State of Palestine
Nutrition
Cluster

# SoP Nutrition Cluster Coordination Meeting

**22 Jul 2026**

# Agenda

| Agenda Item | Minutes |
|---|---|
| Introduction & Action Points | 1300 - 1305 |
| Update from the ICCG | 1305 - 1310 |
| SMART Survey | 1310 - 1330 |
| Strategic reflections based on SMART survey & HNRP Update | 1330 - 1340 |
| Midyear dashboard | 1340 - 1405 |
| West Bank Update | 1405 - 1415 |
| Partner Updates | 1415 - 1430 |
| AOB | |

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| Action | Status |
|---|---|
| Complete and present bilateral data validation with partners and finalize CMAM indicators integration into the dashboard | Done |
| Conduct bilateral data validation where discrepancies are identified. | Ongoing |
| Review current screening strategies to ensure outreach activities prioritize higher-risk communities rather than repeatedly screening the same lower-risk populations. | Done |
| Conduct trend analysis through NIS TWG | Done |
| Follow up bilaterally on implementation of inpatient protocols for children above 12 years. | In Progress |
| Finalize the acute malnutrition burden estimates for children and mothers to accompany the IPC release. | Done |
| Present SMART Survey results when ready | Will be presented today |
| Collect site closure reports through the site closure reporting tool as facilities become affected. | Ongoing |
| Conduct a technical review of the MAM-to-SAM admission ratio through the CMAM Technical Working Group. | Done |
| Raise breastfeeding barriers and infant admissions during the next CMAM Technical Working Group meeting. | In Progress |

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# Update from the ICCG

# Gaza Nutrition SMART Survey Result

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SMART

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ACTION AGAINST HUNGER

# Survey goal and objectives

**GOAL:** To assess the nutritional status of children aged 0–59 months and women of reproductive age (15–49 years) and identify key contributing factors to malnutrition across the Gaza Strip to inform the humanitarian response.

**Specific objectives:**

- To estimate the prevalence of acute and chronic malnutrition in children 0-59 months
- To estimate the prevalence of morbidities (diarrhoea, fever, ARI) in children 0-59
- To assess the health seeking behaviours of mothers of children 0-59 months.
- To assess IYCF practices in caregivers of children 0-23 months.

***Limitation of the survey:*** *The survey is representative on areas that are accessible for humanitarian interventions within each Domain and Gaza Strip i.e., areas considered inaccessible were removed from the sampling frame before the cluster selection.*

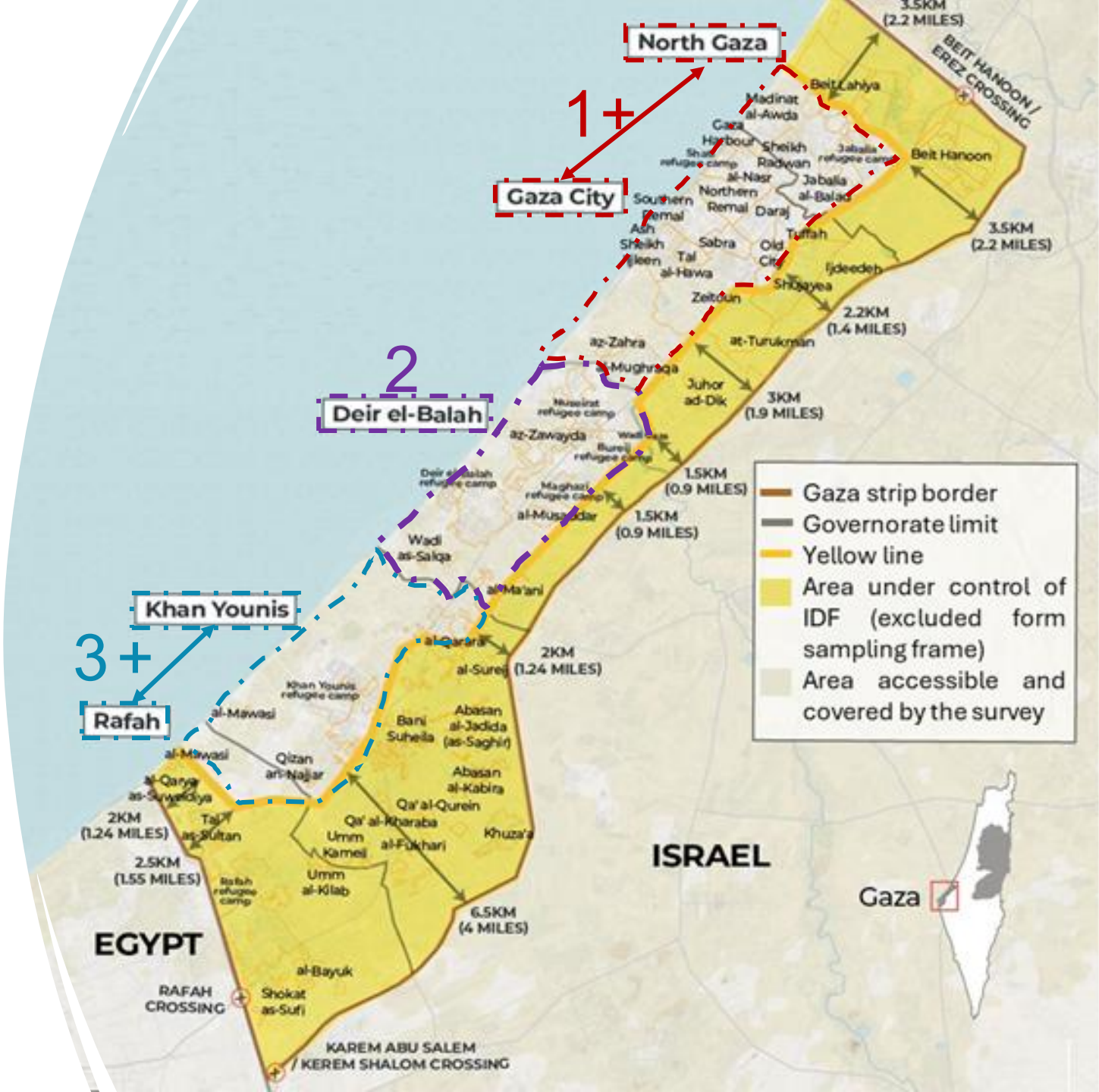
# Methodology

| Section | Methods |
|---|---|
| Study design | Cross-sectional, SMART methodology, quantitative |
| Survey areas | 3 Governorate zones (Gaza City/North Gaza, Deir Al-Balah, and Khan Yunis/Rafa), each with an independent sample.<br>Weighted results for Gaza Strip Region will also be provided. |
| Survey participants/ Target | Children 0-59 months: Child anthropometry and morbidity<br>Children 0-23 months: Infant and Young Child Feeding practices<br>Women 15-49 years: Acute malnutrition |
| Sampling | Two stage cluster sampling<br>1st stage: random selection of clusters based on Population Proportional to size (PPS)<br>Population figures estimated from last update master list of Settlements<br>SMART + infrastructure aided the process<br>2nd stage: selection of HHs within clusters using SRS |

# Target Population

- Access and Security: Access to survey areas within the Yellow Line is subject to security clearance and operational approval by ACF our implementing partner.

- Survey Domains: The survey is designed to produce three independent, representative estimates (survey domains), as illustrated on the map.

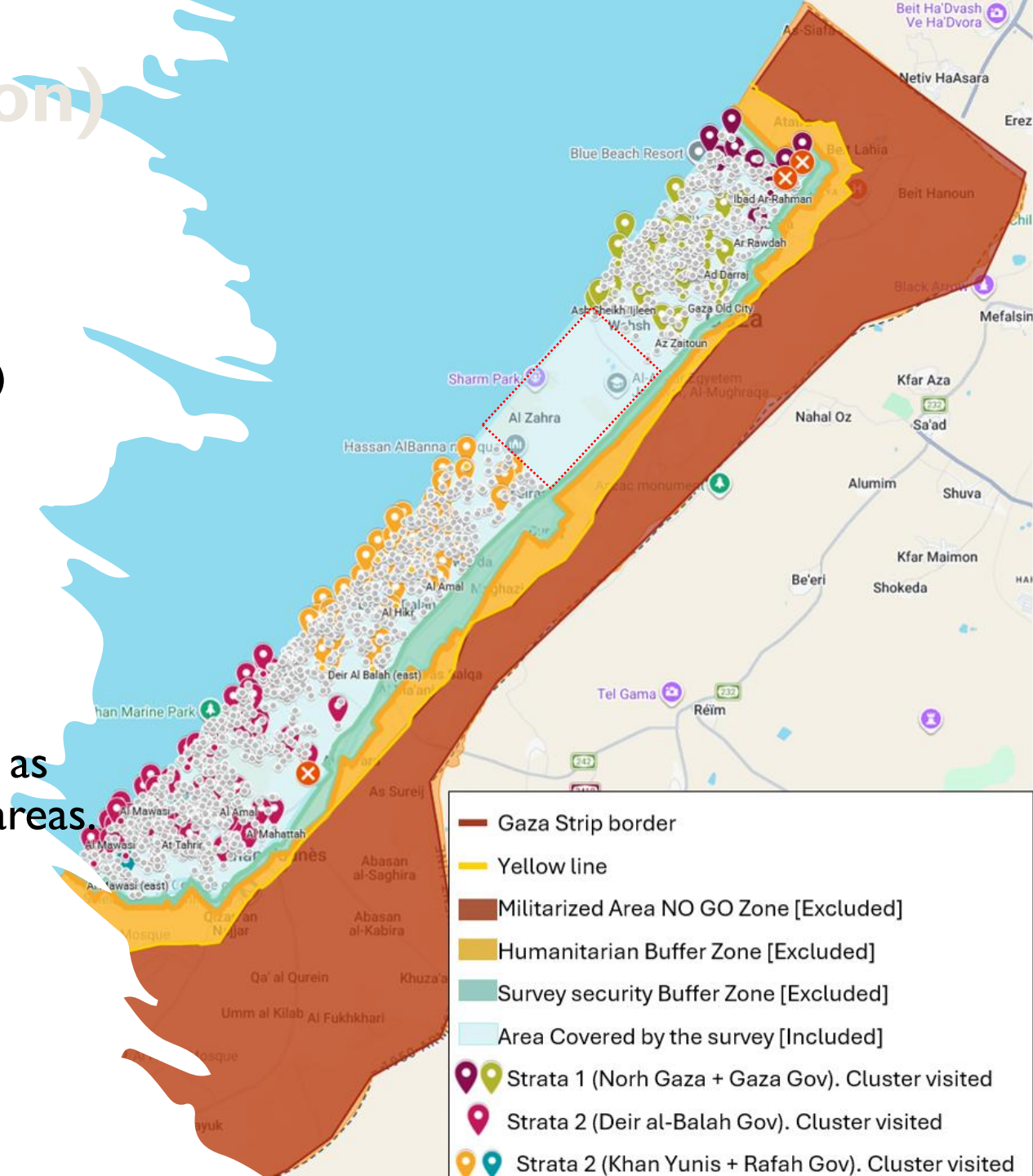


# Representativeness (Exclusion)

## Key Messages

- Population Included: an estimated 1.72 million people (83%)
- Population Excluded: Approximately 358,244 people (17%) because of access and security constraints:
  - No Go Zone (3%)
  - Humanitarian Buffer (4%)
  - SMART Survey Security Buffer (8%)
  - Netzarim Corridor (1%)

The survey findings should therefore be interpreted as representative of populations residing in accessible areas.



# Results

# Results- Sample Size

| Governorate | Number of Clusters | | | Number of Households | | | | | Number of Children 0-59m | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Planned | Surveyed | % | Planned | Consented | Absent | Refused | % | Planned | Surveyed | Measured | % |
| **Gaza City/North Gaza** | 50 | 48 | 96.0 | 750 | 697 | 21 | 2 | 92.9 | 331 | 544 | 518 | 156.5 |
| **Deir Al-Balah** | 50 | 50 | 100.0 | 750 | 688 | 62 | 0 | 91.7 | 331 | 420 | 396 | 119.6 |
| **Khan Yunis/Rafa** | 50 | 49 | 98.0 | 750 | 704 | 28 | 3 | 93.9 | 331 | 447 | 421 | 127.2 |
| **Total** | 150 | 147 | | 2250 | 2089 | | | | 993 | 1411 | 1335 | |

Achieved 98% of planned clusters despite operational constraints.

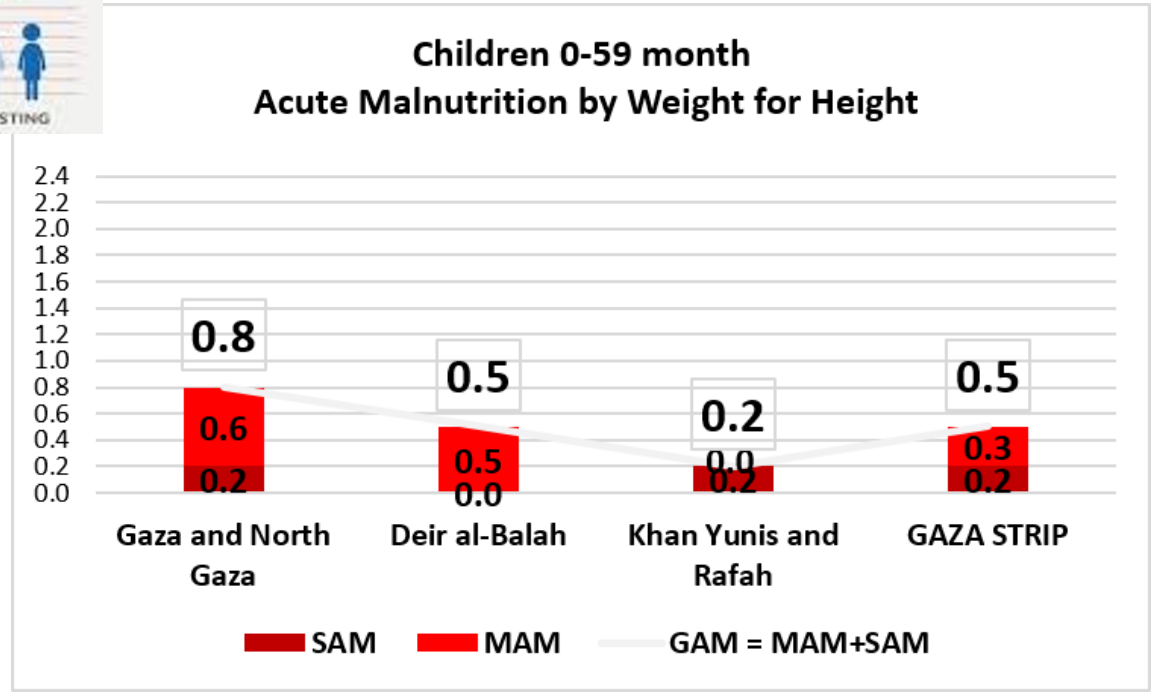
HHs response rates exceeded 91% across all domains,.

Non-response resulted from HH absence rather than refusal,.

