Early Childhood Development in Gaza
An Urgent Call for Action

A Theirworld Report
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Theirworld

Executive Summary

Since October 7 2023, Gaza has experienced a catastrophic early childhood development (ECD) crisis, threatening the future of its most vulnerable population—pregnant women, lactating mothers, and children between the ages of zero and five. The United Nation's Final Gaza Rapid Damage and Needs Assessment published in April 2026 estimates human development in Gaza has been set back 77 years with 1.9 million people displaced. **The crisis has caused the collapse of essential healthcare, nutrition, education, and safety systems, leaving over 504,000 individuals—nearly 25% of Gaza's population—facing severe ECD-related challenges**. The immediate physical, emotional, and cognitive development of these children is under threat, and their long-term futures are at grave risk.

The **healthcare system has been crippled**, with half of hospitals non-operational, 94% of hospitals damaged, and the vast majority of hospital bed capacity lost, leaving thousands of pregnant women and young children without access to essential care. This health crisis is compounded by **widespread food insecurity and nutritional deficits**, with 85% of parents reporting that their children have gone entire days without food, and more than 86,000 children under five now suffering from acute malnutrition. Additionally, the destruction of Gaza's water infrastructure has drastically **reduced access to clean water**, leaving families with just two to nine litres per person per day—well below emergency thresholds—further increasing health risks and malnutrition.

Additionally, more than **58,000 children have lost one or both parents**, and more are unaccompanied or separated from parents, placing immense strain on caregiving systems that are already struggling. These children are now deprived of the stable, responsive caregiving environments essential for their emotional well-being and protection. In terms of safety and protection, the **war has taken the lives of over 20,000 children** and resulted in the **mass displacement of nearly 90% of Gaza's population**, with approximately 1.9 million people now living in overcrowded shelters offering just 0.5 square meters of space per person. The war has also **decimated educational infrastructure**, leaving 70,000 children without access to pre-school and preventing early learning opportunities for younger children that are crucial for their cognitive and social development. Without urgent intervention, the **combined impact of these crises will have devastating long-term consequences** on the physical, psychological, and developmental health of Gaza's children.

To address this crisis, we propose the establishment of a time-bound ECD Coalition—a unified alliance of international, regional, and local actors. This Coalition will lead efforts to champion ECD in Gaza by shaping and coordinating a comprehensive response plan, facilitating resource mobilisation with partners, and advocating for urgent and collective action. Through this collaborative effort, the Coalition will ensure that the needs of Gaza's children are a top priority and are effectively addressed within broader humanitarian initiatives.

The global community must act swiftly. **We call on stakeholders to join the ECD Coalition, mobilise resources to provide immediate relief and long-term recovery, and advocate for global political support to prioritise the needs of Gaza's children**. The consequences of inaction will be severe and long-lasting. Gaza's children cannot afford to wait, and the world cannot afford to ignore their plight. This is not just a call for humanitarian assistance—it is a call to safeguard the future of an entire generation. Now is the time for collective action to ensure that every child in Gaza has the chance to survive, heal, and thrive. The future of Gaza's children depends on it.

Acknowledgements

We extend our deepest gratitude to the many individuals and organisations whose expertise and support were invaluable in developing this report. Additionally, we are honoured to include endorsements from key partners who share our commitment to addressing the early childhood development (ECD) crisis in Gaza. Their contributions and insights have strengthened our efforts and reaffirmed the urgency of this work.

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Introduction

Wars have the worst effect on children and nowhere is that truer than in Gaza. More children were killed in the first four months of the conflict in Gaza than in four years of conflict around the world, according to the United Nations. Thousands more have since been killed. **In this report, we assess the state of Gaza's youngest children and propose a pathway forward for the international community to support their urgent developmental needs.**

More than **504,000 pregnant or lactating women and children under six**[1] are enduring severe hardships, facing the loss of access to essential healthcare, nutrition, safety, and education. This is not just a temporary emergency; it will impact the long-term development of an entire generation. The early years of life are critical, as **90% of brain development occurs by age five**,[2] making it imperative to act now to safeguard the future of Gaza's children.

At this critical juncture, we must focus on providing immediate relief while ensuring that long-term solutions are in place to address early childhood development (ECD) needs. Evidence shows that investing in ECD not only helps children thrive in their early years but also yields long-term benefits for society as a whole. The opportunity to change the trajectory of Gaza's children's lives is shrinking by the day.

Theirworld is committed to championing the rights of every child to access quality early childhood services. Through our global Act for Early Years initiative, we advocate for increased investment, coordinated action, and policy change to ensure every child, regardless of circumstances, has access to early education, healthcare, and protection. Now more than ever, we must unite international and local actors to bring hope and tangible support to Gaza's children.

[1] Calculated from UN Dept. of Economic and Social Affairs Population Division, accessed December 2025, and UNICEF, *Humanitarian Situation Report No. 40*, July 2025.

[2] First Things First, "Brain Development."

Methodology

To assess the current state of early childhood development (ECD) in Gaza, we utilised the internationally recognised Nurturing Care Framework.[3] This framework, which focuses on five key pillars—good health, adequate nutrition, responsive caregiving, safety and security, and early learning opportunities—served as the foundation for our analysis. While the framework was originally designed for children aged 0–3, we expanded its scope to include children up to age five, given the extended needs in Gaza and a lack of focus on this demographic.

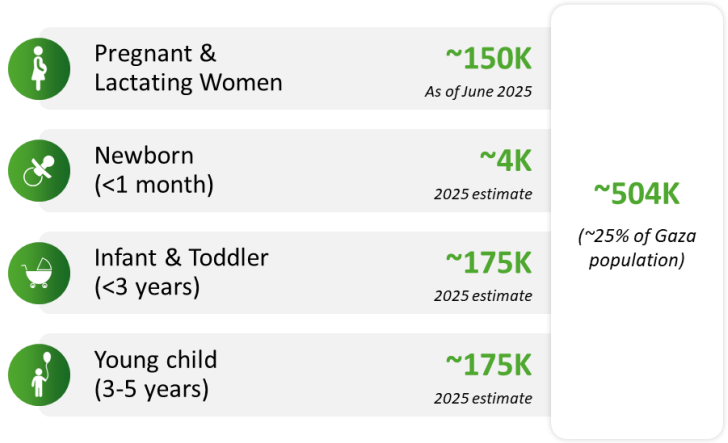
Our research followed a collaborative, data-driven approach. Key partners, previously mentioned in the acknowledgements, provided crucial situational context, insights into local ECD needs and humanitarian efforts, and validated findings. The report also draws on a wide range of reputable sources, including reports from key organisations in Gaza, academic journals, and humanitarian organisations, ensuring a comprehensive assessment.

[3] UNICEF, WHO, and The World Bank Group, *Nurturing Care Framework, 2018*.

The Current Situation in Gaza

The scale of crisis in Gaza is immense, with **approximately 25% of the population**—approximately **504,000 pregnant and lactating women and children under the age of six**—directly affected by ECD challenges.[4] Deteriorating conditions prevent these vulnerable groups from accessing essential healthcare, nutrition, and safe environments necessary to ensure their livelihood and development.

ECD Beneficiaries in Gaza



Healthcare Crisis

The healthcare system in Gaza has been devastated by ongoing conflict, with **half of hospitals non-operational**, **94% damaged**, and **most of the hospital bed capacity lost**.[5,6,7] This has been exacerbated by the **tragic loss of over 1700 healthcare workers' lives**, the inability of most healthcare staff to receive salaries, and the immense psychological burden weighing on these frontline responders.[8,9] Compounding these challenges, **the region suffers from a severe shortage of essential medical supplies, equipment, and consumables**, driven by border closures and limited external aid. Repeated mass displacements have further disrupted service delivery, overwhelming the system and leaving it unequipped to meet the surge in medical needs, particularly among its most vulnerable populations. Additionally, a **lack of medical evacuation options** means that preventable or treatable conditions can quickly escalate into

[4] Calculated from UN Dept. of Economic and Social Affairs Population Division, accessed December 2025, and UNICEF, *Humanitarian Situation Report No. 40*, July 2025.

