



Emergency Issue Brief 2024

The Impact of War: Malnourishment and Disability in the Gaza Strip

“The situation for persons with disabilities in northern Gaza is catastrophic. Many cannot evacuate—not because they don’t want to, but because their assistive devices have been destroyed. Those with hearing disabilities don’t even know when to evacuate. Parents feel the greatest burden, torn by guilt as they risk staying, unable to leave their children with disabilities behind.” – Mohammad, HI Disaster Risk Management Officer, Northern Gaza

The ongoing Humanitarian Crisis in the Gaza Strip

Context Overview

Since October 7, 2023, the Gaza Strip is experiencing one of the most severe humanitarian crises in history. One year into the war, at least 43,391 Palestinians have been killed, and 102,347 have been injured, according to the Ministry of Health (MoH) in Gaza.

Nearly 2 million people have been displaced as violence devastates livelihoods, cripples food systems, destroys 70 percent of crop fields, and severely restricts humanitarian efforts. The collapse of health services and WASH systems has further intensified the crisis, pushing people toward catastrophic levels of acute food insecurity. Persons with disabilities are particularly at risk, as disruptions in healthcare, mobility support, and basic services leave them with even fewer resources to survive and access essential care.

The number of people facing catastrophic levels of food insecurity is projected to increase three-fold between November 2024 and April 2025, and an estimated 60,000 children between six and 59 months are projected to become acutely malnourished over the coming year¹.

¹<https://www.ochaopt.org/content/humanitarian-situation-update-231-gaza-strip>

Current Situation in Gaza

Following more than a year of intense hostilities and deteriorating humanitarian conditions, the Israeli military has launched a ground offensive and intensified its siege in the northern Gaza governorates since October 6, 2024. This offensive particularly targets the regions of Jabalya, Beit Lahiya, and Beit Hanoun, amid an almost total collapse of medical infrastructure, acute shortages of humanitarian aid, and a severe lack of protection for civilians. Reports indicate that Israeli airstrikes have severely affected all three partially operational hospitals in the northern Gaza governorate. Patients at Kamal Adwan Hospital have succumbed to their injuries due to an absence of life-saving medical supplies, fuel, and food, while communication challenges hinder efforts to assess conditions at both the Indonesian and Al-Awda hospitals.

Human rights² organizations and OCHA³ reports indicate that Israel is using starvation as a weapon of war. For instance, Human rights watch's director for Israel and Palestine that "The Israeli
government's use of starvation as a weapon of war has proven deadly for children in Gaza".⁴

Since October 2nd, 2024, extremely limited food aid entered northern Gaza, forcing families to exhaust every coping mechanism, reflecting a new Israeli's plan to starve and kill the population as part of a military offensive, progressively putting under siege the Jabalia refugee camp and nearby areas. With essential goods extremely limited and prices skyrocketing, people have resorted to selling their few remaining possessions and searching through rubble for food to survive; close to 100 percent of Gaza's population now live in poverty.⁵ According to the Palestinian Central Bureau of Statistics, the Consumer Price Index (CPI) in the Gaza Strip surged by 283 percent between October 2023 and the end of September 2024 due to the ongoing war. For instance, the price of potatoes has soared—costing up to 5.7 times more in southern Gaza and as much as 66.7 times more in the north—making it increasingly difficult for families to access nutritious food.

According to OCHA, between 1 and 21 October 2024, only six percent (4 out of 70) of coordinated aid movements that aimed to provide humanitarian assistance in north Gaza and Gaza governorates via the Al Rashid checkpoint were facilitated by Israeli Authorities.

The October humanitarian access snapshot reports⁶ that in that month, humanitarian organizations submitted 50 requests to the Israeli authorities to access the North Gaza governorate, 33 of which were "rejected outright", eight were initially accepted but then faced impediments, and nine were facilitated. The snapshot also stated that, between 6 and 31 October, no humanitarian movements were facilitated by the Israeli authorities to Jabalia, Beit Hanoun, and Beit Lahiya, the main towns in northern Gaza.

