

Gender-Based Violence Needs Assessment in East Jerusalem

August 2021



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Acronyms and abbreviations

ARIJ	Applied Research Institute of Jerusalem
EJ	East Jerusalem
GBV	Gender-Based Violence
GBV SC	Gender-Based Violence Sub-Cluster
GBV IMS	Gender-Based Violence Information Management System
ID	Identity Card
MOJA	Ministry of Jerusalem Affairs
MOWA	Ministry of Women's Affairs
OCHA	Office of the Coordination of Humanitarian Affairs
PCBS	Palestinian Central Bureau of Statistics
PNA	Palestinian National Authority
PCC	Palestinian Counseling Center
WCLAC	Women's Center for Legal Aid and Counseling
PFPPA	Palestinian Family Planning and Protection Association
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Work Agency for Palestine Refugees

Violence against women and girls is a grave violation of human rights. The impact of violence has serious physical, sexual and mental consequences for women and girls. It negatively affects women's general well-being and health and prevents women from fully participating in society, while being detrimental to the entire family, the community, and the country at large.

Together Against Violence, November 2019

Executive Summary

This Gender-based violence (GBV) needs assessment in EJ is based on the EJ Scope Mission conducted in 2017 by UNFPA. The goal of the assessment is to identify the needs of women and girls who are at risk or survivors of GBV, especially those living under dire economic circumstances and/or lacking full residency status in the City, and to support the goal of responding effectively to GBV in EJ during the COVID-19 pandemic.

The study targeted the nine areas in East Jerusalem that were studied in the EJ scope mission 2017. These areas were chosen for three reasons. Firstly, differences exist in the political, legal and administrative systems between these areas. The areas inside EJ (inside the separation barrier) - Silwan, the Old City and Shu'fat – fall under full Israeli security and legal control. Therefore, the protection mechanisms provided to women there are based on Israeli law. The areas in Area C (outside the separation barrier) of EJ - Kafr 'Aqab, Semiramis, Al Eizariya and Abu Dis - lack any public security system from either the Israeli or Palestinian side. These areas also have a limited presence of Palestinian organizations in general, and women's organizations in particular, that deal with GBV issues. The refugee camps of Shu'fat and Qalandiya have an ambiguous legal status in Jerusalem, due to the rule of Israeli law (Shu'fat camp) on the one hand, and on the other, the responsibility of the United Nations Relief and Work Agency for Palestine Refugees (UNRWA) towards refugees.

The second reason for selecting these areas is the prevailing economic and social situation, which differs between these areas. The services for areas inside Jerusalem are provided at a very limited level due to the ethnic discrimination practiced by the Jerusalem municipality, which privileges Israeli citizens over Palestinian residents of the city. Area C (areas outside the separation barrier) is completely marginalized and suffers from a high rate of unemployment, poor infrastructure, high population density with limited space for natural population growth, high levels of GBV, substance abuse and security chaos in the absence of service delivery and law enforcement systems. The third reason is the lack of in-depth studies and surveys addressing these areas.

To achieve the objectives of the study, a participatory approach was adopted, which focused on conducting interviews with individuals and institutions working on combating GBV, as well as women with family reunification documents who made use of the Safe Spaces initiative.

The main findings of the research are as follows:

- Palestinian Jerusalemite women and girls live in very difficult circumstances, trapped by a combination of community and family violence on one hand, and political violence practiced and imposed by the Israeli occupation authorities on the other.
- During the COVID-19 pandemic, the rate of GBV increased and led to the emergence of new and/or expanded groups in need of institutional assistance. These groups include women who lack residency status in Jerusalem and persons with disabilities. The already high rates of GBV were clearly exacerbated by the absence of the rule of law and poor living conditions, particularly in Area C of EJ (Kafr 'Aqab, Abu Dis, Semiramis, and Al Eizariya).
- Women with West Bank identity cards (IDs) married to Jerusalemite men and waiting for family reunification have been subjected to additional restrictions associated with the management of the pandemic by both the Israeli and Palestinian authorities on the one hand and their families on the other. They often found themselves in a situation where they were not able to stay in EJ and, as a result, became more isolated during lockdown and quarantine protocols.
- Persons with disabilities were found to be the most vulnerable to domestic violence and marginalization, especially children with disabilities, who were removed from the official family reunification process and documentation by their fathers due to their disabilities and, therefore, were denied access to the services provided by the Israeli authorities in this regard.
- The majority of Palestinian women tend to refrain from resorting for help to the Israeli judicial system out of national patriotism and the risk of being stigmatized by their families and communities. Despite this general reality, the institutions working in the field of GBV indicated that, in some cases, Jerusalemite women living inside EJ resorted to the protection of the Israeli police when they were subjected to severe physical violence. Both women holding Jerusalem IDs and women with West Bank IDs who live on the outskirts of Jerusalem resort to the Palestinian officials, such as the Palestinian local police, as a first choice for protection.
- The preventive measures adopted by the Israeli authorities during the COVID-19 pandemic had had a negative impact on women. They impeded divorced women from accessing child custody claims, receiving unemployment allowance, following up social transfers from the National Insurance Institute and utilizing and managing online data and services.
- There are distinct initiatives at the local level in EJ managed by Palestinian institutions to protect Jerusalemite women and girls and those with family reunification documents, including the establishment of safe spaces in hospitals, which have facilitated the access of women victims of GBV to more comprehensive services and protected them from stigmatization.
- The political context of EJ prohibits Palestinian official bodies from working in EJ and thus creates a gap in the operationalization of an inter-institutional referral system for GBV victims. The establishment of Hemaya Network by the EJ-based Palestinian organizations is considered an alternative referral system.

Main recommendations of the study include:



- Establish a fund for legal aid for victims of GBV in the Ministry of Jerusalem Affairs (MOJA) in partnership with Hemaya Network to facilitate and assist abused women holders of West Bank IDs (who have not obtained family reunification).
- MOJA should allocate a budget to support women victims of violence in emergencies, particularly women lacking full residency status in EJ.
- Support and enhance the established Safe Spaces and provide the necessary technical and financial resources from local and international organizations.
- Support Hemaya Network to institutionalize an informal referral system in EJ.
- Conduct in-depth socio-economic studies in the areas addressed by this study to generate statistics and knowledge that can inform future planning for GBV services there.



