



NATIONAL NUTRITION SURVEILLANCE REPORT HIGHLIGHTS

January – June 2011

CONTENTS

Introduction.....1

Methodology.....1

Important findings.....1

Recommendations.....2

Summary table of findings.....4

INTRODUCTION

The National Nutrition Surveillance System (NNSS) was incorporated into Palestinian Authority health planning in 2006.

Nutrition assessments at that time showed worrying deteriorations in important indicators and it was decided that a more systematic approach was needed to monitor health trends in the occupied Palestinian territory.

The Palestinian Ministry of Health’s Nutrition Department implements the NNSS programme, with technical support and funding from UNICEF and the World Health Organization (WHO). This summary report covers the period between January and June

METHODOLOGY

Data on 12,933 children 9-12 months old was collected from 61 public health centres (46 in the West Bank & 15 in Gaza).

Data on 9,894 pregnant women was collected at 62 public health centres (49 in the West Bank and 13 in Gaza).

Data on 71,561 school children was collected at public schools for grades one, seven and ten.

The Nutrition Department at the Ministry of Health checked, cleaned, tabulated and analysed the data using WHO new growth standards

PROPER FEEDING PRACTICES



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Tubas. A healthy child with his mom at Ministry of Health Tubas clinic in north West Bank.

IMPORTANT FINDINGS

Nutrition indicators

The surveillance system shows that major nutrition indicators of underweight (weight for age); wasting (low weight for length); stunting (short for age), tallness, overweight and obesity among children 9-12 months are all within the acceptable national and regional levels.

However, the prevalence of overweight (weight for length) of 26.6 per cent among children 9-12 months is high, and has increased by 2.2 per cent from the 2008 rate (24.4 per cent in 2008). This could be a warning sign for excessive bottle feeding and obesity later in life.

Nutrition indicators for school children are within acceptable international levels. While the prevalence of overweight (BMI/age) among school children decreased by 1.5 per cent from 2008, standing at 18.7 per cent, it is nearing unacceptable levels.

Some 5.7 per cent of school children were fed neither a breakfast at home nor fed at school. While this rate was higher in 2008, standing at 10.42 per cent of

school children who did not have breakfast or any food at school, there is a need to enhance awareness raising activities on the importance of a regular diet through the school health programme.

A remarkable 52.7 per cent of pregnant women in Gaza did not receive micronutrient supplementation. This was higher in 2008, standing at 66 per cent. This clearly shows that emphasis on supplementation should be enhanced.

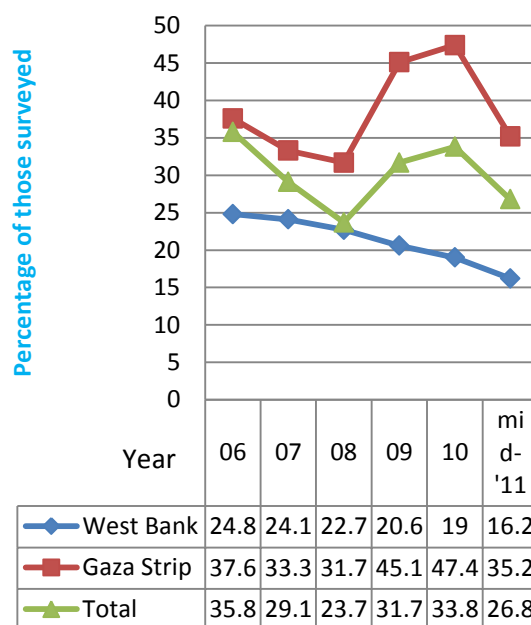
Anaemia in children and pregnant women

Rates of anaemia (haemoglobin level less than 11 gm/dl) among children 9-12 months are quite high at 57 per cent, although more than 60% of these cases are of mild anaemia (haemoglobin level between 10 and 11 gm/dl).

Anaemia (haemoglobin level less than 11 gm/dl) among children 9-12 months in Gaza is a severe public health problem, standing at 69.9 per cent. To ease this problem, additional complimentary foods should be introduced at six months of age, in addition to that the causes of anaemia should be further investigated.

