GNC Partner Call

Emergency Nutrition
Response in
The State Of Palestine

7th November 2023





Pre-crisis: Children under 5 and pregnant and lactating women (PLW) in need in Gaza Strip



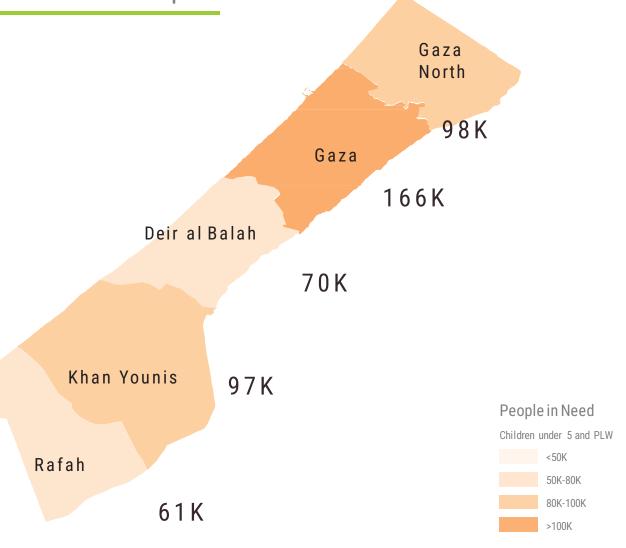




Half a million children under 5 and pregnant lactating women (PLW) are in need of immediate lifesaving preventive and curative nutrition interventions.



MICS 2019, Population figures - UNOCHA 2023 relief-web, WHO report 2019 (Anemia figures), Child Food Poverty: A Nutrition Crisis in Early Childhood, October 2022



Pre-Crisis: Children under 5 and PLW in need in West Bank



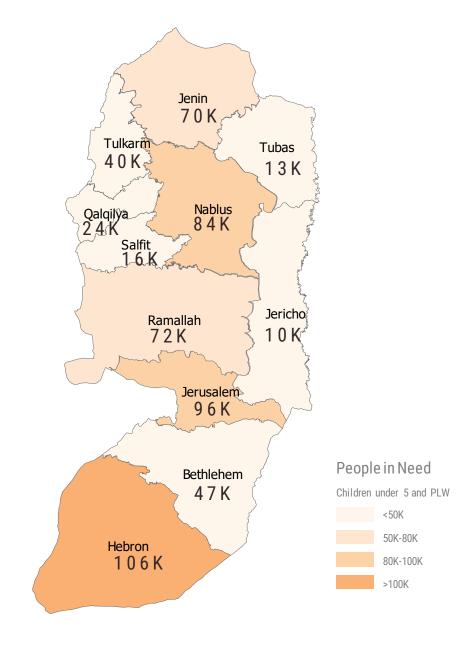




Output
641 children under 5 and pregnant lactating women (PLW) are in need of immediate lifesaving preventive and curative nutrition interventions.



MICS 2019, Population figures - UNOCHA 2023 relief-web, WHO report 2019 (Anemia figures), Child Food Poverty: A Nutrition Crisis in Early Childhood, October 2022



<u>Due to the deterioration of the underlying determinants of malnutrition, there is a</u> <u>need and expectation that the burden of malnutrition will continue to increase</u>

Food insecurity in Gaza Strip

Pre conflict: 64% (approximately **1.8 million Palestinians) were food insecure** (WFP estimates)

Post conflict: 100% (approximately 2.3 million) are considered food insecure

Water and sanitation in Gaza Strip

Pre conflict: over 90% of the water deemed unfit for human consumption (UNRWA)

Post conflict: 94% of reduction in the water supply (WASH cluster estimates)

Health in Gaza Strip

Pre conflict: service coverage index as measured by the Universal Healthcare Coverage **(UHC)** is **64** and has remained essentially unchanged over the past two decades. **UNRWA provides health-care services** to the vast majority of the over **1.2 million Palestine refugees in Gaza Strip** through **22 centers**

Post conflict: according to WHO, **only 37% of MOH primary care facilities are operational**, and those which are operating are facing severe shortages of medical supplies, damage from airstrikes, and extended electricity outages. **15 out of 22 UNRWA Health Centers** across the Gaza Strip are providing services

Expected scenarios - #1 conservative estimate for Gaza Strip & WB

To Estimate the projected wasting burden and because of the anticipated further deterioration of the underlying determinants of malnutrition,

Current incidence correction factor of **2.6 & 3 for the WB and Gaza Strip,** respectively to be increased to **3 and 3.8**

By this projection, nearly 30,000 children across the State of Palestine are at risk of suffering from wasting (4,710 more children than the pre-crisis estimates)

15,000 of these children are projected to face severe wasting, putting them at imminent risk of death.

