

Impact of the war in Gaza on the sexual and reproductive health and health rights of women and girls

CRISIS OVERVIEW

Between 7 October 2023 and 1 May 2024, the war in Gaza killed at least 34,500 Palestinians, and injured 77,700 (OCHA 01/05/2024 and 08/04/2024). As at 23 April, the number of deaths included at least 14,600 children and 9,600 women (OHCHR 23/04/2024). As at 1 May, the Israeli Defense Forces (IDF) continued air, land, and sea bombardments across the Gaza Strip, causing further civilian casualties, displacement, and destruction (UNRWA 30/04/2024; OCHA 01/05/2024). Projections estimate approximately 66,700 excess deaths¹ if the situation remains the same by August 2024 and 85,800 if the conflict escalates (JHU/LSHTM accessed DD/MM/2024).

The conflict has disproportionately affected women and children. As at April 2024, there were 567,000 women of reproductive age (ages 15–49) in Gaza (UNFPA 06/04/2024; Bond 29/02/2024; UNFPA accessed 06/04/2024). As at March 2024, there were between 50,000–60,000 pregnant women in Gaza, and around 180 women give birth on a daily basis (NPR 28/03/2024; IR 06/03/2024). The current maternal mortality ratio is not available because of limited information and the daily occurrence of deaths from attacks; it is likely to have increased because of the lack of healthcare access (KII 29/04/2024; KII 15/04/2024).

Water scarcity, inadequate sanitation facilities, and overcrowded shelters also particularly affect women and girls. They face challenges such as lack of privacy; limited access to sanitation and menstrual hygiene products; dehydration and malnourishment, which also constrain breastfeeding and neonatal care; and an increased risk of diarrhoea and skin diseases as a result of water shortages and lack of sanitation (BBC 15/03/2024; UNFPA accessed 06/04/2024; MSF 07/02/2024). As at 22 April, 81% of the households in Gaza did not have access to safe drinking water (WHO 22/04/2024).

There is little to no medical treatment capacity for women's sexual and reproductive health (SRH), as the remaining hospitals are functioning on limited amounts of fuel, medication, and medical staff. As a result, they are mainly taking emergency cases only. As at 1 May, only 12 out of 36 hospitals remained partially functional, 6 field hospitals, 70% of primary health care

centres not functional (62 out of 88) (WHO and Health Cluster 02/05/2024). As at 1 May, the Al-Helal Al-Emirati Maternity Hospital in Rafah was the main medical centre in southern Gaza offering health services for pregnant women, with their antenatal centre based inside a displacement camp, insufficient to respond to the needs of the around 180 women giving birth on a daily basis. (Reuters 01/05/2024; OCHA 22/04/2024; UNFPA 14/03/2024). The hospital's Incubator Care Unit accommodates 70 babies, compared to a capacity of ten beds for ten babies prior to 7 October. There is a heightened risk of infant mortality because of the shortage of ventilators. Currently, three or four babies share the same incubator, and the unit faces a critical lack of milk, oxygen, and medications for new-born and premature babies (WHO and Health Cluster 02/05/2024).

Israeli attacks have affected over 90 healthcare facilities (UNFPA 14/03/2024; Health Cluster 22/01/2024). Before 7 October, there were at least 88 public primary healthcare facilities, 36 hospitals, and 44 UNRWA health facilities in the Gaza Strip (WHO 20/04/2024; (Health Cluster 08/2018). The decline in functional hospitals in the current context aggravates the situation for people in need of urgent medical care.

Prior to 7 October 2023, at least 94,000 women and girls lacked access to SRH services (UNFPA accessed 20/03/2024). Before the recent hostilities, the Palestinian public health system already lacked sufficient infrastructure, such as water and electricity, and faced critical shortages in supplies and medical equipment. SRH in Gaza also faced funding obstacles and an overall lack of support; a big barrier was also the lack of comprehensive sexual education (UNFPA 30/06/2022).

