

# Now and the Future

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## Gender Equality, Peace and Security in a COVID-19 World

Palestine



# 1. Introduction and background

According to the Palestinian Central Bureau of Statistics' (PCBS) **2020 data**, 2.51 million Palestinian women and girls live across the occupied Palestinian territory (oPt). However, not all of them fall under similar political circumstances and policies.

Women lead in the Palestinian political struggle and take on advanced roles in their communities, yet they are still under-represented in key decision-making bodies and processes, according to **analysis** by UN Women. The Palestinian Authority (PA) recognises these pitfalls and accordingly, in 2016, launched the National Action Plan for the Implementation of UNSCR 1325 (2017-2019). The plan aims at: 'protecting Palestinian women and girls from violations of the Israeli occupation, holding it accountable internationally while ensuring the participation of women without discrimination both locally and on the international stage, developing protection mechanisms for Palestinian women and girls against the violations of the Israeli occupation, and working to increase the participation of women in peace-making and conflict resolution at all levels, integrating their points of view in peace and reconciliation agreements and addressing the impact of conflict on women'.

The oPt is fragmented into three parts: West Bank, East Jerusalem, and the Gaza Strip. According to the Oslo Accords, all three parts fall under the PA, however, this is not mirrored in reality due to the continued Israeli occupation and internal political struggles. As a result, different exposure periods and responses to the COVID-19 pandemic have occurred to date across the three areas.

## Consultations

Within the 'Now and the Future: Gender Equality, Peace and Security in a COVID-19 World' project launched by Gender Action for Peace and Security (GAPS), Mercy Corps (MC) worked with the Association of International Development Agencies (AIDA) and the Women's Centre for Legal Aid Counselling (WCLAC) to produce this country report for Palestine. The report outlines the impact of COVID-19 on gender equality, peace and security and makes recommendations for response to this pandemic and to future crises.

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AIDA and WCLAC interviewed 22 organisations working across the oPt to assess the immediate and long-term impacts of COVID-19 on women's and girls' rights, peace and security. The interviews, along with an in-depth desk review of published assessments and reports, have shown that women and girls have been highly impacted by the pandemic, specifically during the imposed lockdowns and movement restrictions. The analysis showed that the needs of women and girls were not a priority in the PA's response plan, which intensified existing inequalities. The interviews conducted led to six main recommendations to ensure that future emergency responses are context specific and gendered. For safety reasons the participant organisations are not named in this report, but all project partners are grateful for their time, knowledge and expertise.

## West Bank

The West Bank is divided into **three areas**: Area A is under full Palestinian control; Area B is under Palestinian administrative control and Israeli security control; while Area C, which accounts for 60 per cent of the West Bank's geography, is under full Israeli control. The PA directly supports Palestinians in Areas A and B, but in most cases is unable to provide direct support to Palestinians in Area C, leaving civil society actors to lead in the area. The PA's support to Area C became even more restricted after its **decision** on May 19th 2020 to end all agreements and understandings signed with Israel and the United States, including security cooperation. The PA **announced** on November 17th 2020 the return of coordination with Israel, after six months of its suspension.

## East Jerusalem

East Jerusalem, including the Old City, has been under Israeli control since the June 1967 War. The Fourth Geneva Convention is 'de jure' applicable and Israel has no claim to East Jerusalem by virtue of its military control of the city. Despite this, and efforts by third states and international organisations to intervene, Israel has continued to deepen and expand its annexation of East Jerusalem, implementing policies and practices that increase the population's isolation from the remainder of the West Bank and Gaza.

