

Exploring the impacts of covid-19 on adolescents in the Gaza Strip

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Introduction

Even before Gaza reported its first cases of covid-19 on 22 March, there were serious concerns about how to tackle the virus in one of the most vulnerable and densely populated areas on the globe, where social distancing is hard to implement, the economy is already precarious, and in a context that has suffered from the negative repercussions of 14 years of a strict international blockade and deliberate de-development. With the declaration of a 'state of emergency' in the Palestinian territories on 5 March after the first reported cases of covid-19 in the West Bank, Palestinian authorities decided to close schools and education facilities, restaurants, cafes, hotels, markets, wedding halls and religious places. For decades, the majority of families in Gaza have been living hand-to-mouth with unemployment and food insecurity affecting more than 50% of the population.² With the lockdown and the closure of small businesses, people who depended on a daily income lost any means of providing for their families. Despite the political rift between Gaza and Ramallah, the Palestinian Authority and Gaza's de facto authorities have been coordinating and cooperating to address the crisis, although this is not without some friction and competition among the two bodies.



The Palestinian authorities were proactive in launching measures to combat covid-19, with some already introduced in January, before the first case in the MENA region was reported. It included forming committees to set up response policies, preparing emergency protocols and establishing quarantine sites. Because of the high population density and highly strained public services, the authorities took concerted measures to ensure that the virus would not spread inside Gaza. For instance, the authorities applied strict mandatory quarantine for all people who enter Gaza through the two available entry points. To date, more than 6,000 persons have been hosted in 16 quarantine centres and examined twice before being discharged. When the first two coronavirus carriers were reported on 22 March, additional precautionary social distancing measures were implemented including postponing weddings and closing mosques, banks and weekly markets, and a plan was developed to deal with up to 20,000 cases of infection, including a decision to impose a nationwide curfew if any endogenous cases were to be detected. As of 29 May, more than 9,452 tests have been carried out (one test measures a pool of four samples) and the total number of reported cases in Gaza has reached 61, with all identified cases being returnees from outside Gaza. Three-quarters of the cases are male; the majority are young, under the age of 30; 18 people have recovered, and only person has died (a 75-year-old woman with chronic diseases).

In response to growing calls to ensure that national and international responses to the covid-19 situation are inclusive of all social groups, including refugee communities, and context-tailored, this policy brief draws on virtual qualitative interviews with vulnerable young people in Gaza to better understand the compounded effects of the pandemic and the pre-existing economic and political crisis facing the country. It is part of a cross-country series designed to share emerging findings in real time from qualitative interviews with adolescents in the context of covid-19. The young people involved are part of the Gender and Adolescence: Global Evidence (GAGE) programme's longitudinal research in the Middle East, East Africa and South Asia. More specifically, this brief draws on data from 48 telephone conversations with vulnerable 11–19-year-old Palestinian adolescent boys and girls, including married girls and adolescents with disabilities, held in April and May 2020 (see also Box 1).

Box 1: GAGE Palestine covid-19 research sample

In response to the covid-19 crisis, in April 2020 GAGE launched a virtual qualitative research project with adolescent boys and girls (aged 11–19) in the Gaza Strip to explore how adolescents are affected by the restrictions imposed in Gaza and what their perceptions are of the response to the pandemic. Our sample comprises 48 adolescents from the most vulnerable communities in the Gaza Strip, including vulnerable adolescents living in refugee camps, married adolescents or those at risk of early marriage, adolescents with disabilities, and in- and out-of-school youth or those at risk of dropping out. The activities carried out with the adolescents include individual phone interviews, virtual focus group discussions, diaries and photography exercises.

Context

Compared to other countries at a similar level of economic development, the Palestinian population's overall health outcomes are relatively good, partly due to the strong performance of most basic public health and primary healthcare functions.³ Gaza performs better than many countries in the MENA region on key indicators: the infant mortality rate is low, at around 20 per 1,000 live births, and immunisation coverage is at 95% for most vaccines. There is near universal coverage of antenatal care, all Gazan women deliver in health facilities, and there has been a noticeable reduction in the fertility rate. Non-communicable diseases are the leading causes of death and very few die from infectious diseases.⁴ Health insurance is mostly available (more than 90% of households are medically insured), but the coverage does not meet people's needs; few medicines are covered by insurance or are available, there is limited access to specialist services and long waiting lists for surgeries. While people are generally able to access basic health services under ordinary conditions, access becomes very difficult during outbreaks of conflicts and crises. More worryingly, access to advanced services outside Gaza remains very challenging.