Expected scenarios - #2 worst case scenario for Gaza Strip & WB

Projection incidence correction factor of <u>4 and 4.8</u> to be used for the WB and Gaza Strip, respectively

By this projection, nearly 39,000 children across the State of Palestine are at risk of suffering from wasting (Almost 14,000 more children then the current estimation)

19,000 of these children are projected to face severe wasting, putting them at imminent risk of death.

Strategic Nutrition Priorities



Flash Appeal for Nutrition

23.4 million USD is needed for 3-month response (out of that 19.3 million is needed for Gaza Strip) 83 million is needed for 12 month response (out of that 68.6 million is needed for Gaza Strip)

Resources

100% of Gaza Strip population (over 2 million) considered as people in need (PiN) in addition to 600,000 PiN from WB



ONGOING & PLANNED NUTRITION INTERVENTIONS

- Infant and young children feeding in emergencies (IYCF-E): Provide nutrition counselling and support to caregivers of
 infants and young children on feeding and care (skilled counseling and support on breast feeding, complementary
 feeding and early simulations and responsive care giving(ECD-E); Provision of age-appropriate complementary food
 for children
- Provide BMS/ ready to use infant formula (RUIF) to address the needs of the non-breastfeed infants less than 6 months
 as per international guidelines. Establish a monitoring/reporting system to address any BMS code violation and any
 random distribution of infant formula;
- Provide complementary feeding to PLWs to address their nutritional needs
- Provision of Micronutrient supplementation for children U5 (vitamin A, MNP, lipid-based supplements (LNS-MQ/SQ)
 as well as iron-foliate supplementation to PLWs.
- Wasting management: early detection and treatment to children with wasting
- Linkages with Cash-Voucher assistance interventions to improve access to nutritious foods for young children and pregnant and breastfeeding women during the first 1,000 days
- Nutrition assessments where possible

Nutrition Flash Appeal main interventions by age group

Infant 0-6 mo.

- Secure RUIF for nonbreastfeed infants
- IYCF-E
- ECD-E
- Management of Wasting

- Provide MQ-LNS/ SQ-LNS
- Vit A supplementation
- IYCF-E
- ECD-E
- Early detection & management of Wasting

Children 6-24 mo. Children 24-59 mo.

- Provide HEB
- Provide MNPs
- Vit A supplementation
- Early detection & management of Wasting
- Deworming

PLWs

- Provide MQ-LNS/HEB
- Provide MNPs
- Iron/folate or MMS supplementation
- CVA for Nutrition

Partners Update



Current SoP Nutrition Cluster partners	
MOH	National Authorities
Ard El Insan (AEI)	Local NGO
Campaign for the Children of Palestine (CCP) Japan	International NGO
International Medical Corps (IMC)	International NGO
Japan International Volunteer Center (JVC)	International NGO
Juzoor	Local NGO
Medical Aid for Palestinians (MAP)	International NGO
Near East Council of Churches	Local NGO
Palestinian Medical Relief Society (PMRS)	Local NGO
Peace Winds Japan (PWJ)	International NGO
Save the Children International	International NGO
UNICEF	UN
UNRWA	UN
World Food Programme (WFP)	UN
World Health Organization (WHO)	UN
Potential partners	
Al-awdah	Local NGO
Action Against Hunger-Spain	International NGO

Ministry of Health (MOH)

- Provides technical support for simplified nutrition SoP development
- Support service delivery as needed, whenever or wherever possible

UNICEF

- Secured required quantities of RUTF and RUIF, along with other key nutrition commodities.
- Expanding partnerships to strengthen service delivery for both preventive and curative nutrition interventions.

WFP

- Provides Micronutrient Powders and Lipid-Based Nutrient Supplements (MQ-LNS) to children (6-23 months) and pregnant/breastfeeding women in shelters.
- Complemented by high-energy biscuits, date bars, and ready-to-eat canned food (RTE) in UNRWA-designated shelters for children and PLWs

UNRWA

- Developed a 90-day response plan with tailored nutrition interventions.
- Provides food based preventive interventions and basic Primary Healthcare (PHC) services in shelters.

FAO

 Consider conducting MUAC screening within the planned FS assessment (IYCF rapid assessment to be considered)

Jouzoor

- Shares important messages about Infant and Young Child Feeding (IYCF).
- Provides iron supplements for Pregnant and Lactating Women (PLWs).
- Works in 13 shelters in North, South, and Middle Gaza.
- Active in the West Bank (South, Center, and North).

Ard Elansan

- Provides PHC services in Khan Younis
- Will expand the package of the provided nutrition interventions

Alawdah

 Provides PHC services in Jabalia Camp, Nusseirat & Rafah

ACF

- Considering Cash and Voucher Assistance (CVA) and fresh food baskets for PLWs in Gaza.
- Exploring contributions to essential nutrition supplies through channels in Egypt.

SCI

- Identifying partners for H&N interventions in Gaza and West Bank.
- Assessing direct implementation or collaboration with local partners.

