



مركز شؤون المرأة - غزة
Women's Affairs Center - Gaza

Rapid Assessment Immediate and Critical Needs of Girls and Women

In the aftermath of May 2021
Escalation



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Executive summary:

The rapid needs assessment of women and girls aim at identifying problems, and urgent and critical needs in the aftermath of May escalation, which impacted their psychological, health, human rights and socio-economic conditions.

This rapid needs assessment provides a set of recommendations that are addressed to decision makers, CSOs, international organizations, UN agencies and relevant donor communities, regarding the necessary protection and prevention interventions aiming at alleviating the suffering of women, saving their lives and maintaining their human dignity.

In particular, this report seeks to assess the needs of women aged 18+ years old, as well as girls aged 15 to 18 years old, in the most affected and high-priority locations in the Gaza Strip, who experienced eleven days of continuous and violent escalation during the period from 10 – 21 May 2021.

The Methodology

The assessment team used a participatory approach, to hear the voices of women who were impacted by the escalation and to identify their immediate and critical needs by collecting the necessary data for the report and linking them to its objectives. The evaluation team used multi qualitative research tools, including:

(21) focus group discussions with women and girls;

(67) in-depth structured interviews with women and girls, service providers, and also with a group of experts in the field of protection and provision of multi-sectoral services for women and girls.

In addition to reviewing relevant official reports published by international bodies related to the May escalation in the Gaza Strip.

The report concluded a set of findings in the following areas:

Consequences of the May escalation on women and girls

- (40) women were killed, and (23) girls under the age of 18 years. The number of women who were wounded reached 398, and it is expected that 10% of them will suffer long-term disabilities after six months of injury, which requires rehabilitation and social integration. (101) widows.
- The Israeli bombardment and the high intensity of fire led to the displacement of women and their families, forcing them to leave their homes and seek protection and refuge in the homes of relatives, and in UNRWA schools (United Nations Relief and Works Agency for Palestine Refugees) where the number of IDPs reached (107,000), with (8,400) of whom are still displaced whose homes have been completely or partially damaged, more than half of them are women and girls.
- Feelings of fear, anxiety, insecurity, vulnerability, loss of hope in life and anticipation of death at every moment dominated all the participating women and girls. They mentioned that they still feel insecure and afraid even after cease fire while they still fear that the escalation will recur. Women who are displaced, wounded, disabled, and widowed fear the most.
- The escalation has caused many psychological problems for women and girls, such as anxiety, tension, nervousness, excessive irritability, extreme fear, sleep disturbances, eating disorders, sadness and constant crying, a feeling of loss of hope for the future and other psychological problems.
- Women bearing the brunt for caring for children and performing all required household tasks such as cooking, washing, cleaning, caring for the elderly, the sick and the disabled, and other household chores that women do in the midst of fear, terror, insecurity, life threatening, power outages, water shortages and lack of resources to perform this duty.
- Women and girls were subjected to different forms of violence, such as verbal violence, physical violence, economic violence, psychosocial violence, and sexual violence during escalation. The escalation and its consequences caused anger, fear, anxiety, over crowdedness, lack of security and privacy, and the inability to provide basic needs founded a fertile ground for continued and increased violence against women and girls. The most prominent types of violence that the majority of girls have been subjected to is psychological violence as a result of marginalization and lack of attention, ignoring their special needs, disrespecting their privacy, and restricting their freedom of movement and expression, especially displaced women. A number of women with cancer and disabilities have been bullied.
- The escalation caused poor health and physical conditions of women and their decline. Women and girls of all age groups suffered during the escalation, particularly those with disabilities, cancer patients, chronic diseases, pregnant and lactating women, and other women who suffer from health problems as a result of the closure of the majority of clinics, health centers and institutions that provide health services while they were unable to reach hospitals to follow up on their cases and access necessary treatment and medicines.

- The escalation coincided with the continued spread of the Corona virus, especially in the absence of safety and preventive measures and the increased in individuals who were in confined spaces, as is the case in schools and shelters, and inside the homes that are hosting IDPs, causing fear amongst women from infection, and several were indeed infected. Also, examinations and vaccinations were disrupted during the escalation.
- The escalation had its consequences on women legally. Despite the fact that divorced women were allowed by court order to visit their children, had difficulty to do so. Courts were closed and husbands took advantage of the escalation, resulting in families disputes and depriving women from their financial rights. The escalation also caused delays in court cases and an increase in their numbers. Widowed women who lost their husbands during the escalation began to feel from the beginning that they would face many problems with their husband's family related to allowances, inheritance, custody of children, and forcing them to marry others.
- Displaced women and girls faced many problems and faced difficult conditions in their places of displacement, especially those who were displaced in UNRWA (United Nations Relief and Works Agency for Palestine Refugees). Women expressed their dissatisfaction with the lack of UNRWA's response and the lack of services to the displaced, leaving them without care or attention, with lack of having water and electricity. There was also a lack of general and personal hygiene supplies, lack of clean drinking water, lack of mattresses, blankets, clothes and food, and a feeling of insecurity.
- Clearly, there was lack of privacy for women and girls, especially women IDPs who were displaced with families or in shelters. They needed their own spaces and times to meet their needs and take care of themselves, but that was not available. The majority of women and girls had to wear the hijab and prayer clothes for long hours despite the high temperatures.
- A large number of women expressed the inability of their families to provide their own families' basic needs, ignoring the needs of women and girls for personal hygiene and dignity, and considering them to be secondary, especially the poor and the IDPs who were hosted by other IDPs. There was a shortage of food, mattresses, blankets, clothes, hygiene items, etc.
- Women owners of small projects were affected during the escalation. Their projects were completely or partially destroyed. Others' small projects were disrupted during the escalation, which increased their economic and psychological suffering, and their inability to provide the basic needs for themselves and for their families.
- The multi-sectoral face-to-face services provided to women and girls, especially survivors of violence, were disrupted as a result of the closure of centers and institutions, and the inability of their cadres to reach their headquarters. Protection programs and services, psychological and economic support, legal services, cash assistance services, entertainment, psychological support services, case management, provision of personal needs, dignity and protection kits were disrupted. Shelters for women victims of violence were also closed during the escalation.
- Many service providers to women and girls, including frontline workers, were directly affected by the bombing. Some of them have lost one or more members of their family, and some of them have lost their home and needed shelter. A large number of them were displaced during the escalation. All the women service providers who were interviewed indicated that they had fear, anxiety, internal insecurity and increased psychological pressure due to their sense of inability to provide

support services to others. A few of them, especially psychologists, continued their work from their homes and provided psychological support to women and girls, remotely, under unprepared conditions due to power outages, poor internet, displacement of relatives, or hosting others in their families.

- The response of CSOs and international institutions was limited and insufficient and did not cover the remote and border areas in the Gaza Strip. A very small number of CSOs and international institutions were able to provide services to women and girls, such as distributing in-kind aid, especially for the IDPs, such as distributing blankets, medical mattresses and some necessary supplies for owners of houses that were completely or partially destroyed, distributing food parcels, health kits and personal care tools. Also, psychosocial support was provided remotely and over the phone, for a limited number of women and girls by some women's organizations.

