# PALESTINE | UNFPA

# Review of health, justice and police, and social essential services for women and girls survivors of violence

2022

HAYA
Eliminating violence against women

In partnership with Canada

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United Nations Entity for Gender Equality and the Empowerment of Women

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Palestine

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# DISCLAIMER

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# ACRONYMS

| | |
|---|---|
| GBV | Gender based violence |
| SGBV | Sexual and gender based violence |
| GBVIMS | Gender based violence information management system |
| VAW | Violence against women |
| FJPU | Family and juvenile protection unit |
| FCP | Family and child protection |
| HIS | Health information system |
| IMS | Information management system |
| ISP | Information sharing protocol |
| MHPSS | Mental health and psychosocial support |
| CMR | Clinical management of rape |
| PHC | Primary health care |
| SOPs | Standard operating procedures |
| MOH | Ministry of Health |
| MOSD | Ministry of Social Development |
| GBVSC | Gender based violence sub-cluster |
| PCP | Palestinian Civil Police |
| OSC | One Stop Centre |
| SPP | Specialized Public Prosecution |
| HJC | High Judicial Council |
| MOJ | Ministry of Justice |
| DGO | Data gathering organization |
| MOWA | Ministry of Women's Affairs |
| MOU | Memorandum of Understanding |

# 1. BACKGROUND

This report aims to provide key updates on essential services for women and girls survivors of gender-based violence (GBV) in the Health, Justice and Police and Social Development sectors[1], which were exhaustively reviewed in the 2019 Palestine report. The report highlights the main progress, regressions and persisting gaps in policies, services and information management systems in each sector and across sectors in a reader-friendly matrix that summarizes developments over the past three years. It also highlights national - level achievements on coordination and governance of coordination. This is followed by the conclusion plus a list of revised recommendations. Of the latter, many continue to be valid and were unchanged or slightly revised as necessary. Updates in the report reflect individual and collective key informant interviews and discussions in the West Bank and Gaza held to fill information gaps in the literature review.

# 2. CONTEXT OF GENDER BASED VIOLENCE

Palestinians are living in a severely coercive environment because of the protracted Israeli occupation, the recurrent cycles of aggression on Gaza, the West Bank and East Jerusalem, the internal geopolitical division, and the recent COVID-19 pandemic. This intricate situation has profoundly aggravated socio-economic living conditions, adding to the distress of families and eroding coping mechanisms, all of which exacerbated pre-existing vulnerabilities and increased risk factors of GBV against women and girls, particularly intimate partner violence. The spread of the pandemic and associated control measures, including social distancing and isolation, has increased the risk of domestic violence in all its forms. Undoubtedly, tolerance and acceptance of GBV against women and girls is ingrained in the patriarchal gender norms of the society, which are usually aggravated in crisis conditions.

Recent studies and surveys have shown that psychological aggression is the most dominant form of violence in the Palestinian society and that this is often attributed to entrenched cultural values that allow violent conduct of husbands against wives and by parents against children. The findings of the 2019 national survey on violence revealed that one-in-three married women, including women with disabilities (37% prevalence), is subject to spousal violence. This is mainly in the form of psychological aggression, followed by physical violence, and occurs more in Gaza than the West Bank. Sexual violence was the least indicated -- 8% and 11% in the West Bank and Gaza respectively[2]. Paradoxically, more than half of women survivors of sexual and gender-based Violence (SGBV) chose not to report incidents and many women justified their husbands' violence against them. Surfing cyber space and engaging in social media platforms have provided an additional venue for sexual predators to inflict sexual exploitation and abuse on women and adolescent girls. It is evident that 10% of women and adolescent girls have been preyed to cyber sexual abuse and all sorts of harassment, extortion, and threats through social media portals. To their own detriment, women and girls are silent about sexual violence incidents in order to avoid social stigma and to protect themselves from reprisal by perpetrators and/or so-called "honour killing" by their families. Moreover, many are unaware of the existence of SGBV services or have little trust in the system as demonstrated in the slim percentage (1.4%) of married women who sought assistance from formal services.[3]

Adolescent girls (15-19 years old) are also subjected to unacceptable levels of discrimination and harassment -- mainly on the basis of gender and socio-economic status[4]. They also experience other forms of violence, particularly child marriage and associated risks of intimate partner violence. Although child marriage declined during the past few years from 15 to 13%, it remains as high as 16% in Gaza[5] and is considerably higher in certain parts of the West Bank and Gaza. Approximately, four-in-ten girls in certain Area C localities get married,

1 This mapping is conducted in cooperation with UN Women.
2 PCBS, National Violence Survey, 2019
3 PCBS, Survey on Violence in Palestinian Society, 2019
4 MICS 2019
5 UNICEF-PCBS, MICS 2019-2020 and MICS 2014

while three-in-ten girls are married in East Jerusalem and some localities in Gaza[6]. Consequently, they are at high risk of SGBV since they lack the requisite knowledge and tools to protect themselves. Also, their limited education and experience restrict alternative opportunities that might otherwise be available to them were they to opt to leave marriage.

Despite the progress made in GBV essential services in the sectors(to be elaborated in the following sections), it continues to be impossible to institutionalize GBV response mechanisms at national level because of the challenges associated with the ongoing ng Israeli occupation and the protracted humanitarian crisis, plus the persistent internal geopolitical divide and the lack of access to Areas C, H2, and East Jerusalem in the West Bank, where the Palestinian Authority lacks jurisdiction[7]. In addition, GBV programmes and services continue to receive inadequate attention and prioritization in national planning and budgeting or donor funds, which significantly limits the human and financial resources available for combating violence against women and girls in development and humanitarian settings.

6 GBVSC-CPWG Strategy for addressing Child/Early and Forced Marriage in the West Bank and Gaza, Special Focus on Girls, 2020

7 The West Bank is fragmented into three areas, each with a distinct governance and administration status: Area "A" falls under the administration of the Palestinian Authority, which manages most internal civilian affairs and internal security; Area B is jointly administered by the Palestinian Authority and Israel; and, Area C is under Israeli administrative and military control.

# 3. UPDATES ON STATUS OF ESSENTIAL GBV SERVICES:

## Health

| Essential Service Package Core Elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Continuum and Characteristics of GBV Services | | |
| Policy and legislative[8] frameworks | The Ministry of Health (MOH) advanced commitment to address GBV at the policy level through the following:<br>• GBV protection was included as a main pillar in two recently developed frameworks -- the Sexual and Reproductive Health Strategic Framework for Adolescents and Youth (2020) and the National Strategy for Adolescent and Youth Health and Wellbeing (2022–2026).<br>• A free-of-charge policy was adopted not just for emergency GBV health services and the requisite certifications for litigation but also for follow-up examination and treatment of survivors (policy currently under review by the Council of Ministers for endorsement and rollout).<br>• GBV protection engagement in the National Committee on Combating Violence against Women was reinforced; GBV process of National Referral System and National Strategy for Combating VAW piloted and updated.<br>• MOH-Gaza established GBV Steering Committee in 2021 to guide the institutionalization of GBV work in the health sector, a starting point in shifting the views of policy makers to begin addressing GBV against women and girls. | • Implementation of policies generally inconsistent and sometimes limited, especially in Gaza.<br>• Still lacking a clinical management of rape (CMR) protocol.<br>• National policies on mental health and psycho-social support (MHPSS) have yet to be prioritized in the National Policy Agenda/Budget, leaving them inadequately addressed in sector policies and strategies[9].<br>• Linkages between MHPSS humanitarian and developmental policies and services for female survivors of GBV remain inadequate.<br>• Women's mandatory reporting to the police continues to be legally binding for GBV health service providers, which denies women their right to a free choice and discourages them from approaching services in order to avoid social stigma and out of fear for their lives. |

8 The MOH policy documents and interview with the DG of the MOH's General Directorate of Women's Health and with the Director of the Department of Women's Development

