Photo: Hundreds of displaced Palestinians have erected makeshift shelters out of wooden two-by-fours and nylon tarps in Rafah city, near the border with Egypt./ **Photo Credit** @ Grayscale Media/CARE

Rafah Governorate:
Deception, Destruction & Death in the "Safe" Zone
Rapid Gender Analysis

May 2024

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Abbreviations

AoR	Area of Responsibility
GBV	Gender-based Violence
IDP	Internally Displaced People
INGO	International Non-Governmental Organisation
IPC	Integrated Food Security Phase Classification
MSF	Médecins Sans Frontières
MHPSS	Mental Health and Psychosocial Support Services
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
PSEAH	Protection from Sexual Exploitation, Abuse and Harassment
PSS	Psychosocial Support
RGA	Rapid Gender Analysis
U.N.	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WAC	Women Affairs Center, Gaza
WASH	Water, Sanitation, and Hygiene

Executive Summary

The ongoing crisis in the Gaza Strip has been described as a “human rights crisis, a human-made humanitarian disaster”[1] and a “war on woman.”[2] Since October 7th there has been mass scale forced displacement of over a million Palestinians from Northern Gaza to Southern Governorates.[3] The subsequent impacts of this, compounded with pre-existing gender inequalities and multidimensional vulnerabilities,[4] have disproportionately impacted women and girls,[5] as well as other vulnerable groups such as persons with disabilities, children, pregnant and lactating women, elderly populations, those living with chronic and mental health conditions.

Aim and methodology: The aim of this RGA was to hear from women and men currently in Rafah, with a focus on those providing essential services to communities and Internally Displaced People (IDPs) in the Governorate. The aim was to better understand the experiences of women, men, girls and boys at this moment, and to identify how CARE and the local and international humanitarian community, including U.N. Agencies, can best respond - understanding the formidable challenges and barriers to do so.

This RGA was conducted at a time where the population of Rafah were subject to continued and threatened bombardment from land, air and sea. As such it was intentionally designed to be light and small scale in terms of primary data collection; which took place between 7th April to 17th April 2024, and is complemented by secondary data review and analysis.

This RGA is being published in the days surrounding further escalation of violence in Rafah. The Gaza side of the Rafah border crossing with Egypt is blocked [6] and an evacuation order has been issued in the Eastern parts of Rafah[7]; the designated “safe zone” in the Gaza strip. This reinforces the voices of the men and women who told us, with no uncertainty, that *nowhere in Gaza is safe*.

Key findings related to each area of inquiry and recommendations are summarised below, with more details to be found in the main report.

Key findings:

1. Shifting Gender Roles: Continuous displacement has led to some traditional gender roles adapting and expanding, as well as others being reinforced. Increased and unrealistic pressure has been placed on women to meet the needs and demands of dependents in a highly stressful environment, which has led to an increase in verbal and physical violence against women.
2. Coping Mechanisms**:** On the verge of starvation, nearly the entire population in Rafah has reported extreme and harmful coping strategies including but not limited to bartering with other essential items, begging, gathering wild foods, scavenging under rubble or in trash or seeking food outside their shelter.[8] Reports indicate some women are fasting for several days in a row,[9] and boys and girls are forced to work on the street selling or begging. Female heads of household, older women and women with disabilities face security and protection obstacles seeking access to food distributions.[10]
3. Sustaining through Community Networks of Solidarity: Community solidarity has emerged as a lifeline for survival, such as women supporting children’s education and men distributing food parcels or organising activities for children. Religion and prayer have played a key role in the coping strategies of men, women and children. For youth, social media (when accessible) played a role to maintain connections, articulate fears and share experiences with others. For children, where possible, play and educational outlets within shelters provide a brief respite from the reality of airstrikes.
4. Maternal & Reproductive Health: With an overwhelmed and overstretched health system, people with disabilities, chronic conditions and trauma are left without the most basic care. With estimates of 155,000 women in Gaza pregnant or lactating, and 5,500 expected to deliver in the next month,[11] the lack of adequate maternal, sexual and reproductive health services leave mothers, newborns and their children exposed to severe and life-threatening health risks. If women survive pregnancy and childbirth, postpartum recovery, including ability to breastfeed, also present severe challenges.[12]
5. Mental Health and Psychosocial Support Services (MHPSS): Of extreme concern is the severe emotional, physical and psychological distress among the displaced population, especially among children and youth. As caregivers do their best to survive and manage their own mental health, the impact on children and youth is extensive and holds intergenerational impacts.
6. Education: With formal education effectively stopped since October 7th, children have lost out on a whole academic year of education. While there were reports of some initiatives such as ‘informal learning circles’ and remote learning, these are not easily accessible. Parents, caregivers and children are focused on daily survival; there is the increasing need for adolescents and young girls to support with chores or be confined to their tents due to safety issues; and, particularly for boys, the need to help earn money or seek supplies for the family. The continuous environment of stress and volatility combined with the lack of basic needs is not

conducive to pursue learning. In times of crisis and for families living in poverty, there is a direct correlation between early marriage for girls, child labour for boys and school dropout rates.[13]

7. Water, Sanitation and Hygiene (WASH): Protection and health risks are intensifying, particularly for women and girls, due to a lack of private, safe, and sanitary bathing and latrine facilities. Women and girls are unable to manage menstrual hygiene safely, privately and with dignity, resorting to extreme measures such as making sanitary pads using sheets of plastic, bits of clothing (which is also in limited supply) and tent material, taking the birth control pill to stop their menstrual flow, or using diapers, if they have access to them.[14] Breastfeeding mothers and pregnant women are experiencing compounding impacts as a result of lack of access to clean water, privacy and hygienic facilities. Accessibility is a key issue, particularly for people with disabilities and the elderly.
8. Shelter: There is no safe place or shelter in Gaza, including in Rafah. Thus, there are no safe spaces for women and girls to gather. Protection and health risks are present and rising, due to lack of privacy, overcrowded conditions and unsuitable shelters. Additionally, insufficient night lighting in high trafficked areas, such as toilets, increases risks of gender-based violence for women and girls. Women and girls reportedly traveling to the toilets in groups or with their male relatives to avoid harassment.
9. Safe access to humanitarian resources, distributions and information: The ongoing crisis has severely restricted safe access to essential life-saving supplies entering into Rafah. Lack of aid entering Gaza, safety and security at distribution sites and a lack of information available or able to be shared on the distributions - is leading to unequal access to lifesaving aid, particularly for those most vulnerable. Communication channels are strained as a result of the destruction of telecommunication and electricity infrastructure, which, combined with pre-existing gender and social norms, leave women and girls – especially those living with a disability - with less access to information compared to men and boys.
10. Safety and protection: At this moment, one of the gravest safety and security concerns is the ongoing bombardment and (at the time of data collection) threats of escalating violence in Rafah. The need and seeming impossibility to secure safe spaces to stay for families was a priority concern, particularly for women and girls. Gender-based violence (GBV) is increasing, with verbal and physical domestic abuse against women being repeatedly reported by respondents, as well as violence against girls. At the same time lifesaving access to GBV survivors is being denied due to multiple barriers and challenges including but not limited to: the collapse of pre-existing GBV referral pathways and GBV services[15], continued destruction of infrastructure, loss of skilled GBV professionals, lack of safe spaces for women and girls, women forced to prioritise other lifesaving essentials over seeking protection services, as well as pre-existing norms/taboos creating barriers to speak about violence and abuse.

Recommendations

The design of this RGA was developed to inform CARE programming, thus, the primary audience for the following recommendations are CARE program and advocacy teams; however, a secondary audience that may also benefit from these findings and recommendations are other humanitarian organizations that share similar operational challenges. The recommendations were based on the feedback provided by respondents themselves and aimed for short-term (defined as 1-3 months) and immediate action.

