

## HIGHLIGHTS

- **UNFPA** established and equipped 11 emergency delivery centers in Gaza. Hubs offer safe delivery services to women in remote areas; 2 hubs were attacked and closed. \*Saudi funded
- **UNFPA** is procuring critically needed equipment, medications and medical consumables to contribute to maintaining the function of the health system and assist female IDPs.
- **UNFPA** in cooperation with MoH, participates in the cluster meetings to advocate for women caught in conflict; assigned 1 staff member.
- **UNFPA** has supported mobile health team by the Palestinian Medical Relief Society (PMRS) to provide RH services to and distribute dignity kits to IDPs.
- **UNFPA** is the lead organization of the Gender Based violence (GBV) sub working group is leading efforts towards joint response to GBV issues among IDP women and adolescent girls
- **UNFPA** supported a youth campaign 'SAHREK SH`ABAK - Join Your People,' to distribute hygiene/dignity kits to IDPs and provide psychosocial support.



- **UNFPA** continues to work with MoH to strengthen maternal mortality surveillance system. \*MoH maternal mortality in Gaza demonstrated significant decline 2008- 2013.
- **UNFPA** has completed a rapid RH assessment of the impact of the Israeli attack on RH status in Gaza. Two other studies on the impact on GBV and Youth are about to be concluded. UNFPA, in collaboration with MoH and other agencies, is focusing humanitarian response on new key vulnerabilities and needs particularly IDPs and Women. \*OCHA GAZA Crisis Appeal Report, September 2014.
- Key **UNFPA** projects proposals underway:
  - (1) GBV prevention: "Responding to increased vulnerability of Gender Based Violence among displaced population in Shelters and hosting communities in Crisis affected Gaza"
  - (2) RH: "Enhance institutional and community level emergency preparedness and response for reproductive health."
  - (3) Obstetric and newborn care: "Lifesaving continuum of obstetric and newborn care in the Gaza Strip".

## UNFPA FIELD TESTIMONIES



Case of a complicated pregnancy during war, UNRWA school IDP shelter North Gaza, RH assessment team, photo taken by UNFPA Assessment team; Hanan Zaquot.

**Testimony:** "I live in Beit Hanoun north of Gaza, now I am 23 weeks into my ninth pregnancy. I visited antenatal care only once during this pregnancy in Jabalia UNRWA clinic. After my house was shelled my water broke, I went to Awda hospital by ambulance with a wounded right leg. After this incident, I started to have low blood pressure, difficult breathing and blurred vision. I have no idea where and if I will live to give birth, but most probably I will need a cesarean like my last delivery. In the shelter I am afraid to leave my 7 children unattended. I no longer tolerate anything, I fight with my children, husband and anyone around; once my husband beat me here in the school," **Cinderella 34 years old.**

**Testimony:** "When service is needed outside the shelter we do not go because we need money for transportation and if the medication is not available, then we cannot buy it from the pharmacy. We sell food aid to buy baby formula, medications or other needs that are not made available. Even if distribution of hygiene kits happens once, we consume the material in it within one week and after that no one replenishes these items."

### Women and Men in Shelters.



UNRWA shelter, photo taken by Osama Kahlout.

### Testimonies from the UNFPA GBV Assessment:

"When you are staying at someone else's house, you just have to bear with everything including insults. You are not at your house and you don't have any other option."

"There is no security, no freedom and no privacy, we are living in a very overcrowded place which makes us as women feel afraid and anxious. There is discomfort during sleep and we are very careful in our movement. We are even ashamed to sleep and lie down or to go to the bathroom because there are no keys and locks on the doors and windows." because of the absence of key chapters and not to close the windows."



Iman, 21 years old, El Shijaia, Gaza strip, story and photo courtesy of the Culture and Free Thought Association (CFTA) of Gaza.

**Testimony:** "I stated in the hospital for only two days. Now I am deeply worried about my daughter, her future and the fight for her survival. How am I going to feed my daughter amongst all these people in this classroom? How am I going to use the bathroom? Since I returned to this school I am just sitting here with my husband and thirteen other members of his family."