Needs of women and girls were:

- The need to provide protection and safety topped the list of needs of all women and girls, regardless of their differences, in the aftermath of escalation.
- It was found that all women and girls, especially widows, bereaved and wounded women, survivors of GBV, women with disabilities, internally displaced, cancer patients and women with chronic diseases, have an immediate and critical need for MHPSS, including: Psychosocial First Aid (PFA), individual and group psychological counseling, and family counseling services, and specialized and advanced psychological therapy for cases that require it in order to improve the psychological situation and self-care of groups of women and girls and their families and mitigate the effects of escalation.
- The immediate and priority need to provide direct, unconditional and multipurpose cash assistance (MPC), to give women the freedom and flexibility to spend it according to their needs and priorities, especially widows, displaced women, cancer patients, survivors of violence, and wounded women.
- The need to provide emergency relief aid, including food vouchers, dignity and hygiene kits including COVID-19 disinfection materials, first aid kits and other emergency assistance.
- Women, particularly widows, divorced, and violence survivors, need legal aid services, which include individual and group legal counselling, legal awareness, as well as representation in Sharia and regular courts, and facilitating their access to justice to restore their legal rights. Widowed women need legal awareness about inheritance rights, legal transactions, child custody, orphan sponsorship, and other related issues. They also need free representation in the Sharia and civil courts, and assistance in obtaining legal documents that were lost during bombing their homes.
- Women cancer patients need a mechanism to receive therapy according to approved health protocols, and the need to provide the necessary diagnosis and treatment, including biological and hormonal, as well as rehabilitation in order to help them reintegrate into community. There is a need to provide wigs, prosthetic breast, and health care kits. Also, the need to provide chemotherapy protocols to eliminate and limit serious health complications, especially in light of the cessation of referral out of Gaza.
- The majority of women GBV survivors clearly expressed their immediate need to access and use multi-sectoral GBV services, which includes: MHPSS, emergency reproductive health and health services, legal aid, unconditional cash assistance, dignity kits, and case management. There was

also a need for shelter and alternative temporary protection for women who were subjected to violence, especially since there were women who sought refuge in shelters during the escalation.

- The immediate and critical need of the internally displaced women to provision of multi-purpose cash assistance, so that they can meet their multiple needs including the shelter rental expenditure. And also, to provide the basic needs to maintain their human dignity, reduce violence, and avoid conflicts with those around them. Internally displaced women need emergency relief assistance, which includes food vouchers, dignity and hygiene kits, first aid kits and other emergency aid including Covid-19 prevention requirements.
- Wounded women need to be provided with medicines, diagnostics, specialized surgeries, vitamins, analgesics, physical and occupational therapy, in addition to their need for dignity and hygiene kits including protective supplies from Corona virus. Also, wounded women, especially those who will live with disabilities in the future, will need rehabilitation and reintegration programs.
- Women and girls with disabilities need to be provided with basic health services, especially primary health care, medicines, health kits, dignity kits, and the provision of devices, batteries for wheelchairs, crutches and other aids for people with audio-visual disabilities, and other tools according to the type of disability. They also need pain killers and supplements. The need to adapt centers and shelters for persons with disabilities.
- The need to provide screening and follow-up examinations for pregnant women, and to provide them with the necessary medicines, nutritional supplements and vitamins. Also, the need to provide them with protection and ensure their safe access to hospitals and health clinics. Pregnant women need to use free reproductive health help lines to access a midwife or a doctor to provide awareness and counseling during and after the escalation in the field of reproductive and sexual health and family planning.
- Girls ages 15-18 years old, during the escalation, especially IDPs, need to feel safe and respect their privacy and their private spaces, in addition to their need for psychological support as a result of anxiety, tension, fear, neglect and violence, as well as introducing them to service providers, especially girls who have survived violence, and to facilitate their access to various services.
- The need to provide sexual and reproductive health services for women and girls including family planning services.
- The need to increase the number of support and communication lines free of charge, in order to listen to the complaints and problems of women and girls, as well as the need to send messages of support and awareness to them through text messages using mobile phones and also through social media platforms, especially women GBV survivors who are registered with the institutions database.
- Women owners of small income-generating projects whose projects were damaged by the escalation stressed their need for urgent cash assistance to provide for the needs of their families, as well as the need for financial support to repair and operate their projects.
- The need to provide psychosocial support and self-care services to specialized GBV service providers. Also, service providers need training and capacity building in providing services to women in a face-to-face and remote modality in a highly professional manner while ensuring ethical considerations that include informed consent, privacy and confidentiality of cases and on

gender-sensitive response mechanisms, ensuring that the needs of women and girls including with disabilities are taken into account during service provision.

- Shelters need to improve, develop, adapt the condition of bathrooms, toilets, and ensure hygiene, and the need to provide privacy for women and girls, especially in the bathroom areas in the shelters, taking into account women with disabilities as well.
- The need to train and develop the capacities of workers in shelter centers on gender-sensitive response mechanisms and to ensure that the needs of women, girls including with disabilities are taken into account when providing services to them.
- The need to train women to join the civil defense team to evacuate women in times of crisis.

Recommendations

Recommendations for decision-makers and the international community

- Implementation of the UNSCR (1325) with focus on Article (9) to respect the rights and protection of women and girls.
- Promote the lobbying and advocacy efforts at the international level in order to pressure the Israeli occupation authorities to stop their military attacks on our people in the Gaza Strip, end the siege and open all border crossings of Gaza to remove the restrictions imposed on the Palestinians. Also, to continue the legal and diplomatic action at the international level, and to approach the ICC, to hold Israel accountable for its crimes against the Palestinian people.
- Obliging the Israeli occupation to assume its responsibilities in paying compensation to innocent civilians whose homes were destroyed and their children killed as a result of May escalation.
- Ensure engaging women in Gaza reconstruction committees and conferences that are conducted for Gaza reconstruction and compensation for its damages, increasing quota to ensure women representation and in all decision-making positions, especially in peace and security efforts.
- Support and establish a national network for the protection of women and girls in times of conflict and war, and to provide specialized, equipped and responsive shelters to the needs of women, girls and persons with disabilities, in accordance with UNSCR 1325 and international laws and conventions on the protection of women and girls in conflict areas.
- It is necessary to develop systems and regulations that guarantee the right of women to compensation and expedite the payment of these compensations for damages, whether property damage, compensation for injuries and wounds, or salaries of the widows of martyrs, to ensure that they obtain these rights while not involving men.
- Strengthen coordination and work strategies between government institutions and CSOs and local communities in order to better represent the issues of women, girls, women and girls with disabilities and GBV survivors in an integrated manner.

Recommendations for CSOs, local and international organizations

- Monitor the performance of the executive authority with regard to paying compensation to those who were affected, especially women, and ensuring their compliance with the law.
- Document the violations that women were subjected to during May escalation, based on international humanitarian law “IHL” and international human rights law “IHRL”.
- Need to look into the effects of escalation on women and girls, their needs when designing relevant and effective projects and programs for them and their families. Involve women in the planning, implementation and evaluation of the programs to ensure that these programs meet their needs.
- Ensure continuity of essential, safe and dignified multi-sectoral response services for women and girls GBV survivors such as MHPSS services, legal services, health services, economic empowerment services, case management and other services through updated referral pathways, protection information and GBV detection.
- Facilitate accessibility to a blend of adapted and appropriate mixed in-person and remote GBV services. Raise awareness among women on the mechanisms of protection from GBV and sexual violence, as well as available services, and facilitate access to such services.
- Building the capacity of service providers for women and girls on gender issues, women’s rights, protection mechanisms for women and girls, and how to deal with crises, and strengthen the programs to improve their social well-being and self-care.
- Improve services and assistance provided such as healthy food, to women and girls in shelters and places of displacement, taking into account women with special needs, and ensure to preserve their dignity.

Recommendations for donor agencies

- Increase programs that serve women’s economic empowerment, which will enhance their position within their own family as a productive role.
- Intensify awareness programs for women, men, youth and various community groups on gender issues, respecting women's rights and combating all forms of GBV.
- Support women and youth organizations financially and professionally to provide quality services to women, youth and marginalized groups with disabilities before, during and after the emergency.
- Enhance coordination, networking and information exchange between clusters, as well as CSOs and women’s institutions, to avoid overlap and duplication.
- Review contingency plans of UN agencies and NGOs to be ready and flexible to respond to the needs of women and girls.

Introduction:

On May 11, 2021, the Gaza Strip was subjected to continuous escalation by Israel that lasted for 11 days. According to the report issued by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), on 25 May 2021, 253 martyrs were killed in this escalation, and 1,948 were wounded. The escalation also left behind a complete destruction of buildings and many educational, health, economic, agricultural and commercial facilities, public and private properties and service facilities in various regions. The escalation also pushed more than 107,000 civilians to seek refuge in homes of their relatives or to schools of the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), to escape danger and bombardment that directly threatened their lives. Furthermore, the same report stated that the air, land and sea bombardments on Gaza completely destroyed 1,042 housing units, 769 housing units were severely damaged, and about 25,600 housing units sustained various levels of damage. It also destroyed many residential houses without prior warning and as a result entire nuclear families for some people were wiped out.