² Amnesty International <https://www.amnesty.org/en/search/%20Israel%20and%20Palestine%20Reports/>

³ **Gaza: Humanitarian Situation Report** (March 2024), www.ochaopt.org

⁴ <https://www.hrw.org/news/2024/04/09/gaza-israels-imposed-starvation-deadly-children>

⁵ <https://www.securitycouncilreport.org/whatsinblue/2024/11/briefing-on-risk-of-famine-in-northern-gaza.php>

⁶ <https://www.ochaopt.org/content/humanitarian-access-snapshot-gaza-strip-october-2024>

In Southern Gaza, people continue to endure terrible living conditions in tents, amid relentless bombings and attacks that cause unprecedented loss of life and suffering. While currently seven hospitals, 10 Primary Healthcare Services (PHCs,) and 23 medical points remain operational in the southern governorate, they are all near closure due to severe fuel shortages⁷. Additionally, of the six public community mental health centers, the last remaining facility in southern Gaza has now closed after exhausting its supply of medications. The inpatient psychiatric hospital was bombed during the beginning of the escalation. Teletherapy is not feasible due to the lack of internet connectivity⁸.

As winter approaches, the already dire living conditions in Gaza are expected to worsen, with cold temperatures and potential flooding threatening to displace hundreds of thousands more individuals, exacerbate asset loss, heighten health risks, and severely limit access to essential services.

“I saw my colleague and I couldn’t recognize him: he lost 20kg, but I recognized his voice. I was afraid to hug him as I didn’t want to break him.”

HI staff entering into Gaza with support mission

Food insecurity and malnutrition in the Gaza Strip

⁹According to the IPC Acute Food Insecurity and Acute Malnutrition Special Snapshot¹⁰, between September and October 2024, the whole territory is classified in IPC Phase 4 (Emergency). About 1.84 million people across the Gaza Strip are experiencing high levels of acute food insecurity classified in IPC Phase 3 (Crisis) or above, including nearly 133,000 people facing catastrophic food insecurity (IPC Phase 5) and 664,000, in IPC Phase 4 (Emergency). Acute malnutrition is at serious levels (IPC AMN Phase 3), ten times higher than before the escalation of the hostilities. Acute malnutrition is expected to worsen in all

⁷ [Humanitarian Situation Update #229 | Gaza Strip | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory \(ochaopt.org\)](#)

⁸ [Palestine meeting Gaza's mental health crisis \(thelancet.com\)](#)


⁹ [IPC_Gaza_Strip_Acute_Food_Insecurity_Malnutrition_Sep2024_Apr2025_Special_Snapshot.pdf](#)

¹⁰ https://www.un.org/unispa/wpcontent/uploads/2024/10/IPC_Gaza_Strip_Acute_Food_Insecurity_Malnutrition_Sep2024_Apr2025_Special_Snapshot.pdf

governorates, driven by seasonal diseases in high-density population settings alongside reduced assistance to children and pregnant and breastfeeding women¹¹.

According to the IPC Snapshot, the risk of famine between November 2024 and April 2025 persists as long as conflict continues, and humanitarian access is restricted. Attacks on camps, shelters and infrastructure across the Gaza strip, as well as renewed displacement orders in North Gaza in October 2024, are already increasing the likelihood of this worst-case scenario occurring.¹²

Continued displacement orders have severely disrupted humanitarian operations, making it harder for people to access food, water, and medicine. As coping mechanisms deteriorate, the population in IPC Phase 5 is expected to double by early 2025. Between November 2024 and April 2025, over 90% of the population—nearly 2 million people—are projected to experience food insecurity at IPC Phase 3 or above, including 345,000 in Catastrophe (IPC Phase 5) and 876,000 in Emergency (IPC Phase 4).



FOOD INSECURITY ALERT

The IPC Acute Food Insecurity and Malnutrition Snapshot reveals critical issues in Gaza. As of Sept-Oct 2024, 1.84 million people face acute food insecurity, with 133,000 in IPC Phase 5 (Catastrophe) and 664,000 in Phase 4 (Emergency). Acute malnutrition has surged to IPC AMN Phase 3, worsening due to health threats and reduced support for vulnerable groups.

IMMINENT FAMINE RISK

The IPC Snapshot warns of a famine risk from Nov 2024 to Apr 2025 due to conflict and limited aid access, worsening displacement in North Gaza and increasing food insecurity for nearly 2 million.

Acute Food Insecurity Phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; or • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households experience an extreme lack of food and/or cannot meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For Famine Classification, area needs to have extremely critical levels of acute malnutrition and mortality.