**Iman, 21 years old.**

### Fewer referrals & gender gap during crisis

Fewer patients were referred for routine specialized medical care during the war due to the severe security restrictions and MoH health emergency prioritization.

**Casualty patients:** 356 casualty patients were referred (and emergency travel was coordinated).

260 patients with war-related injuries crossed Erez checkpoint.

96 patients with war-related injuries exited Gaza via ambulance at Rafah for treatment in Egypt.

**Referrals:** Regular referrals down by 55%.

**Gender gap:** 59.12% male patients versus 40.88% female patients were referred. 25.6% of all referrals were for children aged 0-17 years and 17.4% were for patients aged over 60 years.

\*Data Source WHO

## KEY INDICATORS: During and Post Gaza Offensive

### Demography:

- Gazan population 1.8 million.
- 1.4 million lost some or all access to water/sanitation services during crisis.
- 45,000\* pregnant women at any point of time.
- 160\* deliveries take place every day.

### Injuries/Mortality:

- 2205 people killed.
- 521 children (194 girls and 327 boys).
- 283 women, 16 pregnant women\*Ministry of health (MoH).
- 91 families were subjected to massive killing; some were totally killed and swiped out of civil records due to death of all members of these families including many pregnant women.
- Over 11,100 Palestinians were injured among them 3436 children and 2112 women (MOH August report).
- 1,000 children will sustain permanent disability\*OCHA-MIRA Report.
- 500 amputees in different age groups.

### Internally Displaced People (IDPs):

- During offensive over 500,000 people, representing 28% of the total population.
- 110,000 people remain displaced in need of: water tinkering, hygiene kits, food and cash vouchers.



## Impact of Crisis on Health Services

- Pre Gaza attack MoH, 42% of medications and 60% of medical consumables were at zero stock as of July 2014.
- MoH declared 50% of all medical equipment is out of function 3 weeks post military operation.
- Damage of 6 hospitals, extremely unsafe operation in some Gaza strip locations, 6 maternities were closed.

## Impact of Crisis on Women/Maternal Health/GBV:

- 283 women were killed including more than 16 pregnant women.
- UNFPA estimate increased occurrence of pregnancy-related complications such as bleeding, premature delivery and miscarriages. Evidence is currently being collected in a comprehensive reproductive health assessment.
- 4 cases of maternal mortality during the offensive.
- Neonatal mortality reported 100% increase from Shifa hospital (from 7% to 14%).
- 3,000\* displaced pregnant women will continue to suffer from lack of access to basic services.
- Around 5,500 deliveries took place in extremely poor conditions in hospitals, shelters and homes.
- During crisis, more than 40,000 pregnant women were deprived of access to basic reproductive health services.
- Ninety-six per cent of the municipalities' respondents to the MIRA assessment identified incidents of GBV, and sexual harassment of women and adolescent girls in shelters.

## Initial findings of UNFPA GBV Assessment among adolescent girls and women in shelters and hosting families during the Gaza crisis:

- Women suffer from violence before, during and after escaping from their houses.
- Increased caring responsibilities and burden on women.
- Change in traditional roles of women and men due to the new situation, especially for families who lost the "male bread winner".
- Huge need for primary health care and psychological support services.
- Fear and worry due to the current situation that is expected to continue during winter.
- Need for food and non-food items.
- Decline in freedoms justified by "protection" reasons.
- Lack of control and increase in insecurity.
- Fear of change in the family structure, education, cultural values and behavior as a result of the lack of privacy.
- Extreme fear, desire for isolation, lack of motivation, and loss of hope was expressed by women, girls, and men during the FGDs
- The crisis reflected the gaps in existing national plans to respond to emergencies especially responding to the needs of women and girls.

\*Estimation MISP calculator, \*\* Data Source: OCHA - MIRA report, OCHA Gaza Crisis Appeal Update, September 2014

## SITUATION OVERVIEW

The Gaza crisis that began July 7 continued until August 26. Hostilities in Gaza resulted in 2205 people killed among them 521 children (and 283 women, among the killed women, there were 16 pregnant women). According to the Ministry of health, 11,100 Palestinians were injured among them 3374 children and 2,088 women. It is expected that up to 1,000 children will sustain permanent disability (OCHA- MIRA report) and 500 amputees in different age groups.