¹ 'Excess deaths' or 'excess mortality' is a term used in epidemiology and public health referring to the number of deaths from all causes during a crisis above and beyond what would have been expected under 'normal' conditions (Checchi and Les Roberts 16/09/2005).

ABOUT THIS REPORT

Aim

This report highlights the impact of the conflict that started on 7 October on the SRH rights of the people of Gaza. It aims to consider their immediate needs and challenges, as well as some of the longer-term effects of the lack of SRH services.

Methodology

This report is based on a secondary data review and key informant interviews with humanitarian aid providers, including those specialising in reproductive health.

Limitations

Frequent attacks and subsequent multiple displacement make it difficult to track the services provided and number of conflict-affected people. Gathering information is one of the biggest challenges; organisations such as UNRWA use pre-conflict databases with a record of people in need of services and then compare the data with available figures. Some organisations have also been conducting phone surveys to get information on mothers registered in the system prior to 7 October (KII 08/04/2024). That said, exact statistics on maternal and neonatal health, the availability of neonatal units, and contraceptive access remain limited as a result of conflict constraints and the ever-changing context. As the health system collapsed, including its information system, the data collection providing statistics of people with disabilities is very limited. Humanitarian organisations documented 30 cases of people with disabilities seeking health services in March 2024 (14 females and 16 males) (KII 01/05/2024). However, there are likely to be more people with disabilities who have not been able to access healthcare facilities and are facing limitations in receiving sexual and reproductive health services. As at 3 May, there was no information available on LGBTQ+ people and their current SRH needs.

KEY MESSAGES

- The current situation in Gaza has increased maternal and neonatal mortality. Miscarriages increased by 300% between October–December 2023 because of health complications from lack of available care and resources, combined with mental health and psychosocial support (MHPSS) needs arising from fear and anxiety (PCBS 08/03/2024; Jezebel 17/01/2024).
- Between 7 October 2023 and mid-January 2024, the UN estimated that two mothers were killed every hour in Gaza, with thousands of children orphaned or wounded (UN Women 19/01/2024; NPR 26/04/2024).
- The shortage of menstrual hygiene products; lack of water, toilets, and private spaces; and increased cases of sexually transmitted and urinary tract infections further aggravate the situation for women and girls living in extremely overcrowded shelters (IPPF 30/10/2023).
- The health response capacity is overwhelmed, with the majority of the focus on responding to physical trauma and not enough to address the particular health impacts on women, such as on SRH (KII 15/04/2024). As a result, there is a gap in understanding the current SRH needs of women and girls.
- Women and girls are vulnerable to gender-based violence (e.g. sexual exploitation and abuse, family and/or intimate partner violence). Young women and girls are at risk of early and forced marriage (KII 15/04/2024). Because of lack of education and counselling, there is a risk of a generation growing without sufficient information on their health and rights, which creates misconceptions and normalises things like GBV (KII 29/04/2024). All these protection risks can lead to SRH deterioration.
- There is no information on access to and availability of safe abortions, but health services have received requests for post-abortion and post-partum care services. Women are not receiving adequate care to recover post-delivery and post-abortion and are at high risk of hemorrhaging because of quick dismissal from secondary care services because of the high caseloads (KII 29/04/2024).
- The current impacts on women's SRH, including maternal and neonatal health, are likely to have medium- to long-term consequences that extend beyond trauma and other MHPSS needs. The lack of access to healthcare resources, hygiene products, safe spaces, and education makes women and girls vulnerable to a range of negative outcomes, including maternal and newborn deaths, sexually transmitted infections (STIs), and other diseases resulting from the lack of water and limited hygiene, and limited control over their reproductive choices.
- People in the Gaza Strip already had poor nutritional status prior to 7 October 2023 because of food insecurity and poverty resulting from the 16-year Israeli blockade on the territory. Poor nutritional conditions were already contributing to SRH challenges, such as low birth weight and micronutrient deficiency for mothers (The Guardian 15/04/2024; Assaf et al. 18/07/2023).

