



NUTRITION VULNERABILITIES OF CHILDREN AND MOTHERS ^{HP} IN GAZA STRIP

**PROJECT HOPE NUTRITION SITUATION
ASSESSMENT REPORT
NOV 2025**

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The assessment team acknowledges the dedication of Project HOPE clinic staff, nutrition teams, and enumerators who supported data collection, clinic screenings, and DHIS2 data extraction while continuing to deliver essential health and nutrition services. Their commitment ensured the availability of high-quality, reliable data throughout the assessment period.

LIST OF ACRONYMS

Acronym	Full Meaning
CCCM	Camp Coordination and Camp Management Cluster
CMAM	Community-based Management of Acute Malnutrition
CP	Child Protection
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
ICF	Infant and Young Child Feeding (IYCF — sometimes written separately)
IDP(s)	Internally Displaced Person(s)
IPC	Integrated Food Security Phase Classification
IPC (Health)	Infection Prevention and Control
IVM	Integrated Vector Management
KII(s)	Key Informant Interview(s)
MHPSS	Mental Health and Psychosocial Support
MSRNA	Multi-Sectoral Rapid Needs Assessment
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
oPt	occupied Palestinian territory
PHC	Primary Health Care
PFA	Psychological First Aid
PLW(s)	Pregnant and Lactating Woman/Women
SEA	Sexual Exploitation and Abuse
SPHERE	The Sphere Humanitarian Standards

STI	Sexually Transmitted Infection
UN	United Nations
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

INTRODUCTION

Context

The nutrition challenges in Gaza since the start of the current war in October 2023 have escalated into a catastrophic humanitarian crisis, with much of the population facing high levels of acute food insecurity and a high risk of famine

Since the outbreak of the war on 7 October 2023, the situation in Gaza has deteriorated sharply. Over 2 million Palestinians became trapped inside the Strip, facing continuous bombardment, starvation, repeated forced displacement, and pervasive fear. The World Food Programme announced that hunger and malnutrition had spiked dramatically after all aid was halted from entering Gaza on 2 March, reversing improvements briefly

observed during the early-2025 ceasefire. Basic food items became extremely scarce and prohibitively expensive due to severe shortages driven by Israel's prevention of both commercial and humanitarian food supplies from entering Gaza.

100% of the population in Gaza was classified in IPC Phase 3 (Crisis) or above, indicating acute and widespread food insecurity. (UN,2025)

By April 2025, the price of one kilogram of wheat—an essential component of the basic food basket—had risen to 30–50 NIS, nearly ten times its cost before the breakdown of the March 2025 ceasefire. Prior to October 2023, the same quantity cost less than 3 NIS.

In June 2025, only a limited number of aid trucks were permitted to enter Gaza. Many of these trucks were subsequently looted by armed groups exploiting the collapse of local security structures, who then sold the stolen aid at extremely high prices. As a result, vulnerable families faced severe

obstacles and risks in attempting to access basic food assistance. (www.unicef.org/press-releases, 2025)

Malnutrition in Gaza reached catastrophic levels, with the Integrated Food Security Phase Classification (IPC) having confirmed **famine** in Gaza Governorate in August 2025. The entire population of children under five was at risk of acute malnutrition, and hundreds of preventable deaths have been reported due to hunger-related causes. The crisis was driven by conflict, severe restrictions on aid, and the collapse of essential services.

Since the ceasefire took effect, humanitarian monitoring by UN Office for the Coordination of Humanitarian Affairs and partners has recorded a partial recovery in market activity and food availability across Gaza, but prices remain far above pre-conflict levels. While some staple food prices dropped in the weeks following the ceasefire, many basic commodities still cost 100–200 % more than before the fighting began.

Market functioning remains fragile — supply shortages, cash-flow constraints, damaged infrastructure, and limited local production continue to hamper both supply and access. As a result, although aid distribution (food parcels, cooked meals, bread bundles) has increased significantly, many households still struggle to afford a diverse diet, with consumption generally limited to staple cereals and pulses while meat, fresh produce, and other nutrient-rich foods remain largely out of reach. (OCHA, 2025)

For the second consecutive month following the 10 October ceasefire, operations expanded, and UNICEF and WFP reached 1.8 million people in the Gaza Strip in November with food parcels, hot meals, bread bundles, nutrition services, fortified biscuits, and digital payments. The reactivation of WFP's partner and distribution network has enabled coverage across all of Gaza, especially reaching the most vulnerable, through hundreds of sites, while increased humanitarian and commercial cargo inflows allowed a

gradual return to market-based assistance such as digital wallets. Despite the increase in reach, gains remain highly fragile with ongoing administrative and movement restrictions limiting the amount of aid that can enter Gaza. The continued lack of approvals for essential equipment, including for dual use items, further restricts the response, alongside constraints on other aid sectors that undermine a holistic nutrition and food security response. Heavy rains, flooding, and collapsing shelters continue to drive humanitarian needs upward.

