



وزارة الصحة  
Ministry of Health

Women's Health and Development Unit



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## ADVOCACY BRIEF

### Urgent Action for Addressing Sexual and Reproductive Health in the Northern West Bank

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#### For further information:

Dr.Hadeel Al-Masri  
Palestinian Ministry of Health  
[dr.hadeelmasri@moh.ps](mailto:dr.hadeelmasri@moh.ps)

Reem Amarneh  
UNFPA SRH Specialist  
[amarneh@unfpa.org](mailto:amarneh@unfpa.org)



# BACKGROUND AND CONTEXT

The displacement of over 40,000 Palestinians from four northern West Bank refugee camps (Jenin, Tulkarem, Nur Shams, and Al-Fara') and surrounding neighbourhoods has resulted from four months of intensified military operations that began on January 21, 2025<sup>1</sup>. The displaced population is now sheltering in public buildings, relatives' homes, or rented accommodations<sup>2</sup>.

Recurrent military incursions into the northern West Bank refugee camps have caused major disruptions to Sexual, Reproductive, Maternal, and Newborn Health (SRMNH) services. These disruptions stem from the closure of UNRWA clinics<sup>3</sup>, interrupted operations of health facilities in nearby areas, and a compromised cold chain for vaccines due to frequent electricity and water cuts in health facilities in Jenin, Tulkarem, and Tubas<sup>4</sup>.

Despite 61 per cent of health facilities in Jenin and Tulkarem being fully operational during the crisis<sup>5</sup>, access to care was limited by insecurity, road damage, checkpoints, and curfews. This resulted in movement restrictions, delayed referrals, and hampered ambulance services<sup>6</sup>. Health workers also faced obstacles reaching their workplaces due to the movement limitations<sup>7</sup>.

**Table (1):** Functionality of SRH Service Delivery Points (Hospitals, Mobile Clinics, and Primary Health Care Centres) in Jenin, Tulkarem, and Tubas), as reported by partners until 12th April, and documented by SRHTWG partners in the OPT Health Cluster Dashboard

Governorate	Fully functional	Partially Functional	Non Functional
Jenin	7	3	1
Tulkarem	4	0	2
Tubas	1	21	0
<b>Total</b>	<b>12</b>	<b>24</b>	<b>3</b>

Source: [OPT Health Cluster Dashboard](#)

A total of 161,424 women of reproductive age (WRA) and 71,026 adolescent girls have been unable to access sexual and reproductive health services (SRH) as a direct result of the escalation in the West Bank, particularly in Jenin, Tulkarem, and Tubas governorate. There are 14,813 pregnant women struggling to receive adequate antenatal care services. This may lead to 1,646 live births occurring in the next month in unsterile or unsafe environments, raising the risk of infections and postpartum complications. These risks are further exacerbated by displacement, which contributes to stress, anxiety, malnutrition, and poor living conditions, increasing the likelihood of low birthweight and obstetric complications.



***Since the displacement, everything has become harder for me. I'm eight months pregnant and now live with relatives in a nearby village. Before, I could walk to the UNRWA clinic in the camp, but now I have to pay for transportation just to reach the new health facility—and even more for lab tests. My husband is not working and I missed many antenatal care visits. I discovered my blood pressure is high, and they referred me for more tests.***

—Displaced woman from Tulkarem Camp



<sup>1</sup> [Humanitarian Situation Update #279 | West Bank UN OCHA OPT](#)

<sup>2</sup> [Humanitarian Situation Update #266 | West Bank | UN OCHA OPT](#)

<sup>3</sup> [WHO SitRep-56](#). <sup>4</sup> [Sitrep-56](#). <sup>5</sup> [OCHA](#). <sup>6</sup> [UNFPA Situation Report # 15](#)

<sup>7</sup> [Humanitarian Situation Update #264 | West Bank | UN OCHA OPT](#)



# MATERNAL MORTALITY & MORBIDITY

An 8-month pregnant Palestinian woman and her unborn child were shot and killed by Israeli forces in Nur Shams Camp while attempting to flee with her husband. While no maternal deaths have yet been officially reported due to lack of care in the affected governorates, the risk remains high.

Maternal morbidity—including anemia, infections, haemorrhage, hypertensive disorders, and mental disorders—is expected to rise. There are also growing concerns regarding gender-based violence, though these incidents may go undetected or unmonitored due to the suspension of routine antenatal and postnatal care.

The main barrier is not distance or the availability of Emergency Obstetric and Newborn Care (EmONC), but physical access, primarily due to blocked roads and military checkpoints. Pregnant women and their partners are often held for hours and denied passage, posing severe risks to maternal and newborn health.



***I delivered by caesarean section and live just a few meters from the hospital. The roads were unsafe due to snipers targeting anyone who moved. I couldn't even return to have my stitches removed until three weeks after delivery.***

—Postpartum woman, Tulkarem City

The United Nations Population Fund (UNFPA) has warned that the lack of access to care "could prove life-threatening" for many.

**Table (2): Deliveries Outside Hospitals in the Northern West Bank 2024-2025**

Period	Emergency Centre Deliveries	Home Deliveries	Ambulance Deliveries
2024	5 in Jenin	5 in Jenin*	1-Tulkarem
Jan–Mar 2025	1 in Jenin 1 in Tulkarem	7**	0
<b>Total</b>	<b>7</b>	<b>12</b>	<b>1</b>

\*Home deliveries were conducted by a retired midwife.

\*\* Seven home deliveries: one without assistance and six assisted by midwives.

Midwives have played a critical role in supporting women in their local communities. However, the ongoing security situation has strained referral systems, which are crucial for managing emergency obstetric complications. Midwives are also under immense stress, often displaced themselves, working in unsafe conditions with limited legal protections or clear policy frameworks that allow them to operate outside formal hospital settings.



Midwife Zahra Atatrah from Yabad Emergency Center in Jenin, who helped a woman give birth after she was unable to reach the maternity hospital due to road closures and the security situation.

# CALL TO ACTION

Ensure women have **safe and timely access** to life-saving SRHS, particularly emergency obstetric and neonatal care.

Protect **health infrastructure** and prevent attacks on health facilities, in accordance with international humanitarian law.

Establish **accountability methods** for attacks on maternal health services.

Guarantee **safe and unrestricted access** for all health workers to their places of employment.

Allocate **emergency funding** for local clinics and hospitals in Jenin and Tulkarem, and provide cash assistance to women unable to access SRMNH services.

Support **mobile maternal health clinics** and midwife-led community outreach.

Prioritize **SRMNH supplies** and services in humanitarian relief efforts.

Provide **mental health and psychosocial support** for affected women, girls, and health providers.

Advocate for the **safe return** of displaced individuals and ensure accessibility to health services.

Strengthen **health information systems** to track the SRMNH status of displaced women.

Ensure **protection measures** against sexual exploitation and abuse, particularly in internally displaced person shelters.

Develop **legal and policy frameworks** to authorize and protect midwives working in community-based settings during emergencies.

