COVID-19 Protection Needs Identification and Analysis in the State of Palestine

NOVEMBER 2020

CHILD PROTECTION AREA OF RESPONSIBILITY

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Zeudi Liew

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DISCLAIMER

This report does not necessarily reflect the policy position of Child Protection AoR or its member organisations. The information in this report was based on the information and data available during the time of preparation and research.

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ACRONYMS

AoR	AREA OF RESPONSABILITY
COVID	CORONAVIRUS DISEASE
CP	CHILD PROTECTION
GZ	GAZA
HNO	HUMANITARIAN NEEDS OVERVIEW
HRP	HUMANITARIAN RESPONSE PLAN
MHPSS	MENTAL HEALTH PSYCHOSOCAIL SUPPORT
NIAF	NEEDS IDENTIFICATION ANALYSIS FRAMEWORK
OCHA	UNITED NATION OFFICER FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
PA	PALESTINIAN AUTHORITY
PCBS	PALESTINIAN CENTRAL BUREAU OF STATISTICS
PLO	PALESTINE LIBERATION ORGANISATION
POC	PROTECTION OF CIVILIANS
SITREP	SITUATION REPORT
SOP	STATE OF PALESTINE
WB	WEST BANK
WHO	WORLD HEALTH ORGANISATION

EXECUTIVE SUMMARY

Prior to the Corona Virus Disease (COVID-19) outbreak in the State of Palestine, the country was already affected by a protracted humanitarian protection crisis due to the ongoing occupation of the West Bank and blockade of the Gaza Strip. The country level Child Protection Area of Responsibility (AoR) wished to explore the impact of COVID-19 on children's health, education, well-being, safety and protection as well as on families' socioeconomic situation.

The Needs Identification Assessment Framework (NIAF) COVID-19 is an investigative approach to identify and assess the needs of vulnerable children and changes in child protection risks caused by COVID-19. The approach produces an evidence-based analysis to better inform humanitarian and child protection actors in their operational planning of child protection response.

The NIAF COVID-19 in the State of Palestine relied on secondary data and was conducted remotely due to movement restrictions. Building on a rigorous review, data was extrapolated from child protection actors, cluster information management systems and Mental Health and Psychosocial Support (MHPSS) tele services. Semi-structured interviews were carried out with a total number of 13 CP AoR members (representing both Gaza and West Bank) as well as two online group consultations.

Topics investigated include violence and abuse occurring within the domestic environment; mental health and psychosocial well-being of children; child labour; child marriage; children in contact with the law and deprived from liberty; and child protection support and services. Available data were analysed through a mix analysis approach to explore patterns and trends, gaps and priorities, and to establish future possible scenarios.

Data analysis considered the socioecological model where the relevance was given to the interconnectedness of the broader socio-ecological environment of children. This supports a description of how child protection concerns are associated to multiple, interrelated factors.

Owing to time constraints and to the nature of the study, differences in the impact of COVID-19 and the resulting needs of children were not explored by age groups, poverty and minority groups.

KEY FINDINGS

Children experiencing violence and abuse at home: Following the outbreak of the pandemic in the State of Palestine, in reference to CP AoR members, there was an increase of services provided to respond to children experiencing violence at home: in Gaza, a 40% increase (from 6,477 to 9,051) and in the West Bank a 26% increase (3,880 to 4,904 cases) The combined effect of lockdown measures, movement restrictions, socio-economic implications, school closures or remote schooling and the lack of recreational spaces translated into highly stressed families confined in relatively small places, with an expected impact on the prevalence of violence in households. This was on top of already high levels of violence in households – the 2014 Multiple Indicator Cluster Survey (MICS) said 92% of children in State of Palestine were exposed to so some form of violence.

Children experiencing changes in their emotional well-being: Prior to COVID-19 the previous Humanitarian Response Plan-HRP (2019/2020) estimated that there were 339,075 children in need of MHPSS. The NIAF showed a 56% increase in the services provided to those in need of MHPSS in Gaza, but a 23% drop in the West Bank. The drop in the number of services provided in the West Bank was mainly attributed to movement restrictions and an inability to rapidly switch to remote modalities for support, especially for those affected in areas such as Area C where internet connectivity was limited.

Working Children: Following the outbreak of COVID-19, in Gaza there was a 52% increase in the demand and provision of services to support children engaged in nonhazardous forms of child labour, while in the West Bank the increase was 9%. In Gaza the exposure to child labour was more profound due to limited social protection systems in place. Additionally, children not attending schools were often unable to join remote learning activities due to power cuts, and limited access to electronic devices. The socio-economic impact also severely impacted the already strained financial status of vulnerable households in Gaza.

Child Protection risks according to gender: There was an increase of services provided to boys experiencing violence at home and in need of MHPSS following the outbreak of COVID-19. The demand for services for girls experiencing violence remained significantly higher: between January – July 2020, 7,818 girls were directly supported by CP AoR partners after experiencing violence at home, and 7,447 girls were supported with MHPSS. Key exacerbating factors identified included conflict related violence, isolation with abusers and movement restrictions. A higher rate of suicide attempts among girls was also recorded by CP AoR members, which was linked to the above mentioned factors and to the deterioration of mental health conditions.

Factors affecting children's well-being and protection are interconnected: The assessment draws attention to the complexity surrounding specific protection concerns triggered by the interconnectivity of loss of income, the political and security context and the containment measures. However, it was not able to explore in depth the drivers behind child protection risks and wellbeing.

Difficulties in reporting and outreaching children at risk: The study outlines how there was challenges in identifying new cases of children at risk with service providers switching to online modalities. However, a significant number of children were already part of existing programs or were able to be identified and could access online platforms.

KEY RECOMMENDATION

Humanitarian and child protection actors, donors and policy and decision-makers should focus on the following key summative recommendations to protect children following the COVID-19 outbreak:

1. Strengthen remote service provision, and where not possible ensure COVID-19 safeguards are in place for limited safe and controlled access;
2. Prioritise multi-sectoral programming that addresses the interconnectedness of MHPSS, health and livelihoods issues alongside violence at home;
3. Reinforce community protection approaches, and
4. Increasing evidence-based research to monitor changes in child protection situations and advocating for increased donor funding.

See further details in the body of the document.

INTRODUCTION AND SCOPE

PURPOSE

The COVID-19 Needs Identification and Analysis Framework (hereafter NIAF) aims to understand and support actors to prioritise child protection concerns in the humanitarian response, including emerging protection needs, induced or exacerbated by the pandemic. It aims to contribute to strengthening the evidence-based linkages between the impact of the COVID-19 crisis and its impact and consequences increasing child protection risks. The NIAF is a context analysis which allows Child Protection Coordination Groups (CPCG) to better understand the socio-cultural, political, economic and geographic factors of the COVID-19 crisis, and how these may hamper or enable the response. The findings are thereafter used to inform the response.

The NIAF relies on a joint analysis and multisectoral data including those shared by in country CPCG. As such, this methodology is both a time and resource saving approach. NIAF's scope of work, under a protection analysis perspective, will contribute to ensure child protection as a core component of the centrality of protection in the humanitarian response.

COVID-19 AND CHILD PROTECTION CONCERNS IN THE STATE OF PALESTINE

The Corona Virus Disease 19 (COVID-19)[1] has caused a global public health crisis, confining and separating populations and deleteriously impacting lives. Nation-wide containment measures include movement restrictions, isolation, social distancing, suspension of health and social services, school activities and closure of businesses. Consequently, this intensifies the lives of children who are already experiencing hunger, abuse, neglect, exploitation and violence at alarming rates. These children risk falling into extreme poverty as a result of this pandemic[2].

Children and their caregivers living in conflict-affected and fragile settings are paying a high price in the COVID-19 pandemic. Limited access to health services and education, combined with social, political and economic insecurity perpetuates cycles of violence, and increases the risk that children will experience violence and abuse[3].

1 COVID-19 is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold. Source: Key Messages and Actions for COVID-19 Prevention and Control in Schools, UNICEF-WHO-IFRC (2020)

2 Background Paper for the 2020 Annual Meeting for Child Protection in Humanitarian Action: Infectious Disease Outbreak & the Protection of Children, CPHA (2020), pp1; Policy Brief: COVID 19 and Urgent Need for Child Sensitive Social Protection, World Vision. (2020).

3 Global Call to Action in Response to COVID-19 for Children in Fragile and Conflict Affected Settings, Early Childhood Peace Consortium, (2020)

To date, children have been largely spared the direct health effects of COVID-19. However, the crisis induced by the pandemic is having a profound effect on the wellbeing of children of all ages. Globally children are suffering from the socio-economic impact of the pandemic, and in some cases mitigation measures may inadvertently do more harm than good[4].

In the State of Palestine, COVID-19 has left many people in need of protection and urgent assistance throughout the West Bank and Gaza. On 5 March 2020, the Palestinian Prime Minister declared a State of Emergency after the first COVID-19 cases were confirmed in the city of Bethlehem. Measures implemented in Gaza and the West Bank included the suspension of most commercial activities and all educational activities, a prohibition on public gatherings and strict movement restrictions.

Initially quarantine centers were established in the West Bank while home quarantine was advised in Gaza. By the end of March further support was given through field hospitals in Rafah and at check points in Erez, and quarantine centres were established across the Gaza Strip. In Gaza, the Ministry of Health enforced a three-week quarantine on all travellers entering from Rafah in Egypt or the Beit Hanoun (Erez) crossing in Israel.

Schools were closed, and food distribution shifted to door to door delivery. Although humanitarian actors supported the provision of non-food items, shortages remained in the provision of medical devices essential for COVID-19 treatment. Paradoxically, the blockade of Gaza delayed the virus from spreading in the Gaza Strip as the tightly controlled movement restrictions allowed for early detection of COVID-19 cases. In June the de facto authorities ended the state of emergency and re-opened non-essential facilities. However, few people wore face masks, maintained social distancing or complied with the suggested sanitary requirements. By late July, life was virtually back to normal and in late August the first cases in the community were detected and positive cases quickly escalated, reaching 1,024 as of 8 September 2020[5].

The ability of organisations to provide protection and lifesaving services was severely hampered by the pandemic. Face-to face interactions, including counselling, legal and para-legal services and monitoring visits were significantly reduced[6]. As a result, children were left exposed to violence and abuse without adequate support, in particular those with disabilities or living in access restricted areas who are unable to access assistance provided remotely through online platforms. Stressors induced by the pandemic including social isolation, health-related fears, loss of livelihoods, stigmatisation and discrimination aggravated protection concerns, especially in the homes. As a result, MHPSS needs were increasing among children and their caregivers.

4 Policy Brief: The Impact of COVID-19 on children, United Nations, (2020), pp.2

5 Double quarantine in Gaza: COVID-19 and the blockade, Refugees International (2020)

6 Out of the 28 MHPSS/CP partners in West Bank and Gaza contributing to feed regular reports/Situation reports, 13 organisations provide both remote and face-to-face CP services, one is a helpline and provides remote services only and the other 14 organizations provide face-to-face services with no details about their service deliver modalities in light of COVID-19 restrictions. Source: CP AOR in West Bank and Gaza.

Heightened concerns of violence and other negative coping strategies in response to the protracted crisis and the political violence were already highlighted in the 2018 rapid needs assessment carried out by the Child Protection AoR. Violence, therefore, continued to be a crosscutting priority area of concern.

NEEDS IDENTIFICATION AND ANALYSIS FRAMEWORK (NIAF) COVID-19

The NIAF is a needs assessment methodology used by the Child Protection Area of Responsibility since 2018. The NIAF supports country offices in country Areas of Responsibility, and national and international partners to identify and analyse needs of children in humanitarian settings whether in natural disasters, complex emergencies, famine or disease.[7]

The framework creates a common approach across child protection coordination and response actors on the continuous needs identification and data interpretation to enable an evidence-based analysis and includes a streamlined operational planning of child protection responses[8].

The NIAF rather than having separate steps between multi sectoral assessments and analyses specific to child protection, relies on multiple sector data sources that are integrated and analysed by a child protection specialist. The CP NIAF is grounded in the principles of inclusion, complementarity and contextualization combining information management and analysis tools available to any humanitarian actor that wants to make use and adapt them to their needs[9].

In light of COVID-19, the Global Child Protection AoR, on behalf of the Global Protection Cluster, enlarged the NIAF guidance to include specific COVID-19 tools and developed a guidance to support actors on the ground in identifying and analysing child protection risks. This allowed adjustment of the child protection response to the changes caused by the pandemic. The NIAF COVID-19 informs existing response planning processes and is not a substitute. The purpose of the framework is to assist child protection actors responding to COVID-19 with a context analysis. This takes into consideration socio-cultural, political, economic and geographic factors that give rise to crisis and may either hamper or enable their response and take decisions accordingly[10].

7 Child Protection Needs Identification and Analysis Framework Briefing Note (2018), pp.1

8 Ibid, pp.2

9 Ibid, pp.1

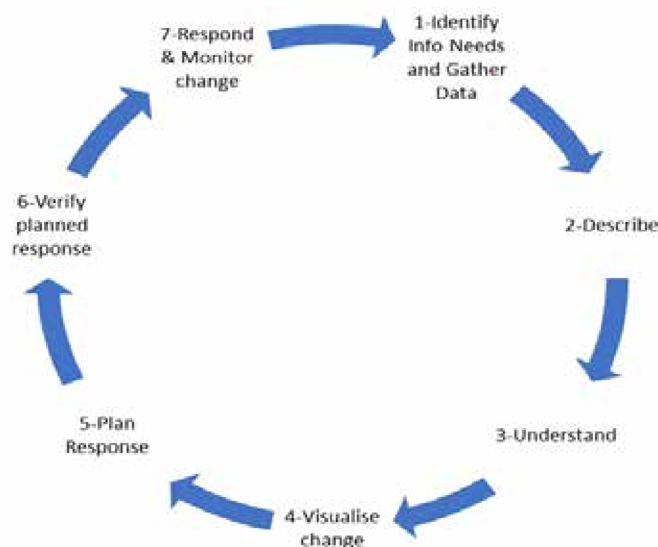
10 Needs Identification and Analysis Framework for Child Protection Response Planning during COVID-19, CP AoR, (2019), pp.2

METHODOLOGY

NIAF COVID-19 AND ITS ANALYTICAL STAGES

The NIAF COVID-19 focused on the key seven steps of the framework, which outlined two significant stages of the study: a) the strategic context analysis and b) programmatic analysis for decision making[11].

Figure 1. NIAF in seven steps: process and actions (Source: NIAF COVID-19 Guidance, 2020)



Strategic context Analysis (Identify Needs and Gather Data-Describe CP risks- Understand Context-Visualise Change)

The first stage was to conduct a context analysis that defined geographical areas of priority, priority groups, priority child protection risks and target population in relation to the COVID-19 spread and impact across the country. The study took into consideration several indicators provided by the NIAF COVID-19 approach:

- Prevalence of COVID-19 outbreak in different geographical areas of the country
- Social services shutdown status
- Education system shutdown status
- Impact on markets/food security

11 See Annex 4: NIAF COVID-19 Related Resources to access the entire guidance including tools

- Impact of mental health/ psychosocial wellbeing
- Limitations to access goods and services, including access limitations to humanitarian assistance
- Protection of civilians
- Prevalence concerning specific child protections risks also context related which were likely to increase, such as:
    - Child labour
    - Child marriage
    - Children with disabilities
    - Children experiencing violence, neglect or abuse
    - Children living and working on the streets
    - Children affected by conflict related violence
    - Children in Contact with the Law and Deprived of Liberty
    - Children with signs of distress

Collected data mirrored the above indicators and lines of inquiries that further guided the strategic context analysis. Some key questions were as follow:

- What are the main risks for children in the COVID-19 context of the State of Palestine?
- How is that different from before COVID-19? What are the main CP risks at date?
- Who are the groups most at risk now? Why?
- What is the impact of each CP issue on each group?
- How is that different from before COVID-19?
- Who are the children likely to be impacted more at present? Why?
- How does COVID-19 and the containment measures directly and indirectly affect Palestinian children and caregivers' psychosocial well-being and safety?
- What factors and actors are triggering change in the trend of CP risks or impact on children? Are these triggers pre-existing or linked to the changed situation since the outbreak of COVID-19 in country?

