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Médecins du Monde

Ten Months of Monitoring Acute Malnutrition in Children, Pregnant and Breastfeeding Women in up to six healthcare facilities in the besieged Gaza Strip

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EXECUTIVE SUMMARY

The intolerable restrictions on the entry of aid into Gaza, enforced by the Israeli authorities since October 2023, have escalated since 2 March 2025 with the imposition of a full siege that has resulted in over two million people being cut off from all basic necessities. The lack of food, water and medical supplies is dangerously impacting the Palestinians' survival.

Since July 2024, through its primary healthcare (PHC) program implemented in up to six PHC centers, Médecins du Monde (MdM) has been monitoring the health status of children as well as pregnant and breastfeeding women affected by malnutrition.

The findings emerging from this program are alarming:

- In 2024, nearly **one in four babies under the age of one was identified by MdM as affected by acute malnutrition, while 19% of pregnant and breastfeeding women were identified as acutely malnourished.**
- The data highlight the **human-made nature of hunger in Gaza as the acute malnutrition rates in women and children follow the Israeli authorities' decisions to allow or block humanitarian aid:** peaks in malnutrition rates in MdM facilities in 2024 coincided with the steepest decline in the monthly number of aid trucks entering Gaza last year, while numbers began to drop significantly after the partial lifting of the Israeli restrictions following the pause in hostilities in early 2025.
- In April 2025, as all food stocks were running out as a result of the total siege imposed by Israeli authorities, **one out of five pregnant and breastfeeding women and nearly one out of four children screened in MdM PHC centers were either acutely malnourished or at high risk of developing acute malnutrition.**

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Acute malnutrition has devastating and long-lasting consequences on children's and pregnant and breastfeeding women's physical and mental health and development.

Médecins du Monde is warning against the weaponization of aid deprivation and is urging world leaders to take immediate action against serious violations of international humanitarian law.

INTRODUCTION

Médecins du Monde has been operating up to six primary healthcare centers since 2024, offering primary healthcare including vaccines and wound care as well as nutrition screening and treatment, sexual and reproductive healthcare and mental health services to Palestinians in the Gaza Strip.

Since July 2024, Médecins du Monde (MdM) has conducted screening for acute malnutrition at four directly run Primary Health Care (PHC) centers in Deir Al Balah and Khan Younis governorates, targeting children aged six to fifty-nine months, as well as pregnant and breastfeeding women. The pause in hostilities from 19 January to 18 March 2025 allowed MdM to expand its operations, including nutrition screenings, to two additional PHC centers in Gaza City and Rafah governorate. The latter has been closed since early April 2025 due to the issuance of Israeli displacement orders targeting its area.

Methodology:

MdM healthcare workers, who were trained in nutrition assessment, conduct systematic screening for all children, pregnant and breastfeeding women accessing MdM PHC centers for pregnancy-related consultations (antenatal care, postnatal care), vaccination or for curative consultations. The screening is done by measuring the mid-upper arm circumference (MUAC) to evaluate the nutritional status of children and pregnant and breastfeeding women.

These groups were assessed for acute malnutrition using the *'World Health Organization (WHO) guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years, 2023'*¹ and the *'State of Palestine Community Management of Acute Malnutrition (CMAM) transition guidance (2024, December)'*.

MdM health workers also checked for the presence of bilateral pitting edema in children (swelling in the body, often in the legs or feet) and compared the children's weight and height to the standards for their age group.

A total of 5,322 children aged six to fifty-nine months and 1,430 pregnant and breastfeeding women were screened across the four MdM PHC centers in Deir Al Balah and Khan Younis governorates for the six-month period from July to December 2024. In the four months from January to April 2025, a total of 5,418 children and 2,534 pregnant and breastfeeding women were screened in Deir Al Balah and Khan Younis centers, as well as in MdM PHC centers in Gaza City and Rafah in the month of March.

Medical criteria for the definition of acute malnutrition used in MdM PHC centers²

For children, acute malnutrition is defined by a weight-for-height (WFH/WFL) z-score below -2 standard deviations (SD), a mid-upper arm circumference (MUAC) below 12.5 cm, or the presence of bilateral pitting edema.

Moderate Acute Malnutrition (MAM) is defined when:

- WFH/WFL z-score is between -2 and -3 SD
- Or MUAC is between 11.5 cm and <12.5 cm

Severe Acute Malnutrition (SAM) is defined when:

- WFH/WFL z-score is < -3 SD
- Or MUAC is <11.5 cm
- Or presence of bilateral pitting edema

WHO Classification of Global Acute Malnutrition (GAM) Prevalence

GAM Prevalence (% of children under five)	Severity Classification
< 2.5%	Very low
2.5% - <5%	Low
5% - <10%	Medium
10% - <15%	High
≥ 15%	Very high (Critical)

These thresholds are used to assess the public health significance of wasting (acute malnutrition) in populations. A prevalence of 15% or higher is considered a critical situation, often warranting urgent humanitarian intervention.