Jerusalem has approximately 350,000 Palestinian residents, which represents **38 percent** of the city's total population. Based on the Association for Civil Rights in Israel's (ACRI) **2019 report**, the situation of Palestinians in East Jerusalem had already been deteriorating prior to the COVID-19 outbreak. ACRI's research found that **72 percent** of Palestinian families and 81 percent of Palestinian children in Jerusalem live below the poverty line. Further, housing congestion in Palestinian neighbourhoods of East Jerusalem is almost twice the rate of that in Jewish neighbourhoods of West Jerusalem – six people per apartment and 3.2 persons per apartment, respectively. Additionally, only 44 percent of Palestinians in East Jerusalem are reported to have access to the municipal water system in an orderly and legal manner.

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## Gaza Strip

The Oslo Accords stated that a safe passage will connect the West Bank and Gaza, yet in the 25 years since it was signed, no progress has been made to connect the two parts of the Palestinian territory. Gaza has become even more isolated since 2007, due to Israeli's blockade and internal Palestinian political division. The ongoing Israeli blockade has deeply impacted the lives of Palestinians living there and the pandemic is now worsening the already **deteriorating** situation in the Gaza Strip.

## COVID-19 in oPt

After 53 years of occupation of the Palestinian territory, annexation of East Jerusalem and 14 years of blockade on the Gaza Strip, there is **limited capacity** to address the COVID-19 pandemic. The **socio-economic impacts** of the outbreak have been acute. The virus outbreak has enforced pre-existing **inequalities**, gender-based violence (GBV) and discrimination in the oPt. To add to the difficulty of the situation, the movement of humanitarian workers has been further restricted since the outbreak, both between governorates and particularly between the West Bank, East Jerusalem and Gaza.

The first state of emergency to limit the spread of COVID-19 was announced in the oPt and Israel on March 5th 2020 and March 19th 2020 respectively. Since March, all areas have been in and out of lockdowns at different times depending on the increase in cases. The Palestinian Ministry of Health (PA MoH) **reported** a total of 82,780 cases in the oPt from March 1st through November 21st 2020 (51 per cent of whom are female) and a total of 748 deaths. The Israeli Ministry of Health (IS MoH) **reported** a total of 327,327 cases as of November 23rd 2020 in Israel, including Jerusalem, and 2,744 deaths.

As of late November 2020, the cases are rising in the oPt and Israel and total lockdowns are expected to be imposed in December. The situation is particularly concerning in the Gaza Strip where cases are rising and the health infrastructure is weak. The West Bank is also facing a decrease in the availability of testing kits and full intensive care units in some governorates, namely Nablus. The COVID-19 emergency in the oPt seems far from ending, which will intensify economic and social implications, especially on the most vulnerable groups, including women and girls.

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## 2. Recommendations

- 2.1. Recommendation 1:** The Palestinian Authority must include women and their representing organisations, networks and youth groups in emergency response planning and implementation to ensure women's and girls' rights and needs are met.
- 2.2. Recommendation 2:** The Palestinian Authority must adopt a comprehensive protection system and ensure the provision of services to prevent gender-based violence and the continuation of referral mechanisms during times of emergency, including movement lockdowns.
- 2.3. Recommendation 3:** The Palestinian Authority and the donor community must provide economic support for women in times of emergencies and ensure that responses are gender sensitive through financial and other support specific to women and girls, including compensation for unpaid work and investment in women's economic empowerment initiatives.
- 2.4. Recommendation 4:** The Palestinian Authority and humanitarian actors must ensure the needs of the most marginalised are met during times of emergency (namely refugees, people with disabilities, and frontline respondents) by funding organisations who support these groups, supporting the most marginalised, and ensuring the continuity of rehabilitation services.
- 2.5. Recommendation 5:** Israel must take full responsibility for the health of Palestinians in the occupied territory and genuinely cooperate with Palestinian authorities in the West Bank and the Gaza Strip to ensure their health needs are met to the highest attainable standard. The international community must publicly assert that responses to the COVID-19 pandemic should be grounded on the right to the highest attainable standard of physical and mental health services, without discrimination.
- 2.6. Recommendation 6:** The donor community must increase funding to address Palestine's financial crisis (prioritising health, including mental health, protection, and economy) and ensure this response is gendered. The support provided should ensure the delivery of a multi-sectoral comprehensive response in the West Bank and Gaza, with self-defined priorities.

