

# HUMANITARIAN RESPONSE OPERATIONAL PLAN

UNFPA Palestine  
**2025**

# HUMANITARIAN OVERVIEW AND IMPACT ON WOMEN, GIRLS, AND YOUTH

Since October 2023, the crisis in the Occupied Palestinian Territory (OPT) has led to immense destruction, with over 50,000 Palestinians killed and more than 120,000 injured. In Gaza, nearly 70 per cent of infrastructure has been damaged or destroyed, crippling essential services across the Territory. Around 1.9 million people remain displaced, many living in overcrowded shelters with limited access to clean water, food, and health care. In the West Bank, escalating settler violence, the proliferation of military checkpoints and roadblocks, and intensified military operations are severely affecting the physical and mental well-being of thousands of families. These conditions have resulted in casualties, mass forced displacement, and obstructed access to essential services.

## Sexual and reproductive health and rights under a collapsed health system

Sexual and reproductive health and rights (SRHR) have been critically affected across Gaza and the West Bank amid the ongoing crisis. In Gaza, the collapse of the health system has left about 50,000 pregnant women with little or no access to critical services such as emergency obstetric and newborn care, contraception, prevention and treatment of Sexually transmitted infections (STIs) and urinary tract infections (UTIs), prevention of sexual violence and response to the needs of survivors. Only half of the hospitals remain partially functional, while two-thirds of primary health centers are out of service. The destruction of health infrastructure, ongoing attacks on medical facilities, including ambulances, and severe shortages of supplies and personnel have significantly increased the risks of accessing and seeking care.

In extreme cases, when insecurity spikes, women are forced to give birth in overcrowded shelters or makeshift tents, without skilled birth attendants, pain relief, or access to emergency obstetric care. Infection control is highly challenging due to the lack of clean running water and sanitation, exposing both mothers and newborns to life-threatening conditions. Rising malnutrition, combined with chronic stress, poor living conditions, and lack of medical care, is contributing to a surge in complications, including low birth weight, stillbirths, miscarriages, preterm births, and negative impacts on mental health. In the West Bank, increased movement restrictions and damaged infrastructure have forced many women to give birth in unsafe conditions. With blocked roads and hospital closures, access to maternal health services including antenatal and postnatal care, safe delivery, and family planning has been severely disrupted, putting 73,000 pregnant women and their newborns at serious risk.

*“While I was on the street, I heard loud noises and saw people fleeing. I couldn’t return home to reach my children. I was in the area of the bombing and witnessed horrific scenes, with young men being targeted in the same location. I felt severe pain in my abdomen, back, and all over my body, and realized I had lost my baby.” - Khadija, 36, Jenin*

## Widespread violence against women & girls as protection systems break down

Gender-based violence (GBV) has escalated in both Gaza and the West Bank, with women and girls at heightened risk of sexual violence, exploitation, and domestic abuse, especially in displacement settings. Overcrowded shelters, lack of privacy, lack of access to protection services, and inadequate access to safe spaces and psychosocial support increase their vulnerability, particularly for female-headed households, women and girls with disabilities (WGWDs) and adolescent girls.

According to a [UN report](#), sexual and gender-based violence, including conflict related violence, has been perpetrated by Israeli Security Forces, while a climate of impunity allows Israeli settlers in the West Bank to commit such crimes, aiming to instill fear and expel the Palestinian community.

Furthermore, sexual and reproductive health care facilities across Gaza have been severely impacted by attacks on health care, including bombing and the aid blockade which prevents humanitarian assistance, including necessary medication and equipment to ensure safe provision of health services. These actions violate the sexual and reproductive rights of women and girls, as well as their right to life, health, human dignity, and self-determination.

Additionally, women and girls have died from complications related to pregnancy and childbirth due to the conditions imposed by Israeli authorities, which have denied access to health care. In Gaza, [recent reports](#) have shown that a staggering 96.8 per cent of women have experienced some form of violence including GBV, with 90 per cent confirming that violence has increased during the war. Violence has taken place primarily in shelters or homes, and the fear of continued harm is prevalent, with 98 per cent of respondents reporting feeling unsafe.

Many of the survivors remain silent about the abuse due to fear of punishment, shame, or uncertainty about available support. The violence they face includes verbal abuse, psychological violence, physical violence, and sexual violence. Additionally, displaced women face significant challenges in accessing aid and safety, with many living in crowded shelters with limited access to basic needs like food, water, and sanitation.

*“I live in a tent with my three daughters. I can't buy pads because they have become too expensive. We don't have an income now, and we used all the cloth that we have. We have lost our hope, power, and dignity.”*

- Sawzan, 42, Rafah

## Shattered lives and lost futures for adolescents and youth

Adolescents and youth in Gaza have endured immense suffering in the wake of the war, with over 1.3 million youth (ages 10 to 29) directly impacted. For these adolescents, the war has created a harsh reality marked by rising levels of GBV, SRH challenges, and profound psychological trauma.