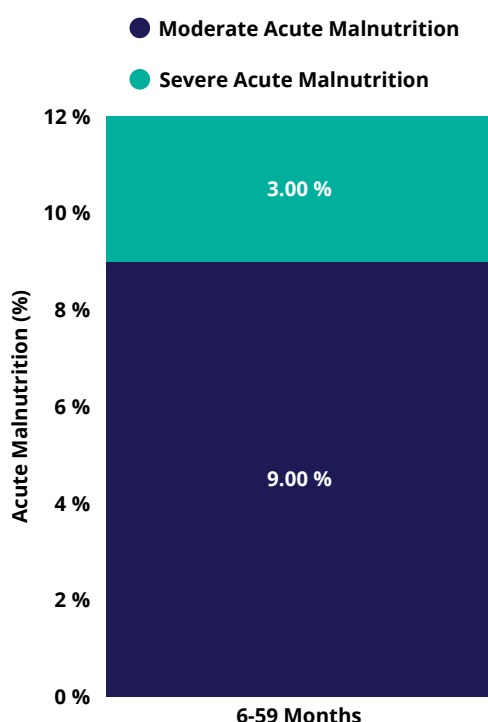
PART 1: MAIN FINDINGS IN 2024

1.1 Prevalence of malnutrition in children and pregnant and breastfeeding women in MdM PHC centers in 2024

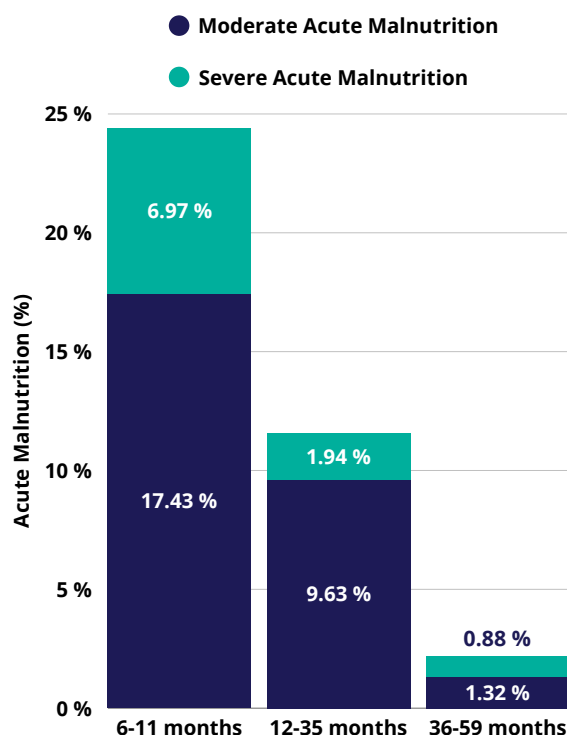
From July to December 2024, 12% of screened children aged from six months to five years were identified as in a situation of acute malnutrition (3% in Severe Acute Malnutrition (SAM), 9% in Moderate Acute Malnutrition (MAM)).

The rate of acute malnutrition among children peaked at 17% in November 2024, the highest figure for the reporting period in 2024. According to the WHO, just 0.8% of children under the age of five were acutely malnourished in 2022, before the recent escalation of hostilities³.

Nearly one in four babies under the age of one was identified as affected by acute malnutrition: the age group of six to eleven months had the highest rate of acute malnutrition (23.6%). Infants in this age group are particularly vulnerable to nutritional deficiencies especially if breastfeeding is suspended after the age of six months, given that the age from six to twenty-three months coincides with the peak period for the risk of growth faltering and nutrient deficiencies, as underlined by the WHO⁴.



Infographic 1A: Acute malnutrition among children aged six to fifty-nine months in MdM PHC centers (July to December 2024)



Infographic 1B: Acute malnutrition among children desegregated per age group in MdM PHC centers (July to December 2024)

Testimony from an MdM nurse working in the nutrition program in Al Bahar PHC center in Deir Al Balah

“During my work at Al-Bahar PHC center, I encountered a heartbreaking case that deeply affected me both as a medical professional and as a human being. A four-year-old girl was brought in by her mother, suffering from acute malnutrition.

The most striking and devastating sign of her condition was severe hair loss—her hair was falling out in clumps, leaving her scalp almost bare. Her frail appearance made her look like an elderly woman, as if she had undergone chemotherapy.

The sight was shocking and painful, not only for me but also for her mother, who watched helplessly as her daughter’s health deteriorated. This child had suffered from acute malnutrition for more than a year due to the war, as her family struggled to find enough food to sustain her.

Her face was pale, with deep signs of exhaustion and weakness, reflecting the toll of prolonged hunger and nutritional deprivation. Her body lacked the essential nutrients needed for growth and development, causing her muscles to waste away and her immune system to weaken.