9 UNICEF, A Review of the Humanitarian Mental Health and Psychosocial Needs and Gaps in the West Bank and Gaza, September 2019

| Essential Service Package Core Elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Specialized units/teams for the provision of GBV services | • Specialized GBV services in the West Bank increased four-fold -- from 8 to 32 family counselling clinics/rooms and 60 GBV focal points in hospitals, primary health care (PHC) centres and district offices. One GBV room was set up in Al-Shifa Hospital in the Gaza district in late 2021, and the number of GBV focal points increased from 17 to 30.<br>• Eight forensic doctors and 23 specialized nurses continue to conduct medico-legal investigations and to provide GBV-sensitive services in three forensic clinics in MOH hospitals in the West Bank[10]. In Gaza, two forensic doctors and a so-called "virginity committee" comprised of four female gynaecologists and obstetricians address issues of sexual violence including rape. | • Four of five districts in Gaza lack GBV rooms and specialized teams.<br>• Since the advent of COVID-19, the work of GBV teams and clinics has been interrupted by shifting response services to deal with the pandemic.<br>• The forensic medical team in Gaza requires further support and specialization. |
| Availability of GBV services | • The range of available GBV services[11] from the MOH and sector partners is becoming increasingly aligned with the requisite essential services package.<br>• Efforts to address mental health needs were observed by integrating MHPSS services into PHC in 14 MOH Community Mental Health Centres (CMHC) in all West Bank districts, enhancing emergency response and community mental health services including those for female survivors of GBV.[12] [13] | • GBV services are not available or accessible to female survivors of GBV in four districts of the Gaza Strip.<br>• Scarcity of competent professionals and technical and financial resources plus the fragility of referral services continue to undermine the MOH's MHPSS services for female survivors of GBV. |
| Geographical coverage and vulnerable groups | • MOH continues to provide GBV services at the national level and has recently included women and girls with disabilities in referral processes. | • GBV services do not cover four of Gaza's central and south districts, while coverage in the West Bank is limited to Area C, East Jerusalem and Zone H2. |

10 UNODC, Final Independent Project Evaluation of the Forensic Human Resource and Governance Development Assistance to the Palestinian Authority, December 2018

11 Essential health services including emergency medical care, primary counselling, mental health, CMR for victims/survivors of rape and sexual abuse, forensic medical services and referral to specialized multi-sectoral services

12 WHO EMRO, Mental Health Project, 2021

13 MOH – Mental Health Unit, KI (West Bank)

| Essential Service Package Core Elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Accessibility of GBV services | • The MOH's GBV services have been adapted to meet the needs of women and girls with disabilities in the West Bank, increasing accessibility for this vulnerable group. | • Female survivors of GBV still lack access to services that open after working hours in PHC centres and district offices.<br>• Follow-up treatment of GBV survivors, forensic examination and medico-legal reporting still require payment. |
| Risk Assessment and safety planning | • The updated referral protocol includes clear guidance on risk assessment and safety planning for female GBV survivors. | • In practice, protecting female survivors of GBV and health service providers continues to be a major concern. Protecting service providers is undermined due to the lack of tangible protection mechanisms. |
| Privacy and confidentiality | • Family counselling clinics and GBV rooms in the West Bank and Gaza serve as private spaces for receiving survivors and teams. | • Existing GBV services in Gaza are still at an early stage and not all West Bank family counselling clinics provide the required degree of privacy and confidentiality.<br>• The coding of GBV incident reports is inconsistent in the West Bank and is not in place in Gaza. |
| Foundational Elements | | |
| Intersectoral SOPs and referral pathways | • Thanks to the updated national referral system, the MOH improved regulatory tools for addressing GBV against women and girls including revised internal GBV referral guidelines and updated CMR standard operating procedures (SOPs) in the West Bank.<br>• MOH-Gaza recently adopted the 2013 National Referral Protocol along with the Ministry of Social Development (MOSD) and the Police to guide the work of the GBV room, a predated version but nonetheless a step forward for harmonizing referral processes. | • Divergent health policy frameworks continue to evolve further apart geopolitically (West Bank/East Jerusalem/Gaza) and with regard to stakeholder type and mandate (government/NGOs, UN and the private sector) in terms of humanitarian and developmental work.<br>• The updated national referral system and guidelines fail to address the practicalities of protecting GBV service providers in all sectors and when it comes to referring survivors to MHPSS services.[14] |

14 UNFPA, Assessment of MHPSS Interventions in the West Bank and Gaza Strip, July 2021

| Essential Service Package Core Elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| GBV units' infrastructure and teams' working hours | • Most family counselling clinics and GBV rooms have a basic physical setting.<br>• Forensic clinics and teams provide specialized services and cooperate with family counselling clinics. | • The physical setting of the majority of women's and girls' interview spaces fall below minimum acceptable standards.<br>• Forensic clinics lack CMR (post-exposure prophylaxis kits), and a few have infrastructural gaps.<br>• Working hours are limited in the Gaza GBV room at the Al-Shifa Hospital, while GBV focal points at PHC and district offices in the West Bank and Gaza have limited working hours. |
| Workforce and training | • GBV focal points have increased from 67 to 90 in the West Bank and Gaza.<br>• Capacity building of service providers on GBV reached 300 MOH staff over the past three years, but it remains at the introductory level.<br>• Some GBV focal points received training on the Al-Marsad National Observatory System for Violence against Women. | • Training of GBV focal points and teams could not be prioritized having been hampered by the outbreak t of COVID-19. Inception training is not in place.<br>• Not all GBV teams are trained on using the Al-Marsad System.<br>• Assigned staff were not selected based on set criteria and GBV work is not part of their job description, undermining accountability. Similarly, GBV rooms in Gaza are staffed by volunteers from the hospital. |
| Monitoring and complaint mechanisms | • Improvements on the quality control of GBV services though found were not substantial. | • Performance-monitoring and complaint mechanisms are not customized to address weaknesses or misconduct in GBV service provision. |
| Budget of GBV services | • Budgets usually available for GBV training, mainly from external resources. | • Services are significantly underfunded, being overly dependent on intermittently available external funding. The budget available for GBV prevention and response services is limited and not specifically earmarked for GBV.<br>• MHPSS services are the least supported within the ministry with less than 2% of the MOH budget allocated for MHPSS and then mainly earmarked for psychiatric hospitals. |

| Essential Service Package Core Elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Information Management System (Including GBVIMS) | | |
| GBV data reporting system/s | • The National Observatory on Violence against Women (Al-Marsad)[15] has been adopted, and the online system has been combined with the health information system (HIS) at central and district levels in the West Bank, thus enhancing GBV data standardization. | • The system is online and currently on trial; the data collection form requires further revision to enhance confidentiality.<br>• During the pandemic, reporting was hampered due to rotation of GBV focal points to other priorities.<br>• MOH-Gaza does not use a reporting mechanism specific to GBV or to Al-Marsad. |
| GBVIMS | • During the pandemic-induced shift of priorities, the Gender-based Violence Information Management System (GBVIMS) was replaced by the OCHA reporting mechanism 5Ws tool (who does what, where, when and for whom), resulting in the collection of a different data set.<br>• GBV incidents in which survivors received remote online counselling and hotline services were reported.<br>• An updated GBVIMS+ was developed and will be piloted by 13 NGOs in the West Bank and Gaza in 2022.[16] | • Putting GBVIMS on hold has interrupted the reporting of GBV incidents; no cases were reported by the system in 2021.<br>• GBVIMS+ is likely to continue being separated from MOH information systems and reporting mechanisms including Al-Marsad, widening the gap between developmental and humanitarian GBV data. |
| Harmonized standard data collection tools across sectors | • MOH adopted Al-Marsad's unified data collection form along with its PHC center and hospital IMSs, a move enabling the sector to collect standardized data. | • Implementation of Al-Marsad and its tools is still in its start-up phase -- the data collection form requires further revision to enhance confidentiality and non-discrimination. |
| Protection of data/info | • Data collection/reporting cases is gradually moving from paper forms to electronic entry into the Al-Marsad system. The latter enhances data security. | • An information-sharing protocol (ISP) does not exist.<br>• Issues of coding and protection of paper-based information require further development in the system at the user level in the health sector and across sectors. |
| Information use and management | • Al-Marsad enables the MOH to generate reports/data and to inform MOH GBV activities. | • The system has been recently introduced and remains under trial, so it is not yet clear how data will be used at the sectoral level and across sectors, taking into account the different IMSs used in the other two sectors. |

