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Readiness and GBV Response Plan in Times of Emergency

ANALYSIS OF MAIN RISKS, VULNERABILITIES AND CAPACITY TO RESPOND TO DISASTER/EMERGENCIES

The Project: Strengthening Humanitarian Protection System for Women Survivor of Gender Based Violence in North and Middle Gaza

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GLOSSARY

Emergency	An event, or group of major events, that causes serious damage to individuals and property, threatens public order, business continuity, human health, the environment, or the economy, and requires special mobilization and coordination from several bodies.
Crisis	A more complex event than the emergency, which threatens the stability of a large part of society, and the ability of institutions to carry out their duty.
Disaster	Events that have caused very serious damage require the cooperation of the government, institutions and members of the community to recover from their damage and may require the support of international community.
Preparedness	Taking measures related to the processing of resources, capabilities and plans to respond to emergencies, crises and disasters expected to occur in the future, including the preparation of the emergency response plan, coordination and training.
Preventive measures	Measures aimed at eliminating the causes of emergency, crisis or disaster, and reducing the likelihood of any of them. This phase includes a number of actions including assessing risks and threats, setting appropriate priorities for them, proposing the necessary legislation and taking all preventive security measures by all concerned bodies.
Response	All actions taken as a result of an emergency, crisis or disaster, with the aim of minimizing the negative effects of any of them and ensuring that the community is assisted.
Recovery	All actions taken after an emergency, crisis or disaster, in order to rebuild the affected infrastructure, and restore all aspects of life to normal, this phase is divided into short-term, medium-term, and long-term actions.
Risks	Events that may occur naturally, or man-made (by mistake, negligence, failure to follow proper procedures, or gaps that lead to any emergency, crisis or disaster) and cause material or moral damage to members of society, including Injuries, deaths, property losses, environmental, economic, social and health damage. Gender-based violence also affects marginalized and vulnerable groups in society.
Threats	Actions that threaten society, the environment, public health, basic services, or public safety.
Relief	Provision of necessary assistance, in the form of services or material and moral support to those affected by emergencies, crises and disasters.
Affected area	Any area of the Gaza Strip that has suffered an accident that exceeds the level of emergency or crisis, and reaches the level of disaster.
Affected groups	Any community in the Gaza Strip that has been adversely affected by crises, humanitarian situations or emergency and disasters.
Gender	Is the different roles, rights and duties of both men and women in society and relations between them and the ways in which their characteristics, behaviors and identities governed by different economic, social, cultural, political and environmental factors and the impact of this relationship on the status of women and men in society ¹ .
Gender - sensitive organizations	Means that NGOs provide their services from a gender-equity perspective by taking into account gender needs through all phases of project design or gender sensitive service ² .

¹ Basima Al-Aqbani, "Gender. Term and Meaning", Musawah Center for Rights and Law, <http://musawasyr.org/?p=1893>

² Ibid

Equality In gender	Absence of discrimination in opportunities in terms of allocation of resources and opportunities, or access to services on the basis of gender, where the United Nations adopts a comprehensive vision of the concept of equality based on "The culture of poverty, abuse and exploitation on the basis of gender must end with a new generation of equality". ³
Fairness on the basis of gender	Equality in the allocation of resources, gains and responsibilities between men and women. This concept recognizes that there is a difference in needs and strengths between women and men and that these differences should be identified and addressed to correct gender imbalances. ⁴
Gender - Based Violence	It is a holistic term for the abusive act committed against the will of the individual and based on the social difference of sex between men and women. Gender-based violence violates a number of universal human rights protected by international instruments and conferences.

³ Fumozil Mlambo Ngcuka, Executive Director of UN-Women <http://www.unwomen.org/-media/headquarters/attachments/sections/news%20and%20events/stories/2018/statement-iwd-2018-ar.pdf>

⁴ World Health Organization 2002

1. INTRODUCTION

Gender-based violence is a global life-threatening problem that is closely linked to health and human rights and violates International Humanitarian Law and the principles of gender equality. The frequency, severity and risk of GBV in emergencies and crises, especially against young women and girls, are increasing.

The emergency preparedness and response plan will help provide a clear and direct guidance to staff in fundamental institutions and target communities on how to prevent GBV in emergencies, facilitate survivors' access to multi-sectorial response services. This must occur within an effective coordination framework, strengthen existing health and protection systems and develop tools to address and to prevent and prioritize efforts to prevent and respond to GBV in emergencies, and guidance on working in partnership with survivors and members of affected populations by disputes in order to build flexibility, individual ability, community-based resistance and adaptation. The plan aims to safeguard the dignity and rights of all affected people, and reach those most at risk based on a survivor-centered approach to creating an environment that provides support and respects the rights and wishes of survivors, ensures their safety, and treats them with respect and dignity in a community-based approach.

2. METHODOLOGY

2.1 Research and literature review.

A literature review was conducted to identify key issues in the design of a community emergency preparedness and response plan and to gain a detailed understanding of the context. This included a detailed review of the relevant literature and publications (relevant local and global texts) to form a complete perception of the tasks. It included review of all documents and understanding of the context including resource map, access to services and identification of key stakeholders. This revision included the list of documents shown as follow:

#	Documents
1.	Final 2019 GBV SC Action Plan
2.	GBV AoR Handbook on GBVIE
3.	GBV and Women and Girls with Disability
4.	Gender in Humanitarian Action (GIHA)
5.	Handbook for Coordinating Gender-Based Violence Interventions In Emergencies 2018
6.	Gender Justice - Palestine Country Assessment
7.	Women and Girls with Disabilities: Needs of Survivors of Gender-Based Violence and Services Offered To Them
8.	Protection Mainstreaming Manual In Wash Programs
9.	IASC Gender In Humanitarian Action Materials Training Manual
10.	Community Emergency Plan Template.
11.	WHO Emergency Response Framework.

2.2 Field work.

- **Mapping of the organizations participating in the emergency plan:** This process is aimed to collect data on the 12 community-based partner organizations in the contingency plan, in order to capture their potentials, capacities and those of the surrounding community, to examine reliable services to protect and assist GBV survivors in emergencies. These data were collected directly from representatives of community-based organizations (CBOs) and then verified for accuracy by completing them through an online questionnaire at the link below⁵.

⁵ <https://forms.gle/TemovTNeqktp4s7AA>

- **Questionnaires:** part of the quantitative online questionnaire was devoted to identifying marginalized groups in the two communities (12 target societies), different types of violence, their levels and the degree to which they are affected by emergencies. The participants were asked to score the level of violence in non-emergency situations from five, and the level of increase in emergency. The results of the questionnaires are presented in the table 4 of this report (pág. 14).
- **Focus Group Discussion:** Four focus group discussions were held using specially designed tools, with a specific guide for each target group. *USAID's guidance on performance monitoring, evaluation and focused group interviews* was followed. The main topics of the first focus group included coping mechanisms in emergency, non-emergency situations, capacities, needs and priorities of target groups (women, men, boys and girls). In order to identify the types of violence in the target communities, the team asked participants in the focus groups, and discussed all of these types, their level and vulnerability in emergencies. Similarly, to identify the types and strategies of coping mechanisms in the target communities, the team asked the participants of the focus groups, and discussed all these strategies and alternatives, and the reasons for resorting to them. The details of the focus groups were as follows:

Focus group	Target group	# of attendees	Discussion Topics
Group 1	Project coordinators at the CBOs in Jabalia	14	<ul style="list-style-type: none"> • The disasters experienced in the region during the past ten years. • Displacement of citizens in shelters or relatives. • The impact of disasters on the community exposed to disasters. • The most important needs of the community in emergencies. • The most prominent deficiencies in the services provided to the affected groups in cases of emergency.
Group 2	Project coordinators in CBOs in Nuseirat	12	<ul style="list-style-type: none"> • Level of coordination between institutions and social communities. • Grass-roots institutions work in previous emergencies, GBV-related services that they are able to provide and wish to provide in emergencies. • Services that organizations cannot provide in emergencies.
Group 3	A group of women in the communities of the CBOs in Jabalia	13	<ul style="list-style-type: none"> • Disasters in the region over the last ten years. • The most common types of violence against women, girls, men and boys in general. • How women behave when exposed to any kind of violence? • What women are looking for in emergencies, • The availability of GBV services in the surrounding areas.
group4	A group of women in the communities of Al-Nuseirat CBOs	12	<ul style="list-style-type: none"> • What things (services) would you like to have in case of an emergency? • How can society protect women, children and the elderly in emergencies? • What do you advise us to consider when developing a GBV preparedness plan?

Characteristics of the groups:

Group	Number
Women	9
Women with disabilities	3
GBV survivors	2
Girls (17+18 years old)	6
Total	25

- **Key Informant Interview (KIIs):** 13 KIIs were conducted with relevant persons using a structured interview tool developed specifically for this plan, following USAID guidance in the area of M&E guidance; interviewing key individuals. Eight interviews were conducted with the managers of the community-based organizations and Five interviews with members of the Protection and GBV Group, UN agencies, AIDA and OCHA (Annex 1).

2.3 Validation workshop

On 06.09.2019 a workshop was held with relevant actors in order to validate the results of the data collected and to enhance ownership of the community's emergency preparedness and response plan. The participants were asked to review and comment on the findings of the field work risk analysis, in addition to assessing the community capacity for emergency preparedness including prevention and protection measures.

