



Gender Matters Bulletin No.1

Photo: UN Women/Samar Abu Elouf

NO RELIEF IN SIGHT: The impact of escalating hostilities, repeated displacement orders and the ongoing aid blockade on women, girls, men and boys in Gaza

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Introduction

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After the ceasefire was agreed, we held onto hope that we might finally feel some sense of safety. But the first night of this renewed and brutal war was terrifying, leaving women and girls with deep fear, anxiety and disappointment. And now we have been cut off from all humanitarian assistance. At first, women and girls showed strength because they had no choice – but now, they just feel broken. **WLO/WRO representative**

The collapse of the fragile ceasefire, escalating hostilities, repeated displacement orders, and ongoing aid blockade have created a humanitarian catastrophe in Gaza, with devastating consequences for the Palestinian population, particularly women and girls. The crisis is deepening existing gender inequalities and disproportionately affecting those with intersecting vulnerabilities – such as women heads of households, adolescent girls, older women, caregivers, and those with disabilities or chronic health conditions. For more than 55 days, since 2 March 2025, Israeli authorities have enforced a complete blockade on the entry of all humanitarian assistance and commercial supplies into Gaza, marking the longest border closure since 7 October 2023. Authorities have blocked the entry of lifesaving medicine, food, tents, hygiene items and other essential supplies; along with equipment needed to undertake critical water and sanitation maintenance and repairs, fuel needed to continue operations of medical equipment and ambulances, bakeries, community kitchens, and desalination plants, and rotations of international emergency medical teams. Many humanitarian stocks, including food and tents, have already been exhausted, while others are rapidly dwindling.

Since 18 March 2025, Israeli forces have ramped up airstrikes targeting shelters, hospitals and community kitchens, and severing electricity, water and telecommunications networks. Between 7 October 2023 and 22 April 2025, 51,266 people have been killed, and 116,991 people have been injured.ⁱ Between 18 March and 17 April 2025, 1,691 people (308 women, 595 children, 105 elderly and 683 men) have been killed and 4,464 people (842 women, 1,610 children, 225 elderly and 1,787 men) have been injured.ⁱⁱ Since the escalation of hostilities on 18 March 2025, women and children account for at least 53 per cent of casualties and at least 55 per cent of injuries.ⁱⁱⁱ Furthermore, at least 36 Israeli airstrikes have killed only women and children.^{iv} Between 18 March and 22 April 2025, Israeli forces issued 20 displacement orders, placing 142.7 square kilometres – 39 per cent of Gaza – under forced displacement.^v In combination with Israeli-designated “no-go” zones, 69 per cent of Gaza is now inaccessible or unsafe.^{vi} An estimated 420,936 people (around 207,521 women and girls, and 213,415 men and boys) have been forced to flee their homes again, often for the second or third time.^{vii} The crisis has created around 12,934 new women-headed households^{viii} and left 17,000 children (around 8,381 girls and 8,619 boys) unaccompanied or separated.^{ix} The number of women, girls, men and boys with disabilities is unknown,^x however Gaza is now home to the highest number of child amputees in the world.^{xi}

Methodology

This Gender Matters Bulletin was developed by the Gender in Humanitarian Action (GiHA) Working Group in the Occupied Palestinian Territory (oPt) to highlight the impact of escalating hostilities, repeated displacement orders, and the ongoing aid blockade in Gaza on women, girls, men and boys since 2 March 2025. The Bulletin presents a multisectoral gender analysis of the crisis, addressing the specific needs and experiences of women, girls, men and boys across key sectors including health, food security, nutrition, water, sanitation and hygiene, shelter, education and protection. It also examines the impact of the ongoing crisis on women’s organizations, including women-led and women’s rights organizations (WLOs and WROs), and female frontline workers. The analysis draws upon a desk review of relevant literature, including needs assessments and situation reports. It also incorporates the findings of focus group discussions held with 12 WLOs and WROs on 8–9 April 2025. Participating organizations included: AISHA Association for Woman and Child Protection, Al Zahra Association for Women and Child Development, Beesan Benevolent Association, Bozour Theatre Association for Arts and Culture, Centre for Women’s Legal Research, Community Development and Media Centre, Counselling and Protection, Culture and Free Thought Association, Palestinian Centre for Human Rights, Palestinian Working Woman Society for Development, Save Youth Future Society, Stars of Hope and Women’s Affairs Centre.

