



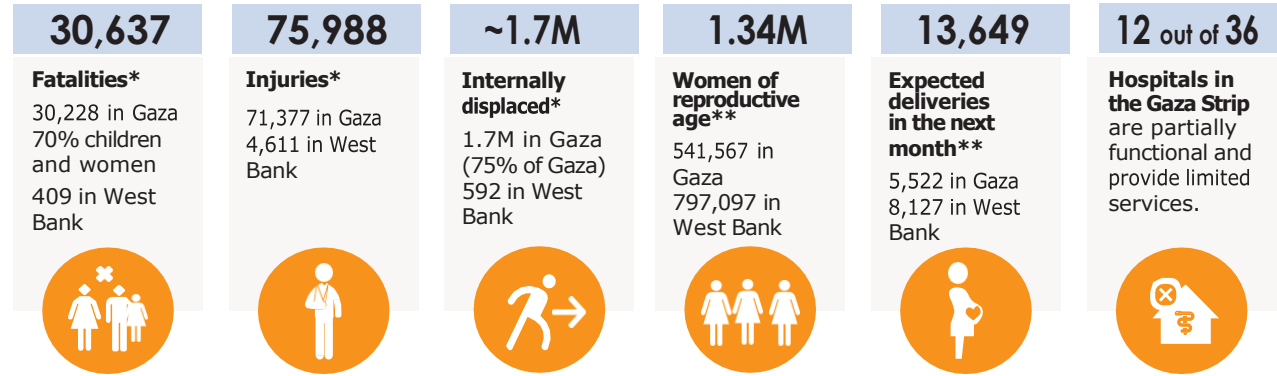
SITUATION REPORT CRISIS IN PALESTINE

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KEY FIGURES



SITUATION OVERVIEW

After five months of the current crisis, Gaza is unrecognizable. The numbers tell a shocking story, with 2.2 million people in dire need of humanitarian aid, among them 1.7 million internally displaced people grappling with cold, starvation, and a public health catastrophe. As of March 1st, the Ministry of Health in Gaza has reported 30,228 deaths and 71,377 injuries, in addition to the thousands of persons who remain missing. 70% of deaths are women and children.

In Rafah are over 1.4 million people, including tens of thousands of vulnerable pregnant women, new mothers, and newborns, many of them have been forcibly displaced multiple times and have nowhere else to go.

The assistance provided in Gaza falls far short of meeting the overwhelming needs of the affected population. Manmade hurdles and security concerns severely hamper the delivery of essential supplies and services, leaving hundreds of thousands of desperate, defenseless, and traumatized civilians vulnerable to further harm. On February 27, the HCT in Palestine issued a statement on unacceptable security conditions for humanitarian aid delivery. The statement emphasized that the UN and partners have consistently communicated requirements for facilitating relief efforts in Gaza to Israeli authorities. At a minimum, acknowledging notification of a humanitarian mission in advance entails the responsibility of ensuring safe, smooth, and prompt passage on the ground.

“We made it to just outside the gate [of Al Amal Hospital], then the fuel truck got stuck in the sand and we spent all day trying to get it out. We found ourselves in an active combat zone. The destruction is unimaginable; the sound and impact of the shelling and airstrikes numbing; the smell of decomposing bodies constant; and the thought of people still living/hiding here unbearable. Almost all the streets and houses have been destroyed – it [Khan Younis] has become an inaccessible ghost town. Bombed-out ambulances, the hospital building badly damaged, and reportedly still women who sought medical assistance and gave birth last night.”

- Judith Starkulla, Head of UNFPA Gaza Office, on an assessment mission to Al Amal Hospital in Khan Younis.

75% of all homes, hospitals, health clinics, and schools in Gaza have been destroyed or damaged. According to WHO, only 12 hospitals out of 36 facilities in Gaza are even partially functional; those functioning are operating at five times their capacity. Only two fully functioning maternity hospitals remain in the whole of Gaza. Healthcare facilities and workers have been under constant attack and are working under immense stress and hardship, without electricity and the most basic medical supplies, leading to the decimation of the entire healthcare system in Gaza.

*OCHA Flash Update #130 - 01 March 2024
**MISP calculation

“It was exhausting – we handled 78 deliveries in one night. All the displaced people are in Rafah city – all the load is on us. While one woman is giving birth, we bring another case, and there’s no bed. We say, Get up, sit on a chair – and she just gave birth. There’s no hygiene, there’s no privacy. It’s miserable.”

-There are only five beds for deliveries at the Al-Helal Al-Emirati maternity hospital in Rafah, where midwife Samira works.