[5] Health Cluster, oPt Country Dashboard. December 2025.

[6] WHO, "Health System at Breaking Point as Hostilities Further Intensify in Gaza, WHO Warns," May 2025.

[7] OCHA, *Humanitarian Situation Update #181*, June 2024.

[8] WHO and Health Cluster, *300 Days of War*, August 2024.

[9] United Nations Office of the High Commissioner for Human Rights, "UN Experts Appalled by Relentless Israeli Attacks on Gaza's Healthcare System," August 2025.

life-threatening situations, as patients are unable to access better-equipped facilities. The crippled state of healthcare in Gaza today has profound implications for pregnant women and young children, who are among the most vulnerable.

Pregnant women face significant challenges throughout pregnancy, birth, and beyond, with **~130 mothers giving birth per day**.[10] Many are unable to access essential antenatal services, are forced to give birth without medical support, and lack postnatal care for both themselves and their newborns. As a result, life-threatening conditions arise from untreated complications, compounded by malnutrition, mental health struggles, and unsafe birth conditions.

For young children, the situation is equally dire. Injuries and infections that would normally be manageable in a functioning healthcare system are becoming life-threatening. **An estimated 1,625 children have required amputations** since the onset of this crisis. As a result, Gaza now has the highest number of child amputees per capita in the world,[11] many of these amputations resulting from untreated infections or injuries that required immediate medical care which was inaccessible.[12] **These children will need lifelong medical care**, including multiple surgical interventions, mental health and psychosocial support, long-term rehabilitation, and ongoing replacement of prosthetics as they continue to grow. All of which are currently unavailable in Gaza.

The destruction of water, sanitation, and hygiene (WASH) infrastructure, unavailability of basic hygiene products like soap, and overpopulated living conditions are leading to widespread infectious diseases. In fact, **most children under six have experienced conditions like diarrhoea, respiratory illnesses, and skin infections**.[13] Children with pre-existing disabilities face additional challenges, as they often lack access to the specialised medical attention and services necessary to manage their conditions, further increasing their vulnerability in the already overwhelmed healthcare system.

In addition to the overwhelming strain on physical healthcare, Gaza is facing an escalating mental health crisis. Reports indicate that **100% of children need mental health and psychosocial support** (MHPSS).[14] Many are showing widespread signs of acute distress, such as bedwetting, aggression, and self-harming behaviours, highlighting the urgent need for intervention. Caregivers, already traumatised by the ongoing conflict and displacement, are struggling to provide the emotional care that children desperately need. However, with

[10] UNFPA, *Situation Report: Humanitarian Crisis in Palestine*, July 2025.

[11] Taawon, Munib & Angela Masri Foundation, and the Global Health Institute at the American University, *Rebuilding Rehabilitation Services for Amputees in Gaza*, October 2025.

[12] Estimation of children <18 from WHO, *Rehabilitation Needs Estimation for Conflict-Related Injuries in Gaza*, 2024.

[13] IPC, *IPC Global Initiative - Special Brief - Gaza Strip*, December 2025.

[14] UNICEF, *Humanitarian Action for Children*, June 2024.

severely limited access to MHPSS services, these psychological needs remain largely unmet, leaving children vulnerable to further emotional deterioration.

If the healthcare crisis persists, the long-term effects on ECD will be profound at an individual and societal level. Without proper access to medical and psychosocial care, many women and children will continue to face serious and lasting consequences ranging from preventable deaths to lifelong physical and mental disabilities.

Additional long-term consequences that could emerge include:

- Infants born under emergency conditions, without adequate neonatal care, are at heightened risk of mortality or developing chronic conditions such as respiratory issues or infections.
- Children who have lost limbs will face lifelong challenges, including motor delays, mobility challenges, difficulties in daily activities, and emotional struggles related to body image and self-esteem.
- Caregivers exposed to continuous trauma may experience deep psychological effects, hindering their ability to properly bond with, meet the needs of, and nurture their children.
- Children with unaddressed deep trauma may experience chronic anxiety, depression, potential learning disabilities, and behavioural issues.

Beneficiary Challenges

100% Children ≤5 in need of **mental health and psychosocial support**

~1625 Children have **lost a limb**

11,000 children require long-term rehabilitation due to injuries

90% Children **sick** in the past two weeks

16% Children with **functional difficulty or disability**

51% Newborns not receiving **health checkups**

86% Pregnant women in shelters do not receive **postnatal care**

36% Pregnant women plan to **deliver at their shelter**

26% Pregnant women face **postpartum complications**

51% Pregnant women not receiving **antenatal care**

Supply Challenges

50% Hospitals **not functioning**

54% Primary health care facilities **not functioning**

1700+ **Health workers killed**

Repeated **mass displacements**/evacuations **disrupting medical care**

94% **Hospitals damaged**

Nutrition Crisis

Gaza's nutrition and food security situation is dire due to the destruction of the agricultural infrastructure, severe restrictions on food aid and imports, and crippling access to essential resources. The destruction of agricultural infrastructure, including croplands, greenhouses, fishing fleets, and agricultural wells, has severely disrupted local food production. Additionally, **food availability and access to nutrition have been severely restricted by a near 100% drop in food imports** due to border closures, coupled with inflation on the limited goods that remain.[15] This has been compounded by a **75% reduction in water supply** compared to pre-October 2023, making it difficult for people to access safe drinking water and maintain basic agricultural practices.[16] Additionally, fuel shortages have further exacerbated the crisis, hindering essential services like mills and bakeries, and further limiting the availability of staple foods, leaving families struggling to secure adequate food and nutrition.

The collapse of Gaza's food sector has plunged **77% of the population into acute food insecurity**,[17] a figure that previously reached 96%, according to the Integrated Food Security Phase Classification (IPC).[18] In fact, **85% of parents report that their children have gone an entire day without food.**[19] This extreme food insecurity has led to widespread acute malnutrition, with **over 86,000 children under 5 now diagnosed with moderate to severe acute malnutrition**, requiring urgent medical intervention.[20] Additionally, hundreds of thousands of children under five require supplementary food and nutrients. Pregnant women are similarly affected, with many suffering from anaemia caused by nutritional deficiencies, and **virtually all women facing significant challenges in accessing essential antenatal nutrition**.

Further compounding the crisis, **96% of households lack access to sufficient quantities of clean water**.[21] **49% of Gazans are not accessing the minimum emergency standard of 6 litres of drinking water per day**, and only 28% can access the minimum emergency standard of 9 litres of water per day for cleaning and hygiene.[22] This lack of clean water not only leads to unsanitary conditions and waterborne diseases but also contributes to dehydration. It further worsens nutritional deficiencies, as conditions like diarrhoea reduce food intake and nutrient absorption. Access to clean water is especially crucial for lactating women and infants, particularly those relying on reconstituted formula. With **55% of infants under six months in**

[15] State of Palestine Food Security Cluster, *Gaza Imports and Food Availability*, May 2024.

[16] OCHA, *Reported Impact Snapshot: Gaza Strip*, August 2024.

[17] FAO, UNICEF, WFP and WHO, "UN Agencies Welcome News That Famine Has Been Pushed Back in the Gaza Strip, but Warn Fragile Gains Could Be Reversed Without Increased and Sustained Support," December 2025.

[18] IPC, *Gaza Strip: Acute Food Insecurity*, 2024.

[19] State of Palestine Nutrition Cluster, *Nutrition Vulnerability and Situation Analysis*, June 2024.

[20] UNICEF, December 2025 (correspondence).

[21] Ferguson and Su, "Water Emergency in Gaza Endangers Children's Lives," August 2025.

[22] UNRWA, *UNRWA Occupied Palestinian Territory Flash Appeal 2026*, December 2025.

