

PROTECTION IN THE WINDWARD



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CONDITIONS AND RIGHTS OF INTERNALLY DISPLACED GIRLS AND WOMEN DURING THE LATEST ISRAELI MILITARY OPERATION ON THE GAZA STRIP

The Culture and Free Thought Association (CFTA) in cooperation with the UN
Gender Based Violence sub-working group (GBV-SWG) led by the United
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Forward

Speech of the Ministry of Women Affairs (MoWA)

The past months were the hardest months ever on the Palestinian people. I can even affirm that these months were harder and more difficult than the Nakbah in 1948. From the Nakbah up to present, Palestinians have been obliged to live under harsh and tragic circumstances. They have also experienced difficult times. This war left a deep impact on civilian people. It left many families suffering from various types of torture, depriving them of their simplest rights represented in living in safety, security and peace. Moreover, these aggressions became increasingly more fierce, severe and cruel with unprecedented escalation. Women and children were particularly affected by the last Israeli military operation on Gaza, with total disregard for international laws that protect women's safety and integrity during armed conflicts. UN Security Council Resolution 1325 of 2000 emphasizes protection of women in times of war and conflict.

For decades, Palestinian women and girls, in particular, have suffered from the continuous Israeli assaults and violations, which resulted in killing hundreds of women and girls and Palestinians, in general. This situation requires sufficient protection for women and girls from violence perpetrated against them and the ongoing violation of their rights. During seven weeks of fierce aggression on Gaza, from 7 July to 26 August, 2014, 582 children and 302 women were killed; another 10,870 people were injured including 3,303 children and 2,120 women. It is worth noting that one-third of the wounded children will suffer from permanent disability. Moreover, 450,000 citizens were forcefully displaced from their homes and had to take refuge in shelters, government and UNRWA schools, mosques, relatives' houses, worship houses and other sites that were not prepared and inappropriate for living under any circumstances, making life impossible and unbearable for all those who took to them as shelters.

This study examines the realities lived by those who sought refuge in these various shelters and assesses the suitability of living conditions within these. It also highlights the most important problems faced by people living in the shelters so as to ensure improved conditions in the future. Finally, I'd like to extend my thanks to those who prepared the study for the invaluable time and efforts they exerted to make this study possible. We also wish that this study be followed with other studies that address other problems faced by Palestinian women, who deserve all appreciation, support and assistance.

Dr. Haifa Fahmi Agha

Minister of Women Affairs

Gaza, 16 October 2014

Speech of the Culture and Free Thought Association (CFTA)

The repeated aggression and the more than seven-year-long siege on the Gaza Strip has led to the deterioration of health and socio-economic conditions, high rates of unemployment and an increase in psycho-social stress for Palestinian girls and women. All these factors came to worsen the life of girls and women in the Gaza Strip.

The Israeli aggression in summer 2014 resulted in the displacement of around 500,000 persons (28%) of the total population in the Gaza Strip; most of them are women and children. More than 2,000 were killed and the number of injured was five times that number. This latest aggression intensified the sufferings of Gaza people and exacerbated a range of issues that need to be urgently addressed.

One of the most significant hardships experienced by girls and women was their forced displacement as they fled from their homes to emergency shelters and host families to escape shelling and killing. The scale of displacement and destruction of homes speak to the magnitude of the crisis to which girls and women were exposed and how every aspect of their lives was affected, including securing shelter, privacy and dignity for themselves and their families, especially since home represents life, protection and dignity for girls and women.

A place subjected to such hardships and repeated aggressions as the Gaza Strip requires reflecting on the previous experiences and learning lessons from them so as to alleviate as fully as possible the cumulative damage is and respond to the needs of different groups, especially marginalized groups such as children and women.

This study comes as part of the ongoing efforts of the Culture and Free thought Association (CFTA) and the United Nations Population Fund (UNFPA) to protect girls and women and promote their role in the society so as to empower them to achieve their rights as guaranteed by various laws and conventions. This study highlights the particular conditions and suffering of girls and women in shelters and with host families during the latest war on Gaza.

The assessment of needs related to protection and security of Palestinian women in shelters and with host families in comparison with the available services is an important means of developing effective interventions that respond to the actual needs of girls and women and ensuring that gender is taken into consideration during the design and implementation of projects and programs. It is also a key step in exploring the gap in the protection services provided for girls and women in the Gaza Strip.

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UNFPA, the United Nations Population Fund would like to extend its thanks and appreciation to the Palestinian Ministry of Women's Affairs represented by H. E. Dr. Haifa Al-Agha for their support and cooperation during the assessment process.

UNFPA would like also to extend its thanks and deep appreciation to our long term partner the Culture and Free Thought Association (CFTA) and the data collection teams, who have demonstrated an unprecedented level of dedication, commitment and professionalism in conducting this important assessment at a high level of quality.

Many thanks go to the UN Gender Based Violence Sub-Working Group (GBV-SWG) for their support and cooperation which made this study possible.

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List of Acronyms

MoWA	Ministry of Women Affairs
CFTA	The Culture and Free Thought Association
UNFPA	United Nations Population Fund
GBV-SWG	Gender Based Violence sub-working Group
UNRWA	United Nations Relief and Work Agency
GBV	Gender Based Violence
IDP	Internally Displaced Person
WFP	World Food Program
WHO	World Health Organization
MoH	Ministry of Health
UNICEF	United Nations Children's Fund
UN	United Nations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs

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Introduction

On 8 July, 2014, Israel launched a military operation in Gaza Strip. The operation, which was dubbed “Operation Protective Edge” by the Israeli army and which continued for 51 incessant days, witnessed increasing military operations in which the most forceful of war machines were used from land, air and sea and caused comprehensive destruction in the majority of Gaza areas. The scale of destruction and dispersion was unprecedented and some areas were almost entirely wiped out, while many houses and civil establishments were transformed into heaps of debris. This fierce military operation resulted in killing a large number of civilians (2,133), including 257 women and 500 children (187 girls and 313 boys). This was in addition to the massive destruction of houses, mosques, factories and organizations and the bulldozing of thousands dunums of agricultural lands¹.

During this conflict, thousands of Palestinian families were obliged to leave their homes to unofficial shelters including homes of relatives, friends, uninhabited houses, churches, mosques, UNRWA schools and governmental schools in search of a safe place. Due to the immensity of the crisis and because the number of internally dispersed people far exceeded those used emergency plans based on previous experiences, school shelters lacked the simplest components of human life. Within this context, the levels of hunger, thirst and deprivation were traumatically reminiscent of historical experiences of displacement and exile lived by previous generations of Palestinians.

The Israeli military operation, compounded by the harsh siege under which the Gaza Strip has been held for more than eight years, led to continuous electricity cuts; lack of fuel, medicines and medical equipment; and the depletion of basic food stuffs. This military operation came at a time when Gaza people were already suffering from poverty, unemployment and limited sources of income. All these factors increased challenges that confronted households and women during and after the latest crisis in Gaza.

Within this context, this study was undertaken immediately following the last Israeli military operation on Gaza Strip, which, as mentioned above, left a deep impact on the conditions and rights of girls and women, including an increase in cases of violence against them in emergency shelters, host families homes and in other places of refuge. This study has been conducted by the UN Gender Based Violence sub-working group (GBV-SWG) led by the United Nations Population Fund (UNFPA) in cooperation with the Culture and Free Thought Association (CFTA). The study monitors the reality of violence against girls and women during the Israeli military operation and assesses both their protection needs and the actual services provided for them in emergency shelters and host families homes in order to make conclusions and recommendations that enable various stakeholders build informed program interventions in the near future. These interventions should be developed in a manner that is relevant and responsive to actual needs and one that proactively takes gender into consideration during the planning and implementation processes of programs, projects and activities through:

1. Understanding the reality of girls and women during the Israeli military operation on Gaza Strip, especially regarding violence against them;
2. Evaluating services provided for girls and women by local and international organization during the Israeli military operation on the Gaza Strip; and
3. Examining protection mechanisms that were available for girls and women during the Israeli military operation on the Gaza Strip and the extent to which these mechanisms were relevant and responsive to their actual needs.

Before presenting study findings, an introduction provides a brief overview of a gender-based approach to working in the context of war and armed conflict including the assessment of women’s

¹ Gaza Initial Rapid Assessment, OCHA, 27 August 2014

needs and the setting-up of relevant programs for the protection of women to ensure their rights, and reduce violence against them in times of conflict.

The study consists of three chapters. Chapter One provides a background to the study and presents its methodology, Chapter Two analyzes the study results, while Chapter Three includes results and recommendations. The main body of the report is followed by a set of supporting Annexes.

Study results are based on a series of research activities undertaken directly after the military operation on the Gaza Strip came to an end in August 2014. These included 18 focus groups with 219 displaced men and women in emergency shelters and host families homes, 18 key informant interviews with representatives (17 females and 1 male) of local and international organizations working in the field of social and health service provision for women and the services mapping in which 22 local, international and UN organizations participated, and finally, the safety and protection assessment tool in 13 shelters targeted by the study. Key research findings include the following:

4. Shortcomings in humanitarian support services responsiveness to the particular needs of displaced girls and women in emergency shelters and host families homes. This doubled their sufferings and made them exert additional efforts under inappropriate circumstances to obtain these needs or search for parallel alternatives.
5. Displaced girls and women in emergency shelters need privacy to maintain their security, dignity and personal hygiene. Therefore, girls and women's special needs should be taken into consideration during designing and implementation of programs for these shelters.
6. A need to seriously work on ensuring the physical and psychological safety and integrity of girls and women as well as maintenance of their human dignity in the emergency shelters during and post conflict.
7. Women in host families' homes and in emergency shelters endured living patterns different from those in their homes. They were obliged to co-exist with unfamiliar patterns due to the conflict and displacement. This reality exposed them to psychological pressures, anxiety and fear.
8. Girls and women were subjected to many types and varying degrees of violence practiced against them whether in the emergency shelters or host families homes. Women often responded to these types of violence with silence or by practicing violence on their children especially on girls.
9. Girls and women were subjected to discrimination in receiving aid and services in emergency shelters during the conflict, particularly in the absence of rules that control distribution processes and mechanisms.
10. Some displaced women were dismissed from the emergency shelters during the conflict due to overcrowding and some women were maltreated by the shelters' administrations and workers.
11. Absence of effective protection mechanisms such as partition screens and locks on doors, safety of windows and sufficient and continuous lighting. This exacerbated the girls' and women's feelings of anxiety and fear of being subjected to violations.
12. Lack of control over the performance of emergency shelters; this contributed to aggravating girls and women's feelings of insecurity and discrimination.
13. There is a need to conduct in-depth research examining connections between tension and domestic violence of girls and women before, during and after the most recent large scale Israeli military aggression.

Recommendations

Short-term recommendations

- Form a national committee in which women are fairly represented to handle the impact of the most recent crisis, especially on girls and women. This committee shall be in permanent and effective communication with relevant national and international organizations so as to put forward women's demands in the reconstruction process in the Gaza Strip.
- Document gender-based violations to which women were subjected during the conflict and strengthen available capacities to monitor violations of International Humanitarian Law related to women.
- Protect physical and psychological integrity and respect of girls and women in time of conflict by providing safe shelters, under governmental supervision, in which displaced women, each in her area, can take shelter.
- Recognize the necessity for full consideration of the impact of the most recent crisis on women, while designing projects, support and training for them.
- Women need to develop new skills that empower them to achieve the most possible self-sustenance through income-generating projects. Therefore, it is necessary to consult women during projects phases of planning, implementation and evaluation.
- Implement training courses in psycho-social support for girls and women and linking these courses with post-crisis livelihood facilitation, in an attempt to alleviate the conflict impact and provide them with social support.
- Organize trained and gender-sensitive women groups that oversee provision of safe shelters for women and children taking into account women's post-conflict needs.
- Immediately put pressure to implement the national strategy for combating violence against women.
- Establish mobile psycho-social clinics, particularly in areas that have been subjected to enormous destruction such as Ash-Shejaiya, Khuza'and Beit Hanoun and use different media to ensure public awareness regarding their objectives and services.
- Establish women's media and lobby group to monitor the reconstruction process, ensure inclusion of women and girls needs in the process, and guarantee that it works in accordance with the gender justice principle.

Long-term recommendations

- Raise awareness amongst girls and women about the increase of violence against them during war and armed conflict and support ongoing efforts of Palestinian organizations and the national strategy for combating violence against women within a framework informed by conditions of war and armed conflict, rather than relying solely on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which focuses on violence against women in times of peace and stability, without referring to violence against them in times of war and armed conflicts.
- Continue pressure on organizations and decision makers to involve women in developing protection strategies and mechanisms for girls and women during war and armed conflict.
- Involve women in planning, implementation and evaluation in a manner that ensures programs respond to girls' and women's actual needs and support and strengthen women's already existing

capacities and mechanisms for overcoming hardship.

-
- Set up national policies at different levels to reduce violence against women, particularly during armed conflict.
- Motivate the Palestinian Central Bureau of Statistics to issue a special survey on the crisis integrating gender perspectives across statistical data in a manner that can serve as a reference for programs, projects and policies related to girls and women in post-conflict situations.

Definitions

Internally Displaced Persons

"Persons or groups of persons who were obliged or forced to flee or leave their homes or their places of residence as a result of or seeking to avoid armed conflicts, popularized violence, human rights violations or human or natural disasters and who did not cross the internationally recognized border of the state." (UN Guiding Principles on Internal Displacement)

Emergency Shelters

Places allocated for persons affected by conflicts. These places should be safe and have all necessary requirements for displaced persons to continue life until they return to their homes.

Friendly Spaces

Places allocated for certain groups of people in which they engage in several activities designed to positively influence their own feelings and environment such as drawing, playing and talking with others, etc. These places should be safe and a guide shall be generally available in them.

Violence against Women

"Violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (Declaration on Elimination of Violence against Women, 1993)

Chapter One

Methodology Framework

Introduction

Women's issues in times of war and armed conflicts have not obtained sufficient attention in our country in terms of research, analysis and data collection. Women are often subjected to higher degrees of violence during and post conflict. This is particularly so, because during such times demanding change and validating women's rights becomes more difficult as the general situation and the country's future have priority over all other things. Relief operations and international assistance scarcely take the daily reality of women into consideration. Moreover, the government's minimal contributions in providing assistance and implementing programs rarely take into account the gender dimension in planning and implementation. Consequently, it becomes critical to be aware and concerned with the importance of women's reality in times of conflict, not only because of hardships confronted by girls and women during armed conflict but also due to the extended impacts on their situations when conflicts come to an end. Such impacts may last for years and cause profound changes on visions, thoughts, behaviors and general attitude of one's self, life and society.

Generally speaking, girls and women experience armed conflict in the same way as boys and men. They are exposed to killing, injury, disability and torture. They are also targeted by weapons and suffer from the general social and economic collapse. Moreover, they suffer from psychological impacts resulting from seeing their loved ones killed or witnessing violence against their families and neighbors. Also, they suffer from impacts of violence before, during and after fleeing from areas of fighting and they are increasingly threatened with violence.

On the other hand, physical and psychological abuse, double household burdens, problems related to general and reproductive health are specific problems suffered by girls and women in particular during conflict. These problems may continue after conflict, a fact which can contribute to very dangerous health and psychological problems for girls and women.