According to a [recent study](#) conducted in Gaza, 71.1 per cent of youth reported that the war has led to increased pressure on girls under 18 to marry early, compounding their vulnerability to early marriage and its associated risks.

Additionally, the war has fueled an alarming surge in violence against adolescents, with nearly 90 per cent of respondents witnessing a rise in violence against male adolescents and 82.4 per cent noting the same for female adolescents. Domestic violence has also worsened, with 62.3 per cent of adolescents experiencing verbal abuse and 38.4 per cent enduring physical abuse at home, a trend that 97 per cent of respondents reported intensified during the war.



Further compounding these challenges, food insecurity has dramatically increased, with 75 per cent of adolescents reporting greater hunger, and many families resorting to harmful coping mechanisms, including reducing meal frequency and relying on nutritionally inadequate foods.

In the West Bank, Palestinian youth are enduring severe hardships, amplified by the largest military operation since 1967. The ongoing occupation, military raids, and settlement expansion have escalated violence and disrupted daily life. Youth face significant limitations on movement, education, and employment opportunities, with many students experiencing school closures and interruptions to their education. Living under the constant threat of military operations has taken a heavy psychological toll, intensifying feelings of insecurity and trauma. These challenges hinder not only their mental and physical well-being but also their prospects for the future.



*“Our lives have been destroyed, our homes are gone, we have nothing left. They have deprived us of everything – of education, of health care, and of living our childhood.”*

*- Farah, 12, North Gaza*



Adolescent Rahaf was injured while fleeing her home. Now, she and her family live in a tent in Mawasi Khan younis that lacks basic necessities.

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# UNFPA'S LIFESAVING HEALTH AND PROTECTION INTERVENTIONS AMID A HUMANITARIAN CATASTROPHE

UNFPA has played a vital role in safeguarding and scaling up provision of SRH lifesaving services, addressing GBV, and supporting youth throughout the crisis in the OPT. Since the onset of hostilities, UNFPA has reached over one million people with life-saving sexual and reproductive health and GBV prevention and response services.

UNFPA has deployed six containerized mobile maternity units in Gaza, providing emergency obstetric and newborn care and five mobile clinics in Area C of the West Bank to deliver integrated SRH and GBV services. All types of clinical inter-agency reproductive health kits were distributed to partners, for STIs, family planning, clinical management of rape (CMR) and emergency obstetric and newborn care (EmONC) services, along with equipment and mobile structures for re-establishment of service points. For example, to support 80,000 safe deliveries, more than 12,700 new mothers received postpartum kits.

UNFPA supported 450,000 women and girls with dignity kits, menstrual hygiene supplies, and cash and voucher assistance (CVA), and

provided shelter and winterization support to 50,000 women and girls.

To strengthen frontline service delivery, UNFPA trained and deployed over 1,300 specialized and non-specialized health and protection personnel, including midwives, paramedics, and psychosocial counselors, to deliver essential SRH and GBV services in shelters and health facilities.

Through 16 women and girls' safe spaces (WGSS), 175,000 individuals accessed GBV prevention, risk mitigation, and protection services, while 195,000 adolescents and youth benefited from youth-friendly services, education, psychosocial first aid, and community resilience-based activities.

As the lead agency coordinating SRH, GBV, and youth response efforts, UNFPA continues to convene humanitarian actors, facilitate inter-agency coordination, support service mapping and data management, and build the capacity of partners to ensure an effective and integrated response across Gaza and the West Bank.

UNFPA and the Social Development Forum distributed adolescent kits to support affected girls and boys. These kits include hygiene supplies, educational materials, and protection tools to help adolescents maintain dignity and safety.  
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# URGENT HUMANITARIAN NEEDS OF WOMEN, GIRLS AND YOUTH