Introduction

Since 1967, when Israel illegally annexed East Jerusalem (EJ), the Israeli authorities have put into effect discriminatory policies in the areas of infrastructure, education, health and protection services. These policies, which violate international law on the status of Jerusalem, have impeded the development of the Palestinian parts of the city inside and outside the separation barrier, reducing access to services and housing. Although Israel collects taxes and fees from Palestinians living in EJ, only 10% of the municipal budget is allocated to EJ inhabitants, who represent more than 37% of the population of the city.¹

The Oslo Accord – signed between the Israelis and Palestinians in 1994 – created a new and more complex reality for the Palestinians of EJ, with the Jerusalem governorate divided into two parts designated as areas B and C. This fragmentation created areas under full Israeli control² and others under the Palestinian National Authority (PNA)³. The area of Kafr ‘Aqab in northern Jerusalem has special peculiarity. It was not included in the Oslo Accord’s classification (B, C) of the governorate and was consequently considered part of EJ (ARIJ, 2012). Despite this fact, it has been completely isolated from EJ, especially after the construction of the separation barrier that removed it from the borders of the Jerusalem governorate. The majority of the residents of Kafr ‘Aqab hold Jerusalemite identity cards, but they are deprived of basic municipal services such as sewage networks, garbage collection, infrastructure, and policing. (ARIJ, 2012).

Area C of EJ has been completely marginalized in terms of population’s access to minimum rights to health, adequate education,

adequate infrastructure, decent housing and social security services. The area suffers from increasing levels of gender-based violence (UNFPA, 2017). In a report published in 2017, the Office of the Coordination of Humanitarian Affairs (OCHA) noted that tens of thousands of Palestinian residents of EJ are physically separated from the urban center by the separation barrier and are effectively abandoned by the municipality; they must cross crowded checkpoints to access health, education and other services to which they are entitled as residents of Jerusalem.

Although the Oslo Accord stipulates the Israeli authorities’ responsibility as an occupying power to provide administrative and security services in these areas, the Israeli authorities do not fulfill these obligations and, at the same time, do not allow the PNA to provide the necessary services to the Palestinian residents in these areas. As for the areas under full Israeli control inside EJ, the rights of Palestinian Jerusalemites compared to the Israelis residing in Jerusalem are limited. According to the above indicated OCHA report, although Palestinians benefit from access to the Israeli health and social security systems, they face significant restrictions in accessing housing due to Israel’s policy of severely restricting the issuance of building permits to Palestinians and routinely demolishing unlicensed homes. Palestinians also experience a lack of services due to a combination of a restrictive Israeli planning system and discriminatory allocation of municipal resources.⁴ Furthermore EJ population suffer from a lack of development interventions, poverty, unemployment and random cases of eviction. The OCHA report of 2017 cites that 76% of Palestinian residents

1 Palestine Economic Policy Research Institute-MAS, 2019. East Jerusalem’s Economic Cluster Report. <https://www.mas.ps/files/server/20191703143807-1.pdf>. P.9

2 Such as Silwan, the Old City and Shu’fat

3 Such as Abu Dis, Semiramis and Al Eizariya

4 For example, there is a chronic shortage of classrooms in EJ: 2,600 additional classrooms are required to accommodate Palestinian children and many existing facilities are substandard or unsuitable (OCHA, 2017).

of East Jerusalem and 83% of the children live below the Israel-defined poverty line.

EJ is struggling for survival: On one hand, it is disconnected from the broader Palestinian economy due to the impact of the separation barrier, leading to a deterioration of EJ's economy. On the other hand, Israel is implementing policies aimed at suffocating what remains of the EJ economy. This isolation and the resulting economic decline have produced a steady socio-economic and psychological deterioration in EJ Palestinian communities, affecting all aspects of life, which is contributing to an escalation in the incidence of GBV committed against vulnerable groups in EJ Palestinian communities.

Within this context, the provision of prevention and protection services to combat GBV in East Jerusalem is hindered because of the ambiguous jurisdiction and the separation barrier. This lack of clarity impedes the implementation of protection and prevention mechanisms and interventions by PNA bodies and human and women's rights institutions that work to combat GBV in EJ, because it is not possible to apply the West Bank referral system without a mechanism that links organizations providing essential support to GBV survivors both inside and outside the separation barrier.

Safe places and shelters have been established to promote GBV prevention and protection services in EJ, such as Aqbat Al-Khaldiya and Khotwa Center in Qalandiya, which despite the shortages "related to programs, policies and procedures governing service delivery, human resources, [and] project dependence of short-term funding"⁵ offer adequate services for GBV victims, especially to women with West Bank IDs residing in EJ areas. Since the COVID-19 outbreak, service providers in EJ have seen a sharp increase in demand for

GBV services⁶. In order to develop the overall performance of GBV services to meet the growing level of need, local and international intervention and planning efforts are urgently needed to build awareness, offer assistance and protection and enhance and expand the available services, including the shelters/safe places for the abused and vulnerable women and girls, especially with the escalation witnessed under the COVID-19 pandemic.

5 [file:///C:/Users/LENOVO/Downloads/UNFPA-Assessment%20Safe%20Spaces%20modified%20\(1\).pdf](file:///C:/Users/LENOVO/Downloads/UNFPA-Assessment%20Safe%20Spaces%20modified%20(1).pdf) p.4

6 <https://palestine.unfpa.org/en/news/through-generous-support-aecid-and-spanish-autonomous-communities-unfpa-implement-project-east>

Methodology

The assessment was carried out between 15 June – 20 August 2021. The focus was on GBV in East Jerusalem during COVID-19. The assessment took a qualitative approach and utilized secondary data through a comprehensive desk review of existing documentation and primary data generated through key informant interviews and focus group discussions. A participatory approach was applied in order to ensure inclusiveness and the full participation of partners, stakeholders and beneficiaries. Key informants were identified in consultation with UNFPA. The study focused on the following areas: the Old City of Jerusalem, Al 'Eizariya, Silwan, Qalandiya, Shu'fat Camp, Ar-Ram, Kafr 'Aqab, Semiramis and Abu Dis.

Individual interviews with 13 counsellors, social workers and legal advisors from 7 organizations who are members of the Hemaya Network were carried out together with 6 interviews with women victims of violence who receive the services of the safe spaces.

Table 1: Organizations interviewed

Palestinian Counseling Center (PCC)
Women's Center for Legal Aid and Counseling (WCLAC)
Palestinian Family Planning and Protection Association (PFPPA)
UNRWA
Safe space at the Red Crescent Society in Kafr Aqab
Safe space at the Red Crescent Society in the Old City of Jerusalem
Safe space at the Red Crescent Society in Augusta Victoria Hospital

Literature Review: Gender-Based Violence in East Jerusalem

This review highlighted the political and legal ambiguity of jurisdiction between the Palestinian and Israeli authorities in East Jerusalem that creates a complex situation of socio-economic hardships, accompanied by an absence of the rule of law. This has led to an escalation in the rate of gender-based violence against women and girls in EJ, especially during the COVID-19 pandemic.

