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**COMPREHENSIVE RESPONSE
TO SOCIO-ECONOMIC IMPACTS OF THE COVID-19 PANDEMIC
IN PALESTINE UNDER OCCUPATION**



**Pillar Two:
Providing Safety Nets
and Social Protection
for the Most-Affected
and Marginalized Groups**

This publication is one of a series of six reports on the socio-economic impacts of COVID-19 Pandemic in Palestine and required responses, organized under five themes.

These include: Introduction -The COVID-19 Shock in Palestine: from Resilience to Empowerment to Sovereignty; Pillar 1: The Economic Impact of the Coronavirus Pandemic on the Most-Vulnerable Micro, Small and Medium-Sized Enterprises Protecting Jobs, Especially for Youth and Women; Pillar Two: Providing Safety Nets and Social Protection for the Most-Affected and Marginalized Groups; Pillar Three: Resilient Communities and Access to Key Services; Pillar 4: Responsive and Inclusive Governance; Pillar 5: Response and Interventions for Addressing Impacts of the Coronavirus Pandemic in the Gaza Strip.

Pillar Two: Providing Safety Nets and Social Protection for the Most-Affected and Marginalized Groups

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This study is funded by the United Nations Development Programme (UNDP)

The views presented in the publication are those of the author and do not necessarily represent those of the donors, the United Nations or the United Nations Development Programme (UNDP)

Palestine Economic Policy Research Institute (MAS)
Jerusalem and Ramallah
2021

ISBN 978-9950-374-94-2



CONTENT

Section I: The Impact of the Coronavirus Pandemic on Marginalized and Vulnerable Social Groups	2
1.1 The Impact of the Pandemic on Community Awareness and the Levels of Trust between Government and its Citizens	2
1.2 The Impact of the Pandemic on the Health, Economic and Social Conditions of the Elderly	3
1.3 The Impact of the Pandemic on the Disabled and Related Services	6
1.4 The Impact of the Pandemic on Food Security and the Rise in the Number of Poor Households	10
1.5 The Impact of the Pandemic on Women, on Levels of Domestic Violence and on Forms of Psychological Stress that Women are Exposed to	13
1.6 The Impact of the Pandemic on the Economic and Social Conditions of Youth	17
1.7 The Impact of the Pandemic on Unemployment Rates and Wages for Laborers	20
1.8 The Social Effects of the Pandemic on the Jordan Valley	22
1.9 Poor Coordination between Governmental and Non-Governmental Institutions, both Local and International	23
Section 2: Interventions to Provide Social Protection for all Social Groups, Especially the Poor and the Marginalized	24
2.1 Enhancing the Capacities of Different Social Groups, Especially the Poor and the Marginalized, Helping them to Cope with the Pandemic	24
2.2 Supporting Food Insecure, Poor, and Marginalized Families	24
2.3 Adopting Policies to Prevent Domestic Gender-based Violence and Address Psychological Stress	25
2.4 Ensuring Social Protection for the Disabled	26
2.5 Minimizing Unemployment Rates and Access to Fair Wages	27
2.6 Reinforcing the Jordan Valley in the Face of Marginalization	27
2.7 Improving Coordination Between Agents of Social Protection	28



Pillar Two: Providing Safety Nets and Social Protection for the Most-Affected and Marginalized Groups

Section I: The Impact of the Coronavirus Pandemic on Marginalized and Vulnerable Social Groups

Introduction

It is true that the coronavirus pandemic does not distinguish between one person or another, but rather affects all members of society, irrespective of whether they are poor or rich, old or young, man or woman. However, over the passage of time, societies have come to distinguish between their sons and daughters based on considerations of gender, social class, physical condition, age group, etc. Undoubtedly, there is a large and clear disparity in the ability of different social groups to deal with this pandemic and withstand its strong and profound effects. This is especially true if these groups live in a society in which there is no effective and integrated system of social protection, as is the case with Palestinian society. Within this society, marginalized and vulnerable groups find themselves exposed, lacking a social protection umbrella in the face of a pandemic that has affected the whole world in unprecedented ways. It has affected various aspects of economic, social, psychological and educational life. Before analyzing our research results vis-à-vis the effects of this pandemic on marginalized, vulnerable and exposed Palestinian social groups (specifically the elderly, the disabled, the poor, women, as well as laborers and youth), it is necessary to outline the impact of the pandemic on community awareness and on the levels of trust between government and its citizens.

1.1 The Impact of the Pandemic on Community Awareness and the Levels of Trust between Government and its Citizens

Field research has revealed the existence of serious gaps in Palestinian societal awareness regarding the extent of the pandemic and ways to confront it, as well as the existence of a crisis of confidence by some citizens towards government. This is partly caused by a “conspiracy theory” that dominates the minds of a large number of Palestinians, which is used tirelessly to explain “new” or “strange” occurrences such as the coronavirus pandemic, denying the existence of a real link between cause and consequence, etc. Perhaps this explains the heated discussions in focus groups and interviews held by the research team in target governorates. Generally, participants’ views can be divided into three groups in this regard:

- The first point of view represents those citizens who believe that the coronavirus pandemic does not exist, and that it is a “conspiracy” hatched by parties, countries and companies that have hidden interests. When asking these citizens about those bodies or countries or about their interests, we did not receive a specific answer, given that all countries have been affected by the pandemic and are suffering tremendously from it.

- As for the second point of view, it represents those who acknowledge the existence of the pandemic, especially in Palestine, but believe that the government and the Palestinian National Authority (PNA) “exaggerate” when talking about the pandemic, its effects, and the numbers of deaths and injured persons in order to “obtain foreign aid, especially from the World Health Organization”. Many participants mentioned examples of cases of “illness or death not related to the coronavirus, but reported by health authorities as coronavirus cases”. Some mentioned, in a skeptical tone, that the Palestinian Ministry of Health announced that “members of our families were infected with the virus, but the infection was not transmitted to us!” Others mentioned that “some of those who said they were infected did not have any symptoms.” Perhaps this confirms that these participants did not know, or were not informed, of scientific research on the pandemic undertaken by numerous parties across the world. According to this research, there are several types of viruses and several levels of infection: some individuals do not show symptoms, some show simple or mild symptoms, while others have serious symptoms that may be fatal. Several studies have also revealed that some infected people have a tremendous ability to spread the virus and infection to a large group of people, while others do not have such a capacity, etc. This confirms the importance of the need to launch an urgent national awareness campaign that is orderly and harmonious.
- The third viewpoint represents those participants who have confidence in government data and the media - especially official sources - concerning the pandemic, its risks, and its accelerating rate of spread. These participants tend to occupy official positions such as presidents or members of local councils, employees in some ministries, and health sector workers.

1.2 The Impact of the Pandemic on the Health, Economic and Social Conditions of the Elderly

Field research revealed that the elderly, especially those who do not receive a pension, do not have any form of social protection, or have very limited protection. They have suffered greatly due to the coronavirus pandemic, especially in light of the increase in their need for preventive medical supplies, in addition to their regular health and nutrition needs. For example, some elderly people in the Jordan Valley who suffer from chronic diseases stated that the nutrient supplements that they received from the Health Directorate had been “cut off and were no longer available”. Some of their relatives explicitly told us that, sometimes, “they do not find money to buy the necessary medicines to treat regular chronic diseases that their elderly relatives suffer from.” There is also an inability to purchase some vital supplies, such as sanitary napkins, due to the difficult economic conditions created by the pandemic. The research team met elderly people from the village of Zubeidat in the Jordan Valley, who had been infected with the virus and continued to suffer from severe pain for weeks due to their inability to purchase painkillers and fever-reducing drugs such as Acamol. Two of the participants in the focus group that we held in the village of Al-Jiftlik, located in an area threatened by annexation in the Jordan Valley, told us that their mothers are still suffering from a state of “mania and psychological pressure. Given the severity of the suffering they experienced, they fear contracting the coronavirus again even though they recovered from the virus about two months ago”.

Field research revealed the difficult economic and living conditions that elderly people face, especially those with chronic diseases and disabilities who do not have any pensions and already



belong to poor families, or to families that have become poor since the outbreak of the pandemic (the newly poor). The research team met with elderly men in the Jordan Valley who had been forced, after the outbreak of the pandemic, to work despite their poor health condition. They obtained a small sum of money, not exceeding NIS 30-50 per day, to cover their expenses (a group of them, for example, pick *mulukhiyah* leaves in exchange for NIS 0.5 per kilo!). A large group of elderly and sick women has been forced by the economic conditions imposed by the pandemic to work in the settlements in agriculture in arduous and non-remunerative working conditions (NIS 10 per hour). Additionally, some of them have had to work from home in the field of packaging for the benefit of factories located in the settlements surrounding their villages, or to pick dates in exchange for small sums paid by Palestinian date-farm owners.

The research team heard many sad stories about elderly people in Qalqilya governorate, whose food security was severely and directly affected by the pandemic. Some were forgotten by relatives and neighbors and suffered from hunger and are still suffering. For example, in an interview with a worker at the Ishraqa Foundation in Qalqilya, she told us how “she saw an elderly man carrying a child, running behind a car that he thought was distributing food parcels. His tears welled up when he returned empty-handed, forcing her and her colleagues to collect donations to buy some food for him and his grandchildren, whose father is unemployed!”. Even some of the elderly, who received in-kind or cash assistance from government institutions, still suffer from poverty and an inability to cover their needs. Many of those interviewed asked: “What effect will a one-time payment of NIS 500 or two food/medical parcels have, when the pandemic has afflicted the poor, the elderly and the disabled for more than seven months (from the beginning of March 2020 until the end of October, at the time of their interview)?”