## Sexual, Reproductive, and Maternal Health and Rights Needs

### Gaza Strip:

- Destroyed maternity hospitals, including gynecological, maternal and neonatal departments, as well as primary health care centers, need to be urgently rehabilitated, expanded and re-established to meet the pressing needs of the displaced and returning population.
- Mobile, containerised, and semi-permanent sexual and reproductive health clinics, including delivery rooms and operation theatres need to be established to respond to immediate needs.
- Supply chain and adequate stock levels of essential sexual, reproductive, maternal and neonatal health medicines, equipment, and consumables must be restored.
- The essential package of services identified during the acute emergency (minimum initial service package (MISP) in addition to ANC and PNC, adapted to Gaza) must be expanded to comprehensive SRHR services.
- Continuity of family planning and contraception services must be ensured, to prevent unintended pregnancies and ensure adequate spacing between childbirths.
- Reproductive health commodities, as well as postpartum kits, and newborn care items need to be prepositioned and distributed at scale.
- Electricity, fuel, and oxygen supply to maternity wards and neonatal units must be secured to maintain life-saving functions and equipment such as incubators.
- Ambulance referral systems must be re-established, and ensure a more rapid and adapted response to obstetric, gynecological, and neonatal emergencies.
- Malnourished pregnant and breastfeeding women need targeted nutritional support and micronutrient supplementation to prevent complications, while adolescent girls and women of reproductive age need adequate access to nutrition in the pre-conception phase.
- Transportation barriers to functional health facilities must be addressed through decentralized service provision.
- Specialized and non-specialized health personnel, including midwives, paramedics, and counselors, need to be trained and deployed to meet rising demands.
- Infection prevention and control measures must be strengthened in delivery areas, including clean water access, sanitation, and waste management.
- Mental Health and Psychosocial Support (MHPSS) must be integrated into maternal health services to address trauma and stress-related complications.
- Doctors and young midwives at medical points must be trained on adolescents and youth health services protocol to ensure adolescent and youth friendly services.
- Virtual SRH and MHPSS service delivery is provided through free helpline and mobile applications when possible and safe, through a telemedicine approach.



## West Bank:

- Maternity departments and SRH units in hospitals and clinics damaged during raids and military operations need urgent repair and re-equipment.
- Mobile health teams, outreach services, and emergency centers need to be expanded in remote and high-risk areas, particularly Area C and locations affected by settler violence.
- Referral pathways for obstetric and neonatal emergencies must be re-established in coordination with ambulance services and local providers.
- Stocks of essential SRH medicines and supplies need to be replenished in the Ministry of Health and non-governmental organizations facilities.
- Skilled birth attendants and midwives must be supported and deployed to areas experiencing personnel gaps or security-related service disruptions.
- Public health education and community outreach are needed to counter fear of accessing health facilities due to military presence and to re-establish trust in disrupted services.
- Adolescents and youth responsive sexual and reproductive health services are integrated in existing mobile clinics and via virtual tools.

## GBV and Protection Needs

### Gaza Strip:

- Women and girls face heightened risks of GBV due to overcrowded, unsafe shelters, shared living arrangements, and the absence of privacy and secure sanitation facilities.
- Existing WGSS damaged or closed must be reconstructed, relocated, or newly established to ensure safe access to GBV prevention and response services.
- Shelters for women and girls at risk of GBV need to be scaled up and supported to provide dignified and secure living conditions.

- Hygiene items, dignity kits, menstrual health supplies, and clean water must be provided at scale to reduce infection risks and restore women's ability to manage menstrual hygiene safely and privately.
- GBV case management services must be restored and expanded, including access to psychosocial support, health care, legal aid, and protection services for survivors.
- MHPSS services need to be scaled up and integrated into GBV response mechanisms to address widespread trauma, anxiety, and depression among women and girls.
- CVA must be expanded for protection from GBV and to vulnerable women to support their safety, economic recovery, and access to services.
- Community protection mechanisms and support networks need to be re-established to reduce isolation and mitigate risks of sexual exploitation, abuse, and violence.
- The GBV Information Management System must be revitalized and used to strengthen data collection, case tracking, and trend analysis for targeted programming.
- GBV service providers including women-led organizations, legal aid actors, and law enforcement require training to ensure standardized, survivor-centered, and do-no-harm approaches.
- GBV prevention efforts must be strengthened through social norm programming, community engagement, and education campaigns that address harmful gender norms and attitudes.
- Active GBV coordination through the GBV Area of Responsibility (AOR) under the Protection Cluster to ensure better and quality response among GBV actors.
- Local women-led organizations require urgent, flexible funding, and operational support to sustain GBV services and access high-risk areas under movement restrictions.

## West Bank:

- GBV prevention and response services are severely underfunded and overstretched, requiring urgent investment to expand case management, legal aid, safe shelters, and psychosocial support.
- Safe spaces and shelters for women and girls at risk of GBV need to be established and expanded, particularly in displacement-affected areas such as Jenin, Tulkarem, and Hebron.
- Mobile protection teams and outreach services are needed to reach survivors in hard-to-access areas due to road closures, checkpoints, and security risks.
- Skilled GBV response personnel need to be trained and deployed through local organizations to ensure access to survivor-centered services.
- Protection services must be adapted to address increasing reports of conflict-related sexual violence, including at checkpoints and during military raids.
- MHPSS for displaced and conflict-affected women and girls must be urgently scaled up to address rising trauma, anxiety, and depression.
- CVA, along with the provision of essential items such as dignity kits, menstrual hygiene products, baby formula, and medicines, must be expanded to support the autonomy, dignity, and recovery of displaced women and GBV survivors.
- Community-based protection mechanisms, awareness efforts, and prevention programmes must be strengthened to challenge restrictive gender norms and address the growing incidence of early and forced marriage driven by insecurity, poverty, and harmful social practices.
- Local women-led organizations require urgent, flexible funding, and operational support to sustain GBV services and access high-risk areas under movement restrictions.

