Since 7 October, heavy bombardments and displacement throughout Gaza have left civilians in dire humanitarian need, with the situation turning into a catastrophe – especially for the estimated 1.1 million women and girls. The number of internally displaced persons (IDPs) in Gaza is currently estimated at around one million (half the population), with a large part of that population living in overcrowded and under-supplied shelters with food, water, and fuel running out – and basic and life-sustaining services becoming more inaccessible.

The UN Secretary-General has called for a “humanitarian ceasefire” and that “Gaza needs aid at scale and on a sustained basis”. Civilians, healthcare infrastructure, and schools are not a target - all parties to the conflict must respect international humanitarian law.

Gender specific impacts of the crisis are outlined in the ‘Flash Appeal OPT’ (12 October 2023) – and this Information Note by Gender Based Violence (GBV) Sub-Cluster (SC)1 complements this, by further examining Gender Based Violence (GBV) and related concerns, response, and advocacy messages.

**Current GBV Operational Concerns and Response:**

- **Due to insecurity and the destruction, there is a severely limited ability to physically provide GBV response services in Gaza at this current time**2. The GBV SC is mapping the very limited psychosocial first aid, individual counseling and psychosocial support sessions that partners continue to provide in overcrowded shelters.
- **Loss of communication** with the majority of GBV SC members currently within Gaza.3
- **National helplines and psychosocial support hotlines remain operational** to serve those able to call for assistance; however, **access is limited** due to lack of power to charge phones, connectivity, and resources to top up mobiles.
- **Highly-related sectors – including shelter and health** – are experiencing major concerns:
  - Shelters – including but not limited to Designated Emergency Shelters - are overcrowded and lack basic supplies, including food and water4, with women and girls at increased risk of violence, exploitation, and abuse in overcrowded shelters.
  - Schools are currently sheltering an unknown number of IDPs in Gaza city and the North (where “evacuation” orders have been given).5
  - Attacks against healthcare are disproportionately impacting the nearly 50,000 women/girls who are currently estimated to be pregnant and the 5,522 due to give birth in the next month.6
  - Due to severe limitations on water supply people have resorted to consuming brackish water extracted from agricultural wells, increasing exposure to pesticides and other chemicals. Health related impacts of infectious disease outbreaks are expected to disproportionately affect vulnerable groups, including pregnant and lactating women in addition who require additional water intake for healthy pregnancy outcomes and lactation.
- **Cash distribution is only partially functioning in some areas**7, with limited cash liquidity. However, the GBV SC reports limited scope for cash assistance currently available in Gaza.8

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1 The GBV SC is the group of humanitarian GBV actors working in Palestine, coordinated by UNFPA.
2 GBV Sub-Cluster, 16 October 2023
3 GBV Sub-Cluster. 16 October 2023
5 UNRWA Situation Report, 16 October 2023.
6 MISP calculation
7 The Gaza Cash Working Group reports that MPCA Assistance by some partners has been delivered through PalPay, which is reported partially functioning in some areas. Ongoing assessments are looking at liquidity and options to redeem food and non-food items at retailers.
8 GBV Sub-Cluster, 16 October 2023; and Protection Cluster analysis, 12 October 2023
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- Distributions of hygiene kits including menstrual hygiene management supplies, albeit severely limited, have been undertaken – such as by a youth organization that was able to distribute kits to UNRWA shelters in the south and is engaging in local procurement.
- Multiple agencies are stockpiling supplies, and are working to position more, along the Egyptian border; the condition of some kits and supplies that had been stored in northern Gaza, before the start of hostilities, is unknown.9
- GBV response planning is underway to ensure preparedness when access is established; this response includes increased capacity to map the flow of information across Palestine in order to calculate the severity of GBV needs and to best target people for GBV response.10
- The Protection Cluster (led by OHCHR) and OCHA are planning for future operations, including how to work with partners to coordinate distribution of supplies and mitigate protection risks once access is secured as the Protection Cluster anticipates rising tensions and other concerns during dissemination of supplies, especially as needs are likely to outstrip available supplies.

