Rapid Gender Assessment

Early Gender Impacts of the COVID-19 Pandemic

April 2020

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CARE Palestine West Bank/ Gaza

Acknowledgements

Thanks to author Reham Owda, CARE Gender Project Coordinator. This Rapid Gender Assessment has benefited from the valuable contributions of CARE Palestine staff, especially Salam Kanaan, the Country Director, Irina Karic, Quality, Accountability and Development Manager, the members of the RGA committee, (Hiba Tibi, Buthaina Mizyed, Suhair Ramadan and Reham Owda) and the Monitoring & Evaluation staff of CARE Palestine (Fares Odeh, Toqa Sammoudi, and Rozana Saleem).

Contents

Acronyms

CBO	community-based organizations
GBV	gender-based violence
COVID-19	Novel Coronavirus 2019
KIIs	key informant interviews
MSME	micro-, small and medium-sized enterprise
NGO	non-governmental organization
PA	Palestinian Authority
RGA	Rapid Gender Assessment
WBG	West Bank and Gaza
WEE	Women Economic Empowerment
WHO	World Health Organization

Executive Summary

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

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

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

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

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

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

1 Paper developed by CARE Palestine on gendered Impact of COVID-19 in Palestine West Bank/ Gaza, April 2020
2 See https://www.corona.ps/details

About This Assessment

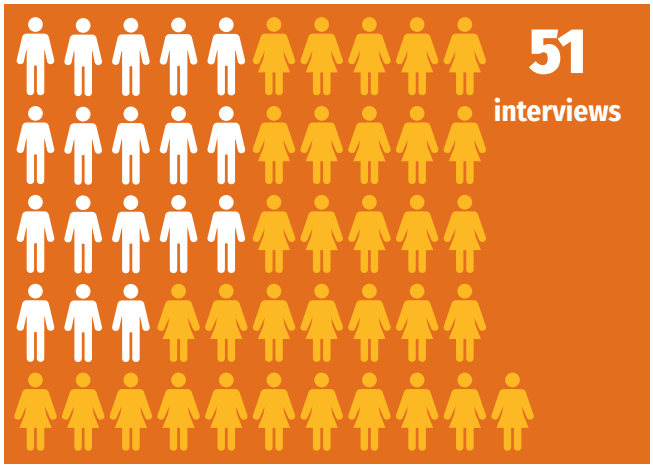
This assessment targeted a sample of beneficiaries of CARE Palestine WBG projects by gender and age, in order to assess their risks and vulnerability during the crisis. Camps or communities were selected to gather information from women, men, and youth at different locations, but the sample selected is not representative to allow for generalization about the situation of all community members.

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

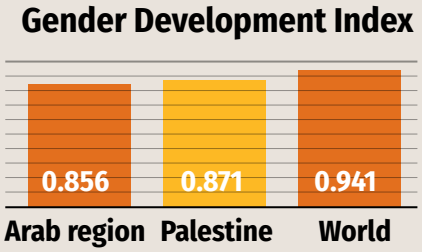
CARE staff in the West Bank and Gaza conducted structured interviews from April 9-12, 2020 with 51 respondents (18 males, 33 females), aged between 23 to 54 years old. The survey targeted 31 persons from the West Bank and 20 from the Gaza Strip, living in 12 different governorates (Bethlehem, Hebron,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

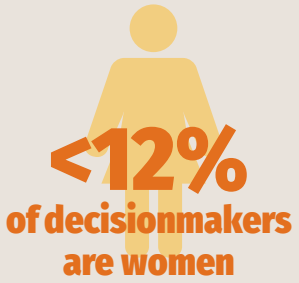
Forty percent of respondents live in urban areas, 36% in rural areas and 23% in refugee camps. Seven respondents were pregnant or lactating. Sixteen percent were female-headed households.

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



BACKGROUND





Women comprise:

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

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

Assessment Results

DECISION-MAKING & COPING MECHANISMS

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

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

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

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

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

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

PROTECTION WITH A FOCUS ON GBV

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

According to SAWA organization's[5] weekly hotline reports, after the crisis they saw a 20% increase in calls regarding mental health and psychosocial support and abuse/violence cases, the majority of which came from young men and adolescent boys that had experienced abuse from their fathers, mothers, and siblings at home.[6] Calls from women seeking support increased from 40% to 58% of the total once the hotline extended its hours (indicating that women had not found the time or privacy to call), with calls regarding abuse and domestic violence from partners increasing by 38%.

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

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

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

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

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

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

POLITICAL & COMMUNITY PARTICIPATION

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

>45% of Gaza residents in quarantine centers are female

0 medical & security staff at the centers are female

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

ACCESS TO FINANCIAL RESOURCES

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

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

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

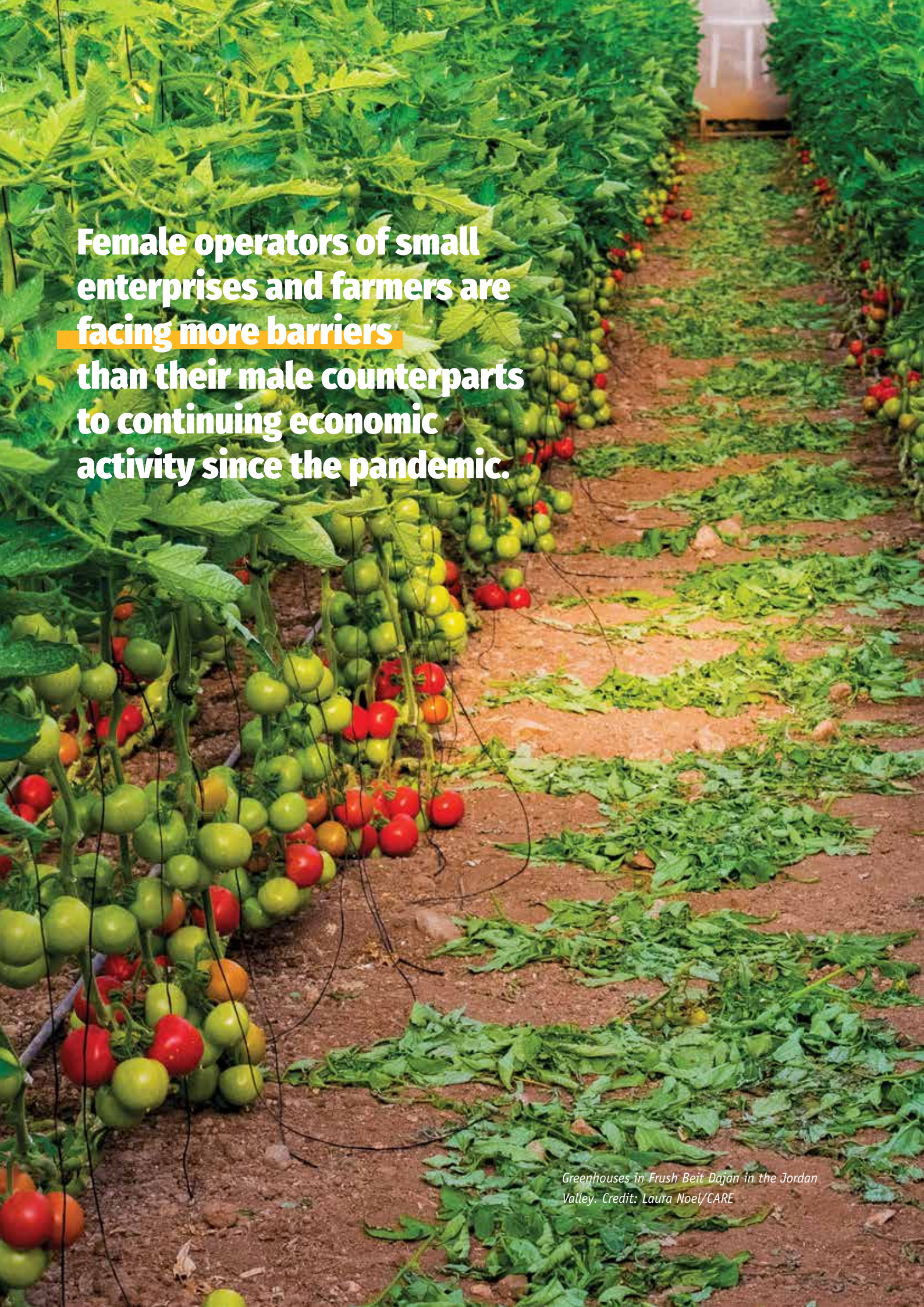
7 Paper developed by CARE on gendered Impact of COVID-19 in Palestine West Bank/ Gaza, April 2020