- Data collection and protection monitoring must be enhanced to assess GBV trends and inform responsive programming, particularly in vulnerable areas such as Area C and H2.
- Active GBV coordination through the GBV AoR under the Protection Cluster to ensure better and quality response among GBV actors.

## Adolescent and Youth Needs

### Gaza Strip:

- Protection interventions tailored to adolescents and youth must be expanded to prevent and respond to risky and harmful behaviors, including exposure to violence, exploitation, and STIs.
- Multi-purpose youth hubs are needed to provide adolescents and youth with comprehensive life education, vocational training, leadership skills, reproductive health education, life skills, and youth-friendly services.
- Safe digital spaces must be established, and access to internet and digital tools expanded for marginalized adolescents and youth—especially girls and those living in remote or underserved areas—to support learning, connection, and access to services.
- MHPSS services must be expanded and adapted to address widespread trauma, anxiety, and depression among conflict-affected adolescents and youth, especially for the injured, youth with disabilities, and ex-detainees.
- Targeted interventions are urgently needed to prevent early and forced marriage, which has increased due to insecurity, economic hardship, and the collapse of protective community structures.
- Adolescent girls protection and empowerment centered interventions need to be scaled up, learning from existing pilot interventions.





A mother and her daughter flee in shock after their displacement camp was damaged by bombardment in Khan Younis.

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- Community-based programs must be established to address the sharp rise in violence against adolescents, including domestic, verbal, and physical abuse.
- Grants and support for youth-led initiatives should be scaled up to empower youth to lead community resilience and recovery efforts, including on climate resilience and response.
- Youth must be meaningfully engaged in decision-making processes related to humanitarian response, recovery, social cohesion, and violence prevention.

### West Bank:

- Damaged and unsafe schools need to be rehabilitated or relocated to ensure safe access to education for approximately 806,000 affected students.
- Access to education and vocational training for girls and young women needs to be restored to prevent school dropouts and reduce the risk of early marriage and GBV.
- Youth-friendly protection and health services need to be expanded, particularly in areas affected by movement restrictions and settler violence.
- MHPSS must be scaled up for adolescents and youth affected by displacement, trauma, and recurring violence.
- Violence and risky behavior prevention and social cohesion programmes must be established to address growing insecurity, harmful coping mechanisms, and fear among youth.
- Local initiatives led by youth need to be supported and scaled up to foster civic engagement, build resilience, and ensure youth voices shape the recovery process.



# KEY PILLARS OF RESPONSE

Displaced women and their families receive health care services at the Al Awda Health and Community Association facility, supported by UNFPA.  
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The 2025 UNFPA Humanitarian Response Operational Plan for the OPT aligns with the Palestinian Authority's Relief and Early Recovery Plan, the 2025 OPT Flash Appeal, and the UN Early Recovery Approach and Action Plan. At the heart of UNFPA's 2025 response lies our commitment to safeguard the sexual and reproductive health, rights, and dignity of women, adolescents, and marginalized communities in the OPT.

Recognizing the disproportionate impact of conflict and forced displacement on gender equality, maternal health, access to services and youth agency, this plan prioritizes immediate life-saving interventions and early recovery efforts that address critical gaps in reproductive health care, gender-based violence prevention, and youth engagement and empowerment.

The plan is designed to adapt to the complex humanitarian context of Gaza and the West Bank by leveraging partnerships with local and international stakeholders, community-based organizations, and women and youth-led groups, as well as supporting innovative service delivery models, and targeted advocacy.

UNFPA's response emphasizes the protection of sexual and reproductive rights as a cornerstone of humanitarian action, integrating trauma-informed care, survivor-centered GBV response, and adolescent responsive health services and sexuality education into every intervention, while acknowledging the power of youth and their role in humanitarian response design and delivery.

