



SITUATION REPORT

CRISIS IN PALESTINE

January – March 2026

Highlights

Six months into the ceasefire, humanitarian conditions in Palestine continue to deteriorate amid ongoing violence and access constraints. Worsening shelter conditions, public health risks and supply shortages are deepening vulnerabilities across Gaza, while displacement and movement restrictions are intensifying needs in the West Bank (WB).

Protection crisis deepens with rising gender-based violence (GBV), child marriage and family separation. High levels of GBV, increased reliance on child marriage as a coping mechanism, and widespread family separation point to severe breakdown in protective environments for women and girls.

A generation at risk as Gaza's mental health crisis reaches extreme levels. Widespread trauma, fear and psychological distress among children, youth and caregivers signal a deepening and long-term crisis.

Public health conditions spiral in overcrowded displacement sites. Disease outbreaks, unsafe water, poor sanitation and harmful coping mechanisms are creating increasingly hazardous living conditions, particularly for women, girls and newborns.

Displacement in the West Bank reaches levels unseen in decades. Large-scale displacement, accelerating settlement expansion and escalating settler violence are driving a coercive environment that forces communities from their land while restricting access to services, livelihoods and basic rights.

UNFPA scales up its response: In the first quarter of 2026, UNFPA has expanded life-saving support across Gaza and the West Bank, reaching over **287,000** women, girls and youth with services and essential supplies.



73,476

Fatalities¹
72,329 in Gaza
1,147 in WB



184,437

Injuries¹
172,192 in Gaza
12,245 in WB



1.36M+

Women of
reproductive age²
545,000+ in Gaza
820,000+ in WB



123,000

Estimated
pregnant women²
50,000 in Gaza
73,000 in WB



150,000

People
reached with
SRH services



137,000

People reached with
GBV and youth
programmes

¹ [Palestinian Government - Situation Report #82](#) - 13 April 2026

² [MISP calculation](#)

Situation Overview

Humanitarian needs across the Occupied Palestinian Territory (OPT) remain severe, with women, girls and youth disproportionately affected by the cumulative impacts of violence, displacement and restricted access to services.

In **Gaza**, the situation continues to deteriorate amid ongoing hostilities, mass displacement and severe shortages of essential supplies. Most of the population remains displaced, many living in overcrowded and unsafe conditions that undermine dignity, privacy and access to basic services. Repeated shocks and constrained humanitarian access are compounding vulnerabilities, particularly for pregnant women, newborns and adolescent girls, as they are limiting access to life-saving care.

Protection risks have sharply intensified in Gaza, with women and girls facing heightened exposure to GBV. [According to Protection Cluster monitoring for the first quarter of 2026](#), GBV is reported at high severity levels, affecting 53 per cent of assessed populations. These risks are driven by overcrowding, poverty, displacement and heightened psychosocial stress, while access to survivor-centred services and safe reporting mechanisms remains severely constrained.

Harmful coping mechanisms are on the rise, with serious consequences for adolescent girls. Child marriage is reported at high levels, affecting 46 per cent of assessed households. [UNFPA analysis further indicates growing pressure to marry off girls under 18](#), signalling a significant decline in the protection of adolescent girls.

The increase in child marriage has been accompanied by a surge in adolescent pregnancies. According to UNFPA and Ministry of Health (MoH) data, adolescent birth rates have more than doubled compared to pre-war levels. This is happening in a context where only around 15 per cent of health facilities in Gaza are able to provide emergency obstetric and neonatal care, significantly increasing risks of complications and maternal and newborn mortality. Adolescent girls face compounded risks, including violence, school dropout and long term health and socioeconomic consequences.

Family separation is further weakening Gaza's already fragile protection systems. Protection Cluster data shows that family separation affects approximately 45 per cent of assessed populations. This increases risks of exploitation, abuse and neglect, while placing additional caregiving and economic burdens on women, particularly in female-headed households.