SEXUAL AND REPRODUCTIVE HEALTH NEEDS

Maternal healthcare

Complications with birthing

Between 7 October 2023 and early January 2024, around 17,000 women gave birth in Gaza. Many underwent caesarean sections without anaesthesia and painkillers because of the lack of supplies, resulting in extreme pain and psychological trauma (UNFPA 16/02/2024; CARE 12/01/2024; Reuters 10/11/2023). An estimated 180 women gave birth every day between October 2023 and February 2024 (Bond 29/02/2024). More than 5,000 women are expected to give birth each month in Gaza, most of whom do not have access to ultrasounds, antenatal care, or healthcare in general, implying a high risk for both mother and baby (NYT 10/03/2024; NPR 03/04/2024).

As at October 2023, an estimated 50,000 pregnant women in Gaza had no place to give safe birth. At least 15% of these women were expected to experience complications that can increase the risk of maternal morbidity and mortality (IPPF 30/10/2023). Some women have been forced to give birth in cars or overcrowded shelters with a lack of adequate sanitation (NPR 03/04/2024; IPPF 08/12/2023). Health centres and hospitals are overwhelmed and lack space to help women in labour; some pregnant women are only admitted once fully dilated (IPPF 08/12/2023).

The few hospitals and health facilities available have been discharging people early, within as little as three hours after giving birth, because of the lack of space, medicine, and capacity (IPPF 08/12/2023). After birth, women can experience postpartum haemorrhage for up to 12 weeks; this is the leading cause of maternal mortality worldwide (WHO accessed 29/04/2024; MOD accessed 02/05/2024). This means pregnant women and girls and those coming from a C-section are going back to living in tents immediately following birth, likely affecting their recovery and increasing their risk of infection (The Cut 08/02/2024). Health centres prioritising the physical trauma of wounded people has made it more challenging for women to access antenatal and postnatal care (KII 15/04/2024).

During pregnancy and childbirth, antenatal stress directly affects the development of the foetus and then the child later in life. This can result in stress and psychological trauma for the mother, who could feel like they failed to provide adequate care for their newborn (AIIA 07/03/2024). The current context in Gaza can increase the potential for extreme stress and lack of childbirth support to affect fetal development.

Heavy metal exposure had been recurrent in Gaza even before 2023, and heavy metal poisoning can extensively affect women's health and also enter the food chain and bypass the placenta, resulting in a progressive increase in congenital disabilities and pre-term births (al Baraquoni et al. 14/09/2020; Manduca et al. 08/04/2020). Women close to unmanaged weaponry waste are more vulnerable to the health impacts of metals. Since 7 October, increased bombings in Gaza resulting in higher prevalence of rubble, combined with contaminated food and water, may see a rise in heavy metal poisoning and contribute to the current maternal and neonatal needs.

Maternal and neonatal deaths

Data on the number of women who have died giving birth since 7 October 2023 is unavailable. For February–August 2024, a Johns Hopkins University study projected² around 3,400 maternal and neonatal excess deaths and stillbirths, including those for traumatic injuries if the conflict escalates, 2,700 excess deaths if the conflict remains the same, and 900 in the event of a ceasefire (JHU/LSHTM accessed 02/05/2024).

As at January 2024, two mothers died each hour in Gaza; with precarious healthcare access, this rate has likely increased (UN Women 19/01/2024). The psychological toll from the conflict also has direct consequences on reproductive health, including a rise in stress-induced miscarriages, stillbirths, and premature births; anxiety; and post-traumatic stress disorder (KII 15/04/2024; WHO 03/11/2023; UNFPA 23/02/2024).

Miscarriages increased by 300% between October–December 2023 because of health complications from lack of available care and resources, combined with MHPSS needs arising from fear and anxiety (PCBS 08/03/2024; Jezebel 17/01/2024). An estimated 60,000 pregnant women in Gaza have little to no access to adequate antenatal health services. The unavailability of or inability to attend antenatal and postnatal check-ups increases the risk of maternal and neonatal death (IRC 02/04/2024).