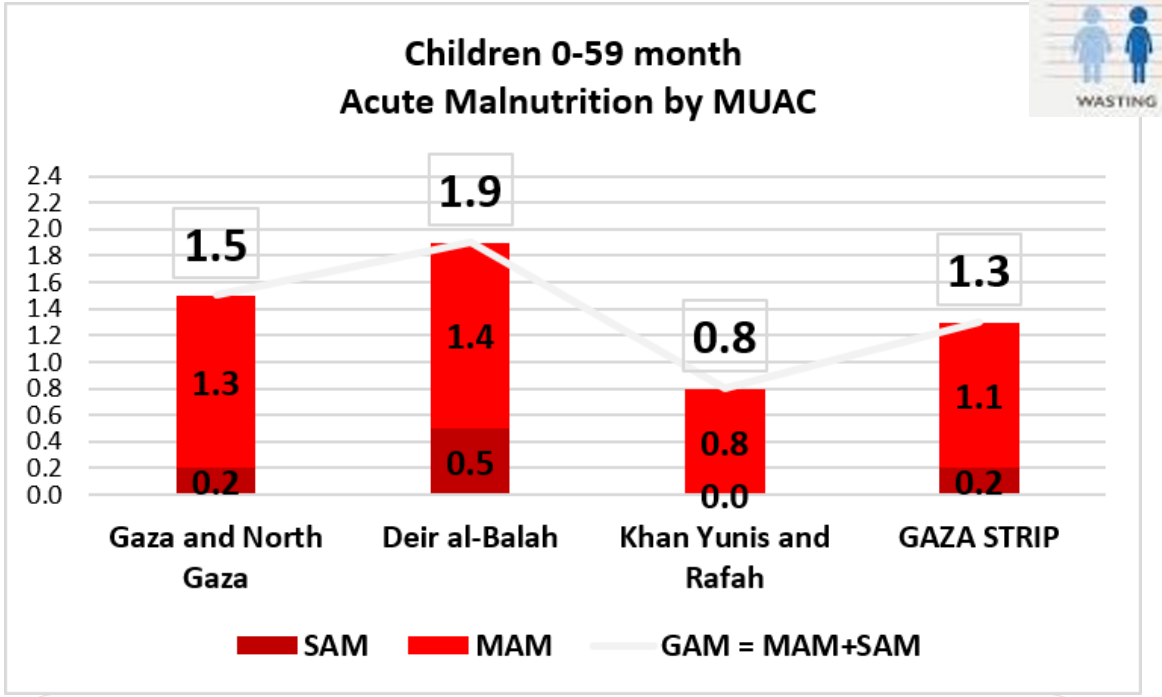
Exceed minimum require sample for the precision and reliability of survey estimates

# Acute malnutrition remains low, but screening must continue

## WHZ wasting remains low in all domains




## MUAC identifies slightly more children than WHZ

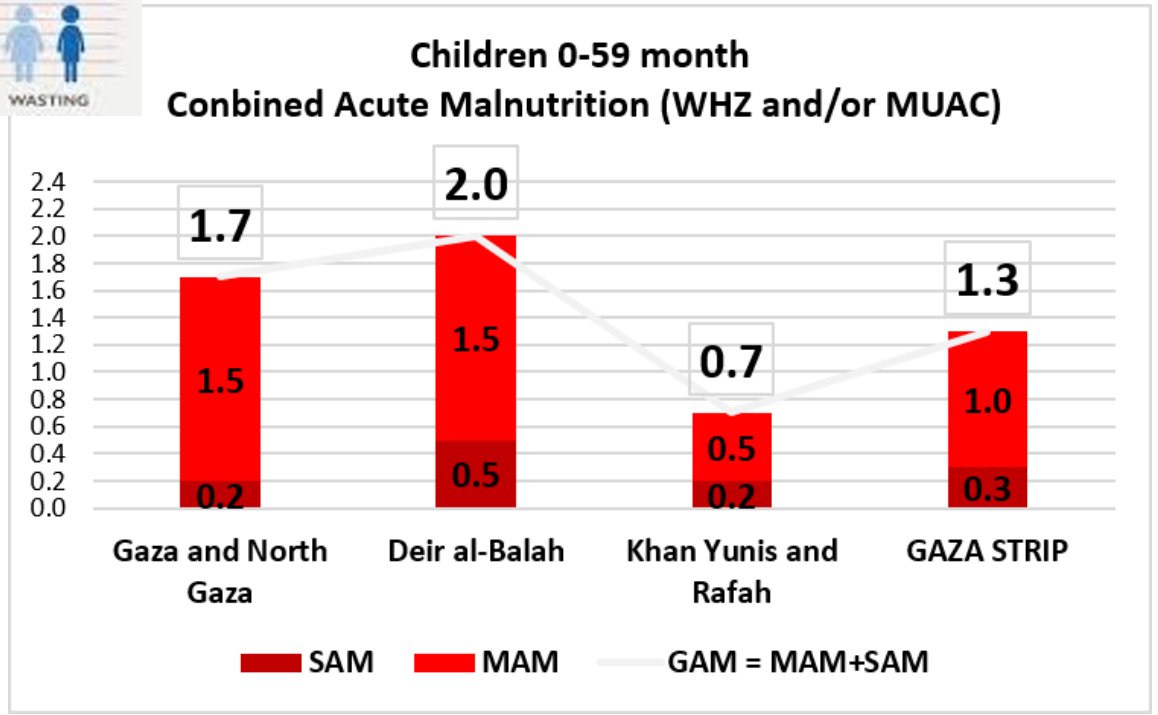



- Wasting by WHZ is low across all domains, suggesting no widespread acute malnutrition at population level.
- Gaza City/North has the highest WHZ GAM at 0.8%, while Khan Younis/Rafah has the lowest at 0.2%.
- SAM by WHZ remains very low in all domains, but any severe case still requires active follow-up.

- MUAC identifies a slightly higher GAM burden than WHZ in all domains.
- Deir Al-Balah records the highest MUAC GAM at 1.9%, followed by Gaza City/North at 1.5%.
- This reinforces the need to maintain routine MUAC screening even where WHZ wasting is low.

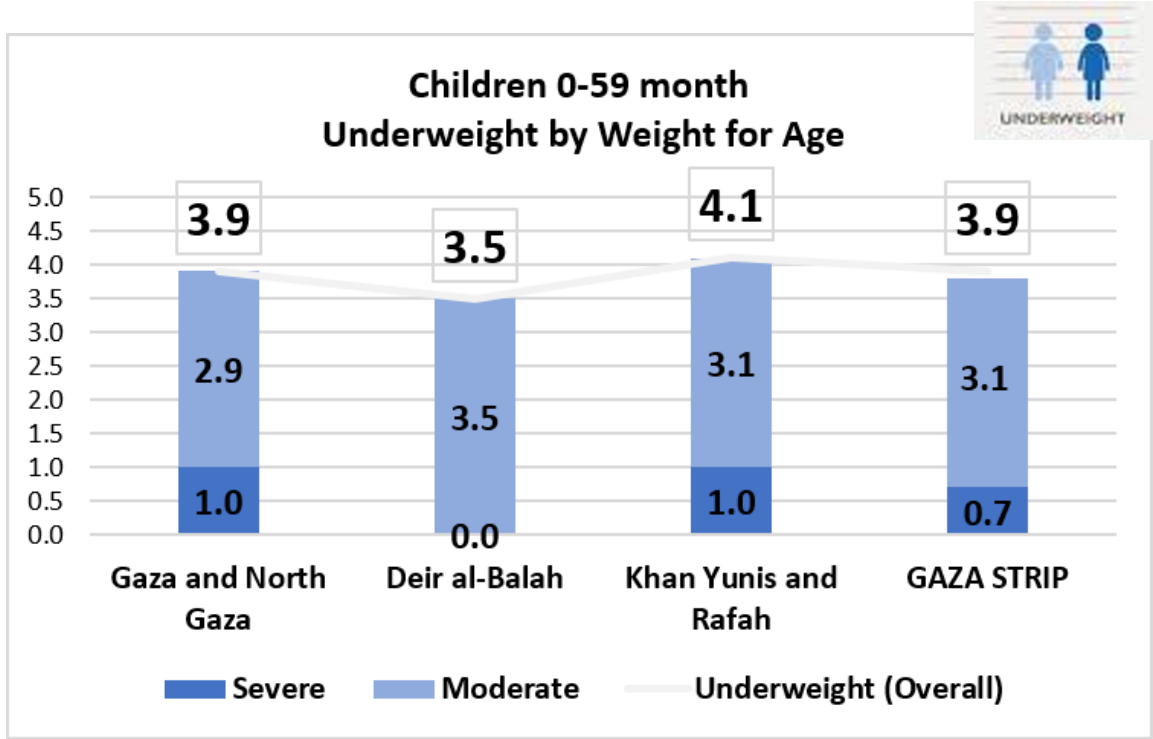
# Combined acute malnutrition and underweight: programmatic view

## Combined GAM is low but programmatically important




- Combined GAM remains low overall, with Gaza Strip at 1.3%.
- Deir Al-Balah has the highest combined GAM at 2.0%, while Khan Younis/Rafah has the lowest at 0.7%.
- Combined GAM is the most programmatically useful indicator because it captures children identified by either WHZ or MUAC.

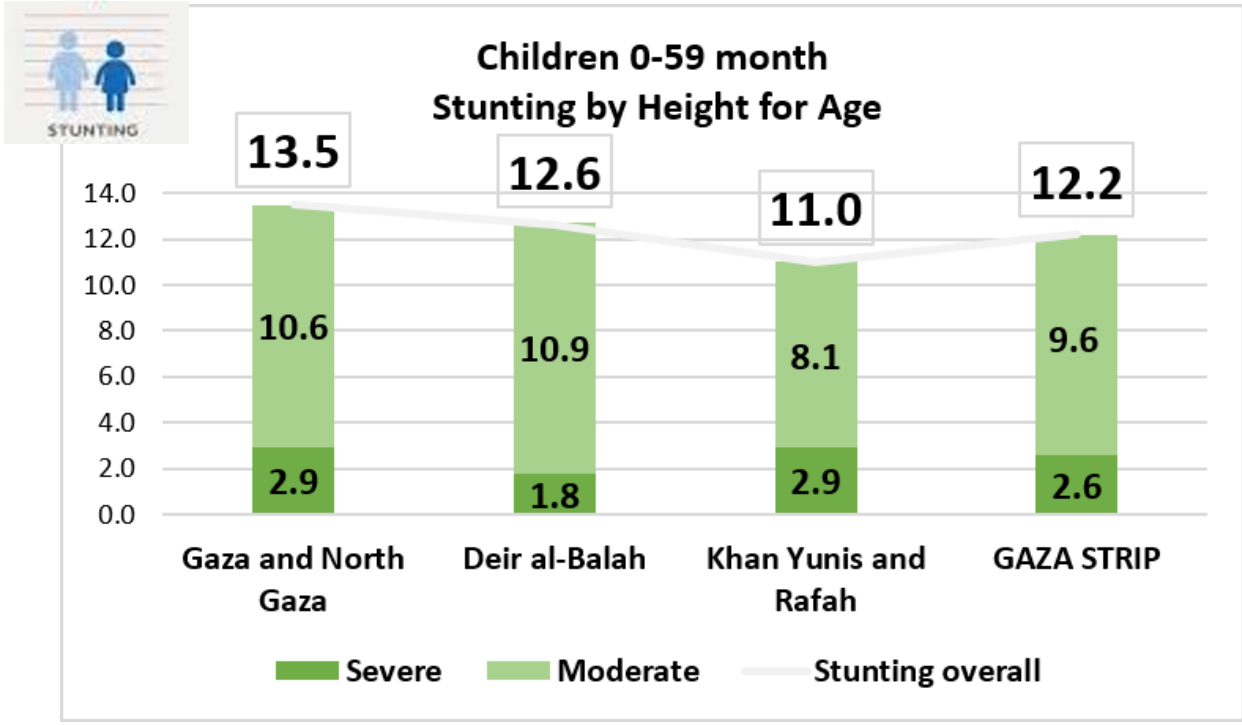
## Underweight reflects both acute and chronic stress.



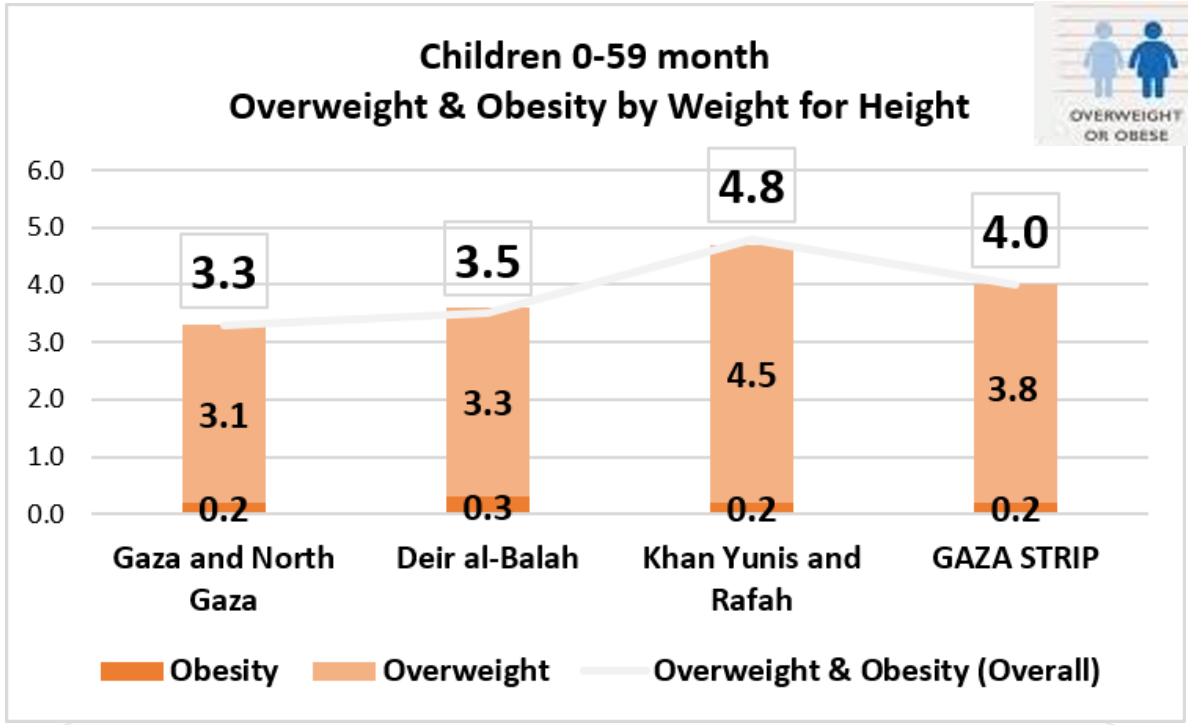

- Underweight remains present across all domains, reflecting both acute and chronic nutritional stress.
- Khan Younis/Rafah has the highest underweight prevalence at 4.1%, while Deir Al-Balah has the lowest at 3.5%.
- The Gaza Strip estimate is 3.9%, supporting the need for continued nutrition prevention and monitoring.

# Chronic malnutrition and dual burden signals

**Stunting is the key child nutrition concern.**




**Overweight indicates a dual burden.**

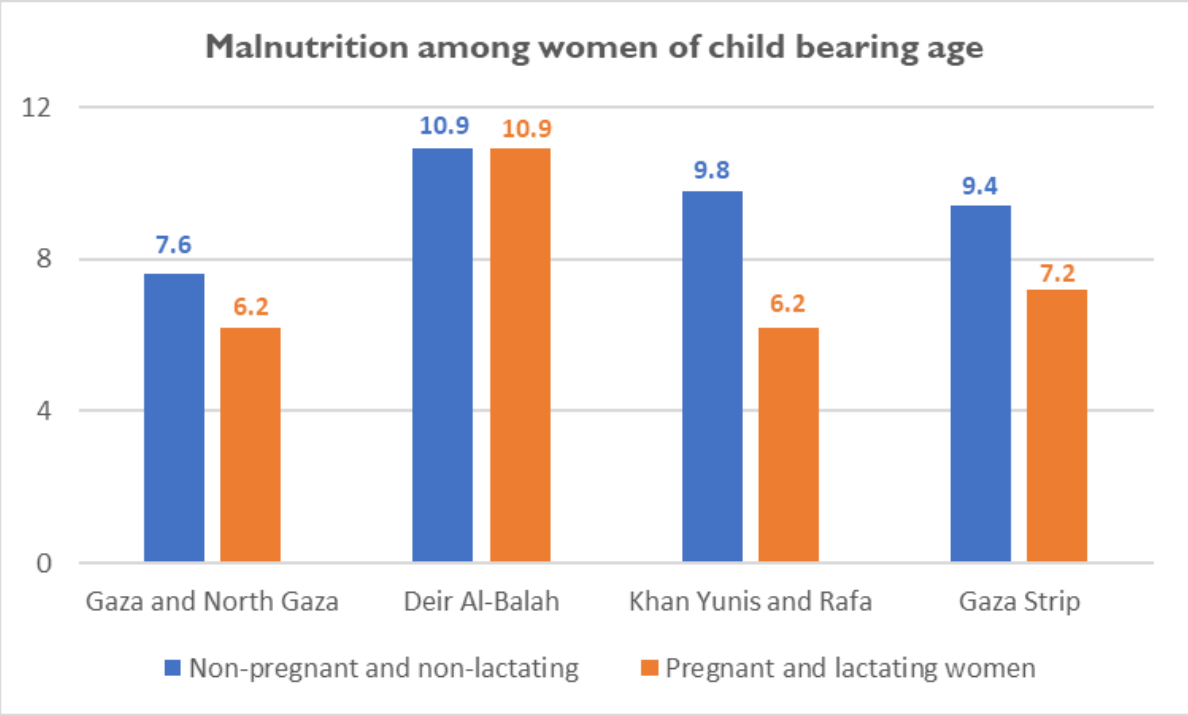



- Stunting is the main child nutrition concern, affecting around one in eight children in Gaza Strip.
- Gaza City/North shows the highest stunting prevalence at 13.5%, followed by Deir Al-Balah at 12.6%.
- This points to longer-term nutritional stress and repeated deprivation beyond immediate wasting.

