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Juzoor for Health and Social Development

Gender-Based Violence During COVID-19 Pandemic Palestine – May 2020

This is the first policy paper published by Juzoor. There will be more policy papers to follow that will assess the impacts and risks that coronavirus has on the Palestinian communities and recommendations to address these challenges. This is part of Juzoor's contribution towards policy dialogue during the COVID-19 pandemic.

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INTRODUCTION

Gender Based Violence (GBV) increases with crises and heightened tensions . The spread of COVID -19 has further complicated the situation in the State of Palestine living under occupation with ongoing violence as a result of occupation related policies and measures against the Palestinian people, including the siege on the Gaza Strip (GS) and simultaneously, facing an aggressive virus warranting immediate interventions and risk mitigation.

While all populations of the globe are vulnerable to COVID-19, yet there are those who are the most vulnerable including the elderly, women and children who are generally disadvantaged compared to others and most subject to increased GBV under crises when there is increased unemployment, restrictions of mobility and heightened tensions, fears and anxieties creating more demand for already limited services.

While all populations of the globe are vulnerable to COVID-19, yet there are those who are the most vulnerable including the elderly, women and children who are generally disadvantaged compared to others and most subject to increased GBV under crises when there is increased unemployment, restrictions of mobility and heightened tensions, fears and anxieties creating more demand for already limited services.

Geographic areas at most risk in the occupied State of Palestine include: the GS with a compromised and overburdened health system under a long time siege and one of the highest densely populated areas in the world with soaring poverty and food insecurity under economic crisis .Additionally, Area C and East Jerusalem (EJ) neighborhoods outside the wall (Qalandia, Kafr 'Aqab and Shuafat Refugee Camp) lacking adequate community infrastructure and services and EJ inside the wall with limited testing facilities and hospitals with grave budgetary deficit and shortages in equipment and medicines.

The State of Palestine is further challenged by an under-equipped health sector and an existing fiscal crisis caused by the Government of Israel withholding of Palestinian revenue along with exploitation of Palestinian resources by the occupation and lack of control of Palestinian resources necessary for moving the economy. The COVID-19 crisis with its necessary emergency measures will have its toll on the Palestinian economy now and post COVID-19.

This policy paper responds to the need for effective, responsive, and equitable policies, as part of the state of Palestine's preparedness and responsiveness to protect its citizens with focus on GBV which is expected to increase during crises.



On March 5th, 2020, the Government of Palestine (GoP) and after the detection of the first cases of COVID-19 infection in the city of Beit Jala were diagnosed, declared a State of Emergency across the country. The GoP's strategic approach has been designed to protect citizens (particularly the most vulnerable) from infection while also mitigating the stress on an already strained health care system.

THE GoP'S APPROACH

(1) Preparation of the emergency response plan while contacting local and international partners to mobilize health professionals and facilities across the WB

(2) Containment and suppression: through testing, quarantining and restrictions on citizen movement

(3) Public health outreach: through a national coordinated communications campaign, with daily public health and situation updates to citizens via various sources

(4) Transparency measures: through twice daily briefings and updates on COVID-19 cases and guidelines for citizens

(5) Regional coordination: with Jordan and Israel ¹

The State of Emergency entailed various directives related to people's movement and access to services including on social distancing, banning social gatherings closure of businesses, closure of all schools, universities and public parks, closure of all borders and testing of travelers, no movement between governorates, closure of all stores, public institutions and government offices, except for essential providers (pharmacies and food) and the Ministries of Health, Finance and others whilst stressing the importance of people staying home supported by a communications campaign to encourage citizens to protect themselves and follow government guidance. A national emergency committee was established to oversee crisis management as a result of COVID-19. The state of emergency was extended for another month up to May 5th.

On April 29th there have been 501 reported cases of COVID -19 in Palestine: **326 cases in the WB, 17 in the GS and 158 in EJ. 95 have recovered and 4 cases have been declared dead inclusive of EJ².**

The performance of the GoP in managing the crisis³ and keeping Palestinians informed on developments in daily briefings was favorably perceived . It was also favorably assessed by WHO. This performance has somehow narrowed-even to a small extent- the gap between the government and the public with **96%** trusting the government and its measures⁴.

