

Community Training Centre for Crisis Management (CTCCM)

Dutch Relief Alliance - Gaza Joint Response Programme

**Needs Study: Impact of War in Gaza on Children with  
Vulnerabilities and Families**

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## Table of Contents

|  |    |
|--|----|
| Executive Summary  | 3  |
| 1.0 Introduction   | 4  |
| 2.0 Study Objective  | 4  |
| 3.0 Methodology  | 5  |
| 3.1 Data Collection  | 5  |
| 3.2 Data Analysis  | 5  |
| 4.0 Key Findings   | 5  |
| 4.1 Demographic Characteristics of Families                        | 5  |
| 4.1.1 Gender of the Breadwinner                                    | 6  |
| 4.1.2 Residency  | 6  |
| 4.1.3 Breadwinners Age   | 7  |
| 4.1.4 Breadwinner Employment Status                                | 7  |
| 4.1.5 Source of Income   | 8  |
| 4.1.6 Household Income   | 8  |
| 4.1.7 Family Size Members and Disability                           | 9  |
| 4.1.8 Displaced Families   | 10 |
| 4.1.9 Number of Displacement                                       | 10 |
| 4.1.10 Breadwinner Health Conditions                               | 11 |
| 4.2 Children Gender and Children Conditions                        | 12 |
| 4.3 Unaccompanied and Separated Children                           | 13 |
| 4.4 Relation of the Children with the Breadwinner                  | 13 |
| 4.5 Educational Level  | 13 |
| 4.6 Exposure to Trauma   | 14 |
| 4.7 War Impact on Children Behavioral and Psychological Well Being | 15 |
| 4.8 The War Impact on the Children Caregivers                      | 18 |
| 4.9 Children Needs   | 18 |
| 5.0 Conclusion and Recommendations                                 | 21 |

## Abbreviations

|       |  |
|-------|--|
| CFS   | Child-friendly spaces  |
| CwDs  | Children with disabilities   |
| FGDs  | Focus group discussions  |
| INGOs | International non-governmental organizations                                   |
| KIIs  | Key informant interviews   |
| MHPSS | Mental health and psychosocial support   |
| NGOs  | Non-governmental organizations   |
| MoE   | Ministry of Education  |
| NFIs  | Non-food items   |
| PFA   | Psychological first aid  |
| PwDs  | People with disabilities   |
| SPSS  | Statistical package for the Social Sciences                                    |
| UASC  | Unaccompanied and separated children   |
| UN    | United Nations   |
| UNRWA | United Nations Relief and Works Agency for Palestine Refugees in the Near East |

## Executive Summary

This report examines the impact of the war in Gaza, which began on October 7, 2023, on families and the psychological wellbeing of their children. It specifically focuses on the behavioral and emotional effects of this war on children and identifies their immediate basic needs after enduring more than a year of war. The assessment had four key objectives:

- 1) Identify the most significant problems facing separated, injured and disabled children in Gaza
- 2) Determine these children's protection and psychosocial needs
- 3) Identify the most common psychological symptoms among separated, injured and disabled children resulting from this war
- 4) Assess the level of psychological stress experienced by caregivers

A mixed-methods approach was used for this assessment, combining both quantitative and qualitative data collection. The quantitative data gathered in June 2024 from a survey of caregivers of 504 families with disabled, injured or unaccompanied children, while the qualitative data was gathered through focus group discussions (FGDs) and key informant interviews (KIIs). Statistical analysis of the quantitative data was done using SPSS, while thematic analysis was applied to the qualitative data.

The findings show that families suffer from poverty and limited resources. Unemployment accounted for 86% of the surveyed families. A significant portion of households surveyed were headed by children under the age of 17. Many families have been displaced multiple times and forced to live in camps with no access to clean water or electricity. The psychological toll on children was severe, with high levels of stress manifested in symptoms such as fear, anxiety, sleep disturbances, nightmares, nail biting, difficulty concentrating and social withdrawal.

The survey with the caregivers reveals that 73% of the children (92% boys vs. 54% girls) exhibited aggressive behavior, while 79% suffered from nightmares. Additionally, 87% of children experienced severe fear, and 38% reported bed-wetting. Pessimism was prevalent, with 90% of children expressing a bleak outlook due to the war. Introversiveness affected 70% of girls and 55% of the children overall, and nearly half of the caregivers (49%) reported that their children believed they would die in the war. When asked specifically about the views of the boys in their care, this figure rose to 72%. Furthermore, 77% of children expressed feelings of sadness, and an overwhelming 96% felt that death was imminent.

Based on this assessment, there is an urgent need for protection and essential services for children who are disabled, injured, separated from family members, or whose family have been killed. Immediate interventions should include psychosocial support, the development of a referral system to connect families with local service providers, and the provision of critical medical supplies and nutritional supplements. In addition, there is a clear need for the provision of assistive devices such as wheelchairs, crutches and hearing aids, distribution of winter clothing and hygiene kits to ensure children's wellbeing and dignity, and continued support for maintaining personal hygiene amid challenging living conditions.

## 1.0 Introduction

The humanitarian crisis resulting from Israel's war in Gaza, which escalated on October 7, 2023, has had devastating effects on families and children. The war has resulted in significant loss of life, widespread internal displacement, and the destruction of essential civilian infrastructure, including schools, universities and hospitals. Children have witnessed the bombing of their homes and schools, experienced the loss of loved ones, and have been displaced or separated from their families while fleeing for safety. Reports estimate that around 1.9 million people—approximately 90% of Gaza's population—have been internally displaced, with half of these being children. Many of these children have faced repeated displacement. After more than a year of war, families and children are in desperate need of humanitarian assistance. The ongoing war has intensified children's needs for protection and mental health and psychological support (MHPSS), as well as basic necessities like food, healthcare, education, clean water, sanitation and hygiene.

## 2.0 Study Objective

As the war broke out, efforts by local non-government organizations (NGOs) and international NGOs (INGOs) aimed to meet the needs of displaced families and their children. However, significant gaps persist. This study seeks to highlight the most pressing issues that children face, as perceived both by the children themselves and by their caregivers who are a crucial support role. Understanding these problems is critical to developing appropriate interventions that can mitigate these challenges and create suitable conditions for these vulnerable children. The objectives of this assessment are to:

- Identify the most significant problems facing separated, injured and disabled children in Gaza
- Determine these children's protection and psychosocial needs
- Identify the most common psychological symptoms among children resulting from this war
- Assess the level of psychological stress experienced by caregivers

## 3.0 Methodology

The assessment adopted a mixed-methods approach, integrating both quantitative and qualitative techniques to provide a comprehensive understanding of the difficulties children face during the war and their urgent needs.

### 3.1 Data Collection

Primary quantitative data was gathered in June 2024 through a questionnaire targeting 504 families with injured, disabled, or unaccompanied children. The questionnaire was divided into two sections. The first covered the demographic characteristics of the families and was completed by the primary caregivers. The second focused on children's wellbeing and was filled out by the children themselves, to gain a more complete understanding of their needs. The sample comprised 50% from northern Gaza and 50% from southern Gaza. In addition, qualitative data was collected through focus group discussions (FGDs) with both caregivers and children, as well as key informant interviews (KIIs) were conducted with child protection experts. All children assented to participation in the study, and all caregivers consented to their own participation and the participation of the children in their care. Secondary data was collected from literature including reports and studies addressing the war's impact on children's mental health.