2.4 Tabletop Exercise (TTx)

Two tabletop exercise were implemented after the data analysis of the intervention areas, one in Nuseirat and one in Jabalia. Both exercises focus on GBV prevention and response in emergency.

Definition	A tabletop exercise is a meeting to discuss a simulated emergency situation in a non-threatening environment with key actors assigned to management roles and responsibilities. The exercise should result in action plans for continued improvement of the emergency.
Purpose	The two exercises were designed to excel some skills of the response plan as follow: <ul style="list-style-type: none"> • Train staff how to utilize the community services for GBV in emergency. • To familiarize the community members with the contingency plan • To train the participants about dealing with GBV survivors in emergency • To test the agreed upon communication tree. • Exercise and maintain current skills needed to discover, protect and refer GBVS in the target communities.
Target audience	Community members, APS partner, CBOs and their focal persons from UHWC. All of the participants have a previous experience working in emergency response in 2014 at least.
Exercise timeframe	Each exercise takes two hours; including the orientation about protection principles, GBV focal points in the governorates, the referral pathway and the TTx exercise.
Location/ venue	The two exercises were conducted in health care centers in the middle of the communities, which are: <ol style="list-style-type: none"> 1. Jabalia Women Health Center- Red Crescent Society for the Gaza Strip 2. Al Khairya Health Center- UHWC in Nuseirat

Process overview	<p>Prior communication and awareness raising about GBV, protection principles, and referral pathway was conducted.</p> <p>The exercise was realistic and thus the participants were actively participating.</p> <p>At the end of the TTx, the consultants discussed the event to capture participant feedback, identify lessons and make recommendations.</p>
Planning Timeframe	<p>Each TTx takes one week as follow:</p> <ul style="list-style-type: none"> • One-day planning • One day selecting the case and discussion with the case manager • One day developing the scenario • One day arrangement for the TTx • One day conducting the exercise • Two days for reporting
Resources	<p>The TTx technical staff was comprised of the experienced emergency management as the facilitator, the three main consultants, three Case managers at UHWC, CFTA and Jabalia WHC and APS programs manager (as observer) in addition to the logistics support staff.</p> <p>The number of attendants in Jabalia TTx was 21 technical persons and the attendants in Nuseirat was 10.</p>
Key success factors	<ul style="list-style-type: none"> • The attendants were oriented about the basic protection principles by the GBV expert Mr. Tahrawi, in addition to the referral pathway by Firyal Thabet and Maryam Shaqura. • The participants have received the guiding principles of GBV case detection in emergency, and how to deal with the survivor. • They received good instructions how to utilize the available community resources in dealing with the GBV cases. • Participants are led by an experienced team who have expertise in the gender, GBV and GBV in emergency. • Real cases were used • The consultancy team spent enough time in discussing each case.
Conclusion	<ul style="list-style-type: none"> • Both communities are not adequately capable to deal with GBV in emergency situation due to lack of experience and capacity.
Recommendations	<ul style="list-style-type: none"> • UHWC needs to spend more efforts in capacity building of the partner CBOs (in both areas) and the target communities in preparedness to response to GBV in emergency as well as non-emergency situation.

3. CONTEXT.

3.1. JABALIA

Jabalia is a Palestinian city located 4 kilometers (2.5 mi) north to Gaza City and it is considered the center of the North Governorate in the Gaza Strip. Jabalia has a population of 182,658⁶ and adjacent to the city to the north is established Jabalia refugee camp, one of the largest camps in the Gaza Strip. Today, nearly 113,990 registered refugees live in the camp, which covers an area of only 1.4 square kilometers⁷ making it one of the most densely populated places on earth. Overcrowding and lack of living spaces characterize Jabalia camp and it also has been the scene of much violence in the Israeli-Palestinian conflict.

The geographical location of Jabalia is an integral and natural part of the land of Palestine. Jabalia has a maximum length of 9 km, extending from the Green Line (the Palestinian territories occupied in 1948) in the east to the Mediterranean Sea in the west, while Jabalia has a maximum width of 3.7 km extending from Beit

http://pcbs.gov.ps/Portals/_Rainbow/Documents/NorthgazaE.html ⁶

<https://www.unrwa.org/where-we-work/gaza-strip/jabalia-camp> ⁷

Lahiya in the north to Gaza City in the south. It rises about 35 feet, with an area of about 18 km² namely (17.897) dunums, 6 km² of them allocated as agricultural areas. Jabalia is also the closest camp to the Erez border crossing with Israel.

Jabalia camp Statistics⁸

- Approximately 113,990 registered refugees.
- 16 blocks, hosting 25 schools, 7 of which operate on a one-shift basis and 9 operate on a double-shift basis.
- One food distribution center.
- Three health centers, two in Jabalia refugee camp and one in Saftawi area.
- Two relief and social services centers.
- Office of maintenance and environmental health.
- Seven water wells
- A public library

Cultural situation

There are many institutions in Jabalia camp and village, including the following: Jabalia municipality , Red Crescent Society for Gaza Strip (Woman's Health Centre Jabalia), Al-Falah Charitable Society , Al-Awda Hospital, the Al-Asria Cultural Center, the Jabalia Martyrs' Clinic, the Martyr Muhammad Abu Shubak Clinic, the Women's Program Center, the Jabalia Rehabilitation Society, , wedding halls, a sports club (2), the Jabalia Cultural Youth Center, the Islamic Association in Jabalia, the Zakat Committee of the City of Jabalia, the Baitona Society for Community Development and Building, and the Bank of Palestine building. However there is a general lack of recreational and social space.

Community of Jabalia and surrounding areas get all services from Jabalia , like Al Jorn area, Abed Raboh Area, Tal Zater Area, Sheikh Zayed Area and others.

Jabalia is the most overcrowded area in Palestine. In emergency the density was increased because all internal displaced persons come to it which reflect on needed services and become double in crisis as what happened in 2014.

The main problems of JABALIA town and camp.

- Power outages.
- High unemployment.
- Pollution of water supply.
- Very high population density.
- Shortage of construction materials.

Social issues

- Jabalia area is famous with early marriage , relative marriage
- Begging among women and children mainly at last 7 to 10 years related to poor economical status
- Domestic violence
- High stress
- Divorce
- Multi marriage
- Smoking habits between adolescence and youth

3.2. NUSSEIRAT

Geographical location:

Nuseirat is located in the middle of the Gaza Strip within middle governorate, southwest of Gaza City on the Mediterranean coast, bordered by Salah El-Din Street to the west and the Mediterranean Sea, Gaza Valley in the north and Al-Zawaida village to the south. The area of Nuseirat camp is about 9.8 square kilometers, rising from the sea about 25-30 meters. It is about 2.5 km from Deir El-Balah and 10 km from Gaza City. Nuseirat original population is about 20%, the original inhabitants who lived in the area. Refugees make up the majority of the population (80%) with more than 80,194 are registered refugees. The population density in Nuseirat camp is high, reaching 6,379 refugees per km² and packed 8 family members and the size of the average number of individuals in the room is 4 members, according to the Central Bureau of Statistics estimates the Palestinian.

Statistics Nuseirat camp⁹

- 15 school buildings, of which seven are single shift and 18 operate on double shifts, accommodating 25 schools in total
- One Food Distribution Centre shared with Bureij refugee camp
- Two Health Centers
- Two Area Relief and Social Services Offices
- One Maintenance and Sanitation Office.

The main challenges to Nuseirat community

- Power outages.
- High unemployment and poverty.
- Restrictions on the area of fishing allowed by Israel and the collapse of the fishing sector.
- High population density.
- Pollution of water supply

Cultural situation

Nuseirat in particular suffer from the lack of cultural forums or educational centers that bring them together to exchange experiences and practice and publish their literary and literary hobbies, despite the presence of the library of the martyr Khaled Al Hassan which was established by the municipality of Nuseirat in 1998 as well as the library of the Center for Science and Culture, which are the two most famous libraries Nuseirat in addition to the simple libraries present in the civil institutions.

Nuseirat has a women's activity center, a center for care and training for the blind, a kindergarten, and a center for typing and secretarial education. In the field of health services, the relief agency has a medical clinic and a health clinic affiliated with the government, and the patient gets free medicines. In the camp there is a wood processing factory and a citrus canning factory, and there are several cement block factories and a foodstuff factory, and there are many shops in the camp, especially clothing stores, fish and vegetable shops, and barber shops that have spread widely exceeding hundreds, and the farming and fishing profession is a primary source of income. The fishermen in Nuseirat own 25 fishing boats.

4. PLANNING IN AN EMERGENCY. RISK ANALYSIS

4.1 Disasters experienced in the last ten years.

<https://www.unrwa.org/where-we-work/gaza-strip/nuseirat-camp>⁹

The following section analyzes the situation of disasters and crises in the Gaza Strip in general, and the communities of Jabalia and Nuseirat in particular based on the study tools that have been used and explained previously within the framework of the methodology.

Since 1948, the Gaza Strip has suffered from many man-made disasters, especially the Israeli occupation, such as the displacement, killing and demolition of houses, the displacement of citizens and violations of the rights of refugees, in addition to the constant threat to life. The siege imposed on the whole of the Gaza Strip, increased the violations of the right to movement, treatment, work and all the basic rights guaranteed by international treaties and conventions.

According to statistics issued by international bodies, the Israeli siege of the Gaza Strip constituted a continuous state of suffering for the Palestinian people in all categories.