It must be noted that the pandemic has exposed the elderly to tremendous psychological pressure, as many developed deep feelings of loneliness and isolation due to social distancing measures (avoiding contact with relatives, grandchildren, neighbors and acquaintances because of their fear of infection). An elderly person in Al Jiftlik village cried heartily in front of the research team, rejoicing that “someone came to talk to him and ask him about his condition!” To make matters worse, the elderly stopped participating in most social and public activities such as weddings and funerals. In addition, they stopped frequenting places of worship due to fear of infection, which is a vital religious activity for their health and psychology. The research team, accompanied by the head of the local council in a village with 4,000 people, went to a mosque and found only one elderly person there at the time of afternoon prayer. In addition, there is an increased fear among the elderly themselves of contracting the virus due to the great danger that it poses to their lives.

There is no doubt that these difficulties arising from the pandemic, as experienced by the elderly in Palestine, are a result of the lack of community protection and care available to this group. This is despite a significant decrease in the number of elderly people in relation to the rest of the population, when compared to many other countries. They do not pressure the health, social or economic system. It is well-known that Palestinian society has a large young population, where the largest age group is children of age 14 years and under. They form the basis of the age pyramid (39%), followed by youth 15-29 years (about a third of society at 29%). At the top of the population pyramid come the elderly (60 years and over), whose percentage does not exceed

5%.¹ If we adopt the definitions of more advanced countries (65 years and over), their percentage drops to only 3% of the total population (3.5% in the West Bank and 2.7% in the Gaza Strip). This percentage is much lower than other countries, especially more developed ones such as Japan (where the percentage of elderly people aged 65 and over in that country is 26%).² Italy is the European country with the largest increase in the number of elderly people in 2019, where the proportion of elderly people to the total population is about 23%.³

The number of elderly people in Palestine reached 257,151 individuals in the year 2019, or about a quarter of a million people. Their proportion is expected to increase by 5% in the coming decades.⁴ A strong indicator of the lack of official attention to the elderly is the limited number of dedicated centers for the elderly in the West Bank and Gaza Strip, especially governmental ones. According to the Undersecretary of the Ministry of Social Development, Dawood Al Deek, there are 21 centers for the elderly in the West Bank. This includes one governmental center for the elderly, affiliated with the Ministry of Development Social (Grandparents' House in Jericho with a maximum capacity of 60 residents), and 20 centers affiliated with civil-society institutions and charitable societies.⁵

The official neglect of the elderly is accompanied by the decline in informal support (such as family support), due to changes in social values and morals over the last three decades (the deepening and spread of individualism and the decline in social, family, and solidaristic values), as well as a deterioration in economic conditions. Data issued by the Palestinian Central Bureau of Statistics (PCBS) last year shows that 22% of the elderly have been subjected to health-related neglect by a family member (24% for elderly women and 19% for elderly men). What adds to the marginalization of this social group is the weakness of its political activity and its limited influence compared to other social groups. Moreover, prevailing societal belief among some that "caring for the elderly is the responsibility of the state" also contributes to increasing the societal neglect that this marginalized group suffers from. The pandemic has marginalized this group and placed it at the top of the list of population groups targeted by the virus, increasing members' needs for social protection.

This state of marginalization and suffering was confirmed in a statement issued on 1 October 2020 by PCBS on the occasion of the International Day of the Elderly. PCBS stated that "about 75% of the new coronavirus deaths in Palestine are among the elderly, with a further 3,237 infections among the elderly". The statement indicated that 39% of the elderly in the West Bank and Gaza Strip suffer from at least one difficulty or disability, where difficulty with mobility was the most common among them (24%), followed by visual impairment (22%). The percentage of

1 Palestinian Central Bureau of Statistics (PCBS). Palestine Statistical Yearbook. December 2018. No. 19. Ramallah, Palestine. p. 19.

2 Aging of Japan:
https://en.wikipedia.org/wiki/Aging_of_Japan#:~:text=According%20to%202014%20estimates%2C%2033.0,reach%20a%20third%20by%202050.

3 Statista: Share of population that are aged 65 years and older in European countries in 2019.
<https://www.statista.com/statistics/1105835/share-of-elderly-population-in-europe-by-country/>

4 Al-Hayat Al-Jadeeda Newspaper, "Elderly Homes in Palestine ... Yesterday's stories in the face of Corona".
http://www.alhayat-j.com/ar_page.php?id=4da2e0ey81407502Y4da2e0e

5 Palestinian Ministry of Health. 2020. "Ways to protect the elderly from the risk of infection with Coronavirus."
<https://www.moh.gov.ps/portal/>

[طرق وقاية كبار السن من خطر الإصابة بفيروس](#)

the elderly who suffer from extreme poverty is 16%. In addition to this, the elderly's participation rate in the workforce did not exceed 14%, which is less than the female participation rate in Palestine (19%), which itself is considered very low. Finally, the statement indicates that 6% of the female population is over 60, and only 48% of elderly females are married. This highlights the multifaceted nature of the marginalization that a significant proportion of the elderly face: female, old, alone, and with at least one disability.⁶

1.3 The Impact of the Pandemic on the Disabled and Related Services

The research team met with elderly men in the Jordan Valley, whom after the outbreak of the pandemic had been forced, to work, despite their health condition, in order to obtain a small sum of money. Typically, this did not exceed NIS 30-50 per day, to cover their expenses (for example, a group pick mulukhiyah leaves in exchange for NIS 0.5 per kilo!). A large group of elderly and sick women have been forced by the pandemic to work in the settlements in agriculture, in arduous and non-remunerative working conditions (NIS 10 per hour). Others work in picking dates in exchange for small sums paid by the owners of Palestinian date farms.

The results of the 2017 census indicate that the percentage of persons with disabilities in Palestine is 2.1%, or slightly more than 90,000 individuals. As for the most prevalent types of disabilities among the general population, the results state that disabilities in “the movement and usage of hands” is the most common (1.1% of the entire Palestinian population), followed by visual impairments (0.7%), hearing impairments (0.5%), communication impairments (0.4%), and finally, memory/concentration deficiencies (0.4%).⁷ Persons with disabilities (and the elderly) are the social groups most affected by the pandemic. A report by the UN indicates that some persons

with disabilities “face difficulty in implementing preventive medical measures related to hygiene, including frequent cleaning of surfaces and the home”. Cleaning homes and washing hands frequently can be a challenge for people with disabilities, due to reasons related to inaccessible positioning of physical items, environmental barriers, and disruption of services. Moreover, some of the disabled are unable to implement social distancing measures because they need regular help from others in order to meet self-care needs.⁸

According to the UN Secretary-General, Antonio Guterres, “one billion people around the world with special needs are among the most affected by the coronavirus in terms of deaths ... Their share of deaths from coronavirus in care homes, where elderly with special needs are present, range from between 19% and 72%.” Guterres further noted that “people with special needs face difficulty obtaining public health information, implementing basic hygiene measures, and accessing health facilities”. He also commented that “should any of them be infected with coronavirus, it is highly likely that they will suffer from difficult health conditions, which may lead to death.” Finally, the UN Secretary-General explained that, “even under normal circumstances, people with special

6 Palestinian Central Bureau of Statistics, 1/10/2020. “75% of Corona deaths in Palestine are elderly people”. <https://shehabnews.com/post/70243/>

الإحصاء-75من وفيات كورونا في فلسطين من-المسنين

7 Palestinian Central Bureau of Statistics. “Summary of the final results of the census 2017,” July 2018. The State of Palestine. Ramallah. P. 34.

8 U.N: Department of Economic and Social Affairs. “Everyone Included: Social Impact of Covid-19”. <https://www.un.org/development/desa/dspd/everyone-included-covid-19.html> Retrieved on 2/6/2020. Our translation.

needs are unlikely to have access to education, healthcare, employment opportunities or social participation. The epidemic has reinforced inequality and created new threats”.⁹

In line with these observations, field research has shown that the impact of the coronavirus pandemic on persons with disabilities in Palestine - and on institutions providing them with housing, health and educational services - was strong and multifaceted. Difficult economic and social conditions created by the coronavirus pandemic, including the closure of residential centers, whether in whole or in part, have increased the pressures and challenges facing people with disabilities, especially children, the elderly, and their families.

In-depth interviews were held with the Director of the prestigious Association for Charitable Trusts in Qalqilya, founded more than 50 years ago, as well as with focus group discussions with teachers and employees at the Association. Given the difficult economic conditions created by the pandemic, combined with the salary crisis, parents were unable to pay monthly fees for nursery and kindergarten services at the Association, despite the fact that such services are provided at relatively low prices to the local community. Given that it is a non-profit institution, the Association was forced to fully close the nursery and kindergarten. Moreover, the Association provides accommodation, shelter, care, and educational services to dozens of children who suffer from hearing disabilities. This service is also threatened with closure due to the decrease in the number of accommodated children (by more than half), consequently decreasing revenues from fees for the provision of such services and their licensing. The Association also faces a real risk of closing its doors despite being one of the few organizations that provide services to children with hearing disabilities at the national level (some beneficiary children are transferred from different governorates, such as Hebron). This case is just one example of what many service and shelter charities are experiencing at the national level.