- Overweight is also present, showing a dual burden of malnutrition in the population.
- Khan Younis/Rafah has the highest overweight prevalence at 4.8%.
- The coexistence of wasting, stunting and overweight highlights the importance of diet quality, not only food quantity.

# Women's nutrition

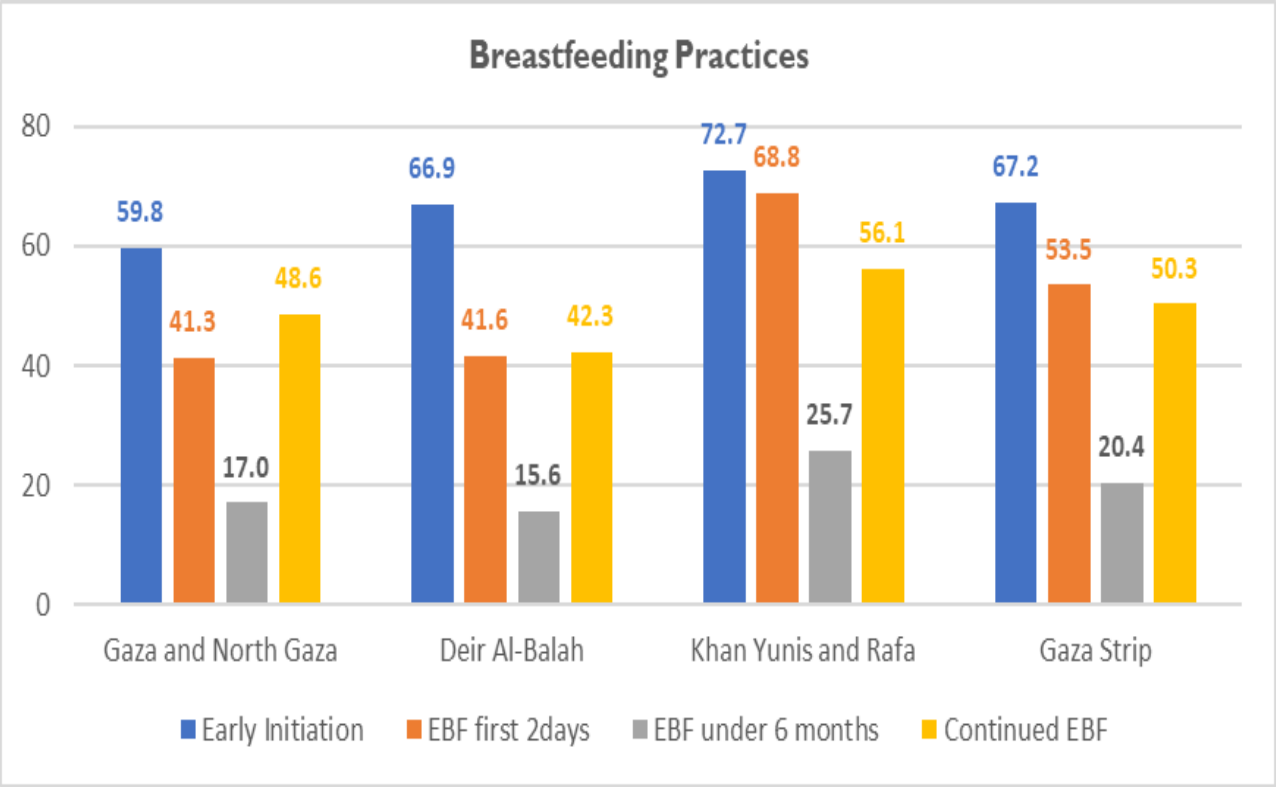
## Women's malnutrition requires sustained attention.




- Women's malnutrition remains a concern, especially among non-pregnant/non-lactating women in Deir Al-Balah at 10.9%.
- Pregnant and lactating women also show nutritional vulnerability, with Gaza Strip at 7.2%.
- Maternal nutrition should remain a priority because it affects pregnancy outcomes, breastfeeding and child growth.

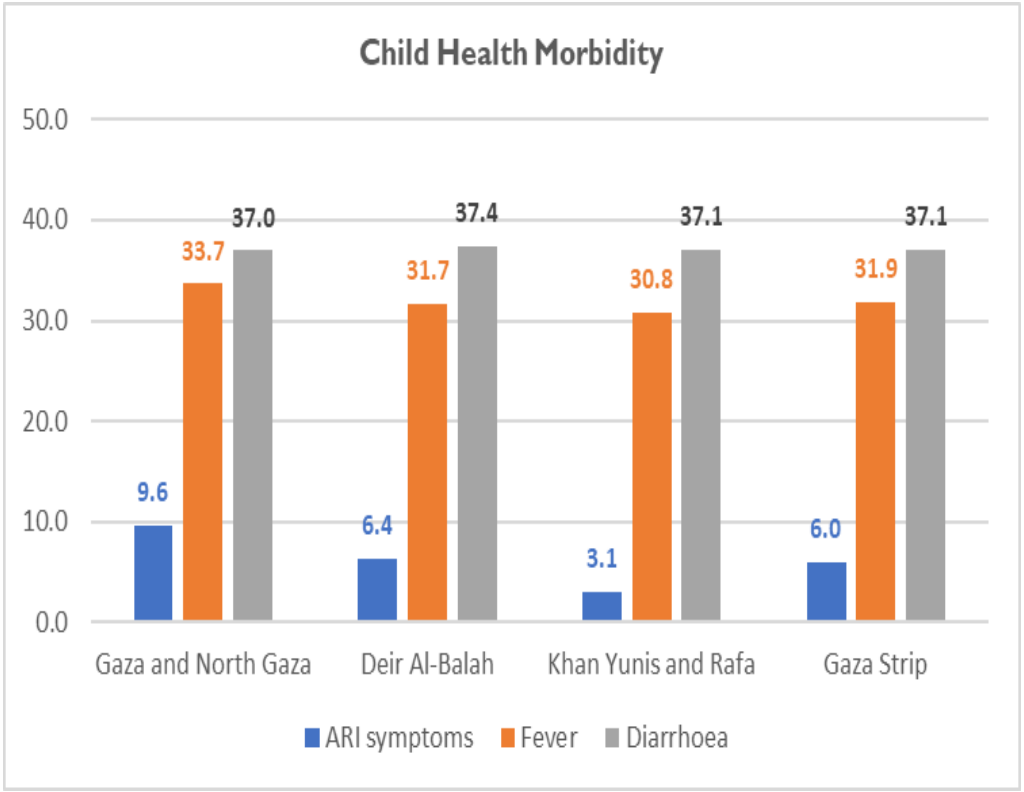
# Breastfeeding practices and child morbidity

## EBF remains low, especially under 6 months.




- Early initiation is moderate at Gaza Strip level (67.2%), with Khan Younis/Rafah performing best.
- Exclusive breastfeeding under 6 months remains low at 20.4% in Gaza Strip.
- Strengthening skilled IYCF counselling is critical, especially for mothers with infants under six months.

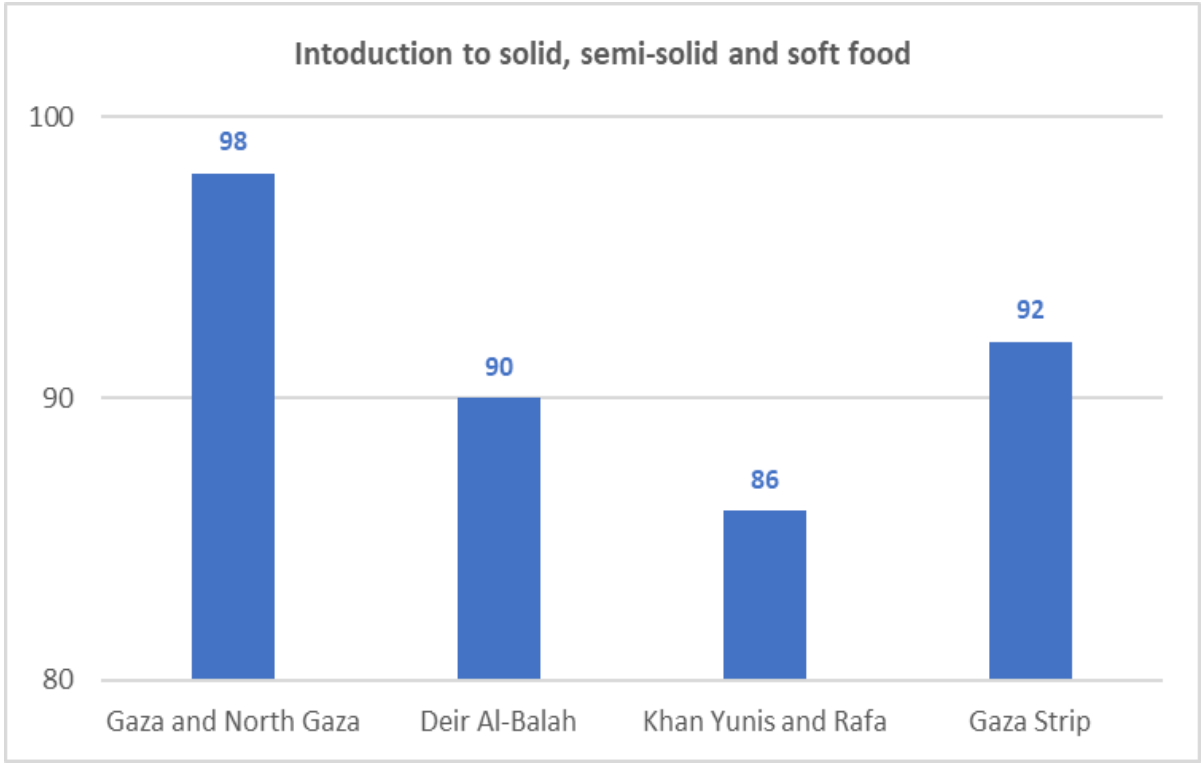
## Diarrhoea and fever are substantial burdens.




- Diarrhoea is high and consistent across domains, with Gaza Strip at 37.1%.
- Fever affects nearly one-third of children, indicating a high burden of illness.
- Morbidity can quickly worsen nutritional status, making integrated health, WASH and nutrition response essential.

# Timely complementary feeding

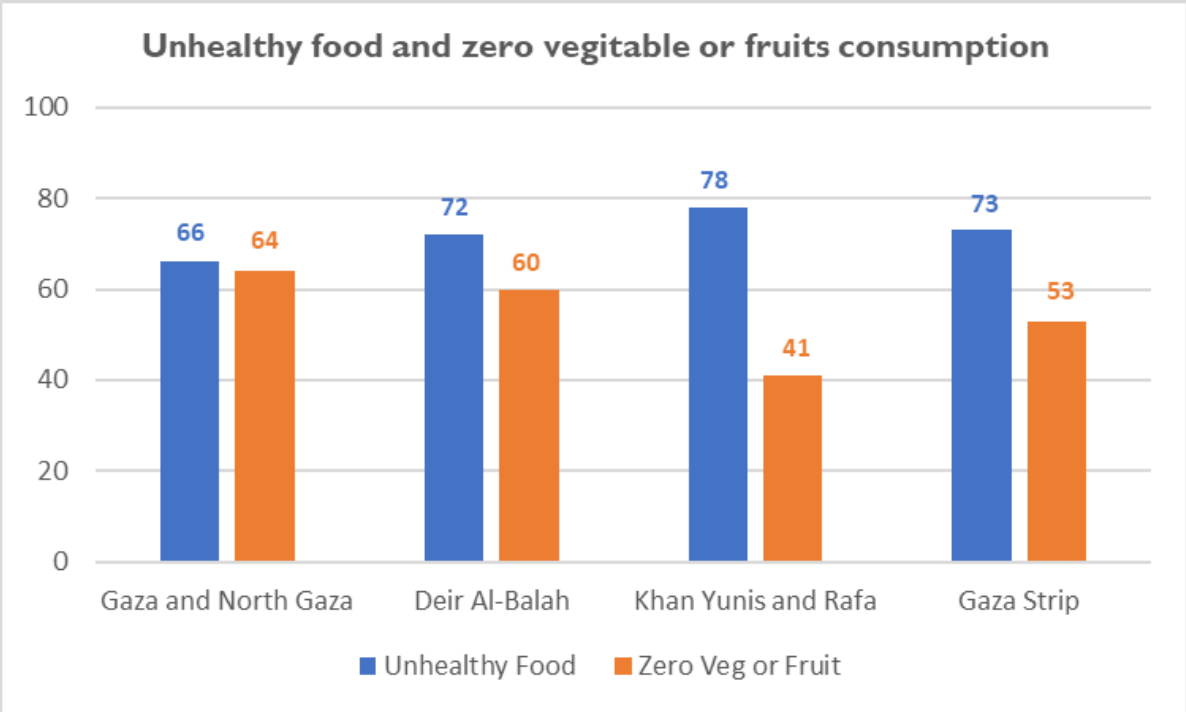
**Food introduction is high, but quality matters.**



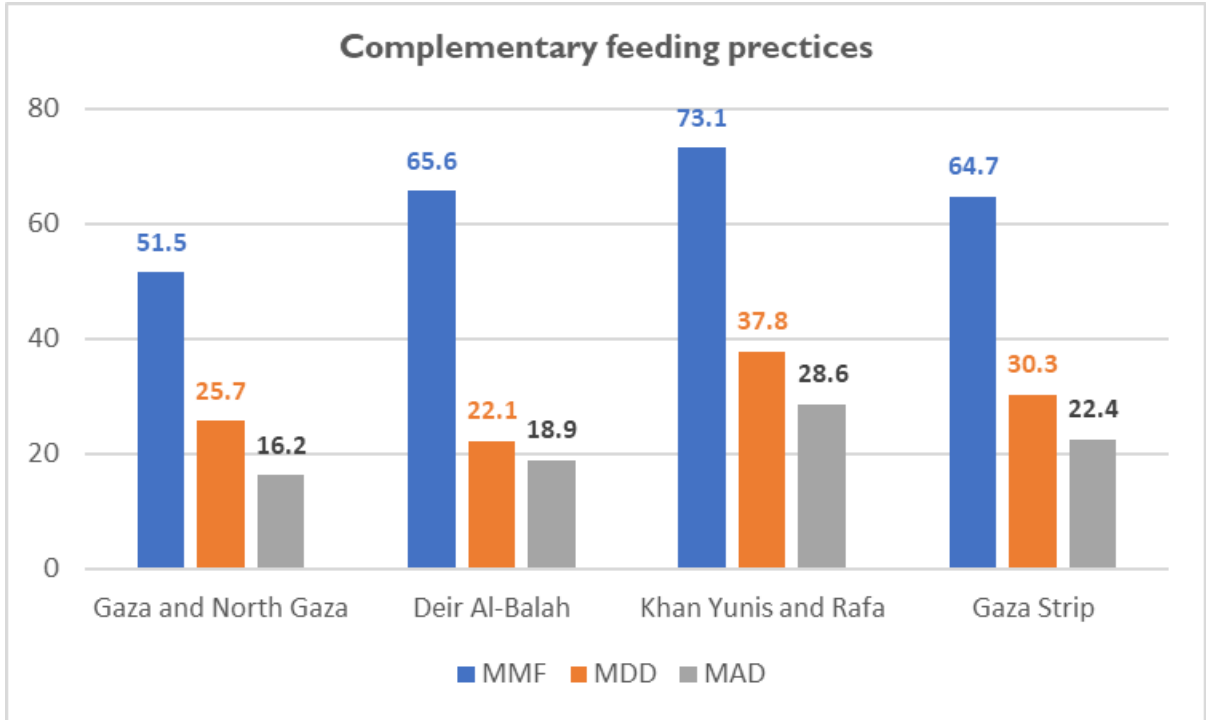

- Most children 6–8 months received timely introduction of complementary foods.
- Gaza Strip coverage is high at 92.1%, though Khan Younis/Rafah is comparatively lower at 86.4%.
- The next priority is not only introduction of foods, but ensuring quality, diversity and adequate frequency.

