

SITUATION REPORT
CRISIS IN PALESTINE

Country:	**Occupied Palestinian Territory**
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KEY FIGURES

41,878

Fatalities*
40,878 in Gaza
691 in West Bank

100,154

Injuries*
94,454 in Gaza
5,700 in West Bank

~1.9M

Internally displaced**
1.9M in Gaza (90% of Gaza)
4,866 in West Bank

1.34M

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

17 OF 36

Hospitals in the Gaza Strip** are partially functional
19 Hospitals are out of service.

58 OF 103

Primary health care centres in the Gaza Strip** are partially functional
45 PHC are out of service

28,000

Pregnant women***
experiencing emergency and catastrophic food insecurity
11,000 IPC Phase 5
17,000 IPC Phase 4

13,649

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

SITUATION OVERVIEW

For the past 11 months, the people of Gaza have endured relentless suffering, with Israeli bombardments from air, land, and sea, as well as ground incursions. This has caused widespread civilian casualties, displacement, and extensive destruction of homes and infrastructure. As of 05 September, the Ministry of Health reports that over 40,878 people in Gaza have been killed- an average of 130 per day- and 94,454 injured. Approximately 1.9 million people, or 90% of the population, have been displaced, often multiple times, with at least 63% of structures damaged. The UNOSAT damage assessment from July estimates 49 million tonnes of debris have been generated.

Multiple evacuation orders now cover approximately 86% of the Gaza Strip, with the so-called 'humanitarian area' shrinking to just 11%. This has far reaching implications on all aspects, including the loss of sexual and reproductive health (SRH) service facilities, safe spaces, and protection. In August alone, Israeli forces issued 16 evacuation orders, forcing 258,000 people to flee once again under fire, carrying only what they could manage, into increasingly overcrowded, polluted, and unsafe areas with limited services.

Continuous displacements have led to the separation of families, eroded social protection systems for women and children, and weakened the overall social safety net in Gaza. This has exposed women and girls to heightened risks of various forms of violence, including gender-based violence (GBV).

Gaza's residents are trapped in a cycle of fear, hunger, disease, and displacement. Continuous bombardments, combined with inadequate access to food, clean water, sanitation, and healthcare, have left them struggling to survive in unlivable conditions. Malnutrition is widespread, particularly among pregnant and breastfeeding women, with 9-10% acutely malnourished in June and July, according to the Nutrition Cluster. This has led to a rise in preterm and low birth weight infants, with 28% of the 2,141 facility-based deliveries in July being C-sections, and 185 cases of preterm births and stillbirths.

* Palestinian Ministry of Health - 06 September 2024
** OCHA Reported Impact Snapshot - Gaza Strip - 04 September 2024
**MISP calculation



"At 2 a.m., I went into labour. When we called for an ambulance, they failed to come due to the airstrikes. By 5 a.m., I couldn't wait any longer. I walked to the hospital, holding onto my husband through the pain. After the examination, I learned one baby's heartbeat was gone and needed an emergency delivery for the twins. Once I delivered him, the pain faded, but my heart was on fire for the baby I had lost."
- Maysam, 34, a displaced mother from Shuja'iyya, Gaza

No hospitals in Gaza are fully operational. Seventeen hospitals and 58 PHC clinics are partially functioning, struggling to provide even minimal healthcare services due to chronic shortages of fuel and medical supplies. Healthcare staff are overwhelmed by mass casualty incidents and surges in communicable diseases, further strained by the deaths and detention of healthcare workers. Since the war began, the World Health Organization has recorded 492 attacks on healthcare facilities, over 300 healthcare workers detained, and around 500 killed.

Humanitarian aid and essential services are severely hindered by ongoing hostilities, evacuation orders, blockades, and access challenges. The closure of the Rafah border crossing has left only a few remaining crossings for humanitarian cargo. Coupled with numerous restrictions on what can be brought into Gaza, this has led to a significant backlog of cargo, making it very difficult for the logistics cluster to deliver supplies to the UN and other humanitarian organizations. Since early July, UNFPA has managed to bring in only one truckload of reproductive health supplies into Gaza due to delays at crossings and logistical hurdles.

Aid workers, including health and GBV prevention and response service providers, face immense challenges. Many live in makeshift tents with limited access to water and essential services. Frequent internet and electricity outages complicate the coordination of humanitarian efforts and communication with communities. The lack of cash liquidity and unaffordable transport further restrict access to the few available SRH and protection services.

