



Ramallah, 18 September 2009

**Subject: Findings from project “Emergency Humanitarian Nutrition and Health Response for Vulnerable Children in Shijaia Area - Gaza Strip”**

DanChurchAid (DCA) is a non-missionary non-government organization working in international relief and development since 1922 and currently operating in more than 30 countries. DCA has worked in the Palestinian areas for over 60 years and conducts its work through local partner organizations supported by a regional office located in Ramallah. As such, DCA has vast experience in the health sector and at present has a large up-to-date database, available with information for sharing, on the health status of children in Shijaia region in Gaza

With support from the Danish government (DANIDA), DCA and its partner, The Near East Council of Churches (NECC) have recently (July 31 2009) completed the project “**Emergency Humanitarian Nutrition and Health Response for Vulnerable Children in Shijaia Area - Gaza Strip.**” UNICEF provided additional support for this project through offering iron supplements for children, the PNA MOH and PNA MOSA (iron supplements and food for poor families respectively), Ard Al Enssan (referral of severely malnourished children for further treatment), USAID (the HANAN project – Health Education materials), the Palestinian Medical Relief Society (provided fortified milk for children aged 3-10 years) and the Union of Health Care Committees and the Public Aid Society (both gave iron supplements).

This one year humanitarian emergency nutrition project targeted the Shijaia region in Gaza, which is an area served by NECC. The project aimed at decreasing the prevalence of malnutrition and anemia among children under 5 years old and to speed up the recovery process of these malnourished and anemic children. The project utilized a comprehensive approach that incorporated carrying out house to house screening, identifying anemic and malnourished cases, initiating treatment on the spot, managing the identified cases at the NECC clinic, providing health education and counseling, providing referral services when needed, providing iron and enriched milk supplementation and possibly provision of social assistance through other agencies.

The project has achieved the following results:

Through the project, all of the households in the Shijaia area were visited (13,799). The visited households contained 82,464 beneficiaries of which children under 5 constituted 18.2% (14,976). The project identified 5,795 children as anemic which equals 43.4% of the total children examined. Of these, 56.5% suffered from mild anemia while the rest suffered from moderate anemia. The project also identified 1,307 children as moderately or severely malnourished representing 8.7% of the total screened children. Of the total malnourished children identified in the project, around 80% were suffering from moderate malnutrition while the rest were severely malnourished (20%). Regarding the type of malnutrition present, stunting constituted the most

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commonly found feature of malnutrition (7.7%) indicating chronic exposure to food insufficiency followed by underweight (2.3%) and wasting (1.1%). Socio-demographic profiles indicate that males, the economically disadvantaged and non-refugees were more affected by malnutrition and anemia than their counterparts. Young children (6 months to 2 years) were more affected by anemia than the older ones. Children aged 2-4 years were affected the most by malnutrition.

The appropriate management regime and the follow up of cases resulted in significant improvement in the status of the malnourished and anemic children enrolled in the program. Around 70% of anemic children recovered and returned to normal or improved in a less than two month period. The percentage of those who recovered or improved has increased with staying longer in the program and receiving the required medications as it reached around 80% at 3-4 months. The recovery rate obtained in this program exceeded the target of the project (that half of the anemic children will improve, recover, or be prevented from further deterioration within three months). The conditions of only 4% of the anemic children deteriorated at three months since their enrollment of the program. The project was successful in inducing positive impacts on the health status of the malnourished and anemic children.

Regarding children who were underweight and experienced wasting, more than 80% were improved and/or returned to normal at 3-4 months interval since their enrollment in the project. Regarding stunting which reflects chronic exposure to malnutrition, 33% of the stunted children recovered and/or improved at 3-4 months interval since their enrollment in the program. The recovery/improvement rate among stunted cases increased to around 40% by staying longer in the program. The percentage of the stunted cases that deteriorated at around 4 months was less than 5%. It is difficult to expect significant changes in the anthropometric indicators for the stunted children quickly as it requires time to return to normal. However, as with the anemic children, the impact of the program has exceeded the expectations as less than 10% of cases deteriorated further after their enrollment in the program.

These findings were secured from a detailed examination and analysis of a state of the art relational database created to disaggregate data collected through this comprehensive approach undertaken through the 13,779 household visits. As stated before, DCA and NECC are eager to share information and would welcome enquiries from interested parties who would like to conduct additional studies of the data set collected on the community of Shijaia through this project

In follow up to this project, DCA and our partner NECC have extended this project and intervention approach to the Darraj neighborhood in the Gaza city region with support from DANIDA.

DCA and NECC would like to extend our appreciation and thanks to all those who contributed to this project in benefit of the children in the Shijaia region in Gaza.

For more detailed information about this project and the findings herein referenced, please feel free to contact us.

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