Purpose of the assessment

- This assessment seeks to identify the factors influencing the trends in acute malnutrition cases recorded at Project HOPE clinics.
- It also seeks to determine the most appropriate intervention modalities to help communities in the Gaza Strip recover from the recent famine's impacts and reduce the incidence of acute malnutrition.

Limitations of the assessment

Several limitations were noted and taken into consideration when analyzing the results.

- The Project HOPE team did not manage to access Rafah, Beit Hanoun and Beit Lahia to due security access issues
- Most survey respondents were the heads of household and not the caregivers. Heads of households may not have a complete picture of feeding practices, diets and the health status of the households' children, limiting the reliability of the information provided.

METHODOLOGY

This assessment employed a mixed-methods approach drawing on secondary data, primary quantitative data, and routine health information from Project HOPE clinics. Using multiple data sources allowed triangulation and strengthened the validity of the findings.

Secondary Data Review

A comprehensive desk review was conducted to analyze existing information on the humanitarian situation in the Gaza Strip. The review focused primarily on:

- UN OCHA updates and situation reports, including market, access, and humanitarian response analyses.
- WHO and Health Cluster reports, including morbidity trends, service availability updates, nutrition and disease surveillance bulletins, and health system functionality updates.
- Other relevant UN agency publications, assessments, and inter-agency dashboards.

The secondary data provided contextual grounding, identified gaps, and guided the development of primary data tools.

Primary data-Individual Household / Caregiver Survey

A structured individual survey was administered to gather primary data from affected populations. The questionnaire targeted:

- Mothers and caregivers of children under five, and
- Pregnant and breastfeeding women (PBW)

who were accessing services at clinic nutrition desks.

The survey collected information from 166 caregivers and women on household demographics, nutrition practices, food access, coping strategies, and perceived needs. Trained enumerators conducted interviews using mobile data-collection tools to ensure quality,

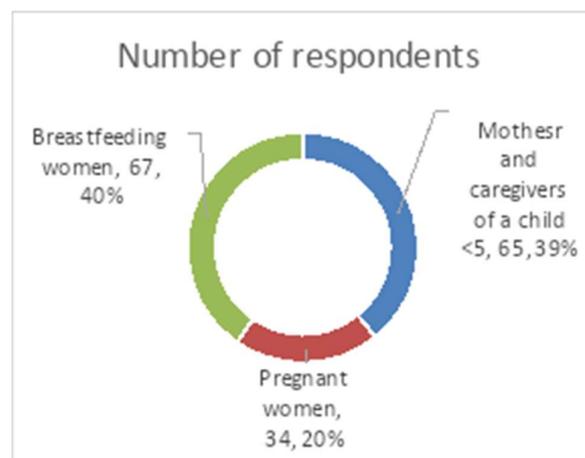


Figure 1: Survey Sample

consistency, and secure data handling.

Clinic Data Extraction (DHIS2 System)

Routine service data was extracted from participating clinics' DHIS2¹ platforms. The data on DHIS2 provided trends overview about the acute malnutrition number of detected cases over the period of July 2024 to November 2025.



Photo 1: A child under five being screened for malnutrition at one of Project HOPE clinics.

DHIS2 data provided objective, time-bounded evidence that complemented the perceptions captured in the survey and the broader context from secondary sources.

Triangulation and Analysis

Data from all three streams—secondary documents, survey results, and DHIS2 extractions—were triangulated to ensure consistency and identify converging or diverging trends. Quantitative data were analyzed using descriptive statistics, while qualitative observations from reports and field insights were used to interpret patterns, assess service gaps, and inform recommendations.

Ethical Considerations

Participation in the survey was voluntary, verbal informed consent was obtained, and no personal identifiers were recorded. Data were stored securely according to agency data-protection protocols.

