

## ONE YEAR AFTER THE 2014 GAZA WAR

This report intends to highlight the key challenges that remain one year after the 2014 Gaza war as they relate to UNFPA's programme priorities. The report focuses on Reproductive Health and Family Planning, Gender-based violence as a protection concern and the particular challenges facing young people.

The 2014 war on Gaza was one of three military operations within the last six years - all of which have contributed to the deterioration of the social, economic and health conditions of the civilian population in Gaza. The long standing siege, strict closure and constraints have led to the degradation of living standards, increased poverty and unemployment.

A year after the 2014 Gaza war, the health system remains fragile, with significant challenges to the rehabilitation of infrastructure, replenishment of supplies and a heightened financial crisis affecting health workers, particularly salary payments to civil servants. Although some aspects of the health system show signs of recovery, the pace remains slow.

Due to the destruction of 14 medical facilities and substantial damage to 102 additional facilities, maternity wards were closed down and quality of care was compromised due to overload and shortages of staffing and resources. Only four hospitals were repaired since the war, and nine clinics are still under rehabilitation. As a result Reproductive Health services have been compromised and uptake in family planning service have declined.

Particularly, women and girls were negatively affected by the hostilities and the aftermath. At least 16 of the 299 women killed during the 51-day war were pregnant. As reflected in the UNFPA led assessment conducted right after the war on the situation of IDP girls and women, domestic violence increased in shelters and women's ability to care for their families was curtailed. One year later, the situation for women remains dire. The last shelter for internally displaced people was closed in June 2015 even though housing rehabilitation remains pending. Many of these IDPs rely on temporary arrangements in the form of caravans, make-shift shelters, and living with host families. The situation remains problematic and it continues to lock women and girls in a state of vulnerability.

Furthermore, young people account for about 30% of the population in Gaza, but they are largely voiceless victims of the situation. Young people are expected to provide and protect other members of the community regardless of the challenges they face, which has further been aggravated by the crisis. According to the UNFPA assessment conducted after the war, youth were deprived of basic necessities, while forced to act as adults from an early age. The situation often leads to them engaging in risky behaviours including, drug abuse, criminal acts, violence, and life-threatening attempts to emigrate from the Gaza strip.

## REPRODUCTIVE HEALTH AND FAMILY PLANNING

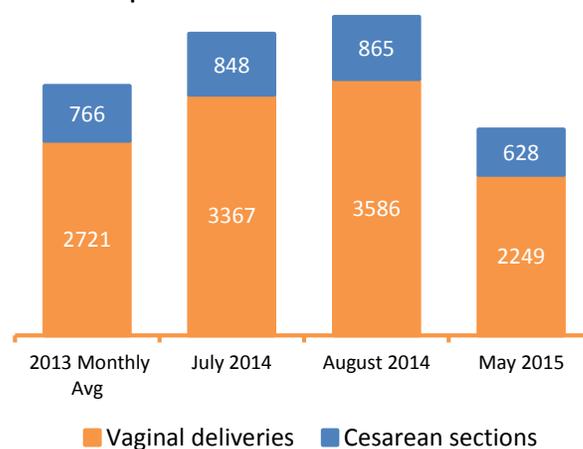
The significant challenges posed by the 2014 war, exacerbated by strict closure and very limited movement of resources in and out of Gaza, have disrupted the health system. At any given time in Gaza - during conflict or ceasefire – 45,000 women are pregnant and in need of essential reproductive health services. Looking at data from May 2015, which is nine months after the war, it is clear that the war affected normal reproductive activity: The data from the six main hospitals in Gaza show a marked decrease in deliveries nine months after the war.

A major concern is the rise in Maternal Mortality during – but also after – the war. The Ministry of Health reported 17 maternal deaths in 2014 of which five occurred during the war. This compares to only 11 cases in 2012 and 12 cases in 2013. In the year from July 2014 to June 2015, in other words, during the war and one year after, the cumulative deaths amounted to a total of 18, which compared to previous years is a dramatic increase. Furthermore, of the seven deaths reported so far in 2015, six were classified as “avoidable” during the maternal death review, a clear indication of decline in the *quality of care*.

**Cummulative maternal deaths after the war**



**Number of Deliveries Six Gaza Hospitals**



On a positive note, the number of new registrations and follow-up visits to antenatal care clinics indicate a substantial recovery within the healthcare system. While figures have almost reached pre-crisis levels, further evaluation is needed to assess the long term effects on the *quality of care* being provided.

A sharp decline was observed in the utilization of family planning services during the war. Taking into consideration an expected decline in family planning uptake during Ramadan, the number of new cases has normalized. However, in line with the general stock-outs of supplies, certain family planning commodities are not available to meet demand.

Given the overall deterioration of the health system, it remains a concern how reproductive health services can be strengthened to prevent avoidable maternal deaths, improve family planning and quality of vital ante- and post-natal care services. The lack of resources and continued blockade are contributing to a breakdown of otherwise reasonably good services levels.

