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INTRODUCTION



Photo: Women's Affairs Centre-Gaza/ Samar Abu Alouf

The impact of the recent escalation cannot be understood without recognizing its distinct gendered impacts on the affected population. Palestinian women, men, girls and boys, and the elderly, many with disability, are now facing new realities in accessing services, providing for themselves and others, and fulfilling expected household roles. For many, these new realities are the result of the cumulative impact of conflict which is compounded by traditional societal perceptions and norms. Based on preliminary data collection and lessons learned from gender analyses of previous escalations, the ongoing crisis has exacerbated gender-specific risks and vulnerabilities and resulted in higher scale of humanitarian needs among women, girls, men and boys in Gaza.¹ The following brief analysis will examine the gendered impact of the escalation in the framework of the thematic focus of humanitarian sectors and clusters.

CONTEXT

On 13 April 2021, on the first day of Ramadan, unrest began in East Jerusalem after the Israeli authorities installed metal barriers outside the Damascus Gate, blocking access to a public area for Palestinians. Although relative calm was restored on 25 April with the removal of the barriers, tensions were reignited by the Israeli authorities' plans to evict four Palestinian refugee families from their homes in the Sheikh Jarrah neighbourhood, in occupied East Jerusalem.²

The Office of the High Commissioner for Human Rights (OHCHR) stated that the evictions, if ordered and implemented, would violate Israel's obligations under international law.³ Palestinians held daily protests in Sheikh Jarrah in solidarity with the families, triggering clashes with Israeli settlers and Israeli security forces. Between 7 and 10 May, widespread clashes erupted across East Jerusalem, particularly in the Al Aqsa Mosque and the Damascus Gate area. A heavy Israeli security presence and large numbers of worshippers contributed to the tensions.⁴ By 10 May, 657 Palestinians were injured.⁵ Since 10 May, 27 Palestinians have been killed and 6,794 injured by Israeli forces across the West Bank in protests, clashes and attacks.⁶

In response to the unrest in East Jerusalem, Palestinian armed groups in the Gaza Strip launched rockets into Israel on 10 May 2021. Israeli forces responded by carrying out a large number of airstrikes. The hostilities continued for 11 days. According to UN human rights experts, the firing of missiles and shells by Israel into heavily-populated areas of Gaza, which has resulted in a high civilian death toll and severe property destruction, constituted indiscriminate and disproportionate attacks against civilians and civilian property and could amount to war crimes.⁷ A ceasefire was reached between



Photo: Women's Affairs Centre-Gaza/ Samar Abu Alouf

Israel and Palestinian armed groups and entered into force on 21 May and has since held. Between 10 and 21 May 2021, OHCHR verified that 242 Palestinians, including 66 children (23 females and 43 males),⁸ 38 women (of whom four were pregnant) and 138 men have been killed in Gaza. The overall number includes three people with disabilities, including a child.⁹ According to the Palestinian Ministry of Health in Gaza, 1,900 people were injured during the hostilities.¹⁰

Even before this latest escalation, the Gaza Strip was in a protracted humanitarian crisis due to the Israeli blockade, successive rounds of conflict, ongoing internal Palestinian political division and the outbreak of COVID-19 which have all compounded the dire humanitarian situation. Hyper-unemployment, food insecurity, electricity blackouts, sanitation disasters,¹¹ and large-scale casualties of participants in the "Great March of Return and the Breaking of the Siege" (GMR)¹² have increased poverty and overwhelmed social services.¹³ Of a total population of 2.1 million people, 71 per cent, or 1.5 million, are estimated to be in need of humanitarian assistance.¹⁴ Only ten per cent of households have "direct access to safe drinking water".¹⁵ Fifty-three per cent of Palestinians



Photo: Women's Affairs Centre-Gaza/ Samar Abu Alouf

in Gaza are living below poverty line, more than three times the number in the West Bank.^{16&17} These pressures have been linked to an increase in gender-based violence (GBV), school dropouts, child and forced marriage and early high-risk pregnancies, while shelters and other service providers struggle to meet the needs with increasingly limited resources.¹⁸ Gender

inequalities were already aggravated by COVID-19 pandemic as early UN Women's¹⁹ assessment of the impact of COVID-19 in the occupied Palestinian territory (oPt) also showed an increase in GBV incidence. It also highlighted the impact of COVID-19 on women's livelihood, particularly those working in the informal sector with no work or income protection.²⁰

SHELTER AND NON-FOOD ITEMS (NFIs)



Photo: Women's Affairs Centre-Gaza/ Samar Abu Alouf

Preliminary data indicate that Israel's attacks on Gaza destroyed 1,148 housing units and severely damaged 1,026 beyond repair. A further 14,918 housing units suffered varying degrees of partial damage (Shelter Cluster, 2021). The attacks on shelters, particularly high-rise apartment buildings, resulted in a wave of displacement, though reports indicate the majority of displaced households have returned after the ceasefire (OCHA, 2021a).

