



للارشاد القانوني والاجتماعي

مركز المرأة

Women's Centre for Legal Aid and Counselling

COMPOUNDED THREATS

How COVID-19, occupation and patriarchy have impacted
Palestinian women in 2020

February 2021

COVID-19: A THIRD THREAT TO PALESTINIAN WOMEN

On March 5th 2020, the context of Palestinian women's lives changed drastically as the first cases of COVID-19 were detected in the West Bank. Palestinian women typically live their lives at the intersection of two significant threats – the patriarchal structures within Palestinian society on one hand, and the detrimental effects of the Israeli military obligation on the other. For three decades WCLAC has supported women in this struggle and worked for the strengthening of women's rights and participation. During the year 2020, WCLAC witnessed how COVID-19 has become a third threat – further compounding the suffering and vulnerability of Palestinian women. It has exacerbated pre-existent dangers, such as gender-based violence (GBV), and introduced new ones, such as IHL violations and harassment that exploit people's fear of contracting COVID-19.

This report analyses how the third threat of COVID-19 has impacted Palestinian women throughout 2020, and reflects on what is needed moving forward. The report focuses on six areas of impact:

- ❖ The right to health (p. 5)
- ❖ Gender-based violence (p. 14)
- ❖ Access to justice (p. 19)
- ❖ Economic hardship and denied labor rights (p. 22)
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The COVID-19 outbreak in Palestine

The first seven cases of COVID-19 were confirmed in Bethlehem on March 5th, and more were soon found in other locations throughout the West Bank. A state of

emergency was declared by the Palestinian Authorities the same day, calling for the closure of educational and religious facilities as well as restrictions on gatherings and movement between cities. The first lockdown lasted from March 5th - May 26th but was soon followed by further restriction measures.

Understanding early on the high vulnerability of Palestinian society to the COVID-19 crisis, authorities took serious measures from the very outset. The first attempts of the Palestinian authorities to combat the spread of COVID-19 were largely successful, with levels of infection remaining significantly lower than in Israel and other countries throughout the region.¹ However, from August and onwards, there was a sharp rise in the number of new cases recorded per day in the West Bank,² reaching an all-time high in December, as can be observed in the graph from the World Health Organization (WHO) in Figure 1 below. By the beginning of January 2021, the number of new cases per day had begun to decrease but remained high, at around 1,000 new cases per day in all of Palestine.³

Following the first lockdown, short term local lockdowns or closures were declared throughout the West Bank during the summer as a second wave emerged – including the areas of Hebron, Nablus and Bethlehem inter alia – and again in November and December as cases began to increase in an unprecedented rate.

In Gaza, the level of infection remained highly limited until August, after which the number of new cases per day soared. Strict restrictions and partial lockdowns

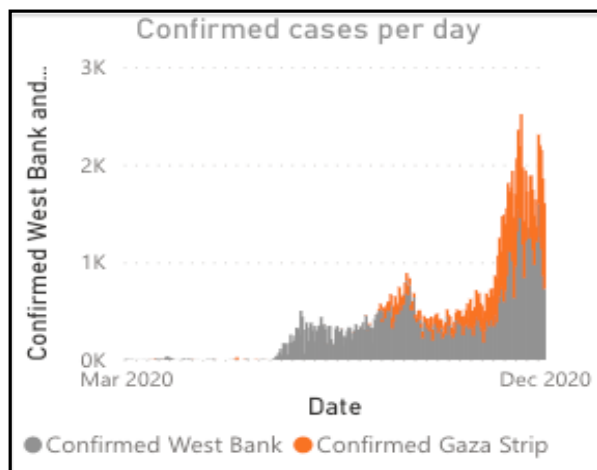


Figure 1. WHO statistics on confirmed cases of COVID-19 per day in West Bank (including East Jerusalem) and Gaza. (accessed: December 20, 2020)

were enforced between March and June,⁴ and again in November and December as cases spiked. Social distancing and lockdowns have been particularly difficult to follow and enforce in the Gaza Strip due to the extreme population density, with large households often sharing small living spaces, and generally high-spread economic hardship and lack of resources.

Meanwhile, Palestinians in East Jerusalem have been subject to Israeli public health regulations, with social distancing first enforced by Israeli authorities on March 11th. Lockdown or severe closures and restrictions were maintained between March 19th – May 4th; July 6th – October 18th; and again on December 24th – January 9th.

¹ https://unsco.unmissions.org/sites/default/files/unsco_socioeconomic_report_october_2020.pdf

² https://unsco.unmissions.org/sites/default/files/unsco_socioeconomic_report_october_2020.pdf

³ <http://www.emro.who.int/countries/pse/index.html>; accessed January 3rd 2021.

⁴ <https://reliefweb.int/report/occupied-palestinian-territory/double-quarantine-gaza-covid-19-and-blockade>

Throughout this entire period, East Jerusalemites have been discriminated against in terms of access to information, health care and testing.

Palestinian women: at the intersection of two vulnerable groups

Declared a global pandemic by WHO on March 11th, the COVID-19 virus is first and foremost a health crisis with severe effects on the lives, safety and wellbeing of human beings worldwide. Access to health care and information during the pandemic has been unequal, with Palestinian women being discriminated against both due to their gender and nationality. This is further explored under “Access to health care”, below.

In addition to this however, the far-reaching regulations and safety precautions, necessary for the protection of people’s health, have caused a series of other detrimental effects on society. These include an economic recession, increased risk of violence, decrease in mental health and difficulties in accessing justice, inter alia. These secondary impacts have amplified societal structures and inequalities of gender, ethnicity and class. Throughout the pandemic and ensuing lockdown, vulnerable groups have become increasingly vulnerable, and those already at risk have been further stripped of protection and support.

Both the Palestinian population and women globally, represent particularly vulnerable groups who are targeted by these effects. Palestinians, because the health care system which has already been undermined and weakened by decades of Israeli occupation has been placed under additional strain. In addition, high population density, a high frequency of underlying health conditions and already widespread economic hardship makes Palestine even more susceptible to the negative impact of COVID-19. For women across the world, the impacts of COVID-19 have been particularly severe simply by virtue of their sex. They have had particular difficulties in accessing health care and witnessed an increase in gender-based violence (GBV). Women are also in general more vulnerable on the labour market, face greater risk for economic hardship, and have had disproportionately increased hours of unpaid labour while caring for children, ill family members and households in crisis.

At the intersection of these two vulnerable groups, Palestinian women spent most of 2020 dealing with the impact of IHL violations and the occupation of Israeli military forces, the patriarchal structures and high prevalence of gender based violence within Palestinian society, and now the added third threat of COVID-19 which exacerbated all structural inequalities even further. The struggle of Palestinian women has been palpable and WCLAC can bear witness to the manifestations in the testimonies collected by our field researchers as well as from the hundreds of women that have reached out to the GBV helpline to ask for urgent support, protection and counselling.

THE RIGHT TO HEALTH

Accessing the right to health: Israel's neglect of responsibilities as an occupying power

Needless to say, COVID-19 has placed an immense stress on the Palestinian health care system, which was already significantly weakened and undermined by decades of Israeli occupation and systematic oppression. For many years, the withholding of Palestinian Authority taxes by Israel and the cutting of aid to Palestinians has had a highly damaging effect on the budgetary allocation for public services including health care.⁵ The purchasing of pharmaceuticals and importing of medical supplies is also restricted by the Israeli occupation, leading to further shortages.⁶

As an occupying power, Israel has a clear legal obligation under Article 56 of the Fourth Geneva Convention (GC IV) to ensure adequate food and medical supply for Palestinians, and to maintain medical services, public health and hygiene, particularly during a pandemic. If the supplies and capacities of the occupied territory are still lacking, the occupying power has an obligation under Article 59 of the GC IV to allow and facilitate relief and aid to the territory. Israel is also bound under international human rights law, with the ICESCR art 12.1 specifying the duty to meet Palestinians' right to the highest attainable standard of physical and mental health.⁷ This also includes underlying determinants to health such as the right to adequate food, water, sanitation and housing, which are all considered necessary requisites for health and well-being. Article 6 of the ICCPR enshrines the right to life, which is to be protected by the state while applying the principle of non-discrimination. Finally, the denial of medical treatment has in itself been classified as a form of cruel, inhuman or degrading treatment, in accordance with the Convention against Torture or other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).

⁵ UN Women: COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming, Findings of a Rapid Gender Analysis of COVID-19 in Palestine, April 2020

⁶ *Ibid.*

⁷ ICESCR, article 12(1), as clarified through CESCR, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 4

From the very beginning of the pandemic, Israeli authorities have consistently neglected their legal obligations under international law, and in several cases have even undermined or obstructed Palestinian authorities' attempts to care for the Palestinian population. Restriction of movement for Palestinians, enforced through settlement infrastructure and the annexation wall, have made it difficult or even impossible for people to access hospitals and health care services, and for medical equipment, including testing kits, to reach clinics.⁸ Israeli authorities that exercise control over planning and construction in Area C have hampered Palestinian efforts to mobilize health care services. In some instances, they have even destroyed facilities necessary to address the outbreak, including the demolition of a building in Hebron that was intended to serve as a hospital specialized on COVID-19.⁹

Fact check: Legal underpinnings for Israel's obligations as an occupying power, with regards to health

- ❖ *Geneva convention IV, Article 56:* "To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, public health and hygiene in the occupied territory with particular reference to the adoption and application of the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics [...]"
- ❖ *Geneva Convention IV, Article 55:* "To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring the food and medical supplies of the population; it should, in particular, bring in the necessary foodstuffs, medical stores and other articles if the resources of the occupied territory are inadequate. [...]"
- ❖ *Geneva Convention IV, Article 59:* "If the whole or part of the population of an occupied territory is inadequately supplied, the Occupying Power shall agree to relief schemes on behalf of the said population, and shall facilitate them by all the means at its disposal. [...]"
- ❖ *ICESCR, article 12.1:* "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."
- ❖ *ICCPR, article 6.1:* "1. Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life."

⁸ UN document A/75/532.

⁹ UN document A/75/532.

The UN Special Rapporteur on the situation of human rights in the Palestinian territories occupied since 1967, Michael Lynk, stated already in March that Israel was in “profound breach” of international obligations with respect to ensuring the health of Palestinians.¹⁰ In a report released in October, he stated further, on the topic of COVID-19 that:

“It has also clearly demonstrated that, during a serious health crisis, one that crosses borders and communities, a two-tier occupation regime reinforces unequal rights, particularly the right to adequate health.”¹¹

Despite the multiple Israeli violations of international human rights and humanitarian law, there was a certain level of coordination between Israeli and Palestinian authorities during the first few months of the pandemic. This was praised by international actors, including the UN Special Coordinator for the Middle East Peace Process, Nickolay Mladenov.¹² This coordination came to a full stop, however, when it became clear that Israel was looking to use the opportunity of the world looking the other way during COVID-19, to unilaterally annex large parts of the West Bank in stark violation to international law.

Security coordination between Palestinian and Israeli authorities was officially suspended on May 19th. This led to even further reduced access to health care for Palestinians, and significantly increased challenges in containing the spread of the virus.¹³ The rupture in coordination also put a hold on the import of essential medical supplies and further delayed or blocked the reference of patients to hospitals in Israel and East Jerusalem.¹⁴ Finally, clearance tax revenues due to be transferred from Israeli to Palestinian authorities were blocked for seven consecutive months, dealing a final blow to Palestine’s ability to fund the necessary health security measures and pay their life-saving medical personnel.

