

# **Nutrition multi-sectoral assessment**

**Report of the Nutrition multi-sectoral assessment  
conducted in the *vulnerable areas* of the Gaza Strip,  
Palestine during the period from  
October 15 to 31, 2018.**

**December 10, 2018**

**Save the Children  
UNICEF  
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Ard El-Insan Palestinian**

**With the support of the Nutrition Working Group**

## **Table of Contents**

|                                                                                                              |    |
|--------------------------------------------------------------------------------------------------------------|----|
| 1. Executive summary.....                                                                                    | 4  |
| 2. Introduction.....                                                                                         | 6  |
| 2.1 Assessment Objective (s).....                                                                            | 7  |
| 2.2 Target Population.....                                                                                   | 8  |
| 3. Methodology.....                                                                                          | 9  |
| 3.1 The Household Questionnaire.....                                                                         | 9  |
| 3.1.1 Sample Frame.....                                                                                      | 9  |
| 3.2.2 Estimation of sample size.....                                                                         | 11 |
| 4. Finding (s) from the survey.....                                                                          | 17 |
| 4.1 General Demographics of the respondents.....                                                             | 17 |
| 4.2 Food Consumption Score and Coping Mechanism of Households.....                                           | 18 |
| 4.3 Maternal and Child Nutritional Status.....                                                               | 20 |
| 4.3.1 Nutritional status of pregnant and lactating women.....                                                | 20 |
| 4.3.2 Nutrition Status of Children 6 to 59 months: Anthropometric results (based on WHO standards 2006)..... | 21 |
| 4.5 Maternal knowledge and attitudes on Infant and Young Child Feeding (IYCF) practices.....                 | 24 |
| 4.6 Infant and Young Child Feeding Practice (s).....                                                         | 26 |
| 4.7 Children morbidity.....                                                                                  | 30 |
| 4.8 Vaccination Coverage (MMR).....                                                                          | 32 |
| 4.9 Children well being.....                                                                                 | 33 |
| 4.10 Water and sanitation: Attitudes and practices.....                                                      | 34 |
| 5. Finding (s) from the focus group discussion (s).....                                                      | 35 |
| 6. Highlights from the semi-structured interviews.....                                                       | 38 |
| 7. Conclusions.....                                                                                          | 41 |
| 7.1 Food consumption score and coping strategies index.....                                                  | 41 |
| 7.2 Women and Children Nutritional status.....                                                               | 41 |
| 7.3 Infant and Young Child Feeding Knowledge, Attitudes and Practices.....                                   | 41 |
| 7.4 Child Morbidity, Vaccination coverage and WASH Practices.....                                            | 42 |
| 7.5 Focus Group Discussions with mothers of children 0-23 months.....                                        | 42 |
| 7.6 Interviews with key influencers.....                                                                     | 42 |
| 8. Recommendation (s).....                                                                                   | 43 |
| 9. Acknowledgements.....                                                                                     | 45 |
| 10. Annexes.....                                                                                             | 47 |
| Annex 1: Map of the selected areas.....                                                                      | 47 |
| Annex 2: Questionnaire.....                                                                                  | 48 |
| Annex 3: A Guide to the selection of women and children for the assessment.....                              | 87 |
| Annex 4: A Guide for the eligibility and the screening of the households.....                                | 88 |
| Annex 5: A Guide to the IYCF Focus Group Discussions.....                                                    | 89 |

|                                                        |    |
|--------------------------------------------------------|----|
| Figure 1 Map of selected areas in the Gaza Strip ..... | 10 |
| Figure 2 Coping Strategies.....                        | 19 |
| Figure 3 Map of selected areas in the Gaza Strip ..... | 47 |

|                                                                                                                                           |           |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Table 1 Parameters used for the Anthropometry requirements .....                                                                          | 11        |
| Table 2 List of core indicators used to generate the minimum sample size requirements.....                                                | 12        |
| Table 3 Minimum sample size requirements by age group (s).....                                                                            | 12        |
| Table 4 Location selections for the data collection, with estimated # of households to be covered .....                                   | 15        |
| Table 5 Basic demographics of respondent (s).....                                                                                         | 17        |
| Table 6 Children covered by the assessment by age bracket.....                                                                            | 17        |
| Table 7 No. of members composing a household in the assessment areas.....                                                                 | 18        |
| Table 8 Food Consumption Score .....                                                                                                      | 18        |
| Table 9 Food consumption score by receiving assistance.....                                                                               | 18        |
| Table 10 Disaggregated consumption of nutrient rich foods .....                                                                           | 19        |
| Table 11 Nutritional Status of Pregnant and Lactating Women based on MUAC .....                                                           | 20        |
| Table 12 Type of delivery.....                                                                                                            | 23        |
| Table 13 Pregnant women and lactating mothers at the time of the assessment .....                                                         | 23        |
| Table 14 Pregnant women and use of supplements.....                                                                                       | 23        |
| Table 15 Knowledge on anaemia and micronutrient deficiencies .....                                                                        | 23        |
| Table 16 Knowledge on how soon to start breastfeeding.....                                                                                | 24        |
| Table 17 Women knowledge on breastfeeding frequency in a 24 hour period (during day and night).....                                       | 24        |
| Table 18 Women who know the recommended duration of exclusive breastfeeding .....                                                         | 24        |
| Table 19 Mothers solutions to breast milk insufficiency .....                                                                             | 25        |
| Table 20 Sources of information about breastfeeding .....                                                                                 | 25        |
| Table 21 Complementary Food preferences for children 6 to 23 months .....                                                                 | 25        |
| Table 22 Ever Breastfeeding.....                                                                                                          | 26        |
| Table 23 Reasons for never breastfeeding .....                                                                                            | 26        |
| Table 24 Early Initiation of Breastfeeding.....                                                                                           | 26        |
| Table 25 New-born receiving pre lacteal foods.....                                                                                        | 27        |
| Table 26: Infants 0 to 5 months that are exclusively breastfeeding .....                                                                  | 27        |
| <b>Table 27 Breastfeeding up to 1 year (12 to 15 months).....</b>                                                                         | <b>27</b> |
| Table 28 Breastfeeding up to 2 years (20-23 months).....                                                                                  | 27        |
| Table 29 Proportion of caregivers with breastfeeding difficulties.....                                                                    | 27        |
| Table 30 Type of breastfeeding difficulty presented .....                                                                                 | 28        |
| <b>Table 31 Children under 2 years of age bottle feeding .....</b>                                                                        | <b>28</b> |
| Table 32 Sources of Infant Formula .....                                                                                                  | 28        |
| Table 33 Timely Introduction of complementary feeding (infants 6 to 8 months of age).....                                                 | 28        |
| Table 34 Who the child eats with and how the child is encouraged to eat (children 6 to 23 months) ....                                    | 29        |
| Table 35 Every child 6 to 23 months should consume foods from at least 4 food groups .....                                                | 29        |
| Table 36 Minimum Meal Frequency for BF children? .....                                                                                    | 29        |
| Table 37 Prevalence of reported diarrhoea in children 0-59 months in the 2 weeks prior to interview ..                                    | 30        |
| Table 38 Prevalence of reported ARI in children 0-59 months in the 2 weeks prior to interview .....                                       | 30        |
| Table 39 Infants less than 6 months who experience diarrhoea 2 weeks before the survey.....                                               | 30        |
| Table 40 Infants less than 6 months who experience diarrhoea 2 weeks before the survey and were<br>exclusively breastfeeding?.....        | 31        |
| Table 41 Infants less than six months that experience diarrhoea 2 weeks before the survey and were not<br>exclusively breastfeeding?..... | 31        |
| Table 42 Infants less than 6 months experienced ARI 2 weeks before the survey?.....                                                       | 31        |
| Table 43 Infants less than 6 months who experience ARI 2 weeks before the survey and were<br>exclusively breastfeeding?.....              | 31        |
| Table 44 Infants less than 6 months who experience ARI 2 weeks before the survey and are not<br>exclusively breastfeeding?.....           | 31        |
| Table 45 MMR Vaccination coverage among children 12-59 months .....                                                                       | 32        |
| Table 46 Well-being problems of children 0-59 months .....                                                                                | 33        |
| Table 47 When do caregivers wash their hands?.....                                                                                        | 34        |
| Table 48 Usual source of water.....                                                                                                       | 34        |
| Table 49 Water and soap availability and ability to boil water .....                                                                      | 34        |

# 1. Executive summary

The protracted occupation of the occupied Palestinian territories (oPt), which marked its fiftieth year in June 2017, has left an estimated 2.5 million people in need of humanitarian assistance throughout the oPt. Around 57% of the population in Gaza lives under the poverty line, 37% lives below one (1) dollar a day (WFP,) and around 40% of the population in Gaza is food insecure.

The health sector in Gaza has been decimated by years of conflict, sanctions, and socio-economic decline. Health care services and clinical staff are overstuffed and lack basic resources, with frequent power cuts. There are stock outs of essential drugs and equipment, and over 90 per cent of the water is unsuitable for human consumption<sup>1</sup>. Psychological trauma and poverty have severely impacted the population's mental health, many of whom, including children, suffer from anxiety, distress and depression. Considering the context and the current situation, the nutrition risks and vulnerabilities amongst the children under the age of five, pregnant women and mothers/caregivers of children under the age of two, and adolescent girls are very high. To date there is no specific information on the mothers/caregivers and their children under five affected and the impact of the ongoing crisis on the nutritional status and potential deterioration of infant feeding practices.

In line with the situation, the Nutrition Working Group, led by UNICEF with the support of the World Food Programme and Save the Children, agreed to conduct a nutrition multi-sectoral assessment to determine the nutrition status and the practices of pregnant and lactating women and children 0-59 months in the most vulnerable communities of the Gaza strip.

Data was collected using a mixed method approach of both quantitative and qualitative methods, which included a household survey composing of anthropometric measurements (children 6 to 59 months, pregnant women and mothers of infants less than six months), a KAP, and an Infant and Young Child Feeding (IYCF) survey. Focus group discussions with primary caregivers and key informant interviews with stakeholders working in nutrition or health-associated programming in the Gaza strip were also conducted.

The Assessment was conducted during the month of October 2018 in nine (9) most vulnerable localities across the five governorates of the Gaza strip. Data were processed and analysed during the month of November 2018 using tools like the ENA, SPSS, and excel software.

A total of 922 households were covered by the assessment; 1047 respondents (pregnant women and mothers of children 0-59 months) for a total of 1476 children 0-59 months were part of the survey.

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

An alarming deterioration of the nutritional status of pregnant and lactating women has been measured with *18% of pregnant women and 14% of lactating mothers are malnourished*. This calls for urgent attention and possibly some rethinking and support to some nutritional programming.

The malnutrition rates are still below the emergency thresholds of WHO (4% of children 6 to 59 months are acutely malnourished).

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<sup>1</sup> UNRWA Report. <https://www.unrwa.org/activity/health-gaza-strip>

Caregivers have a general knowledge on recommended IYCF practices, but their practice is generally poor. *More than 6% of infants never breastfeed, and more than 55% of infants are not exclusively breastfeeding.* Breastfeeding continuation at 1 and 2 years is very low at 45% and 12.5% respectively. *Bottle-feeding among the assessed population is extremely high at 41%, and the use of infant formula is more than 30% among the infants less than 6 months.* Majority receives the infant formula thru relief agencies. The minimum acceptable diet, a combined indicator that measures how much the nutritional needs of the children are met, is a dangerously low level of only 14%.

More than 40% children less than 5 years and 2 years experienced Acute Respiratory Infections (ARI), while almost 40% experience 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 breastfeeding practices among infants less than 6 months. The infants less than 6 months that were not exclusively breastfeeding were found to be 2 times more affected by diarrhoea and ARI, compared with those exclusively breastfeeding.

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

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

The focus groups discussions conducted with mothers of children 0-23 months validated the several findings of the survey. Mothers recognize the importance of exclusive breastfeeding, but cultural practices and traditions, coupled with misconception and misinformation, limits its wide spread 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 from food aid and external support. The 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 an agreement that nutrition is not a priority, and in the last 4 years most of the support has been withdrawn by international organization. Among the main recommendation is to strengthen the preventive programming, ensure a more comprehensive and coordinated effort guided by a common strategy.

Overall, the findings demonstrate an urgent need for a concerted and strategic approach to address the gaps and work to improve the situation. Among the main recommendations is the development of a Gaza strip operational strategy with a multi-year action plan. 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 will be among the key characteristics of the strategy. Further, it is recommended to support community based initiatives to sensitize, educate and increase community participation and leadership in the improvement of the nutritional status of the population.

## 2. Introduction

The protracted occupation of the occupied Palestinian territories (oPt), which marked its fiftieth year in June 2017 and an estimated 2.5 million people are in need of humanitarian assistance throughout the oPt. Around 57% of the population in Gaza lives under the poverty line and 37% lives below one (1) dollar a day (WFP) and around 40% of the population in Gaza is food insecure (2016, 2017 and 2018).

In the Gaza Strip, ten years of blockade, imposed by Israel after the takeover of Gaza by Hamas, and recurrent outbreaks of hostilities have eroded basic infrastructure, service delivery, livelihoods and coping mechanisms. An intra-Palestinian political divide between authorities in Ramallah and Gaza has exacerbated the dire humanitarian conditions in Gaza, with a deepening of the ten-year crisis in 2017, as measures affecting civil service allowances, electricity supply and medical payments were imposed by the Palestinian Authority (PA). In the context of the protracted oPt crisis, the drivers of vulnerability are linked to a stunted economy, fragmentation, and limited opportunities for growth and development across the oPt and, in the case of Gaza, causing de-development. The humanitarian situation in the Gaza Strip deteriorated significantly in the first part of 2017 due to an escalation in the internal Palestinian political divide. This was mainly felt in a further deterioration in Gaza's chronic electricity deficit, with longer power outages severely impacting the manufacturing and agriculture sectors, undermining already depleted basic services and further reducing water supply and the operation of critical WASH facilities. Health services were also impeded by delays in the shipment of essential drugs and disposables from the PA Ministry of Health, and by the delay or suspension of payments for the referral of patients for medical treatment outside Gaza. Most of the population has access to piped water for only three to five hours every five days and only the most critical health, water and sanitation facilities are functioning, thanks largely to a United Nations-facilitated, donor-funded emergency fuel distribution.

The 2018 Humanitarian Needs Overview (HNO) identified that the key factors affecting vulnerability in the oPt include: the risk of and/or exposure to violence; the policies and restrictions imposed on geographic locations and the specific contextual vulnerabilities that arise as a result; and overarching institutional and political drivers, including a lack of effective PA access and jurisdiction (in Area C, the "Seam Zone", Hebron H2 and East Jerusalem), restrictions on movement of people and goods, a restrictive permit system, and a lack of economic opportunities and access to natural resources across the oPt.

In addition, the joint analysis conducted for the 2018 HNO identified many of the same vulnerable groups that had been identified in development analysis of the oPt, including: Palestinians in Gaza without access to safe water or sanitation; Palestine refugees living in camps and/or in abject poverty; small-scale farmers, non-Bedouin herders and fisher folk; individuals in need of urgent medical referrals; children subject to various obstacles and violence, including adolescent girls; food-insecure households headed by women; persons with disabilities; the elderly; women exposed to GBV; the working poor; and the youth.

The health sector in Gaza has been decimated by years of conflict, sanctions and socio-economic decline. Health care services and clinical staff are overstuffed and lack basic resources, with frequent power cuts, stock outs of essential drugs and equipment and over 90 per cent of the water unsuitable for human consumption<sup>2</sup>. Psychological trauma and poverty have severely impacted the population's mental health, many of whom including children suffer from anxiety, distress and depression. The recent escalation of violence since March 2018 has left 112 dead and

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<sup>2</sup> UNRWA Report. <https://www.unrwa.org/activity/health-gaza-strip>

over 13375 injured.<sup>3</sup> WHO estimate that over 257 basic medications are needed immediately and whilst the health status of the whole population is deteriorating, children, women, the elderly, people with chronic diseases and those with disabilities are particularly at risk.<sup>4</sup>

Considering the context and the current situation the nutrition risks and vulnerabilities amongst the children under the age of five, pregnant women and mothers/caregivers of children under the age of 2 and adolescent girls are very high. Less than 50% of infants less than six months are exclusively breastfeeding. Micronutrient deficiencies are at high levels with 75% of children under the age of 1 year being anemic, and more than 30% of pregnant and lactating women suffering from anemia as well. There is no unified nutrition surveillance system, the MOH surveillance system suggests that 4% of the infants are wasted and 10% are stunted, while the UNRWA surveillance system suggests that by the end of 2017 there were 6.5% of children under five wasted and more than 10% stunted. To date there is no specific information on the mothers/caregivers and their children under 5 affected and the impact of the ongoing crisis on the nutritional status and potential deterioration of infant feeding practices.

## 2.1 Assessment Objective (s)

1. To assess the nutrition status of children 0-59 months, pregnant and lactating women in the most marginalized populations of the Gaza strip
  - a. Acute malnutrition (Wasting) measuring MUAC, Oedema and Weight for Height
  - b. Chronic Malnutrition (stunting) using measuring Height for age
  - c. Overweight measuring Weight for age
  - d. Acute malnutrition in PLWs measuring MUAC
2. To conduct a *quantitative* and *qualitative* assessment of Infant and Young Child Feeding practices (IYCF) ,among the marginalized population in the Gaza strip ,
  - a. To understand the priority IYCF needs for children less than 6 months and 6 to 23 months
  - b. To identify knowledge gaps, cultural beliefs or behavioural patterns and practices that create barriers or facilitates recommended infant and young child feeding and care practises.
3. To assess the IYCF service delivery services in terms of availability, accessibility and level of provision of services
4. To assess other underlying causes to malnutrition, in particular:
  - a. Household food consumption and coping mechanism
  - b. Morbidity and health seeking behaviour of children 0-59 months (ARI and Diarrhoea)
  - c. Access to the health services by children 12 to 59 months (coverage of MMR vaccine)
  - d. Caring practices related to complementary feeding of children 6 to 23 months
  - e. Availability of water supply and assess the hand washing practices of the population

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<sup>3</sup> WHO. Health Cluster Situation Report March 30 to May 31<sup>st</sup>, 2018.

<http://healthclusteropt.org/pages/4/infographics>

<sup>4</sup> <http://www.healthclusteropt.org/details/91/health-crisis-infographic-15th-may-2018>

## ***2.2 Target Population***

- Children
  - 0-5 months
  - 6 to 23 months
  - 24 to 59 months
- Caretakers of children 0 – 24 months. Women will be preferably interviewed but men could be interviewed if the only caretaker.
  - Focus Group Discussions (FGD) were conducted among women and men separately.
- Semi Structured Interview (s) with key agencies providing nutrition services

## 3. Methodology

Data was collected using a mixed method approach of both quantitative and qualitative methods which includes a household survey composing of anthropometric measurements, a KAP and IYCF-E survey, as well as focus group discussions with primary caregivers, and key informant interviews with stakeholders working in nutrition or health-associated programming in Gaza.