Man-made disasters: Repeated wars, especially the 2008 war, the 2012 war, the 2014 war, the Palestinian political division and the siege imposed on the Gaza Strip in the last 12 years.

Natural disasters: The natural disasters were represented in winter troughs and rains caused environmental crises and exposed citizens' homes to sinking and sabotage of agricultural crops and losses in shops and factories.

4.2 Disaster-prone places.

The entire Gaza Strip is vulnerable to all kinds of violence, but for the purposes of this plan we will limit ourselves to the following areas:

- Jabalia area and its neighborhoods (Al-Kashef, Al-Salam, Izbat Abed Rabbo) and the eastern areas of Jabalya and the border areas that have been destroyed, attacked and flooded.
- Nuseirat and its neighborhoods (Mughraqa, West Nuseirat, Sawarha and Hasayneh) and the eastern border areas of the middle zone.

Table 1: Risk Analysis Matrix for Palestinian Community in the Gaza Strip¹⁰

Risks	Possible areas to be affected	Damage type	Probability of occurrence	Early warning indicators
The war	All areas of the Gaza Strip, especially the eastern areas including the entire work area of the association in Jabalia area and its neighborhoods (Kashif, Salam Izbat Abed Rabbo) The eastern areas of the Jabalia and border areas have been devastated an attacked. Nuseirat t and its neighborhoods (Al Mughraqa, West Nuseirat, Sawarha and Hasayneh) and the eastern border areas of the Middle zone.	Very High	High	There are no early warning indicators but it suddenly occur due to political instability.
Flood and rain.	Nafaq area, Asqoula pool, destroyed houses especially those with metal sheet roofs, or asbestos. Nuseirat camp, Jabalia area.	High	Low	Weather forecast of rainfall, water level rise in low areas more than acceptable levels.

¹⁰ OCHA. Inter Cluster Coordination Group (ICCG) contingency plan.

Infighting	All areas of the Gaza Strip.	Average	Average	The warning time is somewhat low and indicators include media discourse and crowds on the ground.
Earthquakes	All areas of the Gaza Strip.	Low	Low	There are no early warning indicators.
Outbreak	All areas of the Gaza Strip.	High	Low	Increased number morbidity and mortality due to particular disease.

4.3 Who are the most exposed to violence?

Society is generally exposed to natural and human disasters. These disasters affect human life and the pattern of dealing as a result of changing many of the circumstances surrounding them such as displacement, loss of loved ones, loss of breadwinner, but there are groups that are more vulnerable to damage, violence and abuse during and after disasters such as women, girls, children, the elderly and persons with disabilities.

Table 2: Negative impacts of emergency disaggregated by groups:

Group	Impact of emergency
Women	Women have been subjected to new types of violence, including the deprivation of basic needs of women as well as the degree of violence and different types of them were beaten or abandoned for the first time. The role of women has also changed dramatically, with women having to play some of the roles of men because of violence, because they have lost their husbands, or because they have been exploited by males in terms of access to resources (food - water).
Men	Men were subjected to great psychological pressure due to the feeling of being unable to protect the family and provide basic needs for them, in addition to the loss of the house and financial resources and even children, all this besides the violence of the occupation, which targeted them directly and continuously throughout the crisis
Girls (less than 18)	Girls at this critical age have experienced a severe shortage of basic needs related to women, as well as harassment, early marriage and violence from parents due to their pressure
Boys	Boys were affected by many forms, including changing their social role and being held responsible for the provision of basic needs, which deprived them of their right to play in addition to being subjected to violence by parents under pressure, and a small number of them had to work in unsafe conditions in order to provide a living And compensate parents for the loss of basic needs
Elderly	The elderly have been neglected in the emergency period, including neglect to move them to a safe place and give children and women a priority on them, in addition to being considered a burden in light of the great food shortage faced by the displaced, in addition to the loss of basic needs and the inability to compensate such as medical mattresses, pampers and medicines.
People with disabilities	People with disabilities are particularly affected by emergencies due to lack and neglect of needs. Many have been neglected to move to a safe place, and some IDPs have evacuated their homes and left people with disabilities behind them under shelling. Most of them lost their assistive devices and wheelchairs and were unable to provide an alternative during emergencies.

Persons with disabilities were unable to provide medicines, pampers and medical equipment.
The shelters were not suitable for use, especially stairs and bathrooms

Table 3: Risk analysis matrix of vulnerable groups.

Group	The Risk	Probability Occurrence	Impact Consequent
Women	Difficulty of safe movement of women in general and particularly battered women.	High	High
	Lack of adequate health care and nutrition for women in general, especially for pregnant, lactating and battered women.	High	High
	Women are subjected to verbal and physical violence, harassment, and sexual exploitation during times of emergency.	High	High
	Lack of personal hygiene requirements and shortage of clothes, whether underwear or outfits.	Moderate	High
	Lack of water for drinking and personal hygiene.	Moderate	High
Elderly	Difficulties to move from one place to another.	High	High
	Lack of adequate health care, medicines and food.	Moderate	High
	Lack of clothes and bedding.	Moderate	Moderate
Boys and girls	Lack of adequate food and beverage.	Moderate	High
	Lack of clothes and heaters.	Moderate	High
	Lack of medical and health care.	Moderate	High
	Severe stress due to disasters and the emergence of symptoms such as bedwetting, aggression and violence.	High	High
	Interruption of the educational process.	High	High
People with disabilities	Difficulty dealing with them, whether transport or movement and the need for special treatment.	High	High
Men	Difficulties to move from one place to another.	High	High
	Lack of medical and health care.	Average	High
	Lack of adequate food and bedding.	Moderate	High
	Lack of water and sanitation	High	High

4.4 Risk analysis of GBV.

Table 4: Types and levels of GBV in the target communities.

The tables below illustrate the results of scoring obtained from the questionnaires distributed to the partner CBOs within the two communities on the field stage for the design of the plan. The CBOs were asked to score the level of violence in these communities in non-emergency and emergency situations. The scoring is self-perception of the communities. The scale measurement from 1-5 was used through data collection regarding types and severity of violence, being 1 very weak, 2 weak, 3 moderate, 4 high and 5 very high. The mean of each score was calculated to come up with the most common types and magnitude of the violence in emergency and non-emergency.

Category	Degree of violence	Current level of violence	The degree of violence rises in emergency	Level of violence in emergency (max10)	Grade of emergency rise
Verbal violence	4.5	Very high	4.4	8.9	Very High
Domestic violence	3.7	High	2.4	6.1	High
Economic violence	3.5	High	1.8	5.3	Moderate
Social violence	3	Moderate	3.2	6.2	High
Denial of opportunities	3	Moderate	3.5	6.5	High
Sexual violence	2.2	Low	2.2	4.4	Low
Forced marriage	1.8	Low	2.3	4.1	Low
Rape and incest	1.7	Low	1.2	2.9	Low
Honor killing	0.5	Very Low	2.8	3.3	Low

The key indicators to assess violence in society

	Non-emergency		Emergency scale	
Evaluation of violence	1	Very Low	0-2.0	
	2	Low	2.1-4.0	
	3	Moderate	4.1-6.0	
	4	High	6.1-8.0	
	5	very high	8.1-10.0	

Vulnerability Analysis

The following table shows the results of the analysis of marginalized and vulnerable groups in the target communities based on the risk of exposure to GBV and the vulnerability of each group. The data was collected through the risk assessment tool as well as the results of in-depth interviews and focus groups.

Table 5: Vulnerability Analysis

Category	Probability of risk exposure	Vulnerability to risk	Fragility level
Women	High	High	High
Women with disabilities	very high	High	very high
Girls	High	High	High
Aged persons (male and female)	High	High	High
Youth	Very Low	Low	Low
Boys and Girls	High	High	High
Men	Low	Very Low	Low

Table 6: Coping strategies of GBV survivors.

Category	Current level of violence	Coping strategies
Verbal violence	Very high	<ul style="list-style-type: none"> Endurance and faith: linking things to the religious spiritual dimension, devotion, fate and destiny. Escape strategy: withdrawal and introversion, and staying away from community participation. Getting advice: Consult anyone you trust (what shall I do?) Access to professional advice: Go to official counselors (institution, doctor, psychologist, hotline, website, etc.) Search for satisfactory alternatives to GBV survivor Confrontation and problem solving Acceptance: accept the fait accompli and treat it as normal Ending or limiting the relationship Resort to a source of authority and power (Mukhtar, father, brother, police, etc.)
Domestic violence	High	
Economic violence	High	
Social violence	Moderate	
Denial of opportunities	Moderate	
Sexual violence	Weak	
Forced marriage	Weak	
Rape and incest	Weak	
Honor killing	Very weak	

5. PREPAREDNESS AND RESPONSE IN AN EMERGENCY.

5.1. Inter-institutional coordination in emergency time

In case of normal circumstances, there is communication and coordination due to the existence of joint programs to serve the different categories of providing psychological support, assistance and stimulation programs for children and others. However, during the period of war and displacement there was very little or no coordination between the institutions that provide similar services, for distance and paralysis of institutions in some areas, and due to the difficulty of communication the only mean to exchange information was in person by phone and mobile, and therefore the organizations aspire to guarantee coordination during any war with each other through a feasible way of communication.