### 3.2 Data Analysis

Quantitative data was analyzed using SPSS software. Descriptive statistics and cross-tabulations of relevant variables were produced. Findings were presented using frequency tables and graphs. The qualitative data from KIIs and FGDs was transcribed, translated, and

processed using Excel for coding and thematic analysis. This study employed both methodological and data triangulation to thoroughly understand the war's impact on the behavioral and psychological wellbeing of targeted children, thus enhancing the validity and credibility of findings. Methodological triangulation was achieved by combining quantitative (questionnaires) and qualitative (KIIs and FGDs) approaches to meet the study objectives. Additionally, data triangulation involved gathering information from diverse sources, including caregivers, targeted children and other relevant stakeholders, to capture varied perspectives on the subject under study.

### **3.3 Ethical Considerations**

During the study's implementation, all measures were taken to ensure the safety and wellbeing of the children and their families during the survey. Ethical considerations were fully considered, including obtaining informed consent from the targeted groups and interviewees, selecting appropriate and private locations for data collection, maintaining data confidentiality and confirming that the data would be used solely for study purposes. Child protection protocols were also carefully followed, ensuring that activities were conducted in safe locations away from hazardous areas, respecting privacy, and prioritizing the best interests of the children.

### **3.4 Challenges**

Several challenges were encountered in data collection, including difficulties in reaching target groups and stakeholders, as well as challenges in accessing certain locations due to a lack of transportation caused by the ongoing conflict in Gaza Strip. Due to security constraints and limited access to the target population, using a probability sampling technique to ensure full representation was challenging. Consequently, the study employed a convenience sampling technique, which can introduce potential bias and may not fully capture all target groups. To address these limitations and improve data quality, the study implemented the following strategies:

- Ensuring broad representation by including a wide cross-section of the relevant population and geographical areas.
- Using a large sample size, encompassing diverse locations across Gaza South and Gaza North.
- Defining the sample frame precisely to include only children who are disabled, injured, unaccompanied or separated, and their families.
- Triangulating data by employing both quantitative methods (questionnaires) and qualitative approaches (focus groups, semi-structured interviews).

## **4.0 Key Findings**

Israel's current war on Gaza has increased unemployment, heightened inflation and amplified child protection risks. These conditions have led to severe poverty, a lack of access to safe drinking water and food insecurity within households. Children have been severely affected. The following are key findings based on the collected data from the survey, FGDs, and KIIs. These findings are presented across two levels: demographic characteristics of surveyed families and the war's impact on children's behavioral and psychological wellbeing, along with their urgent protection needs.

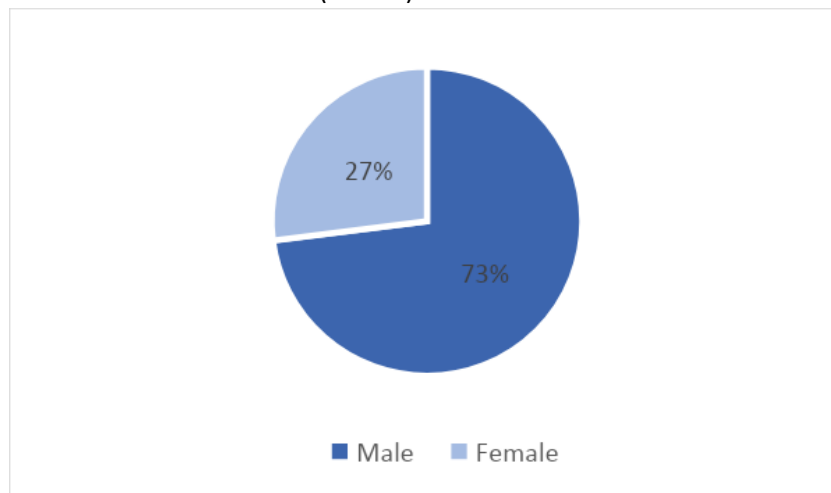
#### 4.1 Demographic Characteristics of Families

This section provides a description of the sample’s demographic characteristics including gender, age and place of residence, and socio-economic factors such as employment, family size, income, education and so on.

##### 4.1.1 Gender of the Breadwinner

In this study, the term ‘breadwinner’ refers to individuals who are the primary income earners within their households and bear the main financial responsibility for covering most family expenses. This term is used interchangeably with ‘caregiver’ when referring to non-child respondents. Out of the 504 families surveyed, 252 (50%) were from northern Gaza, and 252 (50%) were from south. The data revealed that men were the primary breadwinners in 73% of surveyed families, while women were the main providers in 27% of households (Figure 1). During the war, many men lost their jobs, forcing women to take on the role of primary economic provider for their families and thus became the primary breadwinners for their families. According to the FGDs with caregivers, these breadwinner women face multiple burdens, which contribute to heightened stress and adverse psychological consequences.

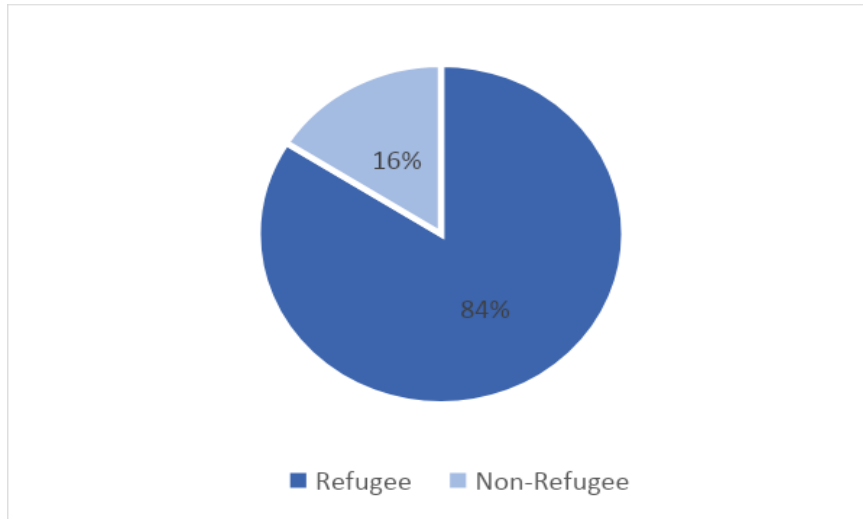
**Figure 1:** Gender of the breadwinner (N=504)



##### 4.1.2 Residency

Of the respondent families, 84% have ‘refugee’ status, while the remaining 16% are non-refugees (Figure 2). Prior to the war, Palestinian refugees were eligible for services provided by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). During the war, around 1.9 million people—equivalent to nine out of ten Gazans—have been displaced at least once. All are now in severe humanitarian need. Consequently, all Palestinian people in Gaza have become eligible for UNRWA services.

