

**BY ATTACKING WOMEN AND GIRLS'
HEALTH, THE ISRAELI AUTHORITIES
DESTROY THE FUTURE OF THE
PALESTINIAN PEOPLE**

October 2025



Introduction

Two years of war in Gaza have devastated every aspect of life, and the health system has been systematically targeted, constituting consistent violations of international humanitarian law. Most recently, during the ground invasion of Gaza City, which started in September 2025, one health centre operated by Médecins du Monde was destroyed without warning from Israeli military authorities. The attacks and displacement of Médecins du Monde's premises and clinics are just a few examples of the repeated attacks against healthcare in the occupied Palestinian territory. As a result, sexual and reproductive health and Rights (SRHR) services, already fragile before the war, now face extreme shortages of staff, supplies, and safe facilities.

Women, adolescents, and newborns are among the most affected, with limited access to antenatal care, emergency obstetric services, family planning, menstrual hygiene materials and protection from gender-based violence. This report highlights the impact of two years of war and blockade of humanitarian assistance on sexual and reproductive health in Gaza, showing – once again – how disproportionate the impact of armed conflict is on women and girls. This report identifies some challenges faced by communities and health providers in sexual and reproductive healthcare, and the urgent actions needed to safeguard women's dignity, rights, and lives.

Methodology

This report is based on data collected from Médecins du Monde's primary healthcare centres in Gaza City, the Middle and South areas of the Gaza Strip, between May 2024 and August 2025. While the total number of SRHR consultations over the period represents **5.4 % of all primary health care consultations** (22,747, out of 424,958 primary health care consultations), they constitute **15% to 30% of primary healthcare consultations of women of reproductive age**.

Moreover, between March and July 2025, Médecins du Monde conducted specific research on maternal health based on data from around 100 women who had been pregnant, randomly selected according to the research protocol, across the territory of Gaza, which provides more detailed information.

Médecins du Monde's operations in the occupied Palestinian territory

Médecins du Monde has been operating across the entire occupied Palestinian territory for more than 20 years, with a team of 120 staff in Gaza and 78 in the West Bank.

In Gaza, our teams provide primary healthcare through several primary healthcare centres. Services include general medical consultations, mental health and psychosocial support, sexual and reproductive health care, vaccination, and nutritional support.

ISRAELI ATTACKS ARE DESTROYING THE HEALTH OF WOMEN AND GIRLS AND DAMAGING THE FUTURE OF THE PALESTINIAN PEOPLE

In the West Bank, Médecins du Monde operates from Ramallah to Jenin. The team supports the rehabilitation of local primary healthcare centres, provides medicines and medical equipment, and deploys a mobile health unit to meet increased needs, particularly in mental health, while strengthening emergency preparedness among health actors.

In February 2024, Médecins du Monde launched direct implementation of primary health care services through Medical Mobile Teams in Rafah. Upon the evacuation of Rafah in May 2024, Médecins du Monde installed static primary health care centres in the Middle area and the North of Gaza. These centres offer a comprehensive package of curative consultations, sexual and reproductive health and rights services, maternal and child health care, including vaccination, minor trauma care, non-communicable diseases care and mental health and psychosocial support.

Main findings

General information on sexual and reproductive health consultation at Médecins du Monde primary healthcare centres in Gaza

During the reporting period, monthly proportions of sexual and reproductive health consultations fluctuated from 15% to 30% of the primary health care consultations sought by women and girls over the age of 15. As the proportion of sexual and reproductive health consultations grew steadily during the ceasefire period between January and March 2025, it suddenly decreased in March 2025 when humanitarian aid was completely blocked, highlighting the direct impact of the extreme humanitarian situation on access to sexual and reproductive health and rights services. Similar patterns observed across the three areas of operation expose a **structural vulnerability of sexual and reproductive health services during crises: while needs remain constant, service delivery is highly sensitive to security constraints, displacement, and humanitarian impediments.**

Between May 2024 and August 2025, Médecins du Monde's medical teams observed that women sought curative sexual and reproductive consultations as a priority, to treat pathologies, rather than preventive care, which is more typical of primary health care services. Over the entire period, the number of consultations for genital infections was consistently high and exceeded the number of antenatal consultations.

