

Situation Report

Humanitarian Crisis in Palestine

Country:	Palestine ▾
Emergency type:	Conflict ▾
Start Date of Crisis:	Oct 7, 2023
Date Issued:	Apr 14, 2025
Covering Period:	Mar 1, 2025 to Mar 31, 2025
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KEY FIGURES

<p>51,798 Fatalities¹ 50,846 in Gaza 952 in West Bank</p>	<p>122,429 Injuries¹ 115,729 in Gaza 6,700 in West Bank</p>	<p>~1.9M Internally displaced² 1.9M in Gaza (90% of population) 40,000+ in West Bank</p>	<p>1.36M+ Women of reproductive age³ 545,000+ in Gaza 820,000+ in West Bank</p>	<p>128,000 Estimated pregnant women³ 55,000 in Gaza 73,000 in West Bank</p>
<p>12,000+ Expected births in the next month³ 4,000 in Gaza 8,000 in West Bank</p>	<p>22 of 35 Hospitals in Gaza² partially functional</p>	<p>73 of 153 Primary health care centres in the Gaza Strip² are partially functional</p>	<p>1.2M Youth aged 18-29⁴ 470,000 in Gaza 730,000 in West Bank</p>	

¹ Palestinian Ministry of Health - 09 April 2025

² [OCHA Reported Impact Snapshot - Gaza Strip - 08 April 2025](#)

³ [MISP calculation](#)

⁴ Palestinian Central Bureau of Statistics

HIGHLIGHTS

- **Ceasefire breakdown unleashes a new wave of devastation for women and girls:** The collapse of the ceasefire in mid-March has plunged families back into deadly violence, displacement, and deprivation. Women and girls are once again being uprooted, left with no safe place to go, and cut off from basic supplies and services.
- **Unlawful aid blockade continues; essential supplies denied:** The Israeli government's ongoing aid blockade—now in its second month—is obstructing the entry of food, fuel and medical supplies, in violation of international humanitarian law. The results are catastrophic: Soaring malnutrition – between 10 and 20 percent of pregnant and breastfeeding women are malnourished, increasing the risks of pregnancy complications – and disease outbreaks.
- **Maternal and newborn health care collapsing under pressure:** Hospitals are overwhelmed and under attack, with oxygen and life-saving maternal health medicines running out. Equipment, including incubators, blood units and ultrasound machines, are stalled at the borders. Health workers are operating under constant threat and are exhausted.
- **Pregnancy and childbirth have become deadly threats:** One third of pregnancies are high-risk, and one in five of the 130 babies born every day are pre-term, underweight or suffering from complications requiring specialist care, which is increasingly unavailable. Pregnant women are unable to reach care due to unaffordable transport, destroyed roads or active hostilities.
- **Women bear the brunt of mental and physical hardship:** Two-thirds of women are experiencing depression, nightmares and anxiety, with little if any access to psychosocial support. With many acting as primary caregivers in overcrowded shelters, women are sacrificing their own health and well-being to keep their families safe and alive.
- **Aid workers under fire; critical services threatened:** Humanitarian workers continue to be targeted in violation of international humanitarian law. Deaths, injuries and the displacement of aid workers, including health and social workers, is shattering what remains of existing health and protection services and infrastructure.
- **West Bank: escalating violence and displacement:** In the northern West Bank, intensified Israeli military operations have displaced over 40,000 Palestinians. Damaged homes, movement restrictions, limited health access, and widespread insecurity are putting pregnant women and families at severe risk.
- **UNFPA sustains critical support amid an escalating crisis:** In March, UNFPA remained on the ground, reaching over 36,500 people with essential sexual and reproductive health (SRH), gender-based violence (GBV) and youth-focused services across Palestine.

SITUATION OVERVIEW

- The breakdown of the ceasefire on 18 March has unleashed a new wave of horror for women and girls in Gaza. Intensified airstrikes and military operations have killed over 500 children and 270 women. Nearly 400,000 people have been forcibly displaced in less than three weeks, many multiple times, carrying what little they have with no shelter, safety or place to go.
- Women, who are hungry, traumatized and afraid, are now being stripped of what remains of their dignity. Overflowing, makeshift camps have become hotbeds of disease, with infestations of fleas and mites, no sanitation, and no access to clean water or privacy. Sanitation and menstrual hygiene are impossible to maintain under these conditions. Thousands of people are living in the open or inside unsafe, damaged structures, exposed to bombardment and the threat of buildings collapsing.
- The health system, already decimated, is unraveling. On 23 March, the surgical unit of Nasser Hospital, one of Gaza's largest, was struck and caught fire. Ambulances have also been shelled. A mass grave in Rafah revealed the bodies of 15 first responders, including UN staff, Red Crescent and Civil Defense workers, killed while on duty.

