



Ali Jadallah/ WFP

Barrier Analysis and In-depth Qualitative Interviews Report

West Bank and Gaza Strip



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Abbreviations & Acronyms

ARA	Access-restricted Areas
BA	Barrier Analysis
BCC	Behaviour Change Communication
CO	Country Office
DBC	Designing for Behaviour Change
EBF	Exclusive Breastfeeding
ICU	Intensive Care Unit
IYCF	Infant and Young Child Feeding
MCHN	Maternal and Child health and nutrition
MDD	Minimum Dietary Diversity
MoH	Ministry of Health
NGO	Non-Governmental Organization
PLW	Pregnant and Lactating Women
PNHV	Post-natal Home Visiting
SBCC	Social Behaviour Change Communications
SoP	State of Palestine
UNICEF	The United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation

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Executive Summary

INTRODUCTION:

Palestinians are facing a double burden of malnutrition; high levels of micronutrient deficiencies alongside increasing obesity rates and undernourishment.¹ Children under the age of five in the West Bank and Gaza Strip are particularly vulnerable as a result of micronutrient deficiencies, as well as pregnant and lactating women (PLW).² In the Access-Restricted Areas (ARA) in the Gaza Strip, 18% of pregnant women and 14% of lactating mothers who live in ARA are undernourished. 86% of children under five living in ARA did not have a minimal accepted diet³.

A number of factors contribute to the malnutrition rates. Inhabitants in these areas are exposed to chronic and acute political violence, including settler violence and forced evacuation. They are isolated and marginalised and face persistent restrictions on their movement and access to resources and services.

1 Micronutrient Survey 2013

2 Multisectoral nutrition assessment - WFP, Unicef and Save the Children; 2019; https://docs.wfp.org/api/documents/WFP-0000105498/download/?_ga=2.76193941.1025595199.1567-326065-455604567.1564564834;_accessed=17/07/2019

3 The minimum acceptable diet is a composite indicator that measures if the nutritional needs of a child are met both in terms of diversity and frequency).

The population has difficulties in accessing healthcare facilities due to cost of transportation; cost of health services; and difficulties crossing checkpoints.⁴

To address these and other key maternal, infant and young child health and nutrition (MIYCHN) practices and the high rates of anaemia, there is a need to understand the facilitating factors as well as the barriers to practicing these behaviours that exist in these complicated environments. Therefore, WFP and UNICEF, in consultation with their Regional Nutrition and Health Advisors, jointly identified six behaviours to focus on for this study. The six behaviours were selected because they are promoted through the Ministry of Health (MoH), UNICEF, and WFP programmes among Palestinian women. However, there has been little improvement to date. The behaviours explored were: 1) Exclusive Breastfeeding, 2) Continued Breastfeeding, 3) Minimum Dietary Diversity, 4) Feeding Frequency, and 5) & 6) Consumption of high-iron⁵ foods for pregnant and lactating women, and children 2-5 years old. Behaviours 1-4 were selected by UNICEF and behaviours 5-6 by WFP.

To gain an in-depth understanding of these behaviours, a mixed-methods research approach was taken, including Barrier Analysis (BA) questionnaires and in-depth qualitative interviews in both the West Bank and Gaza Strip.

METHODS:

The BA was initially conducted in the West Bank. Based on learnings from conducting the BA in the West Bank, some changes to the methods were then made to the data collection in the Gaza Strip. The differences are detailed below.

Barrier Analysis

The BA is a rapid assessment tool used to identify the factors that are preventing a target group from adopting a preferred behaviour. BA studies allow for exploration

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