## **Pillar I: Restore and Strengthen Sexual and Reproductive Health Services, in line with the MISP for SRH and expanding toward comprehensive SRH care**

**Under this pillar, UNFPA will prioritize:**

- **Ensuring supply chain resilience through the provision of life-saving SRH equipment, medicines, and consumables**, alongside strategies to mitigate disruptions, such as stockpiling and decentralized warehousing. This will ensure that primary and secondary facilities in high-risk areas maintain adequate supplies for maternal, newborn, and sexual and reproductive health services and continuity of care. UNFPA will support robust forecasting, procurement, and distribution of reproductive health commodities and delivering to the last mile.
- **Ensuring essential outpatient SRHR services**—including the minimum package at all times and comprehensive services as soon as conditions allow—are available, accessible, and of high quality across all governorates of the Gaza Strip. UNFPA will support the expansion of service packages and improvement of infrastructure, based on identified needs and gaps, and in coordination with local health authorities and partner agencies.

- **Recovering the functionality of obstetric and neonatal health care services** to enable safe and comprehensive emergency obstetric and newborn care in Gaza. UNFPA will focus on renovating and refurbishing damaged health facilities, including maternity wards, operating theaters, and water/electricity systems, to serve the most affected populations and in particular women and children. Simultaneously, temporary maternity clinics, constructed from modular or containerized units, will be deployed in displacement camps or in support of existing but damaged health facilities, in underserved areas to a full range of SRHR services, MHPSS, and integrated GBV referrals and family planning counselling.
- **Recruit, orient, and deploy young midwives and SRH teams** to offer SRH services at community and primary health care level in Gaza and West Bank. These teams will integrate SRHR services including counseling, psychosocial support, and referrals for postpartum complications and GBV survivors, ensuring holistic care aligns with humanitarian principles.
- **Strengthening capacity building for specialized and non specialized service providers** to provide essential lifesaving sexual and reproductive health services. This includes training midwives, nurses, doctors and other profiles within the SRH teams on EmONC, infection prevention protocols, and management of postpartum complications, contraception and family planning, STIs identification and management, clinical care for survivors of violence, adolescent friendly services, quality antenatal and postnatal care, breastfeeding, as well as data collection and reporting. Specialized health and educational service providers, alongside non-specialized youth educators, will receive targeted training on adolescent and youth-friendly services, focusing on integrated SRH, GBV prevention, and MHPSS to address the unique needs of youth in crisis settings. To safeguard frontline workers' well-being, staff care initiatives—including MHPSS support —will be expanded to mitigate burnout,

while Non-Food Items (NFIs), such as hygiene kits, protective equipment, and temporary shelter ensure operational continuity for health workers in Gaza. Additionally, youth educators and community volunteers will be oriented on gender-responsive psychosocial support and referral pathways, enhancing holistic care for women, adolescents, especially girls.

- **Empowering midwives to deliver quality SRHR care** and take on leadership roles in sexual and reproductive health. In partnership with national institutions and international partners, UNFPA will launch a Midwifery Education Reboot Programme to support students whose training was disrupted, helping them complete their education and providing new graduates with on-the-job orientation and support.
- **Distributing postpartum kits (PPKs) to new mothers** in Gaza and West Bank. These kits will be distributed through health service providers, linking delivery services with postpartum support to address critical gaps in maternal care during humanitarian emergencies. In the West Bank, governmental hospitals primarily in the north will receive PPKs for distribution to new mothers.
- **Operationalizing mobile clinics in Area C of the West Bank** to deliver integrated primary health care, sexual and reproductive health, including breast cancer screening, GBV, and adolescent responsive services to vulnerable communities in remote locations. These mobile units will ensure continuity of care by providing prenatal consultations, safe delivery support, family planning, and GBV referrals.
- **Scaling up SRH financial support mechanisms**, including cash and voucher assistance, as well as targeted subsidies to reduce barriers for women and girls of reproductive age in accessing SRH services and basic needs. A finalized CVA strategy will streamline aid distribution, prioritizing vulnerable groups in humanitarian settings.



- **Expanding SRH information, awareness and outreach activities**, through in-person outreach sessions on sexual and reproductive health education and sexual violence prevention, and linked to UNFPA-supported fixed health facilities in Gaza and mobile clinics in the West Bank, as well as via the SRH online applications, and midwives in safe motherhood centers in the West Bank. These activities will target women, men, adolescents and youth in shelters, communities, and safe spaces, ensuring access to accurate SRH information and seamless referrals for specific services such as family planning, GBV support, and maternal care services amid humanitarian crises.

- **Ensuring effective referral mechanisms and pathways** through rolling out a referral strategy/network in collaboration with SRHWG, to strengthen emergency services for sexual, reproductive, maternal, and newborn health (SRMNH).