Table 2: Diagnosis from Médecins du Monde clinics consultations between May 2024 and August 2025 in Gaza city, the Middle and South of Gaza

| | n | % |
|--------------------------------------|-------------|-------------|
| Antenatal care | 7391 | 32.5 |
| Genital infection¹ | 8196 | 36.0 |
| Family planning | 3459 | 15.2 |
| Other | 1572 | 6.9 |
| Menstrual disorders | 801 | 3.5 |
| Postnatal care | 555 | 2.4 |
| Amenorrhea ² | 388 | 1.7 |
| Preconception care | 304 | 1.3 |
| Abortion ³ | 52 | 0.2 |
| Hemorrhage | 29 | 0.1 |

¹ A genital infection is any infection that affects the reproductive organs or genital area and can be caused by bacteria, viruses, fungi, or parasites. In that case they mostly include bacterial vaginosis, candidiasis, vaginitis, cervicitis, trichomoniasis, salpingitis.

² Amenorrhea is the absence of menstrual periods. It may occur due to hormonal or medical conditions, stress, malnutrition, or other underlying factors. In that case, it can also be a sign of pregnancy.

³ Spontaneous or voluntary

total

=22 747

1. Increase of genital infections

Repetitive and mass displacements as well as the systematic destruction of civil and energy infrastructure, including water treatment facilities, have made access to clean water almost impossible across the Gaza Strip, **which directly affects the hygienic conditions in which women and girls manage their menstruation.**

According to UNFPA, "As nine in ten households face severe water shortages, women and girls are forced to manage their periods without clean water, soap, supplies or even privacy. Many now describe menstruation as a source of anxiety and isolation".⁴

84% of women with genital infections were displaced at least once since the beginning of the war. Moreover, **the blockade and consequent lack of menstrual hygiene kits lead women and girls to adopt harmful coping mechanisms**, such as the use of dirty clothes, which is a significant source of infection.⁵ During the ceasefire period, between January and March 2025, when menstrual hygiene kits were more available, the number of genital infections dropped by 50%, illustrating the direct impact of access (or lack of) to hygiene supplies on women's health.

Potential Long-Term Health Impacts of Genital Infections include⁶:

- Infertility (especially from untreated chlamydia or gonorrhoea leading to tubal damage);
- Chronic pelvic pain and recurrent pelvic inflammatory disease (PID);
- Ectopic pregnancy due to tubal scarring;
- Cervical cancer from persistent high-risk HPV infection.

Raneen, a midwife at Médecins du Monde, received a case of a 12-year-old girl who came to Al-Bahar Clinic asking for sanitary pads. At that time, the price of a pack of pads was 15\$ and far beyond what her family could afford. The girl's family is displaced and living under very difficult financial and humanitarian conditions. She has four sisters, and together with their mother, all six women are of menstrual age. The girl repeatedly visited the clinic to ask for pads. On

⁴ ["From natural process to nightmare: How Gaza's women and girls cope with their periods in a war zone", UNFPA, 2 June 2025.](#)

⁵ ["What it means to be a woman in Palestine today", UN Women, 14 September 2025,](#) "Hygiene is another daily indignity. With sanitary pads largely unavailable or unaffordable, and no privacy, nearly 700,000 women and girls of reproductive age struggle to manage menstruation, often in overcrowded or unsafe facilities.

⁶ [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis))

one occasion, her mother came with her and told the midwife that she was forced to cut pieces of her clothes and use them as a substitute for sanitary pads to cope with the needs.

