Situation Report

Crisis in Palestine

April — September 2026

Highlights

- **A year of ceasefire, yet little relief for women and girls.** Unsafe shelter, deprivation and daily uncertainty continue to erode their health, safety and dignity.
- **Pregnancy grows more precarious as miscarriages surge.** Worsening maternal health signals the mounting toll of hunger, hardship and overstretched services.
- **Rising gender-based violence restricts safe options for women and girls.** Violence, coercion and exploitation increasingly dictate women's and girls' struggle to meet basic needs.
- **A generation's future is on hold.** Prolonged trauma and shrinking opportunities to learn, earn and participate threaten young people's well-being and aspirations.
- **West Bank communities face compounding violence and escalating isolation.** Violence and restrictions uproot families and cut them off from healthcare, protection, education and livelihoods.

UNFPA continues to scale up its response: From April to September 2026, UNFPA has expanded life-saving support across Gaza and the West Bank, reaching over **727,000** women, girls and youth with services and essential supplies.

75,982
Fatalities[1]
74,555 in Gaza
1,427 in WB

198,519
Injuries[1]
175,727 in Gaza
22,792 in WB

1.36M+
Women of reproductive age[2]
545,000+ in Gaza
820,000+ in WB

123,000
Estimated pregnant women[2]
50,000 in Gaza
73,000 in WB

900,000
People targeted with SRH services

300,000
People targeted with GBV programmes

[1] Palestinian Government - Situation Report #108 - 19 October 2026
[2] Based on MISP calculation

Situation Overview

One year after the ceasefire took effect on 10 October 2025, humanitarian needs across the Occupied Palestinian Territory (OPT) remain severe, with women, girls and youth disproportionately affected by prolonged insecurity, displacement and deprivation. In Gaza, limited humanitarian gains have not translated into sustained improvements in living conditions or recovery at scale. Families continue to reside in overcrowded displacement sites, deteriorating tents and damaged buildings, while essential services remain severely degraded. Violence has persisted, with Gaza's Ministry of Health reporting 1,559 Palestinians killed and 5,608 injured since the ceasefire began. Expanding Israeli military deployment areas and shifting access boundaries raise concerns about further displacement and restrictions on humanitarian operations.

Maternal health and pregnancy outcomes in Gaza continue to deteriorate, with an estimated 50,000 pregnant women and approximately 180 deliveries each day having to rely on a critically weakened health system. Severe food insecurity, malnutrition and poverty are undermining women's health during pregnancy and after childbirth, with more than 60 per cent of pregnant women reported to be anaemic. Repeated displacement, sustained psychological trauma, unsafe water and overcrowded, unsanitary living conditions further compound risks for women and newborns.

More than 6,500 miscarriages were reported between January and September 2026, more than three times the number recorded during the same period in 2025, with approximately two thirds occurring in the first trimester. Around 20 per cent of births were reported as both preterm and low birth weight, underscoring the vulnerability of newborns in an environment where nutrition, infection prevention and access to appropriate care remain severely constrained.

Interrupted antenatal care and shortages of medicines, skilled staff, laboratory services and diagnostic equipment delay the detection and management of complications. These gaps are particularly concerning as one in three pregnancies is classified as high risk. An estimated 82 per 1,000 deliveries experience severe maternal complications, while caesarean sections account for around half of births, reportedly largely because of emergency obstetric needs. Poverty and unaffordable transport further limit access to timely care, including emergency obstetric services.

The restoration and continuity of essential and lifesaving services remain severely constrained by the restrictions placed on humanitarian supplies, including the dual-use classifications, prolonged clearance procedures, insecurity and the movement restrictions. These persistent bottlenecks have severely delayed essential sexual and reproductive health (SRH) supplies and impede the rehabilitation and equipping of maternity hospitals and primary healthcare centres. Severe fuel shortages, unreliable electricity and damaged water and sanitation infrastructure further threaten the continuity and safety of care.

Protection risks in Gaza continue to intensify as displacement and the weakening of family, community and institutional support systems leave women and girls increasingly exposed to gender-based violence (GBV). Risks extend beyond households and shelters to water points, sanitation facilities and assistance distributions. Loss of livelihoods and economic dependence can make it harder to leave harmful situations, while control over food, shelter and assistance creates opportunities for coercion and exploitation. Denial of resources, opportunities and services accounted for approximately one third of reported GBV incidents during the second quarter of 2026.

