

FEX resources review regarding IYCF-E in the Israel/Gaza conflict - November 2023

Given the current insecurity in this context, ENN has done a review of relevant content published in Field Exchange since its inception. The below 6 articles provide information and lessons learned that may be useful for those working on infant and young child feeding in emergencies (IYCF-E) programmes in the current conflict.

State of Palestine: Investing in assessment positively impacted programming for complementary feeding

(<https://www.enonline.net/fex/68/cfepalastine> - published in 2022)

- A barrier analysis was conducted in 2019 in West Bank and Gaza, helping to identify and understand the key barriers and facilitating factors for improving maternal and child nutrition behaviours.
- Only 40.6% of children were first breastfed within one hour of birth (39.6% in West Bank, 41.9% in Gaza) and 43.3% of children less than six months were exclusively breastfed (44.8% in West Bank, 41.6% in Gaza).
- 35% of children six to 23 months of age consuming a minimum adequate diet and only 44.7% meeting the minimum dietary diversity – which differed between Gaza (35.1%) and the West Bank (50.8%).
- One in four women (22.3%) aged 15 to 49 years with a live birth in the last two years did not access a post-natal care visit which was over one in three (30.0%) in the West Bank.

Main barriers identified:

- For the continuation of breastfeeding of children six to 24 months, the key barriers found were the perception by mothers that there were no benefits for them, their child, or their family from continuing to breastfeed.
- Main barriers to feeding children two to five years-old iron-rich food groups were the family financial situation, the lack of knowledge of which foods are iron-rich, the availability and access to iron-rich foods.
- The barriers identified for pregnant and lactating women to consume iron-rich foods included the accessibility and affordability of iron-rich food with non-doers feeling that they were more susceptible to anaemia while pregnant or breastfeeding.

Actions taken:

- Policy level - review and update the maternal and child national nutrition protocol aimed to cover the needs of service providers to have one comprehensive document that would guide the service provision in different settings (including guidance on breastfeeding and complementary feeding).
- Service delivery level – inform the nutrition awareness programming and the social behavioural change communication strategy with messages tailored to address the barriers.
- Community & household level – strengthen activities such as cooking demonstrations, community mobilisation and parents’ education, and counselling services. The “complementary feeding spoon and bowl” initiative to be used to address barriers, including training health and nutrition staff on how to communicate to caregivers about the spoon and bowl.

Aquaponics in Gaza

(<https://www.ennonline.net/fex/46/aquaponics> - published in 2013)

- Where blockades and restrictions to imports/exports limited access to nutritious food and therefore impacted nutritional status of families in Gaza, FAO implemented several urban food production projects.
- These projects included rooftop/backyard gardens, small rabbit, chicken and fish units equipped with all the necessary tools/systems to allow families to grow and farm their own produce.
- These projects targeted food insecure female-headed households and aimed to increase consumption of nutritious foods – ultimately improving nutritional status of pregnant and lactating women and therefore impacting health outcomes of infants and children.

Concerns/challenges:

- Daily power cuts that could last up to 8 hours or more affected some of the livestock units, particularly the fish units during the hot summer months and leading to increased fish mortality.
- The agricultural garden projects grew vegetable without soil which was a new concept to the families and led to some scepticism - one major lesson learnt was to implement a complementary public awareness campaign on any new technology/agricultural methods to overcome cultural barriers and prevent potential “false starts”.

Experiences in addressing malnutrition and anaemia in Gaza

(<https://www.ennonline.net/fex/38/experiences> - published in 2010)

- The Near East Council of Churches Committee for Refugee Work (NECCCRW) designed a nutrition programme to respond specifically to acute malnutrition and anaemia amongst children under five years in the eastern area of the Gaza Strip.
- The project aim was to improve the health and nutrition status of targeted mothers and children under 5 years and ensuring that at least 95% of children identified as malnourished receive supplementary feeding.
- Malnourished infants <6 months of age received no infant formula and instead exclusive breastfeeding was promoted.
- Children 6-12 months of age received one type of infant formula in conjunction with promotion of breastfeeding and healthy eating practices. Children between 1-3 years received another type of infant formula, in addition to promotion and support of healthy eating practices.
- Whilst programme staff were aware of guidelines and standards surrounding provision of breast milk substitutes, they determined that its use in this context was to complement rather than substitute breastmilk intake.

Challenges/next steps:

- One of the NECCCRW maternal-child health clinic was targeted and completely destroyed by Israeli missiles – treatment of infants and children ceased for 2 months due to complete disruption of programme activities, loss of valuable equipment, loss of important baseline public health data regarding levels of diarrhoea, parasitic infections, and skin diseases.

