



THE GAZA STRIP: GENDER BASED VIOLENCE

March 2024

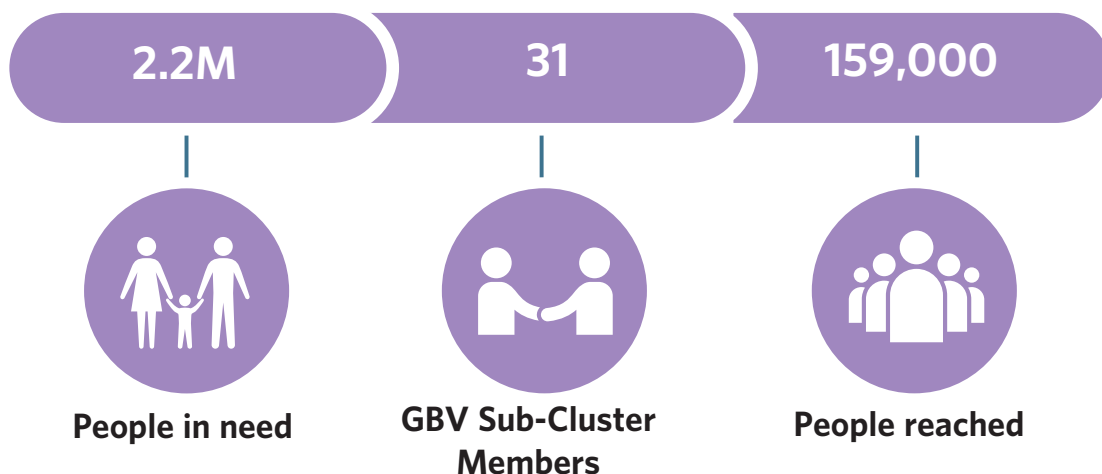
OVERVIEW

The humanitarian crisis in the Gaza Strip remains catastrophic. It has affected all five governorates, placed 2.2 million people in need of urgent humanitarian aid, internally displaced over 1.7 million, and caused the death of at least 30,228 people (8,400 women, 9,528 men, 12,300 children)¹. Adequate access to humanitarian aid throughout the Gaza Strip is severely limited, especially in the North and Gaza governorates, threatening further loss of life from lack of food, water, and health care.

A ceasefire is urgently needed to enable safe access for the delivery of life-saving support including Gender-Based Violence (GBV) prevention and response programming

Gender-based violence (GBV) is increasingly becoming a known feature of the war in Gaza, with an entire population of women and girls, and increasingly men and boys, being at risk of one or more forms of GBV. Internally displaced women have expressed an acute sense of vulnerability in relation to the safety and security needs of both themselves and their family members. This fear is due to the loss of protection as a result of the increasing presence of Israeli Forces and separation from family support networks. GBV risks are further exacerbated due to severely overcrowded shelters and informal settlements, a lack of dignified and safe bathing or latrine facilities, and severe shortages of food and clean drinking water. These factors have all contributed to a breakdown of coping mechanisms. This in turn has created increased GBV risks to women and girls including, child protection and sexual exploitation and abuse.

AT A GLANCE



¹ Hostilities in the Gaza Strip and Israel | Flash Update #141



ONGOING GBV RESPONSE²

There has been a total collapse of the pre-existing GBV referral pathway. As a result, the provision of any type of GBV prevention, response, or risk mitigation remains extremely difficult, if not impossible, in most locations within the Gaza Strip.

Prior to the attacks on 7th October, approximately 31 organizations (international and national) were providing comprehensive GBV prevention and response services including case management, counseling/psychosocial support, legal aid, Women and Girls Safe Spaces, and, where needed for acutely complex cases, emergency accommodation via shelters and safe houses. The GBV Sub-Cluster in Gaza was able to regroup in January 2024, starting with a handful of members who were able to come together to discuss critical needs for women and girls. It is important to note that all members of the GBV Sub-Cluster have reported a total collapse of their ability to provide comprehensive support to survivors of GBV due to the displacement of the teams and the destruction of their premises.

Since then, membership has grown, and the sub-cluster has successfully mapped (and remapped following further displacement and loss of response services) available services. A comprehensive multisectoral GBV referral pathway has to date not been able to be fully re-established. An emergency referral pathway has been established in some locations where basic support including Psychological First Aid (PFA) and Psychosocial Support (PSS), health, Non-food items and voucher assistance (CVA) services are available on a limited basis; mainly in Rafah, Khan Yunis and Dier Al-Balah. It is important to note that the emergency referral pathway is constantly being updated as the situation changes daily. There is ongoing and varying displacement and attacks that lead to massive destruction of related infrastructure, including health centres, hospitals, and other facilities.

