

Policy Brief

June 2026



A young girl collecting water in Gaza © GAGE 2026

Young people's access to water, sanitation and hygiene (WASH) during the war on Gaza: longitudinal evidence from GAGE

Joost Vintges, Bassam Abu Hamad, Riyad Diab, Stella Leung and Nicola Jones

Introduction

Since the Hamas assault on 7 October 2023, Israel has engaged in actions that constitute genocide. It has methodically devastated the Gaza Strip, caused the deaths of tens of thousands, and intentionally withheld essential humanitarian aid from Gaza's residents (Amnesty International, 2024; Asem, 2025; B'Tselem, 2025; Forensic Architecture, 2025; HRW, 2024; UN, 2025). Amid the unprecedented violence, a frequently neglected aspect of the conflict is its effect on WASH services, which has been particularly severe in Gaza, where communities were already struggling with significant water and sanitation issues prior to October 7, with 96% of the water considered unsafe to drink (UNICEF, 2023). Although the 'ceasefire' established since October 10, 2025, has provided some respite for young people in Gaza, humanitarian assistance remains blocked, and hundreds of Palestinians have died due to Israeli aggression (OHCHR, 2026).

This brief explores the impacts of the destruction of WASH services on young people amidst the war on Gaza so as to inform the post-ceasefire humanitarian response, paying particular attention to the impacts of the destruction of Gaza's water infrastructure, WASH facilities, and blockade of fresh water entering the Strip (Forensic Architecture, 2025; HRW, 2024; UN, 2025). It draws on two rounds of data collection (2024, 2025) with over 1,000 young people undertaken by the Gender and Adolescence: Global Evidence (GAGE) longitudinal research programme. The brief concludes by discussing implications for the post-ceasefire humanitarian response.

Suggested citation: Vintges, J., Abu Hamad, B., Diab, R., Leung, S. and Jones, N. (2026) 'Young people's access to water, sanitation and hygiene (WASH) during the war on Gaza: longitudinal evidence from GAGE'. Policy brief. London: Gender and Adolescence: Global Evidence

Methods

This brief is based on longitudinal mixed-methods data collected in August and September 2024 (Round 1) and October and November 2025 (Round 2) (shortly after the ceasefire of 3 October 2025) to assess young people's experiences and perceptions of the conflict and to show changes over time. The research sample was proportionately sampled across all five governorates of Gaza: Rafah; North of Gaza; Gaza; Khan Younis; Middle Area. In Round 1, we collected data with 1,011 young people (526 females and 485 males aged 10–24 years). For Round 2, we surveyed 1,380 young people (837 females and 543 males) (Annexes: Table 1). Throughout this brief, age groups are referred to as follows: 'young adolescents' or 'boys/girls' for those aged 10-14 years, 'older adolescents' or 'older boys/girls' for those aged 15-19, and 'young adults' or 'young men/women' for those aged 20-25. Collectively, all three groups are referred to as 'young people'. We were able to reach 76% of the original sample and applied the same sampling selection approach to select replacements. In order to better understand the challenges facing some of the most disadvantaged young people, we purposely oversampled married adolescents (aged 15-19), young people with disabilities, and, for Round 2, included an additional sample of orphaned children to reflect the experiences of the many orphaned adolescents (aged 10-19) in Gaza as a result of the war (Annexes: Table 1). We use survey weights in analysis of Round 2 data. Although this brief primarily focuses on data from Round 2 (n=1,380), changes over time are examined using the panel of young people who took part in both rounds (n=772) (Annexes Table 2). This data is presented in Box 2, page 7. The Household Water Insecurity Access Scale (HWIAS) was applied to measure water insecurity among participants (Brugger et al., 2025; Tsai et al., 2016).

Applying a sequenced mixed-methods approach, qualitative data for Round 1 was collected after the survey, in November-December 2024, with 100 young people (56 females and 44 males). The team also conducted 24 key informant interviews with service providers and community leaders. Round 2 interviews included in-depth individual interviews (IDIs) with 86 young people (44 females and 42 males), 10 focus group discussions (81 young people), 30 IDIs with caregivers (20 mothers and 10 fathers), and 24 key informant interviews with service providers and community leaders. The qualitative pool was selected from the larger quantitative sample, again deliberately oversampling the most disadvantaged individuals in order to capture the voices of those at risk of being 'left behind'. The tables below provide more details about the qualitative sample.