Therefore, conducting field studies to examine girls and women needs during armed conflicts and setting up appropriate programs to respond to the particular effects of conflict and armed conflict on girls and women is very important for their protection and ensuring their rights in times of conflict. Such protection cannot be markedly effective unless efforts are made in times of peace to change local laws, integrate concepts of equality between men and women in the way governmental organizations operate and implement programs that can change stereotypical images of women and ideas regarding the value of women as human beings. In this context, it is necessary to emphasize that the special needs and problems of girls and women in times of war and armed conflict require the participation of girls and women themselves in setting, designing and implementation of specific activities related to protection and assistance because participation itself promotes protection.

During armed conflict, girls and women are the biggest losers on the personal and general levels. Yet, women are often excluded of all that related to the different reflections of conflicts and their repercussions. This is in addition to their suffering from scarcity or complete lack of basic services such as water, food and medicines, the matter that makes their resistance fragile. Not to mention, the doubled family responsibilities borne by women due to their central role in the household. This role required from them to respond to financial, social and psychological needs in the absence of any systematic institutionalized financial, social and psychological support.

Study Problem

This study examines the conditions of girls and women in the emergency shelters and at host families' homes and the violence that they experienced during the large scale Israeli military operation in the Gaza Strip between 8 July and 26 August, 2014.

The researcher believes that the economic and social changes resulting from the conflict have both direct and indirect impact on the status of girls and women's rights in Gaza Strip and the spread of violence in the various locations (official shelters and host families) where displaced persons took refuge.

Study Importance

1. This study is the first exploratory study to examine violence against girls and women during the last major Israeli military operation in the Gaza Strip between 8 July and 26 August, 2014. It is expected to form the basis of in-depth studies in the hopes of contributing to the reduction of violations against girls and women in the case of future escalations in armed conflict.
2. The study attempts to present an analytical understanding of girls' and women's needs and the status of their rights during this period.
3. The study findings should support local and international decision makers and relevant organizations to set up preventive and treatment measures that take gender into account with the aim to protect girls and women, in particular, and the social fabric of the Palestinian community more generally.

Study Objectives

1. To monitor reality of girls and women during the most recent large scale Israeli military operation in Gaza Strip between 8 July and 26 August, 2014.
2. To examine the protection mechanisms available for girls and women and extent of their appropriateness for their needs during this period.
3. To develop specific recommendations upon which interventions addressing the impact of armed conflict on girls and women can be built in order to advance the rights of girls and reduce the violence against them.

Study Framework

Geographic area: Gaza Strip including its five governorates (North Governorate, Gaza Governorate, Middle Governorate, Khan Younis Governorate and Rafah Governorate).

Time frame: 8 July to 26 August 2014.

Target Group

Girls and women 14 years and above

Study Sample

The study used an intentional sample of girls and women who were internally displaced from their homes to emergency shelters and host families during the latest crisis in Gaza. The sample consists of:

- Participants (females and males) in focus groups (219 participants) selected from the most densely populated emergency shelters in each of the five governorates in Gaza Strip.
- 18 representatives of civil, local, governmental, international and UN organizations through key informant interviews
- 22 representatives of local, international, and UN agencies working across all five Gaza governorates through services mapping.
- 13 emergency shelters across the Gaza Strip through safety and protection assessment.

Study Constraints

1. The study subject is new: this is one of the first studies to address violence against girls and women during the last major Israeli military operation in the Gaza Strip.
2. General scarcity of gender-sensitive statistics and particularly statistics on services provided in the emergency shelters during conflicts.
3. Unwillingness of many girls and women to speak about their experiences due to fear of disclosing their experiences, feelings of defeat, the absence of security, and/or long-standing habits and traditions.

Study Methodology

The study uses an analytical descriptive approach in order to collect the largest possible amount of data on the conditions and needs of girls and women and the violence perpetrated against them during the last conflict.

The study used four data collection tools, which have been used by UNFPA in previous studies of a similar nature. The tools were adjusted to fit the conflict in Gaza and include the following:

- a. Focus Groups: 18 focus groups involving men, women and girls were held across all Gaza governorates; 12 of them were with IDPs from emergency shelters and 6 with IDPs from hosted displaced families. Researchers engaged focus group participants in a facilitated discussion on the nature of services provided for them after the conflict and to which extent they had feelings of safety and security; recorded observations; and documented participants' responses.
- b. Key informant Interviews: 18 interviews were conducted with representatives of local and international organizations (17 women and 1 men) working in the field of social and health service provision for women. The interviews focused on identifying the services provided for girls and women especially those related to combating violence, health and psycho-social services, and protection and safety mechanisms
- c. Services mapping: A questionnaire on the actual services provided by different organizations before and during the conflict was administered to 22 local, international, and UN agencies working throughout all five Gaza governorates.
- d. Safety and Protection assessment: A second questionnaire was utilized to document direct observations of researchers in the 13 emergency shelters included in the study. Direct observation was used to verify the extent to which mechanisms of safety, protection and security were available in the shelters.



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General Background on the Situation of Girls and Women during the Crisis

In spite of previous experiences of Palestinian women during 2008 and 2012 conflicts; 2014 was the cruelest and most bitter experience of armed conflicts for girls and women who found themselves engulfed in a daily struggle just to survive and protect their terrified children in the face of unprecedented levels of military violence. The comprehensive destruction served to exacerbate the situation causing the displacement of over 500,000 persons, 28% of Gaza population became homeless and were forced to take refuge in shelters, especially in UNRWA schools which received 293,000 thousand displaced persons, government schools (49,000 persons) and informal shelters such as empty buildings, churches, mosques and host families (170,000)². It is estimated that 108,000 persons will remain dispersed on the long run because their houses became uninhabitable due to demolition or immense damage³. The experience of the displaced was characterized by insecurity, deprivation, continuous feelings of fear and vulnerability in the face of the ongoing military aggression and the absence of protection. This situation doubled burdens shouldered by women in places which were not designed as shelters and lacked the infrastructure required to meet basic everyday needs.

The Israeli military operation launched on Gaza Strip this year predominantly affected civilians and resulted in the complete collapse of daily life in an unprecedented manner. The impact of the conflict affected the social fabric of all Palestinian households in many and often entangled ways including forced displacement, dispersion, destruction of homes and institutions, and the destruction of security and communication networks compounding the long-term fragmentation of the Palestinian community and exacerbating the Gaza Strip's isolation from the rest of the country in particular and the world more broadly. Dispersion and displacement led to the separation of families in more than one place, which often led to shifts in the traditional roles of women and men, especially when fathers were unable to play their traditional roles in providing protection and support for their families. At the same time, uprooting women from their familiar environments, particularly in times of crisis, can be disorienting and undermine women's confidence and their ability to care for themselves and their families. Moreover, given the tendency to curtail general freedoms that frequently accompany conflicts in the name of protection from danger to families and society, girls and women's lives may be further circumscribed.

²OCHA: Ibid

³OCHA: Ibid

Globally, it is recognized that all types of violence against women, with all their patterns in public and private life, are violations of basic human rights where two-thirds of the world's countries have endorsed the Convention on Elimination of all Types of Discrimination against Women (CEDAW)⁴. In Palestine, women suffer from several types of complex violence including the multiple faces of violence arising from the ongoing Israeli occupation and the arbitrary policies which characterize it including killing, forced displacement, house demolitions, restrictions on movement and others. They also suffer from domestic and societal violence against as women. This violence is practiced within an integrated social context affirming women's subordination to men in both the private and public spheres.

The study illustrated that over crowdedness, resulting from displacement, lack of privacy and the lack of basic services required to continue life smoothly and safely, such as water, electricity, food and health care exacerbated people's sense of vulnerability and further fed feelings of fear and frustration and psychological stress. All these factors led to incidence of violence, especially against the most fragile groups such as girls, women, children, elderly and disabled.

It is certain that the long-term impacts in times of armed conflicts on girls and women may exacerbate due to their exposure to gender social risks. Damage sustained by girls and women during and after situations of war and armed conflict is usually immense and often exposes them to further gender-based violence and sexual violence. Moreover, women and girls are perceived as carriers of a certain culture and, therefore, they are considered as an entity for preservation of the identity before the enemy and its numerous violations for women and men on equal footing. Consequently, they become key objectives for the dominating paternal culture that strongly impose its trends and conditions in times of war. This dominating culture in times of peace becomes stronger in times of war and through adherence to it; women are exploited due to their maternal responsibilities and connection. This reality doubles their jeopardy to maltreatment⁵.

Hence, girls and women specific experience in wars and armed conflicts depends, to a large extent, on their situations in the society before outbreak of war. In places where there are cultures of violence and discrimination against women before the outbreak of war, it is possible that intensity of violence may feed these. Similarly, if women are not allowed to be a part of decision making before the outbreak of armed conflict, it becomes difficult for girls and women to become involved in the decision making process during the conflict, any ensuing peace process or post-war.

In this context, it can be said that relations between men and women prior to war or armed conflict as formed by class, culture, age and social environment pave the road for girls' and women's experiences and identify available options for them during and after situations of war and armed conflict.

"During the last widespread Israeli military operation against Gaza, girls and women were exposed to different types and levels of violence as a result of an atmosphere of anger, fear and anxiety, compounded by overcrowding, with families from different geographical areas and cultural backgrounds and lack of privacy, men's fears for their wives and children due to mixing between males and females in schools", as a woman in one of the shelters said. Violence against women in shelters and with host families included verbal, physical and sexual violence. According to one displaced woman participating in the study, violence against women often involved husbands "using bad and humiliating words in front of everyone, as well as shouting and angry looks, which put women in a state of confusion, fear and anticipation and create hatred toward husbands."

Women in shelters were not only exposed to violence by husbands but also by the shelters' administrations. Most of the surveyed women said that they were maltreated by those in charge of shelters who respond parsimoniously to their needs, including food and hygienic supplies required for themselves and their children and for cleaning the rooms where they stayed. Complaints of maltreatment by shelter administration were clearly expressed by women in the study.

Given that according to dominant cultural norms, girls and women in Gaza Strip are the key caregivers in their households, they will be obliged to deal with long-term impacts resulting from the huge destruction of infrastructure and lack of services associated with family and society strains imposed on them because they are females.

⁴ Arab Women: Reality and Aspirations of Violence against Women, May 1995.

⁵ The International Committee of the Red Cross (ICRC 2001) and UN Development Fund for Women (UNIFEM 2002)

Consecutive large scale military attacks on the Gaza Strip have shown that the particular suffering of girls and women is compounded by additional responsibilities and burdens as a result of the conflict and subsequent displacement which in turn contribute to problems related to pregnancy and child delivery, lack of privacy, the inability to access basic services and increased incidence of domestic violence. All of these factors have jeopardized women's physical and psychological safety.

Violence against Girls

Violence against young girls is a phenomenon common to many countries. However, it is most evident in closed societies that impose strict restrictions on social nurturing and set up long lists of social and cultural prohibitions that girls and boys are expected to follow. Furthermore, the patriarchal society plays an important role in sanctioning violence against girls as a socially acceptable tool of social control and morality. This situation becomes deeper and more evident in times of war and armed conflict where cases of chaos and assault spread and opportunities for appealing to law and official organizations of control often disappear. Hence, violence against girls is expected to be relatively common during times of war.

In a society like the Gaza Strip in which traditional concepts and perceptions toward protection of girls from assault, in general, and sexual assault, in particular, dominate, violence might be a traditional practice used to protect girls from other bigger and deeper forms of violence. Men participating in the focus groups admitted that they practice physical or psychological violence against their daughters because of their fear for their safety or in response to social strains to which fathers are exposed to during their presence in the shelters and to different living patterns that restrict freedoms in general. A displaced man reported, "I had a strange feeling, which made me maltreat my sons and daughter because I was uncomfortable." Another says, "My son hit his sister and was going to break her hand, just to get a shekel." Girls also spoke of their suffering from harassment and exposure to verbal violence and sexual innuendo when they move within the shelters from young males living in the shelters or their visiting peers. Girls further reported that they were subjected to violence by their parents, especially mothers, motivated by fear for them. Restrictions on girls' movement in shelters is the most commonly reported violence imposed on girls, not to mention presence of girls in crowded rooms of all ages, which forcibly makes them exposed before strangers, especially in absence of tight partitions. Girls also pointed out that they were subjected to verbal violence and maltreatment by the shelters' administrators who made them feel humiliated whenever they asked for things they needed.

Violence against Women

Violence against women, which is considered a violation of human rights, is a phenomenon known throughout the world due to inequality in power relations between men and women. According to national statistics, in Palestinian society, 58.6% of women have been exposed to psychological violence, 23.5% to physical violence and 11.8% to sexual violence.⁶ Domestic violence is the most widespread type of violence and women of all social classes all over the world are exposed to this type of violence. One of the women participants to the study reported, "my husband's violence is too much ... he is mad. There were around 50 persons in my father-in-law's house where physical and psychological violence are practiced. My husband's family prevented me from taking my son to the toilet. They told me to go to the neighbor's toilet. My father-in-law was beating me and humiliating me during the war. Sometimes, I was driven away from their home to the street. Nobody supported me." Another woman said, "I feel that people around are upset and annoyed and I have problems with my husband and children. I am so sad that I cannot cook for my children and sometimes when I am fed up I beat them." Discrimination and continuous exposure to different types of strain due to the prevalence of paternal authority aggravate status of girls and women in peace and war, on equal footing, but their intensity increase and deepen in times of war. Many of the surveyed women reported that they were exposed to several types of physical abuse such as beating and psychological abuse like being cursed and insulted in front of others and restrictions on movement inside shelters, whether in UNRWA schools or at host families houses.

In this context, the surveyed women pointed out that they were exposed to violence in shelters during pushing while waiting to register or receive aid and due to crowdedness in rooms. They added that most incidents of violence occur between spouses as a result of psychological stress, anxiety and fear. They also reported incidents of varying degrees of sexual harassment. Other surveyed women pointed out that women were suffering from sexual deprivation and as were men (this was viewed as a form of sexual violence) because spouses could not approach each other due to a lack of places allocated for spouses in

⁶ Palestinian Central Bureau of Statistics, Violence Survey 2011

most shelters and host families.

The services survey conducted by the study revealed that the services provided by different organizations are similar to a large extent and included limited material and in-kind support and psycho-social support (treatment services rather than preventive) for specific social groups. These services were provided collectively in shelters; sometimes these services were not effective because some cases needed continuous individual psychological support. In this regard, a number of girls and women refrained from asking for assistance from anyone outside their private circle, understandable behavior given the prevailing culture that considers girls and women who ask for support and protection from violence, as rebelling against traditional norms and deserving of punishment.

The study also revealed that the majority of these services focused on counseling and psychological support and that, with the exception of a limited number of irregular activities, these were provided after the conflict and not during it.

Chapter Two

Analysis of Study Findings

First: Key Informant Interviews

Eighteen key informant interviews were conducted with representatives of civil, local, governmental, international and UN organizations. Of these, 55% were from local non-governmental organizations, 17% from local community-based organizations, 17% from governmental organizations, 11% from international organizations operating in Gaza Strip.

General information on nature of shelters

Services providers of organizations with whom key informant interviews were conducted estimated that shelters, in general, whether run by UNRWA or the government, accommodated 25% of displaced families while host families and relatives accommodated 39% of displaced families. This situation strongly reflects with the prevailing culture in Gaza Strip, which believes that the extended family should play a role in safeguarding family members, especially girls and women who should not be exposed to strangers under any circumstances. Meanwhile 8% of the interviewees mentioned that displaced families took refuge in neighbors' safer houses, especially in refugee camps where social relations are stronger while 6% took refuge in various random places due to lack of alternatives.