There is a severe shortage of ventilators (87) with only 4 per 100,000 people, while the ratio is 50:100,000 in Israel.⁵ The covid-19 pandemic has put the already exhausted healthcare system in Gaza under further strain. Since March 2020, the three major providers (the Ministry of Health, UNRWA, NGOs) have been focusing on the pandemic at the expense of regular service provision. All service providers have scaled down their usual services, including sexual and reproductive health (SRH) and family planning; in some places the reduction in SRH services reached 90%.⁶ As a response to the outbreak, mental health organisations launched a hotline to provide counselling about the virus. Outpatient clinic services

and non-emergency surgeries have been suspended. At the start of the crisis, only 17 primary healthcare centres were functioning out of 52, two health centres had been converted to quarantine areas and approximately 400 doctors, nurses and administrative staff were transferred to support the 16 quarantine centres after receiving specialised training.

What do young people know about covid-19?

Adolescents in our sample have good knowledge and relatively detailed information about the virus. Adolescent boys and girls from different backgrounds generally know about its symptoms, mode of transmission and preventive measures to take against its spread, though how informed they were varied, with older adolescents being more knowledgeable than younger ones thanks to greater access to information and the internet. Older adolescents knew about the virus from the World Health Organization's website, Wikipedia, PubMed, Google Scholar, online scientific platforms, specific pages on Facebook, such as the pages of researchers, famous doctors and nurses, and also the Ministry of Health's (MOH) webpage. Those who were active in searching for information were being regarded as sources of knowledge by their families and peer networks, and respondents noted that they actively disseminated the information they obtained. Additionally, some adolescents learnt about covid-19 from parents or other family members but rarely from their friends, and many mentioned watching TV news with their families.

▮ I only trust information from the WHO website, and I regularly follow the MOH daily press release, I don't trust other sources

(A 19-year-old boy, from the rural area of Bait Hanoun)

Some girls and boys studying at UNRWA schools knew about the virus from their teachers before the closure of schools, or from the school webpage and Facebook, as the schools posted awareness messages about the pandemic. Adolescents also reported that they learnt about the virus from the MOH's daily press releases. A 19-year-old boy, from the rural area of Bait Hanoun, said *'I only trust information from the WHO website, and I regularly follow the MOH daily press release, I don't trust other sources.'* Another 13-year-old boy from northern Gaza said; *'I knew about corona from the school principal before the closure of schools.'*

In Gaza, enrolment in education is almost universal, and most adolescents in our sample were enrolled in regular schools before the lockdown, except married girls and candidates at vocational training centres. Our findings show that adolescents with better academic achievement at school know more about the virus, possibly because they are used to looking for new information or because they are more interested in getting it. This might also be related to the availability



► We shouldn't forget that corona is a chance to make us heroes. You only stay at home and you will protect yourself and protect your country.

(An 18-year-old girl from Khanyounis Camp)

of resources and having access to ICT. By contrast, married girls have more limited knowledge about the symptoms and mode of transmission and adolescents with disabilities have limited access to information in general.

Almost all participants perceive the virus as a serious threat, mainly because it spreads quickly, widely and endangers general health. A number of respondents also emphasised that they think people in Gaza do not take the virus as seriously as they should, possibly because there were no endogenous cases recorded inside Gaza so far. Adolescents showed some interest in conspiracy theories around the source of the virus. Some were of the view that the virus is part of a broader political ploy, as highlighted by a 19-year-girl from Jabalia Camp: *'People think that the virus is a political game, it has been created to destroy the economy of the world. I think of it in this way also.'* Others believe that the virus has not been created, rather transmitted from animals to human: *'This virus started to spread in China, a Chinese person ate a bat. Then the virus was transmitted from the bat to human.'* (an 18-year-old girl, Khanyounis Camp).

Although adolescents in Gaza have adequate information about the virus, they are still interested in knowing more about the progress of the pandemic both locally and internationally as this affects their practices, especially social distancing. They are also keen to know about the best protective methods and advances in developing a vaccine or cure for the disease.