A complete breakdown in law and order in Gaza has also severely impacted the humanitarian response, with high-value cargo, including hygiene items and food, occasionally being looted.

The absence of a functioning banking system and stringent restrictions on bringing cash into Gaza, combined with regular staff rotations and missions of senior UN officials, have disrupted emergency response operations. Sufficient cash on hand is crucial for continuing life-saving assistance.

The ongoing violence is having a devastating toll on Gaza's youth, with 24% of fatalities being young adults aged 18 to 29, a group that makes up 21% of Gaza's population. The psychological toll on students and teachers is severe, affecting at least 650,000 students in basic education, 30,000 in kindergarten, and 120,000 in higher education institutions.

"Every second and every minute, my mental state worsens. I constantly worry about being homeless and out on the street in this intense heat. I had to set up a stall to provide for my food, drink, and treatment because there's no medicine or care available. If you have money, you buy. If you don't, you will die" - Nour, 31, from Nusierat camp, living with a physical disability

In the West Bank and East Jerusalem, violence is also on the rise. Since 7 October, more than 691 Palestinians have been killed, 5,700 injured, and 4,866 displaced. OCHA has recorded 1,270 attacks by Israeli settlers, resulting in deaths, injuries, property damage, and the displacement of 259 Palestinian households, including 1,547 people, with 753 children of them being children.

Movement restrictions are impeding access to health and social services, hindering ambulances, and obstructing the delivery of humanitarian aid. Travel between cities and villages has become increasingly perilous, leading to shortages of water, fuel, and other essentials, and making it difficult for residents to reach schools, workplaces, family, and healthcare facilities.

On 28 August, Israel launched a large-scale military operation in the West Bank, including raids on Tulkarem, Jenin, and Tubas. Israeli forces continue to besiege Jenin Hospital, obstructing access for medical staff and patients. Since the operation began, three births have occurred at the Yabad emergency centre in Jenin, which is one of the ten designated safe motherhood centres in the West Bank created to address movement restrictions. Pregnant women in these areas face severe risks, heightened fears, and significant stress due to the lack of access to proper maternal health services.

HUMANITARIAN RESPONSE NEEDS

- **Ensure Immediate, Sustainable, and Adequate Access to Humanitarian and Relief Aid:** Facilitate unrestricted and adequate access to humanitarian and relief aid through all border crossings into Gaza. Remove man-made obstacles that impede aid delivery and distribution to ensure assistance reaches all areas effectively, including the north Gaza Strip.
- **Establish Protection Systems for Women and Children:** Create and implement protection systems with a focus on social support mechanisms to prevent and respond to all forms of violence against women and girls, including GBV.
- **Rebuild Gaza's Healthcare System:** Prioritize construction and equipping of health facilities, including primary healthcare clinics and hospitals. Establish additional service delivery points in displacement sites, focusing on improving maternal health services.
- **Replenish Essential Medical Supplies:** Ensure a steady supply of life-saving reproductive and maternal health medicines, supplies, and contraceptives.
- **Secure a Reliable Fuel Supply:** Ensure a consistent and sufficient supply of fuel for hospitals, water facilities, and other essential services to prevent the collapse of critical infrastructure.
- **Enhance Food Security and Nutrition:** Increase the availability of fresh food and improve nutritional diversity to combat malnutrition, especially among pregnant and lactating women.Ensure access to clean cooking stoves to support safe food preparation.
- **Provide Clean Water and Sanitation:** Ensure access to clean water and sanitation facilities. Establish temporary waste disposal and recycling initiatives to prevent the spread of diseases and outbreaks.
- **Distribute Essential Hygiene Items:** Supply essential hygiene items, including menstrual health products. 10,360,000 menstrual pads are needed monthly, equivalent to 20 truckloads, to meet the needs of 690,000 women and adolescent girls of menstruating age in Gaza.
- **Expand GBV Services:** Scale up life-saving services for survivors of GBV, including providing safe, private shelters that are winter-ready and expanding safe spaces for women and girls.
- **Prioritize Mental Health and Wellbeing:** Provide specialized mental health and psychosocial support services (MHPSS) services for survivors to enhance their wellbeing and coping mechanisms.
- **Expand Cash Assistance Programmes:** Increase cash assistance programmes to support families who have lost their livelihoods, enabling them to purchase essential goods and services.
- **Establish Multi-Purpose Youth Centres/Hubs:** Create and implement emergency education programs. These should include remote learning, special tents for classroom activities, recreational activities, and awareness sessions. Equip these centres with stationery and educational supplies to support ongoing learning initiatives.