Palestinian institutions and actors are not allowed to officially offer services in Area C or EJ while the Israeli authorities are neglecting their duties in this regard. The major means of protection in EJ are as follows: self-help; seeking help from the nuclear family; religious and conciliation committees; Israeli authorities (although faced with stigmatization from the family and thus women abstain from seeking their help); NGOs (although offering short-term assistance and suffering unsustainable funding); and PNA organizations. Each of the institutions offering services have their own shortcomings and as a result, women have limited confidence in these institutions and committees.⁷

“The Strategic Plan of Hemaya Network in Jerusalem 2019-2021” shed light on the living conditions of women in EJ. It stressed the importance of networking and coordination among women rights institutions in EJ to understand and manage this complex situation. Women feel reluctant to seek help from the Israeli authorities because of the associated stigmatization and distrust. Therefore, women become victims of violence and social pressures, especially with the little information they have about Palestinian institutions offering assistance and protection.

Further, the 2017 study “East Jerusalem GBV Scoping Mission and Recommendations” pinpointed that Jerusalemite women are not aware of the Palestinian organizations providing help and protection services and that the efforts of these organizations are hindered by Israeli restrictions and policies.

The UNFPA Assessment Report on the Performance of Safe Spaces and Family Counseling Centers⁸ stressed the importance of the efforts of these spaces in developing appropriate mechanisms and interventions to provide women with protection and enhanced services towards eliminating GBV in EJ. The assessment report reflected the satisfaction of the beneficiaries with the services and highlighted the need to enhance such centers, which provide a safety net for GBV victims, regardless of their status in terms of residency in EJ. Aqbat Al-Khaldiya Center in the Old City has offered services to 9,8339 women since its establishment. The services include health, psychological, economic and legal assistance. Another success story is Khotwa Center in Qalandiya Camp that includes a One-Stop Shop offering services that range from economic empowerment and legal aid to health services, including mental health, and is supported by local camp committees and actors. The Center has managed to offer services to 1,04910 women. These centers need core funding to ensure continuity and to enhance the quality of their services.

In the same context, although Jerusalemite women have the right to resort to the courts for protection, women holders of West Bank IDs and women without family reunification documents have no rights or access to courts.

7 UNFPA. 2018. Gender-based violence in East Jerusalem: Scoping mission and recommendations¹ – GBV Sub-Cluster Palestine. P.4

8 UNFPA. 2019. Assessment of Performance of Safe Spaces and Counseling Centers”.

9 *Ibid*, p. 30

10 *Ibid*, p. 37

Due to the legal and political reality in areas located outside and inside the separation barrier, such as Kafr 'Aqab and Qalandiya, Silwan and Al Tur, GBV cases are referred to organizations, clans and neighborhood committees for aid and protection¹¹.

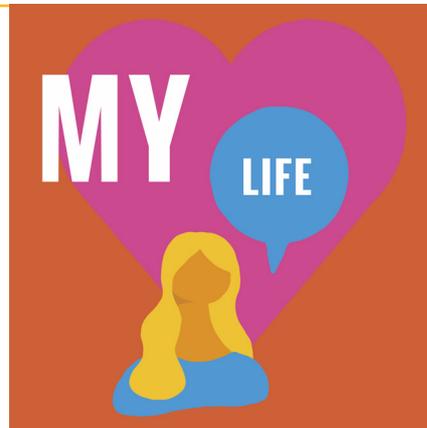
The Juzoor study¹² highlighted that women face a rise in violence due to state, settlers' and husband or other family member violence, with 98% of women believing that GBV is one of the most important issues. Moreover, poverty adds to their misery, and they are responsible for managing household and family affairs yet they do not take part in decision-making. Women are deprived of education and easy access to the public spheres and are married at an early age. Additionally, although women and girls in EJ are offered good health services, access to mental health services is limited and women are four times more likely to report increased psychopathology.

The majority of the reviewed studies¹³ concluded that GBV has increased since the outbreak of COVID-19. The suffering the women have experienced includes exacerbated legal, economic, social and political hardships; limited access to the justice system with courts affected by lockdowns; loss of jobs; fragile referral system

11 The Palestinian Counseling Center. 2020. A Rapid Assessment of the Needs of 14 Marginalized Areas in the West Bank during the COVID-19 Pandemic. <https://www.pcc-jer.org/en/content/rapid-assessment-needs-14-marginalized-areas-west-bank-during-covid-19-epidemic>. P. 15,16

12 Juzoor (2020), Empowering Jerusalem's Most Marginalized Palestinian Women. Palestine Studies, https://www.palestine-studies.org/sites/default/files/jq-articles/Pages_from_JQ_74_-_Juzoor_0.pdf

13 See Annex 1 for a full listing of documents consulted.



for abused women under the lockdown; and lack of access to health care services, including mental health. The dominant hardship, however, was the increased time battered women and girls had to spend with the perpetrators and abusers.

There is a lack of information and statistics on GBV in EJ in general and during the pandemic. According to a report prepared by the Women's Centre for Legal Aid and Counselling (WCLAC), GBV increased due to (1) limited access to the justice system, (2) reduced jail time for perpetrators, (3) economic hardships, (4) violations of International Humanitarian Law, and (5) lack of access to healthcare. Further, the Israeli authorities' measures in the shelters, requiring women to quarantine for 14 days before being admitted, have created further challenges for abused women and girls, and when women needed to seek help during lockdowns, they had to pass through the checkpoints, which posed an invasion of privacy¹⁴ Furthermore, the PNA failed to take into account the needs of vulnerable women and girls when it

14 Report on the Violence against Women and Girls during COVID-19 in the State of Palestine. <https://www.hwc-pal.org/files/server/Publications/VAW%20report-%20English%20version.pdf>, p.15

announced the state of emergency¹⁵, while the Israeli authorities are refusing to fulfill their duties as the occupying power.

The Palestinian Ministry of Health and Sawa organisation¹⁶ launched hotlines to support and aid victims of GBV but this method was seen as an inadequate response as it does not cover or provide follow-up for the exacerbated concerns and health conditions. Reports from Sawa's hotline showed a 29% increase in calls regarding mental health, while calls seeking help increased from 40% to 58%.¹⁷.

What was observed through the literature review was the deteriorating situation in EJ due to the unclear jurisdiction in terms of service provision. This has contributed to increasing GBV in the absence of services and protection, accentuating women's reliance on the family, and reinforcing the patriarchal culture. Israeli control over statistical data has led to an absence of reliable information on GBV in EJ, making it hard to identify GBV levels and locations and implement mechanisms to provide aid, shelter and protection. Much additional work is needed on strategic planning, policymaking and service delivery to combat GBV and empower women and girls.



15 With the outbreak of the COVID-19 pandemic, the government of the State of Palestine declared a state of emergency for 30 days on March 4, 2020. This state of emergency has been extended twice to a 90-day emergency period. This decision, along with subsequent government actions, notably the policy of lockdown and quarantine, focused entirely on preventing the spread of the virus, whereby women and girls became more vulnerable to domestic violence.