The compounded effect of an increasingly overburdened health care system, the rupture of any security coordination with Israel, and an economic crisis further deepened by the blocked tax revenues, have all contributed to further weakening Palestine’s capacities and resources in dealing with COVID-19.¹⁵ This may help explain the significant rise in cases that began in August and continued for the rest of the year. In November, Palestine announced that it would resume coordination with Israel,¹⁶ and on December 3rd, it was announced that 1.14 billion USD in tax revenues had been transferred from Israeli to Palestinian authorities.¹⁷ The actual effects that

¹⁰ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25728&LangID=E>

¹¹ UN document A/75/532.

¹² UN Special Rapporteur Nickolay Mladenov, Briefing to the Security Council, March 30th

¹³ UN document A/75/532.

¹⁴ OCHA: “End of Palestinian Authority coordination with Israel in response to annexation threat: decision already impacting medical referrals”, July 20th 2020.

¹⁵ https://unsco.unmissions.org/sites/default/files/unsco_socioeconomic_report_october_2020.pdf

¹⁶ <https://www.aljazeera.com/news/2020/11/17/pa-to-restore-israel-ties-as-annexation-threat-fades>

¹⁷ <https://www.middleeastmonitor.com/20201203-israel-transfers-1-14bn-in-tax-revenues-to-pa/>

this will have on the ability of Palestinians to access health care is yet to be determined.

As with many impacts of COVID-19, women have been particularly vulnerable to the effects of not being able to access health care and health information. In terms of contracting the disease itself, the statistics in Palestine have run contrary to the global trend, and shown that more women than men have tested positive to COVID-19.¹⁸ The reasons behind this are still not clear, but may be connected to women's disproportionate participation in health care and their informal caregiving roles. UN Women reports that 60% of workers in the care sector, and 70% of frontline health workers in Palestine are women.¹⁹ Already in a vulnerable position, and more confined to their homes than their male counterparts, women also risk having a more difficult time accessing health care and health information that is already scarcely available.

Most of all, WCLAC has noticed an effect on women's ability to access health care for treatments not related to COVID-19. As observed by UN Special Rapporteur Michael Lynk, movement restrictions imposed by the Israeli occupation compromised Palestinians' access to health care already before the outbreak of the pandemic.²⁰ With lockdown restrictions, border closures and finally the rupture of coordination between Israel and Palestine, this has increased even further. As many Palestinians, especially from Gaza, depend on travelling past checkpoints in the West Bank or to East Jerusalem to access hospital care, the practical implications are, that vital treatments and diagnoses have been effectively put on hold.²¹

WCLAC has supported women cancer patients from the Gaza Strip who need to travel to the West Bank or East Jerusalem for chemotherapy, but whose access to health care was restricted as a result of border closures. In the beginning of the outbreak, the women continued to travel for treatment, but no precautions were taken to ensure their safety and health while traveling back to the Gaza Strip.

In her words...

"Now I have missed my treatment day and I do not know when I will have treatment again. The Ministry of Health in Gaza told me that they will provide us with treatment in the Gaza Strip and we will not be able to travel due to [Israel's] measures to combat COVID-19. Israel refuses to issue entry permits and will not guarantee that we can take our treatment safely."

-R.N., a woman cancer patient from Gaza.

Figure 1. Testimony from woman supported by WCLAC, recorded in April 2020.

¹⁸ CARE: "Reaching higher - Women's Political Participation & Access to Decisionmaking in the COVID-19 Crisis", October 2020.

¹⁹ UN Women. COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming. April 2020.

²⁰ COVID-19: Israel has 'legal duty' to ensure that Palestinians in OPT receive essential health services – UN expert, 19 March 2020, SR Michael Lynk.

²¹ WHO, "Right to Health – Palestinian patient voices – Patients in the Gaza Strip unable to access healthcare", June 2020.

They were denied testing for COVID-19 and were transported on crowded buses without any protection in place. The women were very fearful of contracting the virus, especially given their already lowered immune systems and lack of emergency health care available upon their return to Gaza. In April, they were informed that their upcoming trips to receive chemotherapy had been cancelled, with COVID-19 cited as the reason. At that time, no concrete plan for alternative treatment was introduced, except the verbal assurance that they would receive treatment in the Gaza Strip.

After fighting COVID-19 for over nine months, the much awaited vaccine was announced in December. Unfortunately, the access and distribution of the vaccine has proven to be just as discriminatory as provision of other health care throughout the year. On December 20th, vaccinations began in Israel and by January 1st, 10% of the Israeli population had received the first dose of the vaccine.²² In the West Bank however, Israeli authorities will only be extending these vaccinations to illegal Israeli settlers,²³ despite Israel's obligations as an occupying power outlined above. This means that Israel is once again in breach of its legal obligations to respect Palestinians' right to health, by neglecting to secure access to vaccines.

Palestinian authorities have signed up with the Gavi Alliance, which is working to secure vaccines for low-income countries, and expects to receive some vaccinations for those most at risk through COVAX, an initiative co-led by the alliance and WHO.²⁴ Palestine has also been in negotiations with a number of other vaccine distributors, and announced in the end of December that the first shipment of 100,000 vaccines was expected to arrive within two weeks.²⁵ Once again, the effects of the occupation, blockade against Gaza and constant violations of international humanitarian law (IHL) and international human rights law (IHRL) is likely to impede Palestine's ability to secure the health of its population. Not only are financial resources needed, but there are also immense logistical challenges connected to the import since Israel exercises control over the borders. Also the storage of the vaccine is likely to pose significant problems, not in the least in Gaza where electricity is highly unreliable.²⁶

Discrimination against East Jerusalemites in accessing the right to health

Already before the pandemic, Israeli policies of fragmentation, lack of infrastructure and de-development in Palestinian neighbourhoods have created stark inequalities

²² <https://www.nytimes.com/2021/01/01/world/middleeast/israel-coronavirus-vaccines.html>

²³ <https://www.aljazeera.com/news/2020/12/17/palestinians-left-waiting-as-israel-is-set-to-deploy-vaccine>

²⁴ <https://www.who.int/initiatives/act-accelerator/covax>; <https://www.opb.org/article/2020/12/31/israel-coronavirus-vaccines-per-capita-palestine-covid-19-pandemic/>

²⁵ UNSCO Daily Press Brief, December 31st.

²⁶ https://www.washingtonpost.com/world/middle_east/israel-vaccine-palestinians-coronavirus/2020/12/18/f1d8d572-4083-11eb-b58b-1623f6267960_story.html;
<https://www.arabnews.com/node/1780651>

between the populations of East and West Jerusalem. This includes underlying determinants of health, and a population density that is twice as high in Palestinian neighbourhoods than in Israeli ones.²⁷ On top of this, residents of East Jerusalem have been systematically deprioritized and discriminated against by Israeli authorities in combatting COVID-19.

During the particularly sensitive first weeks of the pandemic, communication and messaging on COVID-19 and precautionary measures were spread by the Israeli authorities almost exclusively in Hebrew with no Arabic translations.²⁸ In addition, epidemiological investigations, testing, and the supply of medical drugs and treatment have all been inadequate and significantly more limited than the services provided to West Jerusalem neighbourhoods.²⁹ It was not until April 2nd that a drive-through testing clinic was set up in East Jerusalem, and even then only after significant lobbying from human rights organizations.³⁰

Even so, local initiatives to increase access to health care, were also shut down. When local activists organized a testing clinic in Silwan, one of the areas of highest prevalence, the Israeli authorities promptly closed the clinic under the pretence that the test kits were provided by the Palestinian authorities.³¹ Israeli authorities later opened a new testing clinic in the area,³² but thereby missed several weeks of valuable mobilization against further spreading. Palestinian volunteers in Jerusalem have also been arrested while participating in efforts to disinfect schools and distribute food to underserved areas, and their aid materials have been confiscated.³³

Despite the discrimination and hampering of East Jerusalem's attempts to deal with COVID-19, the rate of infections remained relatively low throughout the first wave. During the second wave that started during the summer months however, cases increased drastically. Now, relaxed restrictions, increased gatherings and the high population density all contributed a spike in infection rates.³⁴ In addition, several testing clinics that had closed after the first wave did not reopen, and discrimination against East Jerusalem in the provision of health care and medical supplies continued. Health care professionals in East Jerusalem have reported working under

²⁷ Al-Haq, JLAC, MAP: "COVID-19 and the systematic neglect of Palestinians in East Jerusalem", July 2020.

²⁸ CARE Palestine West Bank / Gaza, Urgent Call to Protection and Response to COVID-19 in East Jerusalem, Policy Brief 20 April 2020.

²⁹ *Ibid.*

³⁰ Al-Haq, JLAC, MAP: "COVID-19 and the systematic neglect of Palestinians in East Jerusalem", July 2020.

³¹ <https://www.haaretz.com/israel-news/.premium-israeli-police-raid-palestinian-coronavirus-testing-clinic-in-east-jerusalem-1.8767788>

³² UN document A/75/532

³³ Joint statement: Israeli Apartheid Undermines Palestinian Right to Health amidst COVID-19 Pandemic, April 8th 2020.

³⁴ http://arabcenterdc.org/policy_analyses/another-test-of-palestinian-sumud-covid-19-in-the-west-bank-gaza-strip-and-east-jerusalem/

severe restrictions from Israeli authorities and continue to be undermined in their efforts.³⁵

One group of women that has been particularly at risk during the pandemic, are women who hold West Bank IDs but are married to Jerusalemites and residing in Jerusalem. As West Bank ID holders they have not been entitled to health care in Jerusalem, but border closures and travel restrictions have also hindered them from moving between Jerusalem and the West Bank to access health care.³⁶

The particular vulnerability of Gaza

In all of this, Gaza stands out with a particularly high level of vulnerability. In the soon to be fourteen years of Israeli blockade, a human-made humanitarian crisis has unfolded in the Gaza Strip, and deepens for every year. The blockade itself is a glaring violation of Article 33 of the Fourth Geneva Convention, amounting to collective punishment of the entire civilian population of Gaza.³⁷ It has also brought with it untold suffering, the destruction of basic societal functions, and a never-ending series of violations of both IHL and IHRL. In 2020, the collapse of Gaza's health care system has been brought into the spotlight, along with an ever-deepening economic crisis. In many ways, it is often the women of Gaza who bear the brunt of the blockade. The economic crisis is seen to have a deeper impact on women, with higher rates of unemployment and food insecurity. Women also tend to report lower levels of mental and physical health, most likely due to the compounding effects of the blockade and patriarchal structures, including the heavy burden of caring for households and children amidst trauma and violence.

Already before the pandemic, Gaza's health care system had been pushed to the brink of collapse.³⁸ In March when the outbreak began, the Gaza Strip had 87 ventilators, of which 80-90 per cent were already in use, to serve a population of two million.³⁹ Moreover, as recalled by UN Special Rapporteur Michael Lynk, Gaza's population was more vulnerable to the pandemic due to being densely populated, having a rising level of malnutrition and poorly controlled non-communicable diseases, among other factors.⁴⁰

With a surge of COVID-19 infections that persisted from August and onwards, Gaza has suffered just as expected from a health care system placed under a level stress

³⁵ UN document A/75/532

³⁶ WCLAC submission to the Special Rapporteur "The Culture of Impunity: Israel's Ongoing Violations against Palestinian Women during COVID-19", May 2020.

