**Maternal Health & Nutrition Status in Palestine**

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Maternal health and nutrition faced different challenges with in the Palestinian health system. The status of reproductive health and the provision of reproductive health services Palestine are shaped to a very large extent by the current political situation, characterized by ongoing conflict, continued closures, and varying degrees of siege. The resulting rise in poverty and mobility restrictions have a significant impact on women's health status, women's access and ability to receive health care, and on the quality of the services that they receive.

It is a well-known fact that socioeconomic conditions impact health status through a variety of mechanisms and intermediate determinants, including access to health services and the ability to secure resources such as nutritious foods and medications.

Since the start of the Second Palestinian Uprising (*Intifada*) in September 2000 and the large-scale Israeli re-invasion of Palestinian towns and villages in 2002, unemployment (now estimated at 34.3%) and poverty levels in Palestine have reached an almost unprecedented high, and living conditions have deteriorated sharply (Bessuges and Sellwood 2005). Severe mobility restrictions, in the form of a network of almost 700 checkpoints, roadblocks, and other fixtures have limited people's abilities to reach their work places, schools, and universities, seek health care services, or pursue other semblances of normal life (Bessuges and Sellwood 2005).

Due to lack of standardized definitions and bad documentation practices, the true maternal mortality rate (MMR) of WBG, which is one of the most important maternal health indicators is debated (from 13-70, per 100,000 live child birth), but appears to be at the level of upper middle-income countries rather than that of neighboring countries). Early pregnancy, short birth intervals, anemia, and poor quality of healthcare are underlying causes of maternal mortality.

The percentage of pregnant women using ANC services is very high and more than 80%

of pregnant women made 4 or more antenatal visits (median 6) but the timing of these visits (around half go after the end of the first trimester) and the quality of antenatal visits remains a real challenge. For instance, only 16% of women identified lack of fetal movement as a danger sign during pregnancy.

Maternity facilities providing birth services are relatively well distributed in WBG however, with the current situation of hundreds of checkpoints and frequent closures, their distribution does not ensure access, as villages may be cut off from towns and cities. The vast majority of deliveries took place in hospitals with a percentage of 84.0% while deliveries outside hospitals took place with a percentage of 16.0% including the 4.1% of deliveries which took place at home. A number of quality issues in childbirth services are identified from the available literature such as high rate of CS (14%), early discharge after labor, instrumental labor, induction, lack of standardized practices.

Regarding postnatal care, almost two thirds of women (65.5%) in Palestine are not receiving any postpartum care (PPC). This remains at an unacceptable in spite of progress made over the last 10 years (in 1996 it was 19.7%). The limited utilization of services is noted despite the fact that women report high morbidity after childbirth (PCBS 2001).

Total fertility rate (TFR) in Palestine has decreased in recent years but remains high, and higher than in neighboring countries (5.6). Less than half of all women in WBG reported using contraceptives. This represents a moderate level of unmet needs particularly in Gaza. The most popular family planning method used by new clients in WBG is IUDs 34,8%, followed by the pill (34.3%, and condoms (21.7%). Unlike other MCHN services, 70% of current users reported having received family planning counseling.

Anemia is a prevalent and important public health problem among pregnant women with prevalence ranging from 21% to 31%, and can be as high as 70% in the postpartum of high risk pregnancies. Only half of those anemic women (53.5%) receive iron supplementation and 43.6% received folic acid.

The available information guided Hanan project to strategically focus on antenatal care, natal care, postnatal care, maternal nutrition, birth spacing, and sexually transmitted diseases.