Accordingly, during the escalation citizens, women and men, spent difficult days in fear and terror, escaped from one place to another, and endured much of the economic, social and legal hardships.

Following the end of the escalation, many CSOs and international institutions swiftly responded through evaluating the situation of the Palestinians, their critical and immediate needs, and the impact of the escalation in various aspects of life, by issuing many reports. In this context, the GBV sub-cluster, in coordination and partnership with the United Nations Population Fund and Women's Affairs Center, has initiated a rapid and participatory needs assessment to identify the needs of women and girls after the escalation, to be accessible to the relevant institutions to draw up their interventions and respond to the needs swiftly and urgently.

This report would not have been possible without the great efforts made of everyone who contributed to the completion of this report, and particularly the team of experts, especially in light of the difficult conditions they lived through, during the escalation, listening to the voices of women and girls. We also thank the United Nations Population Fund, UNFPA, for their interest and support.

Sincere thanks to the participating women and girls, for sharing their different experiences during the escalation, and for providing information to enrich this report despite the difficult psychological conditions they still live in.

Objective of the Rapid Needs Assessment:

- Impact of the escalation (May 10), 2021 on the situation of women and girls.
- Identify the most critical and immediate needs of women and girls during and after the escalation.
- Present a set of recommendations to the relevant authorities regarding the necessary interventions, plans and programs aimed at improving the conditions of women and girls and alleviating their suffering resulting from the escalation.

Methodology:

The report relied on a participatory and learning-based approach, by collecting data needed for the report using a range of research tools such as: literature review, structured interviews, focus groups, and observation.

The rapid assessment team collected primary data through (67) structured interviews, (21) focus groups, in addition to direct observations.

3.1 Tools:

3.1.1 Focus Groups:

(2) focus groups were conducted with the participation of (246) women and girls, from different groups, and from different regions in the Gaza Strip.

(2) focus group with women IDPs: The first focus group was attended by (12) women from different areas of the Gaza Strip, ages between (25-56) years old. Their social status varied between: (Single – Married - Divorced - Abandoned) and among them was a pregnant woman, and another previously infected with Covid-19. All participants were exposed to different forms of domestic violence. The second focus group was attended by (9) women IDPs from Al-Salatine area in the northern Gaza Strip, which witnessed a mass exodus during the escalation. The participants are all married, (3) of whom are divorced.

(3) focus groups with women and girls with disabilities: the first focus group was conducted through the Zoom in which (8) women and girls with disabilities from all governorates of the Gaza Strip participated, and the second was implemented face-to-face in which (13) women and girls with disabilities participated in the North Governorate Gaza, and the third focus group was conducted face-to-face attended by (12) workers in the rehabilitation sector and service providers to seven women and girls with physical, hearing, visual, and intellectual disabilities, married and single.

(3) Focus group with women cancer patients: 33 women cancer patients (breast cancer - thyroid cancer and others) from all governorates of the Gaza Strip participated, ages between (24 to 55). (6) of them are single, (5) divorced, (4) abandoned by husbands, (2) widows and 16 married. The first focus group in which (10) cancer patients participated, the second (11) cancer patients participated, and the third focus group was attended by (12) cancer patients.

(2) Focus groups with women GBV survivors : The first was attended by (16) women who received various services in the North and Gaza governorates, and the second was attended by (11) women from the Middle Zone and Khan Yunis governorates. They were all married.

(2) Focus groups with women who were wounded during the escalation of May 2021: the first with the participation of (10) injured women and girls ages between 14 and 60, and the second with (10) health providers, legal and protection services.

(2) Focus groups with GBV response service providers: The first involved (8) GBV response service providers from central and southern governorates, including: (1) case manager, (3) Lawyers, (2) Social Workers, (2) Psychologist. The second group involved (8) service providers, including: (1) case manager, (2) lawyers, (2) social workers, (4) psychologists.

(2) Focus groups with housewives: in which (26) women from different regions of Gaza participated, ages between (18-60), of whom (14) were married, (3) widowed, (5) divorced, and (2) suspended, and (2) were single. They were all IDPs at their relatives' and in UNRWA schools.

(3) Focus groups with girls: the first was attended by (13) girls from Gaza governorate, the second was attended by (14) girls from North Gaza governorate, and the third was attended by (14) girls from Rafah governorate. Girls were between (15-18) years old, three of them were with disabilities.

(2) Focus groups with bereaving women and widows: The first was attended by 29 women, who lost one or more family members during the 2021 escalation, ages between (18-50) years. (15) of them were married, (7) widowed, (6) single, and (1) divorced. (1) focus group in the North Governorate, and (1) focus group in the Gaza Governorate.

3.1.2 Structured interviews

(67) structured individual interviews were carried out with women from different groups, as well as with experts and actors in the field of responding to GBV and service providers as follows:

(7) Structured interviews with bereaving and widowed women: (5) personal interviews with widowed women and bereaving girls, and (2) interviews with multi-sectoral service providers.

(4) Structured interviews with women IDPs: it included interviews with experts and stakeholders, including: UNWRA media spokesperson, (2) directors of women civil organizations, and the coordinator of OCHA office in Gaza.

(11) Interviews with women and girls with disabilities: (7) interviews with women with disabilities, (3) interviews with service providers in the rehabilitation and disability sector during the escalation, and (1) interview with the director of a rehabilitation program.

(16) Interviews with women patients with cancer and chronic diseases: (13) in-depth interviews with women with cancer and chronic diseases, and (3) interviews with service providers.

(8) interviews with women survivors of GBV who are registered as service recipients in institutions that provide GBV response services, (3) interviews with beneficiaries of the “Hayat” Center for the Protection and Empowerment of Women and Families, and (2) interviews with women beneficiaries from Al-Bureij Women’s Health Center / Culture and Free Thought Association, (1) interview with a woman survivor at the Jabalia Women’s Health Center / Red Crescent, and (2) service providers (Director of Hayat Center, Case Manager of Women’s Affairs Center).

(5) Interviews with women who were injured during the escalation.

(9) Interviews with service providers responding to GBV: (4) case managers, (3) psychologists and social workers, and (2) directors of women's institutions.

(7) Interviews with female community activists and service providers who are survivors of GBV.

3.2 Ethical considerations :

All ethical matters and protection criteria have been taken into account when conducting this rapid need assessment, whereas:

Consent was obtained from all participants before listening to them and taking their opinions, and after providing them with a detailed explanation of the objectives of this rapid need's assessment.

It was clearly emphasized that the information provided by the participants was confidential, and that their names were not mentioned in the report.

Consent was obtained from the participants in the focus groups as well as the interviews to write down the discussion.

Full respect for the privacy, values, opinions and times of the participating women and girls.

3.3 Challenges of fieldwork:

A number of challenges were encountered, which were overcome by team work, including the following:

- The persistence of the state of fear and panic that dominated the participating women and girls made it difficult to give complete information. Scenes of escalation are still present before the participants’ eyes, which negatively affected their psychological condition. Therefore, the Women’s Affairs Center provided psychologists and social workers during working groups and

interviews in order to be able to relieve the participants, especially since the process of collecting data began immediately after the end of the escalation.

- Work pressure in institutions, especially after the escalation, which affected the speed of response of institutions to conduct interviews.
- The time limit.

3.4 Report Glossary:

The Israeli escalation on the Gaza Strip: refers to the brutal and immoral escalation launched by the occupation forces on the Gaza Strip for 11 consecutive days, starting on May 10 and ending on May 21, 2021.

Blockade of the Gaza Strip: It is a blockade imposed by the Israeli occupation authorities on the Gaza Strip following the winning of Hamas in the legislative elections in 2006, after which Israel reinforced the blockade in 2007 after Hamas took control of the Gaza Strip.

The concept of disability: The term “persons with disabilities” includes all those who suffer from long-term physical, mental, intellectual or sensory impairments that may prevent them from dealing with various barriers from participating fully and effectively in society on an equal basis with others (Convention on the Rights of Persons with Disabilities, 2006).

