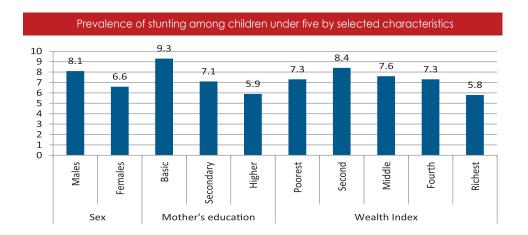
Nutrition

Malnutrition

Under nutrition causes more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood illnesses and those who survive fall sick frequently and have poor growth.

In Palestine, about one in fifteen (7.4%) under-five year old children are stunted (too short for their age). Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.



Children of mothers with basic education (9.3%) have the highest prevalence of stunting compared to educated mothers (5.9%), and from the poorest family (7.3%) compared to the richest family (5.8%). Male children are more stunted (8.1%) than female children (6.6%)

The age pattern shows there is a big jump in stunting among children of 12-35 months compared to children who are younger or older. This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

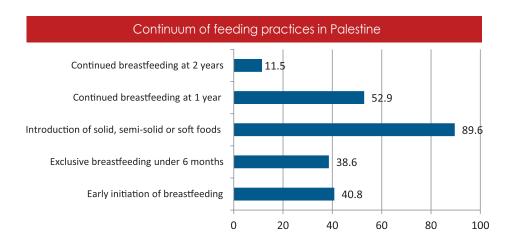


Breast Feeding

Proper feeding of infants and young children can increase their chances of survival; it can also promote optimal growth and development, especially in the critical window from birth to 2 years of age. Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe.

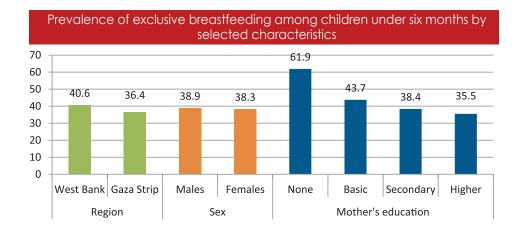
WHO and UNICEF recommend: Breast feed within one hour of birth, exclusively breast feed for the first six months, feed safe, appropriate and adequate complementary foods after 6 months, feed complementary food two times a day

for 6-8 month olds and three times a day for 9-11 month olds, continue breast feeding for two years or more.



According to the PMICS, 39% of children below six months of age are exclusively breast fed. Exclusive breast feeding has strong positive relation with education of the mother, where this practice is decreasing with

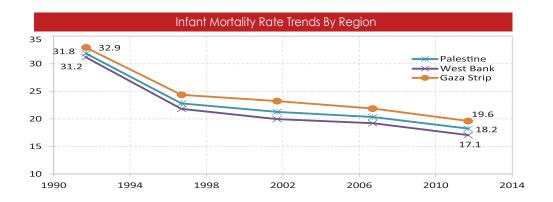
the increase of the level of mother's education. Children in Gaza Strip are less likely to be exclusively breast fed compared to the West Bank children (36% and 41% respectively).

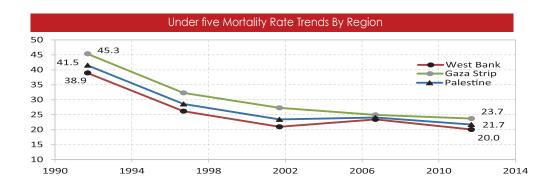


Child Survival

One of the overarching goals of the Millennium Development Goals (MDGs) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction of underfive mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective

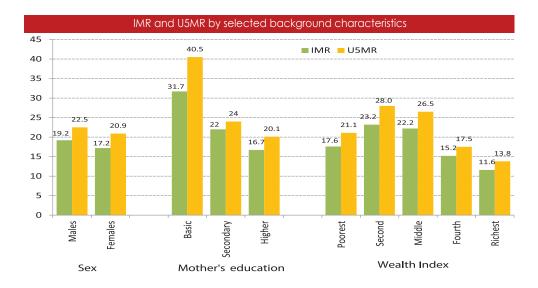
Mortality rates in the PMICS are calculated from information collected in the birth histories of the Women's Questionnaires. Palestine is on track to achieve MDG 4. Child mortality have decreased significantly from Under five Mortality Rate (U5MR) of around 42 and Infant Mortality Rate (IMR) of around 32 in 1991 to the current rate of around 22 and 18 deaths per 1000 live births respectively.