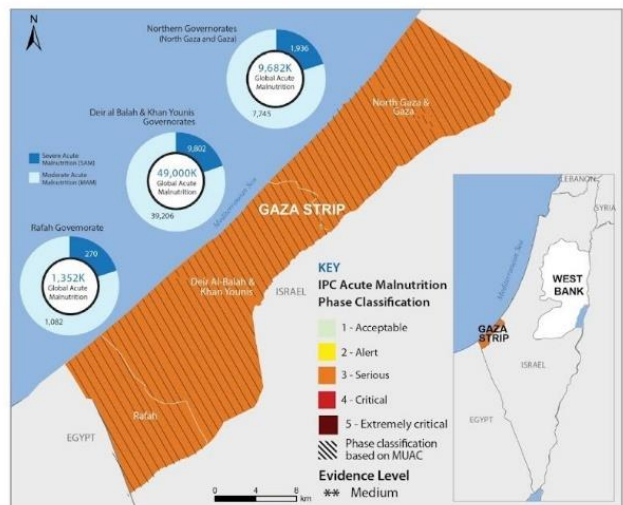
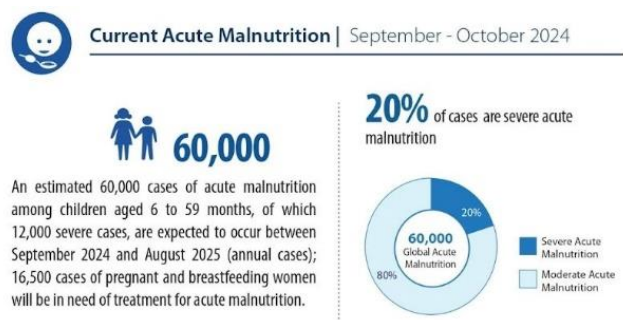
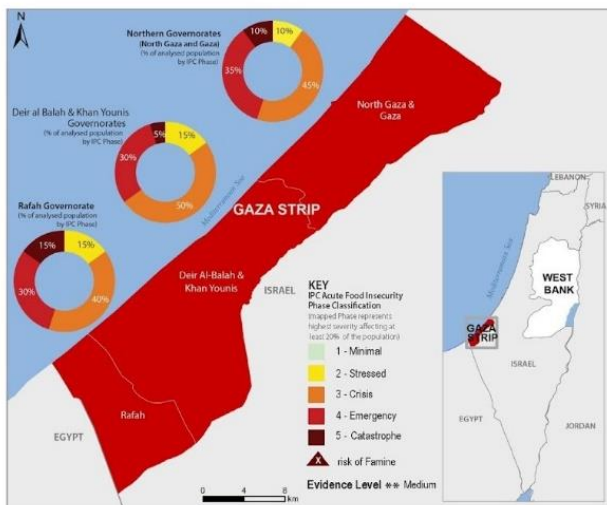
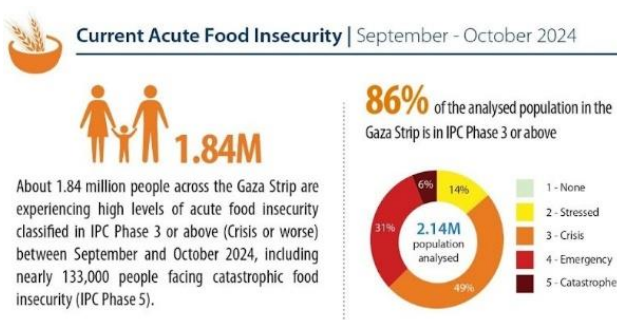
¹¹[IPC_Gaza_Strip_Acute_Food_Insecurity_Malnutrition_Sep2024_Apr2025_Special_Snapshot.pdf](#) (ipcinfo.org)

¹² [IPC_Gaza_Strip_Acute_Food_Insecurity_Malnutrition_Sep2024_Apr2025_Special_Snapshot.pdf](#)

On November 8th the Famine Review Committee issued an alert¹³ expressing an imminent and likelihood of famine occurring.

In northern Gaza, the third phase of the polio vaccination campaign, set to begin on 23 October 2024, had to be postponed due to escalating violence, intense bombardment, mass displacement orders, and lack of assured humanitarian pauses. This final phase of the campaign aimed to vaccinate 119,279 children across northern Gaza. The disruption not only increases the risk of polio outbreaks but also heightens vulnerabilities for children already suffering from malnourishment, whose weakened immune systems make them more susceptible to infections and complications. If left unaddressed, the combination of malnutrition and delayed vaccinations could result in preventable disabilities, compounding the already dire challenges faced by children and further overwhelming Gaza's healthcare system.