16 Sawa Organization is a Palestinian non-profit organisation that aims to eliminate violence against women and children in all its forms and at all levels, through support services and community awareness-raising. It is part of the Girls Not Brides global partnership of more than 150 civil society organisations committed to ending child marriage and enabling girls to fulfil their potential.

17 CARE 2020. Rapid Gender Assessment Early Gender Impacts of the COVID-19 Pandemic. <https://care.ca/wp-content/uploads/2020/05/CARE-Palestine-WBG-RGA-Main-Report-04052020.pdf?x23729>

Results of Primary and Secondary Data Collection

The legal and political realities of EJ outlined above are contributing factors to the rise in the GBV rate, particularly against women and girls. The results of the field research showed that Palestinian Jerusalemite women and girls live under a difficult situation, where they find themselves trapped in a combination of community and family violence on one hand, and the coercive environment created by the Israeli policies on the ground on the other. This has created a harsh reality, depriving Palestinian Jerusalemites in general and women and girls in particular of their rights, and led to an increase in GBV, particularly in area C of EJ (Kafr 'Aqab, Abu Dis, Semiramis and Al Eizariya) due to the absence of rule of law and the prevailing stressful and inadequate living conditions.

Further, the research showed that during the COVID-19 pandemic, the increase in GBV has led to the emergence of new groups in need for the assistance of the institutions working in that field.

This study confirmed that the factors that contribute to the rise in GBV in the study areas still exist when compared to baseline data from the 2017 study. Similar factors were found in both studies in terms of the uncertain legal jurisdiction and the neglect of these areas by the Jerusalem municipality with regard to the provision of basic services.

Areas located in Area C (Abu Dis, Kafr 'Aqab, Semiramis, Al Eizariya and Abu Dis) suffer more than those inside EJ from poor sanitation systems; inadequate infrastructure; limited capacity to provide health and educational services, as well as prevention and protection from violence; a rise in unemployment and poverty; overcrowded housing conditions and increased population density, leading to lack of privacy at home;

and high levels of public insecurity. When conducting the field work for this study, and based on interviews with institutions addressing GBV issues, it was found that the general situation in these areas has deteriorated over the period of the pandemic due to the restrictive measures taken by the Israeli authorities, which increased their isolation.

Based on the goals of the report, the analysis presented below discusses the following five themes sequentially:

- GBV in East Jerusalem during COVID-19
- Existing challenges facing specific vulnerable groups, such as women and girls living in difficult economic circumstances and/or lacking full residency status in EJ
- Institutional support mechanism for women and girls victims of violence in East Jerusalem
- Challenges facing institutions in providing protection services for GBV victims
- Inter-institutional referral mechanism

GBV in East Jerusalem during COVID-19

Based on the results of the field research, and compared to the report Violence against Women in East Jerusalem prepared by the UNFPA in 2017, the forms of violence perpetrated against women and girls were found to be the same: physical, sexual, psychological, social and economic. However, the intensity and the frequency of inflicted violence differed due to the lockdowns and quarantine policies and rules enforced by both the Israeli and Palestinian authorities in their efforts to contain the pandemic.

The majority of cases received by institutions were domestic violence, notably committed by the husband or father and sometimes by the son. However, what characterized the period of the pandemic was the rise in psychological violence. According to the observations of interviewed institutions, the rate of psychological violence has doubled in comparison to the previous rate. With regard to the cases of killing of females on the basis of the so-called honor, the institutions explained that the rate varied between the study areas inside Jerusalem and the surrounding areas. The institutions reported that killing females in the name of honor is considered a criminal act under Israeli law. No case was recorded in their files, possibly due to the existence of the Israeli law that deters and criminalizes such act. Potential perpetrators living in neighborhoods inside EJ are aware of the severe punishment, which serves as a deterrence for them. In contrast, perpetrators in regions located in Area C may enjoy impunity in the absence of the rule of law and the existing security chaos.

During the COVID-19 pandemic, the rate of GBV surged in areas that are neglected by both the Israeli and Palestinian authorities. These include Shu'fat refugee camp and Area C localities of Jerusalem Governorate

(Kafr 'Aqab, Semiramis, Al Eizariya and Abu Dis). The factors accounting for the increase include the existing high population density, congested dwelling conditions, high rate of unemployment, substance abuse and poor infrastructure. For example, Kafr 'Aqab is located within the administrative boundaries of the municipality of annexed Jerusalem but it was subsequently removed by the separation barrier, leaving residents with Jerusalem IDs with some privileges, such as health insurance and social security benefits.

Due to the existing Israeli restrictions preventing Palestinian Jerusalemites from building in Jerusalem, thousands of families were forced to build and live in Kafr 'Aqab. The Israeli authorities turned a blind eye to this random construction, despite the absence of urban planning and services. The majority of residents in Kafr 'Aqab are composed of family units with one of the parents holding a Jerusalem ID and the other a West Bank ID. These families live in constant insecurity, waiting for a process called family reunification to be granted by the Israeli authorities, which will regularize their residency and access to services (for more details on this, see below).

The research data indicated that many social problems exist due to the political and legal context. Findings show that substance abuse, sexual harassment in the private and public spheres, restrictions on movements for females and smoking has increased during COVID-19 in the study areas, including areas inside EJ, such as Silwan, the Old City and Shu'fat camp.

The problem of substance abuse among youth (male and females) has increased significantly in refugee camps like Shu'fat. In the period of lockdown and quarantine, women's suffering



intensified as their spouses stayed at home with a constant craving for drugs.

During the pandemic, a new factor that emerged in relation to husbands' violence towards wives in Jerusalem is the issue of access to vaccination. Staff at two of the institutions interviewed indicated that some Jerusalemite women married to holders of West Bank IDs who received vaccinations from the Israeli side were subjected to violence by their husbands who could not receive the vaccination like their wives.

Poverty and unemployment are again considered among the factors that exacerbate GBV, which the 2017 UNFPA report also confirmed. The institutions interviewed reported a high unemployment rate, especially with the policy of closure and the layoff of many workers.

The research findings showed that, during the pandemic period, some groups were more vulnerable to violence and more marginalized than others. These groups were:

A. Palestinian Women lacking full residency status in EJ:

There are two types of women in this group: first, women with West Bank IDs who are divorced, and second, those who are still married and waiting for their family reunification documents. In the first group, the women experience psychological violence as they are unable to see or be with their children as a consequence of being divorced without reunification documents. They are denied access to their children by their husbands who take advantage of the pandemic-related lockdowns and restrictions imposed by the Israeli authorities. The institutions working in the field observed

and documented an increase in this type of violence. The findings also indicated that this group of women have also been denied their financial rights resulting from divorce because of the absence of a legal framework to guarantee and regulate the filed claims. They are treated as non-residents of EJ according to Israeli policy. Simultaneously, the political circumstances prevent the enforcement of any legal rights attained in West Bank courts by women with West Bank IDs against their Jerusalemite spouses in EJ.