As an outcome of the first stage, the study was able to describe the data and information as well as identify causes and triggers, in particular:

1. Defining the aim and strategy of the response: What are the main child protection issues that (CP actors) are aiming at changing in the current COVID-19 context; and, what are the ongoing /forecasted limitations?

2. Priority Geographical Areas: Where should CP actors focus their response?
3. Priority Groups: Which population/children of particular concern should be included in the response?

Programmatic Analysis for Decision Making (Plan Response-Verify Planned Response-Respond and Monitor Change)

The second stage of the study focused on how CP actors prioritized the planning and response to efficiently address the identified child protection risks, the identification of possible scenarios in case containment measures blocked access and what the best way forward could be. Key questions that guided the analysis explored:

- Future limitations to access (by aid workers and service providers to communities and children, and by communities to services)
- Which vulnerable groups of children would aid workers or service providers still be able to reach and through what means?
- With whom should CP actors work?
- How should capacity be strengthened to prevent CP issues and address impact in the current COVID-19 related context?
- How could vulnerabilities and exposure to risks be reduced?

DATA COLLECTION[12]

The NIAF COVID-19, given the containment measures and the nature of the study, was conducted remotely, relying on reviewing secondary data. This included existing information from datasets, reports, studies and assessments from Protection INGOs, Alliance of Child Protection in Humanitarian Action and organisations present in the State of Palestine. Specifically:

- Child Protection actors including members of CP AoR in country (i.e. case management database, and NIAF COVID-19 related data collection matrix);
- Education cluster (i.e. NIAF COVID-19 related data collection matrix);
- Health Cluster (i.e. NIAF COVID-19 related collection matrix, interactive dashboard and situation reports);
- Food Security Cluster (i.e. factsheets, situation reports);
- OCHA (i.e. situation reports, press statement), and
- OCHA Protection of Civilian (i.e. online database).

12 See Annex 1: Data Collection Tools, and Annex 4: NIAF COVID-19 related Resources

Data collection tools as well as the data analysis plan were designed in references to those suggested by the NIAF COVID-19 guidance. This includes the matrix for data collection for prioritising geographical areas and vulnerable groups, which were developed in collaboration with coordination representatives from CP AoR in Gaza and the West Bank.

Data collection tools supported the information gathering including what type of incidents were reported, what groups of children were able to report and access to protection and multidisciplinary services. The data included disaggregated information per gender but were not available in age groups.

Child protection actors were consulted through semi-structured Skype interviews and online group and individual consultations. During these sessions, actors discussed the context, including triggers and social economic factors underpinning child protection issues.

Semi structured interviews were carried out with a total number of **13 CP AoR members** (representing both Gaza and West Bank); these were complemented with two group online consultations.

To understand the risks that children faced due to COVID-19 the study compared data from two timeframes: **January – July 2019** and **January – July 2020**. This ensured sufficient dataset during two distinctly different but equal time periods, with the second including the onset of COVID-19.

ANALYSIS OF DATA

The data analysis adopted a mix of approaches that supported a comprehensive understanding of the context and of the results. Methodologies included:

- Descriptive analysis (to explore patterns and trends related to quantitative data extrapolated by case management databases, helplines and other datasets);
- Interpretative analysis (to discuss gaps and priorities identified through consultations with partners), and
- Anticipatory analysis (to establish future possible scenarios and gaps in response plans' consultations)

The analysis of case management data was crucial in understanding new dynamics and hidden risks. It also helped explaining the capacity of service providers to reach children and to estimate gaps and challenges in providing services. In this regard, the child protection specific analysis of the study, analysed two sets of data: one capturing the number of reported/newly identified cases from child protection partners on a monthly basis, and the other capturing the number of services provided to children (newly identified and already part of the programming) per month.

In some circumstances the analysis brought to the surface a decrease of reported cases. Nevertheless, according to the current studies, reduction in number of reported cases does not necessarily indicate a reduction in number of incidents[13].

The margin of error is considered low for those findings based on individual child protection incidents reported more than 100 times and the sample size is considered sufficient for analysis. Incidents reported less than 100 times have not been analysed[14].

LIMITATIONS AND ADAPTATIONS

Given the outbreak of the pandemic in the State of Palestine at the time of data collection, the NIAF COVID-19 relied exclusively on "remote" data collection mechanisms.

Face to face interactions including interviews with key informants, focus groups discussions and primary data were excluded from the study. Instead, maximum use of secondary data took place including essential and critical data that fed into the context and child protection specific analysis. However, the lack of quantitative data meant that representative analysis was not possible.

Sampling strategies took into consideration a limited number of child protection actors' representatives and was not able to investigate further perceptions of children, caregivers, communities as well as frontline practitioners. Where possible, the information was extrapolated from partners internal assessments.

Time constraints and remote data collection methodology posed challenges in including all cluster representatives' perspectives (i.e. Food security Cluster and Gender Based Violence AoR) as well as governmental perspectives. It was not possible to include Ministry of Social Development (MOSD) governmental data.

The context analysis could not rely on the most recent Multiple Indicator Cluster Survey (MICS) of 2019-2020 as the findings were not able to be disclosed at the time of the study and could only partially inform the interpretation. Among the consulted cluster, only the education cluster and OCHA Protection of Civilians (POC) were able to share data that fed into indicators suggested by the NIAF COVID-19. Other information related to affected population and geographical areas were extrapolated by sitreps, interactive dashboards and online portals.

Data shared by child protection actors was not homogenous, as the majority were only able to share numbers of children benefitting from services on a monthly basis rather than the numbers of new reported cases for each month. Furthermore, not all actors were able to provide disaggregated data.

13 States must combat domestic violence in the context of COVID-19 lockdowns – UN rights expert, OHCHR, (2020) https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25749&LangID=E

14 Sample size is an important issue in research: the larger the sample, the smaller the margin of uncertainty (confidence interval) around the results. For this reason, most statisticians agree that the minimum sample size to get any kind of meaningful result is 100. If your population is less than 100 then you really need to survey all of them.

There were also challenges in gathering detailed and gender and age disaggregated data or data collected with certain frequencies under the specific timelines analysed. This was due to the databases and information management systems used by partners in both Gaza and the West Bank.

The information gathered does not represent the actual true number of incidents. Furthermore, challenges in obtaining clean data were linked to the service providers' irregular activity and access under the reporting period due to COVID-19. Despite these challenges, the data was analysed together with observations from child protection actors and the combination allowed the NIAF to explore the child protection risks under COVID-19.

Prioritisation of geographical areas and meaningful understanding of who were the vulnerable groups was based on secondary qualitative data.

The timeline between the inception date of the NIAF COVID-19 in the State of Palestine and the 2020 in country Humanitarian Needs Overview (HNO) as well as Humanitarian Response Plan (HRP) was limited. This impacted the coordination of data collection and quality of gathered data. In this regard, in order not to duplicate efforts, the NIAF COVID-19 adopted the Children in Need (CIN) calculation adopted for the HNO.

There were limitations in the data analysis related to the different amount of data available for the West Bank and for Gaza. There was less data covering the West Bank due to movement restrictions and because of the programming of child protection actors in the West Bank which focused on specific thematic areas.

KEY FINDINGS: COVID-19 MOST AFFECTED AREAS AND CP RISKS

Rationale:

The following key findings help understand which are the geographical locations in the State of Palestine affected by COVID-19 during the research period, and if children's vulnerabilities in these locations have changed in relation to the pandemic and its containment measures. The findings feed into a context analysis which compiles qualitative information, shared by education, health and food security actors. This analysis aims to inform which are the geographical locations of priority under COVID-19 in need of a child protection specific risk analysis in order to adjust response interventions.

CONTEXT ANALYSIS

Locations to prioritise under COVID-19

The ability to prioritise specific locations and vulnerable groups was limited due to inconsistencies in the level of data disaggregation. The context analysis was therefore mainly based on secondary qualitative data. The NIAF COVID-19 used qualitative data (drawn from multiple partners) to investigate areas with protection concerns. These areas were: Area C; East Jerusalem; H2; the "seam zones"[15]; and the entire Gaza Strip. Specific vulnerable groups listed by partners were: households living in poverty; families no longer able to work in Israeli settlements; children living in isolated areas; children with disabilities; children in contact with the law and deprived of liberty; children separated from caregivers and families in isolations centers and under home quarantine during lockdown.

Since the outbreak of COVID-19, containment regulations ranged from adopting lockdowns to "relaxation" measures. These measures were not implemented rigorously across different locations. It was therefore challenging to understand direct correlations between the outbreak of COVID-19, containment measures and priority locations, given the fragmented administration of the State of Palestine.

15 Seam zones are sections of Palestinian land, which fall between the Israeli Annexation Wall and the 1949 Armistice Line (The Green Line) and are therefore detached from the State of Palestine. These swaths of land have been designated by Israel as closed military areas. Access to these isolated areas is controlled by an Israeli-controlled permit system thereby severely restricting Palestinian access to their lands. In 2012 statistics suggested that approximately 50,000 Palestinians lived in 57 communities within these so-called seam zones. Source: Human rights situation in Palestine and other OATs/Seam zones – HRC 21st session – Joint NGO statement

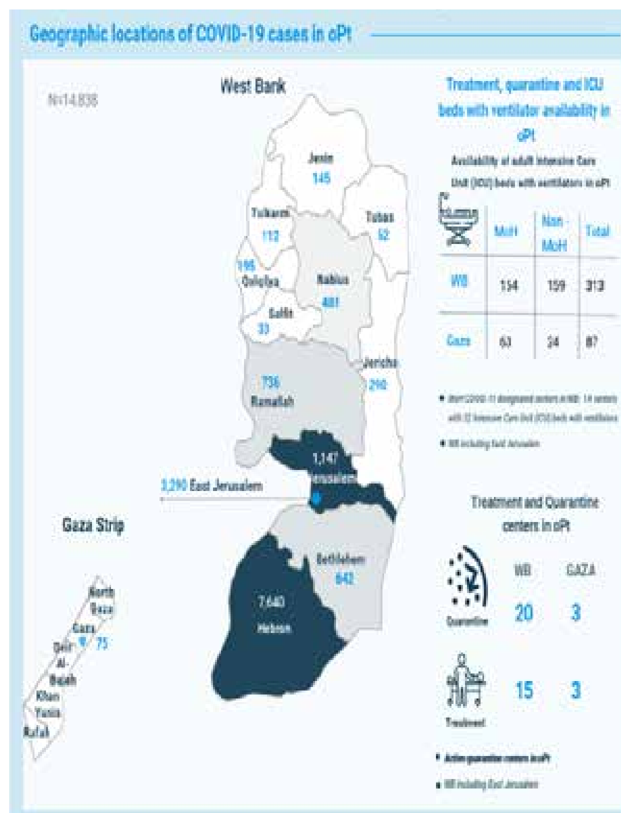
COVID-19 Affected Locations: Virus Spread

The study focused on the COVID-19 impact within the reporting period, since then the cases of COVID-19 have significantly increased, and the adoption of containment measures have consequently changed resorting to a second lockdown in country.

During the time of data collection, the total number of cases in the State of Palestine were 14,838 (out of which 2,782 were children) including 14,763 cases in the West Bank and 76 in the Gaza Strip. As the below Figure 2 shows, the epicentre of the outbreak was identified in Hebron Governorate with 7,640 cases followed by East Jerusalem (3,290) and Jerusalem (1,147).

Despite the numbers shared by the WHO, it is important to bear in mind that the divided administrative structure[17] of West Bank challenged the Palestinian Authority (PA) in ensuring that preventive measures and follow up were implemented thoroughly.

Figure 2. Geographic locations of COVID-19 cases in SOP between 5 March-30 July 2020



Source: WHO EMRO COVID-19 Situation Report 30, issued May 21 2020

16 According to the WHO COVID-19 Situation Report 46 released the 1st October 2020, COVID-19 cases across the occupied Palestinian territory in September rose by 40 percent, and by 84 percent in the Gaza Strip. Hebron Governorate continues being the epicentre of the outbreak, followed by East Jerusalem and Ramallah. Gaza counts 3,075 cases.

17 Area A is exclusively administered by the Palestinian Authority, Area B is administered by both the Palestinian Authority and Israel; and Area C is administered only by Israel

The suspension in coordination between the PA and Government of Israel limited the mobility of the PA security forces through Areas B and C of the West Bank, with reports of a lack of PA enforcement in rural villages and in the Israeli-controlled area of Hebron city (H2), where COVID-19 restrictions were largely ignored by the public.[18]

Furthermore, Palestinians faced substantial barriers in accessing essential healthcare due to restrictions of movement between parts of the country. In addition, key health service providers were denied or delayed in providing essential humanitarian primary care assistance to parts of the West Bank. This was particularly detrimental for vulnerable communities who were solely reliant on humanitarian aid.

Education Status in Areas Affected by COVID-19

Palestinian schools were affected by the ongoing occupation in the West Bank and the blockade of Gaza. This created a coercive environment for many Palestinian communities affected by further access restrictions, attacks on schools[19] and other interferences with access to education including dismantling of education infrastructure[20]. This was of particular concern in the West Bank, for children living in Area C, East Jerusalem, H2 and in the "seam zones". In these areas, children could not access schools safely due to the risk of being arrested along the way or due to the risk of attacks on schools.

The outbreak of COVID-19, which caused the partial or full closure of schools for a certain period of time in both the West Bank and Gaza[21], resulted in a decrease in the number of attacks on schools (there were 84 incidents between January-June 2019 compared to 36 incidents between January-June 2020). The virus exacerbated the humanitarian crisis pushing more families into poverty, with 54% of the population in Gaza and nearly 14% in the West Bank already considered poor[22]; it also undermined the affordability of basic education supplies, transportation costs, adequate internet or IT equipment for distance learning and increasing the risk of school dropout.

Food Security in Areas Affected by COVID-19

At the time of the data collection, the full impact of COVID-19 on food security in the State of Palestine was not known according to the FAO, but if the pandemic continues to spread and current containment measures persist, vulnerable populations and the state's food system (from producers to processors, marketers, transporters and consumers) are likely to be gravely affected. It is expected that up to 50% of the population might face severe food insecurity[23].

18 Occupied Palestinian Territory (oPt): COVID-19 Emergency Situation Report 13, OCHA, (1 - 14 July 2020)

19 As defined by relevant Security Council resolutions including 1612 and 1998

20 EiE Advocacy Working Group, Protecting Education from Attack briefing.

21 3161 schools including UNRWA and private schools, and 2017 Kindergartens, Source: Data shared by Education Cluster

22 Palestinian Central Bureau of Statistics (PCBS), 2017

23 Palestine Revised humanitarian response COVID-19 May–December 2020, FAO, (2020)

Though it was difficult to have a precise estimate of differences in impact according to geographical locations, it was anticipated that if the Government of Israel proceeded with the plan to annex parts of the West Bank such action would have a significant impact on COVID-19 in the State of Palestine by limiting access to land, water and agricultural opportunities. Communities and children living in Area C were expected to be affected by annexation[24]. In addition, the effects of COVID-19 worsened the already challenging agricultural employment environment for Palestinians in Israel and in Israeli settlements,[25] as access to these opportunities was also becoming increasingly uncertain. In the Gaza Strip, lastly, recent interviews conducted by Protection Monitoring Focal Points at community level[26] revealed that households' ability to purchase basic necessities was further reduced as a result of lockdown and movement restrictions with effects on their access to livelihood and sources of income.

Child Protection in Areas Affected by COVID-19

In April, following the outbreak of COVID-19, telephone helplines reported an increase in abuse and violence, specifically domestic violence against women, and physical abuse by parents against adolescent boys and young men. Widespread job losses affecting income and livelihood put pressure on families, including on those who were no longer able to work in Israeli settlements. This pushed vulnerable households into further poverty and contributed to the increase in abuse, violence and negative coping strategies such as child labour and early marriage[27].

