BRIEF

Gaza, two years on

Fragile relief eclipsed by mass displacement and surging morbidity

October 2025 | Gaza Strip, occupied Palestinian territory (oPt)

Key Messages

1. **Severe illness is rising sharply despite recent aid improvements, signalling deeply rooted physical exhaustion.** After two years of extreme living conditions, one in three households now reports a case of severe illness in the two weeks prior to data collection* (more than doubled from 14% in July). Poor diet quality, unsafe water, inadequate hygiene, and overcrowded shelters are driving this surge in morbidity even before winter conditions begin.
2. **Winter will significantly heighten existing health and survival risks.** With uninsulated shelters, limited access to heating materials, and widespread exposure to sewage and harsh weather, winter will multiply the risks of respiratory infections and other preventable illnesses, particularly among children, the elderly, and repeatedly displaced households.
3. **A ceasefire alone cannot reverse two years of accumulated vulnerability**; **stabilisation now depends on restoring essential services at scale.** Continued food assistance remains essential to prevent hunger and further nutritional decline, but it must be accompanied by urgent restoration of safe water, sanitation, shelter, and health services to curb rising morbidity and prevent avoidable deaths.

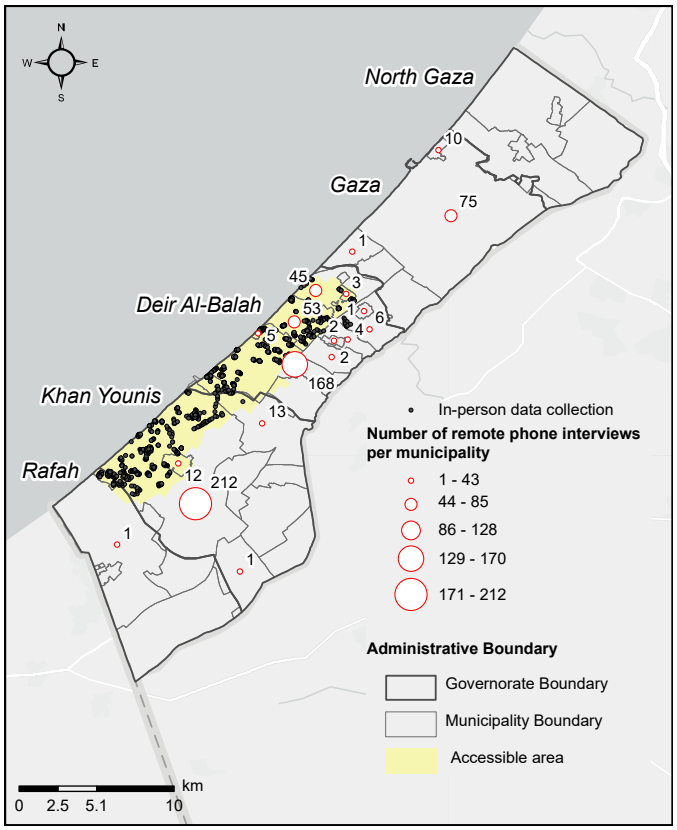
Assessment overview

The Household Vulnerability Assessment (HOVA) is a longitudinal assessment that monitors the **evolution of humanitarian needs and vulnerabilities over time**. The first baseline was conducted in December 2024, followed by remote follow-up rounds in April, July, and September 2025 with households that had consented to be re-interviewed. The most recent follow-up round (Round 3) was carried out remotely from 16 to 30 September 2025.

In parallel, a **second in-person baseline** was conducted from 18 to 29 September 2025, recruiting 1,068 new households in the accessible areas of Khan Younis and Deir al-Balah in the South. This brief presents key findings from this new baseline in the South, alongside indicative analysis for Gaza City based on data from Follow-Up Round 3. Trends across both areas are reviewed against previous follow-up rounds to illustrate changes over time. Due to access constraints, the Gaza City sample is smaller (n=86); while not fully representative, it provides a useful indication of conditions inside the city.

As data collection took place shortly before the 10 October 2025 ceasefire, the results offer a timely evidence base reflecting **conditions immediately prior to the expected mass population movements**. See the methodology section (p.6) for more details.

Map of assessment coverage



* From new baseline data - see methodology overview (p.6) for further details.

A collapsing public health system, hunger, and renewed mass displacement are driving a sharp rise in severe illness.