Over the past five months, the type of support and access to specific locations in the Gaza Strip has changed. In the initial weeks post-October 7th CVA by GBV Sub-Cluster members (in addition to CVA efforts from other humanitarian actors) was possible, as markets were still operating. Several partners were initially able to scale up such support. However, with markets now destroyed, stocks depleted and restrictions on the commercial sector, voucher assistance is no longer possible. Despite this, cash support is certainly needed considering the increased market prices for remaining supplies that can be purchased. Distribution of aid and support to survivors, and those at risk of GBV, has been severely constrained. This is largely due to access constraints and safety concerns, especially in the North, Gaza City, and Middle Area. There are also increasing security risks in the South that impact GBV assistance.

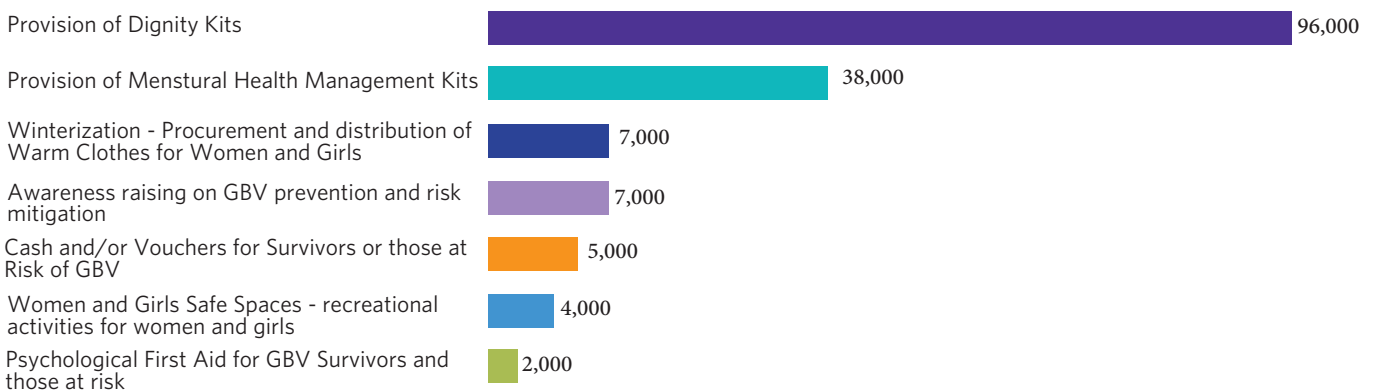
GBV Sub-Cluster partners and UNRWA, have only been able to provide a limited amount of support and activities due to challenges in the operational environment in Gaza. GBV response and risk mitigation activities have included awareness-raising on GBV, PFA by frontline workers including via remote hotlines however lack of connectivity through phone and internet networks remains a significant challenge. Partners have also focused on the distribution of dignity kits and menstrual health items.

² Information provided in this update reflects only what has been collected and shared by members of the GBV sub-cluster. Humanitarian actors continue to face significant challenges in collecting and reporting on activities and people reached. Additionally, agencies have been tracking their response work in separate dashboards. For example, UNRWA has from the outset of the war provided support to survivors and those at risk of GBV reaching over 148,000 individuals. From March UNRWA GBV awareness-raising activities and case management efforts in addition to information already shared will be reflected in the GBV AoR Sub Cluster dashboard.

The GBV Sub-Cluster, in collaboration with the Health Cluster and the Sexual and Reproductive Health Technical Working Group, is in discussions with the Ministry of Health on the provision of life-saving health services for GBV survivors, including Clinical Management of Rape. The GBV Sub-Cluster will roll out training for health staff of selected service points and will support the further implementation of the delivery of Clinical Management of Rape (CMR) in line with international standards.

OF PEOPLE REACHED BY AVAILABLE ACTIVITY

Reach: 159,000³ people have been reached by 39 GBV partners from October 2023 to February 2024, with the provision of life-saving GBV response including material assistance (including dignity kits and menstrual health management items), PFA, PSS, awareness raising, Clinical Management of Rape and referral to the very limited available services. The majority of this has been via the provision of Dignity Kits and Menstrual Health Management kits. Where feasible, the provision of kits is combined with information sharing on GBV and available services.



GBV COORDINATION

As of 29th February 2024, a total of 39 partners reported implementation of GBV prevention, response, and/or risk mitigation activities, the majority taking place in Rafah, Khan Younis, and Deir Al Balah. Implementing partners include international NGOs, national organizations, community-based organizations, and UN Agencies.