Ethical clearance for the research was granted by the Helsinki Committee (PHRC/HC/1245/24), the Gaza Ministry of Health and Ministry of Education, and the ODI Global Ethics Committee (ODI R025002). All procedures strictly followed international ethical guidelines, including the principles of informed consent, privacy, confidentiality, and voluntary participation. Written consent was obtained from participants aged 18 years and above, while those under 18 provided verbal assent in addition to consent from their caregivers.



Findings

Water

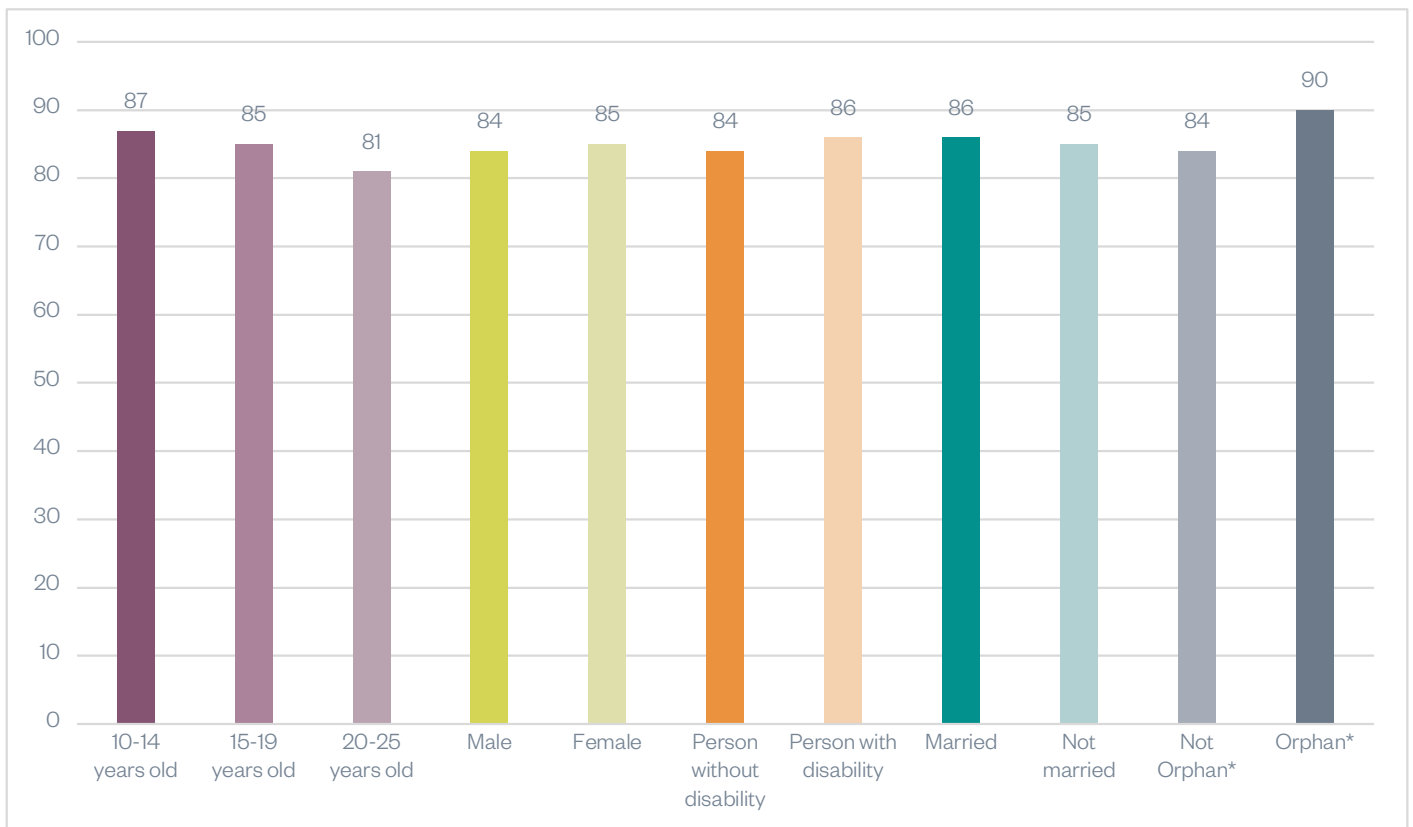
Water insecurity

Water insecurity was near-universal and a pressing daily concern for young people. Over 4 in 5 (85%) scored high on the HWIAS scale, rising to 90% among orphaned adolescents (see Figure 1). Six in 10 (60%) had worried at least three times in the past 30 days about whether their household would have enough water, and half (50%) reported that they or a family member had drunk unsafe water at least three times over the same period.