DO MORE, NOW

- Maternal and Reproductive Health: As soon as the situation allows, the delivery of Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) is a top priority[16] To counter the collapse of existing health facilities, and as intermediary steps become possible, initiate mobile clinics to expand reach of essential care for pregnant and lactating women; optimize supply chains for basic essential commodities; work with targeted community health partners to strengthen services and capacity around comprehensive SRH services; immediately increase essential nutritional interventions to pregnant and lactating women and young children (up to age two); and increase resources for maternal mental health and remote support for women in and around childbirth.
- MHPSS: Facilitate intersectoral coordination around culturally appropriate MHPSS interventions, with a focus on children, pregnant and lactating women, service providers, frontline responders and adolescents. This includes in-person and remote community-based psychosocial support structures and facilitating peer-to-peer support systems for women and girls.
- Education: Identify operational and partally operational, non-formal, flexible community-based alternatives to learning for children and adolescents in IDP Centers. Increase availability of learning materials, games and creative supplies, culturally adapted lesson materials and guides, self-guided learning materials and support circles. Adaptations for girls and boys living with disabilities will be incorporated.
- WASH: Prioritize targeted, inclusive approaches to water distribution that account for the access barriers for women and those living with disability, as well as prioritize the distribution of essential hygiene items, including Menstrual Hygiene Management (MHM) products. Conduct gender and protection audits of existing WASH facilities, to inform targeted improvements to services, infrastructure and distribution strategies.
- Shelter: CARE and partners will increase distribution sites for approved shelter items in Rafah. Quick, streamlined consultations should be held with community leaders, women, girls, older people, pregnant and

lactating women and people living with disability, to understand their preferred solutions to meet privacy, accessibility and safety needs in IDP shelters.

- Accountability to Affected Populations: Create systematic information channels that reach all groups through diverse channels and modalities (targeting groups such as the elderly, women and people with disability), prioritizing transparency and consistency of information shared on distribution sites, times, processes, as well as reporting and feedback mechansism (including for PSEAH)
- Protection: Prioritize the strengthening of safe and confidential case management services within formal and informal IDP centers, including for children and those living with disability. Improve safety issues for women, people with disability, children without caregivers and other vulnerable populations at distribution sites through: increasing the number of distribution sites and establishing women-only distributions points (as soon as the situation allows), considering the needs of those with disability and chronic conditions, and altering the locations and modality of distributions.

SAY MORE, NOW

- **CARE calls for an immediate and sustained ceasefire in Gaza** given the current scale of the crisis, violations of international humanitarian and human rights law, and rapidly rising humanitarian needs.
- **Israel must immediately stop the offensive against Rafah, must lift the siege on Gaza,** including restoring access to water, electricity and basic needs, including immediately reopening Rafah and Kerem Shalom border crossing points and fast-tracking the entry of aid into Rafah.**.**
- **CARE calls upon conflict parties, including Israel as an occupying power, to immediately start to demonstrate respect for their obligations under International Humanitarian Law** to protect civilians and civilian infrastructure needed to sustain life .
- **CARE must continue to fund, uplift and stand with partners, especially women led and women's rights organizations,** and protect their commitment to bear witness and stand by the most vulnerable populations whose rights are violated.
- **Gazan's have the right to live in freedom and dignity**.[17] Therefore not only life saving humanitarian relief is required, but attention to their fundamental right to exist and long term solutions to address core needs and systematic inequalities.

Background

The ongoing crisis in the Gaza Strip has been described as a "human rights crisis, a human-made humanitarian disaster"[18] and a "war on woman."[19] About 8 months on (at the time of writing), the communities living in Gaza continue to pay the price. Countless reports from humanitarian agencies, news outlets and real time stories often live streamed through social media, have demonstrated the devastating reality for women, men, girls and boys in this crisis.

On October 13 2023, South of Wadi Gaza was designated a supposed "safe zone" in the evacuation orders announced by the Israeli military,[20] which prompted a mass scale forced displacement of over a million Palestinians from Northern Gaza to southern governorates,[21] the impacts of which have disproportionately impacted women and girls.[22] As military incursions across Gaza have expanded further south, these displacements have continued at alarming scale with a majority of families experiencing multiple displacements in search of safety. The majority of the population of Gaza has now been forcibly displaced[23] and are being hosted in Rafah (with estimates ranging from 1.2 million[24] to 1.7 million[25]) within an area of 65km^2 in the southernmost Governorate along the border of Egypt, with no safe places for relocation.[26] By comparison, Rafah's population in early 2023 was close to 275,000.[27] Those in Rafah face severe conditions of food insecurity, unfathomable limitations to clean water and sanitary conditions, extreme overcrowding and heightened levels of "desperation and scarcity" on all levels according to the Special Coordinator for the Middle East Peace Process.[28]

Given pre-existing gender inequalities and multidimensional vulnerabilities,[29] women and girls confront compounding safety and protection risks[30] due to unsafe, overcrowded IDP centers and WASH facilities[31] and severe limitations and barriers to seeking life-saving services.[32] Pregnant and lactating women especially, face grave challenges accessing appropriate care, leading to obstetric emergencies and adverse outcomes for mother and newborns.[33] As of April 2024, about 10,000 women have been killed, including an estimated 6000 women who left about 19,000 orphan children behind,[34] and about 15,000 children killed (not including those unaccounted for under rubble).[35] UNICEF is calling Gaza the "most dangerous place to be a child."[36] Extreme levels of food insecurity have now been reached[37] and the health system is "barely surviving,"[38]

"Gaza is at a breaking point", according to UNFPA's Head of Office,[39] with UNOCHA describing the magnitude of operational constraints being "beyond what has been seen before."[40] Amidst this humanitarian crises, forcibly displaced populations in Rafah are confronted with an escalation of airstrikes and growing threat of more severe military activities.[41] At the time of writing, these threats were becoming a reality. On the 6th May, an evacuation order was released, which would force the displacement of around 100,000 people from Eastern Rafah[42] - many of whom have already faced displacement multiple times.[43] On the 7th May, the Israeli military took control over the Gaza side of the Rafah border crossing with Egypt as the situation intensifies.[44] Yet, the Rafah border crossing remains a critical border crossing for civilians and the entry point for humanitarian aid.[45]

Prior to this latest order, some families had already begun to evacuate back or return to Khanyounis and the middle area of the Gaza Strip while it remains impossible for those already evacuated from Gaza City and North Gaza to return as volatility, devastation, and uncertain conditions perpetuate profound mental health stressors, risks and trauma.[46]

Humanitarian and human rights organizations continue to advocate for a sustained ceasefire[47] while global pressure mounts "to ensure full and measurable compliance with international humanitarian law and international human rights law obligations in Gaza, including the immediate, unconditional and safe release of all hostages and the full implementation of the provisional measures ordered by the International Court of Justice on 26 January."[48]

The aim of this RGA is to hear from women and men currently displaced in Rafah, with a focus on those providing essential services to communities and Internally Displaced People (IDPs) in the Governorate. This is intended to be a snapshot in time to better understand the experiences of women, men, girls and boys at this moment, and to identify how CARE and the local and international humanitarian community, including U.N. Agencies, can best respond.

Objectives:

- Better understand the direct and indirect impacts of the current crisis on women, men, girls and boys in Rafah, with a focus on CARE's key areas of interventions, specifically: Health, Education, Water, Sanitation and Hygiene (WASH), Shelter and Protection, including GBV;
- Better understand needs, concerns, coping strategies and priorities of women, men, girls and boys in Rafah;
- Inform CARE's humanitarian programming in Rafah, identify targeted, practical and actionable recommendations for CARE and humanitarian actors. These will particularly focus on short term recommendations (within next 1-3 months) noting the operational challenges with longer term planning.[49]

Methodology:
Due to the scale and complexity of the crisis, it is recognised that the situation in Gaza, and specifically in Rafah Governorate, is fluid and unpredictable. Thus, the methodology of this RGA was intentionally designed to be light and targeted with Do No Harm Principles at the centre. The safety of all staff and respondents were a top priority in the formulation of the objectives, tools, methods and process.

This RGA was developed at a time where the population of Rafah were subject to continued and threatened bombardment from land, air and sea, with the ongoing threat of further military escalation – a threat turned to reality at the time of publishing this report. Due to the urgency of the situation, it should be acknowledged that data collection took place during Ramadan and Eid al-Fitr, and it was only possible thanks to the dedication and collaboration of the CARE Palestine (West Bank / Gaza) team and Partners and with special thanks to the respondents who gave their valuable time during this period.