What behaviours have adolescents adopted in response to the pandemic?

Our findings show that the majority of adolescents were aware of social distancing guidance, but they were not necessarily compliant with these policies. According to participants, only 10–30% of people they observe in their communities abide by social distancing rules. Some participants perceived compliance with social distancing measures as a mark of good citizenship, as highlighted by an 18-year-old girl from Khanyounis Camp: *'We shouldn't forget that corona is a chance to make us heroes. You only stay at home and you will protect yourself and protect your country.'* To protect themselves, many respondents noted that they had reduced their movements and social visits, and were also applying stricter hygienic measures. A 13-year-old boy from northern Gaza said: *'We reduced our visits and going outside, just my father goes outside to his work and to buy our requirements like food.'* A 16-year-old girl from Gaza reported: *'Before corona, I used to wash my hands with soap, but now I focus to make it for a longer duration (40 seconds). I used wet wipes, but not anymore, because they don't contain alcohol.'* Girls complied more with the restrictions on movement than boys and economically better off families asked their children to stay inside the house more than their counterparts living in poverty.



18-year-old boy, Dair Al Balah: *'I sterilise the things that I bought before entering the house'*



11-year-old girl, Gaza: *'I wash my hands regarding WHO procedures for 20 seconds. This is useful to protect myself.'*



14-year-old boy with a disability, Shaikh Radwan area: *'I used to sterilise and clean the knobs and surfaces.'*

► People must take it seriously, this disease is not a joke, my mother disinfects her hands every few minutes, I wear gloves and a mask when I go to market.

(A 19-year-old adolescent from Bait Hanoun)

Participants reported showing more commitment to adhere to protective measures when the first cases of covid-19 appeared, but later on, when the spread of the virus was contained and remained concentrated among those who came from the outside, people started to feel safer and to observe the safety measures less rigorously. Currently, people have started resuming their previous lifestyles, visiting others, going to the market and to the beach, while still being committed to avoiding locations prohibited by the emergency law, such as hotels, wedding parties and mosques. Our findings indicate that participants focus more on hygienic measures, like hand washing and cleaning, than on social distancing in general. However, some adolescents did not have the financial resources to secure the items needed to protect themselves such as alcohol, sanitisers and detergents. One boy was especially proactive and had invented a small device to automatically spray disinfectant at the main gate of his house. Another prepared a poster showing instructions for maintaining good hygiene and hung it in the bathroom of his house.

Most adolescents noted that their families are taking active steps to protect themselves from the virus. The majority said that they are using more antiseptic and cleaning products, especially families that can afford to buy these items. They also wear gloves but are less likely to use masks when they go outside, especially to markets. A 19-year-old adolescent from Bait Hanoun pointed out, *'People must take it seriously, this disease is not a joke, my mother disinfects her hands every few minutes, I wear gloves and a mask when I go to market.'* Some families regard buying these protective items as a priority, as an 18-year-old boy from Gaza explained: *'We cannot afford to buy all cleaning materials but somebody gave us 100 NIS (US\$30), and we bought some items.'* Among poor families, especially from the camps, the use of chlorine is more common because it is much cheaper than alcohol, although its use entails risks, especially if left within the reach of small children.

Some boys and girls were sharing information about the virus using social media outlets. Adolescents engaged in empowerment programmes or in youth networks play a more active role, such as an 18-year-old participant from Khanyounis Camp, a volunteer at a community organisation, who participates in a community initiative called 'Be positive! The quarantine is for your benefit!'. She explained that she prepares short videos to encourage people to stay at home and to learn new things during quarantine. Additionally, she is participating in another campaign to encourage people to donate money to help the poor during the pandemic. Another example is a 19-year-old girl from Jabalia camp, a Y-Peer member, who mentioned that members are encouraged to record videos illustrating their achievements during the lockdown to encourage other young people to spend their time more positively and they share these using social media. An older boy in the north of Gaza reported organising an initiative to clean the streets in the camp.



16-year-old girl, Jabalia Camp: *'My younger sister helps us to clean the house. It is nice to share the work.'*



19-year-old girl, Jabalia Camp: *'We hung this paper on the front door to encourage our family to stay at home.'*

How have adolescents been affected by the government's response to the pandemic?