The loss of NFIs also poses a challenge to household's recovery. While NFIs cover a wide range of items, some of the most critical NFIs for households are those related to food preparation and hygiene maintenance. The former includes cooking utensils.

In Gaza, household responsibilities are traditionally gendered, with mothers, wives, and other female members of households being re-

sponsible for domestic chores such as cooking and cleaning. The loss of NFIs and infrastructure damage have thus hit female household members hardest as they now must find alternative means of fulfilling these responsibilities. This was reported in the aftermath of previous escalations to induce personal feelings of guilt or helplessness, as well as accusations of failing to meet domestic responsibilities by male household members. The consequences of shelter destruction and damage are felt by men too. Considering the traditional perception of men's role as economic providers, the loss of shelter and the inability to provide a new one for the family or repair the existing one could induce stress and other negative psychological consequences. The inability to replace lost NFIs can create similar feelings.

The damage inflicted by the Israeli strikes has ramifications for various segments across Palestinian society. Palestinians with disabilities, either pre-existing or caused by the recent fighting, face some of the most immediate and elevated challenges. Those who have become disabled as a result of the fighting may find their lodgings no longer suitable for them, while many houses sheltering people with pre-existing disabilities were destroyed or damaged to the point they were no longer suitable. In the aftermath of the GMR, an estimated 10 per cent of Palestinians who had become disabled were forced to change their housing, either because it was no longer suitable for



them, or they could no longer afford to live there. Almost four in ten reported that their current houses needed to be adapted, but the majority said they lacked the financial means to do it (PCDCR, 2019).

Similarly, the loss of home, security or their parents' protection could be deeply traumatic for children. The loss of children's NFIs, such as treasured personal effects (e.g., photos, toys), also produces a similar impact. Damage or destruction of shelters may also cause the loss of personal privacy for children who may be forced to share rooms with other siblings or adult members, and in rare instances, from outside their immediate family. For girls, the loss of privacy can be an especially stressful experience.

EDUCATION



Photo: UN Women/Sharif Sarhan

As of 23 May, an estimated 179 schools²¹ had sustained damages. Final exams, with the exception of the *tawjihi*, the exam for all Palestinian high school graduates, were cancelled and the academic year for non-UNRWA schools ended early. The Education Cluster estimated that 600,000 children had suffered learning loss (OCHA, 2021a). It should be noted that even before the recent escalation, education in Gaza was already under strain. Lockdown measures, such as the closure of schools, caused learning loss as many children were forced to stop their schooling or continue online with reduced learning.

One of the most serious threats to children's education in Gaza is dropping out of school due to the recent fighting. Children who have been physically injured, particularly those who have developed a permanent disability, may opt to no longer attend school owing to their injury. Among students who were injured in the GMR, the majority (52 per cent) dropped out. Those who did not drop out, started attending infrequently or had to change schools due to lack of accessibility for children with disabilities (CWDs), lack of transportation, cost of education, the need for regular care at home, and the difficulty in catching up with their education.

(PCDCR, 2019).

The risk of dropping out is not limited only to those children who have sustained injuries but extends to other children in the household. In the aftermath of escalations, households often face additional financial pressures, especially as they need to devote more resources to shelter and health. This can be compounded by the loss of income from injured wage earners or destroyed businesses. Boys may find themselves pressured to enter the workforce in order to compensate for income loss or generate more income. In contrast, girls may be expected to assume the role of caregivers for injured family members or assist with chores and household activities that were previously the responsibility of other members (UN Women, 2020). In the case of early marriage, reportedly more common in periods of increased hardship, girls may be expected to discontinue their education in order to fulfil a domestic role as wives and mothers (OCHA, 2021b) which hampers their educational attainment and limit the fulfilment of their aspirations.