## GENDER-BASED VIOLENCE

Gender-based violence (GBV) continues to be key protection concern in Palestine, and in particular the Gaza Strip. In 2011, a PCBS study showed that 51% of married women in Gaza Strip were victims of domestic violence. Furthermore, the situation of women and girls in the Gaza Strip significantly worsened by heightened stress levels, increased psychosocial problems, and inadequate or lack of access to medical care and basic services as a result of the 51 days of military operations.

The UNFPA rapid assessment conducted right after the war in 2014 indicated an increase in GBV, especially domestic violence. The case of Gaza demonstrates how war, conflict and displacement contribute to the GBV vulnerability of women and girls. Absence of services and structured referral only worsens their vulnerability. One year after the cease fire, conditions have not improved significantly:

- 100,000 people are still homeless; at best living under the same conditions as last year. For IDPs inhabiting caravans and make-shift shelters, their situation has significantly deteriorated. In addition to harsh weather conditions, they experienced a dramatic decrease or complete halt of assistance, and limited access to medical care and basic services such as water, electricity, food, exacerbated by their remote locations and specific needs.
- MOWA estimates around 700 women were widowed as a result of the war. War widows are a group that require particular attention as they are more vulnerable due to low social and economic agency. Often these widows are incorporated along with their children into the households of their parents or in-laws. Access to assistance is controlled by male kin and in-laws with no guarantees for her access to benefits or entitlements.
- Women reported being subjected to escalation of domestic violence, and expressed serious protection concerns due to increased frustration and pressures. These concerns included:
  - Prolonged lack of privacy as a result of over crowdedness and displacement.
  - Severe restrictions on their freedom of movement imposed on them by men in their families, due to the stigma associated with displacement.
  - Increased sense of vulnerability and heightened frustration leading to additional psychological stress.
- There has been a notable increase in the number of women and girls with disabilities. This has amplified the social and cultural challenges faced by them.
- Indications point to an increase in prevalence of early marriage. According to the 2014 MICS survey released before the war, 28.6% of women in Gaza were married before the age of 18. Case studies showed that the economic hardship following the war is driving families to marry off their daughters early to improve the economic situation of the family.

For the majority of women, the situation is grim. Opportunities for improvement in health and wellbeing remain hindered by the increased violence against women and girls, limited privacy, and compromised dignity during the emergency that have persisted until today.

**51%** OF WOMEN IN GAZA ARE  
SUBJECTED TO VIOLENCE

**0.7%** OF WOMEN SUBJECTED TO  
VIOLENCE ARE SEEKING HELP

## YOUTH

Against all odds, Palestinian youth in Gaza became a source of inspiration for the community during the war. Youth groups across the area rallied together and became some of the first responders to assist the elderly, children and women in need. They found strength in adversity and proved to be a source of resilience and resourcefulness in the local community.

However, Palestinian youth in Gaza are the voiceless victims of the conflict, since they are perceived by others as a strong group in the community. They are also seen as perpetrators, due to the involvement of some in the armed conflict. Internal disunion amongst the various Palestinian factions further limits their capacity to take their leadership role in the community. Constituting one third of the Palestinian population, they are facing serious difficulties:

- Youth have been unable to secure jobs, with unemployment exceeding 60% despite being a well-educated group.
- On occasions when restrictions in mobility are eased, youth are excluded from these measures as they are labeled with a high risk profile regardless of their actual status.
- Enhanced frustration and lack of motivation is often manifested in drug use and life threatening attempts of emigration. A recent survey shows that 60% of the young people in Gaza are thinking of leaving Gaza especially single males.

UNFPA, in collaboration with its national partner, conducted a rapid assessment on youth and the effects of the war, to explore ways to assist themselves and others. They called for unity and an end to the political divide, disconnect partisanship from the provision of services and social organizations, and finally, limit favoritism and nepotism.



## RECOMMENDATIONS AND CALL FOR ACTION

- UNFPA calls for a lifting of the blockade imposed on Gaza to allow the Palestinian community in Gaza to regain its coherence, dignity and ability to fully utilize its potential.
- UNFPA calls on the international community and donor governments to continue to provide essential humanitarian assistance to the people and institutions of Gaza, particularly to the health system to allow the recovery of services and ensure quality of care.
- UNFPA calls on National Authorities to promote women as leaders in planning, implementation and evaluation of programs to ensure that they respond to the actual needs of girls and women.
- UNFPA calls on National Authorities to advance the national agenda to combat violence against women, particularly during armed conflict and to involve women in developing protection strategies and mechanisms.
- UNFPA calls on all actors in Gaza to uphold International Humanitarian Law, and ensure the protection of civilians.
- UNFPA calls on all actors to focus on working with youth in an organized and systemic manner, to create opportunities for them, invest in their existing potential, and direct youth towards an active and effective role to promote recovery and social development.
- UNFPA calls on the donor community and the National Authorities to establish productive projects to employ youth and initiate youth cooperatives.
- UNFPA calls on international donors to ensure that commitments made in the Cairo Gaza Reconstruction Conference translate into concrete funding on the ground.

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