### 3.1 The Household Questionnaire

#### **3.1.1 Sample Frame**

There are 5 Governorates in the Gaza strip; Deir Al Balah, Gaza, Khan Yunis, North Gaza and Rafah. Governorates are composed of smaller administrative geographical areas called localities which also contain distinct 'camps' which are predominantly refugee populations living in high density urban areas. There are a total of 33 localities in Gaza.

The assessment took place across all 5 governorates in the Gaza strip. The smallest geographical area for which data is available is the locality. As such the locality represents the clusters which were purposively selected. Whilst poverty data is available by governorate in the 2018 Census, it was not available at locality level at the time of the assessment. Thus, the most comprehensive and accurate poverty data available for the whole of Gaza is from the 2008 Census. As this 2008 data is outdated, statistical tests were run to identify potential proxy indicators for poverty from the available 2018 census data sets by verifying the relationships to poverty. This analysis was based off analysis conducted the PCBS<sup>5</sup> which identified household size and highest educational attainment as strongly correlated with poverty in the Gaza context.

Several proxy indicators for poverty which showed the strong statistical association to poverty were identified.

These included:

- large household size
- low female literacy rates
- a high % of household heads whose highest educational attainment is completion of middle school
- an inverse relationship with % of household heads whose highest educational attainment is a bachelor's degree

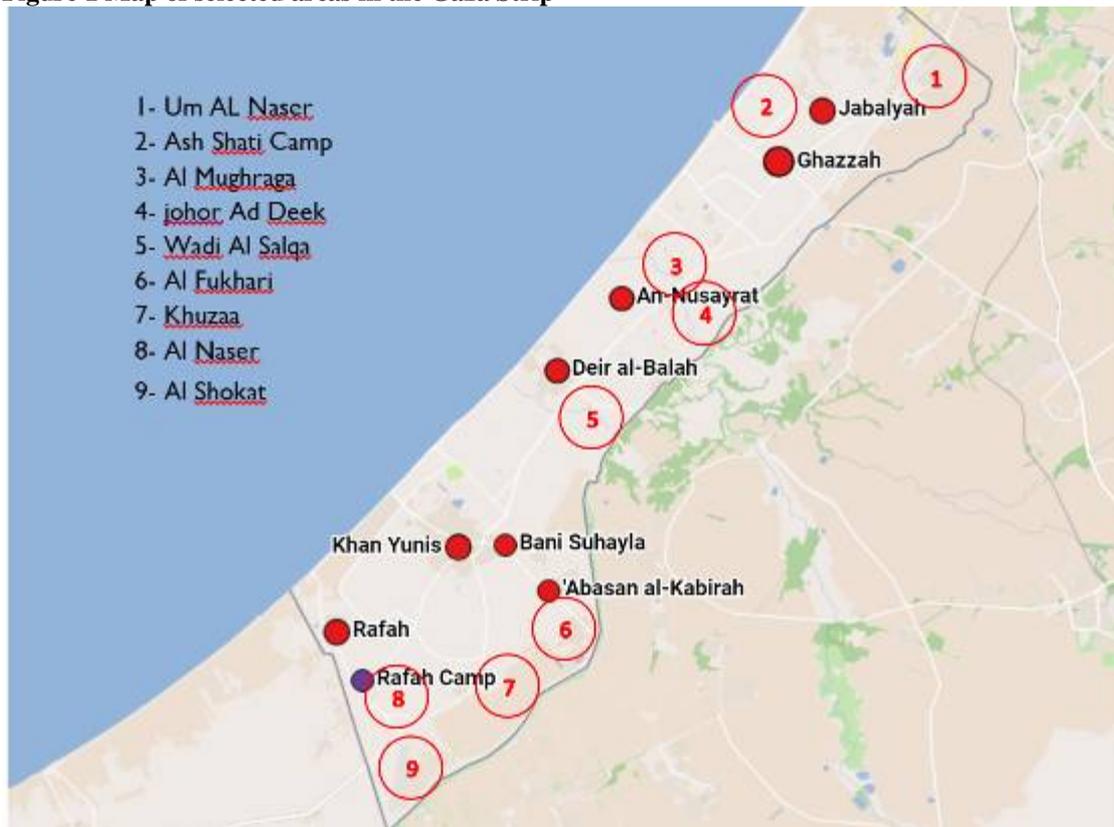
Based on these results and using a sample frame of all localities in Gaza, the 9 poorest performing localities were selected. A 10<sup>th</sup> locality was selected as a reserve in case of difficulties accessing an area due to security or logistical concerns. (See fig 1.)

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<sup>5</sup>

*Census Summary, Palestinian Central Bureau of Statistics Poverty Profile in Palestine, 2017*

Figure 1 Map of selected areas in the Gaza Strip



### 3.2.2 Estimation of sample size

#### Study and sampling design

The aim was to conduct a cross sectional representative survey of households with a focus on nutrition and IYCF-E in young children and infants in the selected areas. In order to collect the sample sizes for the household survey a two-pronged approach to sampling was used. First sample size requirements for children aged 6-59.99 months were calculated using following SMART approach and ENA for SMART software. The sample size was calculated using the parameters as shown in table 1. A design effect of 1.5 was used in line with standardised cluster sampling. A 10% estimate of non-response was utilised as a worst-case scenario to account for non-completion or poor-quality data collection. The sample size was calculated based on achieving statistical confidence for anthropometric objectives, not mortality. The ENA software calculated a required sample size of 150 children and 224 households. Table 1

**Table 1 Parameters used for the Anthropometry requirements**<sup>6</sup>

| Parameters Anthropometry       | Value |
|--------------------------------|-------|
| Expected prevalence (p)†       | 6.4%  |
| Relative desired precision (d) | 5%    |
| Design Effect                  | 1.5   |
| Average household size         | 5.6   |
| % of U5 in population          | 14.8  |
| % Non-response                 | 10    |

In addition to the ENA, a combination of online sample size software<sup>7</sup> and the 2010 CARE US IYCF Sample size calculator was used to calculate sample sizes for IYCF indicators. First, population estimates were developed for the designated age groups of interest required by indicator and for intervals of 6 months for all children 0-59.99months by equally dividing the population under 5 into desired age brackets. A list of 8 core indicators were selected to generate sample sizes that would reflect the average and the maximum requirements for the household questionnaire using the parameters described in table 2 below. Table 2

<sup>6</sup> Data taken from 2014 State of Palestine MICS Survey.  
[https://mics-surveys-prod.s3.amazonaws.com/MICS5/Middle%20East%20and%20North%20Africa/State%20of%20Palestine/2014/Final/State%20of%20Palestine%202014%20MICS\\_English.pdf](https://mics-surveys-prod.s3.amazonaws.com/MICS5/Middle%20East%20and%20North%20Africa/State%20of%20Palestine/2014/Final/State%20of%20Palestine%202014%20MICS_English.pdf) accessed October 3, 2018

<sup>7</sup> <http://sampsiz.sourceforge.net/iface/index.html#prev>

**Table 2 List of core indicators used to generate the minimum sample size requirements**

|   | Indicator (s)                                             | Estimated population of interest | Estimated prevalence | Precision | Power | Design effect | Individual response rate |
|---|-----------------------------------------------------------|----------------------------------|----------------------|-----------|-------|---------------|--------------------------|
| 1 | Timely initiation of breastfeeding (children 0-23 months) | 112201                           | 41%                  | 5%        | 20%   | 1.5           | 95%                      |
| 2 | Exclusive breastfeeding under 6 months                    | 28050                            | 36%                  | 5%        | 20%   | 1.5           | 95%                      |
| 3 | Timely introduction complementary feeding                 | 14025                            | 92%                  | 5%        | 20%   | 1.5           | 95%                      |
| 4 | Continued breastfeeding at 1 year                         | 18700                            | 59%                  | 5%        | 20%   | 1.5           | 95%                      |
| 5 | Minimum dietary diversity                                 | 84151                            | 75%                  | 5%        | 20%   | 1.5           | 95%                      |
| 6 | Minimum meal frequency                                    | 84151                            | 55%                  | 5%        | 20%   | 1.5           | 95%                      |
| 7 | Minimum acceptable diet                                   | 84151                            | 36%                  | 5%        | 20%   | 1.5           | 95%                      |
| 8 | Bottle feeding                                            | 112201                           | 36%                  | 5%        | 20%   | 1.5           | 95%                      |

The scenarios were run to calculate the sample sizes required at 5% precision with 20% power and 95% confidence intervals. The sample sizes required for indicators 1 - 3 were however too large owing to budgetary, logistical and time constraints of the project. With the statistical parameters as described above, indicator 2 for example indicated that we would require a sample of 3449 children <2. As such, the precision for Indicators 1, 2 and 3 were lowered to 10% to generate sample sizes that were considered attainable. This has implications for the Confidence intervals for these three indicators which are discussed in the findings Section.

As outlined in Table 3, the minimum sample sizes required for infants <2 years of age and 2-5.99 years old were calculated. A factor of 1.15 was applied to the minimum sample size of children <2 to generate a desired sample size figure 15% larger than the minimum, to mitigate against possible data quality issues and ensure targets are met. A factor of three was applied to develop the desired sample size for children 2- 4.99 owing to the small minimum sample size required. Utilising desired sample sizes, the study aims to assess a total of 1012 children <2 and 306 children 2-4.99. Assuming the prevalence of infants <2 per household to be 1.2 amongst targeted households, the minimum household sample is estimated to be 843 households.

**Table 3 Minimum sample size requirements by age group (s)**

| Age Group of Interest           | Min Sample Size | Desired sample size |
|---------------------------------|-----------------|---------------------|
| <b>&lt;2 Years</b>              | 880             | 1012                |
| <b>2-4.99 Years</b>             | 102             | 306                 |
| <b>Combined</b>                 | 982             | 1318                |
| <b>Minimum Household sample</b> | 843             |                     |

## Stage 2 Sampling: Households

The target sample for each selected locality was then calculated using a probability approach to ensure that each household had the same probability of inclusion as can be seen in Table 4. Clusters were divided into sub-clusters based on spatial analysis of household density to ensure all areas are represented.

Whilst total household numbers and locations were available, a household list was not developed. Sampling of selected localities began at the administrative edge of the selected area and conducting systematic random sampling counting every 10 households to screen for eligibility criteria. If a household does not meet eligibility criteria (as seen in Annex 4), refuses to participate or is abandoned it is marked and the next household will be selected. If this household does not meet criteria or refuse, sampling is re-initiated until the next tenth household is identified. In high density urban areas with multi-storey apartment building, the unit of interest remains the household, and the number of households in a building is estimated.

If a household is found to have multiple eligible women, a maximum of two women can be sampled per household. For each woman, a maximum of two children are eligible for sampling. Purposeful selection of women and children was conducted utilising eligibility and prioritisation criteria described in Annex 3. Table 4

## Questionnaire Development

The household questionnaire was developed in Excel and uploaded onto Kobo for testing and was shared with relevant stakeholders for testing and review. The questions and responses were translated from English to Arabic by Save the Children staff with input from partners. The questionnaire contains a list of 156 questions categorised into distinct sections with skip and display logic to display relevant questions dependent upon a respondent's demographic status and responses to previous questions. No respondent will respond to all 156 questions.

## Data Management & Analysis

Data was collected on Samsung Smart tablets on a smart Kobo Collet<sup>®</sup> survey which was programmed with skip and display logic to help navigate the data collectors through different options and sections depending on household demographic characteristics and responses to the questionnaire. The surveys are uploaded onto the kobo cloud every evening during data collection where Save the Children staff conducted plausibility checks.

Data is downloaded onto Excel for cleaning and translation of text entries and exported into ENA Smart Software for plausibility analysis and calculation of anthropometric data. The other data were entered into SPSS for further analysis. Data on Food Consumption Scores and Coping strategies were analysed by WFP Jerusalem office.

Daily data check was carried out by the lead assessor and the supporting team. Daily review of data submitted by the teams was conducted by the team.

## Training of enumerators

A group of 22 all-female Gaza-based enumerators were selected as data collectors from a pool of AEI project and contract staff. All enumerators had previous experience with anthropometry and nutrition. Enumerators were organised in 11 team of 2 persons. Staff underwent 3 days of training from the 3<sup>rd</sup> October – 7<sup>th</sup> October in Gaza City. Training included refreshers on IYCF and anthropometry, introduction to food consumptions scoring and coping strategies and a question-by-question run through of the questionnaire and follow up questioning. The training also included introducing the study, sampling methods, security, and utilisation and management of tablets. The final afternoon of training was dedicated to the testing of the questionnaire and a standardization exercise was conducted, but only limited time was dedicated to verify the accuracy of the measurements of the 11 teams. Women with children of varying ages were brought into the training site to pilot the questionnaire.

On the first and second day of data collection, all teams were sent to the same area [*Al Mugragha and neighbouring Juhor Ad Dik*] to allow for more intensive supervision by Save the Children staff. Data collection teams were subsequently allocated to localities with consideration for team travel distance and familiarity. Teams were not allocated to areas where they live owing to the potential for bias through familiarity with target population

Spot checks were conducted by Save the Children and partners on all 11 data collection teams throughout the duration of the data collection phase with more intensive supervision in the first week of data collection. Throughout the duration of data collection, data collectors came together a total of four times to discuss issues and difficulties and provide the opportunity for supportive correction of issues that arose.

All enumerators were trained on child safeguarding policy and Save the Children accountability mechanism. A toll-free number was given to all the women that were interviewed and encouraged to use it in cases of any concerns and issues.

**Table 4 Location selections for the data collection, with estimated # of households to be covered**

|                      | Locality Name   | Population     | Total Number of households | HH in locality as % of total households in selected localities | Min HH sample required per locality | Sample by Governorate | Sample as a % of households in locality |
|----------------------|-----------------|----------------|----------------------------|----------------------------------------------------------------|-------------------------------------|-----------------------|-----------------------------------------|
| <b>Deir Al balah</b> | Wadi as Salqa   | 6605           | 1,250                      | 6%                                                             | 53                                  | 53                    | 4.2%                                    |
| <b>Gaza</b>          | Juhor ad Dik    | 4538           | 854                        | 4%                                                             | 36                                  | 423                   | 4.2%                                    |
|                      | Al Mughraqa     | 11180          | 1,889                      | 9%                                                             | 80                                  |                       | 4.2%                                    |
|                      | Ash Shati' Camp | 40160          | 7,240                      | 36%                                                            | 307                                 |                       | 4.2%                                    |
| <b>Khan Yunis</b>    | Khuza'a         | 11286          | 2,208                      | 11%                                                            | 94                                  | 141                   | 4.2%                                    |
|                      | Al Fukhkhari    | 6343           | 1,109                      | 6%                                                             | 47                                  |                       | 4.2%                                    |
| <b>North Gaza</b>    | Um Al-Nnaser    | 4621           | 787                        | 4%                                                             | 33                                  | 33                    | 4.2%                                    |
| <b>Rafah</b>         | Al Shokat       | 16234          | 3,002                      | 15%                                                            | 127                                 | 195                   | 4.2%                                    |
|                      | Al-Nnaser       | 8814           | 1,587                      | 8%                                                             | 67                                  |                       | 4.2%                                    |
| <b>Total</b>         |                 | <b>109,781</b> | <b>19,926</b>              | <b>100%</b>                                                    | <b>845</b>                          |                       |                                         |

## **Focus Group Discussions**

Focus groups discussions (FGDS) were conducted to gather additional information on belief systems and other socio-cultural factors that can contribute or inhibit behaviours identified by the assessment (Annex 5). A total of four focus group discussions were held with women on the 22<sup>nd</sup> and 23<sup>rd</sup> October 2018; two FGDs in the Gaza Governorate and two in the Middle Area (Dier-el-Balah) Governorate. The two FGDs hosted in the Northern Area were for women from localities in the North Gaza and Gaza city Governorates, whilst the two FGDs hosted in the Middle Area were for women from The Middle Area, Khan Younis and Rafah Governorates. The all-women FGDs were held in private meeting rooms at two separate AEI clinics in Gaza City and Khan Yunis which were familiar to many of the women. A travel stipend and refreshments were provided, and children were welcome to attend.

Between 4 and 5 women were selected from each locality and invited to attend the nearest FGD discussion. Women were invited to the FGD based on their responses to breastfeeding knowledge and practices in the household questionnaire. Half of women invited had good breastfeeding knowledge and practices and half had poor breastfeeding knowledge and practices. This was done to encourage a difference in opinion which would drive debate and to provide insight into inhibiting and enabling beliefs. A trained MEAL Specialist from Save the Children acted served as the facilitator and encouraged discussion in Arabic, whilst notes, quotes and comments were written down in Arabic by a note taker. Transcripts were translated by Save the Children Staff.

## **Key Informant Interviews**

Key informant interviews were conducted with purposively selected individuals working on health and nutrition Gaza. A list of individuals was developed through a nomination process by Save the Children Gaza and Ramallah, WFP and UNICEF. A total of 12 individuals from 9 organisations were nominated, composed of NGOs, Academia, UN and Government. Questions were designed to provide expert opinion and organisational-level insight into the perceived situation and trends of nutrition in Gaza and around gaps and priorities in nutrition co-ordination and programming. Interviews were conducted in English, in-person, in private rooms at either Save the Children Gaza offices or the host organisation of the interviewee. The interviews were not recorded owing to concerns over privacy issues; however notes and quotes were taken in English.

## 4. Finding (s) from the survey

### 4.1 General Demographics of the respondents

A Total of 1047 respondents (women) participated in the study, from a total of 922 households. Almost all women (respondents) were married at the time of the assessment and for almost all of them the husband was living with them in the household. Table 5

**Table 5 Basic demographics of respondent (s)**

| Description                                                       | No. of responses | Total | (%)     |
|-------------------------------------------------------------------|------------------|-------|---------|
| Number of women respondents                                       | 1047             | 1047  | 100.00% |
| Total Number of Households                                        | 922              | 922   | 100.00% |
| % currently married women                                         | 1034             | 1047  | 98.76%  |
| % of ever married of whom are not currently married               | 13               | 13    | 100.00% |
| % of widowed women of whom are not currently married              | 2                | 13    | 15.38%  |
| % of divorced women of whom are not currently married             | 11               | 13    | 84.62%  |
| % of currently married women and their husbands live in the house | 1006             | 1034  | 97.29%  |
| household enrolled or the recipient of assistance programmes      | 785              | 1047  | 74.98%  |

A total of 1476 children age 0 to 59 were included in the assessment. A total of 1044 children aged 0-23 months and 432 children aged 24 to 59 months.

