



NUTRITION CLUSTER BULLETIN

JAN – DEC 2024:

ONE YEAR OF NUTRITION
RESPONSE IN GAZA



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Useful Links

The nutrition cluster webpage
Occupied Palestinian Territory:
[Nutrition | Relief Web Response](#)

Nutrition Cluster Dashboard:
[2024 SoP Nutrition update dashboard](#)

SITUATION UPDATE

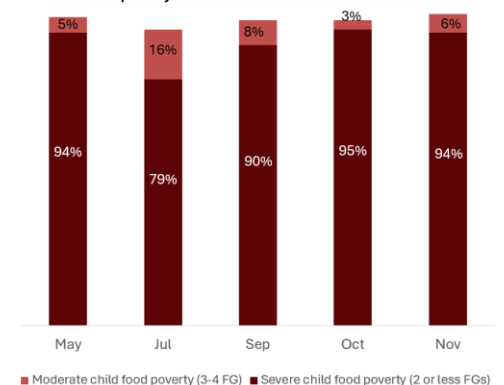
Acute malnutrition was almost nonexistent in Gaza before the conflict. However, 15 months of ongoing conflict have led to widespread population displacements, including significant displacements from Northern part of Gaza in October 2023, from Rafah in May 2024, and from North Gaza in October 2024. These displacements, coupled with restricted entry of supplies and goods and the destruction of health and WASH systems, have severely impacted access to nutritious food and essential services, including healthcare, water, sanitation, and hygiene.

Households' ability to mitigate food consumption gaps remained critically poor, as indicated by the IPC analysis conducted in September 2024, which classified the entire Gaza Strip as IPC AFI Phase 4 (Critical). Approximately 86% of the population—1.84 million people—were in IPC Phase 3 or above, unable to meet their food needs, including nearly 133,000 people experiencing catastrophic food insecurity (IPC Phase 5). While this represented an improvement from May 2024, when 2.13 million people were classified in IPC Phase 3 or above and 343,000 were in IPC Phase 5, it still reflected a significant portion of the population unable to meet daily nutritional requirements. Access to food remained poor by end of 2024. Daily truck entries plummeted to 58 in Oct 2024, the lowest since the war began with the majority being humanitarian trucks. Food access was severely limited by the soaring prices as shown by the Food Consumer Price Index which increased by 312 percent in Sep 2024 compared to prewar times in an area with a complete collapse of livelihoods.

Throughout the year, food consumption in nutritionally vulnerable groups in Gaza has been critically poor. Over 90% of children aged 6–23 months, along with pregnant and breastfeeding women, experienced severe food poverty, consuming two or fewer food groups daily. The food available to them was of the lowest nutritional value—primarily bread and pulses—and did not meet their essential nutrient requirements, leaving them highly vulnerable to acute malnutrition.

The WASH environment has deteriorated in 2024 due to barriers to accessing improved sanitation facilities, including destruction, frequent displacement, and overcrowding in shelters. According to the WASH Cluster Rapid Assessment (Aug 2024), over 90% of households reported access to a latrine. However, barriers to accessing functional or improved latrines remain prevalent with around 25% of the population reporting access only to broken or

Child food poverty affects 10 of 10 children in Gaza in Nov 2024



non-functional latrines while half of the population relies on unclean or inadequate latrine facilities. Almost half of the households lack safe and clean water, and do not meet minimum standard of 15L per person per day.

The rapid WASH assessment (Aug 2024) revealed that disease prevalence has been alarmingly high due to poor living conditions, overcrowding, and inadequate WASH infrastructure. Between 25% and 35% of assessed children were reported to have been ill in the two weeks preceding the assessment. The most common illnesses were acute respiratory infections, acute jaundice syndrome and diarrhea. This high disease burden is particularly concerning in a context where access to health services is severely restricted by insecurity, displacement, and the collapse of health systems. Over 94% of health facilities have been either destroyed, non-functional or partially functional with huge shortage of health workers affecting delivery of health/care services including disruption of key routine immunizations. Despite the challenging environment, a potential health crisis was mitigated. Apart from surges in diseases like acute jaundice syndrome, acute watery diarrhea, acute respiratory infections and a circulating vaccine derived poliovirus type 2 (cVDPV2)—which broke out in Gaza after 25 years of being polio free and was contained through two rounds of vaccination—there were no major disease outbreaks that could have significantly worsened rates of acute malnutrition.

