SITUATION OVERVIEW

The war in Gaza has had a severe impact on the entire population of Gaza, and on populations in the West Bank where the situation remains critical.

Of fatalities to date in Gaza, approximately 70% are women and children. Safety, health, and access to appropriate reproductive health services are significantly impacted by the ongoing war, which has intensified significantly since the end of the truce on 1 December. On December 6, the Secretary-General invoked Article 99 of the UN Charter for the first time in his tenure, stating that the humanitarian system in Gaza is at severe risk of collapse. He urged the Security Council to help avert a humanitarian catastrophe and appealed for a humanitarian ceasefire to be declared.

The humanitarian pause that took effect from 24-30 November enabled the delivery of assistance across Gaza, including UNFPA’s life-saving reproductive health kits to hospitals and individual clean delivery kits for distribution to pregnant women north of Wadi Gaza (the north). However, during the first weeks of December, the distribution of humanitarian assistance has been limited mainly to Rafah as other areas are largely inaccessible.

Intense bombardments and fighting took place around three out of the four partially operational hospitals in the north of Gaza, and the Nasser hospital in the south. The 12 hospitals in the South are only partially functional and it is reported that they are barely able to cope with the influx of injuries. This has immediate and potentially life-threatening implications on the 180 pregnant women expected to deliver each day and requiring access to obstetric services.

Following the end of the truce, populations in Gaza continue to receive evacuation notices leading to additional displacements, notably affecting 20 percent of Khan Younis City. Concerns continue to mount over the overcrowding and poor sanitary conditions at shelters which raise both health and protection concerns, particularly for women and girls.

In the West Bank, 314 settler attacks against Palestinians since October 7th have resulted in Palestinian casualties and damage to Palestinian-owned property. Ambulance services and delivery of humanitarian assistance in the West Bank is hampered by ongoing movement restrictions. Pregnant women, particularly those in marginalized and remote communities, are at heightened risk of having to deliver at home or checkpoints due to movement restrictions, closures, and overall insecurity. In Area C locations, 300,000 vulnerable Palestinians across 29 communities have limited or no access to essential healthcare services. Mobile clinics, which previously provided vital services to these communities, have been unable to operate since October 7th.
On the first day of the bombardment I gave birth to my daughter. I named her Misk. Shortly after delivery, I was asked to leave the hospital. I didn’t know where to go as I was unable to return to our home in Khuza’a, Khan Yunis. It was too close to the Eastern border. Physically and mentally exhausted, I look at my newborn daughter and feel incapable of holding or comforting her. I struggle to provide for myself and to feed my daughter. I keep wishing for a different fate.

Ola (30)
HUMANITARIAN IMPACT AND NEEDS IN GAZA

Access for all 5,500 pregnant women who will deliver in the next 30 days in Gaza to appropriate obstetric care. Attacks on health care and resulting damages, lack of fuel and health supplies, and dire hygienic conditions heighten risks for maternal and newborn morbidity and mortality. The continuity of SRH services, especially for the 8,000 pregnant women in the West Bank who will deliver in the next 30 days and whose movement is restricted.

Pregnant and lactating women have higher daily water and caloric intake requirements. They require access to appropriate antenatal and postnatal care as well as nutritional support.

Due to insecurity and the destruction, there is a severely limited ability to physically provide GBV response services in Gaza. The GBV Sub-Cluster is mapping the availability of very limited psychosocial first aid, individual counseling and psychosocial support sessions that partners continue to provide in overcrowded shelters.

Over 690,000 menstruating women and adolescent girls in Gaza have limited access to menstrual hygiene products in addition to inadequate water, hygiene and privacy. This puts them at risk of reproductive and urinary tract infections and protection-related risks.

Across Palestine, youth are at heightened risk to turn to negative coping mechanisms including suicide and high-risk behavior such as violence and drug use. Adolescent girls’ often have particular needs for health services, protection, psychosocial support and education services that are overlooked.

Mental health care needs are skyrocketing, especially for persons with disabilities, children, and those with pre-existing complex conditions. Despite the availability of some remote services for Gaza, access may be limited due to lack of power to charge phones, connectivity, and resources to top up mobiles.

UNFPA OPERATIONS TO DATE

Gaza Strip

UNFPA has distributed RH Kits to seven hospitals across Gaza to date containing individual clean delivery kits, pharmaceuticals, consumable medical devices and equipment for basic and comprehensive emergency obstetric care. On day 2 of the humanitarian pause, UNFPA RH Kits were delivered through an interagency convoy to Al Ahli Baptist Hospital in the north. These included supplies to support normal deliveries, manage miscarriages, repair cervical and vaginal tears and equipment for obstetric surgery and severe obstetric complications. On 07 December, UNFPA delivered a truckload of life-saving inter-agency RH Kits to the Emirati Hospital in Rafah. Additional kits will be distributed in the coming days while other kits are in Al Arish, Egypt for movement on convoys.

UNFPA provided its partner, Juzour, with individual clean delivery kits for distribution to pregnant women at 13 shelters in the North to support more hygienic births.

Midwifery kits for 50 midwives including supplies for them to continue their life-saving work are currently being distributed to midwives in Gaza by UNFPA’s partner PMRS.

1,125 one-off Cash transfers have been made to vulnerable women including pregnant and lactating women, breast cancer patients, GBV survivors and women and girls at risk of GBV from 18 October to present.

375 youth volunteers led 8 humanitarian initiatives including providing psychological first aid to 11,500 children and adolescents in shelters from through 20 November.

3,218 calls and 1,205 cases (42% women and 58% men) from Gaza have been received or supported by the UNFPA-IP operated hotline, Shubak il Shabab. Most were inquiries about medical services, women’s health needs, psychosocial support, and aggravated concerns regarding the current situation.

3 counselors have started to provide psychosocial support services to women and their families at UNFPA’s partner, Al Awda’s, Safe Space in Rafah.

West Bank

UNFPA has handed over supplies of life-saving SRH drugs including to the MOH and will continue to procure and provide other essential drugs and supplies including a recent delivery of fetal heart monitors.

UNFPA continues to provide services in 6 Safe Spaces for women and girls in the West Bank and Jerusalem.

UNFPA is supporting psychosocial support sessions through youth-led organizations and trained youth volunteers for children and adolescents in refugee camps and highly affected localities.

3 local youth councils in the West Bank implemented humanitarian initiatives in refugee camps and highly affected localities including support to 2,772 displaced workers sheltered in Ramallah and first aid training for 25 youth volunteers.

Coordination

UNFPA participates actively in the Health Cluster and co-leads the RH Working Group (national level). The Health Cluster recently announced the launch of the SRH Working Group for Gaza, led by UNFPA, to support dedicated coordination of SRH partners and activities.

UNFPA leads the Mobile Clinic working group to redirect services to vulnerable locations in the West Bank and to mitigate accessibility challenges, including provision of monthly supplies of medications for chronic disease patients.

UNFPA leads the GBV Sub-Cluster at National Level, in Gaza and in the West Bank. The Sub-Cluster for Gaza has developed a few key resources to date including a Menstrual Health Management Strategy for the Gaza Strip, and a GBV Emergency Response Dashboard for Gaza.

The Youth Advocacy Panel (YAP) launched in 2022 is a group of 18 young Palestinians from across the West Bank, including East Jerusalem and Gaza. The YAP is advocating for the needs of youth with officials and policy makers, as well as their leadership in humanitarian response.

UNFPA is a main supporter of the Palestine Adolescent Health Coalition of 25 national and international organizations. Efforts to better map and advocate for the adolescent specific health needs. Emergency statement is found here.