UNFPA RESPONSE

In August 2024, UNFPA played a crucial role in delivering essential reproductive health (RH) and GBV prevention and response services across Gaza and the West Bank. This included distributing vital SRH equipment, medical supplies, and consumables, and providing basic and emergency obstetric and newborn care through mobile maternity units and SRH teams in formal and informal shelters. Additionally, UNFPA supported 21,000 individuals with GBV prevention and protection services through six women and girls› safe spaces. Youth-led education initiatives reached 990 women, adolescents, and children in temporary learning spaces, and remote counseling services were provided to 449 youth via the Shubbak il Shabab helpline.

RESULTS SNAPSHOT

Reproductive health supplies delivered, expected to support 10,000 births and 1,400 blood transfusions for a period of three months

5 mobile maternal health units provided basic and comprehensive emergency obstetric and neonatal care in the middle area and Khan Younis

210 vials of Anti-D delivered to protect women and newborns from Rhesus disease

836 women received support to access antenatal and postnatal care (ANC and PNC) services

9 SRH teams deployed in the southern and central regions of Gaza, offering ANC and PNC to pregnant and lactating women in informal shelters

2,700 comprehensive postpartum kits distributed to new mothers in shelters and hospitals, including essential hygiene and care items for mothers and newborns

28 frontline service providers trained in the clinical management of rape, and 12 midwives trained in emergency deliveries and basic newborn resuscitation

449 young people received psychosocial first aid through the Shubak Al Shabab helpline and Mostashari app

21,000 women and girls reached with GBV prevention and response services, including MHPSS, case management, and information sessions at 6 safe spaces in the Gaza Strip

NFI **2,100 women and girls** were provided with a two-month supply of disposable menstrual pads

197 women and girls in Gaza received dignity kits containing essential hygiene items

2,672 women, adolescents, and children were engaged by 1,300 young volunteers through youth-led community support and educational initiatives across all localities of the Gaza Strip

2,400 dignity kits were distributed in the northern and southern areas of the West Bank. 300 dignity kits were pre-positioned in Tulkarem, Nour Al Shams, and Jenin refugee camps

20,400 women and girls were reached with GBV prevention and response services at the 6 safe spaces in the West Bank

3 pregnant women who could not access Jenin Hospital during the recent incursion in Jenin, delivered at the Ya'bad emergency centre, a safe motherhood centre supported by UNFPA

200 adolescents and family members received psychological first aid (PFA) training and awareness raising sessions on health and wellbeing in emergencies in several refugee camps and communities in the West Bank

COORDINATION

UNFPA provides strategic leadership for implementing the Minimum Initial Service Package (MISP) for SRH in Gaza, advocating with key stakeholders, coordinating with interagency groups, leading the SRH Technical Working Group within the Health Cluster. This leadership ensures equitable coverage of life-saving services, prevents duplication among 30 member organizations, and maintains an updated mapping of SRH services. Key achievements include developing Joint Postpartum Kit guidance, collaborating with the Nutrition Cluster to support pregnant and lactating women, and finalizing SRH indicators, which are now being digitalized into a dashboard.

UNFPA also leads and coordinates the GBV AoR, overseeing two sub-national clusters in the West Bank and Gaza. Key efforts included conducting orientation sessions for 50 non-GBV specialists in Gaza on safe identification and referral, regularly updating and disseminating GBV service mapping and case management referral focal points, and drafting SoPs for responding to child survivors, currently in the finalization process. Training on assessing high-risk cases and referrals to safe shelters was organized for 19 local GBV service providers. The Sub-Cluster has also integrated GBV into site management, food, and shelter clusters and published a statement from women humanitarians in Gaza highlighting the critical lack of safe operating space for women humanitarians and urging support for women-led and women's rights organizations.

