



# LWF Gaza Strip Situational Report

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Date: 12 SEP 2025

## Humanitarian Situation Overview

The humanitarian situation in the Gaza Strip deteriorated further in August, reaching catastrophic levels. On 22 August, the [Integrated Food Security Phase Classification \(IPC\)](#) confirmed that famine is currently occurring in Gaza governorate, with projections of spreading to Deir al Balah and Khan Younis by the end of September.

The [Site Management Cluster](#) recorded nearly 120,000 displacement movements over the past two months, including approximately 23,000 in the last week alone. If the Israeli-announced offensive on Gaza City proceeds, the Gaza Strip risks losing up to [50%](#) of its remaining hospital bed capacity.

Acute respiratory infections and acute watery diarrhea remain the most frequently reported illnesses across the Strip, compounding the already dire health crisis.

## Famine Classification and Food Insecurity

The IPC assessment covered a population of 1.98 million in Gaza, Deir al Balah, and Khan Younis governorates. By the end of September 2025, an estimated:

- [640,000](#) people will face catastrophic levels of food insecurity (IPC Phase 5),
- [1.14 million](#) will be in emergency conditions (IPC Phase 4),
- [198,000](#) will be in crisis (IPC Phase 3).

North Gaza is believed to be experiencing conditions as severe than Gaza City, but a lack of access has prevented formal IPC classification. Rafah was excluded from the analysis as it is now largely depopulated.

## Key Figures

According to [OCHA](#) reports:

[62,895](#) fatalities and [158,927](#) injuries since 7 October 2024.

[1.14](#) million people in IPC Phase 4 (emergency hunger).

[1 million](#) children in need of mental health and psycho-social support.

Over [15,800](#) critical patients in need of medical evacuation

Only [50% \(18 out of 36\)](#) of hospitals are partially functional.

Only [66 of 169](#) primary health centers (PHCs) remain operational

## Situation Overview

The Al-Ahli Arab (Baptist) Hospital located in Gaza City remains the only Christian-run general hospital still operating in the city. Throughout August 2025, it continued providing care under severe strain, despite no reports of new damage or direct evacuation orders. However, the surrounding areas saw significant escalation.

On 6–7 August, the Israeli military issued evacuation orders for Zeitoun, Daraj, and Tuffah, displacing many residents. This was followed on 20 August by further evacuation orders for Jabalia and Gaza City’s outskirts as the IDF mobilized 60,000 reservists and expanded its offensive. Between 21 and 31 August, heavy bombardment affected multiple areas, including Sabra, Shuja’iyya, Zeitoun, and Jabalia, causing further displacement without a coordinated evacuation. On 21 August, authorities instructed hospitals to prepare for possible mass evacuations and to relocate medical supplies southward.

## Priority Needs

Essential medicines and oncology drugs

Shelter for patients and staff

ICU and trauma care equipment

Mental health support for healthcare workers

Safe access and transport for patients and staff

Medical evacuation pathways for critical cases

Uninterrupted power supply for medical equipment

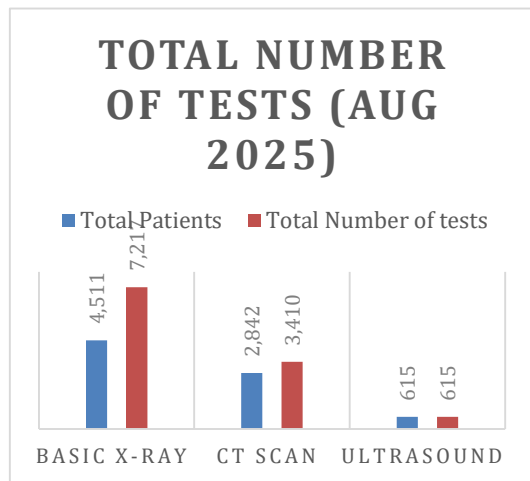
## LWF & Partner Response

### Radiology Department:

Despite the risks there is still high demand on CT scan throughout the month of August. There is a slight decline in the numbers compared to last month.

**Table 1: Radiology Stats (August 2025):**

| Service     | Total Patients | Total Number of tests |
|-------------|----------------|-----------------------|
| Basic X-ray | 4,511          | 7,217                 |
| CT scan     | 2,842          | 3,410                 |
| Ultrasound  | 615            | 615                   |



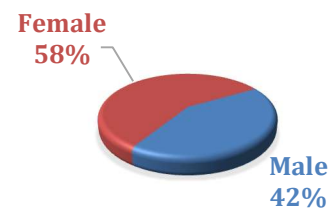
- High demand for X-ray services due to an increase in war injuries throughout the month.
- Radiology team is managing high volumes of trauma imaging

### AVH Clinic

In August, the AVH Cancer Clinic in Gaza saw a significant decline in patient numbers, with only 52 patients visiting the clinic compared to 148 in July. This drop is largely attributed to increased insecurity in the area and the absence of visiting medical missions, which were denied entry to Gaza during the month.