Following two years of sustained ground, air, and sea offensive on Gaza, households across the Strip continue to face extreme living conditions amid renewed mass displacement. Limited improvements in food access - mainly observed in the South - are vastly overshadowed by more than doubling rates of severe illness across the population in the Strip, as prolonged hardship has eroded physical resilience. Food insecurity remains widespread, shelter conditions and overcrowding continue to worsen, and access to clean water and soap remains a persistent challenge. With household financial resources largely depleted, families are increasingly exposed to volatile market prices and reliant on an unpredictable aid supply, leaving households vulnerable to the adverse effects of the upcoming winter.

Rates of severe illness in Gaza are rising sharply

In the September HOVA cycle, **85%** of households in the South and 81% in Gaza City **reported a healthcare need** in the previous month, up from 62% overall in July. The most common health needs were for consultation or medicine for acute illness (42% in the South, 51% in Gaza City) and for skin diseases (over one in four households), both linked to overcrowding, poor sanitation, and prolonged displacement. Over a third of households also reported needing care for chronic illnesses, a concerning trend given the disruption of long-term treatment for non-communicable diseases (i.e. hypertension, diabetes, heart diseases).

This increase in reported health needs is reflected in rising severe illness* levels, which have **more than doubled since July**: around one in three households in both the South and Gaza City reported a member over five years old being too sick to eat or drink for at least a full day in the two weeks before data collection (up from 14% in the South and 11% in Gaza City in July). While the prevalence of serious illness is similar to what is usually observed in the height of winter, the types of illness are not. Among these cases, vomiting was reported by 46% of households in the South and 66% in Gaza City, while acute watery diarrhoea (AWD) was reported by 20% in the South and 56% in Gaza City - both commonly caused by sewage-contaminated or unsafe water[1]. These illnesses can rapidly lead to severe dehydration and become life-threatening, especially given extremely limited access to clean drinking water across Gaza, increasing the risk of preventable deaths.

Young children are particularly affected by rising severe illness. In September, nearly half of households in the South** with a child under five reported that the child had suffered from severe illness in the two weeks prior to data collection (up from 20% in July in the previous cohort).

The strained healthcare system is **unable to absorb growing medical needs**[2]. In Gaza City and the northern governorates, major hospitals such as Al-Shifa, Al-Awda, Kamal Adwan, and the Indonesian Hospitals have been destroyed or are only partially functional, while others operate with only emergency or limited services. In the South, Nasser Medical Complex and Al-Aqsa Hospital remain operational, supported by several field hospitals, but they are overstretched and cannot meet the scale of unmet medical needs. With specialised care unavailable in the North and limited in the South, households are **increasingly unable to access even basic treatment**, contributing to the sharp rise in morbidity. Across the Strip, approximately one in three households reported being unable to access healthcare, and a vast proportion of households reported difficulty managing chronic conditions (70% in the South and 85% in Gaza City).

Two years of extreme living conditions have severely weakened people's physical resilience. Repeated displacement, overcrowded shelters, unsafe water and sanitation, and prolonged hunger **increase vulnerability to infection and disease**[3]. HOVA findings show a clear link between collapsing living conditions, loss of healthcare access, and rising morbidity across both the South and Gaza City, pointing to a rapidly escalating public health emergency.

New waves of mass displacement are trapping households with worsening vulnerability

The 09 September displacement order over all of Gaza City, issued ahead of the renewed ground operation, placed 82% of the Strip under Israeli-militarised zone or displacement order[4], and forced yet another mass movement towards the South[5]. Satellite imagery shows a **94% decrease in the population residing in tents and makeshift sites in Gaza City** between 22 August and 5 October[6]. Many of those newly displaced were forced to move toward Deir al-Balah and Khan Younis without any pre-identified destination or established shelter.

Repeated displacement is driving severe financial strain, and economic independence has nearly collapsed among households in Gaza. Around **three quarters of households now report having no source of income**, and reliance on debt has become widespread, with 80% of households in the South and 73% in Gaza City **reporting debt** in September (up from 68% and 70% respectively in July). The much sharper rise in debt in the South may reflect, in part, the arrival of newly displaced households, many of whom incurred significant costs to move and re-establish themselves after losing shelter and assets. With savings exhausted and coping mechanisms depleted, households are increasingly unable to recover financially. Depleted financial capacity is especially concerning because access to income appears to reduce health vulnerability - households with some income had 31% lower odds to report severe illness in the two weeks

* Severe illness is defined here as a member of the household being too sick to eat or drink anything for at least 24 hours in the two weeks prior to data collection.

