Executive summary

A protracted protection crisis continues in the occupied Palestinian territory (oPt), which remains largely attributable to Israel’s ongoing occupation, which is now in its 52nd year, the continuing internal Palestinian divide, and violations of international law. After years of a relative absence of armed conflict since the 2014 hostilities, there has been a sharp deterioration in the humanitarian situation in the Gaza Strip in 2018. Poverty and unemployment affect more than half of the population, pushing food insecurity to a record high of 68.5 percent.

Nevertheless, no specific information is available on the nutritional status of the mothers/caregivers and their children under five and the impact of the ongoing crisis on their nutritional status and potential deterioration of infant feeding practices. Save the Children worked with the Nutrition Working Group, led by UNICEF with the support of the World Food Programme, to conduct a nutrition multi-sectoral assessment to determine the nutritional status and practices of pregnant and lactating women and children 0-59 months age in the most vulnerable communities of the Gaza strip.

The findings of the assessment show that a large proportion of the population has a sub optimal Food Consumption Score (FCS), with 23 percent of the households having a poor FCS. Approximately 80 percent of those having a poor FCS are receiving some form of humanitarian aid. The disaggregated consumption frequency of nutrient rich food groups in the selected communities shows a high proportion of households are not eating enough iron rich food groups, hence a high risk of iron deficiency anemia. The coping strategies of the population focus on the reduction of meals and variety of foods (71%).

We are alarmed by the nutritional status of pregnant and lactating women, that has been measured with 18 percent of pregnant women and 14 percent of lactating mothers found malnourished. This calls for urgent attention and possibly some rethinking and support to some nutritional programming.

With regard to children 6-59 months age, 4 percent were found acutely malnourished which is still below the emergency thresholds of WHO.

Caregivers have a general knowledge on recommended Infant and Young Child Feeding (IYCF) practices, but their practices are generally poor. More than 6 percent of infants have never been breastfed, and more than 55 percent of infants are not exclusively breastfeeding. Breastfeeding continuation at one and two years old is very low at 45 percent and 12.5 percent respectively. Bottle-feeding among the assessed population is extremely high at 41 percent, and the use of infant formula is more than 30 percent among infants less than 6 months. The majority households receive the infant formula through relief agencies. The mini-mum acceptable diet, a combined indicator that measures how much of the nutritional needs of the children are met, is at a dangerously low level of only 14 percent.
More than 40 percent of children less than five years old and two years old experienced Acute Respiratory Infections (ARI), while almost 40 percent experienced diarrhoea. Less than half of these children sought medical attention. A further analysis was conducted to associate the sickness (diarrhoea and ARI) with the recommended breast-feeding practices among infants less than 6 months. The infants less than 6 months that were not exclusively breastfeeding were found to be twice as likely to be affected by diarrhoea and ARI, compared with those exclusively breastfeeding.

WASH practices show that majority of the respondents wash their hands after using the bathroom and before cooking, but 25% of households have no soap for hand washing and the majority access piped water as their primary water source.

Approximately 93% of caregivers reported some form of well-being issues for their children. Among the top problems cited were the inability to meet children’s basic needs such as clothing, medicine, education, recurrent sickness, and behavioural and psychological concerns. The insufficiency of food was mentioned as the fourth largest problem for children.

The focus group discussions conducted with mothers of children 0-23 months validated several findings of the survey. Mothers recognize the importance of exclusive breastfeeding, but cultural practices and traditions coupled with misconceptions and misinformation limit a widespread and sustained practice. Unsafe practices due to financial and economic constraints force mothers to provide infants with milk that is not suitable for the age of the child.

Complementary feeding practices are even more affected by the current crisis, with limited economic capacity and reliance on food aid and external support. Complementary feeding practices are dictated by what is available in the household, and most of the time is not enough to meet the requirements of a young child.

The interviews with key influencers provide valuable information on the current status of the nutrition programme in the Gaza Strip. There is agreement among respondents that nutrition is not a priority, and in the last four years most of the support for nutrition has been withdrawn by international organizations.

Overall, the findings demonstrate an urgent need for a concerted and strategic approach to address nutrition gaps in the Gaza Strip and work to improve the situation. In response to the main recommendations of the assessment and the urgent needs, an operational Maternal, Infant and Young Child Nutrition (MIYCN) strategy with a multi-year and multi-agency action plan is being developed. Integration across sectors to guide the collective response and the support of a sustained capacity building programme for field workers to strengthen the coverage and quality of the nutrition services is one of the key characteristics of the strategy.

Furthermore, the strategy promotes the support of community-based initiatives to sensitize, educate and increase community participation and leadership in the improvement of the nutritional status of the population.