Our findings indicate that adolescents have been affected by the government's response to the pandemic in multiple domains of their lives.

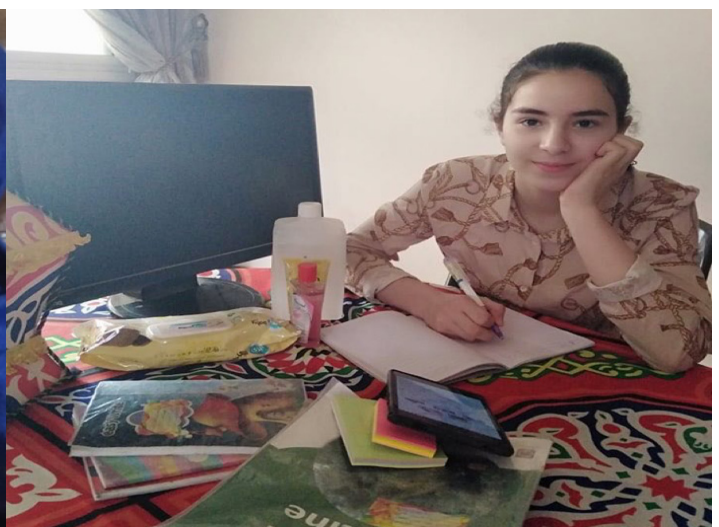
Education and learning

The decision to close the Gaza Strip's 737 schools was taken three weeks before the first case of covid-19 was reported in Gaza. At that time, there was an intention to transition to remote learning, but this had not been appropriately planned by authorities, and therefore was not implemented at school level and was only slightly more successful at universities. Girls, especially older ones, who regard their education as key for their self-esteem, autonomy and future career development, felt that they had been especially negatively affected by the school closure during the lockdown. An 11-year-old girl from Gaza City said: *'I feel like a loser because the school is closed; I lost my sessions, and I lost my teachers and friends.'* For girls, school is not only a place to learn, but also a space to establish social contacts and practice voice and agency, and a legitimate reason to go outside without the questioning and supervision of male adults. Another 13-year-old girl mentioned uncertainty about progression to the next grade as a result of the school closure: *'I haven't opened my school bag since we stopped going to school. We will start a new school year in August, but I don't know how we will be promoted to the next grade without learning this grade's material!'* Older boys felt the same, especially those performing well at school.

The Ministry of Education broadcast some educational materials and posted educational videos on the Ministry's website, but this was discontinued after the first few days and few pupils (though girls more than boys) were following and responding to these online learning activities. Younger adolescents found these materials interesting, but that was not the case for older girls and boys. At UNRWA, which is a key provider of primary education services to refugees in Gaza (66% of the population), teachers were more proactive in communicating with their pupils through social media and schools' websites or through a central webpage created specifically for each educational area in Gaza. Some adolescents, especially older girls, were active in communicating with their teachers. For older adolescents, remote teaching at universities was widely practised, but mostly through posting educational materials as audio or video recordings. In general, adolescents were not satisfied with the methods used by schools and universities and noted that they were not useful as they do not allow for dynamic interactions. In addition, frequent electricity cuts, limited access to the internet and to computers or mobiles were frequently reported as challenges that adolescents faced. A 13-year-old boy, from northern Gaza emphasised that: *'Regular education is much better, [now] teachers send us questions and we answer them, but the teacher does not look at our answers and doesn't provide feedback, what stupidity is this?'*



13-year-old girl, CWD, from Rafah: *'After closing the schools, I communicate with my teachers through online education.'*



13-year-old girl, Gaza: *'After corona, we stopped receiving education at school. I receive my education online and the teachers send us educational materials and homework on Facebook group. This is useful. I put the hand sanitiser also to use it usually.'*

🗨️ Girls have always been in quarantine! The difference right now is everyone else is with us.