Increased risk of SRH needs because of diseases

The increased risk of diseases such as hepatitis A also raises the risk of pre-term labour, which creates further health risks for pregnant women. Diseases are spreading widely as a result of poor sanitation conditions, increasing the general risk of outbreaks (UNFPA 14/03/2024). Between October 2023 and April 2024, over 586,000 cases of acute respiratory infections and over 220,000 diarrhoea cases were reported (CARE 05/04/2024; Project HOPE 22/03/2024). Contracting these illnesses during pregnancy could worsen existing vulnerabilities to diseases, food insecurity, and health issues. Some women have contracted gynaecological and chest infections from cold weather exposure (UNFPA 14/03/2024).

² The projections used the Lives Saved Tool (LiST). The starting point was baseline maternal and neonatal mortality levels and stillbirth rates and the respective cause-of-death structures. The model projected the number of deaths expected to occur given changes in risk factors or in intervention coverage. It used linear and fixed relationships between inputs and outputs.

Overcrowded shelters and harsh cold weather conditions have resulted in mothers refraining from washing their babies to prevent them from getting too cold, consequently increasing their susceptibility to other infections and diseases (Insecurity Insight 03/2024; KII 08/04/2024).

Heightened conditions for the increase of anaemia and other micronutrient deficiencies in women and children

Iron deficiency anaemia prevalence among pregnant women has increased, with the current conflict severely limiting access to essential nutrients such as iron, folate, and vitamin B12. These nutrients are crucial to maintaining maternal health during pregnancy (KII 15/04/2024). Anaemia was already prevalent in Gaza before 7 October 2023, with 2020 rates of 20.7% among those in their first trimester and 42.8% among those in their second and third trimesters. The main drivers were the skipping of daily meals because of low household job status and average monthly household expenditures (Assaf et al. 18/07/2023). The current situation in Gaza, including displacement and famine-like conditions combined with a lack of access to health services, is likely aggravating the prevalence of anaemia and other micronutrient deficiencies among women (KII 15/04/2024).

If micronutrient deficiencies, including the lack of iron, are not addressed, they can have immediate and long-term effects on children and mothers, including increased morbidity and mortality (KII 15/04/2024; WB 20/06/2022). Untreated anaemia during pregnancy increases the risk of babies being born with low birth weight and experiencing developmental delays and challenges (Abu Ouf and Jan 2015; Allen 05/2000).

Health workers in Gaza have reported an increase in the number of underweight pregnant women (UN 19/03/2024). Pregnant women are experiencing significant weight loss because of limited access to food and proper nutrition, resulting in poor personal, foetal, and newborn health (Jezebel 17/01/2024). Many women do not have sufficient food and water intake, as they usually prioritise providing for children because of the scarcity of resources. They also tend to limit their intake to reduce the time they have to spend using restroom facilities given unsanitary conditions and a lack of privacy (KII 15/04/2024; EC 02/04/2024). Because of the lack of food, people are resorting to cooking leaves to eat, boiling food with unclean water, using rotten food items, and eating animal food (KII 08/04/2024).

Widespread dehydration and malnutrition raise the risk of maternal and neonatal deaths and stillbirth (IRC 02/04/2024; France 24 15/03/2024). Food insecurity and malnutrition in contexts of conflict have a direct impact on women's reproductive health by affecting fertility, menstrual regularity, and ovulation. The insufficient intake of essential nutrients such as iron, folic acid, and vitamins can lead to reproductive health problems, including infertility, miscarriages, and poor pregnancy outcomes (Fledderjohann et al. 21/04/2023).

The effects of under/malnutrition differ per newborn, infant, child under five, and adolescent but have long-term consequences in physiological and psychological development. Lacking the nutrients needed for growth can lead to health problems, including poor eyesight, susceptibility to common endemic diseases, increased morbidity, and learning difficulties (The Guardian 15/04/2024; FAO accessed 17/04/2024).