When a school-aged child is not able to attend school, the role of educator often falls to female members of the household. Women and girls may feel unequipped to educate children or siblings, leading to feelings of anxiety and inadequacy, as well as guilt for negative outcomes (UN Women, 2020). Response actors are planning to conduct catch-up courses to reverse learning loss caused by the COVID-19 pandemic. Efforts should be explored to expand these courses to students who will miss periods of the upcoming school year, and lessons should be learned and incorporated from previous programmes.

Finally, in considering the effect of the recent escalation on education, the fact that many schools across Gaza served as shelters for displaced households must be taken into considered. By 21 May 2021, approximately 71,000 displaced people had taken shelter in UNRWA schools (OCHA, 2021a). It has been reported



that the schools were not prepared to receive displaced people because they were closed or lacked basic services, such as drinking water or sanitation facilities (Al Jazeera, 2021). Further, these facilities were not designed to host tens of thousands of individuals. The 2014 war showed the damage that could result from sheltering such big numbers of people (OCHA, 2014). The effects of this war-time necessity will have serious consequences for school children at the beginning of the new school year if schools are not repaired or rehabilitated.

Importantly, the impact of damage to schools is not felt uniformly across all groups of students. Young female students face the risk of school dropout and early marriage. Some may take additional responsibilities, along with adult females, to provide care for the injured and disabled. Young boys are also at risk of dropping out of school to assist their families to cope with the economic crisis resulting from the war. In particular, children with disabilities face more obstacles to returning to schools that have become less accessible or damaged. Following the GMR, it was determined that less than 60 per cent of government or UNRWA schools could adequately meet the needs of injured students. Among injured students, 23 per cent reported the need to make school facilities more disability-friendly, including provision of elevators and accessible toilets (PCDCR, 2019).

WATER, SANITATION AND HYGIENE (WASH)



Over the course of the 11-day escalation, more than 100 attacks were launched by Israel against WASH infrastructure, affecting services for approximately 1.2 million Gazans (OCHA, 2021a). The most recent Situation Report confirmed that the three major desalination plants in Gaza have since resumed operation, though at a reduced capacity due to damaged electrical networks, leaving approximately 400,000 people without regular water supply (OCHA, 2021a). Even before the recent escalation, access to clean water was rare. Water from the coastal aquifer has become completely undrinkable due to overuse and infiltration of sewage and harmful chemicals.

Additionally, wastewater treatment plants are only functioning at a reduced capacity due to lack of fuel (OCHA, 2021a). Against this backdrop, there is also the persistent threats of COVID-19 to Gazans. The inability of households to access clean water for hand washing and, in the cases of those in protracted displacement, to adequately maintain social distancing further exacerbates sanitary risks at a time when the health sector is already overburdened.

WASH needs are often gendered. Within the household, responsibility for promoting hygiene and maintaining cleanliness often falls on female members who bear the brunt of in-



Photo: Women's Affairs Centre-Gaza / Samar Abu Alouf

adequate water supply. The inability to meet expected hygiene standards and the resulting negative outcomes, such as health problems in household members, can add further stress.

Additionally, lack of access to clean water also limits the ability to prepare meals and to manage menstrual hygiene. The absence of clean water also poses serious health risks, especially for those whose health is already precarious, including young children, the elderly, and those with chronic diseases. Without adequate water to wash hands or access to adequate hand-washing facilities, households face challenges in preventing the spread of communicable diseases.

This is especially problematic given the possibility of COVID-19 transmission. Elderly household

members, as well as those with pre-existing conditions, are at an increased risk of developing serious complications if they contract COVID-19. The healthcare system in Gaza is already strained due to the destruction of its facilities and the influx of injured. Those who develop serious complications from COVID-19 are at an increased risk of death due to inadequate or absent treatment. In addition, for women and girls of menstruating age, the lack of clean water or hygiene facilities can lead to health problems and coping mechanisms that may impact dignity. For women and girls, the destruction of washing facilities or latrines in private shelters, or the reliance on shared community facilities, can also generate issues related to privacy and safety. Pregnant and lactating women, as well as women who have recently given birth, also face elevated threats from a lack of clean drinking water and a low state of hygiene.

PROTECTION

The recent 11-day military escalation exemplifies the extent to which men, women, boys and girls in Gaza suffer from a profound and comprehensive lack of protection. All Palestinians in Gaza, regardless of age, gender or socio-economic status, have collectively felt unsafe and feared for their lives during this latest escalation. This is essentially viewed as the culmination of a much longer and systemic context of violence that has affected Palestinians in Gaza during the 2008/2009, 2012 and 2014 conflicts.