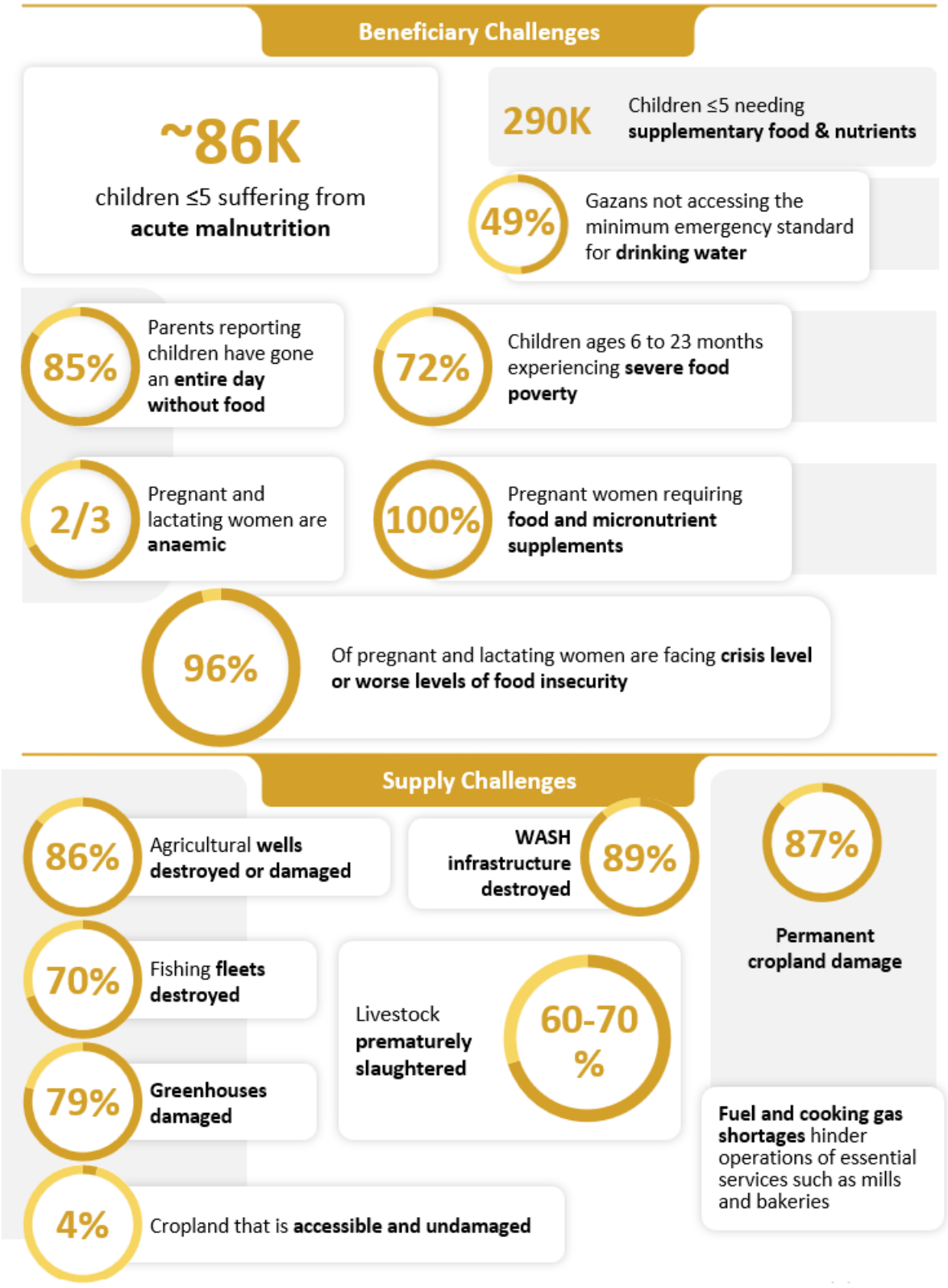
Gaza not exclusively being breastfed, they are at significant risk due to the lack of clean water needed to safely prepare formula and the low nutritional density of available foods.[23,24]

If the food and nutrition crisis persists, the long-term consequences will be severe:

- Malnourished pregnant and lactating women face an increased risk of low birth weight, neonatal mortality, and developmental delays.
- Malnourished lactating women may experience challenges with breast milk quality and quantity, potentially leading to stunted growth, weakened immunity, and delayed motor development in infants.
- In young children, ongoing malnutrition can weaken the immune system, hinder growth, cause permanent cognitive impairments that limit their ability to learn and thrive, and may result in starvation.

These widespread effects threaten to leave an entire generation facing long-term physical, cognitive, and developmental challenges, diminishing their potential and the future of their community.

[23] IPC, *IPC Global Initiative - Special Brief - Gaza Strip*, December 2025.
[24] UNICEF, *Humanitarian Situation Report*, August 2024.


Beneficiary Challenges
~86K
children ≤5 suffering from acute malnutrition
290K
Children ≤5 needing supplementary food & nutrients
49%
Gazans not accessing the minimum emergency standard for drinking water
85%
Parents reporting children have gone an entire day without food
72%
Children ages 6 to 23 months experiencing severe food poverty
2/3
Pregnant and lactating women are anaemic
100%
Pregnant women requiring food and micronutrient supplements
96%
Of pregnant and lactating women are facing crisis level or worse levels of food insecurity
Supply Challenges
86%
Agricultural wells destroyed or damaged
WASH infrastructure destroyed
89%
87%
Permanent cropland damage
70%
Fishing fleets destroyed
Livestock prematurely slaughtered
60-70 %
79%
Greenhouses damaged
Fuel and cooking gas shortages hinder operations of essential services such as mills and bakeries
4%
Cropland that is accessible and undamaged

Caregiving Challenges

Caregivers in Gaza face immense challenges in raising their young children while struggling with existential threats on multiple fronts. Despite these overwhelming challenges, access to mental health and psychosocial support services is extremely limited, making it harder for caregivers to manage their immense burdens. Additionally, community support systems, traditionally a cornerstone of Palestinian culture, have been severely strained by the prolonged crisis. As a result, many **parents are ill-equipped to address their children's significant emotional needs**.

The war has also left approximately **58,554 children with the loss of one or both parents, and more are unaccompanied or separated from parents**, further exacerbating their existing stress and trauma.[25,26,27] This situation is compounded by the lack of specialised facilities and trained personnel to care for these vulnerable children during their critical early years. Most have been placed with other families, with **approximately 40% of households stepping in to care for children who are not their own**.[28] However, this presents additional challenges for these hosting households, as they must now provide care, attention, food, and shelter for one more individual, straining already limited resources. With most public services non-functional, there are few formal mechanisms in place to ensure these children are reconnected with their next of kin and properly cared for, nor are there adequate support systems for host families managing these extra responsibilities.

