



مركز العالم العربي للبحوث والتنمية  
Arab World for Research & Development

**Human Rights Violations against Palestinian Women in  
the West Bank during the State of Emergency Declared  
in the Wake of the COVID-19 Outbreak**

**September**

**2020**

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## Chapter One: Introduction and methodology

### Introduction and Study Objective

The Palestinian Initiative for the Promotion of Global Dialogue and Democracy "MIFTAH" is implementing the "*Policy Dialogue and Good Governance*" program, which seeks to provide spaces for dialogue to ensure interaction at the national and international levels on the basis of international law. For example, it takes into consideration international humanitarian law, human rights conventions, and relevant United Nations resolutions, including the right to self-determination, United Nations Security Council Resolution (UNSCR) 1325, and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). To this end, and through its local and international interactions, MIFTAH consistently follows up the monitoring and documentation of Israeli violations of Palestinian women's rights within the framework of the Women, Peace and Security ("WPS") Agenda, including the implementation of UNSCR 1325 and subsequent resolutions, as well as CEDAW Convention and its general recommendations. This contributed to providing essential data and facts that expose Israeli settler-colonial practices, which constitute a flagrant violation of international law and Palestinian human rights.

This project came in light of different political developments related to Israel's aggressive annexation and expansion policies and their attempt to confiscate more Palestinian lands, and especially during the state of emergency related to COVID-19, throughout the period of March 2020 until the date of this research (October 2020). In fact, the Israeli occupation has been relentlessly and blatantly violating the international human rights of Palestinians in general, and Palestinian women and girls in particular. Such practices greatly exacerbate the challenges faced by Palestinian women in accessing different resources and services.

This report was prepared by Arab World for Research and Development (AWRAD) with the aim of producing and sharing data, analyses and recommendations with official governmental agencies and civil society organizations to support the formulation of vital interventions to protect women and girls in targeted areas (who are exposed to Israel's systematic settler-colonial practices). Another aim is to share the report's findings with local stakeholder parties

and international platforms, such as the “United Nations Commission on the Status of Women”, and also during the Women, Peace and Security Week at the United Nations.

The report focuses on political developments arising from Israel’s systematic expansion, annexation and confiscation of Palestinian lands, coupled with its ongoing violation of international agreements and failure to comply with international human rights laws and covenants. Amidst the intensifying Israeli violations against Palestinian people in general and Palestinian women and children in particular, women have been particularly affected due to restricting their access to different resources and limiting their mobility and choice prospects. According to various reports, Israeli violations have seen a significant surge in the recent period, especially during the state of emergency declared in the wake of the COVID–19 outbreak, which led to the closure of the Palestinian Territory at the beginning of March 2020.<sup>1</sup>

### **Research Methodology and Tools**

The study adopted the participatory and holistic approach and was based on quantitative data collection and literature review. For example, the research team reviewed the most prominent recent studies and reports related to Israeli violations of Palestinian women's rights, especially during the emergency period that began in March 2020 following the COVID–19 outbreak. The research team also examined the different types of perpetrated violations and their effects on the daily lives of Palestinian women. Moreover, they prepared a research questionnaire to identify the nature of violations suffered by Palestinian women in the recent period and these violations’ implications at the social, economic, psychological, legal and health levels, as well as inquiring about the ways of women’s dealing with these violations.

### **First: Comprehensive Review of Relevant Documents and Literature (Literature Review)**

The research team reviewed different literature, studies and reports on human rights violations by the Israeli occupation forces and settlers, and especially those which were committed against Palestinian girls and women during the Coronavirus–related state of emergency. The team also

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<sup>1</sup> Please refer to the following reports on the intensification of Israeli violations:

**OICA**, July 2020. <http://poica.org/2020/07/israeli-occupation-of-palestines-west-bank-during-covid19-pandemic/>  
**MIFTAH**, April 2020. <http://www.miftah.org/Doc/Specialstudies/2020/Israeli-violations-COVID19En.pdf>

reviewed the monitoring and documentation reports related to UNSCR 1325, as well as publications issued by other relevant organizations, such as the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), various ministries, and governmental and non-governmental institutions (Please see Appendix II to view the list of references).

### **Field challenges (especially in the Jerusalem area)**

The research team launched a fieldwork process to collect information in the targeted areas, except for the Jerusalem areas beyond the wall, where the questionnaires were filled out over the phone. During the data collection phase, a set of challenges were faced by field researchers, such as the spread of COVID-19 and its related closures. For example, the numerous infection cases and the fear of being infected with the pandemic made it difficult for field workers to conduct their research activities. Therefore, some women's questionnaires were filled out over the phone. Difficulties were also witnessed in cases where researchers could not access the field, such as the difficulty of moving between places (e.g. in the Jordan Valley and South Hebron) due to long distances between different population centers and the absence of adequate public transportation.

Another challenge was faced in the city of Jerusalem, namely the Israeli closures due to COVID-19 and the Jewish holidays, which greatly disrupted the field work (especially because movement was prohibited and all human rights organizations were closed). This made it difficult to reach the women who experienced violations and assaults by the Israeli occupation forces and settlers, and especially in the absence of sufficient lists that document the Israeli violations of women's rights and freedoms in the targeted areas. Furthermore, due to the specificity and peculiarities of Jerusalem, the process of filling out questionnaires over the phone involved serious difficulties, such as Jerusalemite women's fears of being held accountable by the Israeli National Insurance Institution and Police and worries about being tried in court (i.e. legal repercussions). This negatively affected their responsiveness and cooperation with researchers in filling out the questionnaire. Also, they were afraid of talking about Israeli assaults over the phone due to their

distrust and lack of knowledge of the identity of the caller, which further complicated the data collection process.

## **Second: Questionnaire and Sample**

The research team collected data through 245 questionnaires which were filled out by Palestinian women and girls (aged 18–55 years) who were subjected to violations and attacks by the Israeli occupation forces and settlers, such as house demolitions, arrests, restrictions on movement and travel, confiscation of property, etc. The questionnaire aimed to identify the direct and indirect effects of these violations on the different health, psychological, social, economic, and legal aspects of these women and girls’ lives, as well as their ways of coping with these effects (especially in light of deteriorating health conditions and Coronavirus–related closures). The questionnaire also addressed the impact of Israel’s disruption of women and girls’ access to legal, economic and social services and the level of women’s representation in human rights bodies and civil society organizations (CSOs).

The sample included 245 women from areas adjacent to Israeli settlements and army bases; areas threatened with confiscation; and Areas “C”, “H2” area in Hebron, and East Jerusalem, with particular focus on the governorates of Hebron, Jerusalem and Jordan Valley, respectively. It is also worth noting that most of the questionnaires were filled out face–to–face in field interviews wherever possible, while considering the threat of COVID–19 infection. However, other questionnaires were filled out in the context of phone interviews either due to access difficulties or the imposed closures (especially in Jerusalem amidst the spread of COVID–19 pandemic). The sample distribution according to the different governorates is indicated in the following table:

<b>Area</b>	<b>Number of Questionnaires</b>	<b>Percentage</b>
Hebron Governorate	124	50.6%
Jerusalem Governorate	86	35.1%
Northern and Southern Jordan Valley	35	14.3%



### **Geographic coverage of Participating Women**

The women in the sample were distributed among different marginalized areas and areas facing confiscation, such as Areas "C" and "H2" area in the Hebron Governorate (Old City, Al-Dahiya, Ad-Dhahiriya, Al-Arroub Camp, Al-Kassara, Umm Al-Kheir, Bab Al-Zawiya/Faisal Street, Beit Kahel, Tel Rumeida, At-Tuwani, Jabal Jales, Jabal Jawhar, Al-Ja'bari Neighborhood, As-Salaymeh Neighborhood, Wadi Al-Nasara, Wadi Al-Hussein, Nimra/Khallet Batrakh, Al-Ras area, Al-Fawwar Refugee Camp, Kiryat Arba, Al-Shuhada' Street, Susya, Jaber Neighborhood, Al-Jami'a ["University"] Neighborhood, Khallet Al-Njeileh, Kharas) and the Jerusalem Governorate (Al-Thuri, Khan Al-Ahmar, Sheikh Jarrah, Issawiyeh, Al-Qubeiba, Beit Ikxa, Beit Hanina, Beit Surik, Mount of Olives, Silwan, Shuafat, Sur Baher, Qatanna, Wadi Al-Joz) and the northern and southern Jordan Valley area (Al-Hadidiyyah, Al-Himma , Al-Deir, Al-Ras Al-Ahmar, Al-Aqaba, Al-Farisiyah/Ein Al-Ghazal, Bardala, Hammamat al-Maleh, Hmeir Al-Farsiyya, Khirbet Samra, Khirbet Al-Deir, Khallet Al-Khader, Khallet Mak'houl).

### **General Background of Participating Women**

Women from different age groups with various educational degrees, jobs and living conditions took part in the questionnaire. Different results were seen for women from different places of residence, customs, traditions, available opportunities, and experiences and capabilities. Approximately three-quarters of women in the sample (76%) do not have a job, whereas the others work in the governmental or private sector or within their personal enterprises (such as crafts, sheep husbandry, agriculture, and others). It is also worth noting that 64% of these female respondents indicated that their work contributes to covering household expenses in cooperation with other household members, whereas 21% stated that their work is the only

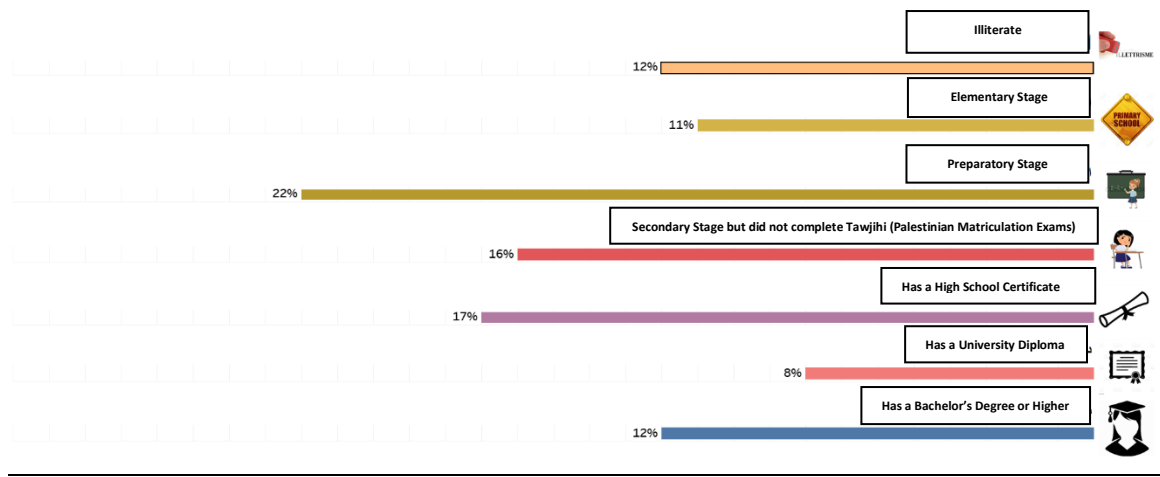
source of household income (as per the following percentages: 20% in Hebron, 57% in Jerusalem, and 3.4% in the Jordan Valley), whereas 15% of them indicated that they sometimes contribute to covering household expenses.

As for the level of educational attainment, it was found out that the majority of respondent women (61%) did not finish secondary school, whereas illiterate respondent women accounted for (12%), which is significantly higher than the national average (4%)<sup>2</sup>. This sheds light on the nature of marginalized areas and women's access to public services (especially educational services), as shown in Figure No. (1):

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<sup>2</sup>(Arabic source) Palestinian Central Bureau of Statistics, 2019. (English version is also available on the website): <http://www.pcbs.gov.ps/postar.aspx?lang=ar&ItemID=3405>

Figure No. 1: Educational Attainment of Respondent Women



## Chapter Two: Summary of Previous Studies

### Review of Available Studies

This section reviews a set of reports and studies that document the violations and attacks against women in the Palestinian Territories during the state of emergency declared in the context of combating the spread of COVID-19, as well as other relevant publications.

### Overview of UNSCR 1325

The United Nations Security Council adopted this resolution in 2000 to introduce the necessary measures for enhancing women's participation in decision-making processes, as well as increasing women's protection and augmenting gender integration in training and peacekeeping operations. This resolution is the first official legal document issued by the UN Security Council, where the latter calls upon all conflicting parties to respect women's rights and support their participation in peace negotiations and post-conflict reconstruction and development. UNSCR 1325 also aims to increase women's participation and representation at all decision-making levels and conflict resolution processes, as well as strengthening their involvement in negotiations and peacekeeping missions.