With respect to the second group of women holders of West Bank IDs who are still married to spouses holding Jerusalem IDs and are waiting for their family reunification documents, it was stressed that they were forced to remain house-bound in fear of being deported to the West Bank. They were consistently threatened with being deprived of their children and residency status due to their illegal stay according to Israeli law. This anxiety contributed to their reluctance to work, or engage in any outside activity. Furthermore, during the pandemic, women lived under increased psychological distress as their husbands and children stayed home under the rules of lockdown and restrictions imposed by the authorities. As a result, their domestic burdens increased significantly. They became responsible for their children's education when schools switched to online teaching. Further, battered women's living conditions worsened, as they had to stay for longer periods with their abusers and violent husbands, especially with the surge in unemployment rates.

The research findings showed that, during the pandemic, some husbands used the family reunification process as a means of pressure and abuse against their wives. If a wife resists the violence practiced against her, the

husband may threaten to withdraw or stop the process. This type of violence continued to surface and more frequently than before. Consequently, women tend to resort to silence and surrender to the abuse in order to stay with their children and families in EJ.

B. Persons with disabilities lacking full residency status In EJ:

The research findings concluded that persons with disabilities without family reunification documents were the group affected the most and were most at risk of being denied their rights during the pandemic. Because of the disability, fathers sometimes refuse to register them in the reunification documents. This practice was observed prior to the pandemic in Palestinian society, with persons with disabilities being the most marginalized and stigmatized in general, and women and girls with disabilities suffering additional gender-based restrictions and marginalization. Some of the participants highlighted that during the COVID-19 pandemic, and with the lack of reunification documents – despite the fact that their fathers are Jerusalemites – persons with disabilities were deprived of the services provided by the Israeli authorities to this group. In other instances, disability was the main reason for violence committed by husbands against their wives for giving birth to a child with disability. Two female participants holders of West Bank IDs (without reunification documents) reported that they were divorced because they gave birth to children with disabilities.

The Legal Aspect of Cases of Domestic Violence in East Jerusalem

The Israeli law applies to all holders of the Jerusalemite ID legally residing in the Governorate of Jerusalem in areas under the Israeli jurisdiction. The results of the research indicated that there are options for women and girls victims of violence depending on their legal status in EJ. With regard to victims of GBV who are holders of EJ IDs, the institutions provide them with the options of either resorting to the Israeli law, which provides protection against violence, or to the Palestinian system, especially for women with West Bank IDs residing in Jerusalem suburbs, such as Kafr 'Aqab, Shu'fat and Qalandiya Refugee Camps, Ar-Ram and Sur Baher.

The participating institutions reported that the majority of Palestinian women refrain from resorting to the Israeli justice system for help, out of national patriotism (as a sign of rejecting the de facto Israeli sovereignty over the occupied EJ). Despite this political reality, the institutions working in the field indicated that, in some cases, Jerusalemite women resorted to protection provided by the Israeli police when they were subjected to severe physical violence. Furthermore, during the pandemic, the institutions explained that some women went directly to the Israeli police for protection, but they were not considered a priority nor given attention by the police. As a result, they sought protection from existing Palestinian women's institutions.

With regard to the Israeli judicial system during COVID-19 pandemic, interviewees reported that the courts remained open and worked on cases remotely. This mechanism was considered vital for the completion of the judicial work on the cases that sought

help from institutions. However, it was a lengthy process, with cases taking up to one year. This had a negative impact on women who resorted to the courts for help and protection, as in many cases they were forced by a family member or the husband to give up their rights. The situation for women holders of Jerusalem IDs and married to spouses from the West Bank was more complicated as the Palestinian courts closed their doors during the pandemic and consequently the institutions working in the field were not able to file any cases. The political reality added to the problem. Women are victims of a complex reality where the Israeli law is only applied in areas under its jurisdiction, and the Palestinian law is applied in the Palestinian territories. This has created an environment where GBV victims cannot easily realize their rights.

The COVID-19 pandemic also negatively affected many other aspects of women's lives. It hindered child custody cases, interrupted access to unemployment allowance and follow-up of insurance payments at the National Insurance Institute, and posed challenges in terms of utilizing and managing online data and services. In addition, women lacked the needed knowledge of Hebrew and the skills on how to use the electronic applications, which in turn made it difficult for them to complete the procedures. As a result, many women stopped following up on the files and cases at some stage and gave up and accepted the fact of losing the custody of, or visits to, their children together with the maintenance payments.

Moreover, the data revealed that women holders of Jerusalem IDs who live on the outskirts of Jerusalem, which are categorized as Area C, often resort to Palestinian institutions, including the Palestinian local police, as a first choice for protection. This is usually the case where local institutions coordinate with the local police in order to provide direct protection, especially in cases of serious and severe violence. The response by the police in such serious cases was also affected by the pandemic. Although they

did respond to life-threatening cases, the lockdown and restrictions on movement hindered efforts and kept the interventions and protection services at a low level. This was the case in all the Palestinian areas and was not only limited to Area C localities adjacent to EJ.

The Israeli law gives priority to children's wellbeing. With regard to Jerusalemite children who are subjected to abuse and violence, the Israeli police enforces immediate intervention to provide protection and help once abuse is reported, even if their mothers lack any family reunification documents. However, the provided protection services are limited to the abused child(ren) and exclude the mother when she is not considered as a Jerusalemite under the ambiguous political and legal status of EJ. Despite the speedy and effective measures enforced by the Israeli authorities to protect abused children, the same authorities impose difficult conditions when it comes to custody rights. In order for women to be able to have custody, they need to have a Jerusalemite guarantor and a NIS15,000 surety payment to be granted the custody of their children. Such measures are seen as impediments that hinder the custody process as the majority of women lack independent financial income or someone who will act as guarantor for them.

Institutional Support Mechanism for Women and Girls Victims of Violence in East Jerusalem

Institutions also reported that the political reality in EJ poses many obstacles for their efforts to reduce or eliminate GBV in EJ. Israel is moving fast to turn the Arab parts of the city into marginalized areas where only a few non-governmental institutions can work on providing protection to battered and abused women. Despite the impediments and the conflict between the Israeli and Palestinian laws and jurisdiction, non-governmental institutions are increasing their efforts, but they are short-staffed and lack financial resources. Meanwhile the incidence of GBV in EJ continues to rise.