** In the South only - Gaza City sample is too small.

prior to data collection than those with no income[7].

Following the ceasefire of 10 October, large movements back toward the northern governorates have been observed, yet returns may take place without livelihoods, services, or adequate shelter, and many families arrive to find their homes destroyed or uninhabitable. Returning may itself be a risk, as displacement continues to erode health and resilience: households displaced seven times or more since October 2023 had **over 85% higher odds of reporting severe illness in the two weeks prior to data collection than those displaced fewer times**. As destruction and access restrictions persist in parts of the North[8], many households are likely to face repeat displacement, prolonging instability and further increasing health and protection risks.

Ahead of winter, shelters offer little protection

After the lack of insulation against heat and cold (41% in the South, 57% in Gaza City), households reported different priority shelter concerns by area. In the South, the second most common concern was the lack of non-food items (NFIs) (40%), while in Gaza City it was lack of space inside shelters (39%). **Shelter deterioration** was also frequently reported (33% in the South, 27% in Gaza City), particularly among households living in makeshift or scattered sites.

With **winter approaching**, shelter conditions are expected to worsen. The Shelter Cluster warns that repeated displacement and exposure to harsh weather over the past two years have led to loss and deterioration of shelter materials[9]. Households living in unfinished structures, tents or the open face enhanced exposure to cold, damp and wind, increasing risk of illness.

Shelter conditions are directly associated to health outcomes. Households living in **makeshift shelters had almost 3 times higher odds of reporting severe illness** among individuals aged 5 and over in the prior two weeks, compared to households living in undamaged buildings[7]. Similarly, such odds were 2.88 times greater for households living in damaged buildings, and 2.50 times greater for households living in collective centres, compared to undamaged buildings. Overall, any compromised shelter type increases the odds for the household to be reporting severe illness, and without significant improvements in shelter, the vast majority of households remains at risk of illness. Shelter is therefore not only a protection concern but a critical public health priority.

In this context, it is particularly concerning that **very few shelter materials** and NFIs have entered the Gaza Strip in recent months. According to the Shelter Cluster, between March and September, only 1,448 tents were brought into Gaza, and none reached the northern governorates[10]. A significant scale up of entry of shelter items is urgently needed as most households currently lack the means to reinforce or weatherproof their shelters ahead of winter.

Basic standards of sanitation and hygiene are impossible to maintain

Access to water for basic hygiene remains critically low. In the South, **58% of households went at least one full day without water for domestic use** (such as handwashing or cleaning) in the week prior to data collection, compared to 47% in Gaza City. This is compounded by a **persistent shortage of soap:** 48% of households in the South had no access to soap, rising to 66% in Gaza City. Households without soap also had **60% greater odds of reporting severe illness** than households with soap[7], showing the clear association between health outcomes and limited hygiene access.

Safe sanitation facilities remain scarce. In the South, 16% of households reported using a pit latrine that does not flush, compared to 13% in Gaza City. In both areas, 3% of households reported having no sanitation facility at all, resorting to unimproved options such as buckets, fields, or open defecation. Households using **pit latrines had about 60% higher odds of reporting severe illness** in people over the age of 5 than those using flush latrines[7], highlighting the health risks associated with inadequate sanitation. According to the WASH Cluster, 72% of households have constructed improvised latrines themselves, reflecting widespread damage to sanitation infrastructure[11].

Overcrowded living conditions and inadequate waste management continue to expose households to **serious health hazards**. In the South, 37% of households reported sewage within 10 meters of their shelter, and 10% reported exposure to human waste. Conditions were worse in Gaza City, where 54% of households reported sewage nearby and 17% reported human waste (up from 3% in July). Infestations and waste accumulation are also widespread: 57% of households in the South and 44% in Gaza City reported rodents or pests near their shelter, while 26% in the South and 67% in Gaza City reported piles of solid waste next to where they sleep.

Exposure to sewage, unsafe sanitation, and limited hygiene supplies is likely to sustain **high levels of disease transmission**, even under a ceasefire, unless hygiene assistance as well as sanitation services and infrastructure are urgently expanded.