Health

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A lot of families are choosing to live under the same roof, so that if they die, they die together. This means there is no one left behind to grieve or feel sad. Everyone is waiting for their turn to die. Women and girls are desperate to stop the suffering. **WLO/WRO representative**

An estimated 2.1 million people (986,000 women and girls, and 1,114,000 men and boys) lack adequate access to essential healthcare,^{xii} including 162,000 women at risk of or living with serious conditions such as cardiovascular disease, kidney disease, hypertension, diabetes and cancer.^{xiii} The crisis has cut life expectancy for women and girls by 30 years, and for men and boys by 38 years.^{xiv} As of April 2025, around 94 per cent of health facilities have been destroyed, leaving only 23 hospitals and eight field hospitals fully or partially functional.^{xv} Around 500,000 women of reproductive age urgently need sexual and reproductive health

services,^{xvi} and 3,500 to 4,000 pregnant women are due to give birth within the next month, with around 25 per cent of those births requiring caesarean sections.^{xvii} In some cases, women undergo caesarean sections without anaesthesia, enduring excruciating pain.^{xviii} Half of all pregnancies are high-risk, demanding close monitoring for conditions such as anaemia and high blood pressure, while at least one in five newborns experience complications such as low birth weight.^{xix} Exposure to conflict increases risks for pregnant women such as reproductive tract infections, unexplained vaginal bleeding, haemorrhage, miscarriage, stillbirth, premature birth and congenital abnormalities, many of which lead to long-term health issues for both mother and child.^{xx} Around 300,000 women of reproductive age urgently need continuous access to family planning methods, including oral contraceptives, to avoid unintended pregnancies.^{xxi} The absence of laboratory tests for sexually transmitted infections has long-term sexual and reproductive health implications for both women and men.^{xxii} Women and girls – especially women heads of households, older women, and those with disabilities or chronic health conditions – face disproportionate barriers accessing essential healthcare due to destroyed health infrastructure such as hospitals and clinics, lack of specialised services and female healthcare providers, poor documentation and healthcare records due to limited storage, unaffordable costs for medication, laboratory and diagnostic tests or transport, inaccessible transport (especially ambulances), limited information, and restrictive gender norms or stigmas.

The relentless conflict has inflicted profound psychological trauma on the Palestinian population. An estimated 485,000 people (around 239,105 women and girls, and 245,895 men and boys) suffer from mental health disorders and continue to experience disruptions in their treatments.^{xxiii} Additionally, 20,000 people (around 9,860 women and girls, and 10,140 men and boys) need specialised mental health services including mental health drugs, and 1 million children (around 493,000 girls and 507,000 boys) need mental health and psychosocial support.^{xxiv} In April 2024, many of the 350 women surveyed reported regularly feeling depressed, nervous, unable to sleep and suffering from nightmares.^{xxv} Children are experiencing significant emotional and psychological distress manifesting in fear, anxiety, disordered eating, bedwetting, hyper-vigilance and nightmares, as well as behavioural changes.^{xxvi} Girls are described as more sensitive, withdrawn and indecisive, while boys more frequently exhibit uncooperative, aggressive and risk-taking behaviour.^{xxvii} Women and girls – especially older women and those with disabilities or injuries – face heightened risks of mental health disorders and lack consistent medication or specialised treatment.^{xxviii} The conflict is also having a disproportionate psychological impact on men – particularly those aged 18 to 30 years – stemming from the traditional expectation to serve as primary protectors and economic providers.^{xxix} When conflict prevents them from fulfilling this role, it often leads to intense stress and feelings of failure.^{xxx}

Since 2 March 2025, Israeli authorities have blocked the entry of all essential medical equipment and supplies, including blood units, medicines, vaccines, anaesthesia and diagnostic machines; and essential medical equipment and supplies required for safe labour and delivery, including portable incubators, ultrasound devices and oxygen pumps. Authorities have blocked the entry of materials classified as "dual use" such as tools and supplies needed to repair and maintain health infrastructure, along with fuel needed to continue operations of hospitals, health clinics, ambulances, and medical equipment. Humanitarian stocks of essential medical equipment and supplies are critically low, and 70 per cent of medicines are projected to run out by the end of April 2025.^{xxxi} Authorities have blocked efforts to facilitate the transfer of remaining supplies between northern and southern areas. Authorities have also restricted the rotation of international emergency medical teams to provide support to overwhelmed and exhausted health workers and limited medical evacuations for critically ill patients. Although women, girls, men and boys have consistently raised health concerns since the onset of the conflict, escalating hostilities, repeated displacement orders, and the ongoing aid blockade now threaten to worsen these needs.

