The Palestinian National Authority Report on the Implementation of the Convention on the Rights of the Child in the Occupied Palestinian Territory
The Palestinian National Authority
Report on the Implementation of the
Convention on the Rights of the Child
in the Occupied Palestinian Territory

December 2010

Save the Children
www.savethechildren.org.uk

The Palestinian
Central Bureau of Statistics
www.pcbs.gov.ps

This document has been produced with the financial and technical assistance of
Save the Children UK and Save the Children Norway
ACKNOWLEDGEMENTS

We extend our deepest respect and indebtedness to the children of Palestine. In visits to schools, clinics, hospitals, orphanages, rehabilitation/reform centers, child disability centers, vocational centers, child protection centers, holding cells, and on the street, we were welcomed and allowed an insider’s view into their thoughts, perceptions, and dreams of what Palestine is and can be. Their insight, experience, and wisdom have guided us in determining the way forward. They are true partners in the process of ensuring rights are met and should be heard at every level of society.

This report presents the joint work and efforts of the Palestinian National Authority. It would be impossible to thank individually every person who has contributed to drafting, executing and enforcing laws for the well being and rights of Palestinian children. Staff from the Ministries of Justice, the Higher Judicial Council, the Office of the Attorney General, and the Diwan al-Shari’a have all been instrumental in working towards achieving better conditions and rights for our children. Their efforts and contributions are appreciated and duly noted throughout the preparation of this document. The Ministers and Ministries of Culture, Education and Higher Education, Health, Interior, Labor, Social Affairs, and Youth and Sports have been committed partners in identifying not only progress made in achieving rights, but more importantly pinpointing the gaps where the rights of children are still lacking or amiss. Their support in identifying ways forward in achieving children’s rights is at the crux of this report. Gratitude is extended to all of the ministry staff at the district level who participated in discussions, shared data and information, and attended site visits to centers caring for children.

Discussions with numerous non-ministerial agencies and non governmental bodies have enriched the depth of analysis in reviewing each of the articles pertaining to children’s rights. Particular thanks are extended to members of the Palestinian Legislative Council, the Independent Commission of Human Rights, Palestine Broadcasting Corporation, Universities, Palestinian Standards Institute, the Paralympic Committee, and Defence for Children – Palestine Section, UNICEF, UNRWA, and Save the Children who gave of their time, reports, and efforts to support us in defining rights and violations pertaining to children and families.

My colleagues in preparing this report, Ms. Lubna Iskander and Ms. Iman Barghouthi are commended for their diligence, patience, and proficient skills in research, analysis, and writing this report. Without their efforts this report would not have materialized. We worked in full cooperation and coordination with the Palestinian Central Bureau of Statistics. Ms. Ola Awad, President of PCBS, was instrumental in ensuring that all information and data available were used to identify progress and gaps on children’s issues. This work was spearheaded by Mr. Khaled Abu Khaled, Ms. Faten Abu Kara’a and Dr. Selwa Massad at PCBS.

This report would not have been possible without the technical and financial support and guidance provided by Save the Children UK. Special appreciation is extended to Ms. Salam Kanaan and Save the Children staff who provided technical assistance in preparing this report. Their commitment to support a child rights based society in Palestine is to be commended.

Cairo Arafat, CRC Researcher
This document presents the efforts of the Palestinian Central Bureau of Statistics in cooperation with Ministries of Culture, Education and Higher Education, Health, Interior, Justice, Social Affairs, Youth and Sports, and other relevant government agencies to ensure steps are taken towards meeting the standards of the Convention on the Rights of the Child which is a vital instrument for safeguarding children’s rights at local, national and international levels.

The government’s program targets policies, practices, and services made available to all of the Palestinian community, young and old alike, to live in peace, freedom, and dignity. The children in Palestine are almost half of the population and their rights and opportunities are considered a major priority. Accordingly, the Government is implementing a continuous development agenda for the Palestinian children. This has encouraged our efforts to work towards realization of children’s rights. It also underpins our policy on all of their basic needs including education, social welfare services, and health. As explained in the report, the Palestinian National Authority has made good progress in safeguarding children’s rights. Nevertheless, the process poses a number of challenges.

The Israeli occupation is a direct violation of our children’s right to be safe and protected. It prevents them from interacting with one another and with other communities across the Palestinian Territory. It discriminates, victimizes, and is prejudicial against children living in the West Bank including East Jerusalem and Gaza. We believe that all children, regardless of their race, religion, color, gender, or nationality, deserve to be treated equally and with dignity and tolerance for all.

This has required the government to take all possible actions in its capacity to protect our children from the brutality, inequity, and abuse of the occupier. This has been particularly challenging due to the continued closure imposed on Gaza, the continuing expansion of Israeli settlements and the Separation and Annexation Wall, and the continued depopulation and attacks against East Jerusalemite families. These situations have strengthened our resolution to challenge these injustices by instilling justice, equality, and respect within our own laws, policies, and practices.

This is amply demonstrated by the government’s consistent and increasing investment in children’s health and well-being, by ensuring that each child has a seat in school, and by educating parents, service providers, and the general community on the importance of respecting the child’s dignity and protecting them from all forms of abuse, violence, and exploitation.

This report provides us with a map of where we are in implementing the Convention on the Rights of the Child and more importantly highlights key recommendations that the government will be taking into consideration as it continues on its path of establishing the sovereign State of Palestine. Improving and expanding our health services throughout the country for all children is a key goal we will continue to work towards. Investing in enhancing educational and cultural opportunities are the engines that will allow children to reach their full creative and cognitive potentials. Enhancing support for families to continue to provide a safe, protective, and nourishing environment for children is the bedrock that will allow children and society to continue to flourish. These programs are at the heart of the government’s plans and vision for a Palestinian State. Children are the heart of Palestine.

Ms. Ola Awad
President of the Palestinian Central Bureau of Statistics
## ACRONYMS

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<td>BZU</td>
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<td>CAP</td>
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INTRODUCTION

1. The Palestinian National Authority (PNA) and Save the Children UK are pleased to submit the PNA’s initial report concerning the implementation of the Convention on the Rights of the Child (Convention). This present report shall provide comprehensive information on the measures the PNA has taken to implement the provisions of the Convention.

2. The PNA takes seriously its commitment to children’s rights. In 1991, the Palestinian Liberation Organization President Yasser Arafat ratified the Convention and subsequently in 1995, on the occasion of Palestinian Children’s Day further endorsed the Convention as a binding and applicable legal document that should guide practices within the occupied Palestinian territory (OPT) for all Palestinian children. PNA commitment was reaffirmed by President Arafat at the UN General Assembly Special Session for Children in May 2002.

3. The OPT comprises the West Bank, East Jerusalem and Gaza Strip; regions that were occupied by the State of Israel after the six-day war of 1967. The PNA does not have full jurisdiction over any of these areas and was established as a temporary administrative body responsible for negotiating the permanent status issues which would lead to a final settlement with Israel. According to the Oslo Accords the PNA was granted various levels and limited degrees of self rule by region and sector. Hence, so called Area A (urbanized areas) could be administered by the PNA in the areas of health, education, culture, taxation and tourism, while Areas B and C remain under complete Israeli control. (see Annex 1)

4. The OPT is not a homogenous, integrated, and contiguous territory. It is physically fragmented by an Israeli closure regime; the presence of the Israeli Wall of Annexation and Expansion (herein after referred to as “the Israeli Wall”) which illegally cuts through Palestinian lands in Areas A, B, and C and prevents free access of people to their homes, lands, work, schools and other services, and a restrictive closure regime that includes over 500 checkpoints and blocked off areas.

5. Israel’s occupation undermines the sovereignty and capacity of the PNA to exercise control and authority over many aspects of people’s lives. The PNA is deprived of any sovereignty over its borders, lacks control and access to its own natural resources, has no contiguous land continuity that allows residents to travel freely within the country, does not have full monopoly over security and police arrangements, and does not even have the right to unilaterally grant nationality and/or identity to its own people.

6. Israel has been a signatory to the Convention since 1991 and has ratified the Convention. The general principle of non-discrimination defined in Article 2 of the Convention entails that Israel is obligated, responsible and should be held accountable for administering the Convention within the OPT. The Committee on the Rights of the Child (2002) stated that Israel is obligated to report on all children under its jurisdiction, including Palestinian children living in the OPT, until such time as they fall under the status of a different State Party.

7. Israel does not respect and ensure the rights set forth in the present Convention within the OPT. Rather, Israel continues to implement military orders against the Palestinian population, applies discriminatory practices between Israeli and Palestinian children, and violates the rights of Palestinian children.

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1 The OPT remains under occupation by Israel and does not have the rights, duties, responsibilities, and authority of a Sovereign State. As such, it cannot enter into the convention under international law.

2 On September 13, 1993 representatives of the State of Israel and the Palestine Liberation Organization (PLO) signed the “Declaration of Principles On Interim Self-Government Arrangements”, a document also known as the “Oslo Accords”. This agreement was the fruit of secret negotiations between Israel and the Palestinians, represented by the PLO, following the Madrid Conference in 1991. The Oslo Accords contain a set of mutually agreed-upon general principles regarding a five year interim period of Palestinian self-rule. So-called “permanent status issues” are deferred to later negotiations, to begin no later than the third year of the interim period. The permanent status negotiations were intended to lead to an agreement that would be implemented to take effect at the end of the interim period. www.palestinefacts.org/pf_1991to_now_oslo_accords.php

3 All areas and Palestinian residents (excluding Israeli settlers) of the OPT remain subject to Israeli military orders; the Israeli government through the Israeli Defense Forces (IDF) still imposes governmental, legislative and administrative control and power over Palestinians.

4 The International Court of Justice (2004) decided that “Israel cannot rely on a right of self-defense or on a state of necessity in order to preclude the wrongfulness of the construction of the wall”. The Court found that “the construction of the wall, and its associated régime, are contrary to international law.” International Court of Justice, Advisory Opinion, 9 July 2004. www.icj-cij.org

within the OPT through a wide range of actions that infringe on all articles in Part I of the Convention excluding articles 11 and 21, for which no data is yet available.

“Israel’s grave human rights violations in the OPT stem to a large extent from its refusal to recognize the applicability of international humanitarian and human rights law to the OPT. All relevant bodies, including the High Contracting Parties to the Geneva Conventions, the UN General Assembly, the Security Council and the International Court of Justice have repeatedly reaffirmed the applicability of the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War to the OPT. Israel’s position that its international human rights treaty obligations do not apply in the OPT has also been rejected by the UN treaty bodies and by the International Court of Justice.”

Israel should comply with its obligations under humanitarian and human rights law in the OPT. Israel/OPT: Amnesty International Submission to the UN Universal Periodic Review (December 2009)

8. This report fully acknowledges that Palestinian children’s rights cannot be studied without examining the direct impact of the 1,500 Israeli military orders that are applied against Palestinian adults and children alike. Nor does it ignore the Occupying Power’s acts of discrimination between Palestinian and Israeli children in all spheres of their lives. However, a review of these violations will remain within the purview of the Alternative Report that is currently being prepared in response to the second Israeli periodic report on the Convention that was submitted in June 2010.

Report Scope

9. This report focuses on the PNA’s implementation of the Convention within the range of its control. The PNA has established an internal legal framework for the OPT that will be part of the anticipated Palestinian State’s law. The present legal system applies to Palestinians within the OPT but can be overridden by the occupation. Moreover, the PNA maintains police and security apparatuses that are responsible for enforcing these laws unless prevented to do so by the Israeli occupation.

10. There are multiple political and legal jurisdictions throughout the OPT. This includes inter alia different laws and policies being applied to Palestinian children residing in East Jerusalem (Israeli laws and regulations); West Bank (PNA laws and Israeli military orders); and in Gaza (Hamas de facto government decrees, Egyptian laws, and Israeli military orders.) This complicated situation has negative impacts on the ability of the PNA to enforce laws and regulations because it currently lacks geographic, political and legal sovereignty over large portions of the OPT and its population.

11. The current report will examine the role of the PNA in implementing the Convention suspending any consideration of the dissonances and violations that relate to the presence of the occupation, unless otherwise specified.

Report Preparation

12. The Palestinian Central Bureau of Statistics (PCBS) has taken the lead in coordinating the preparation of this national report in cooperation and coordination with relevant line ministries and with the support of Save the Children UK and Norway.

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6 The PNA has been a partner in working towards children’s rights for a number of years. In 1995, President Yasser Arafat endorsed the establishment of the Secretariat for the National Plan of Action for Palestinian Children which based its work on the Convention and a rights-based planning framework for children. This organization worked under the umbrella of the Ministry of Planning and International Cooperation and was directed by a Steering Committee composed of seven line ministries, 3 non-governmental agencies, United Nations Relief and Works Agency (UNRWA) and the United Nations Children’s Fund (UNICEF). The Secretariat has now been streamlined and dissolved within the Ministry of Social Affairs (MOSA). There are currently underway discussions for establishing a National Council for Children’s Rights that will most likely be housed within a senior executive office of the PNA. In the meantime, the Palestinian Central Bureau of Statistics (PCBS) has taken the lead in coordinating the preparation of this national report in cooperation and coordination with relevant line ministries and with the support of Save the Children UK.
13. This report represents in effect the initial Palestinian report to the Committee on the Convention of the Rights of the Child and covers the last five years (2006-2010) of the PNA's implementation. The PNA has taken a number of years to formulate and put into effect the laws, policies, services, infrastructure and programs that could be attributed to addressing the rights of children. By 2000, the second intifada erupted following continued closure regimes and provocations by the Israeli government against Palestinians. This resulted in a period of emergency and crisis within the country that remained until early 2004. During 2005 and 2006, Palestinian residents held Presidential and Parliamentary elections that resulted in the election of President Mahmoud Abbas and a Hamas majority Parliament. This report covers the period directly falling on the heels of these elections and covers all areas of the OPT.7

14. The PCBS has been the primary coordinating body in preparation of this report. They have provided the essential data and statistics to support monitoring of children’s rights within the country and have provided the forum for integrated committee meetings between relevant line ministries. The Ministries of Education, Youth and Sports, Health, Social Affairs, Interior, Justice, and Culture are the primary agencies that have been involved in the preparation of this report.

Methodology Employed in Preparation

15. The existing research on each of the specific Convention articles and their implementation (law, cases, measures, data, analysis), and on each specific right accorded to Palestinian children by the PNA was collected and reviewed by representatives of the PNA, Save the Children UK, and other NGO representatives.

16. A standardized questionnaire (Convention survey) was distributed to 125 eligible professionals working and/or caring for and with children in the public sector and within civil society in the West Bank (116 replied.) The questionnaires inquired about threats to children’s rights and sought to ascertain data about the threats perceived and experienced by these individuals in the field of child rights. The questionnaires also requested the clarification of information obtained through statistics and site visits to child related organizations and services. The results obtained from these questionnaires provided guidance for future areas of investigation. Annex 2 provides a summary of the main findings of the study.

17. Over one hundred semi-structured interviews were utilized to address targeted professionals and stakeholders on questions related to law cases, measures, data and analysis. The questions asked were specific to interviewee’s specialization. Some interviews were with individuals and others were with groups of specialists.

18. Focus groups with children were held in 2 elementary, 2 preparatory, and 2 secondary schools with equal balance of boys and girls schools in the West Bank. Focus groups averaged 10-15 students per group and were used to establish a general idea of the threats children experience and perceive. These groups provided an environment to analyze what issues influence children the most and gave guidance for future areas of investigation. Data from studies conducted by relevant line ministries on children’s perceptions are used throughout the report to document children’s understanding of their rights.

19. Case studies focus on children in particularly difficult circumstances—to show where the various protective systems have failed them and to understand child rights violations more thoroughly. Standardized services like education, health, summer clubs, and protection were analyzed individually. Case studies were obtained through direct interviews with children by the primary researchers and those collected in cooperation and coordination with line ministries and/or Save the Children UK staff.

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7 Since late 2005, the Israeli government has imposed an illegal and inhumane blockade on the Gaza Strip. This embargo has placed serious and debilitating restrictions on the movement of people, goods and services into and out of Gaza. The overall effect of this embargo has resulted in de-development of the Gaza Strip, high poverty and unemployment rates, a collapse of the private sector and economy, and a severe humanitarian crisis which has resulted in decreasing health, education, and protection for children. The continued conflict between the PNA and the Hamas de facto government in Gaza has led to dual systems being established and only minimal contact and transfer of information between both parties. This situation has limited the availability of information and data from the Gaza Strip. However, the PNA continues to provide full budget support to Gaza.
20. Committee review meetings\(^8\) were set up to periodically review the report writing process and interim results. These panels also provided a general forum to discuss issues relating to child rights. These meetings were organized on a regular basis in order to obtain data directly from agencies, compare data and information with that available at PCBS, and to discuss laws, policies, and programs being implemented for children.

21. On June 7, 2010 a national workshop was organized by Save the Children UK and the PCBS to share initial findings on the implementation of the Convention by the PNA. The workshop was attended by representatives from key ministries within the PNA, key UN agencies working on children’s issues, UNRWA, and representatives from civil society agencies working on children’s issues and human rights. Summary documents were prepared on general measures of implementation/legislation and policy, health, education, protection and participation of children. Government agencies all highlighted the importance of finalizing the document in order to re-establish a national strategy for children’s rights within the country. See Annex 3 for a summary of the workshop and recommendations. This workshop was a follow up to a number of workshops held internally within specific ministries to review the situation of children’s rights in their specific sector.

**Report Structure**

22. This report has adopted the form and structure detailed in the Committee’s guidelines (CRC/C/58/Rev.2). This report is in principle an initial report to the Committee which will cover the period of 2006-2010 and specifically addresses PNA actions to and information pertaining to measures adopted to put into effect the Convention, progress made to date, obstacles and difficulties faced in implementing the Convention, and specific recommendations that are proposed to improve the situation of children’s rights within the OPT.

23. The report is composed of seven main sections in accordance with the recommended format requested by the Committee on the Rights of the Child (CRC/GC/2003/5; November 2003). These sections will target specific information, data, progress and difficulties within each of these realms and provide recommendations that the PNA has identified will facilitate improved protection of children’s rights.

24. The eight main sections of the report are: (1) General measures of implementation; (2) Definition of the child; (3) General principles, (4) Civil rights and freedoms; (5) Family Environment and alternative care; (6) Basic health and welfare; (7) Education, leisure, and cultural activities; and (8) Special protection measures.

25. Each section will include relevant information pertaining to Palestinian children residing within the West Bank including East Jerusalem and Gaza. However, it should be noted that national information regarding Palestinian children within the Gaza Strip has not been readily available during the last three years in many sectors. The de facto Hamas government does not make available reliable data and information on health, education, protection, and participation of children and the information cannot be separately verified by PCBS. Some data has been made available by civil society agencies, international agencies and other partners working in Gaza; however, the data is not national and cannot be included as a key source of data for this report. The PCBS continues to gather information when possible from Gaza through contacts with line ministries and when available this data has been included in the report.

26. Information pertaining to refugee children was included at all levels of this report. UNRWA\(^9\) has the primary responsibility for provision of health, education and basic protection services within refugee camps and to all refugees residing within the OPT. However, all children (refugee and non-refugee

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\(^8\) This included regular meetings and follow up with PCBS, the Ministries of Education and Higher Education, Youth and Sports, Health, Social Affairs, Interior, and Culture.

\(^9\) UNRWA was established by UN General Assembly Resolution 302 (IV) on 8 December 1949 and began work in May 1950. It has the mandate to provide assistance, protection and advocacy for almost 5 million registered Palestine refugees in Jordan, Lebanon, Syria and the occupied Palestinian territory. The UN GA regularly renews the UNRWA mandate pending a solution to the plight of the Palestinian refugees. Their current mandate is until 11 June 2011. The laws of the host country are applicable to the refugees in each of the respective countries mentioned above.
alike) are considered residents and laws, policies, regulations, and service criteria are applicable for all. The PNA and UNRWA work closely in coordinating their services in order to ensure that all children receive the services stipulated under the law and to reduce gaps and redundancy in service delivery mechanisms.
I. GENERAL MEASURES OF IMPLEMENTATION
   (Articles 4, 42 and 44, para.6 of the Convention)

A. Legislation

1. The PNA has put in place a substantial body of legislation since 2000\(^{10}\) which serves to further enshrine in law the well-being and rights of children. This legislation encompasses the principles of the Convention and creates an effective national framework to support positive outcomes for children. The most important of these are article 29 of the Amended Palestinian Basic Law 2003 and the Palestinian Child Law of 2004.

2. Due to numerous occupations, the OPT legal system contains a myriad of laws adopted from various periods including the Ottoman Empire, the British Mandate period, Jordanian Laws (specifically relating to the West Bank), Egyptian Laws (specifically relating to Gaza), Israeli military orders, and PNA laws that are still in effect. These outdated, mostly “non-rights” based laws undermine the ability to adjudicate child’s rights which leads to violations of some children’s rights when they come into contact with the judicial system. This is most notable regarding juvenile justice which is legislated through a 1954 Jordanian law. The current legal system is further complicated by the presence of the Family Law/Personal Status Law which is under the jurisdiction of Islamic or Christian religious courts and handles some issues relevant to children (custody, inheritance, orphans.) However, the Amended Palestinian Basic Law and the Palestinian Child Law of 2004 override all preceding decrees.

3. Article 29 of the Amended Palestinian Basic Law (2003) highlights the issues pertaining to basic rights of children. It states:

   Maternal and childhood welfare are national duties. Children shall have the right to:
   i. Comprehensive protection and welfare.
   ii. Be free from exploitation of any kind, including work that might damage their safety, health or education.
   iii. Protection from harmful and cruel treatment.
   iv. Be free from abuse…Not to be subjected to beating or cruel treatment by their relatives.
   v. To be segregated – in cases where they are sentenced to a penalty that deprives them of their freedom – from adults, and be treated in a manner that is appropriate to their age and aims at their rehabilitation.

4. The Palestinian Child Law No. 7 of 2004 (PCL) is strictly based on the Articles of the Convention. For the purpose of the discussion of CRC/C/15/Add.188: Para. we highlight the following duties and rights provided by the Law:

   Article 3 provides for non-discrimination, equal rights for all children, and the best interests of the child:
   i. Every child shall enjoy all rights stipulated in this Law without any form of discrimination, irrespective of their race, color, religion, national, religious, or social affiliations, or their wealth, disabilities, birth, parentage, or any other types of discriminations.
   ii. The State shall take all suitable measures to protect and safeguard children from all forms of discrimination in order to secure actual equality and benefit from all the rights stipulated in this Law.

5. The Palestinian Child Law’s objectives are:
   a. To improve and advance childhood in Palestine with its distinguishing context and characteristics.

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b. To raise the child to be proud of his or her national and religious identity and devotion to Palestine, as a land, history and people.

c. To prepare the child for a free and responsible life within a civil society in which solidarity rules (rule of law, fair judicial proceedings) based on awareness of rights and commitment to duties, and in which the values of equality, tolerance and democracy prevail.

d. To protect the rights of the child to live, grow and to enjoy a free, secure and developed life.

e. To raise awareness within society on the rights of the child on the widest scale through use of effective and appropriate means.

f. To involve the child in all fields of social life in accordance with his or her age, maturity and developed capacities, so that the child may grow on attributes of love for work and initiative, the ethics of legal earning, self-support, and the spirit of self-reliance.

g. To raise the child to uphold sublime moral values, particularly respect for his or her parents, family and social environment.

h. To give consideration to:

1. The best interests of the child in all actions, whether undertaken by legislatures, courts of law, administrative authorities, public or private social welfare institutions.

2. The mental, psychological, physical, and moral needs of the child, in accordance with his/her age, health, and other sources of legislation.

6. The alignment and harmonization of all national legislation with the Convention are still at an early stage. This is due to the situation in Palestine in which the PNA has had to establish new institutions to guarantee the rule of law. No PNA institutions existed prior to 1994. For alignment and harmonization to take place there must be basic rule of law. Bir Zeit University’s Institute of Law conducted a study in coordination with the PNA/Child’s Rights Protection Unit on the legal context of the Palestinian Child Law (2004) in which they noted that basic elements necessary for rule of law and execution of the law were still not in place. This ranged from lack of legal resources, inappropriate infrastructure, lack of human resource training programs, non-inclusion of the child law in law school curriculums to the impediments (lack of sovereignty) imposed by the Israeli occupation. The Palestinian legal system has a number of constraints and weaknesses which undermine the ability to adjudicate child’s rights and which lead to violations of children’s rights at any point in which children should or do come into contact with the judicial system.11 The lack of specialized courts, judges, and lawyers specifically trained on children’s issues and procedures is a key weakness that needs to be addressed.

7. The PNA has prioritized enhancing rule of law within the country in the Palestinian Reform and Development Plan 2008-2010. This includes substantial investments in establishing courts, specialized training for judges, public prosecutors, and legal personnel, developing forensic medicine and crime investigation capacities, and providing legal support for persons in need. In the 13th Government Program, Ending the Occupation, Establishing the State (August 2009), the PNA has committed itself to:

…finalize the ongoing comprehensive review of the Palestinian legal and regulatory framework. It is essential that this review and modernization of the legal framework is taken forward in a coordination fashion, sector by sector, through full consultation between all relevant government, civil society and private sector institutions. We are also working to build effective justice sector institutions to ensure that all laws, regulations and procedures are consistently applied and enforced throughout Palestine.12

8. The Reform and Development Plan (PRDP) 2008-2010 has no specific reference to child rights based planning or interventions. However, some positive activities of the Plan included the establishment of one specialized court for children in Gaza, but currently the premises are being used for adult and child judicial proceedings. Within the West Bank, the Ministry of Justice in cooperation with the High Court

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of Justice have agreed to conduct child cases within existing courthouses, however measures are taken to provide for confidentiality and privacy relevant to the child and his/her family. There are currently no specialized courthouses, judges or prosecutors in juvenile justice or for children in general.

9. In June 2010, the Ministry of Justice (MOJ) established a human rights unit mandated to examine the application of children’s rights within the judiciary and propose necessary measures to ensure, guarantee, and protect children’s rights to fair proceedings based on application of the PCL and other laws within the country. The unit is in an initial phase of organizing its work.

Gaps in Legislation and Recommended Amendments

10. The Palestinian Child Law No. 7 of 2004 provides a more comprehensive approach to ensuring children’s rights and supersedes previous legislation pertaining to children. But it still has proven to be inadequate at many levels. The PNA is aware of this and requested a full review of the law by the Bir Zeit University Institute of Law in 2008 to provide a comprehensive analysis of the law and its alignment with international standards and the Convention.

11. A number of general weaknesses persist with the PCL and its execution.

- It lacks clarity and definitions for many of the general principles mentioned in the Convention – best interests of the child, non-discrimination, equal rights for boys and girls.
- The articles declare the obligation of ministries to carry out their responsibilities, but do not clearly specify what these obligations and commitments are in a well defined and standardized manner.
- Included is mention of establishing a national body for child’s rights, but its function and where it would sit within the government structure is absent.
- The role of the MOSA as the body responsible for providing child protection is not well defined and obligatory.
- The need for a child’s ombudsman office is not stipulated.
- The PCL does not provide enforcement or implementation mechanisms.
- The lack of adequate and sufficient human and financial resources to back the execution of the law is a further limitation.

12. The Child’s Rights Protection Unit (CRPU) within the Ministry of Planning, and with the support of UNICEF, initiated a full review of the PCL, its harmonization with other Palestinian laws, its fulfillment of the rights outlined in the Convention, and appropriate mandates of government institutions in 2007. The document was prepared in cooperation with relevant line agencies that functioned as a steering committee. Based on the findings of this report, the steering committee recommended that immediate steps be taken to amend the PCL in order to ensure that mandates and responsibilities of ministries were clearly in line with the articles of the PCL and that the age of criminal responsibility be increased. Annex 4 includes the prepared draft amendments (3 September 2009) that have been approved by the Cabinet and that have been presented to the President for endorsement and eventually to be submitted to the PLC for review and adoption.

13. The reasons given for amending the PCL included a need for greater clarification on the role of the MOSA in order to allow the Ministry to proceed in finalizing its bylaws and procedures for child protection, to harmonize PCL definitions and criteria with existing legislation and align them with international treaties and Conventions, and to ensure that higher standards of care, protection, and services are provided for in the law to ensure greater protection and implementation of children’s rights within the country.

13 Israeli military orders are still applied in all areas of the OPT and represent serious violations of children’s rights in arrest, detention and imprisonment of Palestinian children.

14 BirZeit University Institute of Law (2008). Harmonizing Palestinian Child Law with Relevant Legislation. This research was commissioned by the Ministry of Planning and supported by UNICEF.

14. Specific changes requested in the amendment include:

• Clarification and specific details on the roles, responsibilities and mandate of the MOSA child protection officer,
• Definition and roles and responsibilities of “specialized judges” for child cases,
• Specific detail on the establishment of a National Child’s Rights Commission, its roles, functions and responsibilities,
• Criteria for enhancing levels of health, education, and social services that the state must provide for children,
• Specifying penalties, and punishments for acts in violation of the PCL articles,
• Strengthening terminology, for example ‘investigate’ instead of ‘review,’ or ‘interview’ instead of ‘call in,’ ‘State’ instead of ‘authorities,’ as well as better defining terms of care, protection, alternative care, foster care, and kefaLeh16,
• Ensuring the child’s right to be heard and to have his/her opinion taken into consideration in any legal action that is of relevance to the child according to their age and level of development,
• Raising the age of criminal responsibility from 9 to 12 years,
• Defining the relationship and role of other stakeholders in children’s rights and the National Child Rights Commission, and re-affirming the role of the Cabinet in endorsing all ministry bylaws relevant to the PCL.

15. If endorsed by the President, the amendment to the PCL will require a full review of existing legislation pertaining to children to ensure they are harmonized and in line with the Convention and other existing state legislation, in addition to increasing the age of criminal responsibility from 9 to 12 years, establish a National Council for Child’s Rights, and clearly identify state agency mandates, duties and responsibilities in ensuring children’s rights.17 This overview should be done by a competent committee of experts and means of execution of the law should be taken into consideration.

16. Currently, the Palestinian judicial system has no Administrative Court to which an individual can bring cases of rights violations perpetrated by the State. The High Court of Justice has been delegated with the jurisdiction to act as an Administrative Court until one is formulated. “However, few cases of this nature have been brought before the High Court of Justice, and there is no precedent for the case of a child or child’s representatives seeking a remedy before the High Court of Justice for State violations of his/her rights.”18 This situation exemplifies the importance of an active Child Ombudsman office that can take action to protect the rights of children in the absence of functioning administrative courts.

Challenges in Implementing Legislation

17. The realization of, respect for, and enforcement of the rule of law is inhibited by a wide range of factors that yield potent legislation ineffectual. Respect for rule of law is not the historical Palestinian experience. Rather, Palestinian citizens are used to the chaos and discriminatory practices of the Israeli occupation and the iron fist of military orders. Although there is a Basic Law, there is no Constitution that solidly protects human rights. in the absence of a functioning PLC, the Cabinet and OoP have enacted laws and amendments. Consequently, human rights are sometimes sidelined by political and economic agendas. Local expertise in defending children’s rights is minimal, and thus the executive branch is rarely challenged. Lastly, the Israeli occupation has created an environment where the struggle to provide for the basic necessities in life precludes other considerations such as ensuring legislation is followed, and that the rights of children are protected. A proper system of checks and balances is thus lacking in the OPT.

16 Islamic law does not allow for adoption per se. Families can assume guardianship over a child in which the family in effect “adopts” the child into their family, but the child does not take the paternal or grandfather’s name of the family, nor do they have full inheritance rights as stipulated by law.
17 In the absence of a functioning PLC, the President’s Office has the authority to pass legislation and amendments which will subsequently be reverted to the PLC when it reconvenes for formal adoption (and/or rejection.)
18. The PNA has invested heavily in improving the conditions necessary to fully apply rule of law within the country. However, implementation and execution of rule of law remains difficult due to a number of reasons that range from lack of fully trained judges, lawyers, prosecutors, inadequate infrastructure, non-functioning Palestinian Legislative Council19, multiple concurrent systems (civil, criminal, security, religious courts and systems), and the inability of PNA to rule in Area C and presently in Gaza20. Furthermore, although legislation has been passed on children’s rights (PCL) it is not yet widely applied within the judicial system and in part this is due to the aforementioned problems regarding the rule of law which is still inadequate within OPT.21

19. The situation is further complicated by the independence of the religious and civil courts. According to Article 101 of the Basic Law, religious and personal status issues fall under the jurisdiction of religious courts (Shari’a courts for Muslims and Christian courts for Christians according to denomination). While the Chief Islamic Justice in OPT has the rank of Minister, the religious courts are not subject to oversight by the judicial system. Hence, the religious judges are not required to apply the PCL or other pertinent laws within the judicial system in matters under their jurisdiction.

20. Within the religious court systems, children do not have the right to address the court and their testimony and statements are not required when taking decisions regarding them. However, in 2009, the Chief Islamic Justice Tamimi disseminated an internal memorandum addressing all Islamic religious judges to review and take into consideration the Palestinian Child Law when dealing with children’s issues. Although this memorandum is not binding, it provides an indication that improved justiciability of children’s rights within religious courts is possible. The PNA needs to undertake a review of custody, maintenance22, and inheritance rights for children in order to ensure that the child’s best interest is met. Currently, the laws applied do not take into consideration the child’s views and opinions and custody issues are based on age and gender factors disregarding the best interests of the child to remain in contact with both parents.

21. It is important to note that informal justice systems still exist within the country. These informal dispute resolution methods seek to negotiate personal rights. They are referred to as conciliation forums “sulh”23 and are usually employed even in cases that usually end up in the formal system. Many cases of violations of children’s rights (abuse, labor, assault) are also handled through sulh processes. In most of these settings, the child is not present and it is the rights of the family that are negotiated and the best interests of the child are not the central focus of attention.

22. The resolution of children’s cases usually takes place in informal settings where “elders” usually meet to agree upon the definition of the violation and actions and penalties are decided upon in which the voice of the child is usually never even heard. In many instances, mediators usually succumb to the demands of the stronger party (large, powerful families) who may command greater resources and influence. The MOSA and police have also noted that the majority of cases regarding children are usually resolved through these types of informal justice mechanisms. There is no written documentation of such proceedings and decisions taken. The MOSA, police and justice system are currently discussing means of establishing a database that would record the incidence of such cases and track them. However, there

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18. The Palestinian Legislative Council has not been meeting since mid 2006 following the arrest and imprisonment of many parliamentarians by the Israeli government.

19. The presence of the Hamas de facto government in Gaza has resulted in the promulgation of new laws, decrees, bylaws and regulations which are not in line with laws in the West Bank. This will lead to further dysfunctioning of the legal system when the two regions are once again unified.

20. In a 2005 study, legal professionals cited the following grave problems affecting rule of law: lack of access by legal professionals to legal resources; physical conditions of buildings; lack of judicial training programs; inadequate legal education for law students; inadequate competency of teachers; lack of continuing education programs for lawyers; poor language & computer skills among those in the legal profession; a weak Palestinian Bar Association; lack of a systematic approach in developing a modern juvenile justice system; logistical, political & economic consequences of the Occupation; social perceptions of the formal justice system as compared to customary forms of justice or the religious courts; financial constraints; delays in cases; public awareness of the laws; lack of separation of powers between the Executive and the Judicial branches of the government; inefficient enforcement of judgments; judges & lawyers frequently refer to outdated law in cases involving uncommon trial subjects. (ARRAK project document quoted in DePiazza, Jennifer. “The Legal Context in which the Palestinian Child Law Will Be Implemented and Enforced by the Palestinian Judiciary- Select Issues.” Secretariat for the National Plan of Action for Palestinian Children, February 2006.)

21. During separation and divorce proceedings the court will rule on which parent will retain custody of the child and amount of funds to be allocated to maintain child’s well being. In some instances, the child’s quality of life is impacted because these costs are reduced and child payment fees are minimal.

22. These conciliation forums are informal community based procedures that involve elders and respected individuals from the community who are considered to be “judges”. They hear the complaints by both parties and take a decision on what actions should be taken to resolve the conflict. Their decisions are considered to be binding by both parties.
is a general consensus that this type of informal justice usually results in children being protected from entering into the formal justice system which may be best at this time since there are still insufficient resources and capacities to handle the number of cases before the judicial system. However, in many instances the courts take into consideration decisions reached through informal justice mechanisms, which do not always take into consideration the best interests of the child.

23. During the last three years the Independent Commission on Human Rights (ICHR), a legislatively established body given the mandate to deal with cases of human rights violations, has conducted outreach, awareness building and educational programs that targeted raising awareness of children’s rights with public and non-governmental agencies. This also includes a component on responsibility of agencies to report on violations and work towards a culture of human rights and democracy. This training does focus particular attention on security services, and social workers in the areas of health and education with a focus on youth, women and children in addition to other disadvantaged and marginalized populations. Despite the difficult situation in Gaza, ICHR has been able to carry out many of its activities on raising awareness of human rights and violations. However, a key recommendation is that ICHR establish a child’s rights unit that is responsible for monitoring child rights violations and establishing a child’s rights ombudsman.

Legislation - Way Forward

• The PLC must take immediate actions to endorse the amendments to the PCL. In the continued absence of a functioning PLC it is recommended that the Office of the President endorse the amendments that have been submitted to his Office by the Cabinet.

• A full review of all relevant laws, customary laws, religious laws, and informal justice practices should be undertaken to harmonize definitions, criteria, standards, and implementation articles to ensure that they are in line with the Convention and do not contradict one another by 2012.

• Ministries of Justice, High Judicial Court, Police, Health, Education and Higher Education, Social Affairs, Labor, and Culture, inter alia, with specific obligations, roles, and responsibilities for implementing child rights should enact bylaws that clearly detail the means of enforcing the law. Bylaws should be developed for each of the relevant laws pertaining to children’s rights that provide clear procedures, responsibilities, mandates, and modalities of execution that are binding and can be measured by 2013.

• The Cabinet must ensure that national legislation and ministerial policies and bylaws guarantee respect and fulfillment of children’s rights, and work towards application of international law. This includes a review of existing Palestinian legislation pertaining to children’s rights (or absence of such laws/rights) and analyzing whether or not they are in line with the Convention and international law.

• Advocacy and awareness-raising on the PCL and child rights should be carried out for the public including children, parents, government agencies, schools, and all stakeholders dealing with children and child issues to make them aware of their rights, duties, and responsibilities. This process should be initiated in 2011 and continue annually. This includes developing a comprehensive strategic plan for advocacy and a national annual work plan. All partners working within the area of children and child rights should be informed of this advocacy plan and provide inputs.

• All parties responsible for implementing the PCL should receive training on the law and its requirements and means of execution. This includes developing a comprehensive list of agencies, staff, and personnel who are directly responsible for execution of the law and ensuring that they have received full training on the law and receive certification on training and advocacy by 2013. This process should be incorporated into all ministry personnel training and human resource development within the Government Personnel Department.

• School-based student councils should provide regular feedback on the situation of children in schools and children within institutions should be provided with proper and direct access to the ombudsman office (ICHR) to report on their status within institutions starting in 2012.

• The aforementioned recommendations should be planned for and supervised by a National Council on Childs Rights. This council should be formed based on existing terms of reference that have been drafted by the Child’s Rights Planning Unit, Bir Zeit University Institute of Law, and UNICEF by 2011.
B. Allocation of Resources

24. In 2005, the government initiated a process of integrated planning and budgeting. This process required integrating social and economic policies across sectors and according to various populations in need of services. This was an important initiative because the government required ministries to rationalize how resources were being allocated and requested targeting of funds by program/service objectives and indicators (ex. identifying number of persons who received a service).

25. The budgeting and planning process was disrupted by the results of the 2006 parliamentary elections which brought the Hamas party to power and the formation of the Hamas government subsequently, which was rejected by the international community. Within the span of six months, international development assistance dried up and this had a negative impact on the planning process which has been typically subsidized through foreign aid (financial and technical) assistance.

26. The Palestinian government is dependent upon aid to support its developmental objectives. This aid dependency has resulted in the establishment of a very complicated and elaborate aid coordination structure within the country that is intricately involved in the routine national planning and policy initiatives. The government has initiated efforts to reduce aid dependency.

27. It is important that the government continues to delink aid from key functions like national planning, national monitoring, and policy development if it is to develop an internally owned and managed process of identifying national needs and priorities that is consistent and not held hostage to political situations. However, it is also incumbent upon the international community to uphold their obligations in terms of supporting human rights and international law requirements within the country. In a study conducted on donor criteria for supporting programs within the country, many donors were aware of CEDAW and gender equality issues and environmental protection issues and treaties in determining which programs could be funded. However, few of them were familiar with the Convention or applied it as part of their criteria for providing financial aid to Palestinian programs. Developing donor guidelines and criteria for supporting aid interventions that are in line with the Convention should be undertaken at the local and international level.

28. These guidelines should be applicable to all plans under formulation and ensure that government, civil society, INGOs, UN and members of the international community apply these guidelines and principles when developing and/or funding programs for children. This would also serve to harmonize and streamline programs that are being delivered for children since it would require coordination, monitoring, and impact analysis of programs being prepared and delivered for children. In the OPT this will be no small task since there have been over 11 country wide plans developed within the last 5 years.

29. The plan that is currently being implemented is the PRDP 2008-2010. The development of this plan was a top priority of the government that was formed in June 2007 and was developed quickly with limited input from local and international stakeholders.

30. The Gaza Strip has been under siege for almost five years now. Therefore, setting the abovementioned plan in motion there has been close to impossible. This situation has further been compounded by massive Israeli invasions and attacks against civilians as well as civilian property and infrastructure. The brutal offensive against the Gaza Strip on 27 December 2008 to 18 January 2009 (Operation Cast Lead) destroyed large segments of the water, electricity and basic infrastructure in parts of the territory. In addition, thousands of homes, clinics, and schools were also destroyed. A UN fact-finding mission tasked with investigating the conduct of parties to the hostilities reported acts amounting to that war crimes were committed. The blockade has resulted in an almost total undermining of the private sector

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26 In 2005, the Israeli government implemented a “unilateral withdrawal” from Gaza. This resulted in the evacuation of a number of small settlements within Gaza. However, Israel put into effect more stringent access and movement restrictions which virtually resulted in Gaza becoming an enclosed prison system. Further restrictive measures and permits for movement outside of Gaza were required for goods and people. Since that time, additional restrictions and blockades have been applied to Gaza.
(less than 5% continues to function), further compounded by the impacts of the ‘Cast Lead’ offensive. Poverty and unemployment are rampant in Gaza with poverty and unemployment double the rates currently present in the West Bank. These actions necessitated the preparation of a specific emergency and recovery plan to address the massive devastation that occurred.

31. The Israeli occupation impedes the effectiveness of long term planning due to its continual imposition of emergency and humanitarian conditions within the country. The impact of the continuing occupation, invasion and blockade on the people of Gaza has resulted in an almost complete destruction of the private sector. Aid dependency is high almost 80% of the population rely on food aid and government subsidies to cover electricity, water and sewage services. This is a direct result of the continuing closure on Gaza. To date severe restrictions on imports of goods (there is currently a case before the Israeli Supreme Court) to disclose the list of items that are allowed to be imported into Gaza and a ban on exports, has resulted in shortages of food, medicines, housing/construction, and basic service delivery supplies that has resulted in families and particularly children not being afforded the health, education, and social services they need to maintain their health, well being and development in line with their most basic human rights.  This is a direct result of the continuing closure on Gaza. To date severe restrictions on imports of goods (there is currently a case before the Israeli Supreme Court) to disclose the list of items that are allowed to be imported into Gaza and a ban on exports, has resulted in shortages of food, medicines, housing/construction, and basic service delivery supplies that has resulted in families and particularly children not being afforded the health, education, and social services they need to maintain their health, well being and development in line with their most basic human rights. Similarly, the continued annexation of East Jerusalem and the application of discriminatory practices against the Palestinian population have required the preparation of assessments and plan (primarily under the authority of the President’s Office) to address the specific situation within East Jerusalem.

32. In the OPT, international aid plays a different, and arguably more crucial role than it does in other countries around the world. The Israeli occupation prevents the PNA from controlling the normal tools of development generally available to a state. These include control over trade, currency, the borders of the state where both goods and people cross, as well as the movement within the OPT itself. This difference also makes the measure of success different from other countries. Rather than supporting sustainable economic growth and development, international aid to OPT will only help to maintain a certain standard of economic stability. It will not be until a Palestinian State is able to fully govern itself independent of Israeli control that true economic growth, along with social, political, and civil rights, will be realized. However, until then, there are issues that must be dealt with to the greatest extent possible by the Palestinian National Authority (PNA). These immediate needs, combined with the Israeli occupation, create a situation in which the OPT remains dependent on international aid. Donor aid has allowed the PNA to ensure that its citizens are provided with the rights guaranteed under International Human Rights Law (IHRL). Despite the concern among donor states and organizations that the continuing aid given to OPT is actually exacerbating the problem, the Palestinian government needs the continued support of international donors to help it to meets its responsibilities to children as outlined in the Convention.

33. The considerable difference between what donors commit and what they actually disburse creates severe difficulties for the PNA. The fluctuating aid given to certain sectors and the different types of aid that are sometimes preferred over others demonstrates just how political aid has become. It is not about providing the most needed resources at a certain time and is certainly not about ensuring the political, economic, social, cultural, educational, and health rights of children. The Palestinian leadership has a commitment and a responsibility to its people, despite the Israeli occupation. While the full rights of Palestinian children will not be fully realized until Palestinian statehood is achieved, the PNA has an obligation to ensure as many of their rights as is possible in the interim and the international community should continue to help them through the new systems the PNA has put in place.

34. The social sector in the OPT includes health, education and social protection. Social expenditure accounts for 44% of total expenditures. Sources of revenue include:

- **Domestic revenues:** 41%, 45%, and 47% in 2008, 2009, and 2010, respectively.
- **Budget support:** 45%, 37%, and 33% in 2008, 2009, and 2010, respectively.
- **Development budget:** 14%, 17%, and 20% in 2008, 2009, and 2010, respectively.
35. There is low predictability of sources of revenues due to the continual crises and emergency situations within the country and lack of sovereignty due to occupation. The socioeconomic situation had been deteriorating since 2000 and is now showing a gradual improvement that is dependent on the influx of aid into the country. Generally speaking, government revenues decreased from 940 million USD in the year 2000 to less than 300 million USD in the year 2002 (due to suspension of clearance revenues by Israel). In 2005, revenues increased to reach 1.2 billion USD, but decreased again in 2006 to reach 358 million USD. The government wage bill increased by 80% from 1999-2007. It is worth mentioning that in 2005, 50% of the GDP was used to cover public spending on the employment and wage bill. Public expenditure in the year 2000 was 1.2 billion USD and then dropped to 1 billion in the year 2002. By 2007, public expenditures had reached to 2.5 billion USD. The government has adopted austerity and control measures to gradually reduce budget expenditures.

36. Government recurrent and development budget is depicted below:

![Figure 1.1: Sector Distribution of Total Recurrent and Development Budget Resources (PRDP cited, p. 97)](image_url)

The social sectors (health, education, social services) account for the highest percentage of requested development allocations (almost 100% financed through aid). The recurrent budget allocations also follow a similar trend:

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27 In the year 2000, the number of workers in settlements was 116,000, by 2007 the number had dropped to 64,000 Palestinian workers. PNA employment increased from 115,000 to 150,000 during the same period. The Israeli measures to prevent Palestinian laborers from working in Israel resulted in the PNA taking on a large number of new civil servants from 2002 onwards which has doubled budget expenditures and resulted in the PNA being a main employer within the country.

28 PRDP 2008-2010, p. 97, figure 6.1

29 Specific information on specific budget allocations is included in each of the relevant chapters (i.e. education, health, social security, etc.)

30 PRDP 2008-2010, p. 98, figure 6.2 See Annex 5 for detailed breakdown of budget expenditures per sector.
Figure 1.2: Forecast Recurrent Budget Allocations by Sector (PRDP cited, p. 98)
37. The implementation of the PRDP has been well funded and certain sectors have benefited more from available aid resources compared to others. For instance, rule of law, security, education, water, electricity, and basic infrastructure have received substantial contributions to support their endeavors. However, other sectors like health, social affairs, good governance, and economic sectors remain under-funded and have limited capacity to implement nationwide initiatives within their specific realm. This is important to note, because various regions of the country have been marginalized. This includes Gaza\textsuperscript{31} which has not received sufficient funds to reconstruct demolished homes, to build new and/or rehabilitate existing wastewater networks, build and/or rehabilitate schools and clinics that are in need of repair, and other basic rehabilitation of hospitals, courts, shelters, roads, and parks for children. The continuing blockade is in place, and this has effectively prevented reconstruction and rehabilitation. The result of this has been that children in Gaza are impoverished, lack access to quality health services, are attending overcrowded classrooms, and do not have access to clean drinking water on a regular basis and are suffering from various forms of environmental pollution due to poor sewage and electricity services within the Gaza Strip – also a result of the blockade and policy of isolation imposed by the Israeli government.

38. This demonstrates that planning alone is insufficient. Proper budgeting and allocations of funds are needed if the overall situation for children is to improve. Donor aid policies and application of the Convention and humanitarian law will be addressed further on. In the table below, it is clear that the government has remained faithful to implementing its budget according to plan with the social sector receiving a lion’s share of the budget. However, the government remains dependent upon international aid to provide support for social development in health, education, and social services. The funds received for development are usually less than what is requested which results in underdevelopment of social systems and services needed for children. In some cases, international development aid is substantial, but may not always target the priority needs of the government. For instance, aid may go for providing psychosocial assistance while the government may be prioritizing funds for disabled children.

39. The government is currently developing its next three year plan (2011-2013) and broadening the planning process to include more in depth and long term strategic policy development across sectors. Sector ministries have been tasked with coordinating the preparation of national sector strategies that include participation of relevant stakeholders and partners including inter-sectoral partners, civil society and private sector partnerships, and UN and international agencies support. However, one area that still requires further elaboration is ensuring a rights-based approach to planning. This requires incorporation of indicators that clearly require measuring access of services and programs that target vulnerable and marginalized groups of individuals. It also should stipulate that the strategies are built upon existing laws and that agencies mandated to ensuring rights of children are held accountable. The new plan should clearly identify and define which populations are considered marginalized/vulnerable and what explicit resources and assistance will be provided to them to ensure that they are protected and afforded equitable access to resources. This is most relevant for children who are not considered as a cross cutting sector throughout the national plan and require particular targeting of resources for poor children, children living in Area C, Gaza, and East Jerusalem. The MOSA has taken identifiable steps in linking economic and social policies to ensure that the most marginalized and impoverished groups of individuals (including specific targeting of children) receive assistance through its unified social safety scheme\textsuperscript{32} in order to ensure that the poorest of the poor receive financial and material assistance to alleviate their economic situation. However, this approach needs to be included within the health, education, economics, labor, and youth strategies, also.