Responses of representatives of organizations participating in the key informant interviews revealed that UNRWA was responsible for the administration of 43% of shelters while the government was responsible for 27% and 15% of shelters were run by local community committees like the Reform Committees, Neighborhood Committees and Az-Zakat Committees. These figures reveal several issues. First, there is a large gap between size and type of services provided by each party. Second, these figures are in agreement with the composition of the population in Gaza Strip at large, where refugees form the highest percentage of population 67%.⁷ Third, Gazans believed that shelters belonging to UNRWA were safer than those belonging to the Government.

Basic services safely available for girls and women in shelters

A. Food Assistance

Food distribution, which, according to the interviews conducted, was mainly provided by UNRWA, the World Food Program (WFP) and certain voluntary parties that irregularly and intermittently contributed to this service, was the most frequently mentioned service in shelters. Nevertheless, families did not receive adequate quantities of food, almost the minimum needed to feed each household. Moreover, food items included only certain types of food such as canned food and lacked vegetables, fruit and infant's milk and food.

The surveyed organizations believed that only 21% of food assistance was safely available for girls and 18% available for women in shelters. This was attributed to a number of reasons some of which were related to the general absence of security and protection resulting from the intensive military operation and other reasons related to food distribution including priority was given to men, distribution during inappropriate times (at dawn or late at night) or the crowds and pushing which occurred at distribution points. Pushing during distribution of food items produced verbal and physical violence by men against women and by women against women. Moreover, girls and women were frequently unable to control and manage their food and their families' food as they wished. Sometimes, sharp tools such as knives and lancets were used because of lack of discipline and sufficient supervision according to interviewees.

Furthermore, they pointed out that the displaced people were maltreated by administration and workers of shelters, which created, especially among girls and women, feelings of injustice in distribution, undermining of self-esteem and humiliation. Moreover, food assistance distribution did not take into account women's age and health and physical conditions that require certain specific types of food. Further, reproductive role of women makes them more affected by lack or inadequacy of food. For example, women in reproductive age need more vitamins and minerals, pregnant and breast-feeding mothers have special food needs and women in general need sufficient and balanced food to maintain their health and shoulder their households' burdens, taking into consideration that women's opportunities in obtaining resources are usually less.

⁷Palestinian Central Bureau of Statistics, Statement Issued on the Occasion of the Palestinian Refugee Day.

The study revealed that men and not women have the main role in receiving food items and they often receive them on behalf of their families. In this regard, no accurate data was regularly collected on the demographic composition (sex and age) of those who received food. This may deprive families headed by women of getting food. Women need a safe way to obtain food assistance in times of war and clear policies for providing assistance during these times.

B. Non-food Assistance

These are hygienic parcels for personal cleanliness provided by UNRWA and other partners such as UNFPA, UNICEF, ICRC and civil society organizations such as the Women Health Centers in Jabalia and Bureij respectively and the Creative Women Society in Gaza because they work with women and are more attuned to women needs. The findings from interviews with services providers' organizations showed that 20% of non-food assistance related to personal needs and hygienic parcels were safely available for girls and 16% for women. Lack of such parcels especially during the first days of aggression and after dispersion and displacement had a markedly negative impact on women, increasing their feeling of alienation and lack of comfort, assurance, and privacy.

C. Shelter

Sheltering was the first service received by the displaced families. With the beginning of displacement from buffer zone areas, shelters were largely available. However, as demands for shelter increased after all areas of the Gaza Strip were exposed to bombardment genocide, shelters were no longer able to accommodate newly displaced people. UNRWA undertook the provision of shelter continuously and regularly. Later, government schools and some private schools and organizations also began providing shelter, but on an irregular basis. Despite this, some UNRWA shelters were oppressive in their treatment of a number of women and displaced families and, in more than one instance, kicked them out because of overcrowding or domination of certain persons in the shelters administration.

The interviews findings showed that 20% of the sheltering services were safely available for girls and 17% for women. These percentages reflect lack of security among girls and women in shelters and with host families. These low percentages may be caused by the girls' feelings that their families are unable to provide security and protection for them or their inability to cope with strangers and lack of privacy. The main reason for girls and women lack of privacy in shelters is the fact that many families of different backgrounds lived in the same class or room.

D. Health Care Services

The study revealed that health care services including reproductive health were the least health services available for girls as it formed 6% of services safely available to girls in shelters. This suggests an absence of health care and reproductive health services from the services providers' agenda during the Israeli military operation on Gaza, which was also the case during 2008 and 2012 wars, and also shows that they do not take health needs of girls, especially those related to reproductive health, into consideration during planning and implementation of services in emergency situations. It is recognized that reproductive health influences and is influenced by the social, economic and cultural conditions of the society. It is negatively influenced by society traditions, habits, values and beliefs in addition to family environment and entangled relations among family members. Reproductive health is also influenced by the status of women in society; in many parts of the world, females are exposed to discrimination in the distribution of family resources and access to health care, particularly during periods of instability and armed conflict. Unfortunately, in Gaza, this situation deepened during the latest crisis as girls did not ask for their needs related to reproductive health, either they felt these needs insignificant compared to the gravity of the general situation, they were ashamed to disclose these needs, or they did not know how to fulfill these needs in the midst of the crisis.

In general, during the crisis period priority was given to basic medical assistance needed for survival while reproductive health services were not given sufficient attention. Thus, it is necessary to highlight the need for reproductive health care to be included in all needs assessment processes.

The interviews findings showed that health care was safely available for only 13% of women, a very low percentage suggesting the marginalization of women's needs, especially mothers and pregnant women who need more general health and reproductive health care and women suffering from chronic diseases. A good example is a 37-year-old woman in a shelter in Beit Hanoun, in the north of the Gaza Strip who was suffering from Thalassemia and anemia and had not received any treatment.

Health problems of men are different from those of women due to the differences in biological roles; they also reflect their status in the society and prevailing culture. Even if we recognize that women had health

problems before, these problems increased and were aggravated during the crisis.

As a result of their reproductive role, women are often exposed to diseases more than men. For this reason, reproductive health care is a vital necessity for women. But, it is common in our popular culture to ignore provision of health care for women, pregnant women and breast-feeding mothers, especially if we did not distinguish between health services and reproductive health services provided for women and men.

Health maintenance is linked with response to other needs such as healthy food, fresh potable water, adequate shelter and access to sanitation facilities, toilets in addition to security. To be effective, these services should be provided regularly with consideration of number of family members and nature of women and men needs and giving priority to pregnant women and those who gave birth in shelters. Responses of surveyed organizations showed that reproductive health services for pregnant women and antenatal care were provided in shelters, despite of some shortcomings in other related aspects including awareness, diversity of food, provision of healthy food, newly born child care, general cleanliness hygiene to prevent spread of viruses harmful for newly born children. It was not enough to provide hygienic parcels and antenatal services, which were supposed to be provided in hospitals and maternity care centers. But due to emergency cases of wounded persons, women were sent to shelters to give birth, such as the woman who died during delivering a child by cesarean surgery. Moreover, there is an undocumented talk of cases of abortion but due to lack of data on number of abortion during normal times, we cannot compare between cases of abortion during times of war and normal times. On the other hand, services provided and shelters nature may abortion, especially that the general and health services were limited due to war.

At the beginning of the latest escalation in the conflict, primary health care services in shelters were exclusively provided by the Ministry of Health (MoH) clinics and UNRWA provided such services only later in the crisis when fears regarding the spread of epidemics such as meningitis led UNRWA to allocate two 24-hour health workers in each shelter and in centers that provided continuous health services. It should be taken into consideration that it was difficult for women to leave their children in shelters and go to clinics. But it is necessary to say that remarkable changes and gradual improvement in quantity and quality of health services occurred during the 51-day crisis. Some organizations reported that some shelters provided other services such as a special clinic for women. Though such clinics were not available in all shelters, this reflects a development in health services provided for women during the war.

E. Education

In times of war and armed conflict, education is typically one of the first services to be interrupted. For this reason, education has not obtained any attention in shelters. Representatives of organization participating in the key informant interviews pointed out that (0%) of girls had access to education service while in shelters. This reflects the state of severe instability experience by the Palestinian society in the Gaza Strip and the resulting reordering of priorities and needs with emphasis given to daily practical needs while strategic needs like education were postponed. This was particularly the case because a large percentage of schools served as shelters for displaced families. This situation forced the educational authorities to postpone the academic year for a few weeks. Meanwhile, the participants believed that women had access to education services exclusive to counseling services on how to deal with children in times of hostilities and participation in some health education workshops with 1%. But such services were provided in a very limited number of shelters.

F. Friendly Spaces for Girls and Women

The situation regarding access to friendly spaces for girls and women is not different from the situation of other services provided in the shelters. 1% of the representatives of organization participating in the key informant interviews reported that girls had access to this service compared to 4% for women. This suggests that the shelters were not well-prepared to provide this service, considering that it is not an urgent need. However, this service was partially provided by youth initiatives and campaigns, which provided social and psychological support activities.

G. Clean water

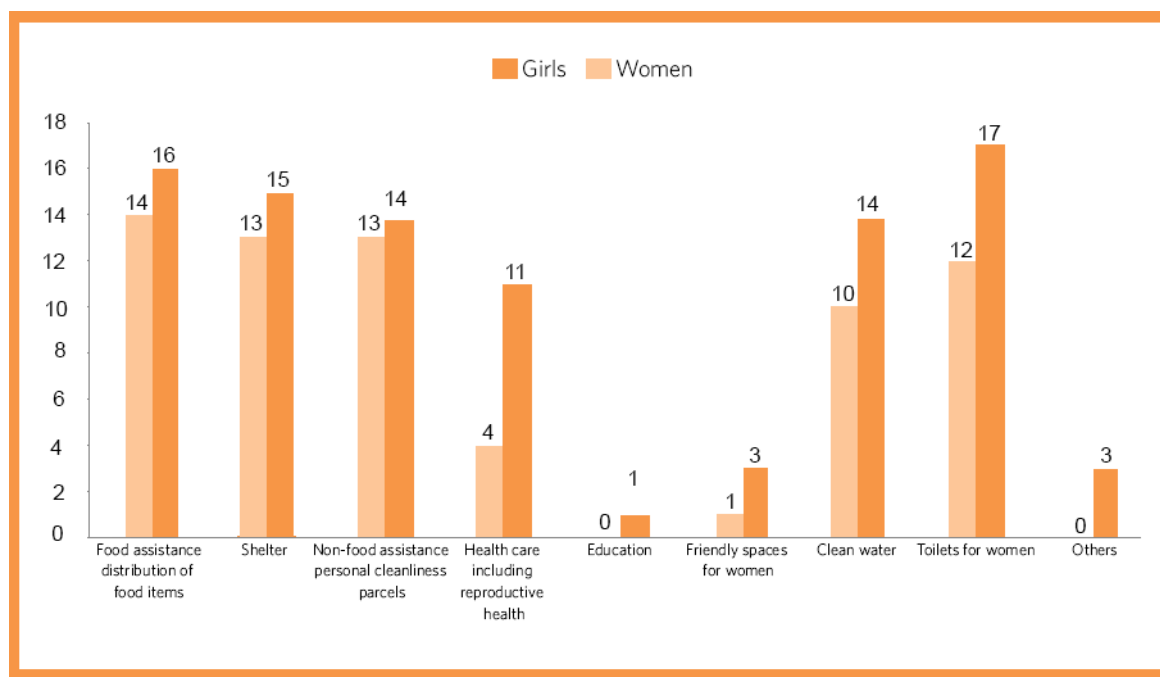
The World Health Organization (WHO) identifies 120 liters as the minimum daily per capita requirement for drinking and domestic use. Prior to the latest escalation in the conflict, a citizen in the Gaza Strip consumed 85 liters daily of bad quality water with high salinity. During the crisis, the displaced families suffered from lack of water and were obliged to use less safe water, leading to different diseases. The ongoing problem of lack of water increased with the destruction of water pipelines, disruption of maintenance works and

cuts in electricity supplies required to operate water plants.⁸ . In this context, 15% and 16% of surveyed organizations believed that girls and women had safe access to clean water, respectively. These very low percentages fall far short of meeting actual needs; girls and women suffered from adequate water for daily hygiene in general and breast-feeding mothers were particularly hard hit as they require additional liquids to maintain their health and enable them to continue feeding their children. Often, services providers failed to recognize and respond to women's particular needs for water.

H. Lack of toilets allocated for girls and women

Surveyed organizations believe that safe sanitation facilities for girls and women were provided at only 17% and 12% respectively of the size of services provided in shelters. Women suffered from lack of sanitation facilities for their own use and were obliged to share toilets with men. In addition to a lack of cleanliness and close proximity to sleeping quarters, toilets were typically without tightly closed windows, locks on doors and sufficient lighting. These conditions meant that women would regularly accompany their daughters to these facilities to protect them from any abuse. Moreover, women and girls were obliged to stay for long times waiting for men and adolescent males to leave the area where facilities were located. Sanitation was the most pressing need for women during the war, especially since most facilities did not meet the basic hygienic needs of displaced people such as showers. Some organizations like the Women's Health Center in Bureij contributed to the provision of one shower in each shelter in the Middle governorate, but availability of showers remained insufficient.

Figure 1: Services safely available for girls and women in shelters



Reasons that reduced capacities of girls and women to access the above-mentioned services

Representatives of organizations participating in the key informant interviews identified the following constraints that impeded access of girls and women to the above-mentioned services. The below list presents the identified constraints prioritized based on received response from the interviewees:

1. Mixing men and women in services provision centers, particularly since the mixing of sexes is not generally culturally accepted. (17% of interviewees).
2. Services centers are not comfortable as a result of overcrowding, pushing, narrow places, and their incompatibility for the elderly and vulnerable people (14% of interviewees).
3. Families prohibit their girls to have access to services centers (14% of interviewees). This is in agreement with the dominant culture in the Gaza Strip that does not favor girls and women's movement and mixing with men.
4. Girls' and women's shyness and lack of privacy (15% of interviewees), due to not considering their special circumstances, overcrowding in rooms and exposure to unfamiliar people and patterns.

⁸ <http://www1.wafa.ps/arabic/index.php?action=detail&id=180024>

5. Absence of a safe environment for girls and women to reach service centers (10% of interviewees) including long distances to sanitation facilities and food distribution points, which exposed them to harassment.
6. Shortage in drugs in health care services centers (10% of interviewees), especially those related to general and reproductive health and lack of gynecological and pediatric drugs.
7. Lack of female employees in services provision centers (7% of interviewees); this contributed to the provision of services in a discriminatory manner and one which failed to pursue a gender-responsive approach to meeting people's needs.
8. Priority was given to men (5% of interviewees).
9. Inappropriate work hours (4% of interviewees): such as providing services at night, very early in the morning or insufficient work hours for providing quality services as indicated by 4% of representatives of organizations participating in the key informant interviews who stressed that shelters in general are inappropriate for both males and females of all ages, due to lack of gender awareness among shelters' administrations and services providers. Others reported that scarcity of resources and weakness in the quality of services provided significantly contributed to undermining girls' and women's safe access to services.