In the subsequent months, protection and MHPSS service providers faced constraints in accessing communities in remote areas including H2, Area C and the Jordan Valley, as well as vulnerable groups living in East Jerusalem and "seam zones". This was due to containment measures and the suspension of coordination arrangements between the PA and Israel. In June and July online counselling services started recording a high increase of people reporting signs of distress and attempting suicide or practicing self-harm. Domestic violence continued to be reported, in both the West Bank and Gaza. There was an increase in poor and vulnerable people seeking financial and health assistance, as well as people with disabilities feeling anxious as they were left without specialised support[28]. As the virus spread, the number of children in need of individual case management (reached through family centres, led by UNICEF and implementing partners) increased from two to 89 children in

24 Ibid

25 320 000 people are estimated to be working in the informal sector, and most formal sectors facing recurrent lockdowns.

26 In September 2020, Protection Cluster and AORs have activated the Governorate Protection Focal Points (GPFPs) alarmed by COVID-19 rate of community transmission and likely impact on protection of vulnerable individuals and groups. in line with the Gaza contingency plan and existing SOP, GPFPs are responsible to conduct protection monitoring, collection of protection information for the purpose of analysis and to inform programmatic responses. The Protection Cluster and AORs launched a remote protection monitoring exercise at the community level with key informant (KIs) interviews to measure the protection impact of the COVID-19 pandemic on affected communities in the Gaza Strip. Thanks to support from UNICEF and Save the Children, the Governorate Protection Focal Points have conducted the first round of data collection between 20 and 24 September 2020 interviewing 50 respondents (20 females and 30 males) in 10 localities in the Gaza Strip. Source: Protection Monitoring in Response to COVID-19 in the Gaza Strip: Summary of key findings (Round of 20-24 September 2020).

27 OCHA Occupied Palestinian Territory (oPt): COVID-19 Emergency Situation Report No. 6 (21 – 28 April 2020)

28 OCHA Occupied Palestinian Territory (oPt): COVID-19 Emergency Situation Report No.12-13-14 (June-July 2020)

Gaza. However, the overall capacity to address MHPSS and child protection needs, outside of quarantine centres, remained low. Another concern was in Israeli prisons, where detained Palestinian children were not equipped with preventive measures[29] and one detained Palestinian child tested positive for COVID-19[30].

In August, when COVID 19 cases started to exponentially rise in both the West Bank and Gaza, violence experienced at home continued to be reported along with signs of distress. The protection monitoring of Governorate Protection Focal Points confirmed violence at home as the top concern among women living in Gaza[31]. The capacity of partners to deliver services remained weak throughout the country. The increase of boys seeking services also confirmed the magnitude of the impact of violence on children. In addition, in Gaza regular power outages made the delivery of remote services, such as helplines and online support groups, extremely difficult[32].

The below tables confirm the trends observed above, showing how children in different areas in the West Bank had limited access to services in the period January-July 2020 compared to January-July 2019, especially for children living in Area C, East Jerusalem and H2. The relevance of movement restrictions and containment measures, which were implemented differently according to locations, are also visible when noticing how children in Gaza compared to the West Bank were able to receive assistance by protection and MHPSS actors.

Table 1, 2 and Figure 3, highlight which category of children was in need of support following the outbreak of COVID-19 and who received assistance by service providers. Children experiencing violence and abuse at home, children with signs of distress and in need of MHPSS and working children were amongst the most important categories that were supported.

Table 1.Variance in # of children with protection services in the West Bank areas comparing January-July 2019 with January-July 2020

Children receiving Protection and MHPSS services (West Bank)	Area C	Area A&B	East Jer.	Heb.H2
	# (Increase/Decrease)			
Child labour	+19	-5	0	0
Child marriage	-4	-4	0	7
Children with disabilities	-49	-28	0	-28
Children experiencing violence at home or abuse	+641	+2,017	0	-1,222
Children in Contact with Law and Deprived of Liberty	+177	-21	-172	+85
Children with signs of distress and in need of MHPSS	-1,089	+2,608	-59	-942

29 OCHA Occupied Palestinian Territory (oPt): COVID-19 Emergency Situation Report No.15-16 (July-August 2020)

30 The first case of detainee child tested positive was in late July and a second case in late September. Source: Defence for Children International https://www.dcipalestine.org/second_palestinian_child_in_israeli_custody_tests_positive_for_covid_19

31 Source: Protection monitoring in response to COVID-19 in the Gaza Strip Summary of key findings – (Round of 20-24 September 2020)

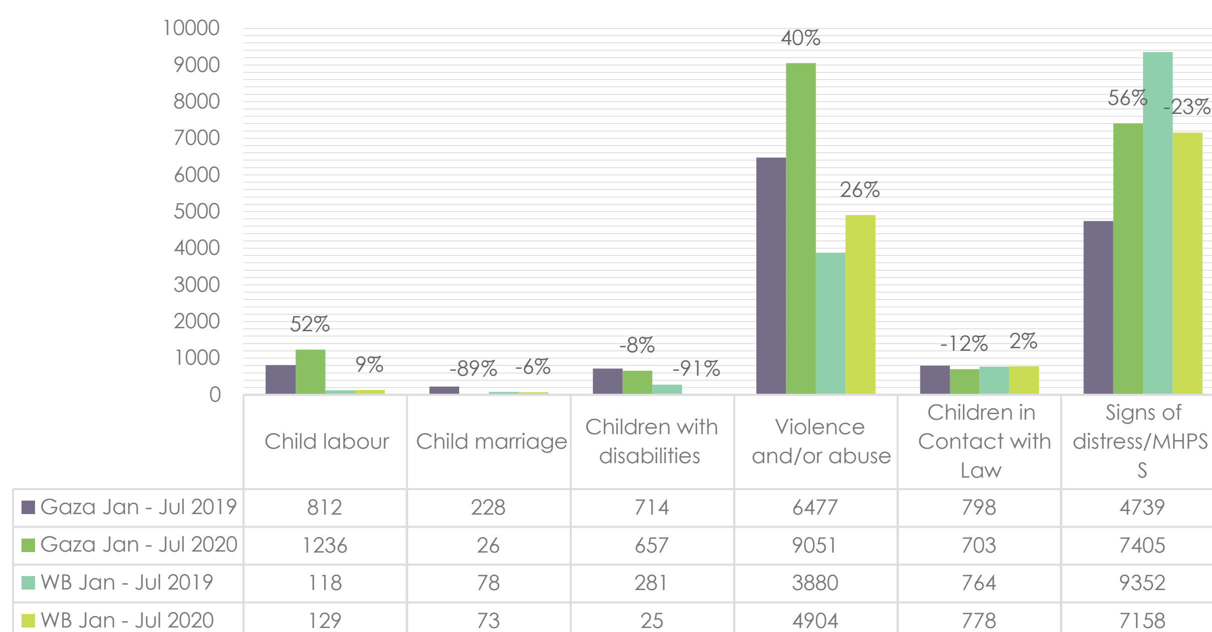
32 Ibid

Table 2. Variance in # of children reached with protection services comparing January-July 2019 with January-July 2020

Children receiving Protection and MHPSS services (Gaza)	# (Increase/Decrease) & %
Child labour	+424 / +52%
Child marriage	-202 / -89%
Children with disabilities	-57 / -8%
Children experiencing domestic violence or abuse	+2,574 / +40%
Children in Contact with Law and Deprived of Liberty	-95 / -12%
Children with signs of distress and in need of MHPSS	+2,666 / +56%

Figure 3 validates how children experiencing violence at home and children showing signs of distress accessed services the most following the outbreak of COVID-19 across the State of Palestine.

Figure 3. Total Protection services provided during January-July 2019, compared to January-July 2020 in Gaza and the West Bank



	Child labour	Child marriage	Children with disabilities	Violence and/or abuse	Children in Contact with Law	Signs of distress/MHPSS
Gaza Jan - Jul 2019	812	228	714	6477	798	4739
Gaza Jan - Jul 2020	1236	26	657	9051	703	7405
WB Jan - Jul 2019	118	78	281	3880	764	9352
WB Jan - Jul 2020	129	73	25	4904	778	7158

CHILD PROTECTION RISKS SPECIFIC ANALYSIS

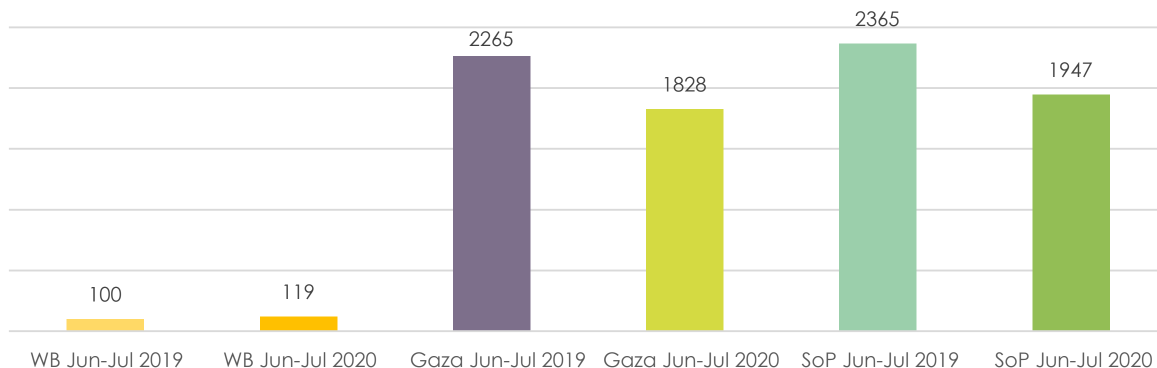
COVID-19 and Violence at Home

"In Gaza there is an increase of physical violence towards children who are spending more time at home. Corporal punishment is still considered as a discipline method, and used frequently to manage children behaviours" Director, CP AOR partner, Gaza

Results illustrate, in both Gaza and West Bank, that there was no significant difference in newly reported cases of children witnessing violence at home while comparing figures from before and after the COVID-19 outbreak.

Figure 4 shows how there was an increase in the West Bank with 12 new recorded cases (all female), while in Gaza there was a decrease of 437 reported cases. Due to service providers' limited access, outreach activities for children in need were suspended. In result, in the West Bank there was only a slight increase of new reported cases; while in Gaza the trend showed a decrease in the ability to follow-up on existing cases, thus a decrease in the number of reported cases.

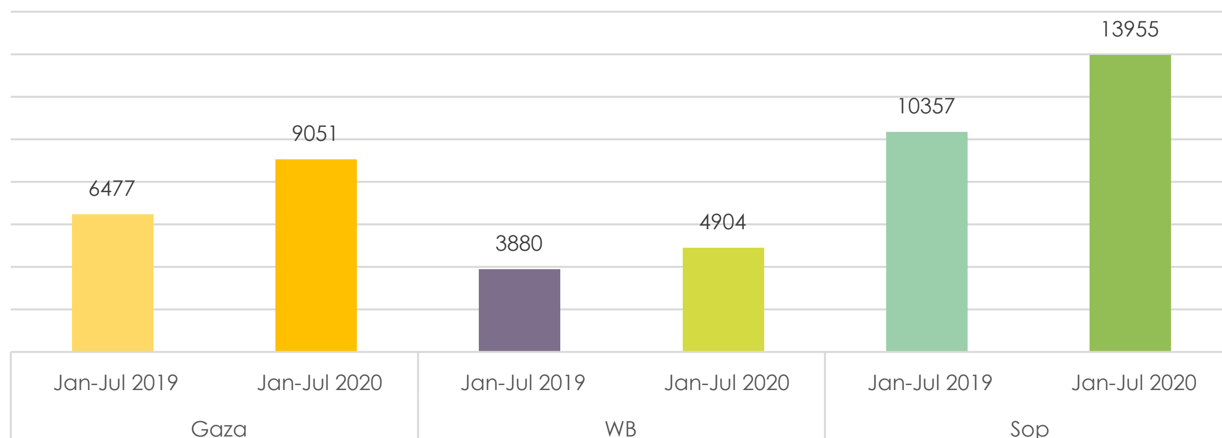
Figure 4. # of reported cases of children who experienced violence or abuse at home in SOP for January-July 2019, and January-July 2020 for Gaza and the West Bank



Nevertheless, what is crucial to note, is the high level of violence experienced by children before and after the COVID-19 outbreak. In fact, violence at home has always been an issue to be addressed in the State of Palestine. This is confirmed by the 2014 MICSs (PCBS) which reveals that 93% of children aged 2 to 14 years experienced violent disciplining at home and 23% of children experienced severe physical punishment[33].

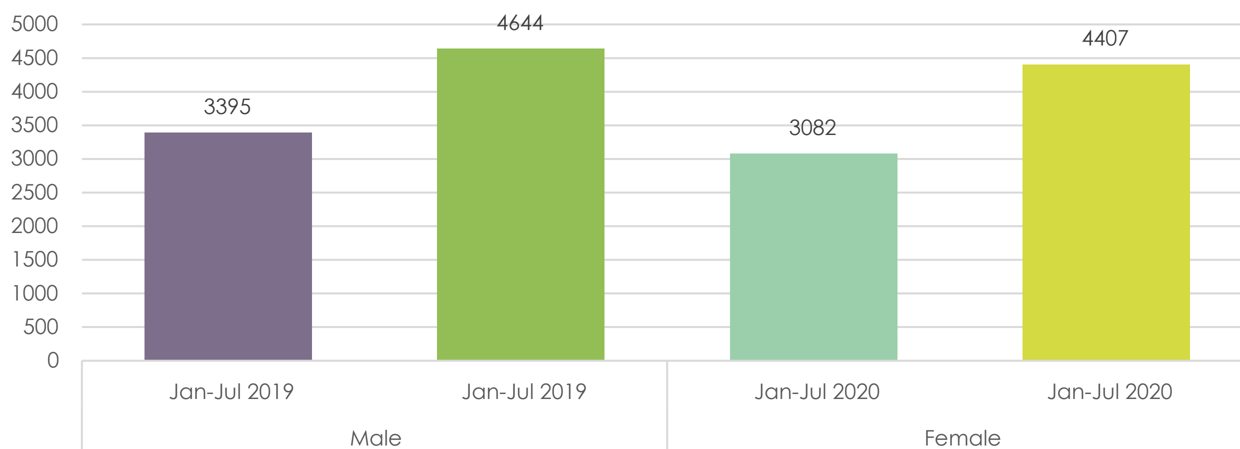
As Figure 5 shows, the services provided to children experiencing violence at home following the outbreak of COVID-19 has in general been higher than before, in particular for Gaza with an additional 1,249 male cases (or some 37%) and 1,325 female cases (or 43%) (refer to Figure 6 for gender breakdown).

Figure 5. Services provided to children experiencing violence or abuse at home in SOP for January-July 2019, and January -July 2020, for Gaza, the West Bank and overall SOP



33 UNICEF, Child Protection Programme https://www.unicef.org/sop/what-we-do/child-protection

Figure 6. # of services provided to boys and girls experiencing violence at home or abuse in Gaza for January-July 2019, and January-July 2020 (Gender Breakdown)



The results for the State of Palestine concerning services provided to boys and girls experiencing violence or abuse at home align with studies conducted worldwide during the pandemic, explaining that an increase of violence at home is due to lockdowns and stay-at-home orders[34]. These measures have disrupted both formal and informal protective systems that usually identify and respond to children's protection risk. As a result, children are further exposed to violence and abuse and incidents are underreported due to overstretched and disrupted services[35].

The consultations outlined how school closure put pressure on caregivers to manage their children's education as well as their own work, household jobs and caregiving responsibilities. These consultations also underlined that if male family breadwinners lost their job, additional tensions were observed within households as gender dynamics shifted[36].

Partners shared that the majority of caregivers were left with no parenting support. As a result, many resorted to shouting and/or physical punishment. During counselling sessions with partners more children reported having experienced violence at home and both children and caregivers disclosed an increase in violence between caregivers themselves [37].

The study was not able to explore the forms of physical punishment or aggression in detail and there were challenges around interpretation of what constitutes violence which is often impacted by the existing social norms that consider these actions as "discipline" rather than forms of violence.

