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Cluster Highlights

- The entire population in the Gaza Strip (about 2.2 million people) is classified in IPC Phase 3 or above (Crisis or worse). This is the highest share of people facing high levels of acute food insecurity that the IPC initiative has ever classified for any given area or country. Among these, about 50% of the population (1.17 million people) is in Emergency (IPC Phase 4) and at least one in four households (more than half a million people) is facing catastrophic conditions (IPC Phase 5, Catastrophe) [Gaza Strip : IPC Acute Food Insecurity](#) and [Gaza Strip: Famine Review of the IPC Analysis](#)



- Almost all (97%) households (HHs) have inadequate food consumption – markets not functional (WFP assessment)
- According to UNICEF 45% of pregnant and breastfeeding women (PBW) reported eating only one type of food group the previous day (90% reported eating only two types of foods). Among children under two years of age: 80% of all children surveyed were eating two or fewer food groups.
- Among young infants under six months of age the risk of malnutrition is the highest: exclusive breastfeeding rates were low pre-crisis (41%) and has further declined as the health care and social support system have collapsed, leaving mothers with no access to shelter or privacy and are often displaced and face hunger
- According to WHO, 8 out of 36 hospitals partially functioning and 4 out of 36 are minimally functioning in the Gaza strip. 71% (51 out of 72) of PHCs across Gaza are not functioning. 41% UNRWA primary health care centers (9 out of 22) are functional
- 48,000 children U5 are estimated to currently have a diarrhea episode and 20,000 cases of Acute Respiratory Infection (ARI) were recorded in the first week of December
- There has been a 94% reduction in the water supply since the beginning of the conflict (WASH cluster)
- 1.4 million internally displaced persons (IDPs) are now in 156 shelters [UNRWA Situation Report #55 on the situation in the Gaza Strip and the West Bank | ReliefWeb](#)

Key Figures

<b>337,000</b> children under five years of age are at greatest risk of severe food deprivation, severe malnutrition, and preventable death	<b>1.1M</b> Children under 18 years are facing a heightened risk of malnutrition.
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<b>303,351</b> Children 6-59 months need access to essential child foods and nutrition supplements to prevent malnutrition	<b>155,858</b> PBW in need of multiple micronutrient supplements and adequate supplementary feeding
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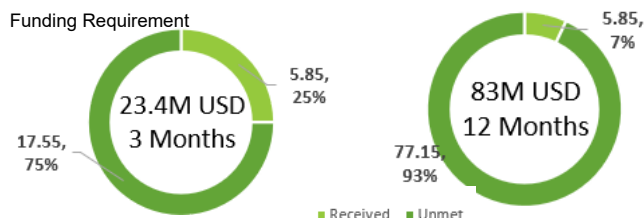
<b>135,000</b> children 0-23 months are in urgent need to receive support and services to prevent undernutrition as the most vulnerable group to severe malnutrition	<b>33,706</b> Infants 0-6 months are in urgent need for promoting optimal breast-feeding practices
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Key Messages

- The entire population in the Gaza Strip (about 2.2 million people) is estimated to be in acute food insecurity with up to 25% to be in IPC Phase 5 (Catastrophe). The risk of famine will increase for each day that the current situation persists or worsens. The only way to avert the risk of famine is through the provision of nutritious, safe, and sufficient food to all civilians, the restoration of nutrition, health, water, and sanitation systems and securing safe humanitarian access to reach children, women, and communities.
- The disruption and halting of vital resources into Gaza are a matter of life and death for vulnerable populations, especially for children, adolescents, and women in need of nutritional support.
- The current conflict is threatening the nutritional status of half a million children, pregnant and breastfeeding mothers, and other vulnerable groups, due to shock, stress and deprivation of food, water, and other essential lifesaving services.
- The nutrition situation of over 155,000 PBW is also a major concern given their specific nutrition needs and vulnerabilities.
- The decline in the quality and quantity of foods and increase in the risk of disease has increased the risk of deficiencies in vitamins and other essential nutrients that are crucial for children’s growth and development.
- 100% of children under five years of age need access to essential foods and nutrition supplements to prevent malnutrition; the situation is particularly critical for 135,000 children under two years of age who are the most vulnerable to severe malnutrition and need essential infant milks, complementary foods, food supplements, and therapeutic foods for the early prevention, detection, and treatment of severe malnutrition.
- Increased focus and investments are needed to prevent malnutrition in early childhood before it becomes severe.