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

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

GENDER DIFFERENCES IN LIVELIHOODS

28% could not do business at all	**8%** could not do business at all
~ 1 in 2 reported no paid activities	**1 in 3** reported no paid activities
91% movement restrictions prevented access to goods & resources	**57%** needed goods & resources were inaccessible
90% could not access financial services	**73%** could not access financial services
44% could not access extension & other services	**68%** could not access extension & other services



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

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

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

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

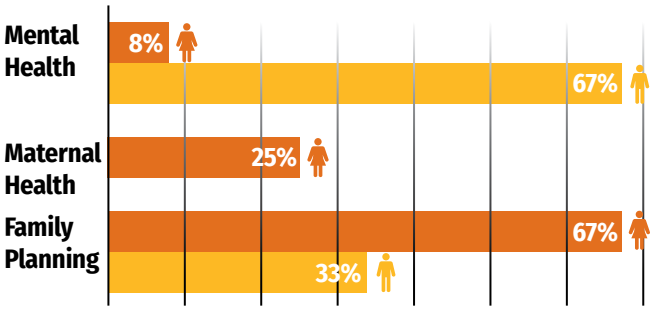
Some female respondents in CARE's assessment were obligated to take measures to mitigate these problems such as suspending businesses, changing the type of production, reducing working hours and prices, and customizing production.

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

ACCESS TO HUMANITARIAN BASIC NEEDS, SERVICES & INFORMATION

Significantly fewer female respondents (58% of females and 86% of males) reported having safe access to health facilities inside and out of their community. Mainly this was due to the lack of cash and inability to travel. Male respondents have more access to mental health services than female respondents do; however, female respondents have more access to family planning services than male respondents do.

ACCESS TO SERVICES



Most households of male and female respondents have not received any kind of humanitarian assistance during the COVID-19 crisis. However, respondents report that they are in a safe shelter, and one that is appropriate for women and girls.

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

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

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

Recommendations

- The Palestinian Authority, community organizations, health responders, policymakers and all other humanitarian actors must **support the inclusion of women frontline responders, women leaders, women-led organizations/ networks, and youth groups** as important partners in the COVID-19 response.

- National authorities, the private sector, and humanitarian and development actors should **prioritize investment in adapted women's economic empowerment initiatives,** such as remote micro, small and medium enterprises (MSMEs).

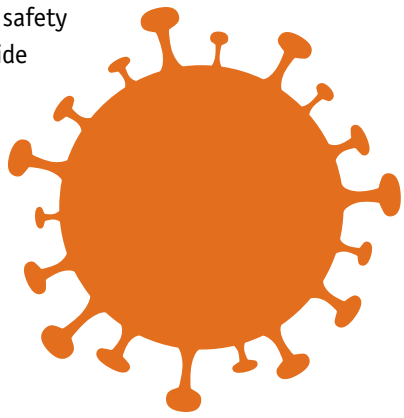
- National authorities and donors/ the international community must **strengthen the GBV and protection response as part of COVID-19 response efforts,** ensuring that funding is available to support protection-focused services and provide support to organizations with expert staff and GBV services, hotlines, referrals and remote and direct health and psychosocial response services for survivors, while expanding service availability.

- National authorities and key international actors must **ensure that the specific needs of women, particularly those in the most at-risk populations, are met,** including their physical, cultural, security, information and sanitary needs. Hygiene needs should be a first priority.

- National authorities and key international actors should **focus on socioeconomic policies and interventions that protect women from falling into poverty, and protecting those working in the informal sector through emergency cash transfers, loans or small-scale grants.** These policies should take into account the increased care burdens women face and gendered approaches to household decision-making and resource allocation, which are impacting female enterprises.

- National authorities, supported by humanitarian actors, should **guarantee that women, particularly refugees, cancer patients, and those suffering from chronic diseases or with disabilities have access to affordable, quality and equitable health-care services, including sexual and reproductive health and GBV services**. Restrictions of movement imposed to mitigate COVID-19 must take into consideration these vital health needs.

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



- **Enhancing access to information and material on the risks of COVID-19 should be a priority.** Since Palestinians are obtaining most of their news from the internet, national authorities and humanitarian actors should strengthen reliable health and hygiene resources and make them known to the public, alongside a campaign helping information consumers discern true information from false reports.