This case is just one of many in Gaza, where children are suffering from extreme acute malnutrition due to food shortages and lack of medical care.”

Other potential health causes of the child's hair loss were explored and acute malnutrition was identified as a determinant factor.

Testimony from an MdM nurse working in the nutrition program in Al Durra PHC center in Deir Al Balah

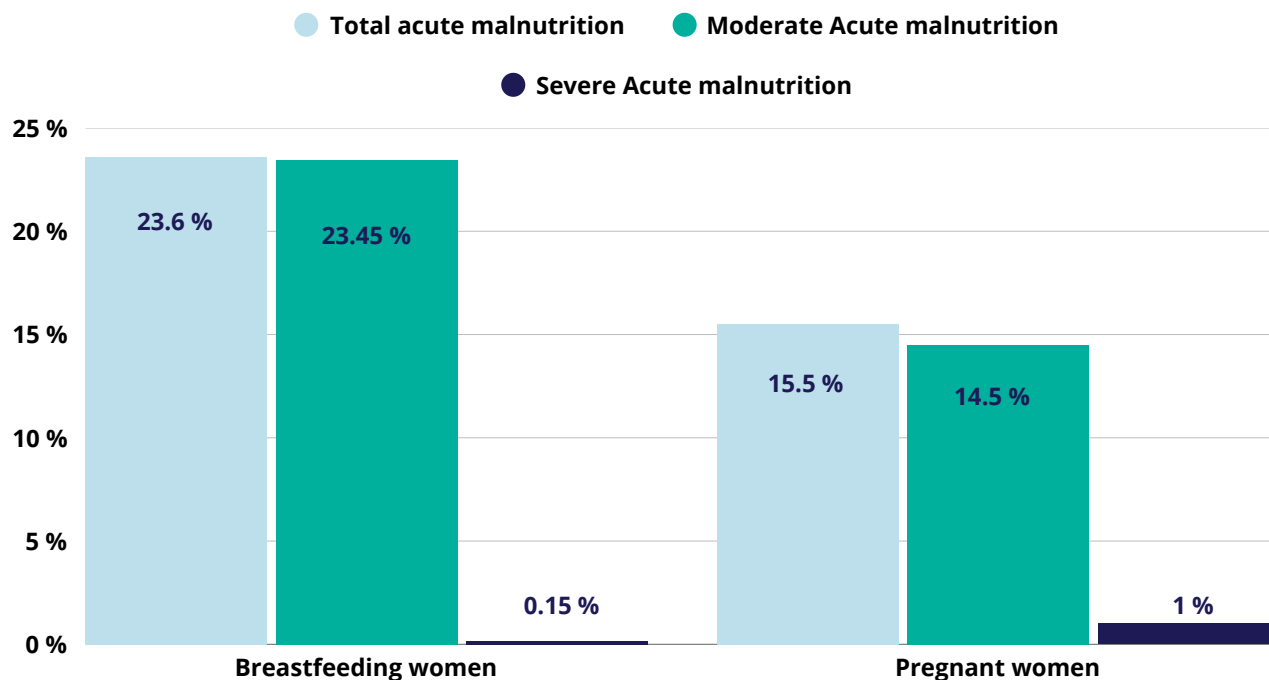
“A young girl named Leila* lived in a displacement camp next to the Médecins du Monde PHC center, where food shortages were a constant struggle due to the ongoing war and aid blocking. She was thin and weak, with pale skin and dull eyes.

Acute malnutrition had taken its toll on her, leaving her vulnerable to disease. Although her parents loved her dearly, they were unable to provide the food she desperately needed. One day, her mother brought her to our clinic, seeking help.

We have a program designed to mitigate acute malnutrition, so I enrolled Leila immediately. Upon testing her, I found that she was severely malnourished, measuring 11.1 cm, which indicated severe acute malnutrition, a critical level requiring immediate intervention. Through regular check-ups, nutritional counseling, and ready-to-use therapeutic food, Leila began to improve.

She reached a new milestone of 12.4. This measurement reflected moderate acute malnutrition - an improvement, but still below the healthy threshold. Within months of follow-up, her skin regained its healthy glow, her eyes sparkled with new energy, and her strength returned. Eventually, she set a new record of 12.8, reclaiming her health and radiance: this measurement indicated that Leila had reached a healthy nutritional status, a testament to her resilience and the effectiveness of the program.”

* The name has been altered to preserve anonymity.



Infographic 2: Acute malnutrition among pregnant and breastfeeding women in MdM PHC centers (July to December 2024)

A total of 1,430 pregnant and breastfeeding women were screened during this period. **19% of pregnant and breastfeeding women were identified as in a situation of acute malnutrition.**

In November and December 2024, the proportion of pregnant and breastfeeding women experiencing acute malnutrition reached 22 and 23% respectively, marking the highest rates during the reporting period.