This resolution calls for the adoption of measures to protect women from physical violence and discrimination; excluding war crimes against women from amnesty provisions; respecting the rights of civilians, refugees and internally displaced persons; mainstreaming a gender perspective in times of peace; and disarmament, demobilization and reintegration of combatants.

Later on, in 2009, several indicators were developed to implement UNSCR 1325 based on the tenets of prevention, protection, participation, recovery and assistance, as well as preventing gender-based violence and protecting women and girls' mental and physical health and economic security. These indicators also aimed at providing legal protection to women and enhancing their participation in peace processes, as well as increasing the number of women in influential organizations and enhancing their partnership with local women's organizations.

Women's participation also includes strengthening their contribution in high-ranking United Nations positions (such as the position of "Special Representative" and in peacekeeping missions and operations) and ensuring equitable distribution of international aid to women and girls.

### **Resolution 1325 and the Palestinian Predicament**

The importance of implementing this resolution in Palestine stems from the suffering of Palestinian women from countless violations at all levels, including psychologically, physically, socially and economically. For example, female residents of Areas "C", Jerusalem suburbs and "H2" Area in Hebron are undergoing a great deterioration in their economic, social, and health conditions, such as being subjected to violence, poor participation in decision-making positions, being deprived of educational and work opportunities, and being dominated by patriarchal customs and traditions.

It is also worth noting that women who live in areas under the control of Israeli soldiers or settlers or which are adjacent to them (especially in the areas threatened with annexation by the Israeli government) suffer from the lack of economic, educational, political and welfare opportunities. This is because these areas are under the constant risk of house confiscation or demolition. For example, in 2016, a total of 1,093 buildings were confiscated or demolished in Areas "C" and East Jerusalem, leading to the displacement of more than 1,600 children. Also, in the "H2" area of Hebron, which is under strict Israeli security control and intensive settler presence and activities, children grow up witnessing a lot of perpetrated acts of violence. Therefore, the prevalence of a violent culture in these areas largely affects women due to Israeli restrictions on all spheres of their life and the local patriarchal culture that dominates over them.

At the Palestinian governmental level, substantial efforts were exerted in recent years to implement UNSCR 1325 in Palestine and align it to the Palestinian situation. This included the formation of a High National Committee in 2012 to implement this resolution, activate the role of women, support their participation and empowerment, and integrate them at all levels despite the presence of several political and social obstacles. However, in light of the recent Israeli threats and intensifying violations, the Palestinian Minister of Women's Affairs, Dr. Amal Hamad, indicated in May 2020 that she discussed with the Women's Coalition about localizing UNSCR

1325 in Palestine to confront the Israeli annexation plans and protect Palestinian women. Dr. Hamad also mentioned that the Ministry began working on a paper to monitor the effects of annexation on Palestinian women, and especially in the wake of the COVID-19 outbreak.<sup>3</sup> On the other hand, the UN Women organization, in partnership with the General Union of Palestinian Women, organized an online meeting to discuss the implications of annexation on Palestinian women, and an agreement was reached to develop an analytical paper on the impact of the annexation on women's individual and collective lives in the areas targeted for annexation in the Jordan Valley and Areas "C".<sup>4</sup>

It is worth noting that the suffering of Palestinian women from Israeli violations did not start with the COVID-19 crisis, but it aggravated after the pandemic. For example, women in the mentioned areas suffer from the absence of basic infrastructure and services; weak labor market; geographic isolation (Palestinians are forbidden from entering 70% of Areas "C") and repeated Israeli attacks on these areas' residents, amidst the prevalence of primitive customs and traditions and the absence of rule of law. Moreover, the Israeli occupation forces do not allow the Palestinian Police to be present in these areas and only allow the provision of very few basic services (such as health and educational ones) by Palestinian ministries or non-governmental and international organizations.

In light of the increasing Israeli attacks and the spread of COVID-19 in both Palestinian and Israeli areas, a dramatic increase was recently seen at the level of perpetrated violence against Palestinians by both the Israeli forces and settlers. These attacks and violations were carried out against Palestinian citizens and lands by Israeli settlers and occupation forces in several areas of the West Bank and East Jerusalem. For example, in March 2020, the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) documented 36 attacks by Israeli settlers, leading to the injury of 36 Palestinians and destruction of 530 trees in Palestinian agricultural lands, thereby constituting an increase of 71% compared to the two months which preceded the COVID-19 crisis in Palestine. Furthermore, there was the

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<sup>3</sup> (Arabic source) WAFA News Agency, May 2020, "The Minister of Women's Affairs and the Women's Coalition discuss the localization of UN Resolution 1325 in Palestine": <https://bit.ly/30eX2hf>

<sup>4</sup> (Arabic source) Women Media Center, July 2020, "Approval during the Open Day regarding the preparation of a paper on the impact of annexation on Palestinian women": <https://bit.ly/36ccbU2>

demolition of Palestinian buildings under the pretext of a “lack of license” (note that it is almost impossible to get a building license), as well as the seizure of 40 Palestinian buildings.

### **Large Increase in the Number of Arrests**

This period also witnessed an increase in documented arrests despite the spread of the COVID-19 pandemic and declaration of the state of emergency. For example, in Jerusalem, there were several cases of summoning and arresting Palestinians and committing verbal and physical assaults against them not to mention home confinements. During March and early April 2020, a total of 192 arrests were documented in Jerusalem, including 4 women and 33 minors, some of whom were put on trial via Skype, depriving the prisoners of secrecy and immunity during court sessions.<sup>5</sup> Also, the different arrests of Palestinians in the West Bank and Jerusalem areas increased the number of women in Israeli prisons to 42.

With regard to detention conditions and Israeli detention centers, several Palestinian human rights organizations (Commission of Detainees and Ex-Detainees Affairs, Palestinian Prisoner Society, Addameer Prisoner Support and Human Rights Association, and Wadi Hilweh Information Center-Silwan) indicated that some detention centers were converted into quarantine centers despite that they were not suitable for human detention, where they lacked even the simplest sterilization and prevention tools against the virus.<sup>6</sup>

### **Direct and Indirect Impact of Violations**

The Israeli occupation’s violations greatly aggravated the COVID-19 crisis, both on the psychological and health levels. At the psychological level, the residents of the mentioned areas expressed great anxiety from the spread of COVID-19 and the chance of being infected, especially after a video recording showed a group of Israeli soldiers spitting on a Palestinian car in Hebron, while another group was caught on camera spitting at the entrance of Palestinian homes, doors and cars. Also, at the health level, the Israeli domination has caused numerous

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<sup>5</sup> (Arabic source) MIFTAH, Report on Israeli violations during the Coronavirus pandemic, April 2020: <http://www.miftah.org/Display.cfm?DocId=26618&CategoryId=21>

<sup>6</sup> (Arabic source) Refugee Affairs Department, Report: “The occupation arrested 429 Palestinians, including 32 children, last July”, August 2020: <https://bit.ly/342RZBz>

problems in confronting the COVID–19 pandemic. For example, a female resident of Area “C” stated that the health situation is greatly deteriorating there, especially in light of the absence of COVID–19 examination centers and preventing the entry of Palestinian Ministry of Health staff to these areas to conduct examinations for Palestinians working inside the Green Line, not to mention the Israeli negligence and imposed restrictions in these areas.<sup>7</sup> The situation is similar in the Jerusalem suburbs, where Palestinians are greatly concerned with the deterioration of health conditions in light of COVID–19, given that this area is formally located within the control of the (Israeli) Municipality of Jerusalem and the latter is not sufficiently providing health services to the residents of Jerusalemite towns and villages, such as Kufr Aqab, Shuafat Refugee Camp, Al–Ram ... etc.<sup>8</sup> Therefore, the current situation shows a great Israeli neglect of Palestinian Jerusalemite rights.

### **Severe restrictions on the Palestinians**

The imposed Israeli closures, checkpoints and curtailing of medical referrals to Jerusalem hospitals have put pregnant women and new mothers at risk due to restricting their access to adequate health care.<sup>9</sup> These restrictions intensified during the emergency period under security pretexts, thus leading to the partial or total closure of some villages, as well as erecting checkpoints and searching citizens. This significantly affected residents’ ability to move and reach their work, educational and health facilities, as well as preventing them from obtaining humanitarian aid and services. Moreover, it deprived the owners of many lands beyond the wall or near settlements of the right to obtain travel permits for them or their workers, along with the continuous closure of main gates and denial of entry to permit holders. Consequently, their production (and thus their livelihood) was negatively affected as a result of the new measures imposed by Israeli authorities in light of the COVID–19 outbreak.<sup>10</sup>

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<sup>7</sup> Giacaman, Rita, May 2020, “Triple captivity: Palestinian Women under Israeli Military Rule in the Time of Covid–19”: <https://bit.ly/36d6pSd>

<sup>8</sup> OCHA, April 2020, Occupied Palestinian Territory, COVID–19: Response Plan: <https://bit.ly/36dns6x>

<sup>9</sup> (Arabic source) UN Women, “Gender–related Impact of the Outbreak of COVID–19 Pandemic in Palestine and its Implications for Policies and Programs”, April 2020: <https://bit.ly/3i9O7Uq>

<sup>10</sup> (Arabic source) United Nations Office for the Coordination of Humanitarian Affairs (OCHA), “Longstanding access restrictions continue to undermine the living conditions of West Bank Palestinians”, June 2020 (English version also available on the website): <https://bit.ly/33bVaHX>



In addition to many restrictions imposed on Jerusalem by Israeli authorities, fears of the spread of COVID-19 were used as a pretext to impose further restrictions. For example, at the economic level, the Israeli occupation authorities isolated about 40 thousand Palestinians in the Old City from other Jerusalem neighborhoods, whereas Jerusalemite Palestinians from outside the Old City were not allowed to enter it while settlers were granted free access. This situation led to the shutdown of 300 Palestinian shops and business places, as well as depriving Jerusalemites who live outside Jerusalem Municipality boundaries of health services in light of the COVID-19 crisis. Moreover, the activities of the Palestinian government were banned in Jerusalem and they were prevented from providing aid to needy Jerusalemite families. Restrictions were further extended to even include local volunteers, and some cases of volunteer detention were recorded.

### **Settlements and House Demolitions**

The declaration of the state of emergency coincided with talks of annexing some areas of the West Bank into Israel. This was the period which witnessed the highest average rate of Israeli demolitions in the past four years. For example, between the months of March and August 2020, the occupation authorities demolished or confiscated 389 Palestinian buildings and displaced 442 Palestinians, which increased the risk of their infection with the virus. Also, the Israeli targeted policy went beyond residences to also affect water facilities, sanitation and sewage facilities, agricultural buildings, and others, which greatly undermined the Palestinians' ability to access these services, thus affecting their livelihood.<sup>11</sup> In fact, the Israeli authorities use the expedited procedure (Order 1797) to demolish buildings within 96 hours from notification, which means that Palestinians are deprived of the right to resort to legal parties.

In addition to the loss of livelihoods and places of residence, eviction processes obliged many families to incur outrageous legal fees to defend their cases before Israeli courts. This also

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<sup>11</sup> (Arabic source) United Nations Office for the Coordination of Humanitarian Affairs (OCHA), "Unlawful demolitions in the West Bank spike during COVID-19", September 2020 (English version also available on the website): <https://bit.ly/3i6H8eV>

caused significant psychological damages that affected family members (especially children), including depression, tension, and decline in their academic achievement.<sup>12</sup>

### **Palestinian Women during the COVID–19 Pandemic**

Palestinian women are suffering from marginalization at many levels, perhaps the most prominent of which is at the political level and women's representation in political bodies. For example, women have (approximately) 12% representation in the Palestinian National Council (PNC), 8% representation in the Palestinian Central Council (PCC), and only 6% representation in the PLO Executive Committee. This reality has not changed even after establishing emergency committees in the recent period in the wake of the COVID–19 outbreak. For example, the Higher Emergency Committee includes only one woman, who is the Minister of Health by virtue of her current position. The situation is similar in supporting committees, where women only have a symbolic presence in terms of their membership in local councils and women's associations. Moreover, the Waqfet Izz (“Dignified Stand”) Solidarity Fund included only one woman alongside 30 male members.<sup>13</sup>

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<sup>12</sup> (Arabic source) United Nations Office for the Coordination of Humanitarian Affairs (OCHA), “Palestinian family evicted from Silwan neighborhood in East Jerusalem”, August 2019 (English version also available on the website): <https://bit.ly/3cOK4Mh>

<sup>13</sup> (Arabic source) Rima Nazzal, “Palestinian Women After Corona: Future Perspective”, September 2020: <https://bit.ly/2EDWxp9>

This paper, which was discussed during an online workshop organized by Masarat Center, addressed the participation of women in electoral bodies (especially in marginalized areas), along with CEDAW Convention and Family Protection Bill. It also discussed the social impact of COVID–19 on women in terms of the increase in violence cases against them, as well as the economic impact on women (as they were the first to lose their jobs). Moreover, the paper urged the government and civil society to formulate a national strategy for emergency situations, as well as involving women in decision–making positions.