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# 3. Recommendations and Evidence

## 3.1. Recommendation 1:

The Palestinian Authority must include women and their representing organisations, networks and youth groups in emergency response planning and implementation to ensure women's and girls' rights and needs are met.

Even before the COVID-19 crisis, women's participation in decision-making in the oPt was limited. According to [PCBS 2019 data](#), women make up only five per cent of the Palestinian Central Council members, 11 per cent of the Palestinian National Council and 14 per cent of the Council of Ministers, and only one of 16 governors is a woman. The data also shows that 44 per cent of the total public sector employees are women, with a lower percentage in higher positions.

Women's participation in decision-making did not improve during the preparation and implementation of the COVID-19 response. Most of the organisations interviewed stated that in the first three months of the COVID-19 emergency they were not approached to engage in response planning and implementation. After the first three months, some organisations took the initiative themselves and advocated for their involvement. One organisation said: 'From the first week of the pandemic, we contacted those in charge and said we wanted to be in the field. We took the initiative, we can't wait for things to happen or someone to come and ask us what to do, my role as a woman in an emergency is to lead and take action'.

A [rapid assessment](#) conducted by CARE Palestine in April 2020 with 51 male and female respondents from the West Bank and Gaza, also showed that women's participation in the COVID-19 response was marginal. According to the assessment, 47 per cent of female respondents were involved with associations, groups, clubs or political parties supporting the COVID-19 response, compared with 60 per cent of male respondents. Additionally, women's participation in emergency and COVID-19 response committees was minimal in the oPt. 'There is an urgent need to have meaningful participation of women and women's organisations in strategic decisions', is a sentence repeated several times throughout the interviews.

The importance of including women in decision-making is to ensure that women's and girls' priorities are not overlooked, especially at times of complete lockdowns. An issue raised in one interview was the blocking of the streets of Bethlehem with cement blocks in March to enforce the city's complete lockdown. The cement blocks did not take into consideration the urgent movement of people with critical diseases or pregnant women.

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Women's rights organisations (WROs) felt that the COVID-19 response plan not only did not include them but also marginalised their work. The PA's main goal was to manage the health situation and control the spread of the virus by imposing movement restrictions. This sole focus on the health aspects overlooked other important services and needs. One organisation outlined that a women's centre was closed in Zubeidat village in the northern Jordan Valley in order to expand the adjacent health centre, a decision that was made by the Ministry of Health and the Ministry of Local Government in cooperation with the village council. The women's centre leaders had to contact several agencies to gain approval to reopen their centre and continue to provide services to women; and in the end they had to shift to a different location in the village.

Additionally, organisations reported that the majority of workers in the quarantine centres were male, making it difficult for women who accessed the centres and harder for them to get comprehensive needs met. It is crucial that quarantine centres employ both female and male workers.

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### 3.2. Recommendation 2:

The Palestinian Authority must adopt a comprehensive protection system and ensure the provision of services to prevent gender-based violence and the continuation of referral mechanisms during times of emergency, including movement lockdowns.

GBV was a critical issue in oPt even before COVID-19 and the imposition of movement restrictions. Femicide rates are high; in 2018 and 2019, 47 women in the West Bank and Gaza Strip were killed (16 in Gaza and 31 in the West Bank). According to the PCBS 2019 National Violence Survey, 38 per cent of Gazan women and 24 per cent of West Bank women aged 18-64, currently or previously married, have suffered some form of violence by their husbands. In 2020, the total number of femicides in the oPt has already reached 34 cases according to WCLAC's documentation, more than the total for all of 2019. Additionally, so far in 2020 there are 81 recorded GBV cases across the oPt. According to a study conducted by Juzoor for Health and Social Development, 19.5 per cent of respondents reported an increase in domestic violence during the lockdown and 70.8 per cent reported that they anticipate additional increase in GBV as lockdown and movement restrictions continue.

