



Photo: Women's Affairs Center - Gaza/2021



Photo: Women's Affairs Center - Gaza/2021



Photo: Women's Affairs Center - Gaza/2021

# IMPACT OF COVID-19 ON PREGNANT AND LACTATING WOMEN IN THE OCCUPIED PALESTINIAN TERRITORY

# **IMPACT OF COVID-19 ON PREGNANT AND LACTATING WOMEN IN THE OCCUPIED PALESTINIAN TERRITORY**

**March 2021**

## **Acknowledgments and Disclaimer:**

This policy brief was produced thanks to funding from the Government of Japan and the Strategic Partnership Framework (SPFI). The views and opinions expressed in this document do not necessarily represent the views of the donors, UN Women, the United Nations or any of its affiliated organizations.

Researcher: Atria Mier

Design: UN Women/Yasmina Kassem

Copyright © 2021 UN Women. All rights reserved.

Publication by UN Women Palestine Country Office.

# INTRODUCTION

There is no doubt that the impacts of natural disasters, armed conflicts, climate change, poverty, hunger and/or pandemics are differentiated by gender, age and different social circumstances that shape people's vulnerability, resilience and coping mechanisms.

Ignoring how social factors – such as gender, gender identity, sexual orientation; age, race, ableism, nationality or statelessness; being urban- or rural-based; being a refugee or displaced person; being HIV-positive, or tested positive for COVID-19; one's literacy and socioeconomic level, marital status, or belonging to a minority; among others – involve different levels of discrimination and vulnerability that only exacerbate the impacts mentioned, making protection, assistance and services designed by the humanitarian community off target.

The humanitarian community needs to think both from a gender perspective and from a multidimensional point of view to incorporate any other social label or category affecting the population we are serving. In that sense, accountability towards an affected population must be our guiding principle, together with the principle of leaving no one behind.

It has also become clear that COVID-19 does not affect everyone in the same way and that some are more vulnerable than others, depending on diverse circumstances, including age, existing health condition/issues, gender, social and living conditions and access to health care.

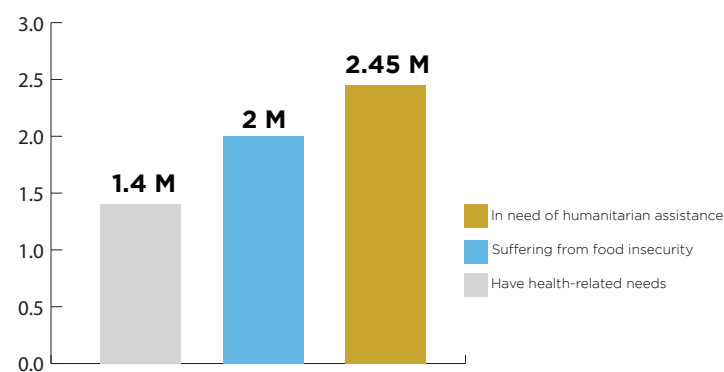
Pregnant and lactating women have special needs linked to their nutritional status and the pregnancy and delivery outcomes. According to the World Health Organization (WHO) 94 percent of all maternal deaths occur in low and lower middle-income countries.<sup>1</sup> In

addition, in 2020, when the COVID-19 pandemic first emerged it provoked a health, social and economic crisis worldwide. Among other consequences, the shift of funds to the pandemic response is hampering women and girls' access to sexual and reproductive health.<sup>2</sup>

The Health Cluster in the oPt estimates that there are 210,000 pregnant and lactating women in the oPt,<sup>3</sup> who, along with the challenges mentioned above, are also facing one of the most protracted crisis in the world: the Israeli occupation.

According to the Humanitarian Needs Overview (2021), out of the total 5.2 million population in the oPt, 2.45 million are in need of humanitarian assistance, and of those 60 per cent have severe needs; 1.4 million have health-related needs; and 2 million are suffering from food insecurity and have unmet needs.<sup>4</sup>

**Figure 2:**  
Population in the oPt humanitarian needs.



The Gaza Strip is the most populated area in the world with 5,203 inhabitants per km<sup>25</sup> (the United Kingdom, a densely populated country, has 275 inhabitants per km). The concern that the coronavirus would reach the Gaza Strip was not an overreaction as when it finally did, the infection rates and incidence skyrocketed, placing the population in a dire situation, one that was already desperate with almost inexistent livelihood opportunities, constant power shortages and lack of health-care material, compounded by regular attacks by Israel.

The restrictions on mobility imposed since the outbreak of the COVID-19 pandemic have amplified the impact of pre-existing conditions on the Gazan economy: combined, they resulted in a further increase in unemployment in the second quarter of

**Figure 1:**

According to the **WHO**

**94%** of all  
maternal deaths occur  
in low and lower middle-  
income countries.

1 <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

2 UN Women, From insights to action: Gender equality in the wake of COVID-19, 2020.

3 United Nations Population Fund (UNFPA), WHO, Health Cluster oPt, "The impact of COVID-19 on sexual and reproductive, including maternal health in Palestine", 17 April 2020.

