The 2014 mapping of GBV interventions in Palestine

Gender Based Violence Sub Working Group

Compiled May 2015 UNFPA Country Office East Jerusalem, Palestine

Background

Introduction

The information collected in this survey will go towards updating the mapping of interventions, completed for the first time in 2013, to combat gender based violence in Palestine. The results will provide an update of who is doing what and where, and act as a basis to coordinate existing efforts, avoid duplication, and strengthen collaboration for a multi-sectorial response to GBV. Based on recommendations from the GBV-SWG the current mapping focussed on gaps and progress on the district level mainly in disadvantage areas (Area C and Jerusalem) and the type and quality of GBV services provided. The current mapping also targeted new organizations who did not participate in 2013.

To ensure a uniform understanding among the members of the working group, and all the participants in the mapping exercise, gender-based violence is defined according to the IASC Guidelines on Genderbased violence in Humanitarian settings (2005) as "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females" (p.7). This definition includes both adults and children and all different forms in which GBV can occur: sexual violence including sexual exploitation/abuse and forced prostitution; physical violence; domestic violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation, honor killings, widow inheritance; psychological and emotional abuse; economic abuse/denial of resources and others.

The 2014 mapping exercise was originally expected to be completed in September 2014. However, the Israeli military operation against Gaza caused significant delays in exercise implementation. As a result of the war, the questionnaire was not able to be distributed to respondent organizations until December of 2014. The rate of response from GBV members, as well as specific responses within the questionnaire, may have also been influenced by the 2014 war.

Objective

The objective of this mapping is to provide an overview of existing activities by NGOs, INGOs, UN and Government agencies with regard to addressing GBV in the State of Palestine, including the West Bank, East Jerusalem, and the Gaza Strip. The results of this mapping provide the basis to coordinate existing efforts, avoid overlap and duplication of support and strengthen collaboration and information sharing. The assessment of gaps and achievements will inform improved and strategic interventions in preventing and responding to gender based violence.

The mapping exercise includes developing two outputs:

- 1. A mapping matrix (located within a separate Excel document) of current and planned projects and programs to prevent and respond to GBV. These programs are being carried out by UN agencies, NGOs, INGOs and governmental bodies in Palestine, both in the West Bank (including East Jerusalem) and Gaza Strip. The mapping matrix is intended to provide a snapshot of interventions on GBV.
- 2. An analysis report commenting on the mapping results, gaps, and challenges.

Methodology

The mapping was conducted gathering information through a questionnaire (**Appendix 1**) about stakeholder activities': coverage, target beneficiaries, duration, locations, alignment with the Palestinian National Authority's National Strategy to Combat Violence Against Women (VAW), and with reference to the National Child Protection Action Plan, where appropriate. The questionnaire, developed by the UNFPA country office as GBV-SWG chair, is based on global tools for assessments and mapping GBV interventions available at the global level and it is adapted to the local context. In addition to being sent out to all GBV-SWG members in both the West Bank and Gaza Strip, the questionnaire was shared with relevant government ministries, UN agencies, INGOs, NGOs, civil society organizations, and various coalitions.

UNFPA, as GBV-SWG chair, facilitated the process as regards collecting and consolidating information, in close coordination and cooperation with all GBV-SWG members. This information was then placed in the resultant matrix.¹

This mapping is not designed to be exhaustive by reporting on all the single initiatives on the ground to address GBV, but instead it is designed to present an overall map of what the principal actors are doing to address GBV. This study was limited by the actors involved, as some actors working on GBV may not be part of the coordination structures or may not have answered the questionnaire. Another limit includes several surveys not being filled out completely, leading to incomplete data. Additionally, not all surveys were returned or were returned in a timely manner. Finally, the exact number of surveys sent out is not known due to the nature of how the surveys were shared with organizations in the field, thus a ratio of how many surveys were returned versus those sent out cannot be determined. Of those surveys received, a total of 17 were from organizations working in both the West Bank and the Gaza Strip, 15 surveys were from organizations working exclusively in the Gaza Strip. In total, 43 surveys were received (**Appendix 2**). This number is down from the 71 surveys returned in 2013, although it was difficult to tell how the 2013 surveys were collated and thus an across-the-board comparison of the two years cannot be made. **Figure 1** describes how many surveys were returned to UNFPA for 2014 based on organization type.