## Chapter Three: Research Results Analysis

This part of the study provides details and analysis of the findings of the questionnaires completed by 245 women, who suffered from violations or attacks by Israeli occupation forces or settlers in the three targeted areas. These details and analysis are presented as per the sequence of questionnaire sections.

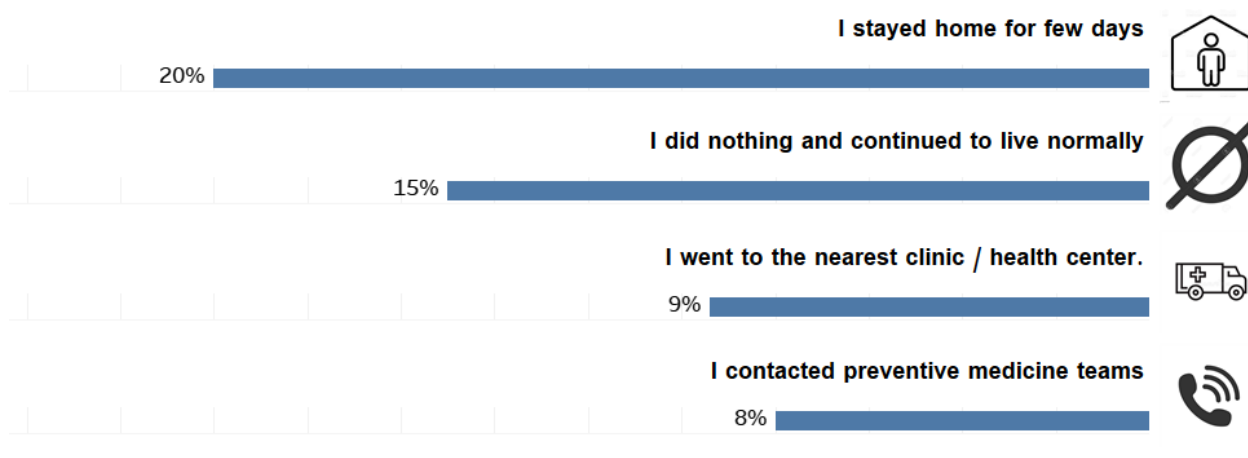
### Section One: Exposure, Services, and Coping with the Risk of COVID-19 Infection

#### **Exposure to the Risk of COVID-19 Infection**

This section sheds light on women's assessment of the risk of exposure to COVID-19 and how they dealt with this risk in light of the current conditions and capabilities.

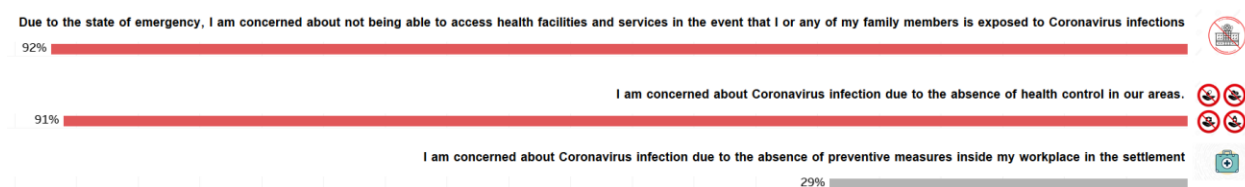
62% of respondent women reported that they or one of their family members were in a situation in which they felt exposed to the risk of COVID-19 infection. However, only 29% of them stated that they or a family member went and took a COVID-19 test out of the fear of being infected. It is also worth noting that 20% of the women who were exposed to the risk of COVID-19 infection said that they simply stayed at home for several days, 9% went to the nearest clinic/health center, and 8% contacted preventive medical staff. Also, 15% of those who felt exposed to the risk of COVID-19 infection said that they did not do anything and carried on with their life as usual. With regard to COVID-19 infections, 3% of respondent women (all of whom were from the Hebron area) said that they had been infected with COVID-19. Please see Figure No. 2 below:

**Figure No. 2: Adopted steps when feeling exposed to the risk of COVID–19 infection**



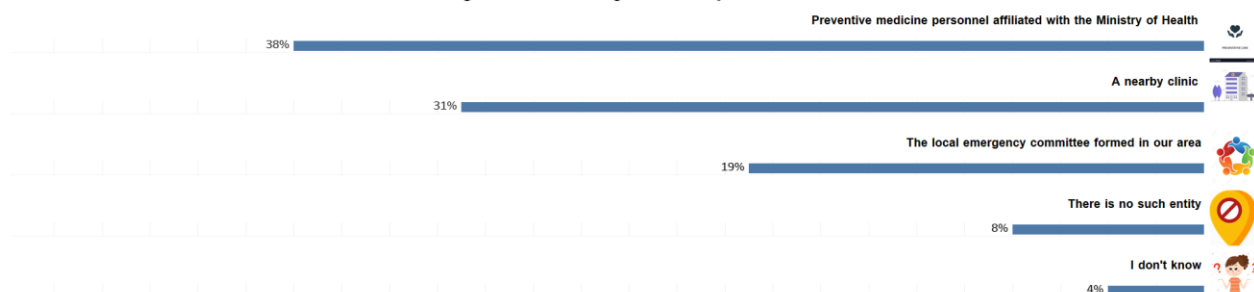
With regard to women’s worries about their health condition amidst the spread of COVID–19 pandemic and the state of emergency, 91% of respondent women expressed concern from possible COVID–19 infection as a result of the absence of health control/inspection in their area. Also, 92% of them stated that they feel worried about not being able to access health facilities and services in the event that they or a family member are infected with COVID–19. Please see the details in the following figure:

**Figure No. 3: Psychological effects of the fear of COVID–19 infection in light of violations**



With regard to the potential need for Coronavirus–related health services, 38% of respondent women answered that they would resort to preventive medical staff of the Ministry of Health as a first option, whereas 31% of them would go to a nearby clinic, and 19% would resort to the local emergency committees established in their area. It is also worth noting that the remaining 12% of respondent women either have no party to resort to in such a case or did not know of any such party, as indicated in Figure No. 4 below:

**Figure No. 4: Where do women resort to upon the need for Coronavirus-related health services?**



### Responsiveness to Reported cases related to COVID-19 Infection

Only 28% of respondent women said that the relevant authorities always respond swiftly to COVID-19 reported cases, whereas 44% of them mentioned that the authorities' rate of response is moderate. Also, 18% of them stated that the responsiveness is rare, and 9% indicated that there is no responsiveness whatsoever. As for the affordability of health service prices compared to women's economic situation: 57% of respondent women said that these prices are expensive, 42% described the prices as adequate, and 2% said they are low. Moreover, the majority of women (69%) stated that the expenses of protection from COVID-19 significantly affected their household economic condition, 24% stated that these expenses slightly affected their household economic situation, and 7% said that these expenses had no effect on their household economic condition.

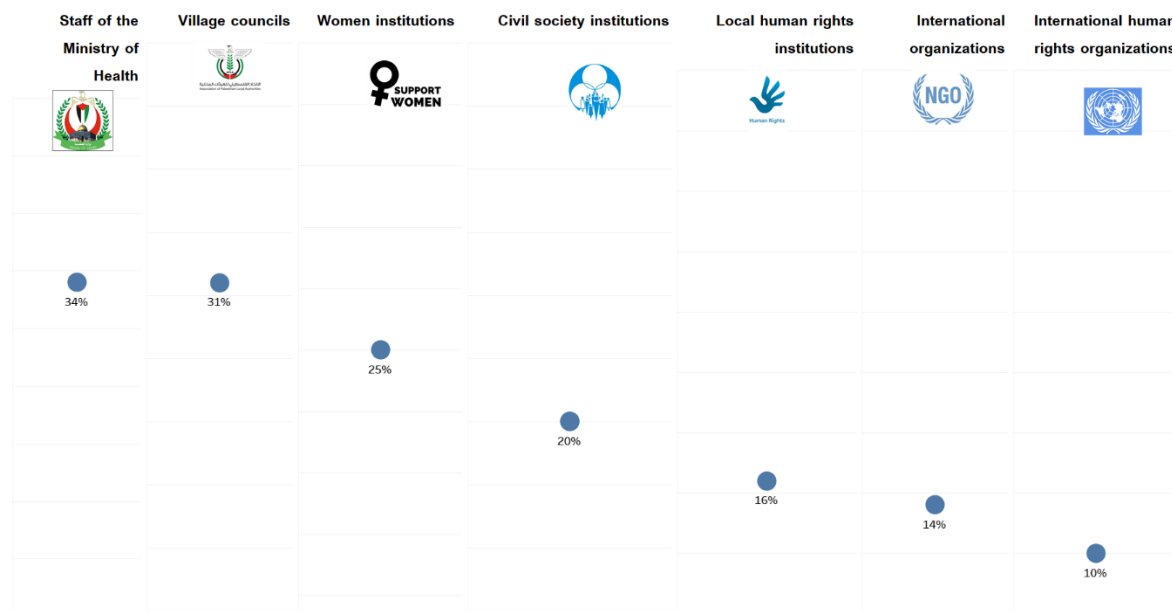
### Level of Women's Satisfaction from the Provided Services

The declaration of the state of emergency in the Palestinian Territories in the wake of the outbreak of COVID-19 coincided with talks about Israeli annexation of some West Bank territories. This prompted many civil society and official organizations to launch some programs to confront Israeli violations and provide protection services to women. Moreover, emergency committees were formed in several areas to cover the basic needs of residents and manage crises related to the spread of COVID-19.

The following questionnaire section requested that respondent women indicate their level of satisfaction with the services provided by relevant parties. In this respect, it was revealed that their level of satisfaction [in terms of "very satisfied" and "satisfied"] was low regarding all

relevant parties. For example, only 34% of respondent women indicated they are satisfied with the services provided by Ministry of Health staff, whereas 31% are satisfied with the services provided by village councils. Also, women’s satisfaction rate regarding the other relevant parties ranged between 10–25%, as illustrated in the following figure:

**Figure No. 5: Percentage of women who are satisfied or very satisfied with Coronavirus–related health services**



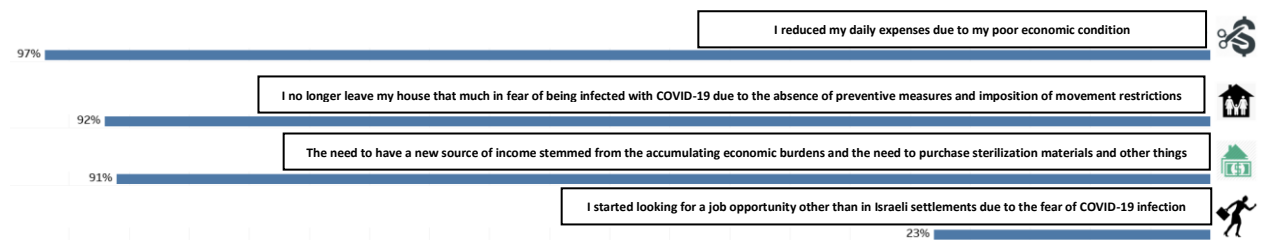
After examining the current political situation in the targeted areas, it was seen that service providing parties are greatly restricted by Israeli policies, which sometimes do not even allow them to operate there in the first place. Therefore, the low level of women’s satisfaction vis-à-vis the provided services may stem from the restrictions and lack of capabilities of many service providing parties.