- **Strengthening national emergency preparedness in the West Bank**, through supporting the operational and technical capacity of safe motherhood centers and stabilization points in high-priority West Bank areas, and supporting the expansion of the existing MISP focal points from the Ministry of Health to include SRH emergency teams from other non-governmental actors, to enable the rapid deployment of life-saving SRH services in emergencies. UNFPA will also support the Ministry of Health in updating the National SRH strategy for the years 2029-2024 and the National Action Plan for SRH Emergency Preparedness and Response along with its costing.

- **Strengthening SRH data management and innovative models** for enhancing reach and coordination in emergencies through the SRHR dashboard in Gaza, including capacity building for health partners and support in data collection and analysis, in partnership with the Ministry of Health.

Data is collected at all levels of care, from all actors providing SRHR services, according to an agreed upon set of indicators. Early recovery activities might include expanding the indicators range, improving technology of data collection (provision of tablets, software, etc) and analysis. This will be complemented by partnerships with local institutions on telemedicine and digital tools to strengthen service delivery in remote or conflict-affected areas.



One of six containerized maternal health units established by UNFPA to provide basic and comprehensive emergency obstetric and neonatal care in the Middle Area and Khan Younis.  
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## Pillar II: Expand Protection and GBV Services

### Under this pillar, UNFPA will prioritize:

- **Scale up women and girls' safe spaces and shelters** to provide multi-sectoral GBV prevention and response services (case management, psychosocial support, empowering initiatives, legal aid, and recreational activities). Mobile safe spaces and outreach teams will extend services to remote areas. Digital tools like the Tamkeen application will link these efforts, streamlining referrals between trained providers and ensuring cohesive support for women and girls at risk of GBV.
- **Expand CVA for women GBV survivors and those at risk of GBV:** UNFPA will prioritize two complementary cash assistance modalities to address urgent and sustained needs of GBV survivors, elderly women, women with disabilities, displaced women and female headed households in humanitarian contexts. The emergency cash modality will focus on displaced and vulnerable women, providing unrestricted funds to meet basic needs and preserve dignity. Simultaneously, CVA for protection integrated into GBV case management will offer targeted, survivor-centered support, to cover critical costs such as emergency relocation to safe spaces, specialized health care, transportation to clinics, legal documentation, and medicines, sheltering and CMR services. This structured approach ensures GBV survivors receive holistic support—including temporary accommodation, and livelihood bridging assistance—while they secure income-generating opportunities, fostering both immediate safety and long-term recovery.
- **Scale up the distribution** of dignity kits, hygiene supplies, disposable menstrual pads, and essential shelter and winterization items for displaced families.
- **Strengthening Women-Led Organizations (WLOs)** by enhancing their institutional capacity to deliver GBV services, including trainings in GBV response, financial management, proposal writing, and psychosocial support (PSS), as well as the provision of emergency grants to WLOs/CBOs in the West Bank to conduct rapid GBV analysis, deliver crisis-ready services, and lead community outreach campaigns.
- **Strengthening mechanisms for the prevention of sexual exploitation and abuse (PSEA)** through awareness campaigns, safeguarding measures, reporting mechanisms, and survivor-centered response services. UNFPA will also train partners on SEA claims handling, investigation protocols, and ethical reporting to enhance accountability and survivor-centered responses.
- **Scaling accessible, trauma-informed MHPSS** for women, adolescents, and youth affected by GBV and humanitarian crises. Structured MHPSS group sessions, such as Psychological First Aid (PFA) activities will address collective trauma and foster peer support. Individual psychosocial care will be expanded through safe spaces, providing one-on-one counseling to manage distress and anxiety linked to GBV and displacement. Youth-led psychosocial initiatives, including recreational open days and discussion groups, will engage adolescents on topics related to prevention and protection from GBV including digital violence and healthy coping mechanisms, while digital platforms like the Shubak Al-Shabab helpline provide remote support to marginalized youth nationwide. Survivors accessing SRH services in mobile clinics or shelters will also be linked to MHPSS providers.

- **Strengthening capacity building for specialized and non specialized service providers** to provide GBV response and protection services. This will include training of GBV frontline workers, including social workers and case managers, on trauma-sensitive approaches, PFA, and GBV-sensitive SRH services, enabling them to deliver first-line individual psychosocial support to women and girls in high-risk areas. NFIs—including hygiene kits, protective equipment, and digital tools will be provided to GBV service providers, ensuring their safety and operational continuity. Staff care initiatives, such as monthly MHPSS supervision and peer support groups, will prioritize the well-being of GBV frontline workers, mitigating burnout and secondary trauma. Additionally, to strengthen cross-sector collaboration, non-GBV providers (e.g., health workers, educators) will be trained on GBV minimum standards and safe referral protocols, while staff and community members—including youth volunteers and women’s groups—will receive orientation on gender-responsive psychosocial support and referral pathways.