Women now head nearly one in four households in Gaza, compared with around one in nine before October 2023. Many have to manage bereavement, separation or uncertainty over missing relatives while assuming sole responsibility for income, caregiving and family safety. Widows, divorced and separated women face additional barriers to registering for assistance and accessing resources independently.

Reported GBV incidents increased by 27 per cent in April–June compared with the previous quarter, following an earlier increase of more than 32 per cent in January–March. These increases reflect both heightened risks alongside expanded opportunities for confidential disclosure as the number of service delivery points increased from 64 to 74. Reported sexual violence incidents increased by 61 per cent in the second quarter. These figures represent incidents recorded through the case management information system rather than GBV prevalence, noting that stigma, fear of retaliation and concerns about confidentiality continue to inhibit reporting.

Poverty, insecurity and disrupted education are also increasing pressure on girls to marry, with child marriage perceived by some families as a means of protection or reducing household expenses. Reported incidents of forced and child marriage increased by 123 per cent in the second quarter compared to the first quarter of 2026. Coercion also affects adult women, including widows facing pressure to remarry to retain shelter or family support. Meanwhile, damaged or inaccessible safe spaces, disrupted referrals and overstretched services restrict survivors' options for help. Nearly 80 per cent of providers surveyed in a GBV safety audit rated safe access to protection services as moderate or poor, highlighting the gap between the existence of services and women's ability to use them safely.

Adolescents and youth face the cumulative effects of trauma, bereavement and interrupted education, while many assume caregiving and household responsibilities beyond their age. GAGE research published in July 2026, comparing surveys conducted in 2024 and late 2025, found that 92 per cent of surveyed young people experienced moderate-to-severe psychological distress. Symptoms of post-traumatic stress increased from 55 to 62 per cent, despite improvements in some other mental health measures immediately after the ceasefire.

In the West Bank, military operations, settler violence, demolitions and settlement expansion continue to drive displacement and undermine livelihoods and access to essential services. OCHA reported more than 1,600 settler attacks resulting in casualties or property damage across 275 communities between January and August 2026. The cumulative impact of violence and movement restrictions is fragmenting communities and disrupting access to healthcare, education, employment and protection services.

Checkpoints, road closures and obstruction of ambulances create particular risks for pregnant women and others requiring timely care. WHO reported 124 attacks on healthcare between January and August, including 112 involving obstruction of healthcare delivery, while medicine shortages and funding constraints further weakened service provision. Women managing displacement, lost income and increased caregiving responsibilities face overlapping risks of poverty, exclusion and violence.

Photo: © UNFPA / Hardy Skills

UNFPA Response

During the reporting period, UNFPA expanded life-saving support across the OPT by renovating, establishing and reopening service delivery points for SRH, GBV prevention and response, and youth services. UNFPA also delivered essential supplies to health facilities and GBV service providers. Collectively, these efforts enabled an estimated **727,000** women, girls and youth to access critical, life-saving services and protection.

Sexual and reproductive health: More than **462,000 people** accessed SRH services and information. In Gaza, UNFPA supported the renovation of five primary healthcare facilities and equipped eight others, maintained six containerized maternal health units offering emergency obstetric and neonatal care, and expanded access through service delivery points and outreach activities. In the West Bank, five mobile clinics provided comprehensive SRH services in Area C and the northern West Bank, while first aid supplies supported mobile teams and community responders in access-restricted areas. Across both locations, UNFPA provided essential medicines, contraceptives, medical equipment and supplies, distributed postpartum kits to new mothers, and trained health professionals in maternal and SRH service provision.

Gender-based violence: More than **207,000 people** received GBV prevention and response services. In Gaza, UNFPA-supported women's and girls' safe spaces and shelters provided case management, mental health and psychosocial support, and multisectoral services. In the West Bank, fixed and mobile safe spaces expanded access to support for hard-to-reach communities. Across both locations, outreach activities provided information on GBV and the prevention of sexual exploitation and abuse, while hygiene and menstrual supplies supported women's and girls' dignity and well-being. Frontline workers received training on GBV services, basic psychosocial support and referrals, alongside support for their own well-being.

Adolescents and youth: More than **58,000 adolescents and youth** participated in resilience, education and protection initiatives. In Gaza, youth hubs and girls' tents provided learning, recreation, skills-building, psychological first aid, comprehensive life education and information on SRH, GBV and the prevention of sexual exploitation and abuse. Online platforms also enabled access to individual psychosocial support. In the West Bank, Girls' Zones, youth-friendly health services and in- and out-of-school comprehensive life education (CLE) provided tailored support, health information, life skills and premarital counselling. Young volunteers across both locations led community-based peace and resilience initiatives, supported by volunteer kits and training for youth service providers.