RGA is an iterative and progressive process; thus, this RGA builds on the initial 'Gaza Strip Rapid Gender Analysis: Brief' conducted by CARE in October 2023 and an infographic released in November 2023. This current RGA combines primary data with existing secondary data and places its focus on Rafah Governorate. Primary data collection took place between 7th April to 17th April 2024 within Rafah, including key informant interviews with 12 specialists service providers (6 women and 6 men) and five community members (3 women and 2 men) and an observation tool conducted in five IDP centers in Rafah, which also involved informal conversations with people present at the IDP centers. As the safety situation allows, further disaggregated data will inform the design and delivery of targeted and gender equitable and responsive humanitarian assistance, aid and programming.

Findings and Analysis

Demographic Profile

Prior to October 7th, Rafah's population was around 275,000 people.[50] As per the 2023 Humanitarian Needs Overview, as of the end December 2022, 64% of the population of Rafah were people in need.[51] Due to evacuation orders issued in October 2023, Rafah was designated a "safe zone",[52] and so the population of Rafah surged to between 1.2 million[53] to 1.7 million[54] people (about half of which children)[55] representing diverse groups throughout all of Gaza who are densely packed into about 22,000 people per square kilometre.[56] As of the time of writing, the entire population of Rafah live in severely substandard conditions and are all considered in need of urgent humanitarian action.

Rafah City was historically the most densely populated location in the governorate; however, at this point the population has far exceeded the capacity of the city. Population sizes registered within Rafah IDP camps on October 7, 2023 reached about 3000 IDPs in a total of 9 UNRWA managed shelters across the Rafah Governorate. By January 14, 2024, 978 000 IDPs were registered in a total of 59 shelters (35 within UNRWA sites and 24 within government sites).[57] Further, many IDPs are not registered in IDP centers, especially as many families are forced to move repeatedly in search of safety.

While the average household size prior to October 7th was about 6 people,[58] it is anticipated that family dynamics and sizes are shifting, as an estimated 19,000 children have become orphaned due to the violence[59] and are being absorbed within the community.[60] Similarly, prior to October 7th, about 5% of the population of Gaza were elderly.[61] The physical hardship of evacuation and the lack of sufficient medication and support takes a severe toll on older populations.[62] Intergenerational households that, prior to October 7th, used to care for grandparents and other older relatives find it increasingly impossible to meet the basic medical, logistical and/or physical needs of older populations.

An estimated 50,000 women are pregnant in Gaza, with an estimated 180 births expected per day, most of which are anticipated to face birth related complications given the extreme living conditions.[63] UN Women estimates that two mothers are killed every hour in Gaza and at least 3,000 women may have become widows and heads of households.[64] Thus, population demographics continue to be in flux as the volatile security situation remains fluid, fragile and uncertain.

While there is limited and unreliable data on disability prevalence disaggregated by sex and age, in 2022 about 21% of the people in need in the Gaza Strip reported living with a disability.[65] Prior to October 7th, about 9.3% of households had at least one child (between the ages of 5–17) with a disability;[66] however, given the escalation of violence, disability rates among adults and children are expected to be multiplying above the pre-October rates of 15%.[67]

RGA respondents identified the most vulnerable population groups in this crisis to include Women and children, people living with disability (particularly women and girls), elderly populations, those living with chronic illnesses and mental health conditions (especially those contemplating or attempting suicide).

Shifting Gender Roles and Responsibilities

As family compositions change with continuous displacements, men and women respondents reported the necessity to adapt and expand their traditional social and gender roles. For many, this meant their role changed multiple times depending on whether families were separated, if people were living in extended family self-settled gatherings or homes, or displaced to a communal shelter. Some women reported taking on multiple roles including those beyond their traditional designations, such as contributing to the family income or seeking out essential supplies. Women who were previously in paid employment reported shifting more into supporting on domestics tasks. Meanwhile, male respondents shared that men too were expanding their support in the domestic sphere and taking on more responsibilities to support their wives (such as transporting laundry to the sea for washing, cooking meals and looking after the children). Many men lost their jobs and income source and further embraced their role of protector of their families. Some roles have not changed, reinforcing long standing discriminatory male guardianship policies, such as key decisions around relocation and overall mobility that remain in the domain of the male head of household.[68]

The challenge of caretaking for the family is exponentially more time consuming, stressful and intensive according to women respondents after October 7th. This includes (but not limited to) seeking clean water, waiting for aid distributions, providing ad hoc education and childcare, caregiving to elderly family and/or people staying in IDP centers, queueing at water distribution points, ensuring emotional support within the family and fulfilling domestic duties in high stress environments (i.e. cooking, cleaning, laundry). Also, as death tolls continue to rise leaving children orphaned, family networks are growing adding increased responsibility on women (especially if the children are under 5 years old). Respondents also reported girls taking on more domestic responsibilities to support the family within the designated shelters, while the boys were more likely able to leave the shelters to seek alternative means of supporting the family system with the other men.

Multiple respondents noted increased and unrealistic pressure and expectations placed on women to provide for the family in this highly stressful environment, has led to women being blamed and subjected to verbal and physical intimate partner violence. The collapse of appropriate and functional community support systems and reporting mechanisms for domestic violence leaves women increasingly vulnerable to situations of abuse.

"The newfound roles thrust upon men have placed them under considerable stress, often resulting in them lashing out at women." [Woman, KII, Education Specialist]

Coping Mechanisms

Women and children are forced into extreme and harmful coping mechanisms as the humanitarian crisis reaches catastrophic levels. One in four households in Gaza (more than a half a million people) are facing famine levels of food insecurity (Integrated Food Security Phase Classification (IPC) Phase 5), leading to an exhaustion of coping capacities.[69] Women experience multi-dimensional and compounding vulnerabilities and stressors around food insecurity as they are traditionally responsible for sourcing food and are most likely to skip meals and consume the least, in order to feed their children.[70, 71] In Rafah Governorate, 65% of the population are classified as in emergency (IPC Phase 4) or catastrophic (Phase 5) levels, and nearly the entire population reported extreme and harmful coping strategies such as bartering, begging, gathering wild foods, scavenging under rubble or in trash or seeking food outside their shelter, despite significant security risks.[72] Some women reported even fasting for several days in a row to ensure there was food for their families.[73] Yet, five percent of children in Rafah under 2 years old are acutely malnourished.[74] UN Women reported nearly 9 in 10 women find it harder to access food than men,[75] especially female heads of households, older women, and women with disabilities who face security and protection obstacles when seeking to access food distribution.[76] Women respondents also highlighted the surge in child labour to meet basic needs where both girls and boys are forced to work on the street, selling goods or begging. This combined with severe dehydration, widespread damage to essential infrastructure, dire levels of safe water, increased disease and reduced health and sanitation services have led families, especially women and children, to a breaking point on the verge of starvation and having exhausted their coping capacities.[77]

Respondents identified food as a priority and key stressor in coping through the most intense starvation catastrophe of recent decades.[78] Respondents described prohibitively high prices for basic goods and the lack of

access to fresh food such as meat, eggs and animal products, as well as queues to access food and distribution points amidst the threat of airstrikes and evacuation. Interview responses from health sector service providers emphasized the disproportionate impact of malnutrition for pregnant and lactating women. ***"This (lack of nutritional sustenance) exacerbates the already challenging circumstances faced by women in ensuring the health and development of their infants." [Woman, KII, Health Specialist]*** Additionally, the continued stressors of not being able to meet basic needs and the extreme strain of survival without reprieve has a toll.

"…the demand (for food) remains exceedingly high, and the distribution process is often delayed. I have encountered newborn babies deprived of milk and clothing, which has profoundly affected my emotional well-being negatively." [Man, KII, Protection Specialist]

Sustaining through Community Networks of Solidarity

The strong solidarity system between families, neighbours and community has become a lifeline of survival in times of desperation. Palestinians in the Gaza Strip are no strangers to hardships, given they had already been enduring the harsh conditions of a 17 year long blockade with significant humanitarian impacts.[79] Pre-October 7th, data shows that pre-existing coping mechanisms included ascribing cultural and/or religious meaning to suffering, having a strong sense of belonging and creating collective and social supports.[80] Respondents predominately reinforced and echoed these strategies highlighting the personal and collective mobilization from people in Rafah to support one another by providing each other services, sharing essential supplies, dividing up responsibilities, sharing money, providing expertise, bartering goods, and/or passing along critical information or organizational contacts that supported each other. For example, respondents described women, particularly those who were previously teachers, conducting learning sessions, men distributing food parcels or organising recreational activities for children.