The assessment aimed at measuring with the highest precision and confidence all of the core and some of the optional IYCF indicators. Women and children (6 to 59 months) nutritional status was also measured. Table 6

**Table 6 Children covered by the assessment by age bracket**

| Children Ages |                 |         | Boy | Girl | Boy: Girl ratio |
|---------------|-----------------|---------|-----|------|-----------------|
| Age bracket   | Total responses | (%)     |     |      |                 |
| 0-59M         | 1476            | 100.00% | 721 | 755  | 1.0             |
| <24M          | 1044            | 70.73%  | 501 | 543  | 0.9             |
| <6M           | 288             | 19.51%  | 133 | 155  | 0.9             |
| 6-23M         | 756             | 51.22%  | 368 | 388  | 0.9             |
| 6-8M          | 115             | 7.79%   | 63  | 52   | 1.2             |
| 12-15M        | 197             | 13.35%  | 88  | 109  | 0.8             |
| 20-23M        | 176             | 11.92%  | 87  | 89   | 1.0             |
| 24-59M        | 432             | 29.27%  | 220 | 212  | 1.0             |

According to the criteria presented in the methodology the assessment targeted a representative sample of the most vulnerable communities in the Gaza strip, and among the initial important findings, is the fact that on average a household has 7 members, and 33% of the households in the assessed communities in Gaza strip have 8 or more members. Table 7

**Table 7 No. of members composing a household in the assessment areas**

| No. of members                             | No. of responses | Total | (%)    |
|--------------------------------------------|------------------|-------|--------|
| 3                                          | 96               | 922   | 10.41% |
| 4-5                                        | 256              | 922   | 27.77% |
| 6-7                                        | 269              | 922   | 29.18% |
| 8-9                                        | 160              | 922   | 17.35% |
| >=10                                       | 141              | 922   | 15.29% |
| <b>Average number of household members</b> | <b>6.8</b>       |       |        |
| <b>Median number of household members</b>  | <b>6</b>         |       |        |

## 4.2 Food Consumption Score and Coping Mechanism of Households

To estimate the amount and variety of food consumed by Assessed households, this survey uses the food consumption score methodology: it counts the number of days during which precise food items (grouped in specific food groups) are consumed within the seven days preceding the household survey. Based on the results of this assessment, 23% of surveyed household has poor FCS, and half of sample has poor and borderline FCS (50%). As is shown in Table 8

**Table 8 Food Consumption Score**

| Food consumption score (FCS) | FCS (%) |
|------------------------------|---------|
| Acceptable FCS               | 50%     |
| Borderline FCS               | 27%     |
| Poor FCS                     | 23%     |

The poor FCS is worsen (23%) compared to national results in Gaza Strip (SEFSec 2016) where the poor FCS was 7% in Gaza Strip, so this reflect that the situation in Gaza Strip has worsen among the assessed populations.

Among household that had poor food consumption score 80% received assistance. Table 9

**Table 9 Food consumption score by receiving assistance**

| FCS/ Receiving Assistance | Receiving Assistance |            |
|---------------------------|----------------------|------------|
|                           | No                   | Yes        |
| Acceptable                | 27%                  | 73%        |
| Borderline                | 26%                  | 74%        |
| Poor                      | 20%                  | 80%        |
| <b>Total HHs</b>          | <b>25%</b>           | <b>75%</b> |

Using the results the data collected from the Food Consumption Score, a dietary diversity score (DDS) using the seven food groups of the FCS. The average DDS per household is **6.06**.

There are no agreed thresholds to identify adequate/inadequate DDS, but the International Food Policy Research Institute (IFPRI) suggests that a DDS of 6 is considered of medium quality.

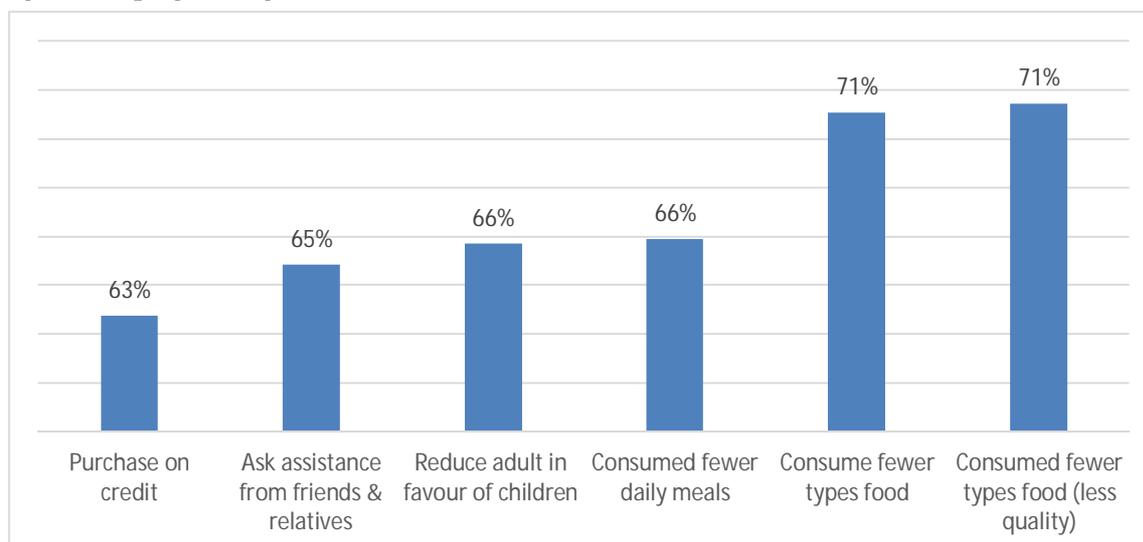
The Food consumption score nutrition quality analysis was used to define categories of household (HH) food insecurity. The disaggregated consumption frequency of nutrient rich food groups in the selected communities shows that a higher proportion of households are not eating enough iron rich food groups, hence a high risk of iron deficiencies anaemia. More than 40% of the HHS is not able to eat enough Vitamin A rich groups and in the long run this may have an impact on the normal functioning of the immune system, growth and development as well as reproduction. Table 10

**Table 10 Disaggregated consumption of nutrient rich foods**

| FCS-N                                     | Hem Iron rich food groups | Protein rich food groups | Vitamin A rich food groups |
|-------------------------------------------|---------------------------|--------------------------|----------------------------|
| Consumed at least daily (7 or more times) | 7%                        | 73%                      | 57%                        |
| Consumed sometimes (1-6 times)            | 82%                       | 26%                      | 38%                        |
| Never consumed (0 times)                  | 11%                       | 1%                       | 5%                         |

The Coping strategy Index (CSI) measures behaviour, the things that people do when they cannot access enough food. There are a number of fairly regular behavioural responses to food insecurity—or coping strategies—that people use to manage household food shortage. These coping strategies are easy to observe. It is quicker, simpler, and cheaper to collect information on coping strategies than on actual household food consumption levels. Hence, the CSI is an appropriate tool for emergency situations when other methods are not practical or timely. The assessment results indicate among the population assessed, reducing meals and consuming meals of less quality (variety) are among the top choices that household makes in responding to the current crisis as is shown in below figure 2.

**Figure 2 Coping Strategies**



Both the food consumption score and the coping mechanism strategies, confirms that the assessed vulnerable populations are currently experiencing some form of food insecurity affecting the quality and amount of foods consumed by all the members of the household.

## 4.3 Maternal and Child Nutritional Status

### 4.3.1 Nutritional status of pregnant and lactating women

The nutritional status of pregnant and lactating women was among the key indicators measured during the assessment. The measure was conducted using MUAC as a standardized approach. As there is no global agreement on the cut-off to use for determining if pregnant and lactating women have to be considered malnourished hence needing immediate nutritional support, table 6 reports the findings using the two (2) commonly used cut-offs (210 mm and 230mm). The higher cut off (230 mm) will help prevent further deterioration in the nutrition status of the population. The results show 18.5% of pregnant women and 14% of lactating mothers among the assessed population are acutely malnourished and require nutritional support. Table 11

**Table 11 Nutritional Status of Pregnant and Lactating Women based on MUAC**

|             | <b>INDICATOR</b>                                                          | <b>Number of respondents</b> | <b>Total Number</b> | <b>(%)</b>    |
|-------------|---------------------------------------------------------------------------|------------------------------|---------------------|---------------|
| <b>MUAC</b> | % of pregnant women with MUAC less than 210 mm                            | 7                            | 135                 | 5.19%         |
|             | % of lactating women with MUAC less than 210 mm                           | 11                           | 285                 | 3.86%         |
|             | <b>% of pregnant women with MUAC less than 230 mm</b>                     | <b>25</b>                    | <b>135</b>          | <b>18.52%</b> |
|             | <b>% of lactating women with MUAC less than 230 mm</b>                    | <b>40</b>                    | <b>285</b>          | <b>14.04%</b> |
|             | <b>Total % of pregnant and lactating women with MUAC less than 230 mm</b> | <b>65</b>                    | <b>420</b>          | <b>32.56%</b> |

### 4.3.2 Nutrition Status of Children 6 to 59 months: Anthropometric results (based on WHO standards 2006)

For this purpose the following definitions are used: Global acute malnutrition is defined as  $<-2$  z scores weight-for-height and/or oedema, severe acute malnutrition is defined as  $<-3z$  scores weight-for-height and/or oedema). The survey used SMART flags (Exclusion of z-scores from Observed mean SMART flags: WHZ -3 to 3; HAZ -3 to 3; WAZ -3 to 3)

As presented the total number of children included in the assessment, was above the estimated sample size requirement, and as per methodology, majority of the children included in the assessment were children *0 to 23 months*.

Due to time constraints it was not possible to run the IYCF and the anthropometric assessment of children 6 to 59 months as two (2) separate surveys to maintain the appropriate age ratios. At the same time, the plausibility check surfaced issued with measurement precisions. The measurements errors were consistent across all the teams. Based on the discussion and review with the teams of trained enumerators, the following were documented a) rounding up of measurements b) height boards used not standard c) some of the teams were measuring/weighing children with and without clothes but not in a standardized way.

The database has been run and reviewed, as well as the plausibility for each of the data linked to the nutritional status of the children. While recognizing some of the limitations linked to measurement errors (Height and MUAC measurements), other key statistical tests show a good quality of the data.

After general reviews and discussions, it was agreed that due to the several and consistent measurement issues, the results may present an overestimation of the current situation.

In line with these risks, it is recommended to use only the total result of the anthropometric assessment (GAM, acute malnutrition, stunting and overweight) but introduce a corrective factor that would help prevent any overestimation in the final analysis.

The final analysis will consider the total lowest range of measurements that was generated by the ENA software using a standard deviation of 1 without disaggregation for gender and age.

The reason is that for Standard Deviation provides information about the quality of actual measurements that have been taken. Based on the WHO Technical Review, the standard deviation for Weight-for-Height should be less than 1.1 in high quality data. In a similar study, data from over 200 small-scale surveys was nearly always normally distributed and had standard deviations between 0.8 and 1.27. Both of these analyses were based on the NCHS Standards. The range of acceptable standard deviations for SMART surveys is 0.8 to 1.2.

As data quality decreases (i.e., mistakes in measurements are introduced), the distribution of data around the mean 'melts' (gets wider), and SD increases.

So the *Prevalence calculated with SD of 1* assumes that the data are normally distributed, and a distribution is drawn using the survey mean and a standard deviation of one. When  $SD=1$ , the curves for no exclusion, WHO flags and SMART flags will all be the same shape; however, they will be shifted slightly to the left or right depending on the mean (their central point), in doing so, we will ensure the non-inclusion of values that could lead to overestimation of the results.

Based on this, the level of Acute Malnutrition (Weight for Height **is estimated at 3.8%** ( $SD=1$ ) below the WHO emergency thresholds.

Both the skewness and the Kurtosis test show a normal distribution with data symmetrically distributed, meaning there are no difference among the teams in their measurements. But it the results show that the majority of the acutely malnourished children are present in pockets of the assessed areas, denoting the possibility that some of the areas may have more vulnerable populations.

The MUAC measurement confirms a very similar finding, showing the **Global Acute Malnutrition Rate (GAM) rate of 4%** below the WHO emergency thresholds.

Similar to the weight for height the prevalence of **underweight** measured may have been affected by the measurement issues described earlier. Applying the corrective factor, and generating the results using a standard deviation of 1, we estimate that the current underweight rate in the assessed population is **6.0%**.

**Stunting (chronic malnutrition)** is among the worst forms of malnutrition as it can be irreversible. The same considerations apply to the measure of this important nutritional indicator. Using the corrective factor, the stunting rate in the assessed communities is **estimated at 7.4%** (SD=1)

**Overweight** among the assessed population is not of major concerns, considering the findings of the assessment (***less than 2% overweight***).

In conclusion, the maternal nutritional status (MUAC <230 mm) is of concern and the high quality of the data (*no issues were encountered, monitored and/or documented by the teams and the supervisors*) coupled with a representative sample size among the assessed population in the Gaza strip, surface an immediate concern, with level of malnutrition that varies **between 14 and 18% among lactating and pregnant women**.

On the other hand, due to several measurements issues described, some quality concerns surfaced by the plausibility analysis, the findings related to the nutritional status of children were affected.

As presented in the earlier section, the findings need to be taken caution as they may overestimate the current malnutrition situation in the assessed population. It has been recommended and explained why the use of the findings using a standard deviation of 1 could still be used for the total prevalence of acute malnutrition, stunting and underweight.

Even using the conservative findings, there is a significant deterioration between the findings of the MICS survey 2014 (lowest quintile) and the current situation. The malnutrition levels are still below the WHO emergency thresholds but have slowly deteriorated slowly and the situation will need to be continuously monitored, considering also the deterioration of maternal nutrition and food security at the house hold levels among others.

#### 4.4 Maternal delivery practices, micronutrient supplementation and nutrition knowledge

A third critical component of the assessment is the component linked to maternal practices including safe deliveries, micronutrient supplementation and knowledge of basic good nutrition practices.

Generally all women delivered in a health facility. 19% delivered by C-section, above the 15% threshold recommended by WHO. Table 12

**Table 12 Type of delivery**

| Description (N=1477) | No. of responses | (%)   |
|----------------------|------------------|-------|
| Normal               | 1192             | 80.70 |
| C-section            | 284              | 19.22 |

At the time of the assessment 13% of the respondents were pregnant and 27% were lactating mothers. Table 13

**Table 13 Pregnant women and lactating mothers at the time of the assessment**

| Description (N=1047)                                                          | No. of responses | (%)   |
|-------------------------------------------------------------------------------|------------------|-------|
| % Pregnant women at the time of the assessment                                | 135              | 12.89 |
| % lactating women: women with a child under 6 month                           | 285              | 27.22 |
| % of respondents non pregnant and non-lactating at the time of the assessment | 626              | 59.78 |

The assessments revealed that 1/3 of the pregnant women were not taking any nutritional supplements (iron folic acid and/or other multivitamins containing iron and folic acid) and that only 70% of those that were using supplements, had supplements with the minimum recommended amount of iron. Table 14

**Table 14 Pregnant women and use of supplements**

| Description                                                | No. of responses | Total | (%)   |
|------------------------------------------------------------|------------------|-------|-------|
| Pregnant women taking supplements                          | 100              | 135   | 74.07 |
| Pregnant women who show the type of supplement being taken | 90               | 100   | 90.00 |
| Of those taking supplements % with minimum Iron            | 63               | 90    | 70.00 |
| Of those taking supplements % with folic acid              | 81               | 90    | 90.00 |

Women were asked if they knew what anaemia was and only 20% were able to provide a satisfactory answer, but even less when asked if they knew about micronutrient deficiencies. Table 15

**Table 15 Knowledge on anaemia and micronutrient deficiencies**

| Description (Total N=1013)*                        | No. of responses | (%)   |
|----------------------------------------------------|------------------|-------|
| Women who know what anaemia is                     | 205              | 20.24 |
| Women who know what micronutrient deficiencies are | 134              | 13.23 |

\*34 respondents did not answers

## 4.5 Maternal knowledge and attitudes on Infant and Young Child Feeding (IYCF) practices

Maternal knowledge and attitudes towards IYCF practices was also measured.

Generally 88% of the women knew how soon to start breastfeeding. Table 16

**Table 16 Knowledge on how soon to start breastfeeding**

| Description (Total N=1047)  | No. responses | (%)   |
|-----------------------------|---------------|-------|
| Immediately/within one hour | 919           | 87.77 |
| Within one day              | 87            | 8.31  |
| Within two days             | 23            | 2.20  |
| When the mother is ready    | 12            | 1.15  |
| When the baby wants         | 3             | 0.29  |
| Don't Know                  | 2             | 0.19  |
| After 3 days                | 1             | 0.10  |

When asked about the number of times that a baby should be breastfed, less than 50% of the women answer between 8 to 12 times (day and night). Table 17

**Table 17 Women knowledge on breastfeeding frequency in a 24 hour period (during day and night)**

| Description (Total N=1047) | # responses | (%)    |
|----------------------------|-------------|--------|
| 1-2                        | 9           | 0.86%  |
| 2-4                        | 51          | 4.87%  |
| 4-8                        | 267         | 25.50% |
| 8-12                       | 495         | 47.28% |
| 12+                        | 224         | 21.39% |

More than 50% knew that an infant should be exclusively breastfeeding for at least 6 months. But around 39.5% are convinced that it should be less (9.93%) or more than 6 months (29.61%) and also 5% did not know. Caregivers during the FGDs confirms they understand and are fully aware about the benefits of breastfeeding and the importance of exclusive breastfeeding, but there are strong influence by their mothers/grandmothers and partners in the way they feed their children. Table 18

**Table 18 Women who know the recommended duration of exclusive breastfeeding**

| Description (N=1047) | # responses | (%)    |
|----------------------|-------------|--------|
| Less than 6 months   | 104         | 9.93%  |
| At least 6 months    | 580         | 55.40% |
| More than 6 months   | 310         | 29.61% |
| Do not know          | 53          | 5.06%  |

When asked about their coping strategies when faced with breastfeeding complications, like perceived breast milk insufficiency, more than 50% answered that they rely on the intake of additional fluids and 40% starts using infant formula. Table 19

**Table 19 Mothers solutions to breast milk insufficiency**

| Description (N=1047)                                   | No. of responses | (%)    |
|--------------------------------------------------------|------------------|--------|
| Drink more fluids                                      | 533              | 50.91% |
| Top up each breastfeed with a bottle of formula        | 431              | 41.17% |
| Increase frequency of breast milk feedings             | 220              | 21.01% |
| Unsure / Don't know                                    | 141              | 13.47% |
| Seek advice/assistance with positioning and attachment | 37               | 3.53%  |

When asked about, the common sources of information about breastfeeding, 51% said that they received breastfeeding information during their antenatal care visits and 18% confirms that health professionals, during delivery and follow up visits were opportunities where they were given information. Many caregivers during the FGDs said that they are also invited to attend group meetings and discussions, but they are not allowed to attend, so their mother/grandmothers are attending in their behalf. Table 20

**Table 20 Sources of information about breastfeeding**

| Description (N=1047)                            | No. of responses | (%)    |
|-------------------------------------------------|------------------|--------|
| ANC visits                                      | 538              | 51.38% |
| Health professionals birth /hospital /follow up | 191              | 18.24% |
| Discussions with NGOs/Programs                  | 73               | 6.97%  |
| Family/friend/relatives                         | 84               | 8.02%  |
| IEC Materials                                   | 36               | 3.44%  |
| Never received breastfeeding information        | 218              | 20.82% |

Knowledge and attitudes around complementary feeding and foods were also assessed. When asked about the type of foods that could be given to children 6 to 23 months, majority said thin porridge, plain water and yoghurt. No one mentioned meat and fish and only 11% included fruits among the foods that could be given to a young child. Table 21

**Table 21 Complementary Food preferences for children 6 to 23 months**

| Description (N=1047) | No. responses | (%)    |
|----------------------|---------------|--------|
| Thin Porridge        | 465           | 44.41% |
| Plain water          | 438           | 41.83% |
| Yoghurt              | 428           | 40.88% |
| Vegetables           | 225           | 21.49% |
| Clear Broth          | 184           | 17.57% |
| Juice                | 171           | 16.33% |
| Formula              | 143           | 13.66% |
| Fruits               | 124           | 11.84% |
| Potato               | 107           | 10.22% |
| Milk                 | 101           | 9.65%  |

## 4.6 Infant and Young Child Feeding Practice (s)

Breastfeeding and complementary feeding save lives. 19% of under five deaths can be prevented by improved breastfeeding and appropriate complementary feeding practices.

