

Crisis in Gaza

Sexual and Reproductive Health and Rights are at the core of the humanitarian catastrophe

Five months since Israel declared war on Hamas, following the brutal attacks on Israeli civilians that left over 1200 dead and more than 200 people taken hostage, the subsequent bombardment and invasion of Gaza by Israel's military has resulted in an unfolding humanitarian catastrophe of unprecedented scale and severity.

In Gaza, almost 32,000 Palestinians have been killed, and almost 74,000 injured, 70% of whom are women and children, according to the Palestinian Ministry of Health¹. **1.7 million people** (75% of the 2.3 million inhabitants of the Gaza Strip) are reported internally displaced towards the South of the Strip to attempt to escape Israeli bombardments from air, land and sea². Currently around 1.4 million people (over half of the population of the whole Gaza Strip) are in overcrowded desperate conditions in the southern city of Rafah, without enough food, water and fuel and facing a public health emergency³.

The conflict has given rise to a public health disaster, with hospitals and medical facilities directly targeted⁴, leaving only **12 out of 36 hospitals** in the Gaza Strip partially functional, depriving the population of lifesaving medical assistance⁵. Only two fully functioning maternity hospitals remain in the whole of Gaza. Healthcare facilities and workers have been under constant attack and are working under immense stress and hardship, without electricity and the most basic medical supplies, leading to the destruction of the entire healthcare system in Gaza. **One in four households** in Gaza, (more than half a million people) are facing catastrophic hunger conditions. Humanitarian operations continue to face immense challenges, with aid workers themselves killed, displaced, or facing mounting movement restrictions and a breakdown of civil order⁶. Currently, humanitarian access into Gaza is severely limited. The current acute emergency situation adds onto an already protracted humanitarian crisis caused by decades of Israeli occupation and blockade of Gaza.



1 in 4
PEOPLE ARE WOMEN
AND GIRLS OF
REPRODUCTIVE AGE



50,000
PREGNANT WOMEN
AT THE START OF
THE CONFLICT



+25-30%
PREMATURE BIRTHS
AND STILLBIRTHS



690,000
MENSTRUATING WOMEN
AND ADOLESCENT GIRLS

Why is Sexual and Reproductive Health (SRH) essential in responding to the humanitarian crisis in Gaza?

Anyone who has been forced to flee or who lives in an area of active fighting is particularly vulnerable, even more so women, girls, adolescents and structurally marginalized groups, including those experiencing multiple and intersecting forms of discrimination (MIFD). People's access to health services may be suspended or the quality may be low, and they will not have access to life-saving reproductive health care. They are in a dire state of emergency and further exposed to risk of sexual violence, sexually transmitted infections including HIV and unintended pregnancies. Women who are pregnant and exposed to armed conflict have higher rates of miscarriage, stillbirths, prematurity, congenital abnormalities, and other adverse outcomes. There is also an increased risk for excess neonatal deaths and stillbirths due to a range of reasons including inadequate health facility childbirth⁷ along with lack of age-appropriate breastfeeding practices, inadequate antenatal care and food insecurity further exacerbated by the relentless bombings. **Amid the terrifying devastation experienced through a humanitarian crisis, people first and foremost need safety and protection. Sexual and reproductive health (SRH) services are lifesaving, and can prevent further suffering, however, in times of crisis, they are often neglected.**

Sexual and reproductive health and rights (SRHR) needs in Gaza are extremely high. Among Gaza's population, more than **540,000** people – about one in four – are **women and girls of reproductive age**. According to official figures, there were an estimated **50,000 pregnant women** at the start of the conflict, some 5,500 of whom are expected to deliver every month, an average of 180 every day⁸. Among these, 15% are expected to experience pregnancy- or birth-related complications, which with the lack of medical facilities available and having the means to properly operate (including medical supplies, clean water and electricity) is driving up rates of maternal mortality and morbidity. For instance, there have been reports of caesarean sections performed without anaesthetic due to the shortage of medicines available, and of mothers forced to leave the hospital only three hours after having a caesarian section operations, due to overcrowding⁹. Pregnant women are also reported to miscarry due to stress and shock and there has been a reported **25-30% increase in premature births and in stillbirths**^{10, 11}.