## Funding Situation

- To date, the Nutrition cluster need for 3 months ( Nov.-Feb.) is 25% funded, meaning that partners will not be able to address 75% of the nutritional needs of children and PBW in Gaza (375,000 children and women).



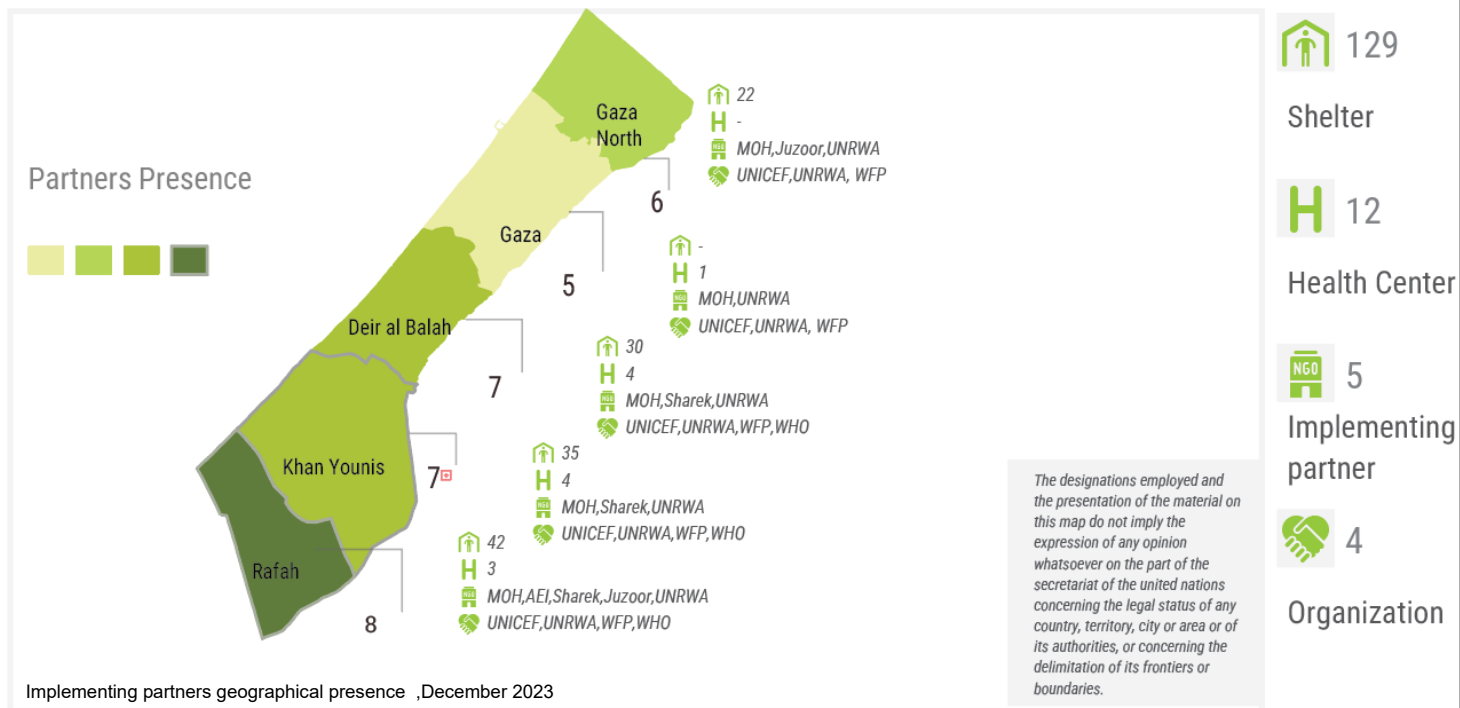
## Assessments:

- Gaza Integrated food security Phase Classification (IPC) analysis conducted as a desk review process using the already available resources for the food security sector and other related sectors. The Nutrition Cluster shared several resources covering nutrition aspects to be considered in the analysis.
- The Nutrition Cluster developed a comprehensive questionnaire [IYCF Questionnaire for Nutrition Cluster partners | Global Nutrition Cluster](#) covering infant, young children, and maternal nutrition- feeding practices related questions. This questionnaire was shared with UNOCHA for use within their network of informants / volunteers and for any coming multi-sectoral need assessment. It was also shared with IYCF- thematic working group (TWG) and the wider Nutrition Cluster network for partner use, when needed.
- Early detection and referral of children at risk of or with wasting for treatment launched in north and south Gaza in partnership with Juzour, ARD Al-insan and UNRWA.
- Nutrition programmatic data and more systematic Nutrition assessments will be available as soon as the security situation allows access to the affected population but the ongoing catastrophe levels of acute food insecurity with simultaneous collapse of the food, nutrition, health, water and sanitation systems, and broader collapse of the social system, are unacceptable regardless of the determination of how fast or up to which thresholds the situation has or could further deteriorate.

## Partnerships :

- The current partners list in nutrition cluster includes over 30 partners MOH, UN agencies, NNGOs, INGOs, institutions, donors, MSF (observer)

## GEOGRAPHICAL PRESENCE



## Call for Action

Call for Action: An advocacy paper was developed by SoP NC team [SoP Nutrition Cluster call for action | Global Nutrition Cluster](#)

## Joint Statements

Two joint statements – Global and SoP specific – have been developed and disseminated in the first week of the response:

- [Infant and Young Child Feeding Joint Statement - Gaza conflict | Global Nutrition Cluster](#)
- [Protecting Maternal, Infant and Young Child Nutrition during the ongoing emergency response | Global Nutrition Cluster](#)

## Global Call

[GNC Partner call](#) took place on the 7<sup>th</sup> of November with over 60 participants, highlighting the needs & funding requirements. [GNC presentation - SoP-7th Nov](#)

## Nutrition cluster established Technical Working Groups and Task Forces:

- [Infant and Young Child Feeding in Emergencies \(IYCF-E\) and specialized supplementary food and MNs supplementation TWG](#):  
The group supports the review and finalization of the simplified SOPs-operational guidance for:
  - [Infant, and Young Child Feeding in Emergencies \(IYCF-E\) Standard Operating Procedures](#)
  - [Standard Operating Procedures \(SOP\) for Breast Milk Substitute \(BMS\) Management for the State of Palestine](#)
  - [Mother and Baby Areas Guidance for the State of Palestine](#)
  - [Micronutrients and specialized food supplements for the prevention of malnutrition in early childhood and during pregnancy and lactation](#)
  - The Nutrition cluster has developed key IYCF practices in English and Arabic to be disseminated, [Infant and Young Child Feeding in Emergencies \(IYCF-E\) Key Messages for All Sectors | Global Nutrition Cluster](#), as well as simplified breastfeeding messages in Arabic [Breastfeeding Messages | Global Nutrition Cluster](#).
  - [BMS Code Monitoring in Emergency Situations](#)
- [Management of Wasting \(CMAM\) TWG](#)
  - CMAM: [operational technical guidance](#)
  - Simplified approaches for management of wasting [Simplified Approaches Training Materials](#)
- Social Behavioral Change Communication Task force
  - Development of flyers-posters for key nutrition products: the lipid-based supplements (MQ & SQ LNS), HEB & RUTF, to ensure the delivery of simple clear messages to beneficiaries on the importance and use of those products as well as developing basic IYCF, ECD & Wash messages [Flyers](#)
  - Service providers guide on the use of different supplementary feeding products as [a job aid is under finalization](#)
- NIS expert committee
  - The objective of this committee is to reach a consensus on the assumptions for the deterioration of the nutritional situation as well as on the way forward for new projections on nutritional needs in the Gaza Strip and SoP in general – [updating the previously](#)