Infant feeding practices in Gaza are suboptimal with high use of infant formulas and bottle feeding which interferes with exclusive breastfeeding exposing children risks of infectious diseases. The impact of low level of exclusive breastfeeding in an emergency could be more problematic than in a normal situation, due to scarcity of clean drinking water which will further expose young children to an increase in the risk of infection and subsequently malnutrition.

EVOLUTION OF THE NUTRITION SITUATION IN GAZA

Monitoring the evolving nutrition crisis in the SoP has been challenging, primarily due to limited opportunities to conduct population-representative standard surveys. In response, the Nutrition Cluster, in collaboration with the Nutrition Information Systems Technical Working Group (NISTWG), explored alternative data sources.

At the start of the year, routine MUAC screening data collected by partners in Gaza was minimal and focused primarily on children under two years of age attending vaccination sites. However, as the coverage of the CMAM programme expanded and partner presence increased, the availability of data improved significantly.

With support from the SMART initiative and the CDC, MUAC data underwent quality control and was regularly analyzed. These analyses produced governorate-level updates, offering valuable insights into the wasting situation. Efforts to collect weight-for-height data were largely unsuccessful due to persistent constraints, including the unavailability of necessary equipment in Gaza.

Despite these limitations, continuous efforts to enhance data quality throughout the year resulted in gradual improvements, enabling more reliable assessments of the acute malnutrition situation. This method allowed for the monitoring of acute malnutrition cases, but other forms of malnutrition—such as stunting and micronutrient deficiencies—remained largely undocumented.

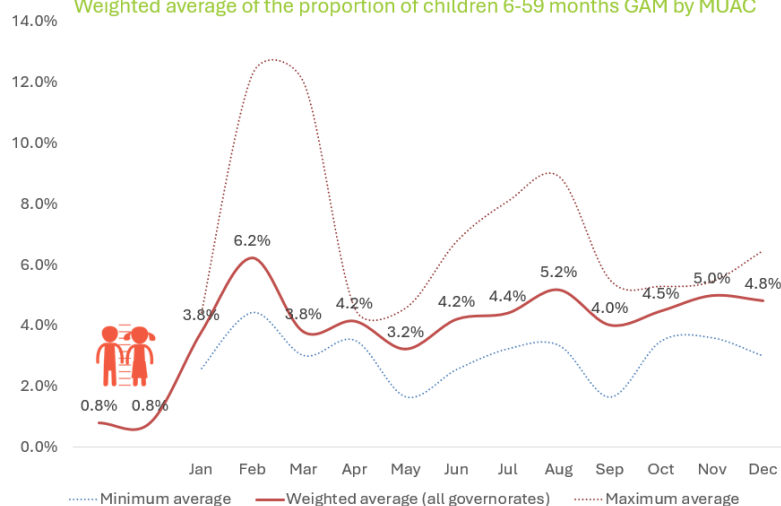
Prewar Malnutrition Status in Children under 5:

Before the conflict, the burden of both acute and chronic malnutrition in the Gaza Strip was low. The prevalence of acute malnutrition, measured by weight-for-height, stood at 0.8% (0.4% SAM and 0.4% MAM). Stunting prevalence was 9.0%, and the prevalence of underweight among children under five was 2.1%. (MICS 2021)