- Malnutrition is rising at an alarming rate. Families are skipping meals, burning waste for fuel and relying on unsafe water sources. Public health threats—including respiratory infections, diarrhoea, and hepatitis—are adversely impacting maternal and newborn health.
- Women and girls are increasingly vulnerable to sexual exploitation and GBV, especially in overcrowded shelters with no privacy or protection measures. There are only a few remaining service points and those seeking support face stigma and insecurity.
- Three of 17 UNFPA-supported women and girls' safe spaces in Gaza—located in Beit Hanoun, North Rafah, and Jabalya—have closed due to insecurity and displacement orders. The remaining 14 are partially operational, offering remote support for complex GBV cases only.
- In the West Bank, the situation continues to deteriorate. Israeli military operations have displaced tens of thousands and levelled entire communities. Medical access is limited, settler violence is rising, and roadblocks are strangling any movement. Pregnant women are unable to access maternal care, and health providers are impeded in delivering services by restricted access to facilities due to checkpoints and road closures; movement permit delays; increased risks of violence or arrest during fieldwork or at checkpoints; disruptions to supply chains; and limited communication and coordination in high-risk areas.

UNFPA RESPONSE

In March 2025, UNFPA continued to deliver life-saving SRH and GBV prevention and response services across Gaza and the West Bank, despite the escalating conflict, repeated displacement, and severe access constraints. Border closures, insecurity, and attacks on health facilities and aid workers have significantly disrupted service delivery, yet UNFPA and partners remained on the ground, responding where access was possible.

- Over **25,000 people were reached with SRH services**, including maternal health and emergency obstetric care, and postnatal care, through static health facilities, mobile clinics and containerized units. Postpartum kits were also provided to mothers and newborns. Essential equipment and high performance medical tents were distributed to support overstretched facilities.
- GBV prevention and response activities, including psychosocial support, case management and referrals to legal and health services, reached over **8,900 individuals**. Dignity kits and cash assistance were provided to those in need. Women and girls' safe spaces remained a vital source of protection and care where operational.
- Adolescents and youth were provided with critical support, with **over 2,600 young people** reached with mental health and psychosocial support (MHPSS), life-skills education and youth-friendly health initiatives. Youth also participated in community-based peacebuilding and emergency preparedness efforts.



RESULTS SNAPSHOTS



25,000

People reached with **SRH services**



23

Health facilities (*primary health care, mobile units, medical points, field hospitals, and hospitals*) supported












11,500

People reached with **GBV services and youth-focused support**



19

Women and girls' safe spaces supported, including 2 shelters

Gaza Strip		
	90	Inter-agency reproductive health kits distributed to 18 health facilities and service delivery points across Northern, Central, and Southern Gaza, with sufficient medical supplies to support 17,000 SRH services, including 2,400 safe births, in the next three months.
	8	Fetal dopplers delivered to primary healthcare centres to support antenatal care and fetal monitoring.
	6	Containerized maternal health units provided basic and comprehensive emergency obstetric and neonatal care in the Middle Area and Khan Younis, supporting over 500 safe deliveries.
	200	Postpartum kits , containing essential hygiene and care items for mothers and newborns, distributed to 400 new mothers in shelters and at hospitals.
	4	High performance tents (24m ²) distributed to the Ministry of Health, expanding health service delivery in priority locations.
	3	Safe space kits, including furniture, equipment and recreational materials, delivered to partners to equip three new women and girls' safe spaces in Gaza.
	13	Women and girls' safe spaces reached 4,194 women and girls with GBV risk mitigation, prevention and response services, including MHPSS, case management and information sessions.
	1,386	Dignity and menstrual hygiene management (MHM) kits distributed to women and girls.
	1,322	Adolescents and youth reached through multipurpose youth centres, youth hubs, and girls' tents with recreational and educational classes, awareness sessions on hygiene, comprehensive life education (CLE), peacebuilding and resilience initiatives, and psychosocial first aid.








	266	Youth received psychosocial first aid through the Shubak Al Shabab helpline and the Mostashari application .
West Bank		
	5	Inter-agency reproductive health kits distributed to health facilities, supporting an estimated 1,650 SRH services.
	1,318	People reached with comprehensive SRH services, including breast cancer screenings, SRH information and awareness-raising activities, through five UNFPA-supported mobile clinics in Area C.
	448	Women received cash and voucher assistance (CVA) to address their immediate needs, including protection from exploitation and violence.
	6	Women and girls' safe spaces reached 2,832 women and girls with GBV risk mitigation, prevention, and response services, including MHPSS, case management and information sessions.
	964	Youth accessed youth-friendly health services and participated in pre-marriage counselling awareness-raising activities at universities, and peacebuilding and resilience initiatives
	25	Youth trained in emergency preparedness, response and peace resilience.