15 Developed by the National Committee on Combating Violence against Women (led by MOWA)

16 UNFPA, 2021 Annual Report – Palestine, January 2022

# 3. JUSTICE AND POLICE

| ESP Core elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Continuum and characteristics of GBV services | | |
| Policy and legislative frameworks | The Justice and Police sector continued policy commitment was indicated as follows:<br>• Emergency action plans were developed for all law enforcement actors and endorsed by the Council of Ministers to respond to increased GBV risks for women and girls arising from pandemic control measures.<br>• Palestinian Civil Police (PCP) of the Ministry of Interior (MOI – PCP) in Gaza endorsed pre-dated version of the national referral protocol (2013 version)<br>• Sharia judiciary in the West Bank raised the age of marriage to 18 years, a move that could mitigate the risk of intimate partner violence on girls by their spouses. | • Family Protection Bill faced several opposition campaigns, so remains under review by Council of Ministers for third reading.<br>• Mandate of Specialised Public Prosecution (SPP) narrowed to address only domestic violence incidents, indicating a retreat in SPP GBV work.[17]<br>• While endorsing the referral protocol is a step forward in Gaza, the 2013 version has many limitations including unsolved challenges in implementation.<br>• While raising the age of marriage was linked to enabling Sharia judges to make exceptions, no clear criteria were established as to what exceptions might be permissable. Moreover, this legal reform does not necessarily apply to Gaza. |
| GBV specialized units/ teams for provision of GBV services | • Family and juvenile protection units' (FJPUs) specialized teams continued to expand in the existing 11 FJPUs and one-stop-shops in all districts of the West Bank.<br>• A Family and Child Protection (FCP) section was set up within PCP at the central level in Gaza city alongside (5) FCP rooms/offices in the districts.[18]<br>• Specialized judiciary and prosecution provide services to women and girls survivors of domestic violence in the West Bank | • Family and Child Protection section in Gaza currently underdeveloped.<br>• SPP services currently exclude women and girls victims of sexual violence outside the domestic space from specialized services.<br>• Not all women and girl survivors of violence benefit from specialized litigation and adjudication services of judges because there is no system to ensure implementation of GBV-centred processes.<br>• Specialization in GBV prosecution and judiciary does not exist in Gaza. |

17 UNWOMEN concept note on progress of GBV/VAW services in Palestine, 2021 ( draft), confirmed by SPP

18 KI, Director of Hayat Shelter in Gaza, who works closely with the Police Family and Child Protection Section at central level, has already trained 100 PCP female officers at district level to address and refer GBV survivors to the central FCP Section.

| ESP Core elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Continuum and characteristics of GBV services | | |
| Availability of GBV services | • FJPU advanced its emergency services and ensured provision of occasional temporary sheltering services for women and girls survivors during pandemic-related lockdowns.<br>• Specialized PCP GBV services for families and children became relatively available in Gaza through the FCP rooms/offices in the districts that receive and refer survivors. | • Prosecution and judiciary services were downscaled in the West Bank during the pandemic, adversely affecting legal processes<br>• In Gaza, PCP GBV services (FCP) are fragile and underdeveloped. |
| Geographical coverage and vulnerable groups | • FJPUs provide services in all districts of the West Bank while Family and Child Protection section and relevant rooms cover Gaza districts.<br>• FJPUs have become capable of managing GBV incidents involving women and girls with disabilities.<br>• The Police OSC in Ramallah provides services for all West Bank governorates.<br>• Specialized Family Prosecution provide services in all West Bank Governorates. | • GBV services are lacking in Area C, H2 and East Jerusalem.<br>• In Gaza, FCP services are underdeveloped. |
| Accessibility of GBV services | • In the West Bank, FJPUs incorporated a helpline service for GBV survivors and improved services for women and girl survivors with disabilities. | • In Gaza, referral of women and girl survivors from districts to the central FCP Section may discourage women from approaching services. |
| Risk assessment and safety planning | • FJPUs and the Specialized Public Prosecution continued to improve safety measures and risk mitigation to protect women and girls' survivors and FJPU officers.<br>• The NGO-run shelter in Gaza implements risk assessment and mitigation in addition to enhanced protection measures. | • Protection mechanisms when transporting survivors are not always optimal, which jeopardizes safety of survivors and service providers alike.<br>• Ensuring protection when transporting women and girl survivors through areas under Israeli control (B and C in the West Bank) continues to be a challenge. |
| Privacy and confidentiality | • Some of the FJPUs are situated in private locations separate from PCP centres.<br>• The OSC in Ramallah is in a private area, accessible from different entrances.<br>• The FJPU, the SPP, and the VAW judiciary ensure privacy and confidentiality.<br>• The FCP Section has a separate entrance although located in the PCP building. | • Placing the majority of FJPUs within police stations continues to limit confidentiality and privacy. Relocation of the remaining units is hindered by lack of resources.<br>• Existing FCP rooms/offices and services in Gaza are rudimentary and do not necessarily ensure privacy.<br>• Coding of GBV interview reports is not a standard procedure. |

| ESP Core elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Foundational elements | | |
| Intersectoral SOPs and Referral pathways | • FJPU and Public Prosecution developed guidelines for management of incidents of women victims of cyber violence.<br>• Public Prosecutors prepared legal guidelines for efficient management of cases of violence against women.<br>• HJC developed SOPs for gender-responsive adjudication.<br>• MOI in Gaza has adopted the 2013 national referral protocol to guide GBV services of FCP Section. | • The level of integration and implementation of SOPs, guidelines and referral pathways among FJPU, prosecution and judiciary is inconsistent, which undermines effective response to GBV incidents.<br>• Regulating GBV services in Gaza police and justice system is evolving in isolation from established systems in the West Bank, which increases disintegration. |
| GBV units' infrastructure and or teams/working hours | • In the West Bank, three of the FJPUs and One Stop Centres are currently located in buildings separate from PCP centres; future PCP planning includes gradual relocation of additional units.<br>• Sporadic improvements on the FJPUs physical setting take place. | • FPC rooms/offices in Gaza are basic and part of PCP centres while not all FJPUs in the West Bank have physical settings that are up to standards. |
| Workforce and training | • FJPU specialized staff has increased from 106 to 152 officers including 60 females providing services in the 11 FJPUs and one-stop shop in all districts of the West Bank.<br>• FJPU staff receive inception and specialized training that recently includes managing cases of women and girls with disabilities.<br>• In Gaza, a total of 19 FCP staff (predominantly female) were assigned to the FCP central section (seven members) and the five district rooms/ offices (ten members + two standby staff) to provide services to women and girl survivors of GBV.[19]<br>• Around 100 PCP staff in Gaza (20 per district - all females) were trained on management and referral of women and girl survivors of GBV.[20] | • FJPU staff are not skilled in providing remote support to women and girl survivors when access to services is not possible.<br>• Staff do not receive periodic psychological support (Helping the helpers) to sustain good performance and quality services.<br>• Assigning staff was not based on set criterion for GBV work and readiness.<br>• Size of workforce in Gaza FCP and GBV-related capacity-building activities fall short of required specialized services. |
| Monitoring and complaint mechanisms | • Performance monitoring of FJPU staff is undertaken through quarterly visits, reports and appraisals of staff work. | • Complaint mechanisms to address weaknesses or misconduct in GBV service provision of the FJPU and other specialized law enforcement staff in the sector do not exist. |

19 KI, MOI- PCP, Head of Women Police – Gaza

20 KI, Director of Hayat Shelter in Gaza, who is working closely with the Police Family and Child Protection Section at central level and already trained 100 PCP female officers at district level to address and refer GBV survivors to the central FCP Section.