Food Security

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Women and girls are often waiting in long lines for food parcels or community kitchens as there is a belief that humanitarian organizations will prioritise women and girls for distributions as they are perceived to be more vulnerable. WLO/WRO representative

As of April 2025, 1.95 million people (around 961,350 women and girls, and 988,650 men and boys) face acute food insecurity at IPC Phase 3 – Crisis or above, including 876,000 people (around 431,868 women and girls, and 444,132 men and boys) in IPC Phase 4 – Emergency and 345,000 people (around 170,085 women and girls, and 174,915 men and boys) in IPC Phase 5 – Catastrophe, with an imminent risk of famine.^{xxxii} Traditionally responsible for meal preparation, women and girls often eat last and least, skipping meals to feed children and relatives.^{xxxiii} They also resort to harmful coping mechanisms such as trading food and non-food items, scavenging for food under rubble or in dumpsters, mixing wheat flour with crushed macaroni to stretch limited food supplies, selling essential belongings, transactional sex, and early or forced marriage.^{xxxiv} As of April 2024, over one-third of women and girls lack access to kitchens, cooking pots and basic utensils, making meal preparation extremely difficult.^{xxxv} With cooking fuel largely unavailable or unaffordable, many women and girls resort to burning firewood or waste materials, exposing themselves to toxic smoke and pollutants, which increases the risk of respiratory illnesses and contributes to environmental degradation.^{xxxvi}

As of March 2025, women reported systematic exclusion from the registration and distribution of humanitarian assistance, as outdated databases often list only male heads of households, restricting women’s access, especially in cases of death, detention, separation or divorce.^{xxxvii} In the same period, across 68 aid distribution points visited by the oPt Protection Cluster, women reported being instructed to wait in line for up to four hours, only to be informed there were no supplies left.^{xxxviii} Women and girls – especially women heads of households, adolescent girls, older women, and those with disabilities or chronic health conditions – face disproportionate barriers accessing food due to risks of physical and sexual violence, and sexual exploitation and abuse at distribution points,^{xxxix} inaccessible distribution points, unaffordable costs, inaccessible transport, limited information, and restrictive gender norms or stigma.^{xl} Women, girls, men and boys with disabilities or chronic health conditions face additional barriers accessing food due to lack of caregivers or unavailability of food tailored to those with specific conditions such as difficulty swallowing.^{xli}

Since 2 March 2025, Israeli authorities have blocked the entry of 171,000 metric tons of food – enough to feed 2.1 million people for three to four months – alongside commercial imports.^{xlii} On 25 April 2025, WFP announced that it had exhausted all food stocks, while humanitarian food supplies managed by other partners remain critically low.^{xliii} Authorities have blocked the entry of fuel and cooking gas needed to continue the operations of bakeries and community kitchens. Authorities have also blocked efforts to facilitate the transfer of remaining supplies between northern and southern areas. Although women, girls, men and boys have consistently raised food security concerns since the onset of the conflict, escalating hostilities, repeated displacement orders, and the ongoing aid blockade now threaten to worsen these needs.



Nutrition

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Women and girls face a daily struggle to provide their families with basic necessities, including food. The suffering was unbearable before the ceasefire and has returned with even greater intensity in recent weeks.

WLO/WRO representative

As of December 2024, an estimated 150,000 pregnant and breastfeeding women and 290,000 children under 5 years (around 142,970 girls and 147,030 boys) cannot meet their nutritional needs and urgently require feeding support and micronutrient supplements.^{xliv} Among them, 16,000 pregnant and breastfeeding women and 60,000 children (around 29,580 girls and 30,420 boys) urgently require treatment for acute malnutrition.^{xlv} In April 2024, 70 per cent of the 350 women surveyed reported losing weight within the past 30 days, and more than half experienced frequent dizziness.^{xlvi} Additionally, 55 per cent of breastfeeding women reported they could not breastfeed due to stress and lack of privacy, putting newborn survival and healthy development at risk.^{xlvii} One year on, by April 2025, many key food items including dairy products, eggs, fruit and meat have disappeared from the market, while the prices of potatoes and onions have soared by more than 1,000 per cent compared to pre-conflict levels.^{xlviii} Many pregnant and breastfeeding women now survive on just one meal a day, typically consisting of cereals, pulses and canned goods, far below their caloric and nutritional requirements.^{xlix} They also lack access to vital supplements such as iron and folic acid, heightening the risk of miscarriage, premature birth, birth defects and infant mortality.ⁱ In March 2025 alone, malnutrition outpatient sites admitted 3,696 children (around 1,822 girls and 1,874 boys) for acute malnutrition treatment, an 82 per cent increase compared with February 2025.^{li}

Since 2 March 2025, Israeli authorities have blocked the entry of all nutritional supplements and ready-to-eat foods, leaving humanitarian stocks critically low.^{lii} Escalating hostilities and repeated displacement orders have forced 21 outpatient sites for malnutrition treatment to close, disrupting care for 350 children (around 173 girls and 177 boys).^{liii} These conditions have also derailed plans to conduct a Standardised Monitoring and Assessment of Relief and Transitions (SMART) Survey and severely limited the ability of health workers to collect data on other forms of malnutrition, including stunting.^{liv} Although women, girls, men and boys have consistently raised nutrition concerns since the onset of the conflict, escalating hostilities, repeated displacement orders, and the ongoing aid blockade now threaten to worsen these needs.