# Child diet quality: high unhealthy foods, low acceptable diet

**Poor diet quality is a major warning signal.**




**Minimum acceptable diet remains low.**




- Unhealthy food consumption is high across domains, reaching 78.2% in Khan Younis/Rafah.
- Zero vegetable or fruit consumption remains high, especially in Gaza City/North at 64.0%.
- These findings highlight poor diet quality despite low acute malnutrition.

- Meal frequency is better than dietary diversity, but both remain below optimal levels.
- Minimum dietary diversity is only 30.3% at Gaza Strip level, indicating limited access to varied foods.
- Minimum acceptable diet is low at 22.4%, confirming poor overall feeding adequacy for young children.

**1. breast milk; 2. grains, roots, tubers and plantains; 3. pulses (beans, peas, lentils), nuts and seeds; 4. dairy products (milk, infant formula, yogurt, cheese); 5. flesh foods (meat, fish, poultry, organ meats); 6. eggs; 7. vitamin-A rich fruits and vegetables; and 8. other fruits and vegetables.**

# Key Messages and Priority Actions

# KEY MESSAGES

1. Acute malnutrition remains low, but nutritional vulnerability remains high.
2. Stunting remains the leading child nutrition concern, affecting about 1 in 8 children.
3. Child morbidity is high, especially diarrhea and fever, increasing nutrition risks.
4. Diet quality is poor, with low MDD/MAD and high unhealthy food consumption.
5. Women's malnutrition remains a concern and should remain central to the response.
6. Nutrition gains remain fragile and depend on sustained food, health, WASH, and nutrition support.

# PRIORITY ACTIONS

1. **IMMEDIATE:** Sustain life-saving nutrition interventions, including early detection, treatment of acute malnutrition, micronutrient supplementation, and routine nutrition screening.
2. **RECOVERY:** Scale up maternal nutrition, breastfeeding, and complementary feeding interventions to improve diet quality during the first 1,000 days.
3. **RESILIENCE:** Strengthen multi-sectoral systems to build resilience, safeguard nutrition gains, and improve long-term outcomes for women and children.

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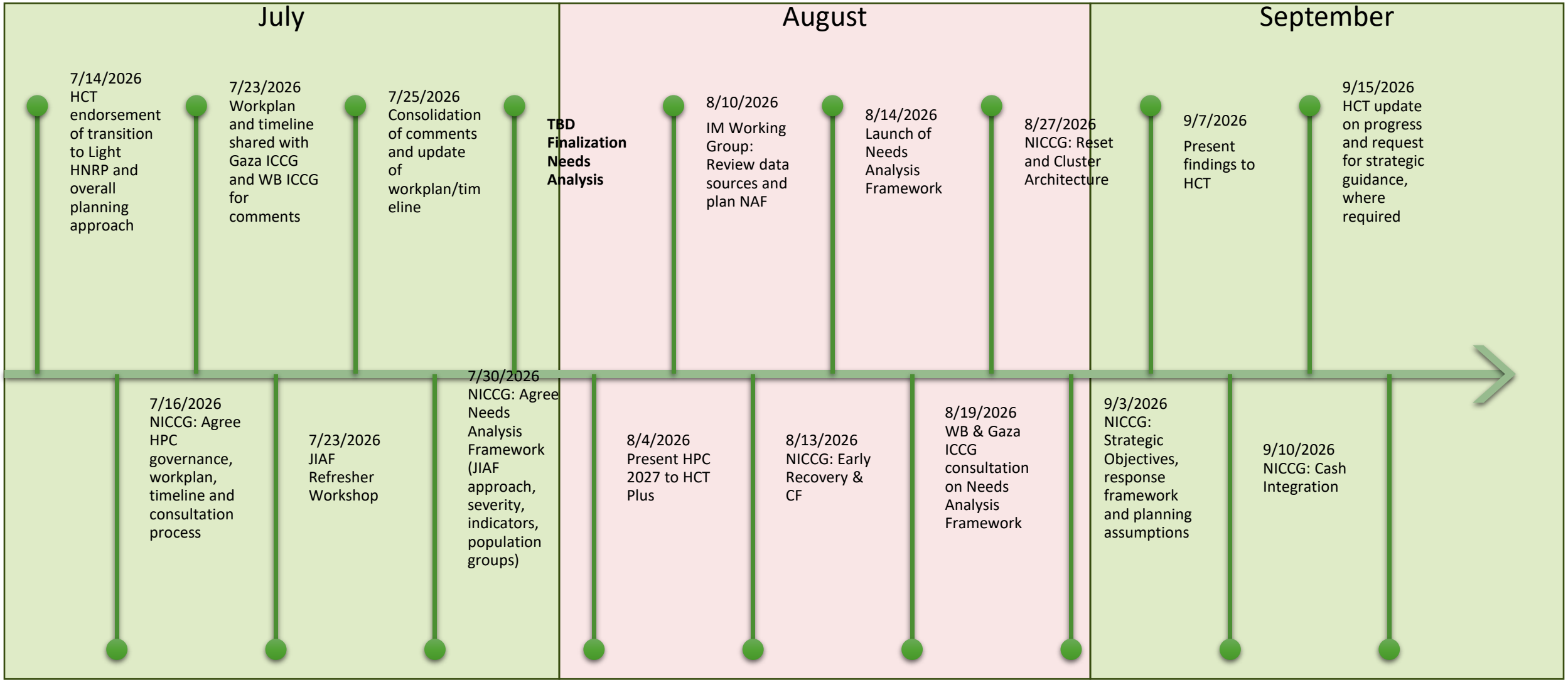
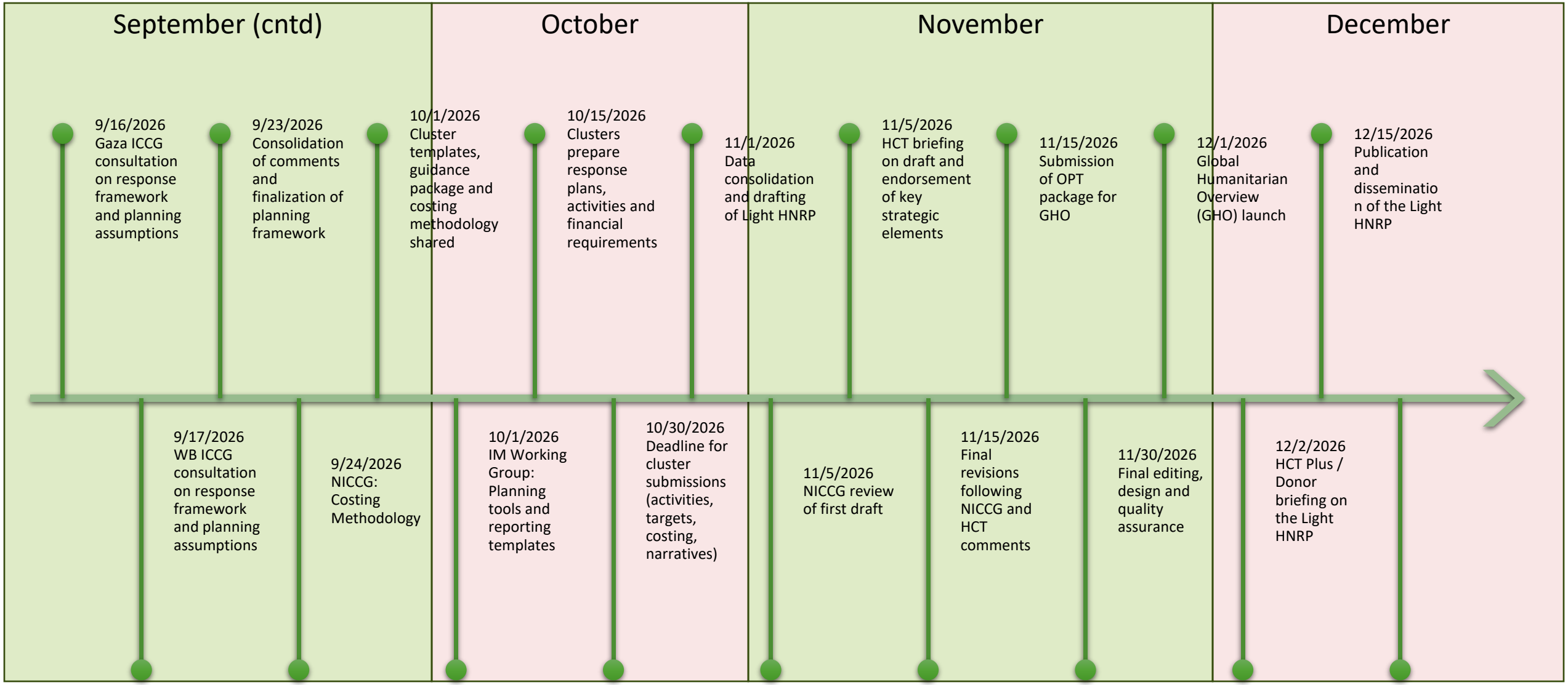
# Strategic reflections based on SMART survey

# HPC 2027 Timeline



# HPC 2027 Timeline (cntd)



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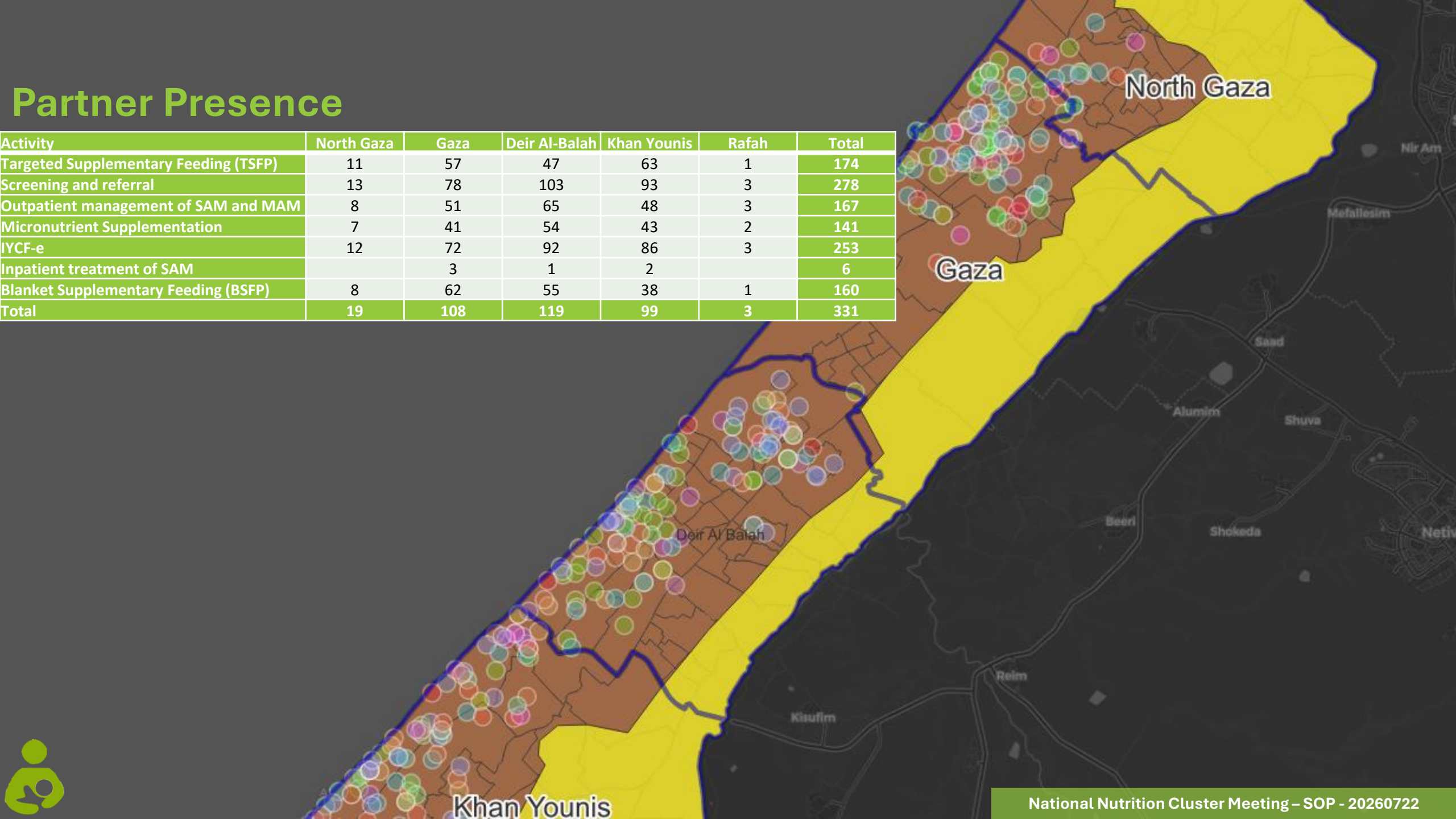
# Midyear Cluster Routine Data Update