2. Decrease in antenatal care and consequences on pregnancies

Médecins du Monde's main finding, a proportionate decrease in preventive sexual and reproductive healthcare between May 2024 and August 2025, is corroborated by the significant decline in complete pregnancy follow-up. In 2022, the average number of antenatal consultations was 6 to 7 consultations per woman in Gaza, although the WHO recommends 8 consultations. The comprehensiveness of follow-up differed between UNRWA (61.5%) health facilities and Ministry of Health facilities (28.9%).⁷ In the focused study conducted by Médecins du Monde between March and July 2025, **only 18% of the patients received complete antenatal care**. The incomplete or lack of access to antenatal care has devastating impacts on pregnancies and on the health of women and infants.

2.1. Sharp increase in pregnancy complications

As part of scientific research on the health of pregnant women and their children, Médecins du Monde analysed data from around 100 women who had been pregnant between March and July 2025. The participants were randomly selected in accordance with the research protocol across the Gaza Strip. They were asked about their pregnancies, access to healthcare during pregnancy, medical follow-up for their newborns, and the conditions in which they lived.

Table 3: Proportion of pregnancy complications diagnosed in Médecins du Monde health centres between March and July 2025

| | March - July 2025 %(n) | Global standard estimates (%) |
|-------------------------------|---------------------------|----------------------------------|
| No complication | 14.3% (14) | 85-90% |
| Pregnancy complication | 85.7% (84) | 10-15% |
| Anemia | 59.2% (58) | 20-25% ⁸ |
| Fetal growth restriction | 26.5% (26) | 5-10% ⁹ |

⁷ [Health annual report Palestine 2022](#), Ministry of Health.

⁸ Anemia affects between 20 and 25 % of pregnant women in stable contexts. See *Global anaemia reduction efforts among women of reproductive age: impact, achievement of targets and the way forward*, WHO, 2020.

⁹ The global estimate of fetal growth restriction is comprised between 5 and 10 % with adequate antenatal care. See *Maternal and child undernutrition and overweight in low-income and middle-*

| | | |
|--------------------------|-------------------|----------------------|
| Gestational diabetes | 9.2% (9) | 2-3% ¹⁰ |
| Gestational hypertension | 17.3% (17) | 5-7% |
| Hemorrhage | 7.1% (7) | 2-3% |
| Infection | 51.0% (50) | 10-15% ¹¹ |
| Preeclampsia | 3.1% (3) | 1-2% |

The total is greater than 100% because the same person can have multiple complications.

In 2022, the Gaza Strip had a **maternal mortality¹² ratio of 17 per 100,000 live births**, placing it among countries with low maternal mortality rates, comparable to North America (world average = 197 in 2023). While recent data are limited, the **rate of pregnancy complications before the conflict** can be estimated at around **10%**¹³, consistent with other stable contexts with a similar maternal mortality ratio.

Our field observations indicate that **approximately 85% of pregnancies now present at least one complication**, which is extremely alarming. **This represents an 8-fold increase in high-risk pregnancies**, translating into a **5-6-fold higher risk of maternal death**.

These deaths, resulting from disrupted prenatal care, lack of medications, malnutrition, and damaged health infrastructure, are directly linked to the extreme living conditions, the organized famine, and the destruction of the health system. They add to the deaths caused by direct exposure to violence. Projections suggest that maternal deaths could reach around 100 per 100,000 live births, excluding those caused directly by the conflict (such as bombardment or gunfire), which would further increase the total risk. This situation underscores the urgent need for comprehensive maternal health interventions to prevent both visible and invisible losses.

The combination of a **high prevalence of anaemia (59%) and infections (51%)** among pregnant women in Médecins du Monde health centres reveals a **critical maternal and neonatal health situation**. These complications expose women to **severe immediate**

income countries, Black RE, Victora CG, Walker SP, et al. *Maternal*, The Lancet, 2013;382(9890):427–451.

¹⁰ Gestational diabetes, hypertension and preeclampsia is estimated between 2 and 7 % in middle-income countries. See *Burden of disease and risk factors for pre-eclampsia: systematic review and meta-analysis*, McCauley M, Madaj B, White SA, et al. BMJ. 2018; 362:k2879.