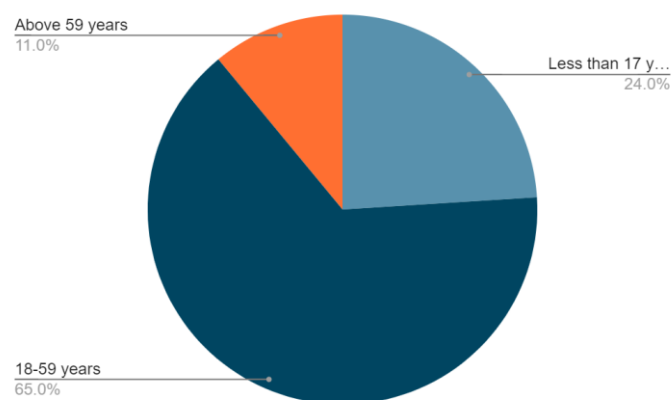
**Figure 2:** Residency (N=504)



#### 4.1.3 Breadwinners Age

Approximately 65% of breadwinners surveyed are between the ages of 18 and 59, while 11% are over 60 years old. Children under the age of 17 represent 24% of caregiver respondents (Figure 3). Many of these children were forced to take up work due to their former breadwinners – usually fathers either becoming unemployed or being killed during the war. Caregivers in the FGDs reported that the children in their care were also often compelled to work. These children earned small amounts of money that barely meet the family’s basic needs, yet was still considered better than begging. One caregiver mentioned that, after her husband was killed, the burden of providing for the family fell on her child’s small shoulders. KIs revealed that the war has led to the death of many primary breadwinners (fathers and mothers), forcing children to take on the financial responsibility of their family. Streets in Gaza are filled with children selling simple items such as chocolates or canned goods in an attempt to earn money for their families. Many of these children are below the legal working age and have been forced into labor. The numbers of underage workers is expected to rise as this war continues.

**Figure 3:** Breadwinner age (N=504)

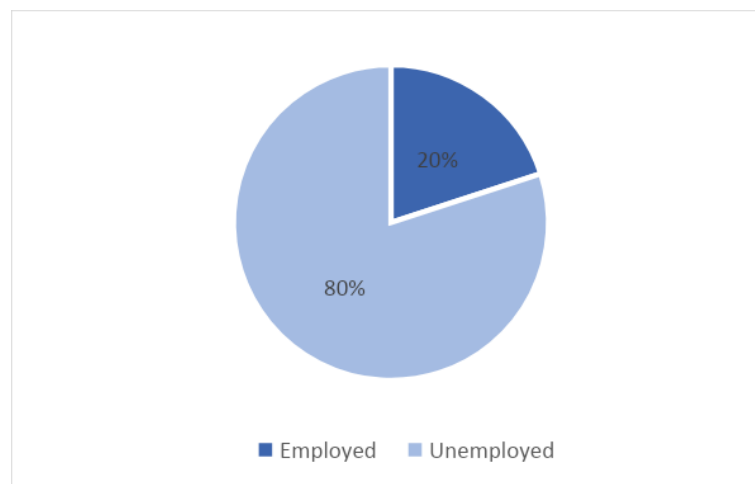




#### 4.1.4 Breadwinner Employment Status

Around 80% of the families' breadwinners reported being unemployed (Figure 4). This underscores the severe economic decline respondents are experiencing. Economic activity in Gaza has been severely crippled by the war, resulting in significant job and livelihood losses. KIIs indicated that the private sector was adversely affected by the war, leading many workers to lose their jobs. KIIs also explained that having unemployed fathers or breadwinners is a risk factor for increased anxiety, stress, and depression. Should the war continue, unemployment rates are expected to rise further.

**Figure 4:** Employment status of the breadwinners (N=504)



#### 4.1.5 Source of Income

The breadwinners of the surveyed families had various sources of income. Questionnaire results revealed that 14% of breadwinners were de facto government employees. Close to 3% worked in the private sector and less than 1% were employed by UNRWA. However, the majority of respondent families, almost 83%, relied on other sources for their livelihoods such as government subsidies, pensions, relatives, friends or charity organizations (see Table 1).

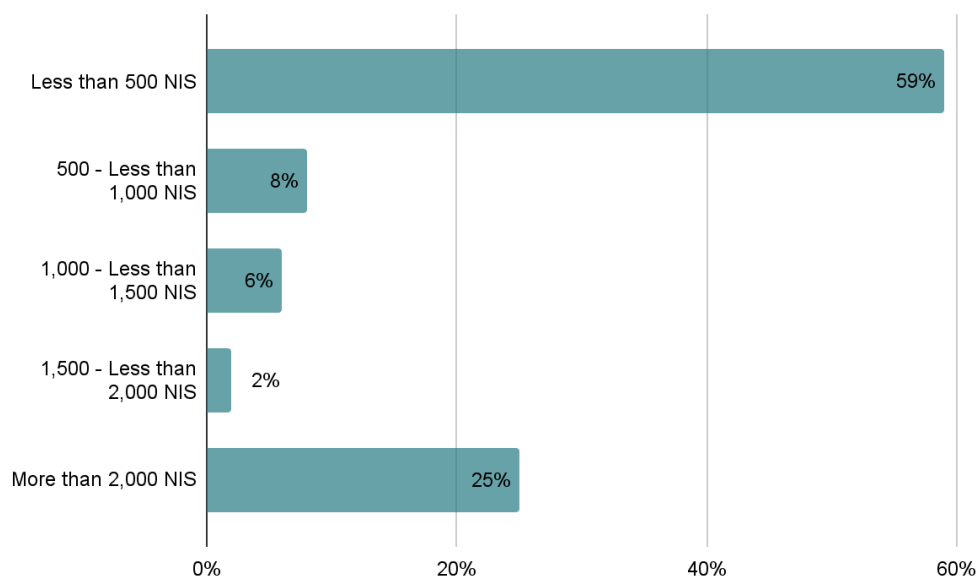
**Table 1:** Breadwinner source of income (N=504)

| Source of Income    | Frequency | Percentage |
|---------------------|-----------|------------|
| Government Employee | 71        | 14.14%     |
| Private sector      | 13        | 2.59%      |
| UNRWA               | 2         | 0.40%      |
| Others              | 416       | 82.87%     |

#### 4.1.6 Household Income

The survey findings revealed that a 59% of families have a monthly income of less than 500 Israeli shekel (NIS), or the equivalent of €122. Around 8% of families reported an income between NIS500 to 1,000, 6% between NIS1,000 to 1,500, and just 2% between NIS1,500 and 2,000. Notably, 25% of families reported having no income (Figure 5). KIIs highlighted that since the beginning of the current war the prices of essential food items including vegetables, fruits, and sugar, have risen by more than 100 times, making it difficult for families with limited income to meet their needs.

**Figure 5:** Household income (N=504)



#### 4.1.7 Family Size and Disability

Within the respondent pool, the total number of male and female children is 2,315, with an average family size of approximately five members (see Table 2). Children with disabilities (CwDs) account for just over 8%. Among the families surveyed, about 107 (21%) have one male child with a disability. Four families (1%) have two male children with disabilities, three families (1%) have three male children with disabilities, and three families (1%) have four male children with disabilities. Additionally, approximately 61 families (12%) have one female child with a disability, while seven families (1%) have two female children with disabilities (see table 2).

CwDs are particularly vulnerable to the impacts of war. They face significant barriers to accessing safety and humanitarian aid compared to others. They encounter difficulties in using shared toilets, travelling on damaged roads with wheelchairs, or finding suitable shelter that accommodates persons with disabilities (PwDs). All these difficulties pose considerable risks. Participant caregivers in FGDs indicated that the challenges faced by PwDs intensified during evacuations, highlighting their struggles with mobility. They added that PwDs face barriers when they are displaced including finding a safe place to stay. KIIs confirmed that PwDs have difficulties accessing basic amenities such as water, food and health care. There is an urgent need for assistive devices such as wheelchairs, walkers and mobility aids.