Over the course of the escalation, 66 children (23 females and 43 males) were killed and thousands more were injured. Since the announcement of the ceasefire, intense violence between Israel and Gaza-based factions stopped (OCHA, 2021a). Even before the escalation, however, protection concerns were present in Gaza, the most prevalent of which were GBV, abuse of children (including sexual abuse), child labour, child and forced marriage and malnutrition among women and girls (OCHA, 2021b). The escalation of conflict and its consequences, such as displacement and increased strain and distress from the daily threats of injury and violence, are all drivers of increased protection threats. Violence can take many forms, including verbal, physical, sexual, and psychological, all of which have been reported in the aftermath of previous wars.

In the aftermath of the 2014 war, there was an increase in violence against women and children which were linked to the added stresses created by the war and its consequences (OCHA, 2014). Similar results were observed in the aftermath of the GMR; among those who had been injured, as many as 35 per cent reported experiencing verbal abuse, while four per cent reported experiencing physical abuse (PCDCR, 2019). Boys and girls, in particular, are at risk of experiencing abuse at the hands of



Photo: Women's Affairs Centre-Gaza/ Samar Abu Alouf

parents, siblings, schoolteachers, and even school counsellors. Women are at risk of intimate partner violence, as well as abuse by in-laws, parents, siblings, and, in some instances, their own children. Palestinian boys and girls may experience abuse at the hands of caregivers, often those who are under intense stress themselves, a phenomenon that is especially acute for children with disabilities.

Civilian men, particularly young men, remained more vulnerable to loss of life and injuries during the escalation. They are more engaged in the public sphere and participate in providing first response services (at times on the scene) and support their communities. Men and boys face higher threats when it comes to the risks of the Explosive Remnants of War (ERW). Also considering that 38 women lost their lives during the escalation, single-male heads of households face unique needs as they often do not have the skills to care for young children since these responsibilities are traditionally and exclusively assigned to women and girls.

In addition to increasing protection incidents, such as violence and abuse, Palestinians must

also cope with the fact that services may become less accessible when they are most needed. Since the escalation, calls to the Gaza's national helpline, run by Protection Cluster partners, have increased, indicating a need for expanded psychosocial services, particularly those related to helping children experiencing panic, trauma, and fear. Women led organizations had also reported receiving calls to their hotlines from women asking about humanitarian assistance, loss of legal documentation, legal rights, and damage assessments and compensation. The volume of the calls and their character is creating stress for those providing services, who often need mental health and psychosocial services (MHPSS) themselves (OCHA, 2021a). In addition, individuals who previously needed to travel to access services related to GBV may find these services inaccessible now due to reduced capacity or the impossibility of travel, leaving many without a vital source of support at a critical time (OCHA, 2014).

Coping with the aftermath of the escalation is one of the greatest challenges for households. Men, women, boys and girls must manage their feelings about the death and injury of loved ones, the destruction of their homes, the feeling of powerlessness to protect those they love, and their inability to provide for the most basic needs of their household. These and other feelings could induce significant stress and anti-social behaviours, such as increased irritability and violence directed at loved ones or the withdrawal of needed emotional support and presence. Men and women whose spouses were killed in the fighting must manage the grief of losing a loved one, as do children who must manage their feelings around the loss of a parent.

In the aftermath of previous escalations, increased levels of GBV and violence against children have been observed (UN Women, 2020). Expected to be caregivers to children, mothers may struggle with psychological distress, trauma and the feeling of guilt for failing to protect their children from harm, such as injury, disability, or death. Boys and girls whose primary

caregivers have been hospitalized or died may also face neglect or lack of support, particularly emotional, from their fellow household members. Female and male orphan children remain among the most vulnerable. The same is true for the elderly and persons with disabilities (PwDs) who rely on caregivers. Women who have lost their husbands face the most serious threats. In addition to the grief of losing a loved one, these women are at risk of forced remarriage, often to a member of their former husband's family. Further, households intending to become more protective towards children and women might impose additional mobility restrictions from those arising from the context, compromising further children and women's rights and freedoms. These intentions can lead to repressive measures, such as segregating women to limited space within the home and restricting external engagement and freedom of movement (OCHA, 2014).