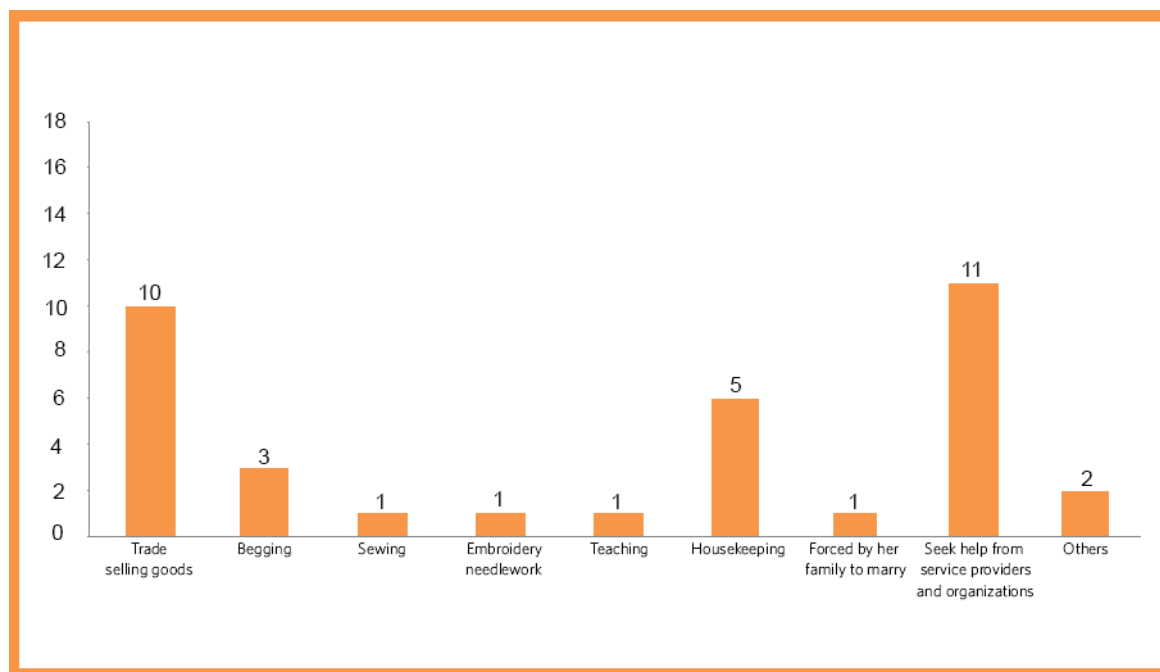
Movement of girls and women outside shelters seeking to provide household's needs

67% of those participating in the key informant interviews reported that girls and women regularly left shelters seeking to earn money to provide for their basic needs, 22% reported that girls and women did not seek to earn money and 11% did not answer the question. Lack of provision for basic needs, makes girls and women seek other ways to fulfill these needs even by selling their food rations. Moreover, movement, visiting clinics and providing children with pocket money and other needs requires cash, which is often unavailable. Because financial assistance from governmental and communal sources that might be available under normal circumstances is not available, women are obliged to search for alternative local options compatible with community culture.

31% of the interviewees reported that girls and women asked for assistance from services providers and civil society organizations, while 29% of them reported believed that girls and women sell some of the food items provided to them through stalls inside shelters. 14% believed that women and girls clean homes, 9% believed they resort to street begging and 3% believed that engaged girls were obliged to marry in shelters in order to alleviate economic burdens of their families and 6% said that girls and women followed other means such as selling their possessions or borrowing to fulfill their pressing needs.

Findings of key informant interviews also revealed that behavior patterns imposed by society in times of peace do not positively change in times of crises. This means that changing of political situations and exposure to risks does not positively influence this kind of behavior; it rather increases it and sometimes associates with physical or psychological abuse. Findings of the key informant interviews also revealed that 32% of girls and women go outside shelter in the company of families males, 30% within groups as a kind of protection and 19% go out individually or in company of an old person from the family.

Figure 2: How girls and women obtain money to buy their basic needs



Safety and security of girls and women during the latest crisis

Most significant fears related to safety and security facing girls and women in shelters

According to interviews with organizational representatives, girls suffered from maltreatment in shelters 23%, domestic violence 21%, sexual harassment 18%, lack of safety in shelters 16%, fears of being exposed to assaults outside shelters 11%, inability of having access to services and resources 9% and fears of mixing with males 3%. Meanwhile, 20% of the participating organizations representatives expressed that domestic violence was the severest fear women subjected to followed by sexual harassment 17%, lack of safe places, maltreatment and inaccessibility to services and resources in shelters 15%, risk of exposure to assaults outside shelters 9% and other fears such as inappropriateness of shelters, lack of privacy, special spaces and safe sanitation facilities for girls and women in addition to families' fears arising from the mixing of sexes 6%.

In the same context, 88% of representatives of organizations participating in the key informant interviews believe that girls and women had fears related to their security during the latest conflict in Gaza, especially after some shelters were targeted while 12% do not believe that there is an increase in girls and women's fears related to their security.

Types of violence informed by girls and women who were exposed to violence during the crisis

According to representatives of organizations participating in the key informant interviews, types of violence expressed by girls focused on verbal and physical violence like beating by male family members and sexual violence like verbal harassment, in addition to restrictions on freedoms and on movement within the shelters and complaints that they were not permitted to go anywhere but the bathrooms due to fears that they would be exposed to harassment and mixing. Often, however, information on this subject was not sufficient and clear. The only information available was hearsay and individual stories.

By contrast, interviewees themselves reported that physical violence was the main form of violence to which women were subjected. This violence included husbands' assaults on their wives and obliging them to have sexual intercourse with them in unsuitable places, followed by psychological violence due to lack of privacy, restriction of freedoms, maltreatment by shelter administration staff, neglect and difficulties in coping with shelters. There are also more than a few reports of violence of women against women resulting from conflicts over food packages and family-related problems.

Parties to which girls and women resort for help in case of exposure to violence

In cases of violence, 30% of the interviewees believed that girls were most likely to resort to a family member. 16% believed they were most likely to report the police, another 14% believed girls would turn first to a teacher, 11% to a friend, 7% to female workers in the field of humanitarian assistance, 2% to UNRWA and

7% to a range of other parties such as Reform Committees, or a female director or cleaning workers in the shelter.

With regard to women exposed to violence, 21% of those interviewed believed that they would first resort to a family member, 17% believe that they resort to police, 11% to a friend, 8% to NGOs and UNRWA, 6% to community leaders and 5% said that they resort to a range of others such as an elderly relative, health workers, women organizations or neighbors.

Figure 3: Parties to which girls and women are most likely to resort for help in case of exposure to violence

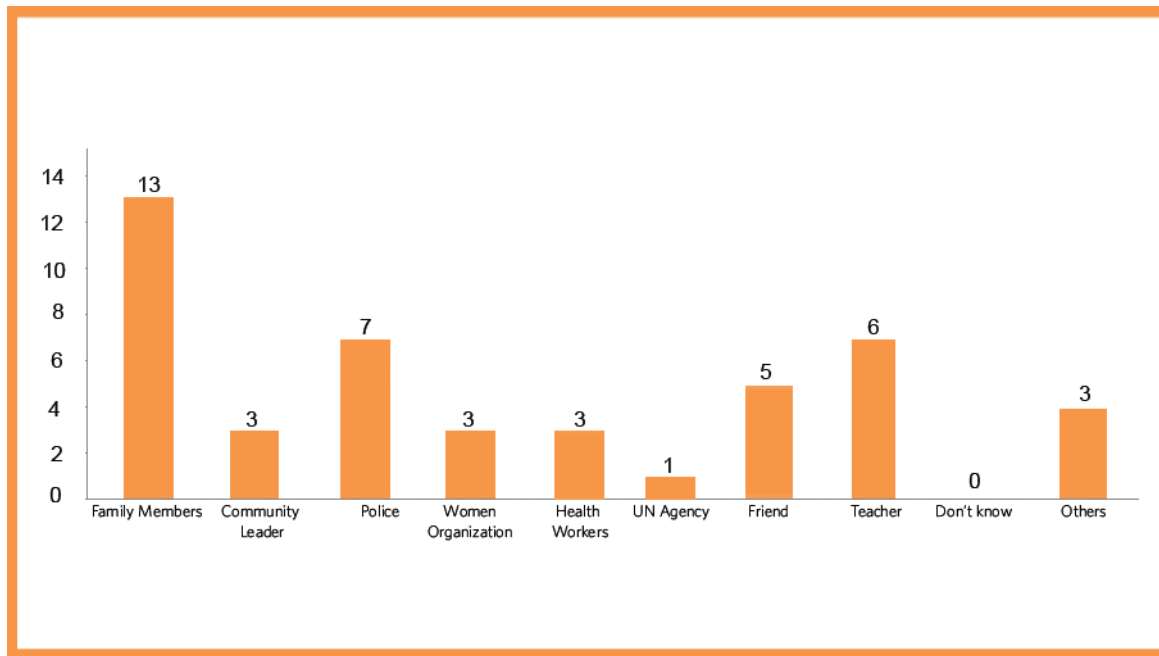
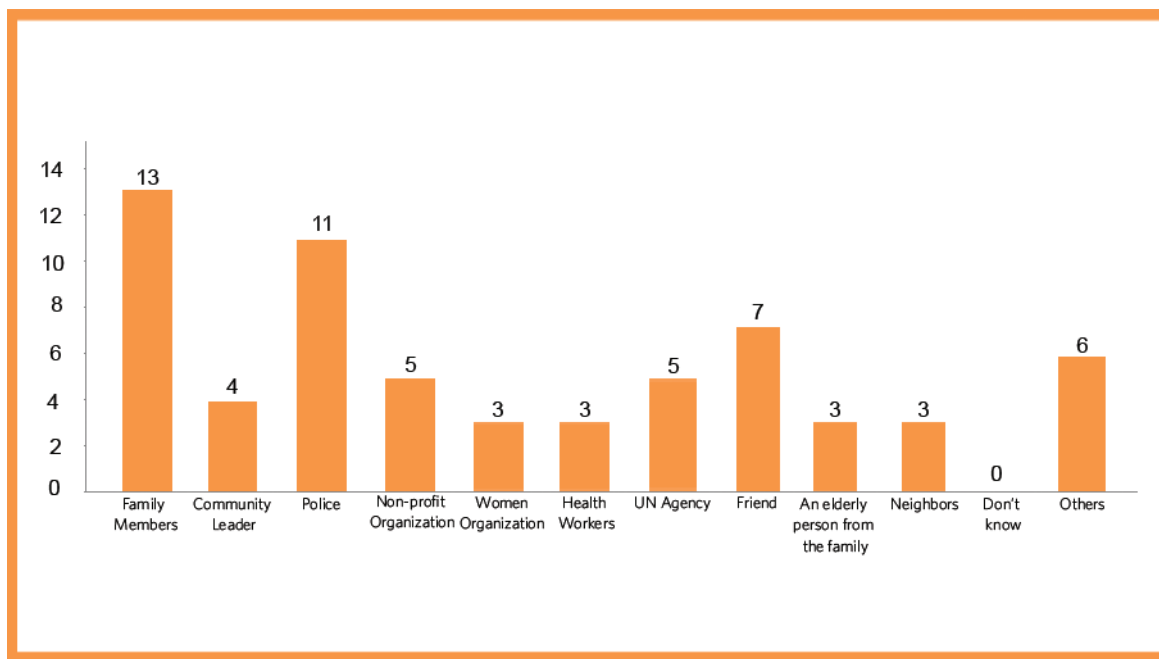
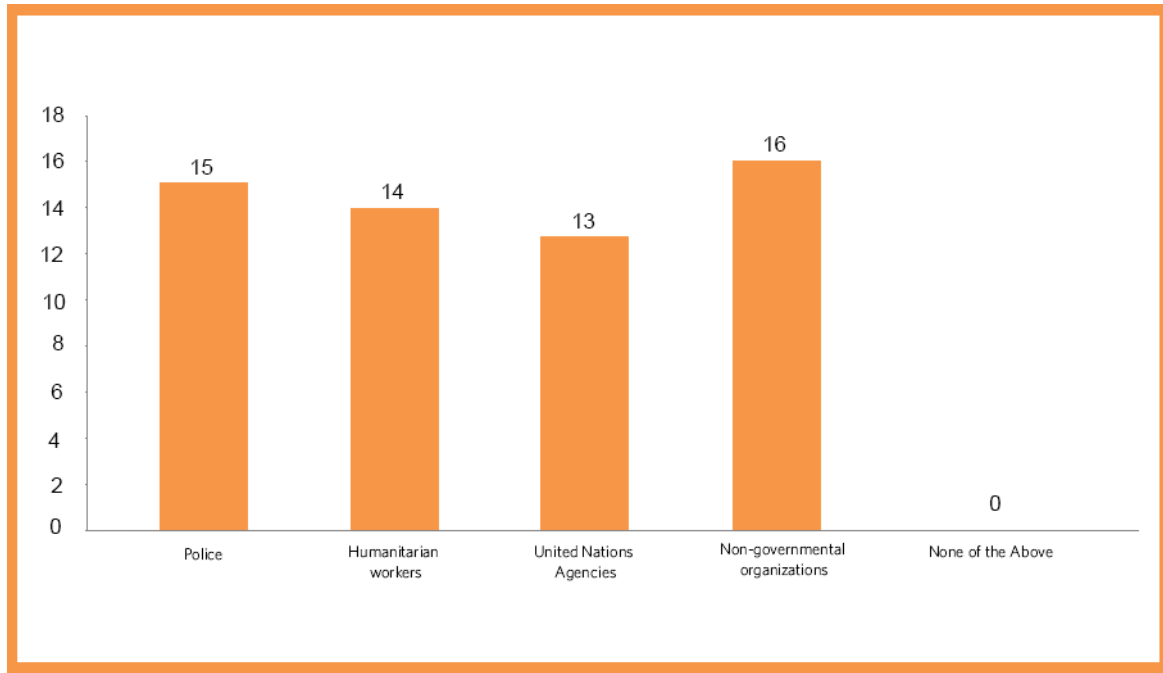


Figure 4: Parties to which women are most likely to resort for help in case of exposure to violence



Findings of key informant interviews also revealed that 27% of NGOs showed up in the shelters during the conflict, police 26%, workers in the humanitarian field 24%, and UN organizations 23% according to representatives of organizations participating in the key informant interviews.