(A 16-year-old girl from Khanyounis)

Mobility and interactions with peers

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 some participants. A 16-year-old girl from Khanyounis noted: *'Girls have always been in quarantine! The difference right now is everyone else is with us.'* Indeed, for some, the lockdown has facilitated more interaction – albeit virtual – with friends, as explained by a 19-year-old girl from Deir Al Balah: *'Our relationships became stronger, we play online games together, watch movies together and do video calls together, before we had no time to interact.'* However, in other cases girls reported that their social isolation had been exacerbated under the lockdown. The increased presence of adult men inside houses implies that women and adolescent girls cannot go outside their houses and leave husbands and brothers alone, since they have to be there to serve and support them. A 16-year-old girl, from Jabalia Camp said: *'Girls and women in my community don't go out because of corona, they don't go out because men are staying at home. ... I don't visit my friends and I don't go out with my friends because my father doesn't agree for the girl to go outside.'*

For boys, the restrictions on mobility have been keenly felt. Boys noted that they were particularly frustrated that they could not visit mosques during Ramadan. In addition to religious services, mosques also provide recreation activities, empowerment sessions, social assistance and many other services. A 16-year-old boy from Gaza said: *'I agree with all the government measures except closing the mosques, I need to pray, I cannot imagine that I am unable to go to the mosque in the holy month of Ramadan.'* Boys living in camps reported that they now spend most of their time outside in the narrow and crowded spaces of the camp. Many also reported spending time playing online games, especially 'PUBG', which is perceived by parents as a brutal game that contributes to the spread of violence in the community.

Interactions with family

In general, adolescents reported that the lockdown has promoted communication and interactions among family members and subsequently the relationships among their family members have become stronger and closer. Since they were obliged to spend more time at home, families were forced to spend more time together, as explained by a 16-year-old boy from Gaza: *'After corona, I communicate and interact with my family more and I sit with them more. We watch TV, movies or play PUBG together.'* He added: *'I play Belote and card games with my brothers and sister and we play sports together at home.'* An 18-year-old girl from Khanyounis Camp described a similar situation in her family: *'My father tells us stories and he plays on the lute. We sing together. We watch TV together. So, the family has much more time to*



13-year-old, CWD, from Rafah: *'After closing the mosques because of the coronavirus, we started to pray together at home.'*



13-year-old, CWD, from Rafah: *'My siblings and I try to develop our skills in drawing during the period of the social distancing.'*

▮ My father tells us stories and he plays on the lute. We sing together. We watch TV together. So, the family has much more time to interact than before

(An 18-year-old girl from Khanyonis Camp)

interact than before. One 14-year-old boy with a disability from the Shaikh Radwan area said, *'My mother is more nervous and shouting a lot these days while my father starts to talk with me more than before.'* Similarly, a 13-year-old girl with a disability stated: *'Before corona, we didn't sit together too much, while after corona, we gather often, we talk together, we laugh together and we watch TV together.'*

Some boys reported participating in cooking and cleaning, tasks they would not usually perform due to conservative gender norms. Interestingly, the pandemic has affected boys' perceptions about family roles and dynamics, with many boys indicating that more time spent with their parents means that they now know their fathers better and have realised how much of a burden women and girls shoulder. A 14-year-old boy from the Shaikh Radwan area said: *'I start to help my mom inside the house, I do cleaning, sweeping and organising things in the house.'*

However, some adolescents from families who had lost their income because of the pandemic reported that their families relationships had become much weaker, as described by a 15-year-old girl with a disability from Deir Al-Balah: *'After corona, we feel bored with each other. We sit together less and we talk less... My father is more nervous than before. He can't go out to work and he can't meet our needs. Always he shouts at us.'* Similarly, a 19-year-old girl reported that *'after corona, we don't talk and make jokes too much. We project our anxieties towards each other. We are unhappy during these conditions,'* adding, *'before corona, we used to sit together as a family, my father brought snacks to us, we watched a movie on the TV together or we watched funny things on the phone together, while now, everything has changed.'*

▮ I start to help my mom inside the house, I do cleaning, sweeping and organising things in the house.

(A 14-year-old boy from the Shaikh Radwan area)

While we would expect negative issues to be under-reported due to the virtual interview methodology and limited privacy of participants during phone interviews, some older girls described heightened intra-household tensions and several mentioned that they are exposed to increased domestic violence, as this quote illustrates: *'My brother hits me, it's very painful, I cry and tell my mother'* (a 19-year-old girl).