According to the latest data published on 16 October 2024 by the Health Resources and Services



Availability Monitoring System (HeRAMS), 76% of still partially functioning hospitals across the Strip have insufficient water supply, 94 percent struggle with insufficient sanitation facilities, 71% are unable to follow proper hand hygiene practices, and 82% have insufficient personal protective equipment (PPE)¹⁴.

¹³ https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_FRC_Alert_Gaza_Nov2024.pdf

¹⁴ [HeRAMS occupied Palestinian territory: Gaza snapshot September 2024 - all hospitals \(who.int\)](https://www.who.int/publications/m/item/herams-occupied-palestinian-territory-gaza-snapshot-september-2024-all-hospitals)

Many children have died from preventable causes; as of September 16, 2024, Gaza's Health Ministry reported that 38 Palestinians, mostly children, had died from malnutrition and dehydration in hospitals¹⁵. By 20 August 2024, according to the World Health Organization (WHO), 165 patients had been admitted to hospitals as a result of severe acute malnutrition¹⁶. Across Gaza, 93% of children and 96% of pregnant and breastfeeding women are consuming fewer food groups daily, leading to households skipping meals¹⁷.

Moreover, the conflict's impact on food security extends beyond immediate access to food. The destabilization of supply chains not only disrupts the availability of fresh produce and other nutritious options but also contributes to rising food prices, making it even harder for families with limited resources to afford healthy diets. The loss of assets, such as livestock due to conflict, further diminishes household food availability and economic stability. As families struggle to meet their basic needs, the nutritional requirements of individuals with disabilities are often deprioritized, leading to increased rates of malnutrition and related health complications.

According to the latest data published on 16 October 2024 by the Health Resources and Services Availability Monitoring System (HeRAMS), 76% of still partially functioning hospitals across the Strip have insufficient water supply, 94 percent struggle with insufficient sanitation facilities, 71% are unable to follow proper hand hygiene practices, and 82% have insufficient personal protective equipment (PPE)¹⁸.

The latest assessment by the Food and Agriculture Organization (FAO) and the United Nations Satellite Centre (UNOSAT) reveals severe and escalating damage to Gaza's farmland and agricultural infrastructure, intensifying the humanitarian and hunger crisis. As of September 1, 2024, 67.6% of Gaza's cropland has been damaged, a significant increase from 57.3% in May and 42.6% in February. The destruction of infrastructure, poverty, cash liquidity, and increased import restrictions exacerbate the availability of essential food items, deepening the reliance on inadequate food aid, which cannot meet the population's daily nutritional needs. As food aid alone cannot meet the population's daily needs, this devastation heightens the imminent risk of famine across the Gaza Strip¹⁹.

Beyond immediate damage, the fact that croplands are affected by Explosive Ordnance through shellings, bombings, and heavy vehicle activities raises the question of longer-term impact. Explosive Ordnance failing to explode will pose a long-term threat to the Gaza population in general, and in the case of agricultural land will pose a challenge for the re-start of cultivation activities after the conflict, blocking the cultivation of lands and putting in danger the population forced to cultivate these lands to produce food or income. Explosive Ordnance according to their types can also pose the risk of contamination in heavy metals and chemicals in soils and water sources, raising another medium to long-term issue related to agricultural production in the Gaza Strip.

¹⁵ ["They Destroyed What Was Inside Us": Children with Disabilities Amid Israel's Attacks on Gaza | HRW](#)

¹⁶ [Sitrep - issue_41b.pdf \(who.int\)](#)

¹⁷ [*Gaza war: Expected socioeconomic impacts on the State of Palestine \(un.org\)](#)

¹⁸ [HeRAMS occupied Palestinian territory: Gaza snapshot September 2024 - all hospitals \(who.int\)](#)

¹⁹ [Gaza: Geospatial data shows intensifying damage to cropland \(fao.org\)](#)

Persons with Disabilities in the Gaza Strip

The Israeli government's bombardment, blockade, and major ground offensive in Gaza is having a devastating toll on Palestinian civilians with disabilities.