¹ State of Palestine State of Emergency: COVID-19 Response Plan

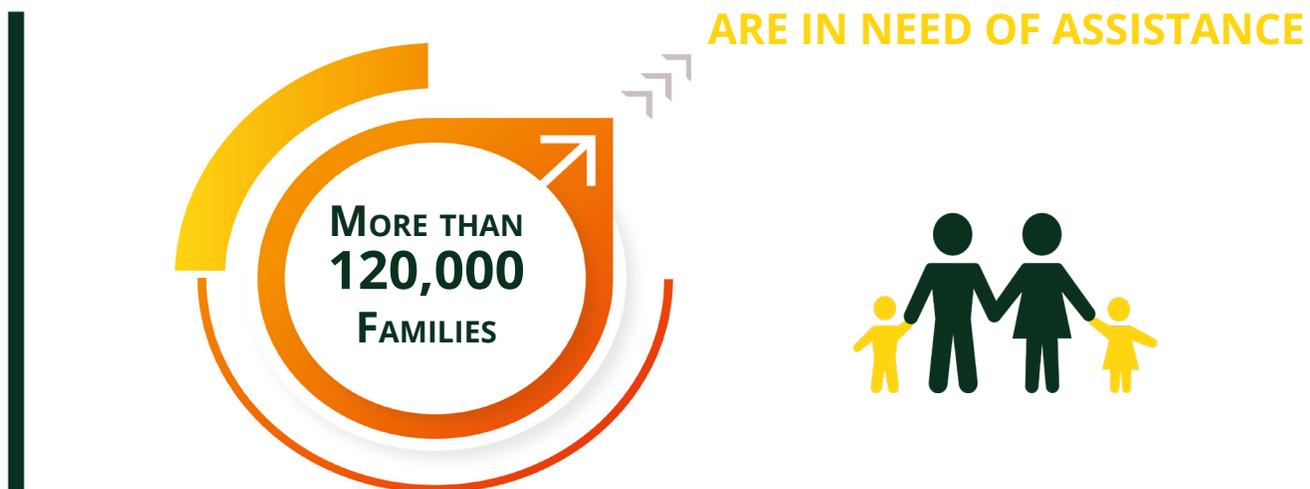
² www.corona.ps/details - April 29, 2020

³ <http://www.alquds.com/pdf/1585692358662077700/1585728708000/>

⁴ Joint poll conducted by JMCC and Juzoor for Health & Social Development over #Covid-19, released on 5/4/2020. <http://www.jmcc.org/news.aspx?id=3819>

The spread of COVID-19 has caught all by surprise. Its required preventive and disease containment measures have resulted in extensive disruptions to daily lives. The GoP found itself overwhelmed with re-prioritization of already limited resources and health services toward COVID-19 response. Simultaneously, the crisis and the declared Emergency State has had its toll on an already weak Palestinian economy impacting all strata's of population albeit to various extents. The hardest hit by the lockdown and movement restrictions are the self-employed men and workers in Israel, men and women in the informal labor market and in general, women, children and the marginalized.

Children have found themselves locked down in already limited spaces with no schooling and energy release venues. Men, especially workers in Israel and other daily paid workers, have found themselves unemployed not knowing when and how they will be able to provide for their families while confined in generally densely populated dwellings. Tensions mount and potential of abusing of and being abused by family members increases with further lockdown fatigue, loss of income and continued uncertainty. There are estimates that over **120,000** families are currently in need of assistance. This number is expected to rise with addition of the new poor category as a result of the deteriorated economic crisis due partly to COVID-19.



Women's caregiving and traditional responsibilities have mounted with all family members locked down at home with increased demands. With no schooling and girls and young women locked down at home, there is greater risk of exploitation and GBV with lack of privacy and impediments to seeking help even if they wanted to⁵. The Women's Center for Legal Aid and Counseling (WCLAC) reported that the majority of consultations they received in the first month of the crisis were about deprivation of social and economic rights, followed by psychological, physical, emotional, and sexual violence. Around **50%** of consultation was sought by city dwellers, noting a sharp increase of calls from the previous months⁶.