³⁷ UN document A/75/532.

³⁸ Joint statement: Israeli Apartheid Undermines Palestinian Right to Health amidst COVID-19 Pandemic, April 8th 2020.

³⁹ Joint statement: Israeli Apartheid Undermines Palestinian Right to Health amidst COVID-19 Pandemic, April 8th 2020.

⁴⁰ COVID-19: Israel has 'legal duty' to ensure that Palestinians in OPT receive essential health services – UN expert, 19 March 2020, SR Michael Lynk.

that it cannot bear. Between July and October 2020 the amount of confirmed COVID-19 cases rose from 11 to 4,285.⁴¹ Strict restrictions have mitigated some of the spread, but has not been able to alleviate the severe strain on the health care system. By the end of September, WHO reported that 47 per cent of essential drugs were at zero stock level.⁴² Moreover, during the rupture of coordination between Israel and Palestine, many of those most in need of urgent health care in East Jerusalem were not permitted to access it.

In tandem with the growing health crisis, the economic recession also hit the Gaza Strip particularly hard. The Gaza Strip was already facing a significantly higher level of unemployment and economic hardship than the West Bank. Now, COVID-19 related lockdowns have compounded with the blockade and frequent closings of Gaza's border crossings throughout the year, to generate an unemployment rate of 48.6 per cent, compared to 18.7 per cent in the West Bank. The figure among women is even higher, at 65 per cent (compared to 32.2 per cent in the West Bank).⁴³ This meant that in the third quarter of the year, the number of employed persons in the Gaza Strip had decreased by 17 per cent, compared to the same quarter 2019. As a comparison, the equivalent decrease in the West Bank was 5.5 per cent.⁴⁴

Amidst this, another shadow epidemic has spread and further tightened its grip on Gaza – a deepening mental health crisis. In September, there had already been 24 reported cases of suicide, compared to 22 in all of 2019. Out of these 24, four were women, and five children.⁴⁵ The actual number of suicides is thought to be significantly higher, as they are often misclassified as accidents due to stigmatization and fear of legal ramifications.

According to mental health organizations working in the Gaza Strip, the reason behind the rising number of suicides is a loss of hope in the future, especially among youth, who see no end to the suffering of Gaza and no way to exercise agency in their own lives. COVID-19 is thought to have exacerbated this even further, as the economic recession and skyrocketing unemployment deprives young people of the chance to start careers and families. Another reason behind decreasing mental health, among women particularly, is post-traumatic stress and anxiety disorders brought on by intimate partner violence (IPV), something which has also increased significantly in 2020. The taboo on speaking of IPV or other forms of gender based violence (GBV) is thought to further deepen mental health problems among women, who then see suicide as the only way out of oppression and abusive relationships.⁴⁶

⁴¹ UN document A/75/532.

⁴² UN document A/75/532.

⁴³ [Gisha.org/updates/11690](https://gisha.org/updates/11690).

⁴⁴ http://www.pCBS.gov.ps/portals/_pCBS/PressRelease/Press_En_31-12-2020-end-en.pdf

⁴⁵ OCHA article "Deterioration in mental health situation in the Gaza Strip", October 5th 2020.

⁴⁶ <https://www.ochaopt.org/content/deterioration-mental-health-situation-gaza-strip>

Deprioritizing women's health – accessing SRHR

In addition to being at greater risk of contracting COVID-19, and blocked access to essential treatments, the pandemic has also had another adverse affect on women's health. Throughout the West Bank, Gaza and East Jerusalem, health issues that specifically concern women are at risk of being deprioritized when resources are limited. Limited access to sexual and reproductive health rights (SRHR) has been a concern throughout Palestine long before the outbreak of COVID-19. A combination of severe lack of resources in the Palestinian health care system due to the Israeli occupation and patriarchal norms within Palestinian society, has meant that SRHR have long been deprioritized. Shortage of equipment and restricted mobility have had a negative impact on maternal health care, with essential natal care services being inaccessible particularly to women in remote or restricted areas (e.g. Gaza, Area C, H2 and areas cut off by the Annexation wall or settlements).⁴⁷

As COVID-19 has demanded an ever-increasing amount of resources within the health care system, a portion of funding has been rerouted form other areas. Globally, women's health issues and SRHR in particular have been deprioritized during the pandemic.⁴⁸ In Palestine, this has been compounded with the effects of movement restrictions, with women in need of emergency health care, childbirth or postpartum care placed at risk of not being able to access life-saving services. Particularly Palestinian women who would have needed care in Jerusalem or Israel, have been unable to travel to access hospital services.⁴⁹

Finally, deprioritization of women and a lack of gender aware health planning, has also placed women in situations where they cannot access their SRHR. CARE and UN Office for Coordination of Humanitarian Affairs (OCHA) noted for instance, from quarantine centres in Gaza in April 2020, that all medical and security staff were male, although over 45% of the persons staying in the centres were women. Gender norms and taboos, and lack of female staff then created further barriers for the women from accessing SRHR, basic hygiene needs and mental health support, inter alia.⁵⁰

⁴⁷ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

⁴⁸ CARE & International Rescue Committee: Global Rapid Gender Analysis for COVID-19, March 2020.

⁴⁹ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

⁵⁰ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

GENDER-BASED VIOLENCE

Increase in gender-based violence

In tandem with these other effects, COVID-19 has had a substantial impact on women's risk for violence. As lockdowns have ensued and people encouraged to stay home as much as possible, it has become painfully clear that home is not a safe place for everyone. Instead, for many women it is the place where they are most at risk in terms of health and personal security. As women worldwide have been effectively locked into their homes with a potential perpetrator, the level of gender-based violence (GBV) has escalated – and Palestine has been no exception. From studying other public health emergencies,⁵¹ we can see that they tend to have a two-pronged effect. Firstly, a worsening of several factors linked to GBV exacerbate the risk of violence for women. Secondly, the pandemic and associated restrictions make it more difficult for women to access support and protection services.⁵²

In Palestine, women already faced a particularly high prevalence of GBV, further exacerbated by the Israeli occupation. The 2019 Violence Survey carried out by the Palestinian Central Bureau of Statistics, found that 29 per cent of Palestinian women had experienced some form of GBV carried out by their husband, in the past twelve months. It also revealed 57 per cent of currently or ever married women had experienced psychological violence by their husbands at least once in the past twelve months. The equivalent figure for physical violence was 18 per cent and sexual violence at 9 per cent.⁵³ Several known risk factors of GBV have been significantly exacerbated by COVID-19, as seen in Figure 3.

As referral pathways and support systems have been obstructed by COVID-19, women's organisations throughout Palestine rose to the challenge of finding new ways of reaching women at-risk. WCLAC and several other women's rights organisations established or expanded toll-free helplines to replace or complement the function of in-office counselling and support. Throughout 2020, 64 per cent of WCLAC's consultations were carried out over telephone, compared to 33 per cent in person. Online campaigns have also been launched drawing attention to the risk of

⁵¹ E.g. the Ebola outbreak in West Africa (2014-2016) and DRC (2018), and cholera outbreak in Yemen (2016)

⁵² UNICEF Helpdesk Gender-based Violence in Emergencies, Emergency Response to Public Health Outbreaks, September 2018.

⁵³ Palestinian Central Bureau of Statistics: 2019 Violence Survey.

increased violence and how to seek help, including the campaign [“We are your voice”](#) that was launched by WCLAC and other members of the coalition FADA in June.

By May, UN Women reported that 53 per cent of respondent service providers in Palestine had observed an increase in domestic violence during lockdown. Similarly, CARE reported that 27 per cent of male and 33 per cent of female respondents indicated that GBV was an increased risk for women and girls in the crisis.⁵⁴ CARE has also noted an alarming 20 per cent increase of GBV in certain Palestinian towns, including Nazareth.⁵⁵ A survey carried out by Juzoor in April, found that 19.5 per cent of respondents indicated that domestic violence had increased during the lockdown, and a striking 70.8 per cent believed that it would grow even worse if the lockdown were extended.⁵⁶

WCLAC has observed a fluctuation of calls to the helpline throughout 2020, that can largely be attributed to COVID-19 related events during the year. A first sharp spike in consultations was noted in mid-April (a 75 per cent increase compared to previous weeks), which coincided with the lockdown across the West Bank being extended. Another much more pronounced surge in consultations came in June (213 consultations, compared to 58 the month before), although most of these were attributed to legal consultations due to the courts of law reopening, as is further explored under “Access to justice” below. A third spike was observed in August, when cases of COVID-19 began to rise again and local lockdowns were reintroduced throughout the West Bank. The fluctuations suggest that rather than a clearly defined increase of GBV, there have been cycles of increased violence as the effects of COVID-19 have varied over time.

The types of violence reported remained similar to those before the pandemic. The

GBV risk factors – all exacerbated by COVID-19

- ❖ Increased economic hardship and unemployment
- ❖ Increased stress and tension in the household
- ❖ Enforced coexistence (often in small living quarters)
- ❖ Inability to leave escalating situations or seek refuge
- ❖ Decrease in contact with social support networks, friends and family
- ❖ Perceived or real food insecurity

Figure 3. GBV risk factors.

⁵⁴ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

⁵⁵ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

⁵⁶ Juzoor for Health and Social Development. Gender-Based Violence during COVID-19 Pandemic Palestine , May 2020.

most common reason to call WCLAC's helpline during 2020 was psychosocial violence (35 per cent), followed by deprivation of social and economic rights (30 per cent), legal rights (19 per cent) and physical violence (9 per cent). The most common perpetrator was by far the husband of the abused woman (85.5 per cent), followed by an ex-husband (8 per cent). This also corresponds to pre-pandemic patterns, albeit with a slight increase of husband-perpetrated violence (75 per cent in 2019 and 78 per cent in 2018), which can be explained by the lockdowns and home confinements where GBV in the home is likely to have increased, whereas exposure to violence outside the home has likely decreased

Furthermore, WCLAC noted one alarming change in the consultations throughout 2020. There was a noticeable increase in the level of severity of the violence reported, both concerning psychological and physical violence. There was also an increase in threats to women's lives. Many of the cases dealt with by WCLAC's service unit revealed long backgrounds of violence in the family that had escalated further during lockdown. The increase in severity of violence may have been brought on by increased pressure within households leading to more severe forms of violence. It may however also be an indication that GBV has generally increased during the pandemic and that only the most severely targeted have overcome the barriers to call for help.

In addition to this, more women have reported economic hardship due to lockdown restrictions, which has clearly interacted with and further exacerbated the risk for domestic violence. WCLAC has supported several families that have suffered from increased economic difficulties throughout 2020, and have noted that these families have often also reported a raised level of violence. In several instances, it has been necessary to first secure the family's access to food and adequate living space before being able to address the GBV. Based on WCLAC's observations, the depth of economic hardship revealed through consultations grew more severe throughout the year, as did its correlation with increased violence.

