

[Technical Note](#)

Invisible No More: Estimating the Death Toll of Women and Girls in Gaza.

In February 2025, The [Lancet](#) published a study on mortality estimates in the Gaza Strip, aiming to quantify and memorialize the devastating impact of the ongoing war on Gaza. The study found that the Ministry of Health (MoH) in Gaza has likely under-reported fatalities by 41 per cent, pointing to an alarming gap in available data.¹ This estimate includes both directly reported and unreported deaths, likely to have gone undocumented due to the collapse of health and reporting systems. As the attacks on the health system continues, over the past almost 19 months, the MoH's capacity to record deaths electronically was severely disrupted. This was evidenced by the number of unidentified fatalities recorded by Ministry of Health².

Using the methodology presented by the Lancet, UN Women estimates that over 28,000 women and girls have been killed since the start of the war. This figure lays bare both a devastating human cost borne by women and girls, and the critical failure to account for it, revealing not just a data gap, but a gap in protection, visibility and action. The destruction of the health infrastructure³, siege conditions⁴, and frequent telecommunication blackouts⁵, have further undermined the structured data collection. In many cases, hospitals under attack or out of service⁶, were unable to maintain casualty tracking. With a health system collapse, coupled with food insecurity⁷, and infectious diseases⁸, poor sanitation conditions, many deaths, including indirect ones, are going undocumented and uncounted. Invisible.

Compounding this invisibility is a critical gap: the lack of comprehensive sex-disaggregated reporting of fatalities. While the MoH and the UN system have provided age-disaggregated for some of the reported deaths, this data remains limited, particularly for children and elderly. Sex-disaggregated data has been entirely absent, particularly for injuries and infectious diseases. The 116,274 injuries currently reported are presented without any gender breakdown, rendering the differentiated experiences of women and girls statistically invisible.⁹

This invisibility is significantly concerning given the current and projected mortality trends. A study by the Johns Hopkins Center for Humanitarian Health projected in March 2024 that infectious diseases would become the leading cause of excess death in the Gaza Strip, even if under the best-

¹ [Counting the dead in Gaza: difficult but essential - The Lancet](#)

² [Counting the dead in Gaza: difficult but essential - The Lancet](#)

³ Between 7 October 2023 and April 2, 2025, there have been 1,446 attacks on the health infrastructure in Gaza.

⁴ [Attacks on hospitals in northern Gaza | OCHA](#)

⁵ [Hostilities in the Gaza Strip and Israel | Flash Update #99 \[EN/AR/HE\] | OCHA](#)

⁶ [Humanitarian Situation Update #273 | Gaza Strip | United Nations Office for the Coordination of Humanitarian Affairs - Occupied Palestinian Territory](#)

⁷ Gaza Strip: Acute Malnutrition Situation for September - October 2024 and Projection for November 2024 - April 2025 | IPC - Integrated Food Security Phase Classification

⁸ [Lethal combination of hunger and disease to lead to more deaths in Gaza](#)

⁹ OPT Health Cluster Dashboard, data is as of 16 April 2025. [Microsoft Power BI](#)

case scenario of a permanent ceasefire.^{10,11} Cholera, measles, polio, and meningococcal meningitis pose the greatest mortality threats to the population.¹² The study warned even if the conflict were to end immediately, the time needed to restore functioning health services in Gaza, would result in thousands of additional deaths.¹³ The conflict persists. The killing continues and so do the invisible consequences.

With the continuation of the war, the distinct impacts of war on women and girls remain unseen, unrecorded, and unaddressed. This invisibility has clear consequences for humanitarian responses, accountability and the design of life-saving interventions and meaningful protection is harder to achieve.

UN Women undertook this study to help address critical gender data gaps, by estimating the number of women and girls killed to date, drawing on statistical modelling adapted from the *Lancet* methodology. Our goal is to bring visibility to what has too often remained invisible. This technical note marks an important step toward ensuring that the lives and losses of women and girls are fully acknowledged and not left out of the narrative. Notably, the methodology used—rigorous, transparent, and rooted in global public health research—is grounded in well-established scientific practice.

Methodology

Currently, the widely used information on mortalities in Gaza is published and updated by UN OCHA or the MoH. The Lancet study uses two additional sources of information:

- Ministry of Health hospital morgue data,
- An online survey launched by the ministry for Palestinians to report relatives' deaths,
- Obituaries published on public social media pages.

The capture-recapture method estimates the missing deaths outside of all lists. This statistical method is often used in epidemiology, ecology, and social sciences to estimate mortality rates when data is incomplete. Various approaches have been tested to examine and compare the results based on statistical criteria and choose the model that best fits the data. The study also provided sex-disaggregated death rates by age group.

Additionally, the dataset shared by the Lancet study also provides further information on death rates by sex across age groups. The information from the three lists was removed for duplication, cross-list matching, and missing value imputation.

¹⁰ Excess deaths, also known as excess mortality, is a way to measure how many more deaths occur during a specific time period or group compared to what would be expected based on a statistical trend or reference period.

¹¹ London School of Hygiene and Tropical Medicine et al. (2024), *Crisis in Gaza: Scenario-based Health Impact Projections* (gaza-projections.org).

¹² The three distinct scenarios included in the Johns Hopkins Study on Scenario-based Health Impact Projections are an immediate permanent ceasefire, status quo (a continuation of conditions experienced from October 2023 till mid-January 2024), and further escalation of the conflict.

¹³ *Ibid.*

Based on the information and findings from the study, UN Women estimates female fatalities as below:

- Lancet study shows that the MoH under-reported mortality by approximately 41%. That means the MoH captured only 59% of the true estimated deaths. Underestimate-ratio= $1/0.59=1.69$. So, multiplying reported deaths by a raising factor of 1.69 to estimate the likely true count of the total deaths.
- Apply to the latest update of fatalities from MoH as of 25 March 2025 ¹⁴

Estimated men fatalities accounting for underreporting = $22,265 \times 1.69 = 37,628$

Estimated women fatalities accounting for underreporting = $8,304 \times 1.69 = 14,034$

Estimated children fatalities accounting for underreporting = $15,613 \times 1.69 = 26,386$

Estimated elderly fatalities accounting for underreporting = $3,839 \times 1.69 = 6,488$

Unknown fatalities: 865

- Apply the female death rates of children under 18 (44.62%) and elderly over 65 (39.91%) from the total identified mortality with age and sex information of the three lists and reported by at least one list
- Estimate women and girls' fatalities, including adult women, girls, and female elderly: 28,398

**Final estimate of women and girls' fatalities, including adult women, girls, and female elderly:
Exceeds 28,000**

UN Women remains committed to ensuring that the voices and losses of women and girls in Gaza are heard and acknowledged. The study represents an important step in addressing gender data gaps, but further efforts will be needed to fully account for and respond to the unique impacts of the war on women and girls, ensuring their protection and wellbeing.

¹⁴ <https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-25-march-2025>