5 SAWA increased its helpline service hours to 24 hours a day, and activated its WhatsApp and Facebook and have recorded increased calls from women seeking on line support and increased abuse by partners.

6 WCLAC-Palestine. Through its 24 hour hotline service

Public health crises may deepen gender inequalities and have devastating impacts on girls and women including sexual exploitation and early marriage⁷. Crises and lockdowns may not only increase GBV related risks and violence against women and girls, but also limit survivors' ability to distance themselves from their abusers. It is however, difficult to assess the extent of abuse under the current crisis while relying solely on reported cases and data from consultation seeking services. This is due to various impediments challenging the seeking of consultation and help including difficult access in crisis conditions or no access to phones, lack of privacy to contact support systems and others. The impact of the current crises in terms of GBV will be left to be seen in the future and will certainly warrant additional services to respond to the emerging needs. However, with all resources and efforts currently geared towards containing the virus, women's already limited GBV services become less accessible and available and secondary despite rising need. This is in addition to, a lack of coordination on the national level, with respect to services available, and insufficient funds and resources for organizations focusing on protection and life-saving assistance⁸.

RELATED RAPID ASSESSMENTS



Juzoor examined the impact of the COVID-19 outbreak and lockdown on family relationships, and whether the lockdown is causing increased violence against children, wives, husbands, and other family members⁹. **The findings indicated that:**

- ▶ Men and women agree on most reported stressors during the lockdown including: family members home all day, distance from friends and family, difficult financial situation, not going to work, housework, children at home and helping children with studies .
- ▶ Difficult financial situation was the most reported stressor by participants.
- ▶ 19.5% indicated domestic violence increased during the lockdown and 70.8% believe it will further increase with the extension of the lockdown.
- ▶ Most believe parents are the main source of help for victims of violence. Sources of help mentioned least by all participants were family protection services and the helpline. None of the participants who mentioned the helpline as a source of help were able to give the helpline number.
- ▶ General agreement on most reported fears during the lockdown, including: contracting COVID-19, interruption of children's education and loss of income. Almost the same proportion of men and women expressed a fear of lack of access to health care services and medicines.

7 Policy Brief Care Palestine - April 2020

8 Ibid

9 Conducted a household phone survey on a random sample of adults residing in the West Bank, including Jerusalem (J2). Multi-stage random sampling was used to select 800 Palestinians aged 18 years and older for the survey. Data was collected in April 2020, and the response rate was 79%. Half of the sample was below 40 years of age, 19% had non-communicable diseases, and 18% had at least one elderly person (aged 65 and above) living at home while 94% of survey participants lived with members of their nuclear family and half of the study participants had more than two children).

- ▶ General agreement on reported family violence among male and female participants. Reporting exposure to violence in general was more prevalent among those who had completed their secondary education or in college, compared to those with at least a Bachelor's degree.
- ▶ A larger proportion of husbands reported never having been exposed to verbal (cursing, screaming, name calling) or physical violence (beating, slapping, pushing, throwing objects at, pulling hair, strangling, injuring with a sharp object) from their spouse compared to wives.
- ▶ Regarding changes in violence under lockdown, most married men and women reported that they were less exposed to violence or that there was no change in violence during the lockdown. An increase in physical violence was reported more by husbands than wives, which was the opposite of reporting for verbal violence. Verbal violence by husbands was reported more among younger wives.
- ▶ Fathers and mothers agreed regarding changes in physical violence against their children. Mothers especially the younger ones however, reported more verbal violence against children compared to fathers.
- ▶ There was a cluster of violence within families: A strong relationship between coming from an abusive family, violence against a spouse, and violence against children.
- ▶ Male and female participants indicated that family members have been more supportive during the lockdown, and males helping more with housework. Smaller proportions of males and females indicated an increase in family problems during the lockdown.
- ▶ Interviewed wives and husbands reported an increase in spousal support during the lockdown. Almost half of married men participating in the study reported helping more with children compared to before the COVID-19 lockdown.
- ▶ Participants who reported a fear of not being able to secure food for their family had more reporting of fears related to health care and stresses related to social and family situations.
- ▶ Based on the reported feelings in the past two weeks¹⁰, the majority of study participants had poor well-being: negative mood (never felt cheerful and in good spirit or felt calm and relaxed); low vitality (never felt active and vigorous or woke up feeling fresh and rested); and daily life never been filled with things that are interesting. Factors associated with low level of wellbeing were: fear of inability to secure food for family, financial stress, distance from friends, family members home all day, and housework.