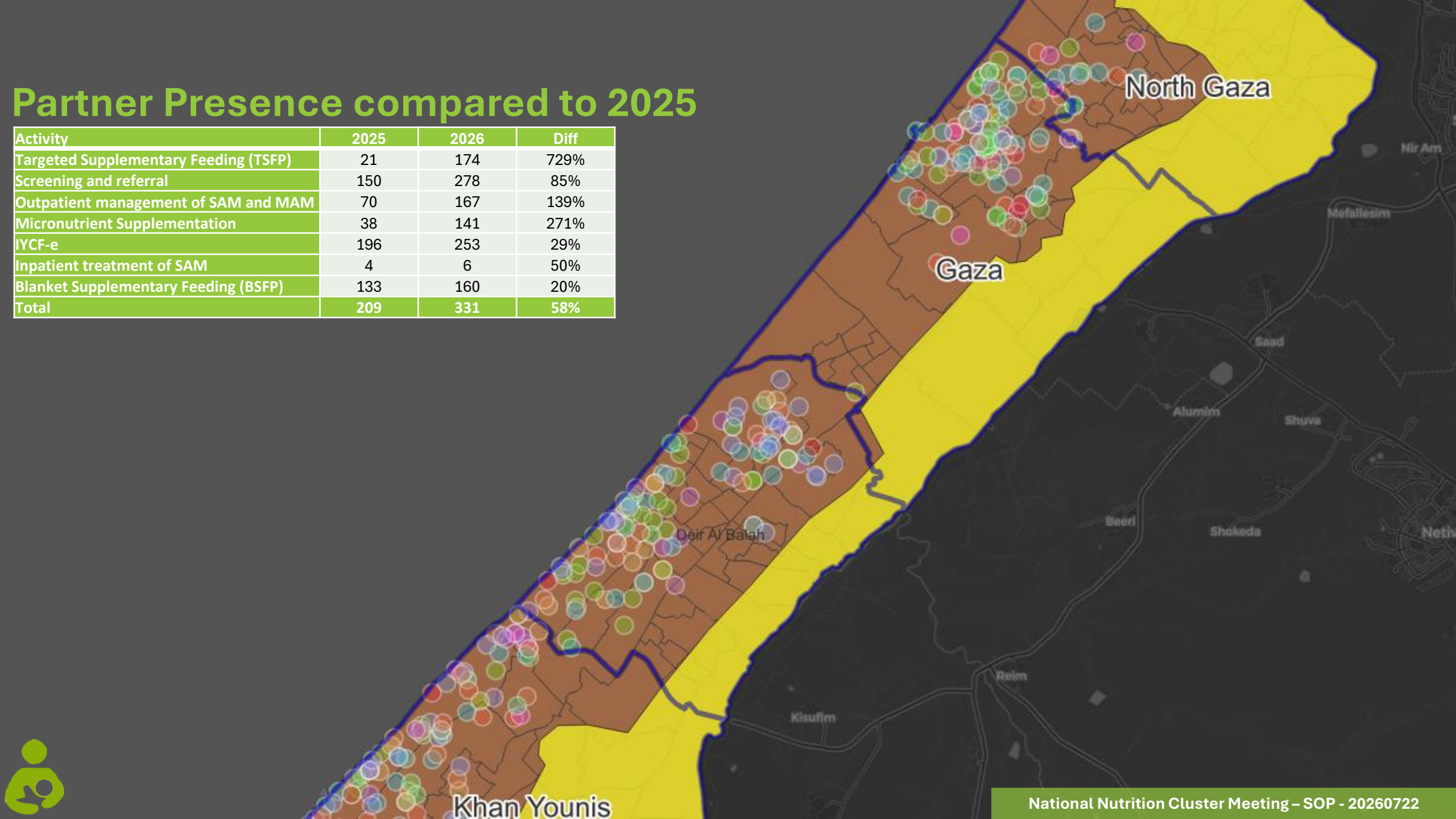
# Partner Presence

| Activity | North Gaza | Gaza | Deir Al-Balah | Khan Younis | Rafah | Total |
|---|---|---|---|---|---|---|
| Targeted Supplementary Feeding (TSFP) | 11 | 57 | 47 | 63 | 1 | 174 |
| Screening and referral | 13 | 78 | 103 | 93 | 3 | 278 |
| Outpatient management of SAM and MAM | 8 | 51 | 65 | 48 | 3 | 167 |
| Micronutrient Supplementation | 7 | 41 | 54 | 43 | 2 | 141 |
| IYCF-e | 12 | 72 | 92 | 86 | 3 | 253 |
| Inpatient treatment of SAM | | 3 | 1 | 2 | | 6 |
| Blanket Supplementary Feeding (BSFP) | 8 | 62 | 55 | 38 | 1 | 160 |
| Total | 19 | 108 | 119 | 99 | 3 | 331 |

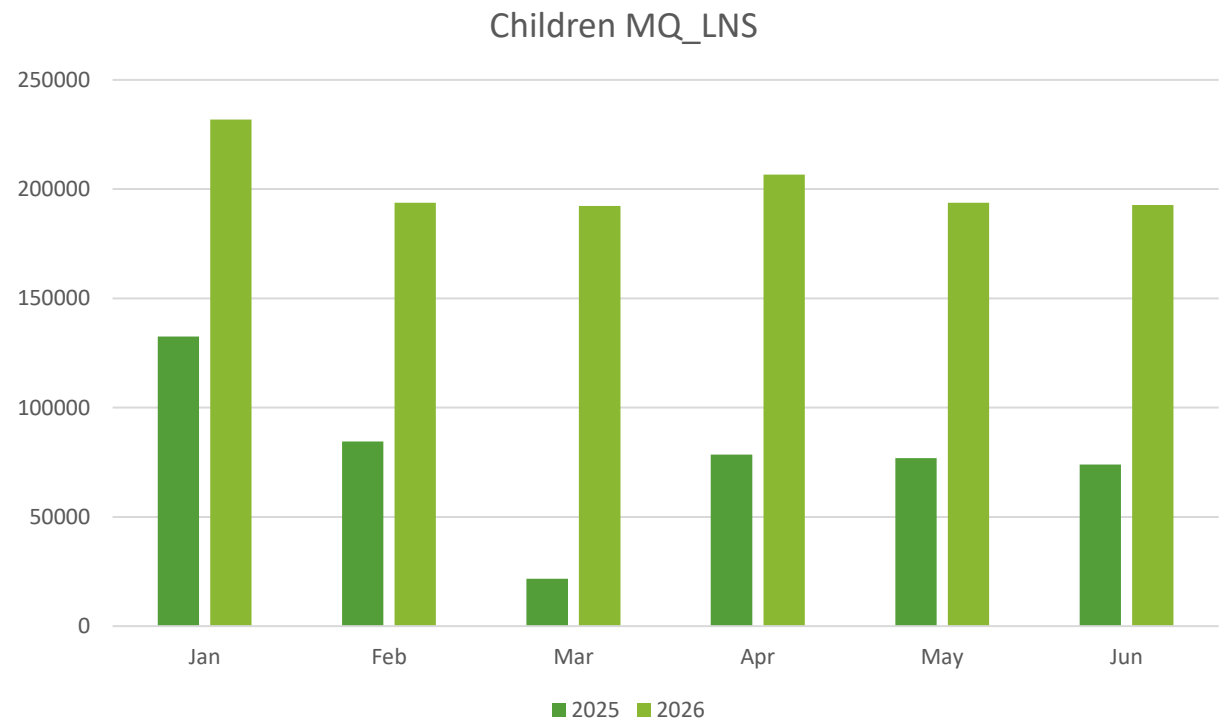


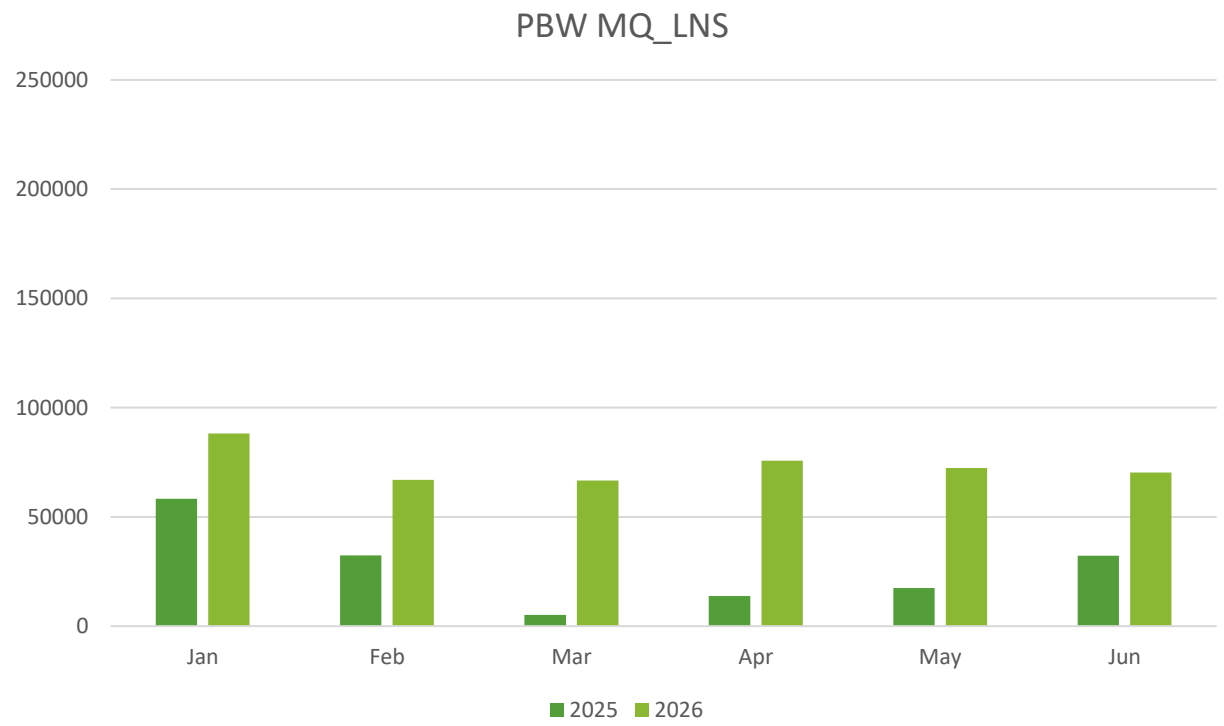
# Partner Presence compared to 2025

| Activity | 2025 | 2026 | Diff |
|---|---|---|---|
| Targeted Supplementary Feeding (TSFP) | 21 | 174 | 729% |
| Screening and referral | 150 | 278 | 85% |
| Outpatient management of SAM and MAM | 70 | 167 | 139% |
| Micronutrient Supplementation | 38 | 141 | 271% |
| IYCF-e | 196 | 253 | 29% |
| Inpatient treatment of SAM | 4 | 6 | 50% |
| Blanket Supplementary Feeding (BSFP) | 133 | 160 | 20% |
| **Total** | **209** | **331** | **58%** |