Acute malnutrition presents significant risks to both pregnant and breastfeeding women, with serious implications for maternal and child health. Pregnant women suffering from acute malnutrition are at a higher risk of complications such as preterm labor, low birth weight, and conditions like preeclampsia.

Inadequate maternal nutrition can also result in fetal growth restriction, increasing the chances of stillbirth, developmental delays, and long-term health issues for the child. For breastfeeding mothers, acute malnutrition leads to reduced breast milk production and lower milk quality, depriving infants of the vital nutrients necessary for their growth and immune system development.

This situation worsens the cycle of malnutrition, particularly affecting the youngest infants, who are already most vulnerable to food insecurity and its harmful effects.

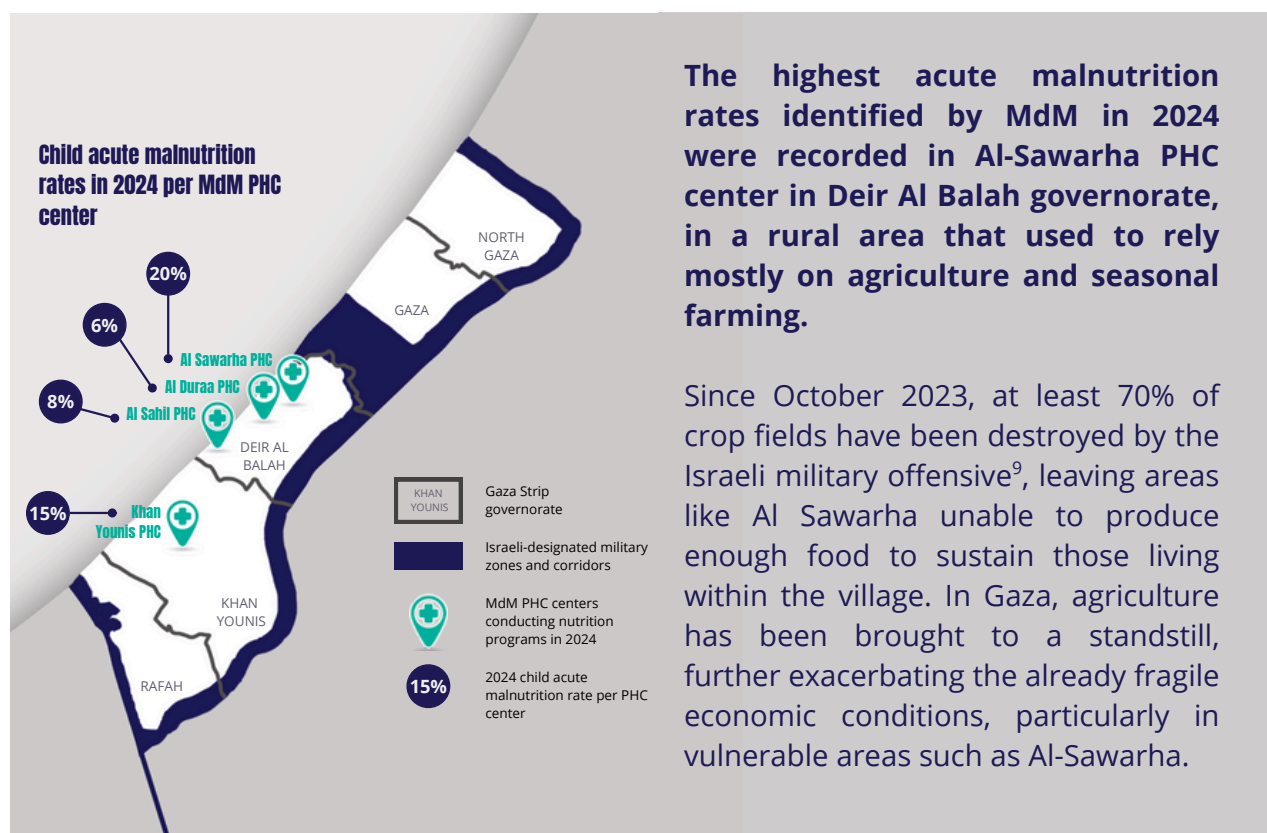
1.2 Alarming rates of acute malnutrition and rapid deterioration of health status in screened children and pregnant and breastfeeding women

Food security for Palestinians in Gaza has been affected by the eighteen-year Israeli blockade and the enclave's related economic situation⁵.

From October 2023, the imposition of a more restrictive siege on Gaza by the Israeli authorities, coupled with the widespread destruction of civilian infrastructure⁶ and the mass forcible displacement of 90% of the enclave's population⁷, have further impacted the acute malnutrition status of MdM PHC center patients (see Part 5 below: *Manufacturing Acute Malnutrition: a Human-made Crisis*).

The total Israeli siege in place since 2 March, which is preventing all aid from entering the enclave, is expected to further exacerbate acute malnutrition and widespread hunger.