¹ The matrix is an excel spreadsheet with all information included from each questionnaire. This has been saved as a separate document in the UNFPA database.

ORGANIZATIONS RETURNING THE 2014 MAPPING SURVEY						
NGOs & CBOs Government INGOS UN organizations						
Organizations						
West	Gaza	West Bank	West Bank	West Bank and Gaza Strip		
Bank	Strip		and Gaza Strip			
3	11	12	9	8		

Figure 1.

ANALYSIS OF INTERVENTIONS

The analysis that follows is based on the received data from 43 organizations.

Of all respondents, 39% conducted interventions in the West Bank and Gaza Strip together, 26% conducted interventions only in Gaza Strip, and 35% conducted interventions only in the West Bank. Figure 2 presents the actual number of surveys received from each organization by area worked.

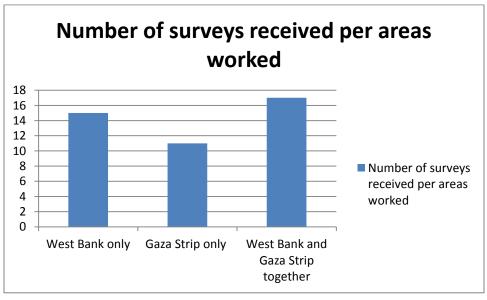
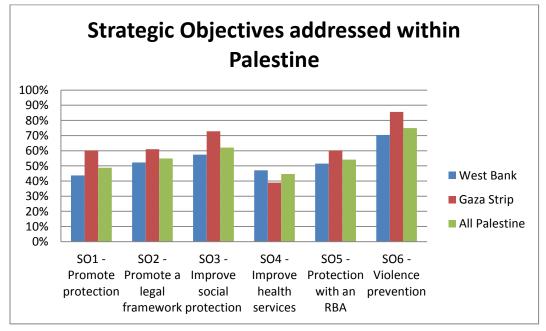


Figure 2.

• All projects and programs are in line with the National Strategic Objectives to Combat Violence Against Women in the National Strategy to Combat Violence Against Women 2011-2019.

STRA	STRATEGIC OBJECTIVES OF THE NATIONAL STRATEGY TO COMBAT VAW IN PALESTINE					
SO1	Promote protection and empowerment mechanism for women subjected to violence resulting from					
	the Israeli occupation					
SO2	Promote a legal framework and institutional mechanisms to protect women from violence					
SO3	Improve social protection and social support offered to women victims of violence					
SO4	Improve health services in dealing with cases of VAW					
SO5	Improve the protection, jurisdiction, sharia and defense systems to protect women from violence					
	based on a women's rights based approach					
SO6	Promote the principle of violence prevention as a part of the strategic direction of institutions					
	working on the protection of women's rights					

- Figures 3 and 4 demonstrate that the most adhered-to Strategic Objective of all interventions in both the West Bank (70%) and Gaza Strip (86%) and in all refugee camps, rural, and urban communities (20.74% of all total area interventions) is SO6 *Promoting the Prevention of Violence,* followed by SO3 *Improving social protection.* This mirrors the findings from 2013 where SO6 and SO3 were equally the greatest Strategic Objectives pursued.
- The least pursued Strategic Objective in the Gaza Strip (39%) and all refugee camps, rural, and urban communities (11.06% of all total area interventions) is SO4 Improving Health Services in dealing with cases of VAW. In the West Bank at 44% of all interventions, SO1 Promote Protection and Empowerment Mechanism for Women Subjected to Violence is the least pursued Strategic Objective of all interventions. This somewhat mirrors the results from 2013 where SO4 and SO5 were the least pursued Strategic Objectives.²





² For complete results from 2013 please see, *Results of the Mapping of GBV Interventions in Palestine: Analytical Paper*, available on the UNFPA website at: http://www.unfpa.ps/index.php?lang=en&page=123885875728.

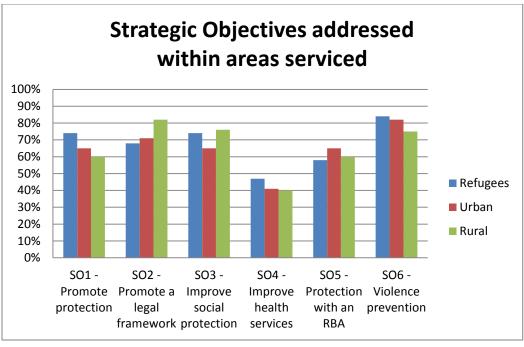


Figure 4.