The majority of the patients who were treated at our clinic are women, making up 58% of the total, while men accounted for 42%.

### PATIENTS CLINIC VISIT BY GENDER AUGUST 2025



### Pathology Lab Updates

With support from UNDP, Al Ahli hospital completed significant renovation work including the replacement of all shattered windows, both in the main hospital and in the department rented by LWF. As part of our efforts to operate the pathology lab, we conducted some renovations. This included fixing broken doors, door frames, ceiling and cleaning the space to ensure it meets hygiene and safety standards.

All necessary supplies for the pathology lab were procured from Jerusalem, and the plan was to begin operations shortly after their arrival. However, due to delays in clearance, approval from COGAT was only received in September. The shipment is now being coordinated through WHO and arrangements for delivery are currently underway.

Photo 1: Replacement of shattered windows at Al-Ahli Arab Hospital in Gaza City, supported through UNDP funding.



### Teleclinic Activity

No medical missions allowed in August. Clinic activity decreased as the hospital is in a designated "red zone". Despite renovation completion, patient visits were low due to high security risks.



Photo 2: Pathology lab after renovation work

### Challenges

- **Severe insecurity and active bombardments in the surrounding area of the hospital**
- Malnutrition and famine, worsening patient outcomes, especially among children and cancer patients.
- Overwhelmed health facilities due to high trauma caseloads and limited capacity.
- Mental and emotional exhaustion among healthcare workers
- Restricted access for medical missions and humanitarian aid
- Shortage of essential medicines and oncology drugs

### Next Steps

1. Conduct weekly situation assessments and maintain daily contact with team.
2. Develop and update contingency plans, including emergency evacuation procedures.
3. Ensure staff safety and security.
4. Provide mental health and financial support where possible to affected staff.
5. Coordinate with WHO and partners to ensure timely delivery of medical and lab supplies.
6. Advocate for humanitarian access, including medical missions and patient referrals.
7. Document critical cases to support advocacy and fundraising efforts.



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### A Story from the AVH Cancer Clinic – Gaza City

On August 25, 2025, the AVH team was devastated by the death of **Moayad Elseksek**, a 14-year-old boy from Gaza who passed away as a result of **severe malnutrition and delayed access to life-saving cancer treatment**. Moayad had been under observation at the AVH Cancer Clinic at Al-Ahli Hospital, presenting multiple times with a suspected tumor in his hip. A biopsy was urgently needed to confirm his diagnosis and begin treatment. But in Gaza's collapsing healthcare system, this basic procedure could not be safely performed.

AVH, in coordination with partners, initiated efforts to refer Moayad outside Gaza for treatment. However, **bureaucratic delays, the absence of functioning humanitarian corridors, and a broken medical referral system** stalled the process. Under normal conditions, Moayad could have reached a hospital in East Jerusalem (only 70 kilometers away) where he would have had access to specialized pediatric oncology care. Instead, his condition worsened as his body weakened from hunger and lack of care.

His story is just one example of how the situation in Gaza is also about silent suffering—where patients are dying not from disease alone, but from **the compounded effects of starvation, displacement, and inaccessible treatment**. This is especially true for children, who remain among the most vulnerable.

Dr. Nael Dahdouh, a physician at the AVH Cancer Clinic who treated Moayad, spoke about the profound toll this environment is taking on healthcare workers:

*“Cancer care is already a difficult specialty. But in Gaza, it becomes almost unbearable. As a doctor, I often feel helpless. I see my patients dying not because we can't treat them, but because we can't reach the treatment, or they're too weak from hunger to endure it.”*

He shared the story of another female patient who walks 8 kilometers every week just to check whether her treatment has arrived. The mental burden is relentless.

*“Despite everything, I show up to the clinic. Even if I can only offer little, I do it. It's my way of resisting and surviving. But I also have to worry about feeding my own family and keeping them safe. What we are experiencing as doctors in Gaza is inhumane—it's far beyond what any healthcare professional should ever face.”*

This story is not an isolated incident. It reflects the **systemic collapse of healthcare in Gaza** and the extreme pressure on those trying to hold it together. The AVH team



continues to serve patients under near-impossible conditions—because even a small act of care can be a lifeline.

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### **Remembering Moayad Elseksek**

AVH team mourns Moayad and all the patients whose lives are at risk simply because they cannot access the care they need. We remember him not only as a patient, but as a symbol of the urgent need for humanitarian access, medical support, and global attention.