Water, Sanitation and Hygiene

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Today we see thousands of displaced people who are spreading out along the streets. Women and girls are living in crowded tents. There are often no latrines, and where there are latrines there is no space at all between the tents and the latrines. This gives them absolutely no privacy and makes them feel very unsafe.

WLO/WRO representative

As of December 2024, an estimated 1.4 million people (around 690,200 women and girls, and 709,800 men and boys) urgently need clean water for drinking, hygiene and daily use, and access to clean and safe sanitation.^{lv} As of January 2025, around 89 per cent of water and sanitation infrastructure has been damaged or destroyed.^{lvi} Women and girls face heightened risks of waterborne diseases due to increased exposure while

performing daily tasks such as cooking, cleaning and caregiving.^{lvii} Pregnant and breastfeeding women face heightened risks of complications from waterborne diseases, while young girls are especially vulnerable to lice infestations due to longer hair.^{lviii} Women and girls also face heightened risks accessing latrines and showers, especially in shelters and displacement sites, as these facilities often lack doors, locks and lighting, compromising privacy, safety and dignity.^{lix} Women heads of households, older women and men, and women, girls, men and boys with disabilities or chronic health conditions face disproportionate barriers accessing clean and safe water and sanitation due to lack of caregivers, unavailability of facilities adapted to those with physical impairments, and restrictive gender norms or stigma.^{lx}

Women and girls also face heightened risks of physical and sexual assault when using the bathroom, and often resort to harmful coping strategies, such as drinking or eating less, or avoiding the bathroom at night.^{lxi} As of June 2024, 691,300 women and girls of menstruation age lack sufficient menstrual pads and safe disposal options, affecting their health, daily activities and psychological wellbeing.^{lxii} According to Sphere Standards, every month 10,369,500 menstrual pads are needed (15 pads per women/girl per month).^{lxiii} However, as of April 2025, the cost of menstrual pads has doubled since the beginning of the conflict,^{lxiv} forcing many women and girls to use makeshift solutions such as clothing or tent material, which increases the risk of reproductive tract infections, or to take birth control pills to stop their menstrual flow.^{lxv}

Since 2 March 2025, Israeli authorities have blocked the entry of all water, sanitation and hygiene items, including 15,000 latrine units, hygiene kits (which include essential supplies such as soap, toothbrush, toothpaste and shampoo) and dignity kits (which include essential supplies such as underwear and menstrual pads), leaving humanitarian stocks critically low. Authorities have blocked the entry of materials classified as "dual use" such as tools and supplies needed to repair and maintain water and sanitation infrastructure, along with fuel needed to continue operations of water desalination plants. Authorities have also repeatedly blocked efforts to facilitate the transfer of remaining supplies between northern and southern areas. Although water, sanitation and hygiene concerns have been consistently raised by women, girls, men and boys since the onset of the conflict, these needs are now likely to be further exacerbated by escalating hostilities, repeated displacement orders, and the ongoing aid blockade.

Shelter

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There is a large number of people displaced again and again. Women and girls have lost the remains of their homes, tents and personal items which were obtained during the ceasefire. Now they have lost all of those things again. Women and girls are full of fear, especially about the possibility of being displaced outside of Gaza, without any information about their future. WLO/WRO representative

As of February 2025, an estimated 1,875,000 people (around 924,375 women and girls, and 950,625 men and boys) urgently need emergency shelter and essential household items.^{lxvi} Around 69 per cent of structures have sustained damage, and 92 per cent of houses have been either severely damaged or destroyed.^{lxvii} Many women, girls, men and boys continue to endure multiple displacements and now live in shelters, makeshift structures, tents or abandoned buildings at risk of collapse.^{lxviii} Living conditions continue to deteriorate, and there are significant issues with overcrowding and hygiene.^{lxix} Between October 2023 and August 2024, population density surged by 2,567 per cent – from 1,200 to 32,000 people per square kilometre^{lxx}, and this figure is projected to rise further in the coming weeks. Overcrowding in shelters forces men to sleep outside to create more space for women and children, but this increases the risk of fatalities from building strikes for

women and children indoors, and for men outdoors as they are more exposed.^{lxxi} Women are particularly vulnerable to the spread of communicable diseases such as diarrhoea, respiratory infections and scabies due to their caregiving responsibilities, and pregnant women, girls, boys and those with chronic health conditions are also vulnerable due to their weakened immune system.^{lxxii}

Makeshift structures built from scrap wood, plastic or rice sacks lack ventilation and weather protection, leaving older women and men, and those with chronic health conditions vulnerable to hypothermia and respiratory illnesses.^{lxxiii} Shelters located in schools are often inaccessible for women, girls, men and boys with disabilities due to unavailability of facilities adapted to those with physical and visual impairments.^{lxxiv} Women and girls living in shelters, makeshift shelters and tents face heightened risks of physical and sexual violence and theft of personal belongings, and they face challenges in being able to change clothes or sleep comfortably, due to the lack of doors, locks, lighting and internal partitions.^{lxxv} Women heads of households, unaccompanied and separated girls and boys, and women, girls, men and boys with disabilities face even greater risks of physical and sexual violence, forced eviction and psychological trauma.^{lxxvi} Women and girls also face heightened risks of physical and sexual violence when walking long distances and waiting in public areas to recharge phone flashlights or LED lamps.^{lxxvii}