\textsuperscript{31} UN Security Council Resolution 1860 calls for a durable ceasefire, unimpeded provision throughout Gaza of humanitarian assistance and condemns all violence and hostilities directed against civilians and all acts of terrorism. Lack of access of people, services and goods into and out of Gaza remains a primary reason programs cannot be implemented. The embargo and closure on Gaza must be lifted if children's rights are to be met.

\textsuperscript{32} In 2010, the ministry was able to unify two different social assistance schemes to ensure one unified, harmonized approach to providing cash assistance to the most impoverished. This program is now servicing over 70,000 families, but there remain over 100,000 families still in need. This program is being coordinated with UNRWA that also provides social assistance to refugees in order to ensure proper targeting and allocation of resources to needy family and reduce redundant payments.
33 Socio-Economic Monitoring Report (December 2009). MAS, p. 7. (NB: in these reports data excludes East Jerusalem due to difficulties in collecting accurate and reliable information from Palestinians residing within East Jerusalem which is part of the West Bank, but under full Israeli control and no PNA presence.)

34 Dramatic shifts in international aid financing are witnessed during periods of political turmoil or change. During 2005, there were Presidential elections and the government was adopting a “reform agenda to address better governance measures within the country.” In 2006, legislature elections were held and resulted in the election of the Hamas party to rule. During this period of time, donor aid contributions to the PNA dropped drastically.

35 The data above does not highlight the vast differences that have emerged between data sets originating from the West Bank and Gaza. Poverty rates and unemployment are higher within Gaza compared with the West Bank. However, humanitarian and foreign assistance levels are higher within Gaza.

40. The data above does not highlight the vast differences that have emerged between data sets originating from the West Bank and Gaza. Poverty rates and unemployment are higher within Gaza compared with the West Bank. However, humanitarian and foreign assistance levels are higher within Gaza.

41. In addition, the education sector was de-prioritized by the international community between 2005 and 2007\textsuperscript{34}, constituting a lower percentage of total donor disbursements in each consecutive year. While in 2005 the sector received 5% of total aid disbursements, by 2007 the sector only received 1%. It is noteworthy that in 2005 and 2006 donor commitments to the sector were well above disbursements. This pattern exists in many other sectors as well including the health sector. However, while the education sector is one of the biggest players regarding children, the sector does not fully encompass their needs or prioritize their rights. Between 2005 and 2007, higher education received more than a quarter of the sector’s donor disbursements, while early childhood education received less than 1%. From 2008-2010, donor contributions restored higher levels of assistance to education and social assistance programs, but health, culture, and non-formal programs for children remained underfunded. The majority of funds were allocated for basic infrastructure (indirect support for children’s rights through access to water\textsuperscript{35}, electricity, and access) and rule of law/security which has had a lesser impact on children’s well being and rights.

42. Donor commitments and disbursement to the health sector fluctuated significantly between 2005 and 2010. Typically, the health sector receives about 5% of total aid disbursements. However, health aid disbursements nearly tripled from 2005 to 2006, mostly as a result of emergency humanitarian funding to the sector. In 2007, aid disbursements dropped off, reaching a rate lower than 2005. Regarding different sub-sectors, child rights did take a priority within the international donor community. While basic health care and medical services collectively accounted for nearly two-thirds of aid disbursements to the health sector in the years 2005-2007, reproductive health, or mother and child health programs, received 8% of total aid disbursements for the health sector between 2005 and 2007. This was succeeded by 16% of aid disbursements being allocated to basic health infrastructure. From 2008 onwards, more assistance was afforded to the health sector, but primarily through budgetary support mechanisms and contributions to expand health infrastructure. The Ministry adopted a route of decreasing aid dependency for the health sector which has proven to work well since a majority of the health sector funding is now done through the government budget.

43. The 2005-2010 aid contributions indicate that within the 14 sectors there has been a general lack of donor commitment regarding children’s rights. For example, the financial and business services sector, which has an indirect impact on children’s rights, specifically their economic rights, saw a surge of donor commitment in 2006 as the result of the launching of a microfinance program financed by the Islamic Development Bank called the Deprived Families and Economic Empowerment Program. The program directly and indirectly impacts children’s rights since it is directed at poor families and aims

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|}
\hline
\hline
GDP per capita (.000s) & 1.387 & 1.275 & 1.298 & 1.290 & 1.39 \\
Poverty % & 25.6 & 29.5 & 30.8 & 34.5 & 34% \\
Extreme poverty % & 16.4 & 18.1 & 23.8 & 24% & 21% \\
Labor % & 40.7 & 41.3 & 41.9 & 41.3 & 41.3% \\
Unemployment % & 23.5 & 23.6 & 21.5 & 26 & 27% \\
Int’l Foreign Assistance (millions) & 0.64 & 1.01 & 1.32 & 1.95 & 1.8 \\
\hline
\end{tabular}
\caption{Table 1.1: Basic Socio-Economic Indicators in the OPT for Years 2005-2009 (billion USD)\textsuperscript{33}}
\end{table}
to reduce their dependency on humanitarian aid and allow them to independently support themselves. However, actual donor disbursement to the sector was far off from what previous aid commitments had been, and by 2007 donor disbursement in the sector had once again fallen to below 1%. It should be noted that dramatic changes in PNA-donor relations occurred in 2006-2007 following the Palestinian Legislative Council elections that resulted in the Hamas party coming into power. Most of the international community took a decision to halt interactions with the PNA and hence donor aid contributions dropped drastically. In mid 2007, the donors reinstated their relations with the PNA caretaker government (which replaced the previous Hamas Cabinet in the West Bank).

44. A further indication of the priority the international community is placing on children’s rights can be seen in the social infrastructure and services sector. Along with un-earmarked budget support, humanitarian aid, and government and civil society, this sector has the highest rate of total aid disbursement, and aid disbursement steadily increased between 2005 and 2007, rising from 10% in 2005 to 16% in 2006 and 27% in 2007. Such an increase may indicate an increase in the recognition of children’s rights among the international donor community since the largest proportion, (38%) of 2005-2007 donor disbursements went to culture and recreation, a sector which historically has been neglected.

45. However, whether or not this actually indicates an increased awareness of children’s rights is unclear since only 27% of 2005-2007 disbursements to the social infrastructure and services sector went to social and welfare services. This subsector is a catch-all for the social sector, including both structural programs for the sector and direct support to marginalized parts of society. Among the services covered by this sector are special programs for orphans, the persons with disabilities, and street children. However, it is noteworthy that the social infrastructure – building of schools, clinics, and hospitals – receive significant support from the international aid community.

46. A major constraint of UN humanitarian assistance provided through the Consolidated Appeals Process (CAP) is that it is tied to a UN based time frame that does not coincide with national planning frameworks. This results in separate planning forums for development and humanitarian assistance. In addition, the CAP is fully managed by the UN agencies through the coordination of the UN Office for the Coordination of Humanitarian Affairs (OCHA) which has the prerogative of determining what emergency and humanitarian priorities and strategies are in the best interest of the country-with or without full government consultation. The amount of funds received through CAP (including flash appeals) between 2003-2009 amounts to 1,863,939,001 USD. This amount is about 63% of the overall amount of funds that have been requested for humanitarian assistance through that period of time. The table below which is from the OCHA Assessment on the CAP clearly indicates that humanitarian assistance has been increasing annually.

<table>
<thead>
<tr>
<th>Year</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested</td>
<td>293.8</td>
<td>300.5</td>
<td>301.5</td>
<td>394.9</td>
<td>426.3</td>
<td>452.2</td>
<td>803.2</td>
<td>603</td>
<td>2,972.4</td>
</tr>
<tr>
<td>Funded</td>
<td>175.9</td>
<td>174.0</td>
<td>195.7</td>
<td>274.0</td>
<td>277.4</td>
<td>338.0</td>
<td>429.0</td>
<td>228,028</td>
<td>1,863.9</td>
</tr>
<tr>
<td>% Funded</td>
<td>59.9%</td>
<td>57.9%</td>
<td>64.9%</td>
<td>69.4%</td>
<td>65.1%</td>
<td>74.8%</td>
<td>53.4%</td>
<td>37.8%</td>
<td>62.7%</td>
</tr>
</tbody>
</table>

47. It is evident that the CAP has been a success in terms of generating generous amounts of humanitarian assistance. However, there has been no in depth analysis of humanitarian aid and its impact on improving conditions within the OPT. A quick review of poverty, unemployment and health and education indicators indicates a regression in baseline conditions (particularly in Gaza). This has resulted in more recent shifts of the CAP being focused in Gaza. However analysis is still being conducted on what outputs the humanitarian agenda is able to deliver, but no measure of the outcomes or long term impact on the well being of individuals and beneficiaries is included. The first CAP addressed the humanitarian needs of people following the Israeli invasions of the West Bank in 2002. The current CAP is predomi-

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27 This amount is as of June 2010.
nanty targeting families in Gaza and some of the high risk areas within the West Bank. The targeted programs have gone from focusing on “rehabilitation” of the situation on the ground to halting “asset depletion” and now focuses on “protection and food aid.”

48. Protection of families from displacement, house demolitions, lack of access to water, health, and educational services, loss of income (job creation), and support for legal and psychological counseling are the key components of the humanitarian aid package for families including food aid. These projects are primarily implemented through UN agencies in coordination with the government. International and local non-governmental agencies are partners in delivering the projects and have usually divided responsibilities by regions within the country. All reports that have been produced by UN and government agencies have indicated that families are under immense pressure to safeguard the well being and integrity of the family. This could easily be reversed by lifting the blockaded on Gaza.

49. The limited coordination between the UN CAP team and the Palestinian government makes it difficult to measure how much funding children rights related processes received. Therefore, we cannot ascertain the exact budget that has been allocated to children related issues. It is also noteworthy that humanitarian aid programs do not break down their budgets accordingly, either. It is recommended that these humanitarian programs detail how much funding is being distributed for children, youth, women, and men.

50. In this context, stakeholders from the Ministries of Health, Planning, Social Affairs, Youth and Sports, Culture, and Education point to a number of obstacles in resource provision for children’s rights:

a. As explained above, significant economic development cannot occur under circumstances of occupation. Thus, the OPT is faced with a problem experienced by developing countries the world over—economic resources are consistently insufficient to meet society’s needs. While international aid and other revenue sources for the PNA have increased over the past five years (2006 excluded), there has always been a considerable budget deficit. In 2006, this situation resulted in the financial collapse of the government. In response to the election of a Hamas majority to the PLC, much of the donor community suspended all direct budgetary support to the PNA and aid that did come into the country was largely channeled to humanitarian rather than developmental programs. For instance, asymmetric aid policies have resulted in the MOH becoming almost completely dependent upon donor support mechanisms and virtually receiving no financial support from the Ministry of Finance in the national budget at that time.

b. The effects of the changes in donor policy were compounded by Israel’s refusal from February 2006 onwards to hand over the Value Added Tax and customs revenues that it collects on behalf of the PNA according to the Paris Accords. These two factors taken together accounted for a fifty percent drop in funds available to the PNA for financing monthly expenditures. Added to this was a fifty percent drop in domestic revenues, which resulted from both intensified Israeli closure policies and from the general economic collapse that resulted from the non-payment of PNA salaries.

c. Although many Palestinian public sector employees continued to work without pay, the massive revenue cut has already had a severe impact on the functioning of Palestinian institutions, from schools and hospitals to ministries and the judicial system. The effects of these on specific World Fit For Children targets will be discussed in detail in section VI below. The international community attempted to ameliorate this situation by setting up a parallel funding mechanism to support low income families, however, the vast majority of civil service staff did not receive full compensation at that time.

38 OCHA, UNICEF, WHO, WFP, UNDP, and UNSCO provide regular monitoring reports on the humanitarian and emergency situation in addition to analytical reports.
40 This is a UN CRC based initiative that developed more detailed and specific targets for countries to strive towards. It was initiated in 2002 by the UN Secretary General at the Children’s Assembly.
d. Sustainable development requires adherence to long-term development strategies and principles which function regardless of changes that may occur in the political realm or external environment. This principle is at odds with donor-dependency, which is the current and foreseeable reality in the OPT. Donor-dependency means that support for development programs can change at the whim of international donors. Thus, massive resources may be allocated to a certain developmental objective one year, according to donor decisions, and then budgeting for that same objective may dry up the next year leading to a collapse of the program and a reversal of any progress made.

e. The grimmest example of this phenomenon has been the shift by much of the donor community in 2006 and 2007 from developmental to humanitarian aid. This shift was made according to purely political considerations and has led to a reversal in much of the developmental progress achieved in the previous decade. For example, in the field of education, lack of budget support resulted in some children not being able to go to school because teachers were not paid. It is also worth noting that humanitarian aid is more costly and less efficient and effective than development assistance. This is due to the nature of humanitarian assistance – food aid rather than food security, emergency health support rather than basic primary health care, higher costs of staff (international versus local), added layer of administration costs, and entry costs into Gaza including storage of supplies and goods within Israel. Hence, the poverty and unemployment levels have not improved significantly. Despite hundreds of millions of dollars in humanitarian aid for Gaza, Area C of the West Bank and East Jerusalem the economic situation has only begun to show minimal growth, although the situation of poverty and unemployment remains high. GDP/per capita is still one third lower than it was in 1999 in these areas.

f. Consultations with ministerial representatives also revealed that even where a certain amount of resources are available, they are often inappropriately allocated. Stakeholders maintained that until now, budgeting does not reflect a sufficient commitment to Palestinian children’s rights. In part, this is due to the process of national budgeting itself. Rather than allocating resources according to targets, such as those outlined in the WFFC, budgeting occurs according to line items (salaries for all public sector employees, institutional running costs etc.). The PRDP is designed according to clearly defined development targets; however, it is still separate from the national budget and is reliant on international donors for its fulfillment. Tying the PRDP to national budgeting systems is a current priority. This requires pooled funding and placing aid into a central budget.

g. A second reason behind inappropriate allocations of resources is the continuing non-recognition of the importance of budgeting for children’s rights on both the national and ministerial level. More work needs to be done both in terms of awareness-raising on the importance of budgeting for children’s rights, and capacity-building to provide the technical knowledge of how to budget for children’s rights. This latter task will require relevant ministries to restructure their previous budgeting methods towards integrated planning and budgeting processes. This process is currently underway.

h. As regards the UN agencies and their support for the PNA, it is critical that the UN system expose the inherent weaknesses in the CAP which is reflected in their inability to impose upon Israel any type of sanction or penalty in cases where they are preventing the delivery of aid and services. As such, the UN has been unable to meet many of the humanitarian needs of Gaza (in an effective and efficient manner) due to closures which have prevented hundreds of basic supplies from entering into Gaza and other regions of the West Bank. Staff are also prevented from entering. This has resulted, for example, in lack of health supplies and equipment, food aid, water and sewage maintenance supplies, from reaching needy populations. Humanitarian aid is not the solution. Lifting the blockade is needed.

i. Any discussion of resource allocation must be contextualized in the OPT’s unique political and resulting economic situation. The tools for economic development which all developed and developing coun-

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41 Due to donor’s withdrawal of funding in 2006, schools, clinics, and basic services almost came to a standstill. The government developed a child’s rights aid policy paper that was shared with donors and emphasized their obligation and responsibility to ensure children’s rights were met within the OPT. See Annex 5 for a copy of the policy paper.

42 Closing Nahal Oz crossing that was specialized in delivering fuel; Closing Sufa crossing that was specialized in delivering construction material; Karni crossing, which is the main goods crossing according to Oslo and Paris accords is working with less than 40% of its capacity. At the moment, only Karem Shalom crossing is delivering items. Nahal Oz: Fuel, Sufa: construction material, Erez: vehicles, and Karni: all other goods.
tries have by virtue of their sovereignty (including, among others, monetary and fiscal policy, control over natural resources and control over borders) do not exist for the OPT due to its status as an occupied land. This has two major implications for resource provision for children’s rights—resources are constantly limited and the PNA is reliant on the international community for resources.\textsuperscript{43}

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\textbf{Allocation of Resources - Way Forward} &  \\
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• The government budget must work on disaggregating information so that funds being allocated for children can be readily identified within the social sector and other less child focused ministries (economy, transportation, and public works and housing) should identify budgets that are targeting children’s rights—if any. Disaggregation should include by child/adult, sex, type of service, and at the district level. Special attention should be given to budgeting for marginalized populations of children living in East Jerusalem, along the Israeli Wall, Area C, Gaza and Buffer Zones, and children who are disabled and/or economically and socially exploited or abused. &  \\
• The government should develop a clear budgetary costing and projection of funds needed in order to ensure that the laws pertaining to children are enforced and executed (which requires financial allocations). This requires training of agency personnel on proper costing of services and this should be initiated by 2011, but may take 2-4 years to finalize. &  \\
• Government budgets should include a breakdown of revenues and expenditures according to government resources, financial aid support, and humanitarian funds that are being channeled for children’s services and programs by 2011 &  \\
• Government will conduct a comprehensive review of staffing needs and develop a human resource development plan that identifies number and level of expertise of child workers (teachers, doctors, nurses, counselors, psychologists, social and child workers, probation officers, care providers, etc) needed to meet the basic needs and rights of children and ensure that these staff are hired in an orderly and timely basis to ensure implementation of services and programs for children by 2013. &  \\
• Humanitarian aid planning and budgeting should be done in full coordination and cooperation with the Palestinian government\textsuperscript{44}, civil society and the private sector. Humanitarian assistance should be an open and transparent process that receives input from all parties and is jointly agreed upon so that it does not undermine or bypass the government’s ability and responsibility to provide services, ensure institutionalization of services, and does not impede the role of the private sector in addressing the needs of the local population (particularly on food security issues.) &  \\
• Mechanisms supporting food aid resource allocation should be aligned with national programs on food security, and social assistance programs should be handled directly by the MOSA and UNRWA with no parallel mechanisms being set up by 2012. &  \\
• A review of humanitarian aid budgets should be undertaken including a comparison of costs associated with implementation via humanitarian channels and similar costs that are incurred by government and/or local agencies. Transparent costing and monitoring of all interventions should be made to determine where the funds are actually being disbursed. This also requires conducting a review of the impact of humanitarian assistance that clearly identifies indicators and benchmarks for measuring success of such interventions by 2012. &  \\
• Annually, the government should incrementally increase amounts of government allocations (2-4%) for health, social, education, and recreational services that are deteriorating in certain parts of the country and in order to begin an in depth qualitative improvement in programming and outreach.\textsuperscript{45} &  \\
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\caption{Allocation of Resources - Way Forward}
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\textsuperscript{43} This policy brief was prepared by the Child Rights Protection Unit within the Ministry of Planning in June 2007 following the withdrawal of donor support within the country due to election results.

\textsuperscript{44} See Annex 7 for a diagram of the aid coordination structure within the country.

\textsuperscript{45} This is reflected in reports on increasing rates of malnutrition, infant and child mortality, decreased educational performance/achievement rates, and child participation rates that are addressed in future sections of the report.
C. Development of Comprehensive Strategies/Agendas for Children

51. In 1995, the PNA adopted the First National Program of Action for Palestinian Children – The Agenda for Social Renewal. This also represented the official establishment of the Secretariat for the National Program of Action for Palestinian Child (NPA). This was established as a semi-governmental agency under the auspices of the Ministry of Planning and International Cooperation. The Secretariat was composed of representatives from relevant government agencies, non-governmental agencies, and observers from the international community (UN agencies and donors).

52. In 1999, the NPA revised the National Plan of Action for Children and a formal government-based steering committee was established to oversee the implementation of national child’s rights focused programs in health, education, child protection, and participation of children. This program also included an agenda for monitoring children’s rights in cooperation with the PCBS.

53. In 2003, the NPA produced the third National Program of Action for the Palestinian Child that included a full overview of child rights based planning and implementation of programs for the years 2004-2010. In this plan, a more comprehensive approach to child’s rights planning was adopted and NGOs were equal partners in the planning process and their support for children’s programs was duly noted in all programs. The National Plan of Action for Palestinian Children 2004-2010 (NPA 2004-2010), represents the second national plan of this kind. A revised plan was developed for 2009-2011 which is the most recent and comprehensive in the series of NPAs, to take into account “the developmental concept and falls within the general framework of the international instrument A World Fit for Children.” It was developed with the participation of 112 institutions working in the field of children’s rights. Beyond providing a set of 43 strategic goals and a list of project areas for achieving these goals, the process of developing the plan was inclusive of multiple stakeholders – children, government, NGOs, and UN partner agencies. The plan represents national views, vision and ownership. The process of developing the plan broadened institutional awareness on the rights of children as a specific group within society and encouraged planning, monitoring, and capacity development at the national level in order to meet the needs and rights of children.

54. Implementation of the NPA 2004-2010 and the revised plan for 2009-2011 have been insufficiently monitored. However, their impact is evident both in terms of national and sectoral planning. Priorities identified in the plans are reflected in planning efforts on the sectoral level. One of the major accomplishments in terms of sectoral planning has been in the education, health, and social and recreational sectors. All of these agencies have either completed their strategic sectoral plans (which address the priorities identified in the national child’s right planning framework) or will have completed them by the end of December 2010. This plan has been developed with an understanding of the importance of children’s participation. Thus, it was developed through a lengthy and in-depth consultation process involving children and parents from all districts. However, it is important to note that sectoral planning is not at an equal level among all sectors, and there is a need for increasing the capacity of ministries and other stakeholders to engage in sectoral policy-making and planning towards the realization of children’s rights.

55. The National Plan of Action for Palestinian Children is centered on ensuring that Palestinian children’s rights including economic, social, cultural, political, and civil rights are respected, protected and fulfilled, with a particular view to the principles outlined in the Convention on the Rights of the Child and the Palestinian Child Law including non-discrimination, best interests of the child, survival and development and participation. Included in this vision is a view to the future whereby providing for the rights of Palestinian children today to create the basis for their participation as adult citizens of a Palestinian state.

56. The NPA’s mission was to ensure that the enabling factors to support these rights exist on all levels including within the international system, the national legal framework, the policies within governmental and non-governmental institutions, and within society itself. The tools for achieving this include...
coordination; monitoring, evaluation and research; advocacy, and capacity-building. However, these mechanisms have not yet been fully executed. A number of intergovernmental agencies have made attempts to streamline and institutionalize these processes into their mandates, but few have succeeded to date. Notably, the Ministry of Education and Higher Education in cooperation with the Palestinian Central Bureau of Statistics conduct certain levels of monitoring of children’s rights. However, other agencies lag behind them in monitoring and evaluation processes.

57. In 2005, the government initiated a process of integrated planning and budgeting. This process required integrating social and economic policies across sectors and according to various populations in need of services. This was an important initiative because the government required ministries to rationalize how resources are to be allocated and requested targeting of funds by program/service objectives and indicators (e.g. identifying number of persons who received a service). However, this process was disrupted in 2006. This resulted in the plan not being funded by international aid (which is the primary source of development funds.) This situation had a negative impact on the planning process which had (and continues to be) subsidized through foreign aid (financial and technical) assistance. As discussed above, the government is dependent upon aid to support its developmental objectives. However, the government has increasingly focused its attention on developing governmental capacity to develop its planning, strategy, and budget framework. The preparation of the national sectoral strategies for 2011-2013 is government owned and led and will provide the overall framework for planning and development in the coming three years. Youth and women populations are addressed through a cross sectoral approach, however, children were not included in cross sectoral analysis. Therefore, a merging of the NPA and the integrated planning and budgeting process should be initiated.

Major Challenges that Still face Appropriate Planning

58. Future planning should take into consideration the fact that all children in the OPT remain under occupation. A plethora of plans have been generated that are termed developmental, emergency, recovery, humanitarian, and national. Each planning framework has adopted different principles, objectives, goals, execution and implementation mechanisms, indicators, and monitoring systems that make it virtually impossible to assess what has been achieved by whom and where. This is clearly demonstrated by the lack of impact analysis on any of the aforementioned types of plans above. What remains evident is that there is no concentrated approach that synthesizes the needs and rights of children and clearly identifies what these rights are. Based on such a document, the objectives and means of realizing the objectives could be adapted to achieve the rights of children. If the government continues to put forth its own plan, while humanitarian plans and developmental plans are put forward by other parties, then gaps in the system of delivery will remain and redundancy, ineffective use of local and international resources will be the norm. The following is a list of key challenges and gaps the country faces in child rights planning:

- **Lack of awareness, knowledge, and skills on how to translate child rights objectives into national plans:** Increased awareness and understanding of children’s rights and needs across sectors must be addressed. In almost all plans (including the PRDP) the actual mention of children is at a minimum and not even addressed in sectors like economic development, rule of law, and governance. Most reference for children in national plans is through sector service provision in health, education, youth, and social services only.

- **Incongruity between legislation and policy:** Some plans still do not base their policy frameworks on existing legislation, or do not take into sufficient account the importance of amending laws, to provide a legal basis for national planning and implementation. As such, plans vary from year to year and are not based on legislation within the country which should determine the rights of Palestinians and mandates and responsibility of the government to meet these rights.

- **Proper costing of plans is still inadequate:** This requires better use of data and information to identify target groups and beneficiaries, training on budgeting and costing, and clear knowledge on likely amounts of resources that can be allocated for children so that planning priorities can be identified.
Children’s voices are conspicuously missing in the development of national sectoral plans with the exception of the Ministries of Education and Higher Education and Youth and Sports:

These two agencies included specific workshops at the district level to allow for children to express their opinions on the national plan, to provide input on needed objectives, programs and services for children and included their views in the preparation of the final strategic plan.

**Development of Comprehensive Strategies/Agendas for Children - Way Forward**

- The government will identify one focal point agency within the country that is responsible for the national plan of action for children (as it had done prior to 2008) in order to ensure a more united and integrated approach to achieving children’s needs and rights. A National Council for Children’s Rights should have the overall responsibility for executing such a plan and this should be initiated in 2011 at the level of the Cabinet.

- Current and future planning and policy development initiatives must include children. Establishing and implementing a Child’s Parliament could serve to reinforce representation and participation of children in the planning process. The MOYS should play a strategic role in establishing the Child Parliament with cooperation and support from local agencies by 2012.

- More specifically, the Cabinet will enforce a process of institutionalizing a national process and forum that would include full and equal representation and participation of children in planning, policy, and decision making processes. This is crucial if we are to continue to move towards a more inclusive planning process. At the level of children this will require the establishment and institutionalization of permanent forums for children and youth that will allow for their representation in government planning, policy, and program development, implementation, and monitoring of children’s services and programs within the country.

- The national planning process will include children as a cross sectoral strategy group as it has done for women and youth in its 2011-2013 plans. This should be initiated in 2011 and completed by 2013. The Child Parliament, schools, and recreational and cultural centers should be key partners in this process.

- Include children in developing prevention based programs to target poverty, violence, and occupation related violations in children’s lives. This would particularly require of humanitarian actors to have a planning and review process that includes children. A study on the impact of poverty and perceptions of poverty by children should be undertaken since no analysis and understanding on the impact of poverty on children’s rights and well being is available. This should be initiated in 2011 and results should be available by late 2012.

- Ensure that services in support of children’s rights are mainstreamed into national plans and that respect for children’s rights is institutionalized in the national planning process. Wherever possible, project based initiatives should be streamlined into national programs to allow for sustainability and ensure that all partners already working in the field are included in implementation. Pilot projects and initiatives should be minimal.

**D. Coordination**

59. In 2003, the Secretariat for the National Program of Action for the Palestinian Child was fully incorporated into the Ministry of Planning and its name was changed to the Child’s Rights Planning Unit (CRPU). It had the responsibility of coordinating inter-ministerial planning on children’s rights.47

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47 Previously the Secretariat had functioned under the auspices of the Ministry of Planning and International Cooperation, but was considered to be a semi-autonomous unit.
Although the Secretariat/CRPU had developed its national plan for 2004-2010, changes became necessary due to the ever changing political situations on the ground. The CRPU, with support from UNICEF and other child protection actors revised the existing national plan of action to take into consideration the deteriorating humanitarian situation of children and produced the fourth national program of action for Palestinian children for 2009-2011. This plan also merged approaches of integrated planning and budgeting into the work of the steering committee. A clear agenda of action was identified for children’s rights that included review of government legislation pertaining to children and ensuring that programs were developed and implemented that were based on legislation and policies within the different government agencies. This was also a cooperative effort conducted in partnership with NGOs.

The governmental departments competent in the areas covered by the Convention have worked together for a number of years to ensure the effective coordination of their activities, as well as to monitor the progress made by them. In 2009, the Child’s Rights Planning Unit, upon the decision of the Minister of Planning, was transferred to the MOSA. The CRPU no longer exists; however, the MOSA has integrated key functions like child rights legal amendments and strengthening their capacity to coordinate child rights issues with other agencies. However, there have been some delays in progress to date. The MOSA has sponsored amendments to the Palestinian Child Law. The amendments clearly indicate the need to establish a National Council for Child rights that would have the primary responsibility of coordinating national efforts on children’s rights, including planning. To date, these amendments have not yet been approved by the PLC or President.

In order to support more effective coordination of activities between central, regional and local authorities, the PNA issued guidance on preparation of Sector Strategies. They identified 18 sectors (e.g. Health, education, agriculture, water, etc.) and 5 cross cutting sectors (gender, youth, public administration, public finance management and local government administration and where relevant between federal and provincial authorities). Children and rights were not seen as a cross-cutting sector.

It is recommended that children (like gender and youth) be approached in a cross sector planning approach. This will ensure that children’s needs and rights are approached across social, economic, governance and infrastructure sectors in a holistic and comprehensive manner. It will also require key agencies like the Ministries of Health, Education and Higher Education, Social Affairs, Youth and Sports, Interior, and Culture to coordinate their plans together. The government has noted that these sector strategies should be comprehensive and integrated across sectors and stakeholders including civil society, the private sector, and international agencies, include means of dealing with occupation and development, and include budgetary allocations. The sector strategies should clearly identify modalities for implementation, monitoring and evaluation as means of improving service delivery and ensuring accountability of the government. However, there is limited mention of a rights-based approach to planning. Fortunately, many of the relevant agencies tasked with preparation of strategies have noted the importance of rights in health, education, social protection, for children and women. But more efforts are needed in order to reinstitute a rights based philosophy and framework for planning and programming in OPT.

The government has made some progress in incorporating regional and district level participation in the planning process. Inputs from districts are received through workshops, sharing of district level specific work plans and intra-ministerial department meetings. The availability of disaggregated data at the district level remains a key area where the government continues to work with agencies, primarily the Palestinian Central Bureau of Statistics to ensure the availability of information that can lead to better planning.

Streamlining and institutionalizing planning processes at the central and regional levels is a key strategy that should be adopted in order to ensure more holistic and complementary planning. At the current time, the national plan, the Palestinian Reform and Development Plan 2008-2010 did not take into consideration some of the child rights programs that had been included in the NPA 2009-2011 because of different planning partners within ministries. Hence, the establishment of fixed departments and staffing for follow up on planning issues is pertinent. If ad hoc planning units are set up, they
should be instructed to coordinate their efforts and planning processes with existing planning units who have already prepared sector or population specific programs.

E. Independent Monitoring Structures

66. Due to the lack of specialized child rights specialists and constraints imposed on the PNA, there is limited documentation of child’s rights violations. The UN has elaborated its own mechanisms to collect information and coordinate the implementation of the Convention. This is in the form of reports and data collected by the Special Rapporteur on the Situation of Human Rights in the Palestinian territories occupied since 1967. These reports are submitted on a regular basis to the UN and are also shared with the PNA in order to improve its efforts on elimination of human rights violations in general. However, the vast majority of these reports specifically target the violations perpetrated by Israel, for instance the arrest and detention of Palestinian children, children exposed to Israeli incursions and military operations, search-and-arrest operations in the home, house demolitions, prevention of movement and access to health and educational services due to the Wall, closures, and checkpoints. They do not however directly address the economic, cultural, civil, and social rights violations of Palestinian children.

67. Additional UN agencies that have played a significant role in supporting and monitoring children’s well being and rights are UNICEF, UNDP, OCHA, and the OHCHR. This is usually through support of national efforts to set up monitoring mechanisms and/or through preparation of support documents like the Situation Analysis of Children and Women in the OPT (UNICEF) or the Human Development Report. It is recommended that these agencies work closely with PCBS and relevant line ministries to determine a time bound agenda for conducting these surveys and ensure that a set baseline is established to facilitate comparison of outcomes over time, ensure that data is collected and analyzed in a disaggregated manner, and that particular attention is given to targeting areas and populations that are hard to reach in order to ensure full reporting on marginalized and vulnerable populations.

68. The government recognizes the absence of consistent monitoring on the Convention and violations of children’s rights. In order to address this gap, the PCL amendments that have been prepared by the Ministry of Social Affairs, Health, Education, Labor, Youth and Sports, Justice, and DCI-Palestine with the support of UNICEF calls for the establishment of a National Council for Children’s Rights which would have a specific function of monitoring children’s rights and violations. This National Council should replace the existing Higher Council for Motherhood and Childhood that was formulated through a Presidential Decree no. 28 in 2005. However, according to law, this Higher Council can only remain in effect for one year unless it is legislated by law. This has not happened. The Higher Council is basically inactive and has not played a significant role in improving conditions for children.

69. In 2007, the Ministry of Planning’s Child Rights Protection Planning (CRPU) Unit worked with Bir Zeit University’s Institute of Law and drafted bylaws that could be used to support the establishment of a National Council for Child’s Rights. According to these draft by-laws, “the basic task for this body is to develop general strategies and policies for the state in the area of child care and protection.” The council would be responsible for carrying out policy-development, monitoring child’s rights, supervising childcare institutions, developing laws, representing the OPT in international forums, awareness-raising, research, coordination, licensing NGOs and training. This is a large menu of possible tasks which will be clarified upon the institution’s establishment. Its organizational mandate will provide a vision for children’s participation in society as citizens of the Palestinian State.

70. The creation of this body would essentially consolidate policy-making procedures on the national level. This would work towards the amelioration of one of the key obstacles to the achievement of child rights in OPT—the fragmented and ad hoc nature of decision-making in support of child rights. Outlined in the recommendations section are the government’s recommendations for the mandate, mission, vision, and objectives for a National Council on Child’s Rights.

49 Ibid, p. 69.
71. The National Council for Child’s Rights mission is to ensure that the enabling factors to support these rights exist on all levels including within the international system, the national legal framework, the policies within governmental and non-governmental institutions, and within society itself. The tools for achieving this include coordination; monitoring, evaluation and research; advocacy and capacity-building.

**Strategic Goal:** Improve the status of Palestinian children’s rights through ensuring that appropriate national legislation, policy and resources exist, and through mainstreaming Palestinian children’s rights at all levels—from the international to the societal.

**Overall Objectives:**
a. National Planning: Ensure that services in support of children’s rights are mainstreamed into national plans and that respect for children’s rights is institutionalized in the national planning process. This would include consolidating a medium-term National Plan of Action for Palestinian Children (NPA) and monitoring its performance
b. Legal and Policy Development: Ensure that national legislation and ministerial policies guarantee respect and fulfillment of children’s rights, and work towards application of international law.
c. Monitoring of children’s rights: Ensure that national indicators exist on measuring achievements on children’s rights and that the respective line agencies responsible for maintaining administrative records produce timely, reliable, and valid information and data on children.
d. Advocacy and awareness raising: Disseminate information on children’s rights by addressing existing violations within society and make recommendations on how to improve the situation of children’s rights.

72. Until this council is formed it is recommended that issues pertaining to children’s rights be addressed through the Cabinet’s Social Committee that includes the Minister of Social Affairs as a rapporteur, along with the Ministers of Finance, National Economy, Planning, Labor, Women’s Affairs, Culture, Prisoners’ Affairs, Education, and Health. These include most of the relevant ministries; however, the possibility of creating a permanent ministerial committee for Child Rights should be investigated.

73. There is no specific child ombudsman in the OPT. The Independent Commission for Human Rights (ICHR) has the mandate to safeguard human rights by ensuring the application of these rights in Palestinian laws, by-laws, regulations, state functions, agencies and institutions.

74. ICHR was established in 1993 by Presidential Decree. The Basic Law Article 31 which was ratified in 2002 and modified in 2003 provides for the establishment of an Independent Commission for Human Rights, however, no specific law on ICHR has yet to be endorsed. The Commission’s by-laws, mission statement and work plans clearly reflect that they are conducting themselves as the official ombudsmen office in the country. There have been some reports on child’s rights.

75. The proposed draft law that has been with the PLC since 2005 clearly provides ICHR with the mandate to deal with cases of human rights violations, to follow up on complaints submitted by citizens regarding state abuses, and to provide education and promotion of human rights and monitoring and integrating human rights into legislation and practice.50

76. ICHR reports present a number of different cases involving children such as cases of medical negligence, child labor, and reports of abuse by teachers. In their annual reports, they present a number of human rights violations against children that have been addressed, but usually through informal mechanisms. However, the staff at ICHR notes that these methods are not always successful nor are the results typically “in the best interests of the child.” Rather, they follow along the lines of negotiating a resolution between the parties involved rather than upholding the child’s specific rights.

50 Translation of ICHR draft law minor amendments have been made to this draft law. (May 2005)
There was no reporting on any type of case that was done through formal legal redress. In part, this is due to the mandate of ICHR which primarily focuses on monitoring state abuses, and raising awareness within agencies that violations should and will not be tolerated. However, ICHR has yet to develop a strong ombudsman role or to provide child ombudsmen services. There has been an ongoing debate within the agency as to how and when to develop these capacities and services within the agency.

ICHR has just completed a new 3 year strategy which will be shared with the board of trustees shortly. In the new plan, children and vulnerable groups within society will receive greater attention and resources. Discussions are currently underway to determine how the National Council for Child Rights and the ICHR role as a child ombudsman would work together on a joint agenda of ensuring the application of the Convention and PCL within the country. It is recommended that by 2011, the ICHR support a proposal on functions of a child ombudsman office within the country.

**Independent Monitoring Structures - Way Forward**

- It is incumbent upon the government to establish a National Council for Child Rights that would ensure proper monitoring and reporting on child right violations. The guidelines for establishing and conducting the work of the council are available with the Childs Rights Planning Unit and UNICEF.
- ICHR role as a child’s ombudsman should be encouraged and human, financial and material resources allocated to expand their current outreach by 2011.
- A Child’s Parliament should be formed with child representatives trained on how to monitor children’s rights by 2012.

**F. Data Collection**

The Palestinian Central Bureau of Statistics has the overall responsibility for the compilation of data and statistics within the country. Its mission statement and function are:

The Palestinian Central Bureau of Statistics aims to develop and enhance the Palestinian official statistical system based on legal grounds that organize the process of data collection and utilization for statistical purposes.

This mandate is covered by the General Statistics Law (5) Year 2000. The law clearly states that PCBS is responsible for collecting, storing, analyzing, and disseminating statistical information (in coordination with ministries) regarding health, education, families, vulnerable groups, labor, culture and recreation and a host of other areas. However, there is no specific clause which mandates PCBS or any other institution with the responsibility of gathering information on children and their fundamental rights. In 1999, PCBS initiated a process of collecting child rights information and produced for two consecutive years (1999-2000) an annual report on children’s rights statistics. But following that period of time, after the second Intifada began, the report was no longer produced. However, the PCBS continues to produce an annual report on children that provides information on children’s health, social, education, and informal development.

PCBS does make available necessary information for planning processes; however, most of their work is dependent on administrative records submitted by key agencies and ministries. A review of the quality of these administrative records indicates that further training and capacity development is needed in order to improve quality of information. In addition, development of specific indicators, definitions, mechanisms of data collection, and provision of sufficient resources (technical and financial) to allow for developing systems at the district level that can gather, store and analyze the information available is required. Most agencies are dependent on information that reaches their office and have limited capacity to seek out information in the field. This has required PCBS to depend on information that is gathered through more stringent data collection methods like surveys rather than fully depend upon administrative records. The level of disaggregation of data also requires more emphasis.
82. PCBS and relevant line agencies should develop a core set of indicators that they are monitoring on a consistent and routine basis. The collection of information based on ever changing parameters of population, definitions, time frame, age groups, areas of the country, etc. has resulted in a large pool of data. However, trying to make use of this data is impractical because comparisons are difficult to make and there are no set baselines for information. Administrative records at present only cover information on who has received a particular service (education attendance, vaccinations, birth registration, children in conflict with the law, etc.), but do not present any data on children who are not accessing such services. PCBS national surveys tend to pick up more information on child rights violations in general since they are conducted throughout all regions of the OPT and use the national census for developing their sampling population. However, many of these surveys are dependent on external funding and have not yet been institutionalized as key national surveys.

83. This high level of dependency on aid to support surveys has resulted in the imposition of certain indicators being collected based on the type of project being funded. Hence, health and educational surveys are quite frequent, whereas surveys on children’s access to protection are rare due to failure of donors to focus funds for this area. The importance of developing a national register of surveys, set indicators, methodology, sampling techniques and adequate data collection capacities within relevant line ministries and the PCBS should be prioritized. Government allocation of resources for child survey should be increased.

Data Collection - Way Forward

• A well defined set of child rights indicators needs to be developed by the government by 2011. Ministry staff should be trained on how to collect and report on information in a reliable and consistent manner and keep well documented and credible administrative records by 2013.
• Sources of information should be clearly identified and training on collection of reliable, valid, and timely information/data on child rights indicators should be carried out with ministries, agencies, and shelters/institutions/agencies where children are located.
• All data should be disaggregated by age, sex, and locality of child.
• Data collection should be disaggregated and should be rights-based and not just focused on children’s well-being. Ministries require further training and supervision on preparing administrative records that are reliable and valid. Methods of collecting information on suicides, abuse, exploitation, “accidental” deaths of children, honor killing, and children in conflict with the law, and other sensitive topics should be identified so that proper documentation and reporting can be made available.
• Data on children with disabilities should receive special attention since the data from different sources have proven to be contradictory. This process should include coordination between government, non-government, and private sector partners providing assistance and support to children with disabilities.
• PCBS should undertake a national review of definitions and criteria used in surveys to determine if they are in line with definitions and criteria applied in the Convention and laws within the country. A standardized definition should be agreed upon and used by all in order to allow for national statistics to be consistent by 2012.
• Ministry staff responsible for preparation of administrative records pertaining to child’s rights should be trained on methods of data collection. Data should represent not only cases that are documented and receiving services, but reports of violations and those not receiving services by 2012.

G. Training on and Dissemination of the Convention

84. During the last three years, the Independent Commission on Human Rights has been able to carry out outreach awareness building and educational programs that targeted raising awareness of children’s rights with public and non-governmental agencies. This also includes a component on responsibility of agencies to report on violations and work towards a culture of human rights and democracy. This training does focus particular attention on security services, health, education, and social workers, youth, women and children, in addition to other disadvantaged and marginalized populations. Despite the dif-
In difficult situations in Gaza, ICHR has been able to carry out many of its activities on raising awareness of human rights and violations in general, with some specific training on the Convention and the PCL.

85. The Ministries of Education and Higher Education (MOEHE), Social Affairs (MOSA), Youth and Sports, and the Interior (Police) have received and provided training, awareness raising and advocacy on children’s rights throughout the last five years. These initiatives have been primarily spearheaded by UNICEF, DCI-Palestine, and a number of human rights organizations within the country. The focus of these awareness raising activities has been sector based whereby information on the Convention has been provided and selected articles pertinent to the work of the service providers have been shared with the staff of the various agencies. The MOEHE has now incorporated children’s rights into their basic life skills training components. This includes training teachers and children on using analytical thinking, initiating new analysis and understandings, analyzing the Convention, and playing a role in decision making processes. Teachers have received copies of the Convention as well as some training. The Ministry of Education and Higher Education has now completed its national education strategy for 2011-2013 which was based on its five year national plan. The foundation for this strategy is rights-based and it incorporates the Convention, MDGs, and Education for All principles, measures, and recommended implementation modalities. Ensuring access to education for all, inclusive education, and quality programs that enrich children’s development and potential, inclusion of comprehensive educational, learning, counseling and special needs programs are all included in the plan.

86. More importantly, the Convention and PCL have been used within the MOEHE to initiate programs of ending violence and abuse within schools. The MOEHE has developed regulations and protocols which prohibit the use of corporal punishment within schools. This has been followed up with specific training on proper disciplinary techniques. The program is still in its initial phase and is being implemented through the counseling department of the Ministry. Over 30 different workshops have been held throughout the West Bank in the last 2 years. The MOEHE in the West Bank has shared this information and protocols with the ministry in Gaza, however to date there has been a rejection of applying such protocols and regulations within the school system. The government remains committed to rolling out programs in support of children’s rights and realizes that the lack of unity (physical, political, legal, and administrative) between the West Bank and Gaza poses serious problems in terms of applying children’s rights throughout the country.

87. The MOSA has also been a key agency working on promoting children’s rights. They have trained all of their child protection officers (10-13 persons) in the West Bank on child protection rights in general and have included service providers in other departments (disabilities, juvenile justice, nursery supervision, charitable service supervision) to participate in these training exercises. The training conducted by MOSA has been action oriented in that it has focused on developing protocols, regulations, bylaws, and networks and referral systems that would put into effect sound and safe service coverage for vulnerable children. UNICEF, DCI- Palestine Section and Save the Children UK have been key agencies working towards supporting the ministry and civil society in developing training and advocacy programs on the rights of vulnerable and marginalized children throughout the OPT.

88. The Ministry of Youth and Sports has provided specialized training on children’s rights to all camp supervisors. This has been an advocacy and awareness raising program since 2005. The program is linked with the MOYS summer camp program and reaches out to all districts within the West Bank at this time (initially it included Gaza), but for the last three years the program has mainly been applied in the West Bank. The outcome has been a Charter which is based on the Convention and provides a clear framework of action that specifies the rights of the child to freedom of speech and expression, participation, development, non-discrimination, best interests of the child, child’s rights to access resources, and to be a decision maker. The ministry has developed a cadre who are capable of providing such training at the district level to partner agencies in the field. The results have been positive in that Government-civil society collaboration on a rights based agenda for children and youth in non-formal activities for children is strong and hundreds of joint activities are held annually. It is recommended that this approach be expanded to other areas within the Ministry and not only be limited to summer camps.
89. The Ministry of Interior (MOI), particularly the Police, has been actively involved in receiving training on the Convention. The Police are usually the first to come in contact with street children, children who are being abused, child laborers, and children in conflict with the law. Through the work of various UN and INGOs within the country, the police forces have become active partners in promoting children’s rights. Police staff within five districts of the West Bank has been trained on the Convention and its application within their work.

90. The Police have also taken positive steps forward and have established 3 family and child units (additional units will be added each year according to government allocations) within their police stations to handle all cases dealing with children. These staff members and their work are guided by the PCL, other relevant legislation within the country, and the Convention. Basic measures including detaining children for short periods of time in areas separated from adults, immediately contacting child protection officers, seeking out the child’s parents and/or guardians, not harming or abusing any child, and allowing the child to seek legal assistance immediately are all part of the work that has been done in promoting children’s rights within the police system.

**Training on and Dissemination of the Convention - Way Forward**

- The PNA will develop a strategic plan to disseminate information on the Convention and children’s rights that would include a media component. The plan should provide information and advocacy for children in schools, universities, recreational and sport centers, and cultural centers. These children should also play a strategic role in providing and disseminating information by 2012.
- The PNA will develop a comprehensive training module for use by all civil servants. This would include training and information on the Convention, children’s right, and existing law within the country and their roles in upholding the laws and Convention by 2013.
- A safeguarding principle code of conduct should be developed and endorsed by the PNA that identifies what kinds of behaviors are acceptable and unacceptable when dealing with children. This should be included as part of any civil servant contract by 2012.
- Media and internet based programs and materials will be developed that can be used over the coming years to broadcast information on the Convention, children’s rights in OPT, and main findings of the report to a wide population of people (different content and presentation format for different groups.)
- Monitoring of exploitation and misuse of technology and media targeting children will be undertaken by 2011.
II. DEFINITION OF THE CHILD (Article 1)

The Legal Definition of the Child

1. General Provisions: Article 1 of the Palestinian Child Law No. 7 of 2004 affirms the definition of a child as any person who has not reached the age of 18. This has been interpreted to include the unborn child and any person who has not yet reached their 18th birthday. However, other Palestinian laws set different legal age standards for children’s rights and responsibilities. Concurrently, the Child Law is silent on many age-related issues such as marriage, sexual consent, inheritance and transaction rights, inter alia.

2. After the Child Law, the most important law defining the age of the child is the Code of Judicial Rulings of 1293, which is in force in the West Bank and Gaza Strip. Under this law, children are categorized according to a mixture of age and capacity groupings by which their rights are afforded. The first group is young children who have not reached the “age of consent,” and whose actions are never considered legally binding, even if permitted by a caretaker (Article 966). This means that children who are deemed below the “age of consent” (no age guidelines are given in this regard) do not have the right to spend inherited funds before their 16th birthday. However, they are also protected from being held criminally accountable for their actions.

3. The second group of children is those who have reached the “age of consent” and thereby have the right to take legally binding actions which are beneficial, even if those actions are not permitted by the caregiver (Article 967). Concurrently, the actions of the children of this age group are not considered legally binding if they are harmful—even if their caretaker had permitted them. In situations in which the benefit is ambiguous, the decision rests with the caregiver. Article 985 defines puberty according to physical developments, and Article 986 sets the limits of those developments between 12-15 years old for boys and 9-15 for girls. Rights to partake in legally-binding action with or without the consent of the guardian are accorded based on these different age distinctions.

4. End of compulsory education: PCL Article 37 states that education is compulsory until the completion of “higher basic education.” According to the Ministry of Education, this stage ends with the 10th grade. Thus, rather than being tied to age, compulsory education is connected to achievement. This is also affirmed in Article 10 of the Draft Education Law and Article 24 of the Amended Basic Law of 2003. However, the Education Law 16 of 1964, which is in force in the West Bank, is connected to age rather than achievement. According to Article 10 of this law, education is compulsory when children reach the age of six, and for nine years after that. The British Mandate law on Education Rules of 1933 is in force in the Gaza Strip. This law is silent on the issue of compulsory education.

5. Admission to employment or work, including hazardous work, part-time and full-time work: According to PCL Article 14, employment is prohibited before the age of fifteen. This is confirmed in Article 93 of the Labor Law No. 7 of 2000, which is in force in the West Bank and Gaza Strip. Article 1 of the Labor Law sets out the definition for the minor—which is “Each person who reaches fifteen years of age but has not exceeded eighteen years.” However, it is important to note that Article 99 exempts children who work for first degree relatives from these provisions “provided that the work is to be performed under all circumstances in conformity with proper hygienic and social conditions in a manner that does not negatively affect their mental and physical growth as well as their education.” Thus, there are no age limits set for children who work for first degree relatives. PCL Articles 94-98 sets out protections for minors engaged in work, including a prohibition on hazardous work. The Decision of the Minister of Labor No. 1, 2004 specifies what types of labor are hazardous and therefore prohibited for minors. The law is not in full compliance with international standards and is under consideration for amendments.