GBV Sub-Cluster: UNFPA is the chair of the GBV AoR Sub-Cluster in Palestine, including two GBV Sub-Clusters – one in the Gaza Strip and the other in the West Bank. The GBV Sub-Cluster facilitates a comprehensive approach to GBV prevention, response, and risk mitigation. The GBV Sub-Cluster and its members are working closely with other clusters including WASH, Health, Food Security, Shelter, and Child Protection to effectively address the complex needs of the affected population, especially women and girls. A Menstrual Health Management (MHM) strategy was developed to guide the members and other cluster members' efforts to respond to the basic needs of women and girls in the Gaza Strip⁴.

Advocacy: A national Advocacy Task Force has been established by the GBV SC so as to lead on the development of advocacy messages and initiatives. To date, advocacy has focused on calling for a ceasefire, highlighting the experiences, loss of dignity and safety of women and girls in the Gaza Strip and providing guidance to clusters and the HCT on ensuring a holistic response and how to actualize their responsibilities around risk mitigation^{5 6}. An Advocacy Plan has been developed and endorsed by members.

³ GBV Sub-Cluster Dashboard for the Gaza Strip

⁴ Menstrual Health Management Strategy: Gaza Strip, Nov 2023

⁵ <https://reliefweb.int/report/occupied-palestinian-territory/opt-gbv-response-advocacy-document>

⁶ <https://reliefweb.int/report/occupied-palestinian-territory/ensuring-holistic-response-gaza>

Distribution: A tracking system for the procurement and distribution of Dignity Kits and Menstrual Health Management kits to ensure items in each kit are standardized (wherever possible) and distribution points are shared with relevant parties to ensure the zone is protected from bombardment.

Capacity Building: The GBV Sub-Cluster is aware of the urgent need to support the capacity of existing and new partners, particularly in the provision of comprehensive response to survivors of GBV. To date, UNFPA has increased support to members to provide counselling and case management. UNFPA, as Chair of the GBV Sub-Cluster, is working with GBV Sub-Cluster members to develop a capacity-building plan, so that members will be ready to support partners once it is safe to do so.

Response and Referral Pathways: To date, the multisectoral GBV referral pathway has not been fully re-established. Discussions are underway for the activation of a GBV Case Management Task Force in Gaza to provide technical support for complex cases given the extremely limited access and availability of GBV response services.

Technical Support: The GBV Sub-Cluster continues to contextualize, translate, and share global guiding documents on GBV prevention, response, and risk mitigation with members of the GBV Sub-cluster, as well as with other clusters. Standard Operating Procedures (SOPs) for The Gaza Strip will be updated once members can safely gather.

Prevention of Sexual Exploitation and Abuse (PSEA): The GBV Sub-Cluster continues to work closely with partners and the PSEA Network to ensure that aid workers maintain an environment that prevents sexual exploitation and abuse and supports, respects, and empowers the affected population. Support for distribution monitoring is a priority.

PROGRAMME PARTNERS IN THE GAZA STRIP

Women-led Organizations	National Non-Government Organisations
<ul style="list-style-type: none"> • AISHA • Centre for Women's Legal Research and Counseling (CWLRC) • Palestinian Working Woman Society for Development (PWWSD) • Rural Women Development Society (RWDS) • SAWA Organisation • Women's Affairs Center (WAC) • WEFAQ 	<ul style="list-style-type: none"> • Abdel Shafi Community Health Association (ACHA) • ADWAR • Alawda Health and Community Association • Culture and Free Thought Association (CFTA) • Jordan Hashemite Charity Organization • Juzoor for Health and Social Development • Palestinian Counselling Centre Jerusalem (PCC) • Palestinian Family Planning and Protection Association (PFPPA) • Palestinian Medical Relief Society (PMRS) • Save Youth Future Society • Sharek Youth Forum • Stars of Hope • Treatment and Rehabilitation Center for Victims of Torture • Maan Development Center

International Non-Government Organisations	Government and United Nations
<ul style="list-style-type: none"> • International Medical Corps • Médecins Sans Frontières Barcelona • MedGlobal • Save the Children • War Child Holland • Anera • MAP UK • Action Aid • Alianza por la Solidaridad (APS) • Care International • DanChurchAid (DCA) • Humanity & Inclusion (HI) • Oxfam 	<ul style="list-style-type: none"> • Ministry of Social Development • Ministry of Health • UNFPA - United Nations Population Fund • UNRWA - The United Nations Relief and Works Agency for Palestine Refugees in the Near East • UNWOMEN - The United Nations Entity for Gender Equality and the Empowerment of Women

CURRENT RESPONSE PRIORITIES

- Emergency GBV risk mitigation interventions; including Menstrual Health Management materials, clothing kits including underwear, and CVA to IDPs in formal and informal shelters and with host families.
- Enhance strategies for community resilience through the empowerment of women and girls and strengthening community-based interventions.
- Strengthen the provision of life-saving specialized GBV services including emergency safe house(s), GBV case management, CMR and PSS.
- Strengthen the GBV system's capacity to prevent and respond to GBV.
- Awareness raising on GBV and available services.
- Support women-led organizations and women groups in shelters to re-engage in GBV prevention and response programming.