Research findings showed that there are distinct initiatives at the local level to protect Jerusalemite women and girls and those holders of West Bank IDs with family reunification documents. Many Palestinian institutions are located or have branches in EJ to offer the needed services, such as the Palestinian Family Planning and Protection Association (PFPPA), Women's Center for Legal Aid and Counselling (WCLAC), the Palestinian Counselling Center (PCC), in addition to the safe spaces established by UNFPA in cooperation with local bodies, including Palestine Red Crescent Society and the Augusta Victoria Hospital. Similarly, UNRWA has adopted the same approach in providing protection to women in refugee camps in EJ, such as Shu'fat camp.

Safe Spaces:

The Safe Spaces initiative proved to be a pioneering and important experience in light of the political, social and legal challenges existing in the Jerusalem Governorate and specially during COVID-19. Due to the pandemic prevention measures taken by both the Israeli and Palestinian sides, all Palestinian women's organization were closed and moved to online services. Hospitals were the only organizations that continued to provide hands-on services. This helped in keeping one channel of protection — safe spaces in hospitals — active and open to women victims of GBV.

Three safe spaces were visited for this study, one in the Red Crescent Society in Kafr 'Aqab, one in Augusta Victoria Hospital and one in Aqbat Al-Khaldiya, in the Old City. Women expressed satisfaction with the services they received from these spaces. The range of services offered included psychological, social and health services, as well as empowerment and stress management mechanisms. This latter was reported as the most important service offered.



Women provided evidence of their satisfaction. For example, in Kafr 'Aqab, the women interviewed commented on the importance of having such center in the Red Crescent Society and the importance of this service in Kafr 'Aqab, because there is a high incidence of domestic violence and women do not know where to go. In light of the limited availability of social services in the area, any intervention from any organization is received with enthusiasm as a means to mitigate the harsh repercussions of the political reality of the area on the living conditions of its inhabitants.

Local and international institutions expressed relief and satisfaction with the safe spaces established and operated in public places like the Palestine Red Crescent Society and the Augusta Victoria Hospital, reporting that they have helped in providing assistance and protection to women without them being stigmatized or abused by their families or society. The presence of such centers and services in health institutions has encouraged women to communicate with the social workers without fearing retaliation from the abuser in the family since visiting a health institution would not raise suspicions on part of the abuser. In one case, a participant reported that she was constantly subjected to violence by both her husband and her son, but she was able to seek the help of the social worker while visiting Palestine Red Crescent Society under the pretext of receiving health care.

The safe spaces have also adopted and integrated the concept of comprehensive reproductive health as part of the services offered to women. This paved the way to develop and implement successful interventions with abused women living under harsh circumstances and subjected to violence in marginalized areas with weak infrastructure and restrictions on mobility. During the pandemic, the presence of such services in these health institutions proved to be helpful, as they continued to provide women with psychological assistance as part of the offered health care.

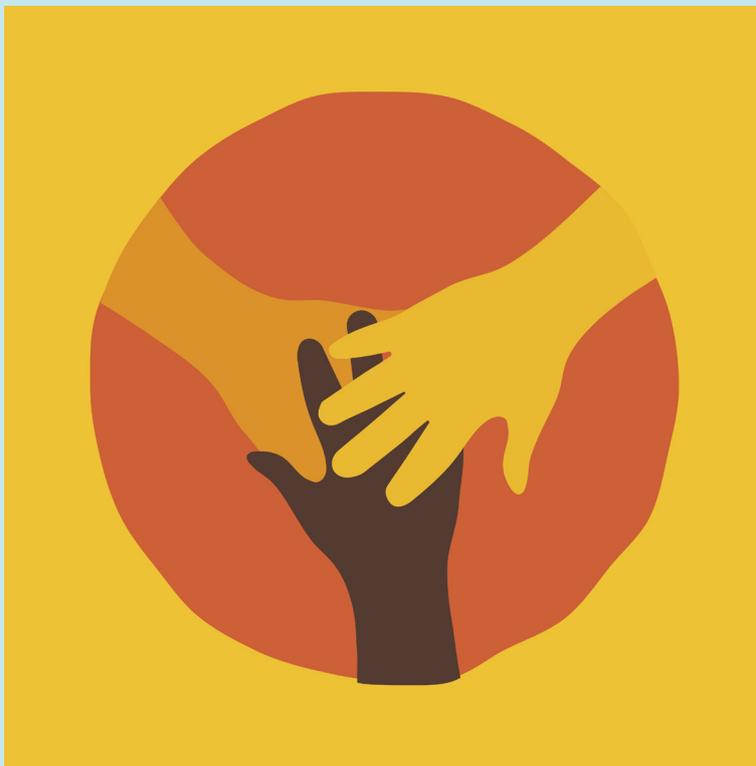
Helplines:

Another mechanism that was adopted by institutions in order to provide protection and help to GBV victims during the pandemic was the launch or increase of helplines. It was noted that the number of women seeking help from the social workers – and reaching out through the helplines – increased significantly during the pandemic. Institutions developed the helplines through utilizing WhatsApp as a

means of communication, allowing women to send messages to the social workers even in the presence of her abuser in the house. This mechanism has been successful in maintaining communication and informing women of continued support. It was also used to assist women in providing their lawyers with the needed official follow-up documents, such as power of attorney forms and identification documents.

Community participation in promoting protection:

UNRWA has endorsed an initiative of community participation in promoting protection of marginalized groups in the communities, including GBV victims, in Qalandiya and Shu'fat Refugee Camps. The aim was to form committees within the camps composed of notable personalities with good reputation who are accepted by the community. Committee members received training on GBV, intervention mechanisms, and networking with local institutions working in the field for any urgent assistance needed. UNRWA reported that these committees have been of great help during the COVID-19 pandemic in terms of providing shelter to many abused women and their children, and in getting them to health centers if required.



Challenges Facing Institutions in Providing Protection Services for GBV Victims

Despite the successful initiatives used to provide services to battered women, the participating institutions reported facing a range of challenges in different areas during the pandemic period. These are detailed in Table 2 below.

Table 2: Challenges facing GBV service providers

Item	Challenge
Coordination	<ul style="list-style-type: none"> • Coordination is still at the level of individuals and personal knowledge, or confined to one institution. Collective coordination between institutions is not yet institutionalized. Hemaya Network is still in the phase of activating, unifying and pooling the efforts of its members in combating GBV. • Coordination depends on the nature of the situation that is being addressed rather than being an ongoing and sustainable process or system.
Staff	<ul style="list-style-type: none"> • The shortage of social workers in EJ is creating a burden on them, especially during the pandemic period. • Absence of a legal framework to protect social workers, especially in Area C of East Jerusalem. These areas are characterized by a high rate of community violence due to the absence of the rule of law. • A shortage of Jerusalemite lawyers in women’s rights institutions with experience in dealing with cases of GBV. • Lack of knowledge around technology that can be used and developed in dealing with cases of violence (other than WhatsApp and Zoom). • Lack of debriefing sessions for the working staff, especially in periods of crisis, due to the heavy workload on cases, which has to be balanced with their family responsibilities. • Lack of skills in dealing with children exposed to violence and persons with disabilities, especially in emergencies. • Shortage of outreach workers to conduct awareness sessions on GBV with the community. Also, a limited number of workers are skilled in using online sessions with beneficiaries. • Lack of knowledge and skills in dealing with women and young girls exposed to violence during home quarantine, especially when all household members are at home.