Introduction

As of May 3, 2020, 520 people have contracted COVID-19, out of which 336 were in the West Bank and 17 in Gaza, (126 females and 227 males) and 176 in East Jerusalem. Seventy-seven people have recovered and four people have died from the disease.[1]

Since the first four people were confirmed to be infected with COVID-19 in the West Bank on March 5, 2020, the Palestinian Authority (PA) promptly responded by declaring a State of Emergency across the country for 30 days, which was renewed on April 2 for another 30 days. The PA has been gradually scaling up access restrictions and social isolation measures across the West Bank, including a suspension of all educational activities, a prohibition on public gatherings, restrictions on travel between Palestinian cities and banning Palestinian employment on Israeli settlements (this latter measure has been largely unenforced). These measures were at their peak on March 22, when the PA imposed a 14-day curfew in the West Bank, obliging people to stay at home except for the purchase of food and medicine, or in case of an emergency.[2] In late April, the PA announced a gradual reopening of shops, banks and other commercial ventures, although some restrictions remain.

For nearly 75 years, CARE has been working to address the root causes of suffering and to provide lifesaving humanitarian assistance to people in need. Operating in more than 100 countries, CARE focuses on women and girls because evidence shows that addressing gender inequalities is key to effectively responding to crises and their underlying factors. For these reasons, CARE is deeply concerned about the implications that the spread of COVID-19 might have on women and girls in development and humanitarian settings. Informed by lessons learned in past public health emergencies, CARE's analysis shows that COVID-19 outbreaks in development or humanitarian contexts could disproportionately affect women and girls in a number of ways, including adverse effects on their education, food security and nutrition, health, livelihoods, and protection.

COUNTRY DATA

- **Population: 4.9 million, 3 million in the West Bank and 1.9 million in Gaza. 2.4 million in need**
- **Population under age 30: 69%**
- **Population living in poverty: 29% (53% in Gaza and 14% in West Bank)**
- **Population living in deep poverty: 34% in Gaza and 6% in the West Bank.**
- **Female employment rate: 18%**
- **Male employment rate: 42%**

GENDER BASED VIOLENCE

- **30% of ever-married women in the West Bank and 51% in Gaza have been subjected to household violence**
- **49% of women in the West Bank and 76% in Gaza have been psychologically abused**
- **17% in the West Bank and 35% in Gaza have been physically abused**
- **10% in the West Bank and 15% in Gaza have been sexually abused**

Sources: UNOCHA & PCBS

1 https://www.corona.ps/details

2 Paper developed by CARE Palestine on Gendered Impact of COVID-19 in Palestine West Bank/ Gaza, April 2020.

Even after the outbreak has been contained, women and girls may continue to suffer from ill effects for years to come.

About CARE's Rapid Gender Assessment

CARE Palestine West Bank/Gaza conducted a Rapid Gender Assessment during the period from April 9 to April 12, 2020.

The main objective of this assessment was to assess the most pressing needs, risks, vulnerabilities, existing capacities, and coping mechanisms of crisis-affected community members. It seeks to help inform CARE and other stakeholders in ongoing and planned programming and interventions in response to the crisis while meeting the different needs of women, men, boys and girls. Therefore the results of the Rapid Gender Assessment will help CARE, partner organizations, other civil society organizations, the UN and local authorities in adopting a gender responsive approach to their COVID-19 efforts.

This analysis benefited from CARE International's Rapid Gender Assessment Toolkit for COVID-19, including guidance for SDR, and the results of the CARE Global Rapid Gender Assessment that was undertaken from March 31 to April 5, 2020.

Due to COVID-19-related restrictions and lock-downs on movement and accessibility, this Rapid Gender Assessment has employed key informant interviews (KIIs) conducted by phone and other internet-based communications platforms (e.g. Skype, WhatsApp, etc.) in order to do no harm.

The Rapid Gender Assessment tools deploy purposive sampling, selecting respondents by a representative sample of gender and age. Locales (camp or community) were selected to gather information from women, men, boys and girls; such sampling does not provide a representative sample for each locale.

Interviewers used a phone survey questionnaire (see Annex), following a concise introduction and obtaining oral consent. Interviews did not take more than 20 minutes. Interviewers created status codes for number not in service, no answer, busy respondents, by appointment, break-offs, and so on.

As the primary data on the gender impacts of COVID-19 is limited, triangulation between primary and secondary data sources was conducted to create a more complete picture. Quantitative data was collected in SPSS spreadsheets, while qualitative data was gathered in the form of statements and information provided by selected partners and beneficiaries.

DEMOGRAPHIC PROFILE

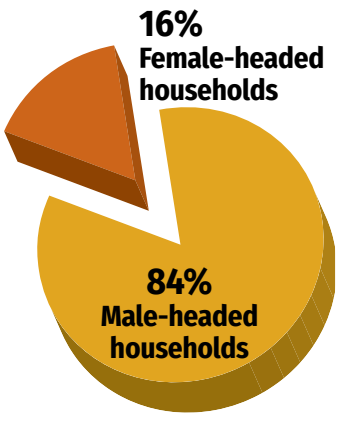
CARE staff in the West Bank and Gaza conducted structured interviews from April 9-12, 2020 with 51 respondents (18 males, 33 females), aged between 23 to 54 years old. The survey targeted 31 persons from the West Bank and 20 from the Gaza Strip, living in 12 different governorates (Bethlehem, Hebron,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

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

Table 1: Age of respondent family members

		FREQUENCY	PERCENT	VALID PERCENT	CUMULATIVE PERCENT
VALID	Child (<18) living in the household	4	7.8	9.1	9.1
	Elder (>60) living in household	6	11.8	13.6	22.7
	Adult (18-60) living in household	26	51.0	59.1	81.8
	Category 1+3	3	5.9	6.8	88.6
	Category 2	1	2.0	2.3	90.9
	All Category	4	7.8	9.1	100.0
	Total	44	86.3	100.0	
MISSING	99	7	13.7		
TOTAL	51	100.0			

Figure 1: Gender of headed household of respondents



Findings & Analysis

CARE's analysis touches on themes that impact women's economic and political participation in Palestine, to examine how the COVID-19 outbreak and mitigation measures used to stop the spread of the virus are affecting Palestinian households. While some crucial aspects, like household decision-making, remain unaffected at this early stage, the interplay of reduced economic activity, a drop in income, increased GBV and other changes that are underway—as evidenced in the results—are warning signs for the future. Female voices and perspectives are also not present as the response has begun, and this is evident in the results.

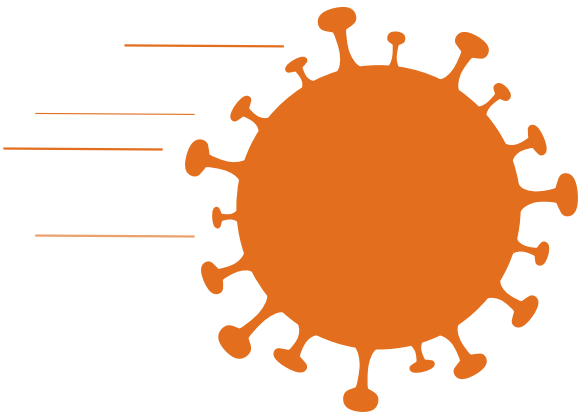
Women's Leadership, Decision-Making & Coping Mechanisms

HOUSEHOLD DECISION-MAKING

The outbreak of COVID-19 has had little impact on household decision-making patterns among respondents.