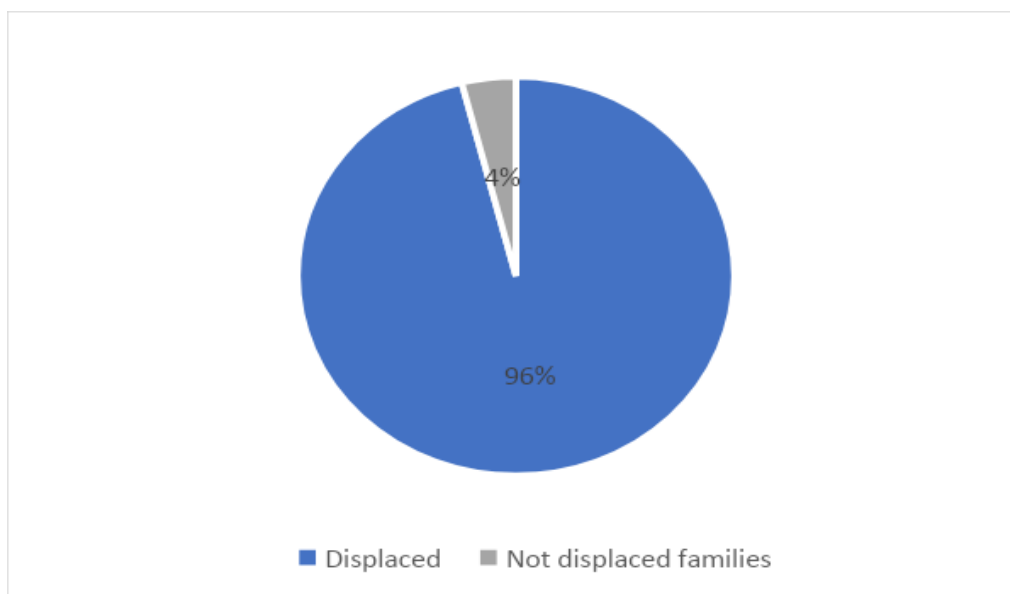
**Table 2: Family Size Members and People with Disabilities (N=504)**

| Number of Displacement                                      | Frequency    | Percentage    |
|---|--------------|---------------|
| No of Children  | 2,315        |               |
| No of CwDs (male and female)                                | 185          | 8.0%          |
| <b>No of male children with disability in a household</b>   | <b>1,165</b> | <b>50.32%</b> |
| one   | 107          |               |
| two   | 4            |               |
| Three   | 3            |               |
| Four  | 3            |               |
| <b>No of female children with disability in a household</b> | <b>1,150</b> | <b>49.68%</b> |
| one   | 61           |               |
| two   | 7            |               |

#### **4.1.8 Displaced Families**

As a result of military actions by Israel, people have fled their homes in search of safety and humanitarian assistance. The questionnaire results indicated that the majority (96%) of surveyed families have been displaced since the start of the war, while 4% have remained in their homes (Figure 6).

**Figure 6: Displaced Families (N=504)**



#### 4.1.9 Number of Displacements

Since the onset of the war, many Palestinian families in Gaza have been compelled to leave their homes in response to evacuation orders from Israeli forces or because of active military operations in close proximity to their home. In their search for safety, displaced people have sought refuge in hospitals, schools, UN facilities and other public premises. Unfortunately, these locations lack clean water and adequate sanitary facilities. Additionally, displaced families struggle with food insecurity and limited availability of essential non-food items (NFIs) such as mattresses, blankets, hygiene products and kitchen tools. Ongoing military operations have forced families to continuously uproot their lives, over and over again. Data gathered from KIIs highlights that there is no safe place in Gaza and that displacement orders would be repeated as long as this war continues.

Respondents were asked about the frequency of displacements in this current war. The findings indicate that most families have experienced multiple displacements. Around 88% of respondents had been displaced more than twice. Specifically, almost 19% reported being displaced three times, a further 19% had experienced displacement four times, and almost 15% have been displaced five times. Notably, about more than 26% of surveyed families have been displaced six or more times (see Table 3).

**Table 3:** Number of displacements

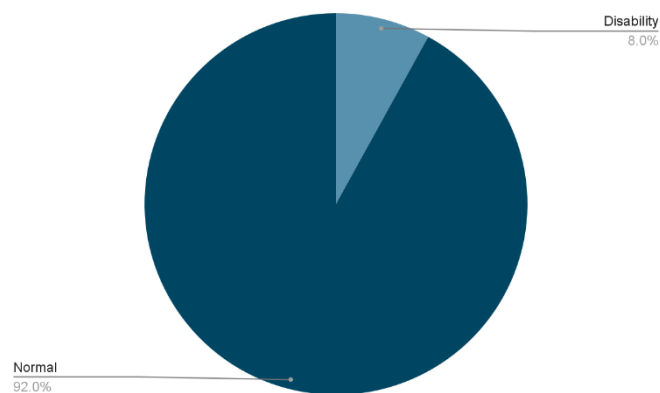
| Number of Displacement | Frequency | Percentage |
|------------------------|-----------|------------|
| 0                      | 19        | 3.77%      |
| 1                      | 43        | 8.53%      |
| 2                      | 48        | 9.52%      |
| 3                      | 95        | 18.85%     |

|            |     |        |
|------------|-----|--------|
| 4          | 94  | 18.65% |
| 5          | 75  | 14.88% |
| 6 and more | 130 | 25.8%  |

#### 4.1.10 Breadwinner Health Conditions

The findings of the questionnaire revealed that 8% of the breadwinners have at least one form of disability while 92% do not have any form disability (See figure 7).

Figure 7: Disabled breadwinner vs. non-disabled breadwinner



Among those breadwinners that are disabled, 21% have physical disabilities, 21% have visual impairments, 10% have hearing disabilities and 49% have multiple disabilities. These PwDs rely on assistive devices and medical supplies, all of which have become limited due to restrictions imposed by Israeli authorities on supplies during the war. This lack of access puts PwDs at significant risk.

Furthermore, the questionnaire indicated that a substantial number of breadwinners (47%) suffer from chronic diseases. Among these, approximately 21% have hypertension, 18% have diabetes, 13% suffer from heart disease, 13% have cartilage issues, 10% are affected by cancer and 26% suffer from other chronic diseases (see Table 4). KIIs reported that the war has disrupted medical supplies, leading to shortages of essential medications and exacerbating health risks for those requiring regular treatment. The situation in Gaza jeopardizes the health of people with chronic diseases who need ongoing healthcare, access to medication, clean water and appropriate nutrition.

**Table 4:** Breadwinner health conditions

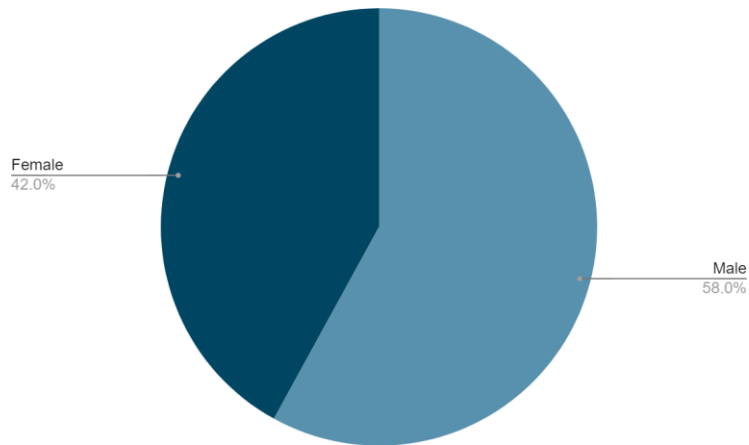
| Do you suffer any kind of disability? | Frequency | Percentage |
|---------------------------------------|-----------|------------|
| Yes                                   | 39        | 8%         |

|  |                  |                   |
|--|------------------|-------------------|
| No   | 465              | 92%               |
| Kind of disability                         | Frequency        | Percentage        |
| Physical disability                        | 8                | 21%               |
| Visual impairment                          | 8                | 21%               |
| Hearing impairment                         | 4                | 10%               |
| Others                                     | 19               | 49%               |
| <b>Do you suffer from chronic disease?</b> | <b>Frequency</b> | <b>Percentage</b> |
| Yes  | 239              | 47%               |
| No   | 265              | 53%               |
| <b>Type of chronic disease</b>             | <b>Frequency</b> | <b>Percentage</b> |
| High blood pressure                        | 75               | 31%               |
| Diabetes                                   | 43               | 18%               |
| Heart                                      | 32               | 13%               |
| Cartilage disease                          | 17               | 7%                |
| Cancer                                     | 10               | 4%                |
| Others (asthma, kidney disease, etc.)      | 62               | 26%               |