¹¹ Genital infections affect 10 to 15 % pregnant women in well-followed pregnancies. See: *National and regional estimates of intrauterine growth restriction and low birthweight, 2010–2015*, Lee AC, Katz J, Blencowe H, et al. The Lancet Global Health. 2017;5(7):e696–e703.

¹² Maternal mortality is the tragic outcome of a continuum of maternal health issues, particularly pregnancy complications.

¹³ [Global burden of potentially life-threatening maternal conditions: a systematic review and meta-analysis](#), Fitiwi Tinsae Baykemagn, Girmatsion Fisseha Abreha, Yibrah Berhe Zelelew, Abadi Kidanemariam Berhe & Alemayehu Bayray Kahsay, BMC Pregnancy and Childbirth volume 24, Article number: 11 (2024)

risks, including haemorrhage, sepsis, poor tolerance of blood loss during delivery, extreme fatigue, and increased maternal mortality. For infants, these pregnancy complications can lead to intrauterine growth restriction, preterm birth, low birth weight, and **long-term consequences** for children, such as growth failure, cognitive and motor deficits, long-term chronic conditions, and increased risk of infertility.

The risks are not only potential. Among the 100 pregnant women who participated in the study, **more than 20% of the newborn children were affected, with almost 10% dying within their first days of life**. These observations are only the impacts that are visible during the very first months of life, which do not include health conditions that can be developed during their growth. The fragility of health structures, coupled with the lack of diagnostic equipment and essential medicines, amplifies these risks, underscoring the urgent need to put an end to the attacks on the health system and lift the blockade to ensure the strengthening of the maternal and neonatal services in Gaza.

***"Pregnant women are giving birth in overcrowded shelters, makeshift tents, or on the road while fleeing airstrikes, often without medical assistance, pain relief, or sanitation. In this context, reproductive justice is not only denied; it is deliberately and systematically violated."**, Dr Israa, Sexual and Reproductive Health advisor at Médecins du Monde*

2.2. The devastating impact of malnutrition and famine on maternal health

In a previous Médecins du Monde malnutrition report, Médecins du Monde reported that 1 in 3 pregnant and lactating women suffer from acute malnutrition. In its 22nd of August report, UNFPA stated that more than 40% of pregnant and breastfeeding women in Gaza are severely malnourished.

As consequences of malnutrition, pregnant women in Gaza face a heightened risk of complications during childbirth, miscarriages, and delivering babies with low birth weight. Breastfeeding mothers, themselves weakened by famine, are unable to provide adequate nourishment to their infants. As a result, children suffer from delayed cognitive and physical development, undernutrition, muscle weakness, and anaemia, with some of these consequences being irreversible. **Malnutrition significantly increases the risks of both infant and maternal mortality.**

Hunger, the loss of loved ones, forced displacement, and the inability to meet the basic needs of children leave deep psychological scars that heavily impact the mental health of women and girls, who are disproportionately affected, with nearly 84% experiencing mental health impacts from the crisis.

A malnourished mother is more likely to give birth to a fragile child who may grow into an adult with reduced physical and social potential, hence creating a destructive cycle in the social fabric. This intergenerational chain of deprivation threatens to perpetuate suffering and vulnerability for decades to come, unless urgent action is taken to break the cycle.

“I received a 30-year-old woman suffering from fetal growth restriction due to acute malnutrition, very low blood pressure, and had been scheduled for a C-section, yet she lost contact with her gynecologist due to recent evacuation from Gaza” Dr. Hiba, family doctor Médecins du Monde

2.3. Sharp increase in miscarriages among displaced women and girls

The Ministry of Health and the Sexual and Reproductive Health Technical Group report a 300% increase in miscarriages in Gaza since October 2023.¹⁴ Additionally, Médecins du Monde medical teams report a growing need for and demand for comprehensive abortion care. Displacement contributes to this increase, either through lack of contraceptive use in cases of unintended pregnancies or through limited access to healthcare, which exacerbates the impact of the conflict on miscarriage outcomes.