Despite the rise in reported GBV cases during COVID-19, it is recognised that many women and girls have not officially reported violence, either to protect their privacy or due to difficulties accessing services during lockdown. According to the PCBS 2019 National Violence Survey, more than half of women and girls who experienced violence have not reported it, 48 per cent disclosed to their families, and only 1.4 per cent requested support from service providers. The number of women and girls not reporting is expected to be higher during the COVID-19 emergency because victims and survivors may not be able to distance themselves from their abusers and because reporting services rely on the phone or internet, which makes it difficult for some women and girls to report incidents.

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The number of helpline services increased during the COVID-19 emergency to meet the rising need but this was accompanied by technological problems that left some people unable to access help, especially in Gaza where electricity cuts are a daily problem. Furthermore, some interviewees queried whether all helpline staff had proper training, especially new ones brought on to deal with the increase. The long-established emergency helplines operated by Sawa reported in the first quarter of the emergency (March to May 2020) that 2,269 cases came through the hotline, 53 per cent of which were male and 67 per cent from the Gaza Strip. The majority of calls requested information and mental health and psychosocial support (MHPSS), following physical health and abuse and sexual and gender-based violence.

The PA must include GBV prevention and response in its emergency response plans to ensure easy access to service providers and the functioning of referral mechanisms. To do so, it is crucial to raise awareness of GBV and how to seek support and protection, emphasising the privacy of survivors' information. Additionally, women must lead the GBV committees to ensure that women's needs are met. Concurrently, the PA and donor community must secure funding to support protection-focused services, including hotlines, referrals and remote and direct health and psychosocial response services for GBV survivors.

It is also vital the PA passes the [Family Protection Bill](#), which emphasises the necessity to protect Palestinian families, especially women and children, through clearly describing reporting mechanisms and judicial procedures, and family protection counsellors. Palestinian civil society, particularly WROs, has been advocating for this bill since 2003. The pressure to adopt the family protection bill increased after the PA ratified the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 2014 and following the first CEDAW review in 2018. The [review](#) also showed the importance of revising all Palestinian laws to ensure gender-equality.

In addition, the donor community needs to support improvements in Palestine's technology infrastructure, particularly backup power and communication systems for crucial activities. One immediate opportunity for a joint project between national and international organisations is developing a manual on how to provide violence against women and girls (VAWG) services in emergencies.

### 3.3. Recommendation 3:

The Palestinian Authority and the donor community must provide economic support for women in times of emergencies and ensure that responses are gender sensitive through financial and other support specific to women and girls, including compensation for unpaid work and investment in women's economic empowerment initiatives.

The percentage of women in the Palestinian labour force, based on PCBS's [2019 Labour Force Survey](#), is 19 per cent in Gaza Strip and 17 per cent in the West Bank; meaning that only two out of 10 of Palestinian women are employed. According to the [survey](#), 25 per cent of female employees working in the private sector do not have employment contracts and only 48 per cent get paid maternity leave. Furthermore, 35 per cent of women in the private sector are paid less than the minimum wage per month (1,450 NIS) compared to 29 per cent of male employees. The pay gap also extends to daily wages workers, with an average of 98 NIS for women compared to 102 NIS for men.

The economic situation of women and girls in the oPt worsened with the COVID-19-related state of emergency and the imposition of movement restrictions. According to the Palestinian Ministry of Social Development (MoSD), at least [53,000](#) Palestinian families have fallen into poverty in 2020. Many informally employed women were dismissed from their jobs and lost their main sources of income, as reported by organisations interviewed. A [survey](#) conducted in April by the Arab World for Research and Development (AWRAD) for UN Women showed that 26 per cent of female respondents in the oPt had completely or partially lost their jobs compared to 29 per cent of male respondents. The impact was especially harsh on female-headed households who make up [11 per cent of Palestinian households](#). One interviewee commented: 'The lockdown happened in a sudden, some of these [female small- and medium-size business owners] who closed their businesses in the evening were not able to reach it in the morning, there were raw materials that got damaged, this was a disaster'.