¹⁰ Using WHO 5 well-being index

A summary of early gender impacts of the COVID-19 Pandemic by Care-Palestine

The summary revealed¹¹ that:

- ▶ The outbreak of COVID-19 has had little impact on household decision-making patterns among respondents.
- ▶ A majority of female small business owners were forced to reallocate money previously dedicated to their work or business to the household.
- ▶ Husbands continue to have greater control over family resources than wives.
- ▶ Significantly fewer female respondents than males reported having safe access to health facilities inside and out of their community.
- ▶ More than half of respondents reported food insecurity since the outbreak of COVID-19.
- ▶ Most households of male and female respondents have not received any kind of humanitarian assistance during the COVID-19 crisis. However, respondents report that they are in a safe shelter, and one that is appropriate for women and girls.
- ▶ GBV appears to have increased among Palestinians since the onset of the crisis and limitations on movement.
- ▶ Adequate hygiene is a clear unmet need for male and female respondents, with a large majority reporting not being able to meet their hygiene needs in the pandemic.
- ▶ Twenty-four percent of CARE respondents noted increase in GBV security concerns facing women and girls, intimate partner violence, and domestic violence.
- ▶ The majority of respondents used the internet to stay informed on COVID-19 and related messages.
- ▶ Female participation in community and political organizations supporting the COVID-19 response is marginal, with implications for its reach and impact.
- ▶ The main priority needs for male and female respondents are livelihoods, shelter, water and healthcare.
- ▶ A significant decline in their livelihoods and income as a result of the crisis.
- ▶ Females found earning a living in the outbreak more difficult than males.

¹¹ A Summary of Early Gender Impacts of the COVID-19 Pandemic. CARE Palestine WBG COVID-19 Rapid Gender Assessment-March 2020. Assessment targeted a sample of beneficiaries of CARE Palestine WBG projects by gender and age, to assess their risks and vulnerability during the crisis. Camps or communities were selected to gather information from women, men, and youth at different locations through CARE staff in the WB and Gaza who conducted structured interviews from April 9-12, 2020 with 51 respondents.

RECOMMENDATIONS & NEEDED ACTIONS

A multi-sector approach involving all actors is critical in efforts to respond to COVID-19 and to take GBV into account within their program planning and implementation. With increased vulnerability as a result of the spread of COVID-19, state and non-state actors are urged to follow and institute protective measures pertaining to increased or potential increase of violence of all forms but in particular GBV. **The following actions are required:**

The Government of Palestine

Short-term Recommendations:

- ▶ In line with UNSCE1325, ensure women representation in committees for decision making on COVID-19.
- ▶ Include GBV prevention and response as part of Palestine's COVID-19 response.
- ▶ Support organizations providing services on GBV and attempt to exchange information regularly.
- ▶ Coordinate with training institutions and NGOs which have expertise in training on training staff of various related health occupations and geographic areas on COVID-19 related measures with focus on GBV including but not limited to disclosure of GBV, support required from professionals and child protection
- ▶ Provide support to organizations that offer GBV hotline services and other psycho-social services including shelters.
- ▶ Raise awareness on GBV targeting the population at large with related messaging targeting all groups.
- ▶ Conduct and/or support related organizations to conduct research and related surveys on COVID-19 and GBV targeting all population groups with Sex and Age Disaggregated Data (SADD)–Use results to inform policy makers, service provision and raising awareness.
- ▶ Attend to needs of health workers overwhelmed under the COVID-19 situation. Learn from current experience to inform a process of review of policies and services as needed in the future.
- ▶ Ensure operation of legal and protection services especially in vulnerable areas to tackle GBV
- ▶ Coordinate with the Israeli side as needed on referral, movement, crossing of workers, etc.