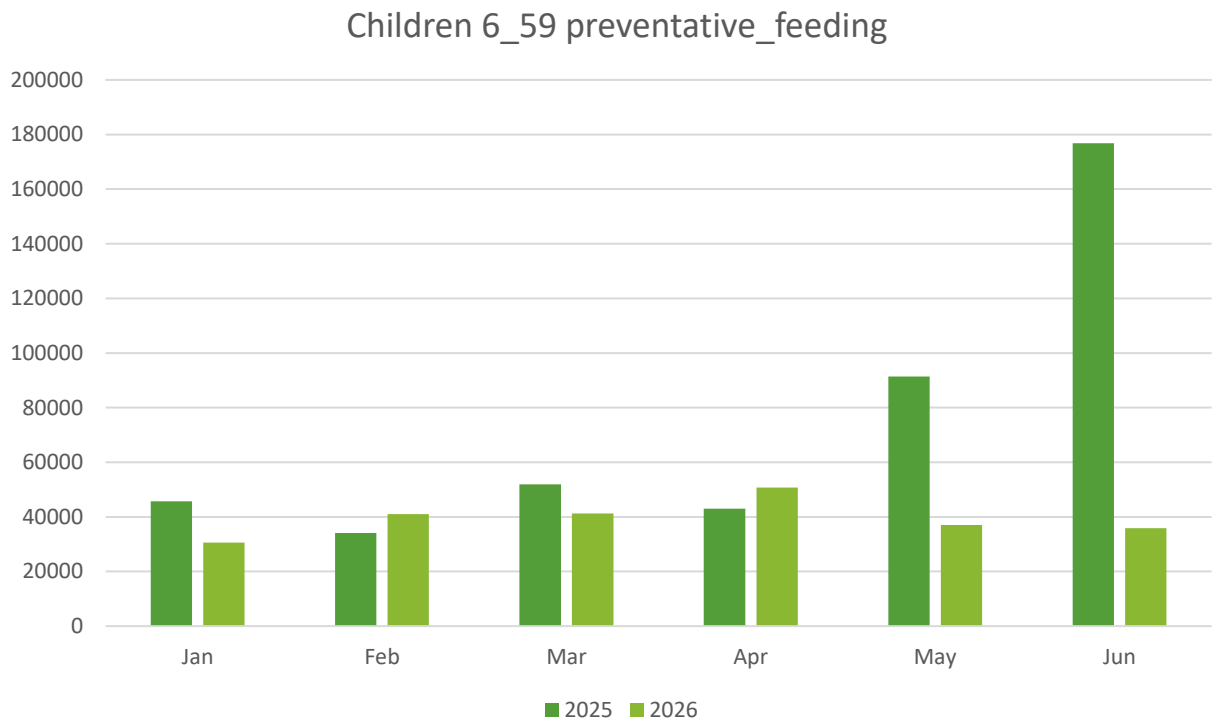
# MQ LNS* Distribution compared to 2025

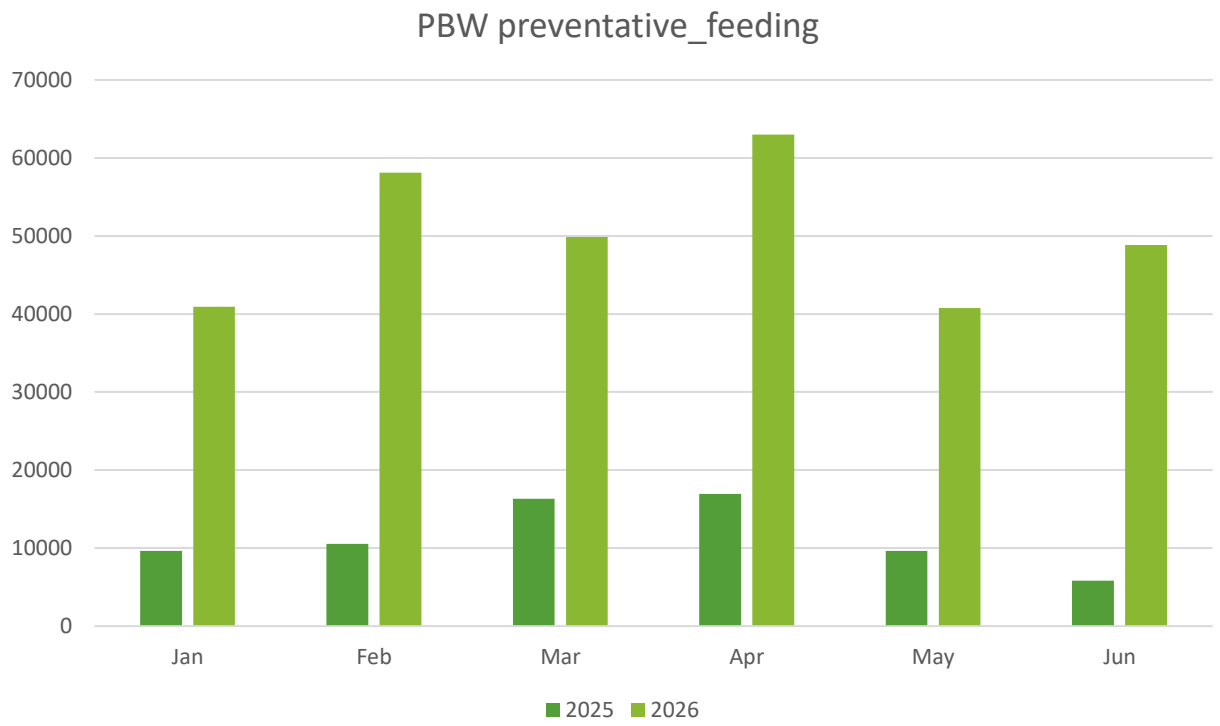



*Medium Quantity Lipid-Based Nutrient Supplements

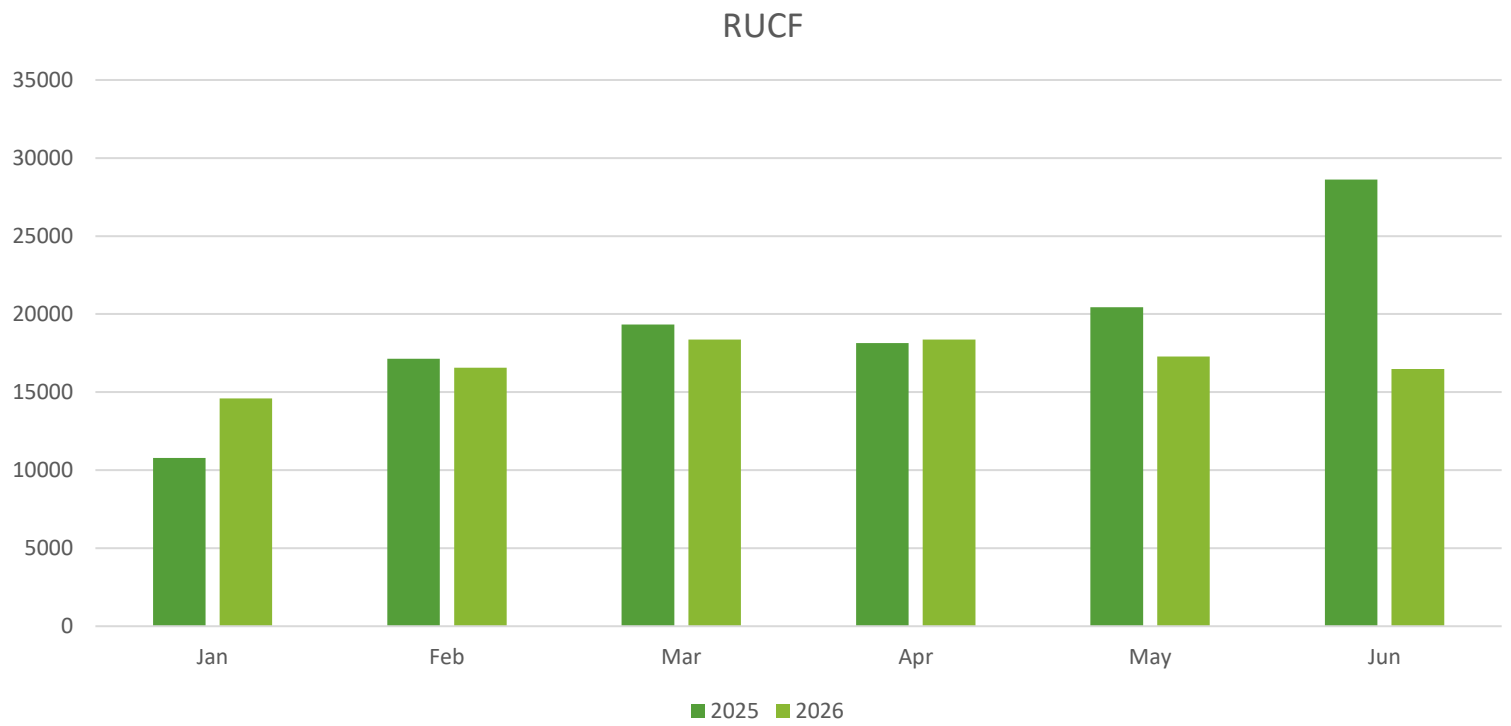
# Preventative feeding compared to 2025



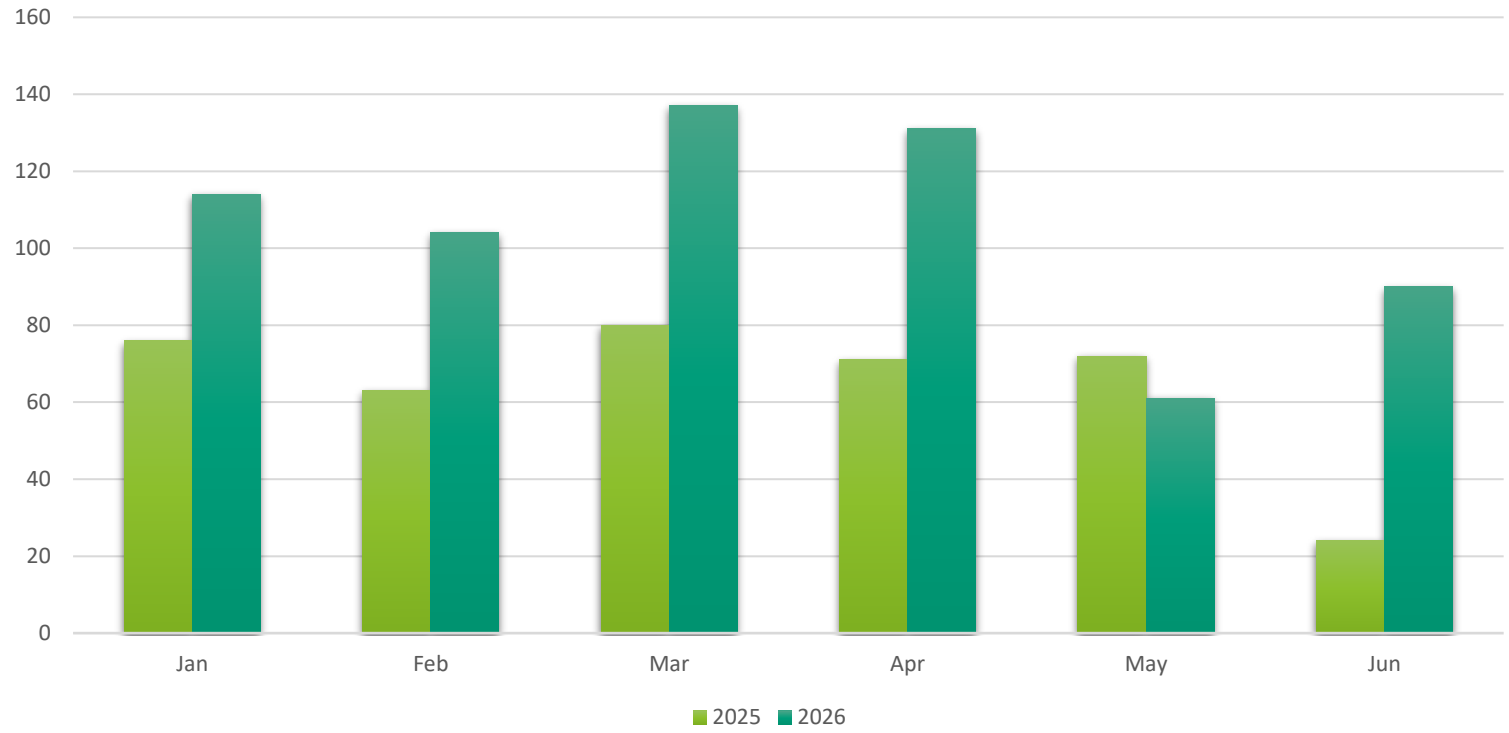




- Preventative feeding includes SQ-LNS (Small-Quantity Lipid-Based Nutrient Supplements), HEB (High Energy Biscuits), and/or Super Cereal

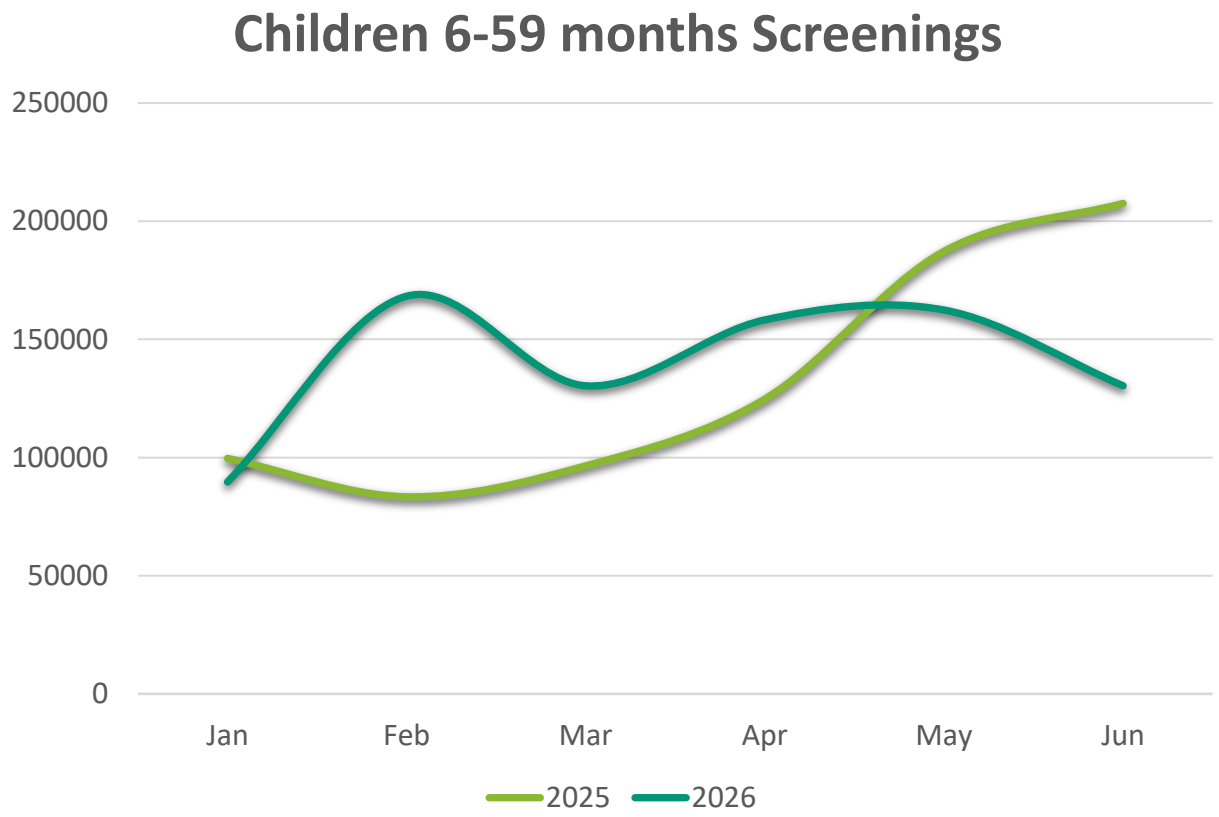
# # 6- 23 months who received RUCF (Ready to use complementary food) compared to 2025