Another aspect of coping that both men and women respondents highlighted was the role of religion and prayer. Women respondents reported turning to prayer and reading the Quran for solace, while men found support in gathering at Mosques (or places of prayer if infrastructure was destroyed or security measures did not allow for mobility). Also, respondents shared that they have noticed children turning to prayer and faith to cope with the crisis and those who had learned to read were attending sessions to study the Quran together.

Keeping a short term view on survival one day at a time. Respondents shared additional adaptations for coping for daily survival, and many emphasized an importance of staying focused on the present and not being able to think too far ahead given the intense stressors of the situation. For women, this included efforts to stay constantly busy, internalize grievances and remain focused on doing what is possible for the family one day at a time. One woman respondent shared that keeping active to do what is needed to protect her family is how she copes with the crisis. For example, she seeks to secure enough food, medication and water for the family for a few days (if possible) to avoid emerging daily in case of military attacks. For men, respondents also shared the continuous effort to provide for their family and keep safe as a means of coping with the crisis on a day-by-day basis. One male respondent also shared that survival was not what he considered a coping strategy as he says: ***"Life is incredibly challenging, and despite my efforts, I haven't been able to devise any coping mechanisms yet." [Man, KII, Community Member]*** Other male respondents reported strategies such as meeting one another, keeping updated with news and keeping close to his family, as a helpful means of coping.

Shared adaptations by both men and women included adopting practices of not traveling alone, sleeping in shifts, keeping a phone charged to receive emergency updates, and working to distract children as best as possible from the reality of airstrikes. Respondents shared that, for some male and female youth, social media was seen as a helpful coping outlet for them to articulate their fears, maintain connection, share experiences and feel validation from online communities. While play and educational outlets were identified as important, respondents highlighted the short-term nature of such activities given the lack of safe spaces and continued volatility of the environment. They offer only **"*moments of joy and respite from the harsh realities of war.*" *[Woman, KII, Health Specialist].*** The sentiment of fear was strong across respondents and thinking or planning too far ahead was more of a stressor than a support when circumstances remain so volatile and unknown.

"Amidst the turmoil, families find moments of solace and unity, learning to cherish simple joys amidst the chaos. They discover how to find moments of relaxation amidst the looming threat of danger, how to engage with their children despite the sounds of aircraft overhead, and how to meet their children's needs amidst adversity." [Man, KII, Community Member]

Sector Specific Findings

Maternal & Reproductive Health

Respondents voiced how the lack of adequate maternal and reproductive health services leave mothers, newborns and children exposed to severe and life-threatening health risks. According to UN Women (as of 16 April) an estimate of 155,000 women in Gaza are pregnant or breastfeeding, with 5,500 expected to deliver in

the next month.[81] In Rafah, the Emirati Hospital, the only hospital supporting maternal health, went from delivering 20 babies a day, prior to October 7th, to now over 100, which is far above capacity.[82] Despite growing levels of acute malnutrition and other mounting health issues due to overcrowded and sub-standard living conditions, the extensive strain on the healthcare system and fear of airstrikes prevent pregnant women from receiving standard antenatal consultations and postnatal care critical to diagnose and treat potential complications. According to Médecins Sans Frontières (MSF), pregnant women in Rafah are most commonly experiencing the following complications: genito-urinary infections (such as urinary tract infections), anemia/iron deficiency, gynecological hemorrhages, and premature rupturing of the membranes and amniotic sac, many of such conditions are treatable with appropriate early interventions.[83] The stressors of violence are also associated with increased rates of miscarriage, stillbirths, premature labour and other adverse outcomes.[84]

"The situation is dire, with women resorting to extreme measures to cope with their reproductive needs. For instance, some women are compelled to undergo caesarean sections without proper anaesthesia, subjecting them to unnecessary pain and discomfort." [KII, Woman, Health Specialist]

If women survive pregnancy and childbirth, postpartum recovery for mother and newborn also presents challenges,[85] with high risks of infection, disease, postpartum depression, and critical nutritional deficits. Yet, standard postnatal care is near impossible. Over-crowded conditions at IDP centers do not provide the appropriate accommodation for new mothers to breastfeed regularly, sterilize bottles, potentially reset bandages, receive routine immunizations, or frequent showers and latrines to manage postpartum bleeding (which can last for weeks after birth). This creates challenging conditions for healing and high risks for infection, disease and potential long-term developmental challenges for the newborn. Newborns are then dying at shocking rates in the face of such extreme conditions and lack of medical support services.[86]

Respondents spoke of the health system in Rafah as completely overwhelmed and overstretched, where reproductive health services are competing with other critical essential services, such as providing basic care for those with chronic conditions and trauma. Medical referral pathways in Rafah are unfunctional given the uncertainty of ongoing violence, fluidity of medical teams and telecommunications blackouts.[87] Respondents conveyed the severity of medical supply shortages (exacerbated by lack of fuel) as demand increased, rendering facilities inoperable. This leaves those living with chronic diseases such as hypertension, diabetes, asthma, epilepsy and cancer with a death sentence, without the ability to seek specialized referrals, treatments and medications. Additionally, those living with disability are unable to access assistive devices, such as wheelchairs, hearing aids, crutches, and artificial limbs, and lack the provision of physical rehabilitation and psychosocial support programs.[88] These significant disruptions highlight conditions that led the head of the World Health Organisation to state that Gaza's health system is 'barely surviving'.[89]

"There was no access to any service in the first three months. My mother has heart issues, and we couldn't reach any medical care in the past 7 months." [Woman, KII, Community Member]

Health workers lives are at risk; many have been killed. Service providers expressed deep concerns over their personal safety and the mental toll working in the sector brings. Reports have highlighted the numerous attacks that have left healthcare workers and their families killed, injured or displaced.[90,91] Health workers also expressed fear for their families and for their own lives while working. Women health care workers were increasingly challenged to continue working due to the collapse of social support systems and lack of safety. This then has had a ripple effect on the types of services and medical support systems that can be offered to women, especially around the sphere of reproductive and sexual health.

"Each time ambulances arrive at the hospital with urgent cases, we (medical staff) are filled with anxiety, fearing for the safety of our own loved ones among the casualties." [Man, KII, Health Specialist]

Mental Health and Psychosocial Support Services (MHPSS)

Men and women respondents highlighted severe emotional, physical and psychological distress since October 7th. This is now compounded with past trauma and the stress of living in conditions of continuous political uncertainty and reoccurring violence within Gaza for nearly two decades.[92,93] A recent report conducted by the Women's Affair's Center (WAC) Gaza and the United Nations Development Programme (UNDP) highlighted the mental health impact on women in Rafah with the following proportion of women reportedly experiencing: Fear, anxiety and panic attacks (99%); Inability to sleep (98%); Despair and frustration (96%); Anger (96%); Loss of appetite (95%) and Feeling numb (85%).[94]

"It is not easy to live your day while waiting for someone to tell you that your children have been killed by a bombardment, I do not believe that I can survive if I see my children's parts." [Woman, KII, Community Member]

<u>Long-term impacts of inter-generational trauma and escalating mental health concerns of children and youth</u>. Both men and women respondents repeatedly emphasized concerns over the mental health of children and youth, as the crisis becomes increasingly prolonged and they face continued displacements amidst bombardments. This prevents children and youth from feeling safe, establishing routines, continuing their education and meeting both academic and developmental milestones. RGA respondents also noted a change in the behaviour of girls who seemed to be more "distracted"/"unfocused" and boys adopting more "violent"/"reckless" behaviour. Overall, children and youth were displaying mannerisms of anxiousness, fear, nervousness, which also led to a lack of motivation to socially engage or participate in learning spaces. MSF echoed these observations about the children of Rafah, and highlighted that intensified and prolonged violence has also been connected with regressive behaviours, such as losing previously acquired skills (i.e. bedwetting) and depression (i.e. children as young as five expressing that death would be a relief from the current conditions).[95]

"I feel like they have grown up before their time. I always try to help them psychologically and make them stronger, but in the end, they are just children deprived of their childhood." [Woman, KII, Community Member]

Many children prior to October 7th were already exposed to traumatic experiences and memories of grief and loss from their caregivers. This was to such an extent that UNICEF previously estimated more than 500,000 children were in need of mental health and psychosocial support. Children and youth with caregivers whose sense of hopelessness and isolation were high were especially predisposed to developing harmful practices such as substance abuse, self-harm and suicidal thoughts.[96] Today, the estimate of children requiring mental health support has multiplied to include all children in Gaza (more than 1 million).[97] As caregivers do their best to survive and manage their own mental health decline, the impact on children and youth is extensive and holds intergenerational impacts.