Regional studies[38] have also shown a significant association between the number of weeks confined at home due to COVID-19 and children and caregiver/parent

34 Technical Note: COVID-19: Protecting Children from Violence, Abuse and Neglect in the Home, CPHA (2020)

35 Ibid

36 Gender & Adolescence: Global Evidence COVID-19 series (2020), pp.19

37 Consultation with child protection actors; The Hidden Impact of COVID-19 on child protection and wellbeing, Save the Children (2020), pp.21

38 The Hidden Impact of COVID-19 on child protection and wellbeing, Save the Children (2020), pp.23

reporting domestic violence. The NIAF COVID-19 however could not verify if there was a direct correlation, owing to contextual factors such as security measures and conflict related violence that triggered parents and caregiver's wellbeing.

Nevertheless, Table 3 below indicates how physical violence is a key child protection issue which increases following the outbreak of an infectious disease due to containment measures such as isolation and quarantine.

Table 3. Child Protection issues related to risks presented by the disease and those presented by preventive measures

Child Protection Issue	Risks presented by the disease (i.e. COVID-19)	Risks presented by prevention and control measures such as isolation and quarantine
Physical Violence	Loss of household income due to death or illness of caregiver increases family tensions and risks of domestic violence Fear of transmission, the need to care for sick family members or parental inability to cope with children's psychosocial distress	Household and community quarantine measures can lead to tensions between caregivers and children in the household, resulting in increased parental frustration and corporal punishment Increased obstacles to reporting incidents of physical violence

Source: A Summary of the protection risks for children that can arise in infectious disease outbreaks, CPHA (2018)

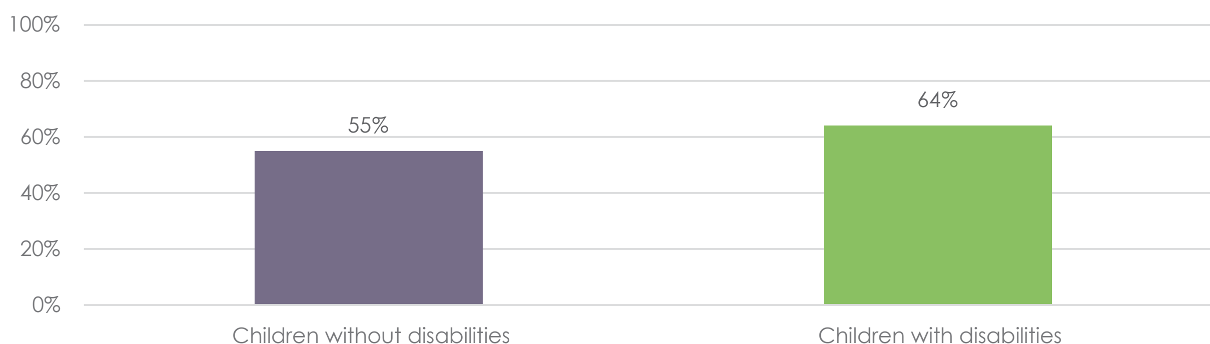
Gender Disaggregation: In comparison to 2019, more girls reported incidences of violence than boys, and services in Gaza reached more girls.

There has been increase of violence at home in Bedouin Community Areas, but conducting home visits has become challenging to the lack of safe space where to consult women and girls and ensure their safety"
Field Coordinator for West Bank, CP AOR partner

Children with disabilities: The study did not explore how many children out of those experiencing violence at home were children with disabilities. However, partner consultations both in the West Bank and Gaza, and internal assessments run by actors working with children with disabilities, shared that children with physical and cognitive difficulties faced particular challenges, as they were confined at home with little support or access to specialised care (due to care centre closures).

An internal assessment conducted by a partner in Gaza, surveyed 75 children, including children with disabilities, and (as per Figure 7) found that children with impairments found it harder to access medical services (36%) than those without disabilities (19%). It also found that children with impairments were subjected to more violence from caregivers/parents (64%) than those without impairments (55%).

Figure 7. Children experiencing violence or abuse at home according to disabilities



Source: Data extrapolated by Aftaluna Assessment Report (2020)

The survey underlined that children with disabilities found themselves experiencing violence or maltreatment from caregivers who were not able to cope with the sudden burden of addressing the specific needs of their children and not having the adequate support nor the necessary skills for such caretaking.

> **"Caregivers are not able to deal with their disabled children who are now staying prolonged hours at home. The burden is felt majorly by parents because specialised health services and equipment are not available" Project and Fundraising Officer, CP AOR partner, Gaza**

Surveys conducted by organisations working with women and girls with disabilities in the West Bank and Gaza, highlighted a significant need of psychological counselling and an increasing exposure to risk of domestic violence during the pandemic. However, due to time and data constraints, the study was not able to explore the association between reporting of violence in the home and the number of children under the care of the parent/caregiver. It was also not possible to explore trends related to caregivers/parents with a disability.

COVID-19 and Children in need of MHPSS

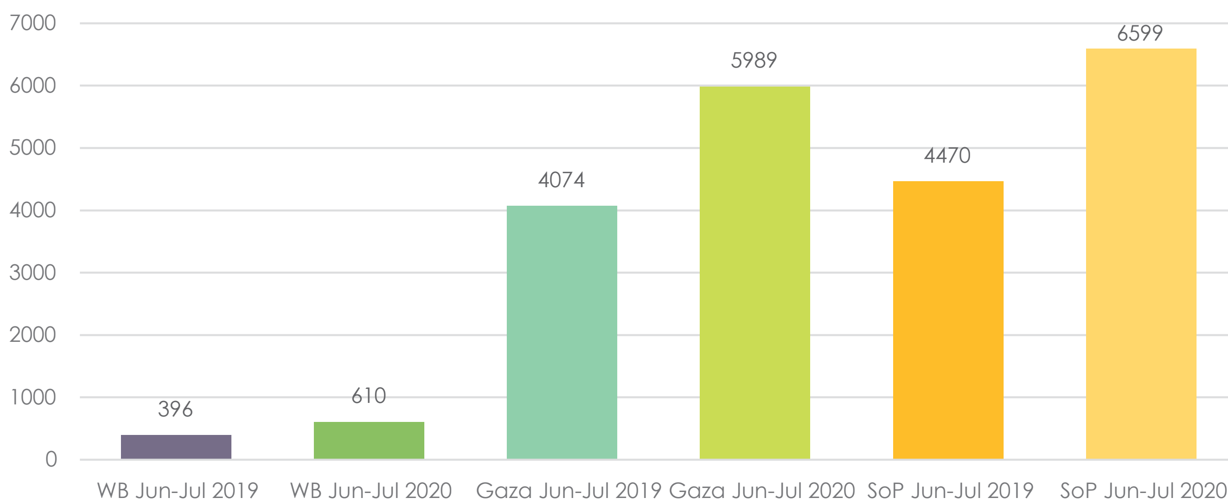
"Children during COVID-19 have been totally disconnected and isolated with no access to services and recreational activities" *Director, CP AOR partner, Gaza*

Owing to the nature and scope of the study, it was not feasible to carry out a detailed assessment of children's and caregivers'/parents' mental health and psycho-social well-being with comprehensive psychometric measures. It was also not possible to explore in depth the modality used by partners to counsel children and adults. The findings, therefore, limit themselves in describing the increase of reported cases along some of the key stressors indicated to be amongst the most relevant. Results also acknowledge how manifestations of mental health and psychosocial well-being are strongly influenced by multiple context-specific factors.

Findings and recent studies recognise how measures to contain viruses from spreading impact the level of distress among adults and children due to physical isolation and suspension of services and loss of livelihoods and education. These were also amongst the key worries shared by children and adults consulted by partners.

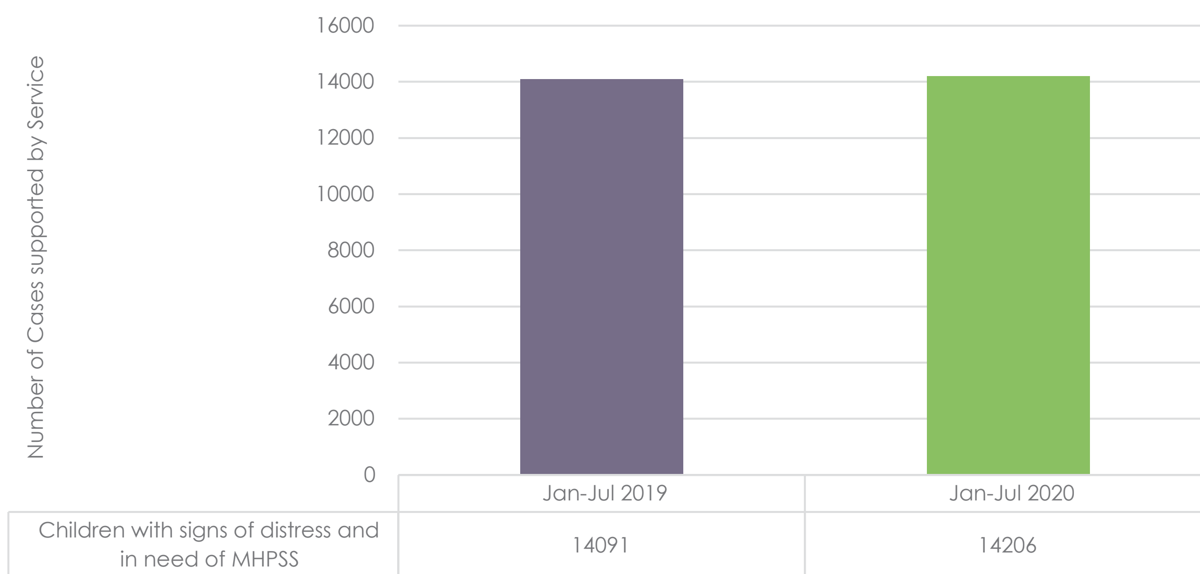
As anticipated, findings in Figure 8 show how reported cases of children in need of mental health and psychosocial support services increased under COVID-19 in the State of Palestine (2,129 or some 48%), in particular in Gaza (1,915 or 47%) compared to the West Bank (214 or 54%).

Figure 8. # reported cases of children with signs of distress and in need of MHPSS



Findings presented in Figure 9, show that there has been an increase in providing services to children with signs of distress or in need of MHPSS throughout the country following the outbreak of COVID-19.

Figure 9 Children supported with MHPSS services in SOP



	Jan-Jul 2019	Jan-Jul 2020
Children with signs of distress and in need of MHPSS	14091	14206

Based on consultations and assessments from CP AOR partners, it emerged that an increasing number of adults had shown aggressive behaviours, feelings of anxiety, insecurity and anger as result of the COVID-19 outbreak. In addition, a higher number of children manifested intrusive feelings and thoughts, sleeping and eating disorders along other signs of distress[39].

"Through the hotline service, we noticed high level of stress, anger, self-blame among mothers not feeling capable in handling situation at home with husbands and children" *Head of Counselling and Supervision Department in the West Bank, CP AOR partner*

Consultations also showed how the loss of income under COVID-19 for families in the West Bank was one of the major causes of stress[40] along with the uncertainty related to the annexation; while in Gaza as well the economic impact, the worsening of the security context played a crucial role.

Children with disabilities: Consultations underlined how the closure of care centers posed major challenges in reaching children with disabilities, in providing them access to support and to understand the specific changes in their wellbeing. Partners on the other hand, revealed how counselled caregivers/parents of children with disabilities reported feeling unsupported, powerless and in need of specialised care for their children. The study, however, did not investigate what were the signs of distress among children with disabilities and to which extent there were variation in trends concerning access to MHPSS.

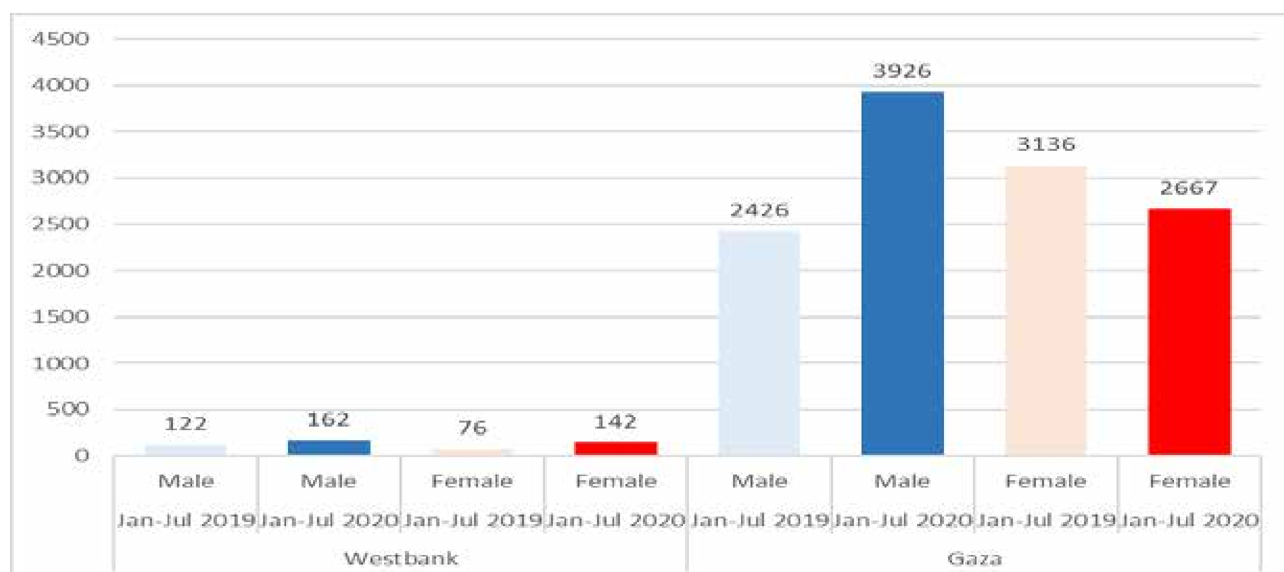
Gender Disaggregation: Findings presented in Figure 10, show a significant increase of reported cases in Gaza and particularly amongst boys (1,500 cases, or some 62%). Differences in trends among locations are likely to be caused by different access to services and support networks, as well as different security contexts. NIAF COVID-19 did not explore in detail the reason behind the higher increase of boys in Gaza. However, it notes that recent studies have highlighted how adolescents' mobility in Gaza has always been restricted due to the siege and blockade, with conservative norms limiting girls' movement even further, and thus the lockdown is less of a novelty for girls while for boys the restrictions on mobility have been strongly felt[41].

39 Periodic analysis for MdM-F activities (MHPSS Emergency Response & COVID 19 Response) From Oct-2019 to Jun-2020, (July 2020)

40 Almost 11 percent of adults who received MHPSS through MDM-France under COVID-19 have been referred for financial and livelihood support

41 Exploring the impacts of covid-19 on adolescents in the Gaza Strip, GAGE (2020), pp7

Figure 10. # boys and girls reported with signs of distress



Suicide Attempts: Please note that these findings should be interpreted with caution as there has been little exploration around the drivers leading to suicide attempts under COVID-19. Furthermore, they do not represent extensively the complexity behind suicide in the State of Palestine, as suicide is "veiled" by social and legal norms and stigmatised[42]. Nevertheless, since the beginning of 2020, Human Rights Organisations[43] and partners running helplines have disclosed an increase in suicide and suicide attempts.

