



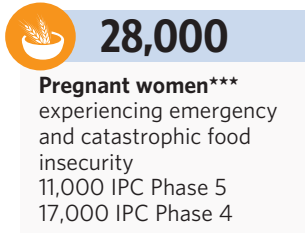
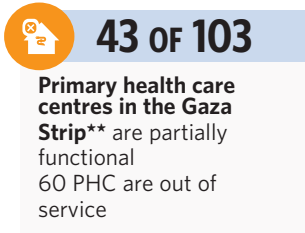
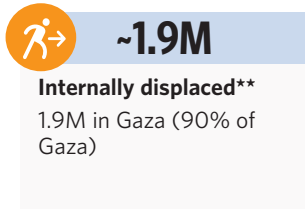
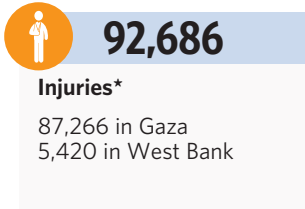
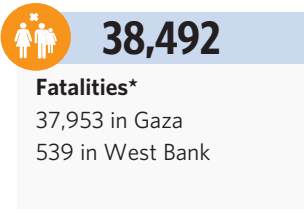
SITUATION REPORT CRISIS IN PALESTINE

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KEY FIGURES



SITUATION OVERVIEW

The people of Gaza are enduring unimaginable suffering. As of 3 July, 37,953 Palestinians have been killed and 87,266 injured, according to the Palestinian Ministry of Health (MoH). They have been nearly entirely deprived of the means and resources necessary for food security, shelter, health, and livelihood. Approximately 1.9 million people have been displaced, often repeatedly, forced into tents, overcrowded shelters, or even on the streets, lacking the most basic necessities for dignified life and survival. Based on the accounts of individuals in Gaza, its residents are profoundly entrenched in a sense of helplessness, with many having little hope of returning home or seeing an end to this persistent conflict.

Women and adolescent girls, especially those displaced, widowed and girls who are unaccompanied/separated, continue to be the most at risk of GBV and other protection risks. Older women and those with a disability face additional risks and vulnerabilities including accessing the limited aid being distributed and being able to flee from land and air attacks.

"The tent is suffocating, small, and hot. And it is hot for my children. And the smoke from the fires affects the lungs and breathing. For someone pregnant, it is very difficult. My children get fever and burns from the sand and heat. And strange bugs come into the tent and sting them. I hope that when I give birth, the war will be over, and we can go home safely." - Fatima, a displaced pregnant woman in Mawasi, Khan Younis



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* Palestinian Ministry of Health - 03 July 2024
 ** OCHA Reported Impact Snapshot - Gaza Strip - 03 July 2024
 **MISP calculation

Humanitarian aid has faced severe obstacles since October, including security risks, crossing point closures, and manmade bureaucratic hurdles that slow/stop the provision of life-saving assistance - including for SRH and GBV services. The breakdown of law and public order has exacerbated humanitarian challenges, leading to increased incidents of theft and violence in a significant security vacuum, endangering humanitarian workers and operations.

Following the widespread destruction of Gaza's essential infrastructure and food supply chain, the population now relies heavily on humanitarian food aid for its survival. According to the [Integrated Food Security Phase Classification \(IPC\) report](#), around 96 per cent of Gaza's population face crisis levels of hunger (IPC3), including an estimated 49,300 pregnant women. Over 745,000 people including 17,000 pregnant women are at emergency levels (IPC4), and 11,000 in catastrophic/famine conditions (IPC 5).

Doctors report alarming trends such as increasing numbers of preterm and low-birth weight babies - common indicators of severe malnourishment exacerbated by stress, fear, and exhaustion that pregnant women are now experiencing. Malnourishment poses severe risks to the health of both pregnant women and newborns, leading to increased risks of stillbirths, low birthweight, wasting, and developmental delays for children. There is also a critical shortage of nutritional supplements for pregnant and breastfeeding women.

