



Nutritional Health Care Services for Malnourished Children under 5 years

Implementing Partner: Ard El Insan Benevolent Association
Duration: 9 months - October 2008- July 2009
Location: North & Middle Area of Gaza Strip

The ongoing closure of the Gaza Strip with reduced access to food, medical supplies and safe drinking water, in addition to increased unemployment, and substantial increase in basic food items has had a direct impact on children's' nutritional status across the Gaza Strip. At the current time over 80% of the Gaza Strip are dependent on food aid, mainly through UNRWA, WFP and FAO. Despite this Palestinian children are suffering from different forms of macro and micro-nutrient deficiencies. Iron deficiency anaemia (IDA) is a major nutritional problem in the Palestinian Territories. Screening haemoglobin level among children 9 months of age attending governmental clinics showed that 46,5% of them was anaemic in the Gaza Strip (1). Prevalence of Vitamin A deficiency is 26,5% in Gaza Strip (according to WHO a prevalence > 20% constitutes a severe public health problem (2). Severe vitamin A deficiency causes visual impairment and eventually blindness.

The prevalence of rickets amongst children 6-36 months is estimated at 4.1%. Lack of exposure to sunlight besides poor feeding with nutritious foods is the main reasons for nutritional rickets in children (3). Chronic malnutrition (stunting) in children is another pressing issue. Prevalence of stunting increases in the last past years affecting 13.2% of the Gazan children under age five. (4)

Untreated macro and micronutrient deficiencies have severe implications on children's learning abilities, cognitive skills as well as health and well-being.

Special vulnerability of Palestinian children has been significantly magnified as indicated by several factors including higher rate of infective diarrhoea in a noticeable manner. Moreover, complex forms of childhood illness such as septic dermatitis, febrile diseases and widespread of intestinal parasites are apparently increasing. Other forms of children health problems including psychological disorders, which are also associated with immune complex/deficiency disorders, are increasing up to alarming levels.

AEI reports reveal that mothers' knowledge, attitude and practices (KAP) concerning child' nutrition-health are contributing risk factors to malnutrition. Lack of support in the immediate postnatal period and mothers' poor knowledge and mal-practice are responsible on early introduction of infant formula or other fluids besides breast-feeding. Exclusive breast feeding rate among infants 0-5 months is estimated at 26.5%.

A household survey conducted in 2006 by AEI showed that introduction of complementary feeding before the child is aged 6 months is practiced by 81.2% of

mothers(5). Drinking tea was found to be higher at almost all age groups of children, which might be an attribute to high prevalence of iron deficiency. Three quarters of children 6-9 months old in the study were not given the recommended daily feeding requirements.

The same survey revealed that mothers have misinformation regarding causes of diarrhoea. 56.2% of mothers attributed cold as a cause for diarrhoea whilst only 7% of mothers attributed occurrence of diarrhoea to hygienic factors.

(1) MOH, 2004

(2) MARAM project, 2004

(3) *Prevalence and risk factors for rickets amongst Palestinian children 6-36 months old in the Gaza Strip. WHO, 2006*

(4) *Press release on the main findings of the Palestinian Health Survey 11-04-2007*

(5) *Studying the knowledge and practices of mothers of children aged 6-59 months regarding child health and nutrition in five localities in the Gaza Strip, AEI, 2006*

How the project will address the problem-

In order to improve the nutritional health status of children under 5 years old, AEI intervene on curative and preventative aspects of the problems. Networking and cooperation with other stakeholders contribute also to improvement of child's health and nutrition. AEI staffs' continuous training allows quality of services provided to beneficiaries. With the difficult situation that exists in the Gaza Strip, AEI is facing a real challenge to rehabilitate malnourished children.

1 Curative services to manage malnutrition and accompanying illnesses among children 0-5 years old.

AEI is the main specialist referral centre in Gaza Strip for children suffering from acute malnutrition, especially of vulnerable infants. The two main health providers in the Gaza Strip, MOH and UNRWA, recommend referrals to AEI.

AEI are experienced in managing different forms of malnutrition amongst children admitted to the centre: provision of micronutrients supplements, and treatment of common childhood illnesses. In order to have better improvement in nutritional status of the admitted cases, children suffering from moderate or severe underweight malnutrition (low weight for age), AEI decide to serve nutritious meals at each visit in the Therapeutic Feeding Unit (TFU). Fresh wet meals prepared in AEI centre are composed of enriched pudding or porridge besides fruits then cooked vegetables with meat. Beside fresh meals served in the centre, children benefit from dry food rations to be used at home (salty and sweet dry foods). The home food rations are also provided to mild degree underweight malnourished children.

Children suffering from mild degree of underweight malnutrition and/or mild iron deficiency anaemia (IDA) are admitted for a period of 3 months, moderate and severe degrees are admitted for a period of 4 and 6 months respectively. Children with rickets are admitted for a period of 2 months. Monitoring of child's improvement include anthropometric measurements and control of level of haemoglobin and other investigations when needed. Admission, follow-up and discharge are governed by criteria and agreed protocols (IMCI).

Note: *Transportation cost will be reimbursing to mothers whose children attend the TFU to allow better access and mothers 'commitment.*

Tactics:

- Detection of growth faltering and micronutrient deficiencies.
- Child's growth-monitoring
- Medical investigations
- Nutrition supplementation
- Management of childhood illnesses
- Provision of treatment
- Health informatics
- Referral

2 Preventative services to induce positive changes on mothers' behaviour regarding child's health and nutrition.

Child's health-nutritional improvement necessitates working on mothers' KAP to induce positive changes in food habits as well as breastfeeding practices. Therefore, it is important to involve mothers in all the phases of child's treatment. In order to improve mothers' KAP AEI staff provides individual counselling and health education in group to mothers attending the center.

Tactics:

- Promotion of breastfeeding
- Close support to nursing mothers of infants 0-6 months old
- Nutrition education including practical training
- Provision of preventive micronutrient supplements
- Design, production & dissemination of health education / promotion materials