According to SAWA helpline, as shown in below Table 4 and Figure 11, calls reporting suicide attempts increased under COVID-19 (+42 cases, or 420%) mainly in Gaza, which on its own counted 33 cases of girls.[44]

Table 4. Data capturing suicide attempts calls in January-July 2019 and in January-July 2020

	Jan-Jul 2019			Jan-Jul 2020			#(increase/decrease)		
Suicide Attempts	**Male**	**Female**	**Tot**	**Male**	**Female**	**Tot**	**Male**	**Female**	**Total**
Gaza	3	5	8	6	38	44	3	33	36
West Bank	1	1	2	2	9	8	1	8	6
Total	4	6	10	8	47	52	4	41	42

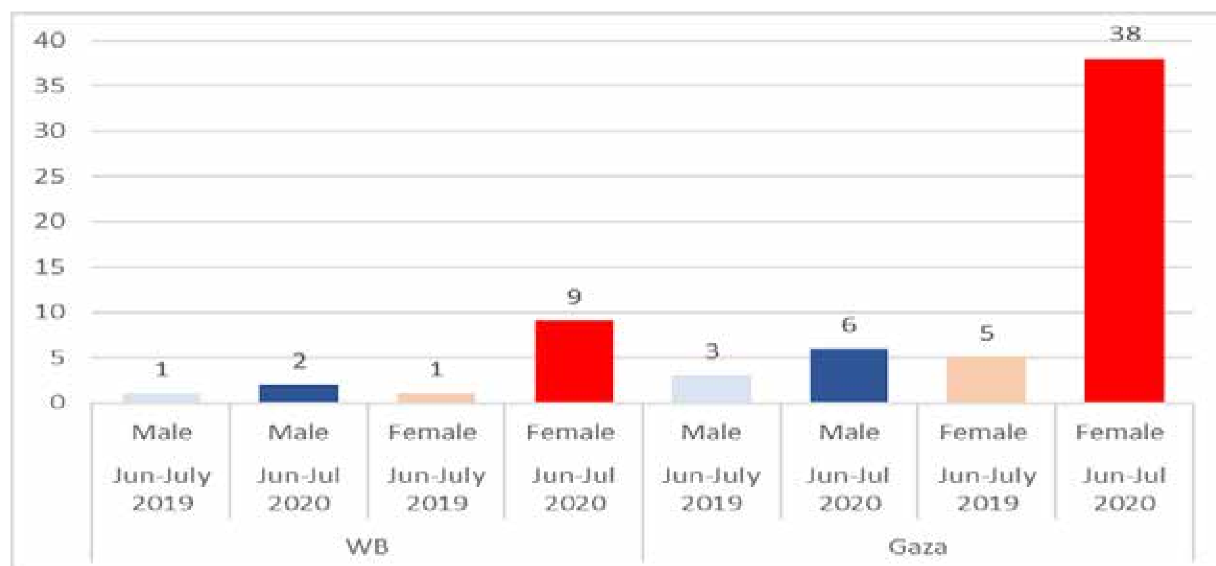
Source: Data collected through helpline services by CP AoR member SAWA

42 Suicide is banned under both Sharia law and the Palestinian Penal Code. Those attempting suicide, or aiding or abetting such a person, may be subject to criminal prosecution. Source: Deterioration in the mental health situation in the Gaza Strip, OCHA (2020)

43 Al Mezan Centre for Human Rights shared that 24 people including four women and five children, have reportedly taken their lives, compared to 22 reported suicides in all of 2019. (as at 10 September 2020)

44 SAWA reported a 30-35 per cent increase in calls in June-July 2020 compared with May 2020

Figure 11. Data capturing suicide attempt calls in January-July 2019 and in January-July 2020 (Gender segregated)



Source: Data collected through helpline services by CP AoR member Sawa

According to studies conducted on MHPSS in Gaza, the main causes of mental health deterioration were recurrent violence, the ongoing blockade, deteriorating living conditions, including increasing poverty, and a sense of hopelessness . Whereas such studies provided limited evidence of a direct association with COVID-19 with different factors contributing to the emergence of suicide risk, SAWA reported that poverty, bullying, physical and verbal violence, fear of poor school performance – in particular during the Tawjihi secondary school exam – and negative coping mechanisms such as early marriage were some of the main drivers behind suicide attempts among children during COVID-19 pandemic. In Gaza, SAWA mainly documented cases related to violence, economic hardship and early marriage. In the West Bank including East Jerusalem most cases resulted from bullying. Suicide attempts due to the high levels of stress related to Tawjihi exams were reported across all the State of Palestine.

The pandemic has disrupted the support network for young people, exacerbated family conflict and isolation, while combined with decreased professional and follow-up care compounded their vulnerabilities to risk of suicide.

COVID-19 and Child Labour

"Children are more engaged in household chores, sometimes you can see them helping in mechanic workshops or in markets carrying fruits and vegetables" Child Protection Officer, CP AOR partner, Gaza

The results in relation to child labour in both the West Bank and Gaza were based on the following question: "has there been a change in the number of children engaged in forms of labour under the reporting period?". Owing to the nature of the study, it was not possible to differentiate between types of labour (including

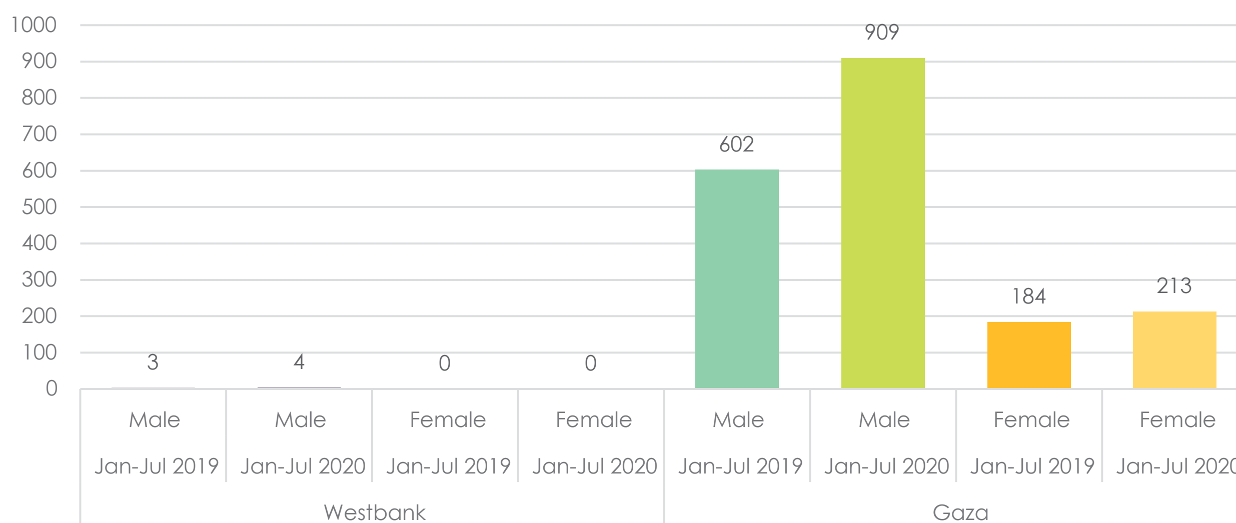
hazardous work), the change in actual time spent working and push factors or if work undertaken by children was paid. The results should therefore not be considered to represent the issue of child labour in the State of Palestine.

Child labour temporarily decreased due to movement restrictions. However, evidence from other studies show that as economic contraction reduces opportunities in the labour market, many low- and middle-income countries will see their progress in reducing child labour and enrolling children in school reversed.

Education and protection actors who contributed to this study were unable to specify how much of the current school dropout rate was due to school closures, and how many of these children were pushed into child labour. However, evidence about child labour rising as schools shut down as result of containment measures was gradually mounting.

Results in Figure 12, show that the number of new reported cases of child labour in the West Bank remained the same while the numbers in Gaza were significantly higher: 307 additional male cases (51%) and 29 additional female cases (some 16%). Again, as per other trends, it is critical to note that discrepancies among geographical areas were due to varying levels of access among partner organisations, their ability to detect new cases, the number of actors working on child labour and different socio-economic factors.

Figure 12. # reported boys and girls engaged in non-hazardous forms of child labour in January-July 2019 and in January-July 2020 (Gender segregated)



Partners shared that new cases of reported working children were not associated with forms of hazardous labour but were instead connected to helping caregivers in small businesses or selling goods. The findings reveal that children in Gaza were more likely to turn to child labour compared to their peers in the West Bank. Despite the probable inaccuracy of data collected in the West Bank in this regard, as per the limitations explained above, this was confirmed by data from the Palestinian Central Bureau of Statistics (PCBS), which shows that child labour in 2018 was more present

in Gaza. Indeed, in 2018, 4,840 out of 372,600 children aged 10 to 17 were involved in full-time labour in addition to 1,490 children aged 10 to 17 working while attending school. In total, 2% of children in Gaza aged 10 to 17 were employed on a full-time or part-time basis in 2018.

Child labour was the combined product of many factors, such as poverty, social norms, a lack of work opportunities for adults and adolescents, migration and emergencies. In Gaza compared to the West Bank, the already deteriorating socio-economic situation has caused a significant shock to vulnerable families and children already living below the poverty line.

Gender Disaggregation: The findings, as per Figure 12, show that boys were more affected by child labour in Gaza than girls, although girls were affected in higher percentages from unpaid labour such house chores. The study did not explore gender dynamics, yet recent studies suggest that in addition to paid work, children also carry the burden of domestic work and childcare for siblings, with some evidence that in crisis situations children are involved in doing more domestic chores than they would under normal circumstances. This concerns girls in particular, given social norms connected to the roles of women/girls and men/boys with the consequence of prioritising boys' education over that of girls.

Children working in the streets were not represented by an increase in numbers since the pandemic outbreak. Nevertheless, consultations with partners emphasised that based on observations, "street children" were more present during COVID-19, and that this needed to be further documented. Given the deteriorating economic context in Palestine along with the continuing lack of access to education, partners expected that the number of street children would likely increase.

COVID-19 and Children in Contact with the Law and Deprived of Liberty

"Juveniles in detention center are not equipped with preventive measures and also they are not able to receive family visits, counselling and legal support" Child Protection Adviser, CP AOR partner

Children deprived of their liberty were more vulnerable to contracting COVID-19 because of the confined conditions in which they lived. Deprivation of liberty made it more difficult to self-isolate or practice physical distancing, especially in facilities that were overcrowded and unclean, and where security or infrastructure reduced access to water, sanitation and basic hygiene.[45]

Data shared by partners around children in contact with the law and children deprived of liberty showed no significant difference in comparison with January-July 2019 (a decrease for boys in Gaza with 131 cases, or some 33% decrease, and no cases for girls in both West Bank and Gaza).

45 Technical Note: COVID-19 and Children Deprived of their Liberty, CPHA (2020), pp.2

Other secondary data, such as those shared by the Israeli Prison Service regarding Palestinians detained by Israel[46] (see below Table 5), despite minor variation in trends, raised concerns about the current number of minors in detention and the related physical and psychological impact, lack of education opportunities, family ties and effects of the pandemic.

Table 5. Data capturing children deprived of liberty in Israeli Prisons in January-July 2019 and in January-July 2020

Areas of West Bank	Jan-Jul 2019	Jan-Jul 2020	increase/decrease%
Beit Lehem	47	38	- 19%
Jenin	25	26	4%
Hebron	23	24	4%
Tul Karem	16	7	- 56%
Jericho	1	2	100%
Ramallah	49	26	- 47%
Nablus	14	7	- 50%
East Jerusalem	27	42	55%
Undefined	3	2	- 33%
Total	205	174	- 15%

Source: Data shared by Israeli Prison Service in response to Freedom of Information petitions by B'Tselem

As discussed by partners, the pandemic containment measures limited their movement and consequently the interaction with authorities, this however could not be verified in depth. Nevertheless, it emerged from consultations how restricted access to facilities/ detainees from family members and legal services, had an impact in documenting ill-treatment.

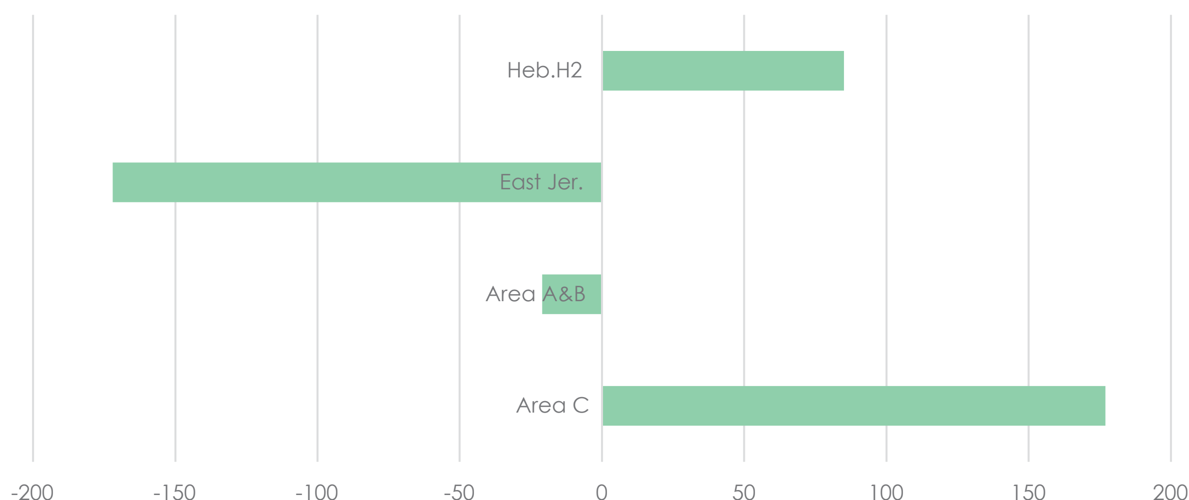
"Former detainee children have shown high level of distress as being confined at home (...) has triggered the same negative feelings experienced in detention"
Head of Counselling and Supervision Department, CP AOR partner, West Bank

Nonetheless, bearing in mind that detention should be the last resort, children in detention or in contact with the law in the West Bank during the first seven months of 2020 remained significantly exposed to violence, ill-treatment and violations during their arrest, transfer, interrogation, and detention, affecting their psychosocial well-being even after release.

As per Figure 13, partners organisations in the West Bank experienced an increase under COVID-19 of former detainee children in need of specialised services in Area C (177 new cases/ 46%) with H2 (85 new case/ 152%) as containment measures triggered negative feeling experienced in detention facilities.

46 Important to note that in SOP several are the authorities detaining children, therefore the dataset is not representative. The Israeli detention data does not capture as well children detained by Palestinian authorities

Figure 13. # Former detained children supported in the West Bank in January-July 2020



Detained children's vulnerability increased under COVID-19 as they were not provided with adequate preventive measures which put them at risk of being infected. In addition, as documented by existing studies and confirmed by partners, in many instances, detention facilities were far from children's families, homes and communities and regular communication was often limited. This contributed to greater fear and uncertainty, further affecting the detained children's and their families' health and well-being, including mental and psychosocial well-being.

As for children in contact with law, they were exposed to protection risks under COVID-19 as measures included closures of courts, suspension of criminal trials or administrative hearings and restrictions on freedom of movement which limited their access to lawyers.

COVID-19 and Child Marriage

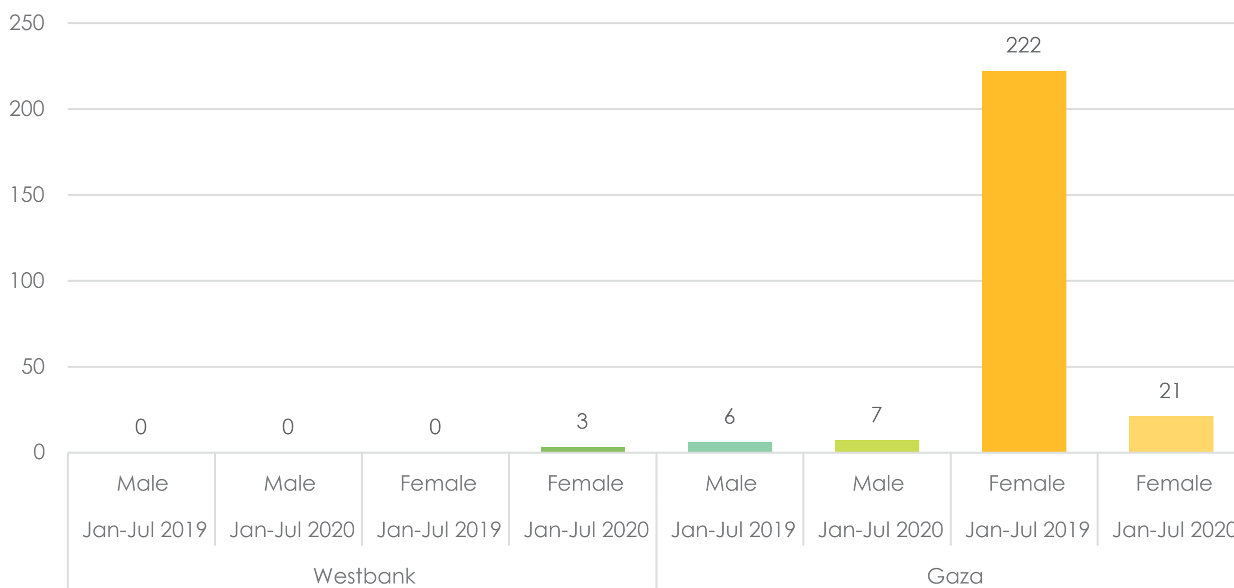
"Child marriage in some communities has increased but is difficult to tell if is due to social norms or family loss of income" *Child Protection Officer, CP AOR partner, Gaza*

The NIAF COVID-19 in the State of Palestine sought to explore the issue of child marriage. However, partners underlined the challenges faced in identifying such protection concerns through remote modalities. Results as per Figure 14 therefore indicate that in West Bank, there was no significant increase in child marriage. However, it remained a worrying trend (three reported female cases following the outbreak) and in Gaza there was a significant decrease in reported cases, suggesting there was significant underreporting (201 less cases, or a 90.54% decrease).