Considering the number of fatalities among men, the escalation resulted in having more women as "new widows". Women who have lost a spouse/male breadwinner are among the most vulnerable and least protected of all women in society. In terms of livelihoods, it is recognized by all service providers that female headed households are the one social category in the oPt who are eligible for permanent social safety nets, however minimal. Culturally, legally and physically, women are assumed to be under the protection and guardianship of men. Thus, a widowed women are exceptionally vulnerable especially since they suffer from a lack of protection in accessing rights to child custody and guardianship, as well as control over inheritance from a deceased spouse.

Assistance to is too often focused on improving individual welfare, as opposed to tackling community-based biases or attitudes that hinder PwDs rights fulfilment. In addition, the generalized humanitarian crisis in Gaza often results in including the distinct needs of persons with disabilities in the general assistance to provide a minimum standard of living for Palestinian households (UN Women, 2020).

FOOD SECURITY AND LIVELIHOODS



Photo: UN Women/Sharif Sarhan

Before the outbreak of the recent conflict, households in Gaza were facing elevated rates of food insecurity. The 2021 HNO estimated that 1.4 million people in Gaza, out of a total population of two million, were food insecure. This increase of 300,000 from the previous year was attributed to the economic slowdown caused by COVID-19 (OCHA, 2021b). Gaza's inability to feed itself has been ongoing for the past decade, with hundreds of dunums of farmland damaged or inaccessible because of Israeli military restrictions, which are also im-

posed on fishing along the coastal line. In addition, Gaza's ability to supply its own food has become imperilled as a result of the destruction. Uncertainty about whether the crossings into Gaza, chiefly Kerem Shalom, will be re-opened, and to what degree, pose further threats (OCHA, 2021a).

Food insecurity is not only linked to lack of available food, but also to limited abilities of households to purchase available food. In the aftermath of the 2014 war, one of the prima-



Photo: UN Women/Sharif Sarhan

ry threats to household food security was the reduction of household income caused by the fighting. However, it also resulted in an increase in prices, putting many goods out of reach for households whose income was already diminished. In the aftermath of the 2014 war, prices, measured by the Consumer Price Index (CPI), for vegetables increased by as much as 50 per cent (OCHA, 2014). This sharp rise was attributed to the inability of crops to reach the market. Importantly, however, the prices of staple foods did not increase thanks to the timely influx of humanitarian aid, which offers an important lesson for responding to the recent escalation (OCHA, 2014).

One of the most common food insecurity coping mechanisms is reducing portion sizes or prioritizing certain family members over others. A study in the aftermath of the 2008-2009 war found that, across Gaza, elderly members of households²⁰ were the least likely to be pri-

oritized, while boys were more likely to be prioritized than girls (UNIFEM, 2009). For both population groups, reduced consumption of food comes with serious consequences. Among children, not eating enough food or consuming sufficiently nutritious food can lead to conditions such as stunted growth. For the elderly, reduced consumption can make them more vulnerable to certain conditions and diseases.

Pregnant and lactating women are acutely affected by insufficient food and dietary diversity. For those who are recent mothers, the ability to obtain food items specifically for infants, such as liquid or powdered milk or infant formula, poses a particular challenge. In the aftermath of the 2008-2009 war, food aid was distributed to the majority of households across Gaza, targeting specifically households in deep poverty, those who had been displaced, and female-headed households, among others. Distribution efforts were not without prob-



Photo: UN Women/Sharif Sarhan

lems, however. In addition to households being dissatisfied with the quantity of food received, others noted that the food they received did not meet their needs (UNIFEM, 2009). This may have been due to the absence of specialized and targeted food distributions, as households also mentioned the lack of supplements for children younger than five years and cooking fuel as reasons for their dissatisfaction with food assistance (UNIFEM, 2009).

As detailed above, households may also face food insecurity due to their inability to access clean water or the loss of NFIs necessary to prepare food. Previously, the lack of essential cooking facilities and supplies (e.g., cooking gas, fuel, and water) adversely impacted the ability of households to consume cooked food, limiting their nutritionally-diverse diets (OCHA, 2014). The absence of nutrition poses heightened risk to pregnant and lactating women

and those who have recently given birth, along with infant children. In this regard, nutrition issues are linked to WASH concerns as damage to water networks and limited household access to water poses constraints on families' ability to consume a nutritionally-diverse diet.