Despite the COVID-19 outbreak's broad impact on all aspects of life in Palestine WBG, in particular social interactions in the household, more than half of respondents interviewed by CARE reported no significant change in household decision-making patterns, with men still holding most decision-making power. For context, a UN Women study found in 2017 that 80% of men and 48% of women believe that men should be the final decision-makers at home.

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



MOVEMENT & PRODUCTIVITY

- 54% of male respondents and 63% of female respondents reported no change in who decides about family members' movement.
- 58% of male respondents and 75% of female respondents reported no change in who makes decisions about buying inputs or selling products.
- 67% of all respondents (both male and female) reported no change in who makes decisions regarding accepting or rejecting visits to the home since the start of the COVID-19 crisis.
- 63% of male respondents and 83% of female respondents stated that there had been no change in decision-making patterns related to displacement due to the COVID-19 crisis.

HEALTH CARE

- 64% of male respondents and 75% of female respondents reported no change in decision-making patterns related to their own access to health care.
- 46% of male respondents and 65% of female respondents also said that there had been no change in who decides about health care access for other members of the family (not the respondent).

CHILDREN & EDUCATION

- 60% of male respondents and 53% of female respondents said that has been no change in decision-making patterns concerning children's education in lock-down
- 100% of male respondents and 86% of female respondents reported no change in who decides whether the couple should have another child or not.

CONTROL OF FAMILY RESOURCES

Husbands continue to have greater control over family resources than wives do, and what they spend those resources on differs from women's allocation of family resources.

As before the COVID-19 crisis, husbands continue to have more control than wives over family resources.

- 57% of male respondents and 28% of female respondents reported that it is the husband who decides how money will be spent. Only 17% of female respondents reported that this decision-making falls to the wife, while the remainder of male and female respondents reported joint decision-making about household expenditures.
- 64% of male respondents and 59% of female respondents stated that they alone decide how to spend their own money (with as many as 36% of male respondents and 41% of female respondents reporting the converse, that they alone are not able to decide how to spend their own money).

While male respondents spend their own money on food, education, transportation, and their businesses, most female respondents spend their own money on medicines, health care, household items, the needs of children, kitchen items, and personal needs.

COPING MECHANISMS

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

More male than female respondents reported being obliged to adapt their food intake as a coping mechanism in the seven days before the interview. The only coping mechanism that female respondents used more often than males was that of borrowing food or relying on help from friends and relatives.

- 57% of male respondents and 35% of female respondents are coping by eating less preferred or more expensive food.
- 72% of male respondents and 84% of female respondents are coping by borrowing food or relying on help from friends and relatives.
- 79% of male respondents and 58% of female respondents are limiting portion size at mealtime.
- 79% of male respondents and 58% of female respondents are limiting their intake in order that small children may eat.
- 71% of male respondents and 56% of female respondents are reducing the number of meals per day in order to cope.

Hanan, a beneficiary of CARE's Obader project in the West Bank, caters meals for schools and other institutions, with eight employees working in her kitchen. The COVID-19 crisis has deeply impacted her work, however, since schools are closed and she has been forced to furlough her employees.

Protection with a Focus on Gender-Based Violence

GBV & DOMESTIC VIOLENCE

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

According to SAWA organization's[3] weekly hot-line reports, after the crisis they saw a 20% increase in calls regarding mental health and psychosocial support and abuse/violence cases, the majority of which came from young men and adolescent boys that had experienced abuse from their fathers, mothers, and siblings at home.[4]

Calls from women seeking support increased from 40% to 58% of the total once the hot-line extended its hours (indicating that women had not found the time or privacy to call), with calls regarding abuse and domestic violence from partners increasing by 38%.

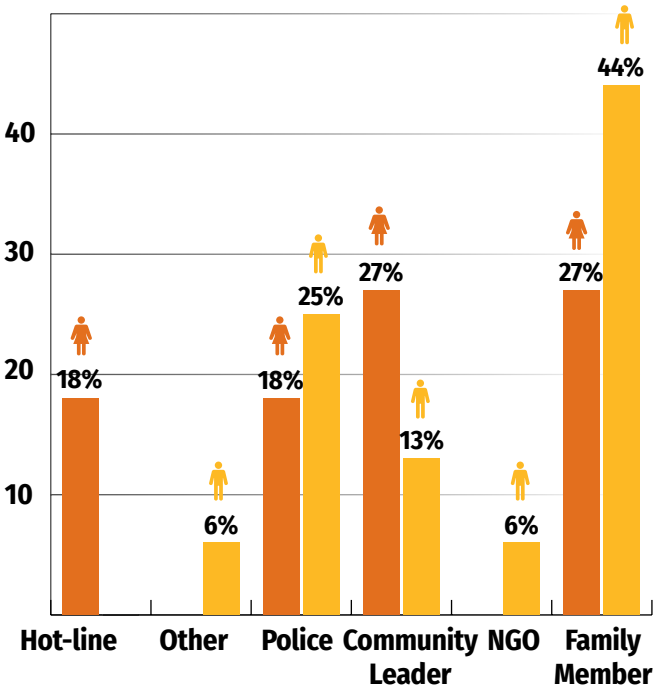
Violence may increase due to confinement and forced coexistence, restrictions on movement, economic challenges, food insecurity and fears of exposure to the virus.[5]

Twenty-four percent of CARE respondents noted an increase in security concerns facing women and girls related to GBV, intimate partner violence, and domestic violence. About one-third of both male and female respondents—27% of males and 33% of females—stated that GBV was an increased risk for women and girls in the crisis.

The Women's Affairs Center6 in Gaza says that the presence of men and children inside the house has created a new wave of violence against women, including verbal, physical, psychological, and sexual violence. Women's Center for Legal Aid and Counseling (WCLAC) has provided support to 228 women seeking support for the deprivation of social and economic rights (141 consultations), psychological violence (42), physical violence (35) and sexual violence (9) during the first month of the crisis. The organization has initiated an awareness campaign as a result, in cooperation with a local radio station.[7] Also, women's organizations In Nazareth and other Palestinian towns in Israel also report that there has been a marked increase of 20% in GBV, compared to the same period in 2019.[8]

In case of such violence, CARE survey respondents were most likely to seek help from a family member, the police, a community leader, a hot-line or a non-governmental organization, in that order. Notably, female respondents were markedly more inclined to seek help from the police than they were community leaders, which was a top choice for male respondents.

