

Child deaths in the Gaza strip due to disease and malnutrition can and must be prevented

The current conflict is threatening the nutritional status of infants, young children, pregnant and breastfeeding mothers, and other vulnerable groups, due to shock, stress and deprivation of food, water and other essential lifesaving services.



Health facilities across the State of Palestine (SoP) are overwhelmed, with nutrition and health services impacted by the intense hostilities and frequent power cuts. This threatens access to preventive and life-saving care for every child across the Gaza Strip. In Gaza, one of the most densely populated areas on earth, 2.2 million people have been living under blockade for 16 years with restricted access to basic necessities. Since the escalation of hostilities on 7 October, the delivery of fuel, food, water, medicine, and humanitarian

assistance to the Gaza strip has been extremely limited, exacerbating an already fragile nutrition situation.

Prior to the current conflict, **64% of households** in Gaza Strip were food insecure or vulnerable to food insecurity, with 124,500 young children living in food poverty. Now, as per the Food Security Cluster current estimations, **100% of Gaza population are food insecure**. Additionally, before the hostilities began on 7th October, UNRWA reported that over 90% of the water in Gaza had been deemed unfit for human consumption, while the WASH cluster estimates a 94% reduction in the water supply.

In Gaza, food shortages stand to worsen as bakeries and other food producers are destroyed and those remaining are on the brink of running out of fuel, cutting off a critical food source for millions of people. **Children under five are at particular risk to water and food shortages** and, given the poor sanitation, they are at an increased risk of disease and very susceptible to diarrheal diseases, **which would very rapidly put them at risk of death if not addressed immediately.**

Additionally, the conflict has disrupted the supply chain, limiting access to essential medical and nutritional products, such as ready to use therapeutic food (RUTF). The current stock of essential nutrition supplies in Gaza is far too low, **making it impossible to provide adequate management of malnutrition**, with more than 337,000 children under 5 years and 155,858 pregnant and lactating women (PLW) unable to access essential prevention, early detection, and treatment of malnutrition services in Gaza.

The disruption and halting of vital resources into Gaza are a matter of life and death for vulnerable populations, especially for children and women in need of nutritional support.

Prior to the escalation of the conflict, the prevalence of under nutrition among children was already a public health issue, where:

- **30,000 children under 5 in Gaza were estimated to be stunted (a key indicator of protracted undernutrition).** These stunted children may never attain their full potential in terms of physical growth, cognitive capacity, school performance and productivity later in life.
- **7,685 children under 5 suffered from life-threatening wasting** – leaving them vulnerable to developmental delays, disease and in severe cases, death. More than half of these children were severely wasted and in need of life-saving treatment.

While the undernutrition levels detailed above were already of concern prior to 7 October, it is likely that wasting levels have drastically increased since, particularly among the youngest and most vulnerable children. However, the lack of safe humanitarian access into and around Gaza means getting a more accurate estimation of the gravity of the situation and the exact needs is a challenge. The rates of malnutrition and scale of the danger can unfold rapidly as water borne disease and / or other epidemics materialize, spreading quickly within densely populated shelters.

Infant and young child feeding (IYCF) and care practices often deteriorate quickly in conflict and among displaced people in movement, putting vulnerable babies at high risk of malnutrition. It is essential to guarantee the protection of IYCF practices, including the support of exclusive breastfeeding and complementary feeding – which were already suboptimal in Gaza before the recent hostilities.

Nutrition support urgently needed to close current gaps:

- **Approximately 134,823 children 0-23 months in Gaza are not receiving the critical** life-saving breastfeeding and age-appropriate complementary feeding practices, including micronutrient supplementation, that are critical for their growth and development.
- About **50,000 pregnant women in Gaza – 5,500 of whom are expected to deliver** in the next month – **are unable to obtain basic health and nutrition services.** There are also an additional 105,800 breastfeeding mothers who are struggling to feed themselves and their babies.
- In Gaza, 1 in 3 women aged 15-49 years is anemic – approximately 50,000 women. Anemia in pregnancy can increase the risk of having a preterm birth and having a low birthweight child. If anemia is left untreated, women can face complications during pregnancy and children may experience developmental delays. **Preterm birth is one of the main causes of infant mortality in developing countries.**

Urgent Nutrition Priorities and Need

- **Sustained, safe and unimpeded** humanitarian access to the affected populations.
- **Sustain** the provision of ongoing preventive and curative nutrition services in accessible areas, with a focus on positioning supplies and managing the increasing operational costs.
- **Resume** the provision of nutrition services in the most impacted areas once access and security conditions are conducive to safe movement.

Nutrition partners in Gaza are in urgent need of funding - \$19M for the next 3 months and \$69M for the next 12 months² – for the scale up in prevention, protection, early detection and treatment of malnutrition.

The response through partners will progressively deliver the following essential nutrition interventions to address malnutrition and anemia among PLWs:

1. **Provide life-saving nutrition counselling and support** to caregivers of infants and young children on feeding and care, including skilled counseling and support on breast feeding, age-appropriate complementary feeding and early stimulations and responsive care giving.
2. **Provide breast milk substitutes (BMS)/ RUIF** to address the needs of the non-breastfed infants less than 6 months as per international guidelines. Establish a monitoring/reporting system to address any BMS code violation and any unsolicited distribution of infant formula.
3. **Address the nutritional needs of PLWs** through the provision of specialized age-appropriate nutritious food and multiple micro-nutrient supplements.
4. **Provide necessary micronutrient supplementation for** children under 5 (vitamin A, MNP, medium and small quantity lipid-based supplements) as well as iron-folate supplementation for PLWs.
5. **Early detection, treatment, and management of children with wasting.**
6. **Improve access to nutritious foods** for young children and pregnant and breastfeeding women during the first 1,000 days using cash-voucher assistance interventions.
7. **Conduct nutrition assessments**, where possible.

We must act together to address urgent food security, nutrition, health, water, sanitation, and hygiene needs, as part of a broader strategy aimed at protecting the entire population.

We must act immediately to stop the further deterioration of the nutritional status of the most vulnerable groups and save lives.

Contact

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More information

[Reliefweb – SoP Nutrition page](#)

[Request Support](#)

Additional resources

[UNICEF Field report](#): State of Palestine

[Operational Guidance on Infant and Young Child Feeding in Emergencies](#). IFE Core Group, 2017

[Infant and Young Child Feeding in Emergencies \(IYCF-E\) Toolkit](#): Rapid start-up for emergency nutrition personnel (also available in Arabic)

[Sphere Standards in Humanitarian Action](#)

International Code on the Marketing of Breastmilk Substitutes (WHO, 1981) and subsequent relevant World Health Assembly Resolutions ([The Code](#))

[Resolution](#): Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children. 69th WHA A69/7 Add.1. 2016. English
[EN-NET](#) (online technical forum)