Diminished livelihoods and incomes are one of the main threats to household food security. The 11 days of violence had a devastating impact on Gaza's economy, destroying workplaces, movable and immovable assets, and vital infrastructure e.g. roads (OCHA, 2021a). In addition, many households must contend with the likelihood of reduced incomes due to injured or killed family members, temporary or permanent loss of employment, and reduced economic activity.

In the aftermath of the GMR, the vast majority of injured Palestinians who were previously



Photo: UN Women/Sharif Sarhan

working reported they were unable to return to their previous jobs (PCDCR, 2019). Often, the loss of income has harmful implications for the well-being of children, principally through the reliance on negative coping mechanisms. Common among these are the entry of boys into the workforce to supplement the income lost by injured or dead family members. It is critical to note that child labour in Gaza was increasing even before the recent escalation, a result of the economic contraction caused by the COVID-19 crisis (OCHA, 2021a).

Female-headed households are among those most vulnerable to the effects of the recent escalation. Many females operate businesses in their primary shelters or in adjoining areas. In that case, destruction or damage to a shelter

also means the loss of a workplace and income. Even before the recent escalation, female heads of household were diverting income from their businesses to support families (CARE, 2020). Female heads of households may also be the sole caregivers for children, the elderly or PwDs, a responsibility which requires them to address both their household's financial needs as well as their health and social ones. In the aftermath of recent fighting, it is especially critical to distinguish between those household that were previously headed by females and those for whom this is a recent development, due to the death or injury of a male head of household. These households are more likely to be in need of immediate livelihood support as they have lost their primary earner, which may force them to rely on negative coping mechanisms.

HEALTH

Over the course of the escalation, six hospitals and eleven primary healthcare centres were damaged (OCHA, 2021a). Importantly, the damage to Gaza's healthcare system should not be viewed in isolation. Before the 11-day period of violence, healthcare in Gaza was already under significant strain from two preceding developments: the GMR and the COVID-19 outbreak. The increase in injuries incurred during the GMR overburdened an already fragile system, which often discharged patients without receiving full care (UN Women, 2020). Many of the injured still require homecare, as well as medical visits. This responsibility often falls on women in the household because of their role as caregivers. On the eve of the escalation, Gaza was already grappling with a rising COVID-19 caseload; the month of April witnessed a 58 per cent increase in infections in the territory, with positivity rates of 30 per cent while hospital bed capacity at 57 per cent (OCHA, 2021c).

Damage to healthcare facilities and the influx of new patients also poses a threat to the health of pregnant, lactating women and those who have recently given birth. In 2014, the neonatal mortality rate at Al Shifa Hospital doubled from seven to fourteen per cent as a result of the war (OCHA, 2014). Stress incurred can also induce breastfeeding difficulties in new mothers, who must turn to substitutes, such as liquid or powdered milk and infant formula. These items are not always readily available and during fighting and its immediate aftermath become particularly difficult to obtain, aside from the fact that they are not as nutritious and optimal as breastfeed milk.

As noted previously, a challenge in responding to household needs in the aftermath of the 2008-2009 war was providing sufficient nutritional items for children under five years old (UNIFEM, 2009).



Photo: Women's Affairs Center - Gaza/2021

The ability of Gaza's health system to provide care is further compromised by the lack of specialized treatments for complicated illnesses and conditions. Palestinians who cannot receive treatment in Gaza are forced to apply for a permit to travel to healthcare centres in the West Bank, often in Jerusalem. Israel regularly rejects these permits or grants them only after long delays. Men in particular are most likely to have their permits rejected, often because of gendered notions that they are more threatening and dangerous than women or children. Men as well as women (especially breast cancer survivors) who are refused permission to leave Gaza for care are forced to remain, and many have died or suffered permanent injuries.

Addressing stress and stress-induced conditions is equally critical in meeting the healthcare needs of those in Gaza. Adults and children must live with the legacy of family members being killed or injured, forced displacement, the destruction of homes and neighbourhoods, the persistent feelings of insecurity and powerlessness to defend themselves and their families, and the inability to restore the standard of living before the fighting. In the aftermath of the 2014 war, increased incidents of stress-induced conditions, such as bed-wetting, eating and sleeping disorders, fear, and violent behaviour were observed (OCHA, 2014). Children may also have to face the threat of neglect as parents or



Photo: Women's Affairs Center - Gaza/2021

caregivers may have died or been injured, have limited resources to devote, or be struggling with processing their own psychosocial problems and stress. This, as noted above, may also increase children's exposure to violence at the hands of adults, including family members.