| ESP Core elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| | • Both the Public Prosecution and the Judiciary have their own internal mechanisms through the Judicial Inspection Departments. | |
| Budget of GBV services | • FJPUs are mostly dependent on external funds for advancement. | • FJPU financial resources within PCP are limited and not specifically earmarked for GBV services. |
| Information Management system (including GBV IMS) | | |
| GBV data reporting system/s | • FJPUs expressed willingness to adapt Al-Marsad software to their own IMS. However, they continue to use their own automated IMS for reporting GBV incidents including use of paper-based forms at district level. They provide GBV data upon request.<br>• HJC and SPP continue using MIZAN IMS lacking a component on GBV. | • AL-Marsad was not installed in FJPU IMS due to technical issues and the incompatibility of the two systems, which have yet to be resolved.<br>• Since FJPU IMS system, Al-Marsad and MIZAN information systems are not harmonized, generated data is incompatible.<br>• Standardized tracking systems are lacking. |
| GBVIMS | • During the pandemic and related shift of priorities, the GBVIMS was replaced by the 5 WsOCHA-reporting mechanism.<br>• GBV incidents in which survivors received remote online counselling and hotlines services were reported.<br>• An updated GBVIMS+ was developed to be piloted in 2022 by 13 NGOs in the West Bank and Gaza.[21] | • Putting GBVIMS on hold has interrupted reporting of GBV incidents; no cases were reported through the system in 2021.<br>• GBV IMS+ will most likely continue to be isolated from Police and Justice sector information systems and reporting mechanisms including Al-Marsad, widening the gap between development and humanitarian GBV data. |
| Harmonized standard data collection tools across sectors | • FJPU continued to use their own customized data collection tools that meet specific needs of PCP. | • Data collection forms of the Police, SPP and HJC are not homogenous and are not coordinated with A-Marsad users in other sectors, making it impossible to. derive reliable sectoral and national data. |
| Protection of data/info | • Data is collected by authorized personnel and sent from district FJPUs to the central level electronically. | • Paper-based forms are not coded and confidentiality is at the discretion of the authorized official with access to the data.<br>• Information-sharing protocol is not in place. |
| Information use & management | • FJPUs generate data/reports from their own system and inform about unit activities and provide statistical reports to other sectors upon request. | • Generated data is not compatible with the other two sectors which makes it difficult to use at national level.<br>• Use of data for policy reforms is limited. |

21 UNFPA, 2021 Annual report – Palestine, Jan 2022

# SOCIAL SERVICES

| ESP Core elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Continuum and characteristics of GBV services | | |
| Policy and legislative frameworks | • MOSD developed an emergency action plan to respond to increased risks of GBV against women and girls as a result of pandemic control measures - i.e. lockdowns.<br>• Developed intersectoral agreements with PCP and Prosecution and signed MOUs with key NGOs to guide implementation of integrated services as per the updated national referral system.<br>• In the West Bank, ministry has adopted a policy of inclusive services in the shelters, to be reflected in revised shelter SOPs. | • Lack of the Family Protection Bill, undermines MOSD protection measures and leaves a legal gap in the Justice sector allowing release of perpetrators, which interrupts protection services.<br>• MOSD limited human, financial and technical resources pose a continuous challenge for implementation of GBV policies, prevention, and response services in the sector.<br>• In Gaza, policy framework continues to be divergent from the West Bank as the geopolitical split has left MOSD behind latest national policy developments in the West Bank. |
| GBV specialized units/ teams for provision of GBV services | • In the West Bank, the structure of MOSD - Women Affairs Department was revised to include three sections addressing gender, training capacitybuilding and protection of women from violence, which enhanced targeting and integration of services for women and girl survivors of violence.<br>• The ministry has 12 Women Protection Units in MOSD district offices run by 15 specialized counsellors in the West Bank.<br>• MOSD Gaza provides child protection services through ten CP counsellors and sheltering services for women and girls survivors in high risk incidents. | • MOSD Gaza lacks the institutional structure required for providing GBV services for women and girls.<br>• GBV services in Gaza are predominantly humanitarian hence mainly provided by NGOs - moreover, linkages between West Bank and Gaza MOSD are fragile. |
| Availability of GBV services | • In the West Bank, MOSD continued to provide essential GBV services and ensured availability and inclusiveness of these services for most vulnerable groups of women survivors of violence including during emergency. | • GBV services continue to have challenges with referral to mental health services, provision of education opportunities, economic enablement and job creation; plus necessary housing after release, all of which hinders rehabilitation and reintegration of women and girls survivors.<br>• Sheltering services were unavailable for new cases during the pandemic.[22] |

22 UN Women, Rapid Assessment on COVID-19 and Domestic and Family Violence Services Across Palestine, 2020

| ESP Core elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Geographical coverage and vulnerable groups | MOSD provide services at national level, though constrained in resources.<br>• In the West Bank services became inclusive to all vulnerable groups of women and girl survivors including ex-prisoners, sex workers, drug addicts, the mildly mentally challenged and women with disabilities.<br>• Few NGOs in Gaza provide GBV services including shelter for women and girls with disabilities who can serve themselves. | • In Gaza, MOSD's limited human, technical and financial resources continue to impede full coverage of services in terms of geographical areas.<br>• Many vulnerable groups of women and girl survivors in Gaza do not benefit from protection services in the sector due to a lack of political will to comprehensively address GBV policies and services. |
| Accessibility of GBV services | • In the West Bank, MOSD signed agreements with relevant NGOs to provide specialized staff to assist in interviewing women survivors with disabilities. Similar agreements included NGO services for reintegration of women and girl survivors into families and communities and awareness raising on availability of services. | • Women and girl survivors in Area C, H2 and East Jerusalem face difficulties to access nearby services due to security and safety issues.<br>• Sheltering services are limited in capacity and have restricted entry policy in Gaza; new survivors denied access to their services during the pandemic. |
| Risk assessment and safety planning | • The updated referral protocol includes a clear guidance on risk assessment and safety planning for women and girl GBV survivors.<br>• Vulnerable groups of survivors are safe in shelters. | • Lack of effective protection mechanisms undermine safety of survivors and service providers.<br>• In the West Bank, transferring women and girl survivors to shelters through Area C is high risk and requires a lengthy coordination process with Israeli military forces. |
| Privacy and confidentiality | • Women protection units have upgraded and increased the size of private spaces for interview purposes in district offices in the West Bank. | • Coding of paper-based incident reports is lacking and using Google forms for reporting cases continue to be high risk for confidentiality.<br>• In Gaza, MOSD does not have GBV-trained focal points or women protection units. |
| Foundational elements | | |
| Intersectoral SOPs and referral pathways | • MOSD GBV work in the West Bank is guided by the updated national referral protocol and inter-sectoral implementation guidelines.<br>• The ministry in Gaza has recently adopted the 2013 national referral protocol. NGOs that provide sheltering services adopted the updated referral system to increase alignment of work modalities with the West Bank. | • Gaza lags behind the latest policy updates (referral protocol, shelter criteria and SOPs), which perpetuates gaps in service provision within the sector and with West Bank.<br>• The updated national referral system and guidelines did not address protection of GBV service providers and referral of survivors to MHPSS services. |