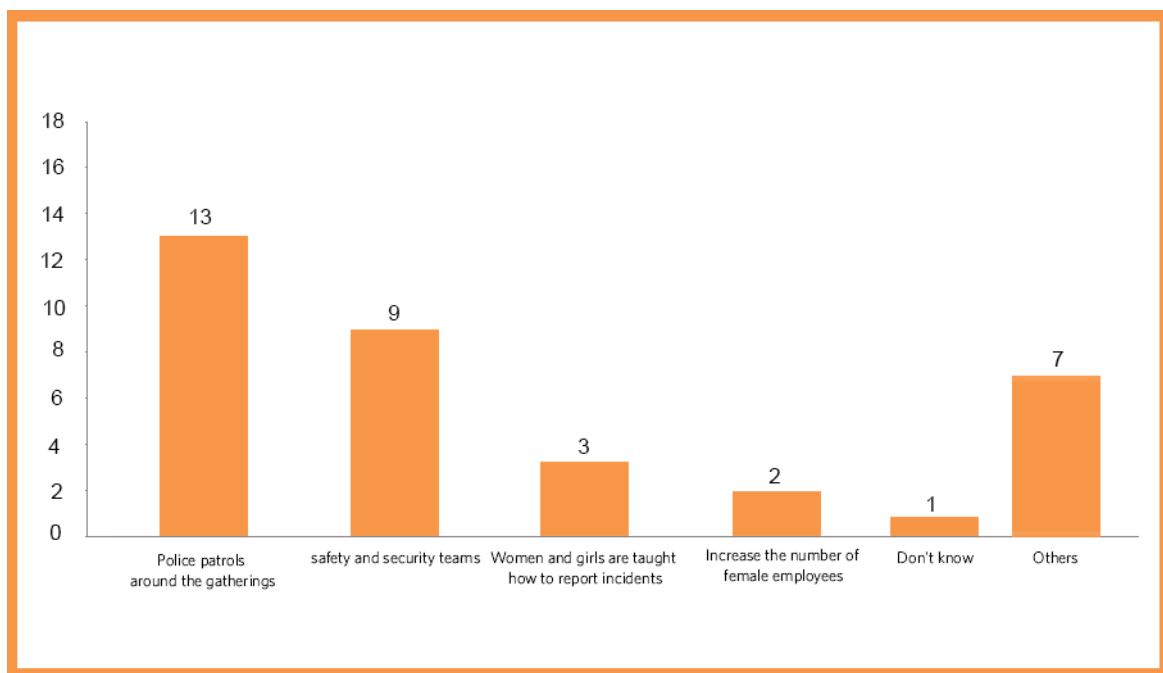
Figure 5: Presence of different parties in shelters



Security and safety measures taken by police or responsible people to prevent incidence of risk against girls and women in shelters during the crisis

Representatives of organizations participating in the key informant interviews believe that security and safety measures taken by police amounted to 37%, 26% by safety and integrity teams, 9% believe that girls and women received training on how to inform about incidents they are subjected to and 6% increase in number of female employees. While others pointed out to other 20% measures represented in closure of main doors of shelters and allocating some displaced people to work in shelters and transforming part-time work to full-time.

Figure 6: Security measures taken by the police



Of the 18 organizational representatives interviewed, 88% reported that they knew of no shelters available as safe places where girls and women who feel unsafe can seek protection, while 12% said that such homes are available and girls and women may resort to them in cases where they are not safe. Shelters for victims

of domestic violence represented one of the most important demands of women organizations over the past years. In spite of the political, societal and legal impediments to the spread and promotion of the idea in the different areas, the women movement succeeded in establishing "Hayat Center" for the protection and empowerment of women and families. The Center is a multi-purpose place for the protection of women and their households from violence; nevertheless, it still needs for further support to activate the shelter section.

Health response to gender-based violence

Findings of interviews with organizations representatives revealed that health services response to GBV were available at 28% during the crisis, knowing that only five organizations out of the organizations that provided services for girls and women attached direct importance for this type of services. It is recognized that women and girls have special health needs as they were more exposed to health problems due to their reproductive roles in addition to their exposure to gynecological diseases such as vaginal inflammation, which requires regular health care including treatment, medication and preventive measures, which were not available during the crisis. Moreover, shelters lacked gynecologists and services in this field were not sufficient in general. It can be said that women special needs in the field of health care have not attained the required attention.

Regarding possibility of access to health services by girls and women at any time, organizations' representatives reported that it was available by 40%. But this does not mean that such services easily and regularly available in shelters. Findings of interviews also revealed that 17% of surveyed organizations' representative reported availability of female nurses and midwives in shelters while 83% of them said that nurses and midwives were not available in shelters.

With regard to availability of effective referral system adopted by health services providers to refer cases of GBV to organizations specialized in providing psycho-social support services, 83% of the organizations representative said "no" while 17% said "yes". This is in spite of fact that there is a national referral system for abused women endorsed by the Palestinian Council of Ministers. This system aims to institutionalize referral systems and procedures among social, health and police organizations providing services for abused women.

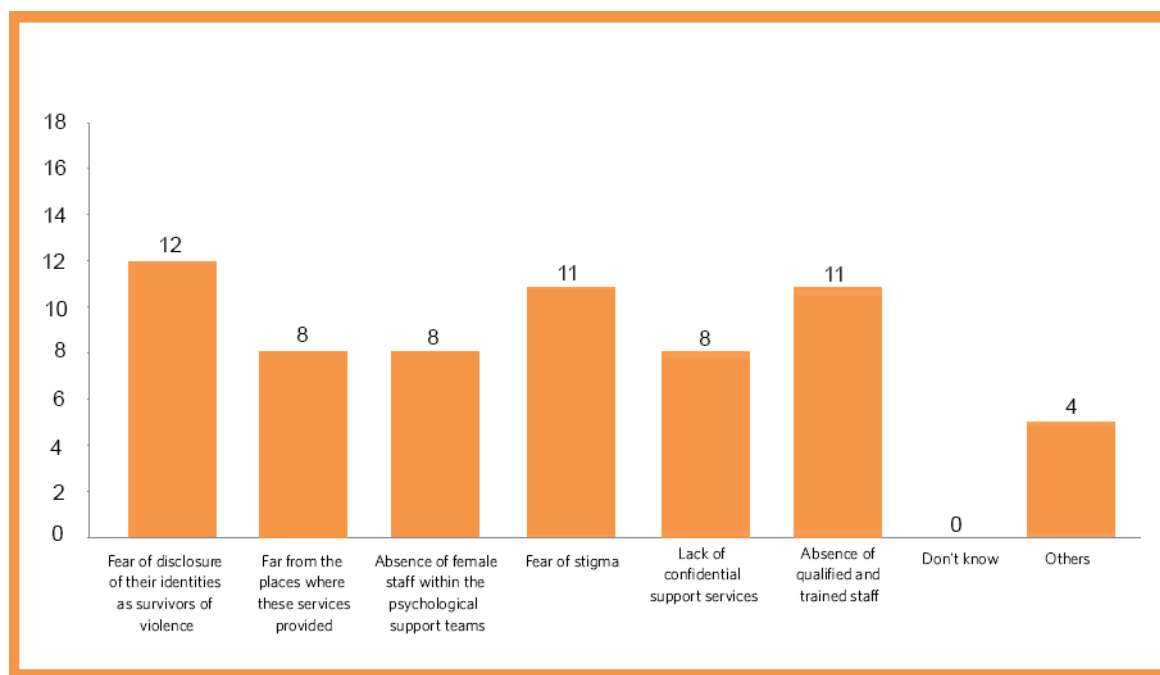
According to services providers, the most important reasons that prevented girls and women from having access to health services provided in shelters are represented in the absence of trained and qualified personnel 27%, far distance of service provision places 20% and absence of women in the psych-social support of teams 16%. Other reasons were related to fears from community violence in case of disclosing information in this regard, of being scolded by family, scandal and stigma that they may undergo in addition to their lack of knowledge about the existence of a health unit on GBV 37%.

Social and psychological response to GBV

33% and 22% of representatives of organizations participating in the key informant interviews believe that psycho-social support systems were available for girls and women survived from violence respectively during the crisis. Meanwhile, 61% and 72% believe that these systems were not available for girls and women respectively.

According to services providers perspective, the main reasons that deterred girls and women from accessing psycho-social support services in shelters were: fears to disclose their identities 19%, followed by fear from stigma 18%, lack of a qualified personnel 18% while distance from services, non-existence of women in the psych-social support team and absence of confidential support services 13% for each of them. Other reasons focused on lack of such services, lack of knowledge about the service, lack of confidence in the service providers, fears from not getting confidential service and implication of disclosing their experiences and family, specifically husband, rejection 6%.

Figure 7: Reasons that deter girls and women from accessing psych-social support services



Second: Mapping of services provided for girls and women in Gaza to combat gender-based violence

This survey was designed to assess the availability and relevance of services related to GBV before and after the crisis. This survey was conducted with 22 organizations across the five governorates in the Gaza Strip. Results of this survey showed that 49% of the participating organizations provide their services to the public through paid employees (males and females), 27% through qualified volunteers and 24% through national partners of international and UN organizations. With regard to targeted age groups included in the activities of organizations participating in the survey, adult women ranked at the top 30%, followed by 15-18 year-olds (27%), then 10-14 year-olds (24%) and children (19%).

Surveyed organizations provided a range of services for GBV survivors before the crisis including psycho-social support (26%) of total services provided, legal services (25%), awareness and preventive services (23%), health care services (11%), protection, security and shelter (8%) and other services represented in relief services, emergency assistance, referral to other legal organizations, monitor and documentation of human violations in shelters, dissemination of reports on violations (7%). As above shown, percentages are close to each other except for provision of protection, security and shelter which was remarkably less than other services. Maybe, this is due to difficulties associated with promoting the idea of safe homes in Gaza Strip, which some consider as violating habits and traditions and unfamiliar to the society.

Health Services

Five (23%) of the surveyed organizations have a medical staff to provide services for GBV survivors. This number is inadequate relative to the number of girls and women exposed to violence and indicate the need for more qualified medical personnel to deal with GBV survivors whether in psychology or general medicine.

Of the surveyed organizations providing health care services, 60% had teams with specialized training in clinical care for GBV survivors, while 40% of the organizations' teams had not received any training of this kind.

Only 20% of the surveyed organizations have post-rape toolkits because the government prohibits them from using these devices. This percentage agrees with social and cultural attitudes related to rape in the Palestinian society in general and Gaza strip in particular.

Psycho-Social Support Services

Surveyed organizations reported provision of a range of psycho-social services including: case management services, psycho-social support, group activities and group counseling session (34%), emotional support

services (20%), and various other services including counseling, individual sessions, psychodrama sessions, awareness workshops, free defense for cases, field visits, legal clinics and recreation activities (12%).

89% of the surveyed organizations reported having an employee responsible for following up GBV suggesting widespread recognition of the importance of GBV issues as well as a high demand on such a service.

83% of these organizations reported having a safe and confidential space for employees who receive female survivors of GBV but only 16% of the surveyed organizations reported that they have a safe shelter for receiving female survivors of GBV.

Protection and Security Services

Of the 22 organizations surveyed, 23% reported working in the field of security and protection, a figure which corresponds to the percentage of organizations that have shelters for receiving female survivors of GBV. This emphasizes the pressing need for focusing on this aspect of work.

Regarding the provided services, the survey revealed that 62% of the organizations that provide security and protection services also provide a service for planning security and protection for female survivors and 25% provide safe home services while 13% provide other services including referral of cases to specialized parties. These organizations provide their services mainly to female adults (31%), adolescents of older age (females and males) 25%, children 25% and adolescents 19%.

Challenges that face organizations during provision of GBV services

Surveyed organizations reported facing considerable challenges in providing services to girls and women, particularly during peak crises. These included:

- a. Challenges related to the nature of the work: including the huge number of displaced persons, which exceeded capacities of organizations and their limited capabilities and limitations in funding. Other challenges of this nature included the difficulties in moving between different areas of the Gaza Strip under the continuous and arbitrary shelling and issues arising from the fact that displaced persons came from different geographical areas and backgrounds. Organizations also identified the absence of a contingency plan for such circumstances, as a challenge of no less importance. Moreover, the political and social reality and scarcity of human resources played an important role in limiting capacities of organization operating in this field because of the government's restrictions on some of their activities and services, especially provision of services related to violence against girls and women, foremost of these, the provision of safe homes for abused women.
- b. Challenges related to lack of social awareness toward issues of violence against girls and women and the widespread stigmatization of female survivors of violence, which led to tightening and imposing strict measures on safe homes and possibility of their expansion. This was combined with a male dominant culture contributed to making former experiences of safe homes unsuccessful due to the particularity of Gaza Strip situation in addition to hardships resulting from habits, traditions and absence of an official organization for the protection of targeted groups.
- c. A challenge related to the professionalism of concerned persons and lack of follow up mechanisms due to non-implementation of the national referral system for gender-based violence approved by the Ministry of Social Affairs and Ministry of Women Affairs and which is applicable in the West Bank and lack of knowledge among health workers about gender-based violence, which may affect using suitable ways of dealing with cases legally and health wise.



Third: Safety and Protection Assessment in shelters

The safety and protection assessment tool is a questionnaire used by researchers to assess the extent to which mechanisms of protection, security and safety were available and used in shelters targeted by the research and listed in the annexes. This questionnaire relied on researchers' direct on-site observations in 13 surveyed shelters.

General Conditions in Shelters

Researchers' observations as recorded in the Safety and Protection assessment tool indicates that shelters were characterized by living conditions that were unsuitable and adverse to basic human dignity, especially for girls and women who usually need a special care because of their special and different needs. Field researchers observed severe overcrowding in 10 out of the 13 shelters, in addition to obvious problems represented in the presence of men in corridors leading to the rooms and outer yards. Moreover, researchers found that 64% of the surveyed shelters were suffering from problems related to lighting and overcrowdings in corridors.

Water and Sanitation

During the latest escalation in the conflict in Gaza, water pipelines were continuously shelled, creating a huge water crisis. Women shouldered the biggest burden of the water crisis, as they were expected to provide safe drinking water for themselves and their families. In the shelters water was provided in barrels, which meant that the water was often neither sufficient in amount nor clean. Thus, women abstained from using it to protect their children.

Water for domestic use was scarce at the beginning of the crisis because vehicles that distributed fresh water stopped due to the dangerous conditions. Naturally, this led to lack of personal cleanliness and, consequently, the spread of skin diseases. The deterioration in the situation two weeks into the conflict prompted UNRWA to exert more effort to provide safe, clean water. Separate washing places for women and men were established and big campaigns were launched related to cleanliness. Staff was allocated to support these efforts and persons living in the shelters were engaged in the campaigns. Combined with the lack of water in a smooth and continuous manner, over crowdedness in shelters played the biggest role in aggravating the cleanliness problem.

Moreover, the number of toilets was not adequate for number of displaced people in each shelter. At the start of the crisis, toilets were shared by men and women in most shelters. Later, women's toilets were separated from men's. There were many complaints from lack of cleanliness and bad smells, far distance from rooms and non-existence of toilets in each floor.

According to observations recorded with the Safety and Protection assessment tool, 78% of the surveyed shelters had problems with water and sanitation services in terms of water points, showering places, guidance signs to sanitation facilities, locks on doors of toilets, detergents, washing places and violence among families.

Figure 8: Water and sanitation in shelters



Security, Privacy and Cooking Spaces

According to researcher observations, security, privacy and cooking spaces were available in only 4% of the 13 surveyed shelters. The virtual absence of these indicates the extent to which women's needs were not taken into consideration by shelter administrations. This increased women's burdens, particularly when the family had disabled, elderly, infants, chronically ill, or women in postpartum period among its members, as all of these groups require special foods.

Community Presence and Access to Services

According to researchers' observations, in 81% of the sample shelters, markets and schools were easily accessible. In addition, service providers were present in 50% of the sample visited shelters. Specifically: Food distribution was observed in 23% of the shelters, psycho-social services in 19%, health services in 17%, security keeping units in 15% of the shelters, registration services providers in 14%, police in 8%, and armed groups and barriers and inspection points were each found in 2% of the surveyed shelters.

Fourth: Focus Groups

The study conducted 18 focus groups with girls, women and men distributed in the Gaza Strip's five governorates: 9 groups for women (50%), 6 groups for girls of age group 14-19 years (33%) and 3 groups for men (17%). The total number of participants in focus groups was 219: 106 women, 73 girls and 40 men.