Increased household healthcare needs affect household members in different ways. Male members who earn income and head their households, are usually expected to provide financial means to provide care in hospitals and health centres. Female members of the households, due similar perceptions, are expected to provide homecare for the injured.

For example, during the GMR, women reported that they were expected to care for injured household members as part of their domestic responsibilities. Challenges in helping injured family members, through providing access to medical care or recovery support, can add further stress to household members (UN Women, 2020).

Though the escalation is recognized as a driver of psychosocial needs, past responses have failed to acknowledge and meet the needs of adult males. To some degree, this reflects the lack of perceived need for such services, as men may be less likely to admit or acknowledge their own need for Post-traumatic Stress Disorder (PTSD) services due to social norms and expectations. As a result, responses have often prioritized the needs of women and children who are more able to show vulnerability and emotions.

Nonetheless, it has been observed that men do recognize their own need for these services and have commented on the scarcity of services available to them. Evidence from the aftermath of the first Gaza war (2008–2009) shows that men were as likely to identify their needs for mental health services as women and “that the major obstacles are not lack of willingness to get psychosocial support, but rather the lack of material means and knowledge of how and where to get it” (UNIFEM, 2009).

CONCLUSION

The escalation in violence endured by Gaza between 10 May and 21 May 2021 has left a devastating impact in a territory already under a suffocating blockade, which was compounded by COVID-19. The different rounds of conflicts seem to almost have a cyclical nature and have very similar gendered consequences. The consequences of the destruction have not been equally felt, with specific segments of Gaza's population, including boys, girls, men, women, persons with disabilities and the elderly facing distinct threats. Men are also not immune to specific hurdles in accessing assistance. These circumstances, risks, and threats will have to be accounted for in the development of any response, including identification of immediate and critical priorities. UN Women's upcoming Rapid Gender Assessment will provide further primary data to further guide humanitarian programming so that no one is left behind.

The consideration of gender equality throughout the humanitarian response is imperative to lay the foundations for eventual recovery. Mainstreaming gender in all phases of humanitarian response has to begin with adequate sex and age disaggregated data collection, including ensuring that interviews and discussion groups also include women and girls, and ensuring that women and girls including the most vulnerable, inform and participate in leading the response. Efforts to ensure outreach to women in particular during the emergency response will secure their access to critical information on available protection and basic services including on GBV, reproductive health services, COVID-19 response services, and child



health and hygiene. Women also often have a different experience of the conflict, and a different understanding of what the most pressing needs for their immediate community are.

Gender equality is a critical step towards achieving sustainable early recovery and development. If humanitarian interventions are not planned with gender equality in mind, not only do the chances of doing harm increase, but the opportunity to enhance equality in livelihoods and leadership will be lost. This will thus exacerbate inequalities and backslide on progress made, which in turn can hinder sustainable recovery in the longer term. Building on evidence from previous crises in the (oPt), the recovery stages need to prioritize gender specific needs, recognize women's agency and leadership, and address gender biases in access to humanitarian services, capitalize on women's and men capacities, and catalyse their equal participation, without discrimination, in recovery responses.

ENDNOTES

- 1 Definition according to IASC Gender in Humanitarian Action Handbook “refer to women and men of: (a) different ages, understanding that gender roles and responsibilities change across the life cycle; (b) diverse backgrounds, understanding that sexuality, ethnicity, nationality, disability, belief, civil or economic status, norms and cultural and traditional practices etc. can be barriers or enablers, depending on context; and (c) different experiences, understanding that experiences of marginalization are heterogeneous. Marginalization derives from multiple and intersecting factors”.
- 2 For more information, see for example: <https://peacenow.org.il/en/sheikh-jarrah-appeal-rejected-020321>
- 3 OHCHR. 7 May 2021. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=27067&LangID=E>
- 4 See for example: Al Jazeera. 10 May 2021. <https://www.aljazeera.com/news/2021/5/10/palestinians-recount-violent-raid-by-israeli-forces-on-al-aqsa>
- 5 OCHA. 11 May 2021. <https://www.ochaopt.org/content/escalation-west-bank-gaza-strip-and-israel-flash-update-1-1700-11-may-2021>
- 6 OCHA. 23 May 2021. <https://www.ochaopt.org/content/escalation-gaza-strip-west-bank-and-israel-flash-update-12-covering-1200-21-may-1200-23-may>
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