Gaza conflict: children in need of lifesaving support | Global Nutrition Cluster

<u>Infant and Young Child Feeding Joint Statement - Gaza conflict | Global Nutrition Cluster</u>

<u>Protecting Maternal, Infant and Young Child Nutrition during the ongoing emergency response | Global Nutrition Cluster</u>

<u>Nutrition Working group-State of Palestine Infographic | Global Nutrition</u> <u>Cluster</u>

SOP Coordination meeting Presentation | Global Nutrition Cluster

GNC Advocacy



HR and Capacity Strengthening

SoP Nutrition Cluster ongoing and planned staffing capacity

GNC Coordination & Information Management (IM):

- Surge Support, Cluster coordinator and IM specialist deployed since the 19th of October (based in Amman).
- Ongoing recruitment of a P4 NCC & P3 IMO at national level as well as a national officer for coordination in Gaza Strip

GNC Technical Alliance (TA):

- 2 UNICEF nutrition specialists deployed to Amman & Cairo to support NiE SOPs and training materials to scale up IYCF-E and management of wasting.
- GNC-TA remote support on guidance for IYCF-E, nutrition assessment, early childhood development in emergencies (ECD-E) as well as social and behavior change communication (SBCC).



Way forward

Update Partners mapping- 4Ws, Partners capacity mapping/Capacity Strengthen needs

Continue work on SoP specific simplified SOPs for BMS, safe spaces, MNs supplementation & Wasting management

Support the establishment of **BMS code monitoring** system in Gaza Strip and reinforce the system implementation in WB

Further strengthen **nutrition and inter-cluster coordination at sub-national level**, how best we maximized partners capacity and mobilize resources for nutrition

Follow up the nutrition commodities pipeline status, to ensure the timely delivery of nutrition supplies

Maximized advocacy and fund-raising opportunities

THANK YOU





Scenario # 1 - Gaza Strip

Child wasting is projected to increase by 27% in Gaza Strip—meaning that nearly 10,000 children across Gaza Strip are at risk of suffering from wasting and 5,000 of these children are projected to face severe wasting, putting them at imminent risk of death.

	Children U-59 months			Projection incidence factor	Projected burden	Increase in burden	% increase
Gaza	Number of SAM children 0-59 mo in need of Inpatient Treatment	3	404	3.8	512	108	27%
Gaza	Number of SAM children 6-59 mo in need of Outpatient Treatment	3	3640	3.8	4,611	971	27%
Gaza	Number of MAM 6-59 mo in need	3	3640	3.8	4,611	971	27%
	Total Gaza		7,685		9,734	2,049	27%

Scenario # 1 - WB

Child wasting is projected to increase by 15% in West bank — meaning that nearly 20,000 children across West Bank are at risk of suffering from wasting and 10,000 of these children are projected to face severe wasting, putting them at imminent risk of death.

	Children 0-59 months			-	Projected burden	Increase in burden	% increase
	Number of SAM children 0-59 mo in need of Inpatient Treatment	2.6	859	3	992	132	15%
	Number of SAM children 6-59 mo in need of Outpatient Treatment	2.6	7735	3	8,925	1,190	15%
West Bank	Number of MAM 6-59 mo in need	2.6	8702	3	10,041	1,339	15%
	Total WB		17,296		19,957	2,661	15%

Worst case Scenario- Gaza Strip

Child wasting is projected to increase by 60% in Gaza Strip—meaning that nearly 12,300 children across Gaza Strip are at risk of suffering from wasting, 50% of these children are projected to face severe wasting, putting them at imminent risk of death.

		Current	Current PIN	Worst case	Worst case	increase	% increase
Children 0-59 months	incidence factor		scenairo	scenairo PIN	burden vs		
	Cilidren 0-33 months			incidence		current PIN	
				factor			
Gaza	Number of SAM children 0-59 mo in need of Inpatient Treatment	3	404	4.8	647	243	60%
Gaza	Number of SAM children 6-59 mo in need of Outpatient Treatment	3	3640	4.8	5824	2184	60%
Gaza	Number of MAM 6-59 mo in need	3	3640	4.8	5824	2184	60%
	Total Gaza		7,685		12,296	4,611	60%

Worst case Scenario- WB

Child wasting is projected to increase by 54% in West Bank — meaning that nearly 26,600 children across West Bank are at risk of suffering from wasting, 50% of these children are projected to face severe wasting, putting them at imminent risk of death.

		Current	Current PIN	Worst case	Worst case	increase	% increase	
	Children 0-59 months		incidence factor		scenairo	scenairo PIN	burden vs	
					incidence		current PIN	
					factor			
		Number of SAM children 0-59 mo in need of Inpatient Treatment	2.6					
W	/B			859	4	1,322	463	54%
W	/B	Number of SAM children 6-59 mo in need of Outpatient Treatment	2.6	7735	4	11,900	4165	54%
W	/B	Number of MAM 6-59 mo in need	2.6	8702	4	13,387	4686	54%
		Total WB		17,296		26,610	9,313	