IDPs: They are people or groups of people who have been forced to leave their homes due to real or perceived danger but who have not left their country.

Bereaving Women: Women who have lost a family member, first-degree relative, or property.

Gender-Based Violence "GBV": It is an umbrella term that includes any harmful act committed against the will of an individual based on what society attributes to the differences between males and females.

Survivors of violence: Women who have been subjected to domestic violence based on gender, who are registered and recipients of services or services from one of the institutions that provide services.

Background and context

4.1 Background on the 2021 escalation on the Gaza Strip.

The Israeli occupation forces launched a military operation against the Gaza Strip on 10 May 2021, which lasted 11 days, using air, land and sea bombardments, during which the Israeli military forces launched hundreds of air and land military attacks systematically targeting neighborhoods and residential areas and demolished residential towers in different areas of the Strip, and destroyed many residential homes while residents were still inside, eliminating entire families who were eventually removed from official civil registry, and leaving thousand wounded, and hundreds of martyrs. This resulted in mass internally displaced and forced eviction of civilians, especially those who live along the northern and eastern borders of the Gaza Strip.

The Israeli escalation resulted heavy losses in lives, property, residential and commercial facilities, government institutions, and agricultural lands, according to the report issued by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) dated 3 June 2021. There were (256) martyrs, and (1,948) wounded, most of whom are civilians. Among which there were (43) children martyrs, and (610) children were injured.

More than half of the martyrs were women and children. The number of female martyrs has reached (40), including 4 pregnant women, and the number of girl martyrs has reached (23) girls. The number of wounded women reached 398. The escalation added 101¹ widows to the list of widows. According to the official Palestinian sources in Gaza, more than 1,174 housing units were bombed and completely or severely demolished, in addition to the damage of at least (7073) housing units, with moderate to partial damage. In addition (9) hospitals and (19) primary health care centers were damaged, while (156) residential towers and houses were bombed and completely demolished, in addition to the demolition of (33) media headquarters, as well as the damage to hundreds of other institutions, associations and offices².

Additionally, 73 government headquarters and public facilities, from police, security and service facilities, were bombed, 58 schools, health facilities and primary care clinics were damaged, and 8 mosques were completely or severely demolished. These are some of the initial casualty toll and it will take some time to reveal the exact scale of damage, as stated by the UN Office for the Coordination of Humanitarian Affairs.

The occupation forces also targeted (331) buildings, comprising (1,165) residential and commercial units, directly with warplanes. The escalation also targeted families whose homes were destroyed while they were still inside. (14) families lost at least 3 of their members, which led to the killing of 77 members of those families.

The ISF planes targeted and completely destroyed many towers, including Hanadi Tower, Al-Shorouk Tower, Al-Jawhara Tower and the famous Al-Jalaa Tower, which led to its complete destruction, and the displacement of dozens of families who lived in it, in addition to shops and commercial offices, as well as destroying the press offices of Al-Jazeera and the Associated Press. Accordingly, many citizens were displaced from their residents and neighboring destroyed towers. A large number of houses and buildings were flattened, while many houses near the targeting sites were severely damaged, forcing their owners to abandon them, in addition to the bombing caused a crack in several other buildings in the area. Authorities then decided to remove them, in case they collapsed.

¹ Palestinian Center for Human Rights Report, May 21, 2021

² Government Media Office - Gaza

During the escalation, the Israeli occupation army focused on targeting streets and infrastructure, as the sewage networks and underground water supply were significantly damaged, as a result of direct targeting. 31 power transformers in Gaza were damaged by Israeli attacks, and 9 main lines were cut, which led to frequent power outages in all areas of the Gaza Strip, greatly affecting all basic and other vital services for the civilians, including access to water sources, health services, and environmental health services, the main and secondary water supply networks, sewage stations and drainage lines were also damaged as a result of targeting streets and roads in many neighborhoods, which exacerbated the suffering of Palestinians due to lack of water supplies to homes for long periods that lasted for more than two weeks, especially residents of residential buildings, due to electricity cuts and their inability to access water supply. Obtaining drinking water had been difficult for hundreds of thousands of residents because many desalination companies and plants have stopped working, their cars and their workers were unable to access drinking water sources in the Strip. The networks of 16 telecommunications and internet companies were also damaged by the bombing. The majority of the residents of the Gaza Strip also suffered from damage of other vital facilities, bakeries, shops and health centers from frequent power cuts for more than 11 consecutive days.

Since the first day of the escalation, families were forced to displace, at relatives and at UNRWA schools. The number reached increased considerably on 21 May 2021 due to continued shelling on all areas of Gaza, as the population sought protection. More than 243,000 IDPs were seeking refuge. 235,000 people sought refuge in UNRWA schools, and the number of displaced people in relatives' homes reached about 8,000. According to OCHA report dated 3 June 2021, there are still 8,500 IDPs with host families (OCHA, c2021/06).

The Situation of women and girls in the Gaza Strip before the May 2021 escalation:

Palestinian women in the Gaza Strip live in difficult political and socioeconomic conditions that have affected all aspects of life, due to the continuation of the Israeli occupation, the continuation of the blockade, the political division since more than 14 years and the three escalations on the Gaza Strip (2008/2009, 2012 and 2014), in addition to May 2021 escalation. All this have affected the political, economic and social life of Palestinian women and negatively affected their empowerment, achieving their rights and their participation in decision-making. In the context of talking about the impact of the 2021 escalation on women, it is necessary to talk about the conditions and circumstances of women before May escalation which contributed to the deterioration of their conditions during and after the escalation.

In Gaza, females constitute 49.3% out of the entire 2 million population. 9.0% households are headed by women. Married women aged 18+ is around 66%. 26% have never been married, and 6% are widows, 2% divorced. The percentage of those who were married at an early age reached 21.6% of the total married females in 2019. The number of women with disabilities reached 21 thousand, or 2.3% of the total females.

With regard to the economic situation, the female participation rate in the labor force is considered low compared to male at a rate of 20.7%, with the rate being 25.7% in the Gaza Strip³. The participation of Palestinian women in the labor force has been characterized by a decline at the national, regional and international levels, noting that the rates in education sector among Palestinian women are high. The participation rate of women with disabilities in the labor force in Palestine was 4% of the total number of women with disabilities⁴.

Unemployment rates among women are the highest and increasing compared to men. The unemployment rate in the Gaza Strip reached 52.0%, 43.5% among males, compared to 74.5% among

³ Palestine Statistical Yearbook 2019

⁴ Labor Force Survey, 2019

females⁵. The highest unemployment rate was among young graduates holding an intermediate diploma or higher was 52%, with 68% for females⁶.

In health sector, Palestinian women live in difficult health conditions, especially with high rates of poverty and unemployment. They have higher rates of some non-communicable diseases, such as diabetes, cancer, and high blood pressure, compared to men. Females constitute 57.4% of the total number of diabetic patients compared with 42.6% among males, and the prevalence of hypertension among females was 61.7% of the total hypertension patients⁷.

At the end of 2020, the number of cancer patients in the Gaza Strip reached 8,326. Breast cancer is the most common and accounts for 18% of cancer patients, and is the first among female cancers and represents 32.8% of cancers that affect females. 316 new breast cancer cases are registered in the Gaza Strip annually (approximately one case per day), and death rate is 13% of all cancer cases.

According to the Ministry of Health, about 1,500 women from the Gaza Strip with breast cancer suffer from a lack of radiation and atomic scanning devices, lack of biological treatment and specialized laboratories, lack of hormonal and chemotherapy, in addition to restrictions by the Israeli authorities preventing or delaying travel for treatment⁸, obliging them to take the tough decision to undergo a complete mastectomy, especially since about 30% of patients' requests for travel permits were rejected or delayed during the first half of this year.

GBV is one of the most serious, challenging problem facing Palestinian women. Women and girls in the Palestinian society are exposed to various forms of violence: physical, sexual, and psychological, as well challenges that are related to income and culture norms, and violation of their rights in life.