Scarcity of drinking water forces unhealthy coping mechanisms

Access to safe water remains critically low across Gaza due to the destruction of water networks, fuel shortages, and restricted movement. In the September, 63% of households in the South and 56% in Gaza City reported having **no drinking water in the shelter for at least one full day** in the previous week (down slightly from 66% in the South and 68% in Gaza City in July). Despite this slight improvement, the proportion of households with severe deprivation remains unchanged: 32% of households in the South and 28% in Gaza City went three or more consecutive days without any safe drinking water in the shelter, similar to July levels. WASH Cluster assessments conducted just before the Gaza City displacement order confirm that most households continue to receive **far below emergency water standards**, with minimal access to safe drinking water[12]. These findings are reinforced by a Ground Truth Solutions study, which found that 76% of households were resorting to drinking unsafe water[13].

With municipal water networks largely non-functional and piped supply limited to a few hours a week at best,

households increasingly rely on water trucking and small-scale private desalination, which are expensive, irregular, and often contaminated. As a result, **water access is now unstable, unpredictable, and determined by purchasing power**, rather than need. These conditions heighten the risk of waterborne disease outbreaks and place young children and older people at highest risk due to weakened immunity.

Large parts of the population remain hungry

A modest increase in aid truck entries in September[14] brought some relief in food access, but needs remain severe and widespread. In the South, **12% of households reported poor diversity and less frequent food consumption in the last 7 days, corresponding to a poor Food Consumption Score[15]** (FCS), and 30% corresponding to a bordeline FCS. This marks a considerable improvement from July, when 91% of households across the Strip had a poor FCS, highlighting the critical role of sustained and predictable aid entry in preventing deterioration.

However, these **gains are highly uneven**. Improvements are largely concentrated in Khan Younis, where households recently gained access to community kitchens and limited distributions of dairy products. By contrast, **food consumption is significantly worse in Gaza City**, where 30% of households report food consumption corresponding to poor FCS and 44% to borderline FCS, indicating continued severe food deprivation. Newly displaced households from the northern governorates reported worse food consumption than prior residents in the South, with 18% poor FCS and 35% borderline, reflecting the deprivation they faced before displacement and the challenges of re-establishing access to food after arrival, even though their access to assistance may have been slightly better than that of households who remained in the north.

Dietary diversity remains extremely limited. Only 8% of households in the South and just 2% in Gaza City consumed any meat, fish, or eggs on three or more days in the week prior to data collection. Households continue to adopt unsustainable coping strategies, reducing meal size or frequency on an average of 3.6 days per week.

Poor food consumption has **clear health consequences**. Prolonged insufficient and unbalanced diets weaken immunity, increase the risk of illness, and can lead to long-term growth and development issues in children[16,17,18,19]. In the HOVA data, households with poor Food Consumption Scores had significantly greater odds of reporting severe illness, illustrating how nutritionally inadequate diets may increase vulnerability to disease.

Children face particularly severe consequences. One in four households with children under five in the south, and one in two in Gaza City, reported severe food insecurity. Alarmingly, 11% of households in the South and 26% in Gaza City said a young child went a **full day without eating** in the week before data collection, including infants as young as six months old. Most households **prioritise children** when food is scarce (66% in the South, 47% in Gaza City), but this is no longer sufficient to protect them from hunger. While conditions have slightly improved since July (when 66% of households across the Strip reported a child going a full day without food), food deprivation among children remains at emergency levels.

Signs of acute malnutrition are visible: among households in the South with a severely ill child, 13% said the illness was due to malnutrition, and 5% of households sought medical care for therapeutic feeding or treatment of malnutrition*. Critically, **access to food alone cannot reverse severe malnutrition** without medical rehabilitation and treatment[20], which are largely unavailable under current conditions.

Households also remain highly **dependent on external food assistance**. In the South, 45% rely primarily on community kitchens and 12% on other forms of food distributions. However, many lack the means to prepare food: 12% reported having no basic cooking utensils, and 71% resorted to burning plastic as fuel, posing severe health risks. Food assistance remains a top priority need for 48% of households in the South and 87% in Gaza City, followed closely by cash assistance (68% and 83%, respectively).

A significant scale-up in food assistance is urgently needed to **reverse the effects of prolonged malnutrition and the famine** declared in Gaza City in August, with Deir al-Balah and Khan Younis also projected into famine. While limited aid is reaching parts of Khan Younis and, to a lesser extent, Deir al-Balah, assistance remains far below actual needs. An immediate expansion of equitable food delivery is urgently required - particularly for Gaza City and the northern governorates, where conditions remain extreme.