The WHO/UNICEF indicators were used to assess the current IYCF practices of the assessed population in the Gaza strip

The children ever breastfed are 93.6%. Ever breastfeeding means a child has received even just one drop of breast milk. More than 6% of infants among the assessed population in the were never breastfed and should be considered as high risks infants for morbidity, growth faltering and potential issues in their normal development. Table 22

**Table 22 Ever Breastfeeding**

| Description (N=1047) | No. of responses | (%)   |
|----------------------|------------------|-------|
| Yes EVER breastfed   | 977              | 93.31 |
| No                   | 67               | 6.39  |
| Non answer/NA        | 3                | 0.02  |

Among the reasons for never breastfeeding their infants, the mother and the baby being sick were the two main reasons provided by the respondents. While there are rare and few medical contraindications to breastfeeding, this is an area that may deserve more reflection also in relation to the current skills and knowledge of the health professionals in supporting breastfeeding. Table 23

**Table 23 Reasons for never breastfeeding**

| Description (Total N= 67) | No. of responses | (%)    |
|---------------------------|------------------|--------|
| Mother was sick           | 27               | 40.30% |
| The baby was sick         | 18               | 26.87% |
| The baby refused          | 11               | 16.42% |
| No/not enough milk        | 6                | 8.96%  |
| Preterm                   | 3                | 4.48%  |
| Caesarean                 | 3                | 4.48%  |
| Breast problem            | 2                | 2.99%  |
| Other (s)                 | 2                | 2.99%  |

62.75% of children 0-23 months were initiated breastfeeding within the first hour of birth. 36.8% of infants were not breastfed within the first hour of birth as per the WHO recommendation, despite all the deliveries happening in the health facilities. Table 24

**Table 24 Early Initiation of Breastfeeding**

| Description (N=1047)            | No. of responses | (%)   |
|---------------------------------|------------------|-------|
| Within the 1 <sup>st</sup> hour | 657              | 62.75 |
| Between 1 and 23 hours          | 259              | 24.73 |
| 24 or more hours                | 58               | 5.53  |
| Never                           | 67               | 6.39  |
| Don't Know                      | 3                | 0.28  |
| No response                     | 3                | 0.28  |
| Total                           | 1047             | 100   |

Provision of pre-lacteal foods is a practice that has negative effects on breastfeeding initiations and eventually on exclusive breastfeeding. More than 40% of the respondents confirmed that they new-borns were given other liquids other than breast milk during the first 3 days of life. Table 25

**Table 25 New-born receiving pre lacteal foods**

| Description (N=1044)                                                                   | No. of responses | (%)   |
|----------------------------------------------------------------------------------------|------------------|-------|
| children who were given anything other than breastmilk in the first 3 days after birth | 419              | 42.13 |

Exclusive breastfeeding is 44.8%. Many caregivers during the FGDs do know the important of exclusive breastfeeding, but confirms that beliefs and influences from other family members (grandmother, mother) have an impact on the way they feed their children. More than 55% of infants of the assessed population in the Gaza Strip are not receiving all the benefits and the protection that exclusive breastfeeding provides. Table 26

**Table 26: Infants 0 to 5 months that are exclusively breastfeeding**

| Description                 | No. of responses | (%)   |
|-----------------------------|------------------|-------|
| Yes Exclusive Breastfeeding | 129              | 44.79 |
| No                          | 159              | 55.20 |
| Total                       | 288              | 100   |

Breastfeeding continues to provide benefits and protection to children up to 1 and 2 years of age. The situation among the assessed population is dire as only 45.7% of children are breastfeeding up to 1 year of age. Table 27

**Table 27 Breastfeeding up to 1 year (12 to 15 months)**

| Description | No. of responses | (%)   |
|-------------|------------------|-------|
| Yes         | 90               | 45.68 |
| No          | 107              | 54.31 |
| Total       | 197              | 100   |

And only 12.5% of children are breastfed until the 2 years of age. Table 28

**Table 28 Breastfeeding up to 2 years (20-23 months)**

| Description | No. of responses | (%)  |
|-------------|------------------|------|
| Yes         | 22               | 12.5 |
| No          | 154              | 87.5 |
| Total       | 176              | 100  |

During the assessment 14% of the caregivers (with children under the age of 2 years) complained of some breastfeeding difficulty. The more common were the perceived lack of breast milk and the respondent not feeling well. Table 29

**Table 29 Proportion of caregivers with breastfeeding difficulties**

| Description (Total N=1044)                                      | No. of responses | (%)   |
|-----------------------------------------------------------------|------------------|-------|
| Proportion of caregivers having difficulties with breastfeeding | 148              | 14.17 |

**Table 30 Type of breastfeeding difficulty presented**

| Description (N= 148) | No. of responses | (%)   |
|----------------------|------------------|-------|
| No/not enough milk   | 59               | 40    |
| I was sick           | 44               | 30    |
| The baby is sick     | 13               | 8.9   |
| Other                | 32               | 21.91 |
| Working/Busy         | 9                |       |
| It is painful        | 7                |       |
| I had no time for it | 7                |       |
| The baby refused     | 6                |       |
| It changes my body   | 3                |       |

Bottle-feeding practices and infant formula usage was also assessed. 41.2 % of children less than 2 years of age were using a bottle at the time of the assessment. Many mothers during the FGDs confirm using milk to top up or replace breast milk even if they know how important breastfeeding is for the children. Table 31

**Table 31 Children under 2 years of age bottle feeding**

| Description | No. of Responses | (%)  |
|-------------|------------------|------|
| Yes         | 430              | 41.2 |
| No          | 614              | 59.8 |
| Total       | 1044             | 100  |

32% of infants less than 6 months were using infant formula at the time of the assessment. When asked about the source of infant formula, more than 40% confirmed that relief agencies were the one providing the product. During the FGDs most of the caregivers confirms using the milk provided by the UNRWA. They all know that that milk is not suitable for small children, but the current economic situation forces them to use it. It is not clear if and what kind of support was extended by the same agency to ensure safe and appropriate preparation and use. Table 32

**Table 32 Sources of Infant Formula**

| Description                                                         | No. of responses | (%) |
|---------------------------------------------------------------------|------------------|-----|
| Provided by a relief agency or NGO                                  | 176              | 41  |
| Bought in a private pharmacy                                        | 172              | 40  |
| Bought privately from shop or market                                | 56               | 13  |
| Provided my medical professional in a government hospital or clinic | 17               | 4   |
| Other                                                               | 9                | 2   |
| Total                                                               | 430              | 100 |

Complementary feeding practices were assessed. 78.3% of children 6 to 8 months had a timely introduction of complementary feeding in line with the WHO/UNICEF recommendations. During the FGDs the caregivers confirm knowing that it is important to provide solid and semi solids foods, but confirm that the current situation limits their capacity to do so. Table 33

**Table 33 Timely Introduction of complementary feeding (infants 6 to 8 months of age)**

| Description | No. of responses | (%)   |
|-------------|------------------|-------|
| Yes         | 90               | 78.26 |
| No          | 25               | 21.74 |
| Total       | 115              | 100   |

Caring practices are critical in the development and growth of the child, especially in the first 2 years of life. 54% of children are eating alone, and this may have an impact on the way the child appreciates and enjoys the complementary foods being provided as well as the positive educational and stimulation message of eating together with the family. Table 34

**Table 34 Who the child eats with and how the child is encouraged to eat (children 6 to 23 months)**

| <b>Who the child eats with (N= 756)</b>                 | <b>No. of responses</b>           | <b>(%)</b> |
|---------------------------------------------------------|-----------------------------------|------------|
| With family or siblings                                 | 333                               | 44         |
| of children eating alone                                | 408                               | 54         |
| Other (s)                                               | 15                                | 2          |
| <b>How to encourage the child to eat (N=756)</b>        | <b>No. of response (multiple)</b> | <b>(%)</b> |
| not feed them until the child become better (when sick) | 355                               | 46         |
| Give the food they like                                 | 204                               | 25         |
| Force feed                                              | 106                               | 14         |
| Other s                                                 | 106                               | 14         |

Quality complementary feeding practices were also measured. Children 6 to 23 months should be able to consume foods from at least four (4) of the seven food groups. 85% of the children 6 to 23 months of the assessed families are not able to meet this minimum standard. This confirms the information provided by the caregivers during the FGDs, saying that it is very difficult for them to provide the needed foods for their children. Table 35

**Table 35 Every child 6 to 23 months should consume foods from at least 4 food groups**

| <b>Minimum Diet Diversity</b> | <b>Total Responses</b> | <b>Total (%) (n/N)</b> |
|-------------------------------|------------------------|------------------------|
| >=4 Food Group (s)            | 111                    | 15%                    |
| <4 Food Groups (s)            | 645                    | 85%                    |
| Total                         | 756                    | 100%                   |

The *minimum meal frequency* is defined as the proportion of children 6-23 months who received solid, semi-solid or soft foods the minimum number of times or more. In terms of meal frequency every BF child 6 to 8 months should be fed at least 2 times a day and a child 9 to 23 month at least 3 times a day. 61% of children 6 to 23 months are not fed as often as they should be. Table 36

**Table 36 Minimum Meal Frequency for BF children?**

| <b>Description</b> | <b>No. Responses</b> | <b>(%)</b> |
|--------------------|----------------------|------------|
| Yes                | 136                  | 38.63      |
| No                 | 216                  | 61.37      |
| Total              | 352                  | 100        |

When we look at the **meal frequency of the non-breastfed children**, every non breast fed child 6 to 23 months should be fed at least 4 times a day, but currently **only 10.89% of children** 6-23 months that are not breastfed meet this requirement.

The minimum acceptable diet, a composite indicator that measures if the nutritional needs of a child are met (diversity and frequency). **The minimum acceptable diet (MAD) for breastfeeding children 6 to 23 months in the assessed communities is only 14%.**

## 4.7 Children morbidity

Child morbidity was assessed focusing on diarrhoea and acute respiratory infections (ARI). The results show that 33% of children 0 to 59 months had diarrhoea in the 2 weeks prior the assessment. This is even worse if we consider children less than 2 years of age (37%). About 44% of children were taken to a health provider after experience diarrhoea. During the FGDs with caregivers, all agreed that generally it become more difficult to access health services from the clinics, as only UNRWA was accessible and affordable, even if sometimes UNRWA clinics could not provide the needed medications. Table 37

**Table 37 Prevalence of reported diarrhoea in children 0-59 months in the 2 weeks prior to interview**

| Age    | Children with diarrhoea in last 2 weeks |       |       | Children with diarrhoea taken to the health provider |       |       |
|--------|-----------------------------------------|-------|-------|------------------------------------------------------|-------|-------|
|        | No. responses                           | Total | (%)   | No. responses                                        | Total | (%)   |
| <60M   | 483                                     | 1476  | 32.7  | 214                                                  | 483   | 44.31 |
| <24M   | 388                                     | 1044  | 37.16 | 169                                                  | 388   | 43.56 |
| <6M    | 79                                      | 288   | 27.43 | 27                                                   | 79    | 34.18 |
| 6-23M  | 309                                     | 756   | 40.87 | 142                                                  | 309   | 45.95 |
| 24-59M | 95                                      | 432   | 21.99 | 45                                                   | 95    | 47.37 |

When looking at ARI in children, around 42% of children under the age of 5 and under the age 2 reported ARI in the two weeks prior the assessment, with almost 70% needing some medical attention. Table 38

**Table 38 Prevalence of reported ARI in children 0-59 months in the 2 weeks prior to interview**

| Age    | Children with ARI in last 2 weeks |       |       | Children with ARI taken to the health provider |                |       |
|--------|-----------------------------------|-------|-------|------------------------------------------------|----------------|-------|
|        | No. responses                     | Total | (%)   | No. responses                                  | Total with ARI | (%)   |
| <60M   | 623                               | 1476  | 42.21 | 432                                            | 623            | 69.34 |
| <24M   | 444                               | 1044  | 42.53 | 307                                            | 444            | 69.14 |
| <6M    | 74                                | 288   | 25.69 | 47                                             | 74             | 63.51 |
| 6-23M  | 370                               | 756   | 48.94 | 260                                            | 370            | 70.27 |
| 24-59M | 179                               | 432   | 41.44 | 125                                            | 179            | 69.83 |

An important analysis conducted has been the one focusing on morbidity in infants less than six months of age. More than 27% of infants less than 6 months suffered from diarrhoea. Table 39

**Table 39 Infants less than 6 months who experience diarrhoea 2 weeks before the survey**

| Description | No. of responses | (%)  |
|-------------|------------------|------|
| Yes         | 79               | 27.4 |
| No          | 209              | 72.6 |
| Total       | 288              | 100  |

9.4% of those infants were exclusively breastfeeding. Table 40

**Table 40 Infants less than 6 months who experience diarrhoea 2 weeks before the survey and were exclusively breastfeeding?**

| Description | No. of response | (%)  |
|-------------|-----------------|------|
| Yes         | 27              | 9.4  |
| No          | 261             | 90.6 |
| Total       | 288             | 100  |

Almost double was the number of infants that had diarrhoea and were not exclusively breastfeeding, confirming the risks and implications of any form of sub optimal breastfeeding during the first six months of life of the infants. Table 41

**Table 41 Infants less than six months that experience diarrhoea 2 weeks before the survey and were not exclusively breastfeeding?**

| Description | No. of responses | (%)  |
|-------------|------------------|------|
| Yes         | 50               | 17.4 |
| No          | 238              | 82.6 |
| Total       | 288              | 100  |

A total of 26% of infants less than 6 months experienced ARI in the 2 weeks prior the assessment. Table 42

**Table 42 Infants less than 6 months experienced ARI 2 weeks before the survey?**

| Description | No. of responses | (%)  |
|-------------|------------------|------|
| Yes         | 74               | 25.7 |
| No          | 214              | 74.3 |
| Total       | 288              | 100  |

9.7% of those that experience ARI were exclusively breastfeeding at the time of the assessment. Table 43

**Table 43 Infants less than 6 months who experience ARI 2 weeks before the survey and were exclusively breastfeeding?**

| Description | No. of responses | (%)  |
|-------------|------------------|------|
| Yes         | 28               | 9.7  |
| No          | 260              | 90.3 |
| Total       | 288              | 100  |

Almost double the numbers of those that experience ARI were those that were not exclusively breastfeeding at the time of the assessment. Table 44

**Table 44 Infants less than 6 months who experience ARI 2 weeks before the survey and are not exclusively breastfeeding?**

| Description | No. of responses | (%) |
|-------------|------------------|-----|
| Yes         | 46               | 16  |
| No          | 242              | 84  |
| Total       | 288              | 100 |

## 4.8 Vaccination Coverage (MMR)

Access and utilization of health service is an important indicator, and vaccination coverage help in assessing it. Almost 90% of children 12 to 59 months received their MMR dose at the time of the assessment, below the recommended 95% of WHO. Table 45

**Table 45 MMR Vaccination coverage among children 12-59 months**

| Description (N=932)                                                                | Total responses | (%)   |
|------------------------------------------------------------------------------------|-----------------|-------|
| Children 12-59 mos. who have a vaccination card                                    | 895             | 96.03 |
| Children 12-59 mos. who have received MMR vaccine (validation: vaccination card)   | 802             | 86.05 |
| Children 12-59 mos. who have received MMR vaccine (validation: caregiver's recall) | 16              | 1.72  |
| Children 12-59 mos. Who have received MMR (card and caregiver recall)              | 818             | 87.77 |

## 4.9 Children well being

Children-well-being was measured looking at issues and concerns of the caregiver and her perceptions of the children problem at the time of the assessment. 93% of caregivers reported some form of well-being problem for their children. Among the top problems cited were the inability to meet children's basic needs like clothing, medicine and education, the recurrent sickness and behavioural and psychological concerns. The insufficiency of food was mentioned as the fourth largest problem for the children. Table 46

**Table 46 Well-being problems of children 0-59 months**

|                     | Well-being Problem (N=1476)                                    | # of cases reporting some issue | Percentage of occurrence (%) | Average frequency |
|---------------------|----------------------------------------------------------------|---------------------------------|------------------------------|-------------------|
| Well-being Problems | # of reported problems                                         | 1377                            | 93.29                        |                   |
|                     | child's needs are not affordable (clothing/medicine/education) | 412                             | 27.91                        | Weekly            |
|                     | Sickness/physical problems                                     | 305                             | 20.66                        | Every 2 weeks     |
|                     | Behavioural and Psychological problems                         | 273                             | 18.50                        | Daily             |
|                     | Food is not enough                                             | 150                             | 10.16                        | Weekly            |
|                     | Parent absence                                                 | 46                              | 3.12                         | Weekly            |
|                     | Weaning/ Breastfeeding problems/ Lack of Infant formula        | 43                              | 2.91                         | Weekly            |
|                     | teeth development stage                                        | 41                              | 2.78                         | Weekly            |
|                     | family abuse (hitting/ beating/ shouting)                      | 32                              | 2.17                         | Weekly            |
|                     | Wants to go out (picnic/play)                                  | 27                              | 1.83                         | Daily             |
|                     | Security/ fear                                                 | 17                              | 1.15                         | Weekly            |
|                     | Eating problems                                                | 13                              | 0.88                         | Daily             |
|                     | Sleeping disorders                                             | 10                              | 0.68                         | Daily             |
|                     | Home is not suitable                                           | 8                               | 0.54                         | Every 6 months    |
|                     | No issue reported                                              | 255                             | 17.28                        | NA                |

## 4.10 Water and sanitation: Attitudes and practices

Attitudes and practices around water and sanitation were also assessed. More than 80% of caregivers wash their hands after using the bathroom, and 80% when preparing the food. Table 47

**Table 47 When do caregivers wash their hands?**

| When do you wash your hands?<br>(Total N= 1047) | No. of responses | (%)   |
|-------------------------------------------------|------------------|-------|
| After bathroom                                  | 862              | 82.33 |
| Before preparing food                           | 828              | 79.08 |
| After Cleaning                                  | 732              | 69.91 |
| Before bathroom                                 | 458              | 43.74 |
| When buying food                                | 344              | 32.86 |
| When coming home                                | 343              | 32.76 |
| When sick                                       | 317              | 30.28 |
| When going out                                  | 276              | 26.36 |
| all the time                                    | 129              | 12.32 |
| After/before eating                             | 33               | 3.15  |

Piped water remains the main common source of water for the assessed population with more than 84% users. Table 48

**Table 48 Usual source of water**

| Where do you usually get your water from<br>(Total N = 1047) | No. of responses | (%)   |
|--------------------------------------------------------------|------------------|-------|
| Piped water                                                  | 888              | 84.81 |
| Water well (private or agricultural)                         | 149              | 14.23 |
| Desalination plant (filling point)                           | 142              | 13.56 |
| Desalination plant (tanker)                                  | 97               | 9.26  |
| From mosque/public standpipes/schools                        | 11               | 1.05  |

25% of the households did not have soap to wash their hands at the time of the assessment, and almost all the households could boil water. Table 49

**Table 49 Water and soap availability and ability to boil water**

| Approval to verify Hand washing                                                                                                     | Women who Approved | Total Women | (%)    |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|--------|
|                                                                                                                                     | 932                | 1047        | 89.02% |
| <b>Is water available for who accept the water place observation</b>                                                                |                    |             |        |
| Yes                                                                                                                                 | 871                | 932         | 93.45% |
| No                                                                                                                                  | 61                 | 932         | 6.55%  |
| <b>Is there soap or antibacterial hand-wash available next to where hands are washed for who accept the water place observation</b> |                    |             |        |
| Yes                                                                                                                                 | 700                | 932         | 75.11% |
| No                                                                                                                                  | 232                | 932         | 24.89% |
| <b>Can you boil the water?</b>                                                                                                      |                    |             |        |
| Yes                                                                                                                                 | 1026               | 1047        | 97.99% |
| No                                                                                                                                  | 21                 | 1047        | 2.01%  |

## 5. Finding (s) from the focus group discussion (s)

A total of four (4) focus group discussions were facilitated in the assessed communities, with a total of 37 participants as discussed in the methods section.