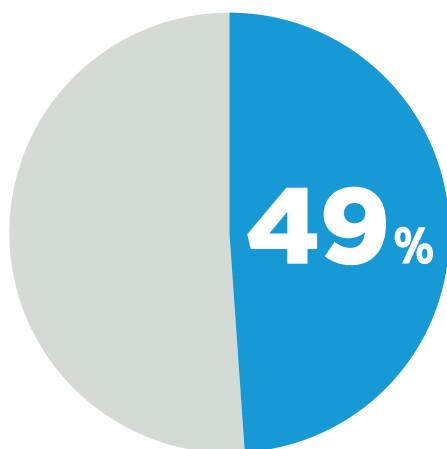
4 United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), Occupied Palestinian Territory: Humanitarian Needs Overview 2021, pp. 4-5

5 UNOCHA, Occupied Palestinian Territories Humanitarian Atlas 2019.

2020, which reached a historical high of over 49 per cent.<sup>6</sup>

**Figure 3:**

Unemployment rate in the Gaza Strip in 2020



In the West Bank, the population is increasingly harassed by settlers and faces a constant threat of total annexation, in addition to having to deal with a new threat, the pandemic. The population faces mobility restrictions imposed by Israel and restrictions from COVID-19 imposed by the Palestinian Authorities. The cumulative outcome: the population lacks access to essential health services, among other services.

The restrictive and discriminatory planning and zoning regime applied in Area C and in East Jerusalem prevents Palestinians from addressing basic housing, livelihood and service needs.<sup>7</sup> Palestinian access to areas separated from the remainder of the West Bank by the Wall also deteriorated in 2020. Following the outbreak of COVID-19, Palestinian access to East Jerusalem hospitals has been limited by both the Israeli and Palestinian Authorities, mostly to cancer patients, further undermining the financial situation of these hospitals.<sup>8</sup>

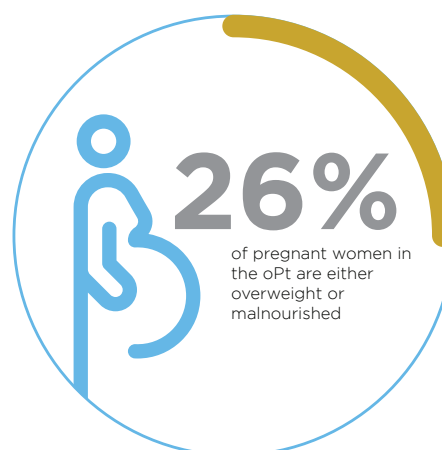
Within these contexts and in the framework of COVID-19, pregnant and lactating women are especially vulnerable, as they have specific needs and face particular threats and multiple stressors that are difficult to be addressed. This includes a dramatic decrease in the availability of services and of their usage due to fear of getting infected and of the stigma itself. In Gaza, the health cluster reported a 90 per cent decrease of attending prenatal

check-ups.<sup>9</sup> Another fact is that pregnant women undergo physical changes that can make them more vulnerable to experiencing serious respiratory infections (UNFPA, 2020).

According to the health cluster, due to increasing levels of morbidity, gender-based violence, high rates of non-communicable diseases, high-risk pregnancies and micronutrition deficiencies among children under 5, 172,983 people will be in need in 2021, in addition to another 401,808 persons in need due to the increasing rates of maternal and infant mortality.<sup>10</sup>

Malnutrition, obesity and undernutrition, alongside with micronutrients and iron deficiencies, put many pregnant and lactating women in the oPt into the category of high-risk pregnancies in need of a much more focused attention and closer follow-up, as highlighted in the UN Women Gender Alert from August 2020. Palestinians face a double vulnerability: increasing rates of obesity (26 per cent of pregnant women in the oPt are overweight) and malnutrition (a high level of micronutrient deficiencies).<sup>11</sup>

**Figure 4:**



In fact, 28 per cent of lactating women in Gaza had depleted levels of iron; 18 per cent of pregnant women and 14 per cent of lactating mothers living in Gaza's Access-Restricted Areas are undernourished. This status quo results in one in four of pregnant women being at risk of death during childbirth.

In such circumstances, there are some **practical recommendations** on malnutrition, sexual and reproductive health, protection and some general recommendations that could be used by several sectors across the humanitarian community and tailoring the response for pregnant and lactating women.

<sup>6</sup> Humanitarian Needs Overview 2021, p. 15.

<sup>7</sup> Ibid., p.16

<sup>8</sup> Ibid., pp. 16-17

<sup>9</sup> WHO, Health Cluster oPt. "Health Cluster Bulletin 1 May – 30 June 2020". 2020. Online: [http://healthclusteropt.org/admin/file\\_manager/uploads/files/shares/Documents/5f056566a328a.pdf](http://healthclusteropt.org/admin/file_manager/uploads/files/shares/Documents/5f056566a328a.pdf).

<sup>10</sup> Humanitarian Needs Overview 2021, p. 20

<sup>11</sup> Palestinian Micronutrient Survey 2013.