### **Coping up with the spread of COVID–19 Pandemic**

This section examined the steps and measures taken by women in their respective areas to cope with the COVID–19 pandemic, as well as obtaining protection and prevention amidst the increasing violations by Israeli forces and settlers and fears of the spread of COVID–19. In this regard, the vast majority of women (most of whom were from the Hebron area) noted that they

reduced their daily expenses due to their deteriorating economic conditions. Moreover, many of them no longer left their home that much in fear of being infected with COVID-19 due to the absence of preventive measures and imposition of movement restrictions. It is also worth noting that most of these women had an emerging need for a new source of income due to their accumulating economic burdens, and only about a fifth of them (mostly from Jerusalem) sought work opportunities in places other than Israeli settlements due to the fear of COVID-19 infection, as shown in the figure below:

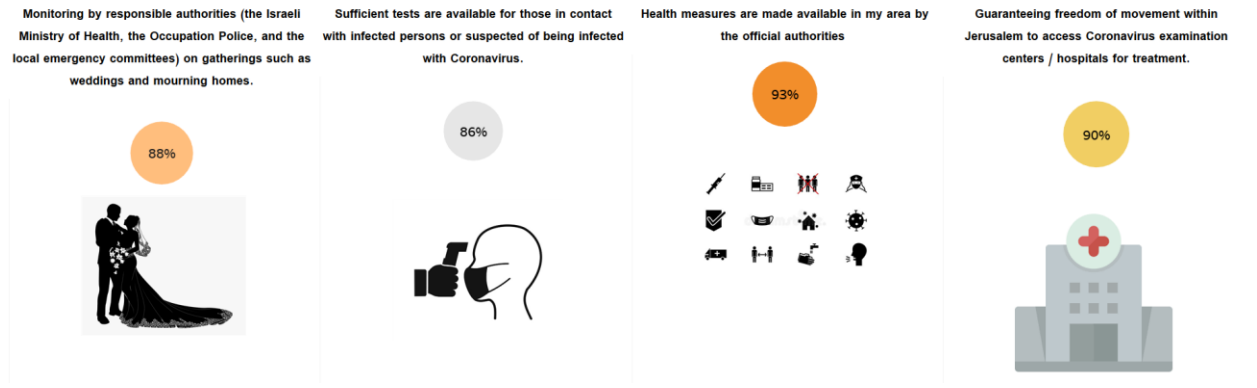
**Figure No. 6: Measures taken by women to cope with the spread of COVID-19 amidst the perpetrated violations of the occupation**



### The Specificity of the City of Jerusalem

Given the unusual living reality of Palestinian Jerusalemites and the inability of Palestinian Ministry of Health staff to access many Jerusalem areas (especially those inside the wall), the questions in this section were related to Jerusalemite women’s assessment of provided services and monitoring methods used by the official Israeli authorities in their areas of control (particularly the Israeli Police and Israeli Ministry of Health). In this regard, most Jerusalemite Palestinian women mentioned that the service level was mainly “negative to some extent” or “highly negative” when they were asked to assess the availability of health measures by Israeli authorities (Israeli Police and Ministry of Health) in their respective areas. These women were also asked to assess their freedom of movement within Jerusalem to access Coronavirus examination centers and hospitals for treatment, as well as the Israeli authorities’ (i.e. Israeli Ministry of Health, Police, and local emergency committees) level of monitoring gatherings (such as weddings and funerals/mourning homes) and availability of sufficient tests for those who were in contact with infected persons or suspected with COVID-19 infection. Please see Figure No. 7 for more details.

**Figure No. 7: Percentage of women in Jerusalem areas who described the provided services as “negative to some extent” or “highly negative”**



The Jerusalem governorate differs from other Palestinian governorates in that the responsibility for health care and prevention services is assumed by the Israeli authorities. The latter prevent the Palestinian authorities from providing such services in these areas, but they have a great shortcoming in that, despite having a special unit for combating COVID-19 in Jerusalem and conducting examinations there, this unit does not have the authority to monitor gatherings such as weddings and funeral ceremonies/homes. Likewise, the areas of Jerusalem outside the wall are not subject to Palestinian control and are neglected by the Israeli authorities. In fact, the last few months witnessed numerous weddings and gatherings in several Jerusalemite villages amidst a significant and alarming increase in the number of infections and accumulation of tremendous pressure on the [Israeli] Coronavirus unit in Jerusalem.

## **Section Two: Exposure to attacks and violations by Israeli occupation forces and settlers**

This section focuses on the forms of attacks and violations suffered by women in the study’s targeted areas during the emergency period, regardless of whether these attacks/violations were at the social, economic, health, psychological, or freedom of expression level. The study also examined the growing frequency of these violations, especially with repeated Israeli talks about plans to annex some West Bank territories into Israel.

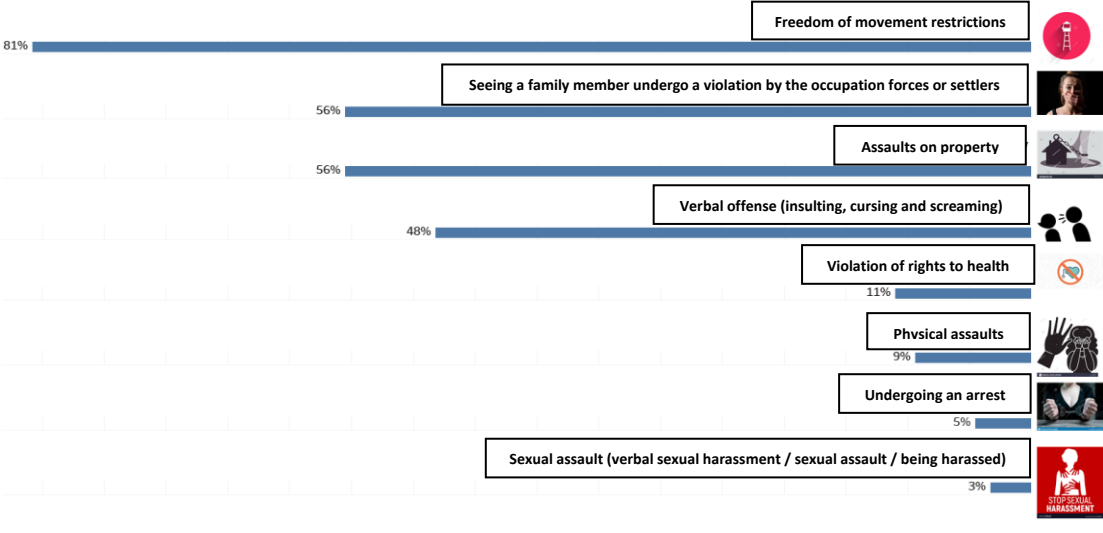


All the surveyed women reported that they were subjected to attacks, bans, violations or harassments by Israeli forces or settlers during the emergency period. However, it is worth noting that the sample was selective and not random, targeting only women who were exposed to one or more violations.

According to most respondent women's statements, there was an increase in the frequency of Israeli attacks and violations during the emergency period. For example, 69% of them stated that the frequency of attacks has increased, whereas 23% said that the frequency remained the same. Also, 98% of respondent women expressed fears and concerns of a potential increase in Israeli attacks in the upcoming period.

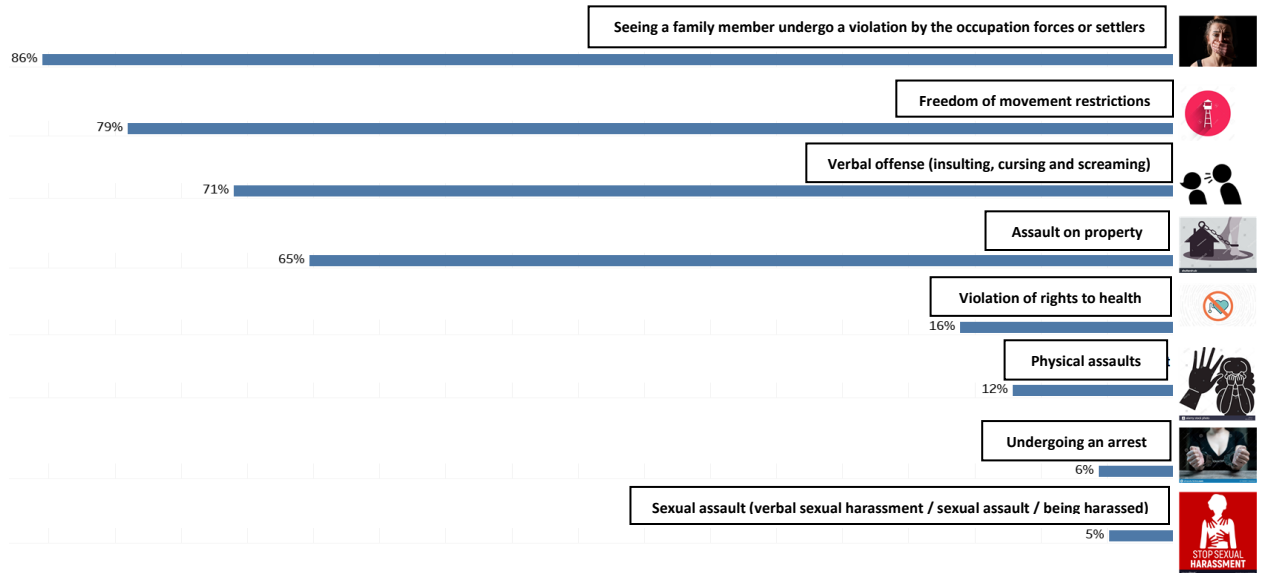
The study revealed that the main violations suffered by women in the three targeted areas are related to the imposition of movement restrictions, as well as direct violations by the occupation forces and settlers. For example, 81% of respondent women stated that they were subjected to freedom of movement restrictions, whereas 56% reported that they experienced assaults on their property. The same percentage of women (56%) indicated that they saw a family member undergo a violation by the Israeli occupation forces or settlers. Moreover, approximately half of them (48%) reported they were subjected to verbal offenses, followed by violations of their rights to health (11%) and undergoing physical assaults (9%), as shown in Figure No. 8 below:

**Figure No. 8: Percentage of women who were subjected to Israeli violations in Jerusalem, Hebron, and the Jordan Valley**



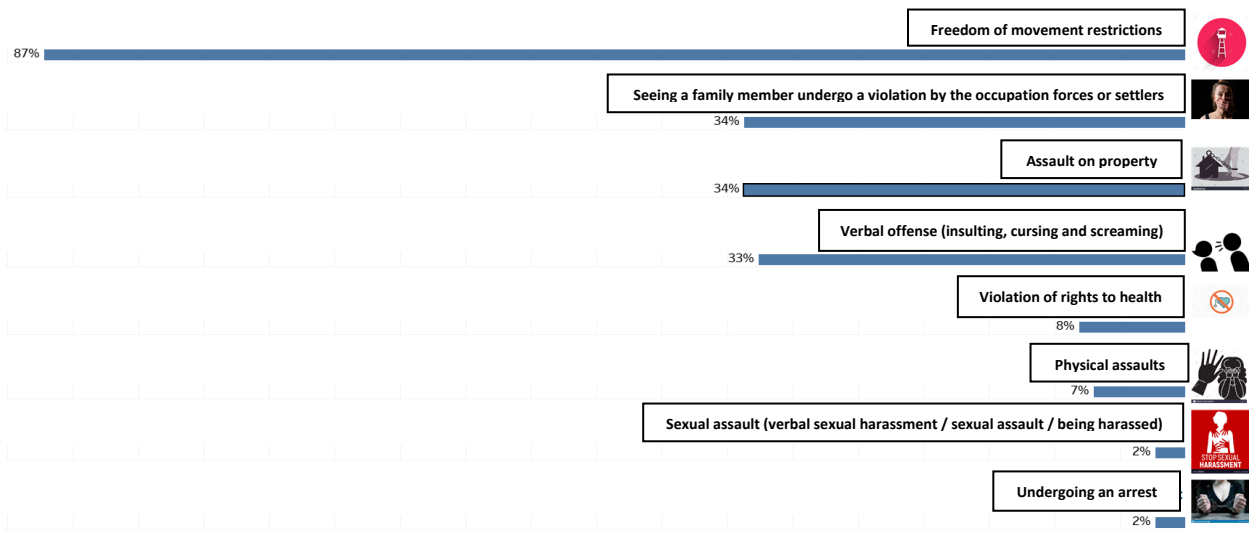
The reported violations against women had different percentages in different geographical areas due to the nature of Israeli policies carried out in each respective region. For example, in Hebron, the main violations faced by women are: seeing a family member undergo a violation by the Israeli occupation forces or settlers (86%), freedom of movement restrictions (79%), offences against women by insulting, cursing and screaming (71%), and assaults on properties (65%). Figure No. 9 illustrates the nature of violations undergone by women in the Hebron area:

**Figure No. 9: Percentage of women who reported Israeli violations in Hebron Governorate**



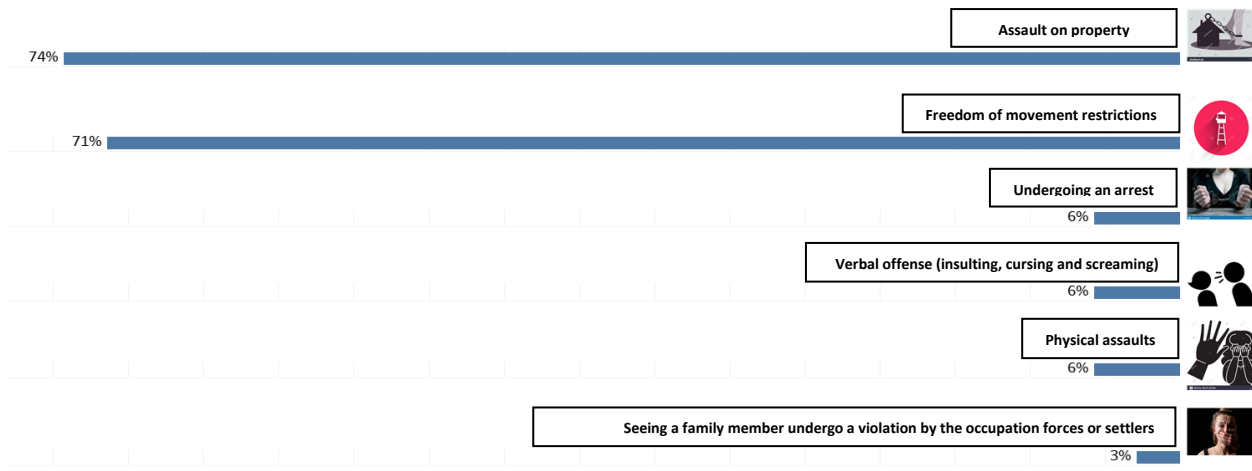
Also, the violations against Jerusalemite respondent women were as follows in the list of order: Freedom of movement restrictions (87%); seeing a family member undergo a violation by the occupation forces or settlers (34%); assaults on properties (34%); and verbal offenses such insulting, cursing and screaming (33%). Figure No. 10 clarifies the nature of violations suffered by Palestinian women in Jerusalem:

**Figure No. 10: Percentage of women who reported Israeli violations in Jerusalem**



It is worth pointing out that the main types of violations in the northern and southern Jordan Valley were different from the Jerusalem and Hebron areas. For example, as many as 74% of women in the Jordan Valley stated that they underwent an assault on their properties; 71% reported a freedom of movement restrictions, followed by those who underwent an arrest and were subjected to verbal and physical abuse, etc. Figure No. 11 shows the main types of violations against women in the northern and southern Jordan Valley:

**Figure No. 11: Percentage of women who reported Israeli violations in the Jordan Valley**



The main types of violations in the Jordan Valley are different from other areas due to different occupation policies there. For example, these areas are much more threatened by Israeli annexation prospects. Therefore, they witness a higher frequency of attacks on residential areas and agricultural lands, such as property break-ins and vandalism committed against Palestinians in an attempt to expel them from their lands under the pretext of “not obtaining official building license papers” (i.e. permits to perform construction and other activities in these areas), coupled with the confiscation of lands for Israeli military or security training purposes.

### **Section Three: Impact of Israeli violations during the emergency period (March – October 2020)**

This section of the study discusses the effects of Israeli violations and settler attacks on women living in the three targeted areas of the study (Hebron, Jerusalem, and the Northern and Southern Jordan Valley), as well as the types/nature of these effects, including direct and indirect effects and long-term and short-term ones.

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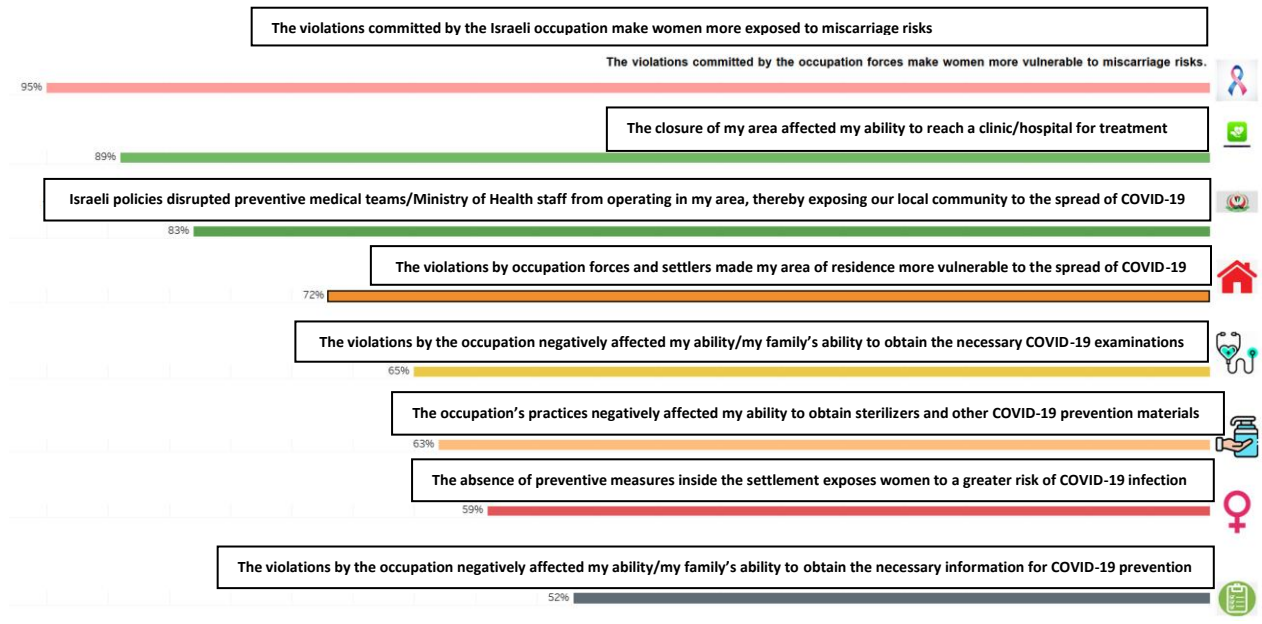
#### **First: Health Effects**

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This part examines the Israeli practices’ direct and indirect health effects on the lives of Palestinian women, both at the physical and psychological levels. According to the majority of respondent women, Israeli violations make women more exposed to miscarriage risks, and the closure of their areas affected their ability to reach a clinic or hospital for treatment, as well as disrupting preventive medical teams and Ministry of Health staff from operating in their areas of residence, thus exposing the local community to a greater spread of COVID-19. The violations by occupation forces and settlers also contributed to making these areas more vulnerable to the spread of the pandemic, and especially since they are marginalized and their residents do not receive similar health services as those provided in other areas. For example, construction and movement are prohibited there due to Israeli measures.

According to the study’s results, more than 80% of women saw that the Israeli measures expose pregnant women to miscarriage risks as a result of closures and delays at checkpoints in light of the distant health services. Moreover, it was noted that these measures negatively affect women’s ability to reach hospitals and clinics, as well as preventing medical staff from being present in their areas to provide examinations and treatment. Also, more than half of respondent women stated that the Israeli practices negatively affected their ability to obtain sterilizers and other COVID-19 prevention materials, as well as depriving them of receiving the necessary tests/examinations and information for COVID-19 prevention. It was also pointed out that the absence of preventive measures inside settlements exposes women to a greater risk of COVID-19 infection, as shown in the figure below:

**Figure No. 12: Health Effects of Israeli Violations**

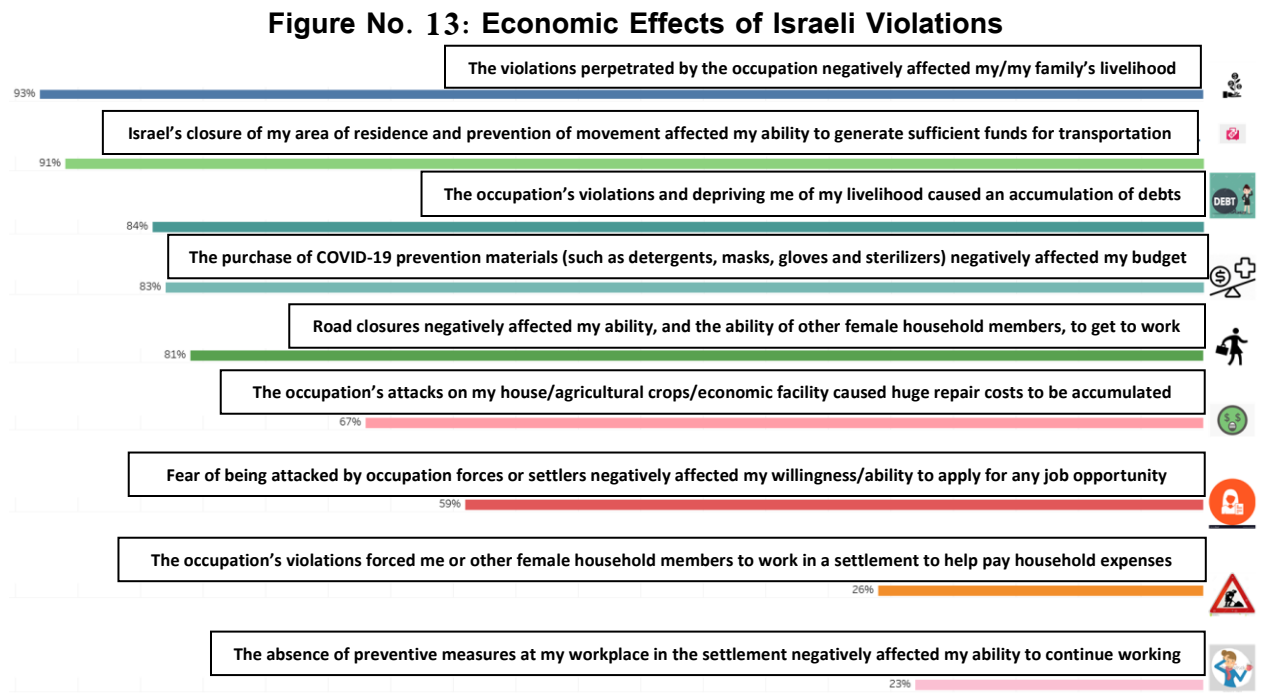


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## Second: Economic Effects

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The violations and attacks by Israeli occupation forces and settlers – and especially the imposed closures, confiscation of lands, restriction of people’s access to livelihoods, etc. – had serious economic implications for women and their families. For example, 93% of respondent women stated that Israeli violations negatively affected the livelihoods of women and their families. Also, 91% of them stated that Israel’s closure of their area of residence and prevention of movement affected their ability to generate a sufficient income to pay for their basic needs. Moreover, the majority of respondent women (more than 80%) reported that the perpetrated violations and deprivation of their livelihood caused an accumulation of debts, which seriously affected their ability to reach their work. Furthermore, they indicated that the purchase of COVID-19 prevention materials (such as detergents, masks, gloves and sterilizers) affected their budget and list of priorities, coupled with other negative effects as seen in the following figure:



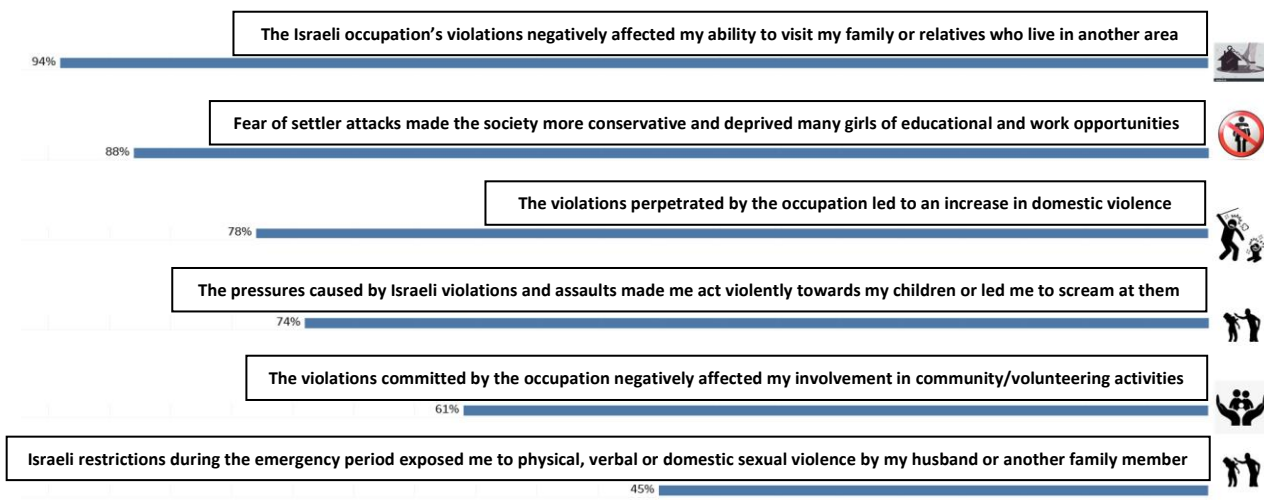
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### Third: Social Effects

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The results of the study showed that the perpetrated Israeli violations caused wide-scale social effects. According to 94% of respondent women, the most negative social effect of these violations was preventing women from visiting their family and relatives who live in other areas. Moreover, 88% of them stated that the fear of settler attacks made the society more conservative and deprived many girls of educational and work opportunities. Furthermore, 78% of respondent women see that the Israeli violations led to the increase of domestic violence, whereas 74% of them indicated that they acted violently towards their children or screamed at them as a result of Israeli violations. Also, 46% of respondent women said that they had been subjected to physical, verbal or sexual violence by their husband or another family member, as shown in the figure below:

**Figure No. 14: Social Effects of Israeli Violations**





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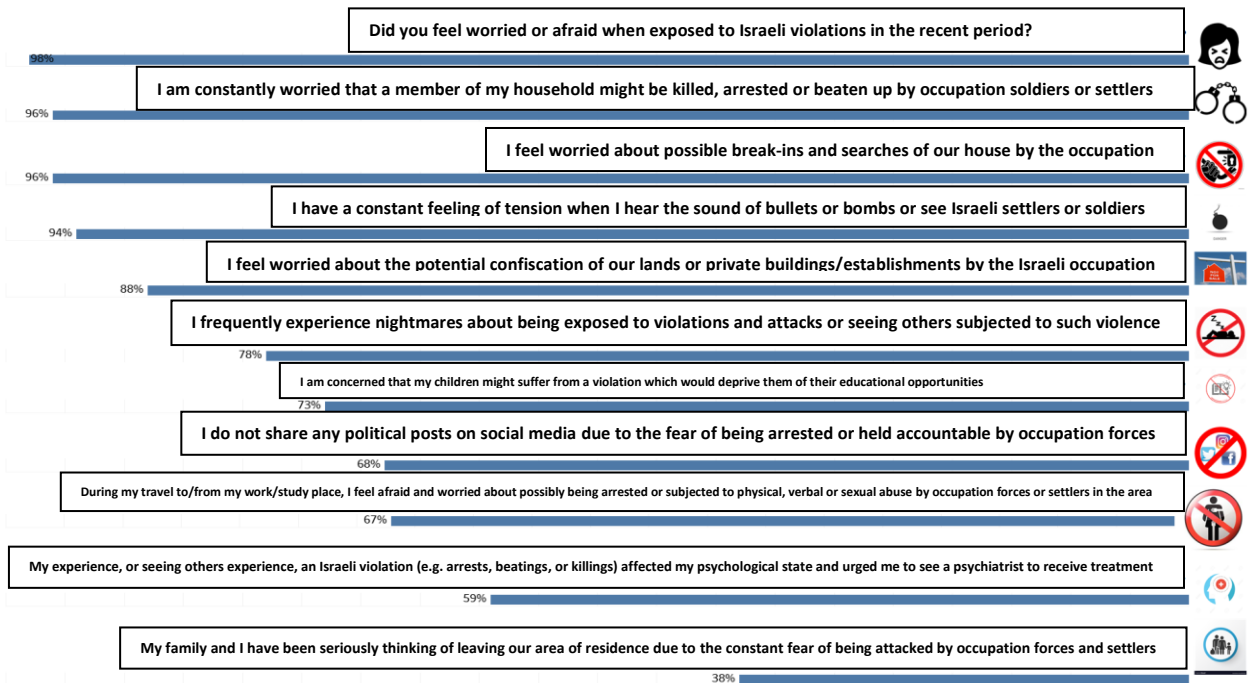
#### Fourth: Psychological Effects

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This section focuses on the psychological effects of Israeli violations, both in the short-term and long-term, along with the ways of dealing with these violations. The findings of the questionnaires showed that high percentages of women were fearful or concerned about one or more issues related to violations and attacks by occupation forces and settlers. For example, 98% of respondent women stated that they have been feeling anxious or afraid of being subjected to Israeli violations in the recent period. Also, 96% of them are worried about possible break-ins and searches of their house by the occupation forces. The same percentage of women (96%) indicated that they are constantly worried that a member of their household might be killed, arrested or beaten up by the occupation soldiers or settlers. Moreover, 94% of respondent women have a constant feeling of tension when they hear the sound of bullets or bombs or see Israeli settlers or soldiers. Additionally, 88% of these women are worried about the potential confiscation of their lands or private buildings/establishments by the Israeli occupation.

The results of the study also showed that psychological effects make women more vulnerable to nightmares when sleeping, as well as feeling anxious about the future, such as thinking about changing their place of residence; depriving their children of education; and going to a psychiatrist, not to mention the other psychological effects shown in the figure below:

**Figure No. 15: Psychological Effects of Israeli Violations**



### Fifth: Legal Effects

More than half of respondent women (59%) indicated that the recent Israeli restrictions prevented legal institutions' staff from reaching their areas of residence. Also, 44% of them believe that Israeli violations and restrictions prevented women's access to legal authorities to file complaints after being attacked by occupation forces or settlers. In Jerusalem, (and especially the areas located behind the apartheid wall), there is the absence of legal parties that can be resorted to because all the courts in these areas are Israeli and the chance of receiving a favorable ruling is very small. For this reason, many women refrain from going to Israeli legal

parties, as stated by a Jerusalemite woman while completing the questionnaire and discussing the legal implications of Israeli violations. Please see the following figure:

**Figure No. 16: Legal Effects of Israeli Violations**



### **Section Four: Dealing with Israeli violations and attacks and access to protection services**

This part of the study highlights the assistance requested by women with regard to protective measures against violations and assaults during the period of emergency (March–September 2020). As shown in Figure No. 17, the vast majority of women, (more than 85%) neither sought any legal aid or psychological support, nor did they seek protection from Israeli attacks and violations.

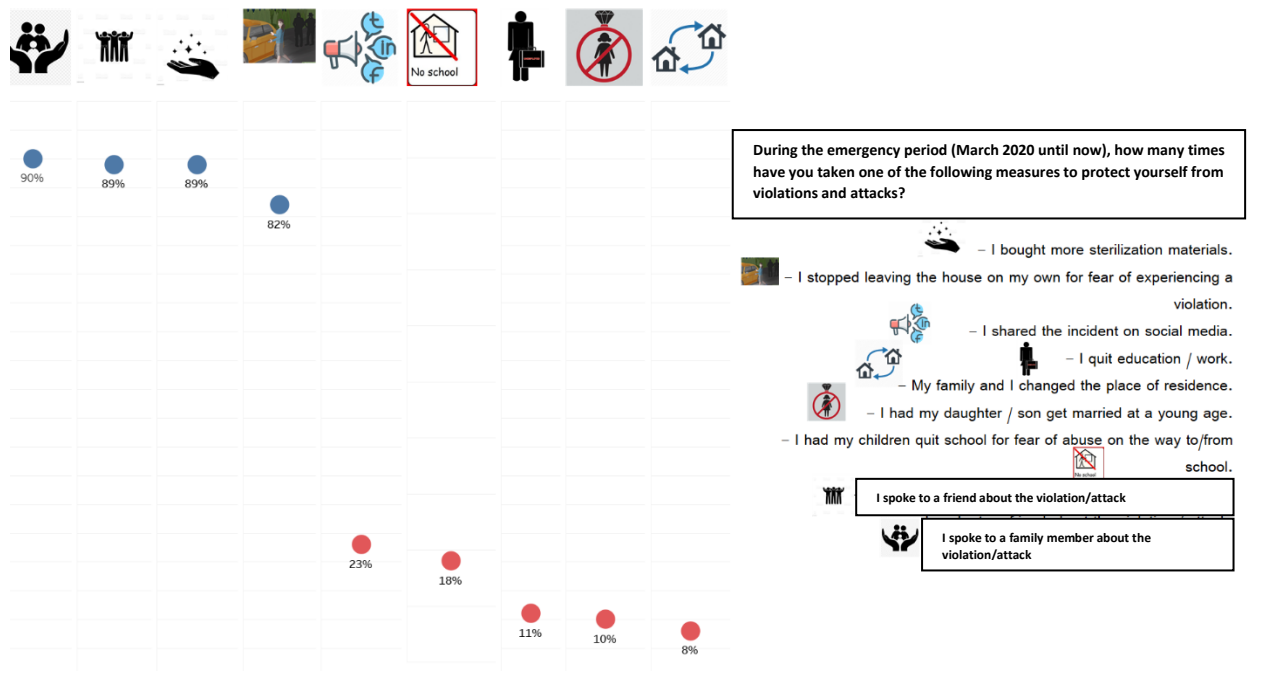
**Figure No. 17: Percentage of women who never sought help from assistance parties**



Although most women did not seek help from official and non–governmental parties, the majority had spoken at least once with a family member or friend about their suffered violation/attack. As seen in the figure below, many of these women stopped leaving their houses on their own, and they purchased more sterilization materials. It is also worth noting that a small percentage of these women took relatively permanent measures, such as removing

their child out of school for fear of them being attacked/abused on the way; or having a son or daughter married at a young age; or quitting their job; or moving to another place of residence. Additionally, almost one-fifth of respondent women shared their experience of violation on social media at least once. Figure No. 18 sheds light on the measures taken by these women:

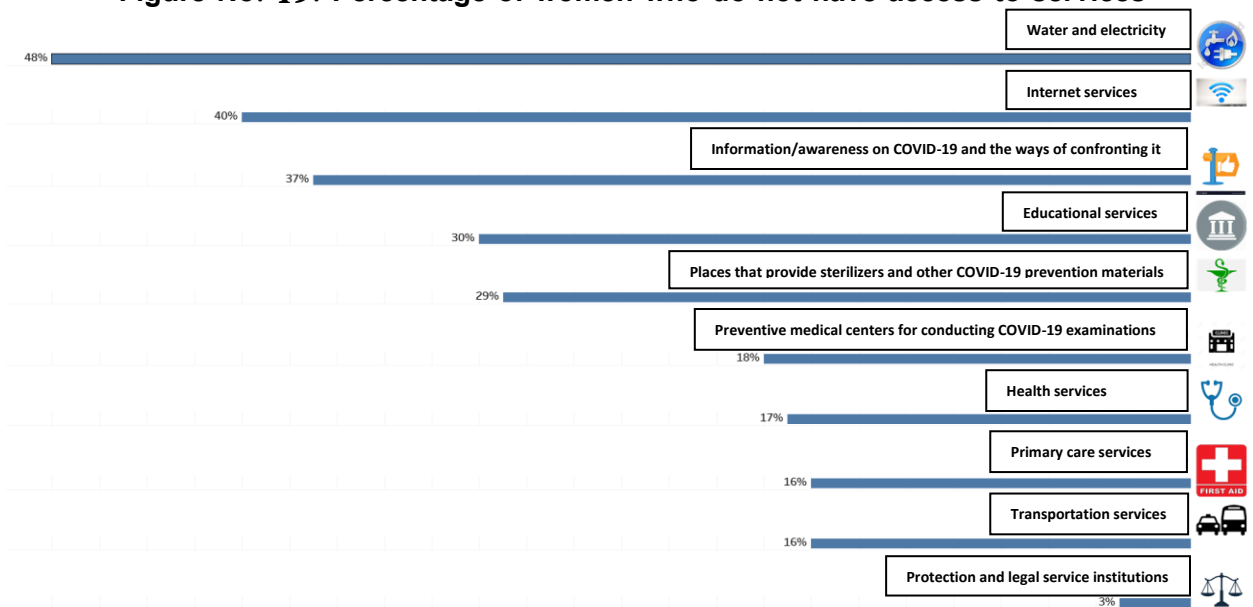
**Figure No. 18: Measures taken at least once by women to protect themselves from COVID-19 infection and Israeli violations**



### Access to Basic Living Services and Protection Services

48% of respondent women (and more than half of those who live in Jerusalem areas close to the wall, where the Israeli authorities refrain from providing quality services and prevent the Palestinian Authority from doing so) stated that they do not have the (financial) ability to obtain quality water and electricity services in a fixed/ongoing manner. Also, 40% of them indicated they do not have access to Internet services, and 37% do not receive information/awareness about COVID-19 and the ways of confronting it. Moreover, 30% of these women pointed out that they do not have access to educational services. However, there is a lower percentage of women who do not have access to transportation; health; and primary care services, as seen in the figure below:

**Figure No. 19: Percentage of women who do not have access to services**



After thoroughly examining the above-mentioned figures, it was seen that Jerusalemite women are the least capable of having quality and ongoing access to the foresaid services, and particularly the women who live within the borders of the Jerusalem Governorate (especially in Bedouin communities). A deprivation and discrimination are also seen when comparing the services provided to Palestinian Jerusalemites with those given to Israeli settlers.