Institutional protocols and interventions	<ul style="list-style-type: none"> • Absence of unified documentation forms for GBV cases among the participating institutions. • Absence of referral protocols in the health centers and safe spaces for GBV cases, particularly during the pandemic. • Absence of a unified Media and Communications plan for all partners to raise the issue of GBV situation in East Jerusalem, especially during the emergency context. • Absence of Palestinian shelters for Palestinian women victims of GBV in EJ. The institutions indicated that the presence of protection shelters in Jerusalem would help to provide protection quickly and reduce the time spent in coordination and transfer of victims due to conflicting jurisdictions in EJ and the West Bank and due to Israeli military checkpoints that cause delays in transferring women victims of GBV to the West Bank.
Financial sustainability	<ul style="list-style-type: none"> • Limited funds directed to women’s organizations and programs for combating GBV in EJ. • Absence of budget allocated by the Palestinian government for combating GBV, especially during emergencies.
Political instability	<ul style="list-style-type: none"> • Ongoing violations and restrictions imposed on Palestinian organizations in East Jerusalem, especially in Area C. • Conflicting laws applied in EJ that directly affect women victims of GBV. • Limited number of operational Palestinian organizations due to the restrictions imposed by the Israeli authorities on issuing licenses to open new services or organizations inside EJ. • Lack of organizations and services in Area C of EJ.
Studies and Statistics	<ul style="list-style-type: none"> • Lack of studies and statistics on women’s status in EJ, especially during COVID-19, to inform women’s organizations’ programming. • Lack of in-depth studies on Area C of EJ (geopolitical, social, infrastructure, statistics, and economic).

Inter-institutional Referral Mechanism

Research findings suggest that networking mechanisms between service providers ranges from poor to average. The context of EJ prohibits any official Palestinian framework from working officially in EJ, thus creating a gap in the process of inter-institutional referral systems. At the level of formal institutions, such as the Jerusalem Governor's Office and the Ministry of Jerusalem Affairs (MOJA), the findings showed a lack of coordination mechanisms with regard to the protection of women and girls in EJ. Based on interviews with the participating institutions, a minority knew about the existence of a gender unit in the MOJA. Findings also showed that this unit needs to be empowered and activated in order to integrate women's issues, including violence against women and girls, into Ministry's planning. The strategic plan and programs of the Ministry lack any gender-responsive goals and interventions.

Furthermore, coordination at the informal level among the institutions is carried out on a case-by-case basis. For example, if there is a complex legal and social situation, the case worker will be assisted and connected with women's rights institutions providing legal services.

Due to the impediments that hinder referral mechanisms, the non-governmental institutions working in the field have established a protection network (Hemaya Network) as an alternative platform aimed at bridging the gap between providers and recipients of GBV-related services on a needs assessment basis. The overall orientation of the protection network (Hemaya), led by the PFPPA in partnership with Jerusalemite institutions members of the Network¹⁸, is to establish a protection network which can serve as an informal national referral body in EJ. The Network is to include institutions and organizations

specialized in different fields – social, legal, economic empowerment – in order to become an effective mechanism capable of regulating the referral system for GBV cases. Hemaya Network, in cooperation with UNFPA, has conducted a number of trainings for its members on protection mechanisms before and during the pandemic. In result, they were able to provide the necessary assistance to GBV victims, including financial aid and basic needs. Hemaya is working on institutionalizing the referral mechanisms through the development of a strategic plan which will guide the work of all members. Efforts are now focused upon the implementation of the plan.

With regard to women holders of West Bank IDs who have not acquired the family reunification documents, as well as to those living on the outskirts of Jerusalem (Area C), the referral mechanism is implemented in coordination between the PFPPA and other women rights institutions managing the relevant case. After a needs assessment, each case is referred to the appropriate institution for the best possible help. This arrangement continued to exist during the pandemic, and many local institutions in the West Bank offered their services remotely, utilizing telephone calls and online applications.

¹⁸ Hemaya Network members are: Palestinian Family Planning and Protection Association, Community Action Center – Al Quds University, Burj Laqlaq Social Center Society, Juzoor for Health and Social Development, Old City Youth Association, Women's Center for Legal Aid and Counselling, Palestinian Red Crescent Society, Union of Charitable Societies, Sawa Organization, Women's Studies Center, Young Women Christian Association, Mehwar Center for the Protection and Empowerment of Woman and Families and Palestinian Counselling Center.

Conclusion and Recommendations

The often intolerable and always complex political and legal realities in EJ have had severe consequences for the protection mechanisms adopted for GBV victims with the outcomes depending on the legal status of women: Jerusalemites, holders of WB IDs or holders of family reunification documents. The institutions acknowledge this reality and try to adapt to it by developing interventions and mechanisms that fit with the client's legal status and the geographical area in which she lives.

Service provision became more difficult during the COVID-19 pandemic and the consequent lockdowns and precautionary measures, which contributed to women's further isolation and abuse as they spent longer periods of time at home with their abusers. The situation also worsened within families with members who practice substance abuse.

Factors leading to violence against women and girls in EJ have not changed since the 2017 study conducted by UNFPA on GBV in EJ. Violence stems from the prevailing patriarchal culture, Israeli occupation, and the dire economic situation. Additionally, most Palestinian localities in EJ are overpopulated due to the prohibition on – or high cost of – construction permits issued by the Israeli authorities, limiting urban expansion especially in the Old City and refugee camps. In result, proper planning for growth in these areas is constantly challenged by overcrowding and congested spaces. These factors combined have contributed to an increase in GBV during the pandemic period and the quarantine policy that was imposed.

Recommendations:

The proposed recommendations presented here are formulated in line with the Gender-Based Violence Sub-Cluster (GBV SC)¹⁹ strategic plan 2021-2023, in order to direct GBV SC members to address the recommendations within their GBV cross-sectoral plan.

A. Recommendations (1): Policy and strategy interventions

GBV Sub-Cluster strategy

Objective 1: support and coordinate national efforts for gendered and effective legal, policy and regulatory frameworks for the protection and prevention of violence against women and children and strengthen coordinated advocacy in this regard

Objective 2: Strengthen GBV information management, monitoring and evaluation in the oPt.