From July to December 2024, MdM nutrition screening activities were located in the MdM PHC centers in Deir Al Balah and Khan Younis, the two governorates of Gaza that were the least food-insecure according to the Integrated Food Security Phase Classification (IPC)⁸. Therefore, the nutrition status of the population located in more exposed governorates is expected to be worse, in particular in northern Gaza.



Infographic 3: Map of MdM PHC centers where nutrition screenings of children were conducted from July to December 2024

Additionally, large portions of land in the village have been repurposed as informal camps to shelter displaced families. MdM also observed that the population accessing Al Sawarha PHC center could have had less access to food and hygiene distributions than other areas.

In less than a year and half, Gaza malnutrition rates reached levels similar to countries with a long-term malnutritional crisis.

After fifteen months of the Israeli military offensive against and siege of Gaza, acute malnutrition among children reported in Deir Al Balah and Khan Younis governorates was at similar levels to the ones reported in MdM-supported health facilities of Yemen, in Aden and Sanaa (approximately 11.5% in 2024), a country suffering more than a decade of war, and among one of the most food-insecure countries globally¹⁰.

The 12% of acutely malnourished children in Gaza comes close to the 18% of malnourished children among those screened in MdM-supported PHC centers in northeast Nigeria, a region suffering from protracted violence since 2009.

These levels of acute malnutrition prevalence in Gaza lead to the classification of the situation as severe based on WHO thresholds and is expected to deteriorate and become critical amid the current total siege.

2022**2024****Food security****64.3 %**

of the population
classified as moderately
or severely food
insecure (UN)

96 %

of the population
faced with acute
food shortages
(IPC)

Acute malnutrition rates**0.8 %**

of children acutely
malnourished (WHO)

12 %

of children
acutely
malnourished in
four MdM PHC
centers¹¹

Infographic 4: Comparison of food security in the population and acute malnutrition among children from 2022 to 2024 in the Gaza Strip.

PART 2: EVOLUTION OF ACUTE MALNUTRITION RATES IN MÉDECINS DU MONDE-RUN PHC CENTERS IN THE GAZA STRIP FROM JULY 2024 TO APRIL 2025

Since October 2023, the Palestinians in Gaza have been denied sufficient aid, including food and nutrients, caused by systematic aid obstruction which has been largely documented¹².

Acute malnutrition rates dramatically escalated following a drastic reduction in the delivery of lifesaving aid at the end of 2024. In autumn 2024, truck entries into Gaza declined sharply, dropping from an average of 52 per day in September to 37 per day in October (the pre-crisis average was 500 trucks per working day)¹³.

In November and December, access to food for communities was further hindered as entry restrictions continued, compounded by the looting of humanitarian convoys including in areas under Israeli military control¹⁴.

The depletion of food supplies and the related increase in prices directly affected the nutrition status of MdM patients, with acute malnutrition cases reaching the highest numbers in MdM screenings for the year 2024: 17% for children; and 22% for pregnant and breastfeeding women in November.

The pause in hostilities that came into force on 19 January 2025 allowed the partial lifting of Israeli restrictions and a surge in the entry of food items.

As a result, the increased availability of diverse and nutritious food in the local market, a decrease in food prices, and the distribution of food parcels to many families through various organizations led to an improvement in MdM patients' nutrition status, with **the prevalence of acute malnutrition decreasing to 2.7% among children aged six to fifty-nine months in February.**

While there was also a decline for pregnant and breastfeeding women (13% in February), it was less pronounced than the one observed for children.

The high nutritional demands of pregnant and breastfeeding women, limited access to specialized supplements in healthcare centers and sociocultural factors where women prioritize family nutrition over their own might have contributed to prolonged nutritional deficits.

This further demonstrates that the immense needs of Palestinians in Gaza cannot be addressed at scale with temporary pauses in hostilities and that a permanent ceasefire and the reconstruction of the strip are the urgent humanitarian imperative.

The total siege on aid entry imposed from 2 March 2025, and the subsequent resumption of hostilities by the Israeli army on 18 March in breach of the ceasefire agreement, are critically affecting the nutritional status of Palestinians in the Gaza Strip. **The previously observed decline in child acute malnutrition has been reversed, with rates beginning to rise again in March.**

The prevalence of acute malnutrition among pregnant and breastfeeding women continued to decrease in March, though at a significantly reduced pace compared to February. Indeed, in March, some food goods were still available in the local market—stocked during the brief period of the partial lifting of Israeli restrictions during the pause in hostilities. Additionally, the presence and blanket distribution of Ready-to-Use Supplementary Food (RUSF) in MdM PHC centers played a preventive role against acute malnutrition among pregnant and breastfeeding women and children.