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51 Age of consent refers to the minimum age at which a child is considered legally competent to take action on his/her behalf (e.g. Marriage, work, sexual activity).
6. As noted above, education is compulsory until the completion of 10th grade, which for most students will occur at the age of 16. However, employment is only prohibited until the age of 15, and there is no lower age limit for children working for first degree family members. While both the Child Law and the Labor Law state that work must not interfere with a child’s education, many in the child rights community in OPT have called for the harmonization these two laws to strengthen the legal protection of children’s right to education.

7. Age of Marriage and Sexual Consent: The PCL is silent on the issue of marriage and sexual consent. According to the Personal Status Law of 1976 No. 61, which is in force in the West Bank, males must be 16 years old to marry and females must be 15 years old to marry (article 5). However, it is important to note that these ages are based on the hijra calendar system. Hijri years are approximately 11 days shorter than Gregorian years. Thus, in Gregorian terms, the age of marriage occurs at about 14 1/2 for females and 15 1/2 for males. Females aged 15-18 have restrictions on their right to marry including requiring the consent of the father or grandfather (article 6) and restrictions on marrying a man who is more than 20 years older than her. The Family Rights Law of 1954, which is in force in the Gaza Strip, sets the marriage age at 18 for males and 17 for females (article5), also using hijri years. However, articles 6 and 7 state that a judge may permit a marriage for those below the age of 18 for males and 17 for females if they physically appear older than their age. Article 8 forbids the marriage of a male below the age of 12 and a female below the age of nine. This has been amended by an administrative decision made by the head judge of the sharia courts in 1995 (Administrative Decision No. 78/1995 of the Qadi al-Quda on the Age of Marriage- Gaza Strip). The new age stands at 15 for females and 16 for males. Harmonization of laws is still required to ensure that they do not contradict one another.

8. Christians of different denominations must resort to Christian law and courts for personal status issues. The Body of the Byzantine Law of Family which is in force in the West Bank and Gaza Strip for Greek Orthodox Christians sets the age of marriage at 12 years for females and 14 years for males (article 30). The Personal Status Law of the Assyrian Orthodox Church, which is in force in the West Bank and Gaza Strip for Assyrian Orthodox Christians sets the marriage age at 18 for males and 16 for females (article 4). The Law of the Personal Status and Endowments of the Arab Anglican Community of 1954, which is in force in the West Bank and Gaza Strip for that community sets the marriage age at 17 for males and 16 for females (article12). The Law of the Personal Status in the Jerusalemite Latin Patriarchate of 1954, which is in force in the West Bank and Gaza Strip for that community, does not set a marriage age. The Law of the Personal Status of the Catholic Communities of 1924, which is in force in the West Bank and Gaza Strip for that community, does not explicitly set out a marriage age. However, it defines minors as those who have passed 14 years for males and 12 years for females (article 17). Article 121 states that minors may marry with some restrictions.

9. However, it is important to note that Articles 208-209 of the Draft Penal Code sets prison terms for those who are involved in performing a marriage of a female less than fifteen years old and for those involved in the marriage of a female between the ages of 15-17 without the permission of a judge or her guardian. Furthermore, Article 469 of the Egyptian Penal Law No. 58 of 1937 in force in the Gaza Strip sets out penalties including a fine and prison term for participation in the marriage of those below the legal age without the permission of a judge or the legal guardian. In the West Bank, Jordanian Penal Law No. 16 of 1960 sets punishments for husbands who marry women below the age of 16, or anyone who assists in such a marriage; and for husbands who marry women below the age of 18 without the consent of her guardian, or anyone who assists in such a marriage (article 279). Under all Palestinian law, the legal age of sexual consent is inherently subsumed under the marriage age as sex before marriage is illegal.

10. Voluntary enlistment and conscription in the armed forces and participation in hostilities: The PCL prohibits the “use of children in military actions, or armed conflicts” (article 46). However, no mention is made of voluntary enlistment or conscription of minors for non-combat positions. The General Intelligence Law No. 17 of 2005 prohibits recruitment before the age of 18 (article 27). However, the Law
of Service in the Palestinian Security Forces No. 8 of 2005 makes no mention of the minimum age for voluntary enlistment or conscription.

11. Criminal responsibility, deprivation of liberty, capital punishment and life imprisonment: The PCL sets the age of penal liability at nine (Article 67). However, there is an amendment process underway which would change this to 12. Versions of draft juvenile justice laws also set the age at 12. The Penal Law No. 16 of 1960 states that children below the age of seven cannot be criminally prosecuted and children below the age of 12 cannot be criminally penalized unless it can be proved that at the time of the crime they were able to discern that the crime was wrong (Article 94).

12. The Reformation of Juvenile Law No. 16 of 1954, which is in force in the West Bank, defines different stages of childhood by age limits and assigns rights and responsibilities according to those distinctions. A juvenile is any person between the ages of nine and 18 or who appears to be so. A child is any person between the ages of nine and 13 or who appears to be so. An adolescent is any person between the ages of 13 and 15 and an older adolescent is any person between the ages of 15 and 18 or who appears to be so (Article 2). According to this law, it is illegal to imprison a child (ages 9-13). No juvenile may receive capital punishment or hard labor (Article 12). This law does not directly address the issue of life imprisonment, however, the alternative punishment it gives for a crime which if committed by an adult would receive a sentence of capital punishment or hard labor is arrest which according to the Penal Law No. 16 of 1960 cannot exceed 15 years. Thus, a child cannot receive a greater than a 15-year sentence for any crime (Article 20).

13. In Gaza, the applicable law is the Law of Juvenile Criminals of 1937. This law sets three different age groups: a walad is child under the age of 14, a hadath is a child between the ages of 14 and 16 and a fata is a child between the ages of 16-18. Different protections are accorded for each group. Article 12 states that a walad cannot be imprisoned and hadath should only be imprisoned if there are no other places or methods to punish him including paying a fine, whipping him or placing him in reform school or another institution. According to Article 13, no person under the age of 18 may be executed. There is no specified age for criminal responsibility.

14. Giving testimony in court, in civil and criminal cases: According the Code of Penal Procedures Law No. 3 of 2001, which is in force in the West Bank and Gaza Strip, a child below the age of 15 may give information to the court for “information only” without the right to go under oath. This information alone is not sufficient to establish guilt or innocence (Article 83, Article 226).

15. Lodging complaints and seeking redress before a court or other relevant authority without parental consent: According to the Code of Penal Procedures Law No. 3 of 2001, which is in force in the West Bank and Gaza Strip, a child below the age of 15 may not submit a complaint to a court (Article 6). Complaints may be submitted by his/her parents or guardians on his/her behalf.

16. Legal capacity to inherit, to conduct property transactions: The legal capacity to conduct any sort of property transaction is covered by the Code of Judicial Rulings of 1293, which is in force in the West Bank and Gaza Strip. According to this law, children are categorized according to a mixture of age and capacity groupings, by which their rights to spend money and conduct property transactions are afforded. Please see the paragraph above: General Provisions for a breakdown of these age and capacity groupings.

17. The Jordanian Trade Law No. 12 of 1966 refers back to the Civil Law in order to specify the qualifications to engage in trade (Article 15). According to this law, trade of small amounts is permitted for those under the age of majority (Article 120). For those who reach the age of 15, court permission can be granted to allow them to trade in any amount, with permission from their guardian (Article 119); however, the guardian can also withdraw his permission and prohibit transactions (Article 120).

19. Consumption of alcohol and other controlled substances: The Child Law No. 7 of 2004 forbids the use of cigarettes, alcohol, drugs and other illicit substances damaging to the mind by children. The Anti-Smoking Law No. 25 of 2005 prohibits the sale, distribution or advertising of tobacco to children under the age of 18 (article 6). This is sporadically monitored and enforced and penalties are applied for those selling to children under 18 years.

20. Creating or Joining Establishments: The Child Law No. 7 of 2004 permits children of any age to join establishments (article 37). Cabinet Decision No. 9 for 2003 states in Article 1 that one must be 18 years old to create an establishment.

**Definition of the Child - Way Forward**

- A full review of these laws will be undertaken immediately to harmonize definitions of a “child”, “guardian”, “custody” and criteria for determining the age of a child.

- The laws will be harmonized and synchronized in terms of age of marriage, compulsory education, child labor, children in conflict with the law and all acts that may be in contradiction of one another. For instance, compulsory education and age of child labor are inconsistent.
III. General Principles (Articles 2, 3, 6, and 12)

A. Non-Discrimination (Article 2)

General Provisions

1. By virtue of the Amended Basic Law 2003 (Article 9), discrimination is prohibited:

_Palestinians shall be equal before the law and the judiciary, without distinction based upon race, sex, color, religion, political views or disability._

The Palestinian Child Law 2004 (Article 3) also prohibits discrimination and stipulates:

a. Every child shall enjoy all rights stipulated in this Law without any form of discrimination, irrespective of their race, color, gender, religion, national, religious, or social affiliations, or their wealth, disabilities, birth, parentage, or any other types of discriminations.

b. The State shall take all suitable measures to protect and safeguard children from all forms of discrimination in order to secure actual equality and benefiting from all the rights stipulated in this Law.

c. Articles 3 and 4 of the PCL explicitly ensure non-discrimination, guarantee that the best interests of the child are primary considerations in all actions concerning children, and provide children with the right to express their views and opinions in “judicial and administrative proceedings.” This latter right is not guaranteed in Shari’a Court proceedings which deal with custody and maintenance of the child. However, overall execution of this article is still limited. In contact with child probation officers, prosecutors and judges in various districts most noted that the child is frequently brought to court to testify or provide his/her views, but they do not always take their views into consideration. A serious effort by the government is underway to provide specific training for judges, lawyers, prosecutors, and other legal, judicial, and care providers who are in direct contact with children to raise their awareness of children’s rights and to apply the law for their benefit. This is linked with the initiative to amend the PCL and to draft and legislate new juvenile justice and child protection laws for children.

d. Articles 11 and 12 of the PCL ensure a child’s right to life, security, development and care the “maximum possible extent” and grant the child the right to freedom of expression and opinion in line with public order and “morals” in all settings (including during judicial proceedings, education, home, or other areas pertaining to their lives, in accordance with their age and “degree of maturity.” Although the PCL (2004) provides for a child’s right to be heard within the courts and to invoke the aforementioned principles, existing limitations within the judicial system (lack of fully trained judges, lawyers, court functionaries, infrastructure and systems) that are adapted to and specialized on children’s rights are not currently available.

Disability

2. The Palestinian Disability Law (PDL) 1999 (Article 2) also ensures that disabled persons/children must be given the same rights as all other persons and are equal before the law:

_The disabled have the right to enjoy a free life, dignified living, and various services in a manner equal to that of other citizens and he/she shall have the same rights and obligations that are within his/her capabilities. It is not permissible to prevent any disabled from enjoying these rights because of his/her disability._

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54 In visits with a number of different judges they all reported that they had extremely high case loads, that children’s cases were disbursed amongst their other cases and were not segregated out, and that in most instances the child was present but either parents, guardians and/or the Ministry of Social Affairs spoke on behalf of children. Most noted that they took into consideration the child’s age and level of maturity when taking decisions, but that this was not usually a decisive factor when making a judgment.
3. As regards implementation of non-discriminatory practices, the Ministries of Health, Education and Higher Education, Social Affairs, Youth and Sports, Culture, Women’s Affairs, and Justice have all implemented programs that ensure non-discrimination of all children with disabilities to services and resources available. MOEHE has adopted and is implementing a policy of inclusive education. Enrolment rates for children with visual, hearing, and motor disabilities have improved within the last five years. However, no significant improvements have been made in increasing public school inclusion of students with mental disabilities. These students are still more likely to be enrolled in exclusive educational and learning centers that are frequently managed by civil society organizations. They have increased access of disabled children by making the physical infrastructure of schools suitable to their needs, however many schools still remain inaccessible for disabled students. For more information please see chapter VI on children with disabilities (Article 23). Lack of human and financial resources have limited the inclusion of all disabled children to attend school and/or complete their education. Cultural practices and stigmatization still hinder many parents decision to send their children with disabilities to school especially if they have limited funds to cover transportation costs for the child.

Children Born Out of Wedlock

4. The Palestinian Child Law (PCL) 2004 ensures non-discrimination of children born out of wedlock by guaranteeing a child a name, identity, and access to all forms of basic services in a manner equal to any other child within the country. Previously, children born out of wedlock could be identified (and potentially discriminated against) because their official transcripts differed from that of children not born out of wedlock. The PCL ensures that all children be registered and that registration documents do not contain any form of negative identification and/or discrimination against a child due to birth status.

Age-Based Discrimination

5. Age-based discrimination continues to occur. For instance, children (male and female children) are prohibited from filing sexual abuse charges against family members or others. In effect, this discriminatory action is age based rather than gender based. Action should be taken by the ICHR and the Ministry of Justice to take immediate action to ensure that any child reporting a case of physical and/or sexual abuse (incest or otherwise) has the right to be heard and that action should be taken to verify the veracity of charges. In 2009, the ICHR reported on two cases of child honor killings. In their report, they note “the exemption of offenders and the mitigation of sentences against them encourage the continuation of their crimes.” It is against the rights of the child that only an adult (typically the guardian/custodian) has the right to report such violations. In some cases, the guardian may be perpetrating the crime against the child, yet only he/she is authorized to file the charge. The Palestinian Child Law 2004 (article 42) dictates that all forms of violence and abuse against children are prohibited and that the State should take action to prevent and address such cases:

a. The Child shall have the right to protection from all forms of violence, physical, psychological, or sexual harm or injury, negligence, homelessness, and any other form of ill-treatment or exploitation.

b. The State shall take all necessary legislative, administrative, social, educational, and protective actions and measures to secure the said right.

55 Jordanian Education Law 1964 (article 113) requires of the MOEHE to put into effect special education programs and centers for children with special needs/disabilities.
56 Prior to 2004, child birth registration forms for children born out of wedlock usually only contained 3 names contrary to current practice which is four names—given name of child, father, grandfather and family name. Children born out of wedlock receive four names on their certificates, now.
58 Jordanian Penal Law No. 16 (1960) article 340 exempts any man who kills/attacks his wife or female relative while committing adultery exempt from punishment or receive a reduced sentence.
59 Current efforts are underway within the child protection referral network to address cases of identified physical and sexual abuse against children and to have the State file charges on behalf of the child.
6. However, within the legal system, children cannot submit files and charges against anyone directly and only their legal guardian/custodian is allowed to do so. Furthermore, the Palestinian Penal Procedures Law No. 3 of 2001 (article 83) only stipulates that persons under the age of fifteen may be heard for ‘information only’ without taking the oath.

**Residence Based Discrimination**

7. A majority of children residing within Gaza (under blockade), within Area C, along the Israeli Separation Wall, and living in severe poverty are discriminated against due to the area where they reside or due to poverty which is highly correlated with place of residence. Children living in these areas face discriminatory practices against them because adequate resources and services are prevented from reaching them in a manner equitable to other children in the OPT. The government has included in all of its plans, equitable distribution of resources for building schools, health clinics, recreation centers, vocational center, protection centers, water and sanitation facilities, electricity and other basic services and programs for all children throughout the OPT, including East Jerusalem. However, these resources are impeded from reaching children in these localities because of restrictions and Israeli “permit and licensing regime” that prevents distribution and delivery of such services and programs to the populations residing within these areas. These discriminatory actions have resulted in a decline in education, health and protection indicators for children residing within these areas. These discriminatory practices are also reinforced by actions taken by the international community that support humanitarian assistance to families rather than challenge the Israeli restrictions which are against children’s rights. The latter approach would allow for developmental programs which are in line with the Convention.

**Gender-Based Discrimination**

8. Inheritance laws (which are based on Islamic law) allow for the male children to inherit twice what a female child can inherit, while personal status laws allow girls to remain within the custody of their divorced/separated mothers till the age of 12 and boys until the age of 10 unless the judge rules otherwise. As the child gets older, custody and guardianship rights are usually given to the father only, with male children being required to live with their fathers at an earlier age than female children. These types of practices that discriminate between genders should be reviewed and amended. Equal rights for boys and girls rights to have a voice in determining which parent they will remain with and choices in continuing their education are key issues that should be reviewed within the Shari’a courts and with the MOEHE. (Fathers are considered to be the guardians of boys and girls.)

9. MOEHE has adopted a policy of gender equality since its inception. Currently school enrolment is equal for boys and girls at the basic level, with affirmative action having improved female enrolment that now exceeds that of male students at the higher levels of education. Furthermore, the MOEHE has reviewed the education curriculum to ensure gender balance, removal of gender stereotypes, and removal of any and all images which are derogatory or demeaning to women and girls. The curriculum has been edited to ensure that no inappropriate images remain. MOH also has gender equality in terms of health service delivery.

**Children within State Institutions**

10. Children who are detained due to political affiliations, are in conflict with the law, or residing in institutions have also reported that they have been discriminated against because of their vulnerability by having their homes and personal articles immediately confiscated and searched without due process. Palestinian children who have been imprisoned by Israel or those considered to be the children of collaborators face indirect discriminatory practices in joining community based programs and services for children. Currently the police are receiving training on the rights of the child and specific attention is being given to the importance of protecting children working on the streets, child laborers, child beg-
gars, children in conflict with the law, victims, cases of abuse and domestic violence, and other children who may be discriminated against are afforded their full rights before the law and are protected by the police and legal agencies.

Summary

11. Overall compliance with non-discriminatory practices is evident in the laws and policy pertaining to health, education, protection, and participation of children. However, clear gaps in the discrimination of the rights of children living in marginalized regions of the country (Gaza, Area C, East Jerusalem, along the Israeli Wall, near settlements), the girl child in terms of sexual violence, and disabled children’s access to services, programs and resources is still noted and should be addressed. The government needs to take affirmative action to ensure the inclusion of disabled children into health, education, social protection, recreational, and vocational centers and services in an inclusive manner. Targeted advocacy and awareness raising campaigns are essential to address issue of gender based sexual violence (all forms of sexual violence including the male child), importance of distribution of resources (developmental and humanitarian) in an equitable manner that allows for better outreach and sustainability of programs for children in marginalized regions of the country.

B. Best Interests of the Child in Policy and Legislation Affecting Children: (Article 3)

12. The Palestinian Child Law PCL (article 4) makes direct reference to prioritizing the best interests of the child by ensuring that consideration be given to the:

a. Best interests of the child in all actions, whether undertaken by legislatures, courts of law, administrative authorities, and public or private social welfare institutions.

b. Mental, psychological, physical, and moral needs of the child, in accordance with his/her age, health, and other sources of legislation.

13. Although, the child has no right in determining which parent they will reside with. It also ensures that children are able to retain contact with their parents at all times through article 21 of the PCL that gives primary consideration to the best interests of the child, providing that a child separated from one or both parents shall have the right to maintain personal relationships, and direct contacts with both of them, on regular basis. (PCL, article 21).

14. The PCL and MOSA protocols have clear dictates which prioritize the best interests of the child and identify parents as the primary parties responsible for the care, upbringing and protection of children. The law clearly states that each child has the right to be cared for with dignity and respect and in accordance with his/her best interests (which are also linked with family well being) and afforded the services and needs to allow them to grow and develop to their full potential. In cases where separation of the child has occurred, it is the responsibility of the government agency (MOSA) to ensure that children are allowed to remain in contact with one or both parents, close family members, or another appointed custodian throughout any trials, investigations, and/or separation procedures. In the event, that the courts decide to remove a child from their home and family, the MOSA and court will agree upon set procedures that will allow the child to have regular and routine contact with the family under proper supervision. The PCL clearly notes that children have a voice in deciding which parent they shall have direct contact with. A consensual agreement is drawn up on appropriate visitation arrangements between the child, parent(s), and the child protection officer. In general, the PNA in its policies and laws needs to articulate a clear definition of the best interests of the child and identify a clear process for determining what is in the best interests of the child versus the family and one that incorporates the child’s views.

62 It is the Personal Status Law and the Shari’a court procedures that determine custody and guardianship rights. Here the child is not allowed a voice in determining which parent they will reside with. Although in some courts, upon the discretion of the judge, the child’s opinion will be heard.
However courts of law within the country (religious, civil, and criminal) are not required to consider the child’s view. Judges can, at their own discretion, request that the child provide a statement, but the judge is not required to consider the statement when deliberating the case. This is common practice in cases of custody, parental divorce, separation, or children in conflict with the law if they are under the age of 15. Many judges (religious, civil and criminal courts) have reported that they usually request the presence of children and consider their views, but acknowledge that they are not required to do so. They have recommended that the law be amended to require their views to be considered taking into due respect the age and maturity of the child.

Child Institutions and the Best Interests of the Child

The MOSA undertook an initiative in 2000 to support the reintegration of children who reside within orphanages to be re-united with their families. In approximately 40% of all cases, children had been institutionalized due to poverty (family reporting they could not provide financial support for the child and/or due to family conflict/dysfunctional families.) The MOSA worked with the relevant charitable organizations to review child records, meet with children and families and then supported their re-unification. The MOSA is continuing this work and has instituted regulations that require all agencies that take in children to receive prior approval and authorization from the Ministry as to whether or not this action is acceptable or not. The basic principle is that children should remain with their families in all cases unless the court determines that this is not in the best interest of the child. Since 2000, the number of institutionalized “orphans” has been reduced by 50%.

The government is aware that the current juvenile justice system does not operate with the best interests of the child in mind. They have established a national steering committee to review the issue of juvenile justice and to amend and upgrade laws, policies, mechanisms, institutions, and procedures relevant to children in conflict with the law. As previously noted, the government is in the process of amending the PCL and raising the age of criminal responsibility from 9 to 12 years. More detailed information on juvenile justice is found later on in this report in the Special Protection Chapter.

C. The Right to Life, Survival and Development (Article 6)

The amended Basic Law 2003 provides for comprehensive protection of children’s rights to safety, protection, and welfare. The PCL 2004 (Article 2.4) notes that the government must “protect the rights of the child to live, grow, and to enjoy a free, secure, and developed life”.

Capital Punishment

The Reformation of Juvenile Law No. 16 of 1954, which is in force in the West Bank, defines different stages of childhood by age limits and assigns rights and responsibilities according to those distinctions, but clearly notes that it is illegal to imprison a child (ages 9-13) and no juvenile may receive capital punishment or hard labor (Article 12). Although not specifically stated, life imprisonment is also not applicable because the law stipulates that the alternative punishment is ‘arrest or imprisonment.’ According to the Penal Law No. 16 of 1960, a sentence cannot exceed 15 years. Thus, a child cannot receive greater than a 15-year sentence for any crime (Article 20). There are no reported cases of any child being subjected to capital punishment. However, capital punishment for adults is applicable.

Abortions

The Basic Law protects the unborn child’s right to life. The PCL considers a child to be any human being under the age of 18 years; hence, all of the rights to protection, health, and care are applicable to the unborn child, too. This right is reflected in the Penal Procedures Law of 2001 (Article 402) that prevents the execution of capital punishment for a pregnant prisoner:

a. If the person sentenced to prison is pregnant, execution of the sentence may be postponed until she gives birth and three months pass after the delivery.
b. If it is decided to proceed with executing the sentence or if the condition of pregnancy is established during its execution, she must be treated in the correctional and rehabilitation centre [the prison] as a provisional detainee.

20. The MOH has also regulated against abortions, Public Health Law no. 20 for 2004 (article 8), specifically prohibits abortion unless under special exemption:

It is forbidden to abort a pregnancy by any means, unless there was an urgent reason to save the woman’s life and under the condition of having two specialized physicians as witnesses with one of them a gynecologist. The following should also be available:

a) Written consent from the pregnant woman is required. In the case that the woman is unable to give consent on her own, written consent may be obtained from her husband or her legal guardian
b) The abortion should be performed in a medical institution.

Early Marriage

21. A female child’s life is still at risk due to the relatively high incidence of girls marrying before the age of 18. In 1995, the Head Judge of the Shari’a Religious Courts issued an administrative dictate, which raised the age of marriage from 15 and 16 years for girls and boys, respectively. The Egyptian Family Rights Law of 1954 which is in effect in Gaza has set the minimum age of marriage at 17 and 18 years, respectively for females and males.63 The draft Penal Code recommends imprisonment for any person who engages in the marriage of a girl under the age of 15 years without court permission. Girls between the ages of 15-17 years are only allowed permission to marry if approved by the girl’s parents (guardian) and/or a judge.64 This has resulted in a slight increase in the mean age of marriage for females from 18 to 19 years in the last five years. The median age at first marriage is still low at 18 years with the median age at first marriage in the West Bank being higher than in the Gaza Strip by one year. The median age at marriage for women in urban areas is lower than for women in rural areas and the refugee camps by one year. These findings may be correlated with the greater concentration of some maternal and child health educational programs offered in rural and camp areas rather than in urban areas.

22. In addition to the impact of age at first marriage on women’s fertility rates, marriage at an early age, particularly under the age of eighteen, negatively affects the health of both mother and child. It is also important to note that early marriage jeopardizes the chances of the woman to education and employment. Results within the country still indicate that pregnant females under the age of 19 years have a 2-5 times greater risk of maternal mortality when compared with slightly older mothers.65 Approximately 40% of neonatal and infant mortality rates occur in infants with mothers below the age of 19 years.66

Suicide

23. Suicide rates are not accurately monitored or reported on. Due to fear of social stigma, many families request that the suicide of a family member be hidden and are usually reported as accidental deaths. Hence, anecdotal information from physicians at emergency care services suggests that there is an underreporting of suicides within the country due to cultural and social constraints. There were 12 cases of suicide and 154 attempted cases of suicide reported in 2005. The majority of actual and attempted cases of suicide occurred within one district-Nablus. It is unlikely that the cases were skewed in this way and the results are more indicative of tendencies to cover up cases of suicide. In 2006, 16 cases of suicide and 303 attempted suicide cases were reported. Police reports from 2009 indicate that there were 312 attempted suicides and 8 suicides in the OPT. Gaza accounted for 95 cases of attempted

66 PCBS health data reports (2006-2009.)
suicide in 2009. The majority of cases (61%) of attempted suicide occur amongst females between the ages of 16-45 years. Disaggregated data is unavailable.

24. In January 2010, 34 attempted suicides were reported, resulting in one death in Hebron. It is assumed that the deterioration of the political and economic situation is playing a crucial role in increasing the number of suicides and attempted suicides throughout the OPT. Further efforts need to be taken on providing prevention-based programs to raise awareness of suicide and its symptoms amongst children, youth, and parents. It also suggests that mental health programs addressing the needs of young children and adolescents should take priority. Physicians and child care providers (including teachers) should be trained on early signs of depression and suicidal thoughts in order to work on the frontline in helping children to cope and adapt to the world around them. Research should be undertaken to review the issue of suicide, stigmatization, cultural practices and beliefs, and conducting awareness raising on how to prevent suicide.

Road Accidents

25. The increasing number of deaths caused by road accidents has jeopardized children’s right to life. For children ages 1 through 4 years, accidents were the major cause of death for 27.7% of the total deaths in that age group with traffic accidents accounting for 11.7% of young children’s death. For children 5 to 18 years of age, the main cause of death was also due to accidents which accounted for 46% of total deaths (5.5% of which were due to traffic/road accidents.) The 2009 National Annual Health Report reported that 149/100,000 children (5-15 years old), and of 21.7/100,000 for children (0-4) years old had been involved in a car accident. The rate for males is more than double that for females. The highest number of car accidents was in Nablus followed by Ramallah and Hebron with 6% of the severely injured children within the age group of 1-5 years old.

26. The MOH has acknowledged the high incidence of death caused by accidents and particularly road accidents within the country and has recently established the Medical Institute for Road Safety that is under the authority of the Primary Health Care Directorate General within the MOH which includes a surveillance system for casualties. The Ministry of Transportation (MOT) has also established a Higher Council for Traffic in 2010. The MOT has taken steps to raise awareness on road safety, organizes workshops in governorates, supports placing road speed bumps near schools, as well as to impose costly traffic tickets for failure to use seatbelts, or to obey the rules of the road, and for driving unlicensed, unregistered cars.

Death Registration

27. Civil Status Law no. 2 for 1999 requires of the Ministry of Interior’s Directorate for Civil Status to keep an official register of all births, deaths, marriage, divorce, and place of residence. Articles 29-35 require the reporting of all deaths within one week of the occurrence with the Ministry of Health death certificate. Relatives, those present at time of death, those residing with the deceased, and/or the physician who substantiated the death are all authorized to report deaths. Death certificates must include the hour, day, date and place of birth in addition to the full name of the deceased, sex, age, nationality, religion, identity card number, cause of death, and information on the person who reported the death. The police are responsible for reporting on the death of persons with unknown identities and these records are kept within a special registry. Article 20 of the Civil Status Law requires reporting both the birth and death of a newborn that passes away after delivery. However, in cases of “stillbirth,” a death certificate is only required. The Ministry of Interior encourages all parents to register the births and deaths of their children. Fee exemptions are made for anyone who cannot afford to pay the token birth/death registration fees. The Ministry is now reviewing the option to begin an online service to report on births and deaths to improve the timeliness and speed up the process of registration and to reduce costs. This initiative is being coordinated with the Ministry of Health that is also moving to an online, national database for provision of health service management of cases at clinics and hospitals.

67 According to the health strategy (Draft 25 October 2009) and the health annual report 2008.
Extra Judicial Killings

28. According to the Amended Basic Law 2003, all persons accused of a crime shall receive a fair trial in an official court of law. Assassinations are prohibited. However, Palestinians living under occupation have been subjected to hundreds of instances of extrajudicial assassinations that have been carried out by the Israeli army. These illegal assassinations are usually perpetrated in highly congested community arenas where children are known to be present. Many extrajudicial assassinations have taken place against individuals within their homes, while driving their car, participating in family events, or out in the public. Children are also killed due to Israeli practices of using disproportionate and indiscriminate force during execution of extrajudicial killings and during incursions. Israel is obligated to uphold international law and protect civilians, respect their inherent right to life, and to safeguard and protect children. However, numerous reports have fully documented these types of violations in which children are perceived as part of collateral damage by the Israeli army. Israeli army and settlers have killed 1,335 Palestinian children since January 2000. Approximately one out of every 10 children killed was under the age of eight.

29. The ICHR 2008 report has concluded that there were 16 cases of extrajudicial killing of Palestinian children due to internal Palestinian conflict. Child deaths were reported in Gaza, but detailed information is not available. Misuse of firearms, family quarrels and acts of revenge, as well as honour killings were key factors leading to the deaths of these children. According to article 32 of the Palestinian Basic Law, it is a crime to attack personal freedoms or the privacy of personal life; such crimes are “not subject to the statute of time limitations in terms of criminal or civil liability.” The Ministry of Interior has issued strict orders to collect all illegal arms and private citizens are not allowed to possess arms.

D. Respect for the Views of the Child (The Right to Be Heard) (Article 12)

30. Child Participation is important as it empowers children and allows adults and decision makers to hear the voices of children and youth as they speak about their aspirations, ideas and priorities. When children are given opportunities to have their voices heard and participate in decision making and governance they also learn the skills they will need to engage as active citizens throughout their lives. Improved child participation helps increase overall public accountability and improves planning and service delivery for children by increasing transparency in decision making within communities. It is the PNA’s view that in the long run increasing children’s participation in decision making helps to strengthen society’s long term political and developmental trajectory and that children and their communities must ultimately take responsibility for creating a strong society and facilitating change for themselves.

31. Children’s participation and giving them a voice in decision making processes is being supported through STEPS, an NGO led child participation initiative, focuses on educating children about their rights and freedom to express themselves and give an opinion. It involves students meeting together, identifying problems and violations of their rights, and then using the media to reach out to decision makers with their opinions, suggestions, and recommendations on how to improve the situation. They work on identifying concrete actions that the government, civil society, and children can collectively take to uphold human rights for all. This is achieved through day to day contact with school principals, municipal leaders, members of parliament, and all other stakeholders who are involved in children’s issues.72

32. The Central Elections Committee (CEC) has also supported a program to enhance children’s participation. They rolled out a West Bank based training course for school teachers on citizenship and child

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70 Data was obtained through the national database on occupation related fatalities of Palestinian children. www.dci-pal.org
72 This program is conducted in schools with PYALARA and is funded/managed by Save the Children (Norway and UK).
participation concepts. Teachers then introduced and mobilized student action on these concepts within the school setting. This program was linked with the Shadow Youth Council program that involved youth mobilization to improve youth participation in proposed municipal elections that were originally scheduled for earlier this year.¹³ The Ministry of Local Government and SHAREK¹⁴ Youth Forum are championing these initiatives and are supporters of child representation in municipalities and village councils in addition to increasing youth participation in elections.

33. Earlier this year, the government participated in a regional initiative to strengthen their understanding on how to facilitate child participation and to identify locally relevant resources that can aid in tackling different issues that face children.¹⁵ The Government representatives came from various ministries such as the MOEHE, MOYS, MOJ, MOSA, MOC, MOH and the Office of the President. The government agreed that child participation was a national priority and that children should be involved in developing the legal, political, and economic environment, and support efforts to overcome the social and cultural obstacles that currently hamper the right of child to be heard and to participate in all matters that affect their lives. It also requires a commitment to provide resources and training, accepting and respecting the child’s view, children’s role in the legislative process and in policy formation, service and program development and implementation, and monitoring. A handbook was developed that tackled issues of divorce and separation, separation from parents and alternative care, adoption and kafalah of Islamic law, the child offender, the child victim and child witness, and child’s right to be present and heard at administrative proceedings.

Legal Framework for Child Participation

34. The PCL stresses the right of children to express their opinions freely on all matters that relate to them and gives children the right to participate in educational, cultural, recreational and artistic programs. The Amended Basic Law of 2003 also ensures these rights and attempts to safeguard them by considering violation of personal freedoms a crime. Moreover, the rules and principles of the existing democratic system ensure separation between powers, sovereignty of law, achievement of equality for Palestinians and the elimination of all forms of discrimination. Providing children with the opportunity to exercise such rights is lacking, however.

35. PCL Article 33 states that the child shall have the right to obtain, receive, transfer, and disseminate all types of information and ideas, provided that this does not contradict with public order and morals. It also obliges the state to work towards implementing and embodying this right, in accordance with its resources and capabilities. To this end, the State will oblige audio, video, written media and others to devote part of their programs and resources to secure the actual benefiting of children to this right. Information and media programs have been developed by international organizations and civil society that address children’s rights. The work of PYALARA, a local civil society agency, to produce and disseminate a child’s rights focused newsletter is an example of the work that is currently underway.

36. Participation rights are also reflected on in laws addressing other sectors. Civil society organizations and associations that work with children fall under the authority of the Basic Law and the Associations Law No. 1 of 2000 and its bylaws issued by Decree No. 9 of 2003. At the level of political parties, the Palestinian legal system lacks a modern unified law that regulates party work and political parties’ affairs. Additionally, the Basic Law and the Egyptian Workers Trade Union Law of 1954 (which does not have its equivalent in the West Bank) regulate trade unions and outline participation rights. However, the Palestinian Labor Law which was issued in 2000 does not provide protection for trade unions members. Other laws such as the Publication Law and the Palestinian Statistics Law give citizens a right to access statistical data and information. Finally, the Criminal Procedures Law of 2001

¹³ This latter initiative was supported by SHAREK.
¹⁴ SHAREK is a national youth movement that encourages community involvement and participation and empowerment of youth as future leaders.
¹⁵ UNICEF and Save the Children who organized a cross regional consultation for Government officials on field-testing the Handbook on General Comment No. 12 on 16 June 2010 in Istanbul. UNICEF brought together 35 Government representatives from 9 countries - Azerbaijan, Lebanon, Oman, and occupied Palestine territory, Kazakhstan, Syrian Arab Republic, Tunisia, Turkey and United Arab Emirates.
allows children under 15 years to participate in court proceedings by providing information to the court, but it does not give children a role in making decisions regarding their best interests.

37. However, this Article contradicts with the Code of Penal Procedures Law No. 3 of 2001, which is applicable in the West Bank and Gaza. Children below the age of 15 may only give information to the court for “information only” without the rights to go under oath in civil and criminal cases. This negatively affects the child’s right to address issues of custody, place of residency, privacy issues, and his/her right to participate in certain events within the legal system.

38. Similarly, article 6 of this Code prevents children below the age of 15 from lodging complaints and seeking redresses before a court or other relevant authority without parental/guardian consent. Complaints may be submitted by his/her parents or guardians on his/her behalf. The ICHR and MOSA are cognizant of these contradictions and both agencies have taken action to ensure that the PCL article 12 is respected and that children are provided with the opportunity to express their views and opinions.

39. There are no existing bylaws that require formal representation of children within community, local, regional or central bodies that are providing programs or services for children. Similarly, there are no formal requirements that include children in planning and monitoring of programs or violations within the courts.

Participation in National Planning Processes

40. Children and youth have been key stakeholders with 112 partner agencies in developing the National Plan of Action for Palestinian Children since 1997. The most recent plan which was prepared for 2009-2011 including participatory workshops with children from schools, institutions and non-formal settings throughout the country to provide them with an opportunity to identify the objectives, policies, and programs that they believed to be in their best interests. The MOYS, MOEHE, and MOSA all included child participation in the development of their new strategic plans that will come into effect for 2011-2013. Numerous workshops and meetings were held with children and youth (above the age of 8) to provide feedback on previous governmental programs and to elaborate on future goals, objectives, policies and programs that are needed from a child’s perspective. The outcome of these meetings are documented and included within the planning and strategy documents. These initiatives were implemented at the expressed demand of the ministry, and it is encouraging to see greater child inclusion.

41. Throughout the last five years, the ministries have collaborated on joint projects that focused on establishing a national child parliament and child friendly municipality initiatives. These endeavors have not been sustainable and tend to dissolve once donor aid becomes unavailable. The importance of establishing a “culture of respect” for children’s views and opinions needs to be advocated for. Many of the government institutions involved in providing for child services and programs have become adept at bringing children together in a multitude of spontaneous, one off events that allow children to express their own individual views. Supporting children in developing elected, representative bodies of youth, adolescents, and children will allow for greater institutionalization of listening to children and respecting them as decision makers.

42. Specific training and awareness raising needs to be undertaken with judges, probation officers, police, child protection workers, teachers and health professionals to raise their awareness and acceptance on the right of the child to be heard in different settings.

43. The MOSA Draft Law includes specific articles on the child’s right to express his/her opinions and views in all issues and matters relevant to their well-being. This includes inter alia custodial and institutionalization processes, children in conflict with the law, child orphans, and all other children who are in need of protection against abuse, violence, neglect and exploitation. Considerable training has been afforded to their staff in terms of understanding and implementing the rights of the child and in methods suitable for working with young children and understanding their needs, rights, and giving them a voice in decision making.
44. The MOEHE has adopted a policy of establishing student councils within schools which afford the student population with a voice to take decisions on educational matters within the school setting. However, student decision making powers are limited to addressing the non-formal aspects of education and students are “encouraged” to not address curriculum, teaching staff issues, and administrative issues within the school setting. To date, school councils have not yet taken a stronghold within schools.

45. The MOYS has developed an ambitious policy to ensure children’s right to be heard and to participate. This is reflected in the National Youth and Adolescent Policy that was endorsed by the Cabinet in February 2005. This policy document clearly stipulates the rights of youth and adolescents to form representative bodies that play an integral part in shaping the national planning and policy agenda, to be partners in the national development process, in addition to the requirement that agencies are required to take into consideration “their position, interests, requirements, and opinions vis-à-vis all policies, programs and laws.” The Ministry of Youth and Sport (MOYS) also has attached importance to the youth sector through its sector strategy (2011-2013) which focuses on;

- Empowering youth by promoting their political participation at all levels and integrating them in leadership positions and elected councils.
- Facilitating youth participation in development processes, state building and institution building.
- Involving youth in policy making and promoting active citizenship.
- Developing youth representation bodies and organizations and establishing youth committees that work in parallel to the legislature and local councils that will allow for the expansion of youth participation to promote the ideals of active citizenship, promoting civil rights, and encouraging economic, social and political empowerment.
- Compulsory national civic service certifying the staff of youth organizations and building their capacities to work with youth. A draft civic service framework is under development and is being supported by the Prime Minister.
- Developing awareness raising programs on civil rights and citizenship for youth, and developing advocacy and lobbying skills among young leaders.
- Establishing unified national criteria (in cooperation with political and community groups) for the patterns of factional or electoral propaganda.
- Establishing a national code of conduct for youth related activities and professionals working in the area of youth programming like summer camps, sports clubs, youth clubs, etc.

General Principles - Way Forward

- The PNA will develop policy papers that clearly define and provide practical application of the principles of non-discrimination, best interests of the child, life, survival and development, and right of the child to be heard:
  - Within the home
  - Within schools
  - Within institutions sheltering children
  - Within the legal system (formal, informal, religious)
  - Within public offices and institutions

- Information will be disseminated and discussions held with children within school settings on the basic principles included within the Convention and the PCL to determine whether or not these principles are being applied in their lives, and how to make them applicable, if they are not being applied. This process should be initiated in 2011 and institutionalized by 2013.

- The PCL needs to be amended to include criteria and enforcement mechanisms to translate the principles into actions – particularly on child participation and their voice in courts by 2013.

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• Research will be initiated on defining best interests of the child, non-discrimination, and the child’s right to be heard and express themselves according to Palestinian perceptions, practices, and its ramifications on clarification of child rights within the legal, protection, and service systems within the country. This should be initiated in 2011 and continue.

• Marginalized groups of children will be given special attention and additional resources should be made available so that they have equitable access to basic services and programs. This could be in the form of transportation costs, schooling fees, and/or health insurance. This should be initiated by 2012.

• Adults in contact with marginalized children will receive training on the principles of non-discrimination and the best interests of the child and their relevance in the lives of children with disabilities. This should be initiated in 2011 and institutionalized within government agencies by 2014.

• Encourage the establishment of a Child Parliament that has representation and working committees at the district level that can play a strong role in ensuring children’s right to participate in all spheres of life –family, community, schools, and at the national level by 2012.

• Increase youth capacities by investing in training them in the skills needed to promote participation and voluntary work in their communities through summer camps and school based non-formal programs by 2012. Encourage and promote participation at all political levels-particularly within municipal councils, youth organizations, and within school councils.

• Improve children’s life skills and understanding of child rights by establishing recreational and cultural centers in marginalized areas by 2012.

• Training staff from organizations and institutions working with children on child rights and signing a joint agreement on enforcing the Convention and the PCL.

• Increase national allocation of funds for child and youth participation programs by 2011.
IV. CIVIL RIGHTS AND FREEDOMS
(Articles 7, 8, 13-17, 28 (2), 37 (a) and 39)

A. Birth Registration, Name and Nationality (Article 7)

1. Offices for registering births are located in each district of the West Bank and Gaza to facilitate quick and easy birth registration for families and guardians. According to Articles 15, 16, 17, and 18 of the PCL, every child should be registered immediately after birth in the civil register. The child’s nationality is immediately accorded to them in line with the provisions of the Civil Status Law (articles 16-19) that stipulate the following requirements for birth registration:

   Article 16: The birth should be reported to the Department or the Palestinian Legation in the area where the birth has taken place within ten days from the date of its occurrence if the notification is accompanied with the substantiating documents.

   Subsequent articles 17-19 of the Civil Status Law (1999) require that an eligible and identified informant immediately proceed to notify the Ministry of Interior (MOI) of the birth and provide particular information on date, time, and place of birth. Information on the name, sex, and status of the child must be submitted through the birth certificate provided by the health provider.

2. A contradiction exists between the PCL and the Civil Status Law with the former requiring that birth registration be completed “immediately” after birth, while the latter requires registration to take place “within ten days” of the birth of a child and/or register the birth with the Palestinian representative or delegation, which is located in the area where the child was born.

3. Hospitals and clinics provide all mothers/guardians with a “birth report” immediately after delivery. Parents are encouraged to present this document immediately to the Directorate of Civil Registration that is located in a major city within each of the Palestinian districts. Registration is free of charge. However, a penalty fee is due if registration occurs after day ten of the child’s birth. Birth registration requires the presence of “birth report, a copy of the marriage certificate, and the parents ID card.” The government is working to facilitate birth registration for Palestinian children born abroad. Hence, families are encouraged to report the birth of a child while abroad at one of the PNA representative offices or once they return to the OPT. They must submit the aforementioned documents along with a copy of proof of date of entry into the OPT. Non-citizens are also required to report and register the birth of a child within the country. They are requested to submit the same documents as a Palestinian resident who is reporting the birth of a child abroad.

4. The information that is available through the registrar office is considered essential for monitoring health conditions within the country because it provides the baseline number of children being born within the country and is used to determine infant mortality rates. In addition, it provides information on the number of children who will need health, education, and social services in the future. The majority of families are keen to report the birth of a child because these children will not be able to travel outside of Palestine unless they record their names on the parents (Israel-issued) ID. Note of the child’s birth is immediately recorded within the ID of the parents. This also makes the child eligible to receive an ID when they become 16 years of age.

5. The MOI has reported that some parents are not registering their children in a timely manner. Although there is no research on who is likely to delay registering the birth of a child, the MOI assumes that parents in remote areas of the country and poorer families who may have difficulty covering transportation costs are less likely to file early birth registration forms. Differences between the MOH number of “reports of birth” and the MOI’s “birth registration” figures still exist. MOH reports slightly higher numbers of births compared to MOI data. There is some concern that either parents are simply delaying birth registration processes or in cases of neonatal deaths, the parents do not bother to register.
the child. However, death certificates and permission for burial are granted only when a birth certificate and/or ID is presented. However, if a neonate dies, some families continue to bury the child without following the proper procedures.

**Children Born out of Wedlock**

6. The MOI ensures that all children are properly registered as soon as receiving the required information and documentation. This includes children born out of wedlock. The Civil Status Law of 1999 stipulates that all cases of “a child with unknown parents” be dealt with in total confidentiality. The police must be informed immediately and the child placed in the care of a certified and reputable institution to be cared for and protected through coordination with the MOSA. The police are responsible for preparing a full report on the circumstances of finding the child that includes information (when available) on the child’s age, sex, situation and descriptive markings (any indication of the parent’s religion for instance). This may include having a Quran or Bible placed beside the child or the child wears jewelry with the sign of the cross or name of Mohammed. The MOSA is then contacted to carry out full birth registration procedures and to provide shelter for the child.

7. The MOI has initiated a program to strengthen the capacity of the government to advocate and raise awareness on the importance of birth, death, marriage, and divorce registration for all citizens. A small guide has been produced that clearly identifies the steps needed to acquire proper registration documents, places where services are available, and numbers to contact if further assistance is needed. They will also launch a website that includes this information and allows for submission of documents through the internet. This will speed up and reduce the costs affiliated with birth registration. This e-government based program for birth registration is being developed and should be ready by 2012. This will include developing database links with the MOH, MOEHE, and religious courts in order to ensure that all records and documents can be cross-referenced and linked with service-oriented agencies.

8. Recommendations include allowing for birth registration at primary health clinics that have virtually 100% attendance by mother and child. In addition, the MOI and MOH should conduct a monthly review of “birth reporting” and “birth registration” to identify differences in numbers and follow up with families who are not registering. Parents of children receiving their 2nd and 3rd vaccination should be requested to present birth certificates and a note should be made in their files if no birth certificate is presented.

9. The MOI is working to ensure that each child has a passport. In the past, most children were recorded on one of the parent’s passports (usually the father). However, this raises problems if the mother wants to travel with the child and is not accompanied by the father or vice versa. One constraint in having parents apply for individual child passports has been the high costs associated with obtaining a passport. Therefore, the MOI has now reduced passport fees from 35 to 20 Jordanian dinars to encourage parents to apply for individual passports. Passports can only be issued to a child with the father’s consent. There is currently a decision under review to change this regulation to allow for the mother or a guardian to apply for a child’s passport.

**The Case of East Jerusalem**

10. East Jerusalem Palestinians face many problems and inconsistencies in reporting and registering the birth of their children. Most Palestinians living in East Jerusalem have “permanent residency” status and do not have Israeli citizenship. An East Jerusalemite who has resided abroad for over seven years has difficulty filing for and receiving birth registration certificates for their children from Israel because their residency rights may be revoked unless they can prove that East Jerusalem has been their “center of life” in the last seven years.

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1 This is a USAID funded project which is part of the MOI’s “Capacity Development” program.

2 Approximately 2-3% of Palestinians residing in East Jerusalem are Israeli residents, only. Permanent residency status allows Palestinians to work and live in “Israel” without special permits and to receive social benefits. However, they do not have all the rights and responsibilities of Israeli citizens.
11. Since 1982, children born to parents of whom only one is a resident of East Jerusalem do not receive an ID number at birth. This prevents the child from receiving health, education, and social benefits from Israel. Recent data has indicated that one out of four children in East Jerusalem are not able to register in government / public schools in East Jerusalem for many reasons including - lack of official birth certificates and registration forms, confiscation of the parents’ ID, refusal to issue family permits, and prevention of family reunification. This situation places children and family at risk because they are considered “illegal” residents with no rights to health care, education services, or other social benefits and adults are not allowed to work. Moreover, they are at risk of arrest when they are checked by the police in the town or at checkpoints since they have no permit to stay in the city. The Israeli group, Hamoked Center for the Defence of the Individual, has reported that almost 9,000 Palestinian residents within East Jerusalem had their residency rights withdrawn from them between 1967 to 2007. Furthermore, the Palestinian Central Bureau of Statistics (PCBS) is usually prevented and/or impeded from carrying out its national census which includes home to home data collection on family and child demographics. Hence, actual numbers of “non-registered” Palestinians residing within East Jerusalem are not known.

12. The issue of Palestinian residency rights and the policy of de-populating East Jerusalem of Palestinian residents (both Christian and Muslim) results in internal displacement of Palestinians which is a violation of their rights and also a violation of Israel’s legal obligations under The Fourth Geneva Convention and the rules applicable to situations of military occupation. These cases should be addressed by the international courts of justice. The current situation violates children’s rights and separates families. Although Israel is responsible for remedying this situation, the PNA has initiated a number of programs to support education, health, and social services in East Jerusalem to ensure that there is no further deterioration in the quality of life of Palestinian children and families residing there.

The Child’s Name

13. Article 16 of the PCL requires that every child has the right to a name “since his/her birth, to a first name that is not derogatory to his/her dignity or contrary to religious creeds.” The Civil Status Law of 1999 ensures that all children are registered with four names that do not in any way discriminate against the child and the circumstances of their birth. Although the law is enforced, there are no penalties if the parents fail to abide by the law. Hence, all children receive a given name, followed by their father’s name, their grandfather’s name, and the paternal family surname.

