

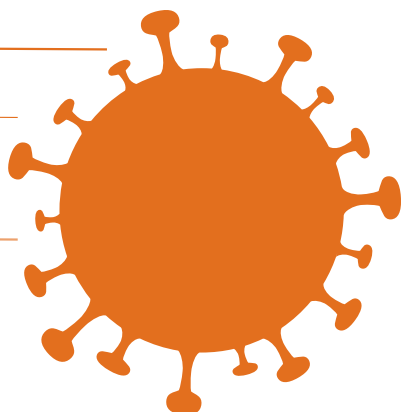


Rapid Gender Assessment

**A Summary of Early
Gender Impacts of the COVID-19 Pandemic**

April 2020

Across every sphere, the impacts of COVID-19 are exacerbated for women and girls.



On March 5, the Palestinian Authority (PA) confirmed that four people had contracted a new coronavirus, 2019-novel coronavirus (2019-nCoV) or COVID-19, in the West Bank and promptly responded by declaring a state of emergency. The virus was identified on January 8, 2020 as originating from the city of Wuhan in China and has since spread to 210 countries, infecting more than 1.8 million people and causing fatalities all around the globe. COVID-19 can cause severe illness, with a case fatality rate as high as 3.5%. On January 30, the World Health Organization (WHO) declared the spread of COVID-19 a global health emergency.¹ As of May 3, 2020, 520 people have contracted COVID-19, out of which 336 were in the West Bank and 17 in Gaza, (126 females and 227 males) and 176 in East Jerusalem. Seventy-seven people have recovered and four people have died from the disease.²

As in other parts of the world, Palestinian officials have closed businesses and restricted movement within the areas under their control in an attempt to mitigate the spread of the virus. The ongoing Israeli occupation and the barriers and checkpoints that characterize Israel's overarching control of the area have hindered these efforts; such barriers are sometimes porous for individuals that can carry the virus but also block a coordinated government and humanitarian response. Regions of particular concern are East Jerusalem and the Gaza Strip.

Among those most impacted, however, are women and girls. Across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex. All of these impacts are further amplified in contexts of fragility, conflict, refuge, displacement and emergencies where social cohesion is already undermined and institutional capacity and services are limited.

CARE Palestine West Bank/ Gaza has carried out a Rapid Gender Assessment in order to highlight for policymakers the importance of addressing the gender impacts of this pandemic and social prejudices and gender norms that discriminate against women in the public and private spheres. The analysis focuses on the following areas:

- ▶ **Decision-making & Coping Mechanisms**
- ▶ **Protection with a Focus on Gender-Based Violence (GBV)**
- ▶ **Political & Community Participation**
- ▶ **Access to Financial Resources**
- ▶ **Access to Humanitarian Basic Needs and Services & Information**

This report is intended for policy makers, the Palestinian Authority, civil society organizations—local and international—community members, donors, and the international community at large. It is organized around broad themes and areas of focus of particular importance to those whose programming advances gender equality and reduces gender inequalities. It seeks to deepen the current gender analysis available by encompassing learning from global gender data available for the COVID-19 public health emergency.

¹ Paper developed by CARE Palestine on gendered Impact of COVID-19 in Palestine West Bank/ Gaza, April 2020

² See <https://www.corona.ps/details>



About This Assessment

This assessment targeted a sample of beneficiaries of CARE Palestine WBG projects by gender and age, in order 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, but the sample selected is not representative to allow for generalization about the situation of all community members.

Due to COVID-19 restrictions on movement and accessibility, the survey employed key informant interviews (KIIs), utilizing internet-based communications platforms (e.g. Skype, WhatsApp, etc.) in order to do no harm in the collection of data.

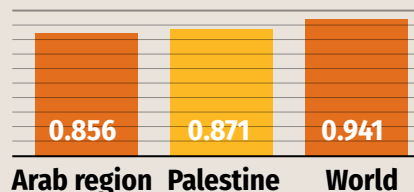
CARE staff in the West Bank and Gaza conducted structured interviews from April 9-12, 2020 with 51 respondents (18 males, 33 females), aged between 23 to 54 years old. The survey targeted 31 persons from the West Bank and 20 from the Gaza Strip, living in 12 different governorates (Bethlehem, Hebron, Jenin, Ramallah, Nablus, Jericho, Salfet, Tubas, Dir al Balah, Beith Lahia, Rafah and Gaza City).