Some NGOs have struggled to form partnerships with other organizations providing emergency services such as Handicap International, Islamic Relief France, Islamic Relief Britain, Qatar Charity, Emergency Committee of the Center for Democracy and Conflict Resolution, Aisha Society, Union of Health Work Committees and Ma'an Development Center as well as coordination with UNRWA.

5.2. Places that shelter displaced internally displaced people

A large number of citizens are displaced towards relatives and shelters in UNRWA schools, government schools, some NGOs, mosques, hospitals, public places and main squares.

PA Designated Shelters¹¹ in Nuseirat and Jabalia:

Table 7: Designated Shelter at UNRWA and Palestinian Authority

Schools	Governorate	Address
Al Reyad School	Middle Area	Nuseirat Camp- Street 20 - near the Training Center
Khalid Ibn Al Waleed Secondary School for Boys	Middle Area	Nuseirat Camp- Street 20 - near the Training Center
Saad Bin Abi Waqas	North Gaza	Jabalia-Saftawi
Osama Bin Zaid Secondary School Boys	North Gaza	Jabalia-Saftawi
Al Falooja Secondary School Girls	North Gaza	Jabalia-Falooja
Hafsa Bint Omar Elementray School	North Gaza	Jabalia-Falooja
Awni Al Hirtani Secondary School Girls	North Gaza	Beit Lahia-Al rebat Neighbourhood
Al Kuwait Secondary School Girls	North Gaza	Mashrou Beit Lahia
Hamad Bin Khalifa Secondary School Girls	North Gaza	Beit Lahia, Sheikh Zaid

5.3 Past Experiences of Communities in Emergency and aftermath.

The affected communities were able to provide some support, protection and services to the affected groups in Jabalia and Nuseirat areas, relying on the local resources of these communities.

The most prominent of these services were:

1. Shelter and relief services.

Some CBOs have opened their doors to families who have not been able to go to shelters, or have no space in them, and have been provided with basic necessities of food, drink, bedding, some medicines, blankets, household items, first aid and health care for the displaced in the organization.

¹¹ The available data obtained from ICCG coordinator Officer.

2. Rescue services.

A fundamental organization has a volunteer emergency team that has been able to reach families who have not been able to leave their homes as have been evacuated and assisted.

3. Forming community initiatives' committees

The formation of protection committees and community initiatives such as water and diesel pumping that contributed to facilitate the access of water to citizens, as well as initiatives such as hygiene, where the West Nuseirat and Al-Mughraqa suffers from the problem of hygiene.

4. Forming community protection committees.

Some volunteer groups have formed community protection teams to protect vulnerable and marginalized groups such as women, children, the elderly and people with disabilities. They have worked hard to help those who are affected, but they were not able to provide adequate protection because of their inexperience, lack of knowledge and standards of protection services especially for cases of GBV.

5. Home visits.

Providing services to IDPs and citizens in case of emergency through home visits for patients to know their condition and health status and to provide psychological support.

6. Psychological support.

Providing psychological support and activation services for children and recreational programs during emergency periods.

7. Legal support

Offering simple legal advice.

8. Health services

First aid training and providing first aid kits for a very limited number of citizens.

5.4 The role of women, men, girls and boys in previous emergencies.

Role of women

- Women bear the brunt of protecting family members in the absence of men
- Prepare food and ensure the availability of water
- Care for children and the elderly
- Participated in finding a suitable sheltering place
- Preparation of displacement requirements and anticipation of events.
- Search for resources of daily living assistance (food - water - treatment).
- Support for children, relieve trauma symptoms.
- Women with health expertise provided health care within shelters and health centers.

Role of men

- Provide protection to family members
- Provide the requirements of family members
- Perform all required tasks outside the family
- Supporting the affected families
- Communicate with hospitals and ambulances
- Assistance in transporting the injured to hospitals
- Participate in confrontations and events themselves
- Registration in places of displacement

- Protecting the displaced and staying up all night for fear of any violence inside the shelter or any emergency event
- Contribute to providing security and safety for families and displaced persons in shelters
- Formation of protection teams of men
- Communication with the Civil Defense
- Protecting property from inspecting their homes and shops

Girls

- Assist women in providing care for children
- The girls needed care and protection
- Assisting the family in all matters of life in case the mothers are busy bringing assistance to the family.
- Assistance in providing psychological support (reading a story - drawing - playing) to minimize the effects of the disaster.
- They lead families in aggression due to loss.

Boys

- Some boys were heads of families in the absence of parents.
- Imitated the role of men.
- Helping the family in all life affairs.
- They provide assistance according to their mental and physical abilities to those around them.

5.5 The current gaps of the CBOs in Emergency response.

Healthcare services

None of the CBOs , or members of the target communities, have health service providers, therefore, the role of community members and partner organizations will be limited to referring cases requiring health services, or cases affected by GBV to the nearest health center, whether or not part of the national referral system, taking into account the safe referral of survivors. The priority of referral will be to the partners Asrya in Jabalia and Al Khayria in Nuseirat.

Mental Health Services

Mental health services are specialized and require professional and licensed practitioners; therefore, the role of community members and CBOs will be limited to providing psychological first aid, psychosocial support (PSS) for those affected in shelters or those who stay with their relatives in host communities. Coordination is usually needed before offering these services.

Legal support

Organizations cannot provide legal support and legal advice during the emergency time; they can to provide these services after myth. Services during emergency time are limited to awareness-raising and guidance sessions and directing individuals to know their rights by sending them to human rights centers.

Relief Services:

Because of the difficulty of obtaining funding, CBOs and community members do not have the capacity to provide relief requirements to those affected, and the relief services are limited to simple basic services such as food, clothing distribution and psychological support that can be provided to citizens.

Financial Support

Given the current economic situation, affected communities and CBOs do not have the means to provide material support to the displaced people, or vulnerable groups of gender-based violence, except at a very limited level, and irregularly

6. PREVENTION AND RESPONSE TO GBV

6.1 Previous experience in emergencies, readiness and ability to deal with SGBV.

The table below describes the experience of the target communities in the previous emergencies, their readiness to be work in emergency response and their ability to deal with GBV survivors in emergency. In the Nuseirat area, two CBOs were able to work full time and continuously, two CBOs were partially working, while two were unable to work or support the community during previous emergencies. In Jabalia; all of the CBOs were partially working because of their limited capacity, scarcity of resources and security situations.

Readiness to work in emergency

In Nuseirat four CBOs are willing and ready to work full time, and three of them are ready to work partially according to their capacity. While all Jabalia CBOs are ready to work partially depending on the available resources.

Able to deal with GBV cases in emergencies.

Three CBOs from both areas have the capacity to deal with GBV cases, and this requires a lot of effort to build community capacity to be able to deal with GBV.

Table 8: describes the Previous experience in emergencies, readiness and ability to deal with GBVS

CBO	Area	Experience in previous emergencies (2008-2012-2014)	Readiness to work in emergency*	Able to deal with GBV cases in emergency**
AL Khayreia	Nuseirat	Worked Partially	Partial work	Yes
Al - Aqsa Sports Club	Nuseirat	Worked Partially	Partial work	Not yet
Palestinian Society For cancer patients	Nuseirat	Full time	Fulltime work	Not yet
Safaret Al Kheir	Nuseirat	Didn't work	Fulltime work	Not yet
Wounded child	Nuseirat	Worked Partially	Partial work	Not yet
Kotof Alkheir	Nuseirat	Didn't work	Fulltime work	Not yet
Rural Women	Nuseirat	Full time	Fulltime work	Yes
Al Asreya	Jabalia	Worked Partially	Partial work	Yes
Khatwa	Jabalia	Worked Partially	Partial work	Not yet
Al Marsa	Jabalia	Worked Partially	Partial work	Not yet
Al Ankaa'	Jabalia	Worked Partially	Partial work	Not yet
Al Bena'	Jabalia	Worked Partially	Partial work	Not yet

*: Readiness means willingness to work in emergency

** : based on their perception; their current capacity is suitable for performing detection, protection and referral.

The table shows most of the CBOs needs capacity building in dealing with GBVS by detection, protection and referral

6.2 Current capacity of CBOs in Emergency Preparedness and Response to GBV

As described in the methodology, the community representatives assessed the CBOs' capacity in emergency preparedness, which will be the basic element in capacity development of the community in dealing with GBV in emergency. During the workshop, the consultancy team used the community emergency preparedness capacity-assessment tool. The emergency preparedness assessment tool is comprised of 38

indicators distributed to 9 domains. The workshop attendants had evaluated the capacity of the community by giving a score from 3 points, where 0 means non-existent, 1 means existing and insufficient or not applied, 2 means existing and adequately applied, while 3 means present, applied, and all the team are aware and applied it consistently. The workshop attendants were guided how to quantify their capacity in each indicator and the results were presented in table 9.