¹ **DHIS2** (District Health Information Software 2) is a free, open-source platform widely recognized as the world's leading health management information system (HMIS). It is designed to collect, analyze, and visualize both aggregate and individual-level medical data, particularly in resource-limited settings. The primary advantage of DHIS2 is its high degree of flexibility; it allows health organizations to customize data entry forms and indicators.

FINDINGS

Between the period from July 2024 to November 2025, a total number of 158,884 patients were screened for malnutrition at Project HOPE Clinics in Khan Younis and Deir al Balah. Out of the total screened cases 17.07% of them were registered as malnutrition cases. The screened cases were pregnant women, lactating women and children under 5 years old in addition to some special cases.



Photo 2: screening a child MUAC at one of Project HOPE clinics.

Alarmingly, 34.02% of screened pregnant and breastfeeding women were found to be malnourished. Among children under five, 9.17% were diagnosed with acute malnutrition, and over half of these cases—55.35%—were classified as severe acute malnutrition (SAM), underscoring a critical and immediate nutrition crisis.

CATEGORIES	MALNUTRITION CASES	TOTAL SCREENED CASES	PERCENTAGE OF MAL-NUTRITION CASES
PBW	9,472	27,845	34.02%
CHILDREN <5	10,467	114,154	9.17%
SPECIAL CASES ²	7,183	16,885	42.54%
TOTAL	27,122	158,884	17.07%

Table 1: Percentage of malnutrition cases out of each category targeted with Project HOPE Nutrition Program in Khan Younis and Deir al Balah up to 25 November 2025

Special cases include individuals with diagnosed neurological, genetic, oncological, or metabolic disorders, or those identified through Protection referrals with clinical signs of acute or chronic malnutrition, requiring individualized nutritional management beyond standard program eligibility, in accordance with WHO and Sphere guidance.

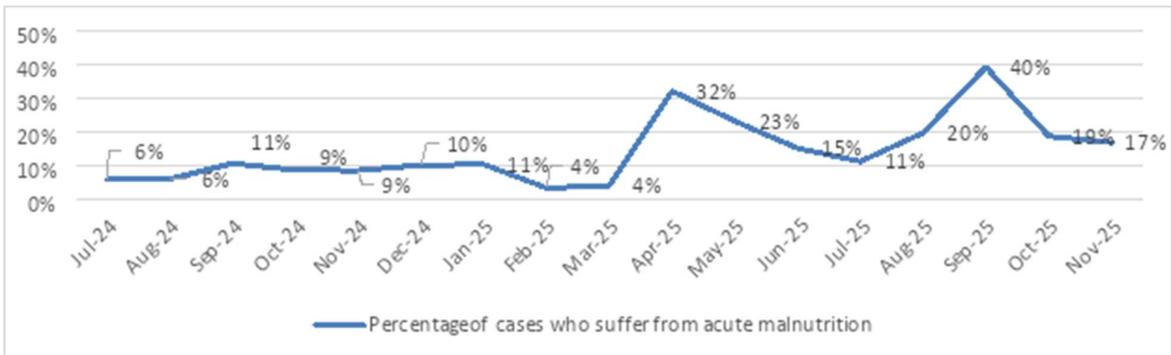


Figure 2: Malnutrition data trends since Project HOPE started Nutrition services in Khan Younis and Deir Al Balah

Data from Project HOPE clinics indicates a clear deterioration in nutritional status in Gaza between July 2024 and October 2025, closely linked to restrictions on aid and goods entering the Strip. From July to September 2024, the percentage of healthy cases declined while malnutrition rates rose as markets emptied due to severe import restrictions. Conditions worsened again between November 2024 and January 2025, with food scarcity and soaring prices driving further malnutrition. A temporary ceasefire from late January to mid-March 2025 allowed limited imports, briefly improving access to food and reducing malnutrition levels. However, after hostilities resumed at the end of March, food supplies collapsed once more, leading to sharp increases in severe and moderate acute malnutrition, especially among children. By April 2025, malnutrition cases reached 32.39%, and by August climbed to 40%, as WFP reported surging hunger following the aid blockade. Many families began visiting Project HOPE clinics not only for treatment but also to access nutrition supplements as substitutes for food, straining clinic staff. Following the October 2025 ceasefire, aid entry resumed, and malnutrition rates slowly declined, though persistently high prices continued to limit recovery.

Following the ceasefire announced in October 2025, some food items gradually reappeared in the local markets, leading to a modest improvement

in food availability and decrease in the food prices compared to the period prior to the ceasefire, but still double the prices before the war started.