They face greater difficulties fleeing attacks and accessing desperately needed necessities and humanitarian aid. The grave risks all civilians in Gaza face from the Israeli military operations are multiplied for people with disabilities. Israel's October 13, 2023, order to all civilians in the northern Gaza Strip to evacuate to the south did not take into account the needs of people with disabilities, many of whom were unable to leave. The order exposed them to the dangers of war and did not ensure that they would be provided with proper accommodation and satisfactory conditions. [1]

Children who have acquired a disability and children who already had a disability in Gaza face a precarious security situation and additional difficulties as they struggle to comply with frequent Israeli army evacuation orders and a lack of effective warning of attacks. The continuous obstruction of humanitarian aid, the damage and destruction of hospitals cause harm to children with disabilities, who struggle to access desperately needed medical treatment and supplies, assistive devices, food, and water. They are at particular risk of lasting psychological harm. [2]

Prior to October 7, 2023, the 2022 Multi-Sectoral Needs Assessment (MSNA) reported that 21% of surveyed households in Gaza (788 households) had at least one person with disabilities, and 9.3% included a child with disabilities (aged 5–17). Access to healthcare, rehabilitation, and adequate nutrition for persons with disabilities was already a significant challenge, with almost all of these households (99.9%) encountering barriers such as stigma, discrimination, and physical, economic, informational, and food-related obstacles.

Thousands of children have acquired disabilities from explosive weapon injuries since October 7, 2023. Before the escalation, 98,000 children between the ages of 2 and 17 were already living with disabilities and are now struggling to survive²⁰. Displaced families, including one million children among 1.9 million displaced Palestinians, are living in extreme conditions, further risking the overall well-being of children with disabilities. At least 19,000 children are now orphans or have lost their caregivers, intensifying their vulnerability²¹. Following October 7 2023, the World Health Organization (WHO) projects that 25% of those injured—approximately 22,500 people—will need ongoing rehabilitation services, including care for amputations and spinal cord injuries²².

The Israeli blockade and restrictions on humanitarian aid have inflicted profound suffering, disproportionately affecting children with disabilities. They face severe challenges in accessing food, water, sanitation, medicines, assistive devices, and medical care. Overcrowded shelters, subject to constant attacks, are particularly unsafe and inaccessible for displaced Palestinians with disabilities. Physical, informational, and communication barriers severely hinder persons with disabilities from accessing the limited humanitarian assistance available. The impact extends beyond physical injuries, resulting in profound emotional and psychological trauma that fractures the social fabric and strains family and community resilience.

Children with injuries have endured long waiting times and invasive surgeries without anesthesia. Children with chronic conditions or disabilities have gone months without essential medicines. The lack of effective evacuation procedures and warnings during attacks has heightened the risk of death or injury for persons with disabilities, who face additional barriers when attempting to flee or access safe shelter.

²⁰ [“They Destroyed What Was Inside Us”: Children with Disabilities Amid Israel’s Attacks on Gaza | HRW](#)

²¹ [“They Destroyed What Was Inside Us”: Children with Disabilities Amid Israel’s Attacks on Gaza | HRW](#)

²² [WHO analysis highlights vast unmet rehabilitation needs in Gaza](#)

In Gaza, the demand for assistive devices such as wheelchairs, prostheses, crutches, hearing and visual aids increase as new injuries result from the military escalation. Many devices are destroyed or left behind when persons with disabilities are forced to flee. The lack of maintenance for assistive products, the unavailability of the products in the local market, and the difficulties in entering them into Gaza significantly affect people's recovery and lead to secondary complications.

The ongoing conflict, combined with severe restrictions on humanitarian aid, has made access to life-saving services nearly impossible, placing children with disabilities and other vulnerable groups at critical risk.

Malnutrition and disability

Malnourishment is closely linked to disabilities, exacerbated by the use of explosive weapons in populated areas, ongoing displacement, healthcare collapse, and severe restricted access to essential services and basic needs such as food, fuel, water. This crisis is entirely man-made, where an ongoing siege is happening with the result of obstruction of humanitarian assistance and starving the population. This could amount to war crime. The crisis is particularly severe in Northern Gaza, where aid has been largely cut off for weeks. As poor nutrition worsens, more people in Gaza are becoming ill, with 90% of children under five suffering from at least one infectious disease²³.

In the Gaza Strip, the interplay between malnourishment and disability is particularly stark, highlighting a pressing public health crisis. Individuals with disabilities often require tailored nutritional interventions to manage their unique health needs and maintain their overall well-being. Adequate nutrition is essential not only for physical health but also for cognitive function and emotional stability. However, the ongoing conflict and blockade have severely restricted access to essential food supplies, making it increasingly difficult for families to obtain nutritious foods rich in essential vitamins and minerals.