The assessment results indicate that the community's ability to prepare for emergencies is very weak, and that there is no difference in the available capacities between Nusseirat and Jabalia (both are 23%)

Table 9: Current capacity of CBOs in Emergency Preparedness and Response to GBV

Task	# of indicators	Max Score	Nuseirat		Jabalia		Average
			Score	%	Score	%	
Managing the GBV emergency team.	4	12	2	13	2	15	%14
Communication, information and protection messages for GBV survivors.	5	15	3	21	4	25	%23
Safety and security of workers, volunteers and survivors.	5	15	5	30	4	24	%27
Managing human resources and volunteers to protect and serve survivors of GBV.	5	15	5	34	5	32	%33
Response to GBV cases, coordination and managing complaints.	5	15	3	23	3	19	%21
Financial management, procurement and logistics management.	5	15	4	25	3	23	%24
Recovery management	3	9	2	23	2	23	%23
Training	3	9	1	14	2	18	%16
Networking and preparedness		9	2	25	3	29	%27
Average	38	114	26	23	26	23	%23

6.3 Measures to mitigate GBV risks.

Table 10: Measures to mitigate GBV risks

Category	Risk	Suggested measures to mitigate the risk	Role of women	Implementing body
Women	Difficulty of safe movement of women in general and particularly	Provide safe transportation for GBV cases in times of emergency	Announcing the map of services and safe referral pathway through the protection sector and the GBV sub-cluster	

	battered women			
	Lack of adequate health care and nutrition for women in general, especially for pregnant, lactating and battered women	<ul style="list-style-type: none"> • Providing health service, or safe transfer. • Providing a healthy meal. • Spreading outreach messages to women and girls in emergencies. • Enable women to participate in the provision of the above-mentioned requirements. 	Case detection, protection and referral to service providers available Coordination, networking and transfer with the sexual and reproductive health sector	
	Women are subjected to verbal and physical violence, harassment, and sexual exploitation during times of emergency.	<ul style="list-style-type: none"> • Educate women on how to react to different situations of violence in emergencies. • Provide psychological support. • Provision of community protection networks. • Women's participation in protection committees and the management of relief work. 	Coordination, networking and refer with the GBV sub-sector Participation in special psychological first aid training Coordination and networking with the psychological and social services sector	
	Lack of personal hygiene requirements and the shortage of clothes, underwear and/or outfits.	Provide dignity kits and hygiene kit urgently. Provide clothes. Participation of women in providing assistance to women.	Supporting service providers in distributing dignity kit, clothes, relief and supporting materials	
	Lack of water for drinking and personal hygiene.	Providing potable water according to SPHERE standard.	Coordination with the livelihoods and WASH sector to prevent violence resulted from water shortages	
Elderly	Difficult to move from one place to another.	Provide safe transportation for the elderly, such as wheelchairs.	Providing assistive devices in known places to be used in emergency coordination with disabled people's organization	
	Lack of adequate health care, medicines and food	<ul style="list-style-type: none"> • Providing health service, or safe transfer. • Providing a healthy meals. • Spreading awareness messages for the elderly and their families in emergencies. 	Advertising and publicizing available health services	
	Lack of clothes and bedding.	Provide urgent clothing.	Coordination and networking with other	

			humanitarian relief sectors	
Children	Lack of adequate food and beverage.	Provide urgent food parcels.	Coordination and networking with child protection, food and other humanitarian relief sectors	
	Lack of clothes and warmth.	Provide urgent clothing.		
	Lack of medical and health care.	<ul style="list-style-type: none"> • Providing health service, or safe transfer. • Providing healthy meals. • Spreading awareness messages for parents of children in emergencies. • Providing medications and referrals for vaccinations. 	Advertising and publicizing available health services	
	Severe stress due to disasters and the emergence of symptoms such as bedwetting, aggression and violence.	Provide psychological support in places of displacement, and homes in general.	Coordination and networking with the MHPSS sector	
	Interruption of the educational process.	Communicating with the competent authorities and activate daily educational sessions in places of accommodation or schools according to the minimum standards of education.	Coordination with education sector	
People with disabilities	Difficulty dealing with them, whether transport or movement and the need for special treatment.	Communicate with specialized medical bodies and provide their needs of medicines, food, clothes, other assistive devices and supplies.	Coordination with disability sector	

6.4 Community-based capacity to respond to GBV situations in times of emergency.

Matrix of community measures and resources for protection and prevention of GBV in emergencies.

Emergency prevention	Emergency protection
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<p>Community resources</p>	<p>Emergency preparedness national plans under responsibility of Protection clusters. Mapping of emergency interventions in different scenarios (flares hostilities, acute large escalations, humanitarian pause) Mapping for data collection from different resources in emergencies Update referral pathways and focal points at emergency through protection cluster organizations Coordination meetings through all clusters Community protection networks (10 community networks in rest of Gaza) Economic empowerment programmes Advocacy coalitions bodies is a major resource in interventions.</p>	<p>Multisectoral response through NGOs Community volunteers and networks. Community social structure and norms Inside and outside the shelter Networking and coordination with community protection committees Launch local appeals according to the needs of the region's priorities for the sector concerned</p>
<p>Community measures</p>	<p>Raising awareness about safe evacuation, first aid, psychological first aid delivery in emergency. Provide community with leaflets included main numbers and providers in emergency Announce about hot lines, support numbers Distribution of advices how to behave in emergency with children, to reduce panic attacks and send emergency key messages through social media, mobile SMS Wide awareness campaigns of how to deal with non-explosive remnants of war Safe evacuation drill for schools.</p>	<p>Hosting with other families Forming small committees in areas of intervention Distributing roles between male/females Social context to support IDP (community participation in basic needs Safe CBOs, NGOs forms shelter places for IDPs</p>

Community-based capacity to respond to GBV situations in times of emergency.

Matrix of community measures and resources for protection and prevention of GBV in emergencies.

<p>GBV prevention</p>	<p>GBV protection</p>
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<p>Community resources</p>	<p>Religious leaders, community leaders, media, sports, social media, workplace, public spaces, educational curricula, educational facilities</p> <p>Economic empowerment programmes</p> <p>Emergency preparedness, communication and coordination network, contact persons, key telephones, community disaster management teams trained and prepared, advance awareness of safe evacuation, first aid, displacement bag, safe places at home, guidance for dealing with children.</p>	<p>Security and safety houses</p> <p>Facilitate the task of safe access for IDPs away from danger</p> <p>Identify safe routes for movement</p> <p>Provide minimum food and non-food items</p> <p>Networking and coordination with community protection committees</p> <p>Launch local appeals according to the needs of the region's priorities for the sector concerned</p>
<p>Community measures</p>	<p>Raising awareness about GBV as a manifestation of discrimination; its magnitude; its negative consequences and the fact that it is preventable.</p> <p>Addressing the root causes of the problem</p> <p>Empowering Women and girls</p> <p>community discussions</p> <p>Promotion of safety of women and girls in public spaces</p> <p>Community intervention plans</p> <p>Provide basic materials</p> <p>Multiple training for teams according to their specialization for emergency work</p> <p>Preparing promotional and educational materials to mitigate the danger</p> <p>Identify the location of the shelters</p> <p>Identify the first line of defense for events</p> <p>Alleviate panic and reassure society</p> <p>Monitor the overall situation within an orderly framework</p> <p>Provide secure and continuous communication tools</p>	<p>Providing safe, accessible places with privacy and safety</p> <p>Provide minimum food, water, dignity packages and basic needs</p> <p>Take into account the needs of persons with disabilities and the elderly and redistribute individuals in places of displaced people</p> <p>Providing emergency health measures through coordination with the health / UNRWA / protection sector</p>

The table 11 below describes the available resources in the two communities, which were collected using a specified data collection tools identifying the available resources in each community.

Table 11: the available resources of the two communities

Description	AL Khayreia	Al - Aqsa Sports Club	Palestinian Society For cancer patients	Safaret Al Kheir	Wounded child	Kotof Alkheir	Al Asreya	Khatwa	Al Marsa	Al Ankaa'	Al Bena'	How it was utilized in previous emergencies	How it will be utilized in emergency preparedness

	Nuseirat	Nuseirat	Nuseirat	Nuseirat	Nuseirat	Nuseirat	JABALIA	JABALIA	JABALIA	JABALIA	JABALIA	Both areas	Both areas
Headquarters Rent	1	4	2	2	1	1	1	1	1	2	1	The CBOs benefited from their headquarters in sheltering a group of IDPs during times of acute emergency , in addition to storing relief items before distributing them to the affected people.	The CBOs will organize the headquarters to be suitable for the emergency management team, including the retention of urgent and essential relief items
Communication tools	3	2	2	2	1	5	3	2	2	2	2	Were used to coordinate the provision, transport and distribution of relief materials to affected people	Will be used to coordinate the provision, transport and distribution of relief materials to affected people
Desktop computers	3	10	4	2	2	6	8	2	3	10	3	Writing reports, letters, and documenting the assistance of affected people	Writing reports, letters, and documenting the assistance of affected people
Internet	1	1	1	1	1	1	1	1	0	1	1	Used to facilitate communication with community members & affected people and	Used to facilitate communication with community members & affected people and

													sending media messages	sending media messages
Vehicles	0	0	0	0	0	0	1	0	0	0	0	0	Not used because of security reasons	Will be used to mobilize the community members and for the safe transport of victims
Projects materials and supplies	Consulting room /	Cafe / psycho-	Stationery / psychosocial support			Clothing, rain and			Logistics				PSS, PFA, clothes	PSS, PFA, clothes

Human resources available for the community to deal with GBV situations in times of emergency

Description		Nuseirat		Jabalia	
		Males	Female	Males	Female
Employees of the Association	Permanent contract	6	10	9	12
	Partial contract	4	8	10	14
	Volunteers	23	40	37	33
Total		33	58	56	
Working during emergencies	Permanent contract	4	5	6	8
	Partial contract	3	4	4	6
	Volunteers	25	22	33	32
Total		32	31	43	46

Summary of mapping results of community services for GBV in emergency.