17-year-old boy, Gaza: *'I clean the wall in the house, I help my family in some chores.'*



15-year-old boy, Jabalia Camp: *'I assist my uncles in the market arrangement.'*



13-year-old girl from Deir Al Balah Camp. She helps her mother with the cooking and other household chores.

Psychosocial impacts

Most participants reported feeling bored as they do not go outside anymore, with adolescents with disabilities and the economically disadvantaged feeling particularly distressed. A 13-year-old girl from a camp said, *'Before the lockdown, my daily routine was much better. I used to go to an educational centre called 'Nawa', I was happy but now I just stay at home, I don't know what I can do.'* A 19-year-old girl said: *'I feel very annoyed not only because of the house chores, but also because of the university and what might happen. I feel very depressed.'* Girls with disabilities were particularly isolated and distressed, as shown by a 15-year-old girl with a disability from Deer Al-Balah, who stated: *'The young people with a disability are more affected by corona because they used to go to the centres where they do activities together, communicate with other PWDs who are similar to us, feel comfortable with each other, play with each other, but now they can't! They feel alone and afraid! They need psychological support.'*

Some girls reported that they felt stressed and anxious also on account of extra housework burdens. A 15-year-old girl from a refugee camp noted: *'Daily I have fights with my sister because of the household chores.'* Similarly, a 15-year-old girl with a disability mentioned: *'The housework has increased since corona. My mother becomes very nervous and shouts at me to do the housework.'* On the other hand, a few girls appreciated being able to participate in housework, as a 13-year-old girl whose mother was in a quarantine facility said: *'Now, I take all the responsibility of the house because my mother is in quarantine. I feel happy because my father starts to deal with me as a young lady and he depends on me, while, before corona, he thought that I was unable to do what I am doing now.'*

Our findings indicate that younger adolescents feel particularly afraid and worried, as described by this 11-year-old girl: *'I feel very scared if corona reaches our house ... Once my friend knew about corona, she went to her room, collected her stuff, then isolated herself, she didn't go out of her room and she refused to let any one of her brothers or sisters enter her room.'* Even among the older adolescents, the worry and anxiety prevent some of them from watching the news as they used to do, as a 16-year-old girl from Gaza explained: *'I don't like to watch a lot of news to keep my self-esteem high. I try to avoid watching it.'*

However, in other cases, young people perceive the virus as just another challenge among the many they face. An 18-year-old girl from Khanyonis Camp explained her view: *'People here say, if they were able to fight the Israeli occupation and they confronted many challenges in their lives resulting from the siege ... so, won't they be able to fight coronavirus!?''*



11-year-old girl, Gaza: *'I learn yoga on YouTube during quarantine. This helps me to feel calm and positive.'*



18-year old girl, Beit Hanoon: *'This park is in front of our house. We used to go to that park day by day to have fun but not anymore after the social distancing. It is closed now.'*

Livelihoods

Many adolescents reported high levels of concern about their families' economic situation as their households' breadwinners had become jobless. They reported that if the lockdown continues, their households will not be able to afford basic necessities including food, disinfectant or rent, as demonstrated by this quote from an 18-year-old married girl: *'My mother adds extra water when she prepares food in order to make it last for more days.'* Many adolescents stated that their families had significantly reduced expenses or started to consume cheap, high-calorie food. Families are using any resources and savings they have to meet their daily needs, as highlighted by a 15-year-old girl from Jabalia Camp:

'My father is very nervous and annoyed because he can't fulfil our needs. Recently, he spent the money allocated for university fees of my sister to meet the household needs.' Some boys reported doing small jobs to earn extra money, such as helping in a carpentry business owned by members of the extended family, selling items in markets, working in electronic maintenance workshops and working in kitchens that sell ready-made food.