- The main areas of intervention for both the West Bank and Gaza Strip were in Awareness Raising and Training/Capacity and Development. In sum, the total percentage of all interventions for Awareness Raising in both the West Bank and Gaza Strip was 100% and for Training/Capacity and Development was 90%. This is similar to the main interventions from 2013 where Training/Capacity and Development was the intervention most provided and Awareness Raising was the next highest intervention provided.
- The fewest interventions for both the West Bank and Gaza Strip were occurring in Health Care at 34% of interventions and Security/Protection at 36%. This follows from 2013 where Health Care was the least provided intervention, followed by Legal Aid in the West Bank and Security in the Gaza Strip.
- The strongest service being provided throughout Palestine is Psychosocial Support Service at 58% of interventions and the least provided service for all of Palestine is that of Health Care at 34% of interventions. **Figure 5** describes the percentage of interventions being conducted across Palestine.
- Figure 5 also describes the percentage of interventions being conducted in rural, refugee camps, and urban communities across all of Palestine. From the table it is apparent that Awareness Raising and Training/Capacity and Development are the predominant interventions for all areas while Economic Empowerment and Income Generation is the least provided intervention for all areas.

AREAS OF INTERVENTION ACROSS PALESTINE								
	WEST	GAZA STRIP	TOTAL FOR	FOR ALL OF PALESTINE				
AREA OF INTERVENTION	BANK		ALL OF PALESTINE	RURAL AREAS	REFUGEE AREAS	URBAN AREAS		
Awareness Raising	100%	100%	100%	100%	100%	100%		
Training/Capacity Development	88%	95%	90%	90%	84%	94%		
Coordination	74%	79%	74%	85%	79%	82%		
Advocacy/Policy	67%	76%	69%	65%	63%	71%		
Psychosocial Support	52%	69%	58%	70%	74%	71%		
Building Response/Referral Systems	50%	70%	56%	60%	63%	71%		
Research and Data Collection	48%	69%	54%	60%	53%	59%		
Legal Aid	40%	62%	47%	65%	68%	65%		
Child Protection/Family Support	39%	56%	44%	45%	47%	53%		
Economic Empowerment and Income Generation	39%	35%	37%	30%	26%	29%		
Security/Protection	31%	50%	36%	35%	42%	41%		
Health Care	35%	32%	34%	40%	47%	35%		

Figure 5.

 Interventions covered the entire West Bank with the most interventions having occurred in Ramallah and Al Bireh (9.43% of all interventions) and East Jerusalem (8.92% of all interventions). The fewest interventions occurred in Salfit and Tubas, each with only 7.58% of all interventions (figure 6.). This contrasts with 2013 where most interventions occurred in Nablus, Bethleham, and Hebron. In 2013 the least interventions also took place in Tubas as well as Tulkarm, Qalqiliya, East Jerusalem, and Jericho.

LOCATION	PERCENTAGE OF ALL INTERVENTIONS
Ramallah & Al Bireh	9.43%
East Jerusalem	8.92%
Jericho & Al Aghwar	8.81%
Nablus	8.71%
Bethleham	8.35%
Hebron	8.30%
Jenin	8.30%
Jordan Valley	8.25%
Qaliqilya	7.94%
Tulkarm	7.84%
Salfit	7.58%
Figure 6.	

All of Gaza Strip is served by every programmatic intervention with the most interventions occurring in North Gaza (22.49% of all total interventions in the Gaza Strip) and Dir Al Balah (20.04% of all total interventions in Gaza). Khan Yunis and Rafah reported the lowest number, with 18.55% and 19.40% of all interventions, respectively (see figure 7). In 2013 it was reported that the most interventions were occurring throughout the strip with the least interventions also occurring in Khan Yunis and Rafah as well as Dir Al Balah.

LOCATION	PERCENTAGE OF ALL INTERVENTIONS
North Gaza	22.49%
Dir Al Balah	20.04%
Gaza	19.51%
Rafah	19.40%
Khan Yunis	18.55%
Figure 7.	

• For all areas served by programmatic interventions, rural areas received more interventions (35.15% of all area interventions), while urban areas received fewer interventions (31.12% of all area interventions).