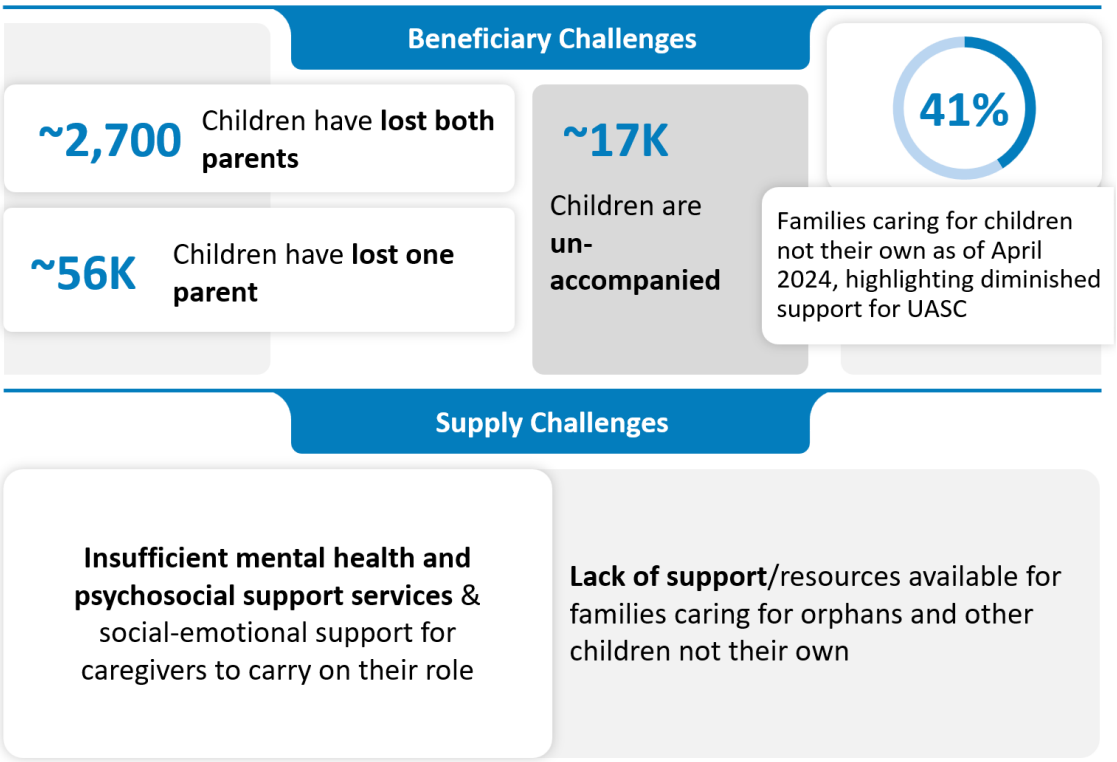
The long-term implications of the caregiving crisis in Gaza are severe and far-reaching. If caregivers remain without the support needed to provide emotional care and stability, the long-term consequences for children will be even more severe, leaving deeper psychological and developmental scars. **Without responsive caregiving and proper support, children are at heightened risk of developing emotional and behavioural issues**, such as abandonment and attachment disorders, struggles with forming healthy relationships, and even more severe mental health conditions like post-traumatic stress disorder (PTSD) and depression. Left unaddressed, these challenges will have lifelong impacts, not only on individual children but on the broader social fabric of Gaza.

Additional long-term consequences of caregiving challenges include:

- Increased risk of neglect and abuse due to overwhelmed caregivers and a lack of formal support systems.
- Development of abandonment and attachment disorders, that can severely impact emotional well-being and the ability to form healthy relationships in the future.

[25] Taawon, Lighting the Path for Orphaned Children in Gaza – A Call to Action, November 2025.
[26] Ferguson and Su, "Water Emergency in Gaza Endangers Children's Lives," August 2025.
[27] Theirworld, *Taawon Interview*, September 2024.
[28] International Rescue Committee (IRC), *Gap in Care for Children*, August 2024.

- Heightened risks of PTSD and depression among children as a result of the absence of stable and nurturing caregiving environments.
- Behavioural issues and social interaction difficulties stemming from unmet emotional needs and a lack of responsive caregiving, impairing their ability to thrive both socially and developmentally.



Lack of Safety and Security

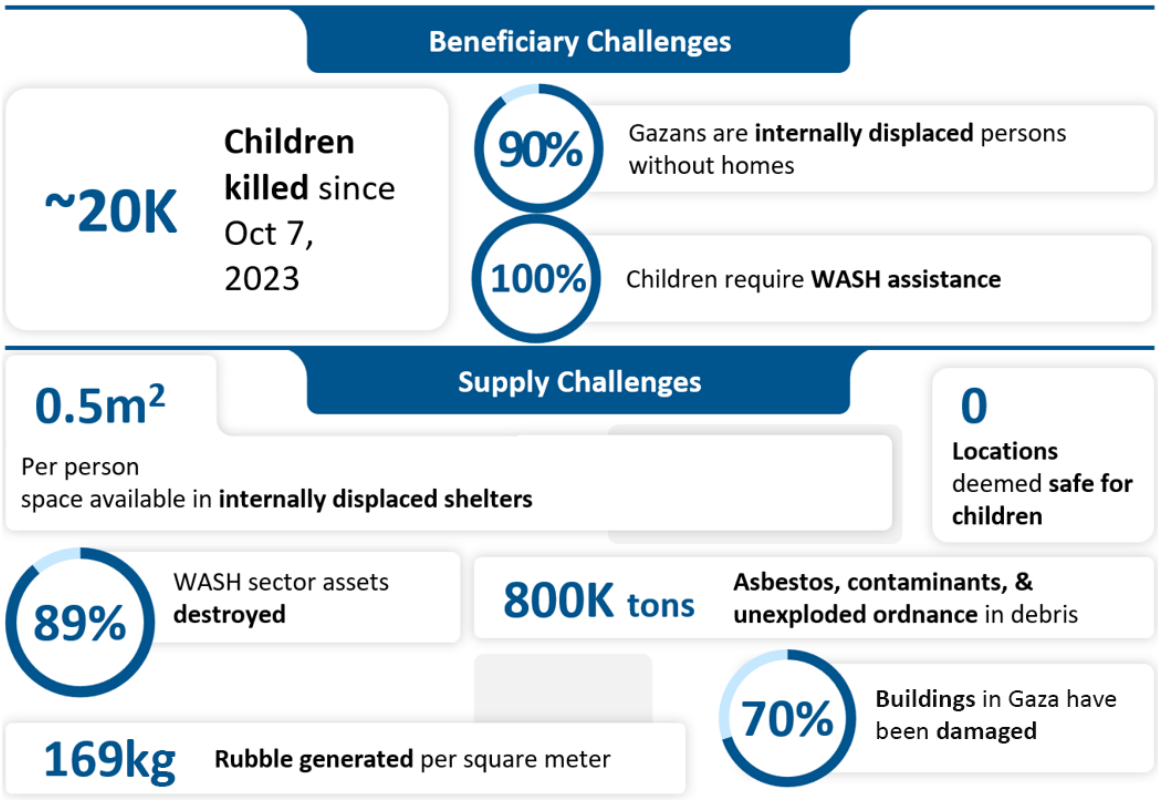
The war has left **no place safe for children in Gaza to live, sleep, or play.**[29] Since October 7, 2023, more than 20,000 children have been killed.[30] Additionally, with over **70% of buildings damaged**, many homes have been destroyed or rendered unsafe, **displacing approximately 90% of Gazans, or 1.9 million people.** [31,32] Displaced families now seek refuge in overcrowded shelters, schools, and the rubble of their former homes. Emergency shelters are so full, they provide just **0.5 square meters of space per person**, forcing families to live in cramped conditions with little to no privacy.[33] Additionally, the destruction has generated **61 million tons of debris across Gaza. As much as 15% of this could pose high contamination risk** from asbestos, heavy metals, and industrial waste if waste streams are not segregated quickly. These risks, alongside unexploded ordnance, pose a constant threat to lives and health. [34,35,36] The lack of stable, safe shelter is especially harmful to young children, who need secure environments to explore and play during their formative years.

Water, sanitation and hygiene (WASH) systems have been similarly devastated, with **89% of WASH sector assets damaged or destroyed**.[37] This has triggered a public health crisis, leaving just **one toilet for every 850 people**, underscoring the severe challenges Gaza faces.[38] Limited access to WASH is coupled with **insecurity**, with two thirds of households reporting fear of harm or assault at sanitation points. **Open defecation** by children is common, observed in three quarters of households.[39] For young children still in diapers, the situation is particularly challenging, as water for washing is scarce and diapers are in short supply. For instance, **diapers are being sold for $100 per pack**—highlighting how expensive and inaccessible basic resources have become.[40] The majority of households also do not have access to soap.[41] As a result, young children are forced to live in unsanitary conditions, leading to painful skin infections and the spread of disease. Pregnant and lactating women are similarly unable to meet basic hygiene needs, facing both health complications and a loss of dignity.