“Pregnancy doesn’t pause during war. Neither should our responsibility to protect those giving life.” Dr. Israa, SRH advisor Médecins du Monde

3. High prevalence of menstrual disorders

Menstrual disorders are disturbances of the normal menstrual cycle, including irregular bleeding, unusually heavy or painful periods. In humanitarian settings, these disorders are often exacerbated or triggered by multiple factors such as chronic stress, psychological trauma, malnutrition, forced displacement, and exposure to violence.

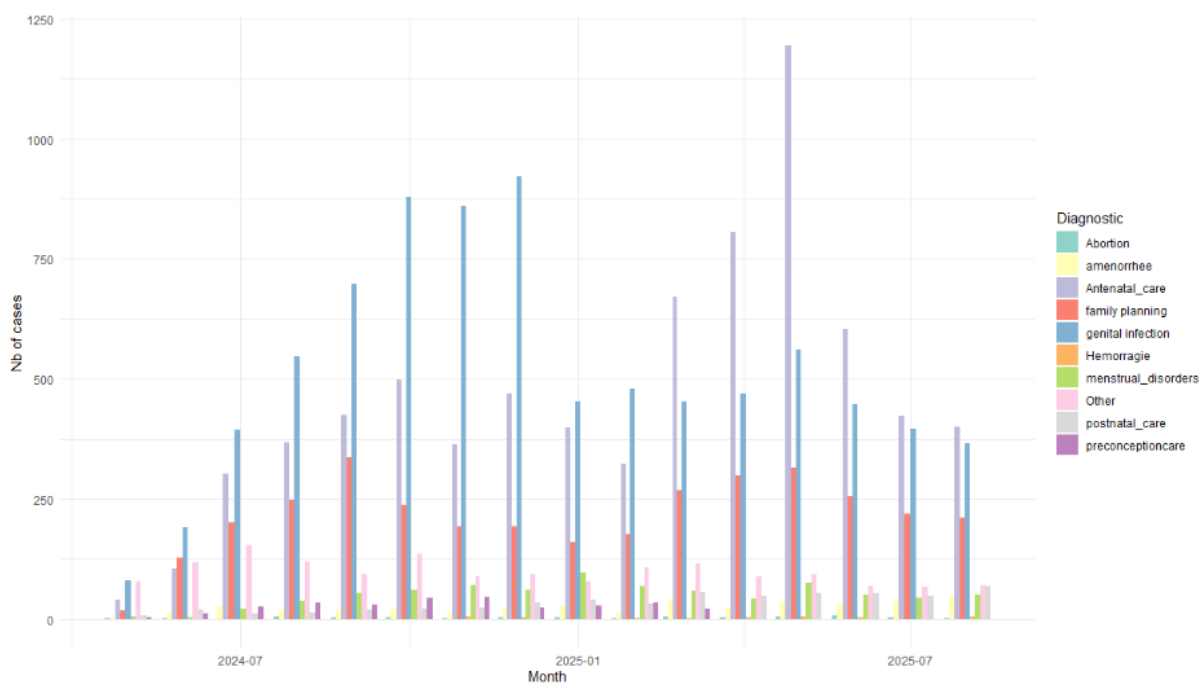
During this period, Médecins du Monde’s teams have met an **unusually high number of women facing disruptions in their menstrual cycle**. Those disorders are much more than a personal inconvenience — they are **biological signals that the body’s reproductive system is under stress and cannot function normally anymore**.

¹⁴ [Gaza: No Safe Pregnancies During Israeli Assault](#), Human Rights Watch, 28 January 2025.