Access to healthcare

In terms of access to health services, at UNRWA clinics extra measures were taken to avoid people gathering, and medications for non-communicable diseases started being delivered directly to people's houses. In mid-April, UNRWA and a number of NGOs established a hotline service to guide and support people during the crisis. However, adolescents in our sample reported various levels of access to health services during the lockdown. An 18-year-old married girl from Bait Hannon visited an UNRWA clinic to receive healthcare for her newborn child and described her experience: *'I went to the clinic during the corona pandemic to check the status of my baby. They gave me a facemask, gloves and shoe covers. Additionally, they posted posters and they asked us to sterilise our hands before we enter... They discourage pregnant women from accessing care, physiotherapy and lab services.'* Similarly, a 16-year-old boy said that his grandfather was not able to access the same health services as before: *'My grandfather is diabetic, he can't visit the clinic during the corona pandemic as it is closed, he calls the doctor on the phone and we bring medications to him from our own money.'* Some adolescents had particularly negative experiences, and felt that the MOH did not have a plan to deal with emergencies. A 19-year-old married girl explained her situation as follows: *'I was pregnant for three months, but the foetus died. One week ago, I went to Al-Shifa hospital, but they refused to help me, saying that my case is not an emergency, and I could wait for another seven months! Then, a relative paid the fees of the operation at a private hospital.'*

How do adolescents view the government's response?

The covid-19 pandemic in Gaza is layered on top of the ongoing protracted conflict, the blockade on Gaza, the intra-Palestinian strife and the shrinking of international financial support to the Palestinian community. These factors are instrumental in shaping adolescents' perceptions of the current crisis. Adolescents' perspectives about the government response are also influenced, at least partially, by their and/or their families' political affiliations. Our findings, however, suggest that there is agreement among the participants that the government response was proactive and effective. Initially, when the state of emergency was declared in both the West Bank and Gaza, there was a perception that the decision to shift to the emergency status before any cases were detected was more of a political statement and that there was no need for a lockdown in Gaza. However, after the first two cases were detected, this controversy dissipated. Adolescents, especially the older ones, appreciated the swiftness of the government's response, as explained by a 17-year-old boy: *'Palestine has responded very early and strongly to the pandemic, immediately after China.'* Some adolescents recognised the work done by the MOH, as a 15-year-old, girl with a disability from Deer Al-Balah commented: *'The MOH performs well, as much as it can to face the epidemic,'* whereas others were more critical. Many boys questioned the decision to close mosques and religious places while markets and streets remain full of people. Some participants also stated that they do not trust the information shared by the government and they think that the de facto government is not being transparent in reporting the number of covid-19 cases.

Some participants believe that the government should take more serious measures to impose social distancing, as what is currently being done is perceived as ineffective. They also call for more serious action against those who do not comply. A 19-year-old girl from Deer Al-Balah stated *'We don't have cases from Gaza but I believe we have to stay at home for our safety. I blame people who do not follow the safety measures and also the government; the government should follow stricter policies to reinforce safety precautions.'* A 14-year-old girl said: *'The government should be blamed, the community compliance with the safety measures is low, the government should monitor the situation better.'* A 17-year-old girl worried about the feasibility of enforcing the social distancing rules: *'We heard that police caught some people who did a wedding party at home and in the street, but the police can't control all the Gaza Strip.'* Some participants reported

I blame people who do not follow the safety measures and also the government; the government should follow stricter policies to reinforce safety precautions.

(A 19-year-old girl from Deer Al-Balah)

▮ My mother stays at Al-Mathaf Hotel. She said that everything is clean and sterilised and they provide them with all they need.

(A 13-year-old girl, whose mother is in the quarantine centre)

their anger about school closures as there are no domestic cases. A 17-year-old girl said: *'We don't have corona cases. I don't know why they closed schools! They can ask people to use masks and antiseptics and go to school. It would be much better.'* A 19-year-old girl from Deir Al Balah stated: *'I don't know why mosques, schools and universities are closed, while shopping malls are full with people. They have to open mosques for prayer and schools and universities for education, but they have to close shopping malls.'* Regarding the mandatory quarantine, in general, responses were positive about the services provided at the 16 quarantine sites. A 13-year-old girl, whose mother is in the quarantine centre, described the conditions: *'My mother stays at Al-Mathaf Hotel. She said that everything is clean and sterilised and they provide them with all they need.'* A 19-year-old from Deir Al Balah said: *'My uncle was in quarantine. He stayed at Deir Balah Sukina School, everything was good, but he was psychologically tired because he could not go home. I was talking to him every day. Services are good there. He thanked the staff a lot after he had been discharged and sent home.'*