14. The Civil Status Law 1999 (articles 23, 24 and 25) stipulate that a child born to unmarried couples and/or whose father is not the legal husband of the mother cannot have the names of the parents placed on his/her birth certificate. Fictitious names are written on the birth certificate in their stead. There has been no due process given to the right of the child to receive information on their parent’s identity. There are no records officially kept that document information on the birth parents.

15. In other cases, the child automatically receives the surname of the father, unless parents submit a special request to the MOI for a change in surname. This is applicable in cases of incest, divorce, unmarried couples, and other circumstances. The child is not allowed to change their name unless a formal request is made by his/her guardian and approved in court.

The Child’s Nationality

16. All children born and registered with the government are considered to be of Palestinian nationality. Therefore, all children registered with the MOI are of Palestinian nationality regardless of the circumstances of their birth. A child can officially receive Palestinian nationality if one or both parents have a Palestinian ID as long as the child is officially registered before the age of 16. The Palestinian registry

3Hamoked Defense Center for the Israeli Individual (2009). They have prepared a series of reports that deal with civil violations against Palestinians residing in East Jerusalem.

4There are some reported cases of neither the mother nor the father having a Palestinian ID card. The Palestinian civil registry reports them as Palestinian nationals; however they usually do not receive an ID number which is issued by the Israeli government and are considered illegal residents of the OPT by Israel. These families do not leave the country for fear that they will be penalized by the Israeli government and/or denied re-entry.
is officially under the control of the Israeli Civil Administration, which controls the population registry. In effect, Israel has the authority to accept or deny any person who is included within this civil register by preventing incorporation of the child’s information on the parents ID or by not authorizing the creation of an ID card for the individual.

17. Children living in East Jerusalem, who have only one parent carrying a permanent residency permit, are denied residency or citizen rights in Israel or East Jerusalem. The Israeli High Court of Justice continues to uphold the Nationality and Entry into Israel Law (Temporary Order) which came into effect in 2003. This temporary order bans Palestinians living in the OPT from obtaining citizenship or residency permits in Israel or East Jerusalem (the assumption being that East Jerusalem is part of Israel and is not regarded as an illegally annexed region of the occupied territory5).

18. Hence, a Palestinian child born of parents who are either permanent residents6 (but not Israeli citizens) of East Jerusalem are no longer registered within the Israeli Population Registry through the normal procedure of filling in a child registration form. By virtue of the aforementioned temporary order, the parents are required to fill in a family re-unification form. However, the family re-unification procedure has been suspended repeatedly which means that children cannot be registered and thus become ineligible to receive health, education, and social services and benefits in East Jerusalem. The overall intent of this temporary order is to put pressure on Palestinian families to move out of Jerusalem and seek residency within the West Bank. The rules, regulations, and procedures required to maintain a presence in East Jerusalem require excessive time and effort. This process is linked with the proof of "center of family life" that requires residents to prove that they are currently residing in or have a physical presence in East Jerusalem that must be verified via electricity/water bills, rent contracts, and other forms of documentation.

19. Legal action is required to prevent the ongoing discrimination on the basis of nationality as relates to the residency rights of Palestinians living in East Jerusalem. The government has invested in providing families who do not have access to Israeli funded health, education, and social services with financial and material resources to facilitate their continued presence in East Jerusalem and to cover costs of basic services for children. However, due to restrictions included within the Oslo Accords, the PNA is restricted from providing services directly in East Jerusalem. The government supports allocation of funds to renovation of schools, health clinics, recreational clubs, and other activities within East Jerusalem in order to support these children’s right to basic services. Salaries of staff providing health and education services are also covered by the government.

B. Preservation of Identity (Article 8)

20. Palestinian identity is a politically charged issue in the OPT due to the continuing Israeli occupation and the fact that Palestinians do not have a state of their own. The director of the civil register (population registry) is required to ensure that every person residing within the OPT is included within the registry and that information on the child/person include their name, their father’s name, their grandfather’s name, the mother’s name, and the family name. The mother’s name is also placed on the child’s birth certificate and later on in their ID card. This is used by the Israeli authority as a means of tracking all individuals. Documentation should also include the child’s date of birth, place of birth, sex, religion, and place and date of issuance of the birth report.

21. In cases where the identity of the child is unknown, the police and MOSA must work together to identify as best as possible the identity of the child’s parents (i.e. If a child has been deserted or is born out of wedlock). Children with unknown identities or whose actual identities are ‘best kept’ private (cases of incest, rape, etc.) are given a birth name followed by fictitious names for any or all of the following names: mother, father, grandfather, and family. The child is provided with a non-discriminatory identity that does not stigmatize or label the child as different in any way from any other child. These children are eligible to receive an ID card at the age of 16 years.

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5 In 1980, The Israeli Knesset passed the “Basic Law” which is “Jerusalem is the capital of Israel.” However, according to international law and UN Resolutions, East Jerusalem remains occupied Palestinian territory and is part of the West Bank.

6 Or if one of the parents is a resident of the West Bank or Gaza.
22. Article 7 of the Amended Basic Law for 2003 states that “Palestinian citizenship shall be regulated by law.” While Article 28 states that “No Palestinian may be deported from the homeland, prevented or prohibited from returning to or leaving it, deprived of his citizenship, or handed over to any foreign entity.” However, there are no “citizenship” procedures or documentation available other than the Palestinian ID card (which had been previously issued by the Israeli Civil Administration and the Palestinian passport). According to Article 28 of the Civil Status Law of 1999, a Palestinian will receive his/her identity card at the age of 16. In order to receive this identity card, the child must submit documentation verifying that one or both of his/her parents are carriers of a Palestinian ID card and their birth certificates. Children (under the age of 16) born abroad are allowed to apply for Palestinian ID as long as one or more of their parents have an official ID number. However, a child between the ages of 16-18, who applies for an ID is not granted an ID number/card if s/he has been born abroad and his/her parents were non-ID card holders at that time or if his/her parents reside within the OPT but do not have Palestinian ID cards (even though they may be of Palestinian nationality.)

23. A major problem facing the government are Israeli prohibitions on family re-unification measures between the West Bank and Gaza and/or with Palestinian spouses who are residing abroad. A parent from Gaza for example, is not allowed to enter into the West Bank unless they receive special permission/permits from the Israeli authorities. These permits are rarely provided and the result has been that families are separated and children are forced to reside with only one of their parents. These policies have resulted in children identifying themselves as “Gazan,” “West Bankers,” or “from abroad” instead of as Palestinian.

24. The government should initiate an independent Palestinian civil registry that registers all Palestinians and keeps updated information on Palestinians who have Israeli approved ID cards, Palestinians residing within the OPT who do not have ID cards, East Jerusalemites, and those living abroad.

Institutionalized Children

25. The Ministry of Social Affairs has the responsibility for ensuring that the records of all institutionalized children are maintained and that regular and routine visits with families are carried out. During the last 10 years, periods of heightened conflict and the expanding closure regime has seriously impeded movement of people from areas within the OPT. This has discouraged some parents from visiting their child(ren) residing in reform/rehabilitation centers, orphanages, and centers for the disabled because many cannot access them as a result of closures, have become dependent upon the organizations to take care of their child(ren), or they cannot afford the transportation costs. The Ministry now requires all institutions to return children to reside with their parents and/or extended families rather than keep them in institutions if the circumstances are suitable for family re-adaptation and re-integration. This is included as part of the Ministries child protection draft bylaws and is being executed through child protection officers, probation officers, and orphanage and charitable organizations’ supervisors. The largest orphanage is the Hebron Islamic Charitable Association for Orphans that had over 1,000 children residing on its premises. The number of orphans has now been reduced to below 200 children, but they continue to offer support and care for orphans who reside within their extended family or with their remaining parent.

Preservation of Identity - way forward

- The PNA will initiate a separate Palestinian ID and nationality system that is not dependent upon Israeli government approval. Official documents and certificates should be provided to all Palestinians who can document their Palestinian presence and heritage as Palestinians by 2012.
- The PNA will take immediate legal action against the State of Israel for denying all Palestinians within all areas of the OPT – West Bank including East Jerusalem and Gaza – easy and free access and rights to re-unify with families and which allows them to maintain residency rights within the OPT including East Jerusalem.

*The government applies this law, however, the Israeli government arbitrarily denies entry and exit to any person depending on the types of orders they issue.*
Residents of East Jerusalem should have all the rights, duties, and responsibilities of any other resident of the city and children should not be denied access to any of the basic government services, even if they do not have full documentation or written authorization regarding residency rights. This should be executed immediately and remedial action should be taken to address previous discriminatory practices and their resulting negative impact on children’s well being.

The government will facilitate birth registration through coordination with MOH primary health care centers that may prove to be the optimal site for registering all births and initiate the e-government based national registry system by 2012.

Ministries of Health and Education should ensure that all statistics pertaining to vaccinations, health care service delivery, and IMR, U5MR, and school enrollment rates take into consideration birth registration data.

C. Freedom of Expression and the Right to Seek, Receive and Impart Information (Article 13)

26. Palestinian laws provide for all persons, including children, the right to seek, receive and impart information in an open and free manner. The amended Basic Law of 2003 (Article 19) states that, “every human being has the right to express their opinion and spread it verbally or in writing or otherwise through the media or art within the guidelines of the law.” Additional laws detailed more specifically the rights of people to freedom of expression like the Law of Printing and Publishing of 1995, which states:

   Article 2: Freedom of opinion is guaranteed for the press and the printed press and for every Palestinian whether it is through spoken or written words or through drawings or photographs in the media.
   Article 7: It is necessary that the printing press meets its goal towards children and teenagers in terms of pictures and stories and news.

The PCL dealt with the issue of freedom of expression in Article 33 by ensuring that:

   a) The child shall have the right to obtain, receive, transfer, and disseminate all types of information and ideas, if this does not contradict with public order and morals.
   b) The State shall work towards implementing and embodying this right, in accordance with its resources and capabilities. To this end, the State might oblige audio, video, written media, and others to devote part of its programs and resources to realizing this right.

27. Furthermore, Article 12 of the PCL guarantees the child’s right to freedom of expression and opinion that is compatible with public order and morals and that “due consideration should be given to children’s opinions based on their age and degree of maturity.” These rights should be ensured within judicial proceedings, social, and educational settings. Article 36 of the PCL prohibits the publication and/or distribution of any forms of information that may contain immoral, inappropriate, and degrading materials that can be used to seduce or influence children in committing acts that are contrary to public order or social morals or increase the likelihood of delinquency. However, there are no clear guidelines, standards, or criteria that are used to determine suitability (or lack of appropriateness) of information and materials made available for children.

28. The current legislation faces two problems. There is no set definition or criteria on what “contradicts with public order and morals” and this may restrict what children can actually say, see, and hear; while failing to protect them from harmful exposure to inappropriate information sources (i.e. pornography, violence, etc.). The second issue relates to the government having to allocate support “in accordance with its resources and capabilities.” The government has limited resources and is constrained in providing sufficient supervision of television, internet, radio, newspapers, and other forms of communication used by children. Hence, the supervision of materials available to, for, and from children is not adequately monitored.
29. The lack of government resources has limited the ability of relevant line agencies to ensure execution of the law, but the government realizes that this is an issue that requires more attention. Lack of resources should not be used as a justification for not delivering on all of its policies and laws pertaining to children’s rights in general. The government is now in the process of setting up an independent public board for media and information. The responsibility of this public institution will be to license and register media and information centers to ensure that they are performing according to the law. They will have an oversight mechanism that will allow them to monitor what kinds of information are available and to ensure a human rights (and child rights) approach to monitoring media and information sources available to the public. Clear policies and licensing regulations and restrictions need to be developed that define what kinds of information, images, and media related materials are inappropriate for children’s use and/or exposure. Similarly, the rights of children to be heard on these media outlets should also be clearly detailed.

30. There has been an increase in Radio, Television and web based media outlets. In addition, the PCBS Census for 2007 reported that there are 3799 non-governmental organizations (NGOs) located within the OPT. There are 2450 and 1349 NGOs located in the West Bank and Gaza, respectively. Four out of ten NGOs in the West Bank are located within the Ramallah, East Jerusalem, and Bethlehem districts. In addition, there are over 32,000 private sector and/or NGO based establishments that provide educational, health, and community/social services within the country. The majority of these sites are accessible and available to children and produce materials and information that are easily disseminated without any guidance or oversight on the validity, reliability, and appropriateness of messages and information being provided for children.

D. Freedom of Thought, Conscience and Religion (Article 14)

31. Palestinian laws, policies, and regulations support a child’s right to freedom of thought, conscience, and religion. The Basic Law states that Islam is the official religion of the state; however, “respect for the sanctity of all other divine religions shall be maintained.” Children are seen to follow the religion of the father. If a child opts to change his/her religion and the parents are opposed, they must seek legal recourse that is accessible to them after they reach the age of 15. In addition, Article 18 of the Basic Law ensures that “Freedom of belief, worship and the performance of religious functions are guaranteed, provided public order or public morals are not violated.”

32. All children are required to take religion classes- either Islam or Christian teachings- from grades 1 through 12 according to the religion of their father. These classes are part of the formal education process and curriculum. However, Christian students are not forced to attend classes on Islam and vice versa. However, all students must take religion classes as part of their formal education. These same regulations apply for institutionalized children.

33. The PCL (article 2) upholds the right of the child to develop their social life in accordance with their age, level of maturity, and developing capacities to ensure their love for work, life, and the ethics of work, self-respect, and a spirit of self-reliance. The importance of parents, family, and the social environment are seen as moral values that all children should be taught and it is the responsibility of the family to teach children these moral values. There is currently no government intervention that directly assesses or influences family moral values and supervision of children. In previous years, the MOSA ran a parent education program however, it ended due to lack of funding. The de facto government in Gaza has taken action to prevent certain actions that they perceive to be “inappropriate”. This includes preventing the display of music and dancing in public arenas, smoking “argilas” by women in cafes, and females riding on motorcycles. However, there have been no reports of interventions that support positive family and parent education.

34. There do not appear to be any pertinent issues that have been brought to the attention of courts regarding children’s rights to freedom of thought, conscience, or religion. However, in cases of custody of

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8 Argilahs are also referred to as hubble bubble and hookahs. It is a water based tobacco smoking device commonly used during social visits.
children of mixed marriages, the judge usually rules in the favor of the father’s religion or Islam, without giving due weight to the consideration of the child’s views on the matter. The absence of an ombudsman office, child parliament, and the right of a child to access courts do not encourage children to speak out and reflect society’s views that “family and personal” matters should not be aired publicly.

**E. Freedom of Association and Peaceful Assembly (Article 15)**

35. The Basic Law allows for the right of all to association and peaceful assembly. PCL Articles 34 and 35 allow children to set up their own societies and associations according to existing laws (i.e. the Law on Societies and Charitable organizations No (1) of 2000 and its Executive Regulations No. 9 of 2003) and guarantee their right to join associations and clubs and participate in public gatherings. The law also stipulates that children can “determine and implement” recreational, cultural, artistic, and scientific programs that are in line with public order and morals. The government ensures that all organizations that are newly registered by children/youth are done by and for them and are not being used as “fronts” for organizations that are driven by adults.

36. There are over 2,100 registered non-governmental, charitable, and not for profit organizations functioning within the OPT. However, only a limited number of associations are formally registered by and for children. Overall, children’s involvement in associations tends to be quite limited. There are a number of cultural, sports (408 registered with MOYS), and recreational centers throughout the country. Most of these associations are affiliated with local community-based organizations and are supervised by adults. More males than females tend to participate in activities. The importance of raising awareness on the rights of children to freely associate and assemble is urgent since many parents (particularly in rural and camp settings) tend to restrict their children’s (particularly girls) involvement in such activities. The government has a policy of encouraging organizations to provide activities and clubs within the school environment. This allows greater numbers of children to participate in activities within the safety of the school environment that is also culturally and socially accepted by most parents.

37. Although the laws and practices within the country encourage child association and assembly, the overall regime of closures prevents children free and easy access to move around. This is particularly troublesome in Gaza, Area C and areas along the Israeli Wall known as the seam zone (area between the Green Line and the Wall). This situation negatively impacts on children’s freedom to associate. This situation is further compounded by the location of many clubs which tend to be in the central parts of the country and in urban localities.

38. A number of organizations have been shut down in the last two years due to actions taken by the MOI. The MOI has the overall responsibility of monitoring NGOs registration and implementation of the law. The law requires of all agencies to submit audited finance reports. The NGOs that they ordered closed had not submitted these audited reports and/or complied with the NGO law regarding registration and licensing, and there were allegations against the NGOs on misuse of organization funds. These NGOs were able to file legal complaints against the closure proceedings. The MOI abided by all judicial decisions regarding closures of NGOs In Gaza, ICHR documented similar events which resulted in the dissolution of 40 societies/organizations. This included orders for the closure of the Palestinian Child Parliament in March 2008 by the de facto Hamas government in Gaza. The MOI has now undertaken a review of its policies and procedures and all actions pertaining to inspection of NGOs and closure/or halt work orders are done taking into consideration due process of law and in conjunction with the relevant technical line ministry that has overall licensing approval.

39. Encouraging free and open participation of youth and children in associations is negatively affected by the politicization of these entities. The government should enforce policies and criteria that safeguard children from being politically exploited or manipulated in any way when receiving services or partici-

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9 PCBS Census 2007 places the number of NGOs in the OPT at 3799. Data from MOI includes information on 2100 NGOs. Differences in numbers could be accounted for in definitions of NGOs. For instance there are over 1400 preschools in the West Bank and Gaza. Only half are registered with the MOEHE and MOI. They may not be included as part of the MOI database on NGOs.

10 ICHR annual reports for 2008 and 2009. These reports provide detailed information on allegations of violations of human rights perpetrated by the government and the de facto government. They have noted with grave concern the depth and breadth of violations of personal freedoms that have been carried out in Gaza over the last three years.

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pating in programs offered through charitable, community-based, or not-for-profit organizations. All organizations relating to or serving children should be safeguarded from illegal actions taken by any party to dissolve, interfere with the functioning of, or confiscate or use the property for purposes other than intended by abusing political and security authorities or agencies.

F. Protection of Privacy and Protection of the Image (Article 16)

40. The Basic Law clearly stipulates that the privacy of the individual is paramount. Article 17 prohibits violating the sanctity of the home and prohibits surveillance and illegal searches. This is supported by the PCL that requires respect for a child’s privacy while taking into consideration the rights and duties of the parents and guardians. It is prohibited to subject a child to arbitrary and unlawful interference in his/her life, family, home, correspondence, or any attempt to undermine his/her honor or reputation (PCL article 13). There are no reports of children’s rights to privacy being violated, however, the ICHR has reported on tens of cases where adult complainants have reported that their homes and privacy were violated during arrest procedures.

41. There is little information available on children’s perception of whether their right to privacy is respected. Since they do not have direct access to the legal system, there may be underreporting of violations. The absence of specialized courts for children in conflict with the law may expose some children to being identified by the public. The government needs to support practices that would allow a child to be present at court without being exposed to public scrutiny.

42. Most home environments are crowded, especially in refugee camp settings. On average there are two persons per room in 62% and 54% of households in the West Bank and Gaza, respectively. Refugee camps (OPT) have over 50% of households with more than two persons per room. Data trends indicate that overcrowding in East Jerusalem is likely to increase due to building permit restrictions which prevent families from seeking separate and larger housing units rather than remaining with the extended family.11 These conditions of overcrowding have been reported to limit children’s privacy (and adult privacy) and are associated with increasing levels of domestic violence. The government has been supporting private sector housing initiatives and bank loan schemes that will decrease the costs of housing especially for lower income families. However, the government has yet to initiate any subsidized housing schemes. The current situation results in not only crowding within the home environment, but also within the community. This exposes children to limitations in their privacy within the family setting and in the community.

G. Access to Information (Article 17)

43. Children’s participation in society depends on their ability to access information and to join groups. These opportunities are constrained by the political situation and the continuing closure regime that is imposed by Israel. The majority of Palestinian children living within Gaza and the West Bank have never even visited neither East Jerusalem nor have children from Gaza been able to come to the West Bank and vice versa. In addition, families tend to restrict their daughters from participating in events that are not directly taking place in a local venue or within the school setting. This limits children’s information to either what they receive at home (usually from family members, television, or internet) for girls. Boys tend to have more access to the community and a wider array of information sources from direct contact with others.

44. However, access to information has been increasing via use of the television, satellite, radio, and internet. The opening of a large number of internet cafes has also afforded children a wide platform to access and send information without proper supervision. To the contrary, most of these private establishments do not place any kinds of safety controls on website access for children. This has led to reports of harmful and exploitative materials being made available to children. Parents and caregivers

are not properly informed on the hazards that internet and television may have for their children and are not exercising sufficient oversight and monitoring of children’s viewing. Furthermore, the MOSA child protection officers and probation officers who are tasked with the responsibility of visiting internet cafes and play centers for children to ensure the safety of the environment and resources made available for children are limited. Hence monitoring and regulating of these sites is insufficient.

45. Televisions (96%), satellite (94%), computers (50%), internet (24%) and cell phones (94%) are found in all homes. The high availability of multiple sources of information within the home environment is encouraging since it indicates a means of reaching out to children with information, news, and awareness raising initiatives. It is also a source of alarm, since there has been little awareness raising on the part of the government to provide families with information on how to protect their children from negative uses and exploitation information sources. Clear guidelines and policies on children’s access to, use of, and distribution of information are not available.

46. The Ministry of Information is responsible for managing and providing oversight on national information. The government’s plan notes that they are in the process of phasing out the Ministry and establishing a National Council for Media and Information. The council is tasked to make recommendations for licensing and registering media and information sources within the country to allow for transparency and reduce government censorship. However no mention of children is made.

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**Access to Information - Way Forward**

- The government will focus more attention on providing guidelines for television, radio, newsprint, internet, and sites where these services are available on what is acceptable or banned for children’s use. This is particularly important in public places like internet cafes by end of 2012.
- The government will enforce policies and criteria that safeguard children from being politically exploited or manipulated in any way when receiving services or participating in programs offered through charitable, community-based, or not-for-profit organizations.
- The government will develop guidelines for use by major media outlets that defines what kind of information is acceptable for children and which kind of information is illegal as well as defining penalties for the dissemination of such information by 2012.
- Municipalities and village councils that provide licenses for internet cafes or other sites where television, video, or internet use is available for children should have inspection officers who routinely inspect such sites and ensure that children are not exposed to inappropriate information, pictures, or materials by 2012.
- The government will initiate a comprehensive parent and child awareness program on the Convention, national laws pertaining to children, and the right of the child and family to access information and resources that can hence their development, protection, and well being by 2012.

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**H. Prohibiting Torture, Cruel and Inhumane Treatment, and Corporal Punishment (Article 37 (a) and 28 (2))**

47. The Amended Basic Law of 2003 (Article 13) and the PCL (Article 68) explicitly state that all forms of ill-treatment and torture are prohibited. The PCL provides more explicit and encompassing directives against the use of all forms of violence, physical punishment, and actions that are demeaning and derogatory to the human rights of the child. Specific articles charge parents and educators with the responsibility of providing care, support, and guidance for children under their charge. The law clearly prohibits family members from abusing or inflicting physical or psychological harm upon the child. Article 29 of the Amended Basic Law (2003) states that children have the right to “protection from harmful and cruel treatment” and “not to be subjected to beating or cruel treatment by their relatives”, but this is not interpreted as prohibiting all forms of corporal punishment by parents. Article 42 of the Child Law (2004) states that children “shall have the right to protection from violence, abuse, ill-treatment and exploitation and that the State “shall take all necessary legislative, administrative, social, educational and preventive actions and measures to secure the said right”.
48. The Ministry of Social Affairs’ annual reports indicate that 461, 606, 1107, and 1307 children in conflict with the law reported allegations that they had been exposed to ill treatment and/or beaten during interrogation from 2006 to 2009. These figures represent over half of children who have come into contact with the police/security officers’ during their arrest, interrogation, or within the holding room, rehabilitation center, or prison. These allegations should be taken seriously and the public prosecution should examine the veracity of these statements and take appropriate legal action.\(^{12}\)

49. ICHR reports do not indicate any cases of children who have reported cases of torture. The government has yet to take action to criminalize torture or ill treatment of children. The lack of coordination between MOSA and ICHR is a cause of concern. These reports should have been forwarded to ICHR, but there is no such record available. Similarly, immediate follow up on these allegations should have been carried out. The records do not indicate that parents took any action to report on cases of violence, ill treatment, or beatings against their children either. Failure on the part of parents, the child protection officers, and ICHR to report on such violations of children’s rights exemplifies the view that a child loses his/her rights when they are perceived to be in conflict with the law or are “delinquent.” Raising awareness on the importance of respecting all children and not carrying out any harmful and illegal practices against them should take top priority.

50. ICHR conducted a comprehensive review on Palestinian legislation pertinent to torture and “their compatibility with the provisions of international standards of human rights relating to anti-torture policies.”\(^{13}\) The findings indicate that there is considerable space for the PNA and the de facto government in Gaza to improve their performance. The report focused on all levels of legislation, policy and penalties that need to be in effect to end all forms of torture. A specific plan of action to incorporate protection of children from torture and ill treatment should also be included. The use of force and violence against children as an acceptable means of disciplining children or extracting information from them is a cause for alarm. The government has now introduced training of police for proper methods of dealing with children who come into contact with the law. These actions should be complimented with ending impunity for violators of the law.

**Corporal Punishment**

51. Use of corporal punishment is still viewed as an acceptable and appropriate means of discipline within society. Although the Amended Basic Law 2003 and the PCL prohibit the use of any forms of violence, abuse, physical punishment, or degrading actions against children, the Jordanian Penal Code of 1960 (Article 62) still allows for “forms of discipline inflicted on children by their parents, as permitted by general custom.” In East Jerusalem, Israeli law prohibits the use of corporal punishment. Although execution of this law in East Jerusalem is poor.

52. Despite laws protecting children, violence against children in the home and within schools occurs. PCBS Domestic Violence Survey\(^{14}\) reported that 9 out of 10 children reported that they had been hit, beaten, or abused. The primary perpetrator of such action was usually identified as a family member (mother, father, or relative), followed by being hit at school (by other students and/or teachers), and within the community. Parents and caregivers condone the use of corporal punishment and 50% of mothers interviewed in the survey reported using corporal punishment to discipline their children.

53. The PCL prohibition of all forms of violence – anywhere, by anyone – is clear. However, it is recommended that the protocols and bylaws that govern child protection in schools, institutions, centers, detention, rehabilitation centers and any other public sites where children are present include specific prohibitions on the use of corporal punishment. Individuals violating these rights should not be given impunity. Parental education on better parenting practices and use of positive child rearing and disciplinary measures is essential to eliminate corporal punishment.


\(^{14}\) PCBS 2006, Domestic Violence Survey. The study was conducted in 2005 and main findings are available on www.pcbs.gov.ps
Violence in Schools

54. The MOEHE and UNRWA have initiated a series of reports that have highlighted the prevalence of violence within schools. These studies have found high rates of violence between teachers and students and amongst students to be common. A school violence study prepared by Bir Zeit University found that 41% of school students reported being beaten by teachers, 20% of students reported that they were beaten by their teachers, and 21% reported peer violence. Half of all teachers reported that hitting students was a “socially accepted” practice and means of disciplining students. This is despite 1993 UNRWA protocols prohibiting the use of all forms of violence against school children.

55. Similarly, children living in urban (25%) and camp regions (26%) reported higher incidences of violence against them compared to children living in rural areas (19%). Male children living in Gaza report the highest incidence of violence (37%) with West Bank girls reporting the least incidence of violence. Places were violence is most likely to occur is in the home (21%), the school (14%), and the street/neighborhood (14%). These results also replicate findings by assessments carried out by the UNRWA West Bank and Gaza Field Offices, which report high incidences of violence within the home and school setting. Violence at school manifests as student-to-student interactions or as adult-to-student interactions.

56. The MOEHE and UNRWA are working with UNICEF and Save the Children UK on initiatives to end corporal punishment in schools. Protocols have been prepared that focus on supporting initiatives such as educating teachers and children on the importance of ending violence and bullying in the classroom. Student participation in decision-making process, educating teachers, advocacy at the community level, and having all partners agree to end all forms of violence are currently underway. It is recommended that strict measures be taken within the school to hold accountable all teachers using corporal punishment against children. There have been reported cases of teacher-student violence where teachers are not charged with a crime. This type of impunity reinforces the condoning of violence against children. The Ministry does not report on cases of violence. Only if the parent opts to file charges against the teacher will any form of legal action be undertaken. At a minimum, school counselors are required by law to report instances of violence directly to the MOSA child protection officer.

57. The MOEHE and UNRWA also coordinate efforts on child protection with the MOSA. The Ministry and UNRWA have extensive school counseling programs that includes over 800 school counselors (less than one school counselor/two schools). These school counselors work with a number of children who have experienced abuse, violence, and neglect. Those cases that cannot be handled through the counseling program are referred to the national child protection and referral network. These school counseling programs are still under-resourced and school counselors require further training as well as higher level counseling and treatment centers that can deal with difficult cases and provide supervision. MOEHE and UNRWA have identified reduction of violence in schools as a key objective for the coming three years.

I. Physical, Psychological and Social Recovery of the Child Victim (Article 39)

58. Palestinian children are exposed to a number of negative life situations that can and do affect their physical and psychological well-being including occupation and its manifestations that kill, maim, disable, displace and traumatize children on a routine basis. Since 2000, approximately 140 children per year have been killed by Israeli armed forces and/or Israeli settlers. Annually over 700 children are detained and/or arrested by the Israeli occupying forces, approximately 1500 children are formally reported as ‘children in conflict with the law,’ and under reported numbers of children are exposed to abuse, violence, and/or exploitation within the home and community.

15 Numerous studies have been conducted, but most of the results have not been publicly shared. One such study was conducted on School Violence in the OPT by Bir Zeit University, Institute for Development Studies in 2005. Results are also reported in UNRWA WB/GS Needs Assessments for 2007, 2008, and 2009.
17 The Israeli invasion of Gaza in December 2008/January 2009 resulted in the deaths of over 350 Palestinian children within less than one month.
59. The estimated number of children living in poverty is over 600,000. The vast majority of these children reside within Gaza; however pockets of extreme poverty exist throughout the West Bank. East Jerusalem children are exposed to high rates of poverty as are children living in Area C and in regions adjacent to the Wall. This is a critical factor that the MOSA takes into account when determining which children can be supported by rehabilitation and reintegration programs. Children living in poverty are considered eligible for social re-integration programs in article 46 of the PCL that affirms a child’s right to “physical and psychological rehabilitation and the social reintegration of the child victim of armed conflicts or of any hardship cases…”

60. Due to the large number of children in need of physical and psychological recovery, the MOSA and other organizations have focused on maintaining and sustaining the child within his/her family environment as a key strategic objective. Hence, protecting the family and child’s right to adequate and equitable access to health, education, and the social assistance program is the primary means of addressing victims’ needs. Over 55,000 families are provided with cash and in kind assistance to ensure that their children’s basic needs are met. This is usually accompanied with support to maintain the child at school and to receive necessary health care. For children who are in need of additional social re-integration programs the MOSA transfers the children to special vocational training sites where they received formal training and remedial education classes. Other children in need of counseling services are afforded some support through family and child protection counselors at the MOSA or are transferred to a number of civil society agencies who provide counseling for children who have been released from Israeli prisons or detention sites, victims of armed conflict, and those who have experienced torture and/or abuse or exploitation. The Gaza Community Mental Health Program, the Palestinian for Democracy and Conflict Resolution Center, Al-Mezan Center, the YMCA, the Treatment and Rehabilitation Center for Victims of Torture and Organized Violence, and Defence for Children International-Palestine Section are leading non-governmental agencies providing support for psychological recovery and reintegration.

61. The MOSA currently has an ongoing practice of reintegrating children back into their nuclear and/or extended family environment. Institutionalization or placing a child in a shelter is seen as an option of last choice. Foster or alternative families are usually identified to take care of children who have been temporarily placed into shelters or orphanages. Whether returned to their homes, placed with alternative families, or in shelters, children are required to return to school, receive full health care (health insurance coverage), and are offered psychosocial counseling service by a host of governmental and non-governmental service providers. These actions are in line with PCL article 47 that requires the MOSA to provide appropriate “care, fosterage, or reformation measures” if the child is in an environment that may endanger his moral, psychological, physical, and educational integrity.”

62. The MOSA had initiated a program that would include national coverage of counseling and reintegration services for children, however, limited financial and human resources limited their capacity to expand the program rapidly. They have now elaborated the child protection network as a venue to coordinate support for children who have been abused or harmed. The lack of a sustainable, institutionalized child protection system within the country is an obvious gap that the government is seeking to address. The large numbers of children who are exposed to violence due to direct and indirect occupation measures requires that preventative actions be taken to root the problem out rather than to continue to provide treatment based services to ever growing populations of child victims.

63. The MOSA is severely compromised in providing services for children in need of re-integration and recovery. They currently have two child protection shelters. One is currently functioning in the Ramallah area and the second is located in the northern part of the country (Jenin), but is not yet functional. National resources should be allocated to ensure that these sites remain functional and can provide quality care and treatment of child victims. The MOSA has plans to add 3 new child protection sites in the West Bank. There are also four vocational centers managed by the MOSA that are used to provide training for children who are in need of special protection (school dropouts, orphans, disabled children.) The Ministry of Detainees and Ex-detainees provides child detainees/ex-detainees (from Israeli prisons) with counseling and educational support to re-integrate them into society. Their work is complimented by agencies like DCI-Palestine and other NGOs that provide counseling and re-integration support for children.
64. There are only three reform/rehabilitation centers for children in conflict with the law. Two are for males (one in Ramallah and one in Gaza) and one for females in Bethlehem. All three sites are poorly equipped and staffed to handle rehabilitation and re-integration of children. Without a total upgrading of the premises, training of staff, material support for education and vocational training, the centers will remain little less than shelters. On numerous occasions, children have actually left the premises without being followed up. More worrisome are reports that children are placed in these rehabilitation homes without due legal process (i.e. no court decision has been taken to place them in the centers.)

Physical, Psychological and Social Recovery of the Child Victim - Way Forward

• The government will issue policies that abolish all forms of violence, torture, corporal punishment, and abuse of children in the home, school, public institutions, police, protection centers, and community (enforce the PCL) by 2012.

• The government will initiate a nationwide campaign to raise awareness on a child’s right to be safe and protected at all times and the responsibility of the family and caretakers to protect children by 2011.

• The government will issue strict regulations for all institutions providing care, services, and programs for children that clearly stipulate what behaviors are unacceptable and illegal when dealing with children by 2012.

• The government should set up an easy and accessible mechanism for children to report cases of abuse, violence, and torture to the ICHR which should follow up on these allegations by 2012.

• The government should examine mechanisms to harmonize school counseling, MOSA counseling, and NGO based counseling for children in difficult circumstances so that multiple counseling opportunities can be made available at the same site thus making access easier for larger numbers of children in need by 2012.

• An analysis of parent, caregiver, police, teacher, health worker, and other social personnel coming into contact with children should be undertaken to develop a deeper understanding of cultural practices and traditions which support the use of corporal punishment against children by 2012.
V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE  
(Articles 5, 9-11, 18 (1 and 2); 19-21, 25, 27 (4) and 39)

A. Family Environment and Alternative Care  
(Articles 5, 9-11, 18, paras. 1 and 2; 19-21, 25, 27, para. 4 and 39)

Family Environment and Parental Guidance in a Manner Consistent with the Evolving Capacities of the Child (Article 5);

1. Palestinian law upholds the right of the child to be cared for, protected, raised, and provided for by their family. Article 5 of the PCL holds the family legally responsible for the upbringing of the child in a “manner compatible with the child’s developing capacity.” The family is required to take into consideration preventive actions that will guarantee the child’s right to education, upbringing, and care to ensure proper development of the child.

2. The work of the MOSA is still governed by outdated, pre-PNA laws like the Law of the Ministry of Social Affairs no. 14. of 1956, the Child Orphan Law no. 69 of 1953, the Law of Midwifery, Mother and Child Care Professions no. 7 of 1959. Newer laws and decrees are the Presidential Decrees no. 1 and 2 for 1999 on the establishment of the High Council for Motherhood and Childhood and the Disabled Persons Law no. 4 of 1999. The Ministry has currently drafted a new law for the Ministry of Social Affairs (2010) that emphasizes the central role of the family in Palestinian society and as the natural environment that supports individual growth. The family is the basis for social and national development and hence its unity and coherence should be protected by the MOSA.

3. MOSA is responsible for providing social support to maintain family relationships and unity and to reinforce humanistic values, supporting rehabilitation of families particularly those living in harsh conditions or who have persons in need of special care, and to provide assistance to families in need that will allow them to become productive and active. This requires of the MOSA to carry out studies and research to address the social protection needs of vulnerable and poor populations and to identify strategies and approaches that will enhance family function, vitality, and practices that support holistic and appropriate development. However, the MOSA has not had sufficient internal human resources or funds to implement such initiatives.

4. In addition, the MOSA is responsible for training highly qualified and professional staff who can provide care and protection for families through the direct provision of services or through supervision of other agencies that can serve family unity and development. This requires of the MOSA to establish and maintain family counseling centers (currently non-existent) and provide oversight and supervision of family and NGO based centers working with families.

5. The MOSA draft law (article 19) commits the Ministry to upholding the child’s right to care, development, and education and to support the child’s acquisition of religious and nationalistic values. In order to address the aforementioned objectives, the MOSA established a directorate on child and family protection that has district offices within each governorate. The primary responsibility of this department is to take action on the prevention and treatment (intervention-based) levels to protect the child’s right to live in a safe, appropriate, developmentally sound, and protective environment that in most circumstances should be that of the family. The Ministry policy is clear in that the family should be afforded all assistance in sustaining and maintaining the child within the family, including the extended family.

6. Only in exceptional cases, in which the law decrees, should a child be removed from their family or placed in alternative forms of care. These circumstances are explicitly related to the child being in an abusive situation or if there is no family available to care for the child. The vast majority of children in Palestine reside within families with less than 0.5% of children residing within orphanages, shel-
ters, reform institutions, or in foster care. The responsibility of registering, licensing, supervising, and monitoring these institutions resides with the MOSA.

7. Family environments differ between regions of the country and residential localities. Poverty, occupation, certain cultural practices, and conflict have been shown to have negative impacts on the overall quality of life for families and children throughout the OPT. These factors are interrelated with occupation being a key factor in contributing to the high levels of poverty and conflict within the country.

8. Poverty is high in the West Bank and Gaza. One out of three families live in conditions of poverty. One out of four families lives in deep poverty. These families tend to be located in high risk areas like Gaza (along the ‘buffer zone’ and in refugee camps) and in the West Bank (along the Israeli Wall, Area C, and the East Jerusalem). The interrelatedness of poverty and the policies and practices of the occupation is evident. Families that reside in areas in which Israeli military and administrative controls are dominant continue to be poorer than the general population of the OPT. This situation is further compounded by families having greater difficulty accessing health, education, social, and protection services for the family and child. Poverty is further exacerbated in these regions due to the inability of the major breadwinner to access jobs or farm their lands. PCBS has recently revised poverty data by using a new methodology that takes into consideration the consumer purchasing index. The information is based on a family size of 2 adults and 4 children and with 1870 NIS calculated as the deep poverty line and 2278 NIS for the basic poverty line. Revised data is provided in the table below.

<table>
<thead>
<tr>
<th>Year</th>
<th>West Bank (%)</th>
<th>East Jerusalem (%)</th>
<th>Gaza (%)</th>
<th>OPT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>25.1</td>
<td>2.4</td>
<td>30.2</td>
<td>25.4</td>
</tr>
<tr>
<td>2005</td>
<td>24.3</td>
<td>0.7</td>
<td>28.4</td>
<td>24.3</td>
</tr>
<tr>
<td>2006</td>
<td>23.3</td>
<td>1.2</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>2007</td>
<td>22.3</td>
<td>5.0</td>
<td>49.5</td>
<td>31.2</td>
</tr>
<tr>
<td>2009</td>
<td>17.0</td>
<td>0</td>
<td>33.4</td>
<td>21.9</td>
</tr>
</tbody>
</table>

9. The government is limited in its capacity to provide health, education, or social services to some of the impoverished communities. Numerous permits to build schools, clinics, access roads, extend water and sanitation networks, and establish play areas have in general been denied (or pending) for numerous years. This has resulted in these impoverished families being compromised in their ability to meet the basic needs of their children. In the last few months, the government with the support of the international community have achieved some success in having Israeli lift supply and equipment restrictions imposed on Gaza. This has resulted in more goods, supplies, and materials reaching Gaza. Renovations and rebuilding of homes, public buildings, and infrastructure destroyed in numerous invasions are currently underway.

10. The MOSA has prioritized screening of families in these localities in order to provide them with social assistance (cash and in-kind assistance.) However, MOSA resources are limited and cannot meet all of the needs of these families. Hence, cooperation with humanitarian actors on the ground to provide social assistance has been one of the key methods used to ensure that these families in need receive assistance. Reports indicate that these families are still in dire need and that their conditions continue to regress.

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18 The PCBS initial definition of poverty in relation to the family budget was “Deep Poverty: any standard family (6 members: two adults and 4 children) possessing a budget that is less than NIS1,886 monthly (2007) to cover for the expenses of food, clothing and housing. Relative poverty: any standard family (6 members: 2 adults and 4 children) possessing a budget less than NIS2,362 monthly to cover the expenses of food, clothing, housing, health, education, transportation and other expenses.”

19 PCBS definitions of poverty lines: The “poverty line reflects the basic needs of the household (food, clothing and housing) in addition to the core needs like health care, education, transportation, personal care, and house utilities; and the “deep poverty line reflects the basic needs only (food, clothing and housing). The poverty lines where adjusted for different household sizes taking into account the number of children and adults in the household by giving each individual a special weight (children and adults).


21 Save the Children UK (2009). Life on the Edge: The Struggle to Survive and the Impact of Forced Displacement on High Risk Areas in the Occupied Palestinian Territory. The study examined high risk areas throughout the OPT and found that these families and communities are severely marginalized and that their overall well being is jeopardized. This study was supported by the EC Humanitarian Office.
11. Eight out of ten families in Gaza are now aid dependent and two out of every three families do not have fixed incomes that are stable and consistent.22 Families within the Gaza Strip have become heavily dependent on humanitarian assistance to ensure that their basic needs are met. Since 2003, the government has participated in developing the UN Consolidated Appeal Process (CAP.) The CAP addresses the humanitarian needs of populations living in emergency and humanitarian crisis situations. The fact that the CAP is now entering its eighth year is indicative of the stress that families have found in being able to maintain the most basic needs for their families. The Israeli invasion in December 2008 (Operation Cast Lead) has now resulted in the collapse of the private sector with 95% of all businesses collapsing leaving 120,000 people jobless and in need of humanitarian aid.

12. The impact of poverty within the home environment has been found to increase levels of domestic violence, increase the likelihood that children will drop out of school and join the labor force, increase the incidence of children in conflict with the law, and decrease parental capacity to meet the health and nutritional needs of their children. In short, parents have exhausted most of their coping strategies following over ten years of continued conflict, invasions, and political instability.

13. Over 1.7 million Palestinians (240,000 families with 1.2 million children) are suffering under living conditions which severely jeopardize their capacity to provide for children. This impedes their ability to provide for the evolving developmental needs of their children because they are investing their time and resources in addressing the physical, economic, and social insecurity that constantly threatens the integrity of the family.23 This situation is further compounded by families’ exposure to trauma (loss of loved ones, jobs, and basic security.)

14. In one month, 11,000 families found themselves homeless as a result of the Israeli offensive on Gaza on 27 December 2008-January 18, 2009. Over 3500 and 11,000 homes were fully and partially destroyed, respectively. This had a detrimental impact on children and women who spent many months displaced. Many are still residing in makeshift tents because of the Israeli closure on Gaza.24

15. Numerous studies conducted by WHO and others, pre- and post- the Gaza offensive have shown drinking water quality in Gaza to be below accepted standards. The situation is further complicated by the unavailability of electricity to pump water and sewage throughout Gaza. One out of every four persons killed was a child (more than 350 child deaths). This situation gravely exposed the inability of parents to provide care and protection for their children.

16. The construction of the Israeli Wall was initiated in 2003/4 and continues to encroach on Palestinian land. It cuts through Palestinian communities, entrapping over 5,000 Palestinian children in the seam zone.25 These areas are virtually devoid of schools, clinics, water/sanitation, or access to work for the families living there. A controlled and humiliating system of permits, gates, and patrols have been instituted by Israel which severely limits access for children who are coming and going to school, making social visits, or going for health checkups with their families.

17. Over 500 closure obstacles26 are maintained throughout the West Bank. These closures prevent families and children from accessing all regions of the country. They raise the travel costs for children going to school, health clinics, social visits, and raise general expenditures for families that deplete the already limited income they have. These closures undermine the family’s ability to provide for the safety and protection of their children. Parents must allow children to go through these closures if they

23 These threats are primarily due to the continuing occupational practices that increasingly fragment and disempower Palestinian society, in general and families in particular. The blockade on Gaza is entering its fourth year. This blockade has cut off Gaza Palestinians from the West Bank, prevented movement of people, services, and supplies except through a piecemeal, item by item permit regime. Families have seen their children denied access to leave Gaza to receive vital medical services for their children. The result has been the death of children because they were prevented from accessing medical referrals in a timely manner due to Israeli failure to comply with international humanitarian and human rights laws.
26 For up to date information on closures see www.ochaopt.ps or www.pmg.org.ps
are to have any sense of normalcy in their lives...going to school, traveling between cities, accessing health services, visiting families and friends. However, these closures are manned by weapon-bearing Israeli soldiers and settlers who pose a serious threat for children placing them at risk of being injured, detained, humiliated, and/or prevented from crossing. The end result is that many children develop fear and anxiety when crossing checkpoints. Parents are faced with the dilemma of continuing to expose their children to these illegal and indecent practices or keep the child at home.

18. Parents have limited capacity to protect their children from the pervasive violence that is synonymous with occupation. Fatalities and injuries continue throughout the OPT due to Israeli soldier and settler violence against Palestinian families. 1,335 Palestinian children have been killed by Israeli forces and settlers since 2000. See the table below for a month by month detail on number of children killed. This information is supplied by Defence for Children-Palestine Section. These fatalities are the result of air and ground invasions, extrajudicial killings, clashes, UXOs, gun fire opened randomly, and at closures. Thousands of other children have been injured, maimed and disabled.27 The vast majority of these deaths and injuries have taken place while children have been at home, school, or within their immediate communities.

Table 5.2 Distribution of Palestinian Child Fatalities by Month (Defence for Children-Palestine Section)28

<table>
<thead>
<tr>
<th>Year</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tr>
<td>2000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>35</td>
<td>45</td>
<td>11</td>
<td>9</td>
<td>15</td>
<td>94</td>
</tr>
<tr>
<td>2001</td>
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<td></td>
</tr>
<tr>
<td>2002</td>
<td>3</td>
<td>9</td>
<td>35</td>
<td>36</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>12</td>
<td>19</td>
<td>16</td>
<td>14</td>
<td>192</td>
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<td>12</td>
<td>18</td>
<td>14</td>
<td>17</td>
<td>8</td>
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<td>12</td>
<td>130</td>
</tr>
<tr>
<td>2004</td>
<td>6</td>
<td>3</td>
<td>15</td>
<td>14</td>
<td>36</td>
<td>8</td>
<td>13</td>
<td>9</td>
<td>25</td>
<td>21</td>
<td>6</td>
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<td>1</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>52</td>
</tr>
<tr>
<td>2006</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>6</td>
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<td>10</td>
<td>2</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>2008</td>
<td>6</td>
<td>10</td>
<td>22</td>
<td>21</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>40</td>
<td>112</td>
</tr>
<tr>
<td>2009</td>
<td>301</td>
<td>4</td>
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<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>315</td>
</tr>
<tr>
<td>2010</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

19. The aforementioned list does not encompass all of the negative practices of occupation, but serves to highlight those factors which severely impair the sanctity of the family and impede parents’ ability to provide safe, secure, and sound environs for children to grow up peacefully and develop their full potential. It also serves to shed light on the insidious nature of occupation and its detrimental impact on the well being of Palestinian children and the concerted efforts undertaken by the occupation to intentionally disrupt the social fabric of life in the OPT.29

Cultural Practices

20. Early marriage continues to be of concern in terms of negative societal practices. Data indicates that the median age of marriage has increased from 18 to 19 years of age. The MOH (health awareness programs in schools and clinics), MOEHE (basic life skills, curriculum materials, school health program, counseling program), MOSA (parental awareness raising through the social cash assistance program, child protection officers, training in charitable organizations/institutions), Ministry of Women’s Affairs

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28 Ibid.
29 Internal Palestinian conflict has negatively impacted on the capacity of families to provide for the safety and protection of their children. Continued clashes, killings, torture, and detention/imprisonment between the parties to the conflict continue. This has resulted in the death and injury of several hundred males who are mostly youth and fathers of young children. However, a number of young children have also died as a direct result of internal clashes, revenge killings between families, and improper use of weapons where children are present. The government has worked to restore rule of law within the West Bank and violations have been decreasing. However, reports of violations continue. ICHR has called upon the government to take further steps in ensuring that human rights violations that impact on individual civil and political freedoms are not violated. Civil society and INGOs have had a strong impact on encouraging an end to the inter factional conflict and upholding rule of law and human right practices within the West Bank and in Gaza with the de facto government.
(MOWA) (awareness raising and research), and the Shari’a Courts (procedures to prevent early marriage approvals by judges and parents) have all been implementing a variety of programs to stem the incidence of early marriage. These programs have targeted children in schools, health centers, youth programs, and in institutionalized care with information and educational materials to raise their awareness on the importance of maternal and child health and development by postponing marriage until schooling has been completed and on the hazards of early marriage (young age pregnancies, particularly) on the well being of the child and mother. However, the risk of early marriage remains high for girls living in poverty and in high risk areas of the country (typically impoverished regions of the country).

21. Deteriorating economic and political situations in the country have impacted on male-female roles and responsibilities within the family. More mothers are now working (formal and informal sectors) in order to provide for the family. Decreasing job opportunities for males within Israel or in the OPT have resulted in large number of unemployed males/fathers. While the labor trends suggest more mothers and females are contributing to the family income, it is offset by mothers’ having to be careful in maintaining “patriarchal” attitudes and behaviors that still allow males more decision making powers within the family environment. However, mothers are perceived to be a stabilizing force within the family and provide positive role models for children-male and female. This has worked well with the MOEHE efforts to ensure that all girls attend school. The result has been more involvement and participation of women in the labor force and girls completing their education.30

22. The MOSA has been implementing a microfinance project to support female headed households, marginalized and impoverished families with small microfinance loans and training to increase their ability to support their family economically. Part of the training includes specific child care and development measures to ensure that child well being and protection is ensured as the mother increasingly becomes involved in other activities. Furthermore, the MOSA has supported nursery development to support child care centers for working mothers. Raising the standards of care, while maintaining low costs, is a key objective of the MOSA directorate for nurseries.