Clinic data show significant deterioration in nutritional status closely linked to fluctuations in food imports and market availability	July–September 2024: Malnutrition increased as markets emptied due to import restrictions.
	Nov 2024–Jan 2025: Worsening food scarcity and surging prices drove further deterioration.
	Jan–mid-March 2025 ceasefire: Limited imports improved access; malnutrition rates declined temporarily.
	Post-March 2025 hostilities: Food supplies collapsed again; malnutrition spiked, peaking in April–August 2025.
	Post-October 2025 ceasefire: Aid inflows resumed; malnutrition began declining slowly, though recovery is constrained by high prices.

Table 2: Trend Analysis of Project HOPE Clinics data about malnutrition cases trend over the period from July 2024 to November 2025

While this emerging recovery began to reflect positively in the health status of individuals seeking care at the clinics, the respondents to the survey reported that the food prices of the basic food items are still higher than the prices before the war, which affected the level of access to the basic food parcel. Only 7.83% of survey

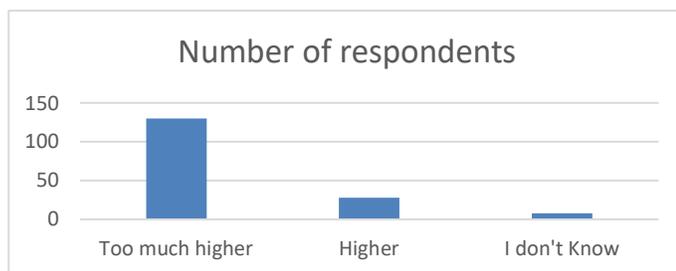


Figure 3: Respondents' opinion of the food items prices

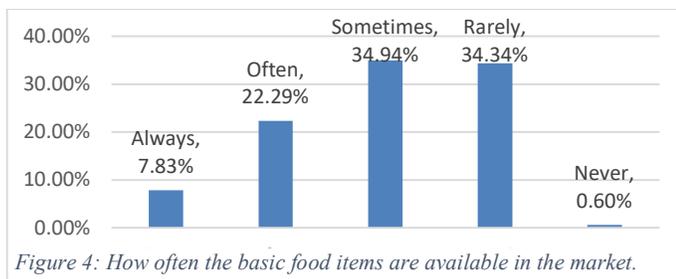


Figure 4: How often the basic food items are available in the market.

respondents reported that all basic food items were available in the market over the past three months, 22.29% said they were frequently available, 34.94% and 34.34% said they were occasionally or infrequently available, and one respondent said they never found all the basic food items in the market during the previous three months.

Data from Project HOPE clinics indicate that during the times when food imports into the Gaza Strip were permitted and food became available in markets — even if only in limited quantities and at higher prices than before the conflict — the percentage of cases of acute malnutrition declined. The deteriorating economic situation — including reduced family incomes due to the war and high market prices — limits households’ ability to meet their food needs, preventing a sustainable reduction in malnutrition among children and women. Out of the surveyed respondents 46.99% reported that their families couldn’t afford the main basic food basket items over the past 24 hours.

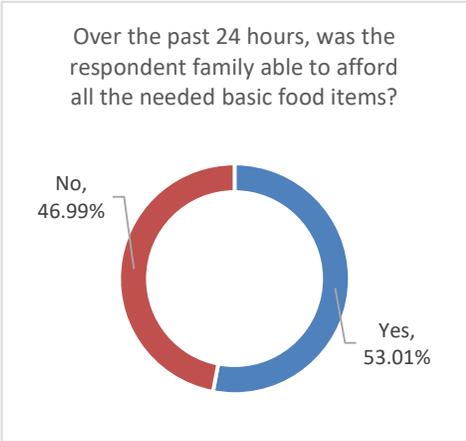


Figure 5: Ability to afford the basic food items.