#### 4.2 Children's Gender and Conditions

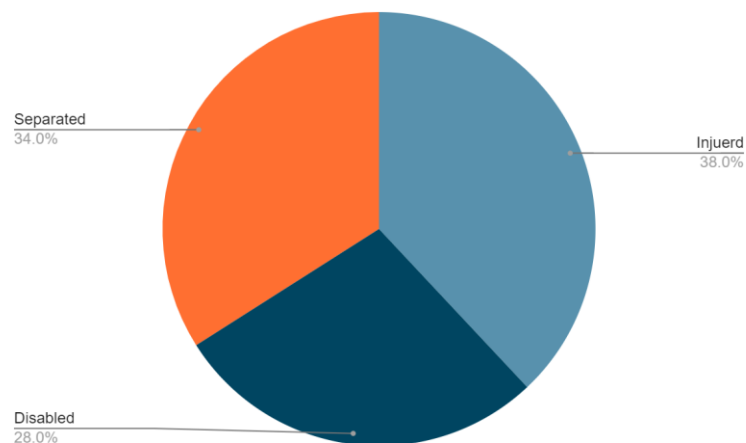
This study surveyed 504 children from families across North and South Gaza. One child from each household who is either injured, disabled, or unaccompanied was surveyed. The sample comprised 58% male and 42% female participants (Figure 8).

**Figure 8:** Targeted children gender (N=504)



Among the surveyed children, approximately 38% were injured during this war, while 28% reported pre-existing physical disabilities. Finally, 34% of the children surveyed were separated from their families or unaccompanied (Figure 9). These children, whether their conditions are pre-existing or as a result of the current war, are among those who face the most intense challenges in Gaza.

**Figure 9:** Children conditions (N=504)



The surveyed breadwinners were also asked whether their children suffered from chronic illnesses. Results indicated that more than 10% of the children represented by participating breadwinners live with chronic diseases, while a substantial 90% do not. KIIs highlighted that children with chronic diseases face formidable obstacles in accessing necessary treatments, exacerbated by the ongoing war. The caregivers in FGDs explained that essential medications and medical care were unavailable during this war and that their children who required urgent medical attention were frequently unable to receive this. Additionally, many children in need of surgical interventions were unable to transfer abroad, leaving them to grapple with unresolved health issues.

### 4.3 Unaccompanied and Separated Children

It is estimated that at least 17,000 children are unaccompanied or separated from their parents<sup>1</sup>. These unaccompanied and separated children (UASC) face significant challenges. It is difficult to accurately monitor the situation due to the persistent insecurity, frequent displacements, and operational access challenges faced by organizations that work with children; thus, the actual figures may be even higher. Being separated from their families places these children at a heightened risk of exploitation, abuse and other serious violations of their rights. Separation from family members is a profoundly painful event that can have lasting detrimental effects on children's development and mental health<sup>2</sup>.

Overall, the security situation has significantly hindered organizations from effectively reaching and addressing the urgent needs of UASC. The literature review identified several key actors involved in supporting UASC, including the de facto Ministry of Social Development (MoSD), UNICEF, URWA, War Child and SOS Children's Villages International. These organizations provide alternative care options for UASC and support initiatives to prevent family separation. However, as indicated by KIIs, these organizations face challenges in implementing UASC-related programs, including a limited number of available staff, many of whom have been affected by the war, and a lack of capacity to deliver specialized MHPSS. They added that there is a shortage of actors focusing on UASC-related programming. The ongoing escalation of the war has also led to an increase in the number of UASC. Feedback collected in KIIs highlights that certain children are accompanied by extended family members who are struggling to meet basic needs and therefore struggle to care for an additional child.

### 4.4 Relation of Children with Breadwinner

Throughout the course of the war, many children have lost their parents, siblings or family members, resulting in a significant number becoming unaccompanied or separated. Among the surveyed children, over half (51%) identified their fathers as the primary breadwinner, while close to 11% named their mothers. Additionally, 3% of the children's breadwinners are elder brothers, and almost 3% are sisters. Furthermore, 13% of the surveyed children rely on their grandfathers or grandmothers, close to 10% on uncles, and approximately 9% do not have any familial relationship with their breadwinners (refer to Table 5).

**Table 5:** Relation of the Children with the Breadwinner (N=504)

| Relation of child to the breadwinner | Frequency | Percentage |
|--------------------------------------|-----------|------------|
| Father                               | 259       | 51.39%     |
| Mother                               | 53        | 10.52%     |
| Brother                              | 16        | 3.17%      |

<sup>1</sup> [Stories of loss and grief: At least 17,000 children are estimated to be unaccompanied or separated from their parents in the Gaza Strip \(unicef.org\)](#)

<sup>2</sup> [More Than 150,000 Children Separated From Their Parents by War Violence | War Child](#)

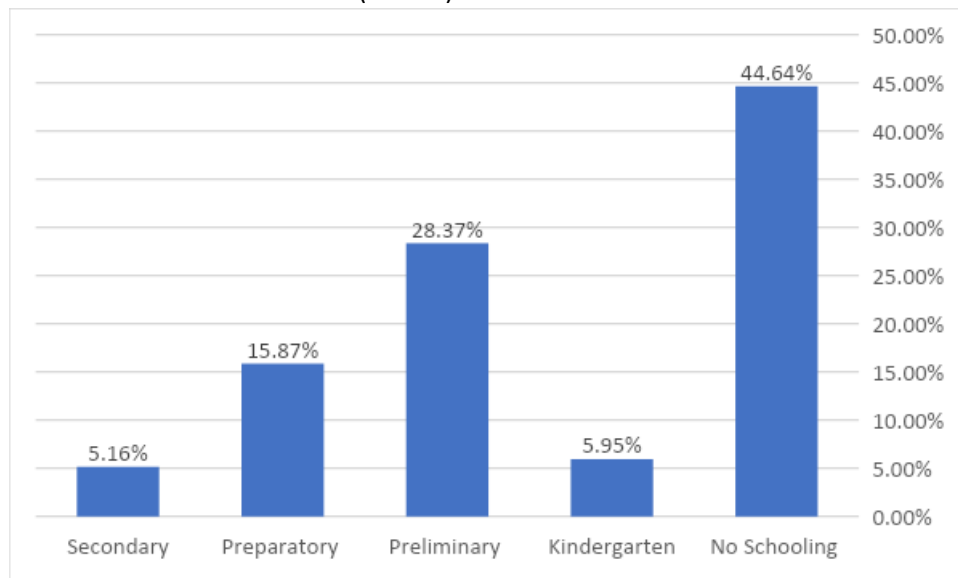


|                            |    |        |
|----------------------------|----|--------|
| Sister                     | 14 | 2.78%  |
| Grandfather or grandmother | 67 | 13.29% |
| Uncle                      | 49 | 9.72%  |
| No relation                | 46 | 9.13%  |