Decrease in reporting

According to UN Women, figures from April 2020 suggested that while 50 per cent of providers saw an increase in calls to helplines, only 33 per cent experienced an increase in the official reporting of cases of violence against women, and 28 per cent reported a decrease, suggesting that fewer women were able to seek proper help and protection despite an increase in need.⁵⁷ Understandably, when confined to the home, many women have found that they lack the privacy and possibility to reach out to a helpline or even e-counselling, and are especially unable to reach out for protection or the filing of a police report. The decreased reporting may also be

⁵⁷ UN Women. In brief – Rapid assessment on COVID-19 and domestic and family violence services across Palestine, May 2020.

attributed to barriers, actual or perceived, for women to access justice and services during lockdown and restrictions.⁵⁸

This echoes a global trend where both service providers and the general population indicate an increased level of violence that is not necessarily being reported. As noted above, COVID-19 has not only exacerbated risk factors for violence, but also hindered women from seeking help and protection. CARE and OCHA note in a joint assessment that fear of contracting the virus, restrictions of movement, and lack of privacy during lockdowns have all contributed to making it more difficult for women to seek assistance.⁵⁹

WCLAC has noticed a similar trend, of women having a difficult time reaching out due to lack of privacy, or because they have been too preoccupied caring for family members during COVID-19 to reach out for support. Some women found other ways to reach out, for instance through chat functions on Facebook, when not able to visit or call. It has also been common for friends or relatives of a woman at-risk to reach out in her place. Finally, many women have reached out under other pretences, such as asking for economic support, and have only after several conversations made clear that they are in need of protection from GBV. This is believed to be a way for women to seek support without angering a perpetrator that may be listening in on the call, when privacy is hard to come by.

Finally WCLAC also noted a significant increase in one-time consultations in 2020 compared to previous years, and a corresponding decrease in long-term cases. Presumably, the difficulty in reaching support services led to more women contacting the WCLAC Service unit for urgent one-time support, but left many unable to continue receiving support in a systematic way. This can be due to disrupted support and referral pathways, but also to women lacking time and energy to seek further help while simultaneously coping with loss of employment, increased tension in the household, homeschooling and caring for ill relatives. Instead, women reached out when they were able to, and when it was the most urgent.

Disrupted access to shelter services

The pandemic also hampered referral pathways in 2020. Women were prevented from leaving the house to search for protection and support, and shelters were at times unable to provide a space that was safe both in terms of protection from violence and from COVID-19. In Gaza, the government-run shelter of protection for women was closed down during the first lockdown restrictions.⁶⁰ WCLAC's shelters have also, like those of other women's organisations been affected. In March and April, at a time when the level of violence and number of calls to WCLAC's helpline

⁵⁸ <https://reliefweb.int/report/occupied-palestinian-territory/impact-covid-19-crisis-access-women-victims-and-survivors>

⁵⁹ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

⁶⁰ <https://www.ochaopt.org/content/crisis-within-crisis-fighting-gender-based-violence-gbv-during-covid-19>

was peaking, restrictions and quarantine regulations put a temporary stop to admitting women to protection shelters. The regulations at the time called for two weeks' quarantine before a woman at-risk could enter a shelter, but offered no guidelines as to how to provide a safe quarantine period that also ensured women's security and confidentiality.

Following advocacy efforts by WCLAC and other women's right organisations, the Ministry of Social Development drafted new procedural guidelines later adopted by the Palestinian Cabinet that enabled protection and safety for women at risk. The new procedural guidelines included COVID-19 testing for victims of domestic violence in need of protection, and cooperation between the Police Family Protection Units and Ministry of Health to facilitate a safe space for protected persons while awaiting their test results. Women were then allowed to quarantine in isolated rooms in existing protection shelters. These guidelines made it possible once again for shelters, including WCLAC's, to protect women and also ensure the health and well-being of all involved.

ACCESS TO JUSTICE

The closure of courts of law

Besides an increase in GBV, one of the most palpable impacts of COVID-19 for the women supported by WCLAC during 2020, was blocked access to justice. Following the declaration of a state of emergency, Civil Courts were completely closed between March 22nd and May 10th, Sharia Courts closed on March 22nd, opened partially for follow-up on urgent cases on April 14th, and completely opened on May 18th in governorates that were considered free of COVID-19 by the Ministry of Health. After the Eid al-Fitr holidays, all courts were officially declared open on May 26th, both for the filing of new cases and to follow up on previously lodged ones.

Blocked access to justice had concrete and devastating effects for women across Palestine. Unable to file for divorce, fight custody battles or even petition for the enforcement of previous custody rulings, women found themselves separated from their children or locked into volatile marriages without anywhere to turn for help. WCLAC heard from women whose former husbands refused to return their children after court ordained visitation hours were over, but also those whose former husbands refused to visit or care for their children according to their responsibilities. This has caused significant psychological distress for women and has also presented a high risk of harming the emotional and physical well-being of both women and children. In addition, women were unable to file for or follow up on cases concerning alimony or maintenance, further deepening economic hardship for a group already particularly vulnerable throughout this crisis. The most common issues of the cases handled by WCLAC's legal aid services in 2020 can be viewed in Figure 4 below.

Overall, consultations on economic, social and legal rights were by far the most common reason to call WCLAC's helpline throughout the year, as can be viewed in Figure 5. The surge of consultations during the second week of April was largely characterized by women calling for information and advice on how to deal with the court closures. After this initial surge, the amount of calls concerning court cases decreased, but consultations on economic hardship, gender based violence and psychological difficulties remained. This suggests that women, after the initial shock, accepted the fact that they could not access legal remedies during lockdown, but instead requested support in dealing with the aftermath of this.

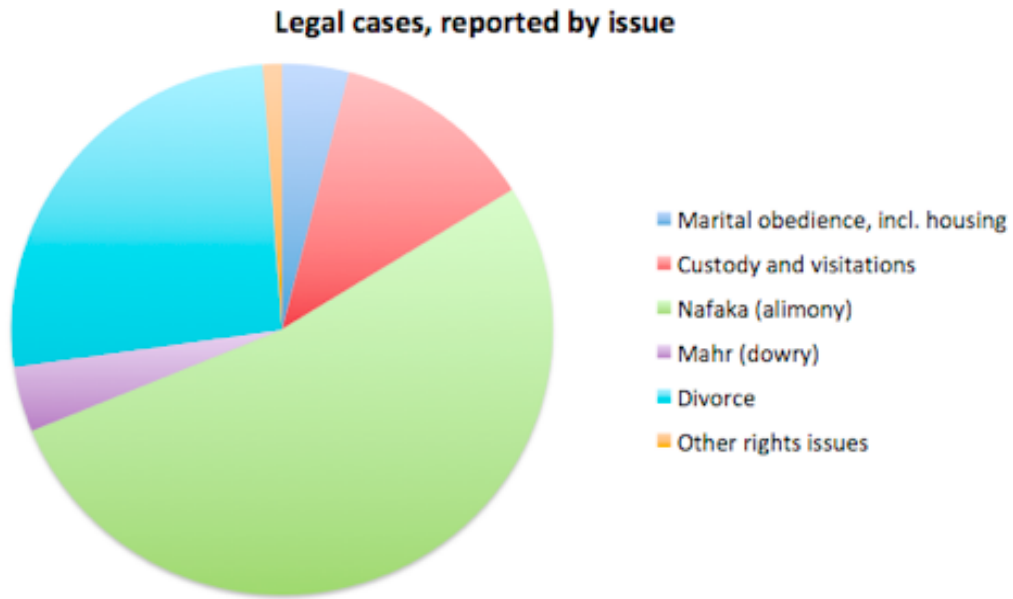


Figure 4. Cases handled by WCLAC legal services unit in 2020, reported by issue.

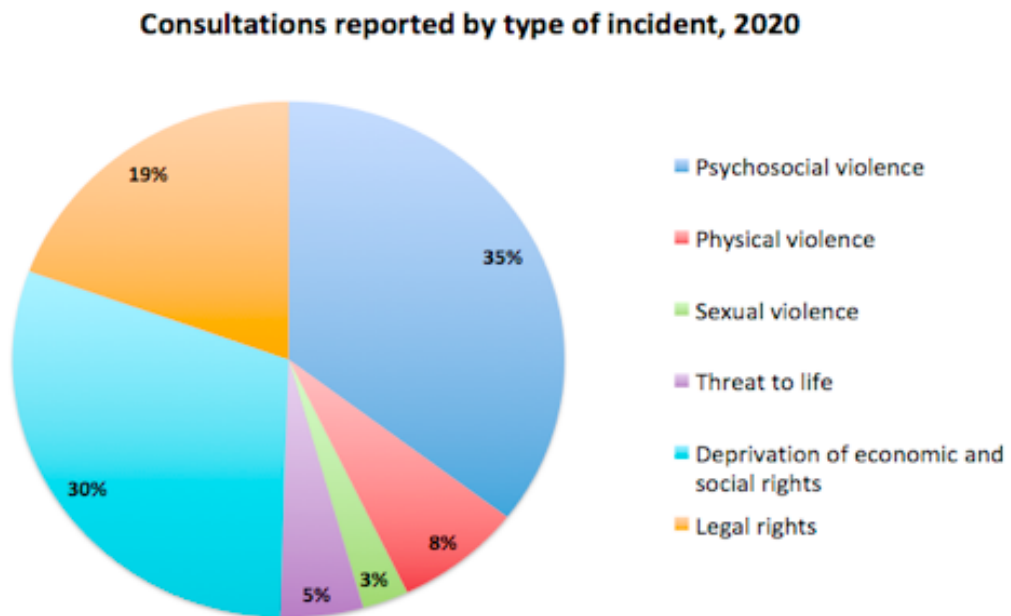


Figure 5. WCLAC Service unit's consultations in 2020, reported by type incident.

UN Women warned in May 2020 that the needs of women victims of violence were not being adequately addressed when justice and security institutions developed emergency plans in response to the pandemic and lockdowns.⁶¹ The same month, WCLAC communicated an official request to the Chief Justice of Sharia Courts for the partial reopening of courts to hear emergency cases. WCLAC also lobbied for a gender conscious understanding of what constitutes an “emergency case” and for this to include cases that had particular impact on the lives of women and their children, including custody, alimony, maintenance and visitation rights.

The reopening of courts in May was a great relief for women across Palestine. In June, WCLAC witnessed the largest surge of helpline consultations of 2020 (213 consultations compared to 58 the month before), a vast majority of which could be attributed to the courts reopening. Women were especially searching for support in the reopening or filing of new court cases. WCLAC’s service unit also noted that an increased number of women wanted to file for divorce rather than opt for family counseling, suggesting that many families had been dealing with severe problems during the closures without being able to access remedies or support, and now wished to move straight to divorce.

In Jerusalem, courts closed again during each of the following two lockdowns, but maintained online services for emergency cases. Alimony and custody cases were included as emergencies, which was important for safeguarding the rights of women. Divorce and several other pressing matters of family law were however not viewed as emergencies.

In the West Bank, the courts remained open after May, but not at full capacity. Due to COVID-19, they operated only with 30 per cent of their personnel. This, in combination with long waiting lines and high pressure on the courts after the closures, continued to impact women’s access to justice throughout the year. The hearing of cases and communication with the parties was slowed down, and cases were significantly delayed. WCLAC noticed throughout the second half of the year that many women avoided filing or following up on court cases, presumably due to these delays. In particular, women who were already involved in one court case were hesitant to open another.

Although lockdown and other regulations have been essential for the safety and health of society, accessing justice remains a basic human right to be safeguarded,⁶² and also serves as a fundamental means of accessing the enjoyment of other rights. The necessity of securing access to justice has become clearer than ever before throughout 2020.

⁶¹ <https://reliefweb.int/report/occupied-palestinian-territory/impact-covid-19-crisis-access-women-victims-and-survivors>

⁶² See e.g. CEDAW General Recommendation no. 30 on Women in Conflict Prevention, Conflict and Post-Conflict Situations and General Recommendation No. 33 on Women’s Access to Justice, which highlight the obligation of states to ensure that justice is accessible and responds to the specific needs of women.

