



مركز شؤون المرأة - غزة
Women's Affairs Center - Gaza

The women and Great Return March "GRM" in the Gaza Strip

Gaza - Palestine | 2018

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WAC is a women knowledge-based organisation playing an innovative and catalytic role in empowering women, advocating women's rights and gender equality in the Palestinian sustainable development process.

Mission:

WAC is an independent and non-profit Palestinian NGO with the purpose of advocating women's rights and gender equality through capacity development, information and innovative research and advocacy programs. While implementing its strategy to fulfil its vision, WAC is guided by international human rights principles including empowerment and participation; equality and non-discrimination; and accountability to ensure justice and dignity for women.

Strategic Goals:

1. To contribute in strengthening the capacity building of WACs staff, local women CBOs and Women in marginalized areas in the Gaza strip and enhance women and gender awareness.
2. To contribute in enhancing decision making process based on knowledge, especially women and gender quality
3. To contribute in enhancing local community sensitization towards women's rights, gender justice and the role of women in the sustainable development process.



UNFPA, the United Nations Population Fund, expands the possibilities for women and young people to lead healthy and productive lives. It is the lead UN agency for delivering a world where:

- every pregnancy is wanted
- every childbirth is safe
- every young person's potential is fulfilled.

We are making real progress. Since UNFPA started working in 1969, the number – and rate – of women dying from complications of pregnancy or childbirth has been halved. Families are smaller and healthier. Young people are more connected and empowered than ever before. But too many are still left behind. Nearly a billion people remain mired in extreme poverty. Reproductive health problems are a leading cause of death and disability for women in the developing world. Young people bear the highest risks of HIV infection and unintended pregnancy. More than a hundred million girls face the prospect of child marriage and other harmful practices, such as female genital mutilation or cutting. Much more needs to be done to ensure a world in which all individuals can exercise their basic human rights, including those that relate to the most intimate and fundamental aspects of life. Working with governments, and through partnerships with other UN agencies, civil society and the private sector, we make a real difference in the lives of millions of people, especially those most vulnerable. Our network of regional and sub-regional offices provides technical expertise and coordinates efforts of our country offices that work on the front lines of development.



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Introduction:



The Supreme National body of the Great Return March launched, Friday morning, 30/3/2018, a series of events and demonstrations in the border regions of Gaza Strip, called the Great Return Marches. "The aim of the different activities was to bring about the realization of paragraph 11 of UNSCR 194 and bring back refugees, who fled in 1948, to their lands, homes and property. Also, the aim was to end the Israeli blockade imposed on the Gaza Strip since 2007.

Indeed, there was evident broad participation of different social segments including women, men, youth, persons with disabilities, children and older persons and all groups of society owing to the bad economic, social and political conditions of the Gaza Strip. This participation has had different implications and ramifications on the participants including all groups of women.

This report, which deals with women's and the Great Return March in the Gaza Strip aims to identify the effects of the participation of women themselves or their family members in Great Return Marches especially concerning their different roles in society. This it attempts to monitor any manifestations of GBV association to Women's participation in the marches or those following their participation. The report also tries to identify the key special needs of women and their families resulting from the conditions of families because of the death and injury of one of the family members because of participating in the Great Return March, and to establish the reality of services provided for women. Moreover, it provides a set of recommendations that may help the various actors and institutions in the design of interventions to improve the reality of women and alleviate gender based violence in the Gaza Strip.

The report used the descriptive analytical approach as well as using participatory research tools. Five focus discussion groups were held with women who participated in Great Return March and civil institutions who provided different services to alleviate the suffering of women due to their participation in the Great Return March and the sub working GBV group. Also, Ten structured in-depth interviews were held with also with women (injured women, or one of their family members was injured or killed due to participating in the Great Return March. In addition, interviews were held with representatives of Supreme National body of the Great Return March. Furthermore, there was a review of the official statements of the Ministry of health and other legal institutions regarding the preparation and various details of the fatalities and injuries since 31 March until mid-June 2018.



Background:

The women and Great Return March "GRM" in the Gaza Strip:

The Palestinian women's participation in the GRM was prominent and essentially motivated by affirming the right of return. However, it served also as important messages from women in the Gaza Strip that the economic situation and the consequences of the siege are no longer tolerable. Women and girls were not fearful of the repercussions of their participation in GRM because of societal customs and traditions and culture especially that the decision to participate in GRM was a family choice as for the majority of them as there are whole families involved in that activity. "We don't shy away from engaging, women participate just like men, what rendered women strong in participation was the fact that most participants were entire family. The father and husband originally decides that his wife takes part so she is supported by men." Says a mother of an injured person.