In addition, movement restrictions, lack of childcare, and decrease in demand were reported as factors that negatively impacted women's small businesses in the oPt based on [CARE's Rapid Gender Assessment](#). The assessment shows that 89 per cent of female small business owners were forced to reallocate money previously dedicated to their work or business to the household, in comparison to 50 per cent of male respondents. The direct economic difficulties were accompanied with an increase in unpaid care, particularly for elders and children. According to [the UN Women's survey](#), 68 per cent of women respondents reported an increase in household 'chores' and 52 per cent of women reported an increase in childcare. The organisations interviewed view that the PA's response was not gender-sensitive and intensified traditional roles in which women are the main caregivers in the household.

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Food insecurity levels in the oPt also increased, especially during lockdowns. Based on CARE's Rapid Gender Assessment, 91 per cent of female respondents reported being unable to access needed goods and resources, compared to 57 per cent of male respondents. Additionally, 90 per cent of female respondents reported an inability to access financial services, compared with 73 per cent of male respondents. In some cases, this financial stress and rise in unpaid work increased women's financial dependency and pushed them to remain in abusive situations. According to WCLAC, financial problems at home were linked with **the majority** of domestic violence cases in the oPt during the lockdown.

A gender-sensitive response in emergencies considers the needs and marginalisation of women, girls, men and boys. As crises are usually multi-layered, it is necessary to respond with a wide range of programmes that provide more economic and social security and ensure that all needs are responded to. The donor community should work with the PA and non-governmental organisations to reduce the economic impact of the crisis by supporting working women and women businesses and compensating for unpaid work. This will indirectly protect women by ensuring their financial independence.

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### 3.4. Recommendation 4:

The Palestinian Authority and humanitarian actors must ensure the needs of the most marginalised are met during times of emergency (namely refugees, people with disabilities, and frontline respondents) by funding organisations who support these groups, supporting the most marginalised, and ensuring the continuity of rehabilitation services.

As stated in the 2017 **IASC Policy** on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action: 'crises do not affect everyone equally'. Accordingly, specific policies must be in place to support the most marginalised in times of emergency. Refugees in the oPt are one these groups. According to **PCBS data in 2018**, 41 per cent of Palestinians residing in the oPt are refugees, 26 per cent of the West Bank population and 64 per cent of Gaza. Poverty rates among this group are high, especially in Gaza, reaching 39 per cent in 2017 (15.7 per cent in the West Bank; 54.1 per cent in Gaza); while the percentage of deep poverty among refugees reached 23 per cent (7.6% in the West Bank; 33.5 per cent in Gaza).

Palestinian refugees receive most of their services (including education, healthcare, social services, camp infrastructure and improvement, and emergency assistance) from the United Nations Relief and Works Agency for Palestine Refugees (UNRWA). UNRWA suffers from an ongoing **financial crisis** that impacts the services they provide. As of November 2020, UNRWA was facing a budget crisis, leading to the likelihood of partial salaries for UNRWA employees, including teachers, and cuts to some programmes. If UNRWA's financial crisis is not resolved quickly it may have disastrous consequences on poverty rates, unemployment, education and health outcomes. Funding UNRWA should be a priority to ensure the services it provides refugee women and girls are maintained during times of acute crises and pandemics.

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Another marginalised group requiring special attention is people with disabilities. According to the United Nations Population Fund (UNFPA) women and girls with disabilities have a higher risk of discrimination, violence and lack of access to services during emergencies. According to PCBS 2019 data, 2.1 per cent of the Palestinian population are people with disabilities (48 per cent of them reside in the West Bank and 52 per cent in Gaza). Even before the crisis, people with disabilities faced harsh circumstances with a 37 per cent unemployment rate and 32 per cent illiteracy rate. Organisations providing services to women with disabilities need funding to ensure their work is tailored to the needs of the women they work with.