Key questions were asked about the way the women feed their infants and the factors influencing their decisions.

Mothers of infants less than six months provided important insights.

- Most of the women feed their children exclusive breastfeeding.  
*"It is better to commit to exclusive breastfeeding rather than supplementary food we cannot afford",* one woman said.
- Some women use child formula, yogurt or cerelac to help the child feeding beside the not enough breastfeeding.
- One said that she gave her the UNRWA provided milk when he was 1.5 month because they cannot afford formula for the child.
- *Cerelac*, infant formula, milk with biscuits, mashed boiled apple is also a recurrent answer provided by the women
- One woman gives child formula because she has twins and another one because her health is not good to give enough breastfeeding for child.
- One woman mixed the UNRWA milk with starch for her 5 months child because they could not afford formula for him.
- Some of mothers start by 4 months giving their children milled rice, fruit smoothie, delights, pudding and sage in addition to a formula when breast milk is not enough for the child.
- Most of women said that they feed the child in addition to breastfeeding.
- A woman said that she feed the child a formula after he refused the breastfeeding.

Mothers of children 6 to 23 months provided very useful information on the current practices:

- Among the food being provided, boiled egg particularly egg yolk, yogurt, UNRWA milk, pudding, rice with milk and mashed boiled fruit or vegetables such as apple, squash, potato and carrot. Moreover, they start to give the child lentil soup, minced meat, and bread soaked in milk or tea.
- Starch, milled rice, semolina and ordinary meals such as lentil, tomato sauce, vegetable soup, and carrots
- *"I feed him from what I eat, not because I'm lazy but because that is what we can afford for him"* a mother said.
- All women consider their child as one of the household after 6 months and feed them from normal day cooking: mainly lentil, milled rice and bread with tomato sauce; nothing special. Moreover, some women give their child cerelac, bread with tea, pudding yogurt, fruity yogurt and date biscuits.
- *"I have a child suffer from malnutrition but I cannot feed him other than what we can afford"*

### What factors affect what children are given to eat?

- Mainly, the financial situation of the family. Mothers know what should be given to a child but they can't afford buying appropriate foods (fruits and vegetables) for their children.
- Some women said that their nutrition status doesn't allow them to rely on breastfeeding (they don't have enough milk) so they are forced to use child formula if they can afford it or to use the milk provided by UNRWA (not appropriate for children).
- Sometimes, the children refuse to eat and mother force them to eat.
- Other times, children are troubled or do not like leaves and vegetables.

- Women agreed that mother's feeding is important for child feeding. "Mother should eat diverse types of food and focusing on sweets to help her to breastfeed the child", mother said.
- There is types of food are preferred to child more than other. "They start to hate lentil because we cook it frequently"
- Many things cannot be afforded for children, a woman said "I close the door in the cooking time to prevent my children to see our brother-in-law and smell the cooking because we cannot buy it for them"
- "When UNRWA coupon was delayed one month, our life became too hard; it offers the essentials for the household: lentil, sugar, humus, flour, milk and oil. We cannot live anymore without it".
- *"When the milk is finished today, I must wait for second and third day until it is available again"*
- *"My mother-in-law forces me to feed the child tea with bread and sometimes she feed him by herself"*

All agreed that the bad financial situation is the most affecting factor, which force them sometimes to feed the child chamomile and anise instead of formula.

### **What do most Pregnant and Breastfeeding women eat?**

- All women agreed on the importance of diet diversity, but not all types of food can be available and they depend on any available food: mainly cooked potato, fried tomato, cooked lentil, zatar and doqqa. "I am pregnant in the fourth month, I have not gained any additional weight", a woman said.
- Women said they know they should drink more milk and eat fish for example, but they cannot comply with this due to their social conditions.
- "Sometime I stay hungry"

### **What types of food you do not provide to your child?**

- Meat, because it is difficult to digest, spicy food and some prevent their children to drink tea.
- Some prevent their children to eat spicy food, chips, chocolates and tea.
- Some women prevent their children from eating chips and noodles –Indomie-. However, fried potato is not preferred but we are forced to allow it because it is available and affordable.

### **Where do most mothers of young children in the community receive or ask for advice and support about nutrition during pregnancy and once their children are born?**

- Vaccination booklet.
- Mother or mother in law.
- UNRWA clinic,
- Awareness raising sessions at private clinics
- Some said that husbands prevent their young wives to go out to attend awareness session, so older women (mother or mother-in-law) attend instead of them then transfer their knowledge to younger women.
- Some women rose that they do not go to such sessions, as they do not have money to pay for transportation.
- Internet

**Where do most mothers in this community seek treatment for their sick children under 2 years?**

- UNRWA clinics as they provide free services.
- Private Clinics when UNRWA does not provide the needed service or medication is not available. But it is of high cost.
- UNRWA clinic, it is free but the medicine is not available every time and they buy it from pharmacies.
- Mainly they use to go to UNRWA clinics, but they face problems in medicine availability and there is no specialized doctor. One woman faced problem in early delivery and she was told that her situation does not need to book an appointment with specialized doctor, but when she insisted to see the specialized doctor, the doctor diagnosed the case as an urgent case and transfer her to the hospital. Some women complain from degrading and nonprofessional treatment from doctors in the clinics.

**What are your priorities regarding support/help needed to feed your baby or young child?**

- Provision of complementary food for the children.
- Distribute formula
- Provision of medicine, formulas, diapers, complementary and healthy food for children.
- Some women raised the electricity problem, which does not allow them to put food in the fridge where the food spoils quickly.
- Psychosocial support for mothers.
- They suggest distributing healthy meals for children in schools or preparing it in local associations.
- Hold awareness raising sessions for fathers in housework and children rearing.
- Establish safe play areas with fun days and promote the healthy practices to children.
- Also, they raise the problem of sewerage in the streets and how it affects the health of children while they playing around.

## 6. Highlights from the semi-structured interviews

### ✓ What are some of the biggest problems in child health in the Gaza strip?

1. Lack of parental knowledge on care practices on health & nutrition
2. Proper development emotional skills
3. Direct contact with front line behaviours don't provide adequate care & providers
- 4.
5. Tradition is a strong influence, learn form their own experience and repeat learned behaviours without learning
6. Poverty is the biggest second reason –
7. Emotional and psychological reflection with negative effects violence, careless & neglect for children
8. The fertility issue is a major problem
9. Environmental pollution in Gaza as it aggravates a lot of immune system disorders.
10. WASH factors that are adversely working against children
11. Although there has been a significant increase in women's education (which represents a significant opportunity for development)
12. Products: chronic malnutrition stunting and wasting has gone down and is going up again.  
Micronutrients deficiencies
13. Awareness of mothers of complimentary feeding, breastfeeding, behaviours of parents, cooking practices, mothers cannot take individual decisions as many people
14. There is some awareness, but even those who know cant practices
15. They know they shouldn't fry food, but they fry food because its more filling
16. The prevalence of Vitamin D, Iodine,
17. Nutritional habits are so bad here
18. We don't have supplements go give children in clinics, no budget, no donors,
19. We only produce iron supplements in Gaza
20. Vit A & D not found for 2-3 years
21. Zinc deficiency

### ✓ What trends have you seen in child nutrition/malnutrition for the Gaza strip in the last 5 years?

1. Overall, there is some improvement in child health
2. Anaemia has improved, but rickets
3. "I feel chaos, the population density"
4. Food security has gotten worse, food quality has gotten worse
5. The last 2 surveys, MICS and micronutrient survey showed deterioration in micronutrient status, and stubbornly high despite on-going programmes (fortification, supplementation)
6. All projects in Palestine were designed without taking into consideration the causes
7. Rates of wasting are high in
8. MoH surveillance system for the last 5 years. Annual results since 2006, no change in indicators.  
70% anaemia. Stable
9. Major increase in obesity

### ✓ What trends do you expect to see in the next 5 years?

1. Hope that the morbidity & mortality will decrease, lowered risk of dangerous pregnancy.
2. We see a huge work of INGOs in the field, and I think we will have a good accomplishment"
3. Prevalence's will increase
4. We will jump from a mild public health problem to moderate
5. Major increase in obesity

✓ **In your professional opinion, why women in Gaza do not exclusively breastfeed?**

What are the main reasons?

**a. What do you think can help improve that?**

1. Inherited behaviours
2. Actors here are doing the right thing, but perhaps it is not enough
3. The treatment programming is effective
4. The prevention is less. The prevention needs to be expanded in scope specifically targeting nutrition of the household, including the children & PLW
5. Women want to give infant formula at risk of being stigmatised
6. Pressure to have children – stop breastfeeding to have more children
7. There is a view that large children are healthier,
8. Women don't have the independence to make their own decisions
9. Historically there has been poor breastfeeding practice
10. Where women work, max maternity leave is 4 months. This forces women to introduce infant formulae
11. We lack data for the reasons and causes of malnutrition
12. False advice to use formula
13. Commission from companies by health providers
14. Health education of mothers is not enough
15. More support for mothers required
16. There is confusion around exclusive breastfeeding. People believe that complimentary feeding makes the baby stronger

✓ **Can you tell me a bit about the NUTRITION programming in Gaza? What are the objectives of NUTRITION programme? What are the main activities and methodologies to achieve these objectives?**

1. Actors here are doing the right thing, but perhaps it is not enough
2. The treatment programming is effective
3. The prevention is less.
4. The prevention needs to be expanded in scope specifically targeting nutrition of the household, including the children & PLW
5. 5 or 6 years ago there were comprehensive programmes on nutrition in Gaza and West Bank. All UN agencies and NGOs were working together
6. In the last 4 years, nothing has really happened. All major agencies have been phasing out
7. The main weakness is that there is no clear strategy that we are following, so each works separately
8. The micronutrient survey data is outdated
9. The health & nutrition sector, nutrition is not well discussed
10. We have a mix of all programmes
11. Prevention of folic Acid & iron to PLW
12. Educational programme for mothers during vaccination visits

✓ **Impact of NUTRITION**

**What are the most important gains or impact of NUTRITION programme?**

1. The treatment components of malnutrition have been very successful
2. No, no significant impacts or benefits

✓ **Problems encountered/Biggest challenges hurdled, if any**

1. Priorities of stakeholders are different and treatment -focused
2. This is easier and more clearly defined and easier to get behind
3. The cause of the data and coordination shortfalls are political and relationship issues
4. We face a big problem with anaemia, with micronutrient deficiency
5. We are also facing a problem with obesity. This is always a disease of wealth
6. Food diversity is not the problem. All types of food are available, but perhaps the problem is lack of purchasing power. This is the main problem, can't afford
7. Funding is a big issue. We need funds for brochures
8. We need political stability
9. Coordination and workshops happening outside of Gaza, people are unable to go
10. We have excellent human resources. We have a lot of good people

✓ **What are Lessons learned/Lessons to be shared in implementing a NUTRITION programme**

1. "nutrition for all, not only for children <5" it will have a greater reflection, more sustainable
2. The results need to address underlying factors
3. Time-bound with indicators and target on Health & Nutrition
4. Community improvement, inclusion & mobilisation
5. We need more joint up thinking and coordination in the health & nutrition cluster
6. In WFP country Strategic plan for the next 5 years there is a focus on nutrition
7. The national strategies need to be updated to include nutrition
8. We should be asking ourselves, why are nutrition indicators the same, why are these are not changing?
9. Maybe we need further investigation
10. We need better coordination
11. IYCF & Nutritional training is required for health workers on how to change behaviours & beliefs

## **7. Conclusions**

The assessment was successful and provided insights and valid information of most if not all the proposed indicators.

Measurements issues and some programming quality issues have limited the use of the child nutritional findings. It has been recommended that only total prevalence generated using a standard deviation of 1 will be used for acute malnutrition (GAM rate), stunting, underweight and overweight. Disaggregation by age, gender and severity will not be used.

All the remaining indicators, including women nutritional status, IYCF, and relevant underlying causes (Health, caring practices, immunization, WASH food security and child protection) are of high quality and will be used in all the extent possible.

The assessment should be considered as representative of the areas sampled (list the localities in the sampling frame so it is clear that it representative of only these areas and the vulnerable populations in these areas.

The following are the key highlights of the assessment

### **7.1 Food consumption score and coping strategies index**

A large proportion of the population has a sub optimal FCS, and even those that are receiving some form of support, have yet to meet a minimum acceptable FCS. The current coping strategies of the population show a deterioration of the diet in terms of variety and frequency. The disaggregation of nutrient rich foods shows concerns around the consumption of iron rich foods and partially around vitamin A rich foods.

### **7.2 Women and Children Nutritional status**

An alarming and unforeseen deterioration of the nutritional status of pregnant and lactating women has been measured. 18% of pregnant women and malnourished and 14% of lactating mothers. This calls for an urgent attention and possibly some rethinking and support to some nutritional programme.

Measurements issues and programmatic quality concerns have an impact on the actual utilization of the findings for what concerns the children nutritional status, with all the needed caution it is recommended to use the findings calculated using a very conservative and cautionary approach. In any case the malnutrition rates are still below the emergency thresholds of WHO. It is indeed important to continue monitoring thru surveillance and subsequent assessments the situations, considering that all other aggravating factors have deteriorated.

### **7.3 Infant and Young Child Feeding Knowledge, Attitudes and Practices**

In general the knowledge on recommended IYCF practices is generally available among the assessed vulnerable communities. Practices are dangerously low. With more than 6% of infants never breastfeed, with more than 55% of infants that are not exclusively breastfeeding and with very low continuation rates despite the enormous benefits that breastfeeding carries at 1 and 2 years of ages. Bottle-feeding among the assessed population is extremely high at 41% and the use of infant formula is more than 30% among the infants less than 6 months. Majority receives the infant formula thru

relief agencies, but it is not clear what support is provided in relation to its safe preparation and use. The minimum acceptable diet, a combined indicator that measure how much the nutritional needs of the children are met, has been estimated to a dangerously low at 14% for breastfeeding children.

## **7.4 Child Morbidity, Vaccination coverage and WASH Practices**

40% or more of children less than 5 years and 2 years experienced ARI, while almost 40% of the same children experience diarrhoea. Less than half of these children required medical attention. A further analysis was conducted to associate the sickness (diarrhoea and ARI) with the recommended breastfeeding practices among infants less than 6 months. The non-exclusively breastfeeding were 2 times affected by diarrhoea and ARI, compared with the exclusively breastfeeding.

Generally 90% of the children 12-59 months received MMR vaccine, below the recommended 95%.

WASH practices shows that majority of the respondents washes their hands after using the bathroom and before cooking. 25% have no soaps for hand washing and majority access piped water as their usual water source.

## **7.5 Focus Group Discussions with mothers of children 0-23 months**

The FGDs conducted with mothers of children 0-23 months from the assessed communities, validates the several findings of the survey. Mothers recognize the important and value of exclusive breastfeeding, but cultural practices and traditions, coupled with misconception and misinformation, limits it wide spread 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 from food aid and external support, the complementary feeding practices are really dictated but what is available in the household, and most of the time is not sufficient to meet the requirements of a young child.

## **7.6 Interviews with key influencers**

The interviews with key influencers provide valuable information on the current status of the nutrition programme in the Gaza strip. Generally not a priority, and in the last 4 years most of the support has been withdrawn. Major corners are growing overweight and obesity, but at the same time the fact that all the underlying causes of acute malnutrition and stunting are deteriorating fast, with a fast decline of food security and challenges in accessing health care services. Among the main recommendation is to strengthen the preventive programming, ensure a more comprehensive and coordinated effort, maybe guided by a common strategy.