- **Figure 8** shows that there were more total interventions occurring in the West Bank over the Gaza Strip.
- **Figure 9** shows that Rural areas were most served by interventions while Urban areas were least served by program interventions.

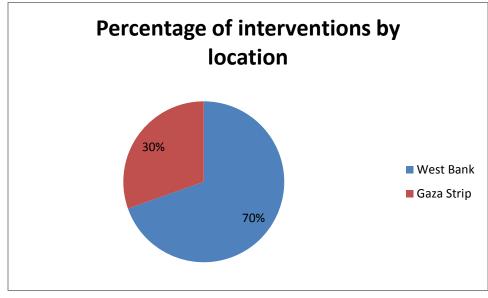


Figure 8.

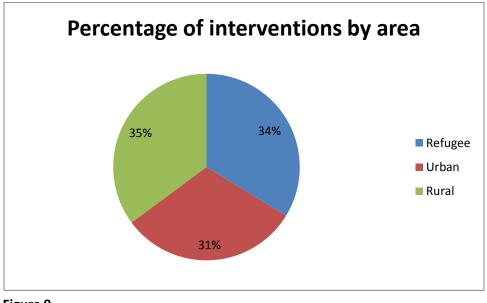
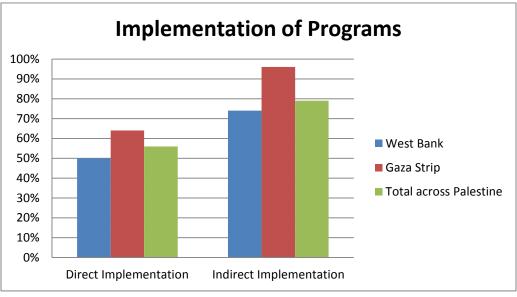


Figure 9.

• In the West Bank 50% of surveyed organizations work directly to implement programs while 74% of these organizations work indirectly with CBOs, NGOs, INGOs, government ministries, and

UN agencies. This has changed from 2013 whereby 46% of interventions were directly implemented and 54% indirectly implemented.

 In the Gaza Strip, 64% of surveyed organizations work directly to implement programs while 96% of these organizations work indirectly with CBOs, NGOs, INGOs, government ministries, and UN agencies (Figure 10). This has increased from 2013 where 71% of interventions worked indirectly with stakeholders to implement projects.





- Of all surveyed organizations in the West Bank, 82% of them target NGOs and CBOs, 55% of them target government Ministries, and 45% of them target law enforcement agencies.
- In the Gaza Strip, 96% of surveyed organizations target NGOs and CBOs, 52% of surveyed organizations target government Ministries, and 43% of these organizations target law enforcement agencies (Figure 11).

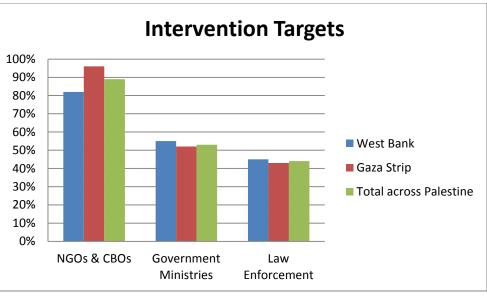


Figure 11.³

- In the West Bank, female youth ages 12-18 and 19-29 are served the most by all interventions conducted by surveyed organizations at 57% each, while female religious leaders and the Bedouin community are the least served, each by only 27% of all interventions by surveyed organizations (Figure 12).
- Males in the West Bank are served by fewer interventions than females in all categories, with youth between the ages of 19 -29 being the most served at 49% of all interventions conducted by surveyed organizations, and the Bedouin community being the least served by 19% of all interventions conducted by surveyed organizations (Figure 12).

³ These figures are based on the responses of 31 organizations, as 12 organizations did not reply to this question.

	WEST BANK		GAZA	GAZA STRIP		ALESTINE
GROUPS TARGETTED FOR INTERVENTIONS	Male	Female	Male	Female	Male	Female
Youth 19-29	49%	57%	69%	78%	57%	68%
Adolescents 12-18	45%	57%	65%	75%	53%	66%
Adults	43%	53%	62%	74%	52%	63%
Refugees	32%	40%	64%	73%	44%	57%
Internally Displaced Persons (IDPs)	23%	32%	56%	67%	37%	51%
Security Forces Officers	39%	39%	43%	38%	39%	39%
Health Care Service Providers	34%	34%	47%	40%	36%	36%
Religious Leaders	31%	27%	47%	43%	34%	35%
Children 0-11	34%	33%	31%	31%	32%	31%
Political Party Members	31%	31%	34%	34%	28%	32%
Bedouin Community	19%	27%	42%	42%	24%	34%
Figure 12.						