Conclusion

Recent improvements in aid access have not translated into better health outcomes. **Serious illness continues to rise**, including in areas where food access temporarily improved, reflecting the cumulative impact of two years of deprivation and repeated displacement. This surge in serious illness is already visible before winter, raising urgent concern.

Health risks are now driven by multiple overlapping vulnerabilities: unsafe water, poor sanitation, unprotected shelter, limited healthcare access, and continued nutritional deprivation. Children and repeatedly displaced households are particularly vulnerable and returns to devastated areas in the North may accelerate further health deterioration.

A ceasefire, while essential, will not by itself reverse physical decline. **Preventing avoidable deaths now depends on predictable humanitarian access at scale and rapid restoration of essential services** - health, water and sanitation, nutrition, and shelter. Without combining sustained emergency assistance with the restoration of essential services, serious illness will continue to rise and resilience will further erode.

* In the South only - Gaza City sample is too small

How the relationships between vulnerabilities and outcomes were tested

Associations between vulnerabilities and critical outcomes were assessed using Odds Ratios*, which describe the odds (or likelihood) of a critical outcome occuring in one group, compared with a reference group.

- An Odds Ratio of 1 means there is no difference between the groups.
- An Odds Ratio of less than 1 suggests that there is a lower risk, and
- An Odds Ratio of more than 1 suggests that there is a higher risk.

The 95% confidence intervals (95%CI) provide the range of values that are supported by the data. If the range of the 95%CI spans across 1, the result is generally not considered statistically significant. However, if the range is completely below or completely above 1, the result is then considered statistically significant.

The Odds Ratio calculation here has been tested on the data collected in-person from the new HOVA cohort of households in Deir al-Balah and Khan Younis.

Importantly, an Odds Ratio only provides information on the statistical relationship between variables. However, they provide no insight into the contributing cause(s) of this relationship or the reasons behind them.

	Morbidity - Under 5 Odds Ratio (95% CI)	Morbidity - Over 5 Odds Ratio (95% CI)
Governorate		
Khan Younis	Reference	Reference
Deir al-Balah	1.08 (0.73-1.59)	**0.75 (0.58-0.97)**
Type of residence		
Undamaged building	Reference	Reference
Damaged building	**5.16 (1.97-14.70)**	**2.88 (1.53-5.68)**
Makeshift site	**3.25 (1.49-7.90)**	**2.98 (1.73-5.48)**
Collective Centre	**3.66 (1.44-10.06)**	**2.50 (1.30-5.02)**
Latrine type		
Flush latrine	Reference	Reference
Pit latrine	1.22 (0.68-2.20)	**1.59 (1.14-2.23)**
Number of displacements		
Less than 7 times	Reference	Reference
More than 7 times	**1.97 (1.33-2.93)**	**1.86 (1.44-2.41)**
Vulnerable members within the household		
Yes	Reference	Reference
No	1.09 (0.73-1.62)	0.78 (0.61-1.01)
Income status		
No income	Reference	Reference
Some income	0.64 (0.39-1.03)	**0.69 (0.50-0.94)**
Days without any drinking water		
3 days or more	Reference	Reference
2 days of less	0.76 (0.50-1.13)	0.88 (0.67-1.15)
Soap in the household		
Yes	Reference	Reference
No	**1.80 (1.22-2.68)**	**1.60 (1.24-2.07)**
Food Consumption Score category		
Acceptable	Reference	Reference
Borderline	**1.92 (1.24-2.99)**	**1.53 (1.15-2.04)**
Poor	**2.38 (1.32-4.37)**	**1.80 (1.22-2.64)**

* The relationship between each vulnerability and each outcome was tested separately, and the Odds Ratios were not adjusted to account for other factors. This means that we cannot rule out confounding. Odds Ratios methodology can be found here: Tenny, S., & Hoffman, M. R. (2017). Odds ratio.[21]

Methodology Overview

The Household Vulnerability Assessment (HOVA) is a longitudinal, multi-sectoral assessment of household needs and vulnerabilities across the Gaza Strip. The first baseline data collection was conducted in-person in December 2024-January 2025, recruiting a cohort of 1,008 households. Results from the first round were representative for households in accessible areas at 95% confidence level with a 3% margin of error.