Part One: Feelings of safety and security among women and girls after the crisis

Lack of security among adolescent girls in shelters and with host families was the primary factor undermining girls' psychological and physical safety and their feelings of comfort and reassurance. The girls affirmed that the experience of fleeing their homes was very painful; researchers noted that this was apparent in the emotional recounting of these experiences, which was often accompanied by sobbing. Findings revealed that girls had more feelings of security inside the shelters during the first days of displacement. However, these were lost over time. One of the girls explained, "I personally have feelings of discomfort and fears from being in this shelter, especially at night and in the absence of my family; I feel that somebody will

assault me." Another displaced girl staying with a host family told her story:

We were forced to shelter in my grandfather's home. On that day, we left our home on foot; first we went to my uncle's home but we didn't feel comfortable, so we moved to our grandfather's where many displaced people were sheltering and suffering from lack of water and electricity. After that we went to Al-Khatib Tower in the Tunnel Street, where we stayed for two days but we left when the Israeli army notified one of the residents to leave the Tower. Shocked and terrified, we left without even putting on our clothes. No sooner had we left the building, than the tower was shelled. As a result, we returned to my grandfather's home, but on our way we lost one of my brothers. While searching for my brother, my father was crying and this made people who were in the street cry. Finally we found him with my older brother, who had arrived before us to my grandfather's home. We were scared of losing any member of the family as we wanted to die together. Our fears were indescribable and we were waiting for death at every moment.

Women reported similar experiences. Most of the women's responses (whether in shelters or with host families) included descriptions of feelings of insecurity as a result of the general situation and displacement, which exacerbated their fears and anxiety from exposure to risks. A woman in one of the shelters recounted, "We didn't have any feelings of safety due to lack of security all over the Gaza Strip. Displacement from our home increased this feeling. Had we been in our home, we would not have such fears. Wherever we moved, shelling accompanied us." Another woman said, "I swear to God, there is no security whether at home, shelter schools, shelling or with people."

The reasons behind feeling insecure among displaced girls whether in shelters or with host families who participated in focus groups varied. Girls with host families reported that fearing that the bombardments would return is the main cause for their feelings of insecurity. One of the participants said, "There is no security even after the conflict ended. I am scared that conflict will return, if no solution is reached. I was looking at my relatives and friends as if it was the last time I would see them and I was bidding farewell to them with my eyes. After the destruction and what happened to our home, my family and I felt that we were living in the street. I neither have hopes nor am I optimistic. Although we returned home, we are not able to co-exist with the situation in it. Due to lack of privacy, we still sleep and sit while we are veiled." Another girl said, "I did not imagine that the conflict would be so strong; we said a war like the previous conflict, our fears that the conflict might return after a month are still overwhelming us." A third girl observed, "No security, we will never have feelings of security. We left our home after the occupation army threatened a neighboring home with shelling. My father sustained shrapnel [wounds] and we used to move from a place to another and return home during times of tranquility." In contrast, girls from shelters mentioned that continuous shelling was not the main cause for their feeling of insecurity but rather of exposure to violence and assaults. One girl said, "There is no security in any shelter; I always have feelings of fear from anything ... just because I am a girl". This means that feeling of security is linked with their physical and personal security. Girls affirmed that they continued to have these fears even after the conflict ended for a number of reasons including existence of unfamiliar people in the shelters, violence that occurs during provision of food assistance, violation of their own spaces by unfamiliar persons, the possibility of exposure to physical and sexual violence and the return of aggression after one month of announcing ceasefire. In the focus groups, researchers observed that the girls expressed physical and sexual issues with shyness and with unclear words that suggested fear for their bodies due to the threat of sexual violence.

Findings of focus groups with women showed no clear difference in women's fears whether in shelters or with host families. Most of the women's fears focused on specific causes including continuous feelings of risk due to the ongoing military attacks targeting most areas, renewal of attacks and lack of comfort and privacy, in addition to water and electricity cuts and home demolitions. As one woman said, "I am still scared and I don't sleep at night. I live in an isolated area; if attacks start again, we cannot find a way to immediately flee." Another woman described her situation: "We live in a buffer zone area and in continuous risk. The noise of shelling is still in my ears and when my children hear the water tank vehicle or any noise, they run and shout, thinking that it is shelling". Another noted, "I slept in my jilbab (gown). There was only one toilet in the home where we sheltered. I was ashamed to enter the toilet in the presence of my brothers-in-law, so I waited until they went out."

Types of violence and risks to which girls and women are exposed to in shelters and with host families during the crisis

Findings of focus groups with girls and women showed they were exposed to different degrees of violence. Psychological violence ranked first among other types of violence mentioned by girls and women, followed by physical violence. Girls and women attributed this to the psychological stress resulting from the crisis

and feelings of parents' inability to protect their children and provide for their basic needs, such as security and protection.

One female participant reported, "Some men were beating their children and wives because of the stress they experienced." Another added, "All of us were stressed and impatient due to hardships and dispersion."

In particular, girls and women in shelters considered their situation in shelters as a type of psychological violence as they were suffering from narrow spaces and overcrowding in addition to a lack of privacy and standing in queues waiting their turn to enter toilets, which was a daily ordeal causing stress, unrest and shame for them.

Regarding perpetrators of violence against girls and women, there was a consensus that the Israeli occupation was and is the main perpetrator of violence, as it forcibly displaces them from their homes to shelters or host families. Following this, girls and women identified members of the close family circle starting from husband, father and brother and ending with relatives. Girls and women also pointed to violence committed by women against women, specifically by mother, brother's wife, aunt or grandmother.

Responses of girls and women participating in the focus groups revealed that they have deep sorrow because nobody has helped them and because perpetrators of violence against them have not been punished, especially if the perpetrator is a relative. Participants unanimously agreed that no interventions are made to prevent violence and therefore they have no other options except silence or resorting to irregular psychological debriefing sessions where they exchange talks and complaints among each other. Participants also affirmed that not holding the perpetrator accountable allows him to continue practicing violence without restraint. A participant commented, "If the perpetrator of violence is the father, husband or brother, who then will punish him? No one will punish the perpetrator of violence against girls or women." Another participant said, "What will happen? Nothing! On the contrary, perpetrators continue practicing violence against us without any punishment."

Access of girls and women to assistance in case of their exposure to violence during the crisis

Findings of focus groups with girls from shelters and host families revealed that girls do not generally ask for help in case of their exposure to violence by unfamiliar persons, especially by young people. In a few cases, girls reported that they resorted to their mothers, fathers or brothers; but they were always scolded and blamed for the problems or violence to which they were subjected. For this reason, they generally keep silent or handle the problem by themselves. One of the participating girls said, "I keep all things inside myself for the future," and another said, "To whom shall I resort? Nobody is concerned about us or our needs; the everlasting reply is that we are in a time of conflict ... there is nobody we can resort to."

One of the girls participating in the focus groups from shelters mentioned that she had been beaten by her uncle and when she complained to her mother, the mother scolded her saying, "You want to bring problems for us." The focus groups also showed that a large number of girls suffer from psychological deterioration and an increase in psycho-social stress because they lack people who will listen to them and be impartial to their problems, which negatively affects their sense of security.

Findings indicated that women also felt a lack of people to whom they could resort if exposed to violence. Some women reported that they would ask for friendly assistance from relatives they trust and feel comfortable with. Moreover, women reported that they usually prefer reaching family understandings to solve problems resulting from domestic violence, due to the lack of alternative options. At the end of the day, they frequently felt obliged to keep silent, especially if they were with host families. A female participant said, "I tend to write in my diaries as a kind of psychological debriefing, specifically because of dispersion and an inability to communicate with my family."

Findings of focus groups also revealed that the police and official parties are the last party to whom girls and women think to resort. They considered resorting to these parties as outside the scope of socially acceptable principles, traditions and norms, which is normal in a conservative and traditional environment, in which tribal culture plays an important and dominant role. Therefore, it is natural and socially and culturally acceptable that girls and women resort to relatives, first and foremost, to solve their problems friendly. If solving problems in an informal way amongst family members fails, silence is the second option used by girls and women in facing violence. Explained one woman:

"I do not inform anybody about my problems and keep them to myself. This is because I have one brother who is ill and I fear that he may die if he knows that I am not well. Also I cannot tell my

husband about what my brothers-in-law and father-in-law do with me because he is also ill. I don't want to increase his concerns; he is a cancer patient."

Condition of girls and women with disabilities during the crisis

Female participants in focus groups unanimously agreed that care and attention for girls and women with disabilities was the responsibility of family. They also mentioned that sufferings of women with disabled children were enormous at the beginning of the crisis after fleeing from home because they needed continuous assistance in such difficult times and under shelling and horror. Female participants also affirmed that the basic problem lies in the fact that people with disabilities had even more difficulties in coping with unfamiliar situations.

There were differences in opinions among girls and women from shelters and host families groups regarding the nature of assistance accessed by the disabled during the crisis. Women and girls from shelters reported that assistance for the disabled was received after many days into the aggression and this assistance responded to all the needs of the disabled and their families. Nevertheless, according to them, there was shortage in provision of services that helped in the movement of disabled people, which left women to shoulder this burden.

Meanwhile, girls and women with host families said that the disabled did not receive any assistance, especially at the level of treatment and provision of diapers. A participant said, "My mother-in-law cannot walk and she uses a walker to move; she did not receive any assistance and I bought medicine for her and we carried her in a private car to the host family."

Factors that increased violence and risks to which girls and women were exposed in shelters and with host families

Findings of focus groups with girls and women in shelters indicate that they suffered from difficult circumstances related to lack of private spaces that enable them to fulfill their private needs without continuous restrictions, monitoring or intrusion by unfamiliar young persons in the shelter. This exposed them to risks of all types of violence under circumstances of crowded classes/rooms, mixing of sexes and different backgrounds and moods. All these factors contributed to increasing stress and violence among households. Furthermore, participants considered the absence of specific and suitable times for distribution of meals and particularly late night distributions and the absence of specific times for sleeping contributed to further violence in shelters.

One of the participating girls in shelters said, "We are 25 households in one room/class, the place is very narrow, few sanitation facilities and no privacy."

Girls sheltered with host families reported that the tight spaces with large numbers of children created many problems among spouses, especially violence by husband against wife and father against daughter. They also affirmed that violence is practiced by women against women and women against children.

Participating women from shelters agreed that feeling afraid all the time influenced their daily behaviors, making them impatient, nervous, shouting and beating their children. Displaced women with host families also mentioned lack of sufficient space created discomfort and lack of privacy and security for women, which in turn fed tensions and psychological stress.

In general, lack of comfort among women, wearing the veil all the time, sleeping in their full dress, dispersion of family members and loss of family communication were the main factors identified as causing women's sufferings and exposure to psychological stress.

Part Two: Services and support available for girls and women in shelters and with host families since the crisis

Regarding services provided for girls and women in shelters, girls and women's responses ranged from positive and negative. Responses also varied from one shelter to another. For example, girls and women in Bahrain Preparatory School in Gaza city mentioned that numerous services and counseling were provided by visiting organizations and they considered these services as specialized and professional. The services provided, according to the girls, included psycho-social support programs for women, cultural and health awareness, especially for pregnant women, how to deal with newborns, how to deal with the disabled during the crisis. Meanwhile, girls and women in other shelters said that they did not receive any counseling or legal assistance from any organizations beyond food and some medical assistance.

With regard to girls and women with host families, they reported that they did not receive any counseling or legal and psychological assistance during their stays with the host families. They also demanded following up their issues and intensifying such services, especially those related to violence, after the conflict.

Girls and women participating in the focus groups confirmed that they have special needs, which should be provided efficiently and in safe settings, including reproductive health and personal hygiene needs. They also demanded intervention of certain parties in time of emergency and disasters.

Similarly, women agreed that the most important measures required to ensure their safety, is the separation of civilians from the battle fields and setting up specific plans and strategies for the protection of girls and women if military conflict breaks out again. They also emphasized the necessity to consolidate protection mechanisms for women against any violations, protection of children, provision of support and counseling through psychological debriefing not only for women but also for all social groups, starting with women because they are the society nucleus.

Some of the participants in the focus groups linked between feelings of lack of security with lack of protection and basic needs for both men and women: "There is no security at all because after the shelling, the school was open from all sides and girls and women became like statues inside the rooms." "Going to toilets requires personal guard for women and overcrowding makes one lose his/her temper, especially when you go out of the room with your girls to have fresh air."

Men participating in the focus groups unanimously reported that they still had feelings of insecurity as causes for it persist, even after the end of the hostilities. "So far, I feel unsafe and that will not change. I lost everything my farm, land, home and some of my family members. Even after the war ends, my feelings will remain as they are. You are not in an independent house and feelings of fear for your sons and daughters will continue."

Other men in the focus groups said that there are some types of violence to which everyone is exposed regardless of their sex, which is the violence resulting from overcrowding and pushing during delivery of different services: "[There was] overcrowding and quarrels in the corridors, especially during distribution of meals, going to the toilet, taking showers as well as when registering or receiving items. Everyone pushes each other, whether a woman or a man. All bump into each other intentionally or unintentionally." "Also the large number of women all the time in a room (number could reach 40 persons) was a cause for violence."

Findings of focus groups with men indicated general agreement that girls and women suffered from types of violence against them in shelters and with host families. One of the participating men said, "Yes, there was violence within shelters despite the existence of security men, but harassment existed in all its types but to different degrees." Another added, "In shelters, girls suffered from harassment of careless young men, especially on their way to the toilets. Also, the presence of many families in one room frustrates girls because they uncover in front of persons other than their brothers." These men also reported the existence of verbal harassment by unfamiliar young people from outside the shelter, who come to visit their friends, in the absence of controls over who enters the shelter. Girls were reported specifically as being more exposed to violence of parents, especially the mother, motivated by fear for her daughter.

Men participating in the focus groups believed that situation with host families were better than that in shelters, particularly for girls and women, despite all other reservations and shortcomings such as psychological violence and restriction of freedoms:

"If we talk about violence in host families, violence is mainly psychological and linked with restriction of girls' freedoms; when my daughters go to toilet, their mother stands by the door and urges them to finish quickly, telling them that they are not at home, which creates feelings of inferiority in them"

These men also found that married women, in particular, suffer from husbands' violence: "Of course women suffered from husbands who scolded them and addressed them with loud voices whenever they left the room." The men also noted the absence of psychological support the women needed: "Girls and women's psychological conditions are damaged and they don't have access to any type of support or assistance from specialists in sociology or psychology." Participating men in the focus groups believed that in general, psychological violence aggravated already existing problems and nervousness. A man said, "I myself could not endure talking to my wife, girls or anybody else. I scolded and beat them without any reason. When I sit with myself, I find that I have changed -- why, I don't know!"

Types of violence and risks to which girls and women were exposed in shelters and with host families during the crisis

From the perspective of men who participated in the focus groups, psychological violence formed the largest part of violence to which women and girls were exposed to. They viewed overcrowding in rooms, lack of privacy, the absence of comfort in movement and sleeping, and the ongoing feeling of being under surveillance surely led to psychological violence against girls and women.

Men also mentioned that physical violence was practiced against girls and women by men or by other women. "Women were beating their daughters for any reason, whether big or small, nobody could stand the other; all that was due to the war, destruction, anxiety and fear." They also reported that women were exposed to pushing during distribution of food items.

Participating men attached significance when talking about sexual violence and considered that this type of violence as targeting them, "What can we say in this regard? I have been away for more than 60 days from my wife. True, I don't have desire but sex is an instinct; this is violence in itself." They also considered that lack of places allocated for sexual intercourse as a form of sexual violence practiced against men during the aggressions. "Inside shelters men and women were separated; whenever I wanted to talk to my wife, I had to coordinate that." Other men indicated that harassment through looks and words existed in shelters while most of the men in focus groups of sexual violence in host families, "because you know the family that is hosting you."