Additionally, they face political violence resulting from the continuation of the Israeli occupation, its practices against the Palestinians in general, resulting in increased violence in the society, affecting everyone. The prevalence of violence reached 38% among married women areas (18-64) and exposed (at least once) to one of the forms of violence from the husband⁹. Psychological violence is the most common, followed by economic and social violence. More than half of married women ages 18-64 never reported their abuse to anyone. Only 28% of them reported knowing of centers and institutions that provide protection from violence in the Gaza Strip.

More than half of women with disabilities who are currently married and who were previously married have experienced violence at least once by their spouse. The report¹⁰ also indicated that 30% of individuals, including girls and women with disabilities who were never married, were subjected to psychological violence, and 20% of them were subjected to physical violence by a family member.

Honor killing is considered one of the most heinous types of violence against women. During the year 2021 (4) women were killed in Palestine on different backgrounds among them (3) women in the Gaza Strip¹¹.

Corona pandemic has increased the frequency and levels of violence against women, especially domestic violence, as a result of the increasing psychological and economic pressures, and due to the fact that women are forced as victims of domestic violence to be confined at home with the persons who abuse them. The measures related to coronavirus have also limited access to various services, especially primary health care centers, and shelter, resulting in large gaps in response, which

⁵ The same previous reference

⁶ Labor Force Survey, 2017

⁷ The same previous reference.

⁸ <http://www.moh.gov.ps/portal> في-يوم-السرطان-العالمي-احصائيات-مرض

⁹ Violence Survey, Palestinian Statistics Center, 2019

¹⁰ Violence Survey Report, 2019

¹¹ The previous reference

particularly affected women and girls, and to a greater extent those with disabilities, who are exposed to GBV.

In terms of women's political participation, there is a marginalization of women and their exclusion from the center of decision-making and the space for policy-making and enactment of legislation. Palestinian women's participation in politics at all levels is weak, and women's participation in public life is still limited compared to men.

With regard to achieving justice for women, they are subjected to discrimination in local laws and legislations due to the lack of unification of the legal system in Palestine. Most of these laws date back to different historical eras since the Ottoman era and the British Mandate, where the Family Rights Law issued by the Egyptian administration in 1954 is still applied in the Gaza Strip. The Penal Code in force in the Gaza Strip is Law No. (74) of 1936, meaning that the penal laws in force is inherited from previous eras when the Palestinian people were under occupation or tutelage that did not express their will and ambitions. Palestinian women also lack equal citizenship rights, which are still governed by laws and provisions enacted prior to the existence of the Israeli occupation in 1967. The Jordanian Nationality Law (No. 6 of 1945) and its amendments are applicable in the West Bank, while Egyptian citizenship laws are applied to the Gaza Strip. By this law, women are not able to grant their children the nationality, only men.

Findings:

The process of assessing the needs was carried out quickly and immediately after the cessation of the escalation. A large number of women and girls of different groups, ages, and from different areas in the Gaza Strip participated in this assessment: married and unmarried, widowed and divorced, sick, disabled and non-disabled, young and old, internally displaced women and girls (IDPs), pregnant and other groups of women. Despite the different classifications of women, through the process of identifying the needs of women and girls, we were able to identify the most important consequences/effects of the escalation all women as well as identify their timely, critical and immediate needs.

5.1. The consequences of escalation on women and girls

(40) women were killed during the escalation, i.e., 15.5% of the total number of martyrs, including 4 pregnant women, and (23) girls under 18 years old. The number of wounded women reached 398, and it is expected that some of them will have long-term disabilities that require rehabilitation. As to the number of women who lost their husbands during the escalation, 101 widows¹² were added to the list of widows. Women have also suffered the pain of losing parents, children, friends, relatives, homes, documents and memories within them that will be difficult to bring back.

The Israeli bombardment and the high intensity of fire used during the escalation led to the displacement of women and their families, forcing them to leave their homes and seek protection and refuge in the homes of relatives, and in UNRWA schools, where the number of IDPs reached (107,000) with (8,400) of whom still displaced, whose homes have been completely and partially damaged, more than half of them are women and girls.

Feelings of fear, anxiety, insecurity, lack of protection, loss of hope in life and the expectation of death at any moment dominated all the participating women and girls. They stated that they still feel insecure and afraid even after the end of escalation. They expressed their fear that the escalation may recur. Women feared for others, especially family and children, more than they feared for themselves. Many mothers tried to gather their children around them all the time and sleep very close-to them, especially young children, offering them warmth, comfort and protection. The displaced women expressed the most fear and insecurity, especially women whose homes have been bombarded, properties destroyed,

"I was imagining the roof of the house would collapse as a result of the intensity of the bombing. I didn't know what to do or how to react. My children saw me shivering. I was unable to stand on my feet because of fear. My children were screaming and crying."

and who were forced to leave their homes. Also, the bereaving women who witnessed the death of their children and relatives before their eyes, with the scenes of the bodies of the martyrs still imprinted in their minds. Those scenes were still remembered continuously, with increased fear and lack of protection. Women who lost their husbands, their source of protection, were feeling more insecure and anxiety. Before the escalation, widows increased their feeling of fear for the lives of their children and they became afraid of repeated loss. Pregnant women were feeling terrified, psychological pressure, and pain and fear of giving birth. Fear caused a number of miscarriage cases. Most of the women mentioned that they were trying to hide these feelings, especially in front of their children, in order to give them the feeling of support and protection, which negatively affected them psychologically. Also, women were trying to hide their feelings so that they would not be subjected

¹² Statistics of the Palestinian Center for Human Rights

to violence and bullying by those around them, who do not appreciate or respect such feelings, but rather make fun of them.

Escalation has caused many psychological problems for women and girls, such as anxiety, tension, nervousness, excessive excitement, intense fear, sleep and eating disorders, and a feeling of loss of hope for the future. The majority of the wounded and bereaving women who lost members of their

I have shortness of breath because of fear. I feel “ .”exhausted, and I have been crying all day”

families and their property and homes through total or partial demolition, were overwhelmed by grief and continuous crying for long periods. Women and girls also suffered from excessive anxiety and sleep disturbances as a result of the continuous night bombardment,

and eating disorders (increased or decreased). Women were having bad dreams and nightmares if they were to sleep for short periods. The majority of the participating women stated that they became more nervous, which affected their relationship with their husbands and children. These symptoms persisted and developed to PTSD and women constantly remembered such events.

The majority of the participating women stated that they bear the greatest burden in caring for the children and doing all the required household tasks such as preparing food, washing, cleaning, caring for the elderly, the sick and the disabled and other household chores that women used to do. During the escalation, they were living in fear, terror, insecurity and life threatening situation. The suffering of women has increased and the burden has doubled due to power cuts, water shortages and the lack of necessities to perform this role. Women and girls from families that hosted IDPs carried additional burdens and were subjected to double the pressure as a result of the large numbers of IDPs, whose number exceeded seventy in some cases, which required great effort and time in providing basic needs, especially food preparation, washing clothes, cleaning and caring for the elderly and taking care of the little ones.

During the escalations, women and girls were subjected to various forms of violence: verbal, violence, economic, social and psychological violence, and sexual violence. The atmosphere was injected with anger, fear, anxiety, over crowdedness, lack of security and privacy, and the inability to provide basic

"My husband beat me, insulted me, and cursed me with insults and insulted my dignity in front of others".

needs which constituted fertile ground for continuous violence against women and girls. Women have been subjected to various forms of violence, whether in their homes or within the places to which they were displaced, and even in shelters.

Often the abused person is the man, whether it was the husband, father, brother, or even a male family member. The majority of participants, especially women survivors of violence, stated that the violence against them continued and increased during the period of escalation without any consideration of the circumstances of the escalation or the presence of others. The most prominent forms of violence that women and girls have been subjected to is

"My husband and children do not stop asking me for coffee, tea, sweets and food, as if the situation is normal and not a wartime and I was thinking to myself I am as everybody else, and my psychological state is bad, and then I realized that the discrimination is followed us as women and girls wherever we go all the time".

psychological and verbal violence, and there has also been an increase in the frequency of physical violence, as reported by women. Married women were also subjected to sexual violence as a result of the husband's forcing them to have sexual relations with them during the escalation. As for divorced women who are in conflict with their husbands, they have been subjected to violence through their husbands, take

advantage of the escalation, and, hence depriving them of seeing their children, despite obtaining a ruling to host the children, since husbands were aware of the absence of the executive authority and that a large part of the police headquarters had been destroyed.