[29] Ferguson, "Nowhere is Safe for Children in Gaza," May 2024.
[30] OCHA, *Reported Impact Snapshot: Gaza Strip*, December 2025.
[31] UNOSAT, *UNOSAT Gaza Strip Comprehensive Damage Assessment*, May 2025.
[32] United Nations, *UNRWA Situation Report #184*, August 2025.
[33] UN-HABITAT, *Status of the Development of the Efforts to Reconstruct the Human Settlements in the Gaza Strip*, October 2025.
[34] United Nations Environment Programme, "Environmental damage in Gaza Strip harming human health, threatening long-term food and water security - new UNEP report," September 2025.
[35] UNITAR, *Gaza Debris Generated*, August 2024.
[36] OCHA, *Hostilities in the Gaza Strip and Israel: Flash Update #160*, May 2024.
[37] OCHA, *Reported Impact Snapshot: Gaza Strip*, December 2025.
[38] UNICEF, *Gaza's Children: Trapped in a Cycle of Suffering*, March 2024.
[39] IPC, *IPC Global Initiative - Special Brief - Gaza Strip*, December 2025.
[40] Inara, "Distributing Baby Diapers in Gaza," August 2025.
[41] IPC, *IPC Global Initiative - Special Brief - Gaza Strip*, December 2025.

Furthermore, repeated displacements and evacuations have left countless children, including **thousands of orphans and unaccompanied or separated minors**, without the social structure and formal support systems they so desperately need to cope with ongoing trauma. The long-term impact on children exposed to such horrific conditions is devastating:

- Many will carry the burden of lasting psychological trauma, manifesting as anxiety, depression, and a fractured sense of identity due to the sudden and violent loss of safety and stability.
- Children without access to safe spaces may face physical development delays, increased dependence on caregivers, and heightened feelings of isolation and low self-esteem.
- The effects will also be physical, with many children likely to experience stunted growth and long-term disabilities. For children with pre-existing disabilities, particularly those reliant on mobility aids, the situation is even more dire.
- Living in unsanitary, hazardous environments will increase the risk of chronic health issues, frequent infections, toxic exposure, and interaction with unexploded ordnance, which could result in death or irreversible harm.



Early Learning Disruption

The war in Gaza has shattered the foundations of early childhood education. **Most schools and pre-schools lie in ruins**, with the remaining facilities repurposed as shelters for displaced families. These once vibrant centres of learning and play have become places of refuge, stripped of their primary purpose. Additionally, **hundreds of educational staff have been killed** in the conflict, likely leaving a significant gap in staffing for the approximately **70,000 children who should be enrolled in pre-school**.[42,43] Children who should be laughing and learning in safe, nurturing environments are now caught in the chaos of conflict, their futures uncertain.

The impact on young minds is profound. For hundreds of thousands of children, education is no longer a right but a distant memory, replaced by experiences of displacement, trauma, and isolation. The youngest children, **those under the age of two, are missing out on crucial sensory stimulation and developmental support**, growing up in an active war zone with caregivers who are overwhelmed and unable to provide even the simplest items, such as toys. Deprived of essential learning materials like books, art supplies, and building blocks, the remaining **children are losing critical opportunities to build the cognitive and emotional foundations** that will shape the rest of their lives.

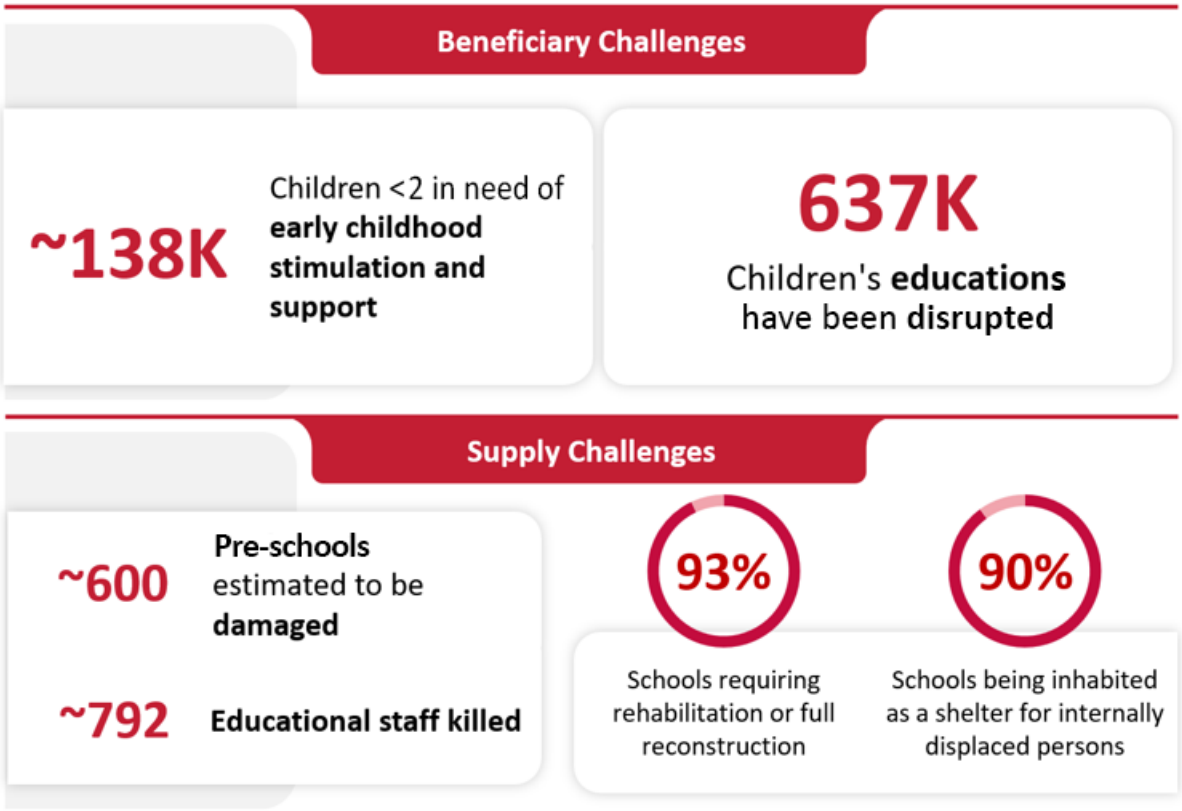
Without critical interventions, the long-term consequences for children's development will be severe. The disruption of early learning environments will hinder their cognitive, emotional, and social development, impacting their ability to learn and interact with the world around them. For example:

- Infants deprived of sensory stimulation and young children without structured learning environments like pre-school may face delayed brain development and difficulties with sensory integration.
- Toddlers may experience reduced problem-solving skills, delayed motor and cognitive development, and shorter attention spans.
- Young children risk behavioural disorders, language delays, and academic setbacks.

Missing these critical early experiences can also limit social skills and diminish their motivation to learn, affecting their ability to thrive both academically and socially in the future.