Figure 2: Main source of help in cases of GBV and domestic violence



Community & Political Participation

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

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

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

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

6 Interview conducted in April 2020 by CARE with WAC, A women knowledge-based organization aiming at empowering women, advocating for women's rights and gender equality.

7 See WCLAC Infographic, http://www.wclac.org/News/302/WCLACs_response_to_COVID19_and_domestic_violence_in_Palestine_an_infographic

8 Interview conducted in April 2020 by CARE with Women against Violence Organization, an organization dedicated to the advancement of Palestinian women in Israel, seeking to eliminate GBV and advance equal rights and democracy among all citizens and sexes.

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

In Gaza, more than 45% of those staying in quarantine centers are women, while the medical and security staff stationed there are all men.[10] The prevalence of male security and medical staff responding to COVID-19 places barriers for women in accessing health care, mental health support, basic hygiene needs, and their fundamental rights to privacy and comfort—particular given prevalent social and cultural taboos about gender mixing.

This pattern of excluding female representation from the COVID-19 response is by no means exclusive to Palestine WBG. In Nazareth, Palestinians formed an Arab Emergency Commission that had no female representation.[11] The US Coronavirus Task Force created by the Trump administration in Washington, DC, also originally had no female representation.[12]

Access to Financial Resources

LIVELIHOODS & INCOME

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

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

- 8% of respondents had no paid activities before the crisis, and during the crisis, 45% reported no paid activities at all, indicating the dramatic impact of the pandemic on their livelihoods and income (a 44% drop for women, 31% for men).
- 4% or female respondents and 7% of male respondents increased their small trade.
- 4% of female respondents and 1% of male respondents decreased their livestock holdings.
- 13% of female respondents experienced a decline in their home-based businesses, while no male respondents had home-based businesses before or after the crisis.
- 7% of male respondents reported a drop in day labor, while female respondents (13% of whom had day labor work prior to the crisis) did not see this decline.
- 44% of female respondents gave "other" as their primary form of livelihood before the COVID-19 outbreak, making it the most common livelihood but after the crisis, these respondents—many in home work or small trades—decreased to 13% (males reporting "other" were about one-fourth of the sample before and after).

On average, the number of paid working hours have decreased by 31% overall, and 94% of male respondents and 67% of female respondents did not have any additional income outside of their paid livelihoods.

Most male respondents (60%) share their income with their wives, and 40% of female respondents reported the same.

The current monthly income of respondents ranged from 250 NIS to 6,000 NIS, monthly. The majority of married male respondents share their entire income with their wives, and 40% of female respondents do the same. Only 20% of married female respondents share only a portion of their income with the family, while keeping a portion of their income for personal use.

IMPACT ON MSMES & VALUE CHAINS

Female respondents especially, but respondents overall reported limited access to markets, production inputs, and resources needed for business and production as a result of the COVID-19 outbreak, hurting their businesses, farms and greenhouses.

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

- 28% of female respondents and 8% of male respondents could not do business at all.
- About one in five business owners (22% females, 25% males) continued to do business but had decreased demand.
- 11% of female respondents and 17% of male respondents continued business activity, but had no demand.

10 Interview conducted by CARE in April 2020 with the staff of WATCPAL. A coalition of women affiliated to seven political parties, women's organizations and centers, aiming to eliminate all forms of discrimination against women, to develop their role in society, and to enable them to reach decision-making positions.

11 Interview conducted by CARE in April 2020 with staff of SAWA, conducted by CARE in April,2020

12 CARE & International Rescue Committee, "Global Rapid Gender Analysis for COVID-19"

- 8% of male respondents continued to do business by reducing work hours and labor; no females reported such strategies.[13]
- About one in ten of both female and male respondents could not access resources or inputs.
- About one in ten female and male respondents felt no impact on their business activity.

About two-thirds of respondents (73% of males and 69% of females) have not been able to access and procure all items or resources needed for business production.

Among females (91%), however, the reason for this was mainly restrictions on movement, while 57% of male respondents reported having no access to items or resources needed for their business production, and 14% said vendors were requiring cash payments that they did not have.

Moreover, 90% of female respondents and 73% of male respondents have not been able to access the financial services needed to continue their business production. For women, this was mainly because bank services were limited or suspended in the crisis (40% of female respondents, 14% male respondents). About 40% of both female and male respondents said the financial support was not available, and 14% of male respondents said that loan interest rates were too high for them.

Also due to the crisis, 44% of female respondents and 68% of male respondents have not been able to access services, service providers, extension agents, or skills development opportunities. For 60% of females, the reason was due to the lack of inputs, compared to 33% of male respondents who said the same. Movement restrictions were the reason given for lack of access to such services among 33% of females and 44% of male respondents.

More than twice as many female respondents and male respondents face business challenges under the COVID-19 outbreak than those who said that they experienced challenges before.

Respondents were asked if they faced business challenges prior to the COVID-19 outbreak, and 45% of females and 27% of males said that they had. But under the new conditions, 94% of females and 70% of males reported facing business challenges.

Table 2: Question - If you face business challenges, why?

		MALE	FEMALE	TOTAL
IF YES, WHY	Insufficient connections with extension agents or other actors, service providers in the business field	33.3%	58.3%	50.0%
	Lack of or poor connections to input suppliers hindered production	33.3%	16.7%	22.2%
	Insufficient access to further skill development	33.3%	16.7%	16.7%
	High transportation costs		8.3%	5.6%
	Other			5.6%
TOTAL	100.0%	100.0%	100.0%	

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

- 19% of female respondents and 20% of male respondents stopped working, as they have nothing to do.
- 19% of female respondents and 10% of female respondents changed the type of production and are now producing new items.
- 6% of female respondents and 20% of male respondents are customizing production (for example, no longer producing yogurt) to adapt to the situation.
- 6% of female respondents reduced the working hours for workers.
- 6% of female respondents reduced their prices.

13 Respondents were able to choose a combination of these options as to how their business had fared.

- 6% of female respondents had not made any changes, as their businesses were not affected by the crisis.
- 40% of male respondents and 6% of females had not carried out any mitigation measures yet, while other respondents (25% of females said "other") had done something else or a combination of the above.

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

More than half of entrepreneurs, small traders or home based businesses had no online communication with extension agents during the outbreak of COVID-19. Female entrepreneurs were less likely than their male counterparts to access extension services online.

- 30% of female respondents (and no male respondents) cited a lack of access to technology (computer/laptop/WiFi, smart phone, etc.)
- 10% of female respondents and 22% of male respondents cited the inappropriateness of online communication, lack of comfort with male agents, or not being allowed to communication online with male agents. More information is needed to determine why male respondents would have this concern.
- 10% of female respondents and 11% of male respondents were unaware of such services.