Palestine, 2026. A psychosocial support session at a UNFPA-supported youth-friendly health service centre in Khan Younis.

Photo: © UNFPA / PMRS

Results Snapshot

462,000
People reached with **SRH services and information**

75
Health facilities supported

265,000
People reached with **GBV prevention, mitigation and response** activities, and adolescents and youth services

90
Safe spaces and shelters for women, girls and youth supported

Gaza Strip

500
Inter-agency reproductive health kits distributed to 48 health facilities and service delivery points, supporting 85,000 SRH services, including **10,000** safe births

16,125
Cycles of oral contraceptives delivered to health facilities to support an estimated **6,000** women of reproductive age over the next three months

3.5M
Units of essential maternal health medicines, instruments and disposables distributed to health facilities to support safe deliveries, infection control and postnatal care

6
Containerized maternal health units providing basic and comprehensive emergency obstetric and neonatal care in the Middle Area and Khan Younis, supporting over **7,300** SRH services

189,500
People received SRH services through UNFPA-supported service delivery points and outreach activities

645
Medical equipment distributed to 27 health facilities to support clinical examinations, diagnostics, maternal and fetal monitoring, safe deliveries and emergency care.

110,500
People reached through in-person SRH information and awareness-raising sessions

145
Midwifery kits distributed to health centres to support SRH consultations and emergency deliveries

278
Health professionals trained in maternal and SRH service provision

4,500
New mothers received postpartum kits containing essential hygiene and care items for mothers and newborns

13
Primary healthcare facilities renovated (5) or furnished (8) with UNFPA support to expand access to reproductive and maternal healthcare.

3
High-performance tents distributed to health, protection and youth service providers, enabling the expansion of critical service delivery points

36	Safe spaces and women's shelters supported over **57,000** women and girls with case management and multi-sectoral GBV risk mitigation, prevention and response services
21,850	Hygiene and menstrual kits distributed to women and girls across Gaza
47,150	People received mental health and psychosocial support (MHPSS) through individual and group sessions
328	Front-line workers trained on GBV service provision, including gender-responsive basic psychosocial support and referral procedures
1,415	Volunteer kits distributed to young people to support their wellbeing and community engagement
14	Multipurpose youth hubs reached **8,300** adolescents and youth with learning, recreation, skills-building, psychological first aid, comprehensive life education and awareness raising on PSEA
37,250	People reached through in-person outreach activities providing information on the prevention of sexual exploitation and abuse (PSEA and GBV
2,000	Women and girls received a two-month supply of sanitary pads
1,135	Youth accessed basic first line individual psychosocial support via online applications (Shubak Al-Shabab and Mustashari)
127	Front-line workers trained in adolescent- and youth- friendly health services, SRH, GBV, MHPSS, and life skills education
20,500	People reached through community-based initiatives on peace and resilience led by more than **1,000** young volunteers
7	"Girls' Tents" reached **2,155** adolescent girls with tailored suppor including MHPSS, life skills education, and information on SRH and GBV prevention

West Bank

34,000	People reached with SRH services through UNFPA-supported service delivery points in the West Bank
3M	Units of essential maternal health equipment, medicines and disposables, distributed to UNRWA, Ministry of Health (MoH) and PMRS to support the provision of SRH services
12,580	People reached with comprehensive SRH services, through five UNFPA-supported mobile clinics in Area C and Northern West Bank
345	New mothers received postpartum kits containing essential hygiene and care items