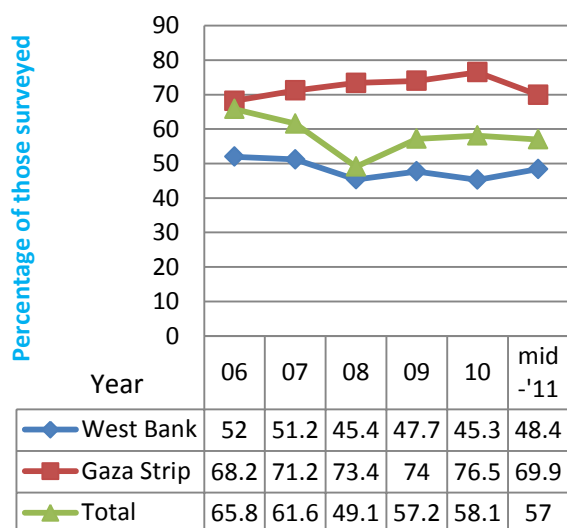
Anaemia Among Pregnant Women

(Hb level < 11 mg/dl)



Anaemia Among Children 9-12 Months

(Hb level < 11 mg/dl)



Anaemia is also high among pregnant women, standing at 26.8 per cent. More than two thirds of these anaemic women are categorised as having mild anaemia. Strengthening prophylactic micronutrient supplementation for pregnant women can reduce the levels of anaemia, side by side with awareness raising campaigns on proper feeding practices during pregnancy.

Recommendations

Children 9-12 months

1. Problem of anaemia among 9-12 months old children should be investigated and a combined micronutrient survey should be conducted as soon as possible, with special attention given to Gaza.
2. Problem of anaemia among 9-12 months old children in the NNSS results for all districts seems to be a public health problem that demands immediate intervention. This could be done through an awareness-raising campaign among pregnant and lactating women on the importance of micronutrient supplementation and dietary diversification, including complimentary food for young children 6-24 months. Counselling should be another intervention.
3. Growth monitoring and haemoglobin measuring for children aged 3-5 years old should be free of charge in all government clinics. It is suggested that the mother and child (MCH) handbook agenda be used to organize the child's visit to the clinic. This action will provide a clear picture about children under five years old.

Pregnant women

1. Problem of anaemia among pregnant women should be investigated and a combined micronutrient survey conducted as soon as possible.
2. Awareness-raising campaigns should be conducted among married women in all districts for the risk of obesity, overweight and healthy lifestyle.
3. Awareness-raising campaigns should be conducted among pregnant women on the importance of micronutrient supplementation. The micronutrient supplementation programme for both distribution and compliance at public and other health care providers should be strengthened.
4. The highest prevalence of women not receiving micronutrient supplementation is in Gaza, which demands immediate intervention through an awareness-raising campaign among pregnant women and the strengthening of monitoring and supervision for micronutrient supplementation programmes.
5. Anaemia among pregnant women is a public health problem that needs immediate intervention through an awareness-raising campaign, directed at pregnant women, on the importance of micronutrient supplementation. This should be combined with counselling and nutrition education on food habits and iron-rich food sources.

Schoolchildren

1. To reduce the prevalence of overweight (weight for height) (BMI/Age) which is at its highest rate ever among school children, an awareness-raising campaign on healthy food consumption including breakfast, food intake at school and physical activity should be conducted among school children in all districts.
2. A school feeding programme should be initiated in targeted districts highlighted by the NNSS.
3. School health programmes should be strengthened by the Ministry of Health, focusing on anaemia and obesity screening referral and treatment, including referral to nutrition clinics.