The majority of respondent women (98%) consider the occupation and poor economic situation among the main obstacles that prevent them and their households from accessing essential services and resources. Also, 87% of women stated that settler attacks and violations hinder their obtainment of services. Moreover, 80% of them noted that long distances and lack of adequate transportation impede their access to services, while 73% consider local customs and traditions as obstacles. Furthermore, 72% of respondent women believe that the lack of knowledge about the presence of these services negatively affected their access to them.

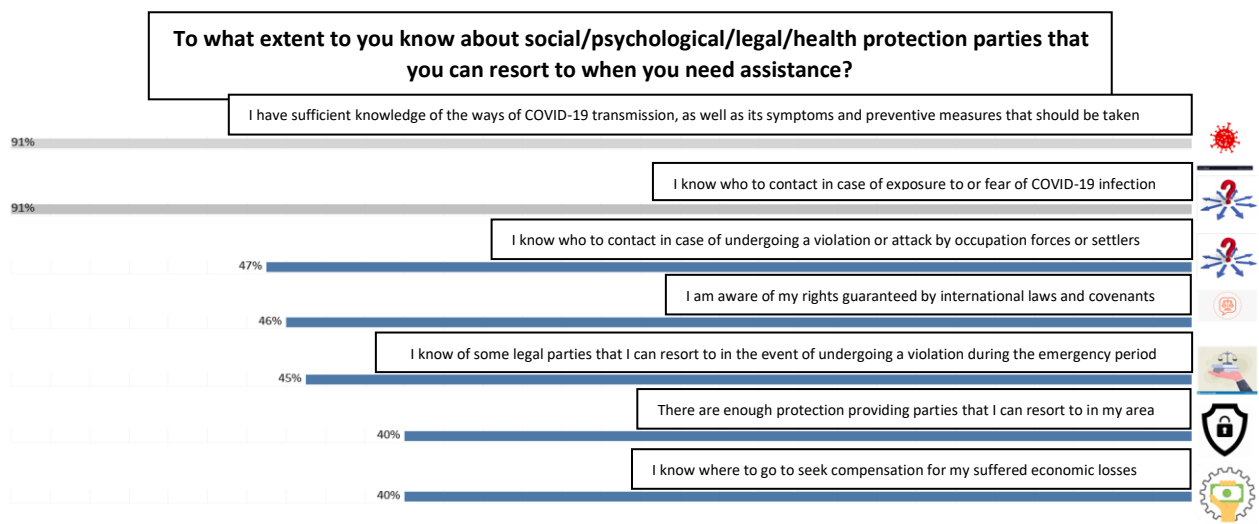
Obstacles may vary slightly between different geographical areas. After examining the figures emanating from questionnaire results in different areas, it was seen that the main obstacles faced by women in the Jordan Valley are as follows (from highest to lowest): the occupation, settlers, poor economic situation, customs and traditions, long distances and lack of adequate transportation, and lack of knowledge of places that provide services. These were listed as the

main factors that impede women’s access to services and resources in the northern and southern Jordan Valley. As for the Hebron area, the occupation was seen as the most obstructive factor, followed by the poor economic situation and long distances and lack of adequate transportation. When it comes to the main obstacles faced by Jerusalemite Palestinian women, the foremost factor was the occupation, followed by the poor economic situation and settlers.

With regard to women's knowledge of health, psychological, legal and social protection institutions that they can contact upon the need for assistance or in cases related to COVID–19, 91% of respondent women answered that they know who to resort to in case of exposure to or fear of COVID–19 infection. The same percentage of women (91%) stated they have sufficient knowledge of the ways of COVID–19 transmission, as well as its symptoms and the preventive measures that should be taken.

Also, 46% of respondent women are aware of their rights guaranteed by international laws and covenants, 40% of women know of protection providing parties in their areas, and 45% are familiar with some legal parties that they can resort to in the event of undergoing a violation during the emergency period (please see the following figure):

**Figure No. 20: Percentage of women who are aware of their rights and know some human rights parties in their area**



## Women's Participation

More than half of respondent women (54%) stated that they have the ability to participate in making decisions related to precautionary and preventive measures against COVID-19, with a greater percentage in the Hebron area, followed by Jerusalem and the Jordan Valley, respectively. However, a much smaller percentage (38%) of women feel that they are represented in their local council, municipality, and legal and civil institutions in their area. Also, according to these women's assessment, female members in legal, civil and community organizations comprise only 17%, and active female members in emergency committees for combating COVID-19 constitute 11%. It is worth noting that respondent women from Jerusalem estimated a higher women's participation in the aforementioned organizations compared to the assessment by women in Hebron and the Jordan Valley.

When asked about their personal participation in emergency committees and volunteer groups; the results showed that only 18% of respondent women engaged in volunteering activities, and 10% of them were members in local emergency committees for combatting COVID-19.

## Chapter Four: Recommendations

### Recommendations related to the COVID-19 Pandemic

1. Provide COVID-19 examinations for women and their households in marginalized areas that are vulnerable to Israeli violations, by introducing testing services in population centers that lack this service. This can be attained through mobile clinics and open health days conducted by Ministry of Health staff and NGOs working in the field.
2. Provide information on the nature of available health services, as well as their locations and ways of accessing these services.
3. Prepare awareness-raising publications related to COVID-19 prevention and treatment, along with holding awareness sessions for women, especially in Bedouin-inhabited areas.
4. Provide sanitation/health and nutritional packages for poor and marginalized households in the targeted areas.
5. Introduce a mechanism for providing health consultations remotely. This can be done by having hotlines or introducing a special communication mechanism, as well as providing the women of marginalized areas with the related contact numbers and mechanisms [for health consultations].
6. To target women in different Jerusalem areas, with special emphasis on prevention mechanisms.
7. Enhance the integration of women in emergency committees, and the formation of women's committees that directly support women and households.

### General Recommendations

1. Devise a national plan involving all relevant parties, in order to create ways to support targeted groups and enhance their survival on their land in light of Israeli violations and settler attacks.
2. Mobilize more parties that work on documenting the perpetrated violations against Palestinian women by the occupation and settlers in different areas (especially the areas which are threatened by Israeli annexation).



3. Exert concerted efforts towards harmonizing United Nations Security Council Resolution 1325 in Palestine, as well as holding the occupation forces accountable for their violations of women's rights in Palestine.
4. Strengthen women's participation in the political, social, and economic fields, as well as protecting them from the violations committed by the occupation and settlers in breach of international law.
5. Enhance the transportation and service infrastructure (such as water, electricity and Internet services), and especially in the Jordan Valley and South of Hebron, in order to facilitate the movement of residents from and to their places of residence.
6. Formulate national plans to promote and encourage women's participation in local institutions and committees, such as emergency committees.
7. Enhance women's knowledge of their various rights and familiarize them with legal and social assistance parties that they can resort to.
8. Promote a general culture of reporting to legal and protection institutions in case of undergoing any violation.
9. Provide psychological and logistical support to women who undergo violations or are at risk of being subjected to Israeli violations due to their area of work or residence or the nature of their work.
10. Share the findings of this study and its main outputs with all relevant local and international organizations, at both the official and popular levels.
11. Enhance the provision of educational opportunities in marginalized areas, especially among women and girls, and motivate them to participate in such programs.

## APPENDICES

### Appendix I: Questionnaire

Good evening / morning,

My name is \_\_\_\_\_ and I am a researcher for the Arab World for Research and Development (AWRAD). We are currently conducting a study in cooperation with the Palestinian Initiative for the Promotion of Global Dialogue and Democracy (MIFTAH) on the violations and attacks against women in areas of direct contact with occupation forces and settlers, specifically Hebron, Jerusalem, and the Jordan Valley. The study also examines the psychological, health, social and legal effects of these violations during the state of emergency period declared in the wake of the COVID-19 outbreak, as well as discussing the role of institutions operating in these areas to support and protect women. Please note that all information indicated in this questionnaire will be used for research purposes, but no information will be attributed to any person.

Thank you for your participation!

1.	Interviewee/Questionnaire No:			
2.	Researcher No:			
<b>Section One: General Information</b>				
1.	Governorate/Region:	1) Hebron 2) Jerusalem 3) Northern and Southern Jordan Valley		
2.	Community Name:			
3.	Age:	<input style="width: 40px;" type="text"/>	Years	
4.	Educational attainment:	1) Illiterate (I can neither read nor write) 2) Elementary stage (first–sixth grade) 3) Preparatory stage (seventh–tenth grade) 4) Secondary, but I did not pass the Tawjihi exam 5) I got a high school certificate 6) I have a university diploma 7) I have a Bachelor's degree or higher 8) Other		

5.	Are you a waged employee?	1) Yes 2) No
6.	If “Yes”, in which sector?	1) Public (Governmental) 2) Palestinian private sector (company, factory, shop, etc.) 3) Private farming 4) Private trade 5) A profession or special craft 6) In Israeli settlements 7) Other, please specify _____
7.	If “Yes”, to what extent does your income from this work contribute to covering your household expenses?	1) My work is the only source of household income. 2) The expenses are shared with other household members. 3) I sometimes contribute to covering some expenses.
8.	Marital Status	1) Single 2) Married 3) Divorced 4) Widowed
9.	If you are not single, do you have any sons or daughters?	1) Yes 2) No
10.	If “Yes”, the total number of your sons/daughters is:	
11.	Were you or any of your family members in a situation where you felt at risk of COVID-19 infection?	1) Yes 2) No
12.	Did you receive an examination due to your fear of being infected?	1) Yes 2) No
13.	What did you do when you or any of your household members were exposed to COVID-19 infection?	1) I went to the nearest clinic/health center. 2) I contacted preventive medicine teams. 3) I stayed home for a few days. 4) I did nothing and continued to live normally.
14.	Have you or any of your household members been infected with COVID-19?	1) Yes 2) No

<b>Section Two: Exposure to attacks and violations by Israeli occupation forces and settlers</b>		
1.	Have you been subjected to assault/prevention/violation/harassment by the occupation forces or settlers during the state of emergency period declared in the wake of the COVID-19 outbreak since the beginning of March 2020 (i.e. during the last five months approximately)?	<p>1) Yes</p> <p>2) No</p>
2.	What kind of assault did you suffer from?	<p>1) Being arrested</p> <p>2) Physical assaults</p> <ul style="list-style-type: none"> <li>• I was severely beaten.</li> <li>• I was pushed violently.</li> <li>• I was attacked by dogs belonging to occupation forces.</li> </ul> <p>3) Verbal assaults (insulting, cursing, and screaming)</p> <p>4) Sexual assaults (verbal sexual harassment/sexual assault/being harassed)</p> <p>5) Violation of health rights:</p> <ul style="list-style-type: none"> <li>• Constraining/restricting access to health services.</li> <li>• Constraining/restricting access to COVID-19 examination centers.</li> <li>• Constraining/restricting access to sterilization materials.</li> <li>• Spitting in my direction in an attempt to terrify me or spread the COVID-19 pandemic.</li> <li>• There is no protection against COVID-19 inside my workplace in the settlement.</li> <li>* There are no preventive measures against COVID-19 in the means of transportation that takes me to my work inside the settlement.</li> </ul> <p>6) Assault on property:</p> <ul style="list-style-type: none"> <li>• House demolition</li> </ul>