During hostilities, people living in the eastern part of Gaza strip had to evacuate their homes under active bombardment leaving their belongings behind. Over 500,000 people, representing 28% of the total population of Gaza fled their homes and sought shelter at 89 UNRWA schools (293,000), at 17 Governmental schools (49,000) and 170,000 people sought shelter within hosting families and community spaces such as mosques, churches and hospitals' gardens. According to OCHA report after the war, an estimated 18,000 houses were completely or severely damaged leaving 5% of Gaza housing stock as uninhabitable. Even after the ceasefire, an estimated population of 108,000 still remains displaced, as their houses have been completely destroyed residing in UNRWA shelters and within hosting families. Moreover three weeks from the start of military operation, the MoH declared that 50% of all medical equipment is out of function, accordingly, 50% of primary healthcare centers were closed including most of the 11 emergency response hubs.

RH and maternal health services, primary and secondary level were affected by reduced capacity, shifting attentions and assets towards direct victims of the war and the wounded. Pregnant women and newborns suffered from increased occurrence of life-threatening complications and mortality patterns due to the war and compromised capacity to provide quality care at primary health care, maternities and newborn care units. Health, psychological and social problems are on a rise within the displaced communities with lack of information about essential services, increase in the levels of occurrence of violence and spread of infectious diseases becoming close to disaster levels.

## KEY NEW VULNERABILITIES AND NEEDS TARGETED BY UNFPA AND ITS PARTNERS:

\*OCHA Gaza Crisis Appeal Report September 2014:

- **IDPs:** Approximately 110,000 people remain displaced in need of water tankering and hygiene kits; as well as food and cash vouchers. The high numbers of children and women in particular need of care in shelters, host communities and amongst extended family members raises significant protection concerns. Women (pregnant and lactating) children, people with disabilities and elderly people are increasingly vulnerable to GBV.
- **Explosive Remnants of War (ERW)** and other explosive hazards represent one of the major threats to IDPs' safe return to their homes. Gaza is littered with ERW (7000 not secured/destroyed). Since July 2014 10 people killed and 18 injured by ERW. Threat to life, obstacle to reconstruction, and injuries related to ERW may result in disabilities. Children (boys in particular 10-15 years old) are the most affected group in addition to young men, workers removing rubble, IDP returning, farmers who live in ARA
- **Women:** During the crisis the ability to offer essential reproductive health services, emergency obstetric care and post-operative care for women were compromised; even more so in remote areas. More than 40,000 pregnant women were deprived of access to basic reproductive health services, and around 5,500 deliveries took place in extremely poor conditions in hospitals, shelters and homes. It is expected that about 3,000 displaced pregnant women will continue to suffer from lack of access to basic services, special dietary needs and vitamin supplements.
- An increase in **pregnancy complications** such as miscarriage, bleeding and premature labor was observed during the crisis by UNFPA, who is currently undertaking a comprehensive RH assessment. This issue was further compounded due to the huge shortage in human and material resources available within hospitals that compromised the quality of care for newborns, 100% increase in infant mortality was reported from Shifa hospital (from 7% to 14%).
- **Women IDPs** in shelters perceived a heightened vulnerability in relation to access to key services, safety and security. According to the results of the MIRA assessment 96% of the municipalities' respondents identified incidents of GBV, domestic violence, child abuse/violence, sexual harassment of women and adolescent girls in shelters. Main protection concerns related to the conflict: overcrowding, lack of privacy in shelters and host families, increase of GBV and the risk of forced marriages amongst war widows. Concerns related to increase in domestic violence and marital sex as a result of the overcrowded context and lack/limited access to services.

## REPRODUCTIVE HEALTH

UNFPA and partners agreed to include areas of maternal and newborn health within the continuum (conception-antenatal-delivery and postnatal) in addition to critical RH areas included in the internationally recognized Minimal Initial Service Package (MISP) such as emergency obstetric care, sexual and GBV, sexually transmitted infections and family planning.