## 8. Recommendation (s)

The findings of the assessment provide an important platform for the Nutrition Working Group and the Health Cluster to review and agree on key pragmatic and strategic directions for the next 3 years. It is highly recommended that the findings of the Nutrition Assessment will be shared with the large community of the Health Cluster and possibly with other clusters

1. **Presentation and dissemination** of the key findings to relevant clusters (Health, WASH, Protection, FSL)
2. **Organize** a workshop for the members of the NWG to develop a 3 years common plan of action in line with HRPs and assessment findings
3. **Design** a maternal nutrition programme that may include
  - a. ANC counselling
  - b. Provision of nutritional support and nutritional supplements
  - c. PNC counselling
  - d. Regular screening and follow up
  - e. Community promotion and mobilization
4. **Training of front line workers** (health facility and community based) on the provision of Infant and Young Child Feeding Counselling with a Psychosocial First Aid Component
  - a. **Focusing on the management of breastfeeding complications**
  - b. **Management of the non-breast fed infants**
5. **Design a programme focusing on detecting and supporting infants in special circumstances** that may need special support (re lactation, wet nursing, safe BMS programming)
6. **Facilitate the creation of IYCF** areas within existing health facilities where screening, assessment, counselling, micronutrient supplementation can be provided by skilled and trained personnel
7. **Support the creation of community based system** (led by women) (mother support groups and/or care groups) aimed at strengthening the peer support system, increasing resilience and preparedness within the community systems
8. **Facilitate and support community based** activities aiming at promoting good complementary feeding practices using local and indigenous products
  - a. Community cooking demonstrations with some basic support for mothers (ingredients, utensils, water, etc.)
9. **Engage and support selected health facilities offering maternity services** in practicing the Baby Friendly Hospital Initiative standards
10. **Support a communication campaign** on optimal infant and young child feeding practices with key messages appropriate for the context and using multimedia channels (smart phones, local radio and TV channels)
11. **Integrate and ensure convergence of WASH and Food Security and Livelihood** initiatives to a) target mothers and their children under the age of 2 years of age b) pregnant women (in the assessed populations)
  - a. Cash or vouchers to access fresh products/fresh foods
  - b. Livelihoods opportunities for women

- c. Provision of basic WASH utensils and products to families with children less than 2
  - d. Integration of WASH sensitization sessions in cooking sessions/demonstration and in the communication campaign
12. **Integrated** in the current Child Protection programme, the provision of qualified and appropriate nutritional support to infants and young children that are orphans, abandoned, separated
  13. **Map, orient and sensitize** all relief agencies providing infant formula and other nutritional products on the need to ensure safe preparation, use and administration in line with international recommendations and standards
  14. **Strengthened** the surveillance system ensuring standard equipment, protocols and procedures are in place for the measurement and categorization of the different forms of malnutrition
  15. **Integrate key IYCF indicators** in the current surveillance system
  16. **Plan for an anthropometric assessment** of children 0-59 months, pregnant and mothers of infants less than six months, in 2020

## 9. Acknowledgements

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- World Food Programme
- Save the Children

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- UNICEF

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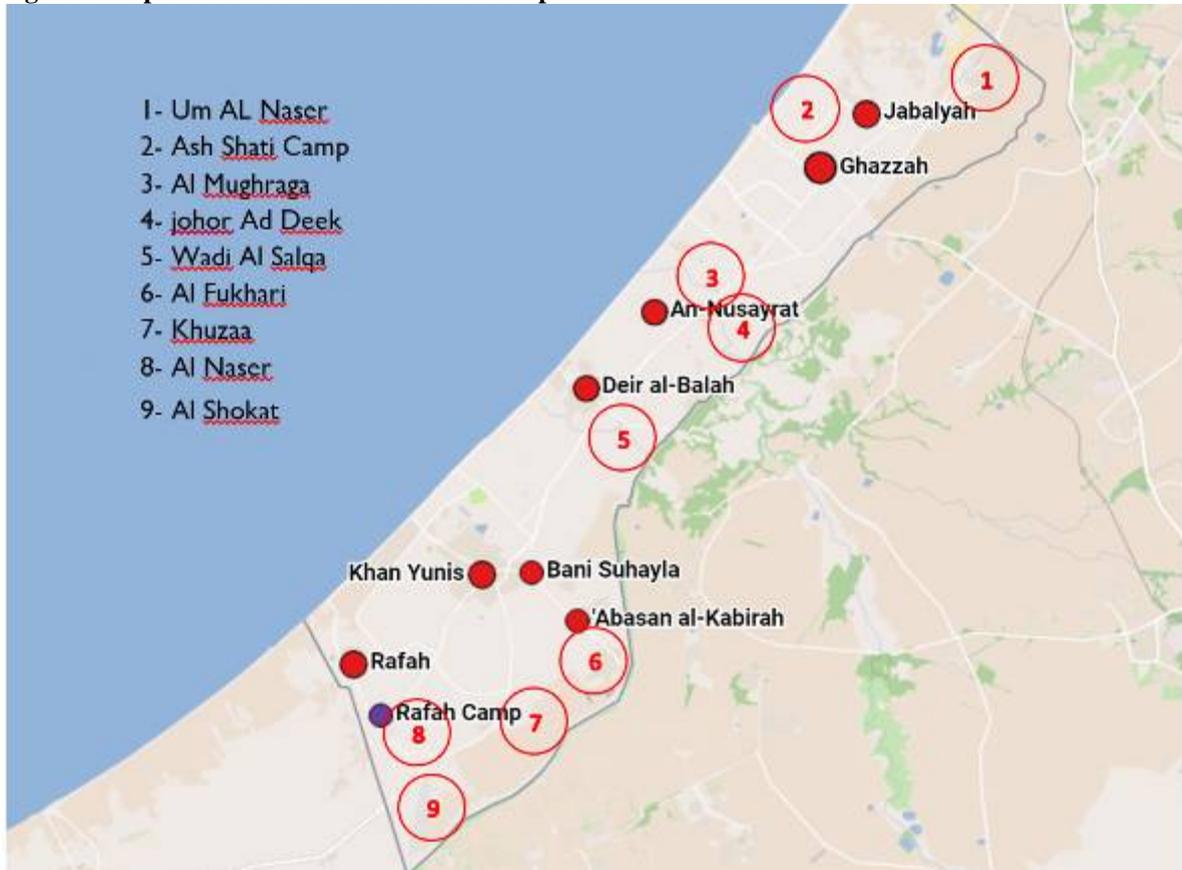
**Ard El Insan**

- Dr Adnan Al Whaidi – Executive Director
- Reham El Buje - Financial Officer
- Elham Meqdad - Administration Officer –HR

## 10. Annexes

### Annex 1: Map of the selected areas

Figure 3 Map of selected areas in the Gaza Strip



## Annex 2: Questionnaire

### Woman and Child Questionnaire

#### 1. Interviewers Section

##### 1.1 Team Number

Enter your team number

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11

##### 1.2.1 1st Interviewer Name

- sahar asrif
- nabilat eilwan
- fatimat alsyirfi
- tuhani 'abu ruk
- samahir sanima
- manal alagha
- hanan hasanayn
- nida' aldulu
- nahaa alsuwirki
- nisrin naeim
- duhana shaykh aleid
- hunayn altubush
- munaa alsawaf
- rundat asbitan
- hibat almabhuh
- shahinaz alzuharina
- busharaa 'abu eayda
- 'asma' 'abu eiwad
- ndrin alereir
- sujud altirbaq
- tasnim 'abu eawda

Other

Specify other.

### 1.2.2 2nd Interviewer Name

- sahar asrif
- sabirin alzaq
- nabilat eilwan
- fatimat alsyirfi
- tuhani 'abu ruk
- samahir sanima
- manal alagha
- hanan hasanayn
- nida' aldulu
- nahaa alsuwirki
- nisrin naeim
- duhana shaykh aleid
- hunayn altubush
- munaa alsawaf
- rundat asbitan
- hibat almabhuh
- shahinaz alzuharina
- busharaa 'abu eayda
- 'asma' 'abu eiwad
- ndrin alereir
- sujud altirbaq
- tasnim 'abu eawda
- Other

Specify other.

### 1.3 Governorate

- North Gaza
- Gaza
- Deir Al balah
- Khan Yunis
- Rafah

#### 1.3.1 Locality

### 1.4 Survey Number of This day 01, 02, 03, 04, 05, 06 etc

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

#### 1.4.1 Woman\_Order

- 01      02

## 1.6 Survey Code is 10

Make sure that the code has 11 digits then include it in the consent form

## 1.7 Capture the consent form

Include survey code, name and signature

Click here to upload file. (< 5MB)

## 2. Household Information

### 2.1 Is the household enrolled or the recipient of assistance programmes from government, UN NGOs or other?

- Yes
- No
- Don't Know
- Not Applicable

Which organization is providing the assistance?.....

## 3. Woman Questionnaire

### 3.1 Woman's Name

### 3.2 Woman's Birthday if DOB is unknown enter 01/01 and year

YYYY-MM-DD -----

Then, 's age is NaN

### 3.4 Are you currently married?

- Yes
- No
- Don't Know
- Not Applicable

### 3.4.1 Have you ever been married?

- Yes
- No
- Don't Know
- Not Applicable

### 3.5 What is your current marital status?

- Widowed
- Divorced
- Separated

### 3.6 Does your husband live in the house?

- Yes
- No
- Don't Know
- Not Applicable

**How many people live in the household?**

**MUAC (cm)**

**How many children under 2 years of age do you have?**

**Are you currently pregnant?**

- Yes
- No
- Don't Know
- Not Applicable

**How many children 2-5 do you have?**

**Do you want to complete the survey?**

- accept
- reject

#### **4. Food Consumption Score**

4.1 In the past week (7 days) how many days did you eat the following in?

Ask all food groups. If did not eat, enter 0

**Cereals and cereal products (wheat, flour, burghul, freekeh)**

0          1          2          3          4          5          6          7

**Rice**

0          1          2          3          4          5          6          7

**Fish**

0          1          2          3          4          5          6          7

**Eggs**

0          1          2          3          4          5          6          7

**Red Meat**

0          1          2          3          4          5          6          7

**White meat Chicken**

0          1          2          3          4          5          6          7

**Tinned fish/meat**

0          1          2          3          4          5          6          7

**Milk and dairy products**

0          1          2          3          4          5          6          7

**Olive oil**

0          1          2          3          4          5          6          7

**Oils and fats/ Vegetable Oil**

0            1            2            3            4            5            6            7

**Pickles (olives, and other vegetables)**

0            1            2            3            4            5            6            7

**Fruits that are Orange (Mango, Orange, Peach...etc)**

0            1            2            3            4            5            6            7

**Other types of Fruits**

0            1            2            3            4            5            6            7

**Vegetables that are orange (carrots, pumpkin, ...etc)**

0            1            2            3            4            5            6            7

**Green leaves vegetable (spinach, broccoli...etc)**

0            1            2            3            4            5            6            7

**Other types of vegetables (Onions, Tomato, Radish ... etc)**

0            1            2            3            4            5            6            7

**Legumes**

0            1            2            3            4            5            6            7

**Liver, Kidney, hearths, or any other meat**

0            1            2            3            4            5            6            7

**Tubers (potatoes etc)**

0            1            2            3            4            5            6            7

**Dried fruits**

0            1            2            3            4            5            6            7

**Sugar and confectionaries**

0            1            2            3            4            5            6            7

**Zaatar (thyme)**

0            1            2            3            4            5            6            7

**Other types of food (tea, coffee, coco, salt, pepper, drinks)**

0            1            2            3            4            5            6            7

**Do you want to complete the survey?**

- accept
- reject

## 5. Coping Strategies

5.1 During the last 7 days, were there days (and, if so, how many) when your household had to employ one of the following strategies (to cope with a lack of food or money to buy it)? 0 = none

### Consumed fewer types of food items

0            1            2            3            4            5            6            7

### Bought and consumed fewer types of food items (less quality)

0            1            2            3            4            5            6            7

### Asked for and received assistance from friends and/or relatives

0            1            2            3            4            5            6            7

### Purchase food on credit

0            1            2            3            4            5            6            7

### Reduced portion of food for adults in favor of children's

0            1            2            3            4            5            6            7

### Reduced number of daily meals

0            1            2            3            4            5            6            7

### Do you want to complete the survey?

- accept
- reject

### Pregnant Women and women with children less than 2

### How do you usually cook your meals?

Frying, boiling etc.

- I eat mainly uncooked foods
- Mainly fried
- Mainly steamed
- Mainly boiled
- Mainly oven
- Other

### Specify other.

### ARE you currently taking any supplements for your pregnancy that you bought or were given by a professional?

- Yes
- No
- Don't Know
- Not Applicable

### May I see?

- Yes
- No
- Don't Know
- Not Applicable

### Does the supplement contain above 30mg of iron?

### OBSERVATION

- Yes
- No
- Don't Know
- Not Applicable

**Does the supplement contain folic acid?**

- Yes
- No
- Don't Know
- Not Applicabl

**Could you explain to me what anaemia is?**

DO NOT READ THIS TO THE WOMAN Anaemia means that either the level of red blood cells or the level of haemoglobin is lower than normal. This is closely linked to iron and causes fatigue

- Does not know
- Comprehension is poor
- Comprehension is good

**Could you explain to me what micronutrient deficiencies are?**

DO NOT READ THIS TO THE WOMAN micronutrient deficiencies, which is defined as a lack of essential vitamins and minerals required in small amounts by the body for proper growth and development.

- Does not know
- Comprehension is poor
- Comprehension is good

**Could you explain to me what Exclusive Breastfeeding are?**

DO NOT READ THIS TO THE WOMAN Exclusive breastfeeding is defined as consuming only breastmilk for the first 6 months of a baby life

(no water, no food, no other liquids)

- Does not know
- Comprehension is poor
- Comprehension is good

**KAP**

**After delivery when do you think is the best time to start breastfeeding?**

- Immediately / Within one hour after the birth
- Within one day
- Within 2 days
- When the baby wants
- When the mother is ready
- Other

Specify other.

**How many times in a 24 hour period (during day and night) should a baby be breastfed?**

- 1-2
- 2-4
- 4-8
- 8-12
- 12+

**Until what age do you think it is best to give ONLY breast milk?**

- less than 6 months
- 6 months
- more than 6 months
- Don't Know

**When do you think is good to start giving water to a child?**

- less than 6 months
- 6 months
- more than 6 months
- Don't Know

**What foods can be given to children at six months?**

Do not read. Select all that apply

- Plain water
- Infant formula (Give local examples)
- Milk (tinned, powdered, or fresh animal milk)
- Juice or juice drinks
- Clear Broth
- Yoghurt
- Thin Porridge
- Tea or Soft Drinks
- Don't Know
- Other

**Specify other.**

**Where did you receive information on breastfeeding from?**

Read all options to the woman

- ante-natal care visits
- from health professionals after the birth at the hospital or on follow up visits
- complementary feeding from any nutrition programmes
- From health workers visiting the house?
- Group meeting/discussions with NGOs or other programs
- Other

**Specify other.**

**Have you ever asked for support on breastfeeding or complementary feeding from any services?**

- Yes
- No
- Don't Know
- Not Applicable

**Where did you go and why?**

**How much support do you currently receive from family and friends for raising your child?**

- No support at all
- not enough support
- Enough support

**Who provides most of that support?**

- Father
- Other children
- your siblings
- grandparents
- Other family members
- Paid help
- Other

**Specify other.**

**If mother complains of breast milk insufficiency, which of the following options will help resolve the problem: (Circle**

**ANY that apply)**

do not read options

- Increase frequency of breast milk feedings
- Top up each breastfeed with a bottle of formula
- Seek advice/assistance with positioning and attachment
- Drink more fluids
- Unsure / Don't know

**Do you want to complete the survey?**

- accept
- reject

**WaSH**

Hand-washing practices before preparing the foods and when feeding the child

**At what points, or associated with what activities do you wash your hands?**

- Before bathroom
- After bathroom
- After Cleaning
- When sick
- When going out
- When coming home
- When buying food
- Before preparing food
- Other

**Specify other.**

**Can you show me where you wash your hands?**

- Yes
- No
- Don't Know
- Not Applicable

**Is there water currently available?**

OBSERVATION

- Yes
- No
- Don't Know
- Not Applicable

**Is there soap or antibacterial hand wash available next to where hands are washed?**

OBSERVATION

- Yes
- No
- Don't Know
- Not Applicable

**Where do you usually get your water from?**

- Piped water
- Water well (private or Agricultural)
- HH Reverse Osmosis
- Desalination plant (tanker)
- Desalination plant (filling point)
- Bottled water
- Other

**Specify other.**

**Is your preferred water source ever unavailable?**

- Yes
- No
- Don't Know
- Not Applicable

**When the preferred water source is unavailable, where do you get your water from?**

- Piped water
- Water well (private or Agricultural)
- HH Reverse Osmosis
- Desalination plant (tanker)
- Desalination plant (filling point)
- Bottled water
- Other

**Specify other.**

**Do you have the necessary equipment to boil water?**

- Yes
- No
- Don't Know
- Not Applicable

**The last time when your child passed stool, what did you do with the faeces?**

- Child used the toilet/latrine
- Put or rinsed into toilet/latrine
- Buried
- Thrown into the trash
- Put or rinsed into a drain or ditch
- Left in the open
- Open Defecation
- Other

**Specify other.**

**How many children do you want to do survey with**

**Child <5**

» **Child under 5 Years old**

**What is the name of the child**

\* **What is the gender of**

**Male**

**M**

**Female**

**F**

\* **Age Verification**

**ID Card**

**I**

**Recall**

**R**

\* **In what month and year was born?**

Then, 's age is NaN months

\* **Was a Normal  
or caesarean  
birth**

- Normal**
- Caesarean**

\* **Was born at home or in a facility?**

- Health facility**
- Home**
- Other**

**Specify other.**

\* **Does the child have a disability?**

- Yes**
- No**
- Don't Know**
- Not Applicable**

\* **What disability does the child have?**

\* **Weight (kg)**

[INTERVIEWER TO RECORD]

\* **Choose one method to measure the height**

- Height**
- Length**

\* **Length (cm)**

[INTERVIEWER T O REC ORD]

**\* Height (cm)**

[INTERVIEWER TO RECORD]

**\* MUAC (cm)**

[INTERVIEWER TO RECORD]

**\* Is the child exhibiting Bilateral oedema?**

[INTERVIEWER TO RECORD]

- Yes
- No
- Don't Know
- Not Applicable

**» Morbidity & Health**

**\* Has had diarrhoea in the past 2 weeks?**

- Yes
- No
- Don't Know
- Not Applicable

**\* What did you do when had diarrhoea?**

- Continue to breastfeed or increase food intake
- Cease breastfeeding or decrease food intake
- Give ORS for diarrhea at home
- Go to a traditional healer
- Go to a health center or hospital
- Give zinc at home
- Give zinc and ORS at home
- Nothing
- Other

Specify other.

**\* Has had an acute respiratory infection (ARI) in the last two weeks with a fever and difficulty breathing or a blocked and runny nose?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Where did you go to seek treatment for when they were sick?**

- Continue to breast feed or increase food intake
- Cease breastfeeding or decrease food intake
- Give antibiotics at home
- Go to traditional healer
- Go to a health center or hospital
- Nothing
- Other

Specify other.

**What is the most serious problem with well-being?**

**How frequently does this occur?**

- Daily
- Weekly
- every 2 weeks
- Monthly
- every 3 months
- every 6 months
- every year
- less than once a year
- NA

**» Vaccines & supplements**

**\* Do you have a vaccination card for?**

- Yes
- No
- Don't Know
- Not Applicable

**\* May I see it?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Has received the MR vaccine at 12 months?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Do you know if has ever received at least 1 dose of Measles vaccine?**

This includes MMR vaccine. If it is not clear, measles is given at 12 months

- Yes
- No
- Don't Know
- Not Applicable

**» ChildrenUnder2**

**\* Has ever been breastfed?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Why was never breastfed?**

- No problems
- No/ not enough milk
- It changes my body
- It is painful
- One family member told me not to do so
- The baby refused
- I was sick
- The baby was sick
- I had no time for it
- Because you were working or didn't have enough time to breastfeed?
- Other

Specify other.

**\* How long after birth was first put to the breast?**

- Less than one hour
- Between 1 and 23 hours
- More than 24 hours
- Don't Know

**\* In the first 3 days after birth, was anything given to the baby to drink other than breastmilk?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Are you currently breastfeeding?**

- Yes
- No
- Don't Know
- Not Applicable

**\* How old was your child in months when you stopped breastfeeding completely?**

**\* Why did you stop breastfeeding your child?**

- No problems
- No/ not enough milk
- It changes my body
- It is painful
- One family member told me not to do so
- The baby refused
- I was sick
- The baby was sick
- I had no time for it
- Because you were working or didn't have enough time to breastfeed?
- Other

Specify other.

**\* Was breastfed yesterday during the day or at night?**

- Yes
- No
- Don't Know
- Not Applicable

\* **How many times was breastfed yesterday day and night?**

\* **Are you unable to breastfeed because of any of the following reasons?**

- No problems
- No/ not enough milk
- It changes my body
- It is painful
- One family member told me not to do so
- The baby refused
- I was sick
- The baby was sick
- I had no time for it
- Because you were working or didn't have enough time to breastfeed?
- Other, Specify other.

Now I would like to ask you about liquids that may have had yesterday during the day and at night. I am interested in whether your child had the item even if it was combined with other foods.