"Children are profoundly affected by the heightened tension and severe anxiety brought about by the challenging circumstances they are currently enduring. Their emotional well-being and sense of security are deeply intertwined with the stability of their environment." [Man, KII, Community Member]

<u>Respondents reiterated the importance of creating safe spaces for formal and informal learning, play, creative expression, art, sports, daily routines and psychosocial support, but their overriding priority was first meeting their other very basic physical survival needs</u>. Ultimately, respondents expressed a lack of support systems and social networks as it related to creating the most optimal conditions for children and youth in such an extreme situation of survival (thus further perpetuating and compounding stress and helplessness).

"No counselling support around myself and my family, even I do not know where I can get such support which is very needed in these days to continue in life. It is really hard to see your people losing their souls, without getting affected mentally." [Woman, KII, Community Member]

Education

Since October 7th, formal education has effectively stopped across Gaza Strip. Schools have been repurposed for IDP centers and more than 65% of school buildings that were used as shelters for displaced people have been directly hit or damaged.[98,99] In Rafah alone, 42,000 students and 40 school building have been affected.[100]

<u>As the current crisis enters its eighth month, a concern raised by respondents was that children have lost a whole academic year.</u> This not only impacts learning, but disrupts social interactions, access to support networks, counselling and engagement in extra-curricular activities. The extensive damage in Gaza, not only impacts formal learning, but there has been destruction of key cultural infrastructure such as libraries, museums, art galleries and historical sites, all of which contribute to enriching a child's development, creativity, growth and cultural identity.[101]

"... Do you know what I keep pondering? I keep thinking that those who have passed away are incredibly fortunate that they didn't have to endure this... the bombings, living on the streets, encountering rats and various insects, the scarcity of water and food, the absence of social life, the constant fear of losing a loved one, the reality that every family has lost a member, the uncertainty of our survival, and if we do survive, whether we'll have the opportunity to return to our homes and our normal lives..." [Woman, KII, Community Member]

<u>RGA respondents expressed that formal IDP centers were more connected to learning opportunities than informal IDP centers.</u> There were reports of individual initiatives to support children in the form of 'informal learning circles' and remote learning initiatives, with the aim of maintaining connection to the education system. However, this is not systematic and not in the majority of IDP centers. Respondents also shared that some parents try to continue their children's learning themselves, however amidst the struggle for survival to source essential resources (i.e. water, food, and safe shelter) and the continuous environment of stress and volatility, parents are too overwhelmed, and children lack even the basics for a conducive learning environment.

Respondents also highlighted barriers to continued education for both boys and girls. For example, respondents shared that as girls become increasingly confined to their tents and boys were more likely to be sent to work to support the family financially, or be allowed to stay longer outside of the home. This may create barriers to their return to organised learning initiatives when they reopen. Other barriers include the loss of many teachers, who have either been killed, physically injured, further displaced or too traumatized to return to the sector. Logistical barriers were also flagged such as the lack of internet connectivity, access to devices and resources for remote learning.

"In Gaza, schools serve as spaces where girls can express themselves, pursue their interests, and boys can engage with their peers and explore new ideas. Unfortunately, due to the war, this valuable opportunity has been lost for both genders." [Woman, KII, Education Specialist]

In times of crisis and for families living in poverty, there is a direct correlation between early marriage for girls, child labour for boys and school dropout rates.[102] Girls who remain in school have a higher likelihood to thrive and increase access to opportunities for herself, her family and her community. In Rafah, prior to October 7th, 90% of students completed basic primary education and 65% completed secondary level. However, data shows that between ages 15 and 18 is a critical age with 13% (nearly 1 in 7) girls who marry during this time experience increased dropout rates.[103] Boys also face risks for drop out, as cost for educational programs were reported to be the main barrier to continuation pre-October 7th;[104] it is these same financial burdens that forced boys to seek work earlier. Thus, of those children who dropped out of school, a higher proportion of boys (67.7%) to girls (13.7%) did so due to child labour and prevented the continuation of their education.[105] With the loss of livelihoods and income of many families, this will likely be a key factor in whether and which children return to school when they reopen.

"Children cannot effectively learn when they are hungry, frightened, or lacking basic necessities like water." [Woman, KII, Education Specialist]

Water, Sanitation and Hygiene (WASH)

Protection and health risks are intensifying in the area due to a lack of private, safe, and sanitary bathing and latrine facilities, which is critical for ensuring the dignity and safety of all, particularly women and girls. Since October 7th, essential services such as water and electricity have been disrupted,[106] compounding the challenges already posed by significant damage to WASH facilities. Both men and women respondents have emphasized the urgent need for clean and easily accessible water sources, as well as appropriately private and secure bathing facilities and latrines. Effective trash management is also critical to maintaining sanitary conditions. Importantly, there is a specific need to ensure adequate menstrual hygiene management (MHM) supplies are available to meet the unique needs of women and girls, safeguarding their health and dignity under these trying conditions.

Significant impacts since October 7th that were reported by respondents include increased barriers to safe mobility, lack of electricity and fuel, lack of sanitation facilities, overwhelming demand, overcrowding in toilets and unsanitary conditions in latrines. All this has led to a complete lack of privacy within WASH facilities which poses significant protection and gender-based violence (GBV) risks for women and girls. Facilities are being made from plastic--having no screens or windows-- and some do not have doors. Even those with doors and locks, women report feeling unsafe due to the insecurity of the environment and the overcrowded nature of the facilities. Those who have family and friends with homes in Rafah shared that they are able to utilise their facilities, and men have the option to use facilities in nearby mosques. Thus, it is left for women and girls who are often waiting for hours at latrines.

Women and girls are unable to manage menstrual hygiene safely and with dignity. According to the United Nations Population Fund (UNFPA), more than 690,000 women and adolescent girls are menstruating in Gaza."[107] Respondents noted that menstrual hygiene materials are unavailable or expensive and hygiene kit provision is not sufficient to meet the needs of women and girls. Women and girls are resorting to extreme measures, making sanitary pads using sheets of plastic, bits of clothing (which is also in limited supply) and tent material, taking the birth control pill to stop their menstrual flow, or using diapers, if they have access to them.[108] Our respondents spoke of rationing pads, which has increased health risks. A report by UNFPA noted delivery restrictions and banned items such as tampons, sanitary towels and contraceptive pills that could delay or halt periods and other menstrual products.[109] UN Women estimates that 10 million disposable menstrual pads are needed each month – or 4 million reusable menstrual pads (which are only practical with access to clean water and hygienic living conditions) - to cover the needs and preserve the dignity of women in the Gaza Strip.[110] Inability to manage menstrual hygiene adequately will not only have health implications but also mental and social impacts on women and girls.[111]

"*Others resort to makeshift solutions, such as using pieces of cloth instead of sanitary pads, due to a lack of access to proper hygiene products. This not only poses health risks but also undermines their dignity and well-being.*" [Woman, KII, Health Specialist]

It was reported that men are now actively trying to procure sanitary items for the women in their families, a role which previously did not fall to men, due to social norms around menstruation.

