

NUTRITION UNDER SIEGE: OUTCOMES OF AN INFANT U6M NUTRITION INTERVENTION IN GAZA (OCT 2024 – DEC 2025)

PURPOSE

Following the escalation of hostilities in Gaza since October 2023, MSF-OCBA implemented its first **nutrition intervention targeting infants under six months (U6m) at risk of poor growth and development** in October 2024. This assessment aimed to **document nutritional outcomes, assess programme implementation and acceptability, and analyze the systemic drivers** of infant malnutrition in a context of extreme insecurity, access restrictions, and widespread deprivation.

KEY FINDINGS

- 513 infants U6m were admitted to MSF supported Outpatient Therapeutic Programme (OTP) in two PHCCs (primary healthcare centers) (Oct 2024-Dec 2025). 91% were admitted due to poor anthropometry (MUAC- middle upper arm circumference ≤ 110 mm).
- Feeding practices at admission showed high mixed feeding (41%), low exclusive breastfeeding (11%), and substantial missing data (38%), limiting interpretation.
- Programme exits showed 32% defaulters, largely driven by insecurity, displacement, service interruptions, and alternative aid distributions offering breast milk substitutes (BMS) or food without follow up.
- Staff identified multifactorial barriers to breastfeeding, including: Physiological and psychological stress; Logistical constraints (overcrowding, lack of privacy, BMS disruptions); Widespread misinformation and harmful feeding beliefs.
- Mother–baby safe spaces within PHCCs were consistently reported as a key enabler of breastfeeding support.
- Implementation was severely constrained by insecurity and supply disruptions, including shortages of ready-to-use infant formula (RUIF) and looting of supplies.

METHODOLOGY

- Mixed methods with qualitative–quantitative triangulation
- Data sources:** Programmatic data (U6m OTP data, Oct 2024–Dec 2025); 14 remote interviews with MSF staff; Review of protocols, reports, documents available.
- Limitations:** Incomplete routine data (notably feeding status at admission and discharge); High loss to follow up due to displacement and insecurity; No direct interviews with mothers/caregivers due to forced withdrawal.

CONCLUSIONS

Despite unprecedented operational constraints, targeted nutritional support for infants U6m proved **feasible and lifesaving even in highly unstable, conflict-affected settings**.

Infant malnutrition in Gaza must be understood not simply as a clinical problem, but as the **consequence of a conflict environment** marked by restricted humanitarian access, attacks on health infrastructure, food blockades, forced displacement, and repeated disruptions to medical services.

In this context, **delaying U6m interventions** until “optimal conditions” **risks preventable morbidity and mortality** among the most vulnerable.

RECOMMENDATIONS

Programmatic

- Strengthen breastfeeding promotion, protection, and support across all levels of care.
- Ensure availability of the most appropriate BMS for the context, only when medically indicated and in line with international guidance.
- Improve routine data systems, including systematic recording of feeding status at discharge.
- Integrate psychosocial support for mothers and caregivers into nutrition and health services.
- Maintain continuous training and capacity building for multidisciplinary teams

Community engagement

- Maintain and protect mother–baby safe spaces within PHCCs and community settings.
- Strengthen community engagement approaches to enhance trust, resilience, and uptake of services.
- Expand outreach activities through health promotion initiatives and appropriate digital platforms to reach displaced and hard-to-access populations.

Operational preparedness

- Integrate IYCF-E into emergency preparedness and response.
- Develop and implement secure outreach strategies adapted to insecurity and movement constraints.
- Anticipate supply chain disruptions and strengthen follow-up mechanisms during displacement.
- Embed proactive advocacy to raise the alarm on politically imposed constraints affecting nutrition programming, access to care, staff movement, and