Most female and male respondents had not reached out to suppliers, community-based organizations and co-operatives.

While more female than male respondents had reached out to new suppliers (47% versus 25% of males), those females who had not cited restrictions on movement as the reason that they had trouble finding suppliers.

Similarly, 67% of female respondents and 60% of males had not reached out to community-based organizations and co-operatives during the outbreak. Nearly half of female respondents (47%) did not know who to contact, while 57% of male and 13% of female respondents said that such organizations had shut down. Fifteen percent of respondents, most of them male said that they had no way of contacting such organizations (lack of contacts or technology, etc.).

More than half of respondents (59%) had not used their own assets and savings during the outbreak of COVID-19, but female respondents were more likely to have dipped into these reserves (47% versus 30% of males).

One-third of respondents (39% females, 25% males) did not have other assets to utilize, while one-half of males and one-third of females were not allowed to use family assets.

Three out of four respondents (80% female and 73% male) had not collaborated with other similar businesses, farms or greenhouses to share burdens and resources.

Again, female proprietors were more impacted by restrictions on movement, with 63% of them and 50% of males citing them as the reason they had not made such contacts. In addition, 25% of male respondents said that other businesses also did not have access to resources and inputs, and 27% of female respondents cited other unspecified reasons. About one in ten male and female respondents did not collaborate with other businesses because they did not have a sufficient business network.

Access to Humanitarian Basic Needs, Services & Information

HEALTH DURING THE CRISIS

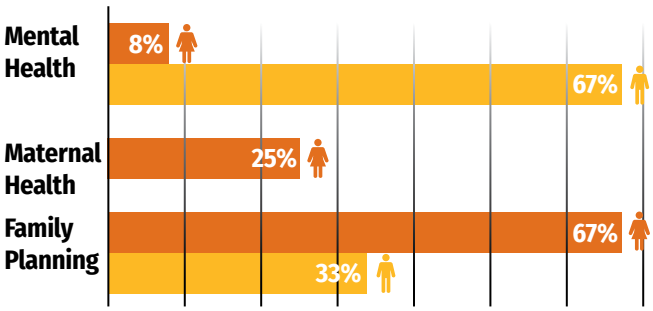
Significantly fewer female respondents (58% of females and 86% of males) reported having safe access to health facilities inside and out of their community.

They said that this was due to the lack of cash and inability to travel, while male respondents said that such facilities were not functioning.

- 17% of male respondents and 33% of female respondents stated that there are girls or women in the household that had been affected by disease in the last 30 days.
- 23% of male respondents and 17% of female respondents stated that there are boys or men in the household that had been affected by disease in the last 30 days.

Male respondents have more access to mental health services than female respondents do; however, female respondents have more access to family planning services than male respondents do.

Figure 4: Percent of respondents who have safe access to services



HUMANITARIAN ASSISTANCE

Most households have not received any kind of humanitarian assistance during the COVID-19 crisis.

Only 5% of female respondents and 13% of male respondents had received some kind of humanitarian assistance in the last 30 days; none of them said it was adequate to meet household needs.

Only about one in ten respondents, with no difference by gender, confirmed that humanitarian agencies had contacted them about their needs.

SHELTER

Most male and female respondents are in a safe shelter that is appropriate for women and girls.

- 42% of female respondents reported more than one family living in their shelter, while 19% of male respondents said the same.
- 90% of female respondents and 80% of male respondents have enough space or bedding for women and girls to sleep in privacy, and 90% of female respondents and 94% of male respondents feel safe in their shelters.

WATER, HYGIENE & SANITATION

Adequate hygiene is a clear unmet need for both male and female respondents, with a large majority (79% of females, 81% males) reporting that they have not been able to meet their hygiene needs in the pandemic.

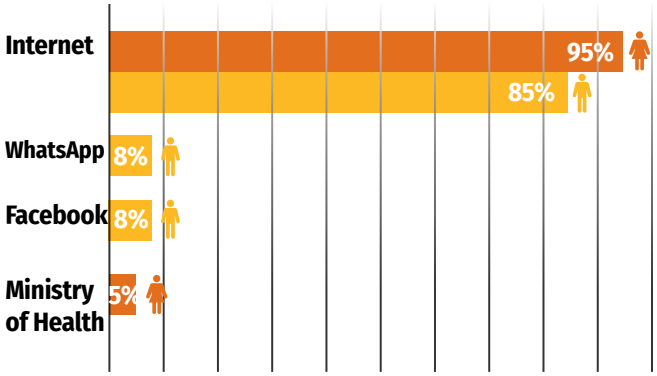
COMMUNICATION & AWARENESS

The majority of respondents used the internet to stay informed on COVID-19 and related messages, while also accessing social media and the Ministry of Health to a lesser degree.

Nearly all male respondents (93%) and 100% of female respondents had received some information and awareness messages related to COVID 19.

All of the male respondents still need information about where to access food, reiterating their diminished livelihoods and food security. All of the female respondents need further information about accessing medical and health services.

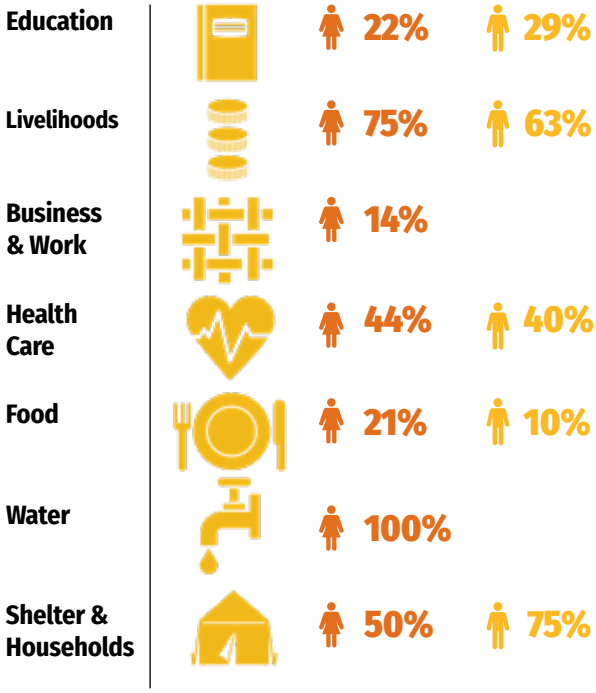
Figure 5: Source of information about COVID-19



PRIORITY NEEDS

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

Figure 6: First priority needs for respondents



Conclusion & Recommendations

Experience with other infectious disease crises and the early findings of this analysis show that the COVID-19 crisis is disproportionately affecting women, girls and the most marginalized population groups. Pre-existing inequalities, GBV and discrimination increase and are reinforced, leading to greater protection risks. Conflict, poverty, gender and disability are tightly interlinked and compounded for the most vulnerable, limiting access to basic services and protection.[14] As the numbers of COVID-19 increase, these already-complex risks may be further exacerbated for women and girls. Women, for instance, tend to be front-line health workers, and caretakers of the elderly—themselves in a high-risk category—and therefore at risk of being exposed to the viruses.