However, in April 2025, acute malnutrition rates showed a marked increase: **11% of pregnant and breastfeeding women screened at MdM PHC centers were found to be acutely malnourished, while an additional 9.5% were identified as being at high risk, having MUAC measurements at the cutoff point of 23.0 cm.**

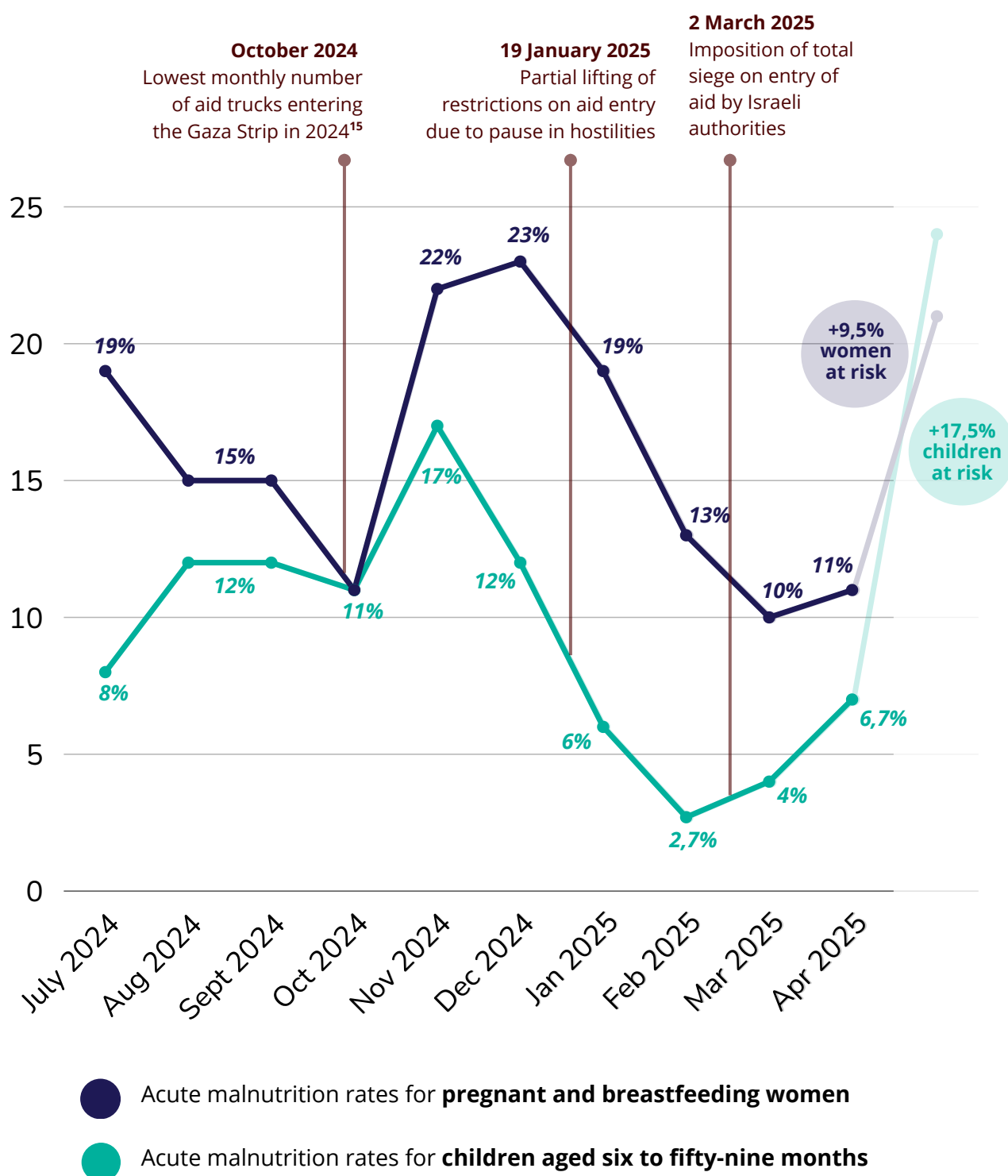
In April, the acute malnutrition rate among children in MdM PHC centers stands at 6.7%, with an additional 17.5% children at high risk of acute malnutrition as they fall within the borderline MUAC range (12.5–13.0 cm), signaling a potential substantial increase in acute malnutrition rates in the immediate future.

The total siege and the consequential depletion of food, water and medical supplies across the enclave can explain the increased malnutrition rates in April.

Urgent action is needed to allow access to food and aid in the Gaza Strip.

Infographic 5: Evolution of acute malnutrition rates in MdM PHC centers from July 2024 to April 2025

Part 2: Evolution of acute malnutrition rates in Médecins du Monde run PHC centers in the Gaza strip from July 2024 to April 2025



A total of 5,322 children aged 6-59 months and 1,430 pregnant and breastfeeding women were screened across the four MdM PHC centers in Deir Al Balah and Khan Younis governorates from July to December 2024 (6 months). From January to April 2025 (4 months), a total of 5,418 children and 2,534 pregnant and breastfeeding women were screened in Deir Al Balah and Khan Younis centers, as well as in MdM PHC centers in Gaza City and Rafah in the month of March.