In a recent survey by WAC and UNDP, the main challenges and barriers women reported in addressing menstrual hygiene needs included: the lack of access to clean water (94%); inability to purchase menstrual hygiene supplies due to lack of money (96%); limited access to toilets (89%); shortage of menstrual hygiene supplies in stores/markets (83%) and their inability to move around and buy supplies because of continued air and artillery bombardment (73%)."[112] These barriers will impact the traditional role women play in keeping the family environment hygienic especially for children under five who are more susceptible to disease and infection and those with chronic conditions. The lack of menstrual hygiene supplies also prevents girls from participating in learning opportunities (including informal learning circles).

Breastfeeding mothers and pregnant women experience compounding impacts as a result of lack of access to clean water, privacy and hygienic facilities. Respondents identified it being particularly essential for women who are pregnant or lactating to have access to clean water and hygienic WASH and shelter facilities. A WASH assessment, led by UNICEF, found that within the 75 sites assessed in Rafah, covering a population of approximately 750,000 people, one third had water sources that were unsafe for drinking, including 68 per cent of the UNRWA collective centers. The median water availability was 3 litres per person per day.[113] With none of the human needs for water being met in Gaza,[114] the impacts on those most vulnerable or with specific and additional needs are even more severe. The need for clean water is amplified for pregnant and lactating women, who need a higher daily water and caloric intake.[115] This has been estimated at 7.5 litres a day – to keep themselves and their newborns healthy.[116] Rapid spread of infectious diseases makes pregnant women particularly vulnerable to experiencing complications during labour.[117]

"The scarcity of such services has led to health issues…particularly skin infections and inadequate milk supply for lactating women" [Man, KII, WASH Specialist]

"IDPs resorted to using highly saline and contaminated seawater, resulting in numerous health issues, especially among lactating, pregnant, sick, elderly individuals, and children." [Man, KII, WASH Specialist]

Impacts on boys and girls can already be seen. A Norwegian Refugee Council (NRC) assessment in February, found that of nine IDP centers in Rafah which hosted 27,400 civilians had no drinking water, showers, or personal hygiene items. Further, diseases, including hepatitis A, gastroenteritis, diarrhoea, lice and influenza were reported in every location that NRC assessed.[118] Respondents noted the specific impacts and significant health risks, that an absence of clean water and the improper disposal of waste has had on children. In particular, due to girls often having longer hair than boys, this has led to reported outbreaks of lice, and highlighted the need for girls to have access to shampoo and anti-lice spray. Children under 5 are also more susceptible to waterborne diseases due to contaminated water and inadequate hygiene.[119]

"Witnessing children suffer from a lack of clean water deeply troubles me." [Man, KII, WASH Specialist]

Women, men, girls and boys are collectively seeking water for their families. However, if a woman is widowed, this places additional burden on her as well as the responsibility falling to her children – to travel long distances and carry heavy loads on their own.

Lack of accessibility, with no adaptation for people with disabilities or the elderly. Due to the sheer levels of destruction of WASH facilities and infrastructure, people are taking it upon themselves to construct latrines. However, these, as well as any formal latrines, were noted not to be adapted for people with disabilities, the elderly or they are too far away which itself created accessibility issues. This also presents restrictions for female-headed households[120] who do not have the time to access these facilities.

"Moreover, the toilets are situated far away, posing accessibility issues. Even if they manage to reach the toilets, they often have to wait for extended periods, leading to discomfort and embarrassment as everyone in the IDP center becomes aware of their needs." [Notes from the observation team]

Shelter

There is no safe shelter in Gaza, as well as no safe space for women and girls to gather. When asked about access to safe shelter, the most common responses were that – there is no safe place or shelter in Gaza. This is unsurprising, considering even places deemed relatively 'safe' have been attacked or bombed including schools,[121] medical facilities[122] and clearly marked aid convoys.[123,124]

"The absence of safe spaces compounds the already dire situation, leaving us vulnerable to various forms of harm, including violence, exploitation, and abuse. Without safe places to seek refuge, we are exposed to the dangers of ongoing hostilities and the indiscriminate nature of warfare. The pervasive sense of

***insecurity permeates daily life, hindering access to essential services and impeding efforts to rebuild and recover from the impacts of the escalation."* [Women, KII, Community Member]**

The reality that there are no safe spaces in Gaza was reiterated by Shelter Specialists. Respondents spoke to the overwhelming needs of the displaced population in Rafah compared to the available resources, as well as the psychological trauma related to families being displaced multiple times to avoid attack, and even then not having a safe place to stay. While IDP centers have reached their max, men have built self-made shelters and gatherings in and around neighbourhoods and IDP centers. Some men sleep outside the IDP Center while women and children remain inside. Risk of theft within the shelters is high, with women noting that one of the family members must always stay inside the centers to prevent theft.

"Adapting became difficult when we moved to a relative's house, where there were many family members present, leading to a lack of privacy and other issues. Still, I managed to adapt somewhat as I was within a known family environment. However, adaptation became very difficult after I was displaced to the school, first and then again later, due to the presence of many strangers, lack of privacy, and the absence of essential health requirements, among other things..." [Woman, KII, Community Member]

Of the five locations observed, only one – being a school IDP center – had a courtyard where women could potentially gather together. Across the other locations ,there was no safe or allocated space, with one woman expressing that there would be no time for this anyway, due to the day-to-day struggle for survival.

"The primary impact on internally displaced persons (IDPs) was the trauma of leaving their homes and being displaced to nowhere. I've witnessed numerous families, including children and elderly individuals, sleeping on the streets." [Man, KII, Shelter Specialist]

Protection and health risks are present and rising, due to lack of privacy, overcrowded conditions and unsuitable shelters. Specific concerns were raised due to lack of suitable materials used for shelters, such as plastics and wood. These were leading to poor air circulation due to overcrowding and weather conditions. Lack of privacy was also raised by male and female respondents as IDP centers and makeshift structures are close together and far exceeding capacity. Some tents are transparent, and while some tents have doors, they are also made from plastic. All of which creates a lack of privacy and increases protection risks – particularly for women and children, the elderly and people with disabilities.

"Women are facing challenges due to the absence of privacy. Often, multiple families share one tent, making it difficult for women to find personal space." [Notes from the observation team]

A lack of night lighting increases risks of gender-based violence for women and girls. Across the five sites observed as part of this RGA, it was found that some communal spaces, bathing facilities and tents have partial lighting. However, this is also reliant on variable levels of electricity being available. Compared to 2023, where the availability of electricity averaged 10 hours per day in Gaza, currently the average is zero hours in 2024.[125] Otherwise it is up to the individual and families to source their own lighting, usually through phone torches or small LED lamps ***"for the most vulnerable families, such resources are lacking. Whether it's a mobile flashlight, candles if available, or sleeping in darkness, the situation is very difficult, causing anxiety and fear among the children. There is a shortage of everything." [Notes from observation team].*** In order for individuals to recharge their devices, families must sacrifice electricity from either the power generators or solar modules (already stretched thin to supply other basic services) or walk long distances to pay high fees for charging time at public establishments.

A lack of lighting along access routes, particularly if toilets are situated away from the IDP centers, creates additional protection risks for women and girls. Women and girls reported traveling to the toilets in groups or with their males relative to avoid harassment. *"**Inadequate lighting contributes to increased gender-based violence." [Man, KII, Shelter Specialist]***

Informal IDP centers provide less protection than formal IDP centers, leaving it to individuals and families to protect themselves; this will be the most challenging for individuals most vulnerable such as people living with disability or those without family support systems. Observations found different levels of protection within the IDP centers, with some having boundary walls if the IDP center was a repurposed building (e.g. a school), whereas others were unorganized structures with fluid and permeable boundary lines. In terms of personnel to provide protection – again, more formal IDP centers (e.g. a former school as an IDP center) had assigned men to take on the role of school security; for informal IDP centers which had no defined boundaries, it was up to individuals to provide their own protection. However, in all cases this can only protect so much; which one woman expressed to our team "***No one can protect women, children, or men from the random, indiscriminate, and extremely violent shelling. Therefore, the risk level is very high."***

Safe Access to Humanitarian Resources, Distributions and Information

The ongoing crisis has severely restricted safe access to essential life-saving supplies entering into Rafah, combined with fear, insecurity and excessive bureaucratic processes, exacerbating an already desperate situation in Rafah and the Gaza Strip more broadly.[126] Both male and female respondents reported key challenges to accessing humanitarian resources, including high administrative barriers for entry of all resources being allowed into Gaza, high prices of commodities, limited supply of resources and aid and challenges with safe and accessible distributions, due to reports of airstrikes and violence at distribution sites; reports have shown airstrikes around distribution sites and military attacks on aid workers.[127] Given the situation, monitoring of distribution sites is challenging and accountability mechanisms are partly destroyed or inaccessible.