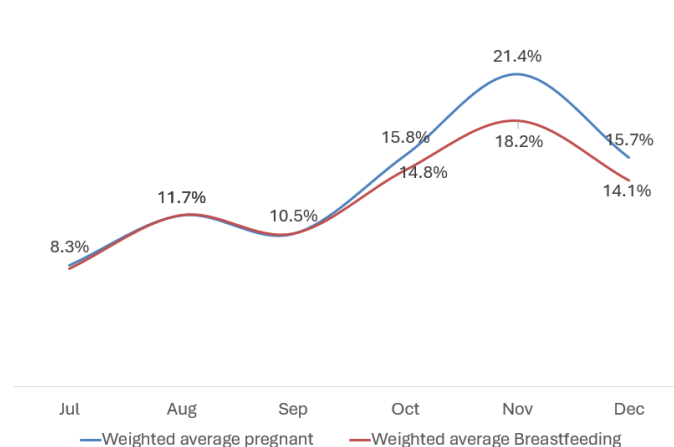
Trends in Acute Malnutrition (2024):

In January 2024, when nutrition partners began screening children using mid-upper arm circumference (MUAC), an increase in malnutrition rates was observed. By February, the prevalence of global acute malnutrition (GAM) measured by MUAC reached a very high 30% in children under 2 in North Gaza, prompting a risk of famine declaration for the area. Between March and June, the prevalence stabilized at 3–5% in children 6–59 months. However, another increase was observed between July and August, with GAM by MUAC slightly exceeding 5% in children 6–59 months after major displacements of the population from Rafah to the Middle area and the increased access challenges which prohibited movement of essential goods. From October to December, the prevalence returned to pre-July levels with the weighted average stabilizing between 4.5% and 5% in children 6–59 months.

Weighted average of the proportion of children 6-59 months GAM by MUAC



Weighted average of the proportion of pregnant of breastfeeding women with MUAC less than 23CM



Pregnant and Breastfeeding women (PBW): Maternal malnutrition remains a critical concern, with 15–20% of PBW experiencing acute malnutrition (MUAC < 23 cm), according to data from November to December 2024. Findings from the WFP CATI survey indicate that over 70% of households prioritize feeding children when food is scarce. This, combined with reports that over 80% of households have reduced meal sizes and more than 90% have decreased meal frequency between October and December, further exacerbates maternal nutritional deficiencies. In the Gaza Strip, these conditions severely compromise maternal health, increase the risk of pregnancy complications, and threaten infant survival by heightening the risks of low birth weight, stunted growth, and developmental delays. Additionally, maternal malnutrition can reduce both the ability and willingness to exclusively breastfeed, diminishing breastfeeding's critical protective effects against malnutrition and disease in infants.

GEOGRAPHIC COVERAGE AND PARTNERSHIPS

The Nutrition Cluster in the State of Palestine was activated on November 7, 2023, led by UNICEF, who deployed rapidly full-time cluster coordinators at Gaza and National level and an Information Manager at national level. The primary partners at the time of activation included UN agencies and local organizations that promptly established malnutrition prevention and treatment services within the health facilities and shelters they were already operating.

To initiate the nutrition response, the Nutrition Cluster, with support from key programme agencies—UNICEF, WFP, and WHO—trained partners' staff, health workers, and community health workers on various aspects of nutrition response delivery. Over the year, more than 1,300 service providers were trained in Infant and Young Child Feeding in Emergencies (IYCF-E) and the Community-based Management of Acute Malnutrition (CMAM).

