

### **KEY FIGURES**

36,036

Fatalities\*
35,562 in Gaza
474 in West
Bank

84,652

Injuries\*

79,652 in Gaza 5,000 in West Bank



~1.7M

Internally

displaced\*
1.7M in Gaza
(75% of Gaza)
3,000 in West
Bank



1.34M Women of

reproductive age\*\* 541,567 in Gaza 797,097 in West Bank



13,649

Expected deliveries in the next month\*\* 5,522 in Gaza 8,127 in West

8,127 in West Bank



15 out of 36

Hospitals in the Gaza Strip\* are partially functional



1.1 M

People \*





18,500 Pregnant women ha

Pregnant women have been forced to flee to Khan Younis and Deir al-Balah\*\*



10,000

Pregnant women remain in desperate conditions in Rafah\*\*

#### SITUATION OVERVIEW

- The devastating crisis in Gaza intensified even further as a terrifying Israeli ground military operation in Rafah started on May 6, which has to date led to the displacement of 900,000 people from Rafah.
- Families and communities are being shattered again, having to move for a sixth or seventh time as they live atop rubble and sand, plagued by hunger and pain. These families are crammed into increasingly smaller and overcrowded areas where infrastructure is dwindling and basic necessities are scarce. Everything, from shelter to food, sanitation, and clean water, is in short supply and unaffordable, intensifying their unprecedented suffering.
- Pregnant and breastfeeding women have been living in an unrelenting nightmare. Exhausted, traumatized, dehydrated, and malnourished, many face the looming threat of famine and lack even the basics for survival.
- Around 18,500 pregnant women have fled Rafah to areas like Al-Mawasi and Deir al-Balah. Maternal Healthcare access is minimal for these women.
- Across Gaza, only 15 out of 36 hospitals are partially functioning, with just 7 out of 9 field hospitals fully operational. Vital maternal and reproductive health supplies are critically low, endangering the lives of pregnant women and newborns.
- Women and girls in Gaza are increasingly vulnerable to protection risks including sexual and gender based violence.
   Services and support structures have collapsed, they are separated from their communities and families, and are forced to seek refuge in overcrowded shelters and informal settlements.



- A critical shortage of menstrual pads is adding another layer of misery to 690,000 women and girls of menstruating age. Some girls and women are using rags instead of pads and the lack of water means keeping clean is near impossible. Close to three-quarters of women and girls said they have no privacy to wash, with the same number reporting that they have no access to clean water.
- The heroic Local NGOs, including women-led organizations providing key GBV support services are on the brink of collapse. They face daunting challenges in maintaining protection services. They grapple with emotional distress, burnout, and operational hurdles, compounded by closures of safe spaces and acute shortages of supplies. Furthermore, fuel shortages, lack of cash, and unaffordable transportation severely hinder access to the few remaining protection services, leaving the most vulnerable women and girls without essential support.
- Humanitarian efforts face significant challenges due to profound insecurity compounded by the continuous closure of crossings, leading to critical shortages of aid and basic services for the desperate and terrified population. Aid workers including UNFPA staff are mentally and emotionally exhausted, hindered by safety fears, logistical hurdles, limited resources, and social disorder. There's almost nothing left to distribute in Gaza, and what does arrive is nowhere near enough, forcing difficult choices and partial rations that try to prioritize the most vulnerable.
- In the West Bank, the situation is escalating rapidly with a lethal open-fire policy, daily search and arrests in towns and villages, and an alarming spike in violence by Israeli settlers against Palestinians across all cities. Movement restrictions continue to impede access to health and social services, the movement of ambulances, and the delivery of humanitarian assistance.

### **HUMANITARIAN NEEDS**

- Expand access to primary and secondary healthcare by upgrading existing facilities, deploying teams in IDP shelters, and focusing on reproductive, maternal, and child health services, infection prevention, and non-communicable diseases management.
- Ensure immediate and safe access for personnel and supplies into Rafah and northern Gaza to provide comprehensive nutrition and healthcare services.
- Safeguard access for humanitarian workers to reach affected populations throughout Gaza, deploying specialized medical, logistic, and protection experts.
- Sustain the supply of aid commodities, including food, medicines, SRH equipment, and fuel, into Gaza by road and resume traffic of commercial goods fully.
- Scale up life-saving services for GBV survivors and those at risk, prioritizing vulnerable groups like women, girls, children, elderly, and people with disabilities, including safe spaces and communitybased law enforcement.
- Provide dignity kits, menstrual hygiene supplies, and clothing, while enhancing access to water and sanitation facilities.
- Heighten awareness and services for people at risk of sexual exploitation and abuse, particularly women, girls, adolescents, and people with disabilities.
- Mitigate the impact of school closures on children's education, especially for girls, to prevent harmful coping strategies like early marriage, prioritizing vulnerable groups.
- Provide urgent mental health care for vulnerable groups, including persons with disabilities, children, those with pre-existing complex conditions, and frontline service providers.





