WE JUST WANT TO FEEL SAFE. WHERE CAN WE GO? THE SHELTERS ARE CROWDED. HOW DO I KEEP MY SON SAFE? I AM NOT STRONG ENOUGH FOR THIS.

— MAY, a Palestinian woman from Gaza

The situation in Gaza and the West Bank remains dire. As hostilities continue, civilian casualties continue to mount, particularly as air strikes target more densely populated communities. Given the already compromised protection and healthcare infrastructures in Gaza, health systems are on the verge of collapse—a reality further exacerbated by the COVID-19 pandemic.

As in other humanitarian crises, women and girls continue to bear the brunt of these hostilities, placing their lives, dignity, and well-being at risk. There are currently around 87,000 pregnant women in Gaza and vulnerable areas of the West Bank. An estimated 29,000 women will give birth over the next 3 months in these areas. For both pregnant and lactating women, lack of access to quality healthcare services will further jeopardize their lives and those of their unborn children. Meanwhile, the risks of gender-based violence, including harmful coping mechanisms such as child marriage, inevitably increase during crises, further endangering the lives and well-being of women and girls.

TOTAL FUNDS REQUIRED*
US$ 5.1 MILLION

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US$ 5.1 MILLION

* As at May 20, 2021
IN GAZA

- Since the escalation of the hostilities between Gaza and Israel on 10 May, the conflict shows no signs of abating. According to health authorities in Gaza, as of 20 May (12:00PM), at least 219 Palestinians have been killed, including at least 63 children and 35 women, and at least 1570 people have been wounded over the past 10 days.
- Hostilities have resulted in at least 75,000 internally displaced persons (IDPs) including 47,000 sheltering in 58 UNRWA schools across Gaza while 28,700 are sheltering with families in the host community.
- UNFPA partners in Gaza are unable to operate in the current environment and a direct assessment of damage and needs remains challenging. After days of closure, only around 40 percent of MOH primary health clinics and 16 of UNRWA’s 22 primary health clinics re-opened on 16 May. However, not all provide sexual and reproductive health (SRH) services.
- The health system in Gaza, already overwhelmed by many years of blockade of Gaza, and by the long-standing COVID-19 pandemic, is significantly overstretched.
- Power supply across Gaza remains at only 6-8 hours per day due to damage sustained to electrical infrastructure, disrupting the provision of healthcare and other basic services, including water, hygiene and sanitation (WASH).

IN THE WEST BANK, INCLUDING JERUSALEM

- In the West Bank, as of 20 May, 25 Palestinians have been killed, including four children and 6,309 injured.
- In East Jerusalem, at least one Palestinian has been killed and 1,011 injured.
- There have been new reports of physical attacks, harassment, and restrictions on the movements of healthcare workers, paramedics, and ambulances. Across the West Bank, PRCS treated tear gas and rubber bullet injuries on the ground and transferred more than 400 critical cases to hospital as a result of use of live ammunition by Israeli Security Forces.

ATTACKS ON & DAMAGE TO HEALTHCARE INFRASTRUCTURE

- WHO reports at least 91 attacks against health care facilities in the occupied Palestinian territory between 13 April and 17 May of which 70 occurred in the West Bank including East Jerusalem, and 21 in the Gaza Strip, resulting in injuries, damaged vehicles, and the destruction of health clinics.
- Israeli air strikes have caused damage to at least 17 health facilities in Gaza:
  - Hala Al-Shawa primary health care clinic was destroyed;
  - Four MoH and two NGO hospitals, two clinics, a health centre and one Palestine Red Crescent Society (PRCS) facility have sustained damage;
  - On May 14, Dar Al-Shifa Hospital, Gaza’s largest maternity hospital and supported by UNFPA, sustained damage as adjacent buildings were bombed. Additional health centres have been damaged since then with more information not available as of May 20 noon.
- In the West Bank, at least 41 health care workers have been injured, and 21 medical service vehicles damaged or confiscated.

MORE THAN 75,000 PALESTINIANS HAVE BEEN INTERNALLY DISPLACED AFTER THEIR HOMES WERE DESTROYED BY ISRAELI AIR STRIKES. THIS HAS PLACED THE LIVES OF WOMEN AND GIRLS AT GREATER RISK, PARTICULARLY AS COMMUNITY AND PROTECTION NETWORKS ARE DISRUPTED.
HUMANITARIAN NEEDS

SEXUAL AND REPRODUCTIVE HEALTH

There are currently around 87,000 pregnant women in Gaza and vulnerable areas of the West Bank. An estimated 29,000 women will give birth over the next 3 months in these areas.

In Gaza, of the estimated 16,500 expected deliveries over the next three months, around 2,500 pregnant women will experience complications, many of whom will require an emergency C-section. The immediate priority is to ensure safe delivery for these women and their babies.

RESPONSE NEEDS

The key objective is to ensure the continuity of essential sexual and reproductive health services, including safe delivery, pregnancy care, and family planning. This includes:

- Procuring essential supplies (drugs and disposables) for safe pregnancy and delivery;
- Deploying emergency medical teams to shelters and host communities in Gaza;
- Supporting mobile clinics in the West Bank to reach communities that may face access issues due to escalations in the West Bank;
- Procuring Safe Delivery Kits to ensure safe delivery for women who cannot reach health facilities due to bombardment in Gaza or access restrictions in the West Bank;
- Provision of cash and voucher assistance for pregnant and lactating women;
- Conducting risk communication on danger signs in pregnancies and when / where to seek services;
- Mental health and psychosocial support for frontline sexual and reproductive health providers;
- Coordination of sexual and reproductive health partners, including emergency referral mechanisms in coordination with PRCS ambulances.