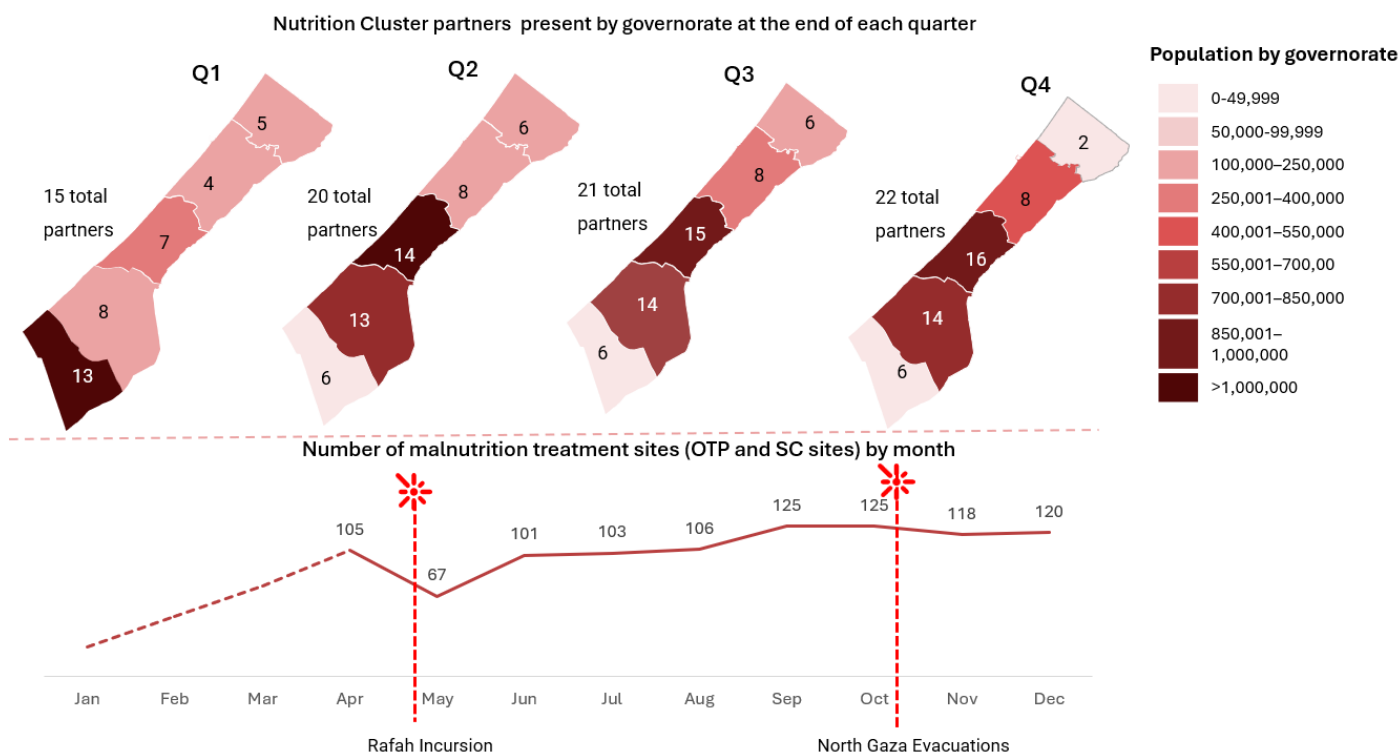
By the end of the first quarter of 2024, a total of 15 partners had established Outpatient Therapeutic Programmes (OTP) and Stabilization Centre (SC) services at 105 sites. With an increasing partner presence, further scale-up of nutrition services was anticipated in the second quarter. However, this progress was disrupted by the Rafah incursion and the subsequent displacement of the population to Khan Younis and the Middle Area. Partners went on to establish services in these two governorates, where the displaced population had relocated, resulting in a steady scale-up of activities during the third quarter.

By the end of 2024, 22 partners were providing services across 120 CMAM sites and an additional 144 blanket feeding sites. Minimal services were available in North Gaza, with only two partners operating due to evacuation orders in the region since October 2024.



22 Nutrition implementing partners. UN Agencies (4) UNICEF, UNRWA, WFP and WHO. Local Organizations (3): AEI, Juzoor and Sharek

International organizations (15): ACF, ANERA, EMPHNET, CCP Japan, GC, IHH, IMC, IRC, MedGlobal, MSF Belgium, MSF Spain, NECC, Project Hope, RI, SCL.



2024 FUNDING

In 2024 only 29% of the 151 M US\$ the nutrition cluster needs was funded with 31% funding for Gaza and only 7% funding for West Bank. Funding needs to be sustained and flexible, for partners to adapt to the rapidly changing situation.