Qualitative accounts echo the findings of the survey. An 18-year-old pregnant woman from the North recalled an acute water crisis: *‘There was no fresh water. I was begging everyone... My throat was so dry... I was dying of thirst.’* A 24-year-old woman with a disability explained that *‘water completely ran out, and life stopped – no people, no water and no places to buy from.’* Households were forced to conserve water; a 16-year-old girl with a disability reported:

‘Each one of us would drink a small quantity, just a glass.’ These accounts illustrate how the Israeli-imposed blockade and destruction of water infrastructure eroded physical health, dignity, and basic survival for Gaza’s young people.

Figure 1: Households that experienced high level of water insecurity (5–24 points) on the HWIAS scale in Round 2



The percentages above are based on the full sample of young people (n=1,380); categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level.

Box 1: The specific needs of young people with disabilities and orphaned young people

The findings highlight the specific needs of young people with disabilities and orphaned youth. Orphaned young people experienced more severe water insecurity than their peers, even though they had better access to several WASH facilities. At the same time, young women with disabilities were more likely to lack access to menstrual pads, underscoring their heightened vulnerability in meeting basic hygiene needs. For example, a 17-year-old girl with a physical disability and bladder condition struggled with standing in queue: *'because of my condition, I can't stand for a long time, so I might let my sisters wait for me and take a turn for me.'* Since the war began, she had to start wearing diapers: *'when I feel fear, my stomach starts hurting a lot, so I have to use them.'* However, due to the Israeli siege, diapers are scarce and highly priced, so she and her family cut diapers in half (that were too large) or started using pads. In addition, they washed them so they could be reused *'with great difficulty... we had no other option,'* illustrating the extreme coping strategies required to manage her basic hygiene.

Sources of water

Young people and their households relied almost entirely on humanitarian aid for potable drinking water, as local drinking sources are virtually non-existent. Nearly all respondents (93%) collected water from sources in the street, with only 4% having access to a drinking water source in their home. The vast majority (85%) had received water as part of humanitarian assistance (a form of support almost all participants described as essential) delivered primarily through NGOs, community-based organisations or religious institutions (68%), followed by international organisations such as UNICEF and WFP (22%), and UNRWA and other actors (22%).

The primary sources of drinking water were free tank deliveries (68%) and paid tank deliveries (24%). Orphaned adolescents were more likely to rely on paid water deliveries (33% versus 21% overall), reflecting their greater vulnerability. For hygiene, three-quarters (75%) relied on public or shared water sources in the street, from neighbours, or at mosques.

Collecting water was time-consuming and, for many, dangerous. On average, it took young people 39 minutes to collect water, with young men aged 20–25 waiting considerably longer than young women (47 versus 32 minutes), likely reflecting gendered differences in household roles and mobility. One in 4 young people (26%) reported experiencing violence while queuing for water – a figure that rose sharply among boys and young men (39% versus 18% among females) and was highest among young adolescents aged 10–14 (49%).

Because of the lack of potable water sources, young people report using non-potable 'bathroom' water, sea water and rainwater for drinking. A pregnant 18-year-old described her feelings when drinking bathroom water: *'I'm disgusted to drink from the bathroom, but I had to... Water was too expensive...'* resulting in *'vomiting and diarrhoea'*. A 22-year-old man described drinking improvised mixtures of seawater and tomato paste *'to moisten my saliva,'* despite vomiting and feeling *'exhausted... internally,'* simply *'to stay alive.'* In addition to the lack of potable water, several young people also reported that supposedly potable water was

contaminated: *'sometimes the water was unsafe... there were algae in it'* (24-year-old woman); a 16-year-old girl added: *'sometimes it would come with worms in it.'*

Young people described the difficulty in accessing water, including long walks, queues, and physical strain. One boy explained that *'fetching water was extremely difficult'* while a 19-year-old girl in the South recalled having to *'walk for 100 metres... wait for the water truck to arrive or whether it will arrive or not... to fill 2–3 buckets... a lot of trouble,'* and sometimes surviving *'for a week'* only on carefully rationed rainwater. In the North, an 18-year-old pregnant woman described standing *'half an hour'* in line in her eighth month and carrying *'a jerryoan and a water skin'* of about 20 litres each because her injured husband could not help, praying she will not have a *'miscarriage'*. Although boys are often the ones sent to fetch water, girls and young women also frequently have to stand in long water queues, which runs counter to prevailing conservative gender norms.