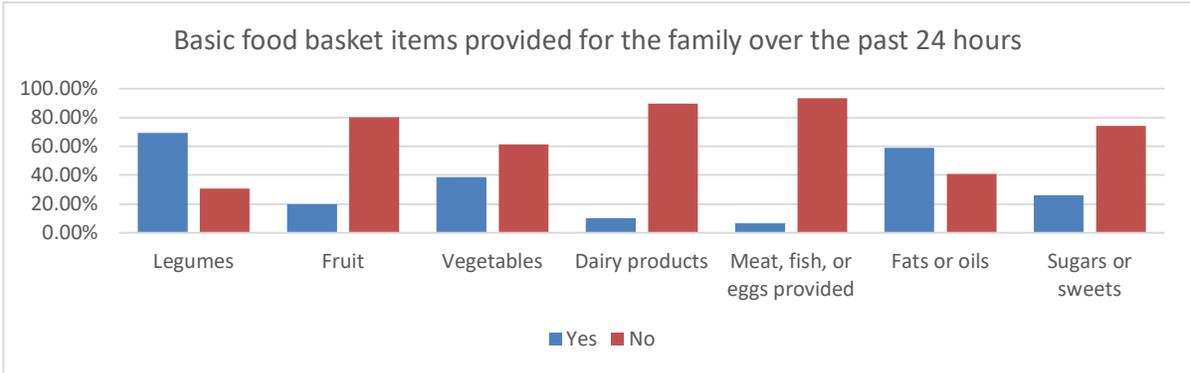


Figure 6: Basic food items the family was able to afford over the past 24 hours

Items such as fruits, vegetables, and dairy show particularly high levels of unmet need, with most households reporting they could not provide them. Access to animal-source foods (meat, fish, eggs) is especially constrained, reflecting both scarcity and reduced purchasing power due to the extremely high prices of such items in the market.

71.08% of the surveyed reported that they decreased the number of meals over the past three months on daily basis, and 69.28% of the respondents reported that they lost an income source due to the war. This confirms that the effect of economic situation on the families' ability to access basic food items and in turn affected the nutrition status of these families.

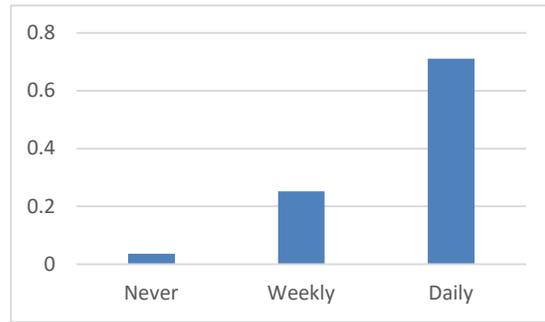


Figure 7: How often the families decreased the number of meals per day over the past three months

In getting food for their families, 46.78% of the respondents reported that they depend on food assistance as their main source to get food, 32.19% purchasing from the market is their main source of food, and the rest depends on assistance from relatives or borrowing food.

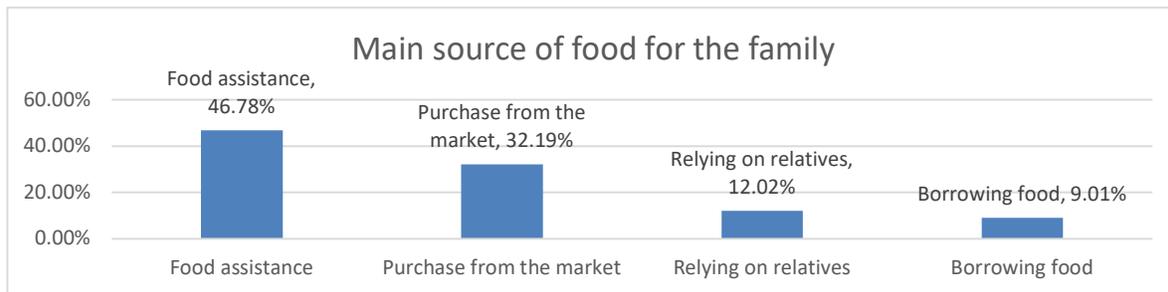


Figure 8: Main sources of food items

This data shows that there is a dependency on food assistance regardless of the form of food assistance in affording the basic food items for the family. Where the preferred modality of food assistance was conditional cash.