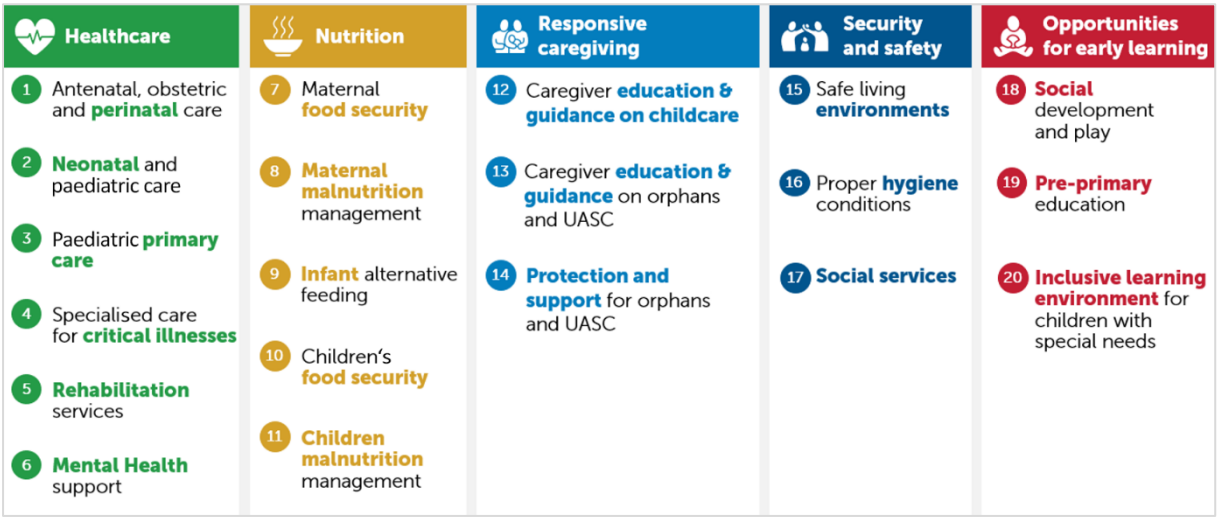
[42] OCHA, *Reported Impact Snapshot: Gaza Strip*, December 2025.

[43] Palestinian Central Bureau of Statistics (PCBS), *Education in Palestine*, 2023.


Beneficiary Challenges
~138K
Children <2 in need of early childhood stimulation and support
637K
Children's educations have been disrupted
Supply Challenges
~600
Pre-schools estimated to be damaged
~792
Educational staff killed
93%
Schools requiring rehabilitation or full reconstruction
90%
Schools being inhabited as a shelter for internally displaced persons

ECD Focus Areas

In collaboration with key organisations serving young children in Gaza, leveraging the Nurturing Care Framework, and numerous sectoral reports, **20 ECD focus areas** have been identified to guide development of interventions for key ECD beneficiaries. These focus areas should serve as a foundation for designing programs to address key ECD needs in the late-emergency and recovery phases of the crisis in Gaza.



Health Focus areas

Access to essential healthcare services is critical for ensuring the survival and well-being of these vulnerable groups. **Six key healthcare focus areas** have been identified to improve maternal and child health outcomes. These focus areas encompass a range of services, including antenatal care, paediatric primary care, specialized treatment for critical illnesses, rehabilitation services, and mental health support. Addressing these areas is essential to reducing immediate health risks and promoting long-term well-being for mothers and children.

1. **Antenatal, obstetric, and perinatal care**
    - Ensure pregnant women receive appropriate antenatal care, such as ultrasounds and regular checkups
    - Ensure safe medical conditions for deliveries, including the management of complications like C-sections and post-partum haemorrhage
    - Provide continuous postnatal care for mothers, monitoring their physical recovery and offering support for breastfeeding and mental health
2. **Neonatal and paediatric care**
    - Provide routine paediatric care to all newborns, including regular checkups, vaccinations, and feeding support, as well as screenings for common conditions
    - Ensure access to specialised care and neonatal intensive care for newborns who are critically ill, premature, or exhibit a low birth weight

3. **Paediatric primary care**
    - Ensure the provision of paediatric primary care for children, including health checkups, growth monitoring, and developmental screenings (e.g., oral, vision, and hearing)
    - Ensure care for infectious diseases, including prevention, immunisation, and treatment of common infections
4. **Specialised care for critical illnesses**
    - Ensure specialised care for children suffering from critical illnesses, including cancer, congenital heart disease, and organ failures
    - Provide ongoing care for chronic diseases such as diabetes
    - Facilitate medical evacuation for children requiring specialised treatment outside Gaza when such care is not available locally
5. **Rehabilitation services**
    - Provide post-operative care and rehabilitation services for children with disabilities, including physiotherapy and prosthetic services, with regular replacement of prosthetic devices as needed
6. **Mental health support**
    - Deliver mental health support to children suffering from deep trauma and PTSD, especially those impacted by loss or exposure to traumatic events

Nutrition Focus areas

Proper nutrition during pregnancy and early childhood is critical not only for immediate survival but also for healthy growth and development. Without timely intervention, malnutrition can lead to long-term health problems, stunted growth, and increased mortality. To address these urgent challenges, **five key nutrition focus areas** have been identified. These focus areas aim to ensure food security, prevent malnutrition, and provide targeted nutritional support to the most vulnerable.

7. **Maternal food security**
    - Secure consistent access to sufficient food supplies to meet the nutritional and energy needs of pregnant and lactating women (PLW)
    - Ensure PLW have access to a diversified diet to prevent malnutrition at birth or during breastfeeding
8. **Maternal malnutrition management**
    - Ensure PLW receive regular malnutrition checkups and screenings to identify at-risk individuals early
    - Administer essential prenatal supplements (e.g., iron, folic acid, and vitamins) to support maternal and foetal health
    - Prevent and treat diseases caused by malnutrition (e.g., anaemia and micronutrient deficiencies) through timely medical nutritional interventions

9. **Infant alternative feeding**
    - Ensure all newborns who cannot be breastfed have access to sufficient infant formula or baby milk and clean water to guarantee adequate nutrition
10. **Children's food security**
    - Secure consistent access to sufficient food supplies to meet the nutritional and energy needs of children
    - Ensure children have access to a diversified diet to prevent malnutrition and micronutrient deficiencies
11. **Children malnutrition management**
    - Ensure young children receive regular malnutrition checkups and screenings (e.g., growth monitoring, micronutrient deficiency screenings) to identify at-risk individuals
    - Administer supplementary food and nutrients (e.g., ready-to-use therapeutic foods [RUTFs], fortified formula) to children at risk of malnutrition
    - Ensure monitoring of moderate malnutrition cases and provide treatment for severe malnutrition disorders (e.g., anaemia and stunting), including emergency interventions and hospitalisations

Responsive Caregiving Focus areas

The war has exacerbated challenges related to caregiving, particularly for PLW, caregivers of young children, and caregivers responsible for orphans and unaccompanied and separated children (UASC). Ensuring proper caregiving is vital for the emotional, physical, and social development of children, particularly in crisis settings. **Five key focus areas** have been identified to improve caregiving outcomes, focusing on education, psychosocial support, and essential protection services for orphans and UASC.

12. **Caregiver education and guidance on childcare**
    - Provide PLW with education on basic childcare practices, including breastfeeding, newborn care, hygiene, nutritional needs, and disease prevention
13. **Caregiver education and guidance on orphans and UASC**
    - Ensure caregivers receive adequate support and guidance on how to care for orphans and UASC, with a focus on addressing their socioemotional needs
14. **Protection and support for orphans and UASC**
    - Ensure orphans and UASC have access to dedicated protection centres that provide shelter, food, and psychosocial support
    - Provide access to specialised psychosocial support and therapy sessions for orphans and UASC, focusing on addressing trauma, separation anxiety, and fostering attachment
    - Ensure families and caregivers of orphans and UASC have the financial means to cover the cost of essential needs such as food, education, and healthcare

Safety and Security Focus areas

Ensuring a safe living environment, proper hygiene, and access to critical social services is essential for the well-being of these vulnerable groups. **Three key focus areas** have been identified to address safety and security concerns, focusing on creating a safe environment, improving hygiene conditions, and providing essential social services.

15. **Safe living environment**
    - Ensure all PLW and young children have access to a safe environment, including safe spaces for children to play and areas where PLW can take care of their children without risk
16. **Proper hygiene conditions**
    - Ensure all PLW and young children have access to proper water supply, sanitation, and hygiene infrastructure, such as clean water points, handwashing stations, and latrines
17. **Social services**
    - Ensure uninterrupted access to social services, including birth registration, reconnection services for unaccompanied children, safeguarding from violence and exploitation, and accommodation and inclusion services for children with special needs

Early Learning Focus areas

The war in Gaza has disrupted access to early learning opportunities for infants, toddlers, and young children. Early learning plays a crucial role in promoting cognitive, social, and emotional development during these formative years. To address the gaps in early learning, **three key focus areas** have been identified. These focus areas focus on social development through play, access to pre-primary education, and the creation of inclusive learning environments for children with special needs.