WASH facilities and products

Access to toilets and bathing facilities remained a significant challenge for many young people due to overcrowding, a dearth of gender-segregated facilities, and chronic shortages of basic hygiene products.

Toilets

Over 1 in 4 (27%) had no designated toilet space at all, resorting to makeshift solutions such as digging holes. While 7 out of 10 of young people (71%) reported having access to a traditional toilet in accommodation, conditions were far from adequate. On average, 18 people shared a single toilet facility, and almost none (98%) were gender-segregated, which was especially a barrier for girls and young women due to conservative gender norms..

Hygiene

One in 3 young people (33%) had no designated place for bathing or showering in their household, a problem especially common among young adolescents aged 10–14. Shortages of basic hygiene products compounded the challenge: Almost half (47%) reported that shampoo was rarely or never available, of whom over a quarter (27%) said it was never available at all. More than 1 in 3 (37%) reported toothpaste was only available less than half the time, including 27% reported it was never available.

Young people's accounts show how overcrowded, non-segregated facilities and lack of hygiene supplies turn basic hygiene needs into a source of fear, shame, and ill-health. Girls and young women reported going a month without soap, washing *'with just water'* or even *'with sand'*, and bathing with dishwashing liquid because shampoo cost up to 120 shekels (around 39 dollars).

A 16-year-old girl in the North described long lines of **'70 people'** for the bathroom where it was *'very crowded'*, and *'we could hear the boys when they entered, and see them, and they could see us'*, in bathrooms that were *'always dirty'*. Another young woman (24-years-old) living in a tent camp reported that shared toilets for *'men and women'* offered *'no cleanliness, no privacy'*, leaving her so afraid to go at night that she *'stayed from 3:00 AM until 7:00 AM needing to go... from holding it in.'* Girls repeatedly linked mixed, public toilets with feeling *'afraid to use these bathrooms'* (17-year-old girl), while a 12-year-old boy recalled waiting an hour to use a single, unclean toilet shared by *'everyone at school.'*

Menstrual hygiene management

Access to menstrual hygiene facilities and supplies was a serious challenge for girls and young women, due to financial constraints, water and soap shortages, and a lack of private toilet facilities. Girls with disabilities and married girls faced heightened disadvantage.

Access to supplies

4 in 5 girls and young women (81%) reported difficulties obtaining menstrual hygiene supplies since the start of the war (see Figure 2). The main barriers were:

- Financial constraints (83%) – disproportionately affecting girls with disabilities (92% versus 82% of peers) and married girls (89% versus 77%).
- Lack of availability on the market (38%) – more pronounced among never-married girls (47% versus 30%) and orphaned adolescents (52% versus 35%).
- Insufficient support to purchase supplies (16%) – again disproportionately affecting never-married girls (19% versus 10%) and orphaned adolescents (28% versus 12%).

In the absence of adequate supplies, girls and young women relied on a range of coping strategies:

- borrowing pads from family (50%)
- using cloth (42%)
- borrowing money (26%)

Despite the near-total unavailability of menstrual products on the market, only 4 in 10 (42%) had received a menstrual hygiene kit through humanitarian aid in the past year.