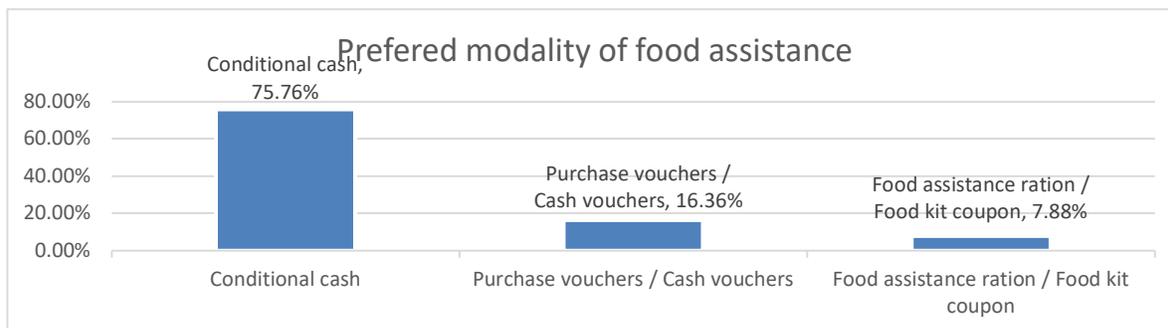


Figure 9: Preferred modality of food assistance

Project HOPE INTERVENTIONS

In response to the impact of the conflict on the nutrition situation on children under five and on pregnant and lactating women, Project HOPE in partnership with WFP, is currently implementing a program that delivers a full range of services for children under five (U5) and pregnant and lactating women and girls (PLWG). Through the BSFP program, Project HOPE provide preventive nutrition assistance to help keep healthy individuals from becoming malnourished, while the TSFP program targets the treatment of malnourished PLWG. Both services are part of a supplementary feeding intervention implemented in collaboration with WFP.

Additionally, in partnership with UNICEF, Project HOPE operates the Community-Based Management of Acute Malnutrition (CMAM) intervention to treat malnourished children under five, ensuring they receive proper therapeutic care and essential nutritional supplements. Across all our interventions, we also conduct Infant and Young Child Feeding (IYCF) sessions to strengthen optimal feeding practices and equip caregivers with the knowledge needed to improve children's nutrition and overall health.

CONCLUSION

The findings of this assessment confirm that the nutritional situation in Gaza remains critical despite the partial improvements observed following the October 2025 ceasefire. Although market availability has improved compared to the peak of the conflict, persistently high prices and widespread loss of income continue to limit families' access to nutritious and diverse foods. This prolonged economic deprivation has resulted in high levels of food insecurity, with nearly half of surveyed households unable to afford the basic food basket and the majority reporting daily meal reductions.

Trends from Project HOPE clinic data reinforce these findings, showing that malnutrition levels among children under five and pregnant and breastfeeding women have fluctuated in direct correlation with disruptions in food supply and market access. Even during periods of improved access,

recovery remained partial due to the population's weakened purchasing power.

The convergence of surveys, clinic, and secondary data provides strong evidence that acute malnutrition in Gaza is being driven primarily by reduced household food access, limited availability of nutrient-rich foods, and prolonged economic deterioration. Without sustained and scaled humanitarian assistance—particularly nutrition support, cash-based modalities, and reliable food supply channels—malnutrition levels are likely to remain high and may rise again if market recovery stalls.



RECOMMENDATIONS

1. Expand Treatment of Acute Malnutrition

- Scale up CMAM coverage.
- Increase availability of RUTF, RUSF, and MNPs to match the caseload surges observed during supply gaps.
- Strengthen referral pathways between community screening, PHC facilities, and stabilization centers.

2. Strengthen Preventive Nutrition Programs

- Expand BSFP coverage for children 6–59 months and PLW to prevent further deterioration during market instability.
- Provide regular IYCF counselling, with emphasis on breastfeeding support and adequate complementary feeding where food gaps are observed.

3. Enhance Community Screening and Follow-up

- Increase MUAC screening frequency through mobile teams and outreach volunteers.
- Track high-risk households (repeated clinic visits, child relapse cases, severely food-insecure families).

4. Food Security & Market-Based Recommendations

- Implement conditional cash transfers for caregivers of children under 5 who suffer from acute malnutrition, and for PBW who suffer from acute malnutrition, which respondents identified as the preferred modality.
- Use cash to complement nutrition programs, and the social

protection program for PBW , enabling access to fresh foods (fruits, vegetables, dairy, animal proteins).

5. Health System Strengthening

- Deploy additional nutrition staff during peak malnutrition periods.
- Provide refresher training on CMAM, BSFP, and IYCF protocols.

6. Strengthening Information Systems

- Continue integrating nutrition data into DHIS2 and enhance analysis of monthly trends.
- Improve data-sharing between Project HOPE, cluster partners, and other NGOs to support early warning.

7. Coordination

- Strengthen engagement with Nutrition and Food Security Clusters to harmonize program response and prevent duplication.
- Participate in joint assessments to support early warning and coordinated action.

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ANNEX

The Individual Household / Caregiver Survey on KoBo
Link for the form: <https://ee-eu.kobotoolbox.org/x/KmVt1Ya1>