Since 2 March 2025, Israeli authorities have blocked the entry of all shelter and non-food items including materials classified as “dual use” such as tools and supplies needed to repair shelters. Humanitarian stocks of tents are exhausted, and stocks of plastic sheets, ropes, sealing-up kits and non-food items such as cooking pots and basic utensils are critically low. Authorities have also blocked efforts to facilitate the transfer of remaining supplies between northern and southern areas. Although shelter concerns have been consistently raised by women, girls, men and boys since the onset of the conflict, these needs are now likely to be further exacerbated by escalating hostilities, repeated displacement orders, and the ongoing aid blockade.

Education

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With schools closed, there is now more pressure on children. Girls feel exhausted and they are now having to take on new roles within the household such as carrying water, collecting firewood, and standing in long lines at community kitchens or distribution sites for food parcels. Sometimes they face harassment in these places.

WLO/WRO representative

As of February 2025, an estimated 660,000 school-aged children (around 324,394 girls and 335,606 boys) and 87,000 tertiary students (around 42,891 females and 44,109 males) lack access to formal learning spaces and urgently need to resume their education.^{lxxviii} Israeli forces have destroyed 2,308 educational facilities including kindergartens, schools and universities; and 88 per cent of schools require full reconstruction or major rehabilitation.^{lxxix} Military operations and repeated displacement orders have also forced the closure of 29 schools and 370 temporary learning spaces.^{lxxx} Amid relentless violence, frequent electricity and internet blackouts, destroyed infrastructure, and the constant struggle to secure water, food, and shelter, many parents cannot support learning at home for their daughters and sons through the online platforms provided by the Ministry of Education and UNRWA.^{lxxxi} Girls and boys have also lost access to libraries, museums, galleries and cultural landmarks, cutting them off from social connections, support networks and opportunities for creative expression.^{lxxxii} Girls and boys with disabilities face disproportionate barriers to accessing education due to lack of or loss of assistive devices, inaccessible schools or temporary learning spaces, and use of online learning modalities that are not adapted for those with hearing or visual impairments.^{lxxxiii}

Since 2 March 2025, Israeli authorities have blocked the entry of all educational and learning materials, as well as equipment and supplies needed to rebuild damaged schools and large tents intended for temporary learning spaces. Although education concerns have been consistently raised by women, girls, men and boys since the onset of the conflict, these needs are now likely to be further exacerbated by escalating hostilities, repeated displacement orders, and the ongoing aid blockade.

Protection

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A lot of families are choosing to live under the same roof, so that if they die, they die together. This means there is no one left behind to grieve or feel sad. Everyone is waiting for their turn to die. Women, girls, men and boys are desperate to stop the suffering. **WLO/WRO representative**

As of December 2024, 1.5 million people (around 739,500 women and girls, and 760,500 men and boys) urgently need protection from physical and sexual violence, repeated displacement, and the collapse of family and community safety nets.^{lxxxiv} Women, girls and boys face heightened risks of disease, injury and explosive ordnance as they search through piles of rubbish for food, often barefoot and without gloves.^{lxxxv} Civilian men and boys face heightened risks of death, arrest, detention, torture and mistreatment from military operations and explosive ordnance.^{lxxxvi} Between 7 October 2023 to 23 March 2025, adolescent boys – particularly those aged 12 to 17 years – accounted for nearly twice as many casualties as adolescent girls in the same age group, with 64 per cent of casualties being boys and 36 per cent being girls.^{lxxxvii} This is because civilian men and boys are often more involved in the public sphere, civil defence and first response services, and are also more likely to leave shelters to seek essential supplies for their families, increasing their exposure to these dangers.^{lxxxviii} Women and girls – especially those with disabilities – face disproportionate challenges in accessing explosive ordnance risk education and safety information.^{lxxxix} During displacement orders, many women, girls, men and boys are forced to flee without warning or belongings, while thousands remain trapped in high-risk areas without access to evacuation routes, clothing, communication or essential supplies.^{xc} Women and girls – especially those with disabilities – face disproportionate challenges in finding safe shelter and accessing basic needs.^{xc} Women and girls – especially women heads of households – face disproportionate challenges accessing assistance due to poverty, lack of legal documents, and restrictive gender norms.^{xcii} Women and men with disabilities or chronic health conditions also face heightened risks as they often lose or leave behind assistive devices, and some are left behind entirely due to limited mobility or lack of accessible information.^{xciii}