Long-term Recommendations:

- ▶ Despite the overwhelming needs and budget limitations, continue to seek inclusion of GBV related and women's health services budgetary needs in ministry budgets.
- ▶ Consistently monitor GBV trends under COVID-19 and beyond with support from Non-State actors.
- ▶ Respond to economic challenges and thus humanitarian needs of Palestinian families at large and specifically Palestinian women under the current crisis and beyond in cooperation with other organisations and humanitarian actors.
- ▶ Revisit GBV related policies, monitor compliance and ensure reporting on violations in pertinent documentation.
- ▶ Learn from current experience to inform a process of review of policies and services as needed under crisis in the future.

Non - State Actors: Civil Society & NGOs

Short-term Recommendations:

- ▶ Human rights organizations to ensure rights are not compromised in the course of implementing the Emergency State with focus on accessibility, availability and responsiveness of GBV services.
- ▶ Conduct research and related surveys on COVID-19 and GBV targeting all population groups with SADD –Use results to inform policy makers, service provision and raising awareness.
- ▶ Provide as much as possible assistance to related ministries in terms of advice, training and other fields¹².
- ▶ Media to include as a priority communication and messaging on COVID-19 in general including GBV and raising the voices of the voiceless and marginalized.
- ▶ Raise awareness on GBV targeting the population at large with related messaging targeting all groups including on GBV service availability and how to handle abuse, harassment, or violence at home and in community at large.

¹² Similar to for example among others the efforts of the Palestine Health Policy Forum and its supportive role towards the Ministry of Health and that of Juzoor foundation for Health and development in terms of training and messaging

¹³ For example, data provided by WCLAC and SAWA amongst others

¹⁴ P.L.O. Negotiations Affairs Dept. Israeli violations under Covid-19. 9 April 2020. Israeli violations during the first month under COVID-19 included killing of 3 Palestinians by the Israeli army, demolishing or confiscating 47 structures and raiding Palestinian cities with over 238 incursions and raids by the Israeli army into Palestinian areas. Additionally, arresting 267 Palestinians, while Palestinians were subjected to 87 settler terror attacks.

Long-term Recommendations:

- ▶ Work independently and interdependently and collectively towards cumulative effect on advocacy on GBV and most effective and efficient utilization of generally limited resources.
- ▶ Provide regular informative data on GBV to influence policy and services¹³.
- ▶ Continue fundraising for GBV services highlighting importance with implications of the current situation on the need of support to services now and in the future in the course of returning to normalcy.
- ▶ Advocate towards change of policy on GBV and wellbeing in general while learning from the experience and needs under COVID-19.
- ▶ Advocate and hold State actors to account especially in the absence of a functioning Legislative council.

Israel

Recommendations:

- ▶ Respect its obligations as an occupying power of most parts of the state of Palestine including EJ and Area C and thus its responsibilities towards the occupied people of Palestine on the WB and the GS. In this regard, the following is expected from its authorities on the protection and survival of the Palestinian people it occupies.
- ▶ Provide nondiscriminatory services (testing, quarantine, equipment, hospitalization etc) In EJ and Area C where the GoP cannot provide services and in line with what is provided and made available to Israeli citizens elsewhere in Israel¹⁵.
- ▶ Refrain from carrying out incursions, arrests and acts which further increase people's anxiety, fears and as a consequence domestic violence¹⁴.
- ▶ Refrain from impeding work of Palestinian individuals and groups trying to implement community wide preventive measures in areas under full Israeli Control (EJ and areas C)¹⁶.
- ▶ Unimpeded and facilitate work of humanitarian actors by easing/lifting restrictions on movement for material and service provision guaranteeing appropriate public health and safety measures and arrangements.
- ▶ Safeguard Palestinian Prisoners rights and health in Israeli detention centers according to international law¹⁷.
- ▶ Provide uninterrupted electricity non-conditional to immediate payments by the Palestinians which are difficult under the COVID-19 situation.
- ▶ Safeguard the rights and health of Palestinian workers in Israel. They have been the number one cause of rise of infected cases in Palestine¹⁸.
- ▶ Fully cooperate with the State of Palestinian – the GoP to counter COVID-19 and guarantee the safety of this community through containing the spread of COVID-19.
- ▶ Unimpeded movement of materials into refugee camps especially Shufat camp and refrain from allowing refugee camp dwellers from accessing health services challenged by checkpoints, the wall and others¹⁹.

¹⁵ Due to mounting pressure by Jerusalemites and the petition by Adalah to the High Court, Israeli Authorities set up four testing stations in East Jerusalem. See <https://www.adalah.org/en/content/view/9979>

The International/Funding Community

Recommendations:

- ▶ Make funding available for protective measures on COVID-19 now and in the future as related to protection and saving lives.
- ▶ Coordinate closely with the GoP/Ministry of health/Ministry of Social Development on needs of humanitarian aid and services now and Post Covid-19 crisis²⁰.
- ▶ Call for the accountability of Israel- the occupying power- to respect its obligations under international law including: **International Humanitarian Law, International Human Rights Law and the 4th Geneva Convention specifically:**
 - Removing restrictions on movement of material into the GS for provision of humanitarian assistance.
 - Refraining from destroying Palestinian property and services including home demolitions, destroying of tents for providing COVID -19 related services or preventing Palestinians in carrying out Sanitation services²¹ as well as destruction of water facilities.
 - Allowing a more equitable distribution and access to water resources for Palestinians.
 - Releasing Palestinian prisoners especially women and children and those with medical conditions and ensuring provision of necessary protective and health related measures.
- ▶ Coordinate efforts amongst international funders for greater coverage and distribution whilst collectively fostering ease of access, efficient procurement and delivery.
- ▶ Providing Support for Refugees through UNRWA to insure uninterrupted provision of services especially with high density, increased unemployment and lockdown effects.
- ▶ Ensure GBV related funding support is part of a long term strategy beyond COVID-19.
- ▶ Ensure funding support is implemented through best practices with cost efficiency and effectiveness.

16 <https://www.haaretz.com/israel-news/.premium-israeli-police-raid-palestinian-coronavirus-testing-clinic-in-east-jerusalem-1.8767788> .A clinic in the Silwan neighborhood set up by Palestinian medical teams to undertake tests was closed with allegations that it received testing kits from the GoP thus it posed a challenge to exclusive Israeli sovereignty over EJ. Another has been the arrest of four Palestinians who were distributing leaflets on how to protect against the virus and its spread in the city.

17 Check the third and Fourth Geneva conventions. Article 91 under chapter IV on Hygiene and medical attention includes provision of an adequate infirmary, under the direction of a qualified doctor, where attention and appropriate diet should be provided.

18 Tweet by the Palestinian PM on 19/4/2020 <https://twitter.com/DrShtayyeh/status/1251949773856309249>. The PM tweeted that 79% of confirmed COVID-19 cases in Palestine are among Palestinian workers in Israel and individuals who were in close contact with them.

19 Sami Mushasha-Occupation clamps down on UNRWA in Campds in Jerusalem. April 15th 2020

20 The expected increased Palestinian budget deficit due to the crisis/lockdown will limit ability to cover operating expenses of various government functions including the MoH and will jeopardize the social safety network and adequate fulfillment of response to COVID-19 plan requirements and ability to manage the pandemic. With the economic impact of COVID-19 and increasing unemployment ,a higher number of Palestinians are expected to need government support during the immediate COVID-19 period and afterwards until the economy picks up

21 As occurred in Silwan and Jerusalem