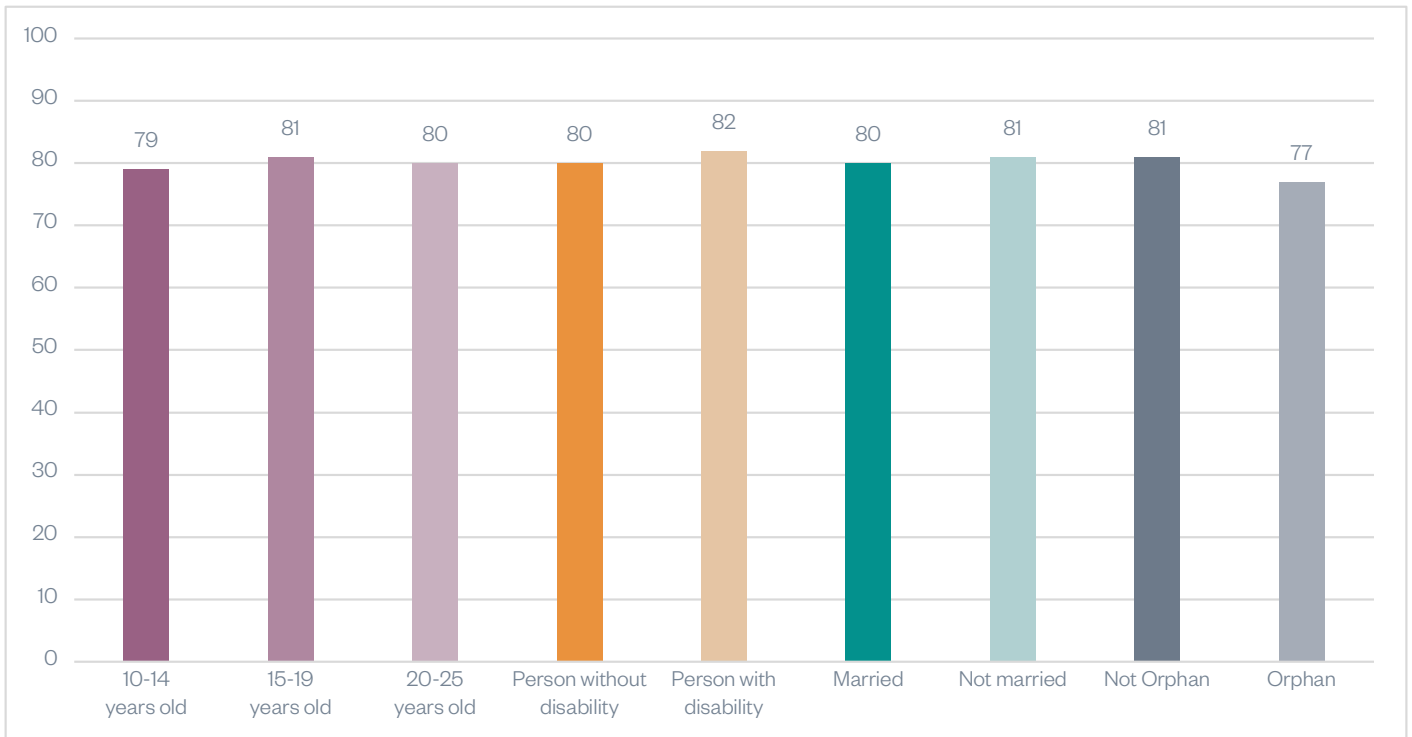
Shame and discomfort shaped how girls and young women navigated these shortages. Two in 5 (40%) felt embarrassed to ask family members for support with menstrual hygiene. Three in 4 (76%) felt comfortable discussing their menstrual needs with an adult, though this was lower among ever-married girls (66% versus 84% never married) and orphaned girls (73% versus 87% non-orphaned).

Girls and young women described how financial constraints, lack of water and soap, and shared, non-private toilets made managing menstruation stressful and undignified. Because pads were *'very expensive'* (16-year-old girl) or *'weren't available most of the time'* (17-year-old girl), girls were forced to resort to unorthodox means. The same 17-year-old girl reported: *'We used baby diapers if we couldn't find sanitary pads.'* A married 18-year-old recounted that when sanitary pads disappeared from the market she *'used gauze'*, describing the experience as *'disgusting! What were we supposed to do?'* – echoing other girls' reports of relying on cloth strips or rags. For many, inadequate facilities compounded these shortages: one 16-year-old girl said she *'wasn't comfortable changing'* because in the tents *'no privacy... if you sneezed, people heard you'*, as long queues, limited water, and crowded, non-segregated spaces made it impossible to wash or change as needed. A 21-year-old young woman refused to use the *'extremely miserable'* camp bathrooms at all during her period, instead walking to friends' homes to bathe, stressing that during menstruation *'cleanliness'* was essential. Small packs of 12 pads could cost up to *'40 shekels'* [around 13 dollars] (24-year-old woman) and menstrual kits rarely reached married girls.