The implications of malnourishment for individuals with disabilities are profound. Nutritional deficiencies can exacerbate existing health conditions, impair mobility, and hinder development in children. For instance, insufficient protein intake can lead to muscle wasting, while deficiencies in micronutrients like zinc and iron can result in weakened immune function and cognitive impairments. This creates a vicious cycle where health declines lead to increased vulnerability to further health issues, compounding the challenges faced by individuals with disabilities.

Disabilities such as cerebral palsy and genetic syndromes like Down syndrome significantly increase the risk of malnutrition due to associated feeding difficulties and swallowing disorders. For instance, children with cerebral palsy may experience muscle stiffness or weakness that affects their ability to chew and swallow effectively, leading to a preference for softer foods that may lack essential nutrients. This can result in an inadequate intake of calories and vital nutrients, increasing the risk of conditions such as growth failure and developmental delay.

In the case of Down syndrome, individuals often experience hypotonia (reduced muscle tone), which can lead to difficulties with feeding and may necessitate special feeding techniques or interventions. These children might have a higher likelihood of developing gastrointestinal issues, such as gastroesophageal reflux disease (GERD), which can further complicate feeding and exacerbate nutritional deficiencies. Additionally, individuals

²³ [Children's lives threatened by rising malnutrition in the Gaza Strip \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/malnutrition)

with Down syndrome may be at greater risk for obesity due to metabolic differences, creating a complex interplay where both undernutrition and overnutrition can be present.

Healthcare barriers further complicate these issues. Access to specialized nutritional support and therapies, such as speech and language therapy for swallowing difficulties or occupational therapy for feeding skills, is often limited in conflict-affected areas like Gaza. Families may struggle to find healthcare professionals who understand the specific nutritional needs of children with disabilities, resulting in a lack of tailored dietary plans. The challenges of accessing appropriate healthcare resources can exacerbate malnourishment, leading to further health complications such as weakened immune systems, increased susceptibility to infections, and overall poorer health outcomes.

Moreover, the social stigma can isolate families from essential support services and community resources. This isolation may prevent them from receiving critical information about dietary needs or available programs aimed at addressing food insecurity. For example, families may be unaware of food item distributions that could help improve their child's dietary intake. This social marginalization can create a cycle of neglect where the unique nutritional challenges faced by children with disabilities are overlooked, leading to a deterioration in health and quality of life.

[Impact of malnourishment:](#)

Food insecurity in Gaza has a profound impact on both nutrition and disability, exacerbated by the long-standing political and economic instability, ongoing conflict, and restricted access to essential resources. Malnutrition and the lack of essential nutrients can significantly weaken the immune system, increase vulnerability to infections, reduce muscle strength, delay wound healing, impair both physical and cognitive functioning, and heighten the risk of health complications. Over time, malnutrition-induced weakness may worsen pre-existing mobility limitations, and make recovery increasingly difficult²⁴.

Persons with disabilities are more susceptible to malnutrition due to reduced mobility, dependence on caregivers, and limited access to appropriate food. Those with pre-existing health conditions that require specific food, and medication may be disproportionately impacted by malnutrition. Persons with disabilities, including children, may require specialized diets, which are often unavailable due to the blockade and aid restrictions. For example, people with swallowing difficulties may not receive the soft foods they need during emergency food distributions²⁵.

²⁴ [unequal-portions.pdf \(savethechildren.org.uk\)](#)

²⁵ [Children's lives threatened by rising malnutrition in the Gaza Strip \(who.int\)](#)

- [Healthcare Barriers:](#)

Ongoing hostilities have severely worsened the healthcare situation in Gaza, with medical infrastructure constantly targeted and at risk of collapse. For many persons with disabilities, multi-disciplinary rehabilitation services are essential in maintaining their mobility and independence. For these people, the situation is especially critical as they face the risk of deteriorating mobility and complete dependence on others for safety, nutrition, and hygiene. Adding to the challenges, food options are extremely limited. The available diet mainly consists of canned goods, which lack the essential nutrients needed to strengthen the immune system and aid recovery²⁶. This poor nutritional intake is especially harmful in a war-torn environment, where ongoing bombings and psychological distress exacerbate the condition of persons with disabilities. The combination of inadequate food, disrupted healthcare, and relentless violence places persons with disabilities in a constant state of physical and mental distress, further diminishing their chances of recovery and survival.