The table below describes the GBV services available at the two communities. Jabalia has resources more than Nuseirat, which are described in details in the second table below.

Services	Nuseirat	Jabalia
NFIs	Only one CBO is providing the NFI	Only one CBO is providing the NFI
Case Management	None of this community is providing GBV case management	Only Al Asrya health center is providing GBV case management
Aids for people with disabilities	None of this community targets PWDs	Only Al Asrya health center is providing the aids for PWDs

Health awareness	None of this community is providing health awareness	Two CBOs are providing health awareness
GBV detection	None of this community is detecting GBV	Only one CBO is able to detect GBV
Sheltering	One CBO is capable to receive IDPs as a temporary shelter	One CBO is capable to receive IDPs as a temporary shelter
Referral for economic support	Two CBOs are able to refer people in need to economic support	None of this community refers to economic support
Referral for health support	Two CBOs refer people in need to health services	Two CBOs refer people in need to health services
Referral for psychological support	None of this community refers to PSS	Three CBOs refer affected people to PSS service providers
Referral for protection	None of this community refers for protection	Two CBOs refer for protection
Education	None of this community provide education services	One CBO provide education services
Needs assessment	One CBO is capable to conduct needs assessment	Two CBOs are capable to conduct needs assessment
Dignity kit	None of this community provide dignity kit	Only Al Asrya health center is providing dignity kit
Protection	Kutoof is providing protection to GBV survivors	Two CBOs provide protection
Economic support	None	None
Psychological aid	Most of the CBOs are providing PSS	Most of the CBOs are providing PSS
Home visits	Most of the CBOs are providing home visits	Most of the CBOs are providing home visits
Health services	Three CBOs are providing health services	Two CBOs are providing health services
Food aid	One CBO is proving food security	One CBO is proving food security
Legal support	One CBO is providing legal support	None of the community is providing legal support
Urgent relief aid	Two CBOs are providing urgent relief aid	None of the community is providing urgent relief aid

service	AL Khayreia Al - Aqsa Sports Club Palestinian Community Safaret Al Kheir The Wounded Child Kotof Alkheir Al Asreya Khatwa Al Marsa Al Ankaa' Al Bena' Neda Palestine											
	Nuseirat					Jabalia						
NFIs				yes					yes			
Case Management								Yes				
Aids for people with disabilities								Yes				
Health awareness								Yes			yes	
GBV detection												yes
Sheltering							yes					yes
Referral for economic support		yes	yes									

Referral for health support		yes	yes						yes	yes		
Referral for psychological support									yes	yes		yes
Referral for protection									yes	yes		
Education											yes	
Needs assessment	yes						yes	yes				
Dignity kit							yes					
Protection						yes					yes	yes
Economic support												
Psychological aid	yes	yes	yes	yes		yes	yes	yes			yes	yes
Home visits	yes											
Health services	yes			yes	yes		yes				yes	
Food Security				yes						yes		
Legal support						yes						
Urgent relief aid		Yes	yes									

Inventory of protection services from GBV in target communities.

The table describe available community services and facilities that can be used to protect survivors of GBV.

Organization	Area	Surrounding health institutions	Institutions providing shelter services	Educational institutions	Food security	Protection for children and GBV survivors	Legal services
Khatwa Association For Development & Community Development	JABALIA	Al Asria Clinic	----	----	----	----	----
Al Ankaa' Society for Community Development	JABALIA	Abu Shbak Clinic	Phoenix Society & Salam Association	Jabalia Primary School	Phoenix Society / Beit Al Khair	Ma'an Partner Foundation	----
Bena Association for Development and Empowerment	JABALIA	Beit Al Khair Health Center - Abu Shbak Health Clinic	Al Naqab School - Al Rafeay School - Jabalya Girls School	Nusseibeh Preparatory School - Hafsa Bint Asad	School - Islamic Society Jabalia - Beit Al Khair Foundation	The Committee of Zakat Jabalia Nazla	----
Neda Palestine Association for Charity	JABALIA	Jabalia Medical Center / Asreya Center	----	Negev School / Al-Baik Private School / Combined school of Jabalia	----	----	Aisha Association
Al Marsa Foundation for Culture and Arts	JABALIA	Jabalia Camp Clinic	Public Services from the Municipality of Jabalia	The UNRWA Schools Series Male	----	----	Legal lawyers (Rushdi Obeid)

				and Female (A, B, C)			
Palestinian Society for Cancer Care	Nuseirat	UNRWA clinic	----	UNRWA school	----	Union of Health Work Committees Association of	Culture and Free Thought
Embassy of Charity for Development	Nuseirat	UNRWA clinic and government clinic	Nour Al-Maarefa	UNRWA Schools	----	Al-Aqsa Club	----
Al Khair Association	Nuseirat	Al-Zawaida PHCC / Al-Razi Medical Center / UNRWA Clinic	UNRWA Schools	UNRWA Schools / Aman Educational Center / Al-Wisam Educational Center / Abdullah Humaid Educational Center / Government Schools	Association Communication Forum / Carmel Association / UNRWA Centers / Rural Women Development Association / Center Women's Programs	Communication Forum Association	Association / Center Women's programs
Association for the Development of Rural Women Al Mughraqa	Nuseirat	Al Mughraqa Clinic	Elderly Care Center	Adnan Al Ghoul School	----	----	----
Wounded Child Association	Nuseirat	Wounded Child Association	----	----	----	----	----
Al-Aqsa Sports Club	Nuseirat	UNRWA Clinic	UNRWA schools	UNRWA schools	Tekyat Al Khair / Women's Empowerment Center	Nour Al-Maarefa Association / Afaq association	----

6.5 The logical framework matrix of the GBV emergency plan.

In developing the GBV emergency plan, the following guidelines were followed:

- IASC. 2007. Inter-agency contingency planning guidelines for humanitarian assistance
- IASC. 2013. The Centrality of Protection in Humanitarian Action Statement.
- IASC. 2015. Guideline; Emergency Response Preparedness, IASC Task Team on Preparedness and Resilience.
- IASC. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. <https://gbvguidelines.org/en/>

Objective 1: Preparedness and prevention:

Ensure appropriate preparedness and preventive measures to protect IDPs and mitigate GBV during emergencies.

Output	Activity	Indicator		The Responsibility	Target Group
		Baseline	Target		
Output 1: Community readiness is enhanced to deal with GBV (services and capabilities)	Establish a community emergency management team to manage GBV-related emergencies.	%14	%90	The union through: Al Asreya Center in Jabalia & Charity Center of Nuseirat	All members of the grassroots CBOs in Jabalia and Nuseirat
	Establishing a communication and communication network between partners, and a network of protection messages for violent groups.	%23	%50		
	Develop a safety and security system for staff, volunteers and survivors of violence.	%27	%50		
	Develop a human resources management system and volunteers to protect and serve survivors of violence.	%33	%50		
	Distribution of roles among stakeholders to deal with GBV cases Coordinate the provision of services to survivors of violence and manage complaints.	%21	%50		
	Training of stakeholders in financial resources management, procurement and logistics management.	%24	%50		
	Develop a post-event recovery management system for survivors and service providers.	%23	%50		
	Training on emergency preparedness for violence (emergency management training, technical skills to deal with violence). Simulation training on different scenarios to deal with situations of violence.	%16	%70		
	Networking with partner institutions for readiness and response.	%27	%60		

Output	Activity	Indicator	Responsibility	Target group
Output 2: Community resilience against the risks of GBV is strengthened	Provide safe transportation for GBV survivors in times of emergency.	Number of transports equipped for safe transportation.	Local community	GBV survivors
	Providing diagnostic and therapeutic health services or safe referrals for women, children and the elderly according to Sphere standards.	Number of women, children and the elderly who received diagnostic and therapeutic health services according to Sphere standards.	Ministry of Health and Health NGOs	Women, children and the elderly
	Providing a source of healthy diets for women, children and the elderly according to Sphere standards.	Number of healthy diets provided to target groups according to Sphere standards.	Community	
	Preparation of a dissemination system of protection messages for groups exposed to violence.	# of protection messages prepared for dissemination	UHWC	
	Educate women on how to react to different situations of violence in emergencies.	# of women educated on how to react to different situations of violence in emergencies.	UHWC and Aysha	Jabalia and Nusairat communities
	Form community protection networks, including women, and women's participation in protection and assistance plans.	# of community protection networks	UHWC and Aysha	
	Women's participation in protection committees and management of relief work.	# of women participating in planning and implementation	UHWC and Aysha	
	Provide dignity kit, hygiene kit	# of dignity kits pre-positioned	UHWC and Aysha	Women and girls
	Providing a source of potable water according to Sphere standard.	# of beneficiaries from potable water	WASH Cluster members and community	All community
	Provide safe and appropriate transportation for women, battered and elderly people (i.e. wheelchairs)	# of safe transportation available at the comm	UHWC, Aysha and community	social protection team and psychological
	Training the social protection team and psychological support teams on the psychological support in places of	# of team trained on PFA		

	displacement, and homes in general.			support teams
	Establish an internal referral system to protect cases of violence and provide the necessary services.	Internal referral system in place		
	Mobilize and provide financial resources to provide services	Amount of financial resources allocated	GBV SC	
	Qualify the CBOs staff and volunteers on rapid and detailed needs assessment	# of CBOs staff and volunteers trained on needs assessment	UHWC, Aysha	CBOs staff and volunteers
	Preparing, signing and training a code of conduct for workers in the field	# of workers trained on code of conduct		Field workers
Output 3: Measures to prevent and mitigate GBV are improved	Building a consensus among CBOs, the GBV SC and the various sectors on protection from GBV and the establishment of a communication system.	An agreed upon communication system is established	GBV SC and protection cluster UHWC	CBOs, GBV SC and PC
	Develop and test appropriate messages to protect against violence.	# of appropriate messages tested		
	Conducting awareness campaigns for groups exposed to violence in emergencies.	# of awareness campaigns conducted	UHWC, Aysha & community	
	Integrate gender in the design phases of projects, and focus on to Sex and Age Disaggregated (SAD) of Data	# of staff trained on SAD	UHWC, Aysha	
	Participate of community groups such as men, women and children in the protection of women and vulnerable groups.	# of community groups participated	UHWC, Aysha & community	community groups such as men, women and children
	Coordinate and cooperate between NGOs and the police.	Coordination is in place	UHWC, Aysha & CBOs	
	Conduct awareness sessions for women about GBV in emergencies, and how to act.	# of sessions conducted	CBOs	Women in the community

Objective 2: Response

Improve the ability to provide a high-quality response to GBV in a timely manner.