An estimated **335,000 children and 155,000 pregnant and lactating women** are among the highest at risk of severe malnutrition and preventable death¹². Furthermore, over **690,000 menstruating women and adolescent girls** in Gaza have limited access to menstrual hygiene products in addition to inadequate water, hygiene, and access to toilets and privacy¹³. Women and girls are also reporting a severe **lack of contraceptives** and a **rise in cases of sexually transmitted infections** and urinary tract infections with little to no medical treatment available. With over 1.4 million displaced people seeking shelter in Rafah, the lack of privacy, with multiple families sharing accommodations in the host communities and overcrowded shelters may leave women and girls vulnerable to **sexual and gender-based violence (SGBV)**, harassment, and abuse.

WHAT DOES SEXUAL AND REPRODUCTIVE HEALTH MEAN IN A CRISIS?

SRH in crisis is access to safe delivery and new-born care, access to contraceptives to prevent unintended pregnancies which could further endanger the life of the woman and her family. It also includes other key elements like prevention, detection and treatment for SGBV, access to safe abortion, comprehensive sexuality education for youth, prevention and treatment of HIV and other sexually transmitted infections, and safety for people of diverse sexual orientation and gender identities. SRH is an essential component of the universal right to the highest attainable standard of physical and mental health, protection from violence and the right to safety and essentially the right to life enshrined in the Universal Declaration of Human Rights. Like all other human rights, it applies to refugees, internally displaced persons and anyone living in humanitarian settings. Prioritizing the needs of women, girls, adolescents, and structurally marginalized groups in emergencies is therefore a human rights imperative and should be prioritized in the response to the humanitarian crisis in Gaza. SRH care is also an essential part of core Humanitarian Standards and its provision is a humanitarian imperative, not an optional addition.

Urgent actions to be taken by European governments

01. Call for an immediate and full ceasefire and unhindered humanitarian access to Gaza

An immediate and full ceasefire is the only condition to allow the release of hostages, prevent further atrocities, save lives and ensure the safety of the civilian population in Gaza, and reliable entry points and intact civilian infrastructure that would allow humanitarian actors to bring desperately needed humanitarian aid in. **It is absolutely vital that humanitarian actors get access to the Gaza Strip, including through providing direct support to local actors.** Local and national actors, particularly women's rights and SRHR organisations, play a crucial role in responding to the population's needs, but need to be provided the necessary supplies and have the required conditions to provide such lifesaving aid.

Countdown 2030 Europe calls on European countries and the European Union (EU) to:

- ▶ **Urgently call for an immediate and full ceasefire, as the only condition to allow the safe and unhindered entry of humanitarian aid into Gaza, and its safe reception by local actors and civilians;**
- ▶ **Urge all parties to the conflict to respect international humanitarian law and to refrain from committing humanitarian and human rights violations, including attacking essential healthcare and other civilian infrastructure, which are critical to ensuring access to lifesaving healthcare and humanitarian aid, and halt the transfer of weapons that can be used to commit such violations.**

02. Provide the much-needed funding to ensure efficiency and sustainability of the humanitarian response

Several European donors have by now responded to the United Nations funding appeals for the conflict in Gaza¹⁴. However, some European donors have also recently cut vital funding to the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the backbone of the humanitarian operations in Gaza, in the aftermath of allegations around the involvement of some of its staff in the Hamas attacks of 7th October¹⁵. This represents a great obstacle preventing the Palestinian population from receiving the resources they need to provide life-saving, sustainable assistance to those in need. Moreover, to be efficient and

sustainable, the humanitarian response must also take into account the key role of local Palestinian actors, women rights' and SRHR organisations existing in Gaza, which can enhance efficiency, accountability and sustainability of humanitarian interventions. Local actors have long been part of the national infrastructure providing socioeconomic and health services, as well as general support to the most marginalised communities at national and local level, they are trusted by the community and have an in-depth understanding of their needs. As such, **supporting local and women-led organisations is part of a human rights-based approach of securing participation of the affected population and inclusion of the most marginalised.**

Countdown 2030 Europe calls on European countries and the EU to:

- ▶ **Urgently reverse the budget cuts and/or provide adequate financial resources to UNRWA;**
- ▶ **Scale up humanitarian funding, including funding to local, women's rights' and SRHR organisations and enhance funding streams that are either flexible or tailored to enable locally grounded effective interventions and to foster complementarity with multilateral and governmental initiatives.**

03. Prioritise funding for life-saving SRHR without discrimination

SRHR needs are often overlooked during a humanitarian crisis, while they are of the utmost importance. Sexual and reproductive health is a fundamental part of healthcare provision and an essential element of Universal Health Coverage. Babies continue to be born, pregnancies keep happening, the need for contraception continues to exist during conflicts, as well as the necessity for basic and menstrual hygiene products. However, such needs are increasingly unmet as health systems and public services often collapse during humanitarian crises, reducing access to the full range of SRHR. Furthermore, women and girls and other marginalised people are disproportionately affected by the crisis, as emergencies exacerbate existing gender inequalities and risks of sexual and gender-based violence (SGBV), increasing their vulnerability.