| ESP Core elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| | • SOPs of the three shelters in the West Bank are under review to reflect recent updates in the referral protocol and policy for inclusive services for all vulnerable groups of women and girl survivors.<br>• Shelter criteria in the West Bank now include women and girl survivors of violence who are ex-prisoners, sex workers, drug addicts, mildly mentally challenged and women with disabilities. | |
| GBV units' infrastructure and/or teamworking hours | • The physical setting of women and girls interview spaces were greatly enhanced in terms of space and privacy. | • Women protection units are not protected by any special mechanism, leaving survivors and service providers at risk of assault from perpetrators and/or by affected families.<br>• Physical access to MOSD protection units is not ensured in all districts for women with disabilities.<br>• Limited working hours of services at district and central level, including shelters, limit womens' and girls' access to service. |
| Workforce and training | • 15 women protection counsellors including one male currently provide GBV services in all West Bank districts through 12 Women Protection Units.<br>• Counsellor capacity was strengthened by specialized training sessions in legal frameworks and processes related to case management, the role of the Sharia courts, the treatment of women and girls with disabilities, and how to address adverse attitudes towards survivors.<br>• MOSD technical supervisors of women protection units were trained through a university academic diploma course on technical supervision, which enabled them to better guide the counsellors and reinforce the quality of services.<br>• Women prison counsellors and social workers received intensive training and capacity-building interventions in VAW, gender justice and psychosocial support. | • In Gaza, women protection counsellors are not in place so GBV services, including shelters, continue to fall below minimum acceptable standards when it comes to the required team staffing and technical capacity.<br>• Recruitment of additional counsellors continues to be a major challenge for the coverage and reach of prevention and response services for survivors in the West Bank and Gaza.<br>• Training is tailored to sector needs -- criteria for staff selection for GBV work and preparedness are not in place. |

| ESP Core elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Monitoring and complaint mechanisms | • MOSD performance monitoring mechanism includes periodic meetings and reports as well as sporadic evaluation of processes in managing cases. | • Specific complaint mechanism to address weaknesses or misconduct in GBV service provision not in place.<br>• In Gaza, MOSD lacks specialized organizational arrangements for oversight and implementation of GBV services at central and district level. |
| Budget of GBV services | • Specific budget is allocated for the General Directorate of Family Affairs, which includes women protection departments and units addressing GBV. | • MOSD Women Protection Department is underfunded and overly dependent on external intermittent funds for part of its programmes and services, resulting in project-based planning, which undermines sustainability. |
| Information Management system (including GBV IMS) | | |
| GBV data reporting system/s | • MOSD continues to use its own IMS and sector-specific data collection tools and does not use Al-Marsad. | • Confidentiality of collected data remains at risk in the current MOSD IMS.<br>• MOSD has reservations about Al-Marsad data collection forms and user authority related to access and sharing information. |
| GBVIMS | • During the pandemic-instigated shift of priorities, the GBVIMS was replaced by the5 Ws OCHA-reporting mechanism.<br>• GBV incidents in which survivors received remote online counselling and hotlines services were reported.<br>• An updated GBVIMS+ was developed to be piloted in 2022 by 13 NGOs in the West Bank and Gaza.[23] | • Putting GBVIMS on hold has interrupted reporting of GBV incidents; no cases were reported by the system in 2021.[24]<br>• GBV IMS+ will most likely continue to be isolated from Police and Justice sector information systems and reporting mechanisms including Al-Marsad, widening the gap between development and humanitarian GBV data. |
| Harmonized standard data collection tools across sectors | • MOSD IMS is currently a combination of paper-based, Google data collection forms and reporting through government secure emails, where data is aggregated at the central level.<br>• MOSD data collection tools and reporting forms (case conference and risk assessment forms) are currently under review to better correspond to the updated referral protocol. | • MOSD data collection tools continue to be disintegrated within the sector in the West Bank and Gaza and across sectors, adversely affecting data standardization and quality. |

23 UNFPA, 2021 Annual report – Palestine, Jan 2022

24 UNFPA, 2021 Annual report – Palestine, Jan 2022

| ESP Core elements | Main Developments (2019–2021) | Gaps/Challenges |
|---|---|---|
| Protection of data / info | • Paper-based data is kept in locked cabinets at district and central level; ministry e-mail accounts of counsellors are well protected. | • Google forms are not secured and can be accessed by unauthorized personnel while coding survivors' reports is not a standard practice, thereby undermining confidentiality. |
| Information use & management | • MOSD uses its own aggregated data to derive trends and address rising GBV issues in its programmes, while also monitoring exceptions ruled by Sharia judges in child and early marriage cases. | • Information-sharing protocol is not in place.<br>• Using data for policy change is limited.<br>• Data is not standardized and so is incompatible with the other two sectors. |

# 4. COORDINATION AND GOVERNANCE OF COORDINATION

Coordination mechanisms for combating gender-based violence against women and girls continue to exist at the national, regional and district levels including government, civil society organizations and international and UN agencies[25]. Some progress has been made with regard to identified shortfalls in coordination processes, with some complicated challenges persisting. For instance, the structure and membership of the National Committee on Combating Violence against Women have been revised and endorsed by the Council of Ministers to ensure that the sectors are represented at the decision-making level, in order to strengthen the national commitment to boost policies and services addressing violence against women's (VAW).

Chairing the National Committee, the Ministry of Women's Affairs (MOWA) currently leads the drive to develop the new National Strategy for Combating VAW (2022–2030) with relevant sectors. The process offers a great opportunity for all stakeholders to set strategic priorities and concretely address persisting challenges following the government's recent emphasis on gender-sensitive, national planning and budgeting. Nonetheless, consultations in Gaza are mainly undertaken with NGOs and not inclusive to ministries. In addition, the Committee updated the National Referral Protocol and relevant implementation guidelines to improve coordination, responsiveness, and the inclusion of female survivors with disabilities. However, the updated version did not address some identified challenges related to the protection of service providers and the needs of some vulnerable groups of female survivors of violence. Besides sectors in the West Bank, only NGOs implement the updated referral protocol in Gaza since ministries there have only recently adopted the 2013 version. While this is a welcome step, it nonetheless leaves Gaza's ministries behind the latest developments in the West Bank and means that the disintegration of referral mechanisms at the national level persists. Advocacy and promotion efforts of the National Committee have favourably influenced the review of the Family Protection Bill (currently undergoing its third reading at the Council of Ministers) and have raised the marriage age for girls to 18 years.

During the past three years, the MOWA established and rolled out the National Observatory on Violence against Women (Al-Marsad) to all providers of GBV services including Health, Police and Social sectors. As a result, 500 officially assigned users are authorized to use the system including selected NGOs in Gaza[26]. However, adapting Al-Marsad in the sectors faced technical challenges related to data collection forms and to users' authority to access and share information. Moreover, the system has issues of incompatibility with existing IMS software in the Justice and Police sectors. In addition, users' profiles, and competencies as well as their readiness to collect, protect and properly use GBV data were not assessed beforehand. This has meant

25 MOSD-led National Steering Committee for Child Protection in the West Bank, GBV and child protection networks in Gaza and the UNFPA-led GBV subcluster in the West Bank and Gaza; regional and district coordination mechanisms include the NGO Forum to combat VAW (Almuntada Coalition), coordinating the work of 13 NGOs and CBOs and UNRWA family protection committees in the West Bank refugee camps,...etc.

26 MOWA KIIs, DGs of policy planning and gender studies

that some users were not proficient in GBV work nor trained on GBV ethical commitment to the confidentiality and protection of data, raising serious concerns among sectors. Therefore, the Council of Ministers authorised the MOWA to recruit 16 qualified focal points to use the system for reporting GBV incidents at the district level. The focal points will also ensure reporting incidents from district governors' offices, which previously referred women to informal reconciliation mechanisms without reporting. Although Al-Marsad provides unified data collection tools allowing users to track cases across sectors, their use is limited, and some sectoral users adopted the system parallel to their own rather than integrating it in their IMS systems. Therefore, often the generated data on VAW is not fully standardized and indicative of trends at the national level.

Despite recognizing the achievements of the National Committee in coordinating VAW, setting standards and reforming policies, it is important to underline that the committee continues to lack technical and financial resources, and that the coordination responsibilities of individual members remain unspecified or not agreed upon. Additionally, coordination action plans and tracking mechanisms do not exist, making monitoring, accountability and evaluation of the coordination process difficult to implement. Humanitarian coordination mechanisms that target female survivors of GBV in the West Bank and Gaza at the national and subnational levels have updated the GBV information system GBV-SC (GBVIMS+) and will pilot it during 2022.

