MEDICAL AID FOR PALESTINIANS

Beyond Hunger

The Burden of Acute Malnutrition, Micronutrient Deficiencies, and Nutrition-Related Morbidities in Gaza, 2024-2026

Introduction

Nutrition services must address anaemia, older-child thinness and nutrition-related illness alongside acute malnutrition.

Children accessing nutrition services are facing multiple, overlapping nutrition-related and health challenges, including anaemia, thinness among older children, suspected micronutrient deficiencies, and high rates of infection, even where acute malnutrition may be declining.

The burden of child malnutrition in Gaza cannot be understood through acute malnutrition indicators alone.

Objectives

To assess the burden of acute malnutrition, micronutrient deficiencies, growth impairment and nutrition-related morbidity across childhood and adolescence among those attending nutrition services in Gaza.

Methodology

- Secondary analysis of routine nutrition service data collected between August 2024 and July 2026.
- Included 193,481 children (0-17 years) assessed using a Nutrition Cluster-recommended screening tool.
- Cross-sectional analyses used anthropometric, clinical and complete blood count (CBC) data across three time periods.
- A retrospective cohort of children with repeat CBC results was used to assess changes in anaemia over time.



Photo: MAP

Results

1 Acute malnutrition declined in Period III

Children ages 6-59 months assessed through nutrition services (%)

Period I (Aug 2024-May 2025)

Gaza	5.5
Middle Area	4.87
South	6.22

Period II (Jun-Dec 2025)

Gaza	4.78
Middle Area	4.94
South	7.30

Period III (Jan-Jul 2026)

Gaza	2.13
Middle Area	2.61
South	2.81

2 Older Children: Thinness

Ages 5-17 years, Period III (%)

Area	Moderate	Severe
Gaza	18.13	0.98
Middle Area	6.01	0.77
South	6.06	0.95

3 Anaemia among CBC-tested children

Period II	Period III
78.9%	25.9%
3,649/4,625	2,335/9,023
95% CI 77.7-80.1%	95% CI 24.0/25.8%

Linked to CBC cohort: 988 children anaemic at baseline

Mean Hb 10.54 to 10.89 g/dL ; Median follow-up:189 days

46% resolved

454 non-anaemic at follow-up ; 534 (54%) remained anaemic

4 Growth & Clinical rickets

1.67% stunting among 61,486 children under two with valid length-for-age measurements.

7.71% had clinical finding consistent with rickets among 11,319 symptomatic children under two assessed.

Clinical findings do not confirm biochemical deficiency. These denominators represent selected assessed groups.

5 Nutrition related morbidity

Skin diseases	45.32%
Gastrointestinal disorders	17.01%
General infections	16.12%
Upper respiratory tract infections	15.76%
Urinary tract infections	5.79%

49,618 recorded events. Percentages describes events.

Conclusion & Implications

The challenge in Gaza is no longer simply hunger. Even where acute malnutrition appears to decline, children continue to experience anaemia, growth concerns, infectious disease and nutritional vulnerability. Measuring acute malnutrition alone risks overlooking a much broader child health crisis.

Interpretation: Service-based data do not estimate Gaza-wide prevalence. Testing and clinical assessment used selected subgroups. Change across periods may reflect case mix or service access. Drivers were not statistically tested, and the linked cohort does not establish a treatment effect.

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