23. The government (MOSA, MOEHE, MOH, and MOYS) and NGOs have been partnering to provide psychosocial counseling programs for children and families. These programs have been rolled out in schools, clinics, youth, recreational, and cultural centers, and charitable organizations to provide training in basic skills and good practices for child development, parent-child interactions, and support for mental health counseling services when needed. Many of these programs have been institutionalized as part of the MOEHE and UNRWA school counseling and school health programs which are available in over 50% of all schools in the OPT. The MOH provides parent counseling and awareness raising on child development, proper child care practices, and supervision for mothers who are in need of additional support. The MOSA family and child protection officers provide counseling and referrals for poor and vulnerable families in need of support in caring for their children. The MOSA social cash assistance program incorporates parent support for health and educational services for their children. The MOYS includes youth training programs on early marriage, parenting skills, and awareness on negative cultural practices including the hazards of domestic violence on the well-being of the family and children.

B. Parental Responsibilities (Article 18)

24. Articles 5, 6, 9 and 10 of the PCL obligate “both parents” to share responsibility for the care and upbringing of their children and to provide them with guidance in accordance with their level of maturity and development. They also obligate the State to preserve and support families in ensuring children’s needs and rights for growth, survival, and optimal development are met by guaranteeing health, education, and social services for children.

25. The PCL upholds the rights and obligations of both parents as equally responsible natural guardians and caregivers for the child. The law and the draft child protection act do not provide explicit detail on how parents should raise their child other than requiring parents to instill religious, humanistic, and nationalistic values as part of the child’s upbringing. Parents are obligated to provide for the child’s basic needs, health, education, and protection. In the absence of one parent, the other must assume full responsibility for the care of the child.

26. The PCL allows for the removal of the child from a home environment in cases where the parents/guardians are failing to provide for the child’s well being and have placed the child in imminent danger. The Jordanian Penal Code (1960) provides a penalty of one month to one year imprisonment for a parent/caregiver who is not able to, refuses or neglects to provide a child with food, furniture, clothing or other necessities and resources that can cause harm to the child’s health. The father or caregiver who abandons a child under 12 years old without legal or rational reason (and is capable of providing for the child or fails to provide support) can also be imprisoned.

27. Parents’ obligations to meeting the needs of children are supported by the MOH that provides government financed comprehensive health care services for all children under three, primary health care services for children through five years of age, vaccination for all age groups, and maternal health care services. A full briefing on available health programs is in section VII of this report.

28. The MOEHE and UNRWA\(^{31}\) provide compulsory, government funded education for all children from grades 1-12 and 1-9, respectively, with only minimal registration fees required for basic (NIS 50) or secondary grades (NIS 70). MOSA and MOEHE\(^{32}\) coordinate in terms of identifying students in need who may be exempted from paying student fees and receiving assistance (transportation costs or otherwise) to ensure their continued enrolment in school. Similarly, MOSA and MOEHE jointly coordinate in identifying students at risk of dropping out or delinquency and provide them with in- or out-of-school counseling to support their psychosocial development and ensure they remain within school. This program is coordinated through the MOSA led child protection network and referral system that integrates services between Ministries of Social Affairs, Health, Education, Labor, Interior, Justice), NGOs, and UN agencies.

29. The amended Basic Law of 2003 also entitles the families of martyrs, prisoners of war, the injured and disabled with education, health, and social insurance. Children from these disadvantaged families receive full government waivers for attending schools, receiving health services, and social stipends. However, most families report that this assistance is insufficient and does not alleviate the level of poverty that they are coping with.

30. The MOSA social assistance program currently provides social assistance for 57,000 poor families (with approximately 134,000 children) and national health insurance costs for 65,000 needy and vulnerable families (including 28,000 children.) There are currently over 36,000 poor and needy families on the MOSA social assistance waiting list who are in need of services. Within this waiting list are almost 85,000 poor children who are not receiving government based assistance. The lack of financial resources is the primary constraint preventing the MOSA from delivering this assistance to needy populations in the OPT. Part of the screening and monitoring programs for families enrolled in these assistance programs involves parent counseling, providing parents with micro-financing opportunities, training, and monitoring continued enrollment of children in health and educational programs.

31. In addition to poverty assistance programs, the MOSA provides assistance to orphans (one or both parents deceased), care and protection of children with disability, social and vocational rehabilitation programs for children, assistance for children in conflict with the law, nursery based care centers, and child protection programs for abused, neglected, exploited, and abandoned children. These programs

\(^{31}\) UNRWA provides free education through grade 10. Refugee students are eligible to attend public schools from grade 1-12 free of charge. Students complete grades 11 and 12 in government schools.

\(^{32}\) Cabinet Decree 96 for the year 2007.
serve to provide basic guidance and support to keep the child within a home based environment, provision of counseling, health and educational programs free of charge, ensuring that the basic necessities of the children are met, and in the last instance placing children in shelters or institutions if an unsuitable family (or alternative family care arrangement) cannot be made. These programs are the basic responsibility of MOSA and are non-discriminatory and apply for all children, including refugee children within camps.

32. The MOSA database in the West Bank has identified 9,016 orphan children, of which 144 have lost both parents. The vast majority of orphans continue to reside with one parent or within the extended family. However, approximately 2,800 children were residing within orphanages in the OPT on a part time or permanent basis in 2010. The MOSA provides these children with some financial assistance (especially annual donations collected through Zakat Committees and Arab/Islamic funds prioritized for orphans.) The directorate of orphanages is responsible for maintaining a list of all orphans, conducting inspection of institutions and follow up within home environments to verify the safety, well being, and rights of the child are being met. This department is understaffed and requires more assistance (human, material, and financial) at the central and district level. The table below indicates the number of children who received social assistance in the form of ‘kefaleh’ where there basic needs were provided for through coordination of services with the MOSA.

### Table 5.3 Number of Adoptions/Kefaleh Locally and Adoptions Abroad

<table>
<thead>
<tr>
<th>Year</th>
<th>Adopted/Kefaleh</th>
<th>Adoption abroad</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>1716</td>
<td>1</td>
</tr>
<tr>
<td>2008</td>
<td>377</td>
<td>2</td>
</tr>
<tr>
<td>2009</td>
<td>2093</td>
<td>5</td>
</tr>
</tbody>
</table>

33. The Ministry has introduced a policy that requires all orphanages to re-integrate children into the family/extended family or seek alternative care arrangements for children instead of keeping them within institutions. This has met with some resistance from orphanages that have been functioning for over 60 years. However, the Ministry is completing a full review of orphanages and is ensuring that early re-integration of children into their natural family environments is carried out. They have also implemented a policy requiring all institutions to seek approval and authorization on a case by case basis for each child who will be institutionalized. More staffing at the MOSA is required to carry out this initiative.

34. Other marginalized children who receive MOSA assistance through financial or in-kind subsidies or family based support include 5,468 disabled children (3,117 boys and 2,351 girls), 6,124 children with chronic illnesses (5,468 boys and 2,482 girls), 417 child laborers (401 boys and 16 girls). These children receive health insurance coverage, support for education, and prosthetics when needed.

35. Female-headed households, families of martyrs, families with the father imprisoned in Israel are also provided with social assistance, health insurance, counseling, and job creation (microfinance projects) in order to economically support family functioning. The Ministry of Detainees and Ex-detainees and MOSA have all incorporated microfinancing and vocational training programs for vulnerable heads of households to ensure their ability to provide for themselves and their families. These programs usually incorporate supportive counseling programs as part of the package of services offered to needy families.

36. The MOSA does not offer specific parent education programs on a routine basis. They have initiated pilot parent education programs in specific regions of the country, but in most instances these programs have been short lived and are not nationally based. The MOSA coordinates many of these programs with international humanitarian agencies and UN agencies, especially during periods of crisis and emergency. However, the aid dependent nature of such initiatives usually results in projects lasting anywhere

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33 MOSA (2009) Administrative records submitted to PCBS.
from 1-2 years only and then collapsing due to lack of sustainability and funds. Looking at long term strategies to institutionalize these programs, increase number of staff providing parent education, and monitoring of children is critical if the Ministry is to be able to do prevention based work (reach out to families before they have children, provide direct education and awareness before a crisis emerges) and treatment based assistance (shelter, protection mechanisms, and support) for families in crisis.

C. Separation from Parents (Article 9)

37. The PCL (Article 58-65) empowers the MOSA Child Protection Officer to review any and all reports of suspected abuse, neglect, harm, or exploitation of the child and determine if the child’s well being and safety is at risk. If a determination is made that the child is at risk, the child protection officer can issue a request to the judge requesting removal of the child from his/her family environment. The child protection officer is entitled to remove the child from his/her family or any other environment without a judge’s warrant if there is a perceived and credible implication of imminent danger to the child’s life. This action can be taken for up to 24 hours, but a judicial warrant must then be issued or the child should be returned to his/her family. The child must be placed in a safe and protected environment when removed from his/her family.

38. According to MOSA Child Protection Guidelines (Article 15) the following procedures must be abided for children entering into social care institutions:
   a. The child is deprived of family care
   b. The ministry issues a decision for his entry into a social care institution
   c. The acceptance committee within the organization accepts him after a study of his situation based on a social report
   d. Each organization identifies the amount of monthly or yearly fee including the specific conditions and standards for it
   e. Each organization identifies the cases which are free or have reduced fees based on case analysis

The criteria for approving the institutionalization of a child are defined as a child who is “deprived of appropriate family care for the fulfillment of their individual and collective needs either temporarily or permanently.” While Article 40 notes that only children who have lost one or both parents or if there is no capable and willing foster family to assume custody of the child are eligible to be institutionalized. The MOSA guidelines define a foster family as “a family that undertakes the education, upbringing, and care of the child in all aspects of life for a child whose family is absent or no longer exists.” This is in particular reference to children born out of wedlock (unknown father), abandoned children, or lost children. Foster families usually are under review for a period of 3 months and are approved if the family is deemed to be “virtuous and mature characters who are willing and able to meet the needs of the child and are receptive to the emotions of motherhood and fatherhood.”34 The MOSA conducts periodic visits to ensure that the child is being properly cared for. In the event, that one or both parents are found to be negligent or have committed a crime, the MOSA can seek the immediate withdrawal of the child from the family. If the child is killed while in the care of a foster family, they no longer are eligible to be foster parents in the future.

39. The MOSA in cooperation with relevant governmental agencies (health, education, labor, justice, interior/police) and a host of NGOs are implementing the National Child Care and Protection Referral and Networking System Protocol (December 2007) that defines conditions that place the child at risk of danger (violence, abuse, neglect, exploitation, incest, assault). Any of these conditions are sufficient to begin initiating procedures to remove the child from the family setting. Coordination with police and judges is required to initiate such actions, unless the child is in “imminent danger.” In the latter case, the child protection officer can take immediate action to remove the child from danger and then must proceed to receive MOSA and court approval.

34 Article 80 of the MOSA Protocols for Child Care, 2004.
40. The child can be removed from one parent and allowed to stay with the other if they are not in the same location and if conditions are suitable. However, Family Law (Jordanian Personal Status Law of 1976) that is still in effect only allows the father to have the role of guardian, while the mother is a custodian (child custody article 154.) In the event of death or loss of nationality, the mother becomes the head of the family. But under all conditions, the child maintains the right to contact parents, grandparents, and other family members when the child is placed in the custody of one parent (article 163.) Cases of divorce and separation are handled through the Diwan Al-Shari’a or the religious court system. It enjoys its own legal personality and is administratively and financially independent from the government. These courts specialize in personal status issues including marriage, divorce, custody, guardianship, and inheritance.  

41. The PCL is not legally binding within the Diwan/religious court system. This gap should be addressed by incorporating the PCL into the religious court laws or seeking avenues to have the rights of children (during custody, divorce, inheritance, and guardianship cases) handled through the civil court system instead. This is necessary in order to allow mothers to become legal guardians for their children and to allow the child the right to maintain contact with both parents in cases of separation of parents. 

42. Children in conflict with the law are allowed access to their parents at all times. The Jordanian Ordinance on Reforming Juveniles no. 16 of 1954 requires immediate notification of parents/guardians and the child probation officers. Police report that these protocols are carried out in most cases. However, reports from children who have been detained and/or arrested suggest that this is not the case. 

43. Palestinian children who are arrested by the Israeli military are detained at interrogation centers that are usually outside of the OPT or within settlement blocks. Israeli Military Order 378 allows for detention of a child for up to 8 days without being brought before a military judge or being allowed to see his/her family or lawyer. In many cases, the military judge can and does extend the child’s detention until the court process is completed. During this time, children are separated from their parents and denied access. The Ministry of Detainees and Ex-detainees with DCI - Palestine have submitted numerous petitions and objections to these child rights violations with no change resulting in the Military Orders.  

44. According to the PCL, the draft Child Protection Act (2010), and the draft MOSA Law, any disadvantaged child (a child of unknown parentage, born out of wedlock, of divorced or separated parents, in a shelter, orphanage, or other form of social care center) has the right to maintain relationships with his/her parents. It is also the obligation of the parent (guardian) to maintain regular contact with the child. Unfortunately, there are no executive bylaws or policy documents that stipulate how these obligations and rights are to be implemented. For instance, many children who are kept in shelters, detaining rooms, rehabilitation centers, orphanages, and other care facilities do not have regular contact with their parents. The long travel distance, the unavailability of funds to cover transportation costs, failure of child protection officers/probation officers to enforce parent – child visits, and other factors inhibit the ability of parents to maintain contact with their children. In certain orphanages, children were temporarily placed in the care of the center until the parents resolved their marital problems. There are a number of cases where the parents have yet to return to the orphanage and re-integrate the child into the family. Limited resources and limited enforcement of the law are usually the key reasons that institutional caregivers and child protection officers fail to follow up on reintegrating children into their families. 

45. The Reform and Rehabilitation Law of 1999 allows for the child of an imprisoned mother to remain with her until the age of two. The child is then handed over to the father, legal guardian/custodian, or social care center. In most cases, the imprisoned mother’s sentence is commuted in order to allow for the mother to leave prison and provide for the care and well being of her child and family.
During periods of armed conflict, the government takes all steps to ensure that children are not separated from parents. There have been no cases reported in the last five years where children were separated from families and were not reunited in a timely manner. In some cases, one or more parents were not present, but members of the extended family (usually grandparents and uncles) assumed the role of child custodian. During the Operation Cast Lead, the government opened up public institutions (like schools) for families to use as shelters. Then the government provided rent costs for families to remain together in rented apartments until their homes were repaired. These measures were taken to ensure that children and families remained united.

D. Family Reunification (Article 10)

Article 28 of the Amended Basic Law states that “no Palestinian may be deported from the homeland, prevented or prohibited from returning to or leaving it, deprived of his citizenship, or handed over to any foreign entity.” The reality of the situation is that without sovereignty over borders and control over the civil registry, the government is limited in its capacity to effectively execute this law. Thousands of Palestinians are prevented from entering or exiting the country because Israel has total control over issuance of ID cards and visitors’ permits, and this includes screening the names of all Palestinians. They can and do deny access and permits at their discretion. There are thousands of family reunification and ID requests that have been submitted to the Ministries of Interior and Civil Affairs that are pending approval by the Israeli government – no specific dates for reply to these requests are provided. The government cannot grant reunification permits unless they receive approval and ID numbers from the Israeli government. Hence, these families either remain illegally within the OPT or are separated either between West Bank, East Jerusalem, Gaza, or abroad.

But the single most devastating Israeli policy on Palestinian family life, no matter where Palestinians live, is its policy of family non-reunification. Israel controls both the Palestinian population registry of the OPT and the granting of permits for visitors. Thus, for example, Israel can deny giving IDs to Bedouin children in Gaza who were not registered at birth. Such children become “illegal” residents subject to arrest or even deportation. Nor can the PNA naturalize any Diaspora Palestinian who wishes to reside in the OPT, even if that person is a spouse of a Palestinian with an ID. Hence Israel’s Law of Return allows anyone of Jewish origin to return to the State of Israel and actually become a resident of an illegal Israeli settlement on Palestinian land, but Palestinians who have resided for decades within the OPT do not receive ID and permits to live together.

Israel’s policy has prevented hundreds of Palestinians children from living with both of their parents. Since the second Intifada in 2000, Israel has put a freeze on issuing permits to allow spouses, many of whom hold Jordanian nationalities, even to visit the OPT. In June 2006, it suddenly stopped issuing tourist visas to foreign nationals who had been leaving and re-entering every three months for decades on tourist visas as the only way to maintain residency in the OPT. They were cut off from family, work and property with no recourse. Israel has also refused to change the residency status of Palestinians from Gaza who have moved to the West Bank, thus making such Palestinians “illegal” aliens on their own land and separating them from relatives.

Families that have one parent from Gaza and another parent in West Bank can be separated. Israeli military orders can deport long term West Bank residents to Gaza if the person’s ID had been originally issued in Gaza. There are hundreds of pending cases of family reunification involving one or more parents originating from Gaza and having a spouse residing in the West Bank including East Jerusalem. Families continue to reside outside of the OPT, or parents and children are split between the West Bank, Gaza, Jordan, and Egypt pending approval of family reunification. The government is unable to process these cases unless authorization is given by Israel (as part of Oslo Accords agreement).

As with cases of divorce or the death of a spouse, forced separation of the child from the parents usually requires the parents to rely on extended family member to care for the child. But the extended-
household milieu has some negative consequences for children, including lower educational achievement and increased risk of child labor.\textsuperscript{38} Hence, in some cases, parents who do not receive permits to remain within the country or who are denied re-unification with their family leave the children behind with grandparents, uncles, or elder siblings to be cared for. Usually this occurs because the parents need to find a new place to reside, find jobs, and re-establish themselves and this is difficult if all the children are with them. This places the children in a difficult situation of having to see their parents leave them behind. Most families usually reunite with their children once they have re-established themselves in their new location. But children prefer to stay with the parents. It is crucial that the government be given full authority for providing ID and permits for all residents of the OPT including East Jerusalem and that all regions of the country be given equal status as belonging under the authority of the government.

52. The situation for East Jerusalemites is one of unlawful discrimination.\textsuperscript{39} The Israeli Citizenship and Entry into Israel Law (2003 temporary order) is still in effect and discriminates against individuals on the basis of ethnic and national origin. Hence, Palestinian citizens of Israel who marry a Palestinian from the West Bank or Gaza are prohibited from acquiring Israeli citizenship or residency rights. However, if the person seeking citizenship is of Jewish origin they receive immediate citizenship. This situation has resulted in hundreds of families seeking family reunification and/or residency rights for their spouses and children which are being denied. This adversely affects the rights of children who are denied access to health, education, and social services in East Jerusalem even though one of the parents is a legal resident.

53. Deportations are still occurring due to the continuing execution of Israeli military orders 1649 and 1650 which can subject any person to deportation. These current orders do not provide all persons with the immediate and urgent right to appeal the deportation decision to an independent judicial authority (other than a military court.) It is recommended that Israel rescind Israeli Citizenship and Entry into Israel Law (2003 temporary order) and Military Orders 1649 and 1650 and that family reunification requests be granted for families in East Jerusalem, the West Bank and Gaza. The Palestinian civil registry should remain under the total control of the government and Israel should have no authority to deny entry or exits of Palestinians or impede family reunification.

E. Recovery of Maintenance for the Child (Article 27, para. 4)

54. Family law (Egyptian and Jordanian Personal Status Laws) determines issues of alimony and child support which are relevant to children. The father bears the primary responsibility for providing for the financial obligations of the child. Decisions concerning alimony and child support payments are made at the religious courts (Islamic and Christian courts). The judge determines the amount of support to be provided and can require of the mother to share in child support costs if the mother is able to and the father’s financial situation is compromised. The Diwan judge takes into consideration the child’s needs when determining child support costs and the parent’s ability to cover these expenses.

55. In cases where the parent fails to pay child support costs, the MOSA will provide assistance to the family if sufficient resources are available. New protocols have been developed whereby non-paying parents will be prohibited from receiving necessary permits and registrations unless they are up to date in making custody payments. According to the penal procedures, father’s who do not pay alimony and custody costs can be imprisoned. There is no effective system within the country that can follow up on custody and alimony cases. However, police and courts do issue warrants and injunctions against fathers or guardians who fail to make timely payments on child support...if they are notified by the mother or child caregiver.

56. Changes in mother – child care arrangements have been changing over the last twenty years. Mothers typically seek and receive permission to remain as custodians\textsuperscript{40} of their children if divorce or separa-
tion occurs. However, there have been increasing trends of mothers being forced by their families to return their children to the custody of the father, because they are unable to meet their financial needs. This is particularly problematic for mothers who are unemployed and living in difficult, disadvantaged, or impoverished living conditions.

57. Article 289 of the Penal Procedures Law for 2001 obligates the government to provide a monthly allowance to the family of a fugitive (if his/her assets are under attachment.) A judge will determine the amount of funds to be given and this amount will be deducted from the aforementioned assets once a claim has been made.

F. Children Deprived of a Family Environment (Article 20)

58. The PCL articles 61-66 and the MOSA Child Protection Act (draft) provide overall guidance on measures to be taken on behalf of children deprived of a family environment. These laws require that the child be maintained within a family, foster family, or alternative family care environment whenever possible.

59. The MOSA has established a nation-wide child protection and referral system that is gradually becoming institutionalized across the country. This system coordinates efforts between ministries and non-governmental organizations to initiate a full review (legal, social, psychological, physical status) of all children who are at risk of being deprived (or are already deprived of their family environment). This screening process is initiated by any stakeholder or caregiver who has come into contact with a child who is in harm’s way or is being exposed to factors that put the child at risk.

60. An examination, evaluation, referral, follow up, medical treatment, social and psychological rehabilitation, and supervision of the child is undertaken in a systematic manner. If the court takes a decision to remove the child from his/her home environment, the MOSA is obliged to exhaust available alternatives within the extended family and immediate community to place the child in a family setting.

61. If no suitable options are identified, the MOSA places the child in a temporary child protection shelter that is located in Beitunia and Jenin. The child is allowed to remain within these shelters for a period of one month and then longer term, more permanent remedies need to be found. (Extensions can be granted in exceptional cases.) The Jenin shelter is currently closed due to lack of funds to cover staff salaries. The Beitunia shelter continues to function and accommodates both boys and girls.

62. In cases where the child cannot be returned to his/her family, placement arrangements are usually found for them in one of the 23 orphanages located in the OPT. It is the responsibility of the MOSA child protection officer to identify a suitable residence for the child and to continue to make routine visits to the child to ensure that their safety is being met. Within these institutions, the MOSA has now distributed protocols that encourage facilitation of family-child visits. They also recommend that the child be enrolled in local schools and receive health services at the local public health clinics. The MOSA wants to ensure that children are integrated within society to the greatest extent possible.

63. Cultural practices influence who is being placed in out of home care facilities. Males more often times are placed in institutions compared to females (whether in rehabilitation, shelters, orphanages, etc.) This may be due to societal practices that require the eldest male of the family to provide guardianship and protection over females. Similarly, if females are placed into institutions, the family is less likely to accept reintegration of the girl child into the family. This may be due to perceptions that the family is not sure if the girl has been “violated” by others and do not want to take responsibility of caring for her. Anecdotal reports from judges, lawyers, child protection officers, and police suggest that families are encouraged not to place their children in institutions and to resolve problems by depending on the extended family or other members of the local community. These types of informal justice

41 Many orphanages had originally had contained schools on their premises. This situation is discouraged by the MOSA and integration of children into public schools is preferred.
and social mechanisms (sulh or reconciliation forums) were discussed earlier in “measures of general implementation.”

G. Periodic Review of Placement (Article 25)

64. There are no identifiable mechanisms in effect that provide for routine, scheduled, and periodic review of placement. The MOSA has identified the need to hire more child protection officers who would have the responsibility of conducting routine visits to institutions caring for children. Hence, there is a need to establish a committee that has the specific responsibility of overseeing follow up of children who have been placed in orphanages, shelters, detaining rooms, prisons, rehabilitation centers, disability day/night shelters, and all other types of care centers (both short or long term) that provide care and protection for children who have been deprived of their families. This committee should be composed of government and non-government staff to ensure an objective review of children in care institutions (public or private) is conducted.

65. The absence of a centralized case management system (documentation center) is also noted. The MOSA has included the development of a national database for child protection case management in their 2011-2013 Social Protection Strategy Plan (detailed child protection component.) The development of a child protection database that is linked with the social assistance (poverty) database would enable the Ministry to accurately target and manage children and families in difficult and disadvantaged circumstances.

66. The MOSA child protection network protocols includes a case management process of every three months for children who have been abused, neglected, or harmed for follow up purposes with the core group of partners in the child protection referral and network system protocol. However, this routine review is scheduled for children whether in the home or in placement and makes no specific mention of examining the living conditions of the child. The purpose of the case management in this instance is to ascertain if the child is receiving the necessary treatment and if his/her condition has improved.

67. Over the last five years, an average of 1,450 and 60 children/year are reported to be staying in institutions (excluding orphanages) and shelters in the country, respectively. There are on average 2,000 children in orphanages annually. The MOSA only has 13 child protection officers who are responsible for following up on all cases of abuse, neglect, harm, exploitation, institutionalizing and sheltering of children. They are not fully trained on case management follow up within institutions, nor do they have sufficient resources allocated to them to make timely and routine assessment and follow up visits to children. They are severely understaffed and overwhelmed by the responsibilities and duties they are tasked to carry out. Partnership with civil society can support them in providing counseling services and sheltering children, however, management, supervision, and monitoring remain key responsibilities of the MOSA that cannot be shouldered by other parties. Without proper supervision42, violations of children’s rights while in out of home centers is likely to continue. This includes reports by children that they are not allowed adequate recreational time, are forced to spend most of their time on the premises and don’t interact with other children in the community, some instances of physical punishment, and they have limited access to information.

68. In a number of site visits, institutionalized children have reported cases of abuse and corporal punishment. Visits to hospitals in the vicinity indicate that annually a number of children (particularly girls) present with symptoms of attempted suicide. The importance of having sporadic random spot checks on institutions and shelters and ensuring that all staff sign off on a child safeguard protocol and code of conduct are key strategies to limit the occurrence of such incidents.

69. Specific standards43 for out-of-home care centers have yet to be developed. This will require determining what kinds of materials, staffing, equipment, furnishings, services, and societal networks and

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42 Discussion with staff at Dar Al Amal, Beitunia Child Protection Shelter, and children at orphanages throughout the West Bank.

43 The MOSA has developed protocols for shelters and orphanages, but they do not put in specific standards like amount of space per child, numbers of caregivers, equipment and furnishing required, etc.
connections must exist between the out-of-home care centers in order to properly care for and supervise the development of the child. The MOSA should conduct regular evaluation and supervision visits that ensure the quality of services, environment and staff are suitable and a detailed report should be kept. No such records are currently available. To the credit of the MOSA child protection officers, they do conduct spot checks on institutions to determine if children are in good health and meet with children to receive feedback from them. However, these visits are infrequent.

70. There are reports that male children being cared for in orphanages, rehabilitation centers, and shelters have been discharged or leave of their own accord when they reach puberty. In some instances, staff have reported that the males become more difficult to manage and that they are encouraged by staff to return to their families rather than keep them in the out-of-home center. Without proper support for reintegration, many of these children find themselves in difficult circumstances and are in need of additional child protection services.

71. It is recommended that the MOSA conduct a thorough review of all out of home care centers and assess what their needs are, what is available, and identify gaps. Resources (financial, material and human resources) should be made available by the government to support the upgrading of existing institutions. In addition, the MOSA with the MOI should take responsibility for reviewing sources of income and support for these out-of-home care centers to determine that the funds are obtained legitimately and are being used in an open and accountable manner for the benefit of the center. The law requires that audited financial reports be submitted, but none are currently available.

72. The ICHR is the functioning ombudsman office within the country. They are authorized to make routine visits to institutions where violations may be likely to occur. They have now initiated regular visits and reporting on conditions of prisons and detention centers throughout the country. Their report has indicated that children in rehabilitation, detention, holding rooms, and prisons are kept separated from adults (although they share premises.) However, they note that the conditions of these environments are not conducive to the health and well-being of children and that the government should upgrade the conditions within the rehabilitation centers. The Reform and Rehabilitation Law of 1998 grants the Minister of Social Affairs the mandate to appoint “specialists” to enter the rehabilitation and prison sites and interact with inmates to carry out psychological assessments and provide counseling as needed. This is an entry point for coordinating efforts with the reform and rehabilitation centers and assessing conditions for children.

73. The government has begun an ambitious program of developing police, security, and prison centers throughout the country. Each of these sites have specific areas that are allocated for children who come into conflict with the law. Construction is underway in the Jericho civil prison and rehabilitation underway in the prisons of Hebron, Jenin, Tulkarem, Qalqilya, and Bethlehem. The design and standards for child-related areas of these premises were not coordinated with other relevant agencies in the country. But it is essential that the MOI, Police, and prison services coordinate site visits and inspections for children in their care on a regular basis.

H. Adoption, National and Inter-Country (Article 21)

74. From 2006-2009, eight children were adopted and taken abroad to reside. The MOSA conducted thorough background checks on all families and maintains records on the residences of these children in their files. These children are usually those who have been identified as born out of wedlock and/or abandoned by unknown parents. Limited contact and follow up is maintained with the child once they leave the country. The MOSA requires further assistance in carrying out routine contact with adoptive families to determine the well-being of the child.

75. The law does not allow for adoption procedures for Muslim children. They can be fostered by a family that uses the procedures of kefalah. In this instance, the parent-child relationship is similar to that of adoption, with the exception that the child does not receive the father’s or grandfather’s name.
This practice is used to protect the other family member’s rights to inheritance. Since the child’s name does not show a direct familial relationship with the father/grandfather, the child who is fostered through kefallah has no legal claims to inheritance. However, the law is clear that the child should receive all the rights and support of any other child within the family. However, wills can be drawn up that stipulate the child should receive part of the inheritance.

**I. Illicit Transfer and Non-Return (Article 11)**

76. The PCL prohibits the illegal abduction or illegal separation of the child from his family. The Diwan and the civil court judges can deliver an injunction preventing the abduction or forced holding of a child by an adult. The injunction can prevent the child from being forced to leave the country. The police and prosecutors are assigned the responsibility of judgments on cases in which a child has been abducted. The perpetrators of this act can face prison sentences and fines. The MOSA child protection officer works with the family and the child once recovered to ensure that the child’s legal rights are upheld. In cases where one of the parents has abducted a child and taken them out of the country, the courts will deliver an injunction and will send a letter to the respective embassy requesting that steps be taken to locate the child and return to the parent. The parent who has taken the child illicitly can be taken to court once he/she returns to the country and can serve a sentence. Since the government does not control border entry and exit, extradition is difficult. However, the person can and is prosecuted if he/she returns. In a number of cases the government has appealed to the country harboring the person to return them, but there are no reports that any action was taken.

**J. Abuse and Neglect (Article 19), Including Physical and Psychological Recovery and Social Reintegration (Article 39)**

**Violence in the Home**

77. The PCL is clear in holding all persons responsible for reporting identified cases of abuse, physical or psychological harm, or exploitation of children to the relevant authorities including the MOSA child protection officer. However, many of the child protection officers report that the community in general is still reluctant to report cases of violence against children. Failure to report has been attributed to people not wanting to get involved in “personal, family affairs,” for fear that they will be socially attacked by the family of the child for interfering, or they do not believe that anyone will take action to protect the child. Hence, actual reports of violence (physical, mental, and/or sexual) are still limited and under reporting is suspected.

78. The MOSA has implemented a number of different programs to raise parental awareness on the importance of protecting children from all forms of violence. They have carried out parent and youth awareness campaigns at the community level to highlight the PCL and the responsibility of parents and society to prevent any form of harm to children. Advocacy and educational materials were prepared and distributed at meetings and were shared through the media (newsprint and television.) College graduates were brought on as volunteers to expand the outreach of the program. Most of these programs lasted for 1-2 years but are rarely institutionalized. Many of the programs ended due to travel restrictions, the high costs of implementation and changing political and security conditions within the country.

79. MOSA child protection officers have received training on identification, management, and monitoring of reported cases of violence and harm against children. A major constraint is the limited number of officers available to handle the caseload. At the current time, there are less than 20 child protection officers working within the West Bank and Gaza. The numbers of staff available at the MOSA are insufficient to meet the needs of the 1.9 million Palestinian children living within the OPT.

80. In order to expand the outreach of services, the MOSA’s child protection network and referral system is to be located in every district. Five districts currently have functioning networks that provide
screening, counseling and treatment services for the child and family. Child refugees and their family are part of this system. This nationwide approach also includes referrals for refugee children. However, UNRWA has also developed a child protection strategy that is used to support children who are being violated or harmed.

81. The MOSA acknowledges that this network is not a substitute for a national child protection system. In their new strategy for child protection, they affirm:

…. the Government’s responsibility in preventing and responding to violence and abuse against children and to end impunity against aggressors. It allows children to have a voice, participate, be heard, to defend themselves, and access to justice. Protecting children from violence, abuse, exploitation, and neglect is crucial to ensure their rights to survival, development and welfare are fulfilled. Providing protection for children requires a participatory approach between governmental actors, civil society, the private sector, parents and children themselves. Continuous coordination between all parties concerned requires cooperation and joint action in planning, and integration and harmonization of roles and responsibilities in providing services under the national system of child protection led by the Ministry of Social Affairs.

82. The Ministry has identified the major gaps that still exist in programs to protect children. They have incorporated a system-wide approach that will ensure the necessary legislation, bylaws, policies, human resources, protective shelters, and monitoring system exist. A reasonable estimate of the number of children who are being abused, neglected, and exposed to violence needs to be identified in order to bring on sufficient staff, resources, and shelters to protect them. A monitoring system is essential to allow for proper case management and follow up and to provide information on the number of children entering and leaving the system.

83. The child protection system will be interactive with the MOSA social assistance/poverty database system. Numerous studies have indicated the correlation of poverty and violence. The MOSA will provide poor and impoverished families with social assistance (financial and social service support), while screening and educating families on proper care of children, protecting children within the home environment, and monitoring child health and education indicators. This approach is in line with articles 42, 52, 58, 59, and 60 of the PCL that entrusts MOSA with the responsibility of preventing and responding to all forms of violence, abuse, neglect, and harm faced by children. The MOSA has now elaborated a draft child protection bylaw that lays out the regulations and protocols for handling cases of violence against children.

84. The importance of civil society in helping to change cultural beliefs and practices is recognized as essential if one is to eliminate violence against children. They have adopted a strategy of “breaking the silence” to expose cases of violence against children. This will be complimented with a strategy of instituting a “culture of non-violence” to put an end to societal practices and behaviors that condone physical punishment of children within the family, school, and community.

85. The significant role of the police has been recognized in these initiatives. MOSA with the support of UNICEF have been working with the police to establish Family Protection Units that are trained in children’s rights, positive methods of handling children in need/domestic violence/child laborers, and other vulnerable groups. They are part of the child protection network and their offices are expanding throughout the West Bank, but not in Gaza.

86. The Palestinian Basic Law and the PCL include explicit articles that prohibit the use of all forms of violence, abuse, exploitation, harm, or neglect against children. The presence of the law does not serve

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44 Child Care and Protection Referral and Networking System Protocol (2007). The MOSA and BirZeit University Continuing Education Department produced this document and rolled out a comprehensive training program for partner agencies.

as a deterrence unless explicit protocols, policies, implementation, monitoring, and penalties are executed in a concerted manner. It is only within the last three years that the MOSA, MOH, and the MOEHE have developed explicit protocols and policy guidelines that provide guidance for parents, teachers, child caregivers, counselors, doctors, and others who come into direct contact with children to report, treat, and prevent the incidence of violence in the home, school, neighborhoods, or child institutions.

87. Research on the prevalence of violence and abuse in the home setting is limited. The most comprehensive study was conducted by the PCBS Child Psychosocial Health Survey of Children Aged 5-17 (2005) in cooperation with the NPA Secretariat and UNICEF. The results clearly indicated that the vast majority of children have experienced physical violence (82%) and verbal violence (85%). The primary perpetrators were the family (75%), neighbors (17%), friends (35%), teachers (30%), relatives (16%), and Israeli soldiers (2%). The home was the site where violence was most likely to occur, followed by the school, street and neighborhood.

88. All studies conducted within OPT have shown that there is cultural acceptance of using physical punishment as a disciplinary technique with children. There is also social constraints placed on the child not to discuss “family matters” which usually refer to how the parents may discipline children or other personal incidences that occur within the home setting. Families are seen as the guardians of children who know what “the best interest of their child” is and do not want outsiders to interfere in their family rights. This social practice continues and is commonly reported by child protection officers, school counselors, doctors, nurses, teachers, and other caregivers who report great resistance from the family in addressing charges of domestic-based cases of abuse and violence against the child.

89. The new child protection protocols explicitly provide the child protection officer with the right to bring a police officer with him/her when going to meet with a child who has been allegedly abused. In recent years, better cooperation and coordination between the MOSA child protection officers and the newly established Police Family Protection Unit officers has allowed for increased follow up on reported cases of domestic violence. This is a positive development since many child protection officers felt threatened when having to approach homes without police protection. Currently the police and MOSA are identifying better working arrangements that would allow for the availability of child protection officers on a 24 hour basis rather than the five day/week 8-3 pm work shift that exists.

90. Reports of child abuse and violence is also increasing as reported in the case load of child protection officers and the workload of the child protection referral and network system practitioners. Article 53 of the PCL requires that all practitioners or caregivers entrusted with the protection and care of children must notify the child protection officer if they suspect a case of abuse/violence. A penalty of 100-200 Jordanian Dinars (exchange rate in USD or 150-300 USD is levied upon any person who fails to notify or report such cases.

91. The PCL did not establish detailed terminology or criteria for determining if abuse or violence was present. However, the MOSA child protection protocol has explicit definitions, criteria, and assessment forms to determine in an objective manner if abuse, violence, harm, or neglect has been practiced against a child. The definitions, criteria, and symptoms do not sufficiently distinguish between the different age groups and maturity of children, but a first start has been made in these protocols by placing clear guidance on how to identify signs of abuse and begin procedures to remove the child from harm’s way and provide care, shelter, and psychological assistance to aid in their recovery.

92. Sexual violence and crimes against children are not only considered taboo, but are explicit in giving children the right to report cases of abuse/violence against them. The Family Law (Jordanian Personal Status Law of 1976 allows parents to use physical force when disciplining their child and these acts are “not considered an offense.” This same law permits beatings and denies children who are victims of incest to file sexual abuse charges. Ironically, only the male family member is granted the right to file incest charges. These articles contradict with the PLC. However, it is clear that this law is more familiar to judges and lawyers than the PCL. Most judges reported that they applied the Family Law more often than the PCL. This is a strong signal that further awareness raising on the PCL and the CRC are needed.
within the judicial system. A step in remedying this situation is the draft penal code which provides a jail term of up to one year or a fine of not more than 500 Jordanian Dinars or approximately 850 USD for any person who injures, behaves as an inappropriate and negative role model or performs an unethical act against a child or any other child that is in their care. Harsher punishments are applicable if sexual violations are involved.

93. Analysis of the situation in Gaza indicates high rates of domestic violence and children reporting having witnessed violence. These studies have been found that one out of every two children in Gaza had experienced a traumatic event that had a lasting impact on their mental and psychological well being.

94. However, the occupation remains the main source of violence in the lives of all children. The actual use of violence and the perceived threat of violence have been shown to have detrimental effects on the well being of children. It is difficult to separate out the impact of occupation on levels of violence within the community and home, however, the direct impact of killing, maiming, disabling people, imprisoning, demolishing homes, forcing people off of their lands and implementing measures to prevent fruitful employment are only some of the direct and indirect factors that play a role in increasing levels of frustration, despair, and despondency within society. This is frequently translated into acts of internal violence within the home and community.

95. These results in no way imply that parents, caregivers, teachers, judges, police, or other stakeholders do not play a crucial role in ending all forms of violence against children, but emphasizes the enormous amount of efforts and resources that are needed to address these issues.

<table>
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<tr>
<th>Family Environment and Alternative Care - Way Forward</th>
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<tr>
<td>• The work of the NPA Secretariat in identifying recommendations for addressing abuse and violence and supporting children’s rehabilitation and reintegration remain relevant and should be adapted within the national planning framework for 2011-2013.</td>
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<tr>
<td>• Develop an overarching child protection system with clear roles, responsibilities and referral channels across different sectors building upon existing networks and referral systems by 2012 managed by MOSA and pending increasing number of staff (20) at central and local level.</td>
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<tr>
<td>• Prevent the legal system from sending cases of child abuse to informal channels like “sulh” unless there is clear government oversight and review of judgments and they are consistent with the rights of the child. Full documentation and reporting should be undertaken. This process should be initiated by 2011.</td>
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<td>• Develop guidance or bylaws for the child law which would lead to common, but broad and inclusive understanding of abuse. This includes definition, standards, and criteria for abuse, neglect, harm, corporal punishment, exploitation, and other actions which are harmful to children by 2012.</td>
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<tr>
<td>• Develop a system for determining when abusers should be penalized and when it is in the child’s best interest to rehabilitate the abuser through a therapeutic approach. Once this is determined, the government should change the draft penal code so that it offers appropriate penalties against child abusers, prevents convicted abusers from entering into professions related to child care, and establish penalties for non-reporting of cases of abuse by 2012.</td>
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<tr>
<td>• PLC Committee on Family Violence should have specialized support in addressing violence against child within the family setting and put into effect specific recommendations on legal actions and advocacy against continued abuse and violence against children, women, and family members by 2011.</td>
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<tr>
<td>• Ensure the financial resources and expertise exist at the level of government policy-making, within the judiciary system and at the level of service provision which are required in order to implement the Child Law by 2012.</td>
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<tr>
<td>• MOSA should work towards prevention by strengthening its public awareness program on good parenting and develop parental outreach materials and mass media communication strategies by 2013.</td>
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</table>
• Ensure MOSA has the resources necessary to improve its counseling services and increase the number of child protection workers.
• Ensure expertise and resources within the judicial system to support the needs of abused children are provided by 2012.
• Ensure that public information is available on services and legal channels addressing abuse.
• Ensure funding for the Beitunia Child Protection Center, reopening the Jenin Center, and adding an additional center in the southern West Bank and the Gaza Strip two additional protection centers, including one specifically for girls.
• Implement research on violence in schools and institutions.

**Community Responsibility**

• Civil society agencies in coordination with the government should immediately initiate campaigns and awareness raising on issues of violence, harm, and neglect perpetrated by the family and community against children and encourage parents, children and caregivers to address these cases rather than hiding them by 2011.
• Educate community members of their roles in reporting suspected cases of abuse by 2012.
• Ensure child participation in identifying sources of violence by 2012.
• Carry out public awareness on proper parenting skills in order to work towards preventing abuse by 2012.
• Professional groups and unions of professionals whose work relates to children, such as pediatricians, teachers and social workers should work to develop standards for addressing child abuse by 2012.

**International Responsibility**

• Work towards a just end to the conflict in which human rights are respected, thereby addressing a major source of violence in Palestinian society, immediately, by supporting legal action against Israeli violations of Palestinian children’s rights and support universal jurisprudence as a deterrence mechanism for continued impunity against Israeli violations by 2011.
• Work towards ensuring economic and social rights are met in Palestine as a way of eradicating poverty by increasing poverty assistance to children, integrating child’s rights into the humanitarian agenda, and reviewing impact of existing economic practices on child well being by 2013.

**Monitoring and Reporting**

• PCBS will collect and publish data on child abuse based on common indicators and definitions.
• Ensure institutions, schools and homes (with known violations) are open to monitoring and that they are not excluded from data collection processes by 2013.
• Establish a child protection case management system that is linked with the MOSA social assistance program database by 2012.
VI. DISABILITY, BASIC HEALTH AND WELFARE  
(Articles 6, 18 (3), 23, 24, 26, 27 (1-3), 33)

A. Children With Disabilities (Article 23)

Measures to Ensure Dignity, Self Reliance, Active Participation & Access to Services

Legal and Legislative Framework

1. The legal rights of disabled persons are addressed in the Palestinian Disability Law (PDL) no.4 of 1999 (articles 2, 3, 9, 10, 14) and its Bylaws (executive regulations) no. 6 of 2004 which afford disabled persons with all the rights to health, education, participation, development, work, and access to public buildings in a non-discriminatory manner and equal manner to all other citizens. Additional laws that reference the rights of disabled persons include the Revised Palestinian Basic Law of 2003 (articles 9 and 22), the PCL (articles 3, 8, 11, 28, 31, 41) and the draft bylaws, and the Labor Law no. 7 for the year 2000 (article 13) specified a 5% minimum employment quota for disabled persons.

2. These laws lack adequate measures to guarantee their execution and the bylaws are left for a later date (most still do not exist), whereby the Cabinet or relevant ministry is to determine and set regulations to facilitate execution and implementation of the law. For example, the Jordanian Social Affairs Law no. 14 of 1956 (article 4 (13)) applied in the West Bank requires the government to issue regulations to establish and fund institutions that care for the disabled. The Jordanian Education Law no. 161 of 1964 (article 113) gives the MOEHE the right and responsibility to establish special educational centers or programs for the disabled. The latter and many other laws as the Public Health Law (PHL) place a general clause on non-discrimination (including sex, race, and religion, but not always on disability.)

3. In terms of infrastructure that is appropriate and friendly for the disabled, the executive regulations and articles 12 and 13 of the PDL made it obligatory to adapt roads, public areas and public and private buildings to guarantee independent, easy and safe movement of the disabled. The law specifies three exceptions in which alternatives need not be put in place to guarantee access of disabled children.

4. Gaps in legal protection for children with disabilities include:
   a. The PDL does not address children per se, and the text of the law and bylaws have limited clauses on responsibility and accountability by specific agencies for execution of the law. It does not specify the roles and responsibilities of the different stakeholders, nor does it impose specific penalties in cases of violations.
   b. Many of the laws make no specific reference to disabled children. The Jordanian Education Law addresses non-discrimination in the broad sense of social justice and provision of equal opportunities and non-discrimination to ensure education of all girls and boys, according to their potential but with no specific mention of disabled children. The Public Health Law no. 20 of 2004 recognizes children’s rights to health, denotes the responsibility of the ministry to provide health services, whether diagnostic, curative, rehabilitative or preventive, including immunization, pre-marriage testing and caring for the mother before, during and after birth for all persons. However, the law does not make specific note of disabled persons, but implicitly they are considered as any other “patients” with the same rights to health services.

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1 The draft Palestinian Law is awaiting the third reading by the Palestinian Legislative Council (PLC).
2 Adaptation shall be obligatory for concerned bodies unless: (PDL article 13)
   A- It endangers the historic attributes of the public area.
   B- It causes danger to the safety and security of the public area.
   C- It costs more than 15% of the value of the public area.
3 The MOSA has recently established a Ministerial Surveillance Committee led by the MOSA to track implementation of the PDL that was requested by the Cabinet in December 2009. There are regulations for TAX exemption for persons with disabilities as well.
5 Many of the institutions and ministries are aware of the gaps in implementing the law, and are demanding amending the current Law and bylaws. Efforts are made by the civil society to lobby to get signatories from heads of parliamentary factions to modify the law as soon as the PLC gets back to session (Workshop conducted by SOIR, PMRS and DCI on the Palestinian Disabled Law and Child Rights on 20 January 2010)
5. The government has submitted a draft health insurance law, but this too has made no specific mention of disability and in some places actually contradicts rights guaranteed in other laws. The law has yet to be passed.

6. A thorough review of contradictory laws and articles has not been conducted, nor has the government allocated sufficient resources to execute available laws pertaining to the rights of the disabled. There is limited knowledge by government officials and the public about the available laws, and the rights entitled to the disabled according to the law. There is a need to strengthen the role of the ICHR to protect human rights via holding the government accountable to fulfill its obligations according to the law.

Policy Framework

Responsible Ministries

7. Since the advent of the PNA in 1994, the MOSA was mandated to coordinate and provide care, protection, and services for the disabled according to the provisions of the Jordanian Social Affairs Law no. 14 of 1956 applied in the West Bank and the Egyptian Law which is applied in Gaza. The Directorate General for Disabilities is responsible for overseeing the work of the ministry as regards disabled persons. A department is available at each of the district offices however, staffing is limited (2-3 persons per district).

8. The MOEHE has the responsibility of providing education and/or special education for disabled students according to the draft Palestinian Education Law (3rd reading) and the Jordanian Education Law no. 16 of 1964 which allowed the MOEHE to establish centers or special programs for the disabled. The MOEHE has operationalized the law by adopting an inclusive education component within the MOEHE 2008-2012 strategic plan and this is managed through their department for special education.

9. The MOH role in providing services and programs for disabled children is confined to the regular provision of medical and preventive services rather than specialized or rehabilitative services. The disabled are viewed as “patients” with the same rights and privileges afforded to all patients within the MOH system and no specific mention of disabilities is available. The MOH has initiated a process whereby they purchase special services from the private sector and NGOs. This has ramifications for children with disabilities since many of the NGOs are supporting rehabilitative treatment programs and supply of prosthetics or aid devices/supporting tools for disabled children. Still, coordination between government agencies and civil society agencies is insufficient which has resulted in overlapping or competition between service providers. Better coordination and role division are needed to ensure that the quality of services being afforded to disabled children is sufficient and adequate coverage is offered.

10. The Ministry of Youth and Sports (MOYS) works at the policy level to guarantee and facilitate the integration and participation of disabled children and leaders in their activities and summer camps. Their efforts include training on inclusion of disabled children and adapting programs and activities to accommodate the needs of children with disability and raising awareness amongst staff, care providers, and children on the rights of disabled children.

Policies and Strategies to Improve Access to Services

11. In terms of strategies, the government has yet to develop a coherent and comprehensive strategy for disabled persons in general or one that addresses the comprehensive needs of disabled children in

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6 For more information please see the inclusive education section, pages 95 and 162

7 Rehabilitation is defined as a number of services, activities, and social, psychological, medical, educational, pedagogical and professional support that enable the disabled to live their life with independence and dignity.

8 Health Sector Review (HSR) -2007.

9 Dr. Anan Masri, Deputy Minister- MOH (interview) recommending that MOH be act in the role of a regulator and supervisor of services, not a service provider.
particular. In sector specific plans and strategies (education, health, social affairs, youth and sports, and labor) the rights of disabled children are noted and detailed objectives, strategies and programs have been incorporated to address their needs and rights. In the national sector strategies that are being prepared for 2011-2013, the MOSA has also coordinated disability across sectors and incorporated networking and issuing of the national disability card as top priorities. This situation will be addressed in the new Social Sector Strategy 2011-2013 that has been prepared by the MOSA and is currently awaiting approval by the Cabinet. This new strategy has identified the importance of establishing bylaws, protocols, and regulations across sectors that address the rights of disabled persons including children and making services available to those in need.