One of the most prominent types of violence that most girls have been subjected to is psychological violence as a result of marginalization and lack of attention to them, ignoring their special needs, disrespecting their privacy, and restricting their freedom of movement and expression, especially in shelters. They were also subjected to verbal and physical violence by fathers and brothers. It is noteworthy that (2) of women who were subjected to violence were received in shelters.

Women health and physical conditions were affected by the escalation. Women and girls of all age groups suffered, specifically women and girls with disabilities, women with cancer and chronic diseases, wounded women and girls, pregnant women and GBV survivors, due to the disruption of health services caused by the closure of the majority of clinics and health centers and institutions that provide health services. Hence, the inability of women and girls to reach hospitals to follow up on their cases and access the necessary treatment. During the escalation, most women cancer patients were unable to reach the oncology departments in hospitals for treatment and to obtain periodic monthly medications, specifically hormonal therapy and complementary treatments, which worsened their health and psychological situation.

One of the women with cancer said, "We were thinking about our distressing journey with cancer, how we fight for survival, how we defied the insidious and cling to hope, and we believed that what we went through was the hardest part of life, but we did not realize the fear of loss in the way we felt during the escalation which is far much harder than the cancer diseases itself."

All women cancer patients expressed their fear of the lack of a contingency plan at the Ministry of Health to provide services to them during the period of escalation, the lack of chemotherapy protocols and the fear of any health complications, especially in light of the lack of movement and the closure of

crossings. The conditions of pregnant women, especially high risk pregnancies, worsened due to their inability to follow up on their cases during the escalation, as well as those whose due date was approaching. Pregnant women who are about to give birth have also been exposed to many health situations such as bleeding, while others suffered venereal diseases and urinary infections, especially those who migrated to schools due to poor services related to personal hygiene. The participating women mentioned that they had heard of miscarriages of pregnant women during the escalation. Large numbers of women and girls have had irregular periods. Cases of women with special health problems such as allergy to certain foods such as wheat, and patients and women with disabilities who are accustomed to certain types of treatment and food, have also been affected.

Women and girls with disabilities have suffered due to the apparent lack of basic health services, medicines, medications, health kits, dignity kits, the provision of aids, batteries for wheelchairs, crutches, and other aids for people with audio-visual disabilities and other tools according to the type of disability. Also, sedatives and tonics.

We forgot Corona and the fear of it in front of the greater fear of escalation, for in " reality we were between two deaths. We were caught between a rock and a hard place, "death caused by either COVID-19 or by the ISF planes

The escalation coincided with the continued spread of the Corona virus, especially in the absence of safety and prevention measures and the increased number of individuals in confined spaces, as is the case in shelters such as schools and inside homes hosting IDPs. As a result, a number of women were infected. Women whose families hosted IDPs expressed their fear of contracting corona virus, especially sick women and cancer patients and those with weak immunity. It is worth noting that during the period of escalation, follow-up measures to prevent COVID-19, as well as examinations and vaccinations, were disrupted, and the examination procedure was limited to people who show symptoms and report to hospitals, as of June 10.

The escalation had legal consequences on women where it caused divorced women who were in conflict with their husbands to be deprived of seeing their children, despite having obtained an approved permits by court of hosting and seeing their children, as a result of the suspension of judicial work and the judicial police and the husband's taking advantage of the escalation, and also the outbreak of several disputes between families about the place of seeing the children after the bombing of homes and the loss of their homes during the escalation. The disruption of the legal system has resulted in women being deprived of their financial rights, such as collecting children's alimony, and restricting household furniture and deferred settlements due to the suspension of judicial procedures. The escalation also caused the postponement of cases to re-notify the second party (when the judicial police were reporting to work), so that lawyers whose offices were damaged during the escalation could collect information about the cases of the second party (i.e., the husband). The closure of Sharia courts also led to an increased number of cases and the crowdedness of Sharia courts due to the large number of transactions and their accumulation after the escalation. These transactions included: inventorying the inheritance, the size of the guardianship, guardianship of children and proof of death, which will negatively affect the progress of cases and the time of lawyers in court. When husbands died during the escalation, widowed women felt that they would face many problems with their husband's family related to the husband's allowances, inheritance, custody of children and forcing them to re-marry, which was what in fact had happened following the previous escalations.

(66.339) thousand people have been displaced in UNRWA schools¹³, and according to UNRWA media spokesperson, who said that there is a failing in an effective response to the emergency resulting from the escalation, and pointed out that there were 308 people in two shelter schools in the northern Gaza Strip until the date of the interview for reasons related to their living conditions¹⁴. UNRWA did not open its centers and schools, which were prepared beforehand to receive the IDPs, and the agency itself did not activate its contingency plan in coordination and cooperation with international, local and official institutions.

Women and girls IDPs faced many problems and lived in difficult conditions in their places of displacement, especially those who were displaced in UNRWA schools. Women expressed their dissatisfaction with UNRWA's position of not providing services to the displaced, leaving them without care or attention, and shortage of water and electricity, which increased their suffering and their vulnerability of abuse, and limited their ability to meet their basic personal needs, in addition to the lack of public and personal hygiene items, lack of clean drinking water, and the lack of mattresses, blankets, clothes and food.

Women and girls with disabilities, and cancer patients were displaced in undignified conditions. They left their homes to relatives' homes and to schools in poor conditions on foot or using unsafe primitive means of transportation. They were also subjected to verbal violence and bullying during their

¹³ Interview with UNRWA Spokesperson Adnan Abu Hasna

¹⁴: The previous reference

displacement, and the imposition of restrictions on their movement especially girls with physical and intellectual disabilities.

Also, women with hearing disabilities were unable to comprehend their surroundings, especially with the lack of internet. Women with visual disabilities have suffered neglect by those around them, and

My situation during the escalation was " difficult and my psychological condition was very bad. I did not have internet, so I could not know what was going on around me. My son and I communicated through sign language, and that was how I knew what was going on. I could see people running in the streets I didn't know what to do, I was afraid of death for my child. Who will raise him when I die? I asked myself! "

women and girls with disabilities have a growing sense of guilt and that they were a burden on their families, which, in turn, made them feel inferior, marginalization and dissatisfaction, which negatively affected their psychological and health conditions.

There was a clear lack of privacy for women and girls, especially women IDPs who were displaced with families or in shelters. They needed their own spaces to meet their needs and take care of themselves, but this was not available. Women IDPs found themselves in different and strange places which made them feel alienated and lacking privacy and thus

insecure. The girls in shelters lost sense of safety and privacy, as they could not use the laboratories unless accompanied by a family member, especially males, who had to wait with them.

Women and girls, especially women IDPs or those who hosted IDPs in their homes, were forced to wear hijab and prayer clothes for long hours and throughout the period of escalation despite high temperatures. They did not have any spaces to take care of themselves and maintain their hygiene because they were busy performing household tasks, preparing food and caring for others. Three women cancer patients who were interviewed were subjected to bullying by their husbands because of

When I ran out of the house, I forgot to put the breast implant and I felt very ashamed when we went to our relatives' house because I felt like an incomplete woman.

hair loss in front of others, and a number of breast cancer patients were forced to leave their homes without taking prosthetic organs with them such as artificial breasts and wigs, which exposed them to shame and exposed their privacy and increased their sense of inferiority, restricted their movement and impeded their access on services.

The escalation coincided with the blockade imposed on the Gaza Strip for more than 14 years and resulted in increased unemployment and poverty rates, especially among families headed by women. The escalation also caused the destruction

of many industrial facilities, commercial companies, factories and agricultural lands, which are the main employer for thousands of workers and those who lost after that, their work and their source of livelihood, which has affected and still affects the economic situation of their families, including women and girls. A large number of women stated that their families were unable to provide basic needs and that the special needs of women and girls such as hygiene and dignity requirements were ignored and considered as secondary. The majority of poor families, as well as those headed by women, resort to insufficient dietary patterns and lack the necessary nutrients, which may have caused increase

in anemia rates among families. There was also a shortage of mattresses, blankets, clothes and personal hygiene items in the places where the women were displaced.