PART 3: MANUFACTURING ACUTE MALNUTRITION: A HUMAN-MADE CRISIS

Acute malnutrition arises from two main factors: inadequate nutritional intake and excessive nutrient loss.

Inadequate nutritional intake refers to a lack of essential nutrients like calories, proteins, vitamins and minerals, often due to limited food access or poor dietary variety, impairing growth, immune function, and overall health.

The depletion of food supplies in the Gaza Strip due to the Israeli siege, the destruction of the enclave's agricultural infrastructure by Israeli bombardments and the looting of humanitarian aid have resulted in severe food shortages, soaring prices, and limited access to essential food, leading to widespread inadequate intake.

Excessive nutrient loss occurs when the body cannot retain or absorb nutrients, often due to illnesses like diarrhea or infections, which deplete vital nutrients, weakening the body and making it more vulnerable to further infections.

Physical demands, such as chronic illness or intense stress or efforts linked to displacement and catastrophic humanitarian conditions, such as having to carry water for long distances, can further increase the body's need for nutrients, exacerbating the loss.

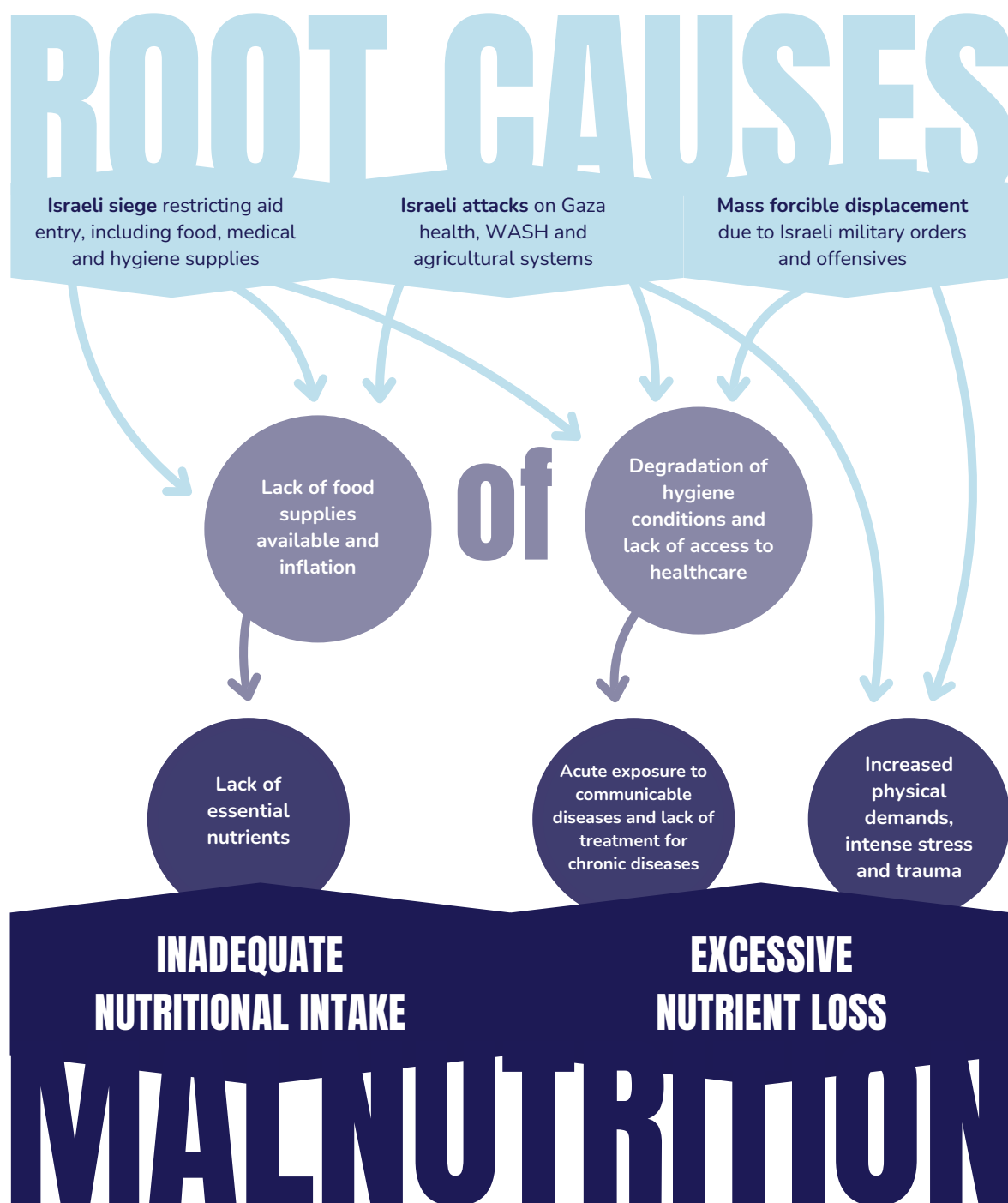
This creates a vicious cycle, where nutrient loss weakens the body and increases vulnerability to infections, leading to severe acute malnutrition. In extreme cases, the body breaks down muscle and fat stores to meet energy needs.