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The gender roles and responsibilities of women, girls, men and boys are changing completely. We now see women and girls standing in long queues to collect water – this would have been socially unacceptable before. Often girls as young as 12 years of age carry water containers that are heavier than their own weight. **WLO/WRO representative**

The conflict has disrupted traditional patriarchal norms by eliminating livelihood opportunities for men, who have long been seen as providers and protectors.^{xciv} Unable to fulfil these roles, men’s identities and sense of worth have been affected, leading to higher rates of community and household tensions, and gender-based violence (GBV).^{xcv} Men spend much of their time with other men, listening to news, searching for shelter for their families, and making decisions about mobility and relocation.^{xcvi} In some cases, men are increasingly taking on responsibilities such as cooking, collecting water, transporting laundry to the sea for washing, and

caring for young children.^{xcvii} Men are now also actively trying to procure menstrual pads for the women in their families, a role that was previously reserved for women due to social norms around menstruation.^{xcviii} Meanwhile, women remain primarily responsible for cooking, cleaning, collecting food, water and firewood, caring for children, older relatives or family members with disabilities, and other unpaid work.^{xcix} Additionally, both girls and boys are now more involved in domestic work than before the crisis.^c Girls spend more time supporting their mothers with cleaning, food preparation and collecting water, while boys help their fathers with maintenance work and accompany them to the market to buy supplies.^{ci} During these activities, girls and boys regularly walk long distances, wait in crowded queues and carry heavy loads alone, creating significant protection concerns.

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Since the start of the war, we have seen the emergence of many new humanitarian organizations and service providers, as well as the introduction of community representatives who are responsible for overseeing registration and aid distribution. While these developments aim to fill urgent gaps, they have also increased the risk of harassment, gender-based violence, exploitation and abuse for women and girls. We need to invest in strong safeguards to ensure these actors can provide safe, appropriate, and accountable support.

WLO/WRO representative

As of December 2024, 1 million people need GBV prevention and response services, and 1.4 million children (around 690,200 girls and 709,800 boys) need emergency child protection services.^{cii} Between December 2024 and March 2025, 29 per cent of GBV incidents affecting females involved girls aged 0-11 years, 11 per cent involved girls aged 12-17 years, and 60 per cent involved women aged 18-59 years.^{ciii} During the same period, 45 per cent of GBV incidents affecting males involved boys aged 0-11 years, 27 per cent involved boys aged 12-17 years, and 28 per cent involved men aged 18-59 years.^{civ} During the same period, 92 per cent of reported GBV incidents involved psychological and emotional abuse, while 6 per cent involved physical assault.^{cv} There were also reported incidents of sexual assault, sexual exploitation and abuse, conflict-related sexual violence, forced marriage, cyber violence and rape.^{cvi} Child protection case management trend analysis also shows increasing numbers of girls and boys affected by sexual violence and sexual exploitation and abuse.^{cvi}

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It is really hard for everyone – but especially for women and girls – to get information about what is going on. Most people only hear the news while standing in line for bread. It is also tough to charge our phones, and there is barely any internet access. Phones often get stolen too. Some people do not even know that evacuation orders have been issued.

WLO/WRO representative

Women and girls – especially women heads of households and those with disabilities – face heightened risks of GBV, primarily from spouses and relatives, but also in shelters, markets and workplaces.^{cviii} Flour and bread distribution points also pose significant protection concerns.^{ci} Women and girls also face heightened risks of sexual exploitation and abuse by humanitarian workers and service providers – such as water trucking companies and traders involved in cash and voucher programmes – many of whom come from the same communities as the aid recipients and live in close proximity, increasing the opportunity for misconduct.^{cx} Men and boys face heightened risks of rape, sexualised torture, forced nudity, and filming and photographing acts of sexual violence from Israeli forces during arrest and detention.^{cxii} Adolescent boys also face heightened risks of gang recruitment or being targeted as “fighting-age males” by armed actors.^{cxii} The collapse of the education system, loss of child-friendly spaces, and mounting economic pressures force children – especially boys – into child labour, pushing them to sell goods on the street, beg, or gather supplies to support their families.^{cxiii}

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We are receiving more and more cases of gender-based violence and sexual exploitation and abuse. In some cases, women survivors of violence still have to live with their abuser. During the ceasefire, there were supposed to be specific camps established for women-headed households but unfortunately this did not happen. We should not underestimate the suffering of women and girls, hour by hour and day by day. And all of this has contributed to severe mental and psychological distress. WLO/WRO representative