Newborn care

Evacuation of hospitals affecting newborn care and safety

Between 7 October and 23 November 2023, factors such as stress and trauma increased the number of premature births in Gaza by almost one-third (Oxfam 23/11/2024; Reuters 23/11/2024). There was also a lack of incubators for newborn babies requiring special care (AIIA 07/03/2024). On 19 November, 31 premature babies were evacuated from Al Shifa Hospital to Rafah after being left for weeks without incubators because of the lack of fuel in the Gaza Strip, killing eight babies (AJ 20/11/2023). Al Shifa Hospital, the most complete neonatal unit in the strip before the conflict, has been destroyed. The neonatal intensive care unit at Al-Helal Al-Emirati Maternity Hospital is still functional, but with limited capacities because of the lack of supplies (NYT 26/04/2024; UN 06/04/2024; CBC 11/2023). Attacks and the lack of health workers and space have repeatedly forced pregnant women and newborn babies to evacuate.

Breastfeeding

Mothers face issues in producing sufficient milk for breastfeeding as a result of the lack of food and water access (IPPF 08/12/2023). Without breast milk, newborns would require breast milk substitutes. Safe drinking water access is also critical for the use of milk supplements and to sterilise items such as baby bottles (Insecurity Insight 03/2024). Many newborns are dying because of low birth weight given mothers' lack of food and water access (UN 19/03/2024). Between 2019–2020, low birth weight prevalence in Gaza was 9.1%. Exposure to war and occupation, along with consequential poor diets and anaemia during pregnancy, was associated with increased low birth weight prevalence in the Gaza Strip (Assaf et al. 18/07/2023). Under the current conditions, low birth weight prevalence in Gaza is expected to worsen.

Having a low birth weight can lead to serious immediate health issues for newborns, such as vulnerability to diseases and reduced recovery capacity, including respiratory distress syndrome, brain haemorrhage, and eating problems. In the long term, low birth weight can result in intellectual and developmental disabilities, heart diseases, and other chronic health conditions. Pre-term labour, chronic health conditions, not gaining enough weight during pregnancy, and infections affecting the mother are some of the factors contributing to a baby's low birth weight (MOD accessed 16/04/2024).

Menstrual health and hygiene

Women and girls in Gaza highly need dignity kits (including items such as menstrual pads, bath soap, multiple pairs of underwear, detergent powder, flashlight, toothpaste, toothbrush, and comb). Women have resorted to using towels or scraps of tents in the absence of pads and menstrual hygiene products, putting them at risk of infections and other complications. Women have also been washing and reusing children's diapers and pieces of cloth as an alternative to dedicated products (KII 15/04/2024). At the same time, the scarcity of water for cleaning and hygiene during menstruation further risks health complications (Bond 29/01/2024; Sky News 21/01/2024; ActionAid18/01/2024). The cost of menstrual hygiene items can be ten times the original because of the scarcity of supplies, and people lack the resources to afford them (KII 15/04/2024).

The lack of toilets and private spaces in shelters is also causing both physical and emotional distress (The Guardian 05/03/2024).

Lack of access to essential medicine, including contraception

Access to any medicine, including contraception, is limited. Consequently, women and girls are sharing contraceptive pills and consuming medication unsafely (IPPF 30/10/2023).

Women with intrauterine contraceptive devices (IUDs) have been experiencing bleeding and infections because of the lack of hygiene in overcrowded camps (IPPF 30/10/2023). The lack of medical staff and resources makes it difficult for women to remove IUDs, exposing them to long-term SRH risks, including severe bleeding. During conflict, long-acting methods are preferred, as they are administered only once compared to repeat prescriptions of short-acting contraceptives. That said, there is a general medicine shortage in Gaza, meaning long-acting contraceptives, such as the hormonal (progesterone) Mirena IUD and hormonal contraceptive implants, are likely unavailable (The Guardian 25/03/2024; IPPF 30/10/2023).

