

A woman wearing a white headscarf and a long, light pink coat stands in a dimly lit room. She is looking slightly to her left with a serious expression. The background is dark and textured.

# ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH

## A HUMAN RIGHT AT RISK

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GAZA STRIP  
PALESTINE



## MÉDECINS DU MONDE SEXUAL AND REPRODUCTIVE HEALTH (SRH) PROGRAM IN GAZA

Access to sexual and reproductive health, that includes access to family planning, is one of the thematic priority of Médecins du Monde France (MdM). Since 2013, MdM is conducting a program on sexual and reproductive health in Gaza to improve access to quality service for family planning and reduce the risk of unwanted pregnancy for women of reproductive age in the governorate of Middle Area of Gaza. MdM intervenes to strengthen the capacities of health providers, CFTA staff and pharmacists to offer voluntary and quality family planning services, with a client-centered and a right-based approach. MdM also works with CFTA to reinforce the capacities of their Women Health Center at Al Bureij camp, providing trainings on new contraceptive methods and counseling, and supporting the rehabilitation and equipment of the center.

The Culture and Free Thought Association (CFTA) is a Palestinian organization established in 1992 and based in Khan Younis refugee camp, one of the poorest areas of the Gaza Strip. CFTA runs centers for children to offer them space to learn and express themselves and help them to overcome the context of violence and war they are experiencing in the Gaza strip. CFTA has also a Women Center that receives women and provide cheap medical services, counseling and activities targeting the most vulnerable women of the area.

## FAMILY PLANNING UNDER SIEGE

### THE RIGHT TO CHOOSE: A FUNDAMENTAL HUMAN RIGHT

The ability of women to choose if and when to become pregnant has a direct impact on her well-being and the well-being of the family, as well as her health and the health of the child. Family planning allows spacing of pregnancies and prevents unwanted pregnancies and the associated risks. The success of family planning programs relies on a strong supply chain that guarantee access to a choice of contraceptive methods, in sufficient quantities, available where and when it is needed, and affordable, taking into account the cost of the methods but also the access to the contraceptive (access to the family planning centers, costs of the consulting, transports...). It also requires appropriate counselling, protecting patient's dignity and confidentiality.

Eight years of blockade in Gaza, the policy of separation and the succession of wars have severely hampered access to family planning for Gazan women. How can contraceptives reach beneficiaries when your territory is under closure? You implement a serious family planning policy when the economic conditions have never been worst and when the whole health system is at risk of collapse. Besides, family planning is not seen as a priority in times of crisis, when you do not have a job or even a roof. The shortage of contraceptives, the lack of access to medical facilities, the recurrent conflicts are undermining women's access to sexual and reproductive health and represent a violation of their rights, a threat to their health, and a burden on the balance of families already heavily affected by dire living conditions.

## A CONTEXT OF BLOCKADE THAT THREATENS THE ENTIRE HEALTH SYSTEM

According to the World Bank latest report, Gaza has the highest unemployment rate in the world (over 40%). 80% of the people are dependent on international aid. Civil servants are not regularly paid, including medical workers. The Ministry of Health is heavily indebted. Moreover, Gaza has been through three wars in 6 years, the latest being the most devastating by the scale of the destructions and the number of casualties.

As a result of the shaky situation of the health system, the needs for referrals seem to be increasing. According to the data of WHO for December 2015, Exit permit approval rate dropped to 7 in 10 Gaza patients, the lowest rate in 7 years. Referrals are costly and contribute to worsen the debt of the Ministry of Health.

In August 2015, UNRWA warned that the infant mortality rate in Gaza had risen for the first time in more than half a century, and that it could be a result of the blockade. It is a highly concerning signal about the entire Gazan health system. The UN agency is very concerned about the impact of the long-term blockade on health facilities, supplies of medicines and bringing equipment in to Gaza. The World Health Organization describes the situation of Gaza as a context of continuous shortages in medicines and medical supplies at public health facilities.

## MÉDECINS DU MONDE CALLS FOR ACTION

The blockade of the Gaza Strip affects all Gazans in many aspects, including health. Its impacts are particularly heavy for the most vulnerable, including women.

It undermines their fundamental right to access family planning, threatening their well-being, health, living conditions as well as the entire family and their communities. The lack of rehabilitation of health facilities, the shortage of contraceptives, the difficulties to import medical equipment or to obtain exit permits for patients in need of treatments abroad have direct impacts on access to SRH.

The blockade of Gaza has been recognized by the EU and France as a collective punishment, illegal under international law. The harms and violation of rights suffered by women in Gaza are illegal.

Third States are responsible for the respect of human rights and international law. Therefore, the EU members States must adopt concrete measures to pressure their Israeli partner to engage in a time-bound plan to end the blockade.

### COLLECTIVE PUNISHMENT

SANCTION IMPOSED ON EVERY MEMBER OF A GROUP WITHOUT REGARD TO HIS OR HER INVOLVEMENT IN THE GROUP'S ACTIONS AND CONDUCT.

## TESTIMONIES FROM THE FIELD

### “They say they will call me when it’s available”

Nabila is a 29-year-old housewife who lives in the Middle Area of Gaza. She got her first baby when she was 17, but he was born prematurely and died after two weeks. She gave birth to two other babies, a girl and a boy, who also died before their first month because of non-fully lung growth. After three years, Nabila got three healthy children. Then, she and her husband took the decision to use family planning. They considered it was safer for her health. Besides, her husband only works intermittently – he works in the construction sector, which is especially affected by the blockade. Their economic situation simply does not allow them to have more children or to take the risk to have to pay for medical treatment in case of problems.

*“All of that pushed me to look for safe and effective contraception methods at the women’s health centers. The only one that worked for me without too many side effects was Depo-Provera Vial. Besides, it is efficient for three months, which makes me feel safe and comfortable.”* explains Nabila. *“But when I came back for the next injection, I couldn’t find it at CFTA Women’s health center... and every time I asked why, they said it was because of the closure and that they would call me when it’s available. I am scared and worried to have to wait. My husband will be angry if I become pregnant, because he can’t afford the treatment expenses due to our deteriorating economic situation... And in case we have another non-fully growth child, we will need treatment, we are not sure it will be available, we cannot afford it... So what am I going to do if I couldn’t get the Depo-Provera Vial? And what if I become pregnant? What am I going to do?”*

### “I spent the days of the last aggression on Gaza Strip in fear of the attacks and worried about being pregnant again”

Nour is 37 years old. She lives in a camp in the middle area of the Gaza Strip. Mother of six children, she is a housewife, while her husband is employed by the government and does not receive his salary regularly. When the couple had 5 children, they decided to stop due to their dire financial situation. She went to the Women’s Health Center of El Bureij camp and the doctor recommended methods of contraception. Nour started to use the pill. But in July 2014, a new war started between Israel and Gaza.

For 51 days, the Gaza Strip was heavily bombed, killing 2 251 Palestinians, of which 70% were civilians and 551 were children. Over 11,000 others were injured and at the height of the conflict, 500,000 persons have been displaced, including Nour who ended up in a shelter. In this chaos, it was impossible to access any kind of contraception and as a result, she became pregnant again. *“I spent the days of the last aggression on Gaza Strip in fear of the attacks and worried about being pregnant again. I had no more pills and there was no access to any contraceptive method.”* This last pregnancy was risky because of her age and started in a context of terrible devastation: *“I was in pain, I suffered from a herniated disc so I needed to take medication. I was worried about the health of my baby.”*

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