Water security as a key concern among young people's post-conflict priorities

When asked to reflect on priorities for post-conflict Gaza, most young people highlighted the importance of tackling water insecurity. Water was a main concern across all three questions asked on this topic: 60% named it when asked broadly about urgent issues, 81% when asked specifically about infrastructure priorities, and 55% when asked about housing and shelter, with reconnecting households to electricity, water and WASH facilities as priority. Sanitation was raised by 21% in the general question and 46% in the infrastructure question.

Figure 2: Percentage of respondents who reported difficulties getting menstrual hygiene supplies and commodities since the beginning of the war



The percentages above are based on a sample of older girls and young women (n=746); categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level.

Box 2: Change over time

Using panel data involving 772 young people who were interviewed at both rounds, between Round 1 (August–September 2024) and Round 2 shortly after the October 2025 ceasefire (October–November 2025), changes over time highlight that limited progress has been made in addressing water insecurity since the ceasefire, although access to free filtered tank water more than doubled.

Water

Overall progress on water insecurity since the ceasefire was limited. Water insecurity remained high across both rounds, falling only slightly from 88% in Round 1 to 82% in Round 2. Reliance on humanitarian water assistance grew considerably, from 66% to 85%, underscoring how dependent Gaza’s population has become on external support for a basic need.

The most notable shift was in how water was accessed rather than how much was available. In Round 1, 58% relied on paid tank water and only 35% on free tank water. By Round 2, this had reversed: 70% accessed tank water free of charge, while only 23% still paid.

The reported role of international humanitarian organisations in providing water increased markedly, from 3% in Round 1 to 19% in Round 2. Similarly, the role of NGOs rose from 71% to 77%. Together, these shifts suggest a growing reliance on humanitarian assistance for water.

WASH

Access to WASH facilities and supplies showed some improvements between rounds, but progress was uneven – and for girls and young women, the situation around menstrual hygiene worsened.

Toilet access deteriorated: the share of respondents reporting no toilet in their accommodation, or relying on primitive solutions such as digging holes, rose from 20% in Round 1 to 28% in Round 2. The median number of persons sharing a single toilet did, however, improve from 13 to 9. Access to soap nearly doubled, rising from 1 in 5 (21%) to more than 1 in 3 (38%).

For girls and young women, menstrual hygiene remained a serious and worsening concern. The share struggling to access menstrual supplies rose from 3 in 4 (74%) in Round 1 to 83% in Round 2. Reported shame in discussing menstrual hygiene with family members appeared to ease slightly, although this may partly reflect the fact that participants were older in Round 2. Still, fear of asking family members for support on the issue increased.

Policy and programming implications

Since the war on Gaza began, young people and their families have been effectively denied their right to water. Without a doubt, ending the illegal occupation of Gaza and the blockade and the withdrawal of Israeli soldiers are essential for rebuilding the lives of young people and their families. In order to fulfil Sustainable Development Goal (SDG) 6 and achieve water and sanitation for all, the new administration of Gaza, humanitarian agencies, and potential donors should prioritise reconstruction of the water infrastructure, specifically:

Short-term priorities

- **Deliver potable water into Gaza:** Prioritise the North, where insecurity is most severe. Special attention is also needed for orphaned children, who are at increased risk of being deprived of safe drinking water.
- **Educate young people on water collection, storage, and purification:** Provide practical guidance on using basic household tools to make water safe. This should serve only as a temporary measure while Gaza's water infrastructure is being restored.
- **Protect the role of international NGOs in water provision:** As our data shows, international NGOs are currently essential in delivering water to young Palestinians in Gaza. The ongoing defamation by Israel of independent NGOs operating in Gaza must stop immediately to ensure that they can continue to play this critical gap-filling role.
- **Ensure aid delivery is responsive to the needs of girls and young women:** Give due attention to the specific needs of girls and young women – particularly those with disabilities and those who are married due to compounded disadvantages – when providing aid, especially with regard to providing menstrual hygiene facilities and supplies.