Amidst these harrowing conditions, UNFPA remains deeply concerned about the 180 pregnant women giving birth daily in Gaza. They face immense challenges accessing adequate medical care, leading to a surge in obstetric emergencies characterized by a significant increase in miscarriages and preterm births. Women who are pregnant and exposed to armed conflict have higher rates of miscarriage, stillbirths, prematurity, congenital abnormalities, and other adverse outcomes¹. There is also an increased risk for excess neonatal deaths and stillbirths due to a range of reasons including inadequate health facility childbirth and child and curative neonatal care along with lack of age-appropriate breastfeeding practices, inadequate antenatal care and food insecurity further exacerbated by the relentless bombings.

Before the current crisis, maternal, neonatal, and stillbirth mortality rates in Palestine were relatively low. However, according to the JHU / LSHTM Gaza Scenario-based Health Impact Projections Project², the escalation scenario over the six-month period from February to August would reverse over a quarter of a century of progress. This regression would set back maternal mortality to levels last seen in 1995, neonatal mortality to levels last seen in 1998, and stillbirth mortality to levels well before 2000.

“Every time it rains, the tent floods and it takes days for the beds to dry out. Today I’m scheduled for a Caesarean section, then I’ll return to the same suffering. The clothes I have are just for the day of delivery; that’s all. The tent is very, very cold, no matter how much we cover up. What worries me most is how I’ll keep [my newborn] warm.”

-a 36-year-old Suhad from Jabalia

Over 690,000 menstruating women and girls in Gaza struggle to access menstrual hygiene products, water, hygiene facilities, and privacy, heightening risks of infections and gender-based violence. Moreover, infectious diseases are widespread in overcrowded and insecure shelters while hunger, dehydration, and death stalk every corner.

“I only have one piece of underwear, and I have to wash it with dirty water when it is available and then use it again. In the school room, there are more than 15 menstruating women and girls. Sometimes we only get two packs of sanitary pads per week to be used by all of us, but it’s not enough.”

-a 19-year-old girl in Rafah

The context exacerbated the vulnerabilities of youth³ in Palestine, resulting in high rates of anxiety, depression, and stress disorder, disrupting the transition of young people to adulthood, distorting their life cycle, diminishing family and community structures, and fracturing a sense of belonging and social cohesion. These often result in negative coping mechanisms, including high-risk behaviors such as violence, drug use and suicide.

In the West Bank, movement restrictions continue to impede access to health and social services, the movement of ambulances, and the delivery of humanitarian assistance. The movement restrictions impede the continuity of SRH services to great concern for the more than 73,000 women who are pregnant and of whom 8,100 are expected to give birth in the next 30 days.

As with other UN agencies: Palestinian UN staff with permits are denied by the Israeli authorities from reaching the UNFPA office in East Jerusalem, and no visa for new international staff surging to support the crisis has been issued since the start of the crisis.

HUMANITARIAN NEEDS

- Expanded access to primary healthcare services by increasing the number of medical points and deploying medical teams in designated shelters is required.
- With higher daily water and caloric intake requirements, pregnant and postpartum women require access to antenatal, postpartum, and postnatal care and nutritional support.
- Catastrophic levels of acute food insecurity are reportedly intensifying across Gaza. Malnutrition rates among pregnant and breastfeeding women have surged, posing significant health risks to both mothers and newborns. Urgent action is needed to facilitate and expand the distribution of food, clean water, and essential supplies to ensure the survival of women and girls.
- Gender-based violence (GBV), including physical and sexual violence, remains a daily threat to women and girls, constituting targeted assaults on their rights, identity, and dignity. With over 1.4 million displaced people seeking shelter in Rafah, the lack of privacy, with multiple families sharing accommodations in the host communities and overcrowded shelters may leave women and girls vulnerable to gender-based violence, harassment, and abuse.
- The lack of access to essential items such as food, diapers, and sanitary pads in local markets, coupled with soaring prices, exacerbates women’s and girls’ vulnerability to exploitation and abuse. Establishing safe spaces and providing comprehensive GBV prevention and response services for survivors and those at risk of GBV are critical interventions.
- Over 690,000 menstruating women and adolescent girls face limited access to menstrual hygiene supplies and inadequate privacy and sanitation facilities, heightening the risk of reproductive and urinary tract infections, as well as other protection-related risks.
- The closure of schools has deprived 100% of school-aged children in Gaza of access to education, posing serious risks to their learning and development. This is a particular challenge for young girls as it could result in harmful coping strategies such as early marriage, as well as long-term economic, psychological, and health consequences (e.g. impact of early pregnancy on maternal health).
- Mental health care needs especially for persons with disabilities, children, and those with pre-existing complex conditions are exacerbated and demand urgent attention.

¹The Lancet. [Pregnant Women in Gaza require protection](#)

²Crisis in Gaza: [Scenario-Based Health Impact Projections](#). JHU and LSHTM

³There are 1.16 million youth (18-29 years), make up 21.8% of the population in the Gaza Strip and 22.3% in the West Bank and East Jerusalem.