Perpetrators of violence against girls and women from the participating men perspectives were: family and relatives (husband, brother, brother-in-law, etc), followed by directors and employees of shelters, then men and youth in the shelters and last women themselves.

By contrast, men participating in the focus groups from shelters reported that measures are taken against perpetrators of violence against girls and women. At the beginning, complaints were submitted to the shelter's director. As a result, the perpetrator would be kicked out of the shelter and the police might interfere, if necessary. With host families, men mentioned that the family left the host family home immediately if girls or women were subjected to violence. One of the men in the focus groups said, "If any violence is perpetrated by the owner of the host family, I would directly leave the home; but this rarely happens."

Girls and women access to assistance in case of exposure to violence during the crisis

Responses of men participating in the focus groups from shelters or host families were in agreement with the prevailing stereotype image of men toward women as being under the power of men due to the social culture. According to men, a husband should be the first one to whom girls and women resort for assistance, followed by relatives and the director of the shelter or police, if necessary. "To whom should she resort other than her relatives, father, mother brother, husband; if she does not have any of these, then to the shelter's director."

Men also expressed the belief that households' status resulting from the last aggression, dispersion and inability to live in dignity, security and re-assurance put girls and women in particular under many and various pressures that forced them to seek assistance from others. Men's opinions ranged from full acceptance of the new reality "Necessities allows prohibitions" and attitudes based on the social status of women, such as "wives of martyrs and prisoners might ask for assistance." While other men expressed difficulty in accepting the idea that women and girls ask for assistance from outside the family for many reasons including the fact that men in most cases are the perpetrators.. In this context, a man said, "To whom should women complain if her husband is the perpetrator of violence against her?" As a result, men participating in the focus groups generally concluded that women and girls rarely ask for assistance and those wives of martyrs and prisoners and widows are the ones who have the right to ask for assistance, especially food assistance.

Conditions of girls and women with disabilities during the crisis

Men participating in the focus groups agreed that the disabled girls and women have not received any attention from any party except their families: "In shelters, attention was not given to the disabled people and they were treated as normal people regardless of their special needs. They also did not receive any type of psychological or medical assistance." According to these men, conditions with host families were not different: "Care is given to the disabled only by their families in the absence of specialized organizations that could provide assistance, as medicines, clothes and diapers, under such circumstances."

Part Two: Services and support available for girls and women in shelters and with host families since the crisis

Opinions of men participating in the focus were very close regarding the nature of services provided for girls and women victims of violence in the shelters or with host families. One of these men said, "Shelters do not provide any services except meals," another said, "All the basic needs including detergents, potable water, toilets, washing clothes are not available and women needed guards when they go to toilets." The situation with host families was not different. Responses of participating men showed that men shouldered the responsibility for protecting their families in shelters, "we protected our wives and girls; nobody interfered or provided us with any assistance whether the government or UNRWA". On the other hand, men with host families said that the host families provided intervention for the protection of their girls and women.

Meanwhile, men participating in the focus groups submitted a list of suggestions that indicated a lack of services during the aggression and after and the pressing need for the provision of specific services. The most pressing need, according to these men, was provision of alternative housing units under government supervision. Other suggestions and demands included: toilets with locks on doors in each floor, allocation of places outside toilets for showering, repairing water taps, provision of water for drinking, showering and washing of clothes, a clinic with medicines, a psychiatrist to provide psychological support for children, women and men, security guards from women and men from shelters with a basic salary, accommodating each family separately in a room in addition to a kitchen, ovens for cooking and electricity in each shelter.

The above-mentioned suggests that men are fully aware of violence against girls and women whether in shelters, the place where violence against girls and women was practiced on a large scale as a result of many factors including over crowdedness of rooms, lack of privacy, disclosure to unfamiliar people, lack of effective protection and others or with host families where husbands practiced violence against their wives and girls attributing that to the critical situation and hardships resulting from violence of the occupation and its latest aggressions on Gaza strip, in the first place.

The extent to which protection mechanisms for girls and women are achieved

Palestinian girls and women were forced to flee their homes, their families were scattered, and they had to endure risk of killing and injury, in addition to feelings of fear for their children and themselves, although they should enjoy protection under the international humanitarian law, which protects displaced civilians from hostilities.⁹

International humanitarian law stipulates the protection numerous groups of civilians, most important of which are girls and women. The law also prohibited forced displacement of girls and women from their homes and places of residence. Nevertheless, many forms of human sufferings are generated in different places of the world as a result of armed conflicts during which people are deprived of practicing the majority of their basic rights and they can only enjoy the protection given to them by the international humanitarian law. In this respect, it is worth mentioning that girls and women particularly suffer in such cases. The Convention on the Elimination of all Types of Discrimination against Women (CEDAW) included all special provisions for the protection of women. Moreover, the Four Geneva Conventions of 1949 guaranteed the protection of pregnant women and breast-feeding mothers. Article 27 of the Fourth Geneva Convention stated, "Women shall be especially protected against any attack on their honor, in particular against rape, enforced prostitution, or any form of indecent assault"¹⁰.

The International Conference on Human Rights of 1993¹¹ affirmed that violations of basic rights of women in armed conflicts violate the basic principles of human rights and international humanitarian law. It also indicated that these violations require taking effective measures in particular. The Conference also stressed that the basic activities of the United Nations should include an activity related to equality of opportunities and basic rights for women. But integration of gender in the humanitarian work faces a number of challenges, including the institutional commitment issue, lack of coordination mechanism, in this regard, among concerned parties and unavailability of required human and material resources. Efforts that should be made within this framework.

At the Palestinian level, home forms the central place in the Palestinian life and the incubator of family and it is for them the source of security, protection, stability and connection with the land. Home is considered

⁹ Protocol (II) Additional to the Geneva Conventions

¹⁰ Fourth Geneva Convention of 1949

¹¹ International Conference on Human rights of 1993

woman's first place in the Palestinian popular culture and specifically for Palestinian women. Therefore, loss of home has considerable effect on women and makes them lose their feelings of security for herself and for her family. At the same time, women bear further burdens in fulfilling the daily living requirements of her family such as food, clothing, housing and comfort.

The latest military operation on Gaza dispersed more than half the population outside their homes. A large number of them took UNRWA schools a shelter while families of middle class (economically) took relatives homes shelters for them and a large number took public gardens and squares as shelters. All of a sudden, women became homeless, unsafe and waiting for the unknown, death and loss under very difficult circumstances.

Losing their homes, made women lose protection and security and were forced to live in shelters and with host families, which themselves were suffering from the war and its economic impacts.

The surveyed girls and women remarkably expressed their feelings of lack of security and protection in unfamiliar environments. In shelters, over crowdedness made some women lose their feelings of humanity and security. Mixing between males and females in shelters was one of the obsessions that annoyed many families and created continuous fears toward their daughters and possibility to be assaulted. Moreover, the weak conditions of protection and security within schools increased feelings of fear and anxiety, especially due to absence of effective and systematic control and bad treatment of shelters' administration as reported by surveyed women. Lack of basic services as electricity cut, distance to toilets, lack of locks on doors and screen partitions separating families inside rooms and existence of many unfamiliar families in one room as well as absence of official organizations controlling the daily life during the war, spread atmospheres of chaos and possibility to be exposed to harm.

A thorough reading of the reality and circumstances of Palestinian families revealed that girls and women endured much of the sufferings due to deepening the stereotype image of women during the war. Girls and women were demanded to blindly obey orders, stay in rooms and wear veils day and night even during sleeping hours. They also had to endure stress and feelings of defeat and subjugation, which men feel.

This situation intensified their feelings of alienation, and loneliness despite presence of large numbers of people surrounding them, suffering from psychological disorders and their need to isolation.

Every new day during the war was a painful day for Palestinian girls and women and carried further fatigue, efforts and psychological and living crises. It was another unsafe day, which they had to manage with the least resources to survive, silence, continuous feelings of defeat that will accompany them for many years as long as returning home remains a far-reaching dream.

Conclusion

Clearly, the latest large scale Israeli military operation has had a deeply negative and unprecedented impact on every aspect of daily life for Palestinians living in the Gaza Strip. Due to the stereotype roles that were intensified during the war, girls and women were affected and burdens endured by them increased while their needs were not taken into consideration.

The aggression and its the extensive destruction aggravated hardships of life, complicated social relationships and support networks, increased the magnitude and type of hardship, undermined the ability of families and individuals to meet both their needs, and narrowed people's, options for survival and coping, especially those of women. This situation will certainly disrupt possibility of sustainable development for long periods and push toward further efforts and search to reiterate the posed questions with a new perspective that re-arranges priorities and look thoroughly in challenges, constraints and possible solutions that are dwarfed with every new aggression.

In consistence with that, the process of women's rights promotion and equality with men, including elimination of violence against women and broadening their options require ending of aggressions and conflicts as a key element for empowerment. The right to live safely and with dignity is a fundamental right for all human beings; women's access to their other rights such as right to education, employment and political participation are contingent upon this fundamental right, which is so harshly undermined in times of war and armed conflict.

Throughout history, internationally and in Palestine, girls and women are the most affected in times of conflict. They are the ones who shoulder the biggest burden in providing support and protection for their families and devote their effort and time for others without giving any attention to their needs. Thus, it becomes necessary to take these needs into consideration in any strategy so as to promote girls and women's rights and implement them during and following periods of war and armed conflicts.

Study Findings

1. Shortcomings in humanitarian support services responsiveness to the particular needs of displaced girls and women in emergency shelters and host families homes. This doubled their sufferings and made them exert additional efforts under inappropriate circumstances to obtain these needs or search for parallel alternatives.
2. Displaced girls and women in emergency shelters need privacy to maintain their security, dignity and personal hygiene. Therefore, girls and women's special needs should be taken into consideration during designing and implementation of programs for these shelters.
3. A need to seriously work on ensuring the physical and psychological safety and integrity of girls and women as well as maintenance of their human dignity in the emergency shelters during and post conflict.
4. Women in host families' homes and in emergency shelters endured living patterns different from those in their homes. They were obliged to co-exist with unfamiliar patterns due to the conflict and displacement. This reality exposed them to psychological pressures, anxiety and fear.
5. Girls and women were subjected to many types and varying degrees of violence practiced against them whether in the emergency shelters or host families homes. Women often responded to these types of violence with silence or by practicing violence on their children especially on girls.
6. Girls and women were subjected to discrimination in receiving aid and services in emergency shelters during the conflict, particularly in the absence of rules that control distribution processes and mechanisms.
7. Some displaced women were dismissed from the emergency shelters during the conflict due to overcrowding and some women were maltreated by the shelters' administrations and workers.
8. Absence of effective protection mechanisms such as partition screens and locks on doors, safety of windows and sufficient and continuous lighting. This exacerbated the girls' and women's feelings of anxiety and fear of being subjected to violations.
9. Lack of control over the performance of emergency shelters; this contributed to aggravating girls and women's feelings of insecurity and discrimination.
10. There is a need to conduct in-depth research examining connections between tension and domestic violence of girls and women before, during and after the most recent large scale Israeli military aggression.

Recommendations

Short-Term Recommendations

1. Form a national committee in which women are fairly represented to handle the impact of the most recent crisis, especially on girls and women. This committee shall be in permanent and effective communication with relevant national and international organizations so as to put forward women's demands in the reconstruction process in the Gaza Strip.
2. Document gender-based violations to which women were subjected during the conflict and strengthen available capacities to monitor violations of International Humanitarian Law related to women.
3. Protect physical and psychological integrity and respect of girls and women in time of conflict by providing safe shelters, under governmental supervision, in which displaced women, each in her area, can take shelter.
4. Recognize the necessity for full consideration of the impact of the most recent crisis on women, while designing projects, support and training for them.
5. Women need to develop new skills that empower them to achieve the most possible self-sustenance through income-generating projects. Therefore, it is necessary to consult women during projects phases of planning, implementation and evaluation.
6. Implement training courses in psycho-social support for girls and women and linking these courses with post-crisis livelihood facilitation, in an attempt to alleviate the conflict impact and provide them with social support.
7. Organize trained and gender-sensitive women groups that oversee provision of safe shelters for women and children taking into account women's post-conflict needs.
8. Immediately put pressure to implement the national strategy for combating violence against women.
9. Establish mobile psycho-social clinics, particularly in areas that have been subjected to enormous destruction such as Ash-Shejaiya, Khuza'and Beit Hanoun and use different media to ensure public awareness regarding their objectives and services.
10. Establish women's media and lobby group to monitor the reconstruction process, ensure inclusion of women and girls needs in the process, and guarantee that it works in accordance with the gender justice principle.

Long-Term Recommendations

1. Raise awareness amongst girls and women about the increase of violence against them during war and armed conflict and support ongoing efforts of Palestinian organizations and the national strategy for combating violence against women within a framework informed by conditions of war and armed conflict, rather than relying solely on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which focuses on violence against women in times of peace and stability, without referring to violence against them in times of war and armed conflicts.
2. Continue pressure on organizations and decision makers to involve women in developing protection strategies and mechanisms for girls and women during war and armed conflict.
3. Involve women in planning, implementation and evaluation in a manner that ensures programs respond to girls' and women's actual needs and support and strengthen women's already existing capacities and mechanisms for overcoming hardship.
4. Set up national policies at different levels to reduce violence against women, particularly during armed conflict.
5. Motivate the Palestinian Central Bureau of Statistics to issue a special survey on the crisis integrating gender perspectives across statistical data in a manner that can serve as a reference for programs, projects and policies related to girls and women in post-conflict situations.