Longer-term priorities

Water insecurity

- **Restore Gaza's water infrastructure:** Support Gaza's municipalities to restore and improve freshwater aquifers, desalination facilities, supervised private water wells, water treatment systems, and the sewage network.
- **Provide technical expertise to rebuild and innovate Gaza's water supply:** Draw on international expertise to support not only restoration but longer-term improvements to water systems.
- **Prioritise essential materials for reconstruction:** Ensure the supply of pipes, concrete and fuel needed to construct and operate Gaza's water and sewage system.

WASH and menstrual health management

- **Restore and upgrade WASH infrastructure:** Rebuild shared and household WASH facilities and ensure their accessibility for young people with disabilities.
- **Guarantee privacy and consistent access for girls and women:** Pay particular attention to the specific needs of girls and women by guaranteeing privacy and consistent access to facilities and supplies to support menstrual hygiene management.
- **Reduce shame and stigma around menstrual health:** Provide awareness among young people and parents on menstrual health to normalise the topic and create a more supportive environment for girls and young women.



References

- Amnesty International (2024) 'You feel like you are subhuman': Israel's genocide against Palestinians in Gaza. London: Amnesty International (<https://www.amnesty.nl/content/uploads/2024/12/Gaza-genocide-report.pdf?x90620>)
- Asem, S. (2025) 'Top genocide scholars unanimous that Israel is committing genocide in Gaza: Dutch investigation'. Middle East Eye, 17 May (<https://www.middleeasteye.net/news/top-genocide-scholars-unanimous-israel-committing-genocide-gaza-investigation-finds>)
- B'Tselem (2025) 'Our genocide'. B'Tselem, July (https://www.btselem.org/sites/default/files/publications/202507_our_genocide_eng.pdf)
- Brugger, C., Owen, B. N., Abu Hamad, B., van Gastel, T., Sittaro, F., Rossi, R., ... & Winkler, M. S. (2025). 'Drinking water access and quality in the Gaza Strip prior to 7 October 2023 and implications for reconstruction'. *Environmental Health*, 24(1), 41 (<https://doi.org/10.1186/s12940-025-01191-6>)
- Forensic Architecture (2025) *A spatial analysis of the Israeli military's conduct in Gaza since October 2023*. London: Goldsmiths, University of London (https://content.forensic-architecture.org/wp-content/uploads/2024/10/FA_A-Spatial-Analysis-of-the-Israeli-militarys-conduct-in-Gaza-since-October-2023.pdf)
- HRW (2024) *Extermination and acts of genocide: Israel deliberately depriving Palestinians in Gaza of water*. Human Rights Watch (<https://www.amnesty.nl/content/uploads/2024/12/Gaza-genocide-report.pdf?x90620>)
- Jamaluddine, Z., Abukmail, H., Aly, S., Campbell, O.M. and Checchi, F. (2025) 'Traumatic injury mortality in the Gaza Strip from Oct 7, 2023, to June 30, 2024: a capture-recapture analysis'. *The Lancet* 405(10477): 469-477.
- OHCHR (2026) *Gaza: Civilian killings continue after ceasefire*. Office of the High Commissioner for Human Rights (<https://reliefweb.int/report/occupied-palestinian-territory/gaza-civilian-killings-continue-after-ceasefire-enar>)
- Pettit, J., Presler-Marshall, E. and Abu-Hamad, B. (2017) *Adolescent girls in Gaza: the state of the evidence*. London: Gender and Adolescence: Global Evidence.
- Tsai, A. C., Kakuhikire, B., Mushavi, R., Vořechovská, D., Perkins, J. M., McDonough, A. Q., & Bangsberg, D. R. (2016). 'Population-based study of intra-household gender differences in water insecurity: reliability and validity of a survey instrument for use in rural Uganda'. *Journal of water and health*, 14(2), 280-292.
- UN (2025) 'Legal analysis of the conduct of Israel in Gaza pursuant to the Convention on the Prevention and Punishment of the Crime of Genocide'. United Nations Human Rights Council, 16 September (<https://www.un.org/unispal/wp-content/uploads/2025/09/a-hrc-60-crp-3.pdf>)
- UNICEF. 175,000 additional parents and children are getting access to safe drinking water in the Gaza Strip. 5 June 2023, https://www.unicef.org/sop/stories/175000-additional-parents-and-children-are-getting-access-safe-drinking-water-gaza-strip#_ftn1



A young boy in Gaza © GAGE 2026

Annex: Further information on the research sample

Table 1: Round 1 and 2 survey: distribution of study participants by characteristic variables and living conditions (n=1,380)