Also, prompting women to participate effectively in the GRM without shame is due to peacefulness and public nature of the march is as well as the acceptance, support and protection of the head of the family. However, the women's participation rate for on Fridays and on 14/5/2018 was lower than the rest of the days as Friday is a day that women devote to meet the needs of their families and do

family functions. Thereof, the decision to participate or otherwise remains the in the hands of male head of the family who believes that Fridays includes broader confrontation and therefore greater risk so he prefers to prevent women from participating. "The women were involved in all days in larger percentage than Fridays".

To approve the participation of women and keep them by family or husband often encumbered with a safe return home and absence of any injury which prompted some injured women to bear the pain and get enough field therapy without registering their data which deprives them even from the right to follow up and the post-injury services. " One participant says: my husband is aware of my participation but of course is not already satisfied. He told me I am free to go but I am responsible to whatever happens to me. I was affected by tear gas many times and once passed out. However, I received first aid at the field hospital at Malaka encampment where I never register my data. If my husband about it he would prevent me from joining.

According to a special report on Israeli attacks against participants in the peaceful GRM issued by the Ministry of health and covers the period falling between 30 March until 2 April 2018: 123 people were killed including 2 women while injuries reached 13900 while 53.9% of them "7548" still in hospitals. Also, the age group of 18-39 years accounted for 83.7% of the total injuries while injuries among women formed 7.85% of the total number of injuries counting 1082 injuries.

Participation and its impact on women:

- The decision to participate in GRM was not an individual decision as much as it was a family decision-on the different levels of involvement. However, the painful consequences that accompanied it and the high cost was distributed individually to families with women bearing the largest share of this burden.
- The injury of the son or daughter: mothers bore most of the responsibility towards children injured. Regardless of whether male or female, the injured person at home requires special care and attention therefor more effort. Most, if not all, is bore by mothers by virtue of their reproductive role and thus they become more tired and stressful due to the recession and help they provide to the besides basic functions at home, compounding the burden on women.
- Responsibilities to provide post-injury supplies: because of lack of medicines and possibilities due to poor economic situation, women shouldered responsibility for seeking medical help for their son or her daughter causing themselves embarrassment.
- Losing the primary breadwinner of the family forms substantial burden on the family and especially the woman who became expected to play the role of father and mother whereas the mother is required to meet all the needs of her family, including financial needs. Moreover, it gets more difficult if women were early married and do not work outside the home and, which means she did not complete her education so searching for a job so support her family living becomes difficult.
- Direct injury of women form a double burden on them and on the family; their needs are

different from men, they also need someone to accompany which often a female family member or the husband in a few cases. The family is also affected more when the injured is their daughter's as parents become more worried about the future of the injured girl, especially if there was indication that she was to become a person with disability.

- The trauma of loss is one of the most prominent phenomena that accompanied those females who lost their dears due to many reasons. Mainly, the youthfulness of the people killed, whether sons or husbands. Adding to that, the announcement that the marches were peaceful where participants were not actually at war with occupation which causes the trauma for most of them, especially those who witnessed the death of their children or husbands in front of their eyes.
- The violence worsened by recent events, especially as it coincided with poor economic and social conditions. The psychological violence is one of the cruelest forms of violence practiced by the males holding women responsible for the participation of male and female children and their exposure to injury or loss. This adds a psychological burden on females besides other burdens and trauma caused by what had happened. One participant says "my daughter was injured, whenever my husband passes by and sees his daughter bed ridden or using the crutches he tell me it is my fault and that her future is ruined, I and my daughter are in a very bad psychological condition while this situation continues daily"
- Widows who lost their husbands are exposed to social and economic violence, and particularly because of the husband's family's control over all financial receivables of her deceased husband.
- The majority of the people killed are below forty year old so their wives are not over thirty yet and have children in desperate need to care. Losing a husband my force mother to marry a brother of







her deceased husband or the control of the grandfather over the allocations of the daughter of the deceased arguing that the daughter-in-law is still young and maybe she would get married and therefore she is not responsible for parenting and supporting the children.

The reality of services provided and their challenges:

- Most services focused on health aspects related to treating the wounded and providing some monetary aid which does not exceed \$200 for the wounded without distinction as to sex. Wounded suffered accessing post treatment services due to the large number of wounded which exceeded the possibilities of Ministry of health that is already suffering from acute shortage of medicines and medical supplies. Because of that, many wounded had to leave hospitals after receiving treatment for the injury to complete follow up at home. Given the unavailability of the home based medical assistance services for the wounded, families were forced to bear the burden of the follow-up to the wounded, which exacerbated the suffering of these families that most of them live in extreme poverty. One of the participants and a mother of a wounded says: "My son was injured and was treated, his leg was supposed to be amputated and they were supposed to keep him at hospital for follow up and treatment. They told us go home, we had to take him back home. He needs a medical bed and I originally don't have a bed and mattress, they gave us \$200 that I spent almost all of them on buying him a bed and medications, after that no nobody

asks about us. ”.