Economic hardship is further compounding vulnerabilities. According to UN Women, [violence against women in Palestine is estimated to cost approximately US\\$86 million annually](#). At the household level, this translates into reduced income, limited access to essential services and increased exposure to exploitation and abuse, particularly among an estimated [57,000 female-headed households](#) in Gaza.

Gaza is facing a profound and escalating [mental health crisis affecting girls and youth](#). UNFPA data indicates that 96 per cent of children feel that death is imminent, while 61 per cent of adolescents experience post traumatic stress disorder, 38 per cent depression and 41 per cent anxiety, and one in five adults reports daily suicidal thoughts.

In the **West Bank**, including East Jerusalem, escalating violence, movement restrictions and accelerating settlement expansion are driving large-scale and increasingly protracted displacement. According to [UNRWA, more than 33,000 Palestine refugees remain displaced](#) from refugee camps in the northern West Bank since January 2025, the largest displacement crisis in decades.

OCHA reports that [more than 1,800 Palestinians have been newly displaced in 2026](#) due to settler violence and access restrictions. Movement restrictions and insecurity in the West Bank continue to hinder access to health services, including delays affecting ambulance movement and access to care. These constraints increase risks for pregnant women and other vulnerable groups who depend on timely access to essential health services. In addition to disrupting access to health and protection services, they also lead to fragmentation of communities and increase vulnerability among women and girls.

OCHA has documented [over 580 settler attacks recorded in 2026](#). The coercive environment restricts movement, undermines livelihoods and limits access to essential services, with severe protection implications for women and girls.

Palestine, 2026. A woman in a marginalized community in Area C, where UNFPA-supported mobile clinics provide essential healthcare services.



UNFPA Response

In the first quarter of 2026, UNFPA expanded life-saving support across the OPT by renovating, establishing and reopening service delivery points for sexual and reproductive health (SRH), GBV, and youth services. UNFPA also delivered essential supplies to health facilities and GBV service providers. Collectively, these efforts enabled an estimated **287,000** women, girls and youth to access critical, life-saving services and protection.

Sexual and reproductive health: Over **150,000 people** accessed SRH services in the first quarter of 2026. In Gaza, UNFPA supported the renovation of three primary healthcare facilities, deployed midwives to health centres and communities, and maintained six containerized maternal health units offering emergency obstetric and neonatal care. Essential medicines, contraceptives, medical equipment and reproductive health kits were distributed to maintain service delivery and new mothers were provided with postpartum kits. In the West Bank, UNFPA operated mobile clinics and emergency health centres, provided SRH supplies, and trained health professionals on maternal and SRH service provision.

Gender-based violence: Over **121,000 people** received GBV prevention and response services. In Gaza, UNFPA supported women's and girls' safe spaces (WGSSs) and shelters delivered case management, vocational training, mental health and psychosocial support, cash and voucher assistance, and menstrual hygiene kits. Front-line workers were trained and provided with staff care. In the West Bank, fixed and mobile WGSSs expanded access to GBV services, including case management and psychosocial support for hard-to-reach communities.

Adolescents and youth: Over **16,000 adolescents and youth** participated in resilience, education and protection initiatives. In Gaza, UNFPA-supported youth hubs and girls' tents provided recreational and educational activities, life-skills, prevention of sexual exploitation and abuse (PSEA) awareness, and psychosocial support. In the West Bank, young people accessed health services, life-skills education and pre-marriage counselling through youth-friendly health centres at universities and girls' spaces. Additionally, hundreds of young volunteers led community-based peace and resilience initiatives.

Palestine, 2026. Young female volunteers support their peers at UNFPA-supported youth hubs in Gaza.