18. **Social development and play**
    - Provide infants with exposure to sensory stimulation activities to promote brain development and emotional regulation
    - Ensure access to safe playgrounds that provide opportunities for social interaction and foster early communication skills
19. **Pre-primary education**
    - Ensure children aged 3–5 have access to early learning opportunities through a structured pre-school curriculum that emphasizes language development, cognitive growth, and socioemotional education
20. **Inclusive learning environments for children with special needs**
    - Ensure inclusive learning environments that cater to children with special needs (e.g., disabilities or developmental delays) through adapted class setups, assistive technology, and specialised educators

Intervention Plan

We propose an intervention plan that addresses both the **late-emergency and recovery phases** immediately after ceasefire. Critical ECD services must be introduced as early as possible to mitigate the long-term impact on children. The recovery phase, spanning two to five years post-ceasefire, will focus on restoring essential ECD services and laying the foundations for sustainable recovery by rebuilding health systems, education, and psychosocial support.

The design and execution of the intervention plan is guided by some key principles:

- **Child-centred approach:** Focus on the holistic well-being, development, and rights of children; ensuring they are at the centre of all decisions and actions
- **Equity & inclusion:** Promote access to ECD services with consideration for vulnerable and marginalised groups, including the use of a gender and disability lens
- **Localisation:** Empower local actors to co-design and implement interventions, leveraging local knowledge for more effective and sustainable outcomes
- **Neutrality:** Ensure activities are free from political or ideological influence, focusing solely on ECD outcomes, while remaining independent of local governance
- **Coordination & collaboration:** Foster strong partnerships and effective coordination among local and international stakeholders to maximise impact and reduce duplication

The intervention plan establishes outcome objectives across the 20 ECD focus areas and proposes a preliminary list of **7 key intervention programs** to achieve them. Intervention programs are designed by mapping out existing efforts by local and international organisations on the ground and proposing new interventions to ensure targets are met. This preliminary list of programs will undergo further refinement and validation in close collaboration with key partners to ensure alignment with shared goals and on-the-ground realities.

The **Health Watch** program is designed to safeguard the health of pregnant women, newborns and young children up to the age of five. The program aims to ensure that every expectant mother receives skilled birth attendance in a healthcare facility and to provide essential primary care to all newborns and young children. This includes immediate neonatal care, essential immunisation cycles, post-discharge check-up and regular check-ups to monitor growth and development, and referrals to partners for specialised treatments or medical evacuations in case of critical medical conditions.

The special needs of child amputees are addressed by the **Steps Forward** program, which aims at improving their mobility, independence, and overall well-being through the production and regular adaptation of prosthetics, comprehensive post-operative rehabilitation programs and targeted psychosocial support.

Psychosocial support and psychological first aid will also be provided to all young children and caregivers suffering from post-conflict trauma and PTSD through the **MindCare** program. The program aims at integrating regular mental health screenings into primary healthcare facilities to ensure early identification of mental health issues and at ensuring provision of individual and group counselling to young children and their caregivers.

The **NutriCare** program tackles malnutrition among pregnant and lactating women and young children through regular nutritional screenings. As part of the program, moderate malnutrition cases receive essential nutritional supplements, while severe cases of wasting, stunting, and other malnutrition-related conditions are referred for in-patient treatment. NutriCare also supports mothers with breastfeeding and educates caregivers on best practices for child nutrition to help preventing long-term developmental issues.

The unique needs of orphans and unaccompanied or separated children (UASC) are addressed by the **Home Again** program, aimed at ensuring that they grow up with the protection, care, and supportive relationships they need. The program works to identify and reunite orphans and UASC with their immediate or extended families or to place them in orphanages where they receive holistic care, including primary healthcare, nutritional and psychosocial support. The program also ensures that caregivers receive the necessary financial assistance and psychosocial aid to support orphans and UASCs' well-being and development.

The **Safe Haven** program provides safe spaces where young children of different age groups can access toys and playgrounds and engage in early learning activities under the supervision of trained professionals. The program also advocates for the legal case protection of children and mothers who have been victims of violence or exploitation.

Finally, multiple ECD priorities can be tackled through the creation of a network of **Childhood Support Centres**, serving as one-stop hubs where young children and their caregivers can get free access to a wide range of services. These include primary healthcare, nutritional and

psychosocial support as well as distribution of hygiene kits and educational material. In such centres, caregivers are also provided with guidance and counselling on childcare best practices to ensure that young children receive the care they need to build a strong foundation for the future.

Several **key barriers** threaten the successful implementation of the intervention plan, including security concerns that place both beneficiaries and personnel at risk, logistical, political and regulatory hurdles that limit access to essential supplies and slow progress, funding limitations that restrict resources and shortage of skilled human resources. Overcoming these barriers is critical to ensure that the intervention plan delivers the desired outcomes for children and families throughout the recovery and development phases.

Critical Enabling Factors

Several cross-cutting enablers must be addressed to ensure the holistic safety, well-being, and development of young children. The absence of these enablers—peace, energy and fuel, water and sanitation, and logistics and supply chains—has worsened the crisis in Gaza, severely disrupting the ecosystem needed to facilitate early childhood development.

Peace

Peace is the most critical enabler for improving ECD outcomes in Gaza. Without peace, the safety and security essential for childhood development cannot be restored. The ongoing bombing of Gaza not only threatens physical safety but also perpetuates psychological trauma, deepening the emotional scars inflicted on young minds. Peace would allow for humanitarian access, the rebuilding of infrastructure, and the restoration of safe environments where children can live, play, and learn.

Energy and Fuel

The collapse of Gaza's energy infrastructure, with full electricity blackouts and restricted access to fuel, is crippling the region's ability to provide essential services.[44] Hospitals are unable to maintain critical functions like powering medical equipment, and the food sector is equally affected, as mills and bakeries cannot operate without consistent energy supplies, worsening the food crisis.

Fuel shortages hinder the transportation of goods and people, limiting the delivery of food, medicine, and other vital resources. Additionally, the lack of fuel restricts access to clean water, as pumps and desalination plants require energy to function, increasing the risk of waterborne diseases. Shelter safety is also compromised, as electricity is needed for lighting,

[44] OCHA, *Reported Impact Snapshot: Gaza Strip*, August 2024.

heating, and cooling, leaving families in darkness and exposed to extreme temperatures. These cascading effects further destabilize the lives of Gaza's youngest and most vulnerable.

Water and Sanitation

The destruction of Gaza's water and sanitation systems has caused a severe public health crisis. With 89% of the WASH sector assets destroyed, access to clean drinking water is severely limited, leading to dehydration, particularly among children and vulnerable populations.[45] The lack of safe water, combined with destroyed sanitation infrastructure, has fuelled the spread of waterborne diseases like diarrhoea and cholera.