ECONOMIC HARDSHIP AND DENIED LABOR RIGHTS

An economic recession with varying impact

With an already fragile economy and high unemployment, Palestine has been particularly susceptible to the economic crisis that has followed in the wake of COVID-19. Lockdown restrictions have led to closure of businesses and loss in livelihoods, affecting people throughout the West Bank, Gaza and East Jerusalem, and women especially. The Palestinian Bureau of Statistics (PBS) recorded a 12 per cent decrease in the GDP during 2020. The sharpest decline, 20 per cent compared to the previous year, was noted in the second quarter when strict lockdowns and restrictions were imposed.⁶³ It is estimated that after the first lockdown period, approximately 121,000 Palestinians lost their jobs.⁶⁴ Two out of five households had their income halved or more, during the same time period (March-May 2020).⁶⁵ In addition to this, the seven months' blocking of tax revenues that were due to be transferred from Israel to Palestine, further deepened the economic recession, as these tax revenues are estimated to constitute 70 per cent of the total Palestinian revenues.⁶⁶

Also in the financial sphere, women were hit particularly hard by the effects of COVID-19. It was reported already in March that more than half of survey respondents in Palestine experienced a significant decline in livelihoods and income as a result of the pandemic. In nearly every respect, female respondents found it more difficult to earn a living during the pandemic than their male counterparts. 28 per cent of female respondents stated that they were not able to work at all, compared to 8 per cent of men. Similarly, UN Women found that 95 per cent of Palestinian women leaders of MSMEs reported that their businesses were negatively

⁶³<http://www.pcbs.gov.ps/site/512/default.aspx?tabID=512&lang=en&ItemID=3879&mid=3171&wvversion=Staging>

⁶⁴<https://reliefweb.int/report/occupied-palestinian-territory/more-demolitions-new-settlement-expansion-plans-form-backdrop>

⁶⁵http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_31-12-2020-end-en.pdf

⁶⁶<http://www.pcbs.gov.ps/site/512/default.aspx?tabID=512&lang=en&ItemID=3879&mid=3171&wvversion=Staging>

impacted by COVID-19, due to a decrease in demand, movement restrictions and less support in childcare.⁶⁷

By May, it was measurable that 71 per cent of respondents had fully or partially lost family income due to the crisis, with women noting it to a larger degree (76 per cent) than men (65.5 per cent).⁶⁸ As noted by AWRAD, the reason for this may be two-fold: firstly female-headed households are likely to lose income more readily than male-headed ones, and secondly women most often bear the responsibility for purchasing food and other essential items and caring for the household, and may

The Palestinian economy 2020, in numbers	
Decrease in GDP	-12%
Decline in service sector	-10%
Decline in construction activity	-35%
Decline in industry activity	-12%
Decline in agriculture	-11%
Decline in exports	-7%
Decline in import	-5%
Increase in unemployment rate	+1.5%
Total unemployment rate	27.8%

Figure 6. The Palestinian economy 2020

Source: Palestinian Central Bureau of Statistics, http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_20-12-2020-eco-en.pdf

therefore be more affected and aware of decreased earnings.⁶⁹ CARE also reports that during the first half of the year, the participation of Palestinian women in the labour force dropped from 18% to 15%, which is particularly devastating given the efforts that have been taken to reach the current level of participation.⁷⁰ It may take many years to recover the lost ground and reach the levels of female employment that were measured before COVID-19.

Palestinian women have been particularly targeted by the economic impacts of COVID-19 due to several reasons. They represent a more vulnerable group in the workforce, with an unemployment rate three times greater than their male counterparts, lower wages and less access to benefits and social security.⁷¹ In 2018, the daily wage rate for men was 129 NIS for men, but only 92 NIS for women.⁷² Women are also overrepresented in the informal sector, with 40.5 per cent of women employed in some form of informal work.⁷³ This places them at a particularly high risk of losing their

⁶⁷ CARE Palestine, Gender Rapid Assessment: A Summary of Early Gender Impacts of the COVID-19 Pandemic, March 2020.

⁶⁸ AWRAD: Coping with COVID-19 Impacts and Coping Strategies among Palestinians, May 2020.

⁶⁹ AWRAD: Coping with COVID-19 Impacts and Coping Strategies among Palestinians, May 2020.

⁷⁰ CARE Palestine: "Reaching Higher - Women's Political Participation & Access to Decisionmaking in the COVID-19 Crisis", October 2020.

⁷¹ WCLAC: Demands Greater Prioritization of the Needs of Palestinian Working Women in the Governmental Economic Interventions and Responses to COVID-19, 1st May 2020.

⁷² CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

⁷³ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

employment and of finding themselves completely without benefits or social and legal protection. In addition, the programmes and interventions introduced to stimulate the economy, are not always gender conscious and risk not targeting the hundreds of thousands of women that have been affected by the economic recession. WCLAC commemorated Labour Day in 2020 by issuing a call for the greater prioritization of the needs of Palestinian working women in the governmental economic interventions and responses to COVID-19, which can be [accessed here](#).

As in many emergency settings, women have also faced greater responsibilities at home and often shouldered the caregiving and home schooling role during the COVID-19 pandemic. Among several other consequences, this meant that many women could not continue working as much as they had before. CARE found that 44 per cent of women reported an increase in unpaid work due to the pandemic, compared to 31 per cent of men.⁷⁴ The economic effects of COVID-19 have been particularly devastating for the 11 per cent of Palestinian women who are the main providers within their households.

In connection with these dire economic impacts, many families also faced increased food insecurity.⁷⁵ This led to increased tension and insecurity in many homes, further exacerbating the risk for GBV. In addition, lack of nutrition can lead to a weakened immune system with a greater risk of contracting the virus and more severe complications. Women are known to be more likely to reduce their own intake of food when facing food shortages both in terms of quantity and quality, and to adopt other negative coping strategies.⁷⁶

Denied labour rights

Respect for labour rights also decreased during the pandemic, and the situation for Palestinian workers employed in Israel became increasingly precarious. After the initial outbreak of COVID-19, Israeli authorities closed the border but allowed approximately 60,000 Palestinian workers to temporarily reside in Israel for two months so that they could continue their work despite border closures. Israeli employers were mandated with ensuring adequate housing, sanitation and food for temporarily residing Palestinian workers, but most did not live up to this requirement. Instead, workers were forced to live in dire conditions, many reporting that they had to sleep at construction sites or in greenhouses. Israel also refused to test Palestinian workers for COVID-19, and on several occasions workers who displayed symptoms were dropped at checkpoints without proper information, testing or coordination for further treatment or quarantine,⁷⁷ thereby violating their

⁷⁴ CARE Palestine, Gender Rapid Assessment: A Summary of Early Gender Impacts of the COVID-19 Pandemic, March 2020.

⁷⁵ *Ibid.*

⁷⁶ UNESCWA: "The Impact of COVID-19 on Gender Equality in the the Arab Region", 2020/Policy Brief.4.

⁷⁷ <http://www.alhaq.org/advocacy/16831.html>

right to health care and undermining Palestinian efforts to control the outbreak within its borders. After the first lockdown, Israel started allowing more workers to cross the border for three weeks at a time. Once again, the living conditions reported for the workers were dismal.⁷⁸ As of July, workers could pass freely across the border again.

Palestinian workers returning home from Israel throughout this entire period, placed their families at great risk of contracting the virus. Wives of husbands who came home with symptoms were placed under an enormous psychological and emotional workload. Women reported caring for their quarantined husbands and children in small living quarters, and at the same time facing stigma in their community as they were seen as potential bearers of COVID-19. In some cases, wives and children had to evacuate their homes so that the husband could quarantine alone. Even in these cases however, women were then expected to care for both households, while also dealing with psychological stress and health concerns.⁷⁹

In tandem with this, the economic and labour rights situation also intersected with the detrimental effects of the Israeli occupation itself. Israeli authorities continued to target Palestinians' livelihoods despite the crisis. During the first lockdown, the Palestinian NGO Al-Haq reported several attacks that harmed Palestinian workers and their livelihoods, including settler attacks in the West Bank on shepherds and their livestock, a violent attack on a farmer tending to his agricultural lands, as well as Israeli warships firing at fishermen's boats in Northern Gaza.⁸⁰

⁷⁸ <https://www.haaretz.com/middle-east-news/palestinians/.premium-palestinian-workers-forced-to-sleep-in-factory-because-employers-feared-lockdown-1.8991921>

⁷⁹ UN Women: "COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming", April 2020.

⁸⁰ Al-Haq: "Israel's Gross Violations of Human Rights in the Face of COVID-19", 2 April 2020-

WOMEN'S PARTICIPATION AND LEADERSHIP

The burden of care: unpaid labour increases

The year 2020 has also seen a dangerous trend of backtracking in the emancipation of women. Gender roles and division of responsibilities are already rigid and widespread in Palestinian society. In accordance with traditional patriarchal structures, men are often considered decision-makers and providers, whereas women are primarily responsible for household maintenance and care. These roles have also been further accentuated and entrenched after decades of stress, trauma and threats from living under Israeli occupation.

Throughout 2020, COVID-19 has exacerbated these roles even further. Lockdowns and movement restrictions relegated hundreds of thousands of women to their traditional role as caregivers and service providers in the home. When messages of social distancing and other precautions began to be circulated, women were among the first to be asked to stay home. When schools closed on March 5th, women overwhelmingly shouldered the responsibility of home schooling their children, often while attempting to continue their own work from home as well. Traditional caregiver roles also ensured that women bore the majority of the responsibility in caring for sick and elderly family members.

Besides representing several steps back in the forwarding of women's empowerment in society, this has also led to widespread emotional and physical exhaustion among women. On a global level, women already perform 76.2 per cent of the total hours of unpaid care work,⁸¹ and emergencies such as this tend to further increase the burden. Many women have dealt with emotional and physical exhaustion from the added burden of increased unpaid labour. Reports indicate that overall, women experienced higher levels of stress than men due to the COVID-19 crisis.⁸² A survey carried out by Juzoor showed that both men (42.5 per cent) and women (39 per cent) indicated that men were helping out more with housework

⁸¹ https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf

⁸² CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

during the pandemic.⁸³ However, the workload still seems to have been significantly heavier for women. Arab World for Research and Development (AWRAD) found that among Palestinian respondents, 68 per cent of women noted a significant increase in household duties compared to only 44 per cent of men.⁸⁴

At the same time, a CARE rapid gender analysis indicated that when it comes to household decision-making, COVID-19 has done little to challenge the patriarchal norms of men having the final say.⁸⁵ This paints the picture that Palestinian women have been called upon during the pandemic to take a greater responsibility in terms

In her words...

“My routine changed before and after the quarantine, as I am a feminist and working with the governorate of Hebron, I used to go out every day to finish my work and do the needs of the house, but now my husband is the only one who is going out at the permitted time only. My daily burdens increased, my daily work increased at home as a result of the demands and needs of the family, my movement became less [...]”

- *Woman from Hebron*

Figure 7. Testimony of woman from Hebron, recorded by WCLAC field researchers.

of care and household duties, with their unpaid labour increasing significantly more than that of their male counterparts. Meanwhile, the added stress and responsibility has come with no increase in decision making power within the household, but with a noticeable decrease in mental health and well-being.