"There is also fear of going to gatherings for aid distribution locations due to the fear of them being bombed. There have been many instances where displaced people gathered to receive aid, have been bombed". [Women, KII, Community Member]

As a result of pre-crisis gender and social norms combined with the destruction of telecommunication and electricity infrastructure, communication channels are more strained and women and girls, especially those living with disability, have less access to information compared to men and boys.[128] Thus, respondents noted that elderly women, women and girls with disabilities, those struggling with mental health issues, and children who lost their primary caregivers are particularly vulnerable to being cut off from life-saving information, such as evacuation routes, time sensitive security updates or aid distribution related information. A lack of access to information was seen to contribute to further isolation and disconnect for those individuals. Due to the operating context, a lack of adaptation measures currently exists within the humanitarian response, with a call from respondents to increase accessibility for people with disabilities e.g. at distribution and service delivery points.

Observations highlighted that signage in and around the IDP centers were limited or non-existent, especially for informal IDP centers - with more procedures and information around distributions taking place in formal IDP centers. The challenge of being informed about regular distributions was highlighted with one female respondent who noted she only received two distributions since the start of the crisis.

Safety and Protection

General Safety

Ongoing attacks and bombardment heighten fears of violence and continued displacements
Respondents shared challenges of mobility and uncertainty amidst continued threats of violence. At this moment one of the gravest safety and security concerns is the ongoing bombardment and threats of escalating violence in Rafah. *"In this time, safety is scarce and danger lurks everywhere…leading to widespread fear" [Woman, KII, Protection Specialist].*

One woman shared "*I have been in wars and siege since 2006, this is the first time that I say good bye to my family on nightly basis, as I do not know whose turn it is to die."*

Parents are fearful for their children, particularly for girls, who in turn, face increased restrictions to leave their homes/shelters. Other concerns around children's safety relate to violence within the home – particularly against girls.

"….and an increase in violence against children, particularly girls. Caregivers, burdened with anger and stress, sometimes release it onto girls through verbal or physical abuse." [Woman, KII, Protection Specialist]

The need and seeming impossibility to secure safe spaces to stay for families was repeated across all respondent groups and was a priority concern, particularly for women and girls. A recent survey by the WAC and UNDP found that about 94% of surveyed women in Rafah, reported that they do not have privacy or feel safe in their respective places of displacement.[129] Respondents also expressed a lack of privacy at health centres, unsafe shelters particularly at night, inadequate safe spaces throughout all places in Gaza.

"There are no safe gathering places for women and girls to seek support and solidarity. The most pressing need is for a ceasefire to alleviate these risks." [Man, KII, Community Member]

Gender-based Violence

Gender-based violence (GBV) is increasing with verbal and physical domestic abuse against women being repeatedly reported by respondents. Numerous respondents made the link between the stress, tension, anger, inability to meet daily needs, emotional turmoil, loss of livelihoods and overcrowded living conditions caused by the

crisis, and the impact this has had on exacerbating levels of GBV. Specifically, high levels of verbal and physical violence against women, particularly by their husbands. Respondents also note an increase in divorce cases since October 7th. As resources continue to deplete and increase in scarcity, harmful coping strategies are likely to increase. Previous escalations of violence and crisis in the Gaza strip have seen increased risk of GBV, including early/forced marriage, intimate partner/family violence, sexual harassment, rape, incest, denial of resources, psychological abuse and risk of sexual exploitation and abuse (SEA) especially for women and separated children.[130] Respondents have already noted safety concerns over early marriage for girls.

"the profound impact of the escalation has become overwhelming for many women to bear, particularly since October 7th ….women are also subjected to various forms of violence, with domestic violence perpetrated by their partners being the most prevalent." [Woman, KII, Education Specialist]

These exacerbating factors have been linked to higher rates of GBV in previous crisis, particularly when we see a disruption in gender roles, including men's loss of livelihoods and with it the identity of being the main or sole income earner, as well as a lack of privacy and safe spaces in shelter and WASH facilities.[131] Further these factors are building off existing protection concerns where women and girls in Palestine have been exposed to various forms of violence due to the entrenched discriminatory social norms and traditions, discriminatory laws and prolonged occupation.[132] For example, a 2022 report noted that nearly one in three women has reported psychological, physical, sexual, social or economic violence by their partners at least once during the past year.[133]

Lifesaving access to GBV survivors is being denied, due to the collapse of GBV services, continued destruction of infrastructure, GBV Shelters and loss of skilled GBV professionals. Continued destruction of services and infrastructure, coupled with increased demand leaves GBV survivors without routes to support. With such an increase in GBV, it is essential that there is the ability to provide services to women and girls survivors. The crisis has impacted the availability of protection services, including access to case management services, Psychosocial Support Services (PSS), clinical management of rape, and the loss of trained GBV responders. There has been a total collapse of the pre-existing GBV referral pathway and in the ability to provide comprehensive support to survivors of GBV.[134] Respondents noted that new and updated referral services and service mapping is now extremely limited or unavailable in some areas due to a lack of operational, legal and protection services, as well as there being no safe shelters to refer individuals and a lack of safe spaces to conduct PSS or case management services. One Protection Specialist noted that, not only are their services operating at a mch reduced level, but the demand for PSS services are now in the hundreds of cases – surpassing their capacity to respond. Lack of safe spaces for women survivors was already being noted in reports from October 2023.[135] According to the GBV Area of Responsibility (AoR), an emergency referral pathway has been established in some areas, including in Rafah, however the uncertainty of the situation and continued destruction of services and infrastructure, means this is changing constantly;[136] thus making communities aware of reliable and updated services, a challenge to say the least. The GBV sub-cluster is operational in Gaza and shares updated PSS hotlines and Case Management service providers, including some which are present in Rafah[137], however assistance is limited due to increasing security risks in the South.[138] Lack of power also severely limits the effectiveness of telephone hotlines and the ability of service providers to refer cases.[139]

Respondents noted additional barriers to women survivors being able to seek support. A lack of active police services and collapse of rule of law limits reporting avenues, costly transportation, and disrupted available health care services, as well as women having such a huge work burden that they are prioritising other life-saving essentials over seeking protection services– also essential lifesaving support. It was also reported that there has been a loss of trust in organisations providing services. Observations showed that while there were some women staff in formal IDP centers – usually women who held positions in schools previously – there were often long queues to speak to them due to a lack of staff and they were not necessarily trained on receiving and handling disclosures or on counselling. In an overcrowded environment, this is unlikely to create a safe space for women survivors to come forward for support. These barriers further exacerbate existing norms, which create barriers to women and girls from speaking about violence and abuse due to social shame, stigma and the 'normalisation' of GBV.[140]

"The prevalence of violence against women, both physical and emotional, compounds the hardships they endure. Many women find themselves subjected to blame and criticism from their husbands, who hold them responsible for their inability to meet familial needs. Such tensions are further exacerbated by the cramped living conditions in makeshift IDP centers, where families are forced to coexist in close quarters, amplifying stress and escalation . [Woman, KII, Health Specialist]

Recommendations

It is clear that there are formidable barriers and challenges for CARE, partners and other humanitarian actors to deliver the needed aid, assistance and programming that is so urgently required to save lives, especially for women and children; yet, UN experts and INGOs warn that "time is running out"[141] as extreme food insecurity and communicable diseases are on the rise.[142] Amidst continued blockades on water and electricity, critical levels of starvation and

ongoing bombardments in Rafah (including targeting of aid convoys and life-saving facilities), the urgency of action has never been so clear[143] and the imperative to stop of the military offensive in Rafah,[144] the designated "safe zone."