# 5. CONCLUSION

In the past few years, the Ministry of Health (MOH) continued to advance its commitment to address gender-based violence (GBV) by reforming relevant policies and regulatory tools as well as ensuring that prevention of and response to violence against women and girls is intrinsic to newly developed policies and structures within the ministry. Additionally, the range of MOH and sector partner GBV services is largely in line with the requisite essential and incrementally expanding service package, which includes mental health and psychosocial support (MHPSS) and forensic medicine. Acknowledging many of the MOH's notable efforts, the ministry has yet to take concrete steps to promote MHPSS policies and services for female survivors at various health care levels and to ensure their integration into the overall GBV health response system. The ministry has expanded geographical coverage and access of female survivors, including women with disabilities, to specialized GBV services through family counselling clinics and GBV focal points in all West Bank districts. Furthermore, setting up the first MOH's GBV room in Gaza and increasing the number of GBV focal points indicate a favourable, albeit fragile, shift in the political will to address GBV. However, not all GBV clinics and rooms have a physical setting that meets minimum acceptable standards of privacy, confidentiality and safety for survivors and service providers. The MOH's emergency GBV services continue to be free of charge and the further exemption of survivors from fees for follow-up treatment will increase access. Meanwhile, mandatory reporting continues to discourage female survivors from approaching services. Adopting the National Observatory of Violence against Women (Al-Marsad) in the Health Information System (HIS) is a step forward, but it faces the challenge of unresolved technical problems, which could affect the quality and use of data, along with the system's uneven implementation in the other two sectors. MOH GBV services continue to run on limited working hours in Primary Healthcare Centres (PHCs), in district offices and in Gaza's GBV room even though female survivors of sexual abuse and rape are referred to these services from sector NGOs and UN service providers.

In the continued absence of the Family Protection Bill, which criminalizes violence against women and girls, GBV policies and services of the Justice and Police sector have witnessed breakthroughs and setbacks. For instance, in the West Bank, the family and juvenile protection units of the Palestinian Civil Police (PCP) and the Specialized Public Prosecution (SPP) developed guidelines to address incidents of cyber violence against women and girls that would expand the range of services. Nevertheless, the SPP's downscaled mandate denied female survivors of sexual violence, outside the domestic domain, access to specialized prosecution services. FJPUs have increased their workforce and enhanced their specialized capacity and preparedness to respond to women with disabilities and to provide GBV services during emergencies, in addition to gradual improvements of the units' infrastructural and physical settings. However, the coverage of services remains very limited in Area C, Zone H2 and East Jerusalem, and the staff are unskilled in providing remote GBV services to those areas or during crises like the pandemic. In Gaza, GBV services have been slowly evolving through specialized services of the PCP's female and child protection (FCP) rooms, through the Ministry of Interior (MOI) endorsing

the National Referral System as a regulatory tool and through designating a workforce to operate rooms at the central and district levels. Conversely, specialized prosecution and judiciary are not in place in Gaza, hence GBV-sensitive legal processes continue to be interrupted by having to litigate and adjudicate GBV incidents of female survivors. Although the PCP's GBV services are in place in Gaza, they remain underdeveloped and in need of further support to meet the required standards. Of equal importance is the need to undertake a parallel review of the SPP and the High Judiciary Council's (HJC) GBV model of services in the West Bank and to remedy gaps and impediments at the national level.

There have been several notable developments in the social sector when it comes to addressing GBV against women and girls, especially since the updating of the National Referral Protocol in the West Bank. In the past three years, the Ministry of Social Development (MOSD) adopted a policy of inclusive services for vulnerable groups of female survivors and enhanced its emergency planning and response to increased GBV risks during crisis. The ministry is also revising shelter SOPs to reflect these changes, mainly in the West Bank. The MOSD in Gaza recently adopted the 2013 referral system alongside the MOI-police and the MOH, marking a step forward for the standardization of the GBV protection system. However, limited financial, human, and technical resources and geopolitical fragmentation continue to hamper the implementation and harmonization of policies and services at the national level. Similarly, despite the growing partnership between MOSD and NGO stakeholders for improving the quality of GBV services challenges continue to arise with regard to mental health services, economic enablement, job creation, the provision of opportunities for education and housing, all of which hinder the rehabilitation and reintegration of female survivors. Reforming sheltering policies and services in the West Bank and Gaza continues to be vital to ensure effectiveness and to reach all vulnerable groups of women and girls in all conditions. The physical setting of child protection units has improved in the West Bank, but the lack of effective protection mechanisms continues to undermine the safety of survivors and service providers.

The outbreak of the pandemic in the past few years increased the risks of GBV against women and girls, and adversely affected access to GBV services during lockdowns. This caused an unfavourable shift in priorities at the policy level. Pandemic control measures not only limited the resources available for GBV in all sectors, but also aggravated challenges in service provision. Undoubtedly, common challenges in the sectors continued to be linked to the inconsistent implementation of the updated national referral system and to sector regulatory tools in the West Bank and Gaza, as well as the denial of access to Area C, Zone H2 and East Jerusalem. Despite progress in the three sectors, the capacity and attitudes of service providers persistently require further development to face new challenges and mitigate the effect of staff rotation on the quality of services. This is particularly important since monitoring and complaint mechanisms in the sectors do not have specific components to address weaknesses or misconduct in GBV service provision, thereby undermining the quality of GBV services and the accountability of service providers. On the other hand, the lack of a solid protection mechanism for service providers in the health and social development sectors puts their safety at risk, while the absence of psychological support for service providers in the three sectors increases risks to their psychological health. Similarly, the physical setting of GBV spaces in the sectors, though notably improved, still needs additional efforts to meet the minimum acceptable standards, particularly in Gaza. The limited working hours of relevant GBV services, and the lack thereof during lockdowns, continue to be a concern when it comes to these services being available and accessible to women and girls in need, especially during crisis. This makes it essential to find new remote work modalities for service provision in the three sectors.

Despite sectoral and national efforts to develop and implement a national system for collecting data on female survivors of GBV (Al-Marsad), it is still not possible to generate standardized national GBV data. Information management systems in the three sectors continue to be disintegrated since they lack unified approaches, data collection tools and information-sharing mechanisms. Unresolved concerns and the incompatibility of the Al-Marsad system with existing sectoral reporting systems must be sorted out in the Social Development, Justice and Police sectors to ensure there is consensus on using the system at the national level. In addition, GBV information management systems in humanitarian settings must harmonize data collection tools and approaches in order to be able to adapt to emerging crises and to meet the data needs of the various humanitarian actors.

# 6. RECOMMENDATIONS

## National Level

• Create an **open dialogue** on issues of GBV and sexual violence against women in the West Bank and Gaza, not only as a human rights issue but also because they represent a hindrance to national development and the economic dividend.

• **Advance the endorsement and implementation of national legislative tools that criminalize GBV; enhance its prevention or mitigate its impact on female survivors** in the West Bank and Gaza through targeted advocacy and tangible enforcement mechanisms (i.e. the Draft Family Protection Bill, the repealed articles of the Penal Code and the raised age for marriage).

• Advocate for enhancing **GBV-sensitive national planning and budgeting** and reinforce partnerships with relevant national and international organizations and donors.

• Reinforce **partnerships with Sharia judiciary and with credible faith-based organizations, religious scholars** and selected community leaders, and institutionalize these partnerships by producing joint guidelines and documentation for tackling GBV.

• **Integrate successful humanitarian GBV practices in national GBV systems** to reinforce national capacity and to ensure the sustainability of programmes.

## Common to the Three Sectors

• **Harmonize and roll out the GBV national referral pathway and unify implementation** guidelines and standardize implementation across sectors and regions (Gaza) with clear guidance for roles, responsibilities and accountabilities.

• Anticipating endorsement, **develop a strategy and a costed plan of action for the implementation of the Family Protection Bill,** particularly in the health and social development sectors, accompanied by a fund-raising strategy with government and donors.

• **Advocate against mandatory reporting of GBV incidents of female survivors** in the health and social development sectors.

• **Reinforce prevention** efforts and combat **adverse attitudes of GBV service providers** by developing staff selection criteria, assessments of preparedness for GBV work, GBV-specific job descriptions and performance evaluations.