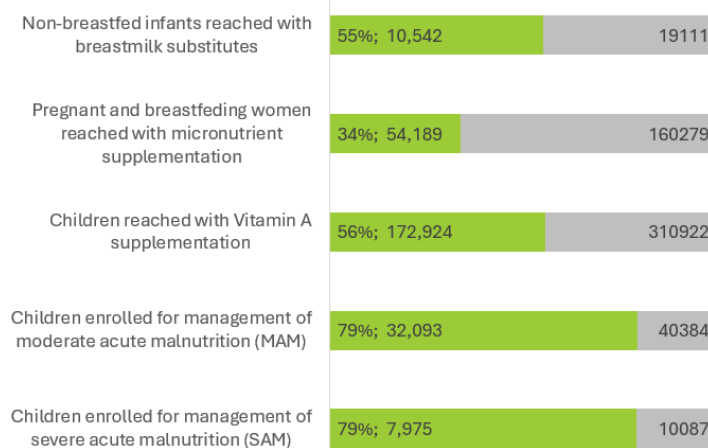
PROGRESS TOWARDS FLASH APPEAL TARGETS JAN – DEC 2024

Access, security constraints and major displacement of population in Gaza have over the past year continued to hamper the early detection of children and women requiring nutrition services and the scale-up of operational presence to provide needed support. Nevertheless, nutrition service delivery has increased throughout the year. All the malnutrition prevention activities played a key role in the prevention of the deterioration of the malnutrition status of vulnerable groups in Gaza.

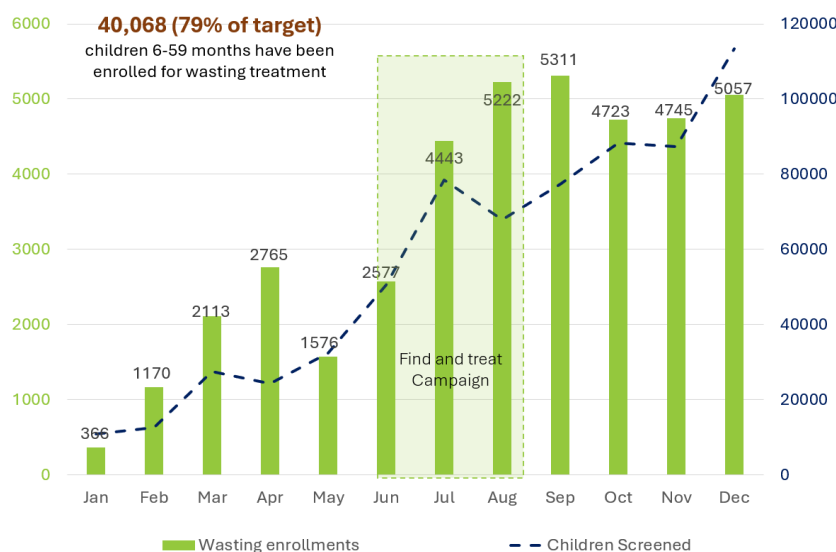
Prevention of malnutrition:

- All the 346,000 children aged between 6 and 59 months and the 160,000 PBW estimated in Gaza were targeted monthly for lifesaving nutrition supplements through blanket supplementary feeding (BSFP). However, challenges such as access restrictions and continuous displacement limited coverage, with only 33% of women and 48% of children reached at peak coverage¹. Despite these challenges, activities were scaled up, reaching more children and women in the last two quarters of 2024.
- Between October and November 2024, 172,972 children aged 24–59 months received Vitamin A supplements through a dedicated campaign. Children under the age of two were not included in the campaign's target group to mitigate the risk of adverse effects, as Vitamin A supplementation was administered alongside polio vaccination. Routine Vitamin A supplementation continued at health facilities; however, reporting was limited due to disruptions in information systems caused by the conflict.
- During the first half of 2024, 35,000 pregnant and breastfeeding women were supported through a UNICEF-supported cash program. These women received a top-up in addition to their household cash assistance.
- Since January, PBW and caregivers have benefited from nutrition group education, one-on-one counseling, and breastfeeding support. As service delivery scaled up, the proportion of PBW and caregivers with children under 2 reached with IYCF counseling increased from 29% in the first half of the year to 48% in the second half.
- A total of 10,000 infants benefitted from the provision of ready to use infant formula (RUIF). However, continuity of provision of RUIF for the infants in need was insufficient. Recurrent breastmilk substitute donation by non-cluster members remained an issue throughout the year despite multiple sensitizations on the issue.
- A total of 21 mother-baby areas were established, providing safe spaces for breastfeeding and nutrition support. Additionally, 392 support groups were formed to enhance peer-to-peer learning and community-level engagement.