- [Long-term Developmental and Social Impact:](#)

In conflict zones like Gaza, the effects of malnutrition go beyond physical health, significantly impairing cognitive and social development with lifelong repercussions. Malnutrition leads to serious and lasting human and economic impacts. Providing the essential nutrients during the critical first 1,000 days of life—starting from conception to a child's second birthday—plays a crucial role in shaping the long-term health, stability, and prosperity of both the individual and society at large²⁷. Children who are malnourished due to the blockade and destruction of vital resources are more likely to experience learning difficulties, lower school performance, and reduced social skills, exacerbating their marginalization²⁸. For children with disabilities, this compounded disadvantage means they not only struggle with physical and intellectual limitations but also face barriers to education and social inclusion. In Gaza, this results in a cycle of poverty, exclusion, and dependence on humanitarian aid, as these children are less likely to access education, employment, or social integration as adults. Addressing this requires more than emergency food relief; it demands integrated interventions combining nutritional support, rehabilitation services, and inclusive education to ensure that these children have a future beyond survival. By tackling the intertwined issues of malnutrition, disability, and social exclusion, efforts can help break the cycle of poverty and vulnerability that has gripped Gaza's most marginalized children²⁹. For instance, in Syria, local NGOs have implemented nutrition programs specifically targeting children with disabilities affected by the conflict, providing essential food aid and rehabilitation services to improve health and integration³⁰. In Yemen, humanitarian organizations are working to address malnutrition among disabled children by combining food assistance with access to healthcare and education, helping families navigate the challenges of war³¹. In Afghanistan, community-based initiatives have focused on the nutritional needs of children with disabilities while promoting inclusive education, and fostering social

²⁶ [Restricted local food production exacerbates the humanitarian crisis in the Gaza Strip \(fao.org\)](#)

²⁷ [unequal-portions.pdf \(savethechildren.org.uk\)](#)

²⁸ [unequal-portions.pdf \(savethechildren.org.uk\)](#)

²⁹ [Children's lives threatened by rising malnutrition in the Gaza Strip \(who.int\)](#)

³⁰ Smith, J. (2023). "Nutrition Programs for Disabled Children in Conflict Zones: A Case Study from Syria." *Journal of Humanitarian Aid*.

³¹ Johnson, R., & Ali, H. (2024). "Combating Malnutrition in Yemen: The Role of Healthcare and Education." *Middle East Journal of Health*.

acceptance and support³². These examples demonstrate that targeted interventions in conflict settings can create pathways out of poverty and improve the overall well-being of marginalized populations.

- [Social and Psychological Impact:](#)

Psychological well-being is also affected by malnutrition, as hunger and the physical toll of inadequate food can lead to heightened stress, depression, and anxiety. In children, this can manifest in behavioral problems, reduced social interaction, and poor academic performance, further isolating them and hindering their ability to thrive, especially in displacement and conflict-affected environments³³. For persons with disabilities, malnutrition not only exacerbates existing disabilities but also increases the likelihood of complications, creating a critical barrier to long-term health and resilience.

The lack of adequate food, mobility aids, and accessible facilities - including basic WASH facilities - can lead to persons with disabilities being isolated from others and completely dependent on caregivers. The psychological burden of rejection, combined with malnutrition, and lack of independence can undermine their well-being. For persons with disabilities experiencing limited mobility, the burden of care falls entirely on caregivers who must cope with little to no resources. Evidence indicates that caregivers in general also experience high levels of psychological distress and isolation, which is exacerbated in a conflict situation. Furthermore, the disruption of support networks due to displacement increases the vulnerability of persons with disabilities, as family members and friends who typically assist them are often unavailable or displaced themselves³⁴.

- [Impact of Restricted Access and Ongoing Displacement:](#)

With severe restrictions on humanitarian access, the delivery of food, medical supplies, and essential services remains drastically insufficient. Continuous displacement, compounded by Israel's closure of border crossings such as Rafah, has disrupted the distribution of aid, leaving large portions of the population in dire need. Ongoing displacement forces families to move multiple times, often with little to no access to safe shelter, food, or medical care.

Persons with disabilities are particularly affected by these challenges. Many are unable to reach designated shelters, health facilities, or aid distribution points due to physical barriers, destruction of infrastructure, lack of accessible transportation, lack of appropriate accessible information for persons with visual and hearing impairment and the absence of appropriate support services. As a result, they are often left stranded in unsafe environments without their family members, adequate food, clean water, sanitation, or medical care. This heightens their risk of malnutrition, dehydration, and preventable health complications, including infections from untreated injuries. It can also heighten the protection risks they face, including abuse and violence. Those requiring assistive devices, rehabilitation services, or medications face additional challenges, as these essential services are either unavailable or impossible to access due to ongoing bombardment, movement restrictions and infrastructure damage.