During the COVID-19 crisis, interviewees reported that day care and stay-in shelters for people with severe disabilities were closed during lockdowns. People with disabilities were kept at home without proper services, including vital daily physical care or therapy. The closure of the centres without the provision of alternative in-person services has led to health deterioration for some of them, especially children. Interviewees reported that the needs of people with disabilities were not considered in the COVID-19 response plan and no referral mechanism was put in place to respond to their needs. And in the case of women's centres, it was reported that two care centres for children with disabilities in the governorate of Hebron were converted to health clinics without sufficient consultation. 'Just close your eyes and imagine the unfairness facing this group in our society', said one of the interviewees.

Overall, people suffering from poor health are particularly vulnerable in oPt, especially in Gaza. Current responses must ensure the continuation of non-COVID-19 primary, secondary and tertiary healthcare, especially for people with chronic diseases. Movement restrictions obstructed patients' access to healthcare, which was specifically difficult for patients residing in Gaza who required treatment in the West Bank. The concerns about access to critical healthcare for Palestinians is also impeded by the financial crisis in East Jerusalem hospitals that provide the main tertiary healthcare for Palestinians.

Additionally, special attention must be given to the frontline respondents, supporting them with mental health services and ensuring they have time to rest. Women make up the majority of care workers, about 70 per cent of the health and social sector. Female nurses, for instance, faced increased work and longer working hours while also taking on additional unpaid work at home. Specific policies must be put in place to address the needs of female and male frontline respondents. Some of the recommendations from interviews include hiring enough emergency staff to ensure that frontline workers are able to take time off and take care of their families, as well as the provision of mental health support to them. This also requires increased funding to WROs who are often frontline responders.

### 3.5. Recommendation 5:

Israel must take full responsibility for the health of Palestinians in the occupied territory and genuinely cooperate with Palestinian authorities in the West Bank and the Gaza Strip to ensure their health needs are met to the highest attainable standard. The international community must publicly assert that responses to the COVID-19 pandemic should be grounded on the right to the highest attainable standard of physical and mental health services, without discrimination.

The COVID-19 crisis intensified existing challenges faced in the oPt, especially for marginalised groups. As noted, a major challenge, especially for those living in Gaza and Area C of the West Bank, is access to healthcare. This issue became life-threatening during COVID-19 as Gazans were unable to obtain critical medical care outside of Gaza.

The COVID-19 testing and treatment of Palestinians in East Jerusalem and Area C of the West Bank remains insufficient. The Israeli Ministry of Health does not disaggregate the daily number of people tested and positive cases detected in East Jerusalem's Palestinian neighbourhoods, so it is impossible to know complete numbers, but testing capacity for this population remains incomplete. Test centres for Palestinian neighbourhoods in East Jerusalem, especially for those behind the separation barrier, were only available after advocacy efforts by civil society. These test centres are connected to the Israeli national insurance system (Kupat Holim) and health maintenance organisations (HMOs) that provide services exclusively to registered residents. As only an estimated one third of Palestinian residents in East Jerusalem are registered with the Israeli system, most residents remain effectively unable to test for COVID-19 locally. This is part of a larger, long-term challenge as tens of thousands of Palestinians living in East Jerusalem lack permanent residency documents and **thus are excluded from social benefits** under the Israeli national insurance system, including any testing and healthcare. A Magen David Adom (MDA) testing facility was temporarily set up to support these unregistered residents but was closed on May 5th 2020 and this population has not been able to access testing in East Jerusalem since.