12. The government has now allocated 238,000 USD to implement the first phase of establishing the national disability card, to be implemented by the MOSA and the PCBS, which would guarantee the holder of this card with national services in health, education, and social assistance. This includes a national survey on the situation of the disabled persons and setting up a national database and case management system for disabled children/persons. The second phase includes surveillance and costing of services, in addition to mapping the institutions working in this field. The PCBS-MOSA survey is expected to be completed by April 2011. The MOSA is currently analyzing the types of services and costing of such services that would be necessary for executing the PDL and providing disabled children with health, education, social and cultural services and programs.

13. The Cabinet also endorsed the re-activation and amendment of the Higher Council for Disability which was issued by a Presidential Decree and approved the amendment of the bylaw to exempt the disabled and/or their families from VAT taxes on purchasing a car for the direct use and service of the disabled which must remain registered in the name of the disabled child.

Social Services for Children with Disabilities

14. MOSA has also instituted a home renovation program for disabled persons that allocates funds from its social assistance program for the poor to upgrade homes to fit the needs of disabled children/adults. This program is implemented on a case by case basis and is contingent on the availability of funds. The Palestinian Red Crescent Society (PRCS) is a partner in this endeavor and both agencies have agreed to give priority to families with disabled children/persons who do not have access to or cannot be accommodated by other programs. The MOSA also provides small loans for startup income generating projects for the disabled, cash or in kind assistance to allow the family to provide for itself. This is in addition to providing a set monthly allowance to poor families with disabled family members. Many families have more than one disabled person and this has proven to be a financial burden that severely strains the families’ financial capacity. Numerous studies have indicated that most families with disabled children tend to be impoverished. MOSA has taken into account specific criteria when determining financial needs of families with disabled children. Hence, poor families with children (disabled or not) are given priority in receiving social and in kind assistance. Unfortunately, the MOSA is only able to address the poorest of the poor, and there are over 100,000 households still seeking social assistance.

15. Additional services provided by the MOSA include 5 disability centers in the West Bank and 5 centers in Gaza. This is in addition to its purchasing services from some private sector and NGOs and providing direct financial support for some civil society organizations. The MOSA has now initiated the “Orientation and Mobility” program for blind children, to develop their life skills, self reliance, and understanding of their surrounding environment. Training now takes place at the community level and is still limited due to insufficient numbers of qualified staff and resources. The MOSA realizes that these services are quite

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9 Amendments were done to include rehabilitation institutions, camp committees, Ministry of Local Government, representative from the university union and from the private sector, with the ICHR as an observer.
10 According to Hana’ Qaimari – Director General of the Disability Department/MOSA
12 West Bank centers: Casablanca center for the mentally disabled (22 children), Sheikh Khaleefa for vocational training (56 persons), Al-Alaeyya for the blind (30), Youth Rehabilitation for integration and the new Sheikha Fatima center (60) in Beit Ommar/Hebron – not functional yet. Gaza centers include three rehabilitation centers in Gaza northern governorates (ages 16-40), Deir Al-Balah and Khan Yunis, one for the blind and occupational rehabilitation (ages 16-40), the movement of the blind CBM in Gaza northern governorates.
limited and are seeking ways to access more funds and technical resources to increase the outreach and capacity of the existing service centers. This will require expanding the number and quality of staff and centers and providing specialized training to expand services and outreach programs.

16. The Ministry of Health (MOH) is committed by the Basic Law and the (PHL) (article 2) to provide the necessary services related to early intervention and prevention of diseases as mentioned earlier. The Phenyl Ketone Urea (PKU) and the Thyroid Stimulating Hormone (TSH) tests are free and compulsory at the primary health care centers (PHC). Positive cases of PKU receive free cartons of special milk for children and parents are informed on how to provide the child with a special diet.

17. Immunization coverage in OPT is excellent reaching more than 95%. Physical checkups for babies are performed on a regular basis before vaccination. Early screening is done through the Integrated Management of Childhood Illnesses (IMCI) program and well-baby clinics. Child development is monitored through the ‘mother and child health handbook’. Early screening for developmental disorders, illnesses and other medical conditions is provided at all PHC centers of the MOH, UNRWA, and NGOs. Pre-marriage testing is obligatory for certifying the marriage certificate in court.

Inclusive Education

18. The number of students with special needs in schools is increasing.14 Most of the students with disabilities attending schools have either speech, physical, and partial visual disabilities. Mentally disabled children are not sufficiently integrated and represent a small proportion of students attending public schools. Failure to provide full educational inclusion for all disabled students (particularly those with mental disabilities) is due to lack of sufficient human and material resources within schools, failure to allocate sufficient budget, cultural taboos on inclusion of children within the “normal” educational system by parents and society in general, and high costs of transporting children with special needs to the school. Many parents with disabled children feel that their children will not be sufficiently protected (physically, socially, and emotionally) within the public education system and do not want to subject their children to harm, bullying, or humiliation by other children. The MOEHE currently accommodates children with mild mental retardation into the school setting through the use of the resource room (approximately 50 specialized classrooms) or integrated classroom (22 regular classroom) approach. This indicates the necessity of raising awareness and sensitivity amongst children about disabilities.

19. Illiteracy rates are fourfold higher in disabled populations compared with the general population. This is despite the increase in the enrolment of children with special needs in the educational system and MOEHE efforts to adapt the school environment to the needs of children with disability. The lack of sufficient educational material specifically designed for disabled children (as sign language within the classroom, specialized computers for children with motor difficulties, etc) may impede the development of literacy in disabled children. More resources and staffing are still required.15 It should be noted that there are still high student: teacher ratios and that classes with special needs students should be afforded an assistant to aid students in need.

20. The MOEHE has taken a number of measures to ensure the inclusion of children within the school setting. This includes standardizing architectural designs that are friendly to children with disabilities for all of its schools. In its strategy for 2011-2013, the ministry integrated special and inclusive education as an essential component of the educational delivery. Since 2007/8, one out of every three schools (650 schools out of 1900) is accessible for the disabled and has ramps. 230 school-based educational centers are under establishment and will be completed by the end of 2010. The ministry has 35 inclusive education supervisors and 3 coordinators (one in Gaza and two in the West Bank) who are available at the central and district level ministry offices to support schools in integrating children with special needs. Three “resource centers”16 are available in Ramallah, Hebron, and Gaza and there are 5 specialists who

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14 At the MOEHE schools in the year 2004-2005, the number of disabled students reached 4332 (3281 in the West Bank, 1051 in Gaza). The percentage was 0.6%. But for the year 2008-2009 the number in the West Bank governmental schools alone reached 4195 (2220 males and 1975 females)
15 Hana’ Al-Qaimari- MOSA Director General of Disabilities
16 The resource centers have mobile teams to cover the districts, especially in remote areas, according to the list of students with special needs. They do evaluations and develop a treatment plan after discussing with the parents and getting their consent. Sometimes referrals to more specialized rehabilitative institutions are done.
provide specialized services in special education, speech therapy, social services, physical therapy and occupational therapy. Furthermore, there are 230 employees with disabilities who enjoy all the rights, privileges, and responsibilities afforded to all MOEHE employees. Furthermore, the MOEHE supports private schools and other educational centers by subsidizing the salaries of 230 teachers providing for special needs of students.

21. As for the curricula, information on disability is included in the curricula for grades 8-10. The curriculum in Braille is also available for all grades. 50 out of 72 blind students were provided with an instrument (Berkins 4) with priority given to students in higher grades. Handbooks for sign language and for the blind were developed to unify the codes used in math, which was introduced in the curricula for grades 1-3. These materials were developed to assist teachers in adapting the curriculum and assignments to take into consideration the capacities of visually and hearing impaired students and facilitate their integration and inclusion within the classroom. Moreover, modifications in the exams were included for those with visual and hearing disabilities and a sign language translator for students in the high school certificate exam (Tawjihi) are now provided. Many of the disabled students passed Tawjihi matriculation exams and received scholarships from the President to continue their higher education.

22. Preparation of integrating students with disabilities into schools is a new approach being tested by the Ministry. The MOEHE works with civil society agencies to facilitate integration of children with special needs. In the current academic year, the Swedish Organization for Individual Relief (SOIR) supported “integrated classes” for students with minor to moderate mental disability (32 integrated classes in 16 directorates). Each class had between 8-10 students attending. The aim of the program is to teach students life skills, self reliance, and basic skills for pre-writing. This is being piloted as a means of assisting students with special needs to be more easily integrated into the public school system. This is in addition to the existing 50 educational resource rooms specialized for children with special needs/disabilities. These provide specialized support for Math and Arabic curriculum and then the child returns to their own classrooms.

23. Teachers in each district are provided awareness raising and skills on how to integrate the disabled child into the school environment. Training topics included understanding disability, communication, working with special needs students in the classrooms, behavior management, vocational development, visual and hearing disabilities, learning difficulties, and other relevant topics. Training sessions are also given to students to better prepare them on integration of students with special needs and improve their attitudes, values and behaviors when dealing with disabled students.

24. The MOEHE is also supporting inclusive education within preschools by training teachers on topics like early intervention and inclusion of children with disabilities in preschools. There are limited numbers of teachers in this area and hence the MOEHE has started a new in-service diploma program on special education. This program focuses on practice more than theory. Endorsement by the National Accreditation and Quality Control Board is still underway.

25. However, despite all these programmatic efforts and the current availability of funding especially by Diakonia/NAD and SOIR in particular, the sustainability of these programs is not guaranteed if funding stops. Hence, allocating core government funds to cover recurrent expenditures is needed in order to allow for the continuity of specialized training, hiring of specialized staff, developing and rolling out the program to all schools, and printing books and materials. There is also no mechanism available yet to enforce attendance of children (particularly disabled children) at school. There are no parent awareness programs on the rights of the disabled child to receive an education. Without this advocacy, parents will continue to keep their children at home and deny many of them an education.

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17 Education Sectoral and Cross-Sectoral Strategy 2011-2013 - MOEHE
18 Directorate of Inclusive Education, MOEHE
19 According to the Directorate of Inclusive Education. The books are printed in Braille by the MOEHE, 31 out of 70 students with special needs passed the Tawjihi exam. The local community sometimes contributes in funding the Berkins equipment.
20 There are no available statistics on the number of blind children who are not enrolled in school.
21 Directorate of Inclusive Education, MOEHE
22 Education Development Strategy Plan 2011-2013- MOEHE
26. Gaps and challenges in inclusive education\textsuperscript{23} include:
a. There is an increase in the number of schools equipped to handle children with special needs, but there is no comparative increase in the number of employees providing special education.
b. New buildings are specifically needed in East Jerusalem, where schools are old and rented, and are not renovated to meet the needs of students with special needs.
c. Cases of integrating visually impaired students has been successful, however more efforts are needed to integrate hearing and mentally impaired students. Mentally impaired students are least likely to attend school and dropout early.
d. Early assessment and intervention, testing of students with special needs should be supported, especially in cases of learning difficulties, to spare the children from accumulating bad experiences if not diagnosed early and correctly. The available tests only measure the educational achievement rather than mental capacity and abilities of the child.
e. There is an assumption that students with learning difficulties and/or disabilities may be more at risk of dropping out of school compared with their peers. However, in the absence of proper diagnosis, assessment, and monitoring it is difficult to determine if these conditions influence dropout rates. Investing in proper diagnosis and treatment plans is essential.
f. Insufficient availability and demand at higher education level for academic courses on special and inclusive education which directly results in lack of specialized and professional staff in the management and education of hearing and mentally impaired students.
g. Improved access and integration of students with special needs into the educational system, does not guarantee quality of services. The process of inclusive education and integration of children with special needs should be systemized and roles and responsibilities of all agencies should be made clearly; for instance, the MOSA and MOH roles in supporting children’s physical and mental health needs.

Participation, Recreation and Cultural Activities

27. The Palestinian General Union of Persons with Disabilities and the Para-Olympic Committee are strategic partners in developing national plans with the MOYS to include the rights of disabled children to sports and recreation. But actual participation of disabled children in sports activities is still limited and insufficient. The newly established Para-Olympic Committee in the OPT is supporting the participation of disabled persons in sport activities at the local and international level. However, sport equipments are costly and participation is restricted to children 16 years of age and older. Female participation does not exceed 25\% of those enrolled in the program. Inclusion of younger children usually requires higher levels of protection and special equipments. This is cost intensive and is underfunded.\textsuperscript{24}

28. The Para Olympic Committee is sensitive to the needs of parents and disabled children and realizes that many parents tend to be overprotective when it comes to disabled children and especially girls. The committee has provided campaigns and activities to involve the parents as well. Safety procedures and regulations to protect children from abuse and/ or harassment are not written, but the committee has taken special precautions by ensuring the presence of supervisors and placing children and females in safe spaces were violations are least likely to occur. These activities are complimented with summer camps and recreation activities taking place throughout the country, particularly during the summer months. More efforts are needed in advocating for the respect and dignity of all people – including the disabled child who is frequently verbally abused or ridiculed by other children. Increasing funding and support from the government and the local community could help expand the availability of sports for disabled children. One recommendation is for the government to subsidize the Para-Olympic Committee by covering the costs of its staff and premises.\textsuperscript{25} Similar activities are also conducted throughout the year, especially in the summer, by the Palestinian Medical Relief Society (PMRS).

29. It is also worth mentioning that the participation of students with special needs in school-based sports activities depends on the knowledge and capacity of teachers to develop exercises and activities that can be practiced by all students. The MOEHE can suggest joint activities and provide directions, but

\textsuperscript{23} Directorate of Inclusive Education, MOEHE
\textsuperscript{24} This paragraph and the next paragraph are based on an interview with Mr. Majed Abdel Fattah-POC
\textsuperscript{25} Majed Abdel Fattah- Head of the para-olympic committee
it cannot guarantee disabled children’s participation in this regard. However, these students participate in other activities like choirs, art exhibitions, and after school initiatives. Reports indicate that most children enrolled in schools are benefitting from non-formal activities offered in the school environment. The government can benefit from the experiences of the NGO sector that have had more experience in working with disabled children across sectors.

30. In order to improve the quality of non-formal activities for disabled children, the MOEHE should support efforts to provide specific information for physical education teachers on how to adapt their programs to meet the needs of disabled children. Information sharing sessions and raising awareness on the rights of disabled children is essential if the culture of exclusion is to change. There is a need to set policies to involve the children with special needs in sports activities in schools, or at least to find alternatives if involvement is not possible. Monitoring implementation of inclusion is required in order to determine what practices work best and under what conditions children are being excluded.

Access to Information and Awareness Raising Programs

31. Every year on the occasion of the UN International Day of Disabled Persons the MOH, MOSA and MOEHE typically prepare activities to raise awareness about the rights of people with special needs. These events tend to be one-day affairs with the distribution of information via a number of different media forums, within schools, health clinics, employment offices, and even at the level of the Cabinet. However, a sustained advocacy and awareness raising campaign has yet to be developed. Better coordination and consistency in advocating and sharing information is essential if disabled persons and society in general is to support disabled children’s rights to health, education, participation and development.

32. Most of the awareness raising and advocacy campaigns on the rights of disabled children have been carried out by civil society in cooperation with the MOSA or MOEHE. The work of the NGOs and UNRWA through the Community Based Rehabilitation (CBR) program helps to reach people in their homes, and to work with them within their environment and community. Still, many children and families with disabled persons are not aware about their rights or the services available.

Budget Allocation and Spending

33. It is important to note that there is no particular budget set specifically for children and/or for persons with disabilities by the government. The sources of developmental funding for children with special needs in schools mainly come from donors, but the MOEHE pays the recurrent costs and salaries of the staff. For the MOSA, it pays the salaries of the staff, but it is difficult to extrapolate the amount expended on disabled children because the spending is not disaggregated. These services and costs are usually subsumed under larger programs (basic education, recurrent costs for teachers, social assistance programs, cash and in kind assistance for impoverished families, or health insurance coverage.) Hence disaggregated budget allocations are not readily available at this time. As part of the national disability card, the government will be required to cost services for disabled persons.

34. The government still receives substantial amounts of budget support from foreign aid. Development programs are almost fully funded through foreign aid, too. These funds tend to target ongoing health, education and social programs that are providing basic services for the general population. The cost of programs to reach vulnerable and marginalized populations is usually expensive, and requires increase in staffing. These initiatives have usually fallen within the humanitarian assistance programs. Many donors have some resistance to supporting these programs unless they fall within the humanitarian assistance package, because of cost ramifications.

35. A national costing exercise needs to be supported to identify cost effective means of integrating children with special needs into all programs and ensuring that their rights are met. This requires not only a budget analysis, but policy development on best practices and means of affording equal opportunities for children with special needs. In the meantime, the government’s newly introduced integrated budgeting and planning process will seek ways to set a budget for children in general, and for disabled

26 Directorate of Inclusive Education, MOEHE
children (targeting poor, disabled children in particular) since this group is perceived to be amongst the most vulnerable. The cost of these services is likely to be high. Seeking out community based assistance and volunteers will enrich the programs and reduce costs.

**Violence Against Children with Disability and Special Needs**

36. Teachers are now reporting improved attitudes and acceptance of students with special needs inside the classroom when compared to pre-Intifada 2000 data. These changes are more evident in urban and village centers, with remote and isolated regions of the country still showing high rates on non-acceptance of inclusive education. This may be due to familial fears that children living in these remote areas are already exposed to a number of obstacles – road blocks, settler attacks, etc. – and disabled children are seen as more vulnerable to being harmed or exploited. However, local councils and parents sometimes contribute to establishing resource centers.

37. Individual cases of abuse within the family and by the community were witnessed by fieldworkers especially in remote areas. A formal mechanism to report never existed before this year, and most of the times it was an individual decision to report, or to convince the family to do so. Recently, the MOSA with its stakeholders finalized a system of Child Protection Networks to be piloted in five regions. However, social workers and counselors report as well that most parents seek out services and protection for their disabled child and want to be trained on how to deal with a child with special need. The MOEHE follows up on instances of reported abuse; however, the onus remains on the family to ensure that the child receives the assistance they need in dealing with the abuse or to seek legal redress.

38. Special attention should be given to ensuring that disabled children (particularly those with mental disabilities) are afforded special protection against any and all forms of violence and physical/sexual abuse which is sometimes in the form of ridicule, bullying and abuse by other students or from society in general. Numerous reports were found of cases being referred to specialized mental health practitioners and counselors and protection centers, but there were complaints that these staff members were not specialized in handling cases of disability and particularly cases of mental retardation and further training was required. Three families within the Ramallah vicinity have come forth and reported that they had physicians carry out hysterectomies on their female daughters with mental handicaps because they said the girls were not able to keep themselves clean and hygienic and feared for them if they were sexually abused.

39. In Nablus, a study conducted by the Family and Women Affairs Center in cooperation with the Palestinian Medical Relief Society (PMRS), revealed that there are strong indications of violations against the disabled child. One out of three children reported that they were not receiving any type of health services and lacked access to social and occupational services. 42% of the cases reported no access to education (mainly in severe cases of mental and/or physical disabilities). Half of all children who had been integrated into schools dropped out due to rejection, poverty, lack of cooperation of the school, maltreatment and violence (documented cases are lacking.) Access to support institutions was limited due to financial constraints, lack of suitable support networks, lack of transportation, and fear of stigmatization and maltreatment. Over half of the sample reported that they had received financial, social and educational support to continue their education. However, they noted that the subsidies were not sufficient to maintain their attendance at the learning institutions. Over one third of those surveyed reported that they did not receive any kind of support to allow them to integrate and be included within education or other types of social networks for disabled children.

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27 Majeda Abu Ghosh - Disability Expert at the Palestinian Medical Relief Society
28 Hana Al-Quami – Director General of Disability Department (MOSA) and Majida Abu Ghosh (PMRS)
29 Information provided by members of the child protection network as part of evaluation of gaps in the national system.
31 The sample was comprised of disabled children 1-18 years old, in the city, camps and villages, using the disabled union and the CBR program list, and the local committees for disabled rehabilitation at the camps. Results not published, but summary was published in Al-Quds Newspaper on 26 December 2009
32 MOEHE made efforts to integrate disabled children in the educational institutions, but it was harder for the mentally disabled. Moreover, keeping them in schools till after the 6th grade was hard as well. The curricula and the resources are not quite supportive to the disabled. Generally speaking, there is an increase in the awareness for the integration, but still it is a pilot.
33 Some institutions have questioned the accuracy of these findings.
Non Governmental Stakeholders

40. Civil society efforts for disabled children are well recognized and coordinated. The PMRS and the Health Workers Committee, in addition to the PRCS started community based rehabilitation work years before the advent of the PNA and have a strong and stable presence in the field. Their work has expanded tremendously during bouts of conflict (1st intifada, 2nd intifada, Israeli invasions and incursions into various parts of the OPT, etc.). It is estimated that about 80% of the specialized service delivery is managed by civil society organizations, mainly through CBR programs, which target villages and remote areas. UNRWA also implements CBR programs (mostly for refugees and sometimes for non-refugees).

Institutions Dealing with Disability Issues

41. The actual number of governmental and non-governmental institutions working in the field of disability is not available. For example, the health sector review (HSR 2007) identified 52 rehabilitation centers in the West Bank and Gaza. However, the MOSA review and strategy for 2000 noted that there were 134 disability and rehabilitation institutions in Gaza and the West Bank. In addition, UNRWA prepared a handbook on institutions caring for people with disabilities (2008) in which they identified 84 institutions in West Bank. These centers provide one or more of the following services -educational, accommodation, rehabilitation and/or medical assistance. The variance in the information can be contributed to a number of factors including organizations that have shut down, others that have opened and may not be licensed or registered; including service provider branch offices, the fact that information from Gaza has not been validated, and some studies have not been inclusive of East Jerusalem. Also, it reflects a lack of clarity on the definition of “disability” center and if they included agencies that provided other services in addition to providing support for disabled persons (i.e. social assistance programs.) It is recommended that a full review of NGOs providing disability services be undertaken. The MOSA mapping of disability services will address this problem.

42. There is a general lack of agencies providing rehabilitative care services. There are only four rehabilitation non-governmental hospitals in the OPT (in Ramallah, Jerusalem, Bethlehem, and Gaza). These hospitals are centrally located and do not provide equitable access for disabled children residing in the northern and southern regions of the OPT. Furthermore, many institutions are located in the main cities or camps. Most of them provide day services and are limited to a certain age group. Shortcomings included limited availability of resources which limits the number of cases that these institutions can provide services for. Further constraints are noted in that most institutions do not address the needs of children with severe mental disability, visual, hearing and speech disabilities, and with young children under the age of 6 or children over the age of 15 years.

43. Services and programs for disabled children are more fairly distributed throughout the regions (North, South and the Center), but still tend to be located in the more urban and highly populated areas. Mapping and collecting disaggregated information on children with disabilities will allow for better planning and distribution of service providers in the needed localities. It should be noted that the presence of checkpoints and the remoteness of some service providers is a severe burden for disabled children and their families who cannot afford the extra costs of transportation or handle repeated visits

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35 Dr. Allam Jarrar-Director of PMRS Rehabilitation Program (interview)
36 According to SOIR (Swedish Organization for Individual Relief) the number could reach 200. According to the handbook of institutions working with disabilities prepared by UNRWA in 2008, only 84 institutions are registered in the West Bank. In the year 2000, there were 134 institutions that deal with disability in the West Bank and Gaza; 65 NGO institutions in the West Bank, about 13 institutions owned by the PNA. But information from Gaza is not available.
37 Please see footnote 7 on the definition of rehabilitation.
38 Among these institutions 43 institutions deal with comprehensive disabilities (only 4 of them work day and night), For physical disabilities, there are 5 institutions (4 of them work day and night), 8 institutions for mental disabilities (only one works day and night), 5 for visual (4 day and night), 6 for physical and mental (2 work day and night), one day center for hearing disabilities in Bethlehem in the South, four day centers for mobility and mental, 7 institutions working with mobility disabilities (2 work day and night), and 3 day centers for speech and hearing disabilities in the middle and South. Out of the 84 institutions, only 17 provide day and night services.
39 From the list of institutions in the UNRWA handbook -2008
40 Health Annual Report 2009
41 Even for persons over 18 years of age
42 The highest number of institutions is in Bethlehem (20), Ramallah (17) and Nablus (15). Followed by Tulkarem (7), Jenin, Hebron and Jerusalem (each has 6 institutions), Qalqilya (5), while Salit and Jericho each has only one institution.
to centers that are blocked off from their access due to closures, blockades, and the Israeli Wall. National budgeting of resources to cover transportation costs for the disabled child to attend school, health services, and recreational activities should be made available.

44. The quality of services being provided should be assessed. The government must ensure that access and availability are affordable, but it should not be at the expense of providing quality services that can have an impact on the child’s abilities and performance. Constraints on quality service delivery are found due to lack of specialized staff, insufficient equipment and materials within the institutions, lack of physical space to accommodate the disabled child or lack of awareness of disabled children’s rights – hence many children do not like going to these centers because they are embarrassed or feel that they are being patronized.

International Cooperation

45. Overall international assistance to the government in this sector is limited. Most funding targets civil society agencies and humanitarian aid. What does come through for the government is usually incorporated into larger programs (basic education, vocational training, social assistance, budget support, etc.) However, there are numerous technical assistance programs that have been funded whereby international experts come to do training, policy development, and advocacy, but no impact analysis has been done on the added value of this training. Most donors include the issue of non-discrimination and the rights of the disabled in their own donor strategies; however, it does not always translate into tangible outcomes in terms of budgeting for program support. The MOEHE and a number of donors have adopted the sector wide approach to programs (SWAP) and this should provide greater opportunities for the Ministry to allocate funding according to its needs.

Challenges

46. There are a number of different obstacles that face service delivery for children with disabilities. A primary problem relates to access due to the limited number of centers that cannot provide sufficient services to meet the needs of the population. These centers tend to be located centrally and only a few are located in marginal parts of the country. With the unstable political situation and movement issues, physical access, transportation and indirect costs are a burden. This also raises transportation costs. The second problem relates to lack of coordination. The MOSA has contact with civil society agencies, MOH and MOEHE in implementing its program. However there is no institutionalized and structured means of coordination between the parties. This has resulted in minimal impact at the national level, despite the individual success stories in the field.

47. To date, there is no available national database or case management system that provides comprehensive and reliable information on children with disability, the extent of disability, the actual number of disabilities/ disabled, the gaps and specific interventions needed, and who is doing what and where. This in turn affects the efficacy of planning, monitoring and funding. Without strategic planning it is difficult to determine the end goal and objectives to be achieved and the time frame to achieve the objectives. Although a number of studies have been undertaken to determine the number and types of disabilities/ disabled persons residing within the country, the data has proven to be unreliable and questionable.

48. The national census was undertaken in 2007 during which a “national” definition of disability was adopted. The census provides some information on disabled children in addition to the following other sources of data:

- Palestinian Central Bureau of Statistics surveys
- Ministry of Health information system/ administrative records (mainly on congenital malformation and registered victims of the Israeli attacks)
- The Community Based Rehabilitation programs databases
- Basic Research

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44 MOSA does have an in house database that covers all disabled persons receiving services from MOSA.
45 Some institutions questioned the findings of the census due to lack of clarity on how the definitions were applied during data collection.
49. Recently, the MOSA established a national committee to execute the national disability card program. The committee agreed on definitions and criteria for disability. They are currently working with PCBS in conducting a survey to identify the prevalence of disability in society and begin cost budget analysis and program for providing disabled persons with their rights to health, education, and social development.

50. Previous data from the Palestinian Family Health Report 2006 reported that 2.7% of the population (2.9% in the West Bank and 2.3% in Gaza) was disabled. In 2007, the percentage almost doubled. The 2007 Census revealed that 5.3% of the population in the West Bank suffers from some form of disability. The percentage of disabled persons living in West Bank refugee camps was 6.4% in 2007, with 4.9% of non-refugees reported with disabilities.

51. In Gaza, a recent report showed that the number of disabled persons has reached 35,866 (or 2.5% of the total population). Slightly more than one third of all disabled persons in Gaza have been reported to be under the age of 18. The highest numbers of cases are within Gaza City, Khan Yunis and the middle area of the Gaza Strip. Visual and physical disabilities account for 33.8% and 32.0% of disabilities respectively. However, after the many incursions and especially the Cast Lead Operation, the internal conflict in Gaza, and continuing violence in the West Bank, the number of persons with disabilities in the OPT for 2008-2010 is expected to be much higher.

52. As mentioned earlier, the percentage of disability among refugees is more compared to non-refugees. The percentage is expected to be higher in Gaza due to the reasons mentioned earlier, and considering the fact that most of Gaza population is refugees. Besides, UNRWA has improved its reporting and data collection mechanisms and information on numbers of disabled persons appears to be reliable. This could contribute to the increase in the numbers.

53. A review of existing studies and surveys has found the numbers in general tend to be unreliable. It is difficult to compare different sets of information due to a number of different factors:

- **First:** each of these sources uses a different methodology. The MOH administrative records provide service-based information on disabled children/persons seeking assistance at MOH clinics and hospitals and/or registered at the MOH. Updating these administrative records is time intensive, people move from district to district seeking services, and there is high staff turnover. These factors affect the timely and accurate reporting of the different stakeholders resulting in inconsistent updating of administrative records. Furthermore, some of those receiving MOH services and included within the administrative record system also receive assistance through community-based rehabilitation programs. The CBR programs cover 60% of the population in 320 communities and are managed by different stakeholders. These two systems are not coordinated. UNRWA also provides services and assistance to disabled children and these records are not shared.

- **Second:** definitions, criteria, timeframe, and sample selection methodologies have all varied from study to study. In some studies, the focus is on the type of disability and not the individual; hence results are by numbers of disabilities within the country, rather than the number of individuals with various types of disabilities. The lack of implementing one unified, standardized definition of disability that has specific and clear criteria and

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49 According to the type of disability; visual impairment accounted for 2.9%, 1.4% hearing, 2.1% mobility, 0.7% cognitive and understanding, 0.7% communication and understanding.
50 Disability in the Gaza Strip- National Society for Rehabilitation- September 2009
52 Census 2007 included the participation of the Palestinian Central Bureau of Statistics (PCBS), the Community Based Rehabilitation program (CBR) of the Palestinian Red Crescent Society (PRCS), The Palestinian Medical Relief Society (PMRS) and The Palestinian Health Workers Committees, not to mention the information gathered through the administrative records of the Ministry of Health (MOH), Ministry of Education and Higher Education (MOEHE) and Ministry of Social Affairs (MOSA)
53 As part of the disability card project the MOSA will form a committee to classify disability by the beginning of 2011. The work will be carried out by MOSA, MOH, National Disability Committee, and PCBS as part of the national survey process.
54 For example, the PCBS defines the disabled as “persons suffering from a clear and evident weakness in performing certain activities due to continuous difficulties emanating from a physical, mental or health state that has lasted for more than six months”. According to the PDL, “Any person suffering from permanent, total, or partial disability whether at birth or otherwise affecting any of his senses, or physical, psychological or mental capacities to the extent of limiting his ability to respond to his living needs under the same circumstances as lived by the non-disabled.”
measurements that are quantifiable has made the use of data negligible because of inconsistencies and lack of comparability.\(^\text{52}\)

- **Third:** (particularly for surveys), some people tend to hide disability out of shame or misunderstanding of what constitutes a disability. Hence, during data collection they do not reveal the presence of disabled persons and no information is collected.

54. This situation is further compounded by the lack of coordination between the different stakeholders and the separation between Gaza and the West Bank which further jeopardizes the rights of disabled children. As a result, available data is fragmented and not disaggregated at the level of localities, sex, age groups, causes, and classification of disabilities, etc.

55. It is essential that the government takes immediate steps to set up a national database that clearly identifies and targets disabled children to ensure that sufficient information exists on types of disabilities, services needed and raises awareness of children and families to their rights through the disability card to receive health, education, and social assistance. This national record and unified database for the persons with disabilities should include detailed information about each individual, their socioeconomic situation, special needs, services received, disaggregated data in terms of age, sex, locality and causes of disability.

56. As mentioned earlier, the memorandum of understanding signed by the MOSA with PCBS to conduct a national disability survey in 2010 is the first step in establishing a database and the disability card\(^\text{53}\). This is a good step forward. But there needs to be incentives and awareness raising support to encourage families to report on their children with disabilities and to ensure that different stakeholders disclose the information they have. This requires working in partnership with key stakeholders like the MOEHE, MOH, UNRWA and civil society agencies who have been key agencies in providing direct assistance and support to disabled children.

### Children with Disabilities - Way Forward

- Disabled persons should be informed about their rights under the PDL. The government should focus on ensuring that the legal and policy framework safeguarding the rights of disabled children is developed in an inclusive manner and shared with the general public in order to raise awareness of the rights of children in general, and disabled children in particular by 2011.
- The government must undertake a mapping of the locations, numbers and needs of disabled children in the OPT by establishing a national database and case management system for disabled children/persons, with the different stakeholders to target resources to where it is most needed and cover the gaps by 2012.
- Government should undertake a full budget review and policy analysis of cost effective means of incorporating and including disabled children into all national programs by 2011.
- Develop a comprehensive cross sectoral strategy for disability and specifying disabled children as a population that requires special attention with budgeted services by 2013.
- Develop a comprehensive training program for care-providers that addresses health workers, teachers, protection officers, judges, attorneys, police and others working with disabled children on understanding the needs and rights and their responsibilities and duties in providing appropriate and effective services for disabled children by 2013.
- The newly activated High Council for Disability should be action oriented with clearly identified measures of success (indicators) and with clear, detailed policies and actions that particularly address disabled children’s rights to education, health, assistance, protection, participation, recreation, culture, and legal representation. Disabled children should be part of the High Council for Disability and their input should be given due consideration and respect throughout all planning, implementation, or monitoring processes by 2012.
- National agreement on the definition of disability, setting ‘SMART’ measurable indicators, and developing scientific reporting mechanisms should be given top priority by 2011.

\(^\text{52}\) MOSA and PCBS are preparing for a national survey in preparation for the Disability Card. They have agreed upon a national definition for disability that is agreed upon with the National Council.

\(^\text{53}\) The Disabled Card: A card specifying the package of services that a disabled is entitled to, within an organized program. (According to the disabled law)
• Enforcing the PDL by clearly identifying a time-based implementation plan, mechanism of implementation, clarifying roles and responsibilities of different parties and holding each party accountable for execution, and imposing penalties in cases of violations by 2013.
• Coordinate awareness raising programs that target the disabled, family, and local and international community members about disabled children’s rights and needs and their respective duties and responsibilities to ensure the rights of disabled children are addressed. Review educational curriculum and materials at all levels to ensure that rights of disabled persons are addressed appropriately and clearly indicate that all people are equal before the law, in their right to access national resources, and to be active members of society by 2012.
• The government is required to guarantee the appropriateness of the different public buildings to the use of the disabled and to increase the number of specialized staff working with disabled children and relevant issues in the Ministries of Social Affairs, Education, Health, Labor, Youth and Sports. This will require adding new staff and providing pre-service and in-service training for staff. (Universities/colleges need support on improving inclusion of disabled persons needs and rights into their curriculum, too) by 2013.
• Increase number of centers that can provide day care and rehabilitative services for children with mental disabilities by 2013. This includes ensuring the opening of the Sheikha Fatima Center by 2011, and guaranteeing the sustainability of the programs.

B. Basic Health Services (Articles 6, paragraph 2, 24 and 33)

General Background

Stakeholders and Utilization of Services

1. The OPT has a disproportionately large young population. Almost half of the population is under 18 years and this situation is likely to continue due to the high fertility rate of 4.6%. This has resulted in high family dependency ratios which place an economic burden on the family particularly in terms of health care provision. In order to address these needs, the Ministry of Health (MOH) and other care providers are coordinating their services in order to raise efficiency. The multiplicity of health care providers in the OPT provides for greater coverage, access to emergency services, and greater diversity of services. Conversely, this places serious demands on the necessity of coordination and cooperation in order to prevent duplication of services, and to ensure fair distribution of facilities and equitable access to quality health services in response to the needs of the population. The main health care providers include the MOH, UNRWA, the civil society organizations and the private sector.

2. The MOH plan for 2008-2010 sets the following objectives: improving health status outcomes; ensuring sustainable financing of the health care system; improving the infrastructure of health service delivery; ensuring adequate and appropriate workforce levels; and improving national health policy, planning and management. These objectives are to be achieved through two national programs that target health quality improvement and health care affordability. Over the three year period, the ministry has made significant investments in health service infrastructure (including the Ramallah national medical complex that provides a number of different specialized services including emergency care and intensive care units, pediatrics, specialized surgeries, cardiology and a center for blood diseases), improved planning, human resource development, equitable delivery of services, improved health service delivery and outcomes, and instituted health financing reforms. The overall outcome has been to institutionalize a nationally affordable, quality-based health service delivery system.

3. The Palestinian MOH remains the largest health care service provider in the OPT and is mandated to ensure equitable and affordable access to quality health services for all Palestinians. It provides primary health care (PHC) to the non-refugee Palestinian population, but also allows refugees to access government services. The MOH provides secondary and tertiary health care services for the public. The MOH structure includes departments responsible for PHC (nutrition, preventive medicine, school health, women’s health, health promotion and education), mental health, road safety, and secondary and
tertiary health care (hospitals). The ministry is focusing on expanding the variety of health specializations and quality of health care.

4. Government services have focused primarily on prevention-based health interventions and hospitalization. The NGOs have targeted more specialized service delivery like disability and rehabilitation, psychiatric and mental health counseling services. UNRWA is the main health care provider for the Palestinian refugee population, which is the majority of the population in Gaza and provides primary health care. Military Medical Services provide health services for the police and security forces and their families (2 small hospitals). In cases where the MOH is unable to provide a certain service it purchases the needed service from an NGO or the private sector through referrals to local agencies or to neighboring countries. However, there are Memorandums of Understanding (MoU) and contracts with other institutions like the Palestinian Red Crescent Society (PRCS) to establish a blood bank, continue to provide emergency care, and to provide mammography services for MOH patients. The MOH, NGO sector, and UNRWA currently operate 416, 185, and 53 Primary Health Centers (PHC) throughout the West Bank and Gaza. In terms of the health workforce, the MOH employs around 13,057 employees representing around one third of the total number of health workers within the health sector with the majority of MOH employees working in administrative positions and in hospital settings.

5. Public utilization of MOH, NGO sector, UNRWA, and the private sector health services is 46%, 12%, 24% and 16% respectively. In Gaza, UNRWA has higher public utilization of services (46%) which is to be expected since the majority of the population there are refugees. NGOs account for 29% of the total number of PHC centers, 32% of hospital beds and 26% of human resources. The majority of these costs are covered through donor funding and NGOs receive approximately one fifth of all aid within the health sector. This information is relevant since it reflects the diversity of health service providers within the country and the importance of coordinating efforts so that there is limited redundancy and maximum coverage in use of services.

6. MOH coordinates health services and issues with the relevant ministries. The PCBS is an important source of information on child statistics including health. In the latter instance, all surveys and data collection undertaken by PCBS is done through the establishment of an advisory committee which includes representatives from relevant line agencies (led by the PCBS), UNRWA, and NGOs. UN agencies have a strong presence amongst the local health providers especially the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the United Nations Development Fund for Women (UNIFEM), the United Nations Population Fund (UNFPA), the Food and Agriculture Organization (FAO), and World Food Program (WFP) who are present in many of the health coordination venues like the Health Sector Working Group, thematic groups, planning process, and in steering committees guiding national health programs, as well as health and nutrition clusters.

Strategic Framework

**Legal and Legislative Framework**

7. There are a number of different laws which address the rights of children to health and well being. The most important laws addressing these rights include: the Amended Basic Law of 2003, PHL No. 20 in 2004, Palestinian Child Law No. 7 in 2004, Draft Health Insurance Law, Anti-Smoking Law, Palestinian Disabled Law No.4 in 1999, Palestinian Labor Law No. 7 in 2000, Environment Law no. 7 in 1999, and Palestinian Medical Council Law no.1 in 2006.

54 Although the de facto MOH is in charge in Gaza, the PNA and the MOH in Ramallah still pays for the fuel, salaries, and referrals and send medicines to Gaza.
55 Referrals used to consume a great deal of the budget, so they were reduced to the most urgent cases. The MOH is trying to provide advanced services in its facilities, through attracting specialists and renovating hospitals.
56 Palestinian National Health Strategy 2011-2013 - MOH
57 Endorsed by the Cabinet and raised to the President for endorsement. It still faces some opposition from some civil society organizations and PLC members
8. In many of the laws, child and maternal health have been addressed jointly. This is evident in the Basic Law, the Education Law, the PCL, and the PHL. PHL Chapter 2 (articles 5, 6, 7 and 8) addresses mother and child health and mandates the MOH to ensure that maternal-child health be considered an essential component of the national development and health strategy. The age of the child was recognized to be any person under 18 years old in the Amended Basic Law, the PHL, and the PCL. These laws all have clear articles which prevent discrimination and uphold equality and they particularly emphasize the right of all people to enjoy good health and access to health services. They also take into consideration the best interests of the child and their right to life, survival and development as the key factor when taking into consideration any health actions on behalf of the child. These laws are supported by the Penal Code no. 16 for the year 1960 (article 290) which specifies penalties for not caring for, neglecting, or failure/refusal to provide food, clothing, furniture, or basic needs to guarantee the health and well being of a child. Disabled children were not specified in the PHL as mentioned earlier.

9. The Jordanian Social Affairs Law article 4 (7) stipulates that the care of the mother, child and family are of national interest and have endorsed the authority of the Cabinet to issue regulations that would enhance the well being of the child, mother and family on an urgent and emergency basis. In paragraph (11) it addresses the issue of combating begging, prostitution and trafficking as actions that are detrimental to the physical, mental, and social well being of children.

10. The PHL regulates the work of the MOH and in addition to basic health service provision requires of the MOH to provide assistance in supervising and monitoring public health and ensuring food, water and environmental safety and protection. This also encompasses the Ministry’s role in educating and raising awareness of health issues in children. The importance of ensuring children receive basic school health programs that include direct delivery of health care, emergency first aid, and educational and awareness raising on health concerns facing children is addressed in article 6 of the PHL60 and article 96 of the Education Law. The Jordanian Penal Code (no. 16) of 1960, in article 343, defined what constitutes medical errors.

11. Cabinet decision no. 113 for the year 2004 also specifies the services to be provided by the ministry to all citizens, whether covered by government health insurance or not. This include vaccinations, primary health care services, services in cases of contagious/epidemic diseases, health services to children under the age of 3, services to cover chronic mental health conditions, and disaster services. For issues not regulated by laws, the Ministry issues internal regulations such as the child health card.61 While Presidential Decree no. 16 for 2009 endorsed the establishment of the Palestine Medical Complex in Ramallah/Al-Bireh Governorate. A ministerial decree to give Hemophilia and Thalassemia patients free medical insurance was issued in March 2009.


One of the Public Health Law’s drawbacks is that it is not totally consistent with international standards of human and health rights. For example, the law has not addressed the health rights for detainees and prisoners; neither has it addressed the issue of medical intervention nor defined the role of unions for the medical profession. In addition, the law lacks controls regulating the relationships between the medical professionals and their patients, and lacks the provisions protecting doctors and medical professionals during their practice of such professions. The law is also neutral with regard to gender issues, where it has emphasized the productive role of women on the account of their health in various age groups. The law has not only neglected to provide for physical, sexual, and psychological health of women during adolescence, menopause and old age, but it has also not guaranteed the protection of women’s health from the gender-based physical, psychological and sexual violence perspective. Finally, the law neglected to include special

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60 For more information please see Annex 9
61 The child health card for each child in schools is not explicitly mentioned in the laws, except for the Child Law (which has no bylaws). This is a card that contains child’s medical history and care and is used to enrol children in school and ensure all children are properly vaccinated and receiving timely health care exams.
provisions for the protection of the health rights for vulnerable and marginalized groups such as the poor, elderly, and persons with special needs.

13. Despite the absence of PHL bylaws, the MOH has been proactive and has fulfilled many of its responsibilities by delivering necessary programs and services that fall within its mandate and obligations. Efforts are underway to overcome some gaps in the current laws and legislations. For example, the PCL is currently being amended to raise the age of free medical services for children from 3 to 6 years and for the age of marriage to be set at 18 years rather than 15 and 16 years which is the case in Gaza and the West Bank, respectively. A draft Health Insurance Law was endorsed by the Cabinet which seeks to ensure health insurance coverage for all children through a compulsory state program. However, there are certain provisions which are under review and comment by different sectors.

14. Laws and legislations exist, but many of the articles or clauses lack clear implementation mechanisms and enforcement. Many laws were initially drafted and adopted using language that was non-comittal or non-obligatory. At this time, a number of such laws are being amended to clarify the mandate, responsibilities and duties of government agencies in executing the law and being held accountable and responsible before the PLC for ensuring the implementation of laws. The lack of a functioning PLC since 2007 has discouraged active drafting of new laws, bylaws, or amendments. Another example of gaps in the laws is in the Jordanian penal code mentioned earlier, which limited the forms of medical error to certain cases, and placed the burden of proving negligence on the patient.

15. The following case study depicts a parent’s view of child treatment:

An 8-year-old boy was admitted to a Palestinian Red Crescent Society (PRCS) hospital after a minor fall. He was diagnosed as having sustained bruises. The condition of the boy deteriorated, two days later he was admitted to Sheikh Zayed governmental hospital, and the mother was assured that her son’s injuries were nothing more than bruises. The boy’s health situation kept deteriorating further and he was admitted to a private hospital where the pediatrician suspected internal bleeding and the boy was referred to Ramallah governmental hospital for a CT scan. The scan revealed internal bleeding which required the boy to undergo urgent surgery. The mother complained about the process as well as from “lack of hygiene and from cockroaches in the hospital”. This is one negative case that the ministry has taken action to improve on the situation within hospitals. The Ramallah Complex now has a quality control board that oversees delivery of services in order to eliminate such occurrences in the future.

16. Currently, the Ministry is concluding a draft bylaw for the PHL and the Palestinian Medical Council Law. The Ministry has also drafted a health education policy, draft strategy for prophylaxis and management of diabetes, a training plan for residency in the hospitals, national programs to combat thalassemia and cancer, regulations on organizing and licensing medical professions, and a Geographic Information System (GIS) for health facilities. There is also a national record/database for cancer and a national strategy for breast feeding.

17. Although incomplete, the health system’s legal and strategic framework is progressing in the right direction with a clear focus on people’s rights to health, and particular attention on children’s health rights. However, the presence of such a framework does not guarantee that access to quality and affordable health services can and does take place. Implementation of the laws and policies remains a challenge due to the situational context that pervades the OPT. This situation is further compounded by the lack of a reliable monitoring system and insufficient core budget.

Policy Framework

18. The government has developed a number of different and complementary plans and policy documents that support health development. This includes inter alia: the Palestinian Reform and Development Plan (PRDP 2008-2010), the National Health Strategy (2011-2013), the National Nutrition Policy

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62. Dr. Asaad Ramlawi, DG of PHC- MOH, Save the Children UK and PCBS CRC Launching workshop on 7 June 2010.
63. There is currently some opposition by other stakeholders on the health insurance law which may require further review and drafting of the law.
64. The Status of Human Rights in the Palestinian Controlled Territory – ICHR 14th Annual Report-2008
65. MOH achievements- 2010

19. There are numerous constraints facing the delivery and implementation of health rights to all children. The government does not have sovereignty and control over borders and resources, it is dependent on foreign aid which is unpredictable, volatile humanitarian and emergency conditions continue to arise, poverty and unemployment are high, and a strict closure and access regime continues to exist in Gaza primarily and in parts of the West Bank. These conditions have resulted in uncoordinated planning and implementation strategies and a plethora of actions taken by different stakeholders in delivering services and projects in various parts of the country on an “emergency” or humanitarian basis. For instance, in Gaza and the West Bank, a number of international and local agencies have been providing mental health services to the same groups of people while in other areas, mental health services are not readily available. Despite these constraints, the MOH has been able to continue to provide service in all regions of the country. During and after humanitarian and emergency crises (such as Israeli military invasions), the MOH prioritizes the immediate and swift reinstatement of all services to needy persons and ensures that PHC and hospital centers are fully equipped to handle both the emergency and long term health needs of children.

20. The MOH has continued to prioritize the building of hospitals throughout the West Bank with a particular focus on Ramallah. The rationale for building numerous hospitals has been due to the continuing occupation practices that prevent free and easy movement in the West Bank. However, the building of numerous hospitals has negative ramifications on the quality of services offered by the hospitals since appropriate levels and quality of staffing, recurrent costs, and equipment are not usually available. This places a large burden on government financial, administrative and human resources which are lacking. Government plans have been skewed to accommodate the harmful practices of occupation. The optimal solution is for the government and international community to demand of Israel that it lifts all closures and not prevent the access of any person to health services.

21. The MOH recently finalized and adopted its National Health Strategy (2011-2013). The role of the MOH as a policy-maker and regulator of the health system was highlighted. This strategy is built upon previous strategies and plans and took into consideration previous plans like the Palestinian Reform and Development Plan (PRDP 2008-2010). This latter plan includes the following health programs:

- Health quality improvement (116 million USD),
- Health care affordability (23 million USD)
- Road safety program (25 million USD)

The ministry has established a number of multi-stakeholder, multidisciplinary committees to support health related issues. This includes the National Committee for Mental Health, a National Committee for Maternal Mortality, a National Committee for AIDS, a National Committee for Pandemic Influenza A, a Technical Committee for Nutrition, a Technical Committee for Food Fortification and Monitoring, a National Council for Planning and Health Policies, a High Council for Motherhood and Childhood, and a High Council for Traffic among others. There are a number of aid related coordination forums like the Social Strategy Group (SG) and Health Sector Working Groups (SWGs) along with thematic groups such as Nutrition, Non Communicable Diseases (NCDs) and Mother and Child Health. These forums assist in channeling development funds into national policy and planning frameworks in a more coordinated and strategic manner.

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66 National focal points were identified, national committee, national group of experts and an emergency operations center. The same was applied during the avian influenza spread a couple of years ago.