Infant and under-five mortality rates are higher in Gaza Strip than in the West Bank. Mortality is significantly different in terms of child's sex, educational levels and wealth. Females children are more likely to die by the age of one year and by

the age of five as compared to male children. Additionally a child born to the poorest family and with mothers with basic education is more likely to die by the age of five as compared to a child born to a rich and educated mothers.

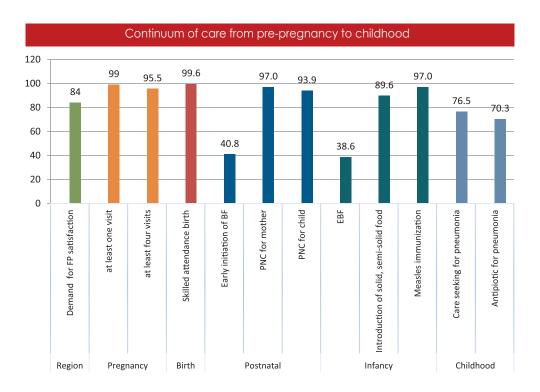


Child Health

Maternal, newborns, and child health continuum of care can be achieved through a combination of well defined polices and strategies to improve home care practices and health care services throughout the lifecycle, building on existing programmes and packages, including adolescence, pregnancy, childbirth, postnatal and newborn periods and into childhood.

Following the logic of continuum of care, 84% of Palestinian women aged 15-49 years are satisfied with the demands for family planning, where

the unmet needs for family planning is about 11%. Almost all pregnant women delivers with skilled attendance but only 39% of the babies are exclusively breastfed for full six months duration. In Palestine. pneumonia is one of the main leading cause of death in children under five. About 11% of under-five children were reported to have had the symptoms of pneumonia and 77% of them were taken to an appropriate health facility, and 70% of under-five children with suspected pneumonia received antibiotics.



Child Development

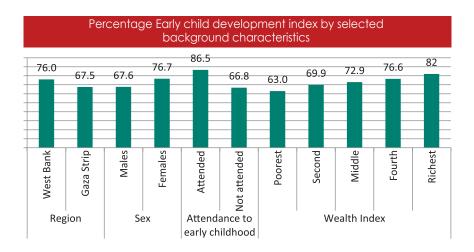
Early childhood development is defined as an orderly, predictable process along a continuous path, in which a child learns to handle more complicated levels of moving, thinking, speaking, feeling and relating to others. Physical growth, literacy and numeracy skills, socioemotional development and readiness to learn are vital domains of a child's overall development, which is a basis for overall human development.

A 10-item module was used to calculate the Early Child Development Index (ECDI), where children are developmentally on track in at least three of the four following domains, if:

 At least two of these are true Children are identified at least ten letters of the alphabet, whether they can read at least four simple, popular words, and whether they know the name and recognize the symbols of all numbers from 1 to 10. (Literacynumeracy domain)

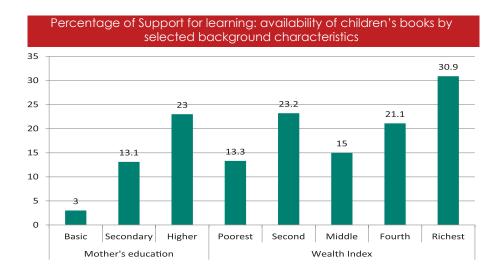
- If the child can pick up a small object with two fingers, like a stick or a rock from the ground and/or the mother/caretaker does not indicate that the child is sometimes too sick to play (Physical domain).
- If the child gets along well with other children, if the child does not kick, bite, or hit other children and if the child does not get distracted easily (Socialemotional domain).
- If the child follows simple directions on how to do something correctly and/or when given something to do, is able to do it independently (Learning domain).

PMICS 2014 indicates that 72% of children aged 36-59 moths are developmentally on track. ECDI is higher among children attending pre-schools (87%) than those who do not (67%), and among children from the richest households, compared to from the poorest households (82% and 63% respectively).



Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books is important for later school performance. In Palestine, only 20 percent of children age 0-59 months live in households

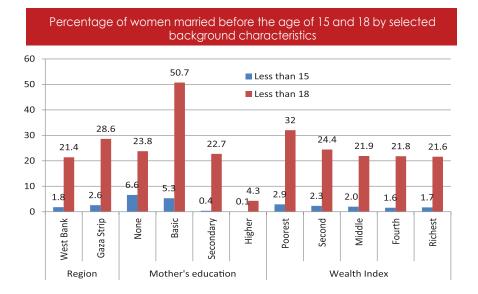
where at least 3 children's books are present for the child. The availability of children's books is related to the socioeconomic status of households where three of more books were available in 31 percent in the richest households compared to 13 percent among the poorest households, and to mother's education, as this percentage increase with mother's education level.



Child Protection

Early Marriage

Child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. In Palestine Nine percent of young women age 15-19 years are currently married. Among women age 15-49 years, 2% were married before age 15 and, among women age 20-49 years, 24% women were married before age 18. These percentages is higher among women with lower levels of education and among those who live in poor households.



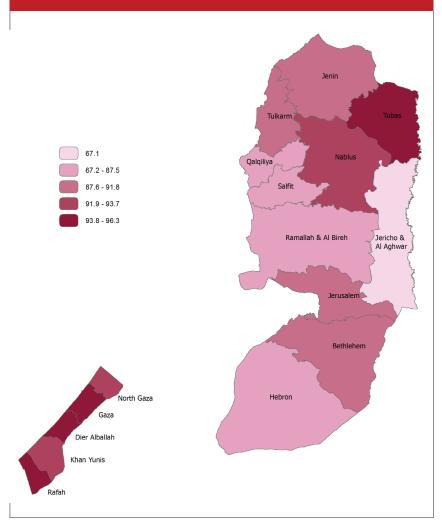
Child Discipline

Exposing children to violent discipline have harmful consequences, which range from immediate impacts to long-term harm that children carry forward into adult life. Violence hampers children's development, learning abilities and school performance; it inhibits positive relationships, provokes low self-esteem, emotional distress and

depression; and, at times, it leads to risk taking and self-harm.

In Palestine, 92% of children age 1-14 years were subjected to at least one form of psychological or physical punishment by household members during the past month. Male children living in Gaza Strip were subjected to any violent discipline 95% more than West Bank children 89%.



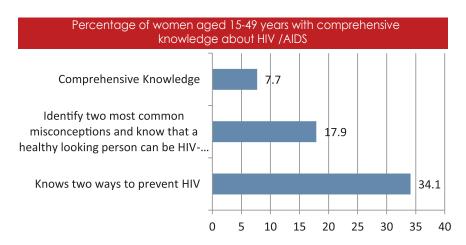


HIV/AIDs

The Palestinian Ministry of Health stated that the epidemic of HIV is still in it's early stage, but there are an alarming signs for the expansion of the syndrome. The cumulative reported cases in 2012 were 77 cases, 61 out of them were males.

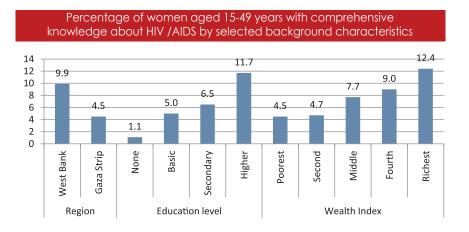
Although, a large majority of the Palestinian women age 15-49 years (95 %) have heard of AIDS based on PMICS 2014, only 7.7% of them

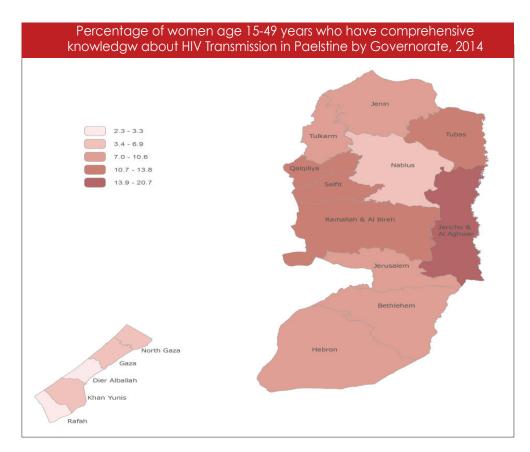
have a comprehensive knowledge of HIV prevention and transmission, which is defined as 1) knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the change of getting HIV, 2) knowing that a health-looking person can have HIV, and 3) rejecting the two most common local misconceptions about transmission/prevention of HIV.