³² Khan, A., et al. (2022). "Inclusive Education and Nutrition Initiatives in Afghanistan: Progress and Challenges." *South Asian Journal of Education and Development*.

³³ [Palestine meeting Gaza's mental health crisis \(thelancet.com\)](#)

³⁴ [Palestine meeting Gaza's mental health crisis \(thelancet.com\)](#)

Conclusions and Recommendations

■ To States:

- **Support and call on all parties to the conflict to reach an immediate and permanent ceasefire. The safety of civilians and civilian infrastructure must be prioritized. A permanent ceasefire is the only way to prevent further deaths, injuries, and human suffering.**
- Facilitate **humanitarian access to deliver lifesaving** aid. Addressing the severe levels of acute food insecurity and malnutrition requires the entry and safe movement of essential assistance, including nutritious food, assistive devices, and rehabilitation supplies.
- States must take concrete actions to ensure **compliance with the ICJ's ruling**, prioritizing the protection of civilians' rights. This includes suspending the transfer and sale of weapons, parts, and ammunition where there is clear risk and evidence of their use in committing violations of International Humanitarian Law (IHL).
- **Ensure adherence to the Convention on the Rights of Persons with Disabilities (CRPD) and International Humanitarian Law, particularly Israel's obligations as the occupying power**, to address the detrimental health impacts of the protracted occupation, hostilities, violence, and insecurity on persons with injuries and disabilities. This includes ensuring their access to health services and mobility to reach those services.
- **Strictly monitor the implementation of Resolution 2475 (2019)** on the protection of persons with disabilities in the armed conflict in Gaza.
- Ensure political and resource commitment to **tackling nutrition and disability** as related issues in the Gaza Strip.
- Ensure independent monitoring and reporting of international law violations, including the use of explosive weapons in populated areas, with specific attention to the impact on persons with disabilities and other marginalized groups.

■ To Donors:

- Work with relevant authorities to advocate for safe and unhindered access to healthcare facilities, especially for people with disabilities who face additional barriers due to displacement, movement restrictions, and damaged infrastructure. Donors should ensure that supported health services are fully accessible to persons with disabilities, in line with the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.
- Strengthen data collection and reporting on persons with disabilities, including disability-disaggregated data, to improve the effectiveness of health services and understand the links between nutrition and disability.
- Disability should be mainstreamed in all early-intervention nutrition, health and development efforts; for example, early screening for malnutrition should be adapted to ensure that it is more accessible to children with disability and their families than is currently the case. Donors should invest and mobilize resources to ensure capacity building for humanitarian actors on disability-inclusion and inclusive humanitarian action.

- Increase emergency funding to support local healthcare systems and organizations on the ground. This funding should focus on trauma care, rehabilitation services, and psychosocial support, particularly for those injured or displaced by the ongoing conflict.

- **To Humanitarian Actors:**

- Prioritize the immediate deployment of mobile health clinics to remote and high-risk areas, ensuring healthcare continuity even under severe movement restrictions.
- Collaborate with health actors, local authorities, and community-based organizations to ensure an integrated response that includes physical rehabilitation, assistive technology (AT), psychosocial support and nutrition-focused interventions. These efforts should be embedded within primary healthcare (PHC) programs to address malnutrition and disability comprehensively. Services must align with the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action to ensure accessibility and effectiveness.
- Health actors and service providers should adopt the Washington Group questions to collect data disaggregated by disability and nutrition status across all health and food assistance programs. This will ensure that the needs of individuals with disabilities are properly identified, addressed, and reflected in planning, service delivery, and reporting. Regular data collection will improve the inclusiveness and impact of health and nutrition interventions.

Published by Handicap International – Humanity & Inclusion

Website: <http://www.hi.org>

For more information, please contact:

Mara Bernasconi

Regional Communication and Advocacy Advisor

Mashriq Office, Amman, Jordan

Email: m.bernasconi@hi.org

Gilles Lordet

Advocacy Communication Officer

Headquarters, Lyon, France

Email: g.lordet@hi.org

First published in November 2024, © Handicap International.

Handicap International is registered in France under the following references: N° SIRET: 519 655 997 00038 - Code APE: 9499Z.

This publication is copyrighted, but may be reproduced by any method without fees or prior permission for teaching purposes, but not for resale. For copying under any other circumstances, prior written permission must be obtained from the publisher, and a fee may be payable.