Proportion reached against set targets for 2024 by indicator



Detection and treatment of Acute malnutrition:



Malnutrition screening coverage for children under five significantly increased over the year. The proportion of children screened at least once per quarter rose from 16% in the first quarter to 35% in the second, 68% in the third, and 93% in the fourth quarter. While there is a possibility that some children were screened more than once within the same quarter, partners sought to mitigate this by organizing screenings on a rotational basis, moving from site to site. There is also a possibility that children who were outside of areas with humanitarian access were missed with screening services.

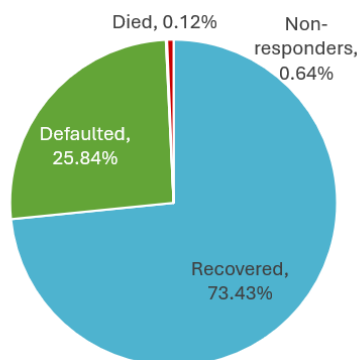
Among the children screened, 40,068 were enrolled in malnutrition management programmes. Of these, 32,093 were enrolled for the management of moderate wasting, while 7,975 were enrolled for the management of severe wasting, including 6% (456) who required inpatient care. Enrolment gradually increased as partners expanded service delivery.

¹ It is also estimated that the population in Gaza has decreased from 2.3 million to 2.1 million over the past year, with a decline in new pregnancies due to the ongoing war. As a result, it can be assumed that the initial target may have been overestimated.

The Rafah incursion in April 2024 temporarily disrupted service delivery during the first half of the year. However, from July to December, services stabilized, with an average of 5,000 children enrolled in malnutrition management programs monthly.

- Large-scale displacement in North Gaza in October 2024 prompted the relocation of both service providers and displaced populations, primarily to Gaza City. This shift leveraged existing nutrition services in Gaza city, ensuring continuity of care for affected populations.

Community Management of Acute Malnutrition (CMAM) Programme quality



The CMAM program records were predominantly managed using a paper-based system, where health workers/partners collected data on patient cards, which were subsequently recorded in patient registers. These cards tracked children's malnutrition status throughout their treatment until discharge.

However, there were significant gaps in reporting the program's outcomes in the Nutrition Cluster's centralized database. Of the 40,068 children admitted to the program, only 22% had their outcomes reported. Among these reported cases: 73.4% of children were recorded as having recovered; 25.8% were reported as defaulters.; 0.12% of children died during treatment and 0.6% were classified as non-recovered.

These figures highlight the need for improved follow-up of children that are admitted in the CMAM programme and improved follow up of defaulters. Additionally, there is need to improve the reporting systems to ensure better monitoring of program performance and outcomes.

OTHER SECTORS INPUT

Malnutrition is inherently multisectoral, and the coordinated efforts of the Food Security, Health, and WASH clusters in Gaza were instrumental in mitigating the prevalence of malnutrition during the 2024 conflict addressing underlying and immediate determinants of malnutrition.



The Food Security Sector and its partners played a critical role in ensuring food availability and accessibility for vulnerable households. The distribution of food parcels, hot meals, bread, and flour aimed at enabling families to maintain a minimum nutritious diet, mitigating the risk of malnutrition. Despite the efforts made by food security partners, since July, the reach of the food security actors has declined due to the limited entry of supply into the Gaza strip, especially in the South. Less than 50% of the people in need received food parcels between July and October, with a low point at less than 25% of the population in October. As a result, household food consumption scores remained poor in many areas, reflecting the ongoing strain on food security caused by insufficient aid, multiple displacements and restricted access to livelihoods.



The WASH Cluster played a crucial role in maintaining access to clean water and sanitation despite 84.6% of critical infrastructure being damaged and no functional

wastewater treatment plants. The shutdown of the Gaza Power Plant and electricity cuts forced reliance on backup generators and fuel, straining service delivery. However, WASH partners enabled access to drinking water through water system repairs, fuel provision, and advocacy for chlorine supply. Hygiene promotion, sanitation facility rehabilitation, and training helped reduce the risk of waterborne diseases, particularly diarrheal diseases, which contribute to malnutrition. Despite an increase in diarrheal cases, these efforts prevented major outbreaks, protecting vulnerable populations, especially children under five.