There is also an unavailability of condoms, which may lead to the transmission of STIs, including HIV. Urinary tract infections are on the rise with limited or no access to medical treatment (IPPF 08/12/2023).

Women and girls have been using norethisterone tablets where available to delay periods and mitigate period-related complications, such as cramps, heavy bleeding, and back pain, which cannot be managed via contraception. This results in irregular bleeding, nausea, menstrual cycle changes, dizziness, and mood swings, compounding the extreme bodily stresses ordinarily experienced in conflict zones (AIIA 07/03/2024; IPPF 30/10/2023).

The medicine shortage and current unavailability of health services also imply a lack of access to safe abortion. Despite the lack of information on abortions, health services have received requests for post-abortion and post-partum care services, women hemorrhaging because of quick dismissal from secondary care services because of caseload, and women not having time to recover post-delivery and post-abortion (KII 29/04/2024). Abortion is prohibited in Palestine unless there is a danger to the woman's life, but in contexts of restricted access to family planning and healthcare initiatives, there is usually an increase in unwanted pregnancies and unsafe abortions. Unsafe abortions can have severe consequences for women, including death.

HEALTH RESPONSE CAPACITY

Limited healthcare access and destruction of health facilities

Since 7 October 2023, the conflict has damaged or destroyed many primary and secondary healthcare facilities. There is also a severe shortage of medicine and essential supplies, as well as a lack of fuel, resulting from the Israeli blockade of Gaza.

As at 22 April 2024, only eight out of the 24 UNRWA health centres and 97 medical points that supported affected people with SRH services in Gaza were operational (UNRWA 30/04/2024; KII 08/04/2024). According to the Palestine Ministry of Health, as at 8 March, 85 hospitals and healthcare centres had stopped providing health services since 7 October. The lack of available services increases the risk of miscarriages and mortality during childbirth (PCBS 08/03/2024; Jezebel 17/01/2024).

Attacks on healthcare facilities since 7 October have deteriorated the health infrastructure system in Gaza, which was already struggling as a result of the 16-year Israeli blockade on the strip, further reducing people's access to basic health services. Air strikes have affected hospitals and health centres, including those offering SRH and rights services such as maternal and neonatal care (UNRWA 23/10/2023; IPPF 08/12/2023). The destruction of neonatal units and maternity hospitals in North Gaza is compelling residents to displace south or face limited healthcare access. Health services in the south were already less advanced than in the north of Gaza, with challenges in accessing NICU and neonatal care even before October 7th (KII 29/04/2024).

Israeli attacks have also reached Gaza's largest fertility clinic. In December 2023, an air strike destroyed all the frozen embryos and unfertilised eggs in the clinic, leaving hundreds of couples unable to ever have children. Some of the affected couples had been going through the fertility process for over three years. The attack blasted the lids off five liquid nitrogen tanks stored in the clinic, destroying more than 4,000 embryos plus 1,000 more specimens

of sperm and unfertilised eggs (The Telegraph 17/04/2024; Reuters 17/04/2024). Overall, the attack on the clinic destroyed 5,000 potential lives and interrupted the reproductive process for many families, having immediate and long-term effects on Palestinian demographics and reproductive health.

Organisations such as UNFPA try to compensate for the lack of functional hospitals with mobile health services, midwives, or clinics, but this is not enough to fully cover pre-crisis needs, let alone current needs (UNFPA 23/02/2024).

Health and humanitarian personnel availability

Hospitals, health workers, and patients are protected under international humanitarian law, but the IDF have been indiscriminately attacking them since the start of the recent conflict. This means that the safety of SRH providers, along with all other aid workers, is not guaranteed. As at 26 April 2024, between 500–700 health workers had died in Gaza since 7 October 2023 (The Guardian 07/04/2024; MSF 26/04/2024). The current staff is not enough to cover the needs of the affected people, with health staff reported to be living in constant fear, stress, and anxiety as they continue to treat patients under precarious conditions.