\* **Yesterday, during the day or at night, did receive liquids other than breastmilk?**

- Yes
- No
- Don't Know
- Not Applicable

\* **What did drink**

- Plain water
- Infant formula (Give local examples)
- Milk (tinned, powdered, or fresh animal milk)
- Juice or juice drinks
- Clear Broth
- Yoghurt
- Thin Porridge
- Tea or Soft Drinks
- Other, Specify other.

\* **In the past 24 hours, how many times did you feed formula?**

- 1-2
- 2-4
- 2-6
- 6+
- Other, Specify other.....

\* **Where did you get the infant formula given to ?**

- Bought privately from shop or market
- Bought in a private pharmacy
- provided my medical professional in a government hospital or clinic
- Provided by a relief agency or NGO
- Other, Specify other.

**\* Did drink anything from a bottle with a nipple yesterday during the day or at night?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Does eat solid or semi-solid (soft, mushy) food?**

- Yes
- No
- Don't Know
- Not Applicable

**\* In the past 24 hours did eat the following?**

Read each food group

- Cereals and cereal products (wheat, flour, burghul, freekeh)
- Rice
- Bread (and products)
- Fish
- Eggs
- Red Meat
- white meat Chicken
- Tinned fish/meat
- Milk and dairy products
- Olive oil
- Oils and fats/ Vegetable Oil
- Pickles (olives, and other vegetables)
- Fruits that are Orange (Mango, Orange, Peach... etc)
- Other types of Fruits
- Vegetables that are orange (carrots, pumpkin, ...etc)
- Green leaves vegetable (spinach, broccoli...etc)
- Other types of vegetables (Onions, Tomato, Radish ... etc)
- Legumes
- Liver, Kidney, hearths, or any other meat
- Tubers (potatoes etc)
- Dried fruits
- Sugar and confectionaries
- Zaatar (thyme)
- Other types of food (tea, coffee, coco, salt, pepper, drinks)

**\* Did you ever give preventive iron supplements?**

- Yes
- No
- Don't Know
- Not Applicable

**\* How many times did eat solid food yesterday?**

**\* How difficult for you to give complementary foods to ?**

- Very Difficult
- Sometimes difficult
- Easy

**\* Why is it difficult to give complementary foods?**

**\* What do you do when rejects the food?**

- Give the food they like
- reduce the quantity and feed hem more often
- feed them less frequently
- not feed them until they are better
- force them to eat
- Other, Specify other.

**\* Who usually feeds ?**

- Mother
- Father
- Siblings
- Grandparents
- Aunts & Uncle
- Other

Specify other.

**\* Who does the child eat with?**

- Alone
- With family or siblings
- Other

Specify other.

**» Child under 5 Years old**

**What is the name of the child?**

**\* What is the gender of**

- Male
- Female

**\* Age Verification**

- ID Card
- Recall

**\* In what month and year was born?**

Then, 's age is NaN months

**\* Was a Normal or caesarean birth**

- Normal
- Caesarean

**\* Was born at home or in a facility?**

- Health facility
- Home
- Other, Specify other.

**\* Does the child have a disability?**

- Yes
- No
- Don't Know
- Not Applicable

**\* What disability does the child have?**

**\* Weight (kg)**

[INTERVIEWER TO RECORD]

**\* Choose one method to measure the height**

- Height
- Length

**\* Length (cm)**

[INTERVIEWER TO RECORD]

**\* Height (cm)**

[INTERVIEWER TO RECORD]

**\* MUAC (cm)**

[INTERVIEWER TO RECORD]

**\* Is the child exhibiting Bilateral oedema?**

[INTERVIEWER TO RECORD]

- Yes
- No
- Don't Know
- Not Applicable

**» Morbidity & Health**

**Has had diarrhoea in the past 2 weeks?**

- Yes
- No
- Don't Know
- Not Applicable

**\* what did you do when had diarrhoea?**

- Continue to breastfeed or increase food intake
- Cease breastfeeding or decrease food intake
- Give ORS for diarrhea at home
- Go to a traditional healer
- Go to a health center or hospital
- Give zinc at home
- Give zinc and ORS at home
- Nothing
- Other, Specify other.

**\* Has had an acute respiratory infection (ARI) in the last two weeks with a fever and difficulty breathing or a blocked and runny nose?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Where did you go to seek treatment for when they were sick?**

- Continue to breast feed or increase food intake
- Cease breastfeeding or decrease food intake
- Give antibiotics at home
- Go to traditional healer
- Go to a health center or hospital
- Nothing
- Other

Specify other.

**What is the most serious problem with well-being?**

**How frequently does this occur?**

- Daily
- Weekly
- every 2 weeks
- Monthly
- every 3 months
- every 6 months
- every year
- less than once a year
- NA

**» Vaccines & supplements**

**\* Do you have a vaccination card for**

- Yes
- No
- Don't Know
- Not Applicable

**\* May I see it?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Has received the MR vaccine at 12 months?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Do you know if has ever received at least 1 dose of Measles vaccine?**

This includes MMR vaccine. If it is not clear, measles is given at 12 months

- Yes
- No
- Don't Know
- Not Applicable

**» ChildrenUnder2**

**\* Has ever been breastfed?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Why was never breastfed?**

- No problems
- No/ not enough milk
- It changes my body
- It is painful
- One family member told me not to do so
- The baby refused
- I was sick
- The baby was sick
- I had no time for it
- Because you were working or didn't have enough time to breastfeed?
- Other

Specify other.

**\* How long after birth was first put to the breast?**

- Less than one hour
- Between 1 and 23 hours
- More than 24 hours
- Don't Know

**\* In the first 3 days after birth, was anything given to the baby to drink other than breastmilk?**

- Yes
- No
- Don't Know
- Not Applicable

**\* Are you currently breastfeeding?**

- Yes
- No
- Don't Know
- Not Applicable

**\* How old was your child in months when you stopped breastfeeding completely?**

**\* Why did you stop breastfeeding your child?**

- No problems
- No/ not enough milk
- It changes my body

- It is painful
- One family member told me not to do so
- The baby refused
- I was sick
- The baby was sick
- I had no time for it
- Because you were working or didn't have enough time to breastfeed?
- Other, Specify other.

**\* Was breastfed yesterday during the day or at night?**

- Yes
- No
- Don't Know
- Not Applicable

**\* How many times was breastfed yesterday day and night?**

**\* Are you unable to breastfeed because of any of the following reasons?**

- No problems
- No/ not enough milk
- It changes my body
- It is painful
- One family member told me not to do so
- The baby refused
- I was sick
- The baby was sick
- I had no time for it
- Because you were working or didn't have enough time to breastfeed?
- Other, Specify other.

Now I would like to ask you about liquids that may have had yesterday during the day and at night. I am interested in whether your child had the item even if it was combined with other foods.

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- white meat Chicken
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- Oils and fats/ Vegetable Oil
- Pickles (olives, and other vegetables)
- Fruits that are Orange (Mango, Orange, Peach...etc)
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- Vegetables that are orange (carrots, pumpkin, ...etc)
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- Other types of vegetables (Onions, Tomato, Radish ... etc)
- Legumes
- Liver, Kidney, hearths, or any other meat
- Tubers (potatoes etc)
- Dried fruits
- Sugar and confectionaries
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- Grandparents
- Aunts & Uncle
- Other, Specify other

\* **Who does the child eat with?**

- Alone
- With family or siblings
- Other, Specify other

استبيان الأم والطفل

. قسم خاص بالباحث

\*1.1 رقم الفريق

اختر رقم فريق الباحثين

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11

\*1.2.1 اسم الباحث الأول

- سحر اصرف
- صابرين الزق
- نبيلة زيارة
- فاطمة الصيرفي
- تهاني ابو روك
- سماهر سنيمة
- منال الأغا
- حنان حسنين
- نداء الدلو
- نهى السويركي
- نسرين نعيم
- فادية شاهين
- حنين الطيش
- منى الصواف
- رندة اسبيتان
- هبة المبجوح
- شاهيناز الزهارنة
- بشرى ابو عيدة
- اسماء ابو عوض
- ندرين العرعير
- سجود الطرباق
- تسنيم ابو عودة
- Other

\*1.2.2 اسم الباحث الثاني

- سحر اصرف
- صابرين الزق
- نبيلة زيارة
- فاطمة الصيرفي
- تهاني ابو روك
- سماهر سنيمة
- منال الأغا
- حنان حسنين
- نداء الدلو
- نهى السويركي
- نسرين نعيم
- فادية شاهين
- حنين الطيش
- منى الصواف

- ردة اسببتان
- هبة المبحوح
- شاهيناز الزهارنة
- بشرى ابو عيدة
- اسماء ابو عوض
- ندرين العرعير
- سجود الطرباق
- تسنيم ابو عودة

**\*1.3 المحافظة**

- شمال غزة
- غزة
- دير البلح
- خانيونس
- رفح

**\*1.3.1 المنطقة**

**\*1.4 رقم الاستبيان لهذا اليوم**

رقم الاستبيان لهذا اليوم من خانتين  
مثال: الاول 01, الثاني 02, الثالث 03, وهكذا...

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11

**\*1.4.1 رقم المرأة**

- 01
- 02

**1.6 رمز الاستبيان هو... أرفق الرمز في نموذج الموافقة**

**1.7 التقطي صورة لنموذج الموافقة**

يحتوي رمز الاستبيان والاسم والتوقيع

(Click here to upload file. (< 5MB

2. معلومات الأسرة

- نعم
- لا
- لا أعلم
- لا ينطبق

2.2 ما المنظمة التي تقدم المساعدة للأسرة؟\*

3. استبيان المرأة

3.1 اسم المرأة

فقط الاسم الأول بدون اسم العائلة

\* 3.2 تاريخ الميلاد

إذا لم تتذكر تاريخ ميلادها بشكل دقيق، أدخل 01/ 01/ سنة الميلاد

YYYY.MM.DD

إذن، عمر هو NAN سنة

\* 3.3 هل أنت متزوجة الآن؟

نعم

لا

لا أعلم

لا ينطبق

\* 3.3.1 هل تزوجت من قبل؟ \*

نعم

لا

لا أعلم

لا ينطبق

\* 3.3.2 ما هي حالتك الاجتماعية؟

أرملة

مطلقة

منفصلة

\* 3.3.3 هل زوجك يعيش في نفس المنزل؟

نعم

لا

لا أعلم

لا ينطبق

\* 3.4 كم عدد الأفراد الذين يعيشون في المنزل؟

أفراد الأسرة الذين يتشاركون الطعام والدخل

---

\* 3.5 مقياس محيط الذراع

قياس باستخدام شريط MUAC

---

\* 3.6 كم عدد أطفالك الذين يقل عمرهم عن سنتين؟

---

\* 3.7 هل أنت حامل؟

نعم

لا

لا أعلم

لا ينطبق

\* 3.9 كم عدد أطفالك الذين تتراوح أعمارهم بين سنتين وخمس سنوات؟

\* هل تود استكمال الاستبيان؟

تقبل استكمال الاستبيان

ترفض استكمال الاستبيان

#### 4. التنوع الغذائي.

خلال الأسبوع الماضي، كم يوم قامت الأسرة باستهلاك المواد الغذائية التالية:  
اذكري جميع الأغذية التالية

في حال لم يتناولوا أيًا منها، سجلي 0

\* 4.1 الحبوب (قمح، طحين، برغل، فريكه)

0 1 2 3 4 5 6 7

\* 4.2 أرز

0 1 2 3 4 5 6 7

\* 4.3 الخبز

0 1 2 3 4 5 6 7

\* 4.4 سمك

0 1 2 3 4 5 6 7

\* 4.5 بيض

0 1 2 3 4 5 6 7

\* 4.6 لحوم حمراء (بقر، عجل، خروف)

0 1 2 3 4 5 6 7

\* 4.7 لحوم بيضاء (دواجن)

0 1 2 3 4 5 6 7

\* 4.8 سمك معلب/ لحم معلب

0 1 2 3 4 5 6 7

\* 4.9 الحليب ومنتجات الألبان

0 1 2 3 4 5 6 7

\* 4.10 زيت الزيتون

0 1 2 3 4 5 6 7

\* 4.11 زيت نباتي

0 1 2 3 4 5 6 7

\* 4.12 مخلل (زيتون، وخضار أخرى)

0 1 2 3 4 5 6 7

\* 4.13 فواكه ذات اللون البرتقالي (مانجا، خوخ، مشمش، باباي... إلخ)

0 1 2 3 4 5 6 7

\* 4.14 أنواع أخرى من الفواكه\*

0 1 2 3 4 5 6 7

\* 4.15 الخضروات ذات اللون البرتقالي (الجزر، القرع، البطاطا الحلوة ... إلخ)

0 1 2 3 4 5 6 7

\* 4.16 الخضروات الورقية الخضراء (السبانخ، الجرجير، ملوخية... إلخ)

0 1 2 3 4 5 6 7

\* 4.17 أنواع أخرى من الخضار (البصل، الطماطم، الفجل ... إلخ)

0 1 2 3 4 5 6 7

|   |   |   |   |   |   |   |   |                                                                  |
|---|---|---|---|---|---|---|---|------------------------------------------------------------------|
|   |   |   |   |   |   |   |   | <b>* 4.18 البقوليات (فول، حمص، عدس... إلخ)</b>                   |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                  |
|   |   |   |   |   |   |   |   | <b>* 4.19 الكبد، الكلى، القلب، أو أي لحوم أخرى*</b>              |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                  |
|   |   |   |   |   |   |   |   | <b>* 4.20 الدرناات (البطاطا، انواع اخرى من الخضروات الدرنية)</b> |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                  |
|   |   |   |   |   |   |   |   | <b>* 4.21 الفواكه المجففة ودبس</b>                               |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                  |
|   |   |   |   |   |   |   |   | <b>* 4.22 السكر والمربي والحلويات</b>                            |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                  |
|   |   |   |   |   |   |   |   | <b>* 4.23 زعتر/دقة</b>                                           |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                  |
|   |   |   |   |   |   |   |   | <b>* 4.24 غير ذلك (مشروبات، شاي، قهوة، بهارات)</b>               |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                  |

**5. آليات التكيف**  
 خلال ال 7 أيام الماضية، هل اضطر أي شخص في منزلك إلى ممارسة أي من السلوكيات التالية بسبب نقص الطعام أو نقص المال لشراء الطعام؟ اذكر جميع السلوكيات التالية في حال لم يتم استخدامها سجلي 0

|   |   |   |   |   |   |   |   |                                                                 |
|---|---|---|---|---|---|---|---|-----------------------------------------------------------------|
|   |   |   |   |   |   |   |   | <b>*تخفيض كميات الطعام المستهلكة</b>                            |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                 |
|   |   |   |   |   |   |   |   | <b>*استهلاك أغذية أقل جودة</b>                                  |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                 |
|   |   |   |   |   |   |   |   | <b>اقتراض الطعام أو الاعتماد على مساعدة العائلة والأصدقاء</b>   |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                 |
|   |   |   |   |   |   |   |   | <b>*الشراء الطعام بالدين</b>                                    |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                 |
|   |   |   |   |   |   |   |   | <b>*تخفيض كميات الطعام التي يتناولها البالغين لصالح الأطفال</b> |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                 |
|   |   |   |   |   |   |   |   | <b>*تقليل عدد الوجبات التي يتم تناولها يوميا</b>                |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |                                                                 |

**\*هل تود استكمال الاستبيان؟**  
 تقبل استكمال الاستبيان  
 ترفض استكمال الاستبيان  
**النساء الحوامل واللاتي لديهن أطفال دون الثانية من عمرهم.**

**\* 6.1 كيف تقومين بطهي وجبات الطعام الخاصة بك عادة؟**  
 القلي، السلق،..... إلخ  
 الأظعمة غير المطبوخة  
 الأظعمة المقلية  
 الأظعمة المطبوخة على البخار  
 الأظعمة المطبوخة غليًا (مسلوقة)  
 الأظعمة المطبوخة بالفرن  
 غير ذلك، حددي.....

**6.2\*** هل تتناولين أي مكملات خلال فترة حملك، التي تقومين بشرائها أو تحصلين عليها من قبل أحد المختصين؟  
في الوقت الحالي

- نعم
- لا
- لا أعلم
- لا ينطبق

**6.2.1\*** هل يمكنني ان اراها؟

- نعم
- لا
- لا أعلم
- لا ينطبق

**6.2.2\*** هل يحتوي المكمل على 30 ملجم من الحديد؟ ملاحظة

- نعم
- لا
- لا أعلم
- لا ينطبق

**6.2.3\*** هل يحتوي المكمل على Folic Acid؟ ملاحظة

- نعم
- لا
- لا أعلم
- لا ينطبق

**6.3\*** هل يمكنك أن تشرحي لي ما هو فقر الدم؟ لا تقرائي الاجابة للمرأة  
فقر الدم يعني اما ان يكون مستوى خلايا الدم الحمراء او مستوى الهيموجلوبين اقل من المعدل الطبيعي. هذا يرتبط ارتباطا وثيقا بنسبة الحديد في الدم و يسبب التعب.

- لا اعرف
- تظهر فهما ضعيفا
- تظهر فهما جيدا

**6.4\*** هل يمكنك أن تشرحي لي ما هو نقص المغذيات الدقيقة؟ لا تقرائي الاجابة للمرأة  
نقص المغذيات الدقيقة يعني نقص في الفيتامينات والمعادن الاساسية المطلوبة بكميات صغيرة من الجسم للنمو السليم

- لا اعرف
- تظهر فهما ضعيفا
- تظهر فهما جيدا

**6.5\*** هل يمكنك أن تشرحي لي ما هي الرضاعة البحتة؟ لا تقرائي الاجابة للمرأة  
الرضاعة الكبيعية البحتة تعني تناول الطفل لحليب الام فقط خلال الاشهر الستة الاولى من عمر الطفل ( لا ماء ولا طعام ولا اي سائل اخرى)

- لا اعرف
- تظهر فهما ضعيفا
- تظهر فهما جيدا

**7. المعرفة والسلوكيات والممارسات**

**7.1\*** بعد الولادة، متى يكون برايك انسب وقت لارضاع الطفل طبيعيا؟

- على الفور / خلال الساعة الاولى بعد الولادة
- في غضون يوم واحد
- في غضون يومين
- عندما يريد الطفل
- عندما تكون الام جاهزة
- غير ذلك، حددي .....
-

- \*7.2 كم مرة خلال فترة 24 ساعة ( ليلا ونهارا) يجب ان يتم ارضاع الطفل طبيعيا؟
- 2-1
  - 4-2
  - 8-4
  - 12-8
  - 12+

- \*7.3 لأي عمر تعتقدن أنه الأنسب أن يتم إرضاع الطفل رضاعة بحتة/خالصة؟
- أقل من 6 اشهر
  - 6 اشهر
  - اكثر من 6 اشهر
  - لا اعرف

- \*7.4 متى تعتقدي أنه من الجيد البدء بإعطاء الطفل ماء للشرب؟
- أقل من 6 اشهر
  - 6 اشهر
  - اكثر من 6 اشهر
  - لا اعرف

- \*7.5 ما هي الأطعمة التي يمكن إعطاءها للطفل عند عمر 6 شهور؟
- الماء العادي
  - حليب صناعي
  - حليب حيواني ( مسحوق أو حليب طازج ، الحليب)
  - عصير أو مشروبات
  - مرقة
  - الزبادي
  - عصيدة رقيقة
  - الشاي أو المشروبات الغازية
  - لا أعرف
  - غير ذلك، حددي.....