General

1. Anthropometric and haemoglobin assessments should be conducted among university students in all districts, especially targeting females. This will provide information on females of child-bearing age, which may be the most essential part of the equation to decrease anaemia among pregnant women, infants and children.
2. On-the-job training should be provided for all staff at Ministry of Health, United Nations Relief and Works Agency, and non-profit clinics, as well as for school health staff, on anthropometric measurements, reporting, and counselling.
3. Monitoring, supervision and evaluation systems, including micronutrient distribution and utilization, should be established.
4. Household surveys should be carried out to record the prevalence of obesity among various Palestinian population groups, such as single women, the elderly and adult men. These groups should then to be included in the NNSS.
5. Given the high rates of anaemic children and pregnant women, more attention should be given to micronutrient supplementation, food fortification and food diversification as a strategy to combat iron deficiency anaemia.
6. A district-level meeting should be held with all partners to discuss interventions related to specific indicators in that district.
7. Nutrition clinics should be established in all districts to provide nutrition services to referral cases.

IMPOVERISHED CHILDREN



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North West Bank. A group of second graders eating 'Zaatar' during recess at school.

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National Nutrition Surveillance System Summary Table Mid-Year 2011

Group	Indicators	Gaza Strip %	West Bank %	Total %
Children (9 - 12 months)	Underweight (W/Age < -2 SD)	3.2%	1.5%	2.1%
	Overweight (+1 SD < W/Age ≤ +3 SD)	21.7%	25.0%	23.7%
	Obesity (W/Age > +3 SD)	0.7%	0.7%	0.7%
	Wasting (W/L < -2 SD)	3.9%	1.2%	2.3%
	Overweight (+1 SD < W/L ≤ +3 SD)	21.7%	29.8%	26.6%
	Obesity (W/L > +3 SD)	1.0%	1.5%	1.3%
	Stunting (L/Age < -2 SD)	4.7%	4.2%	4.4%
	Tallness (L/Age > +3 SD)	2.3%	0.7%	1.3%
	Thinness (BMI / Age < -2 SD)	5.6%	1.6%	3.2%
	Overweight (+1 SD < BMI / Age ≤ +3 SD)	22.1%	31.2%	27.6%
	Obesity (BMI / Age > +3 SD)	1.1%	1.7%	1.5%
Pregnant women at first antenatal visit	Anaemia (Hb level < 11 mg/dl)	69.9%	48.4%	57.0%
	Obesity (BMI ≥ 30 kg/m ²)	22.3%	17.4%	20.0%
	Overweight (25 ≤ BMI < 30)	33.7%	33.1%	33.5%
	Anaemia (Hb level < 11 mg/dl)	35.2%	16.2%	26.8%
	Not received micronutrient supplementation	52.7%	1.7%	29.5%
	Positive Sugar in Urine	0.1%	0.4%	0.2%
Schoolchildren	Underweight (W/Age < -2 SD) (5-10 years)	1.6%	2.1%	1.7%
	Overweight (+1 SD < W/Age ≤ +3 SD) (5-10 years)	15.2%	14.8%	15.1%
	Obesity (W/Age > +3 SD) (5-10 years)	0.6%	0.8%	0.7%
	Stunting (H/Age < -2 SD)	7.7%	5.6%	7.3%
	Tallness, very tall (H/Age > +3 SD)	0.3%	0.3%	0.3%
	Thinness (BMI/Age < -2 SD)	2.7%	2.5%	2.6%
	Overweight (+1 SD < BMI/Age ≤ +2 SD)	18.5%	19.1%	18.7%
	Obesity (BMI/Age > +2 SD)	6.3%	7.1%	6.5%
	Anaemia	/	/	/
	Home Breakfast	62.1%	54.6%	60.5%
	Food Intake at Schools	87.3%	88.5%	87.5%
	No Home Breakfast or Food Intake at School	5.3%	7.0%	5.7%
	Meal Intake at School	52.2%	20.8%	45.5%
	Candy Intake at School	63.8%	46.9%	60.1%
	Chips Intake at School	63.0%	49.5%	60.1%
	Sandwiches Intake at School	50.6%	58.0%	52.2%
	Fruits Intake at School	34.7%	21.6%	31.9%
Fortified Biscuits Intake at School	2.5%	35.4%	9.5%	