- **Figure 12** also demonstrates that in Gaza, 19 to 29 year old males and females are the most targeted by interventions at 69% and 78% respectively, with children ages 0-11 being the least targeted population at 31% for both males and females.
- In general across Palestine, males and females ages 19-29 are the groups most served by interventions at 57% and 68% respectively. This differs slightly from 2013 where male and female adults were the most served by interventions, yet with females being served more than males. Bedouin males, as well as female children ages 0-11, are the least served populations across Palestine at 24% and 31% respectively. In 2013 however, Bedouin females and male religious leaders were the least served by interventions. Additionally, programs that specifically target men were reported as being addressed by interventions by 56% of organizations working in Gaza and by 13% of organizations working in the West Bank.
- In Figure 13 it is seen that the greatest interventions in rural areas target male religious leaders at 65% and female adults, youth 19-29, and adolescents 12-18 at 70% of interventions. For refugee camps the greatest interventions target both adult, and youth 19-29, males at 74% and female youth 19-29 at 89% of interventions. Urban youth 19-29 for both males and females at 76% and 82% respectively, were also targeted for greater interventions.
- The fewest interventions were held in rural areas for male children 0 11 at 25% of all interventions and for female children 0 11 and female health care service providers at 25% each. In refugee camps male and female children 0 11 were the least served with both groups targeted by 26% of all interventions. Male and female children age 0 11 were also the least targeted for interventions in urban areas with 29% each of all interventions. (Figure 13.)

GROUPS TARGETED FOR	RURAL		REFUGEE		URBAN	
INTERVENTIONS	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Youth 19-29	60%	70%	74%	89%	76%	82%
Adults	60%	70%	74%	84%	71%	76%
Adolescents 12-18	55%	70%	68%	79%	65%	76%
Refugees	50%	60%	63%	74%	59%	71%
Religious Leaders	65%	45%	58%	53%	59%	59%
Internally Displaced Persons (IDPs)	45%	60%	47%	58%	53%	65%
Bedouin Community	40%	45%	47%	53%	47%	53%
Political Party Members	40%	40%	53%	53%	53%	53%
Health Care Service Providers	40%	25%	53%	42%	47%	35%
Security Forces Officers	40%	40%	42%	37%	47%	47%
Children 0-11	25%	25%	26%	26%	29%	29%

Figure 13.

Main Challenges and Constraints Identified

The following challenges were identified by all responding organizations and can be categorized into six main categories: government issues, funding, the current legal system, service providers and institutions, local norms, and forensic services.

Government Issues

- The continued Occupation hinders project and program implementation, with the Gaza war of 2014 leaving many areas inaccessible.
- The Palestinian Legislative Council is non-functioning due to the fragmentary nature of the occupation and political and geographical division which hinders GBV case processing.
- A high turnover rate of government actors also hinders GBV case processing and legal advances for women.
- Not enough coordination of governmental initiatives with civil actors at the national level to address VAW.
- Gender mainstreaming is not prioritized for government interventions, nor is the VAW initiative strongly adhered to.
- There is no functional national referral system in Gaza and very limited economic empowerment opportunities for women.
- On the national Takamol referral system, there is an increase in number of players, cross-cutting projects and a crucial need to strengthen access to justice through incorporation of new forensic services into the referral system.

• Issues with the national government were also reported as being challenges in 2013 including poor relations between the government and humanitarian actors.

Funding⁴

- Donor fatigue has reduced funds for GBV response due to the increasing emergency needs in other regions such as Syria, thus there is not enough funding and resources to implement programs, especially for long-term activities.
- Lack of funds was also reported as a challenge in 2013.

The Current Legal System

- A discriminatory norm in the legal system leads to distrust of law enforcement personnel by women, and low employment, health care, and political participation of women. This prevents women from seeking legal services in GBV cases. The rule of law is also not applied equitably for men and women and thus perpetrators of GBV may not be brought to justice.
- The current personal and criminal laws are outdated and affect the ability of organizations to respond to violence.
- Law enforcement agents need more gender sensitization and GBV training.
- There is little to deter people from committing GBV.
- The above legal issues, as well as difficulty in monitoring women's rights violations, were all mentioned as challenges in 2013.