Results Snapshot



150,000

People reached with **SRH services**



70

Health facilities supported



137,000

People reached with **GBV prevention, mitigation and response** activities, and adolescents and youth services



74

Safe spaces and shelters for women, girls and youth supported

Gaza Strip



129

Inter-agency reproductive health kits distributed to 16 health facilities and service delivery points, supporting **30,000** SRH services, including **4,000** safe births



5,600

Cycles of oral contraceptives delivered to health facilities to support an estimated **2,000** women of reproductive age over the next three months



2M

Units of essential maternal health medicines, instruments and disposables distributed to health facilities to support safe deliveries, infection control and postnatal care



6

Containerized maternal health units provided basic and comprehensive emergency obstetric and neonatal care in the Middle Area and Khanyounis, supporting over **8,000** SRH services



101,300

People received SRH services and information through UNFPA-supported service delivery points and outreach activities



18

Medical equipment distributed to 7 health facilities to strengthen the provision of SRH services



90

Midwives deployed to health centres to support SRH consultations and emergency deliveries



30

Health professionals trained on maternal and SRH service provision



3

Primary health care facilities renovated and furnished with support from UNFPA to expand access to reproductive and maternal healthcare



4,900

New mothers received postpartum kits containing essential hygiene and care items for mothers and newborns



31

Safe spaces and women's shelters supported over **23,300** women and girls with case management and multi-sectoral GBV risk mitigation, prevention and response services







10

High-performance tents distributed to health, protection and youth service providers, enabling the expansion of critical service delivery points

	53,000	Hygiene and menstrual kits distributed to women and girls across Gaza		14,000	People reached with PSEA and GBV information and awareness through in-person outreach activities
	1,000	Women and girls received a two-month supply of sanitary pads		1,470	Families received winter blankets
	13,750	People received mental health and psychosocial support (MHPSS) through individual and group sessions		842	Vulnerable women, including GBV survivors and people living with disabilities, received cash and voucher assistance to address their immediate needs and access services, protecting them from exploitation and violence
	10	GBV front-line workers reached with staff care initiatives and MHPSS support		4,500	People reached through community-based initiatives on peace and resilience led by 160 young volunteers
	114	Front-line workers trained on GBV service provision including gender-responsive basic psychosocial support and referral procedures		9	"Girls' Tents" reached 1,200 adolescent girls with tailored support including MHPSS, life skills education, and information on SRH and GBV prevention
	7	Multi-purpose youth hubs reached 2,200 adolescents and youth with recreational and educational classes, awareness sessions, capacity building, PSEA, psychosocial first aid (PFA) and comprehensive life education (CLE)			

West Bank

	3,700	Women and girls reached with SRH services through UNFPA-supported service delivery points in the West Bank		14	Safe spaces and women's shelters supported 3,200 women and girls with case management and multisectoral GBV risk mitigation, prevention and response services
	7,000	People reached with comprehensive SRH services, including breast cancer screenings, SRH consultations and awareness-raising activities, through five UNFPA-supported mobile clinics in Area C and Northern West Bank		6	Mobile safe spaces operating in the Jordan Valley, Hebron, Tubas, Bethlehem, and Jerusalem to provide psychosocial support and GBV prevention and response services to hard-to-reach communities


61,000

Units of essential maternal health equipment, medicines and disposables, distributed to MoH and the Palestinian Medical Relief Society to support provision of SRH services


850

New mothers received postpartum kits containing essential hygiene and care items


95

Health professionals trained on maternal and SRH service provision


4,600

People were reached with PSEA and GBV information and awareness through in-person outreach activities


6,800

People received MHPSS through individual and group sessions


63

GBV front-line workers reached with staff care initiatives and MHPSS support


3

“Girls Zones” reached **300** adolescent girls with tailored support including MHPSS, life skills education, and information on SRH and GBV prevention


1,330

Adolescents reached through in- and out-of-school CLE


5,200

Adolescents and youth accessed youth-friendly health services, SRH awareness, CLE and pre-marriage counselling


2,200

People reached through community-based initiatives on peace and resilience led by **100** young volunteers