## Capacity Development

- Capacity strengthening mapping reflects the need to train around 330 cadre on different Nutrition preventive and curative interventions.
- Training session on the simplified approaches for the management of wasting conducted in Arabic for 15 participants from 4 key CMAM partners (UNRWA, Juzour, Ard Al-insan & IMC)
- [All training materials and reporting format were shared](#)

## Cash-Voucher Assistance

- Collaboration with CVA working group, with UNICEF, Save the Children International (SCI) and WFP contribution.
- Coordinate with UNICEF to scale the Humanitarian Cash transfer (HCT) for PBW; including nutrition indicators in Post-delivery Distribution (PDM) as an opportunity for collecting information on children and maternal feeding practices, as well as distributing targeted nutrition messages to mothers.
- UNICEF has provided a first nutrition humanitarian cash top up of \$100 to 10,000 lactating women (benefiting 69,240 people, including 10,000 children under 2 years old and old and 31,220 children above 2 years old).

## The Response—Ongoing Nutrition Action

- Key stakeholders are working on securing the essential nutrition supplies pipeline, in addition to expanding the service delivery of the package of nutrition services on the ground through strengthening the collaboration with UN agencies, local and international NGOs to cover the needs inside and outside UNRWA shelters.
- Ensuring that Nutrition cluster inputs are reflected in UNOCHA weekly reports and visualized as much as possible. In addition to that the contribution to ceasefire response plan and UNOCHA prioritization exercises was ensued
- Most of the delivered supplies so far are High Energy Biscuit (HEB), small quantity and minimum quantity lipid based supplements (MQ-SQ LNS) & MNs supplements, in addition to Ready to Use Therapeutic food (RUTF) for the management of wasting.
- CMAM program implementation launched by UNICEF and partners through adopting the simplified approaches under exceptional circumstances, while WHO will launch in-patient care for management of wasting in coordination with UNICEF.
- UNICEF, UNRWA & WFP support the provision of complementary feeding/ supplementary feeding products such as small quantity and minimum quantity lipid-based supplements (MQ-LNS/SQ-LNS) and High Energy biscuits (HEB) for IDPs inside and outside shelters.
- Micronutrient supplementation, supplementary feeding and IYCF messaging/ counseling provided through National NGOs & UNRWA.
- Inclusion of the nutrition data in the Health Resources and Service Availability Monitoring System (HeRAMS) Questionnaire and provides Nutrition partner update with OCHA 5Ws Plus.
- WHO supports the promotion of breastfeeding at hospitals, supporting the provision of basic primary health care (PHC) services, including outbreak prevention and control interventions, focusing on treatment of most common childhood illnesses in the MoH and UNRWA health facilities.
- Juzoor is supporting 30 shelters across both UNRWA and Government schools in North Gaza, in addition to another 20 shelters in the South.
- Juzoor reached 21,500 PBW with iron-folate supplementation to prevent malnutrition.
- Information on IYCF practices were provided to 125 PBW through Ard Al Insan NGO in 4 IDPs shelters/ schools in Rafah.
- ACF is delivering fresh food parcels to Al Awda Hospital in Nuseirat – the maternity hospital in the area – for 60 women daily who have given birth at the hospital since December 1st. Currently, 240 women have benefited from this initiative.
- The International Medical Corps (IMC) is initiating Emergency Medical Team (EMT) operation for an initial period of three months starting in January (which can be extended). IMC will include the management of wasting in their intervention package works on establishing Mother Baby Areas (MBAs).