#### 4.5 Educational Level

The survey revealed a diverse range of educational levels among the targeted children, as illustrated in Figure 10. A significant portion, almost 45%, are not enrolled in school, largely due to being below school age. Additionally, close to 6% of the children attend kindergarten, while 29% have received elementary education. Moreover, almost 16% have completed preparatory schooling, and a further almost 16% are currently in secondary school. KIIs indicated and numerous reports indicate that since the onset of the current war many schools have been destroyed, numerous teachers have lost their lives and several schools have been repurposed as shelters for displaced people. As a result, thousands of students are left without access to formal education. Students in Gaza have already lost an academic year, with the potential of losing another.

**Figure 10:** Children education level (N=504)



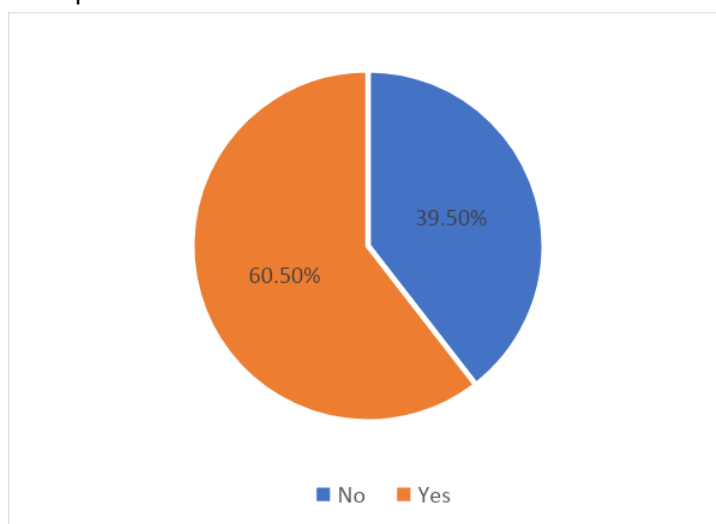
#### 4.6 Exposure to Trauma

The ongoing war has subjected children to traumatic events almost every day, significantly impacting their wellbeing. In Gaza, these events include bombardments, destruction of homes, forced displacement and the injury or death of family members. More than 60% of the surveyed children reported having experienced traumatic events during the current war, either directly or by witnessing the suffering of others (see figure 11). KIIs indicated that most

children have encountered at least one traumatic event and that some children had been exposed to multiple traumatic events.

As a result of such exposure, children develop responses that may persist long after the war has ceased, profoundly affecting their daily lives. Traumatic responses can manifest in various ways, including ongoing emotional distress, anxiety, behavioral changes, difficulties in relationships, regression, nightmares, sleep disturbances, eating issues, and physical symptoms such as pain.

**Figure 11:** Children exposure to turmeric events



#### 4.7 Protection Risks

The status quo or escalation of the situation risks placing further strain on children and increasing their risk exposure. According to KIIs, UASC are perceived as among those most exposed to danger in this war. They are also at heightened risk of exploitation, neglect and abuse. Gender-based violence (GBV) risk for children has risen dramatically as an external protection concern alongside an increase in negative coping mechanisms. This includes increased reports of child marriage within shelters and incidents of sexual violence.

In addition, the literature review indicated that thousands of children have lost one or more limbs during this war. Children, in particular girls, with disabilities are at higher risk of violence and exploitation.<sup>3</sup> Furthermore, children with pre-existing or new mental or physical disabilities are twice as vulnerable to protection risks as their peers. These children are likely to face difficulties in protecting themselves from violence and in accessing the help they need such as assistive devices, adapted shelters, NFIs, food, healthcare, mobility access and evacuation assistance.<sup>4</sup>

According to the International Labor Organization (ILO) and the Palestinian Central Bureau of Statistics, unemployment in the Gaza Strip has surged to more than 79% during this war. As

<sup>3</sup> [gaza\\_pau\\_final\\_05.24.pdf](#)

<sup>4</sup> [https://www.acaps.org/fileadmin/Data\\_Product/Main\\_media/20240201\\_ACAPS\\_thematic\\_report\\_Palestine\\_-\\_impact\\_of\\_conflict\\_on\\_children\\_in\\_the\\_Gaza\\_strip.pdf](https://www.acaps.org/fileadmin/Data_Product/Main_media/20240201_ACAPS_thematic_report_Palestine_-_impact_of_conflict_on_children_in_the_Gaza_strip.pdf).

previously noted, this crisis has affected 80% of the families who contributed to this report. Moreover, some children have been forced into the role of breadwinner as a result of their fathers being killed, and have been compelled to work to support their families. Many families, in desperate circumstances, are now sending children below the working age into labor simply to survive. KIIs highlighted that these children are struggling to secure food for their families instead enjoying their childhood. It is an overwhelming burden for these children who, while shouldering the role of breadwinners, are themselves in need of protection and support to survive.

#### **4.8 War's Impact on Children's Behavioral and Psychological Wellbeing**

The quantitative and qualitative data collected from various sources reveal that children in Gaza have developed significant psychological and behavioral issues as a direct result of the current war. The 504 participating caregivers were asked to respond with "yes" or "no" to a series of questions regarding the psychological and behavioral symptoms their children have recently exhibited. The summary of their responses is presented in Table 6.

The findings provided by caregivers in both the survey and FGDs indicate that 48% of the children (74% boys vs. 22% girls) are uncooperative with their caregivers. Furthermore, a striking 92% of the children exhibit a denial of reality. KIIs suggest that many children struggle with feelings of denial, leading them to avoid confronting issues that may provoke anxiety and discomfort. The war has caused many children to become more careless with their safety, with some reportedly engaging in risky behaviors. Notably, 59% of the children were identified as reckless, with boys demonstrating this behavior far more frequently more than girls.

The survey further revealed that 73% of the children are reported to have become aggressive due to the war, with boys showing higher aggression levels (92%) compared to girls (54%). KIIs indicated that children exposed to the horrors of war have developed aggression and withdrawal tendencies in their interactions with peers and family. Caregivers reported that prolonged exposure to a fearful environment, with no safe spaces for play, has increased their children's aggression.

Moreover, caregivers reported that 84% of the children hesitated to make decisions independently during the war, with girls exhibiting more hesitation than boys (80% boys vs. 88% girls). The KIIs indicated that during this difficult period, children's capacity to decide for themselves has reduced and that it has become a more frequent role of caregivers to help them feel in control by allowing them to make simple choices, such as choosing their meals or picking out their clothes. Additionally, around 68% of children rely on others for their daily tasks.

Approximately 83% of caregivers reported that their children experience persistent exhaustion and fatigue due to repeated displacements in search of safety. Additionally, 70% of caregivers noted that their children exhibit unusually-excessive movement, reflecting heightened anxiety and stress levels. The KIIs indicated that most children suffer from anxiety and increased stress levels and that these have manifested through physical symptoms such as excessive movement.