Between 16-30 September 2025, another round of remote phone call follow-up was conducted with households from the December 2024 cohort. At the same time a new cohort of 1,068 households was recruited from accessible areas of the Gaza Strip (Deir al-Balah and Khan Younis only) through face-to-face interviews.

In this brief, findings for the South come from the cohort of 1068 households interviewed in-person. The results are representative of the population in the South at a 95% confidence level with a 4% margin of error. Findings from Gaza City are from the 86 households who completed the remote phone call follow-up and were living in Gaza City at the time of data collection.

Governorate	In-person assessed households	Remotely assessed households	Households included in this analysis
Deir al-Balah	484	289	484
Gaza	0	86	86
Khan Yunis	584	238	584
North Gaza	0	0	0
Rafah	0	1	0
Total Strip	1068	614	1154

A mass population movement was underway at the time of data collection in response to the Gaza City incursion. Therefore, recent displacement was collected in order to identify households recently displaced from the North. Households who reported being located in Gaza City or North Gaza at the start of September but were living in the South at the data of data collection in mid-late September, were considered to be newly displaced from the North. It is referred to in the above brief when relevant; a separate brief has been produced to investigate the findings of this specific subset and is available upon request.

Limitations

The HOVA was designed to be representative of the accessible areas at the Gaza Strip level. Due to the conflict dynamics, which restricted outreach, both Gaza City and North Gaza were inaccessible at the time of in-person data collection in September. Additionally, the proportion of the population in Rafah was so small as to preclude selection during random sampling. While findings are representative of accessible areas, this refers to the South only as the North was inaccessible. Variance by governorate is not assessed.

There is a likelihood of bias towards better-off households due to the inaccessibility of certain areas, whether in person or via phone in cases with limited cell service and electricity.

As Gaza City and North Gaza governorates were not accessible in person due to the ground incursion beginning on 09 September, it was not possible to collect representative data in either governorate.

Finally, UNRWA collective centres were not accessible for in-person data collection, resulting in their exclusion from population groups in both cohorts.

Endnotes

1 MSF Medical Guidelines: Acute Diarrhea. Gaza Health Partners Logistics and Medical Supplies Dashboard
2 WHO (13 October 2025). Health Resources and Services Availability Monitoring System (HeRAMS) September report.
3 S. Jiasi Chen et al (2022), Childhood pneumonia in humanitarian emergencies in low- and middle-income countries: A systematic review.
4 OCHA (01 October 2025), Reported Impact Snapshot.
5 Site Management Cluster (05 October 2025), Gaza Population Movement Monitoring Flash Update 32.
6 Gaza Site Extents Analysis (13 October 2025), available upon request.
7 Only applicable to Deir el Balah and Khan Younis.
8 The Times of Israel (10 October 2025), IDF says Gazans may return north via approved routes, warns against approaching troops.
9 Shelter Cluster (05 October 2025), Winterization recommendations, Gaza Shelter Response.
10 Shelter Cluster (05 October 2025), Winterization recommendations, Gaza Shelter Response
11 WASH Cluster for the State of Palestine (29 September 2025), Joint WASH Assessment.
12 WASH Cluster for the State of Palestine (29 September 2025), Joint WASH Assessment.
13 Ground Truth Solutions (25 September 2025), "Save what remains of Gaza." Community perspectives on aid, survival and humanity during the genocide.
14 UN2720 Monitoring and Tracking Dashboard.
15 FCS in this brief is considered through traditional

cutoffs of 21/35, as opposed to IPC cutoffs of 28/42.
16 P. Yerramilli (2024), Refeeding in crisis settings: Implications on health care needs in Gaza.
17 K. Grey et al (2021), Severe malnutrition or famine exposure in childhood and cardiometabolic non-communicable disease later in life: a systematic review.
18 K. Tickell et al (2020), The effect of acute malnutrition on enteric pathogens, moderate-to-severe diarrhoea, and associated mortality in the Global Enteric Multicenter Study cohort: a post-hoc analysis.
19 Z. Bhutta et al (2017), Severe childhood malnutrition.
20 S. Woo Ha and S-K. Hong (2024), Recent advances in refeeding syndrome in critically ill patients: a narrative review
21 S. Tenny and M. Hoffman (2023), Odds Ratio.