	1	2	3	4
L1.10	Emotional and psychological conditions of female children/girls in the family have worsened	1	2	3	4
L1.11	Level of integration/isolation of family male members from the rest of the community (not participating in social occasions)	1	2	3	4
L1.12	Level of integration/isolation of family female members from the rest of the community (not participating in social occasions)	1	2	3	4
L2.A	Did you notice, after the war, an increase in the rates of violence within the community?	1. Yes 2. No 3. Not sure/ I don't know			
	Would you say the following have increased, decreased or stayed the same after the war?	**Increased**	**Stayed the same**	**Decreased**	**I don't know**
L2.1	Tensions in the community	1	2	3	4
L2.2	Tensions within the family	1	2	3	4
	Would you say the following have increased, decreased or stayed the same after the war?	**Increased**	**Stayed the same**	**Decreased**	**I don't know**
L2.3	Sexual violence against women	1	2	3	4
L2.4	Sexual violence against male children	1	2	3	4
L2.5	Sexual violence against male children	1	2	3	4

L2.6	Abusing of People with disability	1	2	3	4
L2.7	Abusing of elderly	1	2	3	4
L2.8	Physical Violence against women in the household	1	2	3	4
L2.9	Physical Violence against children in the household	1	2	3	4
L2.10	Verbal/emotional violence against women in the household	1	2	3	4
L2.11	Verbal/ violence against children in the household emotional	1	2	3	4

	Would you say the following have increased, after the war?	**Yes**	**No**	**I don't know**
L2.12	The ability of male household members to make household-related decisions	1	2	4
L2.13	The ability of male household members to make household-related decisions	1	2	4

Coping with war: As a result of the war and its aftermath, who was the primary care-provider of the following coping tasks?
(Adult females, adult males, adult males female children, male children, not applicable)

		Adult females	**Adult males**	**Female children**	**Male children**	**NA**
L3.1	Securing cash assistance to the household	1	2	3	4	5
L3.2	Securing food assistance to the household	1	2	3	4	5
L3.3	Providing care for the injured	1	2	3	4	5
L3.4	Providing psychological/emotional support to family members	1	2	3	4	5
L3.5	Providing care for the people with disability	1	2	3	4	5
L3.6	Providing care for the elderly	1	2	3	4	5
L3.7	Cleaning the household and its surrounding if impacted by the war	1	2	3	4	5
L3.8	Fixing any damage to the house if any	1	2	3	4	5
L3.9	Borrowing to sustain the family	1	2	3	4	5
L3.10	Resolving any disputes with neighbours	1	2	3	4	5
L3.11	Securing water	1	2	3	4	5
L3.12	Securing electricity/energy	1	2	3	4	5

L3.13	Securing health services for the family members	1	2	3	4	5

AW1	**Assessment of sources of Assistance/Coping** After the recent war and until today, did your household receive assistance of any type from government, non-government, informal, or international sources?

		Yes	No
AW1.1	Government	1	2
AW1.2	NGOs/CBOs	1	2
AW1.3	International NGOs	1	2
AW1.4	United Nations agencies	1	2
AW1.5	Local council	1	2
AW1.6	Relatives/friends/neighbours	1	2

AW2	**What types of assistance have you received so far? (yes, no, not applicable)**

		Yes	No	Not applicable
AW2.1	Housing (renovation/rebuilding)	1	2	3
AW2.2	Shelter/relocation	1	2	3
AW2.3	Tertiary health services	1	2	3
AW2.4	Primary health services	1	2	3
AW2.5	Mental health services	1	2	3
AW2.6	Reproductive health services	1	2	3
AW2.7	Education, information	1	2	3
AW2.8	Water	1	2	3
AW2.9	Wastewater services	1	2	3
AW2.10	Food	1	2	3
AW2.11	Psychosocial support	1	2	3
AW2.12	Cash assistance	1	2	3

How do you evaluate the assistance you received so far in terms of the following:

		Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	No answer
AW.1	Helping the family meet its basic needs (food, health)	1	2	3	4	5
AW.2	Helping the family in transitioning back to its normal situation	1	2	3	4	5
AW.3	Easing the psychological/emotional suffering of the family members	1	2	3	4	5