### **Pillar III: Working WITH and FOR Adolescents and Youth in Humanitarian Response and Recovery**

**Under this pillar, UNFPA will prioritize:**

- **Establish multi-purpose youth hubs**, offering inclusive and comprehensive sexuality and life education program including SRHR awareness and referral to services integrated in existing primary health care and medical delivery points, life and wellbeing skills training, healthy relationships, understanding gender, values, rights, self-care and staying safe information and tools through recreational, psychosocial and peer support, educational activities, and delivery of tailored dignity kits for displaced adolescents and youth and those in high-conflict areas.

These hubs serve as safe spaces for youth and vulnerable groups like adolescent girls and persons with disabilities, and connected with existing women and girls' safe spaces (WGSS) and SRH facilities for advanced and specialized services.

- **Enhancing youth mobilization as key catalysts in humanitarian preparedness and response**, as well as community needs identification. In 2025, UNFPA will strengthen its commitment to youth as transformative agents in humanitarian action by scaling up structured, inclusive initiatives under the Youth, Peace, and Security (YPS) agenda. Building on past successes, UNFPA will scale up youth mobilization as key catalysts in preparedness, response, and community-led needs assessments, particularly in Gaza’s complex crisis. Youth volunteers will receive grants and capacity-building support to design and lead resilience initiatives—such as emergency site management in displacement camps, hygiene promotion drives, and data-driven needs assessments—while peer educators will spearhead SRHR, GBV, PSEA, and mental health awareness campaigns using creative methods and innovative tools like art, theater, and social media.
- **Collaborating with CBOs, local leaders, influencers, and communities**, UNFPA will engage and empower youth to co-design context-sensitive interventions, including restoring access to education and PSS for over 15,000 children through temporary learning spaces and established centers and hubs.
- **Capacity building for leadership and skills:** UNFPA will train youth as peer educators and volunteers, focusing on CSE, MHPSS, GBV prevention, and volunteerism standards. Activities include workshops for girls on child/ forced marriage prevention and leadership programs for youth groups including Y-PEER, Youth Advisory Panel (YAP) and Youth Local Councils (YLC) members to enhance emergency preparedness.



By equipping youth with leadership skills, digital tools, green skills and climate resilience, entrepreneurship, and platforms for advocacy and youth-led research, UNFPA will amplify their role in driving holistic responses—from education and mental health to humanitarian relief and civic engagement—while fostering their inclusion in peacebuilding, policy dialogues, social cohesion, and deconstructing harmful stereotypes and stigmas.

- **Support community-based organizations to design and implement adolescents and youth responsive humanitarian response and recovery programming** to address their specific needs and ensure their engagement as partners in the process.

#### Pillar IV: Support Interagency Emergency Coordination

In 2025, UNFPA will continue its active leadership and participation within key inter-agency coordination mechanisms, with particular focus on leading the [GBV AOR](#) that has 51 members from women-led organizations, national and international NGOs and UN Agencies. UNFPA will also strengthen and lead coordination of the [SRHWG](#) in Gaza within the Health Cluster, advocating for SRH priorities and coordinating interagency responses, with around 30 implementing partners and 15 supporting organizations for SRHR. UNFPA will also continue chairing the Mobile Clinic Working Group, redirecting services to vulnerable locations in the West Bank to address accessibility challenges.

For the youth sector, UNFPA will maintain an effective UN Youth Theme Group (UNYTG) in undertaking advocacy functions for youth issues, as well as support the establishment of an Adolescents and Youth Humanitarian Working Group (AYWG) for youth responsive programming in line with the global COMPACT and inter-agency standing committee guidelines on youth in humanitarian action, and affiliated to the Accountability to Affected Population (AAP) Working Group.



UNFPA distributes dignity and hygiene kits to displaced women in Al-Mawasi, Khan Younis.  
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# UNFPA'S KEY APPROACHES AND PRINCIPLES

## COMMUNITY-CENTERED APPROACH

Placing communities at the center of the response by engaging women, adolescents, and youth in the design and delivery of services. UNFPA mobilizes mobile teams, youth volunteers, midwives, and community health workers to conduct outreach, assess needs, provide life-saving assistance, and serve as trusted feedback and referral channels.

## INNOVATIVE & ADAPTIVE SERVICE DELIVERY MODELS

Expanding access to essential SRHR, GBV, and youth services through flexible, context-sensitive modalities—including mobile clinics, containerized maternity units, youth community hubs, makeshift safe spaces, digital platforms, telemedicine, and decentralized service delivery points in remote or high-risk areas.

## CAPACITY STRENGTHENING & LOCALIZATION

Reinforcing the skills and systems of frontline responders, national institutions, and women- and youth-led organizations through technical training, mentorship, and institutional support—ensuring quality, sustainability, and locally led humanitarian action.