In the midst of the COVID-19 response and attempts to keep people at home and socially distanced, some Palestinians were forced to deal with the demolition of their homes. Despite the Israeli Civil Administration (ICA) **statement in the first week of April confirming** a freeze in the demolition of inhabited residential structures in the West Bank to mitigate the spread of COVID-19, demolitions actually increased in the following months. In the first ten months of 2020 Israel demolished 138 homes, with the majority located in East Jerusalem and Area C, compared to 130 inhabited structures demolished in 2019. According to UNOCHA's data, Israeli demolitions in the span of ten months has resulted in the displacement of 788 individuals, including 404 children and 376 females, and further affected 3,925 individuals, including 1,937 children and 1,900 females. According to the Israeli Committee Against House Demolitions' (ICAHD) report: 'Demolitions alter, even destroy, a woman's entire persona and role in the family'. Women become disoriented with the demolition of their domestic sphere and have the added responsibility of creating a new sphere in a new place. In some cases, families end up living with relatives making it difficult for women to have control over their domestic sphere and adding more tension in family relations.

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Gaza had a **fragile health sector** even before COVID-19 and now suffers from an alarming lack of medicine and medical equipment. The World Health Organization **reported** in April 2020 that 44 per cent (226 items) of the essential drugs list were at less than one-month supply at the MoH Central Drugs Store in Gaza. Because of the very limited healthcare available in Gaza, Gazans who need critical treatment, such as care for cancer, complications from childbirth, dialysis, etc., have long sought transfers to hospitals outside Gaza. During COVID-19, this health referral system has been **limited** to emergency cases and cancer patients. From May 19th 2020, when the PA announced a halt in all coordination with Israeli authorities, until the end of August, when an alternative temporary transfer system was created, no medical transfers were permitted from Gaza. This led to the death of a number of patients and the deterioration of others' health situation. Since women are the primary caregivers, this has added to their burden to care for sick family members who are unable to receive the required medical treatment. In addition, women needing breast cancer treatment have faced **increased challenges** exiting Gaza for radiation and/or chemotherapy and the numbers accessing the East Jerusalem hospital network have dropped dramatically in 2020.

The international community must publicly assert that responses to the COVID-19 pandemic should be grounded on the right to the highest attainable standard of physical and mental health services, without discrimination. The international community must also ensure that Israel, as the occupying power, upholds the rules of the International Humanitarian Law and International Human Rights Law, which includes providing unimpeded access to humanitarian aid and services and guaranteeing that all people under occupation have unrestricted access to healthcare.

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### **3.6. Recommendation 6:**

The donor community must increase funding to address Palestine's financial crisis, prioritising health (including mental health, protection, and economy) and ensuring this response is gendered. The support provided should ensure the delivery of a multi-sectoral comprehensive response in the West Bank and Gaza, with self-defined priorities.

Palestine was facing a fiscal crisis before COVID-19 and **the World Bank** announced in October that its GDP is expected to contract by about eight per cent in 2020. Even before COVID-19 and the imposition of movement restrictions, poverty rates were high. According to **PCBS 2017 data**, the percentage of poverty among Palestinians reached 29 per cent (14 per cent in the West Bank; 53 per cent in Gaza). While the percentage of deep poverty reached 17 per cent (six per cent in the West Bank and 34 per cent in Gaza).

With the lockdowns, unemployment and poverty rates are expected to rise as many people, particularly women, completely or partially lost their jobs. According to an **online survey** conducted by AWRAD in May, of 650 Palestinian respondents, 27 per cent reported losing their jobs partially or completely due to COVID-19 while 35.6 per cent expected to lose their job.

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The PA has, since the halt in coordination in May, **stopped** receiving its share of tax revenues collected by Israel, reaching around 200million USD and totalling more than 60 per cent of the general PA revenue. Accordingly, more than 180,000 Palestinians working in the public sector have received 50 per cent of their monthly salary since May, hugely impacting their ability to secure their basic needs. The PA renewed its cooperation agreements in mid-November and public sector employees should receive full salaries going forward, but it will take time to recover from the financial burdens accumulated over the past six months. The Palestinian MoSD developed a COVID-19 response plan to support the chronic and newly poor groups, focusing on providing cash and food assistance to 116,000 households, 80,000 of whom are in Gaza. However, the MoSD response plan is underfunded, with only 29,559,249 NIS, out of an original 73,200,852 NIS, on hand at the end of August 2020. This gap in funding for needy households will add to the burden on women and girls to cope with additional financial stress and increase the potential for GBV.