68 PNA report to the AHLC – May 2008. Road accidents are a leading cause of death in children above the age of 5 years.
Health Budget Allocation and Spending

22. Over the last five years, the government has typically allocated 9-10% of its GDP to the health sector.69 According to the Ministry of Finance (MOF) budget sheet for 2009, the MOH share in the general budget was 10.565%, with the Ministries of Interior and Education receiving the lion’s share of the national budget. Within the national health sector (all providers), the MOH expenditure in 2006 accounted for 41% of the total national health expenditure, while NGOs including UNRWA reached (26%), out of pocket expenses for coverage of services provided for by the private sector (18%), General Health Insurance (GHI) (11%) and direct contribution of donors (4%).70 The per capita share of health expenditure is around 85 USD or 320 NIS annually (26 NIS or 7 USD/month.)71

23. In 2009, health spending reached 1,255 million NIS (47% for salaries, 15% for labs, drugs, consumables, and 34% on purchasing services/referrals by the MOH, the military services and MOF).72 In 2008, the MOH health spending was 1,205 million NIS. Half of the budget went to cover wage bill expenses and the remaining amount was spent on referrals abroad, supplies, drugs, and other recurrent costs.73

24. The MOH has decreased health spending on referrals by decreasing the number of health referrals abroad and because of better contracting procedures.74 In 2009, external referrals were reduced by 15.3% compared to 200875. However, during this period of time, increased expenses were incurred for procurement of pharmaceuticals with a 29% increase in 2009.

25. The MOH spending on salaries doubled in the period 2000-2006 (48 to 83 million USD.) In 2007, the wage bill reached 36.6 million NIS (13.8 million in the West Bank and 22.7 million in Gaza.)76 This does not include data from the humanitarian committee of the Office of the President (OOP) and the Ministry of Interior (MOI) military health service spending.

Sources of Funding

26. MOH financing has fluctuated between different sources of funding. This includes funds received by government revenues from taxation, health insurance, co-payments, donors, private for profit investment and household expenditures (out of pocket). In 2003, the health sector received 20% of the total donor assistance to the OPT and 61% of the total fund allocated to the health sector. At that time, UNRWA received 9% and NGOs received 23% of donor health assistance. (Islamic Development Bank not included.)77 In 2004, sources of funding included 42% by donors and budget support to both the PNA and NGOs (25% of this amount went to UNRWA), 40% by private households, 20% from government revenues. But in 2005 donor financing decreased to 29%. This resulted in accumulation of arrears and a financing gap. In 2006 donor funding to non-salary expenditures reached 80%78 and was used mainly to cover health sector debts/arrears. Currently MOH annual budget is approximately 400 million USD. Approximately 50% of the MOH expenditures are covered through donor budget support. The government has instituted policy reforms and austerity measures to move towards less aid dependency. This is a slow process that is contingent on economic growth which has been evident since 2009.

a. Survival and Development (Article 6, paragraph 2)

General Health Situation & Data Collection

27. Despite the continuing occupation and its impact, health indicators are relatively stable and acceptable. Although indicators do not explain the conditions affecting human rights and development, yet they are useful for comparisons and provide insight into health conditions for children. However, these

69 Palestinian National Health Strategy (2011-2013)- MOH
70 Ibid.
72 MOH (2009). Health Annual Report 2009 - The most referred cases are usually ophthalmic, cancer and MRI.
73 Ibid.
74 Ibid.Health Annual Report 2009
75 Ibid. Health Annual Report 2009
77 Health Sector Review 2007
78 World Bank report: “Reforming prudently under pressure”
indicators do not always reflect the tentative situation of health conditions and health right violations that continue to occur-particularly in Gaza. For instance, according to WHO, there is a risk of food and water related outbreaks in Gaza. UNICEF reports that approximately 8000 children may be acutely malnourished. A UNFPA assessment of reproductive health services showed an increase in miscarriage and neonatal deaths with many women who gave birth returning at home within 30 minutes after giving birth. Breastfeeding is at risk because of the free donations of breast milk substitutes.

28. Lack of parental awareness on health issues, rights and available services has negative connotations on the well being and health rights of mothers and children. There is still fairly low pre- and post-natal follow up by mothers, even though services are available and free of charge. Health awareness on issues of early marriage, maternal age, and consanguinity as risk factors for congenital malformation and risks the child and mother’s well being are available, yet many mothers still support negative behaviors.

29. And last, it is important to put into consideration that data collection within the MOH takes place at the clinic or hospital level through the use of administrative records. There is no fixed methodology for data collection across districts. Hence timing of data received may vary and means of collecting data may vary from clinic to clinic. The importance of reliable and valid administrative records is essential if this information is to be used to plan and organize health services according to local needs. This requires health stakeholders, practitioners, and researchers to come to agreement on the definition of these indicators, the means of measuring them, and methodological standardization processes. It is important to have periodic updated reporting and statistics on these indicators for use in strategic planning and monitoring at the national level. In all of the above, mothers of poor income and economic status and those living in the vulnerable parts of the country are the most at threat of harming themselves and their child.

Mortality Rates

30. For children (0-4 years of age), the main causes of death are usually congenital malformation, respiratory disorders, Low Birth Weight (LBW), Sudden Infant Death (SID) and heart diseases. For older ages (5-19) the main causes of death include traffic accidents and other accidents, respiratory disorders, malformations, cerebral palsy and malignant neoplasm. A major issue faced in analyzing health information is the lack of data disaggregated by age; however in the aforementioned cases the MOH demonstrates best practices and has disaggregated information available.

Table 6.1: Causes of Infant Mortality in the Years 2004 and 2007, in the West Bank and Gaza

<table>
<thead>
<tr>
<th>Infant Mortality Main Causes</th>
<th>Respiratory Diseases</th>
<th>Congenital Malformation</th>
<th>LBW/ Premature Birth</th>
<th>Sudden Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 West Bank</td>
<td>8.3%</td>
<td>18.3%</td>
<td>16%</td>
<td>7.8%</td>
</tr>
<tr>
<td>2004 Gaza</td>
<td>8.3%</td>
<td>34.6%</td>
<td>36.2%</td>
<td>6.1%</td>
</tr>
<tr>
<td>2007 West Bank</td>
<td>34.7%</td>
<td>16.1%</td>
<td>13.4%</td>
<td>4.3%</td>
</tr>
<tr>
<td>2007 Gaza</td>
<td>8.1%</td>
<td>23.5%</td>
<td>36.2%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

31. The MOH annual health report for 2009 indicates that the infant mortality rate (IMR) is 12.1. The last figure available for Gaza at the MOH was in 2007 of 33.7. Early neonatal deaths (during the first week of birth) were higher than later neonatal deaths (7-28 days). Neonatal deaths (during the first month) are almost double that for post neonatal deaths (post 13 months.) The reported causes of infant mortality were pneumonia and respiratory disorders, congenital malformation, pre-maturity and low birth weight (LBW).

32. In 2007, the IMR and Under 5 Mortality Rates (U5MR) in the OPT were 24 and 27, respectively. However, the numbers obtained differed according to the source of information. For example, recent data

82 In the 90s these rates were 33 and 38 respectively, in 2005/2006 the rates decreased to reach 25.6 and 28.2.
from the WHO revealed an IMR of 25/1000 live births in the OPT in 2007. IMR fluctuates between 23-25 deaths/ 1000 live births with higher rates of IMR in Gaza compared to the West Bank. UNRWA reports an IMR of 15.3/1000 live births in the West Bank camps and 25.2 /1000 live births in Gaza camps. 

33. Since 2003, camps witnessed the fastest decrease in U5MR compared to urban and rural areas. In the period 1995-2003, the rate was lower in rural areas (24) compared to urban areas (29). The highest rates were in camps (37). In the year 2005-2006, rural and urban areas witnessed a higher rate of (30) compared to camps (21). However, the last accurate figure goes back to the Palestinian Family Health Survey (FHS) (2006) of the PCBS, which showed that IMR and U5MR were higher in Gaza and among males. Neonatal mortality was higher among males; while higher rates of female deaths were reported for the post neonatal stage. Findings from Gaza in 2006 indicate a number of different problems including a lack of specialized staff and technology, higher rates of congenital malformation, and larger numbers of underweight children at birth in need of health referrals that were prevented receiving treatment because they did not receive permits to exit Gaza by the Israeli authorities prior to and following the second Intifada. Fluctuations in rates can be attributed to a number of factors – the increased closure regime which prevents access to health services, increased conflict and use of violence from occupation and other sources, and the decreasing socio-economic situation.

34. LBW rates are higher in rural areas and camps and have been attributed to poverty, mother’s age, and mother’s level of education, rather than to the locality. Children from poor, large families are more at risk of LBW. A recent report correlated LBW with family income only. Other factors that may affect the mother and child’s health are poor nutrition, early marriage, and cigarette/water pipe smoking. 

35. Maternal mortality rate (MMR) varies according to the source of information and population. According to UNRWA data it is 8.2 in the West Bank camps and 37.5 in Gaza camps. WHO/ MOH sources revealed a rate of 6.7 in the West Bank and 21.3 in Gaza for the refugee and non-refugee population. For 2009, according to MOH the rate was 38/100,000 live births in the West Bank. To overcome such discrepancies, a national committee has been formed on maternal mortality registration and reporting. Coordination between Gaza and the West Bank exists in this regard. There was disparity as well between the PCBS and MOH data. Consistent and reliable data is lacking. But recently the MOH and the PCBS signed a MoU to unify the national indicator and statistical information. Generally speaking, there is still underreporting and misclassification of indicators for IMR, MMR, and other health indicators which both parties are working to harmonize definitions.

36. MMR cases include obstructed labor, post partum bleeding, high blood pressure (pre-eclampsia), embolism, infections and anemia. The majority of the causes are preventable, but this area is poorly monitored and data differs according to the source. Delays at checkpoints are a contributing factor to high MMR. Thirty five newborn babies died at checkpoints due to not receiving urgent care, 5 women died while giving birth and 6 were injured due to beating, shooting or using gas. Fear from unpredictability at check points leads to inducing labor and C section or sometimes home delivery. In 2006, the prevalence of C section was 10.8% for (15-29) years of age women and 19.2 % for (30-54) years of age women.During (2000-2006), the MOH reported 69 cases of women giving birth at checkpoints. 10% witnessed delays from 2-4 hours. Inadequate medical care during pregnancy was the third cause according to the MOH. 

83 The State of the World’s Children and the Situation Analysis report in the OPT-UNICEF- draft of February 2009  
84 Millennium Development Goals Report – PCBS, January 2009  
85 For more information please see Annex 9  
88 Interview with Dr. Suzan Abdo – DG of Women’s Health Department- MOH.  
89 The rate ranged from 12.7 to 30/35 to 60/70 to even 80/90. This was confirmed by the UNFPA situation analysis (2005). The estimates even reached 70-80/100,000 deliveries (in the demographic survey in 1995). According to the WHO report on the Health Status (2008) the maternal mortality rate was 20/10,000.  
90 Situation Analysis of Palestinian Children and Women in the OPT, Jordan, Syria, Lebanon - UNICEF (Dec2009)  
91 Obtaining reliable statistics requires receiving data from a multitude of sources (government, NGO, UNRWA, and the private sector). Sufficient diligence and reliability varies across sources.  
93 Family Health Survey 2006 and UNICEF Situation Analysis report draft of Dec. 2009
37. Bedouins in the OPT have high fertility rates, high prevalence of C section, and miscarriage. They tend to have high rates of poverty, live in marginalized regions of the country near settlements which impact on their access and mobility, have negative cultural practices, and limited access to health services. Educational awareness and availability of health services is critical if standards within this population are to improve. The MOH uses mobile clinics to reach bedouins and communities in remote areas.

**Pre and Post Natal Care**

38. The most recent national statistics regarding pre and post natal care are from the year 2006, where 98.8% of the mothers in the OPT received health care during pregnancy (99.1% in Gaza, 98.7% in the West Bank). The rate was higher in camps. Results also showed that 96.6% (95.2% in the West Bank, 98.9% in Gaza) of the births took place in governmental hospitals or centers, compared to 3.4% at home or on the way to hospitals or at checkpoints (4.8% in the West Bank, 1.1% in Gaza). However, postnatal care was low in 2006 (30%) compared to 34.1% in 2004. The rate was higher in Gaza than in the West Bank. Higher rates of postnatal care visits was mainly associated with increased income, caesarean delivery, and receiving health education on postnatal care during prenatal care. The PCBS and MOH are currently in the process of conducting another round of data collection using the Palestinian Family Health Survey. Data will be ready by end of 2011.

39. The Palestinian Family Health Survey (2006) showed that the most reported reason for not receiving postnatal care was no presenting symptoms of a health problem (low risk pregnancies) and that 99% received antenatal care mostly by specialists. In UNRWA clinics, midwives are the main prenatal care providers for low risk pregnancies (44% refugees and 18% non-refugees in both the West Bank and Gaza). The previous survey also revealed that checkpoints were a main barrier to receiving antenatal care. For prenatal care, the high cost was the main barrier for not having the service in the West Bank, and having no services in Gaza or the misperception that prenatal care is not needed in the absence of health problems in both Gaza and the West Bank.

40. In 2006, private clinics were the major health providers for pregnant women (46.5% in OPT; 61.6% in the West Bank and 23.3% in Gaza). The second major provider was UNRWA (20.5% in the OPT; 5.4% in the West Bank and 43.6% in Gaza). The government centers provided 19.9% of services for pregnant women (15.6% in the West Bank and 26.5% in Gaza). This indicates a preference for private physicians and UNRWA rather than the government. However, recent studies indicate that women are increasingly using governmental services in Gaza that may reflect their lack of cash to pay for private sector doctors or increasing confidence in the government health services. In 2006, only 34.1% of pregnant women received vaccination against tetanus, (44.6% in Gaza and 27.8% in the West Bank.) Women facing post natal problems were higher in the West Bank than in Gaza. Palestinians in Jerusalem have poor indicators of health services access. 58% of women are not receiving micronutrient in antenatal care compared to 24% in the rest of the OPT.

41. During the year 2009, the MOH with support from the government of Japan developed “Maternal and Child Handbooks” on child immunization, monitoring height and weight, and health progress. This handbook is now used by governmental, non-governmental, and UNRWA PHC centers. There is also the ministry’s Integrated Management of Childhood Illnesses Initiative (IMCI) in association with UNICEF to reduce mortality, build capacity of health professionals and case management skills, but included the psychosocial aspect rather than Malaria component to adapt to the Palestinian context. There was an IMCI national plan implementation covering the period (2006-2008), difficulties are encountered due to lack of institutional capacity.

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94 Situation Analysis- UNICEF- Draft of February- 2009
95 Mobility and access within refugee camps is better than those for families living in rural regions of the country.
96 Palestinian Family Health Survey- PCBS- 2006
97 Women’s Health Surveillance Report- Juzoor- 20 May 2009
98 Ibid.
99 Family Health Survey- PCBS- 2006
100 BZU/ ICPH conference- Health Under occupation 2- March 2010
102 Ibid.
103 Health Annual Report 2009
104 UNICEF Situation Analysis Report – Draft of February 2009 and MOH sources
42. It is noted that many women prefer to be examined by female practitioners. The Palestinian Family Health Survey of 2006 revealed that among the barriers to receiving health care were mainly the lack of money, not willing to go alone, no female provider and transportation, distance and lack of knowledge about where to go. Husband’s participation, increasing the number of female practitioners, access to health insurance, and awareness raising can be used to motivate women to receive timely health services. However, indirect costs such as transportation costs and distance can be solved through balanced geographic distribution of PHC centers (or transportation subsidies.) It is also recommended to improve postnatal services related to health education on family planning, physical exams and blood tests, in addition to breastfeeding. On the other hand, one should focus on the quality of services rather than just the existence of the service as mentioned earlier.

**Nutrition & Growth**

43. The Nutrition Surveillance System (NSS) monitors micronutrients in fortified foods by the Central Laboratories in addition to monitoring nutritional indicators for pregnant women, infants (9-12 months) and children (1st, 7th, 10th grades) in all schools- governmental, UNRWA\(^{106}\) and private schools. Nutrition Surveillance Survey is also available. The NSS is supported and funded by WHO and UNICEF, and was extended to UNRWA and other clinics in 2009. There is also a Nutrition Technical Committee.\(^{106}\) There are National Marketing of Breast Milk Substitute regulations, Maternal and Child National Nutrition protocols and policies adopted in 2005, and a National Strategy for Infant and Young Child Feeding.\(^{107}\) The MOH also developed a National Nutrition Policy Statement and National Nutrition Plan of Action (2008-2010) with emphasis on prevention, surveillance and response. There are three programs in this regard including flour fortification, salt iodization and micronutrient supplementation for micronutrient deficiency disorder. This represents a public private partnership. Nutrition surveillance was done across 550 schools, UNRWA was included starting from 2009.\(^{108}\)

44. Flour in the OPT is being fortified by 10 micronutrients, which is unique among neighboring Arab countries (2-7 micronutrients.)\(^{109}\) There is a food fortification and monitoring technical committee, headed by the Nutrition Department.\(^{109}\) According to the DG of PHC directorate general, folic acid coverage during pregnancy reached 100%. The MOH also provides iron drops and vitamin A and D drops free of charge, for infants during the first year of life. There is a program with the MOSA, MOEHE and MOH on Diet and Physical Activity (DPA), targeting the society and school children. A new program was also introduced and supported by UNICEF - the Community Management of Acute Malnutrition (CMAM) and another in Gaza for Severe Acute Malnutrition.\(^{111}\) Furthermore, the government has now taken a decision to include a nutritionist in each government hospital. The growth monitoring program at the MOH applies new WHO growth standards. It is also important to take into consideration that the sources of information in the NSS represent a sample of health centers and schools.

45. In summary, compared to previous years, there is an improvement in some indicators for children (9-12 months old). However, anemia indicators improved in the West Bank, but kept rising in Gaza. The other indicators indicate minimal differences between the West Bank and Gaza. Among pregnant women, anemia was also reduced, and micronutrient supplementation increased. The number of overweight children decreased in 2009 compared with 2008, however, obesity and stunting increased.\(^{112}\) Data in 2006 revealed that 27% of children (0-12 months old) took Vitamin A and D (39.1% in the West Bank and 9.3% in Gaza). Unfortunately, no new studies were made after that to detect if the rate has improved and if the doses are sufficient. For more information on anemia, vitamin A and D indicators, please see Annex 9.

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105 Most of UNRWA schools are till the 9th grades and then students go to governmental schools.
106 It includes UNICEF, WFP, FAO, UNRWA, WHO, MOH, MOEHE, NGOs and academic institutions - NSS Report 2009 includes UNICEF, WFP, FAO, UNRWA, WHO, MOH, NGOs and academic institutions
107 Situation Analysis – UNICEF report- Draft of February 2009 – MOH nutrition department
108 Ibid.
109 Dr. Asaad Ramlawi- DG of PHC directorate general
110 Director of Nutrition Department- Mr. Ala’ Abu-Rub- The committee includes the Ministry of National Economy (MoNE), MOH, WHO, MOSA, UNICEF, Customs, industrial union, preventive security, central health lab
111 Nutrition department-Ala’ Abu Al-Rub
112 NSS report 2009- page 15
Breastfeeding
46. There is a national committee for breast feeding headed by the Director General of women’s health unit. Breast feeding is highest in mothers aged 15-29 years old (65.8%) compared to mothers aged 30-49 (63.5%). Breast feeding is highest in camps and lowest in urban areas.

47. According to the Palestinian Children Report 2009 and the Palestinian Family Health Survey 2006, 97.5% of babies were breastfed for the first six months. There were no variations in terms of geographic distribution or sex of the baby. Studies showed that C sections contribute to delaying breast feeding. Almost all mothers (96.7%) continue breastfeeding for the first six months, while 20% continue for 16-23 months. However, according to the UNICEF State of the World’s Children, the percentage of children in the period (2003-2008) exclusively breastfed till 6 months of age were only 27%. The average period for breastfeeding was 13 months, only 24.8% were exclusively breastfed (0-5 months of age), the rate was higher in Gaza, and for females more than males. No difference between urban, rural areas or camps. Breast feeding was lower for older mothers. Duration is shorter for mothers with higher education due to involvement in economic activity.

Growth Indicators Monitoring
48. One out of every ten children less than 5 years of age suffers from chronic or severe stunting, which is an indicator of chronic malnutrition that can affect their cognitive abilities. This percentage was higher in Gaza (13.2%) compared to the West Bank (7.9%), and was highest in the Northern Gaza (29.6%). Children in urban and refugee camp localities had higher rates of stunting compared with rural children. During 2009, 0.9%, 34%, 1.2%, and 38.9% of the children visiting PHC centers suffered from wasting, severe wasting, were underweight, and severe underweight, respectively. The average is 1.4% for stunting and 39.9% for severe stunting in children presenting at PHC centers. Once again, children in Gaza are at risk for violation of their health rights.

Table 6.2: Palestinians Under 5 years of Age Suffering from Moderate Malnutrition

<table>
<thead>
<tr>
<th>Indicator / Year</th>
<th>West Bank</th>
<th>Gaza</th>
<th>OPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>2004</td>
<td>2006/7*</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>8.8%</td>
<td>7.9%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Underweight</td>
<td>4.8%</td>
<td>3.2%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Wasting</td>
<td>3.4%</td>
<td>1.7%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Male</td>
<td>4.7%</td>
<td>2.7%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Female</td>
<td>5.1%</td>
<td>3.1%</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

*National Nutrition Survey 2009 (PCBS)

49. Statistics show that higher rates of stunting are associated with low levels of maternal education, family income, and living within poorer localities. For example, a one year increase in mother’s schooling reduces stunting by 4%. Children in Gaza are more likely to be stunted. The higher the family

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113 composed of the MOH, Al-Maqased hospital, PMRS, PRCS, WHO, UNICEF, ICPH/BZU, Palestinian Food and Nutrition Association (PFNA) health workers committee
114 Family Health survey- PCBS- 2006
115 Ibid.
116 Ibid. and UNICEF Situation Analysis report, draft of February 2009
117 According to UNICEF (November 2009), this is not bad compared to wealthier countries in the region as Lebanon (11%), Jordan (12%), Syria (28%), UAE (17%), Saudi Arabia (20%), Kuwait (24%)
118 PCBS-Children of Palestine- issues and statistics- 2009
119 Health Annual Report 2009
Income, the less likely stunting will occur.\textsuperscript{121} Wasting is more likely to be found in children living in Gaza, older children, and children living in rural areas or urban areas compared to camps. This needs further investigation. While underweight children are correlated with low family income and lower levels of maternal education. With every year increase in mother’s schooling, underweight decreases by 5%. Children in Gaza are more likely to be underweight, and the higher the income, the less likelihood of underweight children.\textsuperscript{122}

\textbf{50. Malnutrition is a serious issue that affects mental development and is linked to obesity and adulthood diseases in the future.\textsuperscript{123}} However, The OPT combines the nutritional problems of both, the developed and developing countries, in terms of stunting and wasting (hunger), anemia, overweight and obesity. This imposes a double burden when preparing strategies.\textsuperscript{124}

\textbf{Nutrition Challenges:}

\textbf{51. Poverty is a major cause of malnutrition.} According to a study conducted by FAO, UNRWA and WFP, some families are decreasing their food intake, especially of fresh vegetables and meat and allotting their share for their children. The risk of food insecurity is increasing especially among refugees and in rural areas and northern and southern parts of the West Bank compared to the center of the country. In Gaza, the risk for malnutrition in non refugees was higher. For more information on the study, please refer to Annex 9.

\textbf{52.} Currently most of the technical and financial support goes to the West Bank, which creates a gap between the West Bank and Gaza, even when it comes to training of staff. Furthermore, laboratory kits and chemical reagents to examine samples are not allowed to enter Gaza. Fortification of food is not controlled in Gaza as in the West Bank.\textsuperscript{125} The closure regime has negatively altered and impacted the patterns of health service delivery and development for children.

\textbf{53. In the OPT there are only 12 nutritionists, compared to 3000 nutritionists in Jordan.} At least 24 nutritionists are needed in hospitals. There is a need to organize the licensing of the nutritionist profession and improve supervision, especially to address childhood issues of weight, stunting, and wasting.\textsuperscript{126}

\textbf{54. The government has established a number of different policy forums to improve food access and availability for children.} A national food security strategy was developed and endorsed in 2005, but was never executed. There is a new interest in the government to revise the strategy and develop a plan of action to execute the strategy. A Cabinet decision on establishing a national body on food security including inter alia MOH, MOA and MONE is being submitted to the cabinet for endorsement.\textsuperscript{127}

\textbf{55. It is important to note that according to the nutrition department at the MOH, breast feeding is decreasing due to lack of awareness or support.} It is important to note as well that sometimes extended families impose certain practices on mothers and children by older family members. In this case, they might encourage the mother to substitute and/or supplement her breast milk with artificial milk substitutes.

\textbf{56. Nutritional policies and programs exist within schools.} However, more resources (supplemental meals, vitamins, technical support, etc) are required to ensure widespread implementation of the policy. In addition, these policies need to be shared and adopted by the community and family to ensure a holistic execution of positive nutrition practices within the home, school and community.

\textbf{57. A large part of the child and youth population is attending school.} Hence, the MOEHE is a prime candidate for preparing and disseminating information and nutritional programs/resources for these beneficiaries.

\textsuperscript{121} Women’s Health Surveillance Report: Juzoor: May 2009
\textsuperscript{122} Ibid
\textsuperscript{123} Dr. Rita Giaccaman (ICPH/ BZU)
\textsuperscript{124} Khuloud Nassar – ICPH graduate, previous director of the nutrition department at the MOEHE, and MOH Nutrition Department
\textsuperscript{125} Ala’ Abu Rub- Director of Nutrition Department- MOH
\textsuperscript{126} MOH Nutrition Department, Ala Abu Rub and Ruwaida Al-Qadi and Leena Bahr.
\textsuperscript{127} In Gaza, there is a modified food security strategy as of 2008
b. Health and Health Services (Article 24)

Availability of Services

*Primary Health Care (PHC)*

58. There are 693 PHC centers in the OPT. There are 559 (81%) and 134 (19%) in the West Bank and Gaza, respectively. The government continues to invest in increasing access to PHC centers and has built a number of new health clinics throughout the last three years in the West Bank. Only one new PHC center was built in Gaza due to the ongoing blockade since very limited amounts of building supplies have been allowed in. Governmental PHC centers constitute 63.5% of the total PHC centers (68.2% in the West Bank and 44% in Gaza.)

59. PHC centers provide different levels of services. Most of the PHC centers do not provide comprehensive services on a full time basis. Complete family planning services are provided for in 139 out of 381 PHC centers in the West Bank and 20 out of 59 centers in Gaza. Specialized services (diabetes clinic, mental health services) exist in 192 centers, oral health clinics in 28 centers, and laboratory testing in 127 centers in the West Bank. These centers would be more than sufficient to meet local needs if Israeli closures were removed. The MOH continues to expand services in clinics based on constant demands made by local communities for greater health service availability.

60. The number of PHC centers can be misleading. Although the West Bank has a large number of PHC centers, many of them serve smaller numbers of patients/center. In comparison, Gaza has fewer centers, but they serve large numbers of patients. The latter approach is more cost effective for the government and patient since it allows for comprehensive health service in one location. Gaza and East Jerusalem clinics tend to have the highest number of patients attending. The distribution of population within the West Bank, Gaza and East Jerusalem determine numbers and locations of sites that need to be made available to the population within an area. Removing barriers and obstacles to movement can reduce the costs of accessing more centralized health centers.

61. Young children and pregnant women are the main recipients of services from PHC centers and mother and child health centers. This is followed by those attending specialized clinics such as diabetes, pediatric care and mental health clinics. Most PHC clinics now have gynecology, pediatrics and diabetes clinics available because of the high demand for such services. The government is the leading provider of health services for newborns. 73.2% of all newborns were receiving health services in the MOH facilities during 2009. There are 358 well-baby clinics in and 261 mother and child health Centers in PHC centers to serve this population.

<table>
<thead>
<tr>
<th>PHC centers</th>
<th>MOH</th>
<th>UNRWA</th>
<th>NGOs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Bank</td>
<td>381</td>
<td>41</td>
<td>137</td>
<td>559</td>
</tr>
<tr>
<td>Gaza</td>
<td>59</td>
<td>18</td>
<td>57</td>
<td>134</td>
</tr>
</tbody>
</table>

62. Most PHC centers are overcrowded and there are limited numbers of specialized physicians who can attend the centers once or twice a week. Many have to rotate between other PHC centers in other parts of the country. In some cases, only mobile clinics are available and children and pregnant women can only receive services when these mobile clinics make their rounds which are not on a daily basis. This is a dilemma faced by the government that has initiated a retrenchment program, but is in need of hiring specialized physicians and personnel to provide services.

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128 Health Annual Report 2009 and Health Annual Report 2008
129 Health Annual Report 2009
130 PHC directorate general data
131 In the West Bank there are 82 1st level, 204 2nd level, 86 3rd level, 9 4th level PHC centers. In Gaza there are 31 2nd level, 21 3rd level and 7 4th level PHC centers.
132 This section is based on interviews with nurses and physicians in PHC centers, in Ramallah and in the villages of Bir Zeit and Beit Reema

116
The government faces strong community pressure to set up PHC centers in their specific locality. The MOH would like to use a cost effective method of setting up central PHC centers that are accessible to a large population and offer a variety of comprehensive preventive and treatment based services. However, this policy is not always implemented because certain regions of the country are isolated due to Israeli restrictions. Hence, the MOH has to respond by setting up makeshift clinics or mobile health units that provide services for isolated and marginalized group of individuals (the majority of whom are children.) This results in limited availability of services in some areas. The MOH remains committed to providing health services for all. The MOH continues to serve isolated communities in order to guarantee that children’s health rights and needs are met. These efforts are complemented by the work of NGOs who also try to provide outreach services for these marginalized populations.

Another constraint facing the MOH delivery of services is due to water and electricity cut offs at some health clinics in some villages, one cause is the lack of sustainability of projects and not paying the bills, in addition to water shortages. In other villages, water and electricity connections may exist at the health centers, but the Israeli military will cut the water and electricity service to them for days. In other areas, clinics are located within Area C and along the Wall (including in the seam zone areas) and physicians and nurses are denied permits to enter the area and permits to upgrade or build a health center is usually denied by the Israeli Civil Administration. This is a direct violation of human rights since this prevents the delivery of health services. However, these Israeli practices are deliberate policies to prevent services from reaching people in order to de-populate these areas of Palestinians.

The work of health practitioners in hard to reach areas places constraints on the MOH’s ability to recruit qualified and experienced staff since the situation there is not encouraging. Moreover, female doctors are preferred over male doctors due to cultural norms of modesty. However, there are insufficient numbers of female doctors available and the MOH has not addressed this issue through awareness raising, either. In some instances, mothers have reported that they delay pregnancy testing and visits until they have access to a female doctor. Moreover, many of the practitioners especially the physicians receive salaries that are not compatible with their level of expertise and social status and this discourages them from continuing to work within the public sector.

The MOH is working to improve maternal and child health services and early screening through increasing the number of qualified and specialized staff, providing training, and making medical equipment and supplies available at all PHC and hospital centers. There is an effort underway to ensure that patient: staffing ratios are equitable since some populations are currently underserved. For example, the population in the Nablus Governorate is 350,000 persons who are served by 43 PHC centers and clinics. Thirty-five of these centers are located in rural areas. Only 32 physicians serve these 43 PHC centers. The community financially supported the establishment of two PHC centers. However, the Nablus Governorate is still in need of 10 more PHC centers that will require staffing and equipment that have been budgeted for in the coming three years. There are still 25 communities that are not served by PHC centers. There is a shortage in terms of specialized physicians, especially in gynecology and pediatrics. Sometimes in very remote villages, the local councils contribute indirectly to the provision of services through making available transportation means for the nurse to come to the village.

Regarding social and cultural practices, there was a consensus that there is an improvement in terms of the awareness of parents in bringing children to health clinics for regular examinations. Staff also noted that male and female children are presenting equally at health clinics and gender discrimination is not evident. Health care workers still report that more awareness raising and education of parents is required in order to improve baby care and to prevent disability in children. The role of the father in health care is mostly limited to providing financial support and health care workers point to the importance of including fathers in advocacy and educational awareness campaigns (that should start at school) especially on family planning and parenting skills.

Secondary and Tertiary Health Care/ Hospitals:

There are 77 hospitals in the OPT (53 in the West Bank and 24 in Gaza). The MOH manages 62.4% of the general hospitals beds, 62.5% of specialized hospitals beds, 14.1% of beds in delivery wards, and
all psychiatric beds. For pediatrics there were 602 beds (20.6% of all beds) in 2009, 36.9% of them are in the West Bank and 63.1% in Gaza.\textsuperscript{134} Updates from the MOH Directorate General of Hospitals (August 2010) indicate a total of 241 beds in pediatric wards, and 91 incubators in the West Bank under the auspices of the MOH. A new children’s hospital is under construction and will be part of the Ramallah Medical Complex. Some of the main cities have few or no incubators at all. There is only one pediatric hospital in Gaza and a new hospital is scheduled to be built, but is not possible yet due to the continuing blockade on Gaza.

Table 6.4: Hospitals in the OPT by Provider and Region

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>MOH</th>
<th>UNRWA</th>
<th>NGOs</th>
<th>Private</th>
<th>Military</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPT\textsuperscript{135}</td>
<td>25</td>
<td>1</td>
<td>30</td>
<td>19</td>
<td>2</td>
</tr>
<tr>
<td>OPT\textsuperscript{136}</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Bank (including Jerusalem)</td>
<td>12 (0)</td>
<td>1 (0)</td>
<td>20 (6)</td>
<td>21 (3)</td>
<td>0</td>
</tr>
<tr>
<td>Gaza</td>
<td>12</td>
<td>0</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>West Bank (including Jerusalem)</td>
<td>12 (0)</td>
<td>1 (0)</td>
<td>20 (6)</td>
<td>21 (3)</td>
<td>0</td>
</tr>
<tr>
<td>Gaza</td>
<td>12</td>
<td>0</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>OPT</td>
<td>25</td>
<td>1</td>
<td>30</td>
<td>19</td>
<td>2</td>
</tr>
</tbody>
</table>

\textsuperscript{69} The number of government hospitals in the OPT doubled between 1997 and 2008 from 14 to 25 hospitals. Similarly, non-governmental and private hospitals (or those not managed by the government) increased from 29 to 52 hospitals in this same period.\textsuperscript{138} NGOs run the four rehabilitation hospitals that constitute only 3% of the total hospital beds available in the OPT. Eight of these are NGO-based and managed in East Jerusalem and serve as major referral centers for patients coming from the West Bank and Gaza.\textsuperscript{139}

\textsuperscript{70} The USAID Flagship Project is renovating and upgrading five pilot government hospitals. This will include a new health information system that will link patient health records between all PHC centers and hospitals. During the last couple of years, hospitals have witnessed improvement in terms of services, infrastructure and staffing. This is in an effort to improve health care services.

Access to and Affordability of Services

\textsuperscript{71} The separation of different areas of the OPT by checkpoints, the Israeli Wall, closures, and other barriers have divided Palestinian areas into cantons and has made it difficult for individuals to access different services, especially for people living in rural and remote areas as well as Bedouins. Accessibility is problematic from a physical as well as an economic point of view. Transportation costs increased due to having sometimes to go around the Wall or some checkpoints, or through informal roads, while the formal ones are kept for settlers. This, in turn, creates geographic disparities.

\textsuperscript{72} At a higher level, policies were affected as well by the Israeli measures, which made the focus on access more prioritized to quality sometimes. Moreover, Area C is not open for the PNA. Besides, the strike of governmental health workers in Gaza in 2007 after the control of Hamas worsened the situation there and further decreased accessibility to quality health services. Furthermore, access to maternal

\textsuperscript{134} Health Annual Report 2009 (April 2010)
\textsuperscript{135} Ibid. There are differences in the numbers according to the source of information.
\textsuperscript{136} Health Status and Services in the Occupied Palestinian Territory – Lancet- March 2009, vol. 373.
\textsuperscript{137} Data of 2005. The Right to Health in the OPT- ICHR 2008
\textsuperscript{138} PCBS statistics (website: www.pcbs.gov.ps)
\textsuperscript{139} Health Annual Report 2009
health, including for labor and delivery and emergency care are unpredictable due to the Israeli checkpoints and restrictions. According to the 2007 Health Sector Review (HSR), people living in villages or remote areas have limited access to hospital services. Since September 2007, about 4,526 people in the seam zone areas have been deprived of constant access to health services, after UNRWA mobile teams were prevented from accessing the seam zone community of Barta’a, by the Israeli military.140

73. However, since 2007 the government has embarked on a civil service retrenchment policy and a reduction in budget allocation for delivery of services. This includes putting into effect more efficient referral and procurement processes to reduce out of pocket costs. In order to reduce health care costs, the MOH has introduced new reforms on the Al-Aqsa insurance scheme for beneficiaries.141 Other reforms include preparing a policy paper on pharmaceutical pricing, developing new procurement procedures, combining the insurance and referrals directorates, linking the financial accounting system of the MOH to that of the MOF. This will have positive implications on the health rights of mothers and children since they are the largest recipients of MOH services and health insurance programs.

74. A 100% increase in the number of households experiencing “catastrophic” health care costs occurred between the years 1998-2007 (due to Intifada related injuries and continuing Israeli invasions and attacks on civilian populations.) This also correlates with increasing numbers of families living in poverty and in need of receiving free national health insurance that directly increases health spending costs for the MOH. Families currently allocate more than 40% of non-food expenditure to purchasing health care services, especially low income families.142

75. The MOH covers the costs of treatment in the cases of cancer, blood diseases, dialysis and kidney transplantation. During periods of epidemics/contagious diseases, donor assistance is typically made available to cover prevention and treatment costs for the general population.143 Early screening for breast cancer and cervical cancer is free as well as health care to children under three years of age and to pregnant women till 42 days after birth (except for risky pregnancies), drug addiction, and mental health disorders. Nevertheless, indirect costs as transportation, or even lack of awareness about such services, do prevent access to such services by needy populations.

76. The MOH managed to reduce the prices of drugs for the public and included a pricing policy considering the best interest of the patient first, the pharmacist second and the importer third, in addition to considering the prices in neighboring countries. Moreover, the Essential Drug List was extended to reach 550 drugs and a new drug for Thalassemia was introduced (Exjade) that does not require a pump as does Desferal. This has been helpful for young children who have Thalassemia since it is easier now to take the medication. Drug deliveries to Gaza are sent according to their requests, but Israeli interference and blockades delay entry in many cases. There is a drug purchasing committee to review and update the essential drug list and add or remove drugs. There are also instructions for registering drugs and herbal medicines. However, despite the role of the Ministry in inspection over drugs, the lack of control over borders and crossings imposes limitations on the ministry’s ability to monitor which drugs illegally enter the country. Most problems faced by the ministry are related to availability of funds to pay for the medicines. Some deliveries are delayed due to the lack of cash fluidity. But the availability of most of the essential drugs locally solves lots of problems in terms of availability. Chemotherapy protocols were developed as well including identification of appropriate medications and dosages by age and weight are available.144

77. The existing General Health Insurance (GHI) covers services for the enrollee, spouse and children (for girls till they get married, and for boys till they finish their university education) excluding transplanting organs other than kidneys and corneas, in vitro fertilization, prosthetics, eye-glasses and cosmetic surgery. The GHI scheme is currently being modified. A new law has been proposed to make

140 Situation Analysis of Palestinian Children and Women- UNICEF- December 2009
141 This started after the second Intifada, many of the beneficiaries are not eligible anymore.
142 Health Care Providers and Beneficiaries 2005- PCBS and Reforming Prudently Under Pressure- West Bank and Gaza Health Policy Report- World Bank
143 Health Insurance Regulation- Cabinet decision no. 113 for the year 2004. See World Bank and PNA Program on Avian Influenza for 2005.
144 Dr. Rania Shaheen- DG of Pharmacy Department at the MOH

119
health insurance compulsory for all members of society. It proposes the establishment of an autonomous body (administratively and financially) to manage the national health insurance system. However, many of MOH staff, the civil society organizations and PLC members have reservations concerning the law and proposed model of health insurance due to some legal gaps.\textsuperscript{145} However, the Cabinet has reviewed the law, endorsed it, and submitted to the President for endorsement. It will still require PLC legislation. In this new law, civil servants and employees will have health insurance fees deducted from their salaries in addition to making personal contributions to health insurance payments.

\textbf{78.} In 2009, the GHI covered 60.4\%\textsuperscript{146} of Palestinian population and 29.9\% paid premiums. Private contributions, MOSA, Ministry of Detainees and Ex- Detainees (MoDED), MoI, MOL also pay to cover health costs for the unemployed, detainees and ex-detainees, the military services, and families receiving social assistance.\textsuperscript{147} In 2005, 77.6\% of the population surveyed was enrolled in a health insurance scheme, leaving approximately one fourth of the population with no health insurance. The major types of insurance coverage were 62.5\% through the MOH GHI, 24.4\% through UNRWA, and the rest by military, private or Israeli schemes. GHI coverage in Gaza was (81.5\%) but used by only 9.5\% population while in the West Bank there was health insurance coverage for 54.9\% of the population, but was used by only 24.4\%. Many of these individuals were accessing UNRWA health services and did not need the health insurance coverage. Also, there are many instances were health insurance carriers opted to select health service providers who are outside the scope of coverage. This occurs in 70\% of cases (63\% in the West Bank/ 81\% in Gaza).\textsuperscript{148} This could indicate lack of confidence or dissatisfaction in the services covered by the GHI or difficulty in accessing listed service providers.

\textbf{79.} According to the 2007 HSR, “patient satisfaction with Palestinian health care system is low. Patients generally regard health care services in Palestine as inferior and seek care in Jordan, Israel, and elsewhere.” Satisfaction with private and NGO services is higher. It should be noted that these are perceptions. The MOH takes seriously these views and is working to improve client satisfaction.

\textbf{Quality of Services}

\textbf{MOH Staffing/ Human Resources}

\textbf{80.} There are 14,526 MOH employees with approximately a third of them are administrative staff and the remaining are specialized service staff.\textsuperscript{149} A higher percentage of staff work in Gaza (60.1\%) compared to the West Bank (39.1\%), with 35.8\% of specialized physicians working in hospitals compared to 14.3\% working in PHC centers.\textsuperscript{150}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|c|c|}
\hline
\textbf{MOH} & \textbf{Physicians} & \textbf{Specialists} & \textbf{Dentists} & \textbf{Pharmacists} & \textbf{Nurses} & \textbf{Paramedics} & \textbf{Admin.} & \textbf{Total} \\
\hline
2009 & 2226 & 941 & 300 & 421 & 3403 & 1512 & 5444 & 14,526 \\
\hline
Number/10,000 & 5.7 & 2.4 & 0.8 & 1.1 & 9/ 0.7 * & 3.8 & 14.5 & \\
\hline
% of MOH staff & 15\%* & 6\%* & 2\%* & 3\%* & 23\% / 2\%* & 10\%* & 38\%* & \\
\hline
2008\textsuperscript{151} & 26\% & 9\% & 14\% & 42\%** & & & & 11,170 \\
\hline
\end{tabular}
\caption{MOH Health Workers Information}
\end{table}

\textsuperscript{145} Based on the study “legal review of the project of national health insurance” by the ICHR and comments made by PLC member Khalida Jarrar to the proposed law.

\textsuperscript{146} MOH achievements (2010).

\textsuperscript{147} Palestinian National Health Strategy 2011-2013 - MOH

\textsuperscript{148} Health care providers and beneficiaries- PCBS-2005 and UNICEF Situation Analysis (December 2009)Report

\textsuperscript{149} Generally speaking, the staffing at the MOH - especially for specialized doctors and physicians- fluctuated during the last 4 years. During the period (2006-2008) the number of human resources at the MOH decreased by about 9%. The highest attrition was among specialized physicians. In 2008 the number of MOH staff reached 11168 (7013 in Gaza and 4155 in the West Bank) compared to 13,057 in 2006.

\textsuperscript{150} Reforming Prudently Under Pressure - World Bank Report (2007)
81. In 2006, the ratio of physicians to population in the OPT was 2.07/1000 inhabitants (1.77 West Bank, 2.57 Gaza). This ratio is less than in Jordan (2.67), but higher than Syria (1.46). However, there is a lack of family medicine practitioners (only 2 family medicine physicians are registered in the OPT), preventive medicine, psychiatry, radiology and neurosurgery, specialists in anesthesia, general surgery, and cardiac surgery and kidney diseases. As for pharmacists, the ratio is 0.99, which is more than Jordan (0.43) and Syria (0.65). The supply exceeds the need by 2500 pharmacists. There is almost 3 times the number of nurses working in Gaza compared to the West Bank and higher ratios of dentists in the West Bank compared to Gaza which indicates that they are not equitably distributed.

82. However, there is a lack of female practitioners. For example in the West Bank only 13% of the general physicians and 6% of the specialized physicians are females. Among the specialists, only 44% are gynecologists. Female nurses and midwives were also under the recommended level. Recently, some medical schools and physician training programs in some hospitals instituted a quota for equal enrollment between males and females. This has an impact on women’s motivation and access to pre and post-natal services.

83. The MOH is still working to reduce negative work patterns of physicians. Some government staff have their own private clinics after work hours and/or provide consulting services for the private sector or NGOs. This is due to the low salary they receive as civil servants. It is also worth mentioning that some of the physicians are not registered and licensed by the Palestine Medical Council particularly in Gaza.

84. Human Resources Development (HRD) usually takes the form of short-term, long-term and in-service training programs. A plan for HR assessment and development, in addition to a database, are underway. The MOH has recently embarked on preparing for the establishment of a public health institute to provide ongoing in-service training and policy development. The MOH is currently reviewing systems to be used for conducting performance appraisal, setting clear job descriptions, mandates and divisions of roles, incentives, and staff retention strategies. A long term HRD strategy is highly needed. Specialized training courses are needed for the diverse staff within the MOH. Specific focus should be on human and child rights and communication skills, to learn how to educate and deal with the different groups of patients and their families, in particular with the most vulnerable groups like poor or illiterate mothers, children, the disabled/mentally disabled children and how to detect abuse and hence report. At the MOH policy and planning level, there is a lack in health economics, health financing, and quality assurance. Another reform area needed by the MOH is integrating the personnel department into a HR department and establishing a public health institute. Other areas of reform include performance assessment and developing a system for human resource development and a career development planning.

Reporting Abuse or Neglect

85. MOH has internal instructions on reporting cases of sexual abuse or physical violence, but many of the health workers are unaware of them. Methods of reporting vary from location to location and at the individual level. Most of these decisions depend on an individual judgment call. Physicians tend to manage child abuse and neglect cases according to the availability of, and access to referral services. For example, the high referral rate for psychologically abused children was seen at UNRWA clinics due to the availability of services on site, while the high referral to the police by the Ministry of Health staff is because it is a pre-requisite that all cases of injury arriving to a hospital be referred to the surgical department and reported to the police. However, some physicians preferred not to intervene and considered it a family matter and did not report the case to the police or make referrals.
of a referral system and a child protection referral mechanism is needed, since some preferred to solve the problems in a traditional way (through family and elderly forums) and to keep the situation hidden as a means of “protecting” the victim and family. The MOH and UNRWA have now organized more training programs for staff to highlight and focus attention on cases of child abuse and neglect and make referrals to the child protection referral network for follow up. This is a slow process that requires having available treatment options, police follow up, and family counseling services available.

86. To summarize, the lack of a nationally integrated health system constitutes the biggest problem related to health services. This opens the chance for individuals to take decisions based on their personal calls, rather than being based on specific medical policies and protocols. This reduces the confidence of the citizen in the health services and increases the discrepancy between the different providers. Furthermore, increasing the number of staff without ensuring their high level of expertise and specialization is unlikely to lead to improved health care delivery. Focusing on improving levels of competency and qualifications and enhancing supervisory roles will lead to greater improvements in health care delivery and management. The MOH has now set targets for itself on improving access, availability, and quality of health services throughout the country. This will require concerted efforts by the government to provide sufficient financial allocations to support the changes and concerted efforts by the international community to support these developmental initiatives. The Health Information Management System that has been recently launched will play a vital role in ensuring that patient’s information and records can be accessed and shared across clinics and hospitals. This will improve the quality of health care management and reduce redundant use of health services.

c. Preventive Medicine and Management of Communicable and Non Communicable Diseases

Immunization & Management of Communicable Diseases

87. Regional cooperation in terms of pandemics is good. The OPT and Israel are linked in terms of epidemic threats. Palestinian mothers are aware of the importance of vaccination and are quite committed in this regard and the government has in place a well functioning vaccination program. The MOH has reported that the OPT is considered free of poliomyelitis according to WHO criteria. Communicable diseases of childhood like mumps, whooping cough, tetanus and measles are controlled through a successful immunization program and proper education. There are no reported cases of neonatal tetanus, rabies or diphtheria. The OPT is free of Schistosomiasis, leprosy, and the plague. But the MOH still faces challenges in terms of meningococcal meningitis, brucellosis, HIV, hepatitis, tuberculosis, diarrhea, and pneumonia. Other challenges include maintaining the high vaccination rate (over 95%), improving surveillance of vaccination side effects, and monitoring the incidence of any new contagious disease.

88. Immunization is carried out by the MOH, UNRWA, and Israeli MOH for Jerusalem ID holders. The Palestinian MOH and UNRWA vaccination programs are unified and synchronized. Overall vaccination rates are somewhat higher in Gaza compared to the West Bank. Vaccination rates for children age 12-23 months received polio vaccine is 98.9%, for DPT it is 98.7%, and for measles it is 96.7%. In urban areas vaccination coverage is at 95%, while coverage in rural areas is 97.4%, and 98.9% in camps. The lowest coverage rate was reported for East Jerusalem (different system). There is a different vaccination schedule in Jerusalem, lower rates for BCG (87.2%) and measles vaccination (78.2%).

89. In relation to mothers’ education, the results were surprising with higher rates of vaccination coverage found in children whose mothers had reported not attending school (100% coverage), followed by

162 Child Protection- Child Abuse and Neglect in the West Bank- Training, Perception and Management of Cases among Palestinian Physicians ICPH 2007. There are internal instructions in terms of reporting that many physicians and nurses are not aware of.
163 Dr. Anan Masri- Deputy Minister of Health
164 Health Annual Report 2009. For more information, please see Annex 9
165 Ibid.
166 Children of Palestine- Issues and Statistics- PCBS- 2009
mothers who can read/write (99.2%), then those who received basic education (97.5%) and secondary education and more (95.9%).

90. Vaccination data collected varies due to timing issues. Sometimes parents delay giving children vaccines if the child is ill. This is then reported as an “unvaccinated case” even though the child might receive the vaccine within the week. Source of data collected also varies. MOH and UNRWA submit regular administrative records that detail vaccination coverage. However, national surveys are conducted by non-health professionals who may not always be able to differentiate health terms on the health records appropriately. Hence variations in reports continue. The MOH coverage report indicates immunization coverage rates at more than 99%. Higher rates of vaccination in camps and rural settings could be attributed to mothers appreciating the close proximity of the clinic and the social milieu as encouraging them to bring their children in for vaccinations. In addition, many of the awareness programs target camps and rural areas more than urban areas.