- Preparations for the GRM focused on mobilizing, buildup and galvanizing families to participate in the GRM via secure transportation for those who wish to engage. There was central tents for female and male participants in the gathering place allotted on the eastern border of the Gaza Strip, with some initial supplies to the places such the washroom with the prolonged presence of participants exceeding four hours, mostly at the time of peak summer sun in open spaces and the proliferation of dust and gas. This preparations, according to the perspective of participants the GRM who have been interviewed, were not inadequate and do not assess prevent from the risk of complications of dust and the blazing sun with the absence of places that take into account the specificity of women participating while toilets don't take privacy into account despite that they are relatively available
- The high number of participants, especially on Fridays and on 14/5/2018 was not accompanied by parallel efforts in providing services, especially for children and women. Women's access to drinking water was difficult and required much effort because of the large number. Because of the lack of places reserved for women, which deprives part of women from obtaining drinking water in the field. Women were trying as much as possible not to use the toilets for long periods, which can be considered as a cause of health problems and complications that may not appear immediately now but will surely be repercussions for the future.
- There is a lack of knowledge among women, especially the wives of killed and wounded men, about the and specializations of organizations that provide assistance to these families, making several women lose their right to the aid distributed,

The challenges faced by service delivery are the following:

1. High numbers of injured people, which is beyond the ability of the medical personnel and their ability to absorb and deliver health services, especially in light of the acute shortage of medicines and medical supplies due to the siege and recent actions taken by the authority against the Gaza Strip. The main hospitals were not able to accommodate the cases and provide all the necessary treatments.
2. Although the gathering places of people have be prepared on the eastern border in tents for the GRM, responding to the privacy of the women did not take many criteria for protection and privacy. They found tents for women but they missed many of the needs of women such as having chairs for older women while the toilets were not sufficient where also close to those for men. ”
3. The weakness of the real role of women's civil society institutions and organizations working in the field of protection and psychological support to women, and not to take advantage of their experience and not involving them in preparations for the GRM from the beginning and urgent intervention plans during and after the March and leave it to the discretion of each organization and their work,
4. The limited possibilities available, the absence of a national plan to respond to emergencies and lack of coordination between institutions. In addition, the pace of events and the large number of

- people injured outstripped the capacity of institutions to respond to the needs of the participants, plus the lack of clarity of the role of civil institutions among women beneficiaries and audience.
5. The multiplicity and diversity of providers and poor coordination among them negatively affected providing services,
 6. The changing needs of families and the transform from a desire to secure food needs to the need to secure treatment for their children.

Recommendations:

1. Emergency cash and in-kind assistance to women and their families, especially in light of the deteriorating economic situation of Palestinian families, which reached a peak during GRM. This assistance to be given directly to women to preserve their dignity and security and to enable easy access, control and disposition of it.
2. Provision of psychosocial support services for women, injured women, their families who participated in GRM, those wounded and those who have lost family members and other women with relationship. Also, provision of training for families to provide support and psychological care for injured person in order to speed up the process of treatment and reintegration into society.
3. Contribute to ease the burden on women, especially those who provide care to the wounded members of their families by providing requirements for care (providing beds, mattresses, utilities, medicine and other supplies) that families cannot afford.
4. Provide different interventions that will reduce violence against women in particular those who participated in GRM without the consent of the family and were wounded and other women as well also raising awareness of the importance of family support and support for women especially wounded to alleviate the pain of injury and accelerate the treatment.
5. Promote health awareness and train family members to follow-up techniques and health care of wounded to provide quicker treatment and ease the burden on the public health sector that is unable to meet these needs.
6. Adoption of special health insurance for persons with disabilities of both sexes and the wounded without disabilities through issuing an integrated state insurance card services to help facilitate access to health services of the health institutions.
7. Raise gender awareness among women, men and young people in particular, regarding gender roles to ease the burden on women during playing their reproductive role, as well as to strengthen women's various roles in society.
8. Provide support services and legal support to women, especially widows who lost their husbands participating in the GRM.
9. The need for coordination between institutions involved in providing interventions for women and for families.
10. Lobby the Palestinian Authority's decision making centres on the necessity of ending the recent actions against Gaza and affecting public sector salaries which exacerbated the suffering in people's life and compounded violence which increased pace after having injured persons within the family requiring new high costs.



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