Women in leadership

Women’s leadership stands out as another important challenge for Palestinian women, not in the least in the aftermath of COVID-19. Today, fewer than 12 per cent of Palestinian decision makers are women.⁸⁶ Women also face significantly higher unemployment rates than men, despite graduating at higher rates from both secondary school and higher education.⁸⁷ This means that despite being more educated, women are not able to affect the development of their society to nearly the same extent as men.

The same patterns are reflected on the household level, where 80 per cent of men and 48 per cent of women indicate that men should have the final say in family decisions. According to surveys conducted in some parts of Palestine, women’s employment does little to change the patriarchal decision

⁸³ Juzoor: “Impact of the COVID-19 Outbreak and Lockdown on Family Dynamics and Domestic Violence in Palestine”, June 2020.

⁸⁴ <http://www.awrad.org/en/article/10707/Coping-with-COVID-19-Pandemic-Impacts-and-Coping-Strategies-among-Palestinians>

⁸⁵ CARE Palestine, Rapid gender analysis, April 2020.

⁸⁶ CARE Palestine, Gender Rapid Assessment: A Summary of Early Gender Impacts of the COVID-19 Pandemic, March 2020.

⁸⁷ CARE Palestine: “Reaching Higher - Women’s Political Participation & Access to Decisionmaking in the COVID-19 Crisis”, October 2020.

making patterns in the home. In fact, in the Jordan Valley, where women are the most economically active, only 9 per cent of women had final say in household decisions, compared to a 22 per cent average in West Bank and Gaza.⁸⁸

The year 2020 marked the 20 year anniversary of the United Nations Security Council Resolution 1325 (UNSCR 1325), which established the necessity of ensuring that women’s needs, voices and perspectives are an integral part of preventing, resolving and recovering from conflict, and in building sustainable peace. COVID-19 has put this framework to the test, and once again shone a light on women’s participation and leadership in emergency settings. Particularly so in the militarized, patriarchal and violent reality that many Palestinian women are already navigating.

In Palestine, as in many other contexts worldwide, women have been noticeably absent from the planning and implementation of emergency response during the pandemic. Despite women making up nearly 60 per cent of workers in the care sector and 70 per cent of frontline health care workers, men still represent the majority of senior health staff,⁸⁹ and have made up the overwhelming majority of health decision makers. Women have also been significantly underrepresented in local emergency and neighborhood committees, and in higher level strategic planning. Women constituted only 14 per cent of the members in strategic committees, emergency committees and local committees during the pandemic. Meanwhile, the few women who have been in notable decision making positions, particularly the Minister of Health Dr. Mai al-Kaila and the Minister of Women’s Affairs Dr. Amal Hamad, were scrutinized and criticised to a disproportionate extent compared to their male peers.

In January 2021, WCLAC published a report together with partners Association of International Development Agencies (AIDA), Mercy Corps and Gender Action for Peace and Security (GAPS) titled “Now and the Future: Gender Equality, Peace and Security in a COVID-19 World”, which highlighted the experiences of women during COVID-19 and addressed them from within a framework of the Women,

Women in Palestine represent...

70% of frontline health workers

60 % of care workers

49 % of the population

23 % of ministers

12 % of decision makers

Figure 8. Women’s participation in Palestine

Source: CARE, “Women’s Political Participation & Access to Decision making in the COVID-19 Crisis”, October 2020.

⁸⁸ CARE Palestine: “Reaching Higher - Women’s Political Participation & Access to Decisionmaking in the COVID-19 Crisis”, October 2020.

⁸⁹ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

Peace and Security (WPS) Agenda. The report revealed that most of the interviewed women's organizations were not approached to engage in response planning and implementation during the first three months of the outbreak. Some organizations reported instead taking the initiative to advocate for their own involvement in emergency response after the first three months.⁹⁰ In the Gaza Strip, organizations noted that women had been almost completely excluded from emergency leadership. Leaders of women's organization were not called upon to provide support until the very late stages of the outbreak, and even then many of them felt that they were primarily being used in order for authorities to share the responsibility of failure of the implemented response.

Women's rights organizations throughout Palestine also reported that the COVID-19 response had negatively impacted their work. For instance, a women's center in the northern Jordan Valley was closed down in order to make space for an expanded health center, and ended up having to move to a different location.⁹¹ Lack of gender sensitive response has also had a negative impact on the programs put in place to tackle increased economic hardship, violence and food insecurity in the wake of COVID-19, as they have not taken into account the gendered dimension of women's experiences. Besides not making use of frontline workers' knowledge and experience, the exclusion of women from decision making has thus also created a gender bias in the relief and care offered. These shortcomings would likely have been alleviated to some extent by including women and women's rights organizations in emergency response planning and implementation.

On all levels of planning and implementation, WCLAC has observed a tendency to view women as recipients of services and charity, rather than as actors and decision makers. To the extent that the role of women in the crisis has been observed, the official discourse within emergency response has focused on the traditional and care-giving role of women within the household. This is highly problematic as it calls on women to offer their care-giving services and increase their unpaid labour, without offering a seat at the decision making table.

Women's organizations across Palestine recognized this issue throughout the pandemic, and actively campaigned for greater female representation in leadership and decision making. WCLAC launched a campaign in October 2020, to mark the 20th anniversary of UNSCR 1325 and highlighting the WPS Agenda within the context of COVID-19. Moving forward, we must also be aware of the image of women that is spread during times of crisis, and guard the hard-won advances that feminism has made. Emergencies present a significant risk of backsliding into traditional gender roles, especially when patriarchal structures are already a prominent part of society.

⁹⁰ "Now and the Future: Gender Equality, Peace and Security in a COVID-19 World", AIDA, GAPS, Mercy Corps, WCLAC, January 2021.

⁹¹ "Now and the Future: Gender Equality, Peace and Security in a COVID-19 World", AIDA, GAPS, Mercy Corps, WCLAC, January 2021.

IHL VIOLATIONS

At the outset of the pandemic, there was some hope that the restrictions and the need to focus on virus containment would at least lead to a slight respite from the Israeli IHL violations that otherwise impact Palestinian lives on a daily basis. The UN Secretary General called for a global ceasefire on March 23rd in light of COVID-19,⁹² and was joined by WCLAC and 64 other women's rights organisations on the occasion of Eid-al-Fitr.⁹³ Instead, 2020 marked a year where the frequency and severity of IHL violations seems to have increased, or at best continued under the premise of "business as usual".

One of the most flagrant violations of IHL has already been explored above: Israel's failure to respect Palestinians' right to health care and to fulfil its obligations as an occupying power. In addition to this, COVID-19 has in several instances led to new dimensions of other IHL violations and increased violence. This includes acts of violence such as settlers spitting while threatening to infect Palestinians in the West Bank, soldiers entering homes during night raids without wearing face masks, or the demolition of hygiene structures that are essential for keeping healthy during the pandemic. All of these are further explored below.

Night raids, arbitrary detentions and detention of minors

Night raids and arbitrary detentions are a frequent occurrence throughout Palestine and always cause great damage and suffering. They continued throughout all of 2020. Even during the period of March 1st – April 3rd, while both Palestine and Israel were enduring the first lockdown, 100 home raids were recorded in the West Bank, during which 16 minors were arrested.⁹⁴ These violations tend to disproportionately impact the well-being of women, as they often bear the traditional responsibility of caring for the household and children. Minors are frequently arrested during the raid, or at the very least left traumatized.

⁹² <https://news.un.org/en/story/2020/03/1059972>

⁹³ https://www.wclac.org/News/315/WCLAC_joins_call_with_other_civil_society_organisations_from_the_MENA_regions_for_global_ceasefire_and_unity_in_light_of_COVID19

⁹⁴ <http://www.wclac.org/files/library/20/05/uwvvdhhrw9yfghezoya6e.pdf>

COVID-19 added yet another dimension to the intimidation and harassment associated to home raids. Testimonies recorded by WCLAC's field researchers during 2020 highlighted that in many of the cases Israeli soldiers were not wearing protective gloves or masks when entering homes or detaining persons. Women reported spending days trying to disinfect their homes after Israeli Occupation Forces had entered, often without wearing masks or gloves. Several of the testimonies collected by WCLAC also highlighted that the Israeli soldiers were accompanied by dogs during night raids. This has caused distress for Muslim families who do not allow dogs to enter the house or interact with them due to religious beliefs.

Women supported by WCLAC also expressed great distress about detention or interrogation of family members, worrying that loved ones or they themselves would contract COVID-19 as a result. The detention of underage children, which continued throughout the pandemic and lockdown, caused particular suffering for mothers and other family members. Several children were kept in detention without any health precautions in place, and mothers remained anxious about the health of their children for weeks after they returned home.

In her words...

"I was very strong during the raid and even after the arrest of my husband, I was strong and coherent in front of my children, but deep inside I felt great anxiety and fear, because these raids negatively affect the psyche of my children. Moreover, the repeated incursions intended to be in the early morning hours just before the children go to school and we leave to work, results in spreading terror for family members. Nevertheless, I always try to relieve them even though every time the house is stormed with Israeli occupation soldiers, it will be more difficult than before, this time it was the first time they bring dogs inside the house, and also in amidst of corona."

- Mother of three describes night raid in her home in the Jerusalem area

Figure 9. Testimony recorded by WCLAC field researcher.

House demolitions

House demolitions also continued throughout 2020, and in fact increased, despite the pandemic and lockdowns. United Nations Office for Coordination of Humanitarian Affairs (OCHA) reported that by the end of November 2020, 766 Palestinian-owned structures had been demolished or seized across the West Bank – the second highest figures ever recorded by OCHA (the highest being in 2016). In total, 946 Palestinians had been displaced by the end of November, including 488 children. The vast majority of demolitions and seizures were carried out in East Jerusalem or in Area C.⁹⁵

⁹⁵ www.ochaopt.org/content/peak-demolitions-and-confiscations-amidst-increasing-denial-right-justice

House demolitions and the destruction of other essential structures have a highly detrimental impact on Palestinian women, as they are most often responsible for caring for the home and raising children. Among other things, women often shoulder the responsibility for gathering water, maintaining the hygiene and cleaning of the house, and caring for relatives who have taken ill – tasks which have all been particularly burdensome during COVID-19. However, these undertakings are rendered near impossible when water and hygiene structures are targeted. Home demolitions have an even deeper impact on women as they try to keep caring for their families and children without shelter. Most often, house demolitions force families to seek refuge in the homes of relatives. This leads to the further diminishing of wives’ influence in the domestic sphere, and erosion of their decision-making power. There is also an increased risk of domestic violence and abuse against women who move into homes of their husband’s relatives.⁹⁶

