



Humanitarian Crisis in Gaza

Situation Report

August 2026 Updates | Published September 17, 2026

Project HOPE continued its integrated health, nutrition, WASH and protection services across seven supported primary healthcare clinics, one mobile clinic, and community outreach services through August 2026. Project HOPE's team in Gaza remained flexible and adapted to access, displacement, and supply constraints.

Situation Overview

Since the ceasefire agreement, OCHA reports **1,303 fatalities and 4,336 injuries from October 10, 2025 to August 26, 2026**. Gaza's health system has remained under severe strain from shortages of medicines, dialysis supplies, and IV solutions — with the Ministry of Health reporting that central stocks of IV solutions have been depleted.

UNICEF's recent Gaza SMART Survey, which collected data from May 31 to June 15, found relatively low acute malnutrition in accessible areas, but it did identify persistent chronic malnutrition, which is a severe health threat to children. The survey found that stunting affected 12.2% of children under five, only 22.4% of children 6-23 months old met the minimum acceptable diet, and 37.1% of children under five had diarrhea in the two weeks before the survey. UNICEF has also reported that acute malnutrition admissions to health facilities fell from nearly 17,000 in August 2025 to under 3,000 by March 2026.

While this is an improvement over famine conditions from last year, an August 24 warehouse strike in Deir al-Balah destroyed nutrition supplies and the World Food Programme cut cash transfers by 40% for 375,000 recipients in amid funding pressures. **These developments could have ripple effects that worsen food insecurity and raise the threat of malnutrition.**

Key Impact

- Project HOPE continued providing **integrated health, nutrition, WASH, and protection services** across seven primary health clinics and one mobile clinic in August.
- In August 2026, Project HOPE **provided 35,955 outpatient consultations**, conducted 3,713 nursing procedures, and completed 6,355 sexual and reproductive health consultations.
- Nutrition services continued in August 2026, with Project HOPE **screening 5,804 children under five** and 5,720 pregnant and breastfeeding women for malnutrition.
- Project HOPE's WASH team **delivered 440,500 liters of clean water** to health facilities and reached 1,246 people with hygiene awareness activities.
- Project HOPE's Protection Team provided 455 MHPSS, 273 GBV, and 441 child protection consultations in August 2026.

In addition, safe water and protection concerns remained critical in August 2026. WASH Cluster monitoring in early July found that roughly 90% of the population is facing moderate-to-high water insecurity. The Protection Cluster reports Protection Risk Severity Scores to track the severity of protection risks through a mixed methods approach. In the most recent snapshot, protection risks remained severe, with scores high for threats like displacement (77%), psychological distress (76%) and GBV (57%).



A Project HOPE team member monitors the blood pressure of a patient at the Aydia Clinic.
Photo by Project HOPE staff, 2026.

With health, WASH, protection, and other risks continuing to rise and the context in Gaza shifting on a daily basis, the availability of integrated health, WASH, and protection services continues to be extremely important. Without access to these services, families would be left with limited alternatives, parents would lose access to the doctors they trust, and families would endure additional stressors at a time where women and children are facing increased protection risks.

Project HOPE's Response

Project HOPE persisted through operational and logistical constraints to deliver integrated, lifesaving services across the health, nutrition, WASH, and protection sectors at seven primary health clinics, one mobile clinic, and through community awareness initiatives in August 2026.

In August, Project HOPE provided 35,955 outpatient consultations, 3,713 nursing procedures and 6,355 sexual and reproductive health consultations across all facilities. Project HOPE finalized referral agreements with partner institutions, with case referrals expected to begin in early September. Project HOPE also received specialized dialysis and cancer medicines for future distribution in September. Our team also participated in training, with over 40 health workers trained in management of noncommunicable diseases, in coordination with a partner.

Nutrition teams screened 5,804 children under five and 5,720 pregnant and breastfeeding women for malnutrition, with counselling, supplementation, treatment, follow-up, and referral provided. The team identified 222 cases of moderate acute malnutrition and 26 cases of severe acute malnutrition. The team continued to provide Community-Based Management of Acute Malnutrition (CMAM), Blanket Supplementary Feeding Programme (BSFP), Targeted Supplementary Feeding Programme (TSFP), and Infant and Young Child Feeding (IYCF) programming through both facility- and

“What worries me most is the continuation of my health condition, especially since I am 64 years old and have no one to care for me. I have no one except this clinic. If it closes, I do not know where I would go.”

— Bushra, 64, a displaced woman without children whose husband is injured.

community-based approaches. In August, a total of 1,673 women were enrolled in TSFP and 16,302 women and children received blanket BSFP support. The team also reached 1,825 participants through IYCF activities, including 296 as a part of our activities recognizing World Breastfeeding Week.