The healthcare sector in Gaza is beyond crisis levels, having lost 70 per cent of its bed capacity. The workforce is exhausted and largely unpaid since October 2023, while the volume of medical supplies and fuel entering Gaza is insufficient, due to the imposed restrictions. Medical evacuations outside Gaza have dramatically decreased since the intensification of Israel's Rafah offensive. Across the Strip, only 15 out of 36 hospitals are partially functioning.

According to a recent UN interagency rapid assessment, an estimated 155,000 pregnant and breastfeeding women in Gaza are facing critical challenges in accessing antenatal (ANC) and postnatal care (PNC). Unaffordable transportation and the lack of ambulance services are hindering access to hospitals, many of which are partially functioning. There are reports of emergency deliveries occurring in tents with no medical support during late-night hours, due to impeded access. Fear and uncertainty about future access to medical facilities due to the volatile security situation and constantly changing circumstances. Doctors are operating under extreme conditions, lacking essential supplies to provide adequate care.



“Imagine being a pregnant woman in Gaza - what should be a time of joy and anticipation is overshadowed by death, destruction, and despair. If her baby is delivered safely, she wonders how will she keep her newborn warm, fed, alive? Traumatized, dehydrated, and malnourished, many pregnant and breastfeeding women, who have higher daily water and calorie requirements, face the looming threat of famine without even the basics for survival.” - UNFPA Executive Director Dr. Natalia Kanem, Urgent Humanitarian Response for Gaza Conference in Amman on 11 June

The conflict has intensified pre-existing levels of gender-based violence (GBV). Factors such as poverty, intra-family conflicts, negative coping mechanisms, and displacement have led to increased incidents of GBV including intimate partner violence, emotional violence, and sexual violence. Children are being compelled into arduous and risky tasks, like collecting water and food, exposing them to violence at distribution points and the pervasive danger of unexploded ordnance.

As the conditions in Gaza continue to deteriorate, frontline GBV response providers are experiencing a surge in demand for services but face significant operational, security, and funding challenges. According to a rapid assessment conducted with GBV Area of Responsibility (AoR) members, 50 GBV response actors have been killed, 98 wounded, and 118 have left Gaza. Sixty per cent of women-led organizations surveyed reported total destruction of their offices, with 40 per cent reporting partial damage. All organizations have lost essential equipment. Movement restrictions and safety concerns severely limit staff's ability to conduct fieldwork and reach vulnerable populations. Seventy per cent reported a loss of funding, either due to the donors withdrawing committed funds or freezing of accounts.

“There was heavy bombing and then I found myself buried under three floors. It was my family's house. I woke up in the hospital, and knew that I lost many of my family members. Everyday I feel like I'm losing my soul while still alive. And that's the most painful feeling a human can experience.” - GBV Case Manager

Palestinians in the West Bank including East Jerusalem are facing a severe escalation in violence. Since 7 October 2023, over 539 Palestinians have been killed and more than 5,420 injured in the West Bank, including East Jerusalem. Attacks on healthcare facilities and restrictions on the movement of people and ambulances are severely limiting access to essential health services - including impacting access to services for pregnant women and newborns. Those same movement restrictions also severely increase GBV risks and impact access and support to GBV survivors.

HUMANITARIAN NEEDS

- To prevent famine, adequate and sustained levels of humanitarian assistance must include: increased availability of fresh food and improved nutritional diversity, access to clean water and sanitation, provision of healthcare services with a focus on rebuilding clinics and hospitals, particularly for maternal health and protection services.
- Replenish stocks of life-saving maternal health medicines and supplies, as well as essential hygiene items including for menstrual health management and address the critical shortage of menstrual pads, every month, women and girls in Gaza need 20 trucks carrying over 10 million sanitary pads.
- Increase the number of trained midwives to enhance access to basic healthcare, including ANC and PNC.
- Scale up life-saving services for survivors of GBV and those at risk, prioritizing vulnerable groups such as women, girls, children, elderly people, and people with disabilities. These include safe spaces, shelters, referral systems, community-based law enforcement, and exploring alternate methods to provide GBV case management including psychological first aid.
- Prioritize the mental health and wellbeing of frontline GBV response providers, especially those offering case management and psychosocial support, assisting them in developing skills in personal resilience and trauma healing.
- Mitigate the impact of school closures on children's education, particularly for girls, to prevent harmful coping strategies like early marriage, while prioritizing vulnerable groups.