Photo: © Social Development Forum, Gaza

COORDINATION MECHANISMS

Gender-based Violence:

UNFPA continued to lead GBV coordination across Palestine, adapting response efforts amid growing constraints. In March, the GBV Area of Responsibility (AoR) finalized and disseminated the draft standard operating procedures (SOPs) on GBV Case Management in Crisis, developed with the Case Management Task Force and validated by 20 case managers. The SOPs will ensure consistency and quality of service provision and ensure women and girls' safety, dignity and choice are prioritized. The inter-agency referral pathway was finalized with cluster inputs; the Gaza data-sharing protocol is under review for Inter-cluster Coordination Group (ICCG) endorsement. Six field visits and two joint missions with OCHA were conducted to assess women and girls' needs in high-risk areas. February's GBV dashboard and complex referral pathways were updated; case management in emergencies training is ongoing for Task Force members.

Sexual and reproductive health:

UNFPA continues to lead the Sexual and Reproductive Health Working Group (SRHWG) under the Health Cluster, supporting coordination, preparedness, and service continuity. In March, the SRHWG finalized the SRH referral guidance note to support frontline providers to safely connect women to available services; updated key messages to support accurate information sharing with community members; and revised the Clinical Management of Rape (Clinical Management of Rape (CMR)) concept note with the GBV AoR, improving survivors' access to quality care. Partners provided assistance for women giving birth at home and in shelters in North Wadi Gaza, and mapped human resources and the location of service points for obstetric emergencies to support safe births in hard-to-reach areas. Coordination efforts also included reviewing and costing the SRH emergency action plan, progressing the SRH dashboard and engaging emergency obstetric and newborn care (EMONC) facilities to assess capacity and needs.

Adolescents and youth

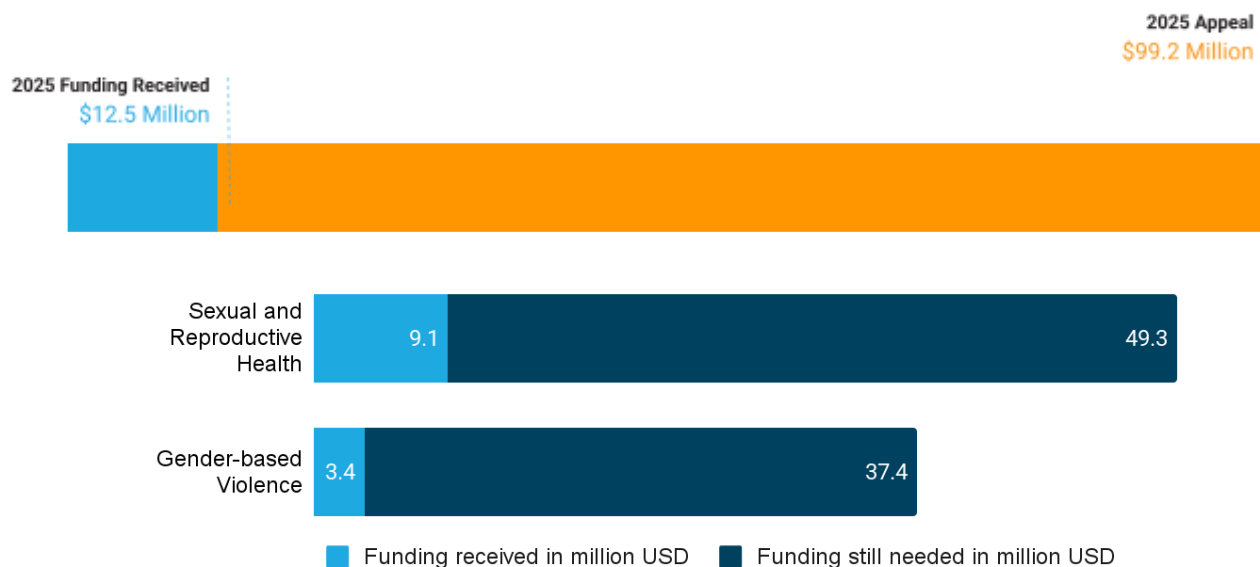
UNFPA leads the adolescent and youth health emergency response and advocacy through the Palestinian Adolescent Health Coalition and the United Nations Youth Group (UNYTG), while integrating youth needs into the humanitarian response via the Global Compact of Young People in Humanitarian Action Task Force on the Humanitarian Situation in Palestine.

Other working groups

UNFPA leads the Mobile Clinic Working Group, redirecting services to locations in the West Bank to address accessibility challenges. Additionally, UNFPA actively participates in the Gaza and West Bank Cash Working Groups and the Gaza Multipurpose Cash Assistance Group.

FUNDING STATUS

As part of the 2025 Occupied Palestinian Territory (OPT) Flash Appeal, UNFPA is requesting **\$99.2 million** for its operational response to address ongoing and emerging needs. As of April 2025, UNFPA has received **\$12.5 million**. An additional **\$86.7 million** is urgently needed to support UNFPA's operational response through December 2025.



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

* List of UNFPA donors who have supported UNFPA's response since October 2023.