The collapse of Gaza's health and WASH systems¹⁶, compounded by shortages of hygiene supplies due to the Israeli siege and mass forcible displacement resulting from Israeli military operations, has led to a surge in communicable diseases such as gastrointestinal infections and respiratory infections, exacerbating excessive nutrient loss within the population. On the one hand, gastrointestinal infections cause diarrhea, leading to the loss of essential nutrients, which in turn impairs nutrient absorption and **worsens acute malnutrition, especially in children.**

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Respiratory infections increase metabolic demands, reduce appetite and further deplete nutrients. On the other hand, acute malnutrition often results in a lowered immune response, making children particularly susceptible to diseases like respiratory and gastrointestinal infections.

This creates a vicious cycle where the body becomes progressively weaker due to both insufficient nutrition and the chronic toll of infections.



OBLIGATIONS AND RECOMMENDATIONS

Obligations of parties to conflict under international law

- **All parties to conflict must respect the International Humanitarian Law (IHL) principles of distinction and proportionality giving the utmost priority to the protection of civilians and civilian infrastructure**, with particular protection afforded to health facilities and personnel and humanitarian aid providers.
- **Israel, as the occupying power, has a duty to ensure the adequate provision of food, medical supplies, shelter, and other essential supplies** necessary for the survival of the civilian population in the occupied Palestinian territory under the Fourth Geneva Convention (Article 55, 58).

MdM recommendations to counter the factors driving acute malnutrition in the Gaza strip, especially among children, and pregnant and breastfeeding women:

- States with influence over the parties to the conflict must take concrete actions, beyond mere statements of concern and condemnation, to ensure an **unconditional, permanent and sustainable ceasefire is achieved in the Gaza Strip**.
- **The Israeli authorities should ensure full, unhindered humanitarian access to Gaza**, restore electricity and water supply lines and authorize all commercial goods to ensure sufficient food is available for the civilian population and to stop the severe acute malnutrition crisis.

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[2] WHO, [WHO child growth standards and the identification of severe acute malnutrition in infants and children](#), 1 January 2009

[3] WHO, [Children's lives threatened by rising malnutrition in the Gaza Strip](#), 19 February 2024

[4] WHO, [WHO Guideline for complementary feeding of infants and young children 6–23 months of age](#), 2023

[5] [174th Session of the FAO Council Item 5: The situation in Gaza related to food security and related matters under the mandate of the Food and Agriculture Organization of the United Nations \(FAO\)](#).

[6] United Nations Institute for Training and Research (UNITAR), [66% of the total structures in the Gaza Strip have sustained damage, UNOSAT's analysis reveals](#), 30 September 2024

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[10] UNICEF Yemen, [IPC Acute Malnutrition Analysis](#), 2024; UNICEF, [Acute malnutrition surges in Government of Yemen-controlled areas with extremely critical conditions reported in West Coast areas](#), 18 August 2024.

[11] This rate was calculated based on a sample of 5,322 children aged six to fifty-nine months received by the MdM nutrition program in 2024.

[12] Gaza Humanitarian Access Snapshots #1 to #10. [Gaza Humanitarian Access Snapshot #1 \(15 July 2024\)](#); [Snapshot #2 \(15 – 29 July\)](#); [Snapshot #3 \(30 July – 12 August\)](#); [Snapshot #4 \(13 – 26 August 2024\)](#); [Snapshot #5 \(27 August – 10 September\)](#); [Snapshot #6 \(11 September – 9 October 2024\)](#); [Snapshot #7 \(10 October – 13 November\)](#); [Snapshot #8 \(13 November – 10 December 2024\)](#); [Snapshot #9 \(January 2024-January 2025\)](#); [Snapshot #11 \(19 Jan - 15 Apr 2025\)](#).

[13] UNRWA, [Situation Report #141 on the situation in the Gaza Strip and the West Bank, including East Jerusalem](#), 4 October 2024; UNRWA, [Situation Report #147 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem](#), 12 November 2024

[14] See [Gaza Humanitarian Access Snapshot #8 \(13 November – 10 December 2024\)](#), 13 December 2024

[15] UNRWA, [Gaza Supply and Dispatch Tracking](#)

[16] UN News, ['Hospitals have become battlegrounds': Gaza's health system on brink of collapse](#), 3 January 2025; OCHA, [Humanitarian Situation Update #280 | Gaza Strip](#), 15 April 2025