These trends also showed that child marriage was more prevalent in Gaza than the West Bank, and that it affected girls more than boys (before the pandemic out of 228 cases, six were boys and 222 were girls). The finding also confirmed that child

marriage was difficult to identify, and address given the remote modalities adopted under COVID-19. For instance, in the first seven months of 2020, partners were able to identify only 21 new child marriages affecting girls.

Figure 14.# boys and girls reported to be engaged in child marriage in January-July 2019 and in January-July 2020



This was confirmed by other studies conducted in Gaza following the outbreak[47] which revealed challenges in assessing trends around child marriage. It seems as if the decrease in Gaza, as other countries in the Middle East, is possibly due to bans on large gatherings and the lack of reporting due to the suspension of monitoring visits.

Despite that the data was not representative, child marriage remained an important child protection concern to address as well as teenage pregnancy[48]. At the time of the reporting the most reliable data on child marriage was from the 2014 Palestinian Multiple Indicator Cluster Survey (MICS). This research found that 15% of girls between 20 and 24 were married before the age of 18 and 1% were married before the age of 15 (PCBS, 2015). In 2017, UNICEF and UNFPA also carried out assessments revealing that Gaza, Area C and East Jerusalem were the most affected areas[49].

COVID-19 and Child Protection Risks according to Gender

Where data was available, the NIAF COVID-19 explored gender dynamics in relation to specific child protection risks. This section brings to the attention the gender dimension of the COVID-19 pandemic specifically looking at major trends in service provision for children.

47 Gender and Adolescence: Global Evidence COVID-19 series, GAGE (2020), pp21

48 Despite NIAF COVID-19 did not explore the issue of teenage pregnancy, consultation with partners (i.e. PCC) in June 2020 highlighted how in Bedouin communities following the outbreak of the pandemic, there were raising concerns around an increase in teenage pregnancies

49 World Vision https://www.wvi.org/stories/jerusalem-west-bank-gaza/early-marriage-palestine

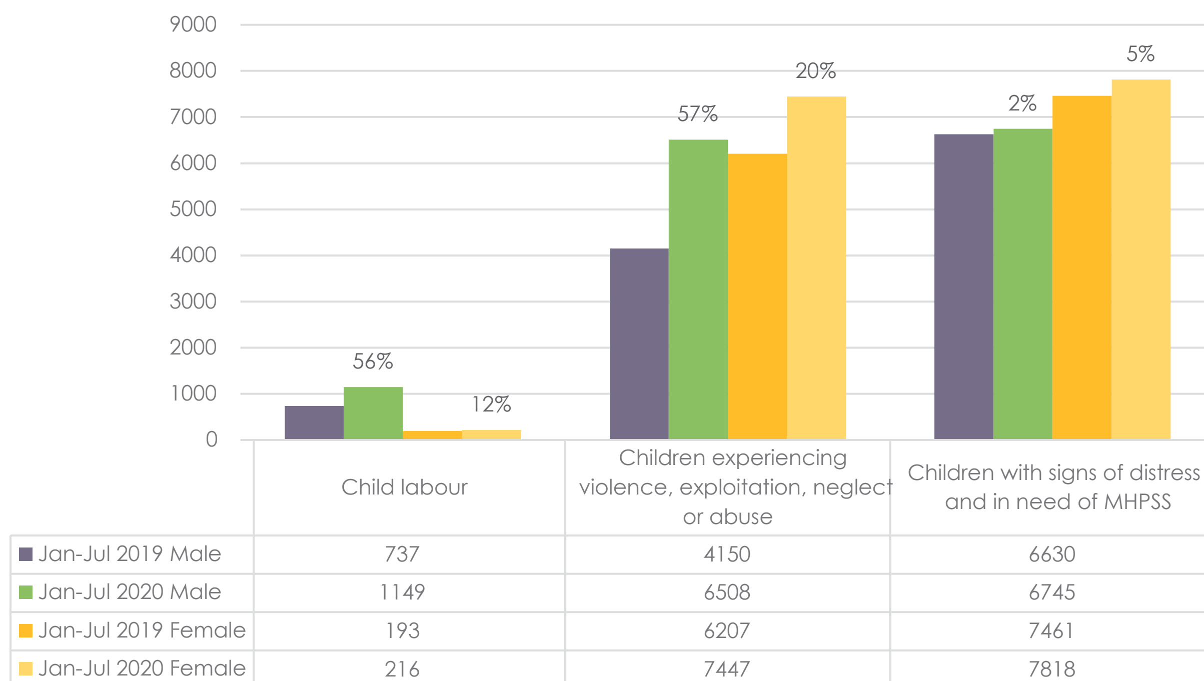
As Figure 15 shows, the level of violence or abuse experienced by girls in the domestic environment and their need of MHPSS remained higher compared to boys.

Since the outbreak of COVID-19, studies have confirmed that across countries gender-based violence, and specifically violence at home have become increasingly severe and frequent due to confinement and the stretched capacity of response services and support available[50].

Exacerbating factors in the Palestinian context include living in cramped spaces, security, health and financial concerns, isolation with abusers and movement restrictions. These factors were significant stressors that undermined the wellbeing of girls, among whom there was an increase of suicide attempts (as discussed above under section "COVID-19 and Children in need of MHPSS").

Boys were more engaged in child labour than girls since the outbreak of the pandemic. As already discussed, these forms of labour included helping in domestic chores, running family businesses and selling goods. Triggers behind child labour included loss of income that affected the economy of many vulnerable households, intersecting with school closure and the lack of access to online education services.

Figure 15. # services provided to boys and girls at risks in SOP in January-July 2019 and in January-July 2020 (Gender segregated)



	Child labour	Children experiencing violence, exploitation, neglect or abuse	Children with signs of distress and in need of MHPSS
Jan-Jul 2019 Male	737	4150	6630
Jan-Jul 2020 Male	1149	6508	6745
Jan-Jul 2019 Female	193	6207	7461
Jan-Jul 2020 Female	216	7447	7818

50 Gender dimension of the COVID-19 Pandemic, WHO (2020)

INTERRELATED FACTORS AFFECTING CHILDREN SAFETY AND WELLBEING UNDER COVID-19

Loss of Income

Physical distancing and lockdown measures were implemented globally to save lives and contain the transmission of the virus. Studies suggest that these measures have simultaneously resulted in a significant reduction of economic activity and has consequently led to a global recession[51].This recession was also taking effect in the State of Palestine.

During spring 2020 as the pandemic took hold, many business and small activities in the State of Palestine were severely impacted and had to shut down permanently. People working in the hospitality sector, factories, and daily workers such as taxi drivers lost their jobs or otherwise saw a significant reduction in their income.[52] The outbreak of COVID-19 also pushed a great number of households into poverty and food insecurity, worsening the living conditions of those families already living under the poverty line[53]. According to representatives of child protection and education services, the majority of children in the country was severely affected by the economic and social impact of COVID-19 since they were unable to afford or to access e-learning platforms and other "remote" services. This was particularly the case in Gaza due to prolonged power cuts, which affected access to the Internet[54].

In the context of the current pandemic, as parents lost their jobs and sources of income, it was also important to measure what happened to children living in poor and impoverished families. The NIAF COVID-19 did not explore the economic impact on vulnerable households or on those living under the poverty line. However, it underlines and confirms[55] that economic stressors were a primary factor impeding children's access to basic needs, health, education and protection services. Loss of income triggered negative coping mechanism among caregivers, who turned to corporal punishment and violent behaviour towards children.

Containment Measures COVID-19

Mitigating measures adopted to address the pandemic resulted in disruptions to children's everyday environments, routines, and relationships. Most importantly, these measures limited their access to protection services. The findings of NIAF COVID-19 in the State of Palestine explained that preventive measures adopted in the country caused a double-edge outcome: containing the spread of the virus, while hampering reporting and referral mechanisms of child protection services. This left many children and families vulnerable.

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51 Policy Brief: The Impact of COVID-19 on children, United Nations, (2020), pp.6

52 According to the head of the General Federation of Trade Unions in Gaza, between mid-March and mid-July, nearly 4,000 people in Gaza lost their jobs, at least 50 factories closed their doors, and more than 10,000 taxi drivers have seen a large reduction in their income. . Source: Double quarantine in Gaza: COVID-19 and the blockade, Refugees International (2020), https://www.middleeastmonitor.com/20200720-4000-lost-their-jobs-in-gaza-during-covid-19/

53 an increase of at least 10 percent in the poverty rate according to the World Bank (font)

54 Double quarantine in Gaza: COVID-19 and the blockade, Refugees International, (2020) https://www.refugeesinternational.org/reports/2020/9/9/double-quarantine-in-gaza-covid-19-and-the-blockade

55 Children in monetary poor households and COVID-19: Technical Note, UNICEF and Save the Children,(2020)

Data analysis, including consultations with key child protection actors, highlighted that trying to contain the virus affected aid delivery either by suspending services or by shifting to remote service delivery. This made identifying and supporting children at risk challenging, as key individuals who were part of informal and formal networks[56] were no longer in regular face-to-face contact with children.

These results were confirmed by other studies[57], indicating that confinement measures were likely to result in heightened tensions in the household and added stressors among caregivers. As a result, children might increasingly witness intimate partner violence, whilst being themselves exposed to abuse.

Movement restrictions, regulation of crowded spaces and other containment measures caused closure of care facilities and schools, leaving families without adequate support[58]. This was of particular concern for children with disabilities who were no longer supported with specialised care. Containment measures also restricted access to service providers supporting children in contact with the law, leading to suspension of trials, proceedings and legal aid. This increased children's exposure to neglect and violence.

Safety and Conflict Violence: a lingering crisis despite the pandemic

For thirteen years, Israel's attacks on the Gaza Strip and repeated bombing of life saving facilities have led to a deteriorating humanitarian situation. During the period of reporting, Israel both tightened and loosened the import of goods, medicines and fuel to Gaza. As a result, children in Gaza as well as their families faced continued uncertainty in access to health services and specialised care.

In recent months, concerns over annexation[59] raised by Israel's announcement to formally annex 30% of the West Bank's Area C resulted in the Palestinian Authority ending bilateral agreements affecting cross border movements, including for medical purposes. As mentioned, during the February 2020 Security Council briefing on the situation in the Middle East, the annexation would have a devastating impact on the two-state solution[60]. According to consultations held for the NIAF COVID-19, the issue of annexation has caused major stress among caregivers living in areas at risk of annexation.

According to OCHA's database between January-July 2020, there was a decrease in the number of reported children directly affected by conflict violence. Nevertheless, data[61] highlighted that demolitions and forcible displacements, violence by settlers and excessive use of force by Israeli security forces have continued during the same timeframe.

56 Teachers, social workers, monitors, community members.

57 The Hidden Impact of COVID-19, Save the Children (2020); Child Protection and COVID-19, UNICEF, (2020) https://data.unicef.org/topic/child-protection/covid-19/

58 Child Protection and COVID-19, UNICEF, (2020) https://data.unicef.org/topic/child-protection/covid-19/

59 The 1992 Oslo peace agreement between the Palestinian Liberation Organization (PLO) and Israel divided the West Bank into 3 areas: Areas A, B, and C. Area C, comprising more than 60 percent of the West Bank, was placed under Israeli military control, awaiting its returning to a full Palestinian control. However, Israel has continued to expand Israeli settlements in this area.

60 "Such steps, including the possible annexation of territory in the West Bank or similar moves, would have a devastating impact on the prospect for a two-state solution. They would close the door to negotiations, have negative repercussions across the region, and severely undermine opportunities for normalization and regional peace." SECURITY COUNCIL BRIEFING ON THE SITUATION IN THE MIDDLE EAST (AS DELIVERED BY SC NICKOLAY MLADENOV), Feb 2020

61 OCHA Database, 2020

The UN also reported a surge in attacks by Israeli settlers against Palestinian civilians and their property, recording a total of 138 incidents between 5 March and April 30. Such attacks ignored movement restrictions by the Israeli Ministry of Health, undermining both Palestinian and Israeli efforts to fight the pandemic[62].

Consultations with child protection and MHPSS actors pointed out that settler violence and demolitions were aggravating an already dangerous situation for vulnerable families during COVID-19, as it impacted caregivers' wellbeing and ability to cope with unstable living conditions.

Donor Funding

The COVID-19 pandemic was of particular concern to those countries affected by fragility, conflict, and violence. Weak health systems and social welfare services have left societies even more vulnerable to disease outbreak. As of late April 2020, the World Bank Group began strengthening health systems and mitigating the pandemic's risks in nineteen of the most fragile settings[63] including the West Bank and Gaza.

A large portion[64] of the Palestinian population relies on humanitarian aid for lifesaving assistance, food, medical supplies, water and sanitation, and schooling. This support has fallen short in the past years as there has been a "growing fatigue among donors in tackling a situation that doesn't seem to change with an economy which has no capacity to regenerate itself"[65]. As a result, protection services have been significantly underfunded (see Figure 16 below). Between 2017 and 2019, the Humanitarian Response Plan (HRP) funding decreased by more than half, from 57% in 2017 (or 30.7 $ million funded out of 53.8 $ million required) to 20.2% in 2019 (or 7.3 $ million out of 35.9%), and currently to 9% in 2020. Considering the funding trend over the last five years, HRP funding decreased by three times from 65.3% in 2015 to 20.2% in 2019. However, it should be noted that HRP amount required also decreased over time.