Availability of essential supplies

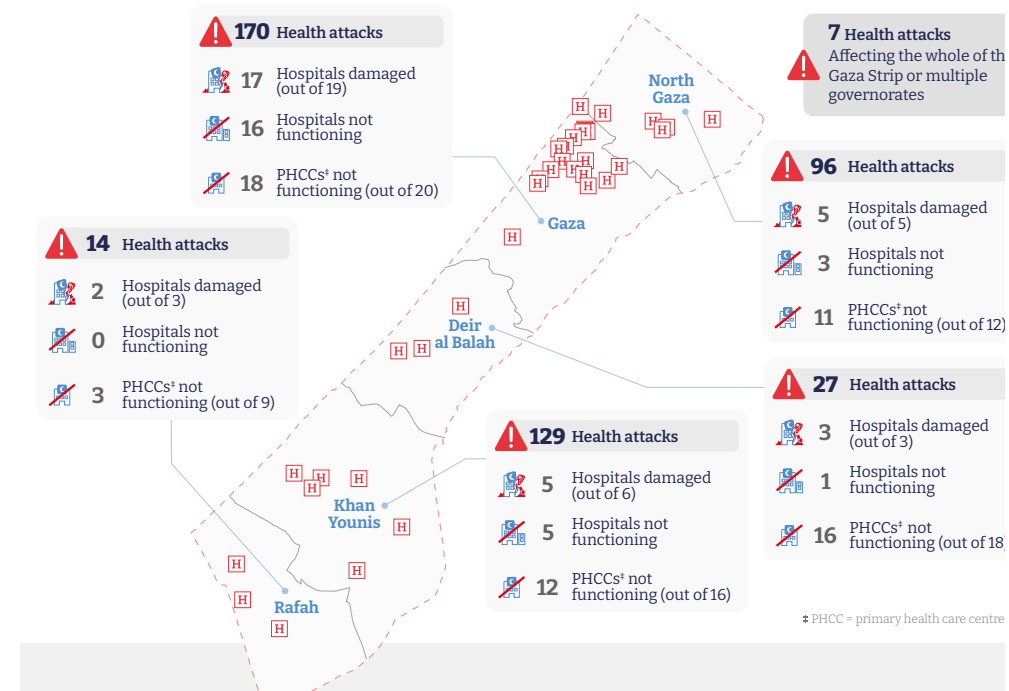
There is a severe lack of supplies, medicine, and human resources (KII 15/04/2024). Despite health-related donations, there have been blocks preventing aid from entering Gaza from both Israel and Egypt (France 24 10/04/2024; FT 09/04/2024). Service provision constraints are compounded by the lack of physical spaces wherein to provide them. Existing spaces can disappear in an instant because of attacks (KII 15/04/2024). The lack of medicine and health facilities have caused lack of therapy for people with chronic diseases such as Cervical and breast cancer, there is also lack palliative care, and impossibility to identify new patients (KII 29/04/2024).

Gender-based violence and STIs, including HIV, are sensitive and taboo topics for some members of society. As a result, these topics are not always prioritised in early humanitarian response (KII 15/04/2024). The absence of STI testing and labs could have long term sexual and reproductive health implications for both women and men (KII 29/04/2024).

There is little to no accessibility to essential medicine; for example, doctors have reported a lack of heparin and clexane, which are anticoagulants used to prevent blood clots. These anticoagulants are essential for pregnant women, since they are five times more likely to experience blood clots compared to non-pregnant women (UNFPA 14/03/2024; CDC accessed

28/03/2024). Women also lack access to painkillers for menstrual pain and cramps (The Guardian 05/03/2024). There is little to no information on patients with HIV diagnosis and treatment; chronic conditions such as HIV require regular treatment that, if interrupted, can increase mortality and infection risk (Jewell et al. 09/2020; Hamarsheh 01/2020).

Map 1. Health facilities attacked as at 23 April



Source: WHO 26/04/2024