Women's knowledge increases with the increase of woman's education level, and

among West Bank women, and those who are living in richest households.





MDG indicator 6.3 is focusing on the knowledge about HIV prevention among young women. PMICS 2014 showed that only 6.2% of women aged 15-24 years have a comprehensive knowledge about HIV transmission. 9 in 20 women in

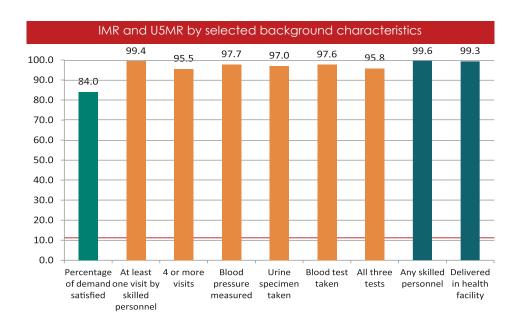
the same age group Know all three means of HIV trans-mission from mother to child (during pregnancy, during delivery and through breastfeeding), while one fifth of the women aged 15-24 years know a place to get tested for HIV.

Indicator	Value (%)
Have a comprehensive knowledge about HIV transmission	6.2
Identify two most common local misconceptions about transmission/prevention of HIV	17.8
Know two ways to prevent HIV	27.9
Know all three means of HIV trans-mission from mother to child	46.0
Know a place to get tested for HIV	20.2
Accepting attitude towards people with HIV	5.0

Reproductive Health

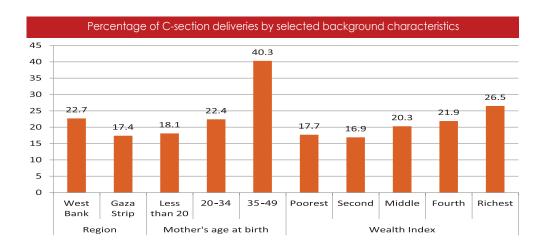
Continuum of reproductive and maternal health interventions, covering three periods: prepregnancy (percentage of demand for contraception satisfied) Antenatal care coverage (percentage) of pregnant women received at least one visit by skilled personnel, 4 visits or more, percentage of pregnant women who, at least once, had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care or all three) and delivery care (percentage of deliveries assisted by any skilled attendant, and percentage of deliveries occurred in health facilities).

Following continuum of reproductive and maternal health interventions, and based on the PMICS 2014 results, more interventions are needed in the area of family planning especially the demand for contraception satisfied, where 11% of women have an unmet need for family planning.



In Palestine almost all deliveries occurred in health institutions and under supervision of skilled personnel. 20% of deliveries were occurred through C-Section; 14.8%

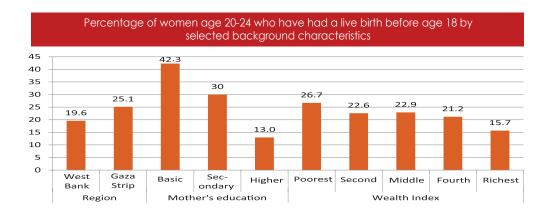
Decided before onset of labour pains, and 5.5% decided after onset of labour pains. This percentage is increasing with mother's age at birth, and the among poorest.



Early childbearing

In Palestine, 22.0% of the women aged 20-24 years gave birth before the age of 18, with a clear variation by region, mother's education and the wealth index of the households, as this percentage is higher in Gaza

Strip compared to the West Bank (25.1% and 19.6% respectively). Mother's with basic education level had a birth before age 18 more than 3 times compared with those who have higher education, and it is higher among women who reside in poor families.



Improved Water

The MDG goal (7, C) is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, and physical contaminants with harmful effects on human health.

In Palestine around 62% of the population use improved source of drinking water and 98.7% have access to improved sanitation facilities as per the global sanitation standard (without sharing with other households), this percentage is more than 9 times in the West Bank compared to Gaza Strip (97% against

The population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, compound, yard or plot, to neighbour, public tap/ standpipe), tube well/borehole, protected well, protected spring, and rainwater collection and bottled water.

10%) respectively, where the tanker-truck is classified as un-improved drinking water source, which is the main source of drinking water in Gaza Strip (68%). WHO indicated that tanker trucks became very contaminated if they are not cleaned regularly and filled with properly chlorinated water for drinking.