While the government's overall response was proactive, it did not develop any tailored policies or procedures for children or adolescents. During lockdown, adolescents interacted with their teachers mostly around issues related to remote learning. Other service providers such as social workers and counsellors were not mentioned. The closure of schools had the biggest impact, especially without the provision of remote education, and has negatively affected adolescents' learning. Also, participants from impoverished families highlighted that during the lockdown, their basic needs, including access to food and hygiene kits, were not fulfilled. Only a few families reported receiving food assistance during the lockdown. Regarding child-specific services, the regular child protection services provided by NGOs and the Ministry of Social Development continued but were carried out remotely by phone. UN agencies developed a communications strategy on covid-19 prevention, including tailored messages to students that were broadcast via different channels including through social media. UNICEF is also distributing recreational kits for children living in quarantine centres with their parents.

Notably, adolescents have developed new role models during the crisis, with Laila Ghannam, the Governor of Ramallah, most frequently mentioned because of her caring attitude. A 19-year-old divorced girl from Gaza City said: *'I like Laila Ghannam because she communicates very well with people and supports them through this ordeal.'* The Prime Minister was also mentioned frequently as the authority taking the lead during the pandemic. One 16-year-old boy from Gaza declared: *'I have been affected positively by Mohammed Ishtea, who sent a message for the Palestinian children on TV, encouraging them to stay at home and to spend their time in doing things they like.'* The senior management in the health sector was mentioned less often.



What are key priorities for young people in this context?

While the realities of adolescents in our sample are diverse, a number of cross-cutting themes emerged when we asked young people about key policy and programming priorities in the current covid-19 context, highlighting the need for more tailored age- and gender-responsive measures.

1. **Given the economic vulnerability of many households in Gaza, emergency social assistance is urgently required to support households to meet family members' basic needs**, including those of adolescents, especially food, clothes and sterilising supplies. The National Cash Transfer Programme platform, which covers 74,000 households in Gaza, could be used to scale up support. Among target households, families with adolescents with disabilities should be prioritised, as they are more vulnerable during the pandemic and need more attention from the government in order to meet their increased physical and psychosocial needs.
2. **The decision to close schools should be revisited, including by implementing stricter and more consistent distancing policies to promote community safety and control of the pandemic**. Alternative methods for education such as e-learning should be designed, and support mechanisms for example through online mentoring platforms invested in. It will also be key to develop a bridging plan in order to fill the gap resulting from the interruption of the learning process.
3. **Adolescent girls' vulnerabilities, including heightened exposure to violence, gender-based violence and limited voice and agency, should be proactively monitored and addressed**. Married girls are especially vulnerable and their needs, including reproductive health-related needs, should be prioritised.
4. **Proactive psychosocial support should be provided to address young people's anxieties and worries**. Social media could be more effectively employed to support and serve adolescents, particularly in providing counselling and psychosocial support.
5. **In the context of covid-19, it is important to harness young people's interest in participating in community initiatives and to engage them in community responses to the pandemic**. It is important to invest in enhancing cross-generation dialogue, addressing age and gender hierarchies and changing social norms towards more gender- and age-equalitarian norms.

Endnotes

- 1 Suggested citation: Hamad, S., Abu Hamra, E., Diab, R., Abu Hamad, B., Jones, N. and Małachowska, A. (2020) 'Listening to young people's voices under covid-19. Exploring the impacts of covid-19 on adolescents in the Gaza Strip.' Policy brief. London: Gender and Adolescence: Global Evidence.
- 2 PCBS (2018) Preliminary Results of the Population, Housing and Establishments Census 2017. Ramallah: PCBS.
- 3 UNFPA (2016) Palestine 2030. Demographic Change: Opportunities for Development. Palestine: UNFPA.
- 4 Ministry of Health (2019) Annual Health Status Report. Gaza: Ministry of Health.
- 5 United Nations Health Cluster (2020) 'Occupied Palestinian territory Emergency type: chronic conflict and outbreak'. Health Cluster Bulletin, April 2020 1 April – 30 April. Available at: <https://www.un.org/unispal/document/health-cluster-bulletin-opt-april-2020/>.
- 6 UNFPA (2020) Assessment report: Impact of COVID-19 counter measures on SRHR Sector in Palestine. UNFPA Palestine