Women and girls of all age groups, especially those with disabilities, cancer patients, and women GBV survivors suffered from the disruption of multi-sectoral services as a result of the closure of the centers and institutions and the inability of their staff to reach these premises. Protection programs and services, including psychological support, entertainment services, have been disrupted as well as legal services, financial support services, case management, economic support, provision of personal needs and dignity kits. Shelters for abused women were also closed during the escalation¹⁵, due to the evacuation of all government facilities, and the Hayat Center for the Protection of Women and Families was damaged due to the bombing next to it and the inability of the employees to reach their work.

Women owners of small businesses were harmed during the latest escalation too. Their small income generating projects were completely or partially destroyed, and all their commercial activities were

"The shelters that my husband and I resorted to did not have any amenities. There was no bedding at the beginning of the displacement. We stayed for a week on the tiles and then we sought help from others to get a mattress to sleep on".

disrupted during the escalation, which increased their economic and psychological suffering. The participating women owners of small income-generating projects who were interviewed mentioned that their projects were disrupted during and before the escalation due to the spread of the Corona virus, which caused lack of income and their

inability to provide for their basic needs, especially those who hosted IDPs in their homes, in addition to increasing the household burdens placed on them and poor psychological conditions from the severity of fear and terror.

On the other hand, many GBV service providers, including frontline workers, were directly affected by the bombing as well. Some have lost family members and/or their homes and needed shelter. Shelters for GBV in Gaza were closed and survivors returned to their homes; Hence, they face the need for double the protection. Service providers, as well as all the society in the Gaza Strip, were affected in the recent escalation as a result of their feeling of fear and insecurity even after the cessation of the escalation. A few of them, especially female psychologists, continued their work remotely from their homes and provided psychological support to women and girls, under unprepared conditions due to power outages, poor internet, displacement of relatives, or hosting others in their families. What was even worse was lack of understanding of their family members about the nature of their work, and the increase in the number of cases of women requesting support and assistance.

As for the services provided during the escalation, the present assessment concluded that during the period of the escalation, very few civil and international institutions were able to provide services to women and girls, such as providing in-kind assistance to the IDPs, distributing blankets, medical mattresses, and some necessary supplies to owners of houses that were completely or partially destroyed, and providing food parcels. Also, some women's organizations provide psychological support, remotely and over the phone, to a limited number of women and girls. Some institutions also provided health kits to a number of women IDPs and personal care kits. In general, the institutions' interventions were limited and insufficient and did not cover all areas of the Gaza Strip, nor was there a unified database of information on women and girls with disabilities.

¹⁵ The Safety House of the Government of Gaza, and the Hayat Center of the Center for Research, Legal Advice and Protection for Women.

Needs:

The latest Israeli escalation on Gaza Strip had various and varied consequences on the situation of women and girls, which revealed a set of common and specific immediate and critical needs according to their different classifications, imposed by women's circumstances, including the following:

Women safety and protection were a priority need during and after the escalation. All participating women and girls, regardless of differences, and without exception, expressed the need to feel safe and protected, especially that fear and anxiety dominated them as well as lack of confidence in their and their families' survival, especially since they felt that there was no safe and protected place in the Gaza Strip.

It was found that all women and girls, especially women who are widowed, bereaved, wounded, GBV survivors, women with disabilities, internally displaced women (IDPs), and diseased women with cancer and chronic diseases have critical and immediate needs for MHPSS, including: psychological first aid, individual and group psychological counseling, family counseling services, and specialized and advanced psychological therapy for cases that require it in order to improve the psychological situation and self-care for groups of women and girls and their families and to mitigate the effects of escalation.

This assessment also revealed critical and immediate needs to provide unconditional multipurpose cash assistance to women so that they would have the freedom and flexibility to spend according to their needs and priorities, such as covering rent costs and providing them and their families with basic needs in order to preserve their dignity and reduce violence and avoid conflicts with those around them, especially for widowed, IDPS and wounded women, and survivors of violence.

The need to provide emergency relief assistance, including food parcels, health parcels, dignity kits, personal hygiene kits, coronavirus prevention kits, first aid kits and other emergency and urgent assistance to fill the shortage during and after the escalation among different groups of women and girls GBV survivors, IDPs in shelters and displaced women and girls with hosting families, widowed, bereaved and wounded women.

The report revealed that women in general, especially widows, divorced, and GBV survivors, need legal services, which include individual and group legal advice, legal awareness, as well as free of charge legal representation before Sharia and Civil courts, to facilitate their justice. There is a need to find an appropriate mechanism to follow up on women's rights regarding custody issues, seeing their children and conflict resolution, especially during the time of their displacement.

Widowed women; after the escalation, critical and immediate needs emerged for them, represented by their needs for MHPSS, as well as long-term specialized psychological intervention programs, especially for the group that suffered from the direct loss of a family member or the loss of their homes. Widows also needed legal services, which include providing individual and group legal advice, legal awareness about their inheritance rights, legal transactions, child custody, orphan sponsorship, and other related issues, which emerged during the escalation. Widows needed to be provided with free representation and pleading for them in Sharia and regular courts, to facilitate their access to justice, and to assist them in obtaining identity and formal papers that were lost during the bombing and destruction. Widowed women need to be introduced to the institutions and centers that provide them with various free services, including legal services, and to facilitate their safe access to them. Widows are in need of in-kind and financial assistance, especially those who have lost their homes and possessions and are unable to provide for their basic needs for themselves and their families, especially after losing their breadwinner. This category also needs to be integrated into vocational training programs and economic support to provide them and their families with a source of income and to preserve their dignity.

Women patients with cancer also had an urgent and stressing need for immediate MHPSS support due to the deterioration of their psychosocial condition during the escalation and their fear for their health, and the fate of their treatment journey. They need a mechanism through which cancer patients can receive therapy according to approved health protocols. Women cancer patients need to be provided with the necessary medicines and treatments and to facilitate their access to such services to nearby and safe places to dispense and distribute them to women during and after the escalation. Also, there is a need to provide biological and hormonal therapy for all patients. Women cancer patients emphasized their need for direct financial assistance to provide for their special needs and to purchase some of the medicines needed that are not available in hospitals, as well as the purchase of prosthetic organs such as wigs, artificial breasts, and others. During the escalation, it was evident that there was an urgent need for an effective contingency plan at the Ministry of Health or with service providers to provide services to cancer patients, and also to provide chemotherapy protocols to reduce and limit serious health complications for cancer patients, especially in light of the inability to move due to the closure of crossings and the suspension of referrals outside the Gaza Strip.

Women and girls GBV survivors: The majority of women survivors of GBV who have experienced violence previously expressed clearly their urgent need for psychosocial support and self-care activities, and stressed their need to increase the number of hotlines. Also, the need to send text messages of support and awareness, through mobile phone, social media platform, especially women survivors of violence who are registered with the institutions' database. The majority of women survivors of violence confirmed that they needed direct financial assistance because of the dire economic situation even from before the escalation, which has worsened afterwards, so that they can provide for their basic and personal needs. The need to provide emergency relief assistance, including food parcels, health parcels, dignity kits, personal hygiene kits, coronavirus prevention kits, first-aid kits and other emergency and urgent assistance to fill the gap of shortage that was during and after the escalation among women and girl survivors of GBV. The need to provide health services and reproductive health was among the priorities of the survivors of violence, as they emphasized providing them, facilitating accessibility, and trying to provide them in all governorates of the Gaza Strip. The need to provide multi-sectoral case management and GBV response services. There was also a need for shelter and alternative temporary protection for battered women during and after the escalation, especially since there were women who sought refuge in shelters during the escalation.