Service Providers and Institutions

- The service provider capacity of government, CSO, and other institutions is not sufficient to combat GBV.
- There is not a strong evidence-base of data on GBV. Also, absence of a Management Information System (MIS) requires coordination to operate the system based at MOSA
- Monitoring and evaluation/accountability mechanisms are missing among women's protection actors.
- More investment is needed to support services.
- There is weak coordination among all organizations working on GBV programs.
- There are not enough services to provide those in need.
- Service providers and institutions were also reported as challenges in 2013.
- Low capacity of service providers to provide quality services, as well as few services for women with disabilities who suffer from GBV, were reported as a challenge in 2013.

⁴ Funding for individual projects was difficult to determine, however of all organizations working exclusively in the West Bank, approximately 30,471,427.26 USD was spent on gender related issues. For organizations working exclusively in the Gaza Strip this amount was approximately 6,502,547.29 USD, and for organizations working in both the West Bank and the Gaza Strip approximately 99,003,393.61 was spent on gender related issues.

Local Norms

- There are cultural and traditional norms that discriminate against women by contributing to the idea of male masculinity and the role of a man as dominant over a woman.
- It is difficult to identify cases of GBV due to the social stigma and fear of speaking out.
- Local discriminatory norms, including a culture of silence around GBV, were also reported as challenges in 2013.

Forensic Services

- There is a shortage of:
 - forensic medicine awareness
 - o fully equipped forensic medicine facilities
 - o procedures to ensure the dignity of women during forensic exams
 - o forensic medicine practitioners (especially women)
 - o laws to regulate forensic medicine
 - \circ ~ a system to record and report GBV cases by forensic practitioners

Lessons Learned

- Health is an excellent entry point to improve the effectiveness of GBV detection, prevention, and response.
- A community-based approach is critical to the effective prevention of GBV and the protection of GBV survivors.
- Partners and stakeholders must be creative and do what programs or projects are possible based on the current constraints and challenges.
- Youth are expressing an interest in Palestinian status and women's right laws, especially surrounding child custody and marriage contracts.
- Many communities are accepting and open to GBV work.

Recommendations

The following recommendation categories are listed in the order of importance based on the responses from all survey respondents, from most reported to least reported. Within each category, the recommendations are also listed in order of most reported to least reported.

Service Providers and Institutions

(37% of all organizations reported needs related to Service Providers and Institutions.)

- Increase service provider capacity in program delivery through increased training and awareness.
- More focus on health as an entry point to identify survivors of GBV and provide them with support.

- Create a more holistic approach to support women, children, and juvenile delinquent girls living in difficult situations at home.
- Utilize research and data to support services for all women and children.
- Support women's economic empowerment and livelihood interventions.
- Create a GBV service directory and ensure proper dissemination.
- Increase the services available to the Bedouin community, community leaders, political actors, religious leaders, health care workers, and security sector.
- Promote the effective implementation of the referral system for GBV survivors in West Bank and Gaza Strip.

Coordination

(37% of all organizations reported needs related to coordination.)

- Define coordination goals to increase coordination among all actors in GBV.
- Increase multi-sectorial coordination with government actors.
- Develop a unified database on GBV to track services provided (including organization, location, and target population), survivors' case management history, and best practices to combat GBV.
- Increase monitoring, evaluation, and accountability on women's rights and GBV work.
- Improve the coordination of all stakeholders within the national referral system.
- Mainstream GBV activities among different clusters.
- Strengthen the coordination between schools and the community.

The Current Legal System

(33% of all organizations reported needs related to the current legal system.)

- Change administrative procedures pertaining to the application of current laws and strengthen the legal frameworks for persecuting perpetrators of GBV.
- Increase legal services, especially the legal representation of women in courts.
- Increase awareness on the role of the Ministry of Justice and justice sector towards gender.

Addressing Stigma

(33% of all organizations reported needs related to addressing stigma.)

- Work with communities and families to raise awareness and break social stigma surrounding GBV.
- Increase male involvement in activities to combat violence against women, especially awareness raising activities.
- Increase the capacity of social actors and religious leaders as advocates for combating GBV and promoting gender equality.
- Raise the awareness and capacity of individuals in marginalized areas such as the Jordan Valley.
- Conduct health awareness raising workshops to increase community awareness of violence.