AW.4	Helping the family in reducing tensions within the family	1	2	3	4	5
AW.5	Helping the family in reducing GBV	1	2	3	4	5
AW.6	Helping the family in reducing violence against children	1	2	3	4	5
AW.7	Helping the family to have a dignified life	1	2	3	4	5
Last Section						
F1	Have you been approached/filled out a questionnaire/application assessing damage by government/international organizations?	1. Yes 2. No				
F2	If yes, do you remember which institution/organization approached you?	Name				
F3	If yes, in whose name was the questionnaire/form/ application filled out?	1 Male head of household 2 Female head of household 3 Other household male members 4 Other household female members 5 Others				
F4	Why was the form/application filled out by this person (selected in the previous question)?					
F5	**In case of future/immediate need for assistance, and a result of the latest war (only), how urgent are the following to the recovery of your own household? (Researcher: make sure that the items are actually relevant for the households)** 1 Very urgent 2 Somewhat urgent 3 Not very urgent 4 Not urgent at all 5. Not applicable (NA)					
	Housing:	**Very urgent**	**Somewhat urgent**	**Not very urgent**	**Not urgent at all**	**NA**
F5.1	Securing a new shelter/housing	1	2	3	4	5
F5.2	Restoring the partially demolishedhouse	1	2	3	4	5
F5.3	Provision of home appliances/furniture	1	2	3	4	5
	Water/waste water/electricity:	**Very urgent**	**Somewhat urgent**	**Not very urgent**	**Not urgent at all**	**NA**
F5.4	Provision of immediate water supply/assistance	1	2	3	4	5
F5.6	Reconnecting the family to the water network	1	2	3	4	5
F5.7	Reconnecting the family to the waste water network	1	2	3	4	5
F5.8	Fixing water infrastructure within the house	1	2	3	4	5

F5.9	Reconnecting the family to the electricity network	1	2	3	4	5
	Health:	**Very urgent**	**Somewhat urgent**	**Not very urgent**	**Not urgent at all**	**NA**
F5.10	Provision of health services to the injured/disabled	1	2	3	4	5
F5.11	Provision of medicine	1	2	3	4	5
F5.12	Provision of medical supplies	1	2	3	4	5
F5.13	Reducing pollutants resulting from the war	1	2	3	4	5
F5.14	Ensuring that no mines/war remnants are around	1	2	3	4	5
F5.15	Secure primary health care for children	1	2	3	4	5
F5.16	Secure maternal/post maternal care for women	1	2	3	4	5
F5.17	Feminine hygiene/pads/dignity kits	1	2	3	4	5
F5.18	Provision of reproductive health services (gynaecological checks, family planning, access to contraceptives, etc),	1	2	3	4	5
	Education:	**Very urgent**	**Somewhat urgent**	**Not very urgent**	**Not urgent at all**	**NA**
F5.19	Organizing supplementary education to school-age children	1	2	3	4	5
F5.20	Providing assistance to meet the expenses/fees of students in the family	1	2	3	4	5
	Social protection:	**Very urgent**	**Somewhat urgent**	**Not very urgent**	**Not urgent at all**	**NA**
F5.21	Provision of cash assistance to the household	1	2	3	4	5
F5.22	Provision of psychosocial assistance to the adult males in the family	1	2	3	4	5
F5.23	Provision of psychosocial assistance to the adult females in the family	1	2	3	4	5
F5.24	Provision of psychosocial assistance to the male children in the family	1	2	3	4	5
F5.25	Provision of psychosocial assistance to the female children in the family	1	2	3	4	5
F5.26	Provision of psychosocial assistance to the people with disability in the family	1	2	3	4	5

F5.27	Provision of psychosocial assistance to the elderly in the family	1	2	3	4	5
F5.28	Helping the family with any drug-related challenges resulting from the war	1	2	3	4	5
	Food security:	**Very urgent**	**Somewhat urgent**	**Not very urgent**	**Not urgent at all**	**NA**
F5.29	Provision of assistance to plant agricultural products	1	2	3	4	5
F5.30	Provision of assistance to secure animal products (dairy, meet)	1	2	3	4	5
F5.31	Provision of food stuff	1	2	3	4	5
F5.32	Provision of food processing tools/ equipment	1	2	3	4	5

As relevant/applicable to each household, and per the answers to previous family – related questions, please let us know:

F6: What are the three most urgent services/needs for the adult males in the Household?
1)
2)
3)

F7: What are the three most urgent services/needs for the adult females in the Household?
Irrelevant (if the family has no adult females)
1)
2)
3)

F8: What are the three most urgent services/needs for the male children in the Household?
Irrelevant (if the family has no male children under 18)
1)
2)
3)

F9: What are the three most urgent services/needs for the female children in the Household?
Irrelevant (if the family has no male children under 18)
1)
2)
3)

F10: What are the three most urgent services/needs for the people with disability in the Household?
Irrelevant (if the family has no people with disabilities)
1)
2)
3)

F11: What are the three most urgent services/needs for the elderly in the Household?
Irrelevant (if the family has no members 65 years or older)
1)
2)
3)

Thank you all for your kind cooperation and please feel free to call us if you have any further questions.

Annex 8: Sample distribution

The sample covered the following localities:

Governorate	Specific locality/neighbourhood	# of shelters	# (per cent of questionnaires)
North	Beit Hanoun – Al-Masreen Street Beit Hanon – Al-Bora Beit Lahia - Atatra Beit Lahia – Al-Salateen Beit Lahia – Beit Lahia project East Jabalia Jabalia – Al-Shohada' Street Jabalia – Al-Saftawai Jabalia – Bir Na'ja	6	340 (30.9 per cent)
Gaza	Al Shuja'iya – Al Shawa Al Shuja'iya - AlQuba Al Shuja'iya Al-Shati Camp Al-Rimal Al-Zeitona	3	220 (20 per cent)
Middle	Al-Nuseirat Camp Al-Burij Camp Deir Al-Balah	4	160 (14.5 per cent)
Khan Younis	Abasan Al-Zena Al-Fukhari Al-Qarara Khuza'a		220 (20 per cent)
Rafah	Al-Shukeh Al-Salam Al-Shabora Camp	2	160 (14.5 per cent)

ENDNOTES

1 See: https://peacenow.org.il/en/sheikh-jarah-appeal-rejected-020321

2 OHCHR. (7 May 2021). https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=27067&LangID=E)

3 Al Jazeera. (10 May 2021). https://www.aljazeera.com/news/2021/5/10/palestinians-recount-violent-raid-by-israeli-forces-on-al-aqsa

4 OCHA. (11 May 2021). https://www.ochaopt.org/content/escalation-west-bank-gaza-strip-and-israel-flash-update-1-1700-11-may-2021

5 OCHA. (23 May 2021). https://www.ochaopt.org/content/escalation-gaza-strip-west-bank-and-israel-flash-update-12-covering-1200-21-may-1200-23-may

6 OHCHR. (18 May 2021). https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=27102&LangID=E

7 OCHA. (23 May 2021). op.cit.

8 Palestinian Ministry of Health in Gaza. https://www.moh.gov.ps/portal/two-hundred-and-thirty-two-232-palestinians-have-so-far-been-killed/

9 UN Women, "Gender Alert 2019", 2019.

10 UN Women, "An Assessment of the Gendered Impact of the Great March of Return (GMR)", 2020.

11 UNICEF, "State of Palestine". 2020. https://www.unicef.org/appeals/state_of_palestine.html.

12 UNOCHA oPt. "2021 Humanitarian Needs Overview". 2020.

13 UNICEF, State of Palestine: Humanitarian Situation Report, No. 2. April – June 2020.

14 Said-Foqahaa, Barghouti, Said, and Thue. (2020). Oxfam Research Reports: Responsiveness of the Palestinian National Cash Transfer Programme to Shifting Vulnerabilities in The Gaza Strip.

15 UNOCHA oPt (2019). "2020 Humanitarian Needs Overview". 2019.

16 UNFPA/GBV Sub-Cluster Palestine. (2018) "Gender-based violence in Gaza Strip: Situation Analysis".

17 UN Women, (2020) "COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming Findings of a Rapid Gender Analysis of COVID-19 in Palestine April 2020"

18 Definition according to the Inter-Agency Standing Committee (2018 – link in next foot note), Gender in Humanitarian Action Handbook "refer to women and men of: (a) different ages, understanding that gender roles and responsibilities change across the life cycle; (b) diverse backgrounds, understanding that sexuality, ethnicity, nationality, disability, belief, civil or economic status, norms and cultural and traditional practices etc. can be barriers or enablers, depending on context; and (c) different experiences, understanding that experiences of marginalization are heterogeneous. Marginalization derives from multiple and intersecting factors".