• Prepare a **consolidated multisectoral capacity-building plan** for the three sectors on the required knowledge and skills for collective work, including providing services remotely.

• **Develop GBV-specific performance monitoring mechanisms** in order to ensure the quality of GBV services and **accountability mechanisms** in cases of underperformance or misconduct (i.e. complaint mechanisms and disciplinary measures).

• **Extend GBV service provision** to achieve a 24/7 cycle by assigning on-call staff and providing remote services using virtual communication platforms.

• Prepare a list of the **minimum acceptable standards for the physical setting** of GBV services and seek out financial and infrastructural resources in order to ensure that all sector **facilities** meet those standards.

• Develop solid **protection mechanisms** for survivors and **GBV service providers** alike to include risk mitigation measures and on-call protection teams from law enforcement personnel, community leaders and influencing bodies.

• Ensure the **endorsement and rollout of Al-Marsad** as a national GBV observatory in the West Bank and Gaza and reinforce the **standardization of existing GBV data-reporting mechanisms** and information management systems in the three sectors.

• Reinforce knowledge management and creation of solid evidence to inform policy and strategic direction of GBV protection services in the sectors, particularly reintegration of survivors in families and communities

• **Propose compatible mechanisms for service provision in Area C,** East Jerusalem and Zone H2 by utilizing available community resources, thus creating active protection networks and reinforcing the capacity of NGOs in those areas to provide GBV services.

## Health

• **Capitalize on the recently formed multisectoral steering committee** for addressing violence in Gaza in order to strengthen advocacy, sensitize policy makers and advance policies and services addressing GBV against women and girls.

• Create a **comprehensive GBV working strategy and costed plan for creating specialized GBV services** and teams in Gaza and for the further development of FCC in the West Bank.

• Prioritize **endorsing the clinical management of rape (CMR) protocol** and developing a national CMR strategy in order to operationalize and harmonize CMR service delivery at the national level.

• Advocate that the Council of Ministers **endorse and implement the exemption of fees** for the full medical treatment of violence against women (VAW) survivors in all hospitals.

• **Improve the physical setting of GBV clinics/rooms and forensic medicine services, particularly in terms of** infrastructure and necessary medical supplies (post-exposure prophylaxis - PEP kits) and undertake an assessment of existing family counselling clinics/GBV rooms in relation to acceptable minimum standards.

• **Reinforce cooperation between the MOH and the Ministry of Justice (MOJ)** through a memorandum of understanding that allows for the joint implementation of GBV-friendly services (i.e. revising terms of reference of forensic staff to reflect the GBV component, joint capacity building and tracking of victim/survivor cases after referral to those services).

• Drawing on existing mental health referral protocol and IASC's mental health and psychosocial support guidelines, **create clear guidelines for first aid psychological intervention and referral to mental health and psychosocial support services** within the MOH and from other sectors.

## Justice and Police

• **Assess GBV services** in the sector in **Gaza and develop a costed plan of action to advance** PCP, prosecution and judiciary services. Similarly, assess the status of SPP and specialized judiciary in the West Bank and develop a plan to address challenges, mitigate regression and enhance progress.

• **Ensure that the physical settings and locations of FJPUs and FCP rooms** meet minimum acceptable standards.

• Build the **capacity of the Justice and Police GBV service providers in the remote delivery of services when physical access to services is not possible** (i.e. online/virtual interviews and court sessions, legal aid and legal counselling services, etc.).

• **Develop a targeted advocacy strategy** with policy makers in the Justice and Police sectors for **legal reforms pertinent to the penal code and for the endorsement of the Family Protection Law**; also, adopt the updated national referral system and guidelines in Gaza. Meanwhile, reinforce the capacity of the **Justice and Police sectors** to implement latest amendments on the enacted penal codes in the West Bank and Gaza and to harmonize processes across the country.

• Create a mechanism for **periodic psychological support** (i.e. helping the helpers) to sustain the quality of performance and services **of staff members in FJPUs and FCP rooms**.

## Social Sector

• Advocate with the MOSD's decision makers in Gaza to adopt and **implement the updated referral protocol and the unified implementation guidelines, along with a policy of inclusive sheltering services.**

• Ensure the **revision and rollout of shelter SOPs** in the West Bank and Gaza to enable implementation of inclusive sheltering policies.

• Advocate with relevant authorities for an **incremental increase of sector budget and quota for hiring** GBV counsellors in the West Bank and Gaza. Meanwhile, enhance the outsourcing of essential services that the MOSD lacks from key NGO partners while ensuring donor support.

• **Create and sustain temporary safe places** for the protection of female survivors of GBV who do not meet shelter criteria, particularly in Gaza.

• **Enable NGOs in Area C, Zone H2 and East Jerusalem** in the West Bank to provide GBV social services to vulnerable groups and to create community-based protection networks and safe places in those areas, ensuring integration with national GBV protection systems.

• Reinforce **economic enablement and livelihood skills programmes** for survivors by including vulnerable women and girls in **governmental social protection schemes** and livelihood programmes of other sectors and by exploring partnerships with **women's microfinancing programmes, banks and private sector businesses as feasible.**

• Develop a reader-friendly and **accessible directory of services and service provider focal points in the sector** and circulate it widely through social media platforms, specialized applications and helplines in order to raise women's and girls' awareness of those services and how to reach them.

## Coordination and Governance of Coordination

• **Reinforce the capacity of the VAW** National Committee to **lead coordination processes and convene GBV stakeholders** in the West Bank and Gaza around strategic priorities and concrete mechanisms to address persisting challenges in the new **national strategy for combating VAW (2022–2030).**

• **Develop a national coordination plan of action** in which coordination responsibilities of individual agencies are clearly stipulated, agreed, and monitored.

• Review the status of implementation of the **National Observatory (Al-Marsad)** across sectors, and also **identify challenges and formulate and implement a plan of action for adapting the system** in the Social, Justice and Police sectors and in **information management systems.**

• Enhance the capacity of Al-Marsad users across sectors in **GBV data handling,** re-emphasize ethical commitments to the **protection of data of women and girl survivors and develop information-sharing protocols within and across sectors.**

# 6. Updated colour Coded Matrix

**Country: Palestine**

The color-coded tables are used to indicate **level of required efforts** and support to strengthen GBV services to attain the standards set by the Essential Services Package and should not in any way be interpreted as a reflection of the type or quality of services provided in a country.

- Red means that major efforts are needed to strengthen the capacity of GBV services as few or no programmes/services available, or that access to these services is extremely limited. It can also mean that the response systems in place are not victim/survivor-centred
- Yellow means that moderate efforts are needed where there are some interventions/services available, but they have limitations.
- Green means that very limited efforts are needed as GBV services are in place and closer to the ESP standards yet capacity and quality need to be maintained and strengthened

| | | | | |
|---|---|---|---|---|
| Law criminalizing violence against women and girls | | | | Palestine does not have a law that criminalizes domestic violence. Family Protection Bill is under review for the third reading. |
| Review questions | H | J & P | SS | |
| Continuum and characteristics of GBV services | | | | |
| Policy and legislative frameworks | | | | • The MOH's implementation of policies is inconsistent in general and sometimes limited, particularly in Gaza. Mandatory reporting of women to police is legally binding, discouraging them form approaching services. National policies on MHPSS have not been prioritized in the National Policy Agenda or budget, however, at decision-making level, there is a gradual positive shift towards GBV.<br>• Justice and Police commitment is growing but the current legal framework continues to discriminate against women and girls. Unfavourably, the SPP GBV mandate in the West Bank was narrowed down.<br>• The MOSD policy framework was enhanced by adopting a policy for inclusive services and revising sheltering SOPs as well as developing a sector action plan for emergency response to increased GBV risks during crisis. |
| GBV specialized units/teams for provision of GBV services | | | | • The MOH has specialized Family Counselling Clinics and district focal points in all districts of the West Bank; four out of five districts in Gaza lack GBV rooms and specialized teams and forensic medical team require further support and specialization.<br>• The PCP – FJPUs and FCP rooms provide GBV services in all districts in the West Bank and Gaza; not all women and girl survivors of violence benefit from specialized litigation and adjudication services due to the lack of capacity of law enforcement personnel, the limited mandate or a lack of specialization.<br>• MOSD Women Protection Units and specialized counsellors are in place; however, capacity of MOSD varies between West Bank and Gaza. |