Despite the collapse of the health system, with 94% of the health facilities either destroyed or damaged, the health cluster partners adapted their response to continue to deliver health service to the population, through the deployment of field hospitals and emergency medical teams and the multiplication of medical points next to the displaced population. On average, 380,000 people were reached each week with health services. The health cluster also strengthened disease surveillance systems, enabling the early detection of potential health threats. For instance, poliovirus was identified through enhanced surveillance efforts in Gaza. This detection triggered an immediate response, including the implementation of two polio vaccination campaigns. Despite the complex operational environment, these measures were essential in preventing a health crisis that could have further exacerbated malnutrition among children.

COORDINATION AND TECHNICAL WORKING GROUPS

1. Nutrition Information system Technical Working group

Nutrition Situation Analysis: The NISTWG played a crucial role in identifying needs and priorities for children under five and pregnant and breastfeeding women (PBW) throughout 2024. It continues to monitor malnutrition among children under five using routine MUAC data provided by partners. By the end of 2024, a total of 365,000 data points for children and 60,000 for PBWs had been analyzed, providing essential insights into malnutrition trends in the absence of traditional surveys. Additionally, contributing factors to acute malnutrition were assessed through WFP's regular phone and SMS-based CATI surveys and UNICEF's Cash Programme Post-Distribution SMS-based Monitoring platform, offering insights into diet diversity, food group consumption, morbidity, and access to humanitarian assistance.

Throughout 2024, the NISTWG produced three Nutrition Vulnerability Analysis reports for Gaza, with the latest published in June. These reports provided critical insights into the population's nutritional status and guided response efforts. The technical working group also played a key role in supporting IPC exercises in Gaza, particularly the most recent IPC analysis, which was the first to integrate both food insecurity (AFI) and acute malnutrition (AMN) assessments since the escalation in October 2023.

2. Infant and young child feeding and supplementation Technical Working Group

The IYCF-TWG conducted a survey from July 4 to August 2 across three governorates in Gaza (Rafah, Khan Younis and Middle Area) to assess breastfeeding practices and the use of breast milk substitutes among mothers of children aged 0–11 months. The results revealed that only 40% of infants under six months were exclusively breastfed. Additionally, 82% of children aged 0–11 months had received breastmilk the previous day, with breastfeeding rates varying by age: 86% among infants aged 0–5 months and 79% among those aged 6–11 months.

Infant formula emerged as the most common alternative for children not exclusively breastfed, with 55% of caregivers purchasing it and 30% receiving it as donations from NGOs. The findings of this survey have been utilized to inform various analyses and responses in Gaza.

Following the survey, the IYCF-TWG collaborated with the Sexual and Reproductive Health (SRH) TWG to improve the early initiation of breastfeeding. A joint session was conducted to enhance breastfeeding practices, with the goal of improving maternal and neonatal health and nutrition outcomes in Gaza.

The IYCF-TWG is also partnering with the WASH cluster to develop an Infant and Young Child Feeding (IYCF) and Water, Sanitation, and Hygiene (WASH) Integration Guidance Note. This document will provide comprehensive guidance for creating programmatic environments that support infant and young child nutrition through integrated approaches.

3. Wasting Management Technical Working group

The Wasting management technical working group has been instrumental to develop the guidance needed to start a CMAM programme at scale and adapted it throughout the year. Simplified protocols were developed at the beginning of the conflict escalation, to ensure early detection and treatment of children. It was based on detection through MUAC-screening, and simplified dosage with only one product for both MAM and SAM (RUTF). As capacities increased and with the engagement of new partners, the TWG members were central for the development of additional guidance, aim at improving quality of care and coverage. By the end of 2024, the group, with support of the GNC and UN agency, especially UNICEF and WHO had developed:

- An interim guidance for wasting prevention and treatment in Emergency (outpatient), that follows the key elements of the 2023 WHO guidance on wasting, including the children under 6 months and the prevention part.
- An inpatient (stabilization center) guideline for severe acute malnutrition with complication, for hospital practitioners.
- A targeted supplementation guideline for pregnant and breastfeeding women detected with acute malnutrition.