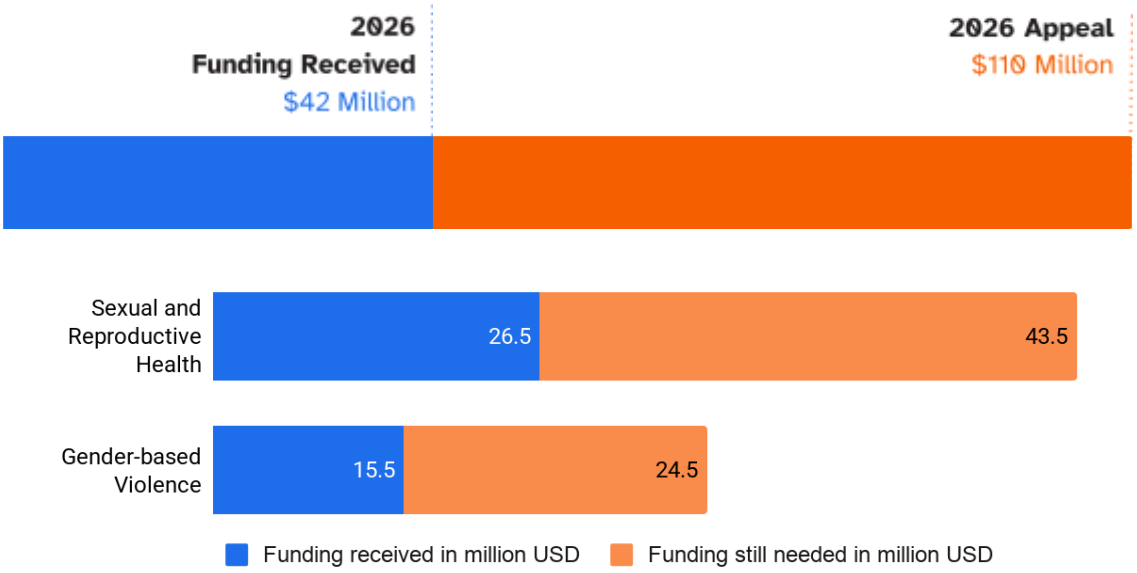
75	Medical equipment items distributed to the MoH to strengthen the provision of SRH services
640	Health professionals trained in maternal and SRH service provision
27	Safe spaces and women's shelters supported **9,800** women and girls with case management and multisectoral GBV risk mitigation, prevention and response services
7,075	Hygiene and menstrual kits distributed to women and girls
18,955	People received MHPSS through individual and group sessions
3	"Girls Zones" reached **1,000** adolescent girls with tailored support including MHPSS, life skills education, and information on SRH and GBV prevention
2,330	Adolescents and youth accessed youth-friendly health services, SRH awareness, CLE and premarital counselling
50	Advanced first aid bags, delivered to mobile teams and community first responders in access-restricted areas.
35,450	People reached through in-person SRH information and awareness-raising sessions
16,150	People reached through in-person outreach activities providing information on PSEA and GBV
210	MHPSS kits distributed to support the well-being of frontline workers.
145	Front-line workers trained on GBV service provision including gender-responsive basic psychosocial support and referral procedures
4,800	Adolescents reached through in- and out-of-school CLE
18,660	People reached through community-based initiatives on peace and resilience led by **800+** young volunteers

Coordination Mechanisms

UNFPA continued to play a leading humanitarian coordination role across Palestine. Through the GBV Thematic Group, UNFPA led coordination efforts amid intensifying protection risks. Under the Health Cluster, UNFPA continued to lead the SRH Working Group (SRHWG), ensuring coordinated delivery of essential SRH services. UNFPA also led coordination on adolescents and youth issues, keeping the needs of young people central to the humanitarian response. In addition, UNFPA chaired the Mobile Clinic Working Group, coordinating partners to redirect services in the West Bank in response to growing access constraints.

Funding Status

As part of the 2026 Occupied Palestinian Territory Flash Appeal, UNFPA is requesting **US$110 million** for its operational response to address ongoing humanitarian needs and support early recovery priorities. As of September 2026, UNFPA had received US**$42 million**. An additional US**$68 million** is urgently needed to sustain UNFPA's operational response through December 2026.



Donors and funding partners

- European Union Humanitarian Aid (DG ECHO)
- United Kingdom (UK Aid)
- Korea International Cooperation Agency (KOICA)
- Government of Australia (Australian Aid)
- Government of Japan
- Government of Sweden
- Government of Canada
- Government of Norway
- Italian Agency for Development Cooperation (AICS)
- Ministry of Foreign Affairs and International Cooperation of Italy
- France, Ministry for Europe and Foreign Affairs
- French Development Agency (AFD)
- Spanish Agency for International Development Cooperation (AECID)
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- Ministry of Foreign Affairs of Denmark
- Education Above All Foundation (EAA)
- King Salman Humanitarian Aid and Relief Centre (KSrelief)
- Ministry of Foreign Affairs of the Republic of Estonia
- Government of Chile
- Government of the United States of America
- Heart to Heart International
- occupied Palestinian territory Humanitarian Fund (oPt HF)
- United Nations Central Emergency Response Fund (CERF)
- UNFPA Humanitarian Thematic Fund (HTF)
- Individual Donors

For more information

Nestor Owomuhangi
Representative
UNFPA in Palestine
owomuhangi@unfpa.org

Mohammed Naser
(Media Enquiries)
Communications Specialist
nasr@unfpa.org