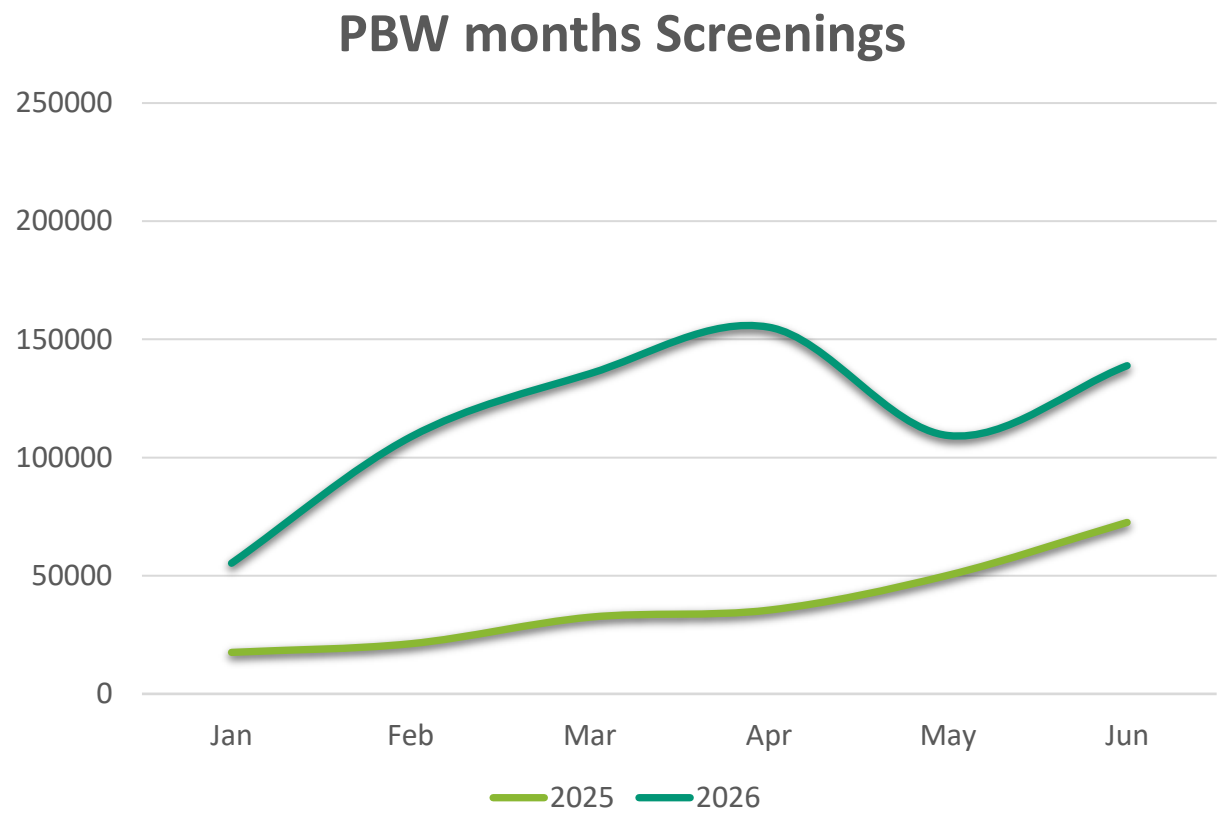


# Number of mothers who restarted breastfeeding



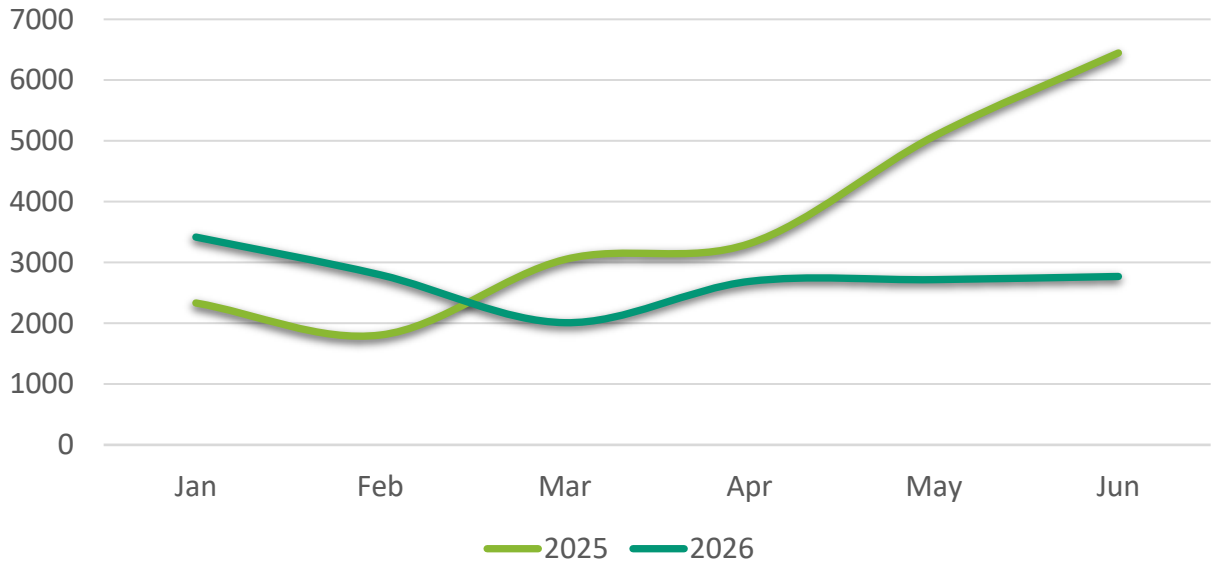
# Screenings compared to 2025



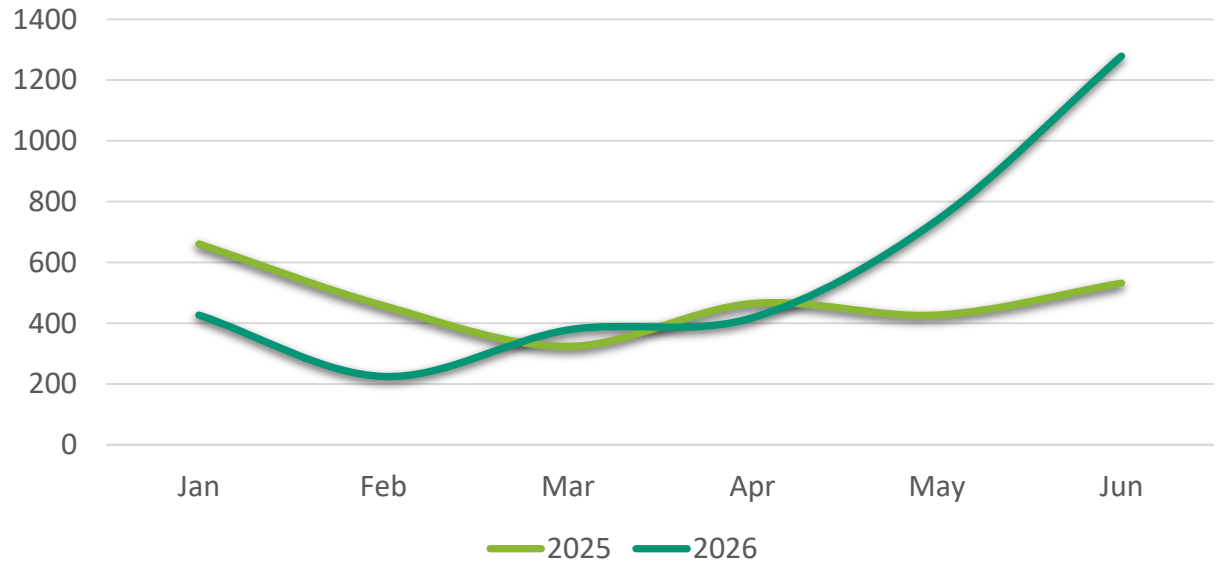



# Admissions compared to 2025

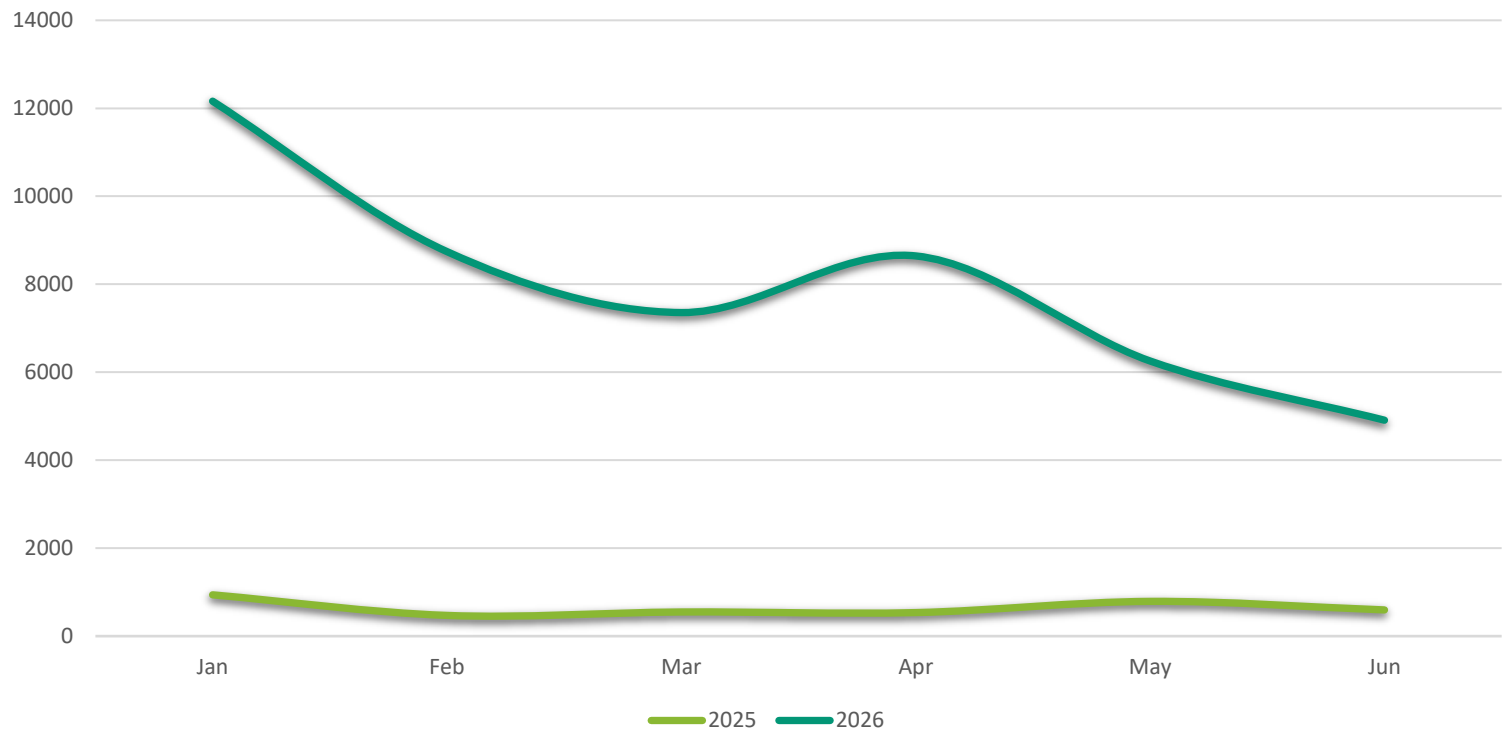
## Chiuldren 6-59 months admitted to MAM treatment



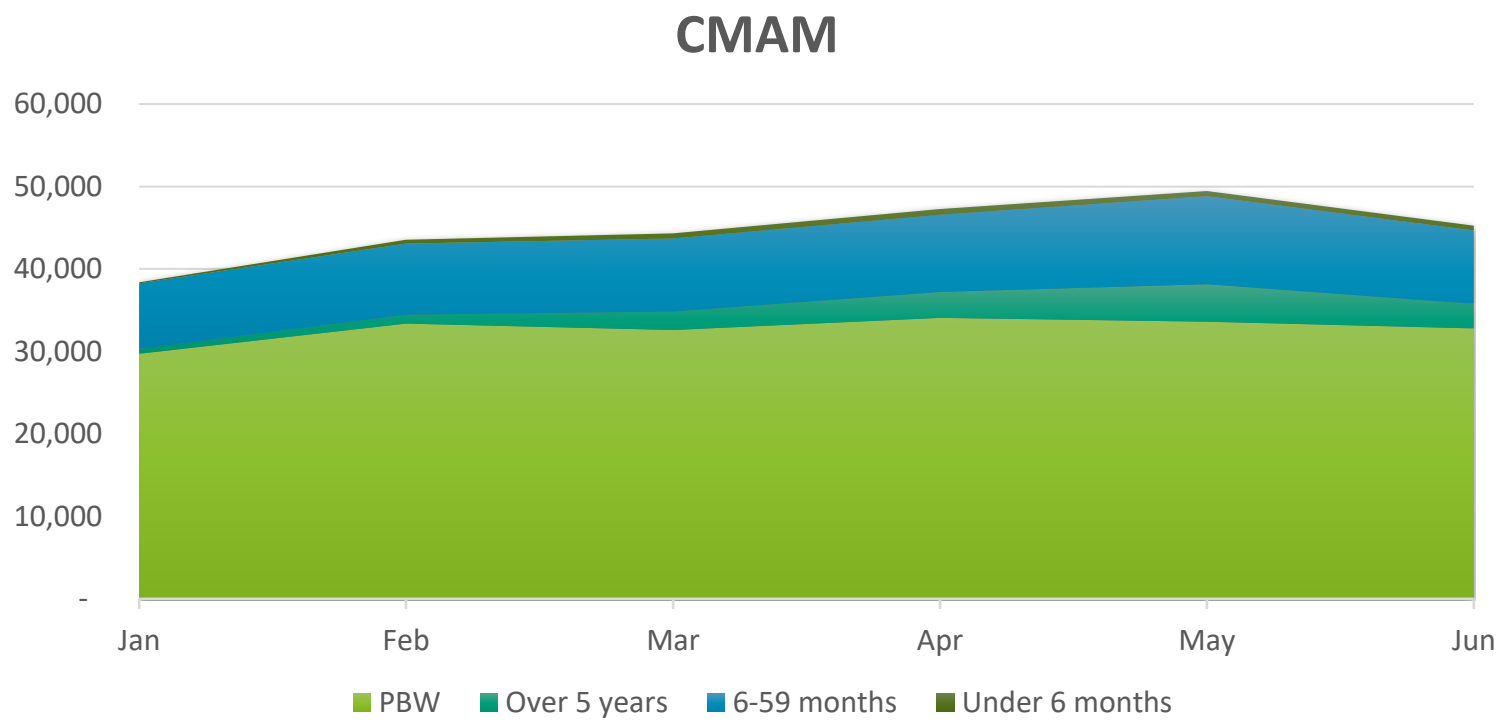

## Chiuldren 6-59 months admitted to SAM treatment



# PBW admissions to malnutrition treatment compared to 2025

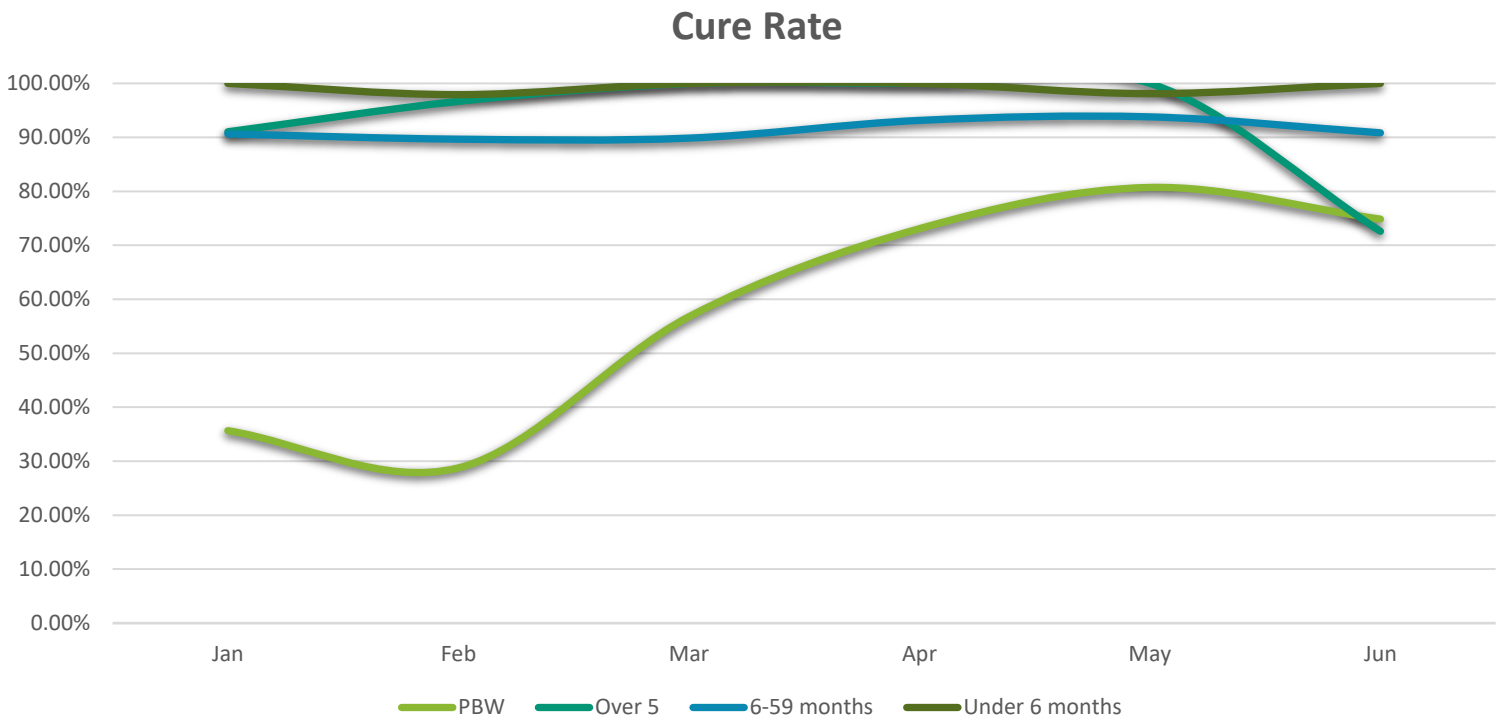


# Burden of CMAM Treatment

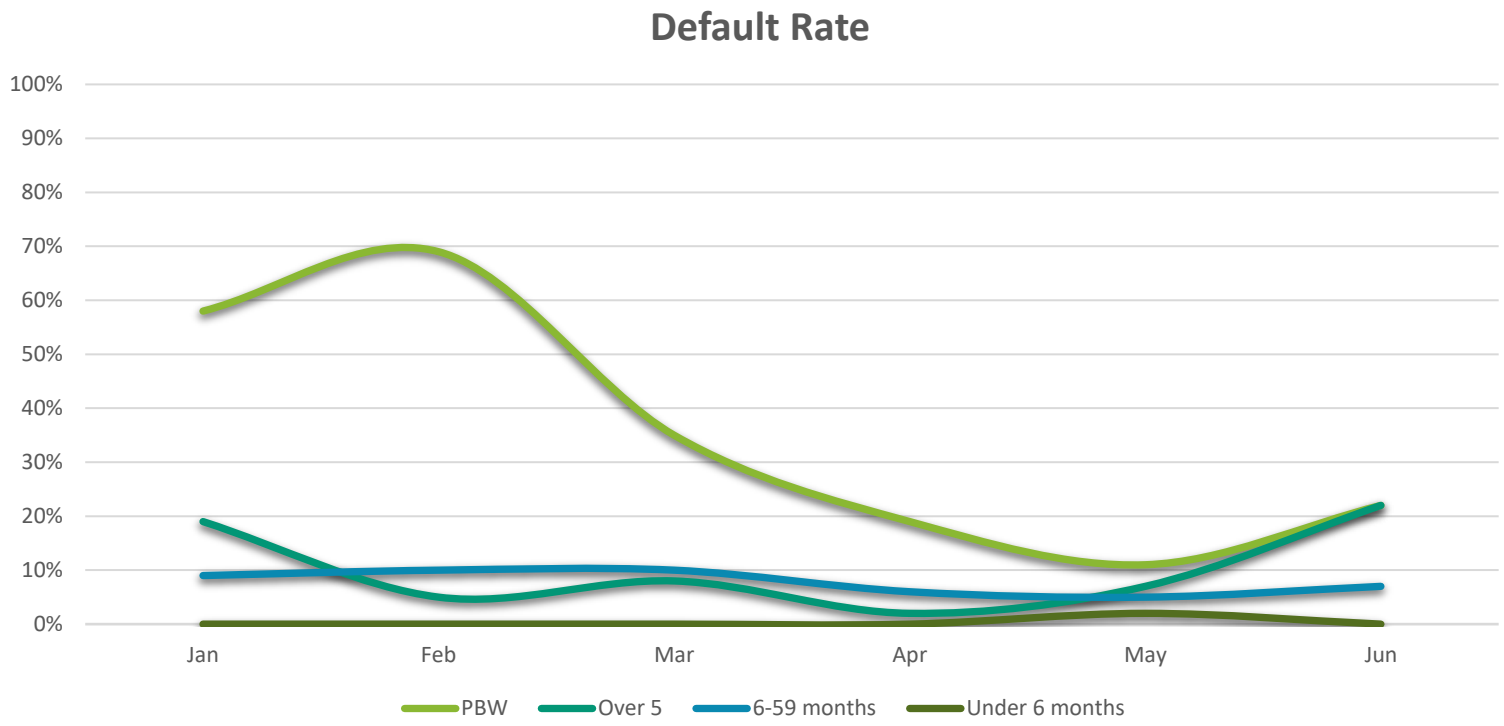



- Burden includes all those in treatment that month, including new admissions and previous cases still in treatment.