UNFPA RESPONSE

In June 2024, UNFPA supported the provision of essential reproductive health (RH) and GBV prevention and response services throughout the Gaza Strip and the West Bank. This included distributing essential life-saving SRH equipment, medical supplies and consumables and establishing two maternal health units for emergency obstetric care. Additionally, UNFPA supplied menstrual hygiene products to thousands of women and girls, supported mobile medical points and deployed sexual and reproductive health (SRH) teams to formal and non-formal shelters. GBV prevention efforts directly impacted 11,692 individuals, while psychosocial support sessions benefited 5,836 women, adolescents, and children. UNFPA supported youth-led community initiatives led by 800 young volunteers, enhancing social cohesion and addressing urgent community needs. Awareness sessions on sexual exploitation and abuse were also conducted, and remote counseling services were offered through the Shubbak il Shabab helpline.

UNFPA continued to lead in coordinating SRH and GBV response efforts in Gaza and the West Bank, ensuring the provision of life-saving SRH services and the protection of women and girls. This included chairing the SRH Technical Working Group and leading the GBV AoR. Furthermore, UNFPA prioritized the integration of adolescent and youth needs into their humanitarian response, actively involving young volunteers in relief efforts.

RESULTS SNAPSHOT

93 inter-agency reproductive health kits were distributed to health partners across the north, central, and southern regions of the Gaza Strip. These kits included thousands of boxes of life-saving medicines, equipment, and consumables, supporting more than 4,000 births over a period of three months.

2 maternal health units were delivered and established at the IMC field hospital in Deir Al Balah (able to perform comprehensive emergency obstetric and neonatal care/CEmONC) and UK-Med field hospital in Khan Younis (basic emergency obstetric and neonatal care/BEmONC).

8,410 vials and tablets of life-saving pharmaceuticals, including Anti-D, misoprostol and oxytocin, were delivered to prevent and manage postpartum/post-abortion hemorrhage and protect women and newborns from Rhesus disease.

7 high-performance tents with 2 electrical lighting kits were delivered to UNRWA and GBV partners to support provision of mobile SRH and GBV services through medical points and safe spaces for women and girls.

15 mobile medical points and their SRH teams in the southern and central regions of Gaza were supported through national partners to provide ANC and PNC services to pregnant and lactating women at non-formal shelters.

29 midwives were recruited through the Palestinian Medical Relief Society (PMRS) and deployed to UNRWA shelters, providing essential services to pregnant women, including ANC, PNC, family planning, and referrals.

2,150 women and girls received a two-month supply of disposable menstrual pads (64,500 pads).

4,950 women and girls received dignity kits containing essential items to maintain their hygiene, health, and dignity.

9,166 women and girls were reached with GBV prevention and response services at safe spaces and through community outreach in the southern and central area.

17,000 women, adolescents, and children were reached through youth-led community support initiatives conducted by 800 young volunteers across all localities of the Gaza Strip, including northern areas. These initiatives provided essential needs, raised awareness on the prevention of Sexual Exploitation and Abuse (PSEA), and implemented psychosocial first aid sessions, recreational activities, and educational support interventions.

2,526 women and girls received GBV prevention and response services at safe spaces and through community outreach in the West Bank and East Jerusalem.

251 frontline service providers in Gaza and 400 in the West Bank participated in "care for carers" sessions facilitated by the Palestinian Counseling Center (PCC) to address their MHPSS needs.

18 community based women and adolescent groups in the West Bank were supported.

150 safe birth kits were delivered to the MoH and the Palestinian Red Crescent Society (PRCS) in the West Bank. These kits equip ambulances with necessary supplies and equipment for safe deliveries, to address challenges posed by movement restrictions and delays at checkpoints.

85 emergency and ambulance officers from the MoH, NGOs, and the private sector in the West Bank were trained in emergency safe delivery to enhance their capacity and preparedness to respond to obstetric emergencies during crises.