<sup>12</sup> World Food Programme-UNICEF, Barrier Analysis and In-depth Qualitative Interviews Report. West Bank and Gaza Strip, 2020.

<sup>13</sup> Ibid.

<sup>14</sup> UNICEF, "Health and Nutrition", 2020. <https://www.unicef.org/sop/what-we-do/health-and-nutrition>.



# PRACTICAL RECOMMENDATIONS



## On malnutrition

- To tackle malnutrition in this group, complex multisectoral interventions are needed. In that regard, several sectors need to be engaged, namely health and nutrition, livelihoods and food security, water and sanitation with coordination taking place either at the cluster, subnational or national levels.
- Ideally a combination of interventions should be sought and aimed at tackling micro-nutrient deficiencies addressed by the health sector throughout nutrition surveillance and micro-nutrients supplementation. This should be accompanied with a medium-term strategy based on household food security, for example home gardening and local cooperatives, or sustainable agriculture and WASH measures, including hygiene promotion.
- In addition, awareness-raising on healthy and balanced diets, together with a mid-term strategy, are needed to increase knowledge among

population, especially caretakers, on the nutritional value of foods.

## On sexual and reproductive health

- Sexual and reproductive health is an essential service that will not stop under any circumstance. In that regard, ante-natal visits, for example, are of the utmost importance in detecting possible risky pregnancies requiring a closer follow-up.
- WHO recommends that pregnant women with symptoms of COVID-19 should be prioritized for testing since, if they test positive for COVID-19, they may require specialized care. It is still unknown if the foetus may get infected during pregnancy or infants during deliveries, so all precautions need to be in place, especially those referring to hygiene practices.<sup>15</sup>
- COVID-19 should not prevent women from breastfeeding their babies. Breastfeeding can happen and/or continue with proper hygiene measures.

<sup>15</sup> WHO, "Coronavirus disease (COVID-19):Pregnancy and childbirth", 20 September 2020. <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-pregnancy-and-childbirth>

## On protection

- Fighting the stigma associated with COVID-19 should become a priority for the humanitarian community, as it is preventing health-seeking behaviour among many people, especially women and adolescent girls. Understanding the community drivers of stigma in different areas of the oPt in order to tailor responses to tackle is of the upmost importance.

## General recommendations

- Women's organizations are best positioned to know women's needs, vulnerabilities, demands and capacities. All humanitarian actors should ensure the full engagement of local women's organizations from the beginning of the humanitarian planning process and in relation to the COVID-19 response, including discussions on prioritization, costing and resource allocations across different clusters and sectors.<sup>16</sup>

- All across the oPt, travel costs and sometimes medical/medicine fees are an excessive burden for many women. The most vulnerable ones should be identified and provided with health care and transport. Health care provision by humanitarian actors should be free and solutions should be found for transport: face-to-face services, mobile services or subsidized transport, as appropriate.
- The different realities in the oPt require tailored responses and a very focused coordination among the Palestinian authorities and the humanitarian community.
- Humanitarian diplomacy is needed to ensure that the Israeli authorities guarantee Palestinian population access to services, to the vaccine and to health care and services in general.

## BIBLIOGRAPHY

**United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA).** Occupied Palestinian Territories. Humanitarian Needs Overview. 12 January 2021

\_\_\_\_\_. Humanitarian Response Plan 2021. Occupied Palestinian Territories. 31 December 2020.

**United Nations Population Fund (UNFPA),WHO.** Health Cluster oPt. The impact of COVID-19 on sexual and reproductive, including maternal health in Palestine. 17 April 2020.

**UN Women.** The Gender Alert: Needs of Women, Girls, Boys and Men in Humanitarian Action in Palestine. August 2020. <https://palestine.unwomen.org/en/digital-library/publications/2020/10/gender-alert-needs-of-women-and-men-in-humanitarian-action-in-palestine>

\_\_\_\_\_. From insights to action: Gender equality in the wake of COVID-19. 2020.

<https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-en.pdf?la=en&vs=5142>

\_\_\_\_\_. Gender Alert: Needs of Women and Girls in Humanitarian Action in the occupied Palestinian territory (oPt). 2018.

[https://www2.unwomen.org/-/media/field%20office%20palestine/attachments/publications/2018/07/gender%20alert\\_un%20women.pdf?la=en&vs=5653](https://www2.unwomen.org/-/media/field%20office%20palestine/attachments/publications/2018/07/gender%20alert_un%20women.pdf?la=en&vs=5653)

**World Health Organization (WHO),** Health Cluster, Occupied Palestinian territory. Emergency type: Chronic conflict and outbreak. Health Cluster Bulletin. 1 May-30 June 2020.

\_\_\_\_\_. WHO Fact Sheet on maternal mortality.

---

### About the author:

**Atria Mier** is a gender specialist with fifteen years of experience in development and humanitarian action. She is seconded by UN Women to the Health Cluster to mainstream gender in its humanitarian response to COVID-19 in Palestine.

---

<sup>16</sup> UN Women, The Gender Alert: Needs of Women, Girls, Boys and Men in Humanitarian Action in Palestine, August 2020.