- 1. Mainstream gender in the national plan of the MOJA:** The MOJA provides humanitarian aid as part of its services. It has no budget allocation for GBV. Gender should be mainstreamed into the strategic plan of the Ministry and a budget allocated for humanitarian assistance to target women victims of GBV.

¹⁹ The Gender Based Violence Sub-Cluster Working Group (GBV SC) is a coordination body of international and local government and non-governmental organizations whose aim is to coordinate GBV prevention and response, particularly in the most vulnerable areas of the West Bank and Gaza Strip. For the coming three years 2021-2023, this will be achieved through the development and improvement of services and by strengthening networking and partnership mechanisms among members and partners in combating GBV in order to achieve social justice, equality and dignity.

2. **Develop a protocol/guide** for women victims of GBV on follow-up mechanisms in Israeli courts and with the Israeli National Insurance Institute.
3. **Develop guidelines** on women's rights in East Jerusalem for institutions working on protection from GBV in EJ, including the process of protection based on the legal status of women victims of violence, whether for Jerusalemite women or for those with family reunification.
4. **Upscale psychological services:** The majority of women who approached women's organization and Hemaya Network during COVID-19 were exposed to psychological violence, which increased during the pandemic period. Women have reported that psychological support is the greatest need for them. It is, therefore, important for the institutions to increase psychological support programs, increase the number of specialized staff and develop online psychological support for women victims of violence. This can be implemented through institutions specialized in psychological counseling, such as the PCC, or through Hemaya Network by contracting specialists in psychological counseling.
5. **Develop online training in psychological counselling:** Hemaya Network is also recommended to develop an online training program in partnership with international institutions. In order to identify the required topics in psychological counseling, it is recommended that Hemaya Network conduct a needs assessment for its member institutions and develop the training program accordingly.
6. **Legal aid:** The PNA should establish a legal aid fund/system for domestic violence cases in partnership with Hemaya Network to facilitate and assist the abused women holders of West Bank IDs whose family reunification is still pending, in order to handle their cases in Palestinian courts. The MOJA should allocate a budget to support women victims of GBV, including those who have not yet obtained family reunification. This is a clear necessity in emergency situations, such as the pandemic.
7. **Upgrade online GBV services:** Increasing online services during the pandemic period was perceived as an effective intervention, as was the case with online awareness and training programs for women. It is necessary to develop these mechanisms to become regular features of governmental and non-governmental institutions. It is also necessary to work on institutionalizing online courts in Palestine during the emergency period, especially with regard to domestic violence cases.
8. **Alternative referral system:** Palestinian institutions, including those working in the field of protecting women from GBV, are prevented from carrying out their duties in EJ. It is necessary to support and strengthen Hemaya Network as an alternative for the national referral system in Jerusalem Governorate. Therefore, it is recommended to support Hemaya Network in developing operating procedures and protocols and to conduct training for its members on case detection and referral. Additionally, efforts are needed to standardize the documentation mechanisms amongst Network members for better and more efficient access to cases of violence.
9. **Update GBV data in East Jerusalem:** In light of the underreporting of cases and lack of statistics on GBV in Palestinian families in East Jerusalem, it is necessary to activate the Gender-Based Violence Information Management System (GBV IMS) and support Hemaya Network to report actively on the GBV situation.
10. **Support the Gender Unit in MOJA** to ensure stable channels with the ongoing national documentation of GBV²⁰, in partnership with Hemaya Network.

²⁰ Managed by Al Marsad and the Ministry of Women's Affairs (MOWA).

- 11. Studies:** Because of the lack of studies in the research sites, it is recommended to conduct in-depth studies for each of the sites in terms of their geopolitical, social and economic realities and GBV. Having such additional empirical and qualitative data will help in the planning process and in developing appropriate interventions based on the specific situation of each area.

B. Recommendation (2): Community awareness

GBV Sub-Cluster strategy

Objective 3: strengthen GBV prevention systems that challenge existing socio-cultural norms and embedded gender inequalities.

1. Support alternative communication tools, such as TV, radio, and social media, and develop periodic media reporting on the situation of women in EJ.
2. Increase the number of researches and reports focusing on the special situation experienced by Palestinian families and women in EJ.
3. More involvement and support to Jerusalemite youth coalition and Empowering Young People to Empower Each Other (Y-PEER) groups active in EJ to address human rights, including women's rights, and conduct community awareness meetings.

C. Recommendation (3): Networking and referral system in place

GBV Sub-Cluster strategy

Objective 4: Enhance the availability, accessibility, acceptability and quality of the multi-sectoral response services for GBV survivors.

Objective 5: Strengthen capacities of GBV SC members as key stakeholders to facilitate lifesaving GBV response, prevention and risk mitigation and mobilize resources for GBV prevention and Response.

1. Support Hemaya Network to act as GBV referral pathway by integrating its strategic plan into the participating partners' plans, while working on developing a referral protocol for GBV cases amongst them.
2. Develop an emergency plan for the protection of women and families and for addressing GBV by Hemaya Network.
3. Coordinate with and support the MOJA and MOWA on prevention, protection and empowerment of women victims of violence.
4. Strengthen GBV IMS for Hemaya Network: Conduct a survey every two years based on the data provided by Hemaya Network members to identify areas with increasing incidence of GBV and identify why and how it is increasing.
5. Strengthen recreational programs for women GBV victims in the programs of institutions.
6. Build woman-to-woman programmes to empower battered women through the exchange of experiences and awareness raising.
7. Strengthen economic empowerment interventions for women and youth in vulnerable families.

8. Support Safe Spaces: Provide technical support and capacity building for the working staff and assess needs for institutional development in terms of equipment, furniture, and immediate service delivery to women beneficiaries, such as food, clothing and other necessities as needed, and health needs on an ongoing basis. It is recommended also to develop the legal aspect in the Safe Spaces to ensure comprehensive service delivery in terms of health, social and legal services.

D. Recommendation (4): Capacity building

GBV Sub-Cluster strategy

Objective 5: Strengthen capacities of GBV SC members as key stakeholders to facilitate lifesaving GBV response, prevention and risk mitigation and mobilize resources for GBV prevention and response

1. Strengthen GBV case management in emergency situations and conduct ongoing training on the topic.
2. Conduct planning and evaluation meetings for Hemaya members and other stakeholders working on the protection of women and combating GBV among women and girls in EJ.
3. Develop an annual needs-based training programme targeting the staff of women's rights and human rights organizations in EJ.
4. Conduct training for Hemaya Network members on international mechanisms related to women's rights and on writing shadow reports or other submissions to the different international bodies.
5. Conduct trainings on case management in emergency contexts.

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