National authorities, policymakers and all other actors must take serious steps to support the inclusion of women in the COVID-19 response and to empower vulnerable women who suffer from the consequences of COVID-19 that negatively affect their livelihoods.

There is a strong need to support MSMEs to adapt to the current situation of COVID-19 and empower women entrepreneurs in continuing their journey in business and economic empowerment.

RECOMMENDATIONS

These recommendations are based on the main findings of this Rapid Gender Assessment. There is a need for the immediate emergency response to improve humanitarian and longer-term work in the field of gender equality and women's empowerment while focusing more on enhancing the role of Palestinian women in all aspects of life—social, political and economic.

- The Palestinian Authority, community organizations, health responders, policymakers and all other humanitarian actors must **support the inclusion of women frontline responders, women leaders, women-led organizations/ networks, and youth groups** as important partners in the COVID-19 response.
- National authorities, the private sector, and humanitarian and development actors should **prioritize investment in adapted women's economic empowerment initiatives,** such as remote micro, small and medium enterprises (MSMEs).
- National authorities and donors/ the international community must **strengthen the GBV and protection response as part of COVID-19 response efforts,** ensuring that funding is available to support protection-focused services and provide support to organizations with expert staff and GBV services, hotlines, referrals and remote and direct health and psychosocial response services for survivors, while expanding service availability.

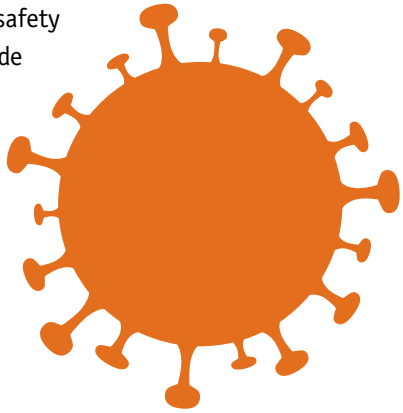
14 UKAID Disability Inclusion Helpdesk Report 2019

- National authorities and key international actors must **ensure that the specific needs of women, particularly those in the most at-risk populations, are met,** including their physical, cultural, security, information and sanitary needs. Hygiene needs should be a first priority.

- National authorities and key international actors should **focus on socioeconomic policies and interventions that protect women from falling into poverty, and protecting those working in the informal sector through emergency cash transfers, loans or small-scale grants.** These policies should take into account the increased care burdens women face and gendered approaches to household decision-making and resource allocation, which are impacting female enterprises.

- National authorities, supported by humanitarian actors, should **guarantee that women, particularly refugees, cancer patients, and those suffering from chronic diseases or with disabilities have access to affordable, quality and equitable health-care services, including sexual and reproductive health and GBV services**. Restrictions of movement imposed to mitigate COVID-19 must take into consideration these vital health needs.

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



- **Enhancing access to information and material on the risks of COVID-19 should be a priority.** Since Palestinians are obtaining most of their news from the internet, national authorities and humanitarian actors should strengthen reliable health and hygiene resources and make them known to the public, alongside a campaign helping information consumers discern true information from false reports.

Annex: Rapid Gender Assessment Questionnaire

Name of the interviewer:

Title:

INTRODUCTION

Good morning / afternoon / evening,

My name is _____, from CARE Palestine WBG. We are conducting a RGA to assess the needs, vulnerabilities and the existing capacities and resources of our community members, to help us better focus on our organization's services and types of assistance during COVID-19 crisis. I would like to ask you to participate in this survey, which should take around 30 minutes.

Your participation is voluntary. If you wish to stop, you may stop at any time. I would like to ensure you, your answers will be completely anonymous and confidential, and, therefore, your name will not appear in our report. The findings of the report will be shared with other organizations and stakeholders, and community members through public awareness information, and campaigns. Would you like to participate in this survey?

Before we begin, do you have any questions or concerns about the survey?

Wait for Oral consent, and note it the tool that consent has been obtained and that the participant has knowledge of the RGA and appeared to understand it (Obtained Consent – will make a box for it on the tool)

Thank the participant and begin the survey.

Interviewer obtained Consent (YES / NO):

Survey Questions:					
Geographical area:		**Governorate:**		**Category 1:**	☐ Female headed household ☐ Male headed household
Date (dd/mm/yy):				**Category 2**:	☐ Child (<18) living in the household ☐ Elder (>60) living in household ☐ Adult (18-60) living in household
The household is living in:	☐Urban area ☐Rural area ☐Camp				

Demographic information about the respondent			
	Gender	Age	
What is the gender and age of the respondent?	Male		
How many people are living with you?	Total	Male	Female
Adult (between 18 to 59 years of age)			
Children (under 5 years of age)			
Young adult (<30)			
Older people (> 60 years of age)			
Number of people with a disability			

Number of pregnant or lactating women in your household			
Total number of persons living in your family			

Household decision making									
How do you assess your level of decision-making in the following?									
	No involvement	Consulted	Joint decision	Decision maker	NA	Changed since crisis began?			
						No change	Greater role in decision making	Lesser role in decision-making	
Control of family members' movement									
Buying inputs and/ or selling produce									
Accept or reject family home visits									
Displacement due to COVID – 19 situation									
Accessing health care for yourself									
Accessing health care for other family members									
Whether to have another child									
Responsibility in relation to kids' education during lock down.									

Control of Family Resources									
Who decides how money is spent?					X Together		Husband	Wife	Other relative (specify)
Do you have any money of your own that you alone can decide how to use?					Yes	No			
What do you spend money on the most?									
3. Coping Mechanisms									
a) In the LAST 7 DAYS how many times did you, individually, find yourself doing any of the following? Record the number of days in which you experienced each of these in the boxes provided (max = 7 days)									
Eating less-preferred/expensive foods									
Borrowing food or relying on help from friends and relatives									
Limiting portion size at mealtime									
Limiting your intake in order for small children to eat									
Reducing the number of meals per day									
4. Community & Political Participation									
Are you a member of any type of association, group or club or political party that regularly holds meetings/ communicate remotely or online?	Yes No								
If yes, what type of association, group or club is it?									
Other, specify: small business									
If NOT, WHY? What suggestions do you have to enhance women's participation in community or political arena?									