Youth Activities

(2% of all organizations reported needs related to youth activities.)

- Increase integration for youth on women's rights and gender equality.
- Target youth in awareness raising activities on GBV.

Emergency preparedness

(2% of organizations reported needs related to emergency preparedness.)

• Enhance preparedness and outreach approaches by the humanitarian community in times of crisis before an emergency occurs.

Data Collection

- Create an online survey to make the mapping process easier.
- Ensure all data is transcribed from the survey forms into a database.
- Ensure the database fields match the survey fields exactly.
- Keep an accurate count of how many surveys are sent to organizations.

Mapping Gender Based Violence – 2014 Questionnaire

Thank you for taking the time to respond to this questionnaire. Information collected will go towards updating the mapping of interventions to combat gender based violence in Palestine, which was conducted for the first time last year. The results will provide an update of who is doing what and where, and act as a basis to coordinate existing efforts, avoid duplication, and strengthen collaboration for a multi-sectorial response to GBV. Based on recommendations from the GBV-WG this year's mapping will focus on gaps and progress on the district level mainly in disadvantage areas (Area C and Jerusalem) and the type and quality of GBV services provided. This year's mapping will also target new organizations who did not apply before. Once the mapping document is finalized it will be shared with all GBW-WG members for endorsement, and upon such UNFPA will share widely with all stakeholders.

In order to ensure a uniform understanding among all the participants at the mapping exercise gender-based violence is defined according to the IASC Guidelines on Gender-based violence in Humanitarian settings (2005) as "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females" (p.7). This definition includes both adults and children and all different forms in which GBV can occur: sexual violence including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation, honor killings, widow inheritance and others.

Please feel free to write as much as you like in the space provided! If you have any questions regarding this document or the mapping exercise please contact Kelly Thayer at thayer@unfpa.org.

Deadline for submission the questionnaire is **2 April 2015**.

Agency/Organization Name:

Office Contact:

Address: Telephone Number: Website:

Project (name)	Is this a new	Status	Duration (from-to) ⁵	Interagency (yes/no)	Туре	Funding source	Donors (name)	Project amount
	project? (yes/no)							
1.		Choose			Choose	Choose		
		an item.			an item.	an item.		
2.		Choose			Choose	Choose		
		an item.			an item.	an item.		
3.		Choose			Choose	Choose		
		an item.			an item.	an item.		
4.		Choose			Choose	Choose		
NA		an item.			an item.	an item.	•	
Main area of	In	terventions				Geograph	nic Area	
intervention								
] Training/Cap		pment;				
		Awareness ra						
		Service delive	•					
		🗌 Hea						
		🗆 Psyc	hosocial sup	port				
		🗆 Lega	ıl aid					
		🗆 Secu	rity/protect	on				
				/ family support				
		Advocacy;						
		Coordination	ו;					
		Building resp	onse/referr	al systems;				
		Economic er	npowerment	and income ge	neration;			
		Research/da	ta collection;					
] Other						
Does your				501: Promote pi		nd empowe	rment mecl	hanism for
•	ject/programme Yes (please check women subjected to violence p					•		
	ibute to some of the appropriate SO) occupation;							

⁵ Please report all the interventions in the timeframe of the national strategy to combat VAW 2011-2019

the Strategic	🗆 No	SO2: Promote a legal	framework and institutional			
Objectives of the	🗆 I don't know	mechanisms to protect				
National Strategy to	Not applicable		protection and social support offered to			
Combat Violence		women victims of violer				
Against women 2011-		□ SO4: Improve health services in dealing with cases of VAW;				
2019?			otection, jurisdiction, shari'a and defense			
			en from violence based on a women's			
		rights based approach				
		• • • • •	inciple of violence prevention as part of			
		•	f institutions working on the protection			
		of women's rights.				
Do your		0				
project/programme	☐ Yes, please specify					
contribute to the	□No					
strategic objectives of	□I don't know	now				
any other national						
strategy or plan? E.g.						
National protection strategy;						
the national child protection						
action plan Brief description of	1.					
activities ⁶	2.					
	3.					
	4.					
	5.					
Outcomes (expected)	5.					
Major constraints,						
challenges and lessons						
learned						
Geographic Area	West Bank		Gaza			
covered, Governorates	□All West Bank		🗆 All Gaza			
	🗌 Jenin		🗆 North Gaza			
	□Tubas		🗆 Gaza			
	□Tulkarm		🗆 Dir al Balah			
	□Nablus		🗆 Khan Yunis			
	🗌 Qaliqilya		□Rafah			
	□Salfit					
	🗆 Ramallah & Al Bireh					
	□Jericho & Al Aghwar					
	East Jerusalem					
	Bethlehem					
		rban 🗆 rural 🗆 refugee ca	amps			
	0					