- \*7.6 هل تلقيت معلومات عن الرضاعة الطبيعية خلال زيارات الرعاية أثناء الحمل؟
- اقرأ أي كل الخيارات و سجلي كل ما ينطبق
- زيارات رعاية ما قبل الولادة/رعاية الحمل
  - من المهنيين الصحيين بعد الولادة في المستشفى أو في زيارات المتابعة
  - التغذية التكميلية من أحد برامج التغذية
  - من العاملين الصحيين الذين يزورون المنزل
  - خلال جلسات مع المنظمات غير الحكومية أو غيرها من البرامج
  - غير ذلك، حددي.....

- \*7.7 هل سبق لك أن طلبت الدعم بشأن الرضاعة الطبيعية أو التغذية المجانية من أي من مقدمي الخدمات؟
- نعم
  - لا
  - لا أعلم
  - لا ينطبق

\*7.7.1 إلى أين ذهبت ولماذا؟

- \*7.8 ما هو مقدار الدعم الذي تحصلين عليه في تربية أطفالك؟
- لا يوجد دعم على الإطلاق
  - لا يوجد دعم كاف
  - دعم كاف

**\*7.8.1 من يقوم بتوفير أكبر جزء من هذا الدعم؟**

- الأب
- الأبناء الآخرين
- الإخوة
- الجد والجددة
- أفراد الأسرة الآخرين
- مساعدة مدفوعة الأجر ( مربية )
- غير ذلك، حددي

**\*7.9 في كثير من الأحيان، تشكو الأمهات من عدم وجود ما يكفي من لبن الثدي لإرضاع أطفالهن. أي من الخيارات التالية قد تساعد في حل المشكلة: (حددي جميع الخيارات التي تنطبق فقط)**

- لا تسردي جميع الخيارات, سجلي ما تذكره المرأة من خيارات فقط
- زيادة وتيرة الرضاعة من حليب الثدي
- إتمام كل مرة من الرضاعة الطبيعية بزجاجة حليب صناعي
- طلب المشورة /المساعدة حول الوضعية الصحيحة والارتباط بالطفل
- اشرب المزيد من السوائل
- غير متأكدة /لا أعرف

**\*هل تود استكمال الاستبيان؟**

- تقبل استكمال الاستبيان
- ترفض استكمال الاستبيان

**8. المياه والصرف الصحي والنظافة**

ممارسات غسل اليدين قبل إعداد الأطعمة وعند إطعام الطفل

**\*8.1 ما هي الأوقات أو النشاطات التي تقومي بغسل يديك عند أدائها؟**

- قبل الحمام
- بعد الحمام
- بعد التنظيف
- عند المرض
- عند الخروج
- عندما تعود للمنزل
- عند شراء الطعام
- قبل تحضير الطعام
- غير ذلك، حددي

**\*8.2 هل يمكنك أن تريني أين تغسلي يديك؟**

- نعم
- لا
- لا أعلم
- لا ينطبق

**\*8.2.1 هل المياه متوفرة؟**

مشاهدة

- نعم
- لا
- لا أعلم
- لا ينطبق

\*8.2.2 هل هناك صابون أو غسول يدي مضاد للبكتيريا متاح بجوار مكان غسل اليدين؟  
مشاهدة

- نعم
- لا
- لا أعلم
- لا ينطبق

\*8.3 من أين تحصلين على المياه بالعادة؟

مصدر المياه

- مياه البلدية (الصنبور)
- مياه بئر خاص أو زراعي
- وحدة تنقية مياه منزلية (فلتر)
- مياه من محطة تحلية (صهاريج التوزيع)
- مياه محلاة (نقاط توزيع)
- عبوات مياه معدنية
- غير ذلك، حددي

\*8.4 هل يحدث انقطاع في مصدر المياه المفضل لك؟

- نعم
- لا
- لا أعلم
- لا ينطبق

\*8.5 عندما ينقطع مصدر المياه المفضل لك، من أين تحصلين على المياه؟

- مياه البلدية (الصنبور)
- مياه بئر خاص أو زراعي
- وحدة تنقية مياه منزلية (فلتر)
- مياه من محطة تحلية (صهاريج التوزيع)
- مياه محلاة (نقاط توزيع)
- عبوات مياه
- معدنية غير ذلك، حددي

\*8.6 هل لديك المعدات اللازمة لغلي الماء؟

- نعم
- لا
- لا أعلم
- لا ينطبق

\*8.7 في المرة الاخيرة التي تبرز فيها طفلك، ماذا فعلت بالبراز؟

- استخدم الطفل المراض
- وضع أو شطف في المراض
- تم دفنها
- ألقيت في سلة المهملات
- وضع أو شطف في مصرف
- ترك في العراء
- مكان مفتوح للتغوط
- غير ذلك، حددي .....

\* كم عدد الاطفال الذين عمل الاستبيان معهم؟

الطفل

9. الاطفال دون 5 سنوات

9.1\* ما هو اسم الطفل

9.2\* ما هو جنس

○ ذكر

○ انثى

9.3\* التحقق من العمر

○ بطاقة التعريف

○ التذکر

9.4\* في أي شهر وفي أي سنة ولد

yyyy-mm

اذن, عمر هو NaN اشهر

9.5\* هل ولد ولادة طبيعية ام قيصرية؟

○ ولادة طبيعية

○ ولادة قيصرية

9.6\* هل ولد في البيت ام في منشأة طبية؟

○ مرفق صحي

○ البيت

○ غير ذلك، حددي.....

\* 9.7 هل يعاني من اعاقة؟

○ نعم

○ لا

○ لا اعلم

○ لا ينطبق

9.7.1\* ما نوع الاعاقة؟

9.8\* الوزن: ..... كجم

9.9\* اختاري طريقة قياس الطول

○ قياس الطول (الطفل واقف على قدميه)

○ قياس الطول (الطفل متمدد)

9.9.1\* الطول..... سم

9.9.2\* الارتفاع..... سم

9.10\* قياس محيط الذراع ..... سم

9.11\* هل يظهر على .... وذمة ثنائية

○ نعم

○ لا

○ لا أعلم

« 10. المراضة والصحة

\*10.1 هل عانى من إسهال خلال الأسبوعين الماضيين؟

- نعم
- لا
- لا أعلم
- لا ينطبق

\*10.1.1 ماذا فعلت عندما كان يعاني من الإسهال؟

- أستمر في الإرضاع أو زيادة كمية الطعام
- أتوقف عن الرضاعة الطبيعية أو أقلل من كمية الطعام
- أعطي محلول ملحي في المنزل
- الذهاب إلى المعالج التقليدي
- اذهب إلى مركز صحي أو مستشفى
- اعط الزنك في المنزل
- اعطي الزنك و المحلول الملحي في المنزل
- لا شيء
- غير ذلك، حدد....

\*10.2 هل عانى من التهاب رئوي حاد خلال الأسبوعين الماضيين؟

- نعم
- لا
- لا أعلم
- لا ينطبق

\*10.3 أين ذهبت للحصول على العلاج ل عندما كان مريض؟

- أستمر في الإرضاع أو زيادة كمية الطعام
- أتوقف عن الرضاعة الطبيعية أو أقلل من كمية الطعام
- إعطاء المضادات الحيوية في المنزل
- الذهاب إلى المعالج التقليدي
- أذهب إلى مركز صحي أو مستشفى
- لا شيء
- غير ذلك، حددي.....

\* 10.4 ما هي أكثر مشكلة تؤثر على رفاه؟

\*10.5 ما هو معدل تكرار هذه المشكلة؟

- يوميًا
- أسبوعيًا
- كل أسبوعين
- شهريًا
- كل 3 أشهر
- كل 6 أشهر
- كل عام
- أقل من مرة في السنة
- لا ينطبق

«11. التطعيمات والمكملات الغذائية

11.1 هل لديك بطاقة تطعيم خاصة ب؟ \*

- نعم
- لا
- لا أعلم
- لا ينطبق

\*11.1.1 هل يمكنني أن أراها؟

- نعم
- لا
- لا أعلم
- لا ينطبق

\*11.2 هل تلقي جرعة التطعيم ضد الحصبة؟

- نعم
- لا
- لا أعلم
- لا ينطبق

\*11.2.1 هل تعلمي إن كان قد تلقى أي تطعيم واحد على الأقل ضد الحصبة؟

- نعم
- لا
- لا أعلم
- لا ينطبق

«12. الأطفال دون عمر سنتين

\*12.1 هل حصل على أي رضاعة طبيعية منذ ولادته؟

- نعم
- لا
- لا أعلم
- لا ينطبق

\*12.2 لماذا لم يتم إرضاع طبيعياً؟

- لا يوجد مشاكل
- لا يوجد ما يكفي من الحليب
- الرضاعة تغير جسدي
- إنه مؤلم
- أخبرني أحد أفراد العائلة ألا أفعل ذلك
- الرضيع رفض
- كنت مريضة
- كان الطفل مريضاً
- لم يكن لدي وقت لذلك
- لأنني كنت أعمل أو لم يكن لدي الوقت الكافي للرضاعة
- غير ذلك، حددي.....

**\*12.3 بعد كم من الوقت تم وضع على الصدر لأول مرة منذ لحظة ولادته؟**

- أقل من ساعة واحدة
- بين 1 و 23 ساعة
- أكثر من 24 ساعة
- لا أعرف

**\*12.4 خلال أول 3 أيام بعد ولادة هل تم إعطاؤه أي شيء يشربه غير الرضاعة الطبيعية؟**

- نعم
- لا
- لا أعلم
- لا ينطبق

**\*12.5 هل تقومي بالرضاعة الطبيعية حالياً؟**

- نعم
- لا
- لا أعلم
- لا ينطبق

**\*12.6 كم كان عمر بالأشهر عندما توقفت عن إرضاعه طبيعياً؟**

**\*12.7 لماذا توقفت عن إرضاع طبيعياً؟**

- لا يوجد مشاكل
- لا يوجد ما يكفي من الحليب
- الرضاعة تغير جسدي
- إنه مؤلم
- أخبرني أحد أفراد العائلة ألا أفعل ذلك
- الرضيع رفض
- كنت مريضة
- كان الطفل مريضاً
- لم يكن لدي وقت لذلك
- لأنني كنت أعمل أو لم يكن لدي الوقت الكافي للرضاعة
- غير ذلك، حددي.....

**\*12.8 هل تم إرضاع طبيعياً في الأمس؟**

- نعم
- لا
- لا أعلم
- لا ينطبق

**\*12.8 كم مرة تلقي الرضاعة الطبيعية بالأمس؟**

**\*12.9 هل أنت غير قادرة على إرضاع الطفل لأي سبب من الأسباب الآتية؟**

- لا يوجد مشاكل
- لا يوجد ما يكفي من الحليب
- الرضاعة تغير جسدي
- إنه مؤلم
- أخبرني أحد أفراد العائلة ألا أفعل ذلك
- الرضيع رفض
- كنت مريضة
- كان الطفل مريضاً
- لم يكن لدي وقت لذلك
- لأنني كنت أعمل أو لم يكن لدي الوقت الكافي للرضاعة
- غير ذلك، حددي.....

الآن أود أن أسألك عن السوائل التي تلقاها خلال يوم الأمس (نهارا وليلا). أنا معنية أن أعرف هذه السوائل حتى لو تم خلطها مع مكونات أخرى

\* 12.10 خلال يوم أمس (نهارا وليلا) هل تناول أي سوائل غير الرضاعة الطبيعية

- نعم
- لا
- لا أعلم
- لا ينطبق

\* 12.11 ماذا شرب؟

- الماء العادي
- حليب الأطفال الصناعي
- (الحليب) حليب حيواني ، مسحوق أو حليب طازج)
- عصير أو مشروبات
- مرقة
- الزبادي
- عصيدة رقيقة
- الشاي أو المشروبات الغازية
- غير ذلك، حددي.....

\* 12.12 خلال ال 24 ساعة الماضية كم مرة قمت بإعطاء حليب الأطفال الصناعي؟

- 1-2
- 2-4
- 2-6
- +6
- غير ذلك، حددي.....

\* 12.13 خلال الأمس، هل شرب أي سوائل باستخدام الرضاعة؟

- نعم
- لا
- لا أعلم
- لا ينطبق

\* 12.14 من أين حصلت على الحليب الأطفال الصناعي ل؟

- اشترى بشكل خاص من المتجر أو السوق
- اشترى من صيدلية خاصة
- حصلت عليه من أخصائي في عيادة أو مشفى حكومي
- مقدمة من وكالة غوث أو منظمة غير حكومية
- غير ذلك، حددي.....

\* 12.15 هل يأكل أي أطعمة صلبة أو شبه صلبة (ناعمة أو مهروسة)؟

- نعم
- لا
- لا أعلم
- لا ينطبق

\* 12.16 خلال ال 24 ساعة الماضية هل تناول أي من الأطعمة التالية؟

اقرأي كل الخيارات وسجلي كل ما ينطبق

- قمح، فريكه، برغل
- أرز
- خبز
- سمك

- بيض
- لحم أحمر (خروف /سخل /عجل)
- لحم أبيض (دواجن)
- لحم/سمك معلب
- حليب ومنتجات الألبان
- زيت الزيتون
- زيت نباتي
- مخللات (زيتون وخضروات أخرى)
- فواكه ذات اللون البرتقالي (مانجا، الباباي، دراق، مشمش الخ)
- انواع اخرى من الفواكه
- الخضروات ذات اللون البرتقالي (جزر، قرع، بطاطا حلوة ..الخ)
- الخضروات الورقية الخضراء(سبانخ، ملوخية، بروكلي، الخ)
- خضروات اخرى (بصل، بندورة، فجل الخ)
- بقوليات (عدس وحمص)
- كبدة، الكلاوي، قلب، او لحوم اخرى
- بطاطا، أنواع أخرى من الخضروات الدرنية
- فواكه مجففة ودبس
- سكر، مربى، حلويات
- زعتر ودقة
- غير ذلك - مشروبات، شاي، قهوة، بهارات

\*12.17 هل سبق لك أن أعطيت مكملات حديد وقائية؟

- نعم
- لا
- لا أعلم
- لا ينطبق

\* 12.18 كم عدد المرات التي تناول فيها الطعام الصلب بالأمس؟

\* 12.19 ما مدى صعوبة منحك اغذية تكميلية (اطعمة صلبة) ل ؟

- صعب جدا
- في بعض الأحيان صعبة
- سهل

\* 12.20 لماذا يصعب تقديم اغذية تكميلية ل ...؟

\* 12.21 ماذا تفعلين عندما يرفض الطعام؟

- اعط الطعام الذي يعجبه
- تقليص حجم الوجبة وإطعمه مرات أكثر
- إطعمه عدد مرات أقل
- أتوقف عن إطعام الطفل إلى أن يصبح بحالة أفضل
- أجبر الطفل على تناول الطعام
- غير ذلك، حددي.....

\* 12.22 من الذي يطعم عادة؟

- الأم
- الأب
- الأخوة
- الجد أو الجدة

- العمة أو العم أو الخالة أو الخال
- غير ذلك، حددي.....

\* 12.23 مع من يأكل ؟

- لوحده
- مع العائلة أو مع الأصدقاء
- غير ذلك، حددي.....

### Annex 3: A Guide to the selection of women and children for the assessment

- **The Household must have at least one child <24 months to be eligible for the study**
- **A maximum of 2 women with children under 5 can be surveyed per household**  
*If there are more than 2 eligible women per household, you will need to select which 2 you will assess using Figure 1*
- **For each woman you can survey a maximum of 2 of her children**  
*Only children under 5 are eligible for assessment. Do not include children over 5*
- **If a woman does not have a child <5 she should not be included**

1. Woman with two children <2
  2. Pregnant woman with one child <2
  3. Pregnant woman with one child <2 and one child 2 – 4.99 years
  4. Woman with one child <2 and one child <5
  5. Woman with one child <2
  6. Pregnant woman with one child 2-4.99 years
  7. Woman with child 2-4.99 years
  8. Pregnant woman with no children
- 

## Annex 4: A Guide for the eligibility and the screening of the households

**Insert statement on intent** – what we are doing & why

Are you happy to speak with us and can we ask you some question which will take about 3 minutes?

|    |                                                                                                                                                 |                                                                                                                                |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 1. | How many people usually live in the household                                                                                                   |                                                                                                                                |
| 2. | How many women between the ages of 15-49 with children or who are pregnant live in the household<br>a. Are they currently inside the household? | If there are no children under 2 currently in the household GO TO STATEMENT 2 unless there is an orphan child in the household |
| 3. | How many children under the age of 2 live in the household?<br>a. Are they currently inside the household?                                      | If there are no children under 2 currently in the household GO TO STATEMENT 2                                                  |
| 4. | How many children under the age of 5 live in the household?<br>a. Are they currently inside the household?                                      |                                                                                                                                |
| 5. | Are there any children under 5 that do not have a mother?                                                                                       |                                                                                                                                |

STATEMENT 1

### **Continue with survey**

Thank you for answering the questions. If you have time we would like to ask some more specific questions about the women and children of the household focusing on nutrition. The questions will take a maximum of 1 hour and 15 minutes.

May we come in?

STATEMENT 2

### **End of Questionnaire**

Thank you for answering the questions, unfortunately we are looking for households that have children under 2 years.

We are not looking at recruiting people for a program, but just collecting data on nutrition. Households that are selected will not get anything, nor will they be involved in any program from answering the questionnaire

## **Annex 5: A Guide to the IYCF Focus Group Discussions**

### **What are Focus Group Discussions?**

FGDs are a good way to gather together similar people to gain in-depth qualitative information a specific topic. We would like to explore practices around breastfeeding and why women have certain beliefs or practices. Data will remain anonymous.

### **What are we looking for?**

We are looking for a maximum of 8 women from your areas to participate in a focus group discussion. 50% of women should be those that have good practices and knowledge of breastfeeding (exclusive breastfeeding for 6 months, high frequency of feeding) and 50% should be those that have poor knowledge and poor practices of breastfeeding.

The ideal woman would have one child under 2 and one child under 5 as we will be asking questions on both children under 2 and children under 5 years.

### **Meeting times & Locations**

Monday 22<sup>nd</sup> in AEI Gaza office Meeting room. 12:00 – 13:00 for women from North Gaza  
Monday 22<sup>nd</sup> in AEI Gaza office Meeting room 13:00 – 14:00 for women from Gaza  
Tuesday 23<sup>rd</sup> in AEI Khan Yunis Office Meeting room 12:00 – 13:00 for women from Deir Al Balah & Khan Yunis  
Tuesday 23<sup>rd</sup> in AEI Khan Yunis Office Meeting room 13:00 – 14:00 for women from Rafah

**Women attending FGDs on Monday 22<sup>nd</sup> in the Gaza office will receive 10 Shekels for transport**  
**Women attending FGDs on Tuesday 23<sup>rd</sup> in the Khan Yunis office will receive 15 shekels for transport**

Refreshments will be provided at all meetings  
Women are welcome to bring their children