Livelihoods and Income		
What is your main paid livelihood?		
Before the crisis	Now	

No paid activities Farming Small trade Livestock Home-based businesses (type) Daily labour Other (specify): (SME/ entrepreneurship/ etc.)	No paid activities Farming Small trade Livestock Home-based businesses (type) Daily labour Other (specify):	
How many hours of **paid work** did you work per day before crisis?		
How many hours of paid work do you work per day after crisis – if valid?		
Do have additional income sources outside of your paid livelihood?	Yes No	
If Yes, what is it?		
Remittance Humanitarian Assistance Support from relatives		
Could you estimate your current monthly income now?		
Do you share your income with your husband / wife? NA (not married)		
Yes, all my income is shared I share only a part of my income with the family and I keep a part for my personal use No, I manage the income I earn and I decide how it will be spent		

Impact on MSMEs and value chains	
What kind of impact have the restrictions placed on mobility during COVID-19 and on your business / farm and greenhouse / other?	
I have not been able to engage in work at all – to be revised to what extent if affected I have not had any access to resources or inputs I have been able to continue with my business, but the demand has decreased. I have been able to continue with my business, but there is no demand. I have made changes in my business practice: reduced work hours and labour No major impact on my business Other (specify):	

Since the outbreak of the crisis, have you been able to access and procure all items / resources needed for your business production? Yes No	If No, why? Production inputs cannot be accessed due to restriction in movement There is a shortage of inputs on the market (locally) Production input prices have vastly increased Vendors are requesting cash, and farmers do not have cash Other (specify):
Since the outbreak of the crisis, have you been able to access financial resources to continue your business production? Yes No **If yes, how or from whom?**	If No, why? Bank services have been limited / suspended No financial assistance available Interest rates too high Other (specify): loans/ borrowing
Since the outbreak of the crisis, have you been able to access services and service providers' / extension agents / skills? Yes No	If No, why? Restricted movement No inputs Other (specify): lack of skill, no financial resources
Before the outbreak of COVID-19, did you face any challenges in access markets to sell your products? Yes No If Yes, why? Insufficient connections with extension agents or other actors, service providers in the business field Lack of or poor connections to input suppliers hindered production Insufficient network for peer support Insufficient access to further skill development High transportation costs Other (specify):	During the outbreak of COVID-19, have you faced any challenges in access markets to sell your products? Yes No If Yes, why? Insufficient connections with extension agents or other actors, service providers in the business field Movement and access restrictions Lack of or poor connections to input suppliers hinders production Insufficient network for peer support Insufficient access to further skill development High transportation costs Other (specify):
Women leadership and voice/ WEE	

During the outbreak of COVID-19, which ones of the following measures and alternatives have you already utilized as possible solutions to mitigate the impact of the crisis on your business? I stopped working as there is nothing to do I changed the production type and now, l am producing new items I reduced the working hours for workers Made changes in the production process: I have not done anything as my business is not affected by the crisis I have not done anything yet Customize the production to be suitable to the current situation: cancelled yogurt production Reduce the prices Other	
For entrepreneurs/ small trader/ home based businesses: Are you reallocating money that was previously dedicated to your work/ business to cope with crisis requirements and its impact on HH livelihood?	Yes No
During the outbreak of COVID-19, have you had online communication with extension agents Yes No	If not, Why? Lack of access to technology (computer / laptop / WiFi, smart phone, etc.) Communication with male agents is not appropriate or comfortable or allowed You are not aware if this function even exists (access to relevant information) Other
Reached out to different suppliers Yes No If not, why?	
During the outbreak of COVID-19, have you reached out to community-based organizations and co-operatives Yes No	If No, Why? Do not know which ones to contact Organizations' services and assistance have been suspended due to the crisis I have no way of communicating with them (lack of network contacts, lack of technology, etc.) Other (specify)

During the outbreak of COVID-19, have you used own assets and savings Yes No	If Not, Why? No other assets I am not allowed to use family assets Other
During the outbreak of COVID-19, have you collaborated with other businesses (farm / greenhouse / other) in the same field to share the burden and resources Yes No	If Not, Why? Restricted movement Do not have sufficient business network Other businesses have no access to natural resources and/ or other inputs Other:
What recommendations would you suggest to support struggling businesses during the crisis?	

Health – During the crisis	
Do you have safe access to health facilities inside and outside community	Yes X No
If no, why	Not enough money to pay for health care No functioning health facilities in the area Not safe to travel to the health facilities No female health staff No male health staff
Are there any girls or women in your household affected by the following disease in the last 30 days? (Only for women)	Yes No
Are there any boys or men in your household affected by the following disease in the last 30 days? (Only for men)	Yes No
Do you have access to the following services?	Maternal health Family Planning Mental Health/ PS
If no, why?	Not enough money to pay for service No functioning health facilities in the area

Humanitarian Assistance	
Did your household receive any kind of humanitarian assistance in the last 30 days?	Yes No
If yes, does the amount and type of assistance meet your family needs?	Yes No
Have you been personally consulted about your needs by aid organizations?	Yes No

Shelter		
Is there more than one family living in your shelter?	Yes No	How many?
Do you have enough space or bedding for women and girls to sleep in privacy?	Yes No	

Do you feel safe in your shelter?	Yes No	
if no – why do you think so? If yes, please elaborate		

Water, Hygiene and Sanitation	
Has your ability to meet your hygiene needs changed / reduced since the outbreak of the crisis? **If Yes, please clarify**	Yes No

1. GBV/ Domestic Violence	
Has there been an increase in security concerns facing women and girls since the emergency began? Or Have you heard of such cases in your surrounding communities? (the question is about GBV, intimate partner violence...)	Yes No
To whom do you think people would go seeking help in cases of some form of violence? Probe more sensitively	
Family member Community leader Police Hot line Friend NGO Don't know Other, specify: Religious leader	

Did you receive any COVID 19 related information or awareness messages?
Yes No I do not know? **If yes, where did you get the information from? Net / WhatsApp/ media**
If No, what type of information do you still need?
Symptoms of COVID-19 How to access psychosocial support How to access food assistance Prevention of contamination How to access medical services How to access banks Other, specify:

What are the top three priority needs for you and your household? *Rank three only: 1= First rank, 2= Second rank, 3= Third rank.*			
	Health Care		Education
	Food		Livelihoods
	Water		Sanitation – Hygiene
	Shelter and household items		Protection /
	Other, specify:		Business and work

The analysis should respect the following step:

Compare the answers between male and female, in order to identify how gender impacts the perception of the situation as well as to differentiate the impact of the current crisis on males and females.

Examine if the differences between genders in the current assessment are largely different from the pre-crisis situation? Can a real impact of the crisis on gender relation and dynamics be identified?

According the current humanitarian needs identified by this and other assessments, what is our conclusion in terms of the different needs and impact for men, women, boys and girls?


care