Forty percent of respondents live in urban areas, 36% in rural areas and 23% in refugee camps. Seven respondents were pregnant or lactating. Sixteen percent were female-headed households.



BACKGROUND

Gender Development Index



<12%
of decisionmakers
are women

Women comprise:

- 5% of Palestinian Central Council members
- 11% of the Palestinian National Council
- 14% of the Council of Ministers
- 1 woman governor out of 16 (the governor of Ramallah and Al-Bireh)
- 44% of all employees in the public sector
- 13% of women public sector employees hold the rank of Director General or higher

Women are disproportionately represented in public sector service jobs with high exposure to COVID-19—as teachers, health care workers, and so on.



CARE responds to the COVID-19 crisis in Gaza. Credit: Najwan Halabi/CARE Cover: Hala Muleitat participates in CARE's Dairy Value Chain program in the town of Beit Fourik in the West Bank. Credit: Laura Noel/CARE

Assessment Results

DECISION-MAKING & COPING MECHANISMS

► **The outbreak of COVID-19 has had little impact on household decision-making patterns among respondents.** Respondents were asked how decisions about family members' movements, the purchasing of goods, accepting or rejecting home visits, displacement, whether to access health care, have children or educate them were made before and since the pandemic. A majority in all cases responded that decision-making patterns, whether typically by one spouse or shared, had not changed.

For context, a UN Women study found in 2017 that 80% of men and 48% of women believe that men should be the final decision-makers at home.³ The majority of respondents participating in this assessment indicated that men continue to be the primary decision-makers, therefore, the COVID-19 outbreak has not influenced any change in household decision-making.

► **Husbands continue to have greater control over family resources than wives do, and what they spend those resources on differs from women's allocation of family resources.** A majority of male respondents, and about one-third of female respondents reported that it is the husband who decides how money will be spent. Less than one-fifth of women (17%) said that the wife decides how money is spent, with the rest reporting that such decisions are made jointly.

A majority of respondents, both male (64%) and female (59%), stated that they can decide how to spend their own money. Male respondents said they spend money on food, education, transportation, and their businesses, while female respondents spend their own money on medicine, health care, household items, the needs of children, kitchen goods, and personal needs.

► **More than half of respondents reported food insecurity since the outbreak of COVID-19,** with anecdotal evidence that female-headed households are more likely to reduce the quality and quantity of food consumption and adopt negative coping strategies.⁴

3 "Understanding Masculinities: International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa, Egypt, Lebanon, Morocco, and Palestine," UN Women & Promundo USA, 2017, available at <https://promundoglobal.org/wp-content/uploads/2017/05/IMAGES-MENA-Multi-Country-Report-EN-16May2017-web.pdf>

4 Paper developed by CARE on gendered impact of COVID-19 in Palestine West Bank/ Gaza, April 2020

This analysis found that more than the half of respondents had been obliged in the seven days preceding the interview to use coping mechanisms to adapt their food dietary intake. These included eating less preferred or cheaper food, borrowing food or relying on help from others, limiting their own portion sizes, limiting intake to allow small children to eat, and reducing the number of meals they eat a day. Females were significantly more often found to borrow food or rely on help from others.

PROTECTION WITH A FOCUS ON GBV

► **GBV appears to have increased among Palestinians since the onset of the crisis and limitations on movement, according to CARE's assessment, including qualitative information from women's organizations.**

According to SAWA organization's⁵ weekly hotline reports, after the crisis they saw a 20% increase in calls regarding mental health and psychosocial support and abuse/violence cases, the majority of which came from young men and adolescent boys that had experienced abuse from their fathers, mothers, and siblings at home.⁶ Calls from women seeking support increased from 40% to 58% of the total once the hotline extended its hours (indicating that women had not found the time or privacy to call), with calls regarding abuse and domestic violence from partners increasing by 38%.