91. As for Bedouins, the MOH reaches them tent by tent, to provide immunization and other primary health care services for the mother and child, assisted by community health workers and midwives through mobile clinics. Most Bedouins reside in areas where health clinics are not found and hence the MOH outreach program ensures full coverage of all children with vaccines. However, the MOH community health workers usually communicate their visits directly to the head of the tribe to facilitate their work and minimize resistance to entering into the area. In 2010, the MOH successfully finalized a “make up” week for those who missed vaccination. This was to ensure complete vaccination coverage for all children.

92. MOH measures to enforce vaccination include hiring PHC nurses from the vicinity and organizing mobile clinics and vaccination campaigns in cooperation with the municipality. The vaccines are usually ordered based on the number of children to be vaccinated according to available records. For school children who missed vaccination day, a list is prepared, a formal letter is sent to the parents and a new date is assigned for all such children. If the number is small the child might be referred to the clinic to get the vaccine. Nurses call the parents of the child who missed the vaccination date. If the parent refused to bring the child, they raise the issue to the MOH which can call the parents to court if they fail to vaccinate the child. For other vaccines as for rabies, the preventive medicine doctor is on call even during holidays and weekends, and vaccines for children are provided for free. In 2009, the government covered the costs of vaccines out of its own budget. Previously vaccines had been covered by UNICEF.

93. Higher rates of respiratory infections were reported in the West Bank compared to Gaza. Treatment and medical advice was sought in 73% of cases. Refugee and Gaza patients usually presented at government centers and UNRWA clinics more often than at private clinics, which were used more in the West Bank even in rural areas (52.5%). Over half (56.4%) of refugee children approached UNRWA clinics. Method of treatment was the dispensation of antibiotics with patients receiving medication in 70.1% and 80.8% of cases in the West Bank and Gaza, respectively.

94. High rates of diarrhea (11.8%) were reported for children less than two years of age. Children at this age are more vulnerable to germs and put things in their mouth. Rates decrease with an increase in the mother’s educational level. Preferred treatment is through oral re-hydration salts, antibiotics or herbal drinks in 64.5% of the cases. Due to water restrictions, poor water quality, and contaminated water high rates of infectious diseases persist like diarrhea and amoeba in addition to hepatitis A cases. The Palestinian Family Health Survey in 2006 revealed that 12% of children under 5 suffered from diarrhea in the 2 weeks before the survey. The annual cost of health impacts of poor water and sanitation on children 5 years or less is 20 million USD (0.37% of the GDP). It is worthy to note that the MOH is mandated to test water and food samples. Since water quality has an impact on children after weaning,

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167 UNICEF Situation Analysis Report- 2009 and NSS report
168 MOH community health department- Dr. Ghidian Kamal
169 Interview with Birzeit PHC center
171 Children of Palestine – Issues and Statistics- 2009
hand washing and sanitation practices by children and boiling water are means to reduce waterborne diseases. The MOH has produced educational materials to support this practice and they are distributed at PHC centers and at many schools.

95. The proportion of water contaminants is growing fast, which affects the young children, pregnant women and increases certain types of cancer. WHO reports that 26% of diseases in Gaza are water-related. Continuous contamination of water at levels over safety standards for years leads to chronic diseases due to the accumulation of chemicals in the body as cancer, liver diseases, renal failure, kidney problems as well as reproductive difficulties. According to UNRWA, watery diarrhea and viral hepatitis are major causes of morbidity among refugees in Gaza. Lack of access to safe water and adequate sanitation and proper hygiene, cause children to be at risk of sickness by waterborne diseases. For more information, please see annex 9.

Numerous health studies have been conducted on isolated communities and then these findings are generalized to the whole population. This process of conducting detailed studies repeatedly on the same populations is time consuming and expensive. It would have been more efficacious to actually present these populations with the necessary services rather than conducting studies to “further identify gaps.” The government is also reviewing the development of research projects that have an agenda like justifying funding requests or supporting the continuation of certain projects in areas of the country where they are working. Furthermore, some studies are duplicated by various parties because there is limited consultation and cooperation between partners. There is a clear need to coordinate with the MOH and the PCBS in this regard, and agree on the methodologies, terminology and criteria to be used to avoid ending up with hundreds of useless, contradicting studies and wasting of the limited resources. This should be done in a collaborative manner and not as a means of censoring research. Researchers should work together to agree upon definitions, criteria, methodology, sample selection methodology, and timing of research in order to be more efficient and produce reliable and valid results that can be used by all parties. Disaggregation of data according to agreed upon age categories, establishing baselines, and comparing data on children’s health, rights and development should be agreed upon by all parties.

HIV/ Sexually Transmitted Diseases

96. HIV/AIDS is currently not a major problem in the OPT. Increasing levels of tourism and border movement could increase the number of cases and hence the government has in place precautionary measures to be implemented if this scenario evolves. The MOH has a global grant to combat AIDS, Malaria and Tuberculosis (TB).173 cases of AIDS have been included in the MOH reporting system since 1994, and a national committee for combating AIDS was formed in 1995.174

97. HIV/AIDS testing is obligatory before marriage contracts are approved for any partner who comes from a foreign country where HIV/AIDS is prevalent.175 Results for all cases are kept confidential and no names are used; only case numbers are issued to protect privacy. Tests are free of charge. Moreover, the MOH added HIV/AIDS to the list of diseases for urgent reporting (through phone or fax), and takes the responsibility of follow up, provision of free treatment, free counseling, and supporting close family and social contacts of the patient. Data from 2004 indicates that 64.9% of HIV/AIDS patients were married. According to the Preventive Medicine Department data four cases were suffering from Hemophilia.176

98. MOH reports on cumulative cases of HIV/AIDS and it is difficult to estimate the number of registered children with this disease. The MOH is being discrete about this issue for privacy reasons. The MOH Annual Reports reveal cumulative number since 1988, 4 cases were under 19 years old, so it is difficult to tell how old they are now, if they are still alive, or whether they are sick or just carriers. However, data from Epidemics Department in 2005 showed that one case was in the age group (0-4), 2 cases were in the age group (5-9 years old), and one case in the age group (10-19). So, if they are still alive, then at least 3 of them are still considered children. However, the MOH PHC directorate general

173 WHO data
175 This has been the case for blood donation since 1989, and for HIV since 1994
176 Legal Framework for HIV/AIDS and Human Rights in Palestine – Al-Haq and Juzoor
reports that there are currently no known cases of children with HIV/AIDS in the OPT, and that all adult patients are getting proper treatment and care and that their rights are being protected.

99. Sex education and other topics related to reproductive health, family planning and prevention from HIV/AIDS\(^\text{177}\) are included in the formal education curriculum for grades 7-10. Data indicates that 80% of unmarried children between the ages of 15-17 years old have knowledge of family planning techniques.\(^\text{178}\) Nine out of ten adolescents (15-29 years old) in the West Bank are aware of sexually transmitted diseases. The level of knowledge is slightly lower in Gaza (84.7%). Males (90.2%) have more knowledge of STDs compared with females (85 %.). AIDS awareness was noted by 87.5% of the general population.\(^\text{179}\) Knowledge about STDs was higher in camps and villages compared to cities. Television and school teachers were the main sources of information in this regard. MOEHE in cooperation with UNICEF is preparing a teacher classroom manual on educating students on AIDS prevention and other relevant health topics. The MOH has produced many audiovisual materials and brochures on the issue of AIDS and prevention. Still, there might be evidence that even some physicians are not well informed about means of transmission of HIV/AIDS.\(^\text{180}\)

100. In 2010, the UN Office for Combating Drugs and Crime (UNOCD) conducted a workshop on the role of security forces in combating HIV/AIDS in detention and rehabilitation centers and among drug users. Around 2,000 physicians and nurses and 3,000 staff from other ministries were trained. A study on 400 drug users in East Jerusalem showed that 55% suffered from cancer and hepatitis. In East Jerusalem, 16 cases suffered from HIV/AIDS. Around 7,000-10,000 cases of sexually transmitted diseases (STDs) are reported monthly in the OPT, whether viral or bacterial.\(^\text{181}\)

Non-Communicable Diseases (NCDs)\(^\text{182}\) and Mental Health

101. There is a Surveillance System for Non Communicable Diseases and a center will soon be established (through a grant of 3 million USD from Austria) to integrate the NCD department which was established 2 years ago. There is not enough data on the prevalence of cancer, diabetes, epilepsy, or heart diseases among children in the OPT. This needs further investigation. The figures available are just estimates and not reliable as they represent the cases registered in the PHC clinics and not national prevalence rates. Research focus has typically been on adult and elderly populations. However, there are clinics for NCD especially for diabetes. There is a technical committee to set protocols and standards of care, and a thematic group, a strategy and a plan of action for prevention and control. These committees are aware of identifying children’s needs within NCD and recommend elaborating protocols and guidelines specific for children.

102. There is a high demand for these NCD clinics which are usually overcrowded with an overload of work on health workers. Home visits and mobile clinics to cover this area are needed. Training for and specialization of staff dealing with children and NCD is recommended. The NCD department is still dependent on development assistance because the MOH is only able to cover the cost of salaries and equipments, but not other costs. However, there is also a need for more coordination between the different directorates in the MOH, especially with the nutrition department. The major non-communicable diseases affecting children in the OPT include diabetes, cancer, Thalassemia and epilepsy to a lesser extent. These require joint nutrition and NCD consultation and protocols.

103. According to MOH data, there are about 1,000 cases of type I diabetes, excluding UNRWA results. Research also showed that 70% of cardiovascular diseases are due to complications of diabetes, not to

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\(^{177}\) DG of School Health (Dr. Mohammad Rimawi and Khadijah Abu Khader). The MOEHE is also a member of the National Committee for the Prevention of HIV/AIDS.


\(^{179}\) Family Health Report (PCBS 2006)

\(^{180}\) Pending study conducted by Save the Child Sweden in the Jordan Valley (2010).


\(^{182}\) According to the annual health report 2008, in the West Bank, epilepsy is a leading cause of death in children 0-4 years old in 0.2%. Heart diseases are leading cause of death in 1.7% (more in males), malignant neoplasm in 1.2% (more in males). For the age group 1-4 years old children, malignant neoplasm is a leading cause of death in 6.4%, heart diseases in 2.6%, malnutrition and metabolic disorders in 5.8%, renal failure in 2.6 % (all are more in males). For the age group 5-19 years old, malignant neoplasm in 11%, heart diseases in 5%, renal failure in 5.5%, liver diseases 4.1%.
mention renal failure, blindness and disabilities due to amputations. So it is quite important to intervene at an earlier age. So, a NCD risk factor surveillance covering the age group (14-65) has been completed in the West Bank in May 2010. The survey has not yet been completed in Gaza due to lack of sufficient funds to carry out the survey there. Furthermore, WHO together with the nutrition department are working on developing NCD nutritional protocols including dietary plan for diabetics, in the framework of the USAID Flagship Project.

104. The semi-annual health report 2010 revealed more than 60 new cases of diabetes registered in PHC clinics under the age of 18 years old. The numbers are higher for females. Hebron witnessed almost half of the cases followed by Nablus. The MOH in 2009 registered 1000 visits for children to diabetes clinics. No deaths were reported among children due to diabetes, but complications were reported and treated.

105. Discussions with the NCD department revealed a need for a holistic approach and early intervention in this regard. There is a gap in the health care services for children between the ages of 3-18 years. Admission and treatment costs are not free of charge for children above the age of 3 and sometimes medications are not available. Some chronic diseases require using medical equipment which is not always available. Needy patients should receive assistance to purchase these medical equipments. Moreover, patients with NCDs especially children, females, and teenagers suffer from resistance and denial, so they need special support and counseling from family, peers, community, and school. Some might try to hide it. However, families with NCD children are usually under huge psychological and economic pressure. Some families can not afford transportation to the hospitals and clinics. In cases where a special nutrition regime is required, it is usually problematic due to the bad economic situation.

106. Cancer is the third cause of death in the OPT. The MOH prepared a strategy to combat cancer, and a national survey for breast cancer is to start. It is worth noting that there are 8 mammogram screening centers distributed in the West Bank. Recently the MOH developed a national record for cancer and trained physicians and nurses on how to fill it. However, generally speaking data recorded is not always detailed or disaggregated. By mid 2010, 446 cases were reported, of which 16 cases were of persons less than 19 years of age. There are more cases reported amongst females and 42.2% of reported cases came from Nablus district. This latter information suggests that reporting from other districts may not have been complete. Information on Gaza is not available. In 2009, 5% of persons under the age of 19 years old died due to malignant neoplasm.

107. Cancer treatment imposes financial and physical burdens on the families of patients. Transportation costs to access cancer treatment services are high due to the fact that specialized care is only available in Al-Hussein Hospital in Beit Jala, Al-Watani Hospital in Nablus, and Al-Mutala’ Augusta Victoria Hospital (NGO referral hospital) in Jerusalem. Closures and movement restrictions make transportation difficult. In addition, there is difficulty in getting permits to enter Jerusalem for the patient and accompanying family members. Additional indirect costs to cover accommodation and transportation costs for accompanying family member are not covered by health insurance. Hence, poor families and those residing in remote areas of the country are constrained when trying to deal with the financial burden of cancer treatment.

108. The Israeli invasion on Gaza in December 2008 resulted in the damage of 15 out of the 27 hospitals in Gaza and 43 out of 110 PHC services were either damaged or destroyed. Gaza continues to suffer from shortages of medicines, X-ray equipments and electronic devices primarily due to restrictions on entry of goods and supplies by Israel. The government continues to provide coverage for health service providers’ salaries, medicines, and equipment. However, the repairs to the facilities have been slow due to the continued closure. For instance, the new surgical wing in Al-Shifa hospital has been under repair since 2006 and is still incomplete. Since 2000, limited numbers of doctors, nurses, and technicians have been able to leave Gaza for training whether in the West Bank or abroad.

183 NCD department- Dr. Faisal Abdul-Lateef and Aida Zawahreh
184 Ala’ Abu Al-Rub- Director of Nutrition Department - MOH
185 The age classification in the report (0-4, 5-14 and 15-24) does not help to specify the exact number under 18 years old
186 Health Annual Report 2009

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There are restrictions to access of food, electricity, and supplies essential for the proper functioning of hospitals and waste water facilities. This impedes children’s rights to health. Chemotherapy, radiotherapy, neurosurgery, and pediatric surgery are available only outside Gaza.\textsuperscript{187} Children are frequently denied the right to appropriate health care and to travel abroad for medical treatment not available in Gaza. There have been reports that Israel coerces patients in need of exit permits to provide information on people and events in Gaza (become informants for Israel.) According to WHO, between October-December 2007, five children died due to inability to cross into Israel for treatment. In 2010, three children died in Gaza while waiting to access specialized medical treatment abroad. In the two previous years, 19 children have died (10 in 2008 and 9 in 2009) because of being prevented to exit Gaza for treatment.\textsuperscript{188} There are currently 340 children suffering from cancer and blood related diseases that are in need of exit permits to receive treatment abroad.

Gaza has limited health resources to meet the basic treatment needs of cancer for children. Two hospitals are only available. The Al-Naser Hospital serves the population in northern and central Gaza, while the European Hospital serves the Khan Younis and Rafah. Al Naser Hospital has only 30 beds and most patients are treated as outpatients except for severe cases. There is a shortage of medications (chemical and immunity boosting). The WHO report of December 2007 noted a lack of equipment, spare parts, and medications. Even the repair and maintenance of equipment and entry of spare parts have to take place in Israel or Jordan. The process of repair can take months because service providers are not allowed to enter to repair, nor can the equipment be sent out for repair. There is also a lack of continuous fuel and power needed to sterilize devices, refrigerators for storing blood (against contamination). The lack of continuous fuel can make incubators and life support systems non-functional. In the European Hospital there are only 10 beds available for cancer treatment patients.

As for epilepsy, in 2009, there was one reported case of a child who died due to epilepsy. Available data indicates that there are only a few cases of known epilepsy and is not considered a major health problem in the OPT. Epilepsy is seen as a mental disorder rather than a physical illness. However, children suffering from epilepsy face stigmatization by the community and at school. There is no awareness raising program available that explains epilepsy and de-stigmatizes the condition. It is recommended to raise awareness on epilepsy for students and the general society. Epilepsy should be considered as a NCD and not a mental health disorder.

For Thalassemia, there is national strategy for the treatment and prevention. There are currently 600 cases of thalassemia in the OPT.\textsuperscript{189} The number is decreasing due to better awareness and obligatory free pre-marital testing which started in May 2000. The MOH and judges have the right to prevent approval of a marriage if the results are positive for the couples. They can take the couple to court and seek an injunction to prevent them from marrying. If the couple persists on marrying, the MOH asks the couple to sign a release form that the ministry is not responsible for the treatment in the future.\textsuperscript{190}

The MOH is currently preparing health protocols to standardize treatment procedures for thalassemia patients. These patients need specialized medical care, drug therapy, transfusion and a chelating agent to get rid of excess iron. Children with thalassemia are more susceptible to infections. The highest percentages of patients with thalassemia live in poverty. Gaza patients are extremely impacted by the closure and political rift. This has resulted in health services, medicines, and equipment not being available on a regular basis which has impacted their health negatively. The Thalassemia Patients Friends Society research indicates that 4% of Palestinians are carriers of this disease. According to their data, they have over 700 patients registered in the West Bank only. Almost one out of five patients resides within the Jenin district alone. This suggests that targeted health awareness is needed to eliminate this disease and to emphasize the impact of interrelated marriages (consanguinity.) Premarital testing can prevent the incidence of thalassemia and should be enforced. Treatment costs are high and average

\textsuperscript{188} Data provided by World Health Organization (WHO), September 2010, and by the Israel/OPT Working Group on Children Affected By Armed Conflict.
\textsuperscript{189} Conference on Thalassemia – November 2009 – Al-Quds Newspaper ( 24 June 2010 )
\textsuperscript{190} According to a volunteer at the Thalassemia Patients Friends Society
10,000 USD/year/patient. The Minister of Health issued a decree in March 2009 to provide thalassemia patients with free medical insurance. If the patient is a head of the family, the other members can benefit as well from the health insurance benefits.191

114. Children with disability, poor nutritional status, NCDs, and other forms of chronic illnesses tend to live in poverty. There are limited numbers of Palestinian studies that have examined the relationship between poverty and illness, but it is well known that the costs of dealing with long term health problems is a financial burden that depletes family resources. This situation is exacerbated for families that live in remote and/or isolated communities and have to pay high transportation costs in addition to treatment costs. In 2009, the MOSA was providing assistance for 6124 poor children with chronic diseases (2482 females and 3642 males.) A national data base on cases of NCD in children should be established. There are children who are not currently receiving assistance and are unaware that social assistance is available to support them and their families. There are actions that the government could take to improve the short and long term effects of NCD and illness in the lives of children. This includes:

- Establishing a database that would assist the MOSA and MOH in identifying needed costs for services in the country over the long term and follow up existing cases.
- Prevention based programs should be initiated between the MOEHE and MOH educational and awareness raising programs in schools, curriculum, and the media.
- Early intervention is needed to prevent early complications.
- Services should include a counseling component to assist families and the child in coping with their illness.
- Staff should be trained on how to deal with children having NCDs, and to work with their families to guarantee successful interventions.
- Child friendly clinics should be established.192
- The impact of the industrial waste of Israeli settlements waste on the health of Palestinian children needs to be investigated.

115. Mental health services are limited within the country. There are only two governmental hospitals providing psychological and neurological services one in the West Bank (180 beds) and one in Gaza (93 beds.)193 In addition, the government runs 15 community mental health clinics, five in Gaza (one only specialized in child mental health) and ten in the West Bank (one specialized for children in Hebron). Ten years ago, the MOH only had 11 psychiatrists in the West Bank and 3 psychiatrists in Gaza, who worked at regional clinics serving 37,000 patients annually. They were assisted by 20 social workers working in 10 PHC settings with the psychiatrist available on a part time basis. After 2000, there was an increased focus on mental health issues due to the consequent tragic events and recurrent violence that occurred throughout the years. The MOH plans increasingly allocated resources to enhance the availability of mental health services within the country. However, the lack of trained professionals in this field was a major bottleneck. There have been numerous studies that highlight the negative impact of violence, incursions, and threats in the life of children in Gaza. A study conducted by Al Amal Center for Psychological Counseling in Khan Younis found that one out of three children had symptoms of involuntary urination, lack of concentration, aggression, hyperactivity, insomnia, and other psychological symptoms that were associated with levels of violence, poverty, and insecurity in their lives.

116. The MOH has prioritized mental health and now has 35 psychiatrists working at MOH mental health services (17 in the West Bank and 18 in Gaza), assisted by 45 psychologists (15 and 30 psychologists in the West Bank and Gaza, respectively), and 39 social workers (22 and 17 social workers in the West Bank and Gaza, respectively), and 7 occupational therapists (5 and 2 therapists in the West Bank and Gaza, respectively).194 These professionals are dealing with increasing reports of mental health disorders. In 2009, the incidence of mental health disorders was 56.6/100,000 (37.6/100,000 in the West Bank and 88/100,000 in Gaza). In 2009, the MOH registered 2229 new cases (920 and 1309 cases in

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191 Thalassemia- a dangerous health problem in Palestine that can be vanquished – Al-Quds newspaper- 24 June 2010
192 NCD department discussions- Dr. Faisal Abdel-Lateef and Aida Zawahreh
193 Annual Health Report 2009
194 Draft National Strategic Plan to Develop Community Mental Health Services in Palestine- MOH- 2011-2013
The West Bank and Gaza, respectively.) The most common disorders reported included neurosis, schizophrenia, epilepsy, and mental retardation (genetic). Other causes were drug addiction and personality disorders.\textsuperscript{195} Data is not disaggregated by age so the percentage of children in this group is not known. Professionals report that the deteriorating socio-economic and political situation is contributing to the incidence and severity of cases they are handling. A database should be established for mental health case management and information should be disaggregated by age, sex, and locality and to focus on prevalence and causes of mental health disorders in children.

117. Most of the patients presenting at the mental health unit at the PHC centers are adults (85%) with only 15% children (including teens). At these centers, patients are usually prescribed medications and receive some counseling and occupational services. However, NGOs focus on providing counseling and psychotherapy assistance. The government should focus on providing more prevention based services to raise awareness on better parenting skills, protection from poverty, protection from abuse/neglect/harm of children, early intervention, and early diagnosis. This includes raising awareness on mental health disorders and to de-stigmatize and not label individuals as permanently sick and non-functional. Many parents do not like bringing their children in for treatment because they do not want others to know that the child has a mental disorder. Unfortunately, there is no legal mechanism to enforce guardians to bring their children for follow up and treatment. Transportation and the need to be accompanied by an adult sometimes prevent guardians from bringing the children, especially the girls.\textsuperscript{196} This situation results in children not receiving timely and consistent treatment.

118. In order to improve access and availability of services, the MOH is establishing mental health centers in each directorate and setting up a referral system. The process of integrating mental health clinics within PHC centers is also being adopted as a means of encouraging families to access mental health services and to de-stigmatize patients who need such services. A database for mental health is also in process of development.\textsuperscript{197} France and UNDP are supporting a government mental health program at the MOH. A center for mental health for children and adolescents was established in Hebron. At the local level there are embryonic steps towards establishing coordination between the different players in the field, as in Hebron. A MoU was signed by the different governmental and nongovernmental players to organize the referral mechanism. Different NGOs are working with adolescents and children to improve their mental health and well being through workshops and summer camps (PMRC, PRCS, YMCA, and Gaza Community Mental Health Program.)

119. Most of the children attending the Hebron mental and social health center suffer from behavior disturbances, hyperactivity, autism, developmental disorders, anxiety, emotional distress, school phobia, abuse, and speech difficulties. Work usually focuses on treatment and re-integrating the children within their society, awareness raising and prevention, mainly through media, brochures and bio-psychosocial treatment. The MOH provides medication as needed.\textsuperscript{198} In Gaza, WHO warned that around 14,000-28,000 children will need some kind of psychological intervention for recovery from the psychological distress due to loss of care and protection of parents or caregivers, disruption of daily life including schools and playing, loss of adequate nutrition, and basic health concerns. The government mental health services and primarily NGOs are working to ensure that these needs are met.

120. The MOH integrated a mental health unit into the Nablus PHC. The unit has four psychologists, two social workers, two psychiatrists, two nurses, a rehabilitation section/occupational therapist, clerk, and a pharmacy. The unit receives between 50-70 patents per day. Children are referred from many institutions including NGOs. There is cooperation with schools and the educational counselor. There is also cooperation with the PRCS, Medecins Du Monde (MDM), and media as a tool to raise awareness. The new center has afforded greater space, comfort, and privacy for children and their family. There is still a need to establish an independent mental health center for children in the north similar to the He-
bron Child Mental Health Center. Early diagnosis and treatment are essential in reducing the duration and severity of the mental health condition. It is recommended that early screening be done in health clinics and schools to identify at risk children and provide them with the needed assistance. Counseling and support networks should be provided to children living in families with one or more mentally ill parents. Some training sessions have been done with counselors, but specialized trainings by qualified trainers are still needed to upgrade the quality of programs targeting children.199

121. The legal framework relating to mental health is not clear. This requires further elaboration in the PHL and for licensing of mental health professionals. Currently a draft law for specialists in the psychosocial field is being discussed. This draft law was initially prepared in 2005; however, it was postponed due to national elections outcomes. The draft law is being amended and will be submitted to the PLC when ready. The law should also define mental health services and specify the mandates and responsibilities of different governmental agencies providing services. For instance, the MOEHE provides services through school counseling program.200 The MOSA provides supportive mental health care, counseling and guidance for families and children. However, the number of licensed psychiatrists, psychologists, and professional social workers within the OPT is insufficient to meet the needs of the people.201 There is still a shortage of specialized doctors for mental health and in the PNA/MOH in particular. There are no specialized mental health services for children except in Hebron and none are equipped to support children with mental retardation. However, it is recommended to systemize efforts and cooperation among the MOSA, MOEHE, MOH and NGOs.

d. Reproductive Health, Adolescent Health, and Promoting Healthy Life Styles

122. Family planning is offered at 159 PHC centers. Data shows a decrease in the average spacing between births. Women of the West Bank have greater spacing between births (29.3 months) compared to women in Gaza Strip (27.2 months). Four out of five women (15-49 years) use family planning methods (83.9% in the West Bank, 76.8% in Gaza), compared with 5.9% use it under certain conditions, and 11.6% disagree with the use of family planning techniques (10.1% in the West Bank, 14.3% in Gaza.) There are differences in the trends of the use of family planning methods between the West Bank and Gaza, which affects the population growth and family size.202 The main contraceptive method used in the OPT is the oral pill. In 2008, 47.4% of the women in the West Bank used the pills, while 31% used IUDs; in Gaza 48.8% used pills and 18.9% used IUDs. Male condom use is low.203 In 2009, pills were used by 64.8% and IUDs were used by 14.7%.204 More usage of pills may be due to the decrease in costs of purchasing the contraceptive pill.205

123. The MOEHE through a program supported by UNFPA and the Women Center for Legal and Social Counseling prepared guidelines on adolescent health. A third draft of the guidelines was produced in 2008 and provides comprehensive information on adolescent physical, social and mental health issues. These guidelines target students 12-14 years old (7th-10th grades). Topics discussed include life skills, changes during puberty, life style, career counseling, social and family relations, sex education (to a limited extent) and AIDS. The MOEHE adopted the guidelines and the counselors assisted in training staff on adolescent health.206 The MOEHE is working currently on an annual plan for adolescents’ health.207

124. The MOEHE conducted an analysis of the educational content of the curricula and found that sex education, reproductive health, harassment concepts, family planning/ family planning devices and gender issues are being discussed in the curricula for grades 7-10. Introducing sexual and reproductive health starts at a relatively early stage. Interventions target students in grades 7-10 as a vulnerable transitional stage.

199 Salam Masri- Head of Section of the Mental Health Unit- MOH Directorate- Nablus
200 Please see the health education- school health section and Annex 9 for further information.
201 According to Dr. Samah Jabr, currently there are 12 licensed psychiatrists and 16 unlicensed.
202 PCBS Family Health Report 2006
203 Health Annual Report 2008
204 Health Annual Report 2009
205 PCBS Health Survey information notes that between 1996-2006, IUDs were the primary contraceptive form followed by the use of birth control pills.
206 Keef Assiha (no.28- February –March 2010)- Leena Saadeh
207 Leena Saadeh- Adolescents Health Program- UNFPA/ MOEHE
125. Reviewing the curriculum and identifying ways to streamline the information into the standard curriculum and teaching schedule is needed since teachers have limited time available to teach extracurricular materials. The density of the curriculum prevents implementing activities, there is limited follow up and discussion with parents because teachers are overloaded, and there are limited after school club initiatives. There is a willingness by teachers and society to teach children on positive adolescent health messages. The MOEHE and relevant agencies need to target specific messages and information that can aid students in improving their physical well being (non drug use, obesity, basic health information, sexual education and awareness) and mental health issues. Improving coordination between NGOs and the private sector is also recommended in order to ensure that the information reaching children is correct and supports the messages produced by the government.

126. The MOH produces health related awareness and educational material on hygiene, first aid and passive smoking, reproductive health, nutrition, breast feeding, AIDS and STDs, lice, vaccination, cancer, breast cancer, anemia, drugs, accidents, diabetes, etc. Other topics address certain emergency situation as in the case of H1N1 influenza and Avian Influenza. These materials address children through active learning tools like activity sheets, coloring books, and stories. Activities also include free medical campaigns that include physical exams. Volunteers are also trained to be focal points and coordinators within their local community. Campaigns target remote areas or areas with reported health problems. There is also coordination with the national committee for summer camps. Success of these activities in the field usually depends on the cooperation of the health director in the district. Health education in Bedouin and very remote areas is done through female health workers or trained volunteers. The MOH and other agencies ensure that children in marginalized communities are included in all interventions.

127. The main sources of funding include UNICEF, UNFPA, EC, USAID, Save the Children, etc. The MOH covers the salaries and the recurrent costs, while donor funds provide the resources to produce more sophisticated health promotion materials, spots, and expand outreach services. A limited number of staff are working on producing health promotion materials. They include 7 central staff and 12 field educators. Furthermore, there is no health promotion specialist. Usually, training of staff and volunteers covers general topics like the right to health (with the WHO), but not specifically on the rights of children. There is a national committee for health promotion and education. It includes members from the PRCS, Palestine Health Workers Committee, PMRS, and family planning organization, UNRWA, MOEHE, MOL, and the Ministry of Information (MOInfo.). The target of the interventions is to change behavior; however there are limited studies on the effectiveness of these training interventions. Work in Gaza is ongoing through a coordinator for the UNFPA project located there.

128. Reaching out to parents and children while they are in PHC waiting areas offers a good opportunity to increase their awareness about health related topics like early intervention, parenting skills, and basic best health practices, in addition to specific topics like nutrition, mental health, chronic illnesses, and other types of health issues relevant to children. These messages should be short, focused, and appeal to both mothers and fathers in a manner that can be easily understood and remembered. This can be achieved by expanding the production and dissemination of educational and learning materials via the use of televisions and closed circuit TVs with the PHC waiting areas and for broadcasting on local TV stations.

School Health

129. A multitude of war-related health risks continue to exist in Gaza. According to the Education Fact Sheet by Save the Children (2009), Unexploded Ordinance (UXO) continues to pose a threat to children on their way to schools and in some schoolyards. Mine action teams removed and destroyed white phosphorous wedges discovered by pupils in a school. According to UNICEF, as of August 2009, six children were killed due to UXO explosions, and four children were injured. According to OCHA, many schools do not have access to clean drinking water. The lack of water and sanitation services, unhygienic conditions in many schools exposes children to infections.

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208 Leena Saadeh- Adolescents’ Health Program- UNFPA/MOEHE
209 This paragraph and the next 2 paragraphs are based on information provided by Lubna Sader, MOH Director of Health Promotion.
210 UNICEF monthly updates – 31 August 2009
130. The MOH and MOEHE are mandated by law to take the responsibility for implementing school health programs. They are supported by the MOSA, MOYS, and NGOs as the PMRS, PRCS and the Health Workers Committee. There is a Directorate General for school health at the MOEHE and a Directorate of school health at the MOH. There is interagency coordination on school health activities and programs within the school setting. The school health team of the MOH is composed of a physician, a nurse(s), a dentist(s), health educator, environment health inspector, and psychologists in some districts. In remote areas there are community health workers (over 100) in five districts (Southern Hebron, Hebron, Jericho, Tubas, and Jenin.) These health workers are trained for one year on primary health care issues and then return to their areas to work in remote and isolated villages from the vicinity in which they live. This is in order to enhance their ability to integrate into the local environment and facilitate communication between children, teachers, and families. This program is still lacking sufficient resources (transportation, particularly) to continue outreach program in a consistent manner.

The school health program currently targets the community, parent participation, promoting life skills, preventive health education, and teachers’ participation.

131. The Directorate General of School Health at the MOEHE has divisions in each directorate, and there is a health committee coordinator in each school. Members in the health committees include teachers, counselor and students. The school health team includes 120 staff members, most holding a master degree or a diploma of public health. There are 80 health field workers. Staff usually receive specialized training including in evacuations and firefighting, communication skills, team work and life skills. However, it is worthy to note that usually school children receive one class a week on health issues and attitudes, but it is not enough. Discussions are taking place to hold such sessions after school, but this needs incentives and a budget for teachers to work after school time. There is also a lack of staff and time to conduct all activities and guarantee full coverage.

132. Generally speaking, school health services include programs conducted by the MOH as medical screening to students, provision of vaccination (Polio, Diphtheria, Tetanus and Rubella), first aid and emergency services, surveillance of communicable diseases as mumps, hepatitis A, B, meningitis, amoebas, lice, worms and surveillance of death cases among students. In addition to programs conducted by the MOEHE as the provision of aid devices, as wheel chairs, glasses, hearing aids, etc, mental health through school counseling, awareness raising, screening for mental, emotional or psychological problems, referral and follow up, meetings with teachers and parents, dealing with special needs and school violence. However, this area is under-covered due to the lack of psychological specialists. Unfortunately, the majority of schools still lack a nurse’s room. Most of the projects for school health are supported by UNICEF, WHO, WFP, UNIFEM, Norway, Canada, NGOs, Islamic Relief, Spain in addition to Bir Zeit University (BZU), Thalassemia Friends Society and the Right to play institution. Institutionalizing school health programs and costs within the government budget should be done within the next two years.

133. Treatment and referrals take place as well, and parents are asked to follow up. Any referred student is treated for free at MOH facilities. If a student was injured at school, the student is treated for free at the MOH centers or hospitals.

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211 Report of school health department for 2009
212 Dr. Waleed Al-Khateeb – Head of School Health Department - MOH
213 In addition to activating health committees, 400 environmental clubs are activated that communicate with the local community. Each club has 20-40 students distributed on 4 committees. Special activities are done celebrating international health related occasions. The department participates or conducts health surveys as well especially on adolescents' attitudes, reproductive health, smoking, etc. A new program related to farming also started to promote the sense of self sufficiency. Other school health services include establishing and rehabilitation of health units in addition to water testing and chlorination in cooperation with the MOH.
214 School Health Directorate General - Hanan Abed and Amjad Hmeidat - MOEHE
215 In the first grade in terms of migrant testicles, throat, abdomen, thyroid, weight and height, heart exams, and dental and ophthalmic exams for grades 7 and 10, examination of girls in the sixth grade for back grade for problems. For dental health there is a gargling project in pilot schools for one year, a fluoride sealant project, a fluoride gel project and 5 mobile dental clinics.
216 Based on discussions with the school health directorate at the MOH (Dr. Waleed Al-Khateeb and Dr. Khalida Khaled), and the DG of School Health at the MOEHE (Dr. Mohammad Rimawi).
217 Education Sectoral and Cross-Sectoral strategy 2011-2013 - MOEHE
218 School Health Report - 2009
219 Dr. Waleed Al-Khateeb - School Health Directorate - MOH
134. The MOEHE has a school counseling program that started in 1996 with 300 school counselors. It has now been expanded to 861 school counselors providing services in 68% of government schools. The school counseling program works in tandem with the school health program. Students in need of career counseling, handling anxiety and fears, stress related problems, family support, and referrals are handled through this program. The school counseling program is particularly sensitive to targeting children at risk of dropping out of school, children with poor achievement and performance, counseling children on advantages to staying in school and avoiding early marriage or dropout, and identifying children who may be exposed to violence, abuse, and/or exploitation. They are part of the national child protection referral mechanism and provide referral of children in need of more intense and specific treatment to other qualified professionals within the MOH or NGO sector.

135. The MOH provides free dental screening for students in grades 1, 7 and 10 through school visits and use of five mobile clinics. Data from these visits indicate that 65% of students between the ages of 6-10 years have one or more caries. The MOH will treat these cases if the child and parent present at the PHC dental clinic. All referred students are treated free of charge.

136. The MOEHE has conducted sampling of potable water in schools due to increased reports of polluted and contaminated water. The results of the study are not yet finalized. However, any school found to have contaminated or polluted water will be remedied immediately based upon directives from the MOEHE.

137. There is coordination between the MOEHE and MOH in terms of preparing the strategy for nutrition. Many programs have now targeted school feeding (WFP, IDB and UNDP), but there is currently no set policy on what a school feeding program should include. In some instances, this has included providing snacks, biscuits and milk, while in others it has incorporated a micronutrient supplement. The programs remain diversified and coverage is sporadic and inadequate. The inconsistent manner of this program is due to the humanitarian perspective which has dictated the presence of international agencies and funds in reaching out to children in marginalized and impoverished regions of the country. This is most evident in Gaza schools.

138. Three out of four schools have canteens (1210 out of 1661 schools). The MOEHE has worked to implement a policy of healthy foods within schools. A MoU was signed by the MOH, Ministry of National Economy (MONE), and MOEHE stipulating that only certain kinds of healthy foods could be served in the canteen. This policy met with substantial objections by the business community that did not want their items excluded from canteen sales. Currently, the MOEHE has initiated a pilot project in which the canteen’s management will be turned over to women microfinance projects with a guarantee that they provide high quality, healthy food only. Studies showed that 10% of schools lack canteens and 47.2% of the existing canteens lack sanitation. The MOEHE is working on improving the canteens and 10% of all canteen profits are now allocated for renovation of the canteen and/or sanitary purposes. With the support of UNIFEM, the ministry is currently building 30 new canteens and rehabilitating 129 canteens, all of which will be managed by women as part of an income generating scheme.

| Table 6.6: Health Nutritional Indicators for School Children (NSS 2009) |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                 | Obesity       | Overweight     | Stunting       | Wasting        | Underweight    | Goiter          | Anemia          |
| West Bank       | 5.9%          | 18.3%          | 8.5%           | 12.4%          | NA             | 1.42%           | 3.5%            |
| Gaza            | 4.7%          | 15.9%          | 4.7%           | NA             | 1.4            | NA              | 32.2%           |
| OPT             | 4.9%          | 16.3%          | 7.8%           | NA             | NA             | NA              | 15.3%           |

220 Keef Essa Magazine-March 2010 (Ziad Ya’eeesh, a specialist in development and gender issues).
221 Directorate of School Health- MOH (Dr. Waleed Al-Khateeb and Dr. Khalida Khaled)
222 In 2009/10, the MOEHE provided 75,000 students with 12 million milk and biscuit snacks.
224 Khuloud Nasser- Previous director of the nutrition department, current manager of the office of the Deputy Minister of Education- MOEHE
Studies indicate that 25% of students skip breakfast and that this type of behavior is more common in adolescents and girls. Studies also reveal that girls are more knowledgeable about health facts and habits compared to boys, although this does not impact on their behaviors. Four out of ten students showed resistance in changing their eating habits and other health practices and this resistance increased with age. Girls and children at younger age were more anemic than boys and older aged students. Factors that tend to influence children’s eating patterns include peer pressure, mother and family educational level, family life style, and up late for school all impacted whether or not children ate breakfast before going to school. One out of five students was iodine deficient as reported by the MOH nutrition department in 2007.

<table>
<thead>
<tr>
<th>Indicator 2009 (NSS 2009)</th>
<th>West Bank</th>
<th>Gaza</th>
<th>OPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home breakfast</td>
<td>57.7%</td>
<td>74.2%</td>
<td>70.9%</td>
</tr>
<tr>
<td>Food Intake at school</td>
<td>88.2%</td>
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</tr>
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A significant improvement in eating patterns is evident for 2008 in both the West Bank and Gaza. Student reports indicate that food availability at home is greater, they are eating more fruit, taking more sandwiches to school, but candy intake has almost doubled. This latter behavior is a reminder that health education programs must also focus on improving children’s understanding of positive eating habits. There are indications that obesity is increasing in school aged children.

e. Prohibition and Elimination of Harmful Social Practices: (Article 24, paragraph 3)

Early Marriage and Consanguinity

Twenty percent of Palestinians marry between the ages of 15-19 years. Over 10% of these marriages end in divorce. Approximately 3% of females reported being married at the age of 14 years (marriages at this age can only be approved by a judge); while 12.1% reported marrying between the ages of 15-19 years. There has been an increase in the median age at marriage for males from 23 years to 24.5 years and for females from 18 to 19.5 years at time of first marriage in 1997 and 2008, respectively. Gaza males and females continue to marry at slightly lower ages compared with their West Bank counterparts. The median age at marriage for women in urban areas is lower than for women in rural areas and the camps by one year, which may be due to more concentration of some maternal and child health educational and awareness raising programs on the risks associated with early marriage in rural areas and camps. If so, this suggests the educational and awareness programs on the hazards of early marriage are having a significant impact in changing community behavior with respect to age at first marriage.

In addition to the impact of age at first marriage on women’s fertility rates, marriage at an early age, particularly under the age of eighteen, negatively affects the health of both mother and child. It is also important to note that early marriage jeopardizes the chances of the woman to partake in education and employment opportunities. Encouraging more awareness on the hazards of early marriage can reduce child and maternal mortality, improve child nutrition and health, improve economic productivity and

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Table 6.7: Student Eating Patterns in the OPT

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growth and protect girls from abuse and exploitation. Adolescents 15-19 years are twice as likely to die giving birth, while those under 15 years of age are 5 times more likely to die while giving birth. The PCL is currently being amended to raise the age of marriage to 18 years for males and females.

143. Consanguinity in the OPT is driven by social and economic drives to keep the wealth in the family, maintain familial ties, no other alternative marriage options are available, or to decrease marriage costs. All studies and statistics indicate that consanguinity increases the risk of disability and hereditary diseases. Consanguinity between first degree relatives was 27.4% in 2004. In 2006, 28.1% of all married persons had married a first cousin. For the age group, 15-19 years, 32.4% reported marrying a first cousin. There are no significant differences in marriage of first cousins by this group between the West Bank and Gaza. However, overall levels of first cousin marriages are higher in Gaza compared to the West Bank. Data indicates a decrease in first cousin marriages in previous years, however in the last five years there has been a return to this practice. This may be due to the declining economic situation, closures, and lack of alternatives.

f. Substance Abuse: Smoking and Drug Abuse (Article 33)

144. According to the plan of action to prevent drug use in OPT the estimated numbers for drug users are 8000-10,000 in Gaza, 2,500-3,000 in the West Bank excluding Jerusalem, and 12,000-15,000 in East Jerusalem. The evaluation study of the UN Office for combating Drugs and Crime (UNODC) in 2007 revealed that Jerusalem is a core area for drug use and drug dealing, followed by Ramallah, Hebron and Bethlehem in the West Bank. Gaza is also known for this as well. 2006 data revealed that there were 20000 addicts. Youth and children in the age groups (10-22 years old) are the most vulnerable. 130 death cases due to drugs were reported in the West Bank alone including Jerusalem during the years 2005/2006. The percentage of deaths amongst children is not available.

145. Drug addiction rates in East Jerusalem have been increasing over the last ten years. A study was conducted by M. Omran in 2004 and published in 2006 on drug addiction in Jerusalem (city, camps and villages), revealed that 70% of known addicts lived in the city and the main source of drugs was through their friends. The majority of drug users are males in East Jerusalem, and then the drug use spreads into the remaining West Bank and Gaza. The social and political pressure and situation are contributing factors due to increasing levels of frustration and the eventual use of drugs. Drug use tends to be correlated with place of occupation. Males working in Israel have higher rates of drug use compared with those who do not work in Israel. There are few Palestinian organizations working with drug users and addressing addiction. It is important to raise awareness in schools, community centers, and child and youth organization on ways and means to prevent and combat drug abuse. Teachers and parents need to be educated on how to identify and deal with children at risk of drug use or those who are using drugs.

146. The PCL article 27 states that the government guarantees protecting children from smoking, alcohol, and narcotics. It is forbidden to sell or promote any of these substances for children under the age of 18 years. A new center for drug addiction rehabilitation is being established by the MOSA and the MOH. The MOSA will handle the social rehabilitation part, while the MOH will deal with the curative/medical aspects of drug rehabilitation. There is a Higher Committee for Combating Drugs, headed by the MOH. The government is focusing on reducing drug use by raising awareness on the risks of drug addiction through the media and schools education programs, presence of strategies and laws, and regional cooperation with Egypt and Jordan, where common risk factors exist.

147. According to the national drug rehabilitation plan of action, there are no government treatment protocols or centers available at this time. The only available treatment facilities are psychiatric hospitals. There are a few NGO centers offering rehabilitation services, but most of these centers tend to be costly. Many of the NGOs centers for rehabilitation are not licensed by the MOSA and MOH nor does

the government process the referrals to these centers. Hence, there are no reliable statistics available to the government; however, there is anecdotal evidence that drug addiction is increasing in schools, universities, and social centers. The government acknowledges this situation and will play a larger role in supervision, national monitoring, and awareness raising.233

148. The MOH, MOEHE, MOSA, and MOI need to increase staffing within their agency to target issues of child drug use and addiction. The ministries need to expand their roles from one of providing small training activities and production of brochures to a more proactive, preventive role in terms of rehabilitation, inspection and awareness raising.234 For this to happen, cooperation and coordination between the different ministries especially MOH, MOEHE, MOSA, Ministry of Information and MoI/Police is needed, as well as community participation. Highlighting the dangers of addiction through the curriculum and school health programs is highly needed especially for the adolescents. Social care of children and families of persons who are addicted is needed to protect them from the negative impact of dysfunctional families and potential risk for exploitation and harm to children. The government has recently supported the allocation of funds and encouraged donors to invest in development and support programs within the old city of East Jerusalem which has been identified as an area with high rates of drug use.

149. The absence of strategic planning to address this phenomenon, the weaknesses of the legal framework and system, lack of database, information network, and insufficient coordination between the different stakeholders and the neighboring countries, the lack of specialized rehabilitation centers, and limited financial resources are all weaknesses that should be immediately addressed in order to stem the spread of drug use within society and to treat existing cases at hand - especially among school and university students. Serious attention should be given to the issue of lack of government sovereignty over borders which undermine the government’s ability to control the influx of drugs into the OPT.

150. As for smoking, an anti-smoking law exists; however its enforcement is weak and better implementation of the law and relevant policies need to be supported. The Global Youth Tobacco Survey 2010235 results on Palestinian refugee children 13-15 years revealed that the highest percentage of smokers in the Eastern Mediterranean region is in the West Bank. In the West Bank, 45.6% are currently using a tobacco product (Boy = 57.6%, Girl = 35.3%), 21.7% currently smoke cigarettes (Boy = 32.8%, Girl = 12.3%), 30.5% currently smoke shisha236 (Boy =39.0%, Girl =22.4%), and 39.4% currently use other tobacco products (Boy = 49.6%, Girl = 30.6%) In 2008, 22% of students in the West Bank were smokers (33% boys, 12% girls), 31% smoked hookah. In Gaza, 23.6% currently use any tobacco product (Boy = 26.3%, Girl = 19.2%), 5.7% currently smoke cigarettes (Boy = 8.0%, Girl = 2.8%), 13.0% currently smoke shisha (Boy = 16.4%, Girl = 8.0%), 21.9% currently use other tobacco products (Boy = 23.8%, Girl = 18.3%). Similar results were obtained in a 2009 study prepared by Juzoor in which they found that 6% of children were smoking cigarettes and 13% smoked water pipes (hookah.).237

151. A study was done recently by the ICPH in cooperation with the MOEHE showed that 25% of students in grades 7 through 10 smoke. Over half of the students (52%) who were questioned reported that buying cigarettes “over the counter” at stores was easy. Higher rates of smoking were correlated with greater exposure to violence either by the Israeli army or through domestic violence. Increased rates of smoking were found in children who had friends (85%), parents (63%), or brothers/sisters (44%) who smoke. According to the 2006 Family Health Report, smoking is highest in rural areas followed by urban areas, and then refugee camps. Between the ages of 12-19 years old, 5% smoke. 3% were ex-smokers (12 years of age or plus). Anti-smoking campaigns have been conducted in cooperation with the MOEHE by visiting schools, dissemination of brochures, forming student committees, and through campaigns for a clean environment. Smoking in the Palestinian community reaches 26%, while passive smoking reaches 68%, according to a study conducted by the anti-smoking committee in Tulkarem (2010).

233 Nabeel Kabaha- Head of Drug Combating Unit - MOSA
234 Ibid.
236 Type of tobacco (half tobacco and half syrup) that is used in hookah smoking

136
Recent data from the MOEHE in its strategy revealed that 23.5% of students smoke and the majority lack awareness of the dangers of smoking.

152. The government should increase national awareness on the hazards of smoking, public places should enforce non-smoking policies, and school based awareness programs need to be conducted on a regular and routine basis (enforce teachers not smoking in schools or physicians in hospitals - which has already been applied by the MOH). Furthermore, penalties should be levied against all persons who purchase or provide children with cigarettes, hookah, or any other form of tobacco.

g. International Cooperation

153. Since the year 2000, MOH and other health providers have become increasingly dependent on international aid (development and humanitarian assistance). This situation resulted in donors playing an increasingly dominating role in identifying where funds should be allocated. MOH recurrent expenditure budget averaged approximately 125 million USD between 2001 and 2006. However, MOH recurrent budget now stands at 2.5 times that amount with salaries representing approximately 50% of the budget expenditures. PCBS and the MOH with the support of Italian Cooperation have recently prepared a draft report on health accounts from 2000 to 2008. The preliminary results have been shared; however the PCBS is in the process of refining the data and making corrections. Further elaboration on this system of reporting will generate data sets regarding health expenditures across the public, private, and international arena where funds are being targeted to the broad array of health services in the country. It is recommended that this information be disaggregated by age, sex, and type of service.

154. The MOH budget request from the government amounted to 415 million USD for 2010. In addition, it requested the amount of 67.15 million USD for its development budget in that year. This was based on 13.7 million USD for primary health care, 19 million USD for secondary health care, 9.3 million USD for tertiary health care, 17 million for health planning, monitoring and evaluation programs, and 2 million USD for continuing health education. However, donor aid assistance to development programs was less than anticipated with 26.4 million USD made available to the MOH in 2009 by six major donors (USAID, Italy, Belgium, France, Germany, Austria, and Japan). In 2010, the amount of 