# **UNFPA RESPONSE**

During April and May 2024, UNFPA played a pivotal role in providing essential reproductive health (RH) and gender-based violence (GBV) prevention and response services across the Gaza Strip. This included distributing reproductive health kits, facilitating over 50,000 SRH services, and establishing a mobile maternal health unit for emergency obstetric care. Additionally, UNFPA supplied menstrual hygiene products to thousands of women and girls, deployed SRH teams to non-formal shelters, and conducted SRH training for midwives in emergencies. GBV prevention efforts directly reached 25,000 individuals, while psychosocial support sessions benefited 10,000 women, adolescents, and children. UNFPA also conducted awareness sessions on sexual exploitation and abuse and offered remote counseling services through the Shubbak il Shabab helpline, providing assistance to over a thousand individuals.

UNFPA took on a leadership role in coordinating SRH and GBV response efforts in Gaza, ensuring the coverage of life-saving SRH services and the protection of women and girls. This involved chairing the SRH Technical Working Group and leading the GBV Area of Responsibility. Furthermore, UNFPA prioritized the mainstreaming of adolescent and youth needs into the humanitarian response, actively engaging young volunteers to contribute to relief efforts.

## **RESULTS SNAPSHOT**

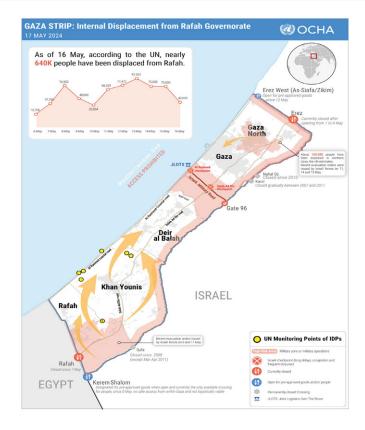
Inter-Agency reproductive health (IARH) kits – comprising life-saving medicines, equipment and consumables – supporting safe births, distributed to health partners across the north, middle area, and south of the Gaza strip. This supported the provision of more than 50,000 SRH services.



**3 SRH teams** each composed of 6 midwives, one female doctor and 6 counselors provided antenatal and postnatal care services to pregnant and lactating women at nonformal shelters in the middle and south of Gaza Strip.

**5 Midwives** were recruited through PMRS and deployed to 5 UNRWA shelters, providing services to pregnant women including ante-natal care (ANC), postnatal care (PNC), family planning and referral. Another 24 midwives are in the process to be recruited and deployed.

**53 Midwives** received refresher training on life-saving skills in April through an SRH working group partner.



**NFI 5,550 Women and girls** received a two-month supply of disposable menstrual pads. (166,400 pads).

**35 Menstrual Health Management (MHM) kits** were distributed to health facilities to support female health staff and some female patients.

10,000 women, adolescents, and children reached through psychosocial first aid sessions, remote and group counseling, recreational and youth-led community support initiatives conducted through 500 young volunteers.

**25,000 Women and girls** reached with GBV prevention and response services at the two established safe spaces in the south of Gaza and through the GBV sub cluster members.

13 awareness raising sessions on Prevention of Sexual Exploitation and Abuse were provided to displaced women and girls by trained youth and specialized service providers.

1092 individuals received remote psychosocial support counseling through UNFPA's helpline, "Shubbak il Shabab" and mobile app, with 312 referred to specialized services.





# COORDINATION

**UNFPA** ensure continuous and strategic leadership for Sexual and Reproductive Health in Gaza, through advocacy, bilateral follow up with all key actors, and by chairing the SRH Technical Working Group in the framework of the humanitarian architecture (within the health cluster) to ensure equitable coverage of gaps of life-saving services and prevent/ limit duplications. Continuous update of SRH service and partners mapping for emergency obstetric and neonatal care (EmONC) available.

**UNFPA leads and coordinates the** <u>GBV Area of Responsibility (AoR)</u>, including two Sub-National coordination clusters in the West Bank and Gaza. The GBV sub-cluster, in partnership with local partners, has scaled up its response to better protect women and girls. This includes the distribution of dignity kits and menstrual health management items, the establishment of safe spaces, the provision of Psychological First Aid, and group psychosocial support activities for women and girls.

The GBV sub-cluster in Gaza has established an emergency referral pathway, enhancing access to essential services for GBV survivors. Established a National GBV Sub-Cluster Advocacy Working Group, which published four advocacy notes on conflict's impact on GBV protection measures, referral systems, and GBV risk mitigation. Continuously <u>mapping GBV services</u>.

**UNFPA leads the Mobile Clinic working group** to redirect services to vulnerable locations in the West Bank and to mitigate accessibility challenges. As of April, 40 locations are not covered by any mobile clinic services. 6 locations are not accessible due to settler violence and strict closures.

**UNFPA Coordinates the Adolescent & Youth Health Emergency Response and Advocacy** under the Palestine Adolescent Health Coalition and the UN Youth Group.

#### CALL TO ACTION

- An immediate and lasting humanitarian ceasefire. The immediate release of hostages, and an end to violations against civilians.
- Protect hospitals and other healthcare provision points, fixed and mobile in Gaza, protection of health staff, patients and civilians, and the release of detained health staff and civilians.
- Ensuring safe movement of patients to access services, including medical evacuations.
- Establish reliable and scalable entry points for relief supplies, provide security assurances, implement a robust humanitarian notification system, and ensure a stable communication network to facilitate the effective delivery of aid.
- Prioritize age and gender-responsive humanitarian interventions, and systematic inclusion of engagement and partnership with women and youth, in all phases of humanitarian action, through the sharing of information and involvement in decision-making processes at all levels.