Countdown 2030 Europe calls on European countries and the EU to:

- ▶ Allocate sufficient funding for comprehensive and non-discriminatory SRH services. The Minimum Initial Service Package (MISP)¹⁶ for Sexual and Reproductive Health in crisis situations must be a critical component of all humanitarian response in Gaza. This also means the inclusion of Reproductive Health kits and dignity kits in humanitarian packages and convoys to the Gaza Strip. The EU and European countries should also ensure investments in supply chain and logistics for the lifesaving SRH supplies required to fully implement the MISP;
- ▶ Remind all stakeholders that the full MISP is a non-negotiable international standard of care that should be implemented at the onset of every emergency, including in the humanitarian crisis resulting from the conflict in Gaza;
- ▶ Recognise that services to support SGBV survivors are essential and ensure, including through funding and advocacy, that they are accessible in Gaza. This should also encompass essential SRHR services for SGBV survivors, including access to life-saving safe abortion care and post-abortion care.

04. Protect and support the most marginalised and underserved

Emergencies have a disparate effect on the most marginalized or underserved members of a community: women, children and adolescents, as well as the elderly; people of diverse sexual orientations, gender identities and expressions, and sex characteristics; people with disabilities and those with a migrant background or from historically marginalized racial or ethnic groups. Their vulnerabilities are compounded, and they face multiple forms of discrimination as existing inequalities are magnified in times of crises. **It is vital that the international community upholds the principle of 'leaving no one behind' also within humanitarian contexts.**

Countdown 2030 Europe calls on European countries and the EU to:

- ▶ Prioritise, in their humanitarian response, including through funding, the protection of the most marginalised and underserved people, responding to their basic needs and leaving no one behind.
- ▶ Ensure access to humanitarian aid and health services, including SRHR services, is guaranteed to all, free from discrimination.

1. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), [Hostilities in the Gaza Strip and Israel - reported impact | Day 164](#), 19 March 2024.
2. OCHA, [Occupied Palestinian Territory](#).
3. World Food Programme (WFP), [Emergency – State of Palestine](#).
4. There have been more than 370 attacks on health care in Gaza since 7 October, according to the United Nations World Health Organisation (WHO), [Statement by Principals of the Inter-Agency Standing Committee \(IASC\): Civilians in Gaza in extreme peril while the world watches on](#), 21 February 2024.
5. WHO, [Statement by Principals of the Inter-Agency Standing Committee \(IASC\): Civilians in Gaza in extreme peril while the world watches on](#), 21 February 2024.
6. OCHA, [Hostilities in the Gaza Strip and Israel | Flash Update #124](#), 22 February 2024.
7. [Crisis in Gaza: Scenario-Based Health Impact Projections](#).
8. UNFPA, [Palestine Situation Report #6](#), 01 March 2024.
9. UN News, [Gaza crisis: Babies being born 'into hell' amid desperate aid shortages](#), 19 January 2024.
10. See note 8.
11. At the end of January 2024, the UN International Court of Justice issued a [provisional ruling](#) in South Africa's case accusing Israel of genocide in Gaza, ordering Israel to do all it can to prevent death, destruction and any acts of genocide against Palestinians in the territory, including imposing measures intended to prevent births within the group.
12. UNFPA, see note 8.
13. Ibid.
14. OCHA, [Occupied Palestinian Territory | 2023-2024 Flash Appeal Financial Tracking](#).
15. The UNWRA Commissioner General released a statement on 26 January 2024 announcing the immediate termination of contracts of those involved in the allegations, launching a thorough investigation on the alleged facts and condemning in the strongest terms the attacks on Israel of 7th October 2023, see [here](#).
16. The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in crisis situations is a series of crucial, lifesaving activities required to respond to the sexual and reproductive health needs of affected populations. It includes a full package of SRHR services, including family planning, maternal and newborn health, contraception, abortion, etc.

About Countdown 2030 Europe

Countdown 2030 Europe is the 'go-to' cross-country sexual and reproductive health and rights (SRHR) expert Consortium in Europe seeking to increase European SRHR funding in international cooperation and strengthen political support for sexual and reproductive freedom worldwide. The Consortium is made up of 15 leading European non-governmental organisations and is coordinated by IPPF European Network.

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