Output	Activity	Indicator	The Responsibility
Output 1: Survivors of GBV have safely accessed health, psychological and safe violence management services.	Detect and refer GBV survivors to health.	Number of survivors reaching health services.	MoH and local health NGOs
	Refer GBV survivors to receive psychosocial support services during emergencies.	Number of survivors recieved psychosocial support services.	CBOs

Output	Activity	Indicator	The Responsibility
	Guide GBV survivors to community resources as food parcels, NFI and procurement vouchers.	Number of survivors benefiting from safe management.	UHWC and Aysha
	Updated lists of GBV service providers to all partners Jabalia and Nuseirat .	Updated list of all service providers.	
	Safe management of information on GBV survivors in Jabalia and Nuseirat.	Database is developed	
Output 2 GBV survivors have safely accessed shelters and or accommodations whenever needed through the CBOs.	Designated shelters and accommodation facilities are to be known to all CBOs in Jabalia and Nusirat	Number of GBV Survivors accessing safe accommodation	
Output 3: Improved protection for vulnerable groups such as women and girls.	Guiding the response based on specific risks to the target community. Participation of women, men, stakeholders and community influence in protection and implementation. Community protection committees to prevent GBV are activated.	# of women and men participating in protection committees and activities.	

Objective 3 Recovery.

Provide support to GBV survivors to help them return and reintegrate into society.

Output	Activity	Indicator	The Responsibility
Output 1: Economic support for GBV survivor is provided.	Target communities (Jabalia and Nuseirat) provide and support small-scale work and projects according to SEEP Network Standard: Minimum Economic Recovery Standards.	Number of women receiving economic empowerment.	Aysha
Output 2: Psychological situation of workers improved and stress mitigated.	Provide help to the post-emergency violence management team Helping the Helpers (HTH)	Number of employees who received HTH support.	UHWC and Aysha
Output 3: The relationship strengthened between staff, donors and services providers.	Evaluate all services provided and count the beneficiaries of these services after the end of the emergency.	Number of beneficiaries who received services during emergencies.	CBOs
	Reward the Violence Emergency Management Team (staff and volunteers) and honor donors.	Number of honored employees, services providers and donors.	UHWC, Aysha and CBOs

	Implementation of collective psychological and emotional support activities for emergency workers.	Number of psychological and emotional support activities offered for employees.	
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7. EMERGENCY RESPONSE DIAGRAM.

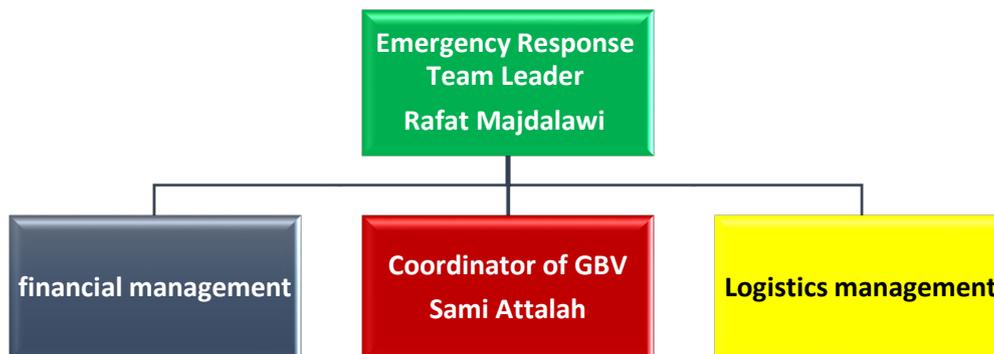
7.1 Emergency management team (EMT)

The emergency management team is a permanent team linked to the management structure of the Union of Health Working Committees (UHWC), in the Jabalia and Nuseirat regions, where there is a health center in each area, and will be the operation center in each area. It will be established based on the UHWC community responsibility and its contribution to the community committees, especially those working in GBV sector.

UHWC emergency response team will lead and guide the communities by developing their capacities in emergency preparedness. The activation of the team depends on the emergencies and the affected communities from emergency. UHWC is a member of the national and international emergency response coordination bodies, and follows their emergency activation process.

In preparedness to emergency, the UHWC will offer the financial and logistical resources needed to develop the capacities of the two communities to detect, protect and refer the GBV cases during emergency. Additionally, UHWC will invest in the available resources to be utilized in case of emergency.

Figure 1: Structure of the management team:



7.2 Emergency Response Tasks

Team Leader

- Forming a general emergency management team and clarifying its tasks in dealing with cases of violence.
- General supervision of the emergency management team.
- Activate the response plan based on the declaration of a state of emergency.
- Communicate with donors.
- Communicate with local / international emergency management team.
- Provide material support to the needs of those affected by disasters.
- GBV Response Team Officer.
- Responsibility for implementing the emergency response plan.
- Formation of emergency protection committees, and follow “standard working procedures for emergency protection committees”.
- Inventory of community services available in the areas of operations surrounding partner institutions.
- Periodic risk assessment for vulnerable groups in society, especially women, children, girls and persons with disabilities.
- Liaise and coordinate the emergency management centralization of the Union of Health Work Committees with grassroots partner institutions in managing and dealing with cases of GBV
- Oversee the training of the emergency team and protection committees to carry out their tasks periodically.

Financial management

- Financial management during emergencies.
- Ensure the application of financial procedures during emergencies as per financial rules according to the law Edit payments.
- Verify that all financial transactions are properly documented.
- Obtaining administrative approvals in cases not mentioned in the Financial Regulations.

Logistics management

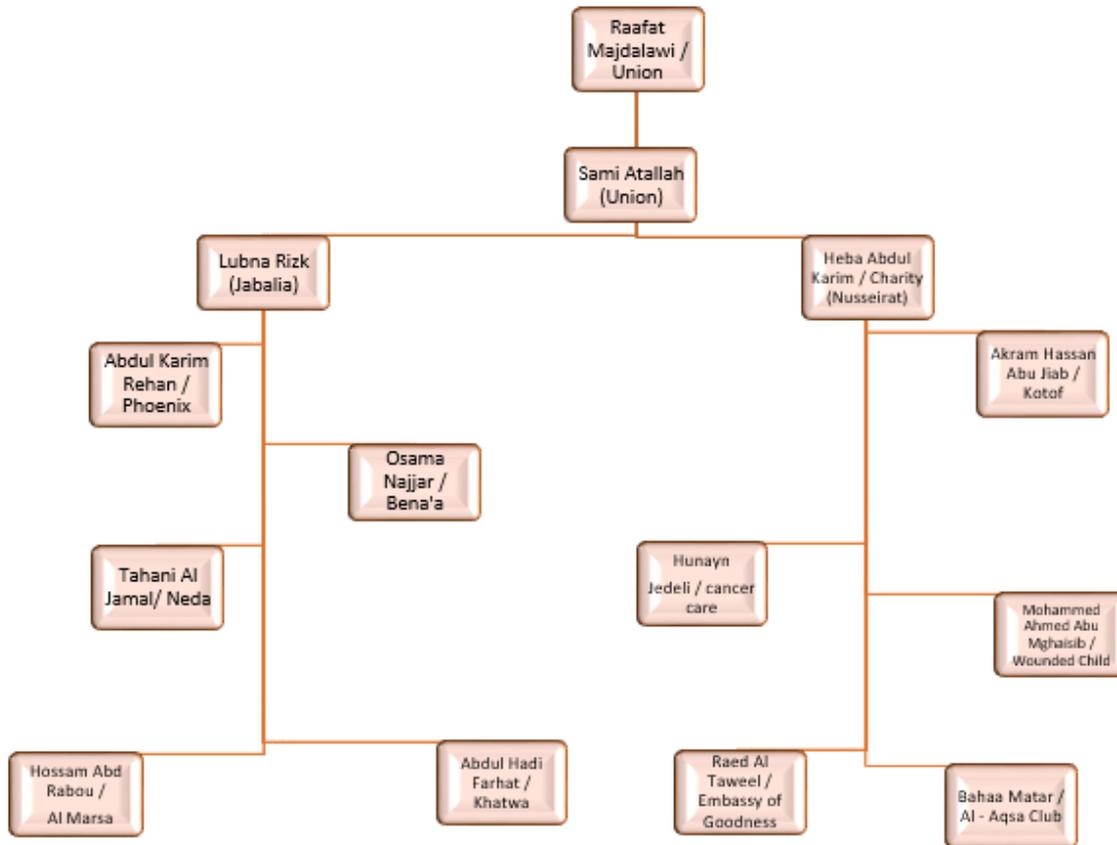
- Provide and secure transportation for the field and working teams.
- Provide means of communication, logistics, fuel, food and any other materials.