It was found that the **internally displaced women (IDPs)**, who either returned to their homes after the end of the escalation or those women who are still displaced because their homes were completely and partially demolished, and similar to other women, needed MHPSS and self-care activities for themselves and their families to alleviate the psychological pressure and the difficult psychological effects they experienced during the escalation. This assessment also revealed the critical and immediate need of the displaced women to be provided with unconditional and multi-purpose cash assistance, in order to be able to cover the rental costs of their apartments and houses they will live in after the escalation instead of their homes that were destroyed by the escalation. Also, to provide the basic needs to preserve their dignity, reduce violence, avoid conflicts with those around them, and ensure their dignity is protected. Displaced women needed emergency relief assistance, which includes food parcels, health kits, dignity bags, personal hygiene kits, Covid19 prevention kits, first aid kits and other emergency and urgent assistance to fill the gap of shortage of these items during and after the escalation, whether for displaced women in shelters or for women IDPs and displaced women in hosting families. Women IDPs and girls needed awareness and education about GBV and mechanisms to confront it, maintain privacy, and familiarize them with the institutions and centers that provide multiple services for women survivors of GBV, and facilitate their access to them. Displaced women also needed help in obtaining identity papers and official documents that were destroyed or lost due to the bombing and destruction of homes.

Wounded Women: Women wounded by the 2021 escalation confirmed that they needed to be provided with medicines, diagnostics, specialized surgeries, vitamins, analgesics, physical and occupational therapy. In addition to their needs for dignity and personal hygiene bags, sanitary bags and supplies to prevent corona virus. Most of the wounded women expressed their critical needs for MHPSS during and after the escalation as well as self-care activities, in order to improve their psychological conditions. Also, wounded women, especially those who will have disabilities in the future, will need rehabilitation and social integration programs. The assessment also revealed the need to provide direct, unconditional and multi-purpose cash assistance to the wounded women so that they would have the freedom and flexibility to spend it as per their critical needs and priorities.

Women and girls with disabilities: This category of women needed to be provided with basic health services, medicines, health kits, dignity kits, batteries for wheelchairs, crutches and other aids for people with audio-visual disabilities and other tools according to the type of disability. They also need sedatives and tonics. Women and girls with disabilities also emphasized their need for psychosocial support, taking into account the use of appropriate tools and methods according to the type of disability. There is also a need to adapt the shelters.

Pregnant women: The assessment revealed the need for pregnant women to be provided with examination and follow-up, as well as the need to provide the necessary medicines, nutritional supplements and vitamins that women cannot provide due to the difficult economic conditions, protection and ensure their safe access to hospitals and health clinics in case of childbirth, or in case they need to reach a clinic or hospital. There is a need to activate free reproductive health hotline for pregnant women to be able to talk to a midwife or doctor to provide awareness and guidance during and after the escalation. This is in addition to the need to provide health awareness bulletins through social media that include: dangerous signs for the pregnant woman and the child, as well as psychological aid in case of bleeding. The report also revealed women's need for sexual health and family planning services. Pregnant women also need psychological discharge and psychosocial support activities. Women need access to safe and accessible family planning methods in order to avoid unwanted pregnancies during crises.

Girls: The findings of assessing the needs of girls (15-18) showed that during the escalation, especially the women IDPs, needed the provision of the basic needs such as safe drinking water and food, as well as personal hygiene items that they were missing, especially in the shelters. The girls during the escalation needed to feel safe and respected when it comes to their private spaces. The girls also expressed their need for food and the provision of food aid, as a result of the lack of food, especially among the families or those hosting the IDPs, especially that most the families are poor and unable to meet their won basic needs. Girls' needed psychological support also emerged as a result of feelings of anxiety, tension, fear, neglect and violence.

The need to provide reproductive health services for women and girls, and the report also revealed women's need for sexual health and family planning services.

The need to increase the number of free of charge support, helplines and hotlines to listen to their complaints and problems and to facilitate women's access to services, as well as the need to provide messages of support and awareness by sending text messages and also through social media platforms to check on women survivors of violence who are registered in the database of institutions and others and provide psychological first aid services.

The need for shelter and alternative temporary protection for battered women who need protection and provision of shelter services during and after the escalation, especially since there are women who sought shelter during the escalation.

The report also stressed the need to provide psychosocial support and self-care services to service providers of all kinds, especially to survivors of violence, in order to help them relieve the psychological pressures they were exposed to and to contribute to improving their performance with the beneficiary cases of women. It is also necessary to train service providers for women, especially survivors of violence, on first aid, and to provide them with a first aid kit in the event of a health emergency for any survivor coming to receive the service. Also, developing their capabilities in the field of crisis management and how to provide services to women in a face-to-face and remote manner, ensuring their quality, and adhering to confidentiality. There was also a need to train women to be part of the civil defense team; as there is a need for the civil defense team to be present for women to evacuate women in times of crisis. The need to train and develop the capacities of staff working in shelter on gender-sensitive response mechanisms, to ensure that the needs of women, girls and people with disabilities are taken into account when providing services to them. Also, the need to update the referral guide for women survivors of GBV.

Women owners of small income-generating projects whose projects were damaged by the escalation stressed their need for urgent cash assistance to provide for the needs of their families, as well as the need for financial support to rebuild and reestablish their projects.

This **rapid assessment** showed that the shelters and schools needed more adaptation and improvement in the condition of the bathrooms and toilets and maintaining cleanliness, and the need to provide privacy for women and girls, especially in the bathroom areas in the shelters. Shelters needed to be adapted to women and girls with disabilities. It was also necessary to provide communication tools and instructions in IDP shelters for women with disabilities, such as sign languages and Braille, or electric elevators, private bathrooms, and handles for movement and visual disabilities tools. The need to train and develop the capacities of staff working in shelter centers on gender-sensitive response mechanisms, so that the needs of women, girls and people with disabilities are taken into account when providing services to them.

Recommendations:

Recommendations for decision-makers and the international community

- Activating the UNSCR (1325) by focusing on the resolution to protect women's rights, and activating Article (9) thereof in order to protect the rights of women and girls.
- Raising the level of lobbying and advocacy efforts at the international level to exert pressure on the Israeli authorities to stop their military attacks on the innocent civilian population of Gaza Strip, end the siege of Gaza and open all crossings of Gaza borders to remove the restrictions imposed on the Palestinians. Also, to continue the legal and diplomatic action at the international level, and to approach the International Criminal Court, to hold Israel accountable for its crimes against the Palestinian people.
- Holding the Israeli occupation accountable and responsible for the consequences of its military offensives and its violation of human rights and must be forced to pay compensation to innocent civilians whose homes were demolished and their children killed as a result of the Israeli escalation.
- The necessity of ensuring women's engagement in the reconstruction committees, conferences and consultations with respect of the issues of the reconstruction of Gaza and compensation for damages, and raising the percentage of their representation in all decision-making positions, especially in peace and security efforts.
- Supporting and establishing a national network for the protection of women and girls in times of conflict and war, and to provide specialized, equipped and responsive shelters to the needs of women, girls and persons with disabilities, in accordance with what was stated in UNSCR 1325 and international laws and conventions on the protection of women and girls in conflict areas.

- Developing systems and regulations that guarantee the right of women to compensation and expedite the payment of these compensations for damages, whether property damage, compensation for injuries and wounded women and girls, or the salaries of the widowed, to ensure that they obtain these rights without the mediation of men.
- Strengthening the coordination and work strategies between government institutions and CSOs and local society to better represent the issues of women, girls, women and girls with disabilities and survivors of GBV in an integrated manner.

Recommendations for donor agencies

- Increasing programs that serve women's economic empowerment, thus contributing to the development of women and improving their economic role, which will enhance their position within the family and restore their status, respect and dignity as a productive individual.
- Intensifying awareness and education programs for women, men, youth, and various groups of society on gender issues, respecting women's rights and combating all forms of GBVs.
- Supporting women and youth organizations financially and professionally to provide quality services to women, youth, and marginalized groups with disabilities before, during and after the emergency/escalation.
- Enhancing coordination, networking, and information exchange between clusters, as well as CSOs and women's institutions, to avoid duplication of efforts and possible conflict.
- Revising and reviewing already prepared and designed previous contingency plans of UN related agencies and NGOs to ensure any future emergency and contingency plans are ready and flexible to respond to the needs of women and girls during the Israeli escalations.