Advocacy Messages:

The GBV Sub-Cluster joins other humanitarian actors in calls to:

- **Respect international humanitarian law and the protection of civilians.**
  - Remind all actors that women and girls face the additional crisis of increased risk of GBV during all types of disaster and conflict and that response to GBV, including psychosocial support and case management, be prioritized once access to basic services is restored.
- **Emphasize that humanitarians, including healthcare providers and facilities, and civilians are not targets.**
  - Along with other loss of life, we mourn the loss of at least 14 UNRWA staff who have been confirmed killed, recognizing the impact that these deaths have not only on their families and communities, but also on the capacity to provide humanitarian aid.11
  - Recognize that attacks on healthcare will disproportionately impact the nearly 50,000 women and girls currently estimated to be pregnant and the over 5,500 who will give birth in the next month and will face higher risk of complications – up to and including death – due to a lack of pre-, delivery, and post-natal care, risks related to movement, compromised functionality of health systems, and stockouts in lifesaving supplies.
- **Work to ensure access to and availability of humanitarian assistance.**
  - Urge actors to ensure that, when negotiating to open access routes for food, water, health supplies, and fuel, that protection services be part of access negotiations as soon as feasible and already pre-positioned commodities for women and girls be included in cargo allowed to enter Gaza;
  - Pre-positioned critical and life-saving supplies at border locations should include those that meet needs of women and girls, including menstrual hygiene management and commodities needed for to provide the Minimum Initial Service Package (MISP) for sexual and reproductive health; maintain access to resources known by Gazans, such as psychosocial support helplines that are being accessed, and ensure responders are able to refer with up-to-date information across sectors as much as possible;
  - When possible, resume mobile services, used for GBV response, and ensure that women and girls can access the electricity necessary to utilize mobile services and access remote services.
  - Among the total population of Gaza, almost a quarter (476,579) are adolescents aged 10-19 whose educations have been suddenly disrupted. 238,289 are adolescent girls aged 10-19 who additionally face limited access to health services and hygiene supplies, heightened protection risks and whose needs in humanitarian responses are often overlooked.

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9 GBV Sub-Cluster, 16 October 2023
10 GBV Sub-Cluster, 16 October 2023; and Protection Cluster analysis, 12 October 2023
11 Insecurity Insights. “Attacks on health care in Israel and the occupied Palestinian territories (12-15 October 2023).”
Gaza Crisis: Gender Based Violence Concerns and Priorities
Information & Advocacy Note: 20 October 2023

Efforts Beyond the Immediate:

- **Need to establish and maintain SPHERE Standards when response within Gaza is possible.**
  - Limited water (with reports of rationing to one liter/person/day in some places), food, health services, and electricity have been reported across Gaza, with vital services on the brink of collapse; when access is restored, all efforts to establish and maintain humanitarian standards and best practices must be made;
  - When considering the SPHERE standard for water/person, ensure that pregnant and lactating women (who require 300ml and 600ml respectively of fluid intake in addition to the 2.5-3L/person of SPHERE), are accounted for.\(^\text{12}\)
  - Menstrual hygiene management and adequate shelter that meets minimum standards are critical to ensuring the dignity, health, and safety of women and girls in Gaza and should be met as quickly as possible.

- **Recognize the likelihood of sexual harassment, exploitation, and abuse (SHEA) against women and girls in acute humanitarian settings,** and the need to ensure support for the PSEA Network (already operational in Palestine/Gaza) and that referrals to GBV services are operational.

- **Support GBV services,** including **GBV Case Management and Mental Health and Psychosocial Support.**
  - Given the traumatic experiences of the entire civilian population of Gaza, MHPSS will be a critical need long into the future;
  - Similarly, the impact of increased violence against and stress within the population will increase the risk of violence particularly against women and girls;
  - Survivors will require case management support to be (re-)established, including through such steps as surging capacity to the region and offering remote support, along with the (re-)establishment of safe spaces for women and girls.
  - Ensure capacity of health providers to provide appropriate health response for GBV survivors, in line with objective 2 of the Minimum Initial Service Package (MISP).
  - Psychosocial support must be extended to both clients and service providers and humanitarian first-responders.

- **Coordinate dissemination plans of supplies** across all partners in order to mitigate risks of causing harm and mitigate future protection risks when response services are possible.

- **Share information about humanitarian assistance and GBV services.**
  - Ensure that women and girls, especially those belonging to marginalized groups (eg. elderly and persons with disabilities, adolescents) know where to go to access humanitarian assistance (eg. food distribution sites) as well as essential GBV services such as health, psychosocial support and safe spaces.

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**Resources:**
- **UNFPA** - 11 October SitRep
- **UNRWA** – 16 October SitRep
- **WHO/Health Cluster** – 14 October Public Health Situation Analysis
- **oPt Protection Cluster (available upon request)** – 12 October SitRep
- **Flash Appeal** (please note this is likely to be revised before the 3 month timeline)
- **OCHA Flash Updates** (1-9)

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\(^\text{12}\)https://karger.com/anm/article/70/Suppl.%201/13/42513/Pregnant-and-Breastfeeding-Women-Drinking-for-Two