The adverse effects of this war on sleep patterns have also been significant. 79% of caregivers reported that their children suffer from nightmares. One caregiver in the FGDs described her child having nightly nightmares about family members being killed, while another caregiver reported her daughter frequently waking up in the middle of night screaming in terror.

The majority of caregivers 87% reported also that their children (84% boys vs. 90% girls) suffer from severe fear. The KIIs indicated that lack of any safe place has created a general sense of fear and horror among the entire people and children are most impacted. About 38% of the sampled caregivers reported that their children (42% boys vs. 34% girls) experienced wet bedding during the war.

Overall, 90% of the respondent caregivers cited that their children (92% boys vs. 88% girls) have pessimistic attitudes because of the war. Approximately, 55% of the caregivers mentioned that their children (40% boys vs. 70% girls) exhibited signs of introversion. Some caregivers in the FGDs reported that their children tend to spend much time alone and do not like to interact with others. One participant caregiver in the FGDs said that her child witnessed an Israeli strike that killed his brother and caused leg amputation to another. Her child had isolated himself inside the tent, slept most of the time and did not want to talk to anyone. Based on the findings, 69% of the respondents said their children (74% boys vs. 64% girls) showed intense anger during war.

Overall, 65% of caregivers reported that their children (60% boys vs. 70% girls) exhibit bad moods and unhappiness. The caregivers in the FGDs reported that their children have bad moods and felt unhappy because of the war. One caregiver in the FGD mentioned that before the war her daughter was cooperative and enthusiastic but during the war she seemed a different person; she did not help her mother in the household tasks and felt desperate.

Approximately half of the respondent caregivers 49% mentioned that their children (72% boys vs. 26% girls) think they would die during this war. Some women in the FGDs indicated that their children usually repeated that they would not survive this war. Other caregivers said that their children wish to die to escape from worries, fear and miserable life. One caregiver shared her child’s haunting question: “Are we all going to die?”

Furthermore, more than half of the caregivers (55%) reported that their children (36% boys vs. 74% girls) are highly sensitive. A significant 77% indicated that their children (76% boys vs. 78% girls) experience feelings of sadness during the war. Alarmingly, 96% of the respondent caregivers said that their children (94% boys vs.98%girls) have the feeling that death is imminent. One woman in the FGDs indicated that her daughter every night said it could be her last night. The KIIs highlighted that children exposed to prolonged war, experienced bombing, loss of their homes, injuries or death of friends, siblings and loved ones. Such a setting led to depression and anxiety and a constant feeling of death at any time.

Based on the findings, only 17% of the caregivers indicated that their children (12% boys vs. 22% girls) have fantasies and delusions. Considerable number of caregivers 77% noted that their children (80% boys vs. 74% girls) avoid talking about traumatic events. Nearly 43% of caregivers reported that their children (48% boys vs. 38% girls) tell lies as a way of coping with their reality.

**Table 6:** Impact on Children Behavioral and Psychological Well Being (N=504)

| Item | Total (N=504) |    | Boys (N=212) |    | Girls (N=292) |    |
|------|---------------|----|--------------|----|---------------|----|
|      | Yes           | No | Yes          | No | Yes           | No |
|      |               |    |              |    |               |    |

|  |     |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|-----|
| Uncooperative                                | 48% | 52% | 74% | 26% | 22% | 78% |
| Not accepting reality                        | 92% | 8%  | 94% | 6%  | 90% | 10% |
| Reckless                                     | 59% | 41% | 82% | 18% | 36% | 64% |
| Aggressive                                   | 73% | 27% | 92% | 8%  | 54% | 46% |
| Hesitant to decide                           | 84% | 16% | 80% | 20% | 88% | 12% |
| Stubborn                                     | 77% | 23% | 78% | 22% | 76% | 24% |
| Dependence on others                         | 68% | 32% | 56% | 44% | 80% | 20% |
| A constant feeling of exhaustion and fatigue | 83% | 17% | 78% | 22% | 88% | 12% |
| Excessive movement                           | 80% | 20% | 76% | 24% | 64% | 36% |
| Suffers from nightmares                      | 79% | 21% | 72% | 28% | 86% | 14% |
| Has extreme fear                             | 87% | 13% | 84% | 16% | 90% | 10% |
| Suffer from bed wetting                      | 38% | 62% | 42% | 58% | 34% | 66% |
| Pessimistic                                  | 90% | 10% | 92% | 8%  | 88% | 12% |
| Introvert                                    | 55% | 45% | 40% | 60% | 70% | 30% |
| Get angry quickly                            | 69% | 31% | 74% | 26% | 64% | 36% |
| Shy  | 55% | 45% | 40% | 60% | 70% | 30% |
| Apathetic                                    | 78% | 22% | 76% | 24% | 80% | 20% |
| Moody  | 65% | 35% | 60% | 40% | 70% | 30% |
| Wish to die                                  | 49% | 51% | 72% | 28% | 26% | 74% |
| Highly sensitive                             | 55% | 45% | 36% | 64% | 74% | 26% |

|   |     |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|-----|
| Sad                                     | 77% | 23% | 76% | 24% | 78% | 22% |
| Has thoughts that death is near         | 96% | 4%  | 94% | 6%  | 98% | 2%  |
| Having fantasies and delusions          | 17% | 83% | 12% | 88% | 22% | 78% |
| Avoids talking about traumatic events   | 77% | 23% | 80% | 20% | 74% | 26% |
| Not concerned with his personal hygiene | 42% | 58% | 62% | 38% | 22% | 78% |
| Lies                                    | 43% | 57% | 48% | 52% | 38% | 62% |

Additionally, KIIs revealed that children exhibit a range of reactions to the stressful experiences of war. Common reactions include physical symptoms such as headaches and stomachaches, along with emotional manifestations like fear, anxiety, sleep disorders and nightmares. Behavioral signs of distress were also noted, with some children displaying nail-biting, hair-pulling, and finger-sucking. Reactions varied among children, with some becoming aggressive, while others withdrew socially struggling to cope with the overwhelming stress of this war.

#### 4.9 Impact of War on Caregivers

The findings revealed that this war is having a profoundly negative effect on children's caregivers. According to the questionnaire results, all caregivers experienced psychological stress, with 93% reporting severe stress and 7% facing moderate levels of stress. Caregivers who participated in FGDs confirmed that they experienced constant stress which significantly disrupted their daily lives. Many caregivers reported suffering from a range of physical and emotional issues including headaches, digestive problems, sleep disturbances, anxiety, grief, sadness and depression. Despite the severity of these challenges, many caregivers in the FGDs indicated that they had not received any MHPSS services. KIIs further highlighted that caregivers in emergency settings endure extreme stress which directly hampers their ability to provide adequate and responsive care for their children.

#### 4.10 Children Needs

The war in Gaza has had a devastating impact on children and their families. Thousands of children have been killed or injured and many families have been internally displaced. According to KIIs, both local and international actors are attempting to address children's needs, though required resources are often limited or unavailable. The ongoing war has heightened children's needs in critical areas such as protection, MHPSS, food, healthcare, education, clean water, sanitation and hygiene. Table 7 presents the children's urgent needs according to the survey with the caregivers.