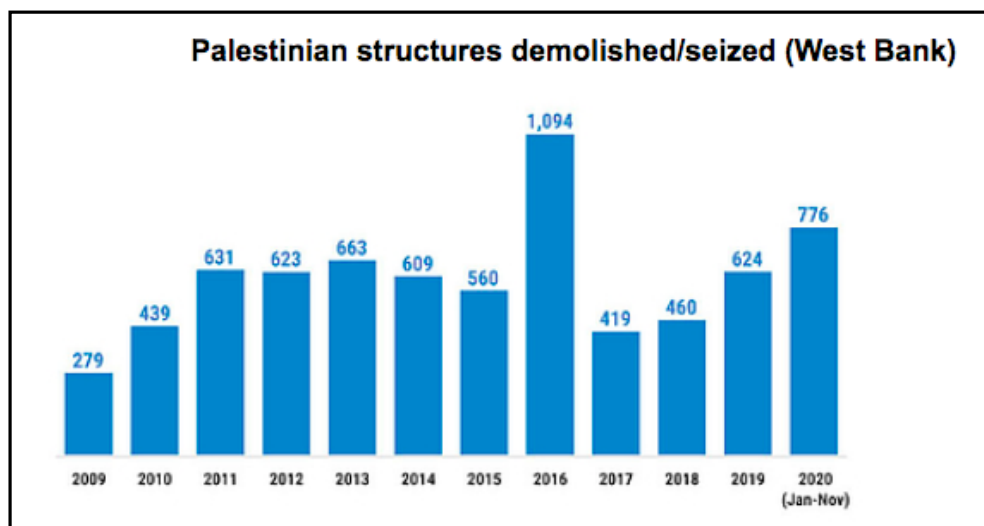


Figure 10. Table from UN OCHA showing number of demolished/seized structures in the West Bank, per year.
 Accessed at: <https://www.ochaopt.org/content/peak-demolitions-and-confiscations-amidst-increasing-denial-right-justice>

Due to the outbreak of COVID-19 and the imposed lockdown restrictions, Israeli authorities initially announced in March that there would be a suspension on demolitions of inhabited structures. Despite this, OCHA reported the demolition or seizure of 127 Palestinian structures by Israeli occupying forces between March and May, marking the highest number of targeted structures during the month of Ramadan in recent years. The targeted structures included numerous residential buildings, and also structures related to water and hygiene, including community water tanks and mobile latrines.⁹⁷ This is particularly alarming as it has been

⁹⁶ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

⁹⁷ OCHA West Bank Demolition and Displacement reports January – May.

detrimental to Palestinians' ability to mitigate the spread of the virus and significantly obstructs Palestinians' ability to realize their right to health in accordance with international humanitarian and human rights law. Targeting of essential structures and residential homes has also further deepened the impact of economic hardship among the most vulnerable.

In East Jerusalem, the record for the highest number of home demolitions in one year was broken already in October 2020, when the number of demolitions had reached 125 residential homes.⁹⁸ Out of these 84 housing units were self-demolished due to the enactment of Amendment 166 of the Planning and Building Law, which came into full effect in the end of 2018 and has caused an upwards trend of demolitions since then.⁹⁹ Self-demolitions have had a particular increase, as families are threatened with high fees if they do not carry out the demolition themselves. OCHA reports of families being threatened with demolition fees amounting to 90,000 shekels, the equivalent of 28,500 USD.¹⁰⁰

Amendment 166 has sharply increased fines and punitive measures for building violations, which particularly targets Palestinian neighbourhoods and families in East Jerusalem and the West Bank for whom building permissions are near impossible to obtain. OCHA estimates that the area that Palestinians are allowed to build upon represents less than 1% of the land in Area C, and 15% in East Jerusalem.¹⁰¹ To illustrate, the NGO Ir Amim reports that out of the 21,000 housing units that were advanced through housing plans in Jerusalem in 2019, only 8% were in Palestinian neighbourhoods, although Palestinians make up 38% of the population in Jerusalem.¹⁰² OCHA also notes that less than 4% of Palestinian building permit applications were approved between 2015 and 2019.¹⁰³ The sharp increase in home demolitions in East Jerusalem and the West Bank, and especially self-demolitions, is a direct consequence of this dual discrimination – and not even a pandemic has stopped 2020 from continuing the trend of increasing demolitions.

Settler violence

Violent attacks by Israeli colonial settlers against Palestinians and their property increased with the outbreak of COVID-19. In the month of April, the human rights organization B'tselem recorded a spike in settler attacks.¹⁰⁴ OCHA also reported an increase in settler attacks during the first lockdown, with a 20 per cent increase of settler violence during the period March – May 2020, compared to the same time

⁹⁸ Ir Amim, "Two Months Before the End of the Year, 2020 is Already the Record Year for Home Demolitions in East Jerusalem", 28 October 2020.

⁹⁹ *Ibid.*

¹⁰⁰ <https://www.ochaopt.org/content/peak-demolitions-and-confiscations-amidst-increasing-denial-right-justice>

¹⁰¹ *Ibid.*

¹⁰² Ir Amim, "Two Months Before the End of the Year, 2020 is Already the Record Year for Home Demolitions in East Jerusalem", 28 October 2020.

¹⁰³ <https://www.ochaopt.org/content/peak-demolitions-and-confiscations-amidst-increasing-denial-right-justice>

¹⁰⁴ https://www.btselem.org/press_releases/20200423_violent_attacks_by_settlers_spike_in_april

period 2019.¹⁰⁵ Oxfam called to attention the impunity that settlers were enjoying in carrying out these violent attacks in the shadow of lockdown regulations.¹⁰⁶

Attacks continued throughout the year, with OCHA recording 759 incidents of settler attacks/trespasses in all of 2020, representing levels similar to previous years.¹⁰⁷ Attacks were carried out toward persons and property, with a spike in vandalized olive trees during the harvest season. Not only were attacks during this time carried out in direct violation of the lockdown regulations enforced in both Israel and Palestine, they also significantly endangered the lives and security of Palestinians and once again the fear of contracting COVID-19 added yet another dimension to the harassment, intimidation and suffering caused by the violations.

Settler violence in 2020 – OCHA reports:

- ❖ 759 incidents
- ❖ 135 Palestinian injuries
- ❖ 60 Palestinian casualties
- ❖ 9,360 trees vandalized
- ❖ 284 vehicles vandalized

Figure 11. Settler attacks recorded by OCHA in 2020. Source: <https://www.ochaopt.org/page/settler-related-violence>

During the first lockdown, WCLAC’s field researchers noted a shift in violence patterns. More settler attacks were carried out during the night-time, presumably since the lockdown regulations made it difficult to move freely during the day. Much like night raids, night time attacks by settlers add yet another layer to the traumatization that Palestinian families experience. Also, fear of COVID-19 was exploited to cause further psychological harm during the attacks, with several testimonies noting that settlers sprayed unknown substances or spat saliva on doors, cars and electronic gates. In one case a family’s water tank was contaminated with an unknown substance, and they were without access to water until the Palestinian authorities were able to change the tank the next day.

Settler attacks cause enormous psychological, physical and economic damage. Palestinian women living close to settlements report living in constant fear of attacks, especially knowing that these are most often carried out under impunity without any judicial repercussions. Attacks cause trauma among both adults and children, which women are then often responsible for trying to heal and restore. In addition, women are particularly at risk of settler violence during the day, when men are away at work, and the targeting of pregnant women or women who have recently given birth have severe and long lasting consequences.¹⁰⁸ The particular

¹⁰⁵ <https://www.ochaopt.org/content/unprotected-settler-attacks-against-palestinians-rise-amidst-outbreak-covid-19>; https://ohchr.org/Documents/Countries/PS/A_75_376_AUV.pdf

¹⁰⁶ <https://www.oxfam.org/en/research/violence-and-impunity-west-bank-during-covid-19-pandemic>

¹⁰⁷ <https://www.ochaopt.org/page/settler-related-violence>

¹⁰⁸ https://ohchr.org/Documents/Countries/PS/A_75_376_AUV.pdf

vulnerability of women in settler attacks is illustrated in the story below, shared in the UN Special Committee's report to the Secretary General in October of this year.

Excerpt from the UN Report of the Special Committee to Investigate Israeli Practices Affecting the Human Rights of the Palestinian People and other Arabs of the Occupied Territories:

“On 15 December 2019, a group of six settlers threw stones at three Palestinian women and a four-year old girl who were sitting in the yard of their house in Madama village, adjacent to Yitzhar settlement, Nablus Governorate. As they fled into the house, two of the women were hit with stones and one of them - at the time five months pregnant - fell twice. She reported that she was later treated in the hospital for an injury to her shoulder and for medical examination of possible complications related to the pregnancy. Another 20 settlers gathered and smashed three windows with iron pipes and threw one stone into the house, before a group of Palestinians approached the house, prompting the settlers to leave. Fearing further attacks, the family relocated for over two months.”

- A/75/376, 1 October 2020.

Accessed at: https://ohchr.org/Documents/Countries/PS/A_75_376_AUV.pdf

Environmental negligence and chemical sprayings

Throughout 2020, WCLAC's field researchers and IHL unit placed particular emphasis on recording violations related to environmental negligence or harm. These types of violations have long been carried out against Palestinian communities and their land, and affects their health, safety and well-being, both in the long and short term. During 2020, they have had the impact of further jeopardizing Palestinians' health, well-being and food security, beyond the challenges already presented by COVID-19 and the economic recession.

In Gaza, one of the main hazards has been deficient waste management. As with many other essential supplies, fourteen year of Israeli blockade has led to highly limited waste management equipment in the Gaza Strip. Coupled with being one of the most densely populated areas in the world – with a population of two million producing nearly 2,000 tons of waste per day – Gaza does not have the resources or space to manage waste in a safe way. Informal dumping sites have opened in several locations across Gaza, many of which are bordering residential areas. The sites are growing by the day without any clear possibility of curbing the growth. UNDP reports on how one such dumping site in Beit Lahia has significantly polluted the

surrounding environment, causing health hazards for children, and contaminating agricultural lands.

During COVID-19 the resources made available to waste management service providers has diminished even further, causing a further worsening of the situation. In addition, infectious waste has increased heavily presenting further health hazards. UNDP was set to introduce a specialized microwave device to treat infectious waste, however the import of the devices was impeded by the rupture in coordination between Palestinian and Israeli authorities.¹⁰⁹ This challenge is likely to worsen as the pandemic continues.

In her words...

“The water here is much polluted and the smell of water and air is nasty. Mosquitoes and flies abound in the summer and in winter because of the occupation’s refusal to spray these areas from the Palestinian side.”

- *Woman from Gaza, interviewed by WCLAC field researcher.*

Figure 12. Testimony from woman in the Gaza Strip.

During the first half of 2020, WCLAC also recorded numerous testimonies on the pollution of groundwater wells and aquifers in the Gaza Strip by Israel, leading to increased risk of severe diseases among the population. This has compounded the health hazards presented by COVID-19, and also hampered Palestinian families’ ability to practice safe hygiene essential for staving off the virus infection.

It was noted that women were particularly affected by pollution and water shortages as they are overwhelmingly responsible for agriculture, livestock and household duties. Several women in Gaza explained to WCLAC’s field researchers that their villages are surrounded by wastewater basins controlled by the Israeli occupying forces. The women described that wastewater basins were regularly opened and emptied toward their villages, at the behest of the Israeli forces, and also leaked

into previously clean underground water wells. Buying clean water is expensive for families already constant shortage or exposure to disease by using the polluted water. The leaking of waste water toward the villages also has other effects on the quality of life, as described in “In her words”, Figure 10. This causes even further psychological and emotional suffering for Palestinian families living close to the Israeli border.