### Impact on RH Service Delivery:

An increase in home deliveries was reported from shuhada Aqsa and Harazine maternities in the midst of the conflict, with no registration of cases. Hilal Imarati, Tahreer, Shifa and Awda hospitals on the other hand reported and documented a total of 29 cases of home deliveries due to difficult access to maternities during the military operations. 6 maternities were assessed; findings showed proportional increase in case load in the case of normal delivery and caesarean section in all studied maternities except for Harazine which is located in Shejyaya area and which was severely damaged due to bombardment in the proximity of its building. Furthermore, massive displacement of all residents of Shajaiyeh took place leading to a two-week closure of the maternity.

## Impact on Maternal Health:

There are 45,000 pregnant women at any point of time in Gaza and a total of around 160 deliveries take place every day. A total of 20 pregnant women died during the war, 4 cases of maternal mortality were due to obstetric reasons and 16 as a direct result of ongoing hostilities. Maternity hospitals in particular Al-Awda hospital consistently reported increase in pregnancy-associated complications such as miscarriages, pre-term deliveries, bleeding and cesarean section deliveries; most often stress induced.

\*For the last 7 years, UNFPA has worked closely with the MoH on the development of maternal mortality surveillance system to prevent maternal mortality, which resulted in its decline during 2008- 2013.

## Impact on Hospitals/Maternities:

In general, and according to WHO situation report of 23rd-28th August, there were 17 hospitals damaged, of which 6 hospitals were closed during the issuing the last situation report. In 4 major maternities, rate of preterm deliveries increased which contributed to the neonatal mortality rate.

## Neo-Natal:

Of the 5 neonatal ICU assessed Shifa hospital had the highest load of admissions to neonatal ICU. Cases of 2 newly born babies in the same incubator was not uncommon, often discharge was impractical since parents were residing in shelters.

## Family Planning:

Family planning services were dramatically affected during the war with MoH clinics in Gaza demonstrating 60-90% decline in the number of beneficiaries in July.

## Impact on Primary Healthcare:

According to WHO situation report of 23rd-28th August, total of 50 primary healthcare facilities out of the total of 97 sustained some damage. As of the 27th August 30 primary healthcare centers were closed.

## Shelters:

In total, more than 500,000 people fled their homes during the war. According to OCHA report, a total of 110,000 people will remain homeless and will need shelters. As of October 31st, there were 31,219 people hosted by 18 UNRWA schools and the rest have moved to reside within hosting communities and relatives.

## GBV:

Both women and men living in shelters or amongst host families/relatives reported a loss of privacy, increased anger and increased susceptibility to GBV. Women in the focus groups reported disrupted breast-feeding, compromised hygiene, comfort, poor communication environment with family members and frequent disputes with other families. 100% of interviewed professionals and IDPs reported existence of different types of violence. While they did not report existence of sexual violence, physical, verbal and psychological violence was vastly reported by women and referred basically to violence practiced by the male members of family and by the service providers in the shelters.

## UNFPA HUMANITARIAN ASSISTANCE

UNFPA established and equipped 11 emergency delivery centers "hubs" in Gaza. These hubs were utilized to offer safe delivery services to women caught in remote areas. However, 2 of those hubs were hit and therefore closed.

UNFPA has procured over \$300,000 essential medications/medical consumables and women dignity kits to contribute to maintaining the health system and assist displaced women and girls.

UNFPA has supported the Palestinian Medical Relief Society (PMRS) to provide RH services through mobile teams to displaced women and girls in shelters, and distribute dignity kits.

UNFPA, through its partners (CFTA, RCS, PMRS and Sharek Sha'bak campaign) in Gaza, has distributed 2,000 dignity kits to Women IDPs in shelters and hosting communities.



*Distribution of Hygiene kits at shelters by Y-Peer members, photo by Y- PEER and Sharek Shabak Campaign.*

**UNFPA** supported a youth campaign 'Sharek Sh`abak - Join Your People,' to distribute essential hygiene items to IDPs and provide psychosocial support.