## Key Advocacy Asks

- The GNC calls for stepping up a multi-sectoral response to famine prevention and response that places young children and other vulnerable groups at the center. Responding must focus – first and foremost - on protecting the rights to food, nutrition, and life.
- The lack of safe humanitarian access into Gaza and particularly in the north Gaza not only prevents the delivery of essential supplies and services but also the ability to get an accurate estimation of the true gravity of the nutrition situation and the changing needs of the affected population.
- Funding is urgently needed. Currently only 25% of the 19mUS\$ the nutrition cluster needs over the next 3 months, to set up and deliver essential supplies and services is funded.
- Most nutrition services and in particular therapeutic feeding and care of wasted children need to be regularly administered to be effective. To do so, humanitarian organizations need to be enabled to deliver aid throughout Gaza without impediment or interference, wherever the affected people go.
- **Child deaths in the Gaza strip, due to disease and malnutrition can and must be prevented.**

## Delivered Supplies

The Nutrition Cluster is working on facilitating the supplies planning for key partners to coordinate the supplies pipeline for key stakeholders as well as highlighting with OCHA the importance of considering Nutrition essential commodities as high priority to pass into Gaza once it has arrived.

Supplies delivered to Gaza so far:

- **Micronutrients supplementation and specialized supplementary food to prevent malnutrition**
  - ◇ MN supplements for over 34,960 PBW, multiple micronutrient supplements for 16,000 children ages 24-59 months for 3 months,
  - ◇ Vit A and Zink supplements for 260,000 children ages 6-59 months.
  - ◇ High Energy Biscuits to reach 320,000 people in need in shelters.
  - ◇ Medium quantity lipid-based supplements (MQ-LNS) to cover the needs of 57,500 PBW and children under 2 for 3 months.
  - ◇ Small quantity lipid-based supplements (SQ-LNS) covering the need of 61,600 children ages 6-24 months inside the shelters for 1 month.
- **Management of Wasting**
  - ◇ Ready to use therapeutic food (RUTF) to be used for the management of wasting for over 4,850 children under 5.

## Supplies in Pipeline

- **WFP** secured additional quantities of high energy biscuits targeting 142,000 people in need, as well as additional quantities of MQ-LNS to cover 123 000 PBW and children U5.
- **UNICEF** delivered to Rafah the 1st batch of Ready to use Infant Formula (RUIF) to address the need of 3,100 non-breastfed 0-5 months infants for 1 month (there are 3 other batches on the way).
- **UNICEF** secured the following nutrition commodities to be delivered to Gaza: Iron- folate supplementation to reach over 55,500 PBW, MMS tabs to reach 18,120 PBW, Vit A supplements to reach 30,336 children 6-11 months, MNPs for 1,000 children 24-59 months, Zinc supplements for 33,300 children under 5, Lipid-based supplements for 11,200 children 6-24 months, Ready to use therapeutic food (RUTF) for an additional 2,000 wasted children, therapeutic milk for the treatment of severely wasted children with medical complication, and anthropopathic measurements.
- **WHO** has secured the needed quantities of Resomal, SAM in-patient kits, as well as additional quantities of therapeutic milk.
- **UNRWA** has procured High Energy biscuit (HEB) and date bars to cover 1.2 m people for 12 days. **UNRWA** will also bring Iron-folate and Folic Acid as well as mother and child scale and height boards, those quantities will cover the monthly needs for medical consultations in shelters and health centers, considering the percent- age of 9.5% of non-refugees are coming to UNRWA facilities for consultations.
- **SCI** works on the procurement of micronutrients supplementation for the prevention and management of Anemia, as well as working on the provision of the needed supplies to establish mother- baby spaces to provide IYCF - E services.

## Contact

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## Important Links

- The nutrition cluster webpage created [Occupied Palestinian Territory: Nutrition | ReliefWeb Response](#)
- [Nutrition Cluster-State of Palestine Infographic](#)
- GNC created page [Gaza conflict: children in need of lifesaving support | Global Nutrition Cluster](#)
- All nutrition cluster meetings presentations can be found online: [SOP Nutrition coordination meeting presentations | Global Nutrition Cluster](#)
- [The Nutrition cluster dashboard](#) to capture nutrition cluster partners contribution to the emergency response was developed
- [Forecasting Wasting Burden in the State of Palestine | Global Nutrition Cluster](#)
- Nutrition partners operational presence [SOP Nutrition Cluster Geographical Presence](#)

<https://response.reliefweb.int/palestine/nutrition>