GENDER-BASED VIOLENCE & MHPSS

Conflict puts women and girls at higher risk of gender-based violence, including intimate partner violence. In Gaza, 37,000 displaced women and girls are sheltering in communal shelters and with host communities. GBV in-person services, such as legal aid, PSS, GBV case management, and other community education/awareness raising activities have been suspended.

Several GBV service providers, including frontline workers, have been directly affected by the bombardments. Some have lost family members and/or lost their homes and are in need of shelter. Both GBV shelters in Gaza have been closed and survivors have been sent home; they hence face a double protection threat.

RESPONSE NEEDS

Displaced women and girls — whether at shelters or with extended family — are facing significant protection concerns and will require assistance. Priority needs include:

- Provision of dignity kits containing essential hygiene and menstrual management items, protection information, and PPE;
- Cash and voucher assistance for women at risk of GBV;
- Protection support, including GBV detection and referral for IDPs and vulnerable women;
- Updating service directories and referral pathways and ensuring the availability of multi sectoral GBV services;
- Psychological first aid and emergency psycho-social support for IDPs and GBV service providers;
- Coordination of sexual and reproductive health partners, including emergency referral mechanisms in coordination with PRCS ambulances.

INDISCRIMINATE HOSTILITIES, THE COVID-19 PANDEMIC, WEAKENED PROTECTION INFRASTRUCTURES, AND A STRAINED HEALTH SYSTEM HAVE CONVERGED TO PLACE LIVES AT RISK — PARTICULARLY IN THE CASE OF WOMEN AND GIRLS.

“EVERY NIGHT I CAN'T SLEEP DUE TO THE FEAR AND CONCERNS AND BECAUSE OF THE ONGOING STRIKES. IT'S VERY HARD TO FEEL THAT I MIGHT LOSE ONE OF MY CHILDREN OR A MEMBER OF MY FAMILY. EVERY NIGHT WE ARE PREPARED TO EVACUATE.”

— AMANY, a Palestinian woman from Gaza
UNFPA’S RESPONSE

BUILDING LIFELINES

UNFPA Palestine’s response will focus on meeting immediate sexual and reproductive health and gender-based violence prevention and response needs. It will support women and adolescent girls to meet their menstrual and overall hygiene needs while taking into account COVID-19 infection prevention and control measures.

Priority interventions include:

- Assessments are underway to ascertain the impact of the hostilities at the service delivery level (health including SRH, GBV/MHPSS).
- Emergency service directories in Gaza are being updated through the GBV Sub-Cluster.
- UNFPA is preparing to provide protection support to IDPs, including GBV detection and referral. Efforts will encompass ensuring prevention of sexual exploitation and abuse and providing mental health and psychosocial support (MHPSS).
- 528 Dignity Kits are currently prepositioned in the Khan Younis area of central Gaza and will be distributed to women and girls in shelters once the situation allows. An additional 1,000+ Dignity Kits are being procured locally in Gaza with more still to be procured.
- GBV and SRHR service providers are benefiting from on-going psychosocial support provided by UNFPA.
- UNFPA is scaling up cash and voucher assistance (CVA) provided through an existing partnership with WFP. UNFPA is immediately adding $100,000 to issue vouchers for 1,000 existing women CVA beneficiaries, who have been selected based on their GBV vulnerability. UNFPA plans to further scale up this programme as the needs continue to escalate.
- UNFPA will be setting up mobile health teams to undertake home visits in Gaza.
- Procurement of essential sexual and reproductive health supplies and medication such as maternal health drugs is underway.

FUNDING NEEDS

UNFPA Palestine’s initial needs estimates amount to US$ 5,071,000 to provide immediate life-saving SRH and GBV services.

It is expected that the needs will be revised upwards depending on the duration of the conflict. UNFPA will also incorporate its financial needs and priority interventions in upcoming flash appeals.

FOR MORE INFORMATION

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“I EVACUATED FROM MY HOME IN ORDER TO PROTECT MY CHILDREN. I BROUGHT ONLY MY ID. EVERY NIGHT I HUG MY CHILDREN AND PRAY THAT DEATH DOES NOT FIND US. THIS IS THE FIRST TIME I DON’T TRUST MY POWER AS A MOTHER TO PROTECT MY CHILDREN. I FEEL HELPLESS AND WEAK.”

— AMIRA, a humanitarian worker from Gaza

ADOLESCENT GIRLS FACE A WIDE ARRAY OF PROTECTION RISKS THAT USUALLY ACCOMPANY THEM THROUGHOUT THE COURSE OF THEIR LIVES. THESE INCLUDE DENIAL OF EDUCATION AND OPPORTUNITIES, FAMILY VIOLENCE, FORCED AND SERIAL MARRIAGES, SEXUAL EXPLOITATION AND VIOLENCE, AMONG OTHERS.