The collapse of protection and justice systems has severely weakened legal accountability for GBV crimes, leading to widespread impunity for perpetrators.^{cxiv} Escalating hostilities and repeated displacement orders have disrupted GBV service points, leaving survivors with few options, and access to lifesaving services including case management, mental health and psychosocial support, and medical care including clinical management of rape remains extremely limited.^{cxv} The only two women’s shelters – both located in Gaza City – were severely damaged and shut down from October 2023 to June 2024; only the HAYAT Shelter reopened in July 2024.^{cxvi} Other GBV service points have also been forced to close or relocate, delaying medical care and other support for survivors.^{cxvii} The ongoing aid blockade has also resulted in severe shortages of shelter materials which have stalled efforts to create safe spaces.^{cxviii} This leaves GBV survivors trapped in dangerous situations, and in some cases they must continue to live with their perpetrator.^{cxix} Between December 2024 and March 2025 a total of 43 women GBV survivors aged 18-59 years are known to have died by suicide, and GBV survivors often suffer from anxiety, depression, and suicidal ideation.^{cxx} Women and girls are increasingly turning to harmful coping mechanisms, including survival sex and early or forced marriages – which has led to a rise in unintended pregnancies and pregnancies out of wedlock – exposing them to greater risks of trafficking and sexual exploitation and abuse.^{cxxi}

Since 2 March 2025, Israeli authorities have blocked the entry of dignity kits, as well as equipment and supplies needed to rebuild damaged GBV service points and large tents intended for safe spaces for women, girls and boys. Although protection concerns have been consistently raised by women, girls, men and boys since the onset of the conflict, these needs are now likely to be further exacerbated by escalating hostilities, repeated displacement orders, and the ongoing aid blockade.



Impact on women’s organizations

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As staff of WLOs and WROs, we work under the same conditions and circumstances as the displaced communities. Our work in the field puts our lives at risk because the more we move, the more we expose ourselves to danger. Despite being extremely tired and exhausted, we are still obligated to carry out our duties and go to work every day to provide essential services for displaced women and girls. WLO/WRO representative

WLOs and WROs play a critical role in Gaza’s humanitarian response, particularly in meeting the unique needs of women and girls and reaching the most vulnerable populations. Their local knowledge, strong community ties, and sustained presence enable them to deliver lifesaving services, including sexual and reproductive healthcare, GBV prevention and response, mental health and psychosocial support, as well as humanitarian assistance such as food parcels, hygiene kits, and shelter supplies. During the ceasefire, many resumed development programming, but the renewed escalation of hostilities and repeated displacement have forced them to pivot once again to emergency relief. In recent weeks, many female staff had to flee on foot –

abandoning their homes, offices, and equipment – alongside their communities. Despite working under extreme conditions, WLOs and WROs continue to deliver humanitarian assistance and support to women, girls, men and boys.

As a result of the escalating hostilities, repeated displacement orders and ongoing aid blockade, WLOs and WROs continue to face severe logistical challenges: fuel shortages, lack of transport, electricity cuts, and intermittent access to telecommunications and the internet. Many have lost vital equipment such as laptops and phones and struggle to replace them due to skyrocketing prices and widespread shortages. Bank closures and cash flow problems have delayed staff salaries and payments to suppliers. Around 70 per cent of bank branches have been exposed to direct or indirect damages, and banks are charging up to 43 per cent in commission on cash withdrawals in some locations.^{cxxii} The overwhelming scale of emergency needs has drained the financial resources of WLOs and WROs, putting their long-term sustainability at serious risk. Some also report administrative and bureaucratic delays in securing necessary approvals from the Ministry of Social Development to implement projects. Female frontline workers face a double burden, balancing professional responsibilities with domestic duties in dangerous, high-stress conditions.

Despite their vital role, WLOs and WROs remain chronically underfunded and excluded from key decision-making spaces. In 2024, they received only US\$2.5 million in direct humanitarian funding, just 0.1 per cent of total humanitarian financing in oPt.^{cxxiii} As of 2025, no direct humanitarian funding has yet been allocated, despite global commitments under the Grand Bargain to direct at least 25 per cent of humanitarian funding to local actors.^{cxxiv} The majority of WLOs and WROs have also been significantly impacted by global funding cuts. A total of 71 per cent of WLOs and WROs surveyed have had to reduce service provision to recipients of humanitarian assistance as a result of the funding cuts, while some WLOs and WROs also had to suspend programmes entirely or decrease the number of staff.^{cxxv}

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The hardest and most difficult question is how long we as WLOs and WROs can continue to withstand these pressures. During the ceasefire, some donors were more willing to fund programmes and services through local actors. However, after the collapse of the ceasefire, many donors stopped doing so. The sustainability of funding and resource mobilization is one of our most pressing needs.” **WLO/WRO representative**

Urgent lifting of the ongoing aid blockade

The GiHA Working Group continues to call for all international actors to facilitate immediate, coordinated and unimpeded humanitarian access into and across Gaza, prioritising humanitarian assistance for women, girls, men and boys in displacement areas and “no-go” zones. This includes expediting clearance for essential supplies, including medicines, food, tents, hygiene items and basic supplies, while upholding humanitarian principles of humanity, neutrality, impartiality, and independence. The GiHA Working Group also urgently calls for all international actors to immediately uphold UN Security Council Resolution 2728 (25 March 2024) by enforcing a sustained ceasefire, ending all hostilities, and securing the release of all hostages. This is essential for enabling women, girls, men and boys to seek safety, access protection, and return home where possible.