In addition, chemical spraying of agricultural lands in the Gaza Strip continued to be carried out by Israeli occupying forces throughout 2020. Israeli crop-duster planes fly along the perimeter fence, spraying highly concentrated herbicides when the wind is blowing westwards so as to target farmlands on the Gazan side. These sprayings have detrimental effects on the crops, and also on the health of farmers. The fields

¹⁰⁹ <https://www.ochaopt.org/content/waste-away-living-next-dumpsite>

are not possible to farm for up to 10 days after chemical sprayings, and often the crops are damaged beyond repair. This causes enormous financial losses, with one farmer reporting losses of 5,000 USD after having to dispose of his crops.¹¹⁰ WCLAC

As was developed under the section “Economic hardship and denied labor rights” above, food insecurity and economic hardship have increased significantly during the COVID-19 pandemic. The targeting of Palestinian agricultural fields has further deteriorated the situation for many families that rely on these crops both for their livelihood and for feeding their own families. Chemical sprayings also disproportionately target Palestinian women who have a particularly large role in agriculture and food production. Agricultural work is the primary source of work for a large portion of Palestinian women in the affected areas, and is especially crucial for women who are the main providers of their households.

In her words...

“These are their usual practices since years, in order to make us want to leave our land. However, I will not leave, and I teach my sons also to be patient, we will still cultivate even if they continue to flood the lands and spray them with chemicals and despite my major loss, I will continue to cultivate and plant the land.”

- Mother and farmer from Gaza, after the repeated chemical spraying of her land

Figure 13. Testimony recorded by WCLAC field researcher in Gaza.

WCLAC’s field researchers recorded testimonies from eleven women on chemical sprayings in Gaza that took place in April, in the midst of the first lockdown. The sprayings were carried out on April 5th from 6.30 am to 12 pm and again on April 7th from 7.30 am to 9.00 am. Women described how they fled the agricultural fields as the planes approached and sprayed a foul-smelling substance that they did not recognize. One woman’s son was on a horse as they tried to escape the field, and the horse was shot and killed by occupation soldiers. The interviewed women explained that they feared for their health, but also for their main source of income and nutrition during the first months of the pandemic.

Palestinians detained in Israeli prisons

Finally, the situation for Palestinian detainees in Israeli prisons continued to be dire throughout 2020 and was also further exacerbated by the outbreak of the pandemic. By the end of November, there were 4400 Palestinians in Israeli prisons, of which, 41 women and 170 children.¹¹¹ These figures remained relatively unchanged throughout the year, with no noticeable decrease in the amount of prisoners held, despite Palestinian and international urgings to release prisoners at risk of contracting the virus. In November alone, Israeli military forces detained 413

¹¹⁰ EuroMed: “Israel’s Herbicide Spraying: Palestinian Farmers’ Means of Sustenance Jeopardised”, 22 April 2020.

¹¹¹ Addameer, November newsletter.

Palestinians, including 48 children and 7 women.¹¹² Many prisoners, estimated at 700 persons in April, had pre-existing conditions that placed them at particular risk during the pandemic.¹¹³ Of the 43 women who were detained at the outset of the pandemic, 12 of them were already suffering from some form of illness.¹¹⁴ Meanwhile, the dire conditions in the prisons greatly compounded the risks for all prisoners.

WCLAC called for the immediate release of all prisoners, in a [statement](#) issued on April 2nd, and in the meantime for Israeli authorities to meet their responsibilities to protect all Palestinians deprived of their liberty. Overcrowding, poor nutrition and lack of sanitation and hygiene have all increased the risk of exposure to COVID-19 within prisons. Israel has a clear legal obligation under the Fourth Geneva Convention articles 3 and 76, to protect Palestinian prisoners and detainees, and an obligation under international human rights law to particularly protect the rights of women and children (Convention on the Elimination of all forms of Discrimination against Women [CEDAW] and Convention on the Rights of the Child [CRC] respectively). The specific need to protect prisoners during COVID-19 was also further stressed by IASC,¹¹⁵ and in several statements made by UN human rights experts, including one particularly highlighting the need to release Palestinian minors and to pay increased attention to their needs during the pandemic.¹¹⁶

Despite this, Israel continued to discriminate against Palestinian prisoners and neglected to secure adequate protection within detention facilities. UN Special Rapporteur Michael Lynk, noted that hundreds of Israeli prisoners were released citing COVID-19 as a reason, but that this act of precaution was not extended to Palestinian prisoners and detainees. Along with other UN experts, the Special Rapporteur again urged Israel not to discriminate in the protection of prisoners, and to immediately release the most vulnerable groups, particularly women, children, older persons and those with pre-existing medical conditions.¹¹⁷

Instead, the spreading of COVID-19 took hold in prisons as predicted. By November, over 100 cases of COVID-19 had been confirmed in Galboa prison.¹¹⁸ UN Special Rapporteur Michael Lynk noted with concern the increase in rates of infection among Palestinian detainees in Israeli prisons, and drew particular attention to a child who contracted the virus, despite calls to release or protect those most vulnerable to COVID-19.¹¹⁹ For the women detainees this has posed a great health threat, and for the countless women whose children or other relatives are

¹¹² Addameer, November newsletter

¹¹³ COVID-19: Israel must release Palestinian prisoners in vulnerable situation, say UN experts, 24 April 2020.

¹¹⁴ <http://www.addameer.org/publications/international-women%E2%80%99s-day-%E2%80%A6-43-palestinian-women-detention>

¹¹⁵ IASC Interim Guidance – COVID-19: Focus on Persons Deprived of their Liberty, March 2020, OHCHR and WHO

¹¹⁶ “In light of COVID-19 crisis, UN officials call for immediate release of all children in detention, including Palestinian children,” May 11th 2020.

¹¹⁷ COVID-19: Israel must release Palestinian prisoners in vulnerable situation, say UN experts, 24 April 2020.

¹¹⁸ Addameer, November newsletter.

¹¹⁹ UN doc A/75/532.

imprisoned it has caused fear and severe anxiety. Disturbingly enough, instead of taking precaution measures it seems that COVID-19 has in some instances been used as an excuse by Israeli forces to inflict further suffering on prisoners, including children. A 15 year old child was detained on July 23rd, and subsequently held in isolation under dire conditions for 45 days after having tested positive to COVID-19. He was not given any medical treatment during this time, and denied soap and shampoo for 14 days.¹²⁰

When the vaccination campaigns in Israel began, it was also made clear that Palestinian prisoners were not among the first prioritized, despite being at significantly high risk. Instead they were to fall under the second priority group which may have to wait additional months before receiving their first dosage.¹²¹ Recently there have been indications that they may not even be included in the second priority group, with news sources reporting that the Israeli Public Security minister ordered for Palestinian security prisoners to not be vaccinated.¹²²

In addition to the severe health hazards facing prisoners, visits from family members and lawyers to prison facilities were halted during COVID-19 restrictions. This despite the fact that these visits are regularly held using telephones and with a glass wall separation, which means that the risk of contaminating prisoners is already minimal.¹²³ The restriction of visits led to great psychological suffering for detainees and family members, particularly for children detainees. It also compromised detainees' right to legal advice and support, which was especially damaging to those waiting in pre-trial detention and whose trials were temporarily suspended.

¹²⁰ Addameer, August newsletter.

¹²¹ <https://www.haaretz.com/israel-news/.premium.HIGHLIGHT-against-covid-directives-israeli-minister-orders-not-to-vaccinate-prisoners-1.9402652>

¹²² <https://www.middleeasteye.net/news/israel-orders-jails-not-vaccinate-palestinian-security-prisoners>

¹²³ Addameer: "Palestinian Prisoners' Day – Prisoners Fight Imprisonment and COVID-19".

MOVING FORWARD: SUPPORTING WOMEN DURING COVID-19

At the time of writing, the COVID-19 pandemic is still ongoing and the compounded threats presented to Palestinian women throughout 2020 continue. Although recent vaccination campaigns have offered some hope that the most severe health threats will diminish throughout 2021, the end is still not quite in sight. With an entire year soon having passed since the first state of emergency was declared by Palestinian authorities, which conclusions can be drawn on how Palestinian women continue to be impacted?

Firstly, we can see that as time went on, certain threats diminished or became more stable. Access to justice has improved as courts have either reopened or become more familiar with administering justice through online methods. After a rocky start of quarantine regulations, women's ability to access protection shelters was secured thanks to diligent campaigning by women's rights organizations. Women's organizations themselves, WCLAC included, were able to reopen their offices, at least partially, and also grew well-versed in how to offer distance-based support and helplines for women at-risk. These developments offer hope for the ability to adjust to new challenges and effectively address the new risks for Palestinian women.

Unfortunately, however, this does not stand true for all gendered impacts. Certain threats to women's well-being have only grown more severe as the pandemic rages on. Economic hardship has notably grown deeper as the economic recession has taken hold in the wake of COVID-19. Increased unemployment, food insecurity and financial difficulties have left women particularly vulnerable, and households with female breadwinners have been at higher risk than others. Exposure to GBV seems to have followed cyclical patterns, with reporting increasing at critical points throughout the year, for instance when lockdowns have been extended and pressure within families further augmented. The violence reported to WCLAC's helpline has also continued to be particularly severe compared to pre-pandemic levels. Although many women have reached out to helplines or other support networks when most at risk, WCLAC has observed that there has been a significant decrease in the ability to offer long-term support to women victims of violence. This is presumably due to women not being able to find the privacy or time to access follow-up support during lockdown periods.

Other threats and challenges to women seem to have remained at levels similar to the pre-pandemic, most notably IHL violations carried out by Israeli forces and settlers. These have also however been influenced by COVID-19 in many instances, and most of all have compounded with the already dire challenges facing Palestinian women, making it more difficult for them to protect themselves and their families' health and well-being.

Finally, the conspicuous lack of women in leadership and COVID-19 response in Palestine has been a key issue since the beginning of the outbreak, but has gained more attention as they year went on. Women's organizations have often taken matters into their own hands. WCLAC for instance provided gender sensitive aid kits to families and women at risk, in order to complement the aid provided by official sources that were not gender sensitive. Women's organizations have also become increasingly vocal about claiming their seat at the decision making table and forwarding the understanding of gendered impact. Moving forward, ensuring more Palestinian women in leadership will be key to increasing gender awareness in response efforts, thus further improving the situation for Palestinian women during COVID-19 and its aftermath.

Perhaps the main lesson learned from 2020 is then simply that the effects of the pandemic and associated restrictions are in fact deeply gendered. In several instances throughout 2020, the failure to realize this further exacerbated the situation of Palestinian women. Moving forward, women's rights organizations need to continue to point at the particular vulnerability of Palestinian women in coping with the multitude of COVID-19 related impacts, and to amplify the voices of women and their uniquely gendered experiences.

The experiences of 2020 show us that this can have profound effects. Women and women's rights organizations who lobbied for better quarantining guidelines for protection shelters, or more gender sensitive determinations of the urgency of court cases, were able to secure better protection for women at-risk. At the same time, the many challenges that continue to face Palestinian women indicate that these efforts need to be continued and augmented.

In tandem with this, WCLAC along with several other women's rights organizations continue tirelessly to offer legal, psychosocial and protection support to individual women. The year 2020 demanded ingenuity and resolve in order to be able to continue reaching women in need of this support. The fact that levels of reporting have either remained stable or increased for the vast majority of support helplines is a clear indication that the efforts have been largely successful. Moving forward, we will all need to continue to reassess the particular needs of Palestinian women in a COVID-19 and post-COVID-19 context, as well as the available methods of support. Most of all, the past year has shown us that government, NGOs, INGOs and other actors looking to support Palestinian women during these times need to exhibit three key characteristics: an awareness of the gendered impacts of COVID-19, creativity in order to meet this new context and an incessant determination to continue forwarding the rights of Palestinian women in the face of new challenges.