► **Twenty-four percent of CARE respondents noted an increase in security concerns facing women and girls related to GBV, intimate partner violence, and domestic violence.** One-third of male and female respondents specifically stated that GBV was an increased risk for women and girls in the crisis.

Violence may increase due to confinement and forced coexistence, restrictions on movement, economic challenges, food insecurity and fears of exposure to the virus.

5 A Palestinian NGO that fights against all forms of violence and abuse against women and children, and provides psychosocial support and social guidance to survivors of violence, community awareness services, and a hotline.

6 SAWA 121 Emergency Helpline Update. Factsheet. 10 April, 2020.



POLITICAL & COMMUNITY PARTICIPATION

► **Female participation in community and political organizations supporting the COVID-19 response is marginal, with implications for its reach and impact.** Sixty percent of male respondents reported being involved with associations, groups, clubs or political parties, compared with 47% of female respondents. While men said that they participate in a wide variety of groups, only 9% of women said that they were active in a political party. Women’s participation in the emergency committees, financial committees, and other COVID-19 response committees has been minimal in Palestine.⁷



>45%
of Gaza residents
in quarantine
centers are
female

0
medical &
security staff at
the centers are
female

In Gaza, more than 45% of those staying in quarantine centers are women, while the medical and security staff stationed there are all men.⁸ The prevalence of male security and medical staff responding to COVID-19 places barriers for women in accessing health care, mental health support, basic hygiene needs, and their fundamental rights to privacy and comfort—particular given prevalent social and cultural taboos about gender mixing.

ACCESS TO FINANCIAL RESOURCES

► **More than half of respondents reported a significant decline in their livelihoods and income as a result of the crisis.** They reported that their paid hours had been cut by about one-third, and most had not found additional income sources.

► **In nearly every respect, however, female respondents found earning a living in the outbreak more difficult than male respondents.**

The number of women reporting no paid activities increased by 44% from prior to the crisis, as compared to 31% of men. Female respondents were slightly more likely to report a decline in numbers of livestock than male respondents. Female respondents reported a decline in home-based business activity (no males with home-based enterprises were interviewed).

7 Paper developed by CARE on gendered Impact of COVID-19 in Palestine West Bank/ Gaza, April 2020

8 Interview, April 2020 with the staff of WATCPAL, a coalition of women in seven political parties, women’s organizations and centers that aims to eliminate all forms of discrimination against women, develop their role in society, and enable them to attain decision-making positions.



Workers wearing masks at the Al Hidmi cheese factory prepare cheese from milk harvested by female producers supported by CARE, allowing the producers to spend less time in production and more time in leisure or pursuing their education. Ramallah on February 17, 2019, before the COVID-19 pandemic. Credit: Laura Noel/CARE

GENDER DIFFERENCES IN LIVELIHOODS



28%
could not do
business at all

~ 1 in 2
reported no paid
activities

91%
movement
restrictions
prevented access to
goods & resources

90%
could not access
financial services

44%
could not access
extension & other
services



8%
could not do
business at all

1 in 3
reported no paid
activities

57%
needed goods &
resources were
inaccessible

73%
could not access
financial services

68%
could not access
extension & other
services



Female operators of small enterprises and farmers are facing more barriers than their male counterparts to continuing economic activity since the pandemic.

Greenhouses in Frush Beit Dajan in the Jordan Valley. Credit: Laura Noel/CARE



They were also more impacted by lack of inputs and shuttered bank services than their male counterparts. Both men and women respondents said they had not been able to access services, extension agents, and skills development opportunities during the crisis.

A survey conducted by UN Women-Palestine on the impact of COVID-19 on women-led MSMEs found that 95% of Palestinian women reported that their businesses are being negatively impacted by the COVID-19 pandemic. They said a decrease in demand, movement restrictions and childcare limitations were all impacting their businesses.

Some female respondents in CARE's assessment were obligated to take measures to mitigate these problems such as suspending businesses, changing the type of production, reducing working hours and prices, and customizing production.

► **A majority (89%) of female small business owners were forced to reallocate money previously dedicated to their work or business to the household**, as compared with half of male respondents, in order to cope in the crisis.