**UNFPA** is participating in HCT, cluster meetings and contributing to SitReps, and PDNA.

**UNFPA** has launched RH assessment and is about to launch another two assessments on GBV and Youth.

**UNFPA** has conducted 10 awareness raising workshops on mental health issues in the Gaza Strip for 120 youth aged 15-29.

**UNFPA's** provision of RH services ensured that 1,946 people benefited (1,870 female and 76 male).

**UNFPA's** 198 awareness sessions reached 2,258 people (237 male and 2,021 female), in the middle and north areas of the Gaza Strip during September and October 2014.

**UNFPA** assisted in the provision of legal, psychological, and social services in the North area of the Gaza Strip benefiting 140 people (134 woman and 6 men).

**UNFPA** provided training during September and October 2014 in the North of Gaza on early marriage, psychological and social interventions (such as psychological first aid and stress coping mechanisms during conflict) as well as mind and body skills; reaching 640 people (545 female and 95 male).

**UNFPA** provided recreational and psychosocial support activities including: expressive art including photography, handcrafts and creative writing targeting 400 youth (200 male, 200 female).

**UNFPA** provided training to 62 youth in the North and Middle areas of the Gaza Strip on: 1) documenting community stories with focus on women and girls GBV related issues; 2) practical training on radio production and media work, youth were trained in 3 local radio stations for 2 months.

## INTER-AGENCY COORDINATION

**UNFPA** has been entrusted by the WHO, MoH and international partners to undertake the post-crisis assessment to review the magnitude, scope, and impact of the recent war in Gaza on RH.

**UNFPA** is leading the RH sub-cluster and GBV working group under the health and protection clusters respectively.

The CO works closely with: the MoH, the Culture and Free Thought Association (CFTA), the Red Crescent, and Palestinian Medical Relief Committees (PMRS).

### Inter-Agency Coordination for Specific UNFPA Projects:

- **UNFPA** implementing Partners obstetric and newborn care project: MOH, CFTA, PMRS, PFPPA
- **UNFPA** implementing Partners RH Project: MOH, UNRWA and Palestinian Medical Relief Society (PMRS) and Health Work Committees (HWCs) - RH
- **UNFPA** implementing Partners GBV Project: Center for women's legal research and consulting "CWLRC" WISAL Coalition, 25 community based organizations in Gaza Palestinian Red Crescent: RCS Palestinian Medical Relief Society: PMRS SAWA Organization (GBV)

## RESOURCE MOBILIZATION AND FINANCE

### Financial Resources:

The UNFPA CO in coordination with ASRO has allocated additional resources in the amount of \$545,000USD, which has been utilized to cover the following immediate and urgent needs in Gaza.

### Human Resources:

The UNFPA CO has currently 3 staff members in Gaza. Due to the unstable situation and heavy coordination efforts it is challenging to collect or verify essential information. The Jerusalem office still devotes a considerable amount of work to Gaza.

## KEY RECOMMENDATIONS FOR ALL INVOLVED AGENCIES:

- Urgent need to rehabilitate the health care system in Gaza. Physical rehabilitation of both infrastructure and function is needed not only as an emergency preparedness measure, but also to allow the system cope with and effectively respond to daily and growing needs.
- It is recommended that rehabilitation effort is built around the transformational idea of (building back better) taking into consideration infrastructure, equipment and material resources needed to fulfill functions of health care facilities.
- Rehabilitation health care services need to take into account the logical and proper continuity of care from community to primary health care and ultimately to hospital in a manner to allow smooth transition of users within the three levels at all times.
- Immediate action on reaching displaced population with a full package of services is mandatory, as physical and economic barriers to care are widely present.
- Expansion of existing services within displacement centers and mobile health services to remote areas stand as options for immediate actions.
- RH services, psychological support and management of GBV stand as critically needed services at this point of time.
- Improvement of living conditions at shelters in terms of environment, sufficient supplies for daily life and means for psychological ventilation is critically needed as an immediate action.
- Provision of adequate food and non-food aid is an urgent need that falls beyond health sector mandate, but is leading to physical and psychological impairment.
- Further assessment and reach out to displaced people within communities is needed immediately as those fall below the aid and services radar.

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