19 https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf

20 UN Women (2021). https://palestine.unwomen.org/sites/default/files/Field%20Office%20Palestine/Attachments/Publications/2021/06/D8-RGA%20Brief-compressed%203.pdf

21 A person who usually lives with the household and is recognized as head of household by its other members. Often, he/she is the main decision maker or responsible for financial support and welfare of the household at the time the survey is conducted.

22 The population density of Palestine is high (826 persons/km2), particularly in Gaza Strip, (5,453 persons/km2). A lower population density in the West Bank (528 persons/km2) in mid-2019. PCBS, (2019) https://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_10-7-2019-pop-en.pdf

23 The survey did not include a section on education. The provided analysis is based on secondary sources and qualitative data. Future research might need to focus on the educational sector.

24 For a comprehensive gender analysis of the GMR, please refer to: UN Women. (2020). https://palestine.unwomen.org/sites/default/files/Field%20Office%20Palestine/Attachments/Publications/2020/12/D7-GMR%20report-271120.pdf

25 See AWRAD and PWWSD (2020, p. 38) that revealed that only 5.5 per cent of female respondents report that the house is registered in their name, while 94.5 per cent report otherwise. In addition, 3 per cent reported the house is common property of the husband or other male family members. Furthermore, 3.4 per cent noted that the registration of the house was shared between other female and male family members. https://pwwsd.org/uploads/15949011091533037615.pdf

26 OCHA, 2021a.

27 UNIFEM, 2009. https://www.un.org/unispal/document/auto-insert-193060/

28 Family members can be insured individually or collectively. Individual insurance is mostly through government (based on application) or UNRWA and MoSD (based on eligibility), or through their work (whether government or non-government). Children under 5 are automatically insured and other family members are frequently insured through the main insurance holder.

29 This is consistent with national data which shows that 20 per cent of people with disability in Palestine are children under 18 years old. The percentage of male children was higher than that of females in the same age group, 21 per cent and 18 per cent respectively. People with disability were more prevalent in Gaza Strip (22 per cent) than in the West Bank (17 per cent), according to the Population, Housing and Establishments Census, 2017. PCBS. (2019) https://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=3607

30 Please see the previous note on exposure of adult males to violence.

31 The term "de-development" as it relates to Gaza was used by Sara Roy, Gaza Strip: The political economy of de-development, (1995), Institute for Palestine Studies. The concept was further expanded in her Third edition, 2016.

32 Shelter Cluster, 2018.

33 This does not differentiate current household income by the gender of family members or by head of household. It only indicates a subjective assessment by family members of any decrease in their income or revenues.

34 The data for oPt is from PCBS, Time Use Survey (2012/2013). Methodologies vary between countries, which makes numbers incomparable. See a discussion of this issue in UN Women (2020).

35 Includes those who have answered that they did not have sufficient information, answering "No" (73 per cent) or "not sure" (4 per cent).

36 These numbers are too small to disaggregate by any variable including gender. Focused studies might be needed in the future in this area.

37 The targeting gender gap is a relative measure, dividing the difference between per cent of female-headed households receiving assistance from the various sources and the reported percentage by male-headed households, by the base (which is the value reported by male-headed households). This is an indication of targeting within male and female-headed households and not an indication of targeting of each group. The data clearly show much higher numbers of male-headed households receiving assistance from all sources, as they comprise 90 per cent of all households. The support from local councils is not included here as the numbers are too small for further analysis.

38 Dissatisfaction is the sum of (dissatisfied) and (somewhat dissatisfied).

39 UNCTAD. (2015). https://unctad.org/system/files/official-document/tdb62d3_en.pdf

40 OXFAM, 2020, page, 44.

41 WFP various documents; OXFAM, 2020. https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620989/rr-responsiveness-palestinian-national-cash-programme-shifting-vulnerabilities-gaza-280520-en.pdf;jsessionid=71F DEA7C6B9FE9AC89B518E9FC93EE1D?sequence=1

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