LOOKING FORWARD

GAZA STRIP

In 2025, the nutrition cluster plans to scale up nutrition response for the prevention and treatment of malnutrition both in Gaza and Westbank while continuously monitoring the evolution of the nutrition situation and other aggravating factors to inform the response. Key activities included in the flash appeal² include:

Scale up and adapt prevention: Promote breastfeeding for 32,300 infants under six months, assist 10,000 children unable to breastfeed, and provide age-appropriate complementary food. Establish safe nutrition spaces with WASH, protection, and psychosocial support services for mothers and children. Ensure blanket supplementary feeding for 290,000 children

under five and 150,000 PBW using specialized products or cash transfers.

Improve quality treatment: Detect and manage wasting in children and PBW, screen all children 6-59 months regularly, and treat 60,000 children and 16,500 PBW using simplified protocols, with referrals to stabilization centers when needed.

Improve NIS and analysis (multi-dimension of nutrition): Improve data quality and analysis by strengthening MUAC-based proxy-GAM monitoring, anthropometric surveillance, and tracking dietary diversity and IYCF indicators, including special needs. Strengthen field data collection through training and monitoring, and conduct a SMART survey when security allows.

The Cease fire plan was based on the key nutrition activities integrated in the flash appeal, with the willingness to further improve quality of services and increase coverage, with ensuring continuity of services as huge movement of population, in part back to area of origin, are expected. The ceasefire is also a good opportunity to realize a comprehensive nutrition situation assessment, including the collection of comprehensive anthropometric data. A sustain ceasefire is necessary for its realization.

² <https://www.ochaopt.org/content/flash-appeal-occupied-palestinian-territory-2025>



WEST BANK

In the West Bank, the Flash Appeal strategy aims to enhance emergency nutrition preparedness by providing training and tools to equip existing partners to address the deteriorating security and economic situation and limited access to health services. The cluster will support the nutrition department in monitoring the nutrition situation by strengthening the nutrition information system and enhancing coordination efforts. Key priorities include training essential staff on CMAM and IYCF in emergencies, starting with the regions most affected by the current escalation. The plan also includes providing nutrition counseling and additional cash assistance for pregnant and breastfeeding women and children in families at risk of food insecurity.

FUNDING

Funding is urgently needed. The 2025 Flash Appeal estimate that 203million USD are necessary, including 183 for Gaza and 20 million for the West Bank to cover the most urgent needs. Funding needs to be sustained and flexible, for partners to adapt to the rapidly changing situation.

List of Acronyms in Bulletin

AFI - Acute Food Insecurity

AMN - Acute Malnutrition

BSFP - Blanket Supplementary Feeding Programme

CATI - Computer-Assisted Telephone Interviewing

CMAM - Community-based Management of Acute Malnutrition

cVDPV2 - Circulating Vaccine-Derived Poliovirus Type 2

GAM - Global Acute Malnutrition

GNC - Global Nutrition Cluster

IPC - Integrated Food Security Phase Classification

IYCF-E - Infant and Young Child Feeding in Emergencies

MAM - Moderate Acute Malnutrition

MICS - Multiple Indicator Cluster Survey

MUAC - Mid-Upper Arm Circumference

NIS - Nutrition Information System

NISTWG - Nutrition Information System Technical Working Group

OTP - Outpatient Therapeutic Programmes

PBW - Pregnant and Breastfeeding Women

RUIF - Ready to Use Infant Formula

RUTF - Ready-to-Use Therapeutic Food

SAM - Severe Acute Malnutrition

SC - Stabilization Centre

SMART - Standardized Monitoring and Assessment of Relief and Transitions

SRH - Sexual and Reproductive Health

WASH - Water, Sanitation, and Hygiene



UNICEF provides technical and human resource support for the SoP nutrition cluster as the Cluster Lead Agency.