Round 1 (n=1,011)		
Variable	Number	Percentage
Age		
10–14 years	304	30.1
15–19 years	397	39.3
20–24 years	310	30.7
Mode 18 SD 4	Mean age 17.14	Median 17
Gender of participant		
Male	485	48
Female	526	52
Place of living (before the war)		
North of Gaza	234	23.1
Gaza	347	34.3
Middle area	132	13.1
Khan Younis	184	18.2
Rafah	114	11.3
Current place of living by governates		
North of Gaza	142	14
Gaza	225	23.3
Middle area	280	27.7
Khan Younis	213	21.1
Rafah	151	14.8
Current place of living (North or South of the Gaza Strip as divided by the Israeli occupation)		
North of Gaza (Gaza City and north)	367	36.3
South of Gaza (middle and south)	644	63.7
Refugee status		
Refugees	332	32.8
Non-refugees	679	67.2
Current marital status		
Married	181	17.9
Not married	830	82.1
Mean age at marriage	17 years	
Child marriage, among those ever-married (n=195)		
Yes	109	55.9
No	86	44.1
Having any sort of disability		
Yes	123	12.2
No	888	87.8

Round 2 (n=1,380)		
Age		
10-14 years	289	20.9
15-19 years	762	55.2
20-24 years	329	23.8
Mode 17 SD 3.527	Mean age 17.3	Median 17
Gender of participant		
Male	543	39.3
Female	837	60.7
Place of living (before the war)		
North of Gaza	361	26.2
Gaza	396	28.7
Middle area	191	13.8
Khan Younis	290	21.0
Rafah	142	10.3
Current place of living by governorate		
North of Gaza	45	3.3
Gaza	332	24.1
Middle area	514	37.2
Khan Younis	487	35.3
Rafah	2	0.1
Place of residence (North or South of the Gaza Strip as divided by the Israeli occupation)		
North of Gaza (Gaza City and north)	377	27.3
South of Gaza (middle and south)	1,003	72.7
Refugee status		
Non-refugees	390	28.3
Refugees	990	71.7
Orphan status		
Orphaned	214	15.5
Not orphaned	1,166	84.5
Current marital status		
Not married	929	67.3
Married	451	32.7
Mean age at marriage	17 years	
Child marriage, among those ever-married (n=433)		
Yes	333	76.9
No	100	23.1
Having a disability		
Yes	209	15.1
No	1,171	84.9

Table 2: Panel data of Round 1

Panel data during Round 1 (N=812)		
Variable	Number	Percentage
Age		
10–14 years	263	32.4
15–19 years	323	39.8
20–24 years	226	27.8
Mode 15 SD 3.947	Mean age 16.8	Median 17
Gender of participant		
Male	372	45.8
Female	440	54.2
Place of living (before the war)		
North of Gaza	194	23.9
Gaza	232	28.6
Middle area	113	13.9
Khan Younis	168	20.7
Rafah	105	12.9
Current place of living by governates		
North of Gaza	112	13.8
Gaza	128	15.8
Middle area	244	30.0
Khan Younis	197	24.3
Rafah	131	16.1
Place of living (North or South of the Gaza Strip as divided by the Israeli occupation)		
North of Gaza (Gaza City and north)	240	29.6
South of Gaza (middle and south)	572	70.4
Refugee status		
Non-refugees	248	30.5
Refugees	564	69.5
Current marital status		
Not married	673	82.9
Married	139	17.1
Mean age at marriage	17.8 years	
Child marriage, among those ever-married (n=147)		
Yes	84	84
No	63	63
Having any sort of disabilities		
Yes	102	12.6
No	710	87.4

Table 3: In-depth interviews sample with young people and their caregivers from Round 1 and 2

Categories	Girls/ young women	Boys/ young men	Young people subtotal	Mothers of adolescents	Fathers of adolescents	Parent subtotals	Total individual interviews
ROUND 1							
Young people	32	24	56				56
Married young people	12	8	20				20
Young people with disabilities	12	12	24				24
Total	56	44	100				100
ROUND 2							
Young people	18	18	36	10	10	20	56
Married young people	8	8	16				16
Orphans	6	4	10				10
Young people with disabilities	12	12	24	10		10	34
Total	44	42	86	20	10	30	116