References

1. Arab Women: Reality and Aspirations, 1995.
2. Beijing Declaration and Platform for Action, Fourth World Conference on Women, Beijing, China 4-5 September 1995, UN Media Branch, 1996.
3. Fourth Geneva Convention of 1948
4. Halabi, Ali Abdel Razek, Designing Social Research – Basics and Strategies. University Knowledge House, Alexandria, 1986.
5. The International Committee of the Red Cross, 2001
6. The International Committee of the Red Cross, Women Face War, 2009.
7. The International Conference on Human Rights, 1993.
8. Johary, Mohammad and Abdullah Al-Kheriji: Scientific Research Approaches – Social Research Methods, Jeddah. Dar Al-Sharq, 1980.
9. The National Strategy for Combating Violence Against Women
10. OCHA, Summary of Gaza Multi-Cluster Initial Rapid Assessment
11. The Palestinian Central Bureau of Statistics, Violence Survey, 2011
12. Protocol (II) Additional to Geneva Convention
13. UN Security Council Resolution 1325, “Women, Peace and Security” 31 October 2000.
14. www.wafa.ps

Annexes:

Annex (1): Emergency Shelters targeted in the assessment:

#	Shelter	Location
1	Qelaipo Prep. Boys Schools	Biet Lahia
2	Beit Hanoun Prep. Boys School	Biet Hanoun
3	Beit Hanoun Prep. Girls "B" School	Biet Hanoun
4	Beach Elem. Boys "C" School	Gaza City
5	Barhain Prep. Boys School	Gaza City
6	Al-Sowidi School	Gaza City
7	Dier El-Balah Prep. Girls "C" School	Dier Al-Balah
8	Bureij Prep. Girls School	Buraij
9	Al Amal Elem. Girls School	Khan Younis
10	Al Amal Prep. Coed School	Khan Younis
11	Khan-Younis Prep. Boys "D" School	Khan Younis
12	Al Zahra Elem. Coed. School	Rafah
13	Rafah Elem. Coed. School	Rafah

Annex (2): Organizations Participating in the key informant interviews:

#	Organization	Location
1	Biet Hanoun Prep. Boys - Shelter	Biet Hanoun
2	Red Crescent Society for Gaza Strip - Women Health Center - Jabalia	Jabalyia
3	Aisha Association for Women and Child Protection	Gaza
4	Creative Women Association	Gaza
5	Women's Affairs Center - WAC	Gaza
6	Community Mental health Program - UNRWA	Gaza
7	UNICEF	Gaza
8	UN Women	Gaza
9	Palestinian Medical Relief Society - PMRS	Gaza
10	Palestinian Ministry of Health - Women's Health and Development Department WHDD	Gaza
11	Ma'an Development Center	Gaza
12	Gaza New Prep. Shelter	Gaza
13	Ministry of Women Affairs - MoWA	Gaza
14	Women Affairs Technical Committee - WATC	Gaza
15	Ministry of Social Affairs - MoSA	Gaza
16	Culture and Free Thought Association - Women Health Center - Buraij	Buraij
17	Wefaq Society for Women and Child Care	Rafah
18	The Culture and Free Thought Association - CFTA	Khan Younis

Annex (3): Organizations Participating in the Mapping of Services:

#	Organization	Location
1	Ma'an Development Center	Gaza
2	Culture & Free Thought Association - Women Health Center - Buraij	Buraij
3	The Culture and Free Thought Association - CFTA	khan Younis
4	Wefaq Society for Women and Child Care	khan Younis
5	Red Crescent Society for Gaza Strip - Women Health Center - Jabalia	Jabalia
6	Center for Women's Legal Research and Consulting - CWLRC	Gaza
7	Al-Mezan Center for Human Rights	Gaza
8	Palestinian Center for Democracy and Conflict Resolution - PCDCR	Gaza
9	Palestinian Working Woman Society for Development - PWWSD	Gaza
10	Union of Health Work Committees - UHWC	Jabalia
11	Al-Atta Charitable Society	Beit Hanoun
12	Aisha Association for Women and Child Protection	Gaza
13	United Nations Children's Fund - UNICEF	Gaza
14	Women Affairs Center- WAC	Gaza
15	UN Women	Gaza
16	Palestinian Center for Human Rights	Gaza
17	Palestinian Medical Relief Society	Gaza
18	Community Mental health Program - UNRWA	Gaza
19	Ministry of Social Affairs - MoSA	Gaza
20	Creative Women Association	Gaza
21	Women Affairs Technical Committee - WATC	Gaza
22	Palestinian Ministry of Health - Women's Health and Development Department WHDD	Gaza

Annex (4): Focus Group Tool:

FOCUS GROUP DISCUSSION

Note: This tool should be used during small group discussions. The team should ensure participants that all information shared within the discussion will remain confidential; if the secretary takes down notes, s/he will not have any information identifying or associating individuals with responses. Some of these questions are sensitive. You should take all potential ethical concerns into consideration before the discussion. Ask the group to respect confidentiality and not to divulge any information outside of the discussion. The group should be made of like members – community leaders, women, youth, etc. should not include more than 10 to 12 participants, and should not last more than one to one-and-a-half hours.

Focus group discussion facilitator: _____

Secretary (if applicable): _____

Geographic region: _____

Date: _____ Location: _____

Sex of FGD participants: Male Female

Age of FGD participants:

15-19 years

20-24 years

25-40 years

Over 40 years

ESSENTIAL STEPS & INFORMATION BEFORE STARTING THE FOCUS GROUP DISCUSSION

Introduce all facilitators and translators

Present the purpose of the discussion:

- General information about your organization
- Purpose of the focus group discussion is to understand concerns and needs for women and girls
- Participation is voluntary
- No one is obligated to respond to any questions if s/he does not wish
- Participants can leave the discussion at any time
- No one is obligated to share names or personal experiences if s/he does not wish
- Be respectful when others speak
- The facilitator might interrupt discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion

Agree on confidentiality:

- Keep all discussion confidential
- Do not share details of the discussion later, whether with people who are present or not
- If someone asks, explain that you were speaking about the health problems of women and girls

Ask permission to take notes:

- No one's identify will be mentioned
- The purpose of the notes is to ensure that the information collected is precise

QUESTIONS

A. We would like to ask you a few questions about the security of women and girls after the crisis:

1. Do you feel safe in this shelter or in the home of host family?
2. In case of absence of sense of security; What are the reasons? Did this feeling change since the beginning of the crisis and so far?
3. In your opinion, do women suffer from violence in the shelters or the homes of host families?

(Please explain)

4. In your opinion, do girls suffer from violence in the shelters or the homes of host families? (Please explain)
5. What kinds of violence women and girls face during the current crisis (not only acts of violence committed by Occupation).
6. Who are the perpetrators of violence against women and girls?
7. Do women and girls seek assistance in case of violence?
8. From whom can women and girls seek assistance in case of violence during the crisis?
9. What happens to actors of violence against women and girls? How are they punished?
10. How do displaced families treat women or girls with disabilities? How do they support them?

B. We would like to ask you some questions about the services and assistance available since the crisis:

1. Are there any services or support (counseling, women's groups, legal aid, etc.) available for women and girls that are victims of violence?
2. Did the administration of the shelters or other stakeholders implement any measurements to protect women and girls from violence? Please explain?

CONCLUDE THE DISCUSSION (with the indicated steps)

- Thank participants for their time and their contributions
- Remind participants that the purpose of this discussion was to better understand the needs and concerns of women and girls since the crisis
- Remind participants of their agreement to confidentiality
- Remind participants not to share information or the names of other participants with others in the community
- Ask participants if they have questions
- If anyone wishes to speak in private, respond that the facilitator and secretary will be available after the meeting.

Annex (5): Key Informant Interview Tool:

KEY INFORMANT INTERVIEW

Note: This tool is for use during key informant interviews. The team should identify key informants before beginning the assessment. Individual interviews take time; you should take into account the available resources and time during the prioritization of key informants to be targeted. Some of these questions are sensitive; you should review ethical considerations prior to the interview, particularly considering the security of both parties. It is possible to take out some questions if necessary due to security or other concerns. Fill out the relevant sections in regards to your key informant.

Team: _____

Interview date: _____ Place of interview: _____

Key informant's role in the community: _____

Sex of key informant: Male Female

Age of key informant: _____

General Information

1. Is the concerned population displaced as a result of the crisis? Yes No

2. What kind of community does the concerned population live in since the crisis?

In Shelters

In a host community

With extended family and relatives

With Neighbors

Unorganized settlement

Public building (school, abandoned building, etc.)

Returnees living in home of origin

Returnees in a secondary displacement

If the population lives in shelters, the shelter is managed by which of the following:

Government

UN agency

NGO

Private individual/organization

Other - If "other," please specify: _____

4. Are there reports of unaccompanied children in this community? Yes No

Access to Basic Services

5. What services are safely available to adult women in the shelters? If relevant, please note the organization offering these services.

Food aid / food distributions _____

Shelter _____

Non-food items (including Hygiene/dignity kits) _____

Health care (including reproductive health) _____

Education _____

Women-friendly spaces _____

Clean water _____

Latrines for women _____

Other - If "other," please specify: _____

6. What services are safely available to child and adolescent girls in the shelter? If relevant, please note the organization offering these services.

Food aid / food distributions _____

Shelter _____

Non-food items (including Hygiene/dignity kits) _____

Health care (including reproductive health) _____

Education _____

Women-friendly spaces _____

Clean water _____

Latrines for women _____

7. What are some reasons that girl children, adolescent girls, or adult women are unable to access some of these services?

Priority is given to men

lack of comfort over mixing facilities

Women's modesty and privacy

No female staff providing services

Lack of sufficient medicines at health facilities

Unsafe for girls/women to travel to service locations

Girls/women not permitted to access the services by their families

Not safe for girls/women to travel to the service sites

Locations of services are not convenient for girls/women

Hours are not convenient for girls/women

Other - If "other," please specify: _____

8. Do girls and women go outside the community to earn income to meet basic needs? Yes No

9. How and what are women and girls doing to generate income to meet basic needs? (Select all that apply.)

Trading/selling things

Begging

Sewing

Needle work/Embroidery

Teaching

Domestic work

Forced to marry by their families

seeking support from service providers (charity orgs) Other – If “other,” please specify:

10. Do women and girls usually travel outside the community in groups or alone?

Alone/individually

Accompanied by males from the family

Accompanied by an elderly person from the family

In groups

Security and Safety of Women and Girls

11. What are the most significant safety and security concerns facing adult women in this community? (Check all that apply.)

No safe place in the community

Sexual violence/abuse

Violence in the home

Risk of attack when traveling outside the community

Being asked to marry by their families

Trafficking

Unable to access services and resources

Don't Know

Other – If “other,” please specify: _____

12. What are the most significant safety and security concerns facing child and adolescent girls in this community? (Check all that apply.)

No safe place in the community

Sexual violence/abuse

Violence in the home

Risk of attack when traveling outside the community

Being asked to marry by their families

Forced to marry by their families

Trafficking

Unable to access services and resources

Don't Know

Other – If “other,” please specify: _____

13. Has there been an increase in security concerns affecting girls and women since the emergency?

Yes

No

15. What types of violence have women reported? _____

16. What types of violence have adolescent girls reported, if different from above? _____

17. What types of violence have girl children reported, if different from above?

19. To whom do women most often go for help, when they've been victims of some form of violence?

Family member

Community leader

Police

NGO

Health Staff/medical personnel

UN Agency

Friend

Elderly person from relatives

Neighbor

Don't Know

Other - If "other," please specify:

20. To whom do child and adolescent girls most often go for help, when they've been victims of some form of violence?

Family member

Community leader

Police

NGO working with women

Any female aid worker

UN Agency

Friend

Teacher

Don't Know

Other - If "other," please specify: _____

22. Do any of the following groups have access to the shelters or community?

Military

Informal militia groups

Police

Humanitarian workers

UN agencies

NGOs

None of the above

24. What safety measures have been put in place by police or government officials to minimize any potential for risk to girls and women?

Police patrols around the community

Community safely groups

Educating girls/women on how to report incidents

Increased number of female staff

Don't know

Other - If "other," please specify: _____

25. Are there safe shelters/houses or places that adult women can to go to if they feel unsafe?

Yes

No

26. Are there safe shelters/houses or places that adolescent girls can to go to if they feel unsafe?

Yes

No

27. Are there safe shelters/houses or places that girl children can to go to if they feel unsafe?

Yes

No

Health Response to GBV

28. Are health services available for girls and women in the community/ shelters?

Yes

No

29. If yes, do girls and women have access to the health services at anytime?

Yes

No

30. Are there female doctors, nurses and/or midwives at the health facilities?

Yes

No

31. What are some reasons that girl or women survivors of GBV may not be able to access health services?

Fear of being identified as survivors

Distance to health facility

No female staff

No availability of confidential treatment

Lack of trained staff

Don't know

Other - If "other," please specify: _____

Psychosocial Response to GBV

32. Are there psychological and/or social support systems for adult women survivors?

Yes

No

34. Are there psychological and/or social support systems for girl-child and adolescent girl survivors?

Yes

No

36. Is there a functional referral system between health providers and organizations providing psychological or social support? Yes No

38. What are some reasons that girl or women survivors of GBV may not be able to access psychosocial support services?

Fear of being identified as survivors

Distance to facility

No female staff

Fear of stigma

No availability of confidential support

Lack of trained staff

Don't know

Other, if other, please specify _____

Annex (6): Services Mapping Tool:

SERVICE MAPPING TOOL

Note: This tool is for use during interviews with service providers.

Team: _____

Geographic location: _____

Date: _____

1. Organization:

2. Did you provide services before the crisis? Yes No

3. What type of services do you provide to survivors of GBV?

- Health
- Psychosocial / case management
- Legal
- Protection/ security
- Sensitization / prevention

Health

Geographic location: _____

4. What type of medical personnel work for your organization here?

- Nurses: How many? _____
- Doctors: How many? _____
- Midwives: How many? _____
- Gynecologists: How many? _____
- Surgeons: How many? _____

5. Do you have GBV focal points? Yes No

6. Have the medical personnel received any specialized training on clinical care for survivors of GBV?

Yes No

7. Have the medical personnel received any specialized training on the provision of care for child survivors of GBV?

Yes No

8. Do you have complete post-rape kits available? Yes No

- PPE
- Emergency contraception
- STI medicines
- Hepatitis B vaccination
- Tetanus vaccination

9. Do you have trained social workers on staff? Yes No

10. Do they have a safe, confidential space to receive survivors? Yes No

Psychosocial

Geographic location: _____

11. What specific services do you provide?

- Basic emotional support
- Case management / psychosocial support
- Group activities
- Other? Please specify _____

12. Do you have a safe, confidential space to receive survivors? Yes No

13. Do you have a safe home to receive survivors? Yes No

14. What specific age groups do your activities serve?

- Children
- Young adolescents (10-14)
- Older adolescents (15-18)
- Adult women (18+)

15. Are your psychosocial services provided by:

- Trained volunteers
- Partners (NGO, CBO, etc.)
- Staff of your organization

16. If you work with local NGOs/CBOs, what organizations are they and how many practitioners do they have on staff?

17. What kind of training have your volunteers and social workers received?

Safety and protection

Geographic location:

18. What specific services do you provide?

- Safety and security planning for survivors
- Safe houses
- Patrols
- Others? _____

19. What specific age groups do your activities serve?

- Children
- Young adolescents (10-14)
- Older adolescents (15-18)
- Adult women (18+)

Difficulties / Challenges

20. What are the significant challenges your organization faces in service provision? _____

21. Do you turn away women and girls because of a lack of available resources? Yes No

Other Comments _____

Contact Person for the Organization: _____

Name: _____

Telephone: _____

Email: _____

Annex (7): Security and Protection in shelters Assessment Tool:

Security and Protection in shelters Assessment Tool

Note: This tool is based upon observation. It may or may not be relevant in all contexts. In areas of insecurity, you should not fill in the questionnaire while walking around the site/community; rather, take mental note of questions and observations and fill in the form later, after leaving the site/community.

Team/Agency: _____

Geographic location/Shelter Site: _____

Date: _____

Overall Layout: Comments_____

Presence Problems

Night lighting: Yes No Comments _____

Walkways/movement Yes No Comments _____

Overcrowding Yes No Comments_____

Observations related to movements of women and girls outside the shelter for water and sanitation, fuel and for services

Water and Sanitation

Presence Problems Comments_____

Water points Yes No Comments_____

Latrines Yes No Comments_____

Signs for various facilities Yes No Comments_____

Showers Yes No Comments _____

Special Screens Yes No Comments_____

Locks on the doors Yes No Comments_____

Cleaning Materials Yes No Comments_____

Washing Areas Yes No Comments_____

Households Comments_____

Presence Problems

Safety/privacy Yes No Comments_____

Cooking spaces Yes No Comments_____

Part 2:

Community Presence & Access to Services Comments_____

Presence Problems

Schools Yes No Comments _____

Markets Yes No Comments_____

Presence of service providers Comments_____

Presence Problems

Police presence Yes No Comments _____

Other armed actors Yes No Comments _____

Barriers/checkpoints Yes No Comments_____

Health Providers Yes No Comments_____

Psychosocial support Yes No Comments_____

Protection support	Yes	No	Comments_____
Registration support	Yes	No	Comments_____
Food Distribution	Yes	No	Comments_____

Other Comments:



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