FUNDING NEEDS

**GBV PREVENTION,
RESPONSE, RISK
MITIGATION &
COORDINATION**

47 Million US\$

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GBV RESPONSE CHALLENGES

ACCESS:

- **Humanitarian access** to the affected population especially in access-restricted areas in the Northern part of the Gaza Strip, coupled with communications challenges, continues to constrain response efforts.

SAFETY OF GBV RESPONSE PROVIDERS:

- **Difficulty in deploying specialized medical and GBV experts** into Gaza. Furthermore, once inside Gaza, it is still difficult to reach the affected populations.
- **Absence of law enforcement** for the protection of civilians, including vulnerable women and girls.
- **The increasing presence of Israeli Forces** inside the Gaza Strip heightens protection concerns, including GBV.

COLLAPSE OF PRE-EXISTING GBV RESPONSE:

- **The GBV referral pathway has collapsed.** Lack of access to the Northern parts of the Gaza Strip has impeded the Sub-Cluster's ability to re-map and re-start GBV response services.
- **Loss of trained GBV response providers** due to their death, injury, displacement, and need to provide for their own family's safety and survival has meant that the majority of reported GBV cases are not provided any assistance as there is no one able to provide any meaningful support.
- **Supporting disclosed GBV cases** due to the limited availability of services, including emergency shelters, and the limited ability of survivors to move freely due to ongoing air attacks and destruction of infrastructure.
- **The collapse of the health care system** has resulted in the provision of life-saving GBV and SRH services, especially CMR being extremely difficult, if not impossible.
- **Closure of safe houses:** The two safe houses in Gaza City serving survivors of GBV across the Gaza Strip, were forced to close almost immediately after October 7th, and have to date not been able to re-open. As a result, survivors who face an immediate threat of life by their abuser have nowhere to go and are often forced to remain living with, or close to, their abuser.
- **The collapse of the Rule of Law** has limited options for survivors regarding reporting to police. Protection measures are not being enforced, making it impossible for survivors to access justice.

OPERATIONAL:

- **Difficulty in transporting lifesaving materials** to Gaza due to prioritization decisions at the border and challenges related to fuel supply inside the Gaza Strip.
- **Lack of resources** for pre-positioning of life-saving materials, including dignity kits and menstrual hygiene management kits, and destruction of the market chain and commercial sector created a huge gap in available supplies to meet the basic needs of women and girls and increased risks of GBV including PSEA.
- **Underfunding** is severely hampering comprehensive life-saving GBV prevention and response programming. Funding is urgently needed to enable scale-up of the response including pre-positioning of supplies.

KEY ADVOCACY MESSAGES

The GBV Sub-Cluster and its members will continue its efforts to:

TO DONORS

- **Advocate for continued and safe access** to all locations in the Gaza Strip by humanitarian actors to identify needs and provide a comprehensive lifesaving response to the affected population.
- **Advocate for the donor community to prioritize GBV** as a lifesaving service and scale up resources for GBV prevention, response, and risk mitigation, including direct support to women and youth-led organizations.

TO HUMANITARIAN SECTOR

- **Advocate for all clusters to include GBV risk mitigation measures in their response efforts.** WASH, Shelter, Health, Food Security and all clusters have a responsibility to ensure that GBV risk mitigation and consideration of the specific needs of women, girls, and other groups are met.

TO GBV ACTORS

- **Scale up and enhance GBV response services** (including but not limited to static and remote GBV case management service provision, CMR services, PSS interventions, increase the number of women and girls' safe spaces, and strengthen information management systems.
- **Enhance engagement with women-led organizations (WLOs)** and other community-based structures, including women groups, to strengthen outreach, raise awareness on GBV and risk mitigation, and foster safe disclosure. WLOs are often shown to be the first and most effective respondents in constrained situations.
- **Strengthen GBV risk mitigation** (including PSEA) in all humanitarian interventions. Also, strengthen safe disclosure and referrals of survivors through training of frontline workers across all sectors.

GBV Sub-Cluster

The GBV AoR, led by the United Nations Population Fund (UNFPA), is a global forum for coordinating and collaborating on GBV prevention and response in humanitarian settings. In the Occupied Palestinian Territories (oPT), the GBV Sub-Cluster is coordinating efforts of partners to meet the needs of the affected populations in the Gaza Strip and the West Bank. The group brings together National and International non-governmental organizations, UN agencies, donors, academics, and independent experts who share the goal of ensuring more predictable, accountable, and effective GBV prevention and response.

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