Unclean water, combined with non-functioning sanitation systems, has left communities unable to properly dispose of waste, creating unsanitary living conditions that worsen the health crisis. Inadequate hygiene practices, due to a lack of water for washing and sanitation, increase children's vulnerability to illness, while overcrowded shelters further compound these risks. Without urgent WASH assistance, these conditions will worsen, leading to higher rates of malnutrition, disease, and mortality among Gaza's youngest and most vulnerable

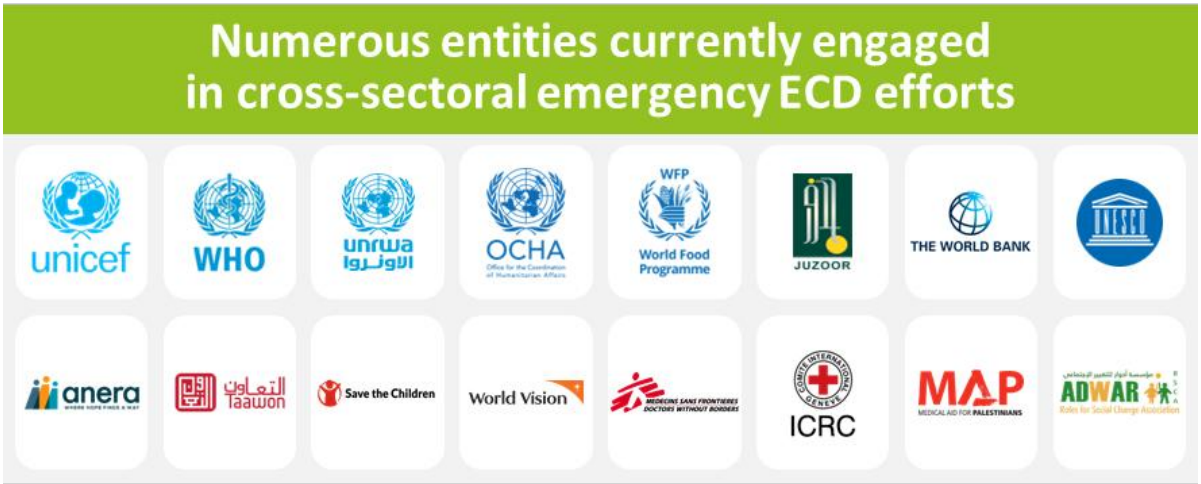
Logistics and Supply Chains

The collapse of Gaza's logistics and supply chain infrastructure has left the region unable to deliver vital resources. The closure of borders and establishment of blockades severely restricts the flow of essential goods, including food, medicine, and hygiene products. Open borders and functioning humanitarian corridors are critical for meeting immediate emergency needs and essential for long-term recovery.

Within Gaza, much of the local transportation and logistics infrastructure, including roads, warehouses, and storage facilities, has been damaged or destroyed, severely limiting the distribution of aid and resources. Additionally, key infrastructure like the Rafah border crossing lacks the capacity to handle the current level of emergency relief, let alone the aid needed for long-term reconstruction. Without significant improvements to both border access and local logistics infrastructure, Gaza will remain cut off from critical supplies, further deepening the crisis and delaying recovery.

[45] OCHA, *Reported Impact Snapshot: Gaza Strip*, December 2025.

Current ECD Response Efforts



The humanitarian response ecosystem currently addressing ECD needs in Gaza consists of a wide range of **over 40 UN agencies and national or international civil society organizations** (CSOs). Children are primarily served through the main response efforts led by these entities, which focus on emergency relief and humanitarian assistance.

In interviews with key delivery agencies, many emphasized that they are committed to expanding their efforts for children but are often challenged to meet the current emergency relief needs due to prohibitive conditions and lack of sufficient resources.

Despite these challenges, there is **openness and recognition of the benefits of a more coordinated response** to children's needs. Currently, within Gaza's cluster-based humanitarian structure, there is no dedicated mechanism focused specifically on ECD, leading to a fragmented approach. This gap presents an **opportunity for better alignment of efforts**, ensuring the needs of the youngest and most vulnerable children are fully integrated into broader relief strategies and ensure more comprehensive support for children.

ECD Coalition

To drive a coordinated, holistic response to the ECD needs in Gaza, an international ECD Coalition is proposed. This Coalition envisions a future in which Gazan children grow up in a safe and nurturing environment that supports them to overcome their trauma, restore their sense of hope and ultimately reach their full potential. **Its mission is to champion ECD in Gaza by planning, coordinating, fundraising, and advocating for comprehensive solutions**. Bringing together key stakeholders—including UN agencies, policymakers, donors, civil society organisations, the private sector, and academia—the Coalition will serve as an interim, time-bound body until a stable and recognised actor can fully assume responsibility for ECD planning and coordination. During this period, **the Coalition will pursue three strategic objectives**:

- Enhance ECD outcomes through strategic planning and collaborative stakeholder engagement
- Increase visibility of urgent ECD challenges and facilitate collective institutional action
- Mobilize resources to ensure implementing organisations can secure funding for ECD interventions

Scope of Work

The ECD Coalition will play a critical role in addressing early childhood development needs in Gaza by focusing on four key pillars: strategic planning, advocacy, fundraising, and reporting. Each pillar is essential for coordinating and implementing effective interventions that support children's growth and development during and after the crisis.

1. **Strategic planning**

The Coalition will lead a comprehensive ECD needs assessments, identifying critical gaps and opportunities. Based on this assessment, the Coalition will develop and update a recovery-phase intervention plan, ensuring that key activities are aligned with the needs of Gazan children and the efforts of local and international stakeholders. A detailed implementation plan will also be created to guide the coordination and execution of proposed interventions.

2. **Advocacy**

Through targeted advocacy efforts, the Coalition will amplify key ECD challenges and solutions in Gaza, ensuring that influential stakeholders are engaged and mobilized to act. In addition, the Coalition will ensure local actors are engaged in co-design and are enabled to deliver and lead ECD initiatives, fostering sustainability and long-term impact.

3. **Fundraising**

The Coalition will prioritize facilitating donor engagement and supporting the fundraising efforts of implementing partners. By connecting partners with key donors and helping secure funding for critical ECD interventions, the Coalition will play a central role in addressing gaps

in financial support. The Coalition will not, however, act as a fund nor directly collect and distribute resources to members.

4. Reporting

To maintain accountability and transparency, the Coalition will regularly report on its activities and progress. Quarterly updates will be provided to the advisory board, and semi-annual reports will be shared with Coalition members. In addition, additional reports will be published and made accessible to the public, highlighting Coalition activities and progress to ensure full transparency. These reports will provide valuable insights into ongoing initiatives, funding efforts, and potential challenges, ensuring stakeholders and the public are well-informed and aligned.

Research Priorities

In addition to designing and implementing intervention programs, **targeted research is needed to understand the long-term implications of the conflict on young children in Gaza and better address some of their critical needs**.

Longitudinal studies are needed to holistically examine the long-term physical and psychosocial effects of conflict-related trauma on young children and their caregivers and ensure that interventions are targeted to their evolving needs.

Research should also focus on child amputees' needs, for example through gate labs aimed at preventing secondary injuries from long-term prosthetic use and through studies on the design of child prosthetics with better adaptation and durability to reduce need for frequent replacements – a research area often overlooked and currently explored only by the Centre for Limbs at Imperial College and few PhD students supported by Save the Children.

Key Next Steps

Looking ahead, Theirworld will continue working closely with key delivery and funding organisations to launch and operationalize the proposed ECD Coalition. As the Coalition takes shape in the coming months, it will play a key role in refining, updating, and facilitating implementation of this response plan, with a focus on swift action once a ceasefire is in place. Full implementation, however, will depend on the state of critical barriers such as security, logistics, regulatory challenges, funding constraints, and human resource gaps.

The need to restore safety and security for Gaza's children cannot be overstated. Gaza's children are at a critical developmental juncture, and the window for timely intervention is rapidly closing. The longer the current crisis persists, the more severe and long-lasting the impact on these children's health, education, and overall well-being. **We urge children's advocates around the world to stand in solidarity with Gaza's children and support their right to protection and early childhood development by taking the following actions**:

1. Express your interest in joining the ECD Coalition by reaching out to Theirworld
2. Share your ongoing or planned ECD initiatives (programmatic, financial, or advocacy-related) with Theirworld to enhance cross-stakeholder coordination
3. Champion the importance of ECD within your organization to help mobilize additional financial and political resources

Together, we can ensure that Gaza's youngest generation is not forgotten, and that they are given the support they need to thrive.

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