



Save the Children®

Malnutrition

CARE Nutritional Assessment Finds Significant Child Malnutrition in West Bank and Gaza

Health care professionals working in the West Bank and Gaza began reporting deterioration in the health and nutritional status of Palestinians, specifically women and children, soon after the second intifada began in September 2000.

In December 2001, the Palestinian Minister of Health requested the U.S. Agency for International Development West Bank/Gaza Mission to undertake an assessment of the nutritional status of preschool-aged children and women of reproductive age throughout the West Bank and Gaza. CARE, Johns Hopkins University School of Public Health, Al Quds University School of Public Health and ANERA collaborated to carry out the nutritional study. The data collected and analyzed in the assessment shows the following:

Household Survey

- Among children between the ages of 6 months and 5 years, over 13 % in Gaza and 4% in the West Bank have moderate to severe acute malnutrition, compared to roughly 2% in a normally nourished population.
- A significant proportion of children are chronically malnourished: 17.5% in Gaza and almost 8% in the West Bank.

"The methodology, data collection, data entry and analysis utilized in the implementation of the assessment were of the highest professional quality".

Larry Garber, Director
USAID West Bank/Gaza Mission

"With unemployment rising and incomes collapsing, over half a million Palestinians in this formerly middle-income economy are now fully dependent on food aid."

World Bank Assessment, March 5, 2003
"Two Years of Intifada, Closures and Palestinian Economic Crisis"

- Over 50% have inadequate caloric, vitamin A and folate intake.
- Over 40% of the children in the West Bank and Gaza are anemic.
- Four out of five children have inadequate iron and zinc intake, deficiencies which cause anemia and immune deficiency, respectively.

Clinic Survey

- Over half of the 68 clinics surveyed had neither protocols to standardize the diagnosis and treatment of malnutrition and anemia, nor guidelines for counseling and follow-up.
- Health providers overwhelmingly rank "family economic problems" as the number one cause of malnutrition.

Market Survey

- Market disruptions from curfews, closures, military incursions, border closures, and checkpoint affected availability of key high protein foods, especially meat and poultry and dairy products, and in particular, infant formula and powdered milk.



Definitions

Acute malnutrition or wasting: inadequate nutrition in the short-term, indicated by the ratio of a child's weight to his or her height/length.

Chronic malnutrition or stunting: an indicator of past growth failure, implying longer-term undernutrition. May lead to serious irreversible growth and developmental delays.

For more information...

To read the complete 70 page Nutritional Assessment of the West Bank and Gaza and the Health Sector Bi-weekly Reports, visit: www.carewbg.org.

Next Update: Save The Children research on psychosocial trauma

Recommendations for Addressing the Malnutrition Crisis in the West Bank and Gaza

A comprehensive solution to the nutritional problems in the West Bank and Gaza must include economic and political remedies and not merely food distribution, nutrient supplementation and clinic education, as important as those may be. Both short-term interventions and long-term development assistance are needed to overcome the acute and chronic malnutrition and specific nutritional deficiencies that exist. Ultimately, a political solution that allows for the economic recovery of the West Bank and Gaza will need to be in place for any meaningful and sustainable improvement in the nutritional status of the population. Some specific action steps that could be taken now include:

Access

- Allow humanitarian organizations sustained access to the populations of the West Bank and Gaza.
- Ease restrictions on the transportation of food and farm products.
- Reduce movement restrictions to allow workers access to do their jobs and farmers access to their land.

Targeted Assistance

- Identify the most vulnerable.
- Allow the movement and delivery of locally produced food.
- Use vouchers in some locations.
- Create school-based feeding programs in most needy areas.
- Provide supplemental feeding programs at health facilities in Gaza.

Micro-nutrient Support

- Focus research on a variety of means to supplement diets with needed micro-nutrients.
- Procure and deliver iron and vitamin supplements through community healthcare professionals.

Nutrition Education

- Provide education to healthcare professionals regarding best practice methods to identify malnutrition and nutritional deficiencies.
- Improve educational outreach to mothers regarding nutrition, breast feeding and weaning.

Job Creation

- Work through international and local agencies to initiate labor-intensive construction that develops public infrastructure.
- Encourage cash-based employment.
- Develop the infrastructure of local governmental services.

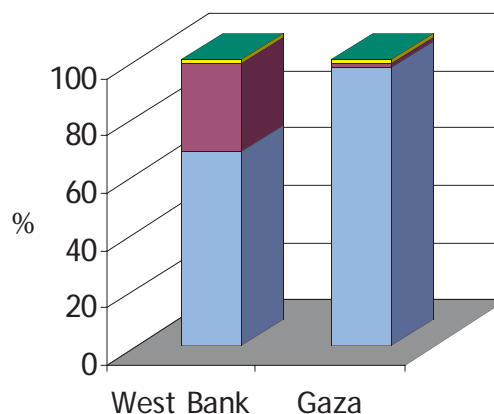
CARE and Save the Children

Founded in 1945, CARE has programs in 69 countries around the world supporting the efforts of families in poor communities to improve their lives. CARE works in the West Bank and Gaza to eliminate poverty, strengthen civil society and public institutions, and promote dignity, social justice and democracy. Visit CARE online at www.care.org.

Save the Children began assisting poor children in 1932 during the depression in the United States and now works in more than 40 countries, including the United States. Programs in the West Bank and Gaza invest in education, improved health and economic opportunities, and address the physical and emotional well-being of some of the poorest children and mothers. Visit Save the Children online at www.savethechildren.org.

CARE and Save the Children developed a privately-funded initiative in 2002 to inform policy makers about the humanitarian situation in the West Bank and Gaza through research findings and staff experience. Download this update and link to other program information at www.caresaveupdate.org.

Reasons for Decreased Food Consumption in the West Bank and Gaza (data through February 26, 2003)



CARE and its partners on the nutritional assessment project continue to produce regular reports derived from a sentinel surveillance system (SSS) – an internationally accepted tool used in areas of conflict or crisis to illuminate concerns within the health system. The SSS began in May 2002 and is intended to monitor changes in key public health indicators through September 2003. Data is collected from a random sample of 320 households every two weeks. Bi-weekly Health Sector Reports containing information such as the graph above are posted at www.carewb.org.

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