⁶ Please list up to 5 main activities that describe your intervention at the programme level

Implementation and	Direct	🗆 Indirect				
partnerships		□Implemented in partnership with INGO				
		□Implemented in pa	rtnership with national NGOs or CBOs			
		□Implemented in pa	rtnership with other UN agencies			
		\Box INGO acting as donor or sub-granting entity to national				
		NGOs	0 0 1			
	If applicable, please na	me partners involved:				
Target groups		er of Beneficiaries:				
	Male		Female			
	□Adults		□Adults			
	□Children 0– 11		□Children 0-11			
	\Box Adolescents 12–18		□Adolescents 12-18			
	□Youth 19-29	□Youth 19-29				
	Bedouin community		Bedouin community			
	Refugees		Refugees			
	Internally Displaced	Persons (IDPs)	□Internally Displaced Persons (IDPs)			
	□ Security forces office	ers	□ Security forces officers			
	\Box Health care service p	providers	□ Health care service providers			
	□ Political party memb	bers	Political party members			
	□ Religious leaders	us leaders 🗌 Religious leaders				
	Target organizations					
	🗆 Law enforcement ag	gencies, please specify:				
	\Box Ministries, please sp	ecify:				
	\Box Others, please specif	fy:				
Agency Focal point for	Name:					
this project (Contacts)	Title:					
	Telephone number:					
	Mobile:					
	e-mail:					
Feel free to provide us						
with any additional						
comments or feedback						
relevant to this exercise:						
exercise:						
Please attacl	h any project/programm	ne document available fo	r supplementary desk review			

Organizations list- Submission for GBV mapping questionnaire

	GBV-NGOs and CSOs (WB)	GBV-NGOs and CSOs (Gaza)	GBV GOs-WB	GBV GOs-Gaza	INGOs and UN (WB and Gaza)
	The Palestinian NGO forum to combat violence against women	Women Health Center – Jabalia/ Red Crescent Society for the Gaza Strip	Prime Minister of the Palestinian	NA	The Kyinna till Kyinna Foundation
	- Al-Muntada		National Authority	INA I	
	women's shelter in Nablus	Palestinian Center for Human Rights	Ministry of Labour	NA	CARE International
	Palestinian Centre for Peace and Democracy	Center for Women's Legal Research & Consulting	Bethlehem Governorate	NA	Norwegian Refugee Council
		Women's Affairs Center	Ministry of Health	NA	Italian Development Cooperation-Local Technical Unit
		Women's Affairs Technical Committee	Ministry of Education	NA	UNWOMEN/ West Bank
		Ma'an Development Center	Jordan Valley and Jericho Governorate	NA	Oxfam
		Palestinian Center for Democracy & Conflict Resolution "PCDCR"	Hebron Governorate	NA	World vision
		Culture and Free Though Association CFTA	Ministry of Social Affairs	NA	UNRWA West Bank
		Culture and Free Though Association CFTA – Women's Health Center	Ministry of Justice	NA	UNRWA Gaza
		Woman's Health Centre-Jabalia is one branch of Red Crescent Society for Gaza Strip	Family and juvenile protection police	NA	UNICEF
		Aisha Association for Woman and Child Protection	Jenin Governorate	NA	Alianza por la Solidaridad – ApS (Alliance for Solidarity)
			Mehwar (Women Empowerment and Protection Center)	NA	Agencia Española de Cooperación Internacional para el Desarrollo (AECID). Spanish Cooperation
					Norwegian Church Aid
					UNFPA
					UNDP/UNWomen
					UNWomen/Gaza
Total	3 GBV-NGOs and CSOs (WB)	11 GBV-NGOs and CSOs (Gaza)	12 GBV GOs-WB	0	17
					9 INGOs (WB and Gaza)
					8 UN (WB and Gaza)
	Total all Organiz	43 Organization submitted both WB and Gaza			

APPENDIX 2