"For Palestinian women and girls, the ability to exercise even the most basic reproductive rights is now a daily battle for survival", Dr. Israa, SRH advisor Médecins du Monde

4. The proven impact of war and the blockade of humanitarian assistance

Table 4: Total number of cases per month and per diagnosis between May 2024 and August 2025



This chart shows a remarkable 50% decrease in the number of cases of genital infection during the ceasefire period between January and March 2025, when humanitarian aid flowed in. This also coincides with an increase in antenatal care consultations. **We can conclude that the high prevalence of genital infections is man-made and could be prevented by an immediate and permanent ceasefire, the massive entry of aid, the re-establishment of infrastructure and access to clean water.**

"The ongoing war is not only destroying infrastructure and lives. It is destroying the future, womb by womb.", Dr Israa, Sexual and Reproductive Health advisor at Médecins du Monde

Médecins du Monde's analysis also shows that cases of genital infection differ between the South and Middle areas. Women and young girls in the South of Gaza came into Médecins du Monde health facilities mostly to get antenatal care, so preventive care, whereas those in the North, suffering continuous attacks and having lower resources, prioritized curative consultations, including genital infections management.

Table 5: Breakdown of SRH consultations diagnosis per geographical area

| | Antenatal care | Genital infection | Family planning | Other | Menstrual disorders | Postnatal care | Amenorrhea | Preconception care | Abortion | Haemorrhage |
|---------------|----------------|-------------------|-----------------|-------|---------------------|----------------|------------|--------------------|----------|-------------|
| North | 24,6 | 40,7 | 16,1 | 8,6 | 4,2 | 1,9 | 1,9 | 1,7 | 0,2 | 0,1 |
| Middle | 39,7 | 31,2 | 13,8 | 5,7 | 2,4 | 4,3 | 2,3 | 0 | 0,4 | 0,1 |
| South | 44,4 | 29,3 | 14,1 | 4,2 | 2,8 | 2,4 | 0,8 | 1 | 0,2 | 0,3 |

“Displacement, trauma, and the collapse of the health system have created an unbearable situation. Women are giving birth in unhygienic conditions, without skilled attendants, pain relief, or postnatal care. Some are forced to cut their umbilical cords under fire” Dr Israa, Sexual and Reproductive Health advisor at Médecins du Monde

Conclusion

Médecins du Monde's analysis of sexual and reproductive healthcare from its primary healthcare centres' data shows that appalling **living conditions due to continuous attacks** and **subsequent displacement have a tremendous negative impact on basic access to sexual and reproductive healthcare for women and girls**. The war prevents women and girls from living in dignity, accessing decent sanitary conditions, and the healthcare they need as women, pregnant or not, including food and nutrients necessary to carry pregnancies and care for infants.

Because of their special health needs, war disproportionately affects women and girls. The conduct of war by the Israeli army since October 2023, and its specific impacts on women and girls can be considered as "causing serious bodily or mental harm to members of the [Palestinian] group" and to some extent, given the high rates of pregnancy complications and their consequences, "imposing measures intended to prevent births within the group" as per article II of the 1948 Convention on the Prevention and Punishment of the Crime of Genocide¹⁵.

As observed during the ceasefire between January and March 2025, the cessation of attacks, especially against civilians and civilian infrastructure, including health facilities, as well as the influx of humanitarian aid, are the main factors to save women and girls' lives and improve their health.

Recommendations:

- Médecins du Monde continues to advocate for an immediate and permanent ceasefire and the protection of civilians.
- All attacks on medical infrastructures and personnel must stop immediately.
- All crossing points must be reopened to ensure massive humanitarian aid is available in Gaza, including restoring access to safe drinking water in sufficient quantities, medical equipment and all basic drugs. Third States have a responsibility to use all measures in their power to prevent the destruction of the Palestinian people in Gaza.
- Sexual and Reproductive Health services must be prioritised, as much as possible, within the current circumstances, by the humanitarian community.

¹⁵ Convention on the Prevention and Punishment of the Crime of Genocide, 1948, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-prevention-and-punishment-crime-genocide>.