| | | | | |
|---|---|---|---|---|
| Availability of GBV services | | | | • The MOH GBV services are almost lacking in four districts in Gaza -- psychological support is not in place, mental health services hampered by fragmented referral protocol.<br>• Services are in place in Gaza but not available in Area C, H2 and East Jerusalem.<br>• Economic enablement and job creation are very limited in shelters, while referral to mental health services is lacking. |
| Geographical coverage and vulnerable groups | | | | • The MOH provides services at national level, including to women and girls with disabilities; limitations in service provision exist in Gaza.<br>• Police FCP rooms exist in Gaza unlike SPP and specialized Judiciary.<br>• GBV social services include women with disabilities, mild mental disorders, ex-prisoners, sex workers and drug addicts. |
| Accessibility of GBV services | | | | • The MOH emergency GBV services are free of charge, while forensic examination requires payment.<br>• Services are not adapted to some vulnerable groups of women and girl survivors.<br>• Many women and girls are unaware of the existence of services in the three sectors.<br>• The institutional culture in the three sectors is predominantly judgmental, which reinforces stigma and victim blaming, resulting in women not opting to seek professional services.<br>• Social sector services including sheltering services are limited in capacity and continue to be restricted by entry policy in Gaza. |
| Risk assessment and safety planning | | | | • Lack of protection mechanisms particularly in the health and social sectors, exposes safety of survivors and service providers alike. Survivors are safe in shelters. |
| Privacy and confidentiality | | | | • Existing health GBV services in Gaza are still in the early stages and not all West Bank Family Counselling clinics provide required degree of privacy and confidentiality. Coding of GBV incident reports is inconsistent in the West Bank and is not in place in Gaza.<br>• Placing majority of FJPUs and all FCP rooms within police stations limits confidentiality and privacy.<br>• Women Protection Units were upgraded in physical setting and size in the West Bank. |
| Foundational elements | | | | |
| Intersectoral SOPs and referral pathways | | | | • Divergent policy frameworks continue to evolve further apart based on the geopolitical split (WB/EJ/Gaza), plus the type and mandate of stakeholders (Government/ NGOs, UN and private sector) in humanitarian and development settings.<br>• Multiple SOPs and referral pathways continue to exist in the West Bank and Gaza, although the 2013 national referral system has been recently endorsed in Gaza. |
| GBV units' infrastructure and teams' working hours | | | | • The infrastructural and physical setting of Family Counselling clinics, GBV rooms, interview spaces, FJPUs and FCP, a few forensic clinics , and shelters generally requires moderate efforts to meet minimum acceptable standards in the three sectors.<br>• Limited working hours of services in the three sectors, apart from police FJPUs and FCP rooms and family counselling rooms in hospitals. |

| | | | | |
|---|---|---|---|---|
| Workforce and training | | | | • Training of GBV focal points and teams of MOH has not advanced since outbreak of COVID-19. In Gaza, staff of MOH GBV room work on voluntary basis.<br>• FJPUs have inception and specialized training for staff including providing GBV services to women and girls with disabilities.<br>• GBV staff in all sectors do not receive psychological support (Helping the helpers) to sustain good performance and quality services.<br>• Training is sporadic, tailored more to sector needs than intersectoral required capacities; staff selection criteria for GBV work and preparedness are inconsistent. |
| Geographical coverage and vulnerable groups | | | | • The MOH provides services at national level, including to women and girls with disabilities; limitations in service provision exist in Gaza.<br>• Police FCP rooms exist in Gaza unlike SPP and specialized Judiciary.<br>• GBV social services include women with disabilities, mild mental disorders, ex-prisoners, sex workers and drug addicts. |
| Monitoring and complaint mechanisms | | | | • Performance-monitoring mechanisms in the FJPUs and WPUs have improved; however developing staff individual plans, targets and indicators is not a standard procedure in the three sectors.<br>• Complaint mechanisms are either lacking or do not have specific components to address weaknesses or misconduct in GBV service provision across sectors |
| Budget of GBV services | | | | • MHPSS services are least supported within MOH, with less than 2% of MOH budget allocated for such services, which limits availability and access to these services not just in the sector but across the other two sectors.<br>• GBV work in the three sectors continues to be significantly underfunded with limited access to national financial resources and is overly dependent on external, intermittently available funds, all of which perpetuates a project-based approach rather than sustainable national programmes. |
| Information Management system (including GBV IMS) | | | | |
| GBV data reporting system/s | | | | • The MOH was able to adapt Al-Marsad National Observatory on VAW; the system is online and currently on trial in the West Bank.<br>• The Information Management Systems (IMS) in the other two sectors continue to be separate, some being inadequately developed. Both sectors were unable to adopt AL-Marsad due to technical challenges and reservations about user authority provisions. GBV service providers in Gaza use IMS systems that have not been standardized across sectors or with Al-Marsad.<br>• Still not possible to generate reliable and standardized national GBV data. |
| GBVIMS | | | | • During the pandemic, the GBVIMS was replaced by the 5 Ws, OCHA-reporting mechanism, which interrupted DGO reporting of GBV incidents in all sectors. An updated GBVIMS+ was developed for use by humanitarian NGOs (DGOs) in the West Bank and Gaza. However, GBVIMS+ remains isolated from Al-Marsad and sectoral information systems and reporting mechanisms. |

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| Harmonized standard data collection tools across sectors | | • The MOH use Al-Marsad National Observatory on VAW, which provides standardized tools and data collection approaches different than those of PCP-FJPU and MOSD, which use sector-specific forms. In Gaza, where forms are not standardized across sectors and among stakeholders, the forms meet the data individual requirements of each sector. |
| Protection of data/ info | | • Access to information in Al-Marsad is protected and regulated by officially-assigned users, passwords and authorities. FJPUs and MOSD paper-based data collection tools and Google forms are not coded or adequately protected. Issues of coding and confidentiality require further development at the level of service providers/users in all sectors. |
| Information use and management | | • Al-Marsad enables users to generate reports/data often to inform service provision rather than policy reform in the health sector. The system faces some problematic issues and has yet to be adopted by all sectors, generating national consolidated data to inform GBV services and policies; however, making progress with this, continues to be a challenge. |
| Coordination and governance of coordination | | |
| Coordination mechanisms exist at national and subnational level | | • Multiple mechanisms are in place but linkages between the different levels of coordination mechanisms and between the West Bank and Gaza continue to be weak.<br>• Commitment of member organizations, particularly NGOs, is primarily ethical rather than legal and based on personalized relations, which jeopardizes the sustainability of the coordination process. |
| National strategies and policies | | • National strategies exist and are being updated for a new cycle, but implementation in the sectors continues to be uneven and is subject to available resources, capacities, and willingness and prioritization. Moreover, the continued political split and protracted humanitarian situation in Gaza serve to undermine s coordinated implementation of GBV development policies, which reinforces disintegration. |
| Resources (financial, technical and authority) available | | • The National Committee for VAW continues to be limited in its financial resources; however, the Council of Ministers has supported the hire of 16 focal points at district level to collect data (for Al-Marsad).<br>• While the Committee has a binding mandate and high-level representation of the sectors, it lacks the adequate technical capacity to convene partners and forge the way at national level. Training opportunities on coordinated planning, implementation and evaluation of collective efforts are slim.<br>• Majority of coordination mechanisms at different levels are neither adequately institutionalized nor sufficiently supported by technical, financial or human resources to assume coordination functions effectively in the West Bank and Gaza. |
| Coordination plans, monitoring and accountability mechanisms in place | | • Coordination responsibilities of individual members of VAW National Committee are not specified or agreed; moreover, coordination action plan and tracking mechanisms do not exist, which makes monitoring, accountability and evaluation of the coordination process difficult to implement. |

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