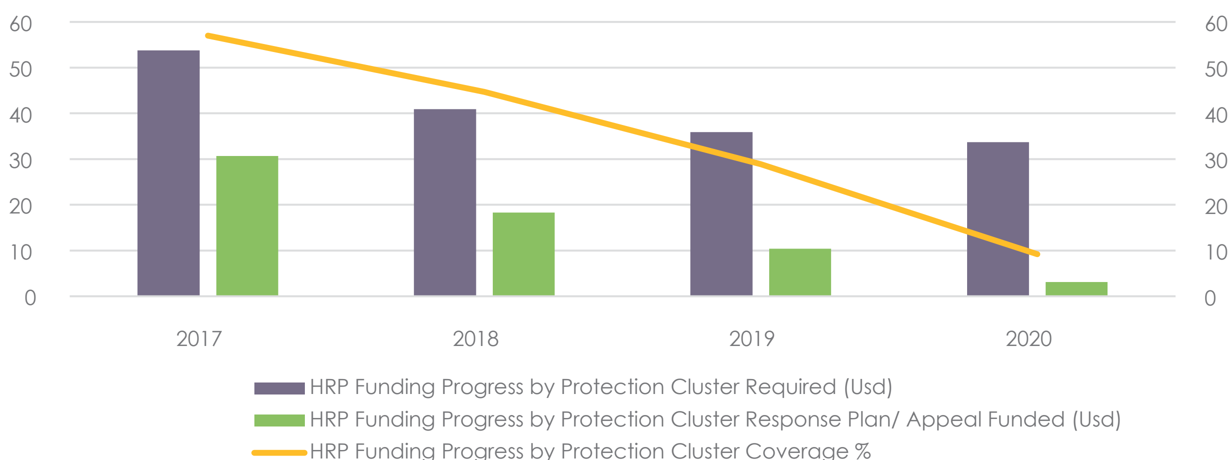
62 Briefing Note: Violence and impunity in the West Bank during the COVID-19 pandemic, Oxfam, (2020) pp.7

63 Key countries across all developing regions include DRC, Mali and Niger, to Papua New Guinea, Haiti, Afghanistan, Yemen

64 It is important to note that more than 80 percent of Gaza's residents rely on humanitarian aid, in particular Gaza that suffers from repercussions of the United States' 2018 politically motivated decision to stop all Palestinian funding

65 Phone interview with the International Crisis Group's Senior Analyst in Jerusalem Source: Double quarantine in Gaza: COVID-19 and the blockade, Refugees International (2020)

Figure 16. Humanitarian Response Plan (HRP) Funding Progress by Protection Cluster in Gaza and the West Bank between 2017 and 2020

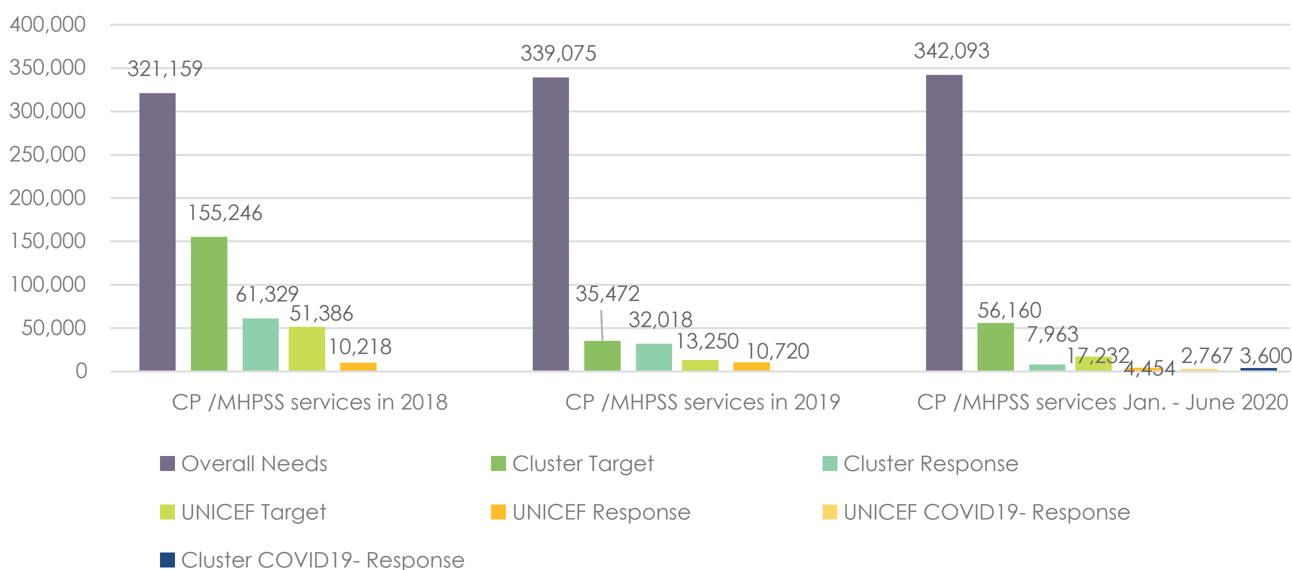


Source: Financial Tracking Service, OCHA

This has had a severe impact on child protection, which among the protection sub sectors is the one to suffer the most from the funding gap. In 2018, almost 50 million children were in need of protection in humanitarian settings. Yet, child protection is at date not systematically prioritised within the humanitarian response and it remains underfunded, leaving children further vulnerable and exposed to violence, exploitation, and abuse[66].

In the case of State of Palestine, as for Figure 17, this was exacerbated by the impact of COVID-19 which further deteriorated a protective system which could barely address children's wellbeing and safety.

Figure 17. Child Protection Needs and Response by CP AoR and UNICEF in SOP between 2018 and 2020



Source: UNICEF SOP Humanitarian Situation Report and HPM Matrix

66 UNPROTECTED: crisis in humanitarian funding for child protection, CPHA, CP AoR, Save the Children International (2019), pp.8

The COVID-19 opens windows for new funding opportunities. It is important to bear in mind the significant "invisible" impact connected to the complexity of child protection that the pandemic is having on boys and girls and how it exacerbates existing vulnerabilities and feeble protection system.

VISUALISE CHANGE AND PLAN RESPONSE

This section of the study aims at presenting the potential adaptations of responses explored with child protection actors during consultative workshops. Consultations were guided by guiding questions which included the following:

- Who will continue to be affected?
- Who will be affected more?
- Which categories of children child will likely be worst affected?
- How do we reduce vulnerabilities and increase capacities?
- What are current and likely future scenario related to access limitations?

The objective was to have a basic understanding of possible different modalities of response along the objectives, vulnerable groups and locations to prioritise. The following Table 6 presents an understanding on how to increase capacities and protectors or decrease risk and/or impact on children in relation to COVID-19.

Table 6. Answers by CP AoR and MHPSS partners on questions relating to COVID-19's impact on child protection risks

Questions	Answers by the CP AoR partners
How do we increase capacity to prevent CP issues and address impact in the current context?	Further invest in increasing coordination among actors, to have a coordinated and meaningful response across affected areas. More capacity inherent to data collection, data management and data sharing among key actors in order to have a comprehensive analysis and a reduce in programmatic overlap. Increase the engagement and capacity of governmental bodies, in particular MOSD, in identifying and responding to child protection specific risks. Strengthen community child protection approaches, especially in the identification of child protection cases and response.
How do we reduce vulnerabilities and exposure to risks in order to prevent CP issues and enhance resilience?	The response needs to include children who are living under the poverty line and aim to increase the income of their caregivers and access to multidisciplinary services (i.e. social protection, cash assistance, informal/formal education). Education and access to remote service provision need to be guaranteed to all children, especially those who cannot afford IT tools and have scarce accessibility to internet.
Who are the vulnerable groups to prioritise?	Children with disabilities, children at risk of domestic violence, children exposed to conflict related violence, children previously and currently deprived of liberty, children of Bedouin communities and those of poorest households.
Which are other actors to engage?	Mainstream child protection within other relevant sectors such as Education, GBV and Health. Work closely with the above-mentioned actors to strengthen identification and referral of child protection cases.
Where do we respond?	Area C, east Jerusalem, Hebron (West Bank). All of the Gaza Strip.

Table 7 analyses the worst-case scenario foreseen by actors and what would be the interventions to prioritise and adopt in mitigating risks.

Table 7. Worst case scenario and mitigation measures suggested by CP AoR and MHPSS partners

Worst Case Scenario Foreseen by Child Protection Partners	
West Bank	**Gaza**
Lockdown is continuously imposed in the West Bank Restricted access to existing safe spaces Humanitarian access is not granted regularly No specialised services Remote service provision is the only way forward Healthcare system "collapse"	Lockdown is imposed throughout the Strip or severe restrictions in movements are imposed Limited access to basic and protection services Low food security among the most vulnerable households Escalation of violence and "blockade" is enforced with further restrictions Healthcare system "collapse"
Mitigation Measures Focus on MHPSS service provision and capacity building including Psychological First Aid Adoption of mix approach of service delivery (remote and in presence) in order to reach the most vulnerable children Work with communities on protection mechanisms Advocate for limited but controlled and safe face-to-face service delivery	

The above responses need to be further discussed according to specific locations, to specific vulnerable groups and also in association with different containment measures adopted to limit the spread of the virus as they have a high influence on child protection risks and trends. The responses were explored bearing in mind the results of the reporting period which included partially the rise of COVID-19 infected cases in summer 2020.

Case Management during COVID-19

It has been noted by all partners that case management is an area in need of attention in order to have a meaningful analysis of trends as well as disaggregated information.

In this regard the data need to be collected, managed and shared according to standard procedures and protocols. "Case Management, Reporting and Referral System Guidance during COVID-19" is a document that has been developed under the supervision of World Vision and the Ministry of Social Development, and in cooperation with the Child Protection Area of Responsibility (CP AoR). However, it still needed to be endorsed by actors operating in both the West Bank and Gaza. Along recommendations provided, as well by the Child Protection Alliance in Humanitarian Action "Technical note: COVID 19 Child Protection Case Management Guidance (2020)", the document suggested the adaptation of case management systems to take into consideration limitations and safety measures imposed by the pandemic. Revision of procedures are required to review the referral system including a revision of the scale of risks and categories of vulnerability.

"Case management services have stopped during movement restrictions and lockdown; the number of cases are increasing but there are problems in referring them to specialised services as they are not available, children are also not able to access online platforms to report" *Child Protection Officer, CP AOR partner, West Bank*

For monitoring purposes, it is important that actors are familiar in managing data and conducting separate child protection data analyses and trend analyses of caseloads generated during the pandemic in order to inform programming and advocacy.

MONITOR CHANGES TO SITUATION

As outlined by the NIAF COVID-19 guidance, it is crucial to monitor changes in the situation of all children and their protection risks during the pandemic. The monitoring is effective if collaborative, coordinated and multisectoral. However, as also mentioned by the guidance, there are challenges to the process mainly caused by the lack of primary data such as face-to-face interactions with children of concern. This applies unfortunately to several sectors working with children (i.e. education, MHPSS, health and protection), jeopardising data collection methods.

Given the above mentioned difficulties, as the current situation is in continuous and evolving and many actors are facing difficulties obtaining and sharing up-to-date primary data, it may be necessary for Child Protection AoR members in country to implement a child protection monitoring system. Such a system would have modalities adapted to significant and sudden changes, which could include limitations of movement and access, significant increase/decrease of service provision, closure of schools and deterioration of security context.

It is important to note that monitoring changes to situation, strictly refers to a child protection monitoring system rather than monitoring and evaluating child protection programming, and is defined as *"systematically and regularly collecting, verifying and analysing information over an extended period of time in order to identify violations of rights and protection risks for populations of concern for the purpose of informing effective responses"*.

Some of the guideline's questions that could help understanding significant changes in the situation and how to adjust existing responses include:

- What information is crucial to understand impactful changes of the situation? What may change rapidly with significant impact on protection of children?
- How do we act on information and adjust the response?
- How do we gather, verify and analyse and communicate such information? And who will do it?

Table 8 below, suggests some information to keep track of when monitoring changes in the child protection situation and how actors could act upon those changes. These are for the CP AoR in country and relevant stakeholders to take ahead with further discussion.

Table 8. Child Protection Monitoring Matrix for COVID-19 related impact

What	Source	Who	What to do
Movement Restrictions and operational status **Examples:** **Full Lock-down (operations exclusively from remote)** **Partial Lock-Down (access guaranteed in specific hours/ days of the week)**	OCHA and Humanitarian Access Reports Local Authorities	CP/MHPSS Actors if needed coordination with Health and Education Cluster	Discuss within the CP AoR what are the possible operation modalities to adopt in respect to the movement restriction status. Discuss the related protective and risks factors and how intervention can mitigate risks and should be adjusted.
# Boys and Girls at Risk accessing services (i.e. significant decrease/ increase of children accessing services) **Sudden decrease/increase of new cases with signs of distress or adopting self-harm behaviours** **Sudden decrease/increase of new cases experiencing or at risk of experiencing violence at home**	Monthly sitreps Case Management Database and Referrals (children benefitting from services per month) Other datasets (i.e. cases reported by Helplines)	IMO from CP coordination Groups IMOs from all CP/ MHPSS/GBV/Health actors	Discuss in the CP AoR if children can access services, what are the constraints, who are the most vulnerable and what are the information gaps. Discuss differences between service provided and newly reported cases. Adjust modalities of outreach ensuring the most vulnerable children (i.e. disabilities, children with no access to internet, at risk of domestic violence) are supported and monitored.
Sudden drop of school attendance among children **Schools activity under COVID-19 (open/closed)**	Datasets from education cluster	IMO from CP coordination Groups IMOs from education cluster	Discuss with Education partners: how to work jointly in identifying and supporting cases of children in need of protection and MHPSS service; how to spread child protection awareness messages through educational activities.
Containment Measures related to COVID-19 **Examples:** **Isolation at home, home quarantine/confinement**	Reports on Humanitarian access and context highlighting areas and related containment measures	IMO and CP specialist in coordination with OCHA and Health IMOs or key representative	Discuss in the CP AoR what are specific risks connected to specific containment measures, and how these can be mitigated. Adjust modalities of outreach.
Safety and Security **Examples:** **Worsening of the Blockade in Gaza** **Annexation** **Halt in coordination between Palestinian and Israeli authorities** **Increase of settler violence and/or demolitions**	Reports on Humanitarian access Database of OCHA on Protection of Civilians (POC)	IMO and CP specialist in coordination with OCHA IMOs or key representative	Discuss in the CP AoR child protection risks related to incidents of security and interrelatedness with containment measures COVID-19 related

CONCLUSIONS

The NIAF COVID-19 is an opportunity to understand the risks that children face during the pandemic in the State of Palestine and outlining important considerations for their protection and wellbeing.

Following the outbreak of COVID-19 in both West Bank and Gaza, there was no significant difference in newly reported cases of boys and girls witnessing violence at home compared to before the pandemic. However, whilst the level of domestic violence remained high, a higher number of services were provided to children experiencing violence or abuse at home than before COVID-19, and especially for girls. Children with disabilities were highlighted as being at major risk of violence.

The study shows that during the COVID-19 pandemic, children and caregivers have overwhelmingly been affected by negative emotions. Adults in particular resorted to negative coping mechanisms including aggressive behaviours towards children. In the West Bank, the loss of income under COVID-19 for families was a major cause of stress alongside uncertainties connected to the annexation. In Gaza, alongside the economic impact of the pandemic, the worsening security context was also a major stressor. There was an increase in remote service provision to boys and girls, but especially amongst boys in Gaza. Boys' confinement, in addition to a more frequent presence of male figures at home due to the mobility restrictions, destabilized the regulation of the domestic space. The study did not investigate in depth the differences in gender trends and what are the drivers of distress to boys or girls. What is clear, however, is there is an increase in tension within the family which affected children. Of concern were the higher numbers of suicide attempts among girls in Gaza, following the outbreak of COVID-19. Although child marriage continuous to be underreported as the decrease in trends under COVID-19 shows, it remains an important child protection concern. The study, however, was not able to draw on reliable child marriage data as partners faced challenges in assessing trends through virtual means.

The pandemic appears to have exacerbated child labour in Gaza, where families were already stranded by a chronic economic decline. This primarily affected boys and the study found that while child labour was worsened, there were no significant indications that boys were engaged in hazardous forms of child labour.

The data collected around children deprived of liberty or in contact with the law were neither exhaustive nor representative due to the limited number of partners able to access children in detention. The study highlights that this category of children was vulnerable given that they are excluded from multidisciplinary service provision, particularly legal aid and counselling, and are further exposed to abuse and deterioration of their wellbeing.

Violence and abuse resulting from domestic violence; patriarchal norms and deprivation of freedom in relation to the protracted occupation, the loss of income and land due to the annexation, is a clear crosscutting concern affecting all dimensions of children's daily experiences. The NIAF pointed to the connections of the persistence of violence with the deterioration of mental health conditions, which the rise of suicide attempts indicates. Similarly, the rise of girls reporting suicidal thoughts in connection with the changes in the regulation of the household space needs to be further explored. While mobility of girls is an issue relatively well understood there is little data exploring the effect of these restrictions on men and boys.

The NIAF also shed light into the negative effects linked to the technological gap when educational establishments were closed. The isolation and 'being cut off from the world' emerged as a concern when isolated boys sought psychosocial services due to the confinement. The pandemic has shown the need to support continuous developmental and educational activities online. These could be beneficial not only for educational purposes and reaching out to children in need for child protection; but also, for mental health practices.