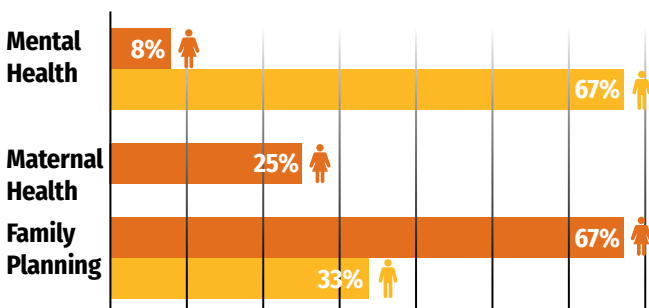


ACCESS TO HUMANITARIAN BASIC NEEDS, SERVICES & INFORMATION

► **Significantly fewer female respondents (58% of females and 86% of males) reported having safe access to health facilities inside and out of their community.**

Mainly this was due to the lack of cash and inability to travel. Male respondents have more access to mental health services than female respondents do; however, female respondents have more access to family planning services than male respondents do.

ACCESS TO SERVICES



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.

► **Adequate hygiene is a clear unmet need for both male and female respondents**, with a large majority reporting that they have not been able to meet their hygiene needs in the pandemic.

► **The majority of respondents used the internet to stay informed on COVID-19 and related messages**, while also accessing social media and the Ministry of Health to a lesser degree. All of the male respondents still need information about where to access food, reiterating their diminished livelihoods and food security. All of the female respondents need further information about accessing medical and health services.

► **The main priority needs for male and female respondents are livelihoods, shelter, water and health-care.** When asked to rank their current priority needs, female respondents ranked water and sanitation and livelihoods as their most urgent needs, followed by protection. Male respondents ranked shelter and household items and livelihoods as their most urgent priority needs, followed by sanitation and business and work.

Recommendations

- ▶ The Palestinian Authority, community organizations, health responders, policymakers and all other humanitarian actors must **support the inclusion of women frontline responders, women leaders, women-led organizations/ networks, and youth groups** as important partners in the COVID-19 response.
- ▶ National authorities, the private sector, and humanitarian and development actors should **prioritize investment in adapted women's economic empowerment initiatives**, such as remote micro, small and medium enterprises (MSMEs).
- ▶ National authorities and donors/ the international community must **strengthen the GBV and protection response as part of COVID-19 response efforts**, ensuring that funding is available to support protection-focused services and provide support to organizations with expert staff and GBV services, hotlines, referrals and remote and direct health and psychosocial response services for survivors, while expanding service availability.
- ▶ National authorities and key international actors must **ensure that the specific needs of women, particularly those in the most at-risk populations, are met**, including their physical, cultural, security, information and sanitary needs. Hygiene needs should be a first priority.
- ▶ National authorities and key international actors should **focus on socioeconomic policies and interventions that protect women from falling into poverty, and protecting those working in the informal sector through emergency cash transfers, loans or small-scale grants**. These policies should take into account the increased care burdens women face and gendered approaches to household decision-making and resource allocation, which are impacting female enterprises.
- ▶ National authorities, supported by humanitarian actors, should **guarantee that women, particularly refugees, cancer patients, and those suffering from chronic diseases or with disabilities have access to affordable, quality and equitable health-care services, including sexual and reproductive health and GBV services**. Restrictions of movement imposed to mitigate COVID-19 must take into consideration these vital health needs.

International actors must **urge Israeli authorities to ease restrictions of movement** for essential

- ▶ medical staff to support the COVID-19 response, subject to appropriate public health and safety arrangements, and to facilitate the work of humanitarian agencies continuing to provide for essential humanitarian services, including health, shelter, water and sanitation, food, education, and protection, in compliance with International Humanitarian Law

Enhancing access to information and material on the risks of COVID-19 should be a priority. Since Palestinians are obtaining most of their news from the internet, national

- ▶ authorities and humanitarian actors should strengthen reliable health and hygiene resources and make them known to the public, alongside a campaign helping information consumers discern true information from false reports.