**Psychological Needs:** The survey results indicated that 61% of children require individual and group psychosocial sessions, 40% need recreational activities, and 29% need camps to support their wellbeing. Caregivers in FGDs stressed the need for psychosocial support to help children

cope with issues like nightmares, anxiety and bedwetting. They agreed that engaging children in games, sports and creative activities could significantly help them manage the trauma they are enduring. Caregivers emphasized that play, sports, clown performances and gift-giving are essential in alleviating children's stress and promoting a sense of wellbeing. KIIs further revealed that the majority of children need both individual and group psychosocial support, with activities such as psychodrama, stimulating games, entertainment and circus shows being particularly effective for psychological release. Moreover, caregivers themselves struggle with mental health issues which impact their ability to care for their children, highlighting the urgent need for psychological first aid (PFA) sessions for whole families.

**Health Needs:** The war has had a severe impact on children's health, with the collapse of the healthcare system exacerbating vulnerabilities, especially for those who were displaced. Survey results with the caregivers showed that 65% of children need dietary supplements, 28% require medical supplies (3% need eyeglasses and 3% need hearing aids), 4% need cosmetic operations, 5% need physical therapy, and 4% need sanitary and hygiene tools. FGDs participants reported widespread skin diseases like scabies and ulcers among children, stressing the need for medications, especially for malnutrition. Caregivers also highlighted the need for specific food items such as eggs and meat that are essential for their children's health.

KIIs emphasized the spread of other sicknesses such as hepatitis, jaundice, diarrhea, lice and malnutrition among children during the war. There is an urgent need for medications, nutritional supplements and vaccinations, and for assistive devices such as crutches, wheelchairs, and hearing aids for CwDs. Establishing healthcare centers in displacement camps is crucial to ensure children have access to healthcare services. Additionally, caregivers need awareness sessions on maintaining their children's hygiene.

**Educational Needs:** The war has severely disrupted the educational system in Gaza. Survey results showed that 54% of caregivers reported a need for tutoring classes, 35% needed stationery, and 1% requested learning devices. The academic year of 2023 was lost, and there is a possibility that 2024 will be lost as well. Since the conflict began, formal schooling has ceased entirely. Challenges such as Israeli restrictions on educational supplies and limited access to virtual classes further exacerbate the situation. Although individual volunteer efforts offer classes in makeshift settings, these are not coordinated with the de facto Ministry of Education (MoE) and are insufficient. Other attempts include joining the children in online classes with schools in the West Bank, but the majority of the caregivers in the FGDs reported that their children were not able to access these classes. This was due to difficulty with internet connection or unavailability of devices. Others indicated that they did not even know about these classes.

**Children's Other Basic Needs:** All surveyed caregivers agreed the most urgent basic need is clothing, particularly winter clothes, as the approaching winter poses a serious threat to displaced families living near the coast. Caregivers also stressed the importance of cash assistance, with 90% of respondents indicating this as needed. Cash assistance helps families afford essentials such as food, water, hygiene items and even sweets for their children. The caregivers in the FGDs emphasized the importance of cash assistance, as it allows them to meet their needs according to their own priorities. Moreover, KIIs indicated that the majority of the breadwinners are unemployed and with soaring inflation, the families cannot afford to buy for their children even the most basic goods. KIIs also affirmed the importance of cash assistance to enable war-affected families to determine and meet their own needs.

Food parcels are needed by around 85% of the respondent caregivers. The KIIs indicate the majority of the families are food insecure and thus affected families are in need of food parcel to survive. Caregivers who participated in FGDs reported that the price of basic food items such as flour, cooking oil, rice, lentils, macaroni, tuna and beans skyrocketed in the past year, occasionally more than 100% over the pre-war prices, leaving these caregivers unable to buy food to feed their children. One participant caregiver said that she has several children in her care and very little income to purchase sufficient quantities of food.

Hygiene materials were indicated as needed by 73% of respondents, while 45% indicated a need for milk and diapers for children. Additionally, 27% of families expressed a need for educational games to stimulate children’s attention and memory, as many children experience difficulty concentrating.

**Table 7:** The targeted children's urgent needs during the war (N=504)

| Children Needs                            | Frequency | Percentage |
|---|-----------|------------|
| <b>Psychological Needs</b>                |           |            |
| Individual and group psychosocial support | 307       | 61%        |
| Recreational activities and games         | 202       | 40%        |
| Camps                                     | 147       | 29%        |
| <b>Health needs</b>                       |           |            |
| Dietary supplements                       | 330       | 65%        |
| Medicines and medical supplies            | 113       | 22%        |
| Cosmetic operations                       | 19        | 4%         |
| Earphones                                 | 14        | 3%         |
| Physical therapy                          | 24        | 5%         |
| Medical eye glasses                       | 14        | 3%         |
| Sanitary and hygiene tools                | 19        | 4%         |
| <b>Educational needs</b>                  |           |            |
| Tutoring classes                          | 272       | 54%        |
| Stationery                                | 176       | 35%        |
| Learning devices                          | 3         | 1%         |
| <b>Other needs</b>                        |           |            |
| Clothes                                   | 504       | 100%       |
| Cash assistance                           | 453       | 90%        |
| Food                                      | 427       | 85%        |



|                   |     |     |
|-------------------|-----|-----|
| Hygiene materials | 370 | 73% |
| Pampers and milk  | 229 | 45% |
| Games             | 136 | 27% |

## 5.0 Conclusion and Recommendations

These findings highlight the severe impact of the ongoing war in Gaza on children, all who have been traumatized and many who have lost their homes and been displaced. This loss and disruption have resulted in high levels of stress, depression and anxiety among the children surveyed, and caregivers reported children exhibiting symptoms such as difficulty concentrating and social withdrawal. The war has exacerbated existing challenges, including unemployment, poverty and a lack of access to essential services such as food, water, healthcare, education and sanitation. Based on the assessment findings, the following are key recommendations to address the immediate needs of children in Gaza, helping them and their families recover and rebuild their lives amidst ongoing challenges.

### Psychosocial Needs

- Provide urgent MHPSS for children and families to help mitigate the traumatic effects of this war.
- Promote community-based approaches to MHPSS that actively involve affected communities in every stage of these efforts.
- Establish and support child-friendly spaces (CFS) where children can safely play, learn and receive emotional support.
- Implement activities designed to build children’s self-confidence and facilitate social interactions.
- Strengthen referral system to connect families with local service providers offering specialized care and support services.
- Provide training to caregivers to enhance their ability to create a safe, nurturing environment for children.
- Provide MHPSS interventions targeting caregivers to enable them to support the entire family, helping to alleviating stress in households.
- Conduct capacity-building programs for local child protection and health specialists, health workers and other professionals in PFA, to help them better support children exposed to trauma.

### Health Needs:

- Ensure children have access to essential medications and nutritional supplements.
- Conduct awareness sessions for caregivers on personal hygiene maintenance for children.
- Set up permanent medical stations in displacement camps and shelters to improve children’s access to healthcare.
- Provide assistive devices such as wheelchairs, crutches, hearing aids, eyeglasses and medical mattresses for children with disabilities.
- Supply medications for children with chronic illnesses.

**Educational Needs**

- Promote alternative educational methods to keep children engaged in learning.
- Establish kindergartens within shelters to maintain children's access to education.
- Supply essential educational materials such as books, bags and stationery to encourage children to continue studying.
- Support children in managing stress and trauma while preparing them for a return to formal education.

**Other Child Protection Needs**

- Provide cash assistance to families, especially those with multiple children or children with disabilities, to help meet basic needs.
- Distribute winter clothes kits for the children to keep them warm and prevent illness.
- Provide clean and potable water for the children to avoid waterborne diseases.
- Provide hygiene kits for families to maintain proper sanitation for their children.
- Supply diapers and milk, particularly for children with disabilities.