"A ceasefire represents not just a pause in the fighting but a lifeline for the children of the region, offering them the opportunity to reclaim their childhoods and rebuild their lives free from the spectre of violence and uncertainty." [Woman, KII, Health Specialist]

The recommendations below are made in light of the current operational challenges and respond to the feedback provided by respondents themselves and CARE's own analysis of the situation.: These recommendations have been developed for short-term (defined as 1-3 months) and immediate action, specifically to support CARE's response in this crisis, however many share relevance for other humanitarian agencies and actors responding to the crisis.

Voice from Rafah Respondents to CARE & Other Humanitarian Actors

DO MORE, NOW

Maternal & Reproductive Health

- As soon as the situation allows delivery of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) is a top priority[145] To counter the collapse of existing health facilities, initial steps should include: initiate mobile clinics to expand reach; optimize supply chains for basic essential commodities needed for safe and clean delivery and postpartum care; and work with community health partners to strengthen services and capacity around comprehensive sexual and reproductive health services, as soon as feasible.
- Work with operational partners to immediately increase essential nutritional interventions to pregnant and lactating women, as well as for infants and young children (up to age two) to address rates of malnutrition contributing to negative birth outcomes and maternal and child mortality.
- Support local and regional women led organizations in establishing a hotline for maternal mental health resources and telehealth consultations for women birthing without a trained attendant present.

Mental Health and Psychosocial Support Services (MHPSS)

- Facilitate intersectoral coordination across all sectors and technical working groups around the essential and critical inclusion of culturally appropriate mental health and psychosocial support (MHPSS) interventions, with a focus on children, pregnant and lactating women, service providers, frontline responders, adolescents. This includes suicide prevention interventions and nurturing existing community self-help and social support systems.
- Invest in in-person and remote community-based psychosocial support structures (including self-care for frontline service providers). This includes collaborating with community volunteers to provide age appropriate play-based recreational psychosocial support for children and adolescents.
- Create spaces for peer-to-peer support for women and girls that can also serve as a point to access information and to meet and build networks, especially for those arriving after multiple displacements.

Education

- Collaborate with Global Shelter, Education and Protection Clusters, parents and local champions to identify operational and partly operational non-formal, flexible community-based alternatives to learning for children and adolescents in IDP Centers
- Increase learning materials, games and creative supplies for students in identified IDP Centers by providing 10-20 sets of different culturally adapted lesson guides (with adequate adaptations for those living with disabilities). Also, provide self-guided learning materials and/or games for girls and boys who are unable to join due to new emerging domestic responsibilities due to the crisis.
- Collaborate with local partners to initate two remote and age disagregated support circles for teachers and community volunteers (two groups divided by age of learners, children and adolscents)

WASH

- Prioritize the distribution of essential hygiene items, including Menstrual Hygiene Management (MHM) products. Additionally, provide portable, easy-to-use water testing kits to quickly assess the safety of water sources, especially in areas with limited laboratory access.
- Implement a more targeted approach to water distribution, focusing on the most vulnerable groups in the population, such as pregnant and lactating women, the chronically ill, the elderly, and children. Special attention should be given to informal shelters and health facilities where these populations are likely concentrated, ensuring adequate supply and accessibility.
- Conduct thorough gender and protection audits of existing water, sanitation and hygiene facilities, including handwashing stations. Utilize the Rapid Gender Analysis (RGA) observation tool to evaluate each facility's safety, dignity, and accessibility, particularly for women, girls, people with disabilities, and the elderly.

This audit should identify any gaps in services and infrastructure to inform targeted improvements and distribution strategies.

Shelter:

- While the construction materials and supplies required to meet minimum standards (including Sphere) are not approved to enter Gaza Strip, CARE and partners should increase distribution sites for approved items in Rafah such as sealing-off kits, bedding sets, and provision of tents along with kitchen and washing sets. Other essential items (including handheld/solar lights and assistive devices like walkers) will be targeted to informal IDP centres.
- On Taking into account GBV risks and the severe operational limitations of the environment (including effectively targeting distributions), CARE's protection team and partners should seek to conduct quick and streamlined consultations with community leaders, women, girls, older people, pregnant and lactating women and people living with disability to understand preferred short term and long-term solutions at 4 informal IDP centers (monthly) to establish specific implementations plans to meet the privacy, accessibility and safety needs (such as partial or incremental partition options in communal spaces and preferred location for latrines and bathing facilities).

Accountability to Affected Populations:

- Create systematic information channels that reach all groups through diverse channels and modalities (targeting vulnerablity groups such as the elderly, women and people with disability). This will ensure transparency and consistency of information shared on distribution sites, times, processes, as well as reporting and community feedback mechansism.
- Conduct continuous awareness raising and dissemination among staff and partners, on our obligations to prevent against sexual exploitation, abuse and harassment.

Protection

- Work with existing local GBV service providers and the Shelter Cluster to strengthen safe and confidential case management services within informal IDP centers, including for children and those living with disability, by initiating participatory consultation sessions to assess potential service design modalities and staffing needs for each site
- Improve communication channels within formal and informal IDP centers and existing health facilities around GBV services by ensuring that those with hearing impairments and other limitations are informed and supported in accessing essential health services (i.e. using audio guides, posting signs in multiple key locations or sign language as part of information sharing strategies)
- Queue management for water, shelter/NFI and food distributions is critical for the physical and sexual safety of women, people with disability, children without caregivers and other vulnerable populations. Take a cross sectoral approach in working with clusters to consider increasing number of distribution sites, establishing women-only distributions points (considering safety as well as the needs of those with disability) and altering the location and/or modality of distributions.

SAY MORE, NOW

- **CARE calls for an immediate and sustained ceasefire in Gaza** given the current scale of the crisis, violations of international humanitarian and human rights law, and rapidly rising humanitarian needs.
- **Israel must immediately stop the offensive against Rafah, must lift the siege on Gaza,** including restoring access to water, electricity and basic needs, including immediately reopening Rafah and Kerem Shalom border crossing points and fast-tracking the entry of aid into Rafah**.**
- **CARE calls upon conflict parties, including Israel as an occupying power, to immediately start to demonstrate respect for their obligations under International Humanitarian Law** to protect civilians and civilian infrastructure needed to sustain life.[146]
- **CARE must continue to fund, uplift and stand with partners, especially women led and women's rights organizations,** and protect their commitment to bear witness and stand by the most vulnerable populations whose rights are violated.
- **Gazan's have the right to live in freedom and dignity**.[147] Therefore not only life saving humanitarian relief is required, but attention to their fundamental right to exist and long term solutions to address core needs and systematic inequalities.

Annex 1: Methodology

Rapid Gender Analysis uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterize humanitarian interventions. Rapid Gender Analysis focuses on changes that have occurred as a result of, or since, a crisis. It is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis.

Research methods included:

- **A review of secondary data sources** from existing gender analysis, U.N. and INGO reports, situation updates, news reports.
- **Key Informant Interviews with 12 specialist service providers from NGOs, INGOs and UN Agencies based in Rafah** (6 women and 6 men) including:
    - Two Health Specialists [1 Woman and 1 Man]
    - Two WASH Specialists [2 Men]
    - Two Shelter Specialists [2 Men]
    - Three Education Specialists [3 Women]
    - Three Protection and GBV Specialists [2 Women and 1 Man]
- **Key Informant Interviews with 5 community members (3 women and 2 men)**
    - **Observation tool conducted in 5 locations including informal and formal shelters**

Some reflections and limitations to the data collection process are outlined below:

- Data collection was conducted during the night, due to: internet connectivity and communication being more reliable; the interest to assess night lighting in the locations; the timing being more appropriate for respondents who felt less overwhelmed and had fewer distractions during the night.
- Considering ease for the respondents as well as connectivity challenges, data was collected through a variety of methods including WhatsApp, Zoom, Teams, Facebook Messenger, and regular phone calls.
- Informed consent was obtained from all the women and men respondents.

Throughout the data collection process, informal discussions were also documented to support the data collection process including four stories from respondents.

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