		<ul style="list-style-type: none"> <li>• Breaking into and searching my house</li> <li>• Confiscation/closure of my house</li> <li>• Confiscation of agricultural lands</li> <li>* Sabotage of agricultural crops</li> <li>• Theft of agricultural crops/animal products</li> <li>* Sabotage of private economic facilities</li> <li>* Sabotage of water or electricity sources</li> </ul> <p>7) Freedom of movement violations:</p> <ul style="list-style-type: none"> <li>* Impeding access to agricultural lands</li> <li>* Impeding access to pastures</li> <li>• Constraining/restricting movement to and from my place of residence</li> <li>• Constraining/restricting access to educational facilities</li> <li>• Constraining/restricting access to my workplace</li> <li>• Constraining/limiting access to humanitarian aid</li> </ul> <p>8) Have you seen a family member undergo one of the following violations by the occupation forces or settlers?</p> <ul style="list-style-type: none"> <li>• Physical assaults by beating/pushing/being attacked by dogs accompanying the occupation forces.</li> <li>* Verbal assaults (insulting, cursing and screaming)</li> <li>* Sexual assaults (verbal sexual harassment/physical harassment)</li> <li>• Being spit at by the occupation forces in order to scare you or spread COVID-19 infection.</li> </ul>
3.	During the emergency period, what was the frequency of attacks and violations by settlers and the occupation army in your community? Did this:	<ul style="list-style-type: none"> <li>1) Decrease</li> <li>2) Increase</li> <li>3) It stayed in the same frequency</li> </ul>
4.	Are you worried about a potential increase in the attacks and violations by	<ul style="list-style-type: none"> <li>1) Yes</li> <li>2) No</li> </ul>

	the Israeli occupation and settlers in your community in the upcoming period?	
5.	During the emergency period, did you engage in any volunteering activities in your local community?	1) Yes 2) No
6.	Are you/were you a member of the emergency committee that was formed in your local community to confront the COVID-19 pandemic?	1) Yes 2) No 3) I do not have any idea about it
<b>Section Three: Impact of Israeli Violations during the Emergency Period (March 2020 – Now)</b>		
During the emergency period (March 2020 until now), to what extent do the following statements apply to your situation?		
1) Strongly apply. 2) Apply to some extent. 3) Does not apply to some extent. 4) Does not apply at all.		
<b>Health Effects</b>		
1.	The closure of my area affected my ability to reach a clinic/hospital for treatment.	
2.	Israeli policies obstructed the ability of preventive medical teams/Ministry of Health staff to operate in my area, thereby exposing our local community to the spread of COVID-19.	
3.	The violations by occupation forces and settlers made my area of residence more vulnerable to the spread of COVID-19.	
4.	The occupation's practices negatively affected my ability to obtain sterilizers and other COVID-19 prevention materials.	
5.	The absence of preventive measures inside the settlement exposes women to a greater risk of COVID-19 infection.	
6.	The violations committed by the Israeli occupation make women more exposed to miscarriage risks.	
7.	The violations by the occupation negatively affected my ability/my family's ability to obtain the necessary COVID-19 examinations.	
8.	The violations by the occupation negatively affected my ability/my family's ability to obtain the necessary information for COVID-19 prevention.	
<b>Economic Effects</b>		
1.	The violations perpetrated by the occupation negatively affected my/my family's livelihood.	
2.	Road closures negatively affected my ability to get to work.	
3.	The occupation's attacks on my house/agricultural crops/economic facility caused huge repairs costs to be accumulated.	
4.	Fear of being attacked by occupation forces or settlers negatively affected my willingness/ability to apply for any job opportunity.	

5.	The occupation's violations forced me or other female household members to work in a settlement to help pay household expenses.	
6.	The absence of preventive measures at my workplace in the settlement negatively affected my ability to continue working.	
7.	The occupation's violations and depriving me of my livelihood caused an accumulation of debts.	
8.	Israel's closure of my area of residence and prevention of movement affected my ability to generate sufficient funds for transportation.	
9.	The purchase of COVID-19 prevention materials (such as detergents, masks, gloves and sterilizers) negatively affected my budget.	
<b>Social Effects</b>		
1.	The violations committed by the occupation negatively affected my involvement in community/volunteering activities.	
2.	The violations perpetrated by the occupation led to an increase in domestic violence.	
3.	Fear of settler attacks made the society more conservative and deprived many girls of educational and work opportunities.	
4.	The Israeli occupation's violations negatively affected my ability to visit my family or relatives who live in another area.	
5.	The pressures caused by Israeli violations and assaults made me act violently towards my children or led me to scream at them.	
6.	Israeli restrictions during the emergency period exposed women to physical, verbal or domestic sexual violence by their husbands or another family member.	
<b>Psychological Effects</b>		
1.	My experience, or seeing others experience, an Israeli violation (such as arrests, beatings, or killings) affected my psychological state and compelled me to start receiving treatment.	
2.	During my travel to/from my work/study place, I feel afraid and worried about possibly being arrested or subjected to physical, verbal or sexual abuse by occupation forces or settlers in the area.	
3.	I am constantly worried that a member of my household might be killed, arrested or beaten up by occupation soldiers or settlers.	
4.	I feel worried about the potential confiscation of our lands or private buildings/establishments by the Israeli occupation.	
5.	I feel worried about possible break-ins and searches of our house by the occupation forces.	
6.	I am concerned about Coronavirus infection due to the absence of health control in our areas.	
7.	I am concerned about Coronavirus infection due to the absence of preventive measures inside my workplace in the settlement.	
8.	I am concerned that my children might suffer from a violation which would deprive them of their educational opportunities.	
9.	I do not share any political posts on social media due to the fear of being arrested or held accountable by occupation forces.	
10.	My family and I have been seriously thinking of leaving our area of	

	residence due to the constant fear of being attacked by occupation forces and settlers.	
11.	I frequently experience nightmares about being exposed to violations and attacks or seeing others subjected to such violence.	
12.	Due to the state of emergency, I am concerned about not being able to access health facilities and services in the event that I or another family member are exposed to Coronavirus infections.	
13.	I have a constant feeling of tension when I hear the sound of bullets or bombs or see Israeli settlers or soldiers.	
14.	Closures and security restrictions by Israeli occupation forces negatively affected my ability to access a psychiatrist to receive treatment.	
15.	My family was a great source of support to help me overcome my bad psychological state as a result of Israeli violations.	
16.	Did you feel worried or afraid when exposed to Israeli violations in the recent period?	

<b>Legal Effects</b>		
1.	Israeli violations and restrictions prevented me from accessing legal parties to file a complaint after being attacked by occupation forces and settlers.	
2.	The recent Israeli restrictions prevented legal institutions' staff from reaching our area of residence.	
If the respondent is from Jerusalem:		
<b>How do you evaluate the following procedures and measures for COVID-19 prevention in your area?</b> 1) Significantly positive. 2) Fairly positive. 3) Somewhat negative. 4) Highly negative.		
1.	Health measures are made available in my area through the official authorities (Israeli Police and Israeli Ministry of Health).	
2.	Sufficient tests are available for those who were in contact with COVID-19 infected persons or suspected of being infected with it.	
3.	Monitoring by responsible authorities (Israeli Ministry of Health, Israeli Police, local emergency committees) on gatherings such as weddings and mourning homes.	
4.	Guaranteeing freedom of movement within Jerusalem to access COVID-19 examination centers/hospitals for treatment.	
<b>Section Four: Dealing with Israeli violations and attacks and access to protection services</b>		
During the emergency period (March 2020 until now), how many times have you taken one of the following measures to protect yourself from violations and attacks? (1) Never (2) Once (3) More than once		
1.	I sought legal aid.	
2.	I sought psychological help.	
3.	I sought protection.	
4.	I spoke to a family member about the violation/attack.	



5.	I spoke to a friend about the violation/attack.	
6.	I stopped leaving the house on my own for fear of experiencing a violation.	
7.	I had my children quit school for fear of abuse on their way to/from school.	
8.	I had my daughter/son married at a young age.	
9.	My family and I changed our place of residence.	
10.	I shared the incident on social media.	
11.	I quit education/work.	
12.	I bought more sterilization materials.	
<b>In light of the spread of COVID-19 and ongoing Israeli attacks and violations, to what extent is there accessibility to the following services?</b>		
1.	Water and electricity	
2.	Internet services	
3.	Protection and legal service institutions	
4.	Educational services	
5.	Transportation services	
6.	Health Services	
7.	Primary care services	
8.	Preventive medical centers for conducting COVID-19 examinations	
9.	Information/awareness on COVID-19 and the ways of confronting it	
10.	Places that provide sterilizers and other COVID-19 prevention materials	
11.	Indicate only one of the following parties that you would contact to deal with an issue related to COVID-19 protection/treatment:	1) Preventive medicine personnel affiliated with the Ministry of Health 2) A nearby clinic 3) The local emergency committee formed in our area 4) There is no such entity 5) I do not know 6) Other, please specify .....
12.	Do these parties respond quickly when informed about a case of COVID-19 infection or risk of infection?	1) Always responsive, 2) Sometimes 3) Rarely 4) Never

13.	How affordable are the provided health services compared to your economic situation?	1) Prices are expensive 2) Prices are adequate 3) Prices are low
14	To what extent did the expenses of protection from COVID-19 affect your household economic condition?	1) Significant effect 2) Slight effect 3) No effect
15.	What are the main obstacles that prevent you and your household members from accessing essential services and resources? (Indicate by order of importance)	1) Occupation. 2) Settlers. 3) Poor economic situation. 4) Lack of knowledge of places that provide these services. 5) Societal customs and traditions. 6) Long distances and lack of adequate transportation. 7) Other, please specify: _____

**To what extent are you satisfied with the following parties in terms of protection from the violations of occupation forces and settlers and provision of services for protection from COVID-19?**

- 1) Very satisfied. 2) Satisfied. 3) Not satisfied. 4) Highly unsatisfied. 5) They do not exist in my area.  
6) They exist but they do nothing.

1.	Village councils	
2.	Local human rights institutions	
3.	International human rights organizations	
4.	Women's institutions	
5.	Civil society institutions	
6.	International organizations	
7.	Staff of the Ministry of Health	

**What is the level of your knowledge of health / psychological / legal / social protection institutions that can be contacted upon the need for assistance?**

- (1) I do not know 2) I know a little 3) Moderate knowledge 4) I know to some extent 5) I know a lot

1.	I know who to contact in case of undergoing a violation or attack by occupation forces or settlers.	
2.	I am aware of my rights guaranteed by international laws and covenants.	
3.	I know of some legal parties that I can resort to in the event of undergoing a violation during the emergency period.	
4.	There are enough protection providing parties in my area that I can resort to.	

5.	I know where to go to seek compensation for my suffered economic losses.	
6.	I have sufficient knowledge of the ways of COVID-19 transmission, as well as its symptoms and preventive measures that should be taken.	
7.	I know who to contact in case of exposure to or fear of COVID-19 infection.	

**In light of all the circumstances and variables related to Israeli violations and the spread of COVID-19 in your area of residence, to what extent do the following statements apply to your situation in terms of coping up with the spread of the virus?**

1) Strongly applies. 2) Applies to some extent. 3) Does not apply to some extent. 4) Does not apply at all

1.	I no longer leave my house that much in fear of being infected with COVID-19 due to the absence of preventive measures and imposition of movement restrictions.	
2.	I reduced my daily expenses due to my poor economic condition.	
3.	The need to have a new source of income stemmed from the accumulating economic burdens and the need to purchase sterilization materials and other things.	
4.	I started looking for a job opportunity other than in Israeli settlements due to the fear of COVID-19 infection.	

**To what extent do you consider these statements to be true regarding women's engagement in protection activities from Israeli violations in light of the pandemic?**

1) Correct. 2) Correct to some extent. 3) Incorrect. 4) Incorrect to some extent.

1.	I am an active member of a legal/civil/community organization in my area.	
2.	I am an active member of the emergency committees in my area.	
3.	I have the ability to participate in making decisions related to precautionary and preventive measures against COVID-19.	
4.	Women in my area are represented in the local council, municipality, and legal and civil institutions operating in the area.	
5.	I feel safe as a result of being within the framework of a legal or community institution, regardless of whether it is a local or international one.	

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