Project HOPE's WASH Team continued to ensure access to clean water, distributing 440,500 liters of safe water to supported health clinics and communities. The team also reached 1,246 people with hygiene and safe water outreach sessions. Lastly, the team safely managed 71.52 kilograms of medical waste.

Project HOPE's Protection Team delivered 1,169 consultations across all types of support. Together, our team conducted 455 mental health and psychosocial support (MHPSS) consultations, 273 gender-based violence (GBV) consultations, and 441 child protection consultations, ensuring that those in incredibly vulnerable positions had access to specialized care, prevention, and response services.



Mohammad, a seven-year-old boy sits for an examination by Dr. Miran, a Project HOPE doctor at the Aydia Clinic. Mohammad has chickenpox, which has spread rapidly in Gaza. Photo by Project HOPE staff, 2026.

"I used to [be able to] protect my children and be cautious about any disease. The day I heard my seven-year-old son was sick with chickenpox, I cried a lot."

— Hana, a mother of five living in a tent

Project HOPE continued to provide care in August through a single referral pathway, allowing cases identified in nutrition screening, protection consultations, or community outreach to be routed to clinical care, and vice versa. Project HOPE also remained engaged with the Health, Nutrition, WASH and Protection Clusters.

Key Risks & Mitigation Measures

Access, Insecurity, and Displacement: Ongoing hostilities, sudden displacement, and movement restrictions can prevent communities from reaching health facilities and disrupt health, nutrition, WASH and protection services. To mitigate this, Project HOPE maintained flexible delivery through its fixed facilities, mobile and community-based services, safe spaces, and outreach activities. The team adapted locations, schedules, and referral pathways according to changing access and security conditions.

Supply and Funding Constraints: Shortages of medicines, nutrition commodities, WASH/IPC supplies, dignity items, and other essential materials may affect the continuity and quality of services. To mitigate this, Project HOPE continued to prioritize critical procurement needs, monitor available stocks and markets, coordinate with partners and clusters, and identify technically acceptable alternatives where required.

Nutrition and Public Health Risks: Poor dietary quality, suboptimal IYCF practices, diarrheal disease, unsafe water, and infectious disease risks continue to increase vulnerability, particularly among children and pregnant and breastfeeding women. To mitigate the consequences of this reality, Project HOPE maintained an integrated package combining routine nutrition screening, IYCF counselling, health education, WASH and hygiene messaging, early referral, targeted follow-up, and community outreach activities.

Protection and Safeguarding Risks: Repeated displacement, deteriorating living conditions, and shortages of basic assistance increase protection, GBV, safeguarding, exploitation, and abuse risks. To mitigate this, Project HOPE maintained protection services through health facilities and community safe spaces, alongside safeguarding focal points, confidential reporting mechanisms, safeguarding training, prevention of sexual exploitation and abuse (PSEA) training, and targeted referral and assistance.

Future Activities

Project HOPE will continue delivering integrated primary healthcare, nutrition, WASH, and protection services in September 2026. In August, Project HOPE set multiple goals for September 2026, including the following items.

- **Sustain integrated frontline services** across facilities, mobile teams, and community outreach teams, integrating and adjusting to population needs.
- **Strengthen referral and continuity of care** by operationalizing the patient referral system with partner institutions, receiving referred cases in early September, and completing distribution of specialized dialysis and cancer medicines received in August.
- **Maintain and expand nutrition services** by continuing existing services through fixed and outreach platforms, expanding screening and treatment to a new target group of children aged 5-17 years, and intensifying IYCF support on exclusive breastfeeding and dietary diversity.
- **Strengthen infectious disease prevention and infection prevention** through the scale up of the WHO's Early Warning, Alert and Response System, health education, and targeted WASH messaging ahead of the rainy season, particularly for acute watery diarrhea, which is a major health threat.
- **Improve WASH conditions** by continuing safe water delivery to supported clinics and priority communities, strengthening water quality monitoring, sustaining medical waste management, and advancing priority WASH/IPC improvements across the seven supported clinics.
- **Maintain protection and psychosocial support** services by integrated Protection, MHPSS, GBV and Child Protection services, completing dignity kit distributions for women and girls in vulnerable positions, and training the staff of partner organizations in psychological first aid.
- **Strengthen community engagement** through hygiene promotion, health and nutrition education, mother-to-mother support, and World Suicide Prevention Day activities.
- **Build staff and partner capacity** through capacity-building activities and internal mentoring.
- **Secure essential supplies** by monitoring medicine, nutrition, WASH, and IPC supply gaps, in coordination with cluster organizations and partners.

“I felt relieved when I found someone who could listen to me and feel what pain I am going through, before war I was suffering, and the war added another layer of suffering with my beloved loss.”

— S.G., a 42-year-old widow in Gaza with seven children