At the same time, according to the United Nations Conference on Trade and Development's (UNCTAD) **report**, donor support to Palestine is expected to be the lowest in more than a decade in 2020. This is a dangerous projection given the high dependence on donor support in the oPt, especially in Gaza where the majority rely on international assistance. UNCTAD Secretary-General Mukhisa Kituyi said in the report: 'The international community should urgently redouble support to the Palestinian people to enable them to cope with the economic fallout from the pandemic. There is no alternative to donor support for ensuring the survival of the Palestinian economy'.

To overcome funding gaps, the PA established the **Wakfet Izz Fund** that gathers donations from Palestinian businesses, companies and individuals based in Palestine and in the diaspora. The fund aims to contribute to closing financial gaps due to the COVID-19 crisis in the economic, social and health sectors. The fund brought in 12,500,000 JOD by early May 2020. However, several interviewees reported that the fund lacked clear criteria for beneficiaries' selection and did not help to close the gaps of the most marginalised. Additionally, interviewees reported that women's participation in the fund was minimal, with only one woman in the Fund's management team of thirty. 'There are lots of hidden pockets of suffering that we need to identify and address, the longer the pandemic lasts, the more problems will arise and intensify,' said one interviewee.

Interviewees also mentioned that donor focus was on the direct health response to COVID-19, which left other important sectors neglected. It is clear COVID-19 is not only a health crisis, it is rather a multi-layered crisis and the support must aim to respond to the various needs of the population including primary, secondary and tertiary healthcare, mental health services, protection services, income substitution, business recovery and support for basic needs.

Donors must recognise that NGOs, national and international, and other humanitarian actors are facing challenges in an increasing number of locations. These challenges include movement restrictions, supply chain disruptions, duty of care to staff at risk of exposure to COVID-19, and risk mitigation of transmitting COVID-19 to communities. Exceptional measures must be put in place for quick decision-making, funding, programming and reporting flexibility. Donors must also support the delivery of assistance to Gaza, delivered in cooperation with local authorities, despite the perceived counter-terrorism risks, and must ensure that counter-terrorism measures do not interfere with the provision of critical goods and services in the Gaza Strip to respond to COVID-19.

# 4. Partners

**Mercy Corps (MC)** works in more than 40 countries to alleviate suffering, poverty and oppression by helping people build secure, productive and just communities. The international non-governmental organisation (NGO) has implemented humanitarian and development programmes in Palestine for more than 30 years. Mercy Corps Palestine has staff based in East Jerusalem, the West Bank, and Gaza.

**Association of International Development Agencies (AIDA)** is a membership body and coordination forum of over 80 international non-governmental and non-profit organisations working in the oPt. Active since 1967, AIDA is one of the longest-standing INGO coordination mechanisms in the world. This coordination, important in any aid/development context, acquires additional significance in the complex political environment of the oPt.

**Women's Centre for Legal Aid Counselling (WCLAC)** is a Palestinian, feminist, non-governmental organisation that works to protect and promote women's human rights within the framework of international human rights mechanisms and standards. WCLAC aims to address the causes and consequences of GBV within the Palestinian community as well as the gender-specific effects of increasing militarisation associated with the Israeli occupation.

**Gender Action for Peace and Security (GAPS)** is the UK's Women, Peace and Security (WPS) civil society network. We are a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance and peacebuilding. We were founded to promote WPS, including United Nations Security Council Resolution (UNSCR) 1325. GAPS promotes and holds the UK government to account on its international commitments to women and girls in conflict areas worldwide.

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