UNFPA RESPONSE

In Gaza, UNFPA has been actively engaged in the humanitarian response to support the reproductive health and well-being of women, girls, and adolescents. This included delivering essential medical supplies, medicines and equipment to obstetric facilities and field hospitals to assist with clinical deliveries, STI treatment, obstetric surgery, and care for severe complications during childbirth. Additionally, UNFPA, in collaboration with partners, provided antenatal and postnatal care services to pregnant and lactating women at non-formal shelters,

advocated for emergency health care services for Clinical Management of Rape with plans to provide post-rape kits and capacity building to health workers, distributed dignity kits and menstrual health management kits and cash assistance to women and girls to maintain their dignity and hygiene and safeguard their menstrual health, and provided psychosocial first aid sessions to thousands of displaced women, girls and adolescents, reaching IDPs across various locations in Gaza, as well as through Shubbak II Shabab helpline.

In the West Bank, UNFPA's response focused on supporting readiness and ensuring continuity of SRH and Gender-Based Violence (GBV) services, particularly due to movement and access restrictions. Seven women-led organizations received grants to enhance their capacity for contingency response, accompanied by the distribution of dignity kits. UNFPA, in collaboration with the Palestinian Counseling Center, established a new safe space in Nablus city to provide psychosocial support and services for GBV survivors. Additional efforts included providing Cash and Voucher Assistance to GBV survivors, maintaining support for existing safe spaces, and convening a national SRH Working Group meeting in partnership with the Ministry of Health and attendance of national and international SRH partners. The meeting concluded with recommendations to expand the MISP team and support for safe motherhood centers. Lastly, psychological first aid was extended to schools and youth centers.



RESULTS SNAPSHOT

3 SRH TEAMS DEPLOYED TO PROVIDE ANTENATAL AND POSTNATAL CARE SERVICES TO PREGNANT AND LACTATING WOMEN AT NON-FORMAL SHELTERS IN DEIR AL BALAH AND RAFAH AREAS

30,000 CHILDREN, ADOLESCENTS, AND WOMEN REACHED WITH PSYCHOSOCIAL FIRST AID SESSIONS, GBV PREVENTION AND RISK MITIGATION SESSIONS, RECREATIONAL AND EDUCATIONAL ACTIVITIES

2,354 WOMEN REACHED WITH HUMANITARIAN CASH AND VOUCHER ASSISTANCE
2,124 in Gaza and 230 in East Jerusalem

15,400 WOMEN AND GIRLS RECEIVED DIGNITY KITS AND MENSTRUAL HEALTH MANAGEMENT KITS
13,000 in Rafah, Khan Younis, and the Middle Area. 2,400 in West Bank Governorates

18 INTER-AGENCY REPRODUCTIVE HEALTH KITS distributed to four obstetric facilities across Gaza: Emarati, Alamal, Al Awda, and Al Aqsa hospitals, along with two field hospitals and outpatient facilities operated by international organizations.
INCLUDING MEDICAL SUPPLIES AND EQUIPMENT TO ENABLE: clinical delivery assistance, treat cases of STIs, facilitate obstetric surgery, and care for women with severe obstetric complications. The kits are expected to support more than **15,000 births** over a period of three months.



COORDINATION

Sexual and Reproductive Health:

UNFPA chairs the weekly SRH Technical Working Group in Gaza and works closely with partners to provide an updated service map on the functionality of obstetric facilities in Gaza.

Partners are supporting health care centers across the Middle and Rafah in providing maternal and child services. UNRWA also continues to provide MCH services at the shelters' medical points in Rafah.

UNFPA leads the Mobile Clinic working group to redirect services to vulnerable locations in the West Bank and to mitigate accessibility challenges.

Gender-Based Violence:

The GBV sub-cluster, in partnership with local partners, has scaled up its response to better protect women and girls. This includes the establishment of safe spaces, provision of Psychological First Aid, and group psychosocial support activities for women and girls.

Given the growing concern over access to timely clinical care service provision for GBV survivors, particularly for the survivors of sexual violence including rape, which could have life-threatening implications if not addressed immediately, the GBV sub-cluster in Gaza has established an emergency referral pathway, enhancing access to essential services for GBV survivors. In addition, the GBV sub-cluster has adapted the referral and consent form for the current context to assist service providers in supporting emergency case management.

Adolescents and Young People:

The United Nations Youth Theme Group has initiated the development of a work plan aligned with the national youth emergency plan and aims at advocating for youth's meaningful engagement in humanitarian action through engaging with the youth advisory panel (YAP).

CALL TO ACTION

- UNFPA joins IASC Principals in urging for an immediate cessation of hostilities to prevent further loss of life and alleviate the immense suffering of civilians in Gaza.
- UNFPA reiterates the importance of protecting hospitals and ensuring the delivery of life-saving medical supplies. Patients, health workers, and civilians seeking refuge in hospitals deserve safety, not a burial in those places of healing.
- UNFPA calls to establish reliable entry points for relief supplies, provide security assurances, implement a robust humanitarian notification system, and ensure a stable communication network to facilitate the effective delivery of aid.



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