- Provide material and logistical resources for dealing with GBV situations in times of emergency and beyond.

Core technical role of Local CBOs:

- Detection of GBV cases.
- Provide GBV protection measures including.
- Safe referral through referral network to the protection providers or case management

Figure 2: Emergency Response Team (ERT) in the communities

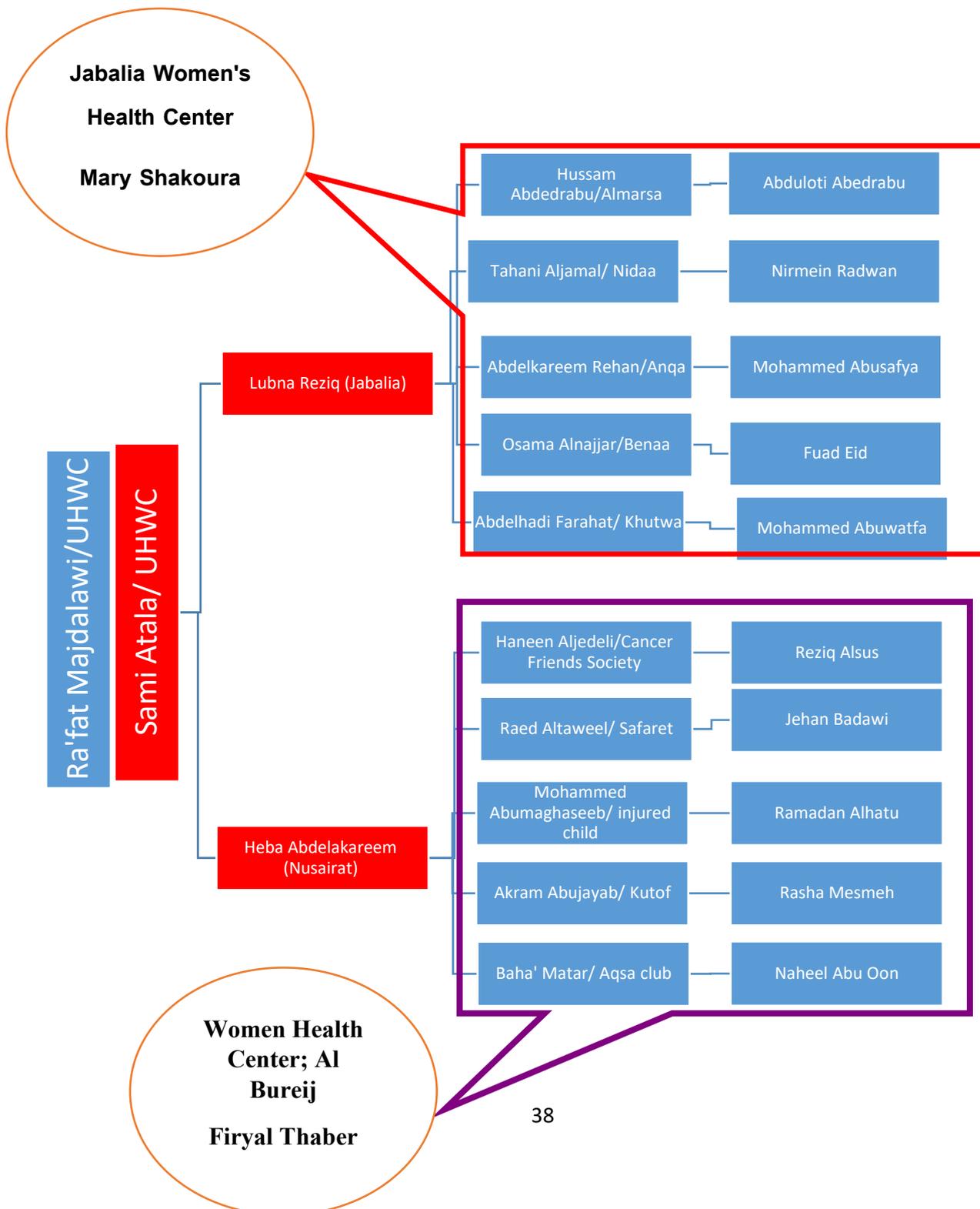


7.3 Communication and coordination.

Communication Mechanism

Figure one shows the structure of emergency management team, and figure two shows the structure of the community emergency response team. Where the Union of Health Work Committees (UHC) leads the process of readiness and emergency response through the Al-Asriyeh Center in Jabalia (Lebanon) and the Charity Center in Nuseirat (Heba). Whenever any of the communities is exposed to emergencies, the community workers (CBOs' workers and volunteers) will communicate with the contact person continuously. If any of the community workers detects a case of violence, he follows the principles in documentation and protection of the case, and calls the union's contact ring to report the case of violence according to the communication channels shown in Figure 3. The contact person follows up with them and guides them on how to provide the necessary protection through available community resources .

Figure 3: Communication mechanism to deal with GBV situations in emergencies. Dealing with GBV Survivors during Emergencies is described in Annex 2.



Communication lists

Case communication coordinators.

Organization	Focal point	Email	Mobile
Terre Des Homes/North	Khitam A Hamad	khamad.tdh@gmail.com	0597988099
MOSDA (Gaza/North)	Roba Al Bitar	roba99992009@hotmail.com	0599028816
MOSDA (rest of Gaza)	Hiam Al Jerjawi	h.j.eljer.5@gmail.com	0597776086
Tamer Association for Community Education	Salma A Dahi	salma@tamerinst.org	0597911026
Maan Development Centre	Husam Al Madhoun	h.madhoun@maan-ctr.org	0592533060
G C M H P	Qusai Ameen A Ouda	qusai1288@hotmail.com	0597777068
MOH	Mohamed A Shaweesh	abushawish24@gmail.com	0599772754

Contact information for the Government Protection Coordinators of the Ministry of Social Development Affairs

Task	Name	E mail	Area	Mobile No.
Coordinator	Omran Dawood	omrandawoud9@gmail.com	North Gaza	059-9834806
Coordinator	Ramadan Al Zinati		Gaza	059-8775088
Coordinator	Samir Al Sardi		Middle governorate	059-9833728
Coordinator	Nabil Al Shana		Khanyonis	059-9738194
Coordinator	Ibrahim Kabaja		Rafah	059-9244163

Contact information for the Non-Government Protection Coordinators

Task	Name	E mail	Area	Mobile No.
Team leader	Eman A Saed	e_saied@hotmail.com	All of Gaza	059-9993302
Coordinator	Jehad A Sada	jihad.basher@gmail.com	North Gaza	059-8261179
Coordinator	Dina Al Anqar	dinaelanker@gmail.com	Gaza	059-8941418
Coordinator	Ramez Jaber	rtjaber@hotmail.com	Middle governorate	059-9993304
Coordinator	Mohamed A Hadaf	rahal.1987@hotmail.com	Khanyonis	059-8364648
Coordinator	Abdel Qader Dheir	abad2005@outlook.sa	Rafah	059-9829020

8. RECOMMENDATIONS

- Community level: training community members and CBOs on gender concepts, gender-based violence, rights-based approaches, principles of protection from GBV, and the services available in the community, the GBV focal points and the referral pathway, in the community and in shelters.
- UHWC level: to build the capacity of the UHWC in the area of GBV case management, building partnerships with CBOs and GBV service providers.
- CBOs level: to build the capacity of CBOs and utilize their presence and spread within the communities to promote protection principles, detect GBV cases, protect them and then refer them to receive appropriate services based on informed consent.
- Strengthen the capacity of GBV service provider institutions in the area of power and the ability to control the resources available for the Shifting the Power (StP) based on humanitarian standards.

Annex 1: list of Key Informant Interviews

#	Name	Organization	Area	Position	Date of interview
1.	Amira Muhanna	UNFPA		GBV sub cluster coordinator	26/8/2019
2.	Heba Al Zayan	UN Women		Program Director, UN Women's Office, Gaza	26/8/2019
3.	Deeba Abunejila	UNRWA		UNRWA Designated Shelters' Protection officer	25/8/2019
4.	Hamada Al Bayari	OCHA		UN OCHA, Gaza-oPt	30/8/2019
5.	Mahmoud Daher	WHO		WHO, Head of WHO Gaza Office	27/8/2019
6.		Al Ankaa' Society	Jabalia	Director	27/8/2019
7.		Khatwa Society	Jabalia	Director	27/8/2019
8.		Rural Women Development Society	Middle Area	Director	29/8/2019
9.		Kotof Alkheir Society	Middle Area	Director	28/8/2019
10.		Palestinian Society For cancer patients	Middle Area	Director	28/8/2019
11.		Al - Aqsa Sports Club	Middle Area	Director	28/8/2019
12.		Al Marsa Society	Jabalia	Director	27/8/2019
13.		Neda' Palestine Society	Jabalia	Director	27/8/2019

Annex 2: The diagram of Providing Services to GBV Survivors During Emergencies