UNFPA leads the adolescent and youth health emergency response and advocacy through the Palestinian Adolescent Health Coalition and the United Nations Youth Group (UNYTG). It integrates youth needs into emergency responses by establishing a task force within the Global Compact of Young People in Humanitarian Action. In August 2024, the UNYTG observed International Youth Day with a joint statement and round-table discussions involving youth, UN, governmental, and civil society actors in the West Bank, Gaza Strip, and East Jerusalem. The Youth Advisory Panel (YAP) also partnered with the Higher Council for Youth Sports and the Ministry of Women's Affairs to form 15 emergency youth groups in the West Bank.

UNFPA also leads the Mobile Clinic Working Group to redirect services to vulnerable locations in the West Bank and address accessibility challenges.

CALL TO ACTION

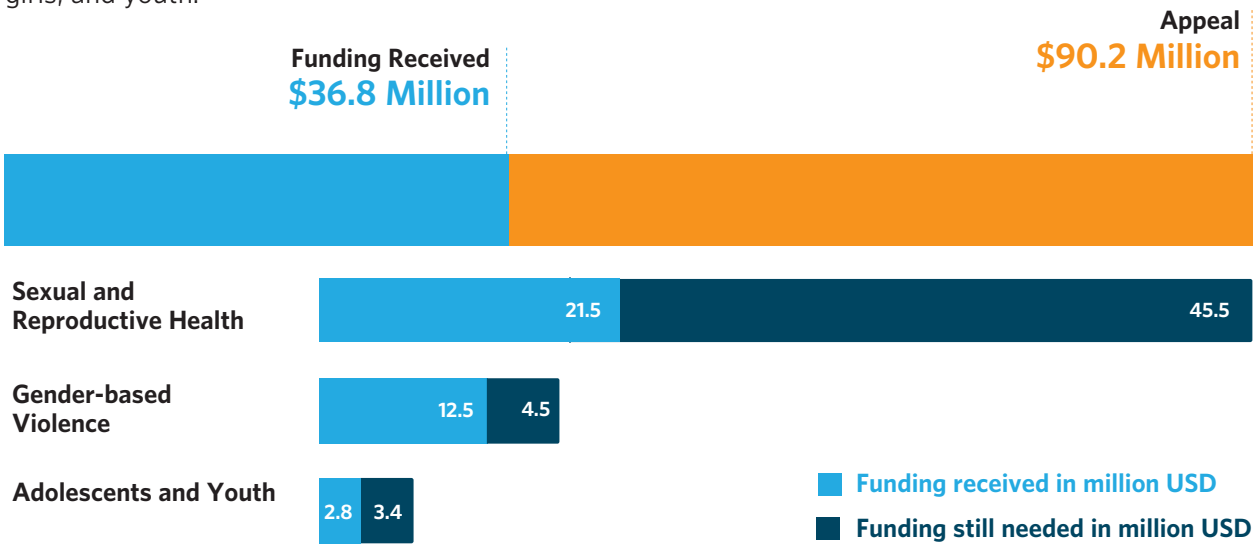
- **Immediate Ceasefire:** We call for an immediate and enduring ceasefire to halt the violence and protect civilians.
- **Adherence to International Humanitarian Law (IHL):** We demand full adherence by all parties to their obligations under IHL, ensuring the protection of civilians and critical infrastructure. Women and girls must have access to essentials such as food, water, shelter, hygiene, health assistance, and safety.
- **Respect for Healthcare:** We insist that the sanctity of healthcare be respected. Health and humanitarian workers must be guaranteed safety, and healthcare facilities must not become battlegrounds. Healthcare workers and patients should not risk their lives to provide or access medical services.
- **Enabling Humanitarian Response:** We call for an enabling environment for a massively scaled-up humanitarian response, establishing reliable entry points for relief supplies, enhancing deconfliction mechanisms, streamlining inspection processes, and ensuring unrestricted access for critical life-saving supplies. A stable communication network is also essential to facilitate effective aid delivery.
- **Restoration of Public Order and Safety:** We demand the restoration of public order and security guarantees to ensure safe humanitarian access and that aid reaches civilians in need.
- **Rehabilitation of Essential Services:** We call for the restoration of essential services, focusing on access to clean water, healthcare, cash, rehabilitation of facilities and infrastructure, and ensuring adequate fuel supplies.



FUNDING STATUS

As part of the OPT Flash Appeal, UNFPA requested **90.2 million USD** for its operational response from January to December 2024. As of August 2024, UNFPA has received **36.8 million USD**. An additional **53.4 million USD** is urgently needed to fully support UNFPA's operational response through December 2024.

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



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