Recommendations

These recommendations respond to the ongoing aid blockade and the severe operational constraints humanitarian actors face in Gaza. They outline urgent, immediate priorities to address critical needs and reduce harm to women, girls, men and boys while access remains limited.

For All Actors

- **Report disaggregated casualty data:** Regularly publish gender and age disaggregated data for casualties and injuries, including women, girls, men and boys, and share this with humanitarian actors to support coordinated response and advocacy.

For the Humanitarian Country Team

- **Engage women's voices in coordination:** Hold regular, targeted consultations between the Humanitarian Country Team, Humanitarian Country Team Plus, GiHA Working Group, and WLOs and WROs to ensure the needs and priorities of crisis-affected women and girls meaningfully shape humanitarian response strategies. These engagements should focus on the gendered impacts of escalating hostilities, repeated displacement orders, and the ongoing aid blockade, and should highlight the specific needs, priorities, concerns, and capacities of women and girls, including those with intersecting vulnerabilities.
- **Strengthen gender-sensitive advocacy:** Coordinate advocacy and public communications to consistently highlight the impact of the escalating hostilities, repeated displacement orders, and the ongoing aid blockade on women and girls. Use diverse formats such as press releases, human-interest stories, case studies, and social media content to amplify gender-specific issues and elevate the voices of women and girls, as well as WLOs and WROs, in public discourse.

For Cluster Lead Agencies

- **Mainstream gender across the humanitarian programme cycle:** Actively engage the GiHA Working Group at every stage of humanitarian action, including needs assessments, response planning, implementation and monitoring, to ensure gender analysis, gender-responsive programming, and the use of gender, age and disability disaggregated data are systematically integrated into data collection, analysis and final reporting.
- **Coordinate with women leaders to identify needs:** Work closely with community representatives, particularly women leaders, to identify and prioritise women and girls with intersecting vulnerabilities, including female heads of households and those with disabilities and chronic health conditions. Validate beneficiary lists through consultation with women, men, and the broader community to avoid exclusion of at-risk individuals.
- **Improve safe and equitable access to humanitarian assistance:** With support from the GiHA Working Group, Protection Cluster and PSEA Network, continue to consistently implement strategies to enhance safe, equitable and dignified access to humanitarian assistance for women and girls while reducing risks of physical and sexual violence, exploitation and abuse. This includes locating distribution points near women and girls' safe spaces, staggering distribution schedules, consistently having female humanitarian workers present at distribution points, deploying protection monitors and safeguarding volunteers, improving the visibility of humanitarian workers through vests or badges, and ensuring safe and confidential complaints and feedback mechanisms are in place to support accountable aid delivery.

For the GiHA Working Group

- **Map and connect women's leadership in humanitarian response:** Conduct a mapping of active WLOs and WROs in Gaza and establish an online Humanitarian Partners Directory to support coordination. This resource should include organizational profiles, contact information, areas of operation, and capacities to facilitate engagement, information-sharing, networking, and partnership and funding opportunities.

For Member States and Donors

- **Support WLOs and WROs through quality funding:** Increase access to flexible, multi-year funding for WLOs and WROs and recognise their essential role in reaching vulnerable populations, including women and girls, and sustaining critical services. Extend project durations to at least 24 months, enable flexibility in budgets, and streamline due diligence processes. Provide application materials in multiple languages, along with technical assistance and feedback during proposal development.
- **Strengthen capacity and sustainability of WLOs and WROs:** Provide core funding to WLOs and WROs to enable them to restore their operational capacities and services. This should include providing WLOs and WROs with flexible funding for rental assistance, support for damage repair, support for furnishing and equipment and support for transport costs. This should also include funding for mental health and psychosocial support services and trauma therapy for WLO and WRO staff and frontline workers.
- **Fund lifesaving gender-responsive humanitarian assistance and services:** In the context of the ongoing aid blockade, prioritise funding for sexual and reproductive healthcare, GBV prevention and response, legal aid, mental health and psychosocial support, and other services that go beyond the distribution of essential relief items. Support community-led initiatives such as distribution of food parcels, operations of community kitchens and ovens, repair of sewage systems and installation of mobile toilets, creation of safe water systems using solar power, and educational and recreational spaces for girls and boys.

For more information, please contact Emma Cliffe, Gender in Humanitarian Action Specialist, UN Women Palestine Country Office at emma.cliffe@unwomen.org

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