# % in CMAM treatment discharged as “cured” by month

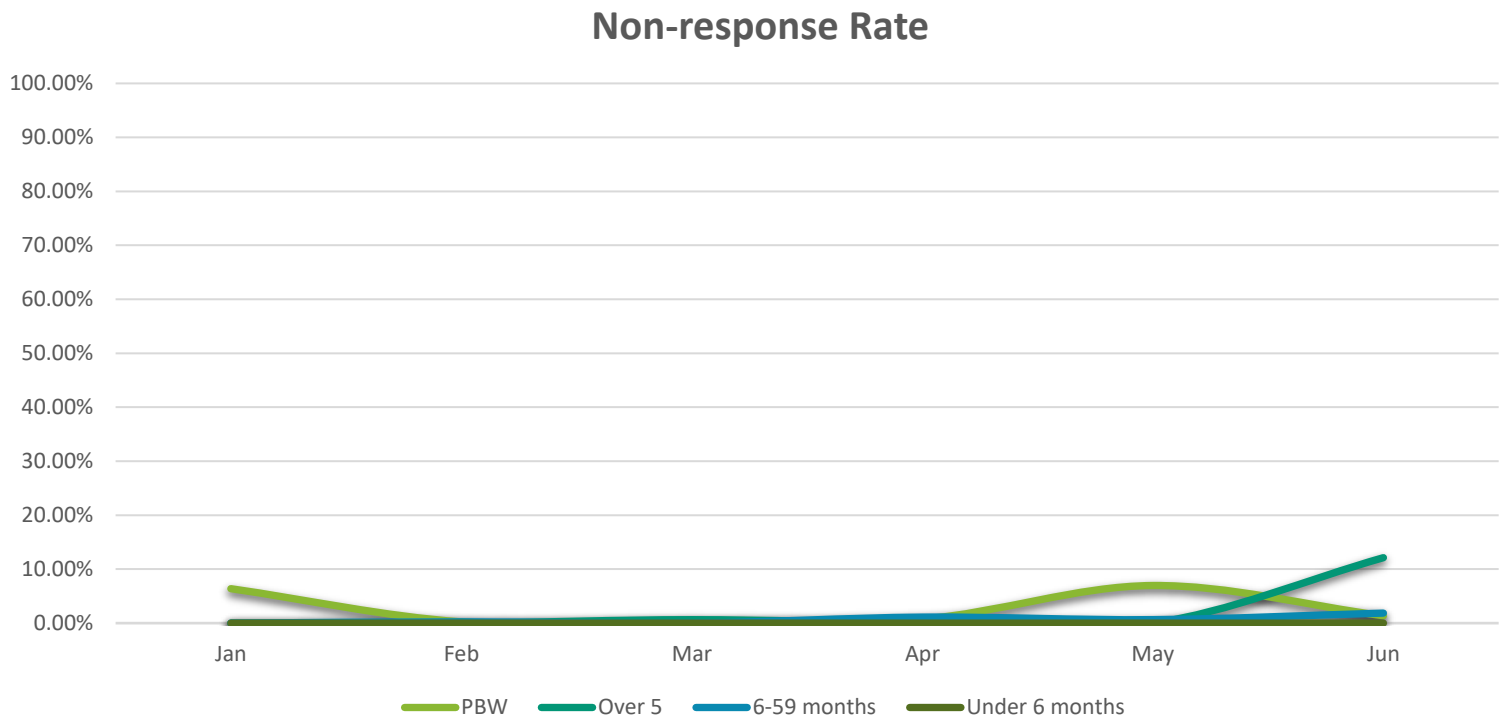


# % in CMAM treatment discharged as “defaulted” by month



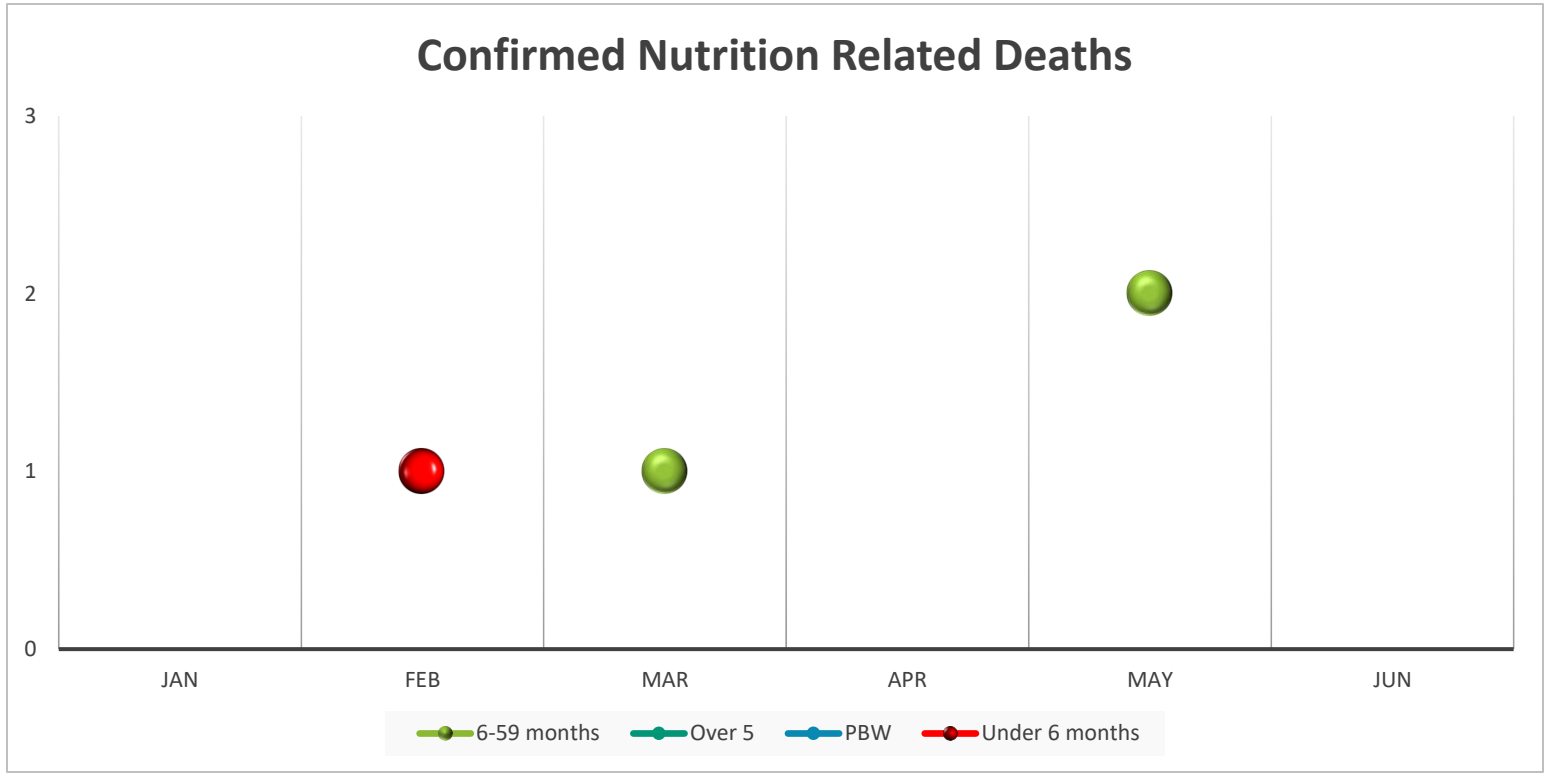

- Defaulting in this context indicates that the beneficiary did not show up to treatment or respond to communication attempts after at least two sessions.

# % in CMAM treatment discharged as “non-respondent” by month




- Non-response in this context indicates that the beneficiary did not respond to treatment after a preset length of time and was discharged

# Confirmed deaths during treatment by age group




- Deaths that are labeled as internal include any death resulting from disease with malnutrition being labeled as the primary or secondary cause, external deaths (such as those due to trauma, accidents, suicides, etc..) are not shown
- Deaths are confirmed by the CMAM implementing partner prior to being shown in any information stream

# Findings

- **Coverage and capacity**
  - Nutrition partner presence has expanded substantially compared with 2025 across almost every intervention.
  - TSFP has experienced the largest expansion (21 → 174 sites), while outpatient treatment capacity has more than doubled.
  - IYCF-E continues to have the broadest preventive footprint.
- **Preventive services**
  - MQ-LNS distributions for both children and PBW remain consistently higher than during the same period in 2025.
  - Preventative feeding among pregnant and breastfeeding women has increased markedly
  - RUCF distributions have remained broadly stable compared with last year.
  - Breastfeeding restart support continues to reach more mothers than in 2025.
- **Screening**
  - Screening volumes remain substantially higher for pregnant and breastfeeding women than in 2025.
  - Child screening remains high despite month-to-month fluctuations.
  - Large-scale screening continues to provide strong surveillance coverage.
- **Treatment**
  - Child MAM admissions remain below 2025 despite sustained screening.
  - Child SAM admissions have increased noticeably during May and June.
  - PBW admissions remain substantially above 2025, although they have declined steadily since January.
  - CMAM caseload remains high, particularly among pregnant and breastfeeding women.
- **Programme performance**
  - Cure rates for children consistently exceed standards.
  - PBW cure rates have improved considerably since the beginning of the year.
  - Default rates among PBW have fallen dramatically over time.
  - Non-response remains low across all treatment groups.
- **Mortality**
  - Very few confirmed nutrition-related deaths have been reported during treatment, suggesting that treatment outcomes remain generally favorable among beneficiaries.

**Dashboard**

State of Palestine
Nutrition
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# West Bank Update

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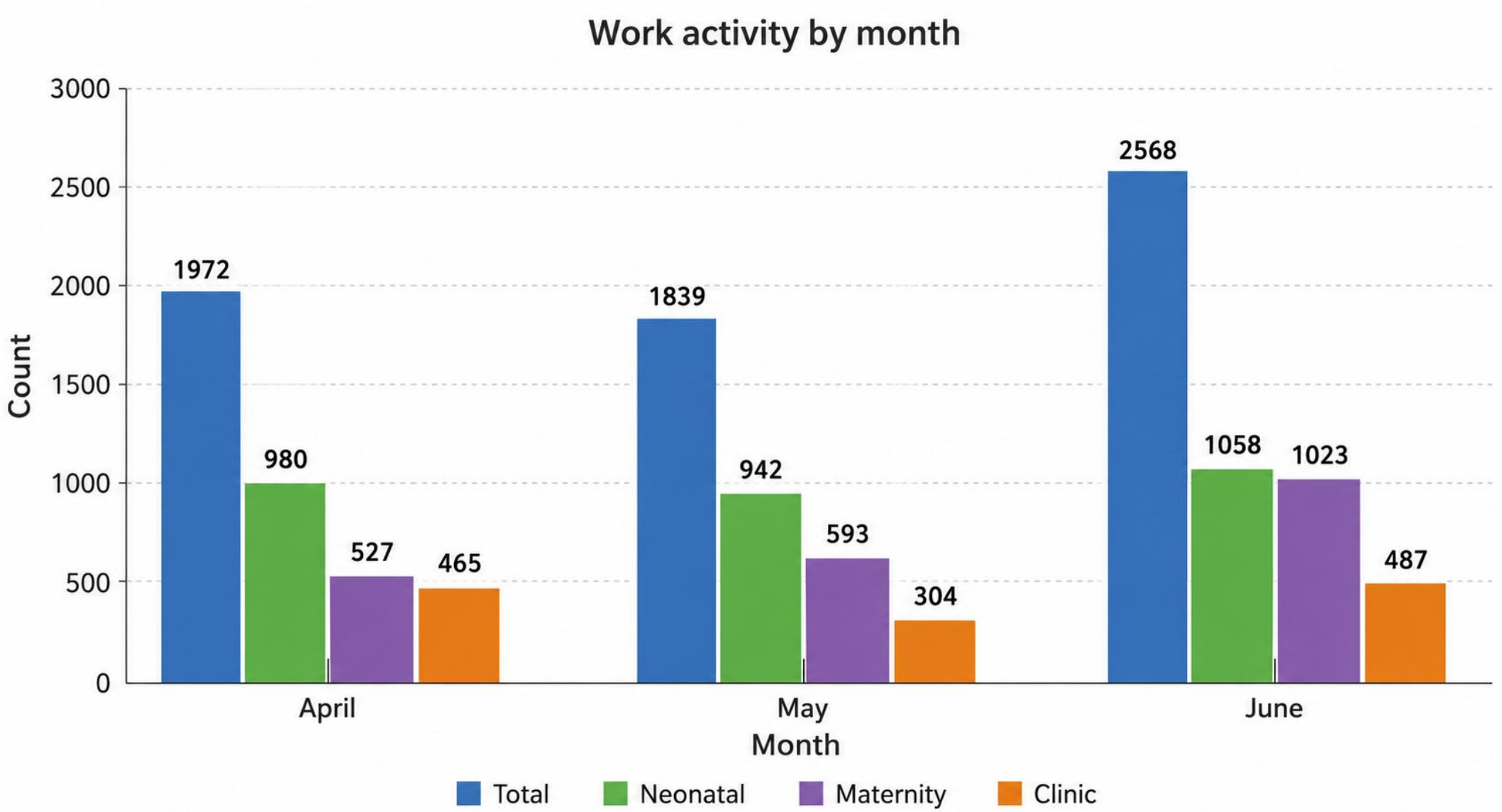
Cluster

# Partner Updates

# GINA Infant Nutrition Alliance

*Specialist Breastfeeding Support in Gaza*

GNC update 22/07/2026


Work activity by month
Count
3000
2500
2000
1500
1000
500
0
1972
980
527
465
1839
942
593
304
2568
1058
1023
487
April
May
June
Month
Total
Neonatal
Maternity
Clinic

# ADVANCED BREASTFEEDING SUPPORT

**GINA** provides specialist breaist-feeding support for the following:

## INFANT COMPLEX CASES

- Premature and extremely premature infants
- Low birth weight infants (<2,500 g)
- Infants with poor weight gain or faltering growth (<6 months)
- Infants receiving malnutrition treatment requiring breastfeeding support
- Infants with cleft lip and/or palate requiring specialist feeding support

## MATERNAL COMPLEX CASES

- Relactation support after breastfeeding has stopped
- Breast anomalies, including inverted nipples
- Management of severe nipple trauma, engorgement and mastitis
- Breastfeeding support for mothers experiencing mental health challenges
- Safe breastfeeding support through domestic violence care pathways

# Working Locations

| Area/City | Location Name | Address/ Description | Coordinates |
|---|---|---|---|
| Gaza | Al Helou | Al Nasser | 31.525205, 34.447433 |
| Deir Al Balah | Alawda hospital | An Nuseirat | 31.448411, 34.389417 |
| Deir Al Balah | Shuhada al-Aqsa | Deir al Balah / Alaqsa neighborhood | 31.41997, 34.36 |
| Khan Younis | Al-Atar PHCC | Al Mawasi | 31.34546, 34.27839 |
| Khan Younis | Nasser Medical Complex | City Centre | 31.3471, 34.293 |
| Khan Younis | The UK-Med Type 2 | Al Mawasi | 31.34882000 34.24831000 |

(Ref: image_213f9c.png)

# How to access GINA's services

- **GINA  walk-in clinics across Gaza:**
- Nasser Clinic: 6-days a week
- Al Attar Clinic (MSF): 3-days a week
- UK-MED Clinic – Khan Younis: 3-days a week
- Al Aqsa Clinic : 6-days a week
- Al Helou Clinic: 6-days a week

- Breastfeeding Support Hotlines (Available daily from 08:00 to 15:00)
  - North Area:  0592581368
  - Middle Area: 0595576793
  - South Area:  0595268505

- 24/7 GINA bel3arabi Instagram

GINA_BEL3ARABI


Thank you – contact@gina.org.uk

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# AOB

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**Thank you!**