4 UNFPA-supported mobile clinics provided primary health, SRH, and GBV services in remote areas of Hebron, Qalqilya, Tulkarem, and Bethlehem in the West Bank.

COORDINATION

- UNFPA ensures continuous and strategic leadership for the implementation of the Minimum Initial Service Package (MISP) for SRH in crises in Gaza, through advocacy, bilateral follow up with all key stakeholders, collaboration with interagency working groups and clusters, and by chairing the SRH Technical Working Group within the health cluster framework. This leadership aims to ensure equitable coverage of gaps of life-saving services and prevent/limit duplications, and maintain updated mapping of SRH services and partners for emergency obstetric and neonatal care (EmONC).
- UNFPA leads and coordinates the [GBV AoR](#), including two Sub-National coordination clusters in the West Bank and Gaza. The GBV sub-cluster, in partnership with local partners, has scaled up its response to enhance protection for women and girls. This includes distributing dignity kits and menstrual health management items, establishing safe spaces, providing psychological first aid, and conducting group psychosocial support activities for women and girls.
- In Gaza, the GBV sub-cluster published an advocacy note on the [centrality of women-led organizations \(WLO\) and women's rights organizations \(WRO\) in the GBV response](#). They updated and published a [response plan for menstrual health management](#) and map GBV services. A Case Management Task Force was established to coordinate services for high-risk GBV cases.
- UNFPA leads the Mobile Clinic Working Group to redirect services to vulnerable locations in the West Bank and mitigate accessibility challenges.
- UNFPA coordinates the Adolescent and Youth Health Emergency Response and Advocacy within the Palestine Adolescent Health Coalition and the UN Youth Group.

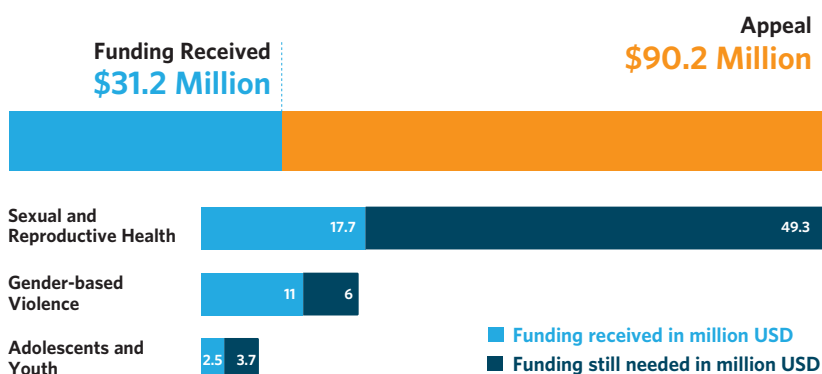
CALL TO ACTION

- An immediate and enduring humanitarian ceasefire.
- Full adherence by all parties to their obligations under international humanitarian law, including refraining from occupying and attacking hospitals, UN facilities, schools, and other civilian and humanitarian sites.
- An enabling environment for massively scaled up humanitarian response. Establishment of reliable and scalable entry points for relief supplies, enhancement of deconfliction mechanisms, streamlining of inspection processes, and unrestricted access for critical life-saving and life-sustaining supplies, and ensure a stable communication network to facilitate effective aid delivery.
- Restore public order and provide security guarantees to enable safe humanitarian access, ensuring aid reaches civilians in need.
- Restore essential services, particularly access to clean water and healthcare, rehabilitation of facilities and infrastructure, and provision of adequate fuel supplies.
- Prioritize age and gender-responsive humanitarian interventions, ensuring systematic engagement and partnership with women and youth throughout all phases of humanitarian action, through creating safe spaces, information sharing and inclusive decision-making processes at all levels.

FUNDING STATUS

As part of the oPt Flash Appeal, UNFPA requested 90.2 million USD for its operational response from January to December 2024. As of June 2024, UNFPA has received 31.2 million USD. An additional 59 million USD is urgently needed to fully support UNFPA's operational response through December 2024.

We extend our heartfelt appreciation to all our partners and supporters for their vital contributions to UNFPA's humanitarian response.



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