Coordination Mechanisms

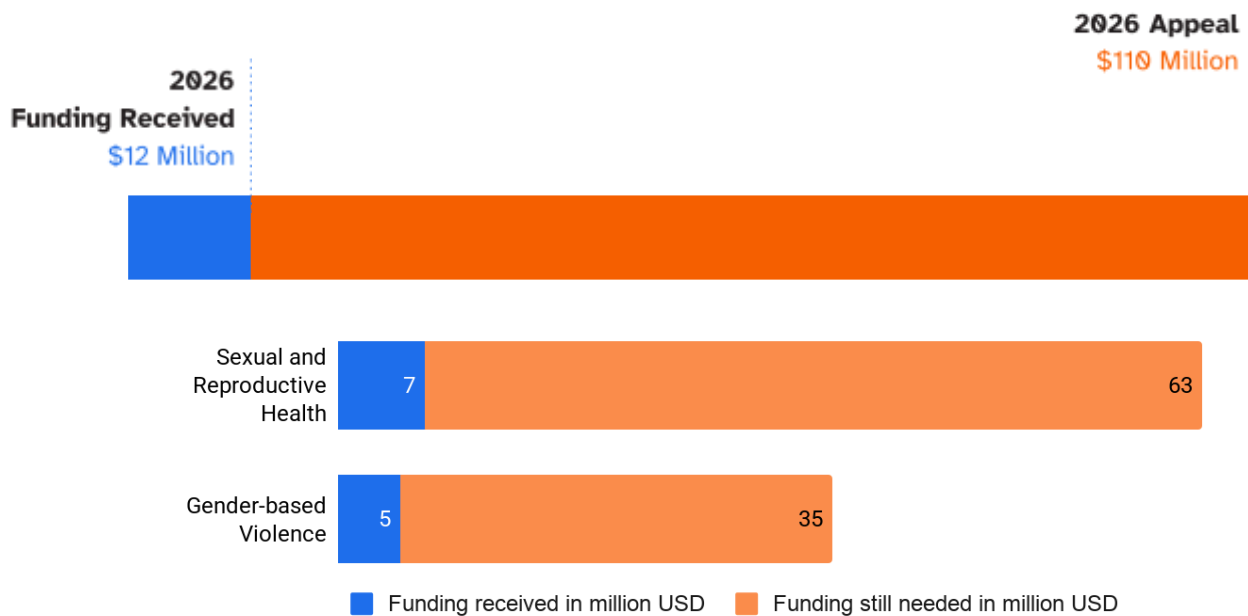
UNFPA continued to play a leading coordination role across Palestine. Through the GBV Area of Responsibility (GBV AoR), UNFPA led coordination efforts amid intensifying risks. Under the Health Cluster, UNFPA continued to lead the SRH Working Group (SRHWG), ensuring coordinated delivery of essential SRH services. UNFPA also led coordination on adolescents and youth, keeping the needs of young people central to the humanitarian response. In addition, UNFPA chaired the Mobile Clinic Working Group, coordinating partners to redirect services in the West Bank in response to growing access constraints; UNFPA also actively contributed to Cash Working Groups in Gaza and the West Bank, as well as the Gaza Multipurpose Cash Assistance Group, to ensure SRH and protection priorities were reflected in cash-based assistance planning and delivery.

Palestine, 2026. Adolescent girls participate in a UNFPA-supported group psychosocial support session through a circus activity in Gaza. EMPHNET



Funding Status

As part of the 2026 Occupied Palestinian Territory Flash Appeal, [UNFPA is requesting US\\$110 million](#) for its operational response to address ongoing humanitarian needs and support early recovery priorities. As of April 2026, UNFPA has received **\$12 million**. An additional **\$98 million** is urgently needed to support UNFPA's operational response through December 2026.



We extend our heartfelt appreciation to all partners and supporters whose contributions have been instrumental in facilitating UNFPA's humanitarian response, particularly in assisting Palestinian women, girls, and youth.



* List of UNFPA donors who have supported UNFPA's response since October 2023.

For more information



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