- Whilst the primary cause of malnutrition amongst Gazan children is still believed to be household food insecurity, the next phase of the programme will look at the psychosocial status of the children due to the effects of the war being particularly significant.
- The next project phase aims to extend the geographical coverage of the programme to all three of NECCCRW's clinics in Gaza.
- Collaboration with the Emergency Nutrition Network (ENN) to ensure that the database includes relevant elements of the Supplementary Feeding Programmes Minimum Reporting Package.

Assessing the intervention on infant feeding in Gaza 2008

(<https://www.enonline.net/fex/38/assessing> - published in 2010)

- In 2007, 97% of infants <6months were breastfed, only 25% were exclusively breastfed for first 6 months (pre-crisis breastfeeding rate).
- IYCF concerns in Save the Children's humanitarian response in Gaza:
 - o Only 2.7% of infants <6months were exclusively breastfed post-crisis.
 - o Early introduction of liquids such as teas, water, herbs, infant formula, and complementary foods was common.
 - o Large influxes of donated breastmilk substitutes (BMS) to Gaza were exacerbating the situation.
 - o Lack of appropriate complementary foods for children 6-24 months.
 - o Increasing poverty due to the blockade and reduced dietary diversity.
 - o Suitable nutrient and energy dense foods for small children were not thought to be widely available.
- The main reason mothers gave for stopping/reducing breastfeeding was that their own diet was insufficient (89.6% of mothers), e.g. lack of food – need for humanitarian effort to intervene such as basic food provision for mothers, etc.
- Poor and risky IYCF practices were already common in Gaza pre-conflict but these practices deteriorate since the blockade, and increased influx of breastmilk substitutes, particularly exclusive breastfeeding rates.

IFE- specific actions to address concerns:

- Pilots of new approaches to prevent and treat anaemia at both facility and community level - multiple micronutrient powders for home fortification as part of comprehensive complementary feeding interventions. Special attention should be paid to the 6-24 month old group who are not targeted by many nutrition based interventions in Gaza.
- Given the chronic nutrition problems in Gaza, in-depth micronutrient assessment should be considered to investigate further other micronutrient deficiencies in Gaza.
- Donor advocacy for longer term programming that allows root causes and behaviours associated with poor IYCF practices to be addressed. Newborn and child survival is a priority focus.

Border Closures and Nutrition in Gaza

(<https://www.enonline.net/fex/20/border> - published in 2003)

- Ard El Insan Palestinian Benevolent Association (AEI) has developed community health programmes which include intensive breastfeeding counselling plus health and nutrition education.
- Each operational centre comprises of a medical and nutritional assessment unit, a growth monitoring unit (GMU) which provides follow-up of severely and moderately malnourished children, and nutrition education, a special care unit for specific nutritional treatment, such as nutritional anaemia, coeliac disease, and rickets, and a breastfeeding counselling unit, for mothers who present with breastfeeding difficulties.
- Restricted access to nutritious food due to border closures and road blockades limiting the importing/exporting of goods, prolonged, sieges, curfews, raids, etc.
- 16.4% of cases were assessed in the breastfeeding counselling unit in 2002.

Concerns:

- Prolonged food deprivation would clearly lead to further deterioration in the nutritional situation of Palestinian children and impact future generations.

Promoting Good Nutrition and Food Security in the Gaza Strip

(<https://www.enonline.net/fex/1/promoting> - published in 1997)

- Swiss NGO Terre Des Hommes (TDH) have two centres in Gaza which both offer nutrition advice and support for malnourished children, breastfeeding counselling and care and advice for the treatment of diarrhoeal diseases.
- Over 50% of malnourished children seen in these centres are under 6 months old – 52% of infants <6months are formula fed.
- Community health educators follow up with children at home and provide nutrition/health education services in the community.
- Simple supplements of a rice/lentil and a rice/groundnut/sugar mixture are provided to families with malnourished children.
- WFP and TDH attempted to set up a targeted general ration system for breastfeeding mothers of malnourished children, but the centres were overwhelmed with numbers and did not have the capacity for large scale distribution – needs to be handled by the government.
- Government system does exist - current criteria for assistance includes absence of a main income earner in the family (this includes widows, women whose husbands are in prison, divorced women, etc) or if the main earner is chronically ill or disabled, however does NOT include unemployment of the father as criteria for assistance.
- Most of the malnutrition seen in Gazan children <6months in 1995 was attributed to sub-optimal infant feeding practices.
- If infants had instead been breastfed the prevalence of wasting in children under 5 would have been about 3%, barely above the level in a Western reference population.

Questions that came out of this article:

2. What happens to the availability and price of breastmilk substitutes when the border is closed? Do supplies drop and prices increase?
3. Do families (especially those of workers directly affected by border closures) respond by reducing the amount of infant formula they buy?
4. Do people buy other (cheaper) milks instead of infant formula?