In addition to the great challenges that the pandemic has imposed on service institutions catering to this marginalized group, the pandemic has also demonstrated the need to establish new institutions, especially with regard to certain disabilities: mental disabilities and children suffering from autism. They and their families have suffered from severe conditions under lockdown and difficult economic conditions created by the pandemic: “She has three teenage children with autism (two daughters and a son). The mother is always crying and suffers from suffocation as she does not know how to deal with her children. Her two daughters are in their teens and they do not know how to use the bathroom or sanitary pads when their menstrual cycle occurs. The mother is seriously considering consulting an elder, or *sharia* judge, in order to remove the uterus of both the girls, given the state of poverty and lack of space. The three siblings live in one room and sometimes the mother comes to find that they have taken off all their clothes and are completely naked. She is terrified of the possibility of a relationship between a brother and two sisters. They do not know what they are doing and it is difficult to control them.” This story, recounted to us by specialists at the Social Development Directorate in the Qalqilya Governorate, represents one of many stories concerning hundreds of people with autism. There is no real care directed to meeting their urgent humanitarian needs and there is no support or guidance for

⁹ Al Quds Newspaper. 6/5/2020. “People with special needs most affected by the Coronavirus.”
<http://www.alquds.com/articles/1588751623425026900/>

parents on how to deal with them. Most importantly, there is a severe lack of specialized centers nationwide providing care and accommodation to autistic patients, despite a dramatic increase in the number of such cases in recent years.

This confirms the findings of this study on the state of marginalization, and the forms of suffering, experienced by persons with disabilities in Palestine, in addition to the lack of services provided to them. This has also been evidenced by other studies conducted to examine the vulnerability of persons with disabilities to the pandemic and its aftermath. In a May 2020 study utilizing a deliberate sample of respondents with mental disabilities, previously residing at the YMCA in the West Bank, 68 parents of persons with mental disabilities who had their children discharged from Al-Ihsan Charitable Society in Hebron stated that they previously received “comprehensive care services”. 51 of them reported that they received shelter services, and 8 mentioned that their sons and daughters received medical rehabilitation services such as physiotherapy and occupational therapy. In addition, the parents mentioned some of the behavioral and health challenges that they faced, given that their sons and daughters no longer receive the various services that the Association provided to them. For example, 31 surveyed families stated that their sons were in a state of constant crying and loud screaming. 25 families stated that “their children suffer nervous attacks and anger at home, which translates into smashing and vandalism at home.” Finally, 12 families stated that their children had “repeated aggressive behavior that amounted to assaulting others”.¹⁰

A joint survey was carried out by the Stars of Hope Association for the Empowerment of Women with Disabilities and the Economic and Social Policy Observatory, Al Marsad,¹¹ during March and April, targeting 350 women and girls with disabilities. It was found that “no official body, whether at the level of a ministry or a governorate, contacted any woman with a disability in order to examine her needs, check on her condition under the state of emergency, whether in the West Bank or the Gaza Strip”. The survey also showed “the presence of several cases of women with disabilities who were cut off from the cash assistance provided by the Ministry of Social Development, which further worsened their condition.”

According to the study, some civil-society organizations have contacted disabled women, but in a limited way. Contact was made only by non-governmental institutions and not by official institutions, reaching only 15 women out of 350, or 2.4%. Only 5 women were contacted in the West Bank, and the rest in the Gaza Strip. The survey also revealed the existence of numerous violations of the rights of women with disabilities as specified in labor law, as “the majority of women and girls with disabilities do not work, or are unemployed. The survey documented the dismissal of a worker with a disability for health reasons, in conjunction with the start of the state of emergency, in addition to the non-payment of wages for three workers with disabilities by employers. It is unknown if the workers will be paid or not, despite nearly two months have passed since the beginning of the crisis”. Such violations occur in the workplace and their economic effects are not limited to salaried workers. The survey documented that the payment of wages to a number of women workers with disabilities was suspended.

10 YMCA. Qualification program. “Monitoring the reality of persons with disabilities in the ordeal of Corona: an intended sample of those who were discharged from residential institutions at the beginning of the ordeal”. May 2020. Jerusalem. Pp. 2-6.

11 Stars of Hope Association for the Empowerment of Women with Disabilities” and “Social and Economic Policies Observatory - The Observatory”. May 2020. “Position Paper: The Official Response to the Economic and Social Situation of Women and Girls with Disabilities”.

Finally, the survey showed that there is a “high sensitivity of women with disabilities” to dealing with “emergency committees” (formed to confront the pandemic). The problem is that such organizations are dominated by males in different locations in the West Bank, and as a result, girls feel a lack of privacy and confidentiality in communicating their needs. This is in addition to female respondents’ belief that “there is no equitable distribution of aid, as favoritism and *wasta* play a role in distribution without regard for entitlement”. Some beneficiaries also referred to partisan control in committees, where some committees refuse to include the needs of some women with disabilities because of their familial or political affiliations. This has been confirmed by a report issued by the Independent Commission for Human Rights.¹²

In the same context, the Executive Director of the Stars of Hope Association commented that “women with disabilities are most affected by infection with the coronavirus due to their weak immunity. Some disabilities have different priorities and needs, including home support and the difficulty of moving around the house to maintain personal hygiene and wash hands”. She indicated that “some information received by the Stars of Hope Association shows that the priorities and needs of people with disabilities do not receive the attention of the emergency committees in all governorates... We have contacted the Ministry of Women’s Affairs, and the Ministry contacted the committees to provide them with the priorities and needs of the disabled”. She also outlined that “to ensure that persons with disabilities are not deprived of life-saving information, communication strategies should include sign-language translations of televised statements, websites that are accessible to persons with various disabilities, and telephone services with advanced textual options for people who are deaf or disabled. Communication should use clear language to increase understanding”.¹³

In-depth interviews were held with the Director of the prestigious Association for Charitable Trusts in Qalqilya, founded more than 50 years ago, as well as focus group discussions with teachers and employees at the Association. It was found that because of the difficult economic conditions created by the pandemic, the Association was forced to completely close the nursery school and kindergarten. Moreover, the Association provides shelter, accommodation, care and education services to dozens of children with hearing disabilities nationwide, and this service is also threatened with closure.

The NGO Network in the Gaza Strip called for enabling persons with disabilities to access “health facilities and services, and obtain information related to the emerging coronavirus.” The Network called for “integrating persons with disabilities into national plans and programs related to combating the coronavirus, and to overcome the effects of its spread and its repercussions in Palestine.” During a workshop organized by the NGO Network via Zoom technology, the importance of “using awareness-raising media materials” was emphasized, “spoken with clear voices that include more detailed

information for people with visual impairments, so that they can visualize and understand it. In the event that awareness-raising messages are broadcast electronically, text messages must be used. These are more appropriate than picture messages, through which individuals cannot access all required information”. Dr. Bassam Abu Hashish, a workshop participant, stressed that “it must

12 Ibid.

13 “Warnings of the dangers of Corona for persons with disabilities in Palestine”. Women (Nisa’a) FM, 7 April 2020.

<http://www.radionisaa.ps/article/14528/>

[تحذيرات من مخاطر كورونا على الأشخاص ذوي الإعاقة في فلسطين](#)

be ensured that quarantine facilities are adequate for people with disabilities, and that they are furnished to accommodate people with disabilities, including sign language for people with hearing impairments, and for those who do not hear or speak”.

1.4 The Impact of the Pandemic on Food Security and the Rise in the Number of Poor Households

About a third of the population of Palestine, and more than half of the population of the Gaza Strip, suffered from poverty before the outbreak of the coronavirus pandemic. The poverty line in Palestine for the typical family (consisting of five members: two adults and three children) was set at 2,470 NIS in 2017, where 1,974 NIS represented the extreme poverty line for the typical family (14% in the West Bank and 53% in the Gaza Strip). As for the percentage of individuals who suffered from extreme poverty, it reached 17% (6% in the West Bank and 34% in the Gaza Strip).¹⁴ There is no doubt that the high rates of poverty in Palestine are due, in part, to high unemployment rates.

The economic effects of the pandemic have greatly increased the number of poor and unemployed, as it has led to the emergence of large numbers of “newly poor” who are directly linked to the circumstances that resulted from the pandemic. According to the projections of the Undersecretary of the Ministry of Social Development, Dawood Al-Deek, “initial expectations indicate that more than 100,000 Palestinian families will enter the circle of poverty due to the health crisis caused by the coronavirus pandemic.” This is largely due to measures preventing the breadwinners of these families from working.¹⁵ In mid-April 2020, during a press conference in the city of Ramallah, the Minister of Social Development, Ahmed Majdalani, announced that “53,000 families have fallen below the poverty line due to the repercussions of the coronavirus crisis, and this number will further increase by the end of this month”. The Minister also stated that “cash assistance has been disbursed to more than 115,000 families below the poverty line, including 80,000 families in Gaza, an increase of 10,000 families over the previous cycle”. The Minister also stated that “the aid is provided with 58% contributions from the Palestinian government, 39% from the European Union, and 3% from the World Bank”.¹⁶

In the same context, preliminary estimates by the World Bank indicated that the number of poor families in the West Bank and Gaza Strip “will rise to 30% in the West Bank and 64% in the Gaza Strip”. According to the economic researcher, Raed Hallas, “the Palestinian economy has suffered from a general state of near paralysis over the last three months as a result of almost complete lockdown”. The increase in poverty rates among Palestinians due to the pandemic has greatly increased the suffering of families and individuals, whether due to food insecurity or the inability to meet daily and basic needs, including the inability to pay rent for homes, especially in the Gaza Strip.¹⁷

14 PCBS. “Review of the conditions of the population in Palestine on the occasion of the International Population Day.” 11/07/2019. <http://www.pcbs.gov.ps/postar.aspx?lang=ar&ItemID=3502#>

15 <http://eqte.net/post/60068/>

يسبب كورونا-100 ألف أسرة فقيرة جديدة في فلسطين.
D8%AC%D8%AF%D9%8A%D8%AF%D8%A9-%D9%81%D9%8A-%D9%81%D9%84%D8%B3%D8%B7%D%
9%8A%D9%86

16 <https://www.alalamtv.net/news/4865501/>

كورونا يعمق الفقر في فلسطين.

17 <https://www.alaraby.co.uk/>

كورونا يزدتعتثر -المستأجرين في غزة

Moreover, the phenomenon of poverty in Palestinian society is associated with a rise in food insecurity among Palestinian families, especially those living in the Gaza Strip, where poverty, or the limited ability to secure food, is the main reason behind food insecurity. Fundamentally, the financial ability of Palestinian families to purchase food from the local markets has declined. It is worth noting that the percentage of families who were suffering from food insecurity in Palestine in 2018 reached 27%, or about 269,000 thousand families. It is reported that the lack of funding for the United Nations Relief and Works Agency (UNRWA), as a result of the cutoff of US aid in 2018, has exacerbated food insecurity, especially among refugees. There is no doubt that the coronavirus pandemic has led to a significant increase in the number of these food-insecure families. Moreover, the response plan issued by the Ministry of Social Development indicates that both poverty and food insecurity are linked to certain family characteristics. It is higher for “female-headed households, or families whose breadwinners are unemployed, refugee families, and poor families living in the countryside or in cities, families of small farmers or herders, as well as families living in refugee camps, families with high dependency ratios, or one family member with a disability or chronic illness”. Bedouin communities in Area C are particularly vulnerable to food insecurity. While the rate of food insecurity in the West Bank is 13%, the rate among the Bedouins living in Area C is 61%.¹⁸

A survey was carried out by PCBS on the effects of the pandemic, especially during the lockdown period, and its results were published in October. It revealed that 42% of Palestinian families lost at least half of their income during the lockdown period from March 5 to May 25, 2020. Moreover, about one-third of Palestinian families (31%) did not have sources of income to cover family expenses during the lockdown period. According to the survey, 61% of Palestinian families are concerned about not having enough food to eat, while 58% of families reported that they usually borrow money - or buy on credit - to cover family expenses, including food.¹⁹

Such findings and the results of MAS field research confirm these trends. We have outlined - in previous sections of this study on the elderly/disabled - the extent of the suffering of the “old poor”, as well as the “new poor” and their families, due to the Coronavirus pandemic and its effects. Comments that we received included: “we no longer eat meat except on holidays,” or “we are forced to reduce the number of meals from three meals to two, or sometimes even to one meal,” as well as “buying very cheap materials for preparing food,” and “not buying new clothes for children”. Some families “borrow to buy food” when their children start schools or are on holiday, “asking for food from neighbors or relatives”. This behavior has been repeated frequently by many poor people whom the research team met.

The results of the PCBS survey are consistent with the results of mini-studies undertaken by some researchers in this field. In a study conducted by a foreign researcher during the period 10-16 May 2020, interviewing 59 small/marginal farmers, shepherds, fishermen, and small traders, one out of every three respondents faced a shortage (or poverty) in the rates of food consumption and borrowed some money to buy food. One in four respondents reduced the number of meals they ate, or bought “cheap” or “cheaper” food than usual. The study also found that subjects consumed fruits and vegetables less than three times per week. The respondents complained about the huge increase in the prices of meat, eggs and dairy products, as

18 Ministry of Social Development, Response Plan, page 2.

19 PCBS. “42% of families lost more than half of their income in the Corona lockdown.” Ma’an News Agency, 4/10/2020. <https://www.maannews.net/news/2020125.html>

they mentioned that the prices of foodstuffs had increased compared to previous weeks and the period before the outbreak of the pandemic.²⁰

Such findings and the results of MAS field research confirm these trends. As outlined in other sections, the extent of the suffering of the “old poor”, as well as the “newly poor” and their families, due to the coronavirus pandemic and its effects. Comments that we received included: “we no longer eat meat except on holidays,” or “we are forced to reduce the number of daily meals from three to two, or sometimes even to one meal,” as well as “buying very cheap materials for preparing food,” and “not buying new clothes for children”. Some families “borrow to buy food” when their children start schools or are on holiday, “asking for food from neighbors or relatives”. This behavior has been repeated frequently by many poor people whom the research team either met or knows of.

The coronavirus pandemic has not only led to the emergence of the newly poor but has also led to the emergence of new needs linked to the pandemic, such as preventive medical supplies, as well as remote educational supplies. Large-sized, poor families in particular (i.e. those with large numbers of children in schools/universities) suffer from the lack of remote educational supplies, such as cellular devices, iPads and internet connectivity. Also, some families are unable to buy school bags for their sons and daughters or new clothes at the beginning of the school year. Some mothers who participated in focus groups stated that they “distribute the time using a single cellular device, iPad, or laptop that the family owns among their sons and daughters (students) on the basis of one or two hours each”. This makes the process of remote education an ineffective one, since these students have to miss a large number of electronic classes and lectures due to the lack of such devices or tools, whose presence has become pivotal to the success of the educational process.

Some focus group participants mentioned how some of their family members have been forced to reside in inappropriate places such as *diwan al hamula*, which does not contain any housing or accommodation equipment, for several days. This was partly due to being subjected to preventive quarantine or because they were infected with the virus due to the inadequacy of the house in which the family lives (large number of family members, lack of rooms, and the lack of alternative health centers to accommodate them). In some cases, they have been forced to live in the homes of their relatives (for example, one of the persons we interviewed from the Qalqilya governorate had to quarantine himself in the house of his married sister due to the inadequacy of his family home).

Finally, the research team has also met with those in charge of some institutions that provide care for poor children, specifically orphans, such as the President and Director of the Charitable Orphan House Association in Qalqilya. It was found that this Association, which depends entirely on donations from philanthropists, especially Palestinians living inside the Green Line, has also been affected by the economic conditions resulting from the pandemic. For example, completing the construction of a shelter for male orphans was suspended. The idea was to build this facility for male orphans over the age of 13, such that they can be separated from orphaned females, who typically reside at the Association until marriage.

20 Pirro-Tomaso Perri: The impact of the COVID-19 outbreak on the Palestinian Food System.

The President and Director of the Association complained about the fees and taxes that the Association is obliged to pay to the PNA. They demanded either exempting such associations from these fees, or at least reducing them. “The Authority does not provide us with any kind of support, and we completely depend on donations that we receive from philanthropists, and instead of extending support, they insist that we pay such fees!” The Association provides its services to tens of orphaned children, not only from Qalqilya governorate, but from all governorates of the country. This includes orphans who lost one of their parents, but also children who suffer from “social orphan-hood” (that is, the parents are alive, but because of drug/alcohol addiction or social problems, they do not care for their sons/daughters). Due to the pandemic and the decrease in the support, the Association is facing serious risk of bankruptcy, as with other associations, such as the Association for Charitable Trusts in Qalqilya.

1.5 The Impact of the Pandemic on Women, on Levels of Domestic Violence and on Forms of Psychological Stress that Women are Exposed to

Opinions expressed in focus groups by women in target governorates, as well as interviews with female counsellors/officials in the field of family protection and the protection of battered women, confirm the findings of initial surveys and studies on the increase in domestic violence. In particular, there has been an increase in violence to which Palestinian women are exposed to, due to the conditions imposed by the coronavirus pandemic. Such conditions include lockdowns, restrictions on movement, loss of all/part of family income (especially male earners), pressures resulting from the increase in household burdens and children spending more time at home, and the paralysis that has affected some parts of the justice sector, especially the courts.

For example, Najla Dweikat, head of the domestic violence file at the Social Development Directorate at the Qalqilya governorate, stated that “cases of domestic violence, especially those directed against women, have doubled since the start of the coronavirus pandemic until now. Today, we are following 12 files or cases... contacts made by women with hotlines increased, as well as the transfers of cases of violence against women that we receive as a directorate, whether by the governorate or by the courts, or by the Darwish Nazal hospital (the main hospital in the governorate)”. This was also confirmed by the coordinator of the Ishraqa Association in the same governorate, which provides social and psychological counseling to battered women. This also applies to the rest of the governorates under study.

What added to the suffering of women during the pandemic period (especially those subjected to domestic violence and in need of protection and intervention) is the shortage of shelter and service institutions, as well as the shortage of vital and daily supplies that battered women need. For example, battered women who seek protection are usually transferred to the police station or holding cell, where they often stay with female criminals, awaiting their transfer to “safe houses”, which are not available in most governorates. There are only three safe houses: Mehwar in Bethlehem, the Emergency Center in Jericho, and the Safe House in Nablus. During the stay of the women in the holding cell for days awaiting their transfer to one of these safe houses, these women suffer greatly. First, they are placed in a cell as if they committed a felony or misdemeanor, given the lack of other places to accommodate them. Secondly, women suffer from the lack of

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supplies of clothes, sanitary napkins, or even milk for their children. Some donations have been collected repeatedly from police officers, counselors and social workers (all of whom receive half a salary due to the salary crisis) in order to buy such supplies. For example, one of the battered women in the Qalqilya governorate had to bring her little girl with her when she fled and took refuge with official authorities for protection. There was no milk for the children and no sanitary pads for the women. Social workers who deal with such cases stressed the need to provide one room, equipped in each governorate, to provide care for battered women and their children during their waiting period for transfer to safe

houses. There is also a need to provide cash or budget assistance in each of the directorates of social development or for the police station in the governorate to cover simple, but urgent and unavailable, humanitarian needs.

The same applies to battered women affected by the coronavirus pandemic as there are no rooms or quarantine facilities that can accommodate these women until they are relocated to safe houses. Indeed, the safe houses themselves, according to female counsellors working in this field, do not contain quarantine-ready rooms to accommodate battered women who are infected with the virus, or who need to quarantine. Such cases have already appeared and social workers did not know how to deal with them or where they could accommodate them.

Field research results - especially interviews with workers caring for battered women - are consistent with the findings of surveys and preliminary studies that tried to examine whether there was an increase in domestic violence during the lockdown (March-May 2020) and post-lockdown phases (June-October 2020). All preliminary surveys agree that domestic violence, especially gender-based violence, increased during the lockdown period, but they differ in estimating the size of this increase. For example, a study carried out by the Juthour Foundation concludes that the lockdown caused by the coronavirus pandemic has led to an increase in levels of domestic violence in Palestine, albeit a limited one. Other studies have recorded a significant increase in the “registration or documentation of cases of gender-based violence”, but do not explain why these documentation processes increased during the lockdown period, which did not exceed three months.

Recalling the disinclination of women to confess or tell others about domestic violence, especially “marital” violence, we tend to give more credibility to studies that have found that the increase in gender-based violence was not a limited increase, but rather a large and tangible one (especially during the emergency and lockdown period: the months of March, April, and May). For example, Sawa’s Helpline recorded an increase of 10% in the use of the hotline by battered women. The

Palestinian Working Women's Society provided 206 telephone consultations and 71 phone-counseling consultations related to gender-based violence between 22/3/2020 and 4/4/2020.²¹ In addition, 778 battered women received counseling during the pandemic period, of whom 481 experienced more than one type of violence (physical, psychological, verbal or sexual) during this period.²² There have been 24 cases of women murdered since the beginning of 2020 (at least), which is the same number of cases recorded during the whole of 2019. This, too, is an indication of the increase in violence against women resulting from the current conditions. Only 3% of women in the study stated that they know of the existence of hotlines that women victims of violence can contact to document incidents of domestic violence and seek help.²³ This, in and of itself, may affect the results of some studies that rely on the number of recorded and documented cases of violence. If 97% of women in Palestine do not know about the existence of such hotlines, then how will they seek help or document the violence that may have occurred, or that they were exposed to, at the hands of their husbands or family members?

All studies and surveys are agreed, however, in that the lockdown has made it difficult for women and girls to access institutions that provide basic services, whether health, protection, security, or justice. In addition, women's limited access to information and communications has more negatively affected them during the pandemic. The disruption of the work of courts during the lockdown has limited women's ability to access police stations, due to restrictions on movement and transportation. In addition, the cessation of security coordination between the PNA and the Israeli occupation authorities has limited the ability of Palestinian police and security to reach Area C. According to some reports, some of those alleged to have perpetrated gender-based violence are hiding in Area C.²⁴ In the same context, the Palestinian Counseling Center reported that women inside Jerusalem face difficulties seeking protection because the Israeli police operating in the area neglect and marginalize the needs of Palestinians in Jerusalem.²⁵

On the other hand, the results of field research confirmed the great burdens that women bear in facing the economic effects of the pandemic, and solving the problem of food insecurity, especially in rural areas. The research team found that sites/villages in which cooperative, agricultural, and food projects were available to women are significantly more capable of coping with the socio-economic impacts of the pandemic, especially in terms of the provision of basic food needs for their families. For example, some institutions such as the Union of Agricultural Work Committees (UAWC) and Oxfam have provided various forms of support for women's charitable projects in the village of Jinsafoot. This includes providing barbed wire to fence-in agricultural lands in the village in order to confront the biggest challenge facing farmers in various areas of the Palestinian

21 UN WOMEN, COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming: Findings of a Rapid Gender Analysis of COVID-19 in Palestine. April 2020, UN Women Palestine office.

The Palestinian Working Woman Society for development. Progress Update: COVID-19 Emergency Situation 22 March – 4 April 2020. <https://pwwsd.org/uploads/15861970731104770065.pdf>

22 The Palestinian Working Woman Society for Development. Violence against Palestinian Women in the occupied Palestinian territory in the Context of COVID-19. <https://pwwsd.org/uploads/15930829742134507294.pdf>

23 Juthour Study. Page 19.

24 Office for the Coordination of Humanitarian Affairs in the Occupied Palestinian Territory. Coronavirus emergency (Covid-19) | Fifteenth case report (29 July - 11 August 2020). <https://www.ochaopt.org/ar/content/covid-19-emergency-situation-report-15>

25 Palestinian Counseling Center. "Rapid examination of the needs of 14 marginalized areas in the West Bank in light of the emergency resulting from the (COVID-19) pandemic".

countryside: the problem of wild pigs that destroy crops. Assistance also includes pesticides and seedlings, especially income-generating crops with high demand: *akoub*, mushrooms and thyme. Assistance also helps to provide the water necessary for the growth of crops, giving courses in marketing and managing small projects, including projects based on home-food industries.

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These different forms of support, and at relatively low costs, have generated robust incomes that have helped many families in the village face the economic challenges of the pandemic, as well as enhancing the status of these women in their families and community. Women in the village have also, through charitable association, established a “savings association” that includes more than 200 women. Each woman pays a sum (that is not fixed) every month consistent with her

financial capabilities (NIS 50, 100, 200 or 300). Some women are unable to commit to a fixed amount due to the fluctuation in income from month to month for their families. The payment process is documented and recorded, and every woman benefits from this cooperation according to how much she is paid. This credit system supports women, their projects, and the needs of their families.

Moreover, the women members of this Savings Association agreed to pay a very small amount – NIS 1 – in periodic commitments to donate to needy families in the village. When the research team asked the women in the focus group (which included more than ten women from the Association) about food security for their families, all the women proudly answered that because of their work in agriculture, their families did not suffer from a shortage of food. Some of them are the sole providers for their families due to the death of the husband or because of a divorce. Others become the main breadwinners for their families due to the husband losing his job – in whole or in part – because of the pandemic.

Despite these partial success stories, the impact of the pandemic on women in Palestine is without doubt a strong, negative, and multifaceted one. Women in Palestine already suffer from chronic and large-scale economic marginalization, even in comparison with other Arab countries (although Palestine has achieved “gender equality” in the field of education, women’s participation in the workforce is only 19%).²⁶ A brief research study conducted by the UN Women’s Palestine Office in April 2020, targeting 301 Palestinian women owners of small and medium enterprises in the West Bank and the Gaza Strip, found that 95% of women who own such an enterprise have been affected negatively by the coronavirus pandemic. In the same context, Samira Hulileh, Chair of the Board of Directors of the Businesswomen’s Forum, said, “a large percentage, or 98% of ‘entrepreneurship’ projects have totally stopped”.²⁷

26_Masarat Center, “Women’s Participation in the Workforce,” Prepared by: Ashraf Badr, Hamdi “Ali Hussein,” Rima Shbeita, Aida Al-Hajjar.

<https://www.masarat.ps/article/1827/%d9%85%d8%b4%d8%a7%d8%b1%d9%83%d8%a9-%d8%a7%d9%84%d9%85%d8%b1%d8%a3%d8%a9-%d9%81%d9%8a-%d8%a7%d9%84%d9%82%d9%88%d9%89-%d8%a7%d9%84%d8%b9%d8%a7%d9%85%d9%84%d8%a9>

27 Arabs48: “Coronavirus threatens Palestinian women’s work initiatives.” 7/4/2020

Finally, another brief survey was carried out by the Ramallah Center for Human Rights Studies in July 2020, in cooperation with several coalitions of civil society organizations, using an electronic questionnaire methodology. 160 responses were obtained from specialized civil institutions and associations from different governorates. Accordingly, it identified the most important challenges that Palestinian women face in light of the coronavirus pandemic as the following:

- Financial pressure (47%).
- Lack of food and nutritional supplies (40%).
- Domestic violence and neglect (21%).
- Domestic work burden (9%).

In addition to economic pressures and increasing levels of domestic violence, the pandemic and the longer stay of family members at home (remote learning/studying from home, working from home, increase in preventative hygiene measures required by the pandemic response process) have led to a significant increase in the household burdens that fall on the shoulders of women.

1.6 The Impact of the Pandemic on the Economic and Social Conditions of Youth

Young people (aged 15-29 years old, as defined in Palestine) are one of the main social groups in Palestinian society that have become increasingly marginalized by the pandemic, suffering on various economic, social, psychological, and educational levels. The effects of the pandemic on youth are summarized below, based on the results of fieldwork and a review of previous studies carried out by the research team.

On an economic level, the results of the 2017 census indicate that the greatest challenge facing Palestinian youth in general, and young women and youth in the Gaza Strip in particular, remains unemployment. Before the pandemic, youth unemployment had reached 42% (compared to 32% according to the 2007 census results).²⁸ The severely negative economic effects of the pandemic on the Palestinian economy in general, especially in the three months of lockdown (March, April, and May 2020), have led to significant slowdown and even paralysis, especially in economic activities that employ a relatively large number of young people. This includes the restaurants, hotels, and trade sectors, which employ 32% of the youth, as well as the service sector, which employs 22% of working youth in the West Bank and Gaza.²⁹ This has significantly raised levels of unemployment and poverty among young people. Work opportunities have been greatly reduced for hundreds of thousands of young men and women looking for work, especially graduates, due to economic effects of the pandemic that are expected to last for a few more years. For

<https://www.arab48.com/%D8%B4%D8%A8%D8%A7%D8%A8-%D9%88%D9%85%D8%AC%D8%AA%D9%85%D8%B9/%D8%AA%D9%82%D8%A7%D8%B1%D9%8A%D8%B1/2020/04/07/%D9%81%D9%8A%D8%B1%D9%88%D8%B3-%D9%83%D9%88%D8%B1%D9%88%D9%86%D8%A7-%D9%8A%D9%87%D8%AF%D8%AF-%D9%85%D8%A8%D8%A7%D8%AF%D8%B1%D8%A7%D8%AA-%D8%B9%D9%85%D9%84-%D9%86%D8%B3%D8%A7%D8%A1-%D9%81%D9%84%D8%B3%D8%B7%D9%8A%D9%86%D9%8A%D8%A7%D8%AA>

28 With the exception of statistics that were drawn from other references and sources referred to herein, all the statistics in this section are based on the General Population Census in Palestine for 2017. It will be included in a study that will soon be issued by the Palestinian Central Bureau of Statistics entitled “An Analytical Study of the Status of Youth in Palestine 2007- 2017”.

29 Palestinian Central Bureau of Statistics. Dr. Ola Awad, President of PCBS, reviews the labor reality for 2019 on the occasion of International Labor Day, 4/30/2019.

http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_Ar_30-4-2020-LF-ar.pdf

example, many young men and women in focus groups held in the village of Battir in Bethlehem governorate and the villages of Jinsafut and Hajjah in Qalqilya governorate indicated that they had lost their source of employment due to the pandemic. “Many young people in Battir who used to work in hotels and restaurants in Bethlehem have lost their jobs due to the cessation of tourism. Foreigners have stopped coming to the city since the outbreak of the pandemic, which has led to the closure of many companies and businesses.” For example, a young woman from the village of Battir mentioned how she stopped working as a tour guide and was forced to work as a manicurist in order to cover her “living needs, even partially,” “We were 75 employees at the company, and all of us were laid off from our work.” Another young woman recounted how she lost her job at a charitable shelter in the town of Al-Izzariya: “at the beginning of the pandemic they paid me a full month’s salary even though I wasn’t working, and I was confined to the house. This forced me to stop working temporarily. This started in the fourth month and we are now in the ninth, and I am still without a job.” When this young woman was asked whether she had received 50% of her salary during the lockdown months, she answered “no.”

Moreover, some young people who own small enterprises have been forced to close some of these projects, or face great difficulties in order to maintain them. For example, a young woman from Battir village, who owns a small stall for selling handmade accessories, mentioned how during the three months of lockdown she closed her small shop “located near the spring” in the village. Even after the lockdown was lifted, the situation was no longer the same. Sales have declined significantly due to the decline in the number of visitors or tourists who come to the village. Another young woman from Qalqilya governorate mentioned how her work has been greatly affected by the pandemic and the halt on weddings: “I work as a DJ, and our work has declined dramatically even though we sometimes take risks and throw some parties. At one of the parties, I met a girl sitting near me who had been infected with corona, which made me very anxious”.

Interviews and focus groups with young people revealed that some of them are their families’ main or sole breadwinners, and have lost their work either completely or partially due to the economic effects of the pandemic on the establishments, workplaces, and institutions in which they were working. This applies to the cities of Nablus, Bethlehem, Jericho, Qalqilya and Jerusalem, and is in line with what surveys and studies have revealed about the impact of the pandemic on the youth sector. In an electronic survey of a large sample of respondents, carried out by the AWRAD Foundation to examine the effects and coping strategies of Palestinians in facing the pandemic, it was found that the youth are the most affected group. 36% of young people between the ages of 18 and 30 reported that they lost their jobs because of the pandemic (more than a third).³⁰ It is worth noting that the percentage of youth-led households is 14%, while 72% of Palestinian households include at least one young person. Consequently, the difficult economic conditions that youth were facing before the pandemic increased significantly thereafter, affecting not only the young people themselves but also the households to which they belong.

Finally, it must be noted that interviews and focus groups revealed that many young men and women are not enjoying their labor rights, with many losing employment benefits due to the

30 <http://www.awrad.org/article/10320/>
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economic difficulties created by the pandemic and an “army of unemployed young men and women ready to fill any vacancies.” Prior to the pandemic, the majority of these young people were deprived of their basic trade union rights. It speaks for itself that 57% of young women in Palestine reported that they are not entitled to maternity leave with pay, and only 43% of them take such leave. It is also expected that working conditions will worsen for a large number of these young people in the post-coronavirus period. An alarmingly high percentage of young men and women do not hold a written employment contract. It was found that about 58% of young people, or more than half, do not work under a “written employment contract” with their employer. During our interview with the Undersecretary of the Ministry of Justice, he explained that “the paralysis that afflicted the courts during the lockdown and the subsequent judicial bottlenecks facing the courts due to the accumulation of cases made it more difficult for these young people to go to the judiciary in order to resolve union disputes with employers”.

As for the social and psychological impacts of the pandemic, the same effects evident among women generally, such as the increase in gender-based violence and the lack of social and psychological services, also apply to young women and adolescents (aged 15-29 years). Indeed, due to the patriarchal culture prevailing in Palestinian society, based on the subjugation of females to males, the young to the elderly, and students to teachers. Some young people, due to their age, are subject to additional “forms of violence and psychological pressure” that have increased during the pandemic due to the difficult economic, psychological, and social conditions faced by adults, especially parents. Many of the young people who participated in focus groups and interviews spoke about the increase in tension and quarrels in their families, especially during the lockdown. Some adolescent girls mentioned that “the continuous presence of fathers or older brothers in the house has increased supervision over us, as they interfere in every event small or large”. The partial or total closure of educational institutions, marketplaces, etc. increased restrictions on the ability to move or leave the house for a sizable proportion of young women. It forced them to stay at home for long hours and days, which exposed them to psychological pressure, or as some teenage girls and adolescents said “they take it out on us.” In addition, the continuous presence of all family members at home during the lockdown, and the post-lockdown phase, due to the decline in public activities outside the home, increased the household burden on girls and young women compared to the pre-pandemic phase, given “the increased demand for home-made foods and sweets.”

According to one of the respondents the demands and pressures on cellular devices, computers, and the internet increased in general, leading to the emergence of some quarrels and tensions. Hence, many of the respondents expressed their relief at “the reopening of schools, even if on alternating days,” as well as “the opening of universities for students pursuing science and professional majors”. This allowed them to “leave the house, even partially,” to see their friends and have fun with them. The same applies to young men, albeit to a lesser extent. The decrease in public and recreational activities, the closure of educational institutions, the ban on weddings, and fathers’ continuous presence at home for longer periods have led to an increase in the social restrictions and psychological pressures that young people are enduring due to the pandemic and its effects. There are restrictions on marriages, engagements, and weddings, not only because of the preventive health restrictions imposed by the PNA to confront the spread of the pandemic but

also because of the resulting economic conditions. Undoubtedly, restrictions imposed on travel and “the almost complete cessation of foreign tourism” have also increased the psychological pressure suffered by young people, especially those who belong to more affluent families.

Finally, it must be noted that despite the large and multiple “negative” effects of the Coronavirus pandemic on young people and adolescents of both genders, many have pointed out some “positive” aspects. Specifically, they noted the “golden” or “rare” opportunity that the pandemic has created for individuals, the family, and parents to spend more time interacting with each other, and to get to know each other more deeply.

As for the impact of the pandemic on youth political participation, in a dialogue session convened by the Palestinian Initiative to Deepen Global Dialogue and Democracy (Miftah) at the beginning of June 2020, participants indicated that the pandemic has gone beyond direct health effects to also affect the social and economic conditions of youth. Despite obstacles limiting youth participation before the pandemic, the changes that accompanied the coronavirus pandemic resulted in a more complex reality, so that the tools that were normally available to any youth movement are now unavailable and difficult to use, such as conferences, marches, or direct campaigning. A number of participants in the session touched upon some of the initiatives and volunteer work carried out by youth in facing the pandemic, especially working in emergency committees and helping people access certain vital services.³¹ In spite of the significant voluntary role that young people have played in facing the pandemic, especially in emergency committees and emergency aid distribution committees (a role that many male and female respondents emphasized), they were and are still absent from participation in decision-making—especially in ways to confront the pandemic and its effects. If we relied on the global definition of youth (those aged 15-24 years old) rather than the Palestinian definition (15-29), we would find that young people in Palestine are completely deprived of the ability to become members and presidents of municipal and rural councils, as well as members of the Legislative Council or any of its ad hoc committees. The legal minimum age for candidacy in local councils is 25, and 35 for candidacy in the Legislative Council. The same applies to governorates (there is no governor under the age of 29). It also applies to the leadership bodies of the parties and the Palestine Liberation Organization. The representation of the youth in these bodies ranges from non-existent or very limited, meaning that most are symbolic. The conditions imposed by the pandemic did help improve the political participation of young people, despite their vital relief role as well as their relatively large demographic size. Rather, it contributed to its decline. Therefore, it can be concluded that the pandemic has increased the economic, social and political marginalization that Palestinian youth already suffered from.

1.7 The Impact of the Pandemic on Unemployment Rates and Wages for Laborers

The economic forecast for the Palestinian economy in 2020 was already pessimistic, and the pandemic made the situation significantly worse. The economic forecast for 2020, which PCBS and the Palestinian Monetary Authority (PMA) made in late 2019, shed light on the deteriorating economic situation that prevailed before the spread of the coronavirus pandemic. The pessimistic

31 The Palestinian Initiative for Deepening Global Dialogue and Democracy is “Miftah”. “Dialogue session on the impact of the Corona pandemic on the political participation of women and youth”, 3/6/2020: <http://www.miftah.org/arabic/Display.cfm?DocId=15424&CategoryId=10>

scenario envisaged a 2.2% decrease in the real GDP and an increase in the unemployment rate by 4.5%. On March 26, PCBS issued new estimates showing that Palestine's GDP in 2020 could shrink by 5.1% compared to 2019, if the general lockdown lasted for three months. Foreign demand for Palestinian exports is expected to decrease, with a concurrent drop in domestic consumer spending. A sharp decline in household income would be accompanied by the high risk of large-scale business failure and possibly bankruptcy, in light of the shortage of government aid and the decrease in international support. The sharp decline in the number of tourists (both local and international), has hurt the tourism sector, one of the main growth sectors in the Palestinian economy, especially in Bethlehem.³² Most sectors and economic activities have been affected by the emergency measures to combat COVID-19. Since the beginning of the crisis, the tourism sector has stopped completely, and other sectors in the Palestinian labor market and within the Green Line and the settlements have followed.

An important agreement was reached between the Palestinian government and the private sector regarding the payment of workers' wages for the months of March and April 2020 (at 50% payment, or at least 1,000 NIS, with the balance paid at the end of the crisis). According to the Ministry of Labor, it "does not cover the self-employed, estimated to number 50,000, and the approximately 20,000 workers over the age of fifty who were not allowed to return to their work in the Israeli market". This agreement also faces difficulties when it is applied to economic sectors that were already weak, including private educational facilities such as kindergartens, which employ more than 10,000 workers.³³ A plan issued by the Palestinian Ministry of Labor states that "along with people with pre-existing health conditions and the elderly, young people face higher rates of unemployment are also at particular risk." It is also likely that older workers will suffer from higher rates of unemployment compared to workers in their prime. Unprotected workers are particularly vulnerable because they are less protected through social welfare mechanisms, and have been prevented from reaching their often distant workplaces and returning to their families. The Minister of Labor, Dr. Nasri Abu Jaish, and Secretary General of the General Federation of Trade Unions, Shaher Saad, set up a fund for workers in the domestic market with an initial cash portfolio totaling approximately NIS 40 million, benefiting 35,000 workers in the West Bank.³⁴

Some Palestinian political figures and forces such as Tayseer Khaled, a member of the Executive Committee of the Palestine Liberation Organization, have been critical of the agreement reached by the government and the General Federation of Trade Unions with the private sector regarding workers' salaries and rights. The Ministry of Labor and the Palestinian Federation of Trade Unions were unable to agree on acceptable solutions that would prevent the sharp deterioration in the living standards of the masses of workers. What is required is agreement between the three parties - namely the Ministry of Labor, the General Federation of Trade Unions, and the Coordination Council for the Private Sector - obliging employers whose operations were suspended due to the state of emergency to pay 50% wages for March and April (or at least NIS 1,000), with the balance to be settled at the end of the crisis. In any event, this obligation has not been adhered to, I thereby prejudicing the rights of workers and contravening Article 38 of the Palestinian Labor

32 Ministry of Labor. 2020. "A plan to reduce the effects of the Covid-19 pandemic on workers."

33 Ibid.

34 Al Hayat Al Jadeeda. Launching a program to support workers working in the local market affected by the Corona pandemic. http://www.alhayat-j.com/ar_page.php?id=4d6770ey81164046Y4d6770e

Law. This article affirms that a work contract does not expire in the event of an administrative or judicial decision to close an establishment or temporarily suspend its activities for a period of less than two months.³⁵

Moreover, with Israeli employers' reluctance to shoulder their responsibilities towards Palestinian workers by providing safe working conditions, the government called on Palestinian workers who work in the Israeli market to return to their homes. "15,000 workers returned to the West Bank and an additional 45,000 workers were expected to return during the Easter holiday," According to semi-official statistics, on a daily basis there are more than 75,000 Palestinian workers who enter Israel legally via crossings throughout the West Bank. A similar number enter illegally "with the help of smugglers," while there are no accurate statistics for those who work in settlements in the West Bank - but they number in the thousands. In an attempt to explain the risks associated with the continued entry of workers into the occupied interior, Muhammad al-Badri, the legal officer at the General Federation of Trade Unions, said: "We went to all the crossings in the West Bank and met with the workers. We spoke to them and explained the seriousness of the matter, and the possibility of their being infected with the coronavirus and transmitting it to their relatives upon their return. We also distributed instructional material and packages of hand sanitizers." He continued, "When we advised a worker not to go during the spread of the epidemic", he told us bluntly, 'either I die from coronavirus or I die from hunger.' This emphasizes that all must work together to find solutions that will compensate these workers, who cannot go to work at this point in time.

1.8 The Social Effects of the Pandemic on the Jordan Valley

In addition to its severe impact on the aforementioned marginalized social groups, the impact of the coronavirus pandemic on marginalized areas such as Area C, foremost among them the Jordan Valley and certain Bedouin areas, has been deep and multifaceted. The field research carried out by the research team in the Jordan Valley, and research cited previously on the elderly, women, persons with disabilities revealed that this region and its residents suffer from significant marginalization and neglect in various fields. Interviews that were conducted with heads of local councils in this area revealed that it was subject to fierce and systematic attacks by Israeli occupation authorities. The aim has been to empty it of residents and change facts on the ground, thus facilitating the "annexation" process and turning it into a fait accompli.

For example, the head of the local council in the village of Al Jiftlik pointed to the problem of a weak electric current that deprives residents of operating many vital electrical appliances, especially in the summer, when temperatures rise significantly. In focus groups held there, women also spoke about the many forms of extreme poverty and chronic suffering that have greatly deepened in light of the coronavirus pandemic, and the health, economic, social and psychological effects that it has had. Some residents ask, "if the annexation plan will mean a provision of our basic needs in terms of food, treatment and health services, should we reject it?" It is true that the majority of focus group participants rejected such a question, but some of them emphasized that, "despite everything that has been said about support for the Jordan Valley and reinforcing its perseverance,

35 <https://www.raialyoum.com/index.php/>
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especially in light of the annexation plan, this area still suffers from severe marginalization and neglect by the government and supporting bodies”. It seems that the subordination of that area to three governorates, namely Jericho, Tubas, and Nablus, also helps reinforce the state of marginalization and neglect due to the blurring of authority and responsibilities, as well as the lack of budgets allocated to that area.

1.9 Poor Coordination between Governmental and Non-Governmental Institutions, both Local and International

Finally, it must be noted that field research revealed shortcomings in the coordination between governmental and non-governmental institutions, whether local or international, in providing support and care to citizens in surveyed governorates. Some heads of local councils and service institutions have expressed their dissatisfaction with the lack of “complementarity” in the work of these institutions. In the opinion of one local council head in the Bethlehem governorate, “if the coronavirus pandemic has led to a significant increase in the needs and suffering of citizens, and given their limited resources, then why is there no effective coordination between governmental, non-governmental and international institutions in order to achieve some kind of integration? This way, each could focus on specific regions, fields, or groups, while others focus on other groups, fields, and regions”. Some citizens who participated in interviews and focus groups expressed this idea in one form or another.



Section 2: Interventions to provide social protection for all social groups, especially the poor and the marginalized

2.1 Enhancing the Capacities of Different Social Groups, Especially the Poor and the Marginalized, Helping them to Cope with the Pandemic

Short/Medium Terms:

1. Launch a coordinated, urgent and comprehensive media campaign (visual, audio, documented and electronic) to counter rumors and misconceptions about the reality of the pandemic and its spread in Palestinian society, as well as the nature of the virus, its effects, intensity and proliferation methods. This requires the participation of various government units (such as the ministries of information, education and health), non-governmental organizations (the Syndicate of Journalists, local satellite and TV/radio stations), and social-media sites (so-called Influencers).
2. Tighten prevention measures and impose fines on violators. Such fines can be converted into an “emergency fund” which allocates financial support to marginalized social groups, and those most affected by the pandemic and its aftermath. This includes the elderly - who do not have retirement plans or sources of income – the disabled, and organizations offering shelter/ services facing the risk of closure. It can also include workers who lost their jobs or income, and residents of marginalized areas such as the Jordan Valley, etc.
3. Create additional platforms for communications between community and health service-providers.
4. Train healthcare providers on effective communication methods and enhance their role in health and social education, as well as their ability to communicate with the community.
5. There is a need to contribute to the provision of preventive medical materials, such as masks and sterilizers for school students (through “medical parcels” or cash assistance for the purchase of such materials), with a focus on poor families that have more than one child enrolled in school. These families find it exceedingly difficult to procure such materials. In addition, the information/awareness-raising campaigns referred to above must include schools, especially after the start of the new school year in mid-September.
6. Provide medical packages, cash assistance, and urgent psychological support for the elderly, as they do not have a source of income, retirement pension or social insurance.
7. There is a need to provide additional quarantine centers (for example, one in every governorate) dedicated to individuals, whether injured or subject to preventive quarantine, and those who belong specifically to poor and large families living in overcrowded homes.
8. Launch counseling and psychological support programs targeting those who have recovered from the virus, but are still suffering from its psychological effects, especially those belonging to marginalized social groups. This can be achieved by supporting psychological counseling programs carried out by counseling institutions or through the Ministry of Health.

2.2 Supporting Food Insecure, Poor, and Marginalized Families

Short Term:

1. Support agricultural and cooperative projects that empower women. This helps families to tap into alternative sources of income, in light of the significant increase in unemployment, while

solving the problem of food insecurity for poor and marginalized families who lost their income (completely or partially) as a result of the pandemic.

2. Increase support for the cash assistance program implemented by the Ministry of Social Development such that it covers new groups, especially the “new poor” that emerged after the pandemic, as well as the elderly, the disabled and marginalized areas such as the Jordan Valley. This assistance should also target remote villages, Bedouin communities and workers who have no income or any other form of support.
3. There is a significant need to provide “food parcels” to targeted groups and families, especially in marginalized areas (such as the Jordan Valley, and residents of Al Azab in the Qalqilya governorate). This is imperative in light of the significant increase in levels of food insecurity that these families suffer, especially children. Such parcels should also be made available to the elderly and the disabled. Food parcels that have been (and are being) distributed, either through local initiatives or through government, NGOs or charitable institutions, are insufficient: there is an urgent need for more, and on a regular basis.

Medium Term:

4. Workers in the “informal” sector constitute a large proportion of the workforce in Palestine. They have been affected by the pandemic on both the economic and social levels, as is the case with most of the workforce. However, it is difficult to define this group and to target affected individuals through presented or proposed support/protection programs.

2.3 Adopting Policies to Prevent Domestic Gender-based Violence and Address Psychological Stress

Short Term:

1. Intensify awareness-raising campaigns through traditional and social media channels, working on the dissemination of relevant information, while answering common questions in a clear and concise manner, focusing on practical measures to prevent/treat infection.
2. Intensify media campaigns on the issue of bullying, while increasing community awareness on the Coronavirus pandemic and the negative effects of bullying.
3. Identify organizations active in the affairs of women and workers, in order to assist the Palestinian government in formulating family protection policies, partly to cope with the pandemic and partly to help families cope with changes in education and work conditions.
4. Develop awareness-raising programs targeting women, helping them to deal with psychological pressures during the pandemic.
5. Expand psychosocial services targeting women, through direct and electronic means, to provide women with a space for psychological relief. Some of these interventions can be conducted through TV programs, or through awareness-raising programs via social media.
6. Set-up new hotlines, staffed by psychologists, to facilitate women’s access to psychosocial services and to provide a transfer mechanism in the event that the line-user is in need of urgent help or psychological support, or in the event that they are victims of violence.
7. Organize awareness-raising campaigns - through traditional educational means and social media - on the importance of distributing the burden of care at home between women and men. Create networks to help families care for children, in light of the current circumstances.

8. There is a need to provide rooms-for- quarantine in safe houses, and to provide an appropriate room at the Family Protection Department in each governorate for battered women. There is also a need to raise awareness among women of the need to use hotlines for self-help, as most women in Palestine are unaware of the existence of such services.
9. Resultantly, suitable accommodation must be provided in each governorate to care for battered women and their children, during their waiting period for transfer to safe houses. There is also a need to provide cash/budgets to the social development directorates at police stations in each governorate to cover the costs of such simple, but urgent (and unavailable) humanitarian needs. Quarantined locations must be provided to accommodate women infected with coronavirus, or women under quarantine until they are transferred to safe houses.
10. According to female caregivers working in safe houses, quarantined accommodations for battered women who are infected (or may be infected) with the virus do not exist. Stakeholders need to provide accommodation for quarantine, in order to avoid the transmission of the disease to other residents/children at safe houses.

Medium Term:

11. Support - and further develop - the justice sector in Palestine, by increasing the number of employees in courts, in order to override the problem of the extremely slow pace at which cases of domestic violence are resolved. Establish a mechanism to avoid court disruptions during the Coronavirus pandemic, in the event of any future closures. This is an important and vital entry point for reducing the phenomenon of domestic/societal violence which has increased in light of the pandemic, as well as resolving many pending cases, especially those related to work disputes, and disputes related to the payment of child alimony by ex-husbands in divorce cases.
12. Organize awareness-raising and community-based campaigns continuously, during the pandemic period and beyond, with the active participation of the media, in order to combat the phenomenon of domestic and community violence.
13. Continue with efforts to establish awareness-raising and educational programs specializing in mental health and relief, while dealing with women's mental disorders, focusing on their experiences and concerns.
14. Expand the remit of individual/social psychological services in the public sector and at civil-society organizations, providing them within a basket of basic services covered by health insurance.
15. Build the capacity of human resources working in mental health, especially in remote and marginalized areas, and train them in the treatment of sensitive and important issues for women.
16. Train healthcare professionals in the field of mental health, while enhancing their psychological counseling and communication skills.
17. Gradually apply mechanisms to change societal perceptions on gender roles, in addition to enhancing the participation of both genders in society.

2.4 Ensuring Social Protection for the Disabled

Short Term:

1. There is an urgent need to provide more health/psychological care for individuals with disabilities, especially those with mental disabilities and those suffering from autism, as well as providing financial and in-kind assistance to their families in order to help them provide appropriate care.

2. Provide emergency financial assistance to relevant associations/shelters threatened with closure due to the Coronavirus pandemic, in order to keep them solvent and allow them to continue providing their vital (and non-profit) services during corona.
3. Exempt these associations from some of the fees that they are obliged to pay to the Palestinian National Authority, such as registration fees.
4. Assessing the feasibility of re-assigning some female workers at shelters/associations – engaged in the provision of vital services to children with disabilities - to the public sector, at least for the duration of the Coronavirus crisis.

Medium Term:

5. There is an urgent need to establish shelters, at the national level, to care for those who are mentally handicapped or those with autism, especially children. This will help to respond to the significant challenges that the pandemic has created, in terms of both their families and in the event of future traumas.

2.5 Minimizing Unemployment Rates and Access to Fair Wages.

Short Term:

1. Provide partial/temporary employment programs for workers who lost their jobs due to the pandemic, by directing employment to the most affected sectors and to MSMEs that are threatened with closure, due to the pandemic.
2. Create programs for employing graduates, by covering 30%-50% of their salaries, with the employing institution/company covering the remainder. This dual support helps both graduates and employers.

Medium Term:

3. Field visits to some tourist areas highlighted the increasing importance of internal tourism, especially in light of the decline in foreign tourism, given travel restrictions and the closure of bridges, crossings and airports. Hence, it is necessary to pay attention to domestic tourism and to further develop it, especially via projects that employ a large number of local workers.
4. The Ministry of Labor and other relevant bodies must urge businesses to adhere to the implementation of labor laws, especially laws concerning minimum wage, maternity leave and end-of-service benefits.

2.6 Reinforcing the Jordan Valley in the Face of Marginalization

Short/Medium Terms:

1. Assign top priority to interventions in the Jordan Valley, by designing and launching an “emergency national plan” that aims to strengthen the resilience of residents and alleviate their suffering, especially in light of the difficult circumstances imposed by the Coronavirus pandemic. The participation of government, NGOs, international/humanitarian institutions, political parties/entities and the private sector is required.
2. Within this framework, a special conference should be organized for the Jordan Valley, in which all governmental and non-governmental institutions operating in the region will participate, in order to define development priorities and methods to achieve them.

2.7 Improving Coordination Between Agents of Social Protection

Short Term:

1. Hold an emergency, national conference on social protection for representatives of governmental and non-governmental institutions, as well as the private sector and relevant, international humanitarian institutions. Discuss methods for moving from sporadic, emergency and disjointed coordination to full partnership. Confront the significant, negative impact of the pandemic, with a preliminary identification of needy sectors, groups and regions, as well as identifying the most urgent priorities and tasks.

Medium Term:

2. Develop an emergency social protection plan at the national and regional levels, in order to create a minimum level of social protection in the face of the Coronavirus pandemic. Focus on the most affected groups and sectors, as well as marginalized and poor groups such as the elderly, the disabled and residents of marginalized areas.