Finally, as other studies have argued following the outbreak of COVID-19, child protection continues to be a chronically under-funded sector, despite the economic impacts of violence against children which erodes human and social capital[67]. Between 2017 and 2019, Humanitarian Response Plan (HRP) funding for the protection sector within the State of Palestine decreased by more than half, weakening the child protection system which is currently unable to respond to the severe impact that COVID-19 is having on the safety and wellbeing of children.

67 The Hidden Impact of COVID-19 on child protection and wellbeing, Save the Children (2020), pp.54

RECOMMENDATIONS

The results of the NIAF COVID-19 inform what locations, child protection issues and vulnerable groups of children were the most affected following the COVID-19 outbreak in the State of Palestine. It also points out the interrelatedness of factors such as school closures, loss of household income, reduced humanitarian access, gender and disability, conflict violence, which triggers vulnerability of children and caregivers. Based on this, the NIAF COVID-19 aims to support CP AoR members, as well as other key representatives from other relevant humanitarian sectors, governmental representatives and donors, with specific recommendations on how to strengthen the assessment of the needs of children during the pandemic, how to monitor changes and how to adapt the responses according to new results.

The NIAF has also shown the need for rich qualitative data that further explains how violence unfolds into the ordinary life from children's perspective. Primary data, in the future, could also be complemented with phone interviews, whenever is possible, as this method has been already used in recent reports[68].

The following recommendations were informed by a series of technical notes (Alliance, 2020) that were developed to provide guidance in addressing child protection risks and challenges arising from the COVID-19 pandemic.

Table 9 summarises the key recommendations to address child protection concerns and children's wellbeing in the State of Palestine during COVID-19 with short term and medium term actions.

68 The PSEA Network recently conducted hundred in-depth interviews with beneficiaries in Gaza, which also included hard to reach populations, and a sign language translator to work with People with Disability

Table 9. Recommendation and ways forward

Time Frame	Actions
Short Term	I. Ensure that quality services are reaching the most vulnerable children, including children with disabilities, children living in the poorest household, children deprived of liberty and children confined at home under strict movement restrictions. II. Ensure that protection services and MHPSS, if conducted remotely, are provided on a regular basis, through effective-accessible-affordable means of communication, allowing follow-up in respect of children's safety and do no harm. III. Advocate for a limited safe and controlled access to assist and monitor vulnerable households and children protection and wellbeing in presence. IV. Ensure that all CP AoR members work together to agree upon a coordinated case management and referral system according to the recent "Case Management, Reporting and Referral System Guidance during COVID-19" document developed to address challenges connected to COVID-19. (especially address barriers when identifying children with disabilities and other vulnerable groups). V. Develop together with CP AoR members child protection monitoring tools that can quickly inform if and how the situation is changing in relation to COVID-19 and its containment measures. VI. Understand with CP AoR members and other key clusters how to jointly address changes in the child protection situation. VII. Ensure that other relevant sectors such as health, education and food security are collectively aware about child protection issues related to COVID-19 and the pandemic impact on children's mental health wellbeing in order for them to refer cases of concerns according to agreed procedures. VIII. Understand economic stressors and their relation to violence against children at home, and how food security programming or cash assistance could mitigate child protection risks. IX. Increase parenting skills and psychosocial support to caregivers after understanding both positive and negative changes in parenting methods, and the overlap of risk and protective factors. X. Work with key community members to develop or strengthen community protection approaches that could feed into remote monitoring. If needed, conduct further research on what are the existing practices to build upon.
Medium Term	I. Continue advocacy to ensure access in providing support to vulnerable groups. II. Strengthen data collection protocols and tools among CP AoR members, in order to produce evidence-based results that can inform gender analysis, vulnerable groups to prioritise and push and pull factors connected to children's wellbeing and protection. III. Conduct further research on the impact of COVID-19 on children's protection, according to different context scenario, especially for those vulnerable groups such as children deprived of liberty and children with disabilities whose needs were extremely challenging to assess due to access and therefore not represented meaningfully by collected data. IV. Prioritise multi-sectoral programming that addresses the interconnectedness of MHPSS, health and livelihoods issues alongside violence at home, in order to address children safety and wellbeing in the most comprehensive way. V. Reinforce evidence-based research in order to advocate for further funding for child protection programming. VI. Tailor a programme that brings a sustained effort to narrow the technological gap at home and that engages with daily activities at the household.

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ANNEXES

ANNEX 1: Data Collection Tools

Data Collection tools were designed with the collaboration of CP AoR in country coordinator and members of the NIAF team.

For the analysis of information concerning geographical areas and vulnerable groups to prioritise, data collection method relied on tools/matrix/indicators suggested by the NIAF COVID-19 guidance. These were adopted in gathering information from different cluster. The tools are accessible at the following open online resource platform

https://www.dropbox.com/sh/42zlz7wxaiuz2jn/AAC8EK2UUrvEcbBKk4hvozfGa/Needs%20Identification%20and%20Analysis/NIAF%20Adapted%20for%20COVID19?dl=0&subfolder_nav_tracking=1

The child protection specific analysis relied on two additional matrix, with the aim to support partners in channelling data according to

a) number of services provided to each category of children at risks according to gender and in the time period January-July 2019 and January-July 2020;

b) number of reported/identified cases for each category of children at risks according to gender and in the time period January-July 2019 and January-July 2020

Data were also gathered through two online consultations with key stakeholders including CP AoR members in the West Bank and Gaza.

1. First Round NIAF COVID-19 Consultations with Child Protection AoR Members in the West Bank and Gaza Strip

STAGE 1: UNDERSTANDING THE CHANGE IN CHILD PROTECTION NEEDS AND RISKS DURING THE PANDEMIC

Consultation objectives

- To describe the risks, impact, and groups at risk
- To gather information about how COVID-19 pandemic and containment measures increased or will likely increase the impact on the various children's groups.
- To identify missing information

Introduction

- Before interviewing, brief members about the scope and objective of the consultations (first and second round) and how they relate to the NIAF COVID-19.
- Interview will last maximum 1 hour (recorded via zoom if possible)
- Explain how information will be used and ensure informed consent is provided to collect data and information

Name Organisation:

Date:

Focal point:

Informed Consent:

Interview Grid

Information category	Questions	Information need possibly per each area: (for West Bank indicate A,B,C, etc)
Access to Basic Services and Community Support	Has access to basic and community services changed since the pandemic started? Are services of quality still accessible in affected areas? If yes, which are these services and who can access them?	Access to, availability of, quality of each service (electricity, sanitation, hygiene, domestic and drinking water, etc.) Access to/continuity of multidisciplinary services (friendly spaces, community centers, counselling etc) Explore areas which were not considered part of the usual humanitarian response
Access to health, and Child Protection/GBV services	Can all children access child protection and health services? If not, please state the reason Are there groups of children who are facing difficulties in accessing services? Why? Have you noticed stigmatisation or discriminatory behaviours towards children and their families suspected to be infected?	Constraints in accessing health and Child Protection services Explore if CP/GBV services including shelters had to close Specify that access also includes the opportunity for children to report incidences Issue of referrals including high risk cases being delayed or very limited in some remote areas
Access and Learning Environment	Has access to schools changed since the pandemic? If yes, could you please explain the reason, who is able or not able to access school facilities	Access, availability of quality education, constraints in accessing schools, and online school activities Drop out and forms of informal education
Economic Status	How has COVID-19 affected the income of families? If there has been a loss of income in families, how this has affected children's life?	Loss of income and lack of livelihood Access to land asset especially during the olive harvesting season
Social Exclusion	Has social stigmatisation changed towards marginalised/disadvantaged children?	Discriminatory behaviours towards children and families suspected to be or infected Explore social stigmatisation, groups of children become at higher risks (particular attention to children of Bedouin communities)
Violence, neglect and abuse	Has the pandemic exacerbated pre-existing forms of violence, abuse protection risks? If yes, please explain Also, during the pandemic have new forms of violence, abuse and protection risks emerged? If yes, please explain	New/different types of violence, abuse including online abuse, New risks emerging due to COVID-19 over time, as contagion and containment measures evolve (lock-down of entire communities may increase the risk of domestic violence, decrease some forms of child labour and increase other -sometimes worse- forms of child labour) Explore which groups of children (including through gender lens) become at higher risk for one or more of the CP risks, and harmful practices
Knowledge of prevention practices and other information on COVID-19 (including communication)	Are children and families aware and informed about what Covid-19 is? Are they aware about preventive measures and practices? If not, please explain the reason What are the current practices? Are there constraints for some children in adopting prevention measures? How children and families are informed about Covid-19?	Where people get their information on COVID-19 prevention and access to health services Levels of Knowledge around COVID19- and inclusiveness of information Current practices Constraints in adopting preventions practices
Coping Strategies (in children and caregivers)	Has the pandemic increased pre-existing forms of negative coping mechanism? Have also new forms of coping strategies (positive or negative) emerged? Has the pandemic affected parenting skills in caregivers?	Increase of negative coping mechanisms (e.g. child marriage, child labour) Explore coping mechanism in caregivers

MHPSS	Has COVID-19 increased the levels of stress and anxiety among children and their families? If yes, what are the most common symptoms, behaviours and perception?	Stress and anxiety levels due to isolation may increase Quarantine measure may create panic and fear in the community, especially in children if they are not aware about what is happening Limited or lack of access to mental health services may worsen (pre-existing) mental health conditions If possible explore stress related behaviours including perceptions of anger, fear, stigma, and anxiety, safety, crying, bedwetting, having nightmares, eating problems, headaches, difficulty to concentrate at school or through online class, being unable to attend social activities among children
Separation	Since COVID-19 started has the level of family separation increased? Who has been the most affected?	Loss of caregivers Isolation and movement restriction that may have separated children Placement of children in institutions
Exploitation	Has there been an increase of child exploitative labour? If yes, who are the children involved and what are the forms? Has there been an increase in early marriage?	Some forms of Child Labour may have decreased, but other forms may have emerged. Loss of household income and closure of schools Child Marriage may increase
Freedom of Movement (FoM)	Has the pandemic changed the freedom of movement? If yes, please explain how and if there has been an impact on children, families and communities	FoM constraints Impact of FoM constraints on children, families or communities Impact on the socio-economic well-being of households especially during the upcoming olive harvesting season Crowding, limited space available due to limited Freedom of Movement
Settle Related Violence	Has the pandemic changed the settle related violence? If yes, please explain how and if there has been an impact on children, families and communities	Property Damage Casuality Forms of violence
Detention	Has there been an increase of child detention? If yes, who are the children involved and what are the reasons?	Arbitrary Detention Explore if cases have increased, for what reason and who are the detained children
Gaps		What are the missing evidence and gaps

Who would you consider among the following groups of children to be the most at risk?

- Children who are unaccompanied (Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so)
- Children living in the care of vulnerable care-providers, who may lose caregiver due to COVID-19 related hospitalization or death (elderly caregivers, single-headed, ill caregiver)
- Children of poorer families or in acute poverty who have no more access to income and basic goods, and may be using negative copying mechanism (e.g. child labour, child marriage, reduced food intake for children)
- Children from Bedouin communities and families living in remote areas (West Bank)
- Children who have intellectual or physical impairment (cannot walk, cannot see, cannot hear, cannot speak…) and are not autonomous, especially as caregivers die or become ill.
- Children in need of services to prevent CP risks (CFS, MHPSS) or who cannot be identified and referred to services
- Children in need of nutrition services and healthcare for COVID-19 or other pre-existing conditions
- Children out of school
- Child-headed households
- Children who are married and/or parents or heads of household as domestic level violence may increase, and income decreases
- Children who are at risk of HH-level violence, GBV or live with parents who may be experiencing HH-level violence and/or can no longer be identified and referred to services
- Children at risk of becoming associated with armed forces or groups as coping mechanisms for limitations to family income or their access to basic goods (Gaza)
- Children who live or work in the streets
- Children in detention –decrease of basic goods and services, increased violence and negative coping mechanisms.
- Children in institutions –decrease of basic goods and services, increased violence and negative coping mechanisms,
- Children living in high density environments, such as urban slums and other informal settlements, including camps and shelters
- Children whose case management could not be completed due to the pandemic or containment measures.
- Chronically ill children
- Child headed household
- Children who are injured or who has been victims of grave violations

2.Second Round NIAF COVID-19 Consultations (Lines of Enquiry for Response Plan) with CP AoR members

- How do we increase capacity to prevent CP issues and address impact in the current context?
- How do we reduce vulnerabilities and exposure to risks, to prevent CP issues and enhance resilience?
- Where do we respond?
- Who are the vulnerable groups to prioritise?
- Which are other actors to engage?

Visualise change in several COVID-19 scenarios : what are **Strengths, Weaknesses, Opportunities and Threats** of planned response modalities?

Worst Case Scenario (describe)	Scenario A (describe)	Scenario B (describe)
Who are the children to be the most affected?		
What groups will aid workers or service providers still be able to reach? Through what means?		
Containment measures		
Risk Factors (community, families)		
Protective Factors (community, families)		
Mitigation Measures (role of actors)		
Conflict and humanitarian access		

1. Consider consequences of not intervening/not changing current plans.
2. Agree on need to respond and objectives for response.
3. Agree on priority children's groups to prioritize in the response.
4. Agree on the necessity to change response modalities.
5. Agree on priority locations /areas where response should be changed.

ANNEX 2: Data Matrix for Child Protection Specific Analysis

a. Data Matrix for Services Provided for each category of Child Protection Risks according to gender Breakdown per month from January 2019-July 2020

Please fill per gender breakdown # services provided to each category of CP Risks per month from January 2019-July 2020	YEAR																							
	Geographical Area																							
	Jan		February		March		April		May		June		July		August		September		October		November		December	
	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18
Child labour																								
Child marriage																								
Children with disabilities																								
Children experiencing violence, exploitation, neglect or abuse																								
Children living and working on the streets																								
Children Survivors of SGBV																								
Children in Contact with Law/Deprived of Liberty																								
Survivors of sucidal attempt																								
Children with signs of distress and in need of MHPSS																								
Total																								

b. Data Matrix for # reported cases for each category of Child Protection Risks according to gender Breakdown per month from January 2019-July 2020

Please fill per gender breakdown # identified cases from each category of CP Risks per month from January 2019-July 2020	YEAR																							
	Geographical Area																							
	Jan		February		March		April		May		June		July		August		September		October		November		December	
	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18	Male 0-18	Female 0-18
Child labour																								
Child marriage																								
Children with disabilities																								
Children experiencing violence, exploitation, neglect or abuse																								
Children living and working on the streets																								
Children Survivors of SGBV																								
Children in Contact with Law/Deprived of Liberty																								
Survivors of sucidal attempt																								
Children with signs of distress and in need of MHPSS																								
Total																								

ANNEX 3: List of Child Protection AoR members who were consulted

AISHA

Atfaluna Society for Deaf Children

Humanity and Inclusion

MAAN Development Centre

MDM France

Save the Children

SAWA

SOS Village

TAMER

Terre des Hommes

The Center for Mind-Body Medicine

War Child Holland

World Vision

YMC

ANNEX 4: NIAF COVID-19 RELATED RESOURCES

The CP AoR has developed a resource menu of Child Protection COVID-19 resources, which is updated regularly, and maintains a dropbox folder of global, regional, and country guidance documents and examples.

This specific COVID-19 NIAF guidance has been produced by the Child Protection AoR on behalf of the Global Protection Cluster and is intended to support CPCG colleagues in the field in their analysis for humanitarian needs overview (HNO) and response plans (HRP) to give more credibility to our sector and children's needs and improve our strategic planning.

The objective of the COVID-19 NIAF Guidance and tools is to identify contextual and child protection indicators that support the adjustment of the child protection response to the changes caused by the COVID-19 pandemic. The guidance sets the ground for a common approach rather than a methodology that can be wholly or partially implemented based on the context in country.

The NIAF uses context and joint analysis as key approaches for articulating decision-making processes Members will be asked to interpret the data and verify the analysis and endorse decisions that inform Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP).

For further information please consult
NIAF COVID-19 Guidance: Q&A
NIAF COVID-19 GUIDANCE
NIAF COVID-19 Tools