## YOUTH LEADERSHIP & EMPOWERMENT

Recognizing adolescents and youth as agents of change by investing in their leadership, peer education, and community mobilization capacities. Youth are meaningfully engaged in emergency preparedness, humanitarian response, and recovery efforts, particularly in advancing SRHR, GBV prevention, MHPSS, and social cohesion.

## TRAUMA-INFORMED CARE

Integrating MHPSS across GBV, SRHR, and youth programming through specialized services delivered at health facilities, women- and girl-friendly spaces, and via community outreach. UNFPA also applies its “Helping the Helpers” approach to support the resilience and wellbeing of frontline SRH and GBV responders operating under protracted crisis conditions.

## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Upholding transparency, inclusiveness, and responsiveness by embedding diverse engagement and feedback mechanisms—including hotlines, community consultations, rapid needs assessments, and structured feedback through youth networks, midwives, and community workers. These approaches inform real-time service adaptation and uphold the dignity, agency, and protection of affected populations.

## STRENGTHENING DATA SYSTEMS

Promoting data-driven humanitarian programming through the use of robust tools such as the SRH Dashboard, the GBV Area of Responsibility (AoR) Dashboard, and the Youth Dashboard. UNFPA supports regular data collection, joint assessments, and real-time analysis to monitor service availability, identify emerging needs, inform programmatic decisions, and strengthen coordination across Gaza and the West Bank.

# UNFPA'S STRATEGIC COMMUNICATION AND VISIBILITY

UNFPA will continue to implement a robust communication and visibility strategy to support its humanitarian response and early recovery efforts in Palestine. This includes timely, tailored messaging to affected populations, providing clear and accessible information on available services, delivery points, and rights to access care. These communications will prioritize inclusive outreach that considers the needs of women and girls, persons with disabilities, and marginalized youth. Outreach materials will be adapted into accessible formats and shared through community networks, digital and social media, traditional media outlets, and trusted local partners.

Strategic communication efforts will also focus on advocacy to highlight the disproportionate impact of the crisis on women and girls, including their SRH and GBV needs, and the growing vulnerabilities faced by adolescents and youth. As part of its advocacy efforts, UNFPA will continue regular updates to OCHA's weekly humanitarian updates highlighting key developments and response priorities, organize donor briefings, and coordinate with UN and NGO partners to ensure alignment, consistency, and amplification of messages across platforms..

To ensure visibility and transparency of donor contributions, UNFPA will produce and disseminate monthly situation reports, thematic fact sheets, and compelling human-interest stories. These will be complemented by an active social media presence, strategic media engagement, and storytelling campaigns across national and international platforms. Visual content, including video messages, digital testimonies, infographics, and field photography, will amplify the voices of affected communities and demonstrate the real-life impact of UNFPA's work in Palestine.

UNFPA will also highlight progress through donor-branded materials and amplify milestones through multimedia coverage aligned with international days and advocacy events throughout the year.



People wait to receive services at a UNFPA-supported health clinic in Deir Al-Balah.  
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# DETAILED BUDGET & FUNDING APPEAL

In 2025, UNFPA is appealing for **\$99.2 million** in funding to address the urgent needs of women, girls and youth at risk in the Occupied Palestinian Territory. As detailed below:

Restore and Strengthen SRH Services		Estimated Budget
Procurement and distribution of life-saving SRH equipment, medicines, consumables, and postpartum kits		39,000,000
Provision of SRH services through renovated facilities, mobile and containerized clinics, deployed SRH teams, and direct cash and voucher assistance to increase access to services		18,000,000
Capacity building for SRH service providers, expansion of MISP focal points, and strengthening of SRH data systems		800,000
Coordination of referral systems and inter-agency SRH technical working groups		600,000
Sub-Total		58,400,000
Expand Protection and GBV Services		Estimated Budget
Procurement and distribution of dignity kits, menstrual supplies, shelter materials, and other protection items		10,200,000
Provision of GBV and protection services through safe spaces, shelters, CVA, MHPSS, and youth-centered interventions		26,000,000
Capacity building for GBV service providers, and supporting women-led organizations, and youth-led/community-based organizations		3,500,000
Coordination of GBV Area of Responsibility, PSEA mechanisms, and youth humanitarian action platforms		1,100,000
Sub-Total		40,800,000
Grand Total		99,200,000



United Nations Population Fund, the United Nations sexual and reproductive health agency

**For more information:**

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**Front cover photo**

Child Omar and his pregnant mother inside their modest tent in Deir al-Balah.  
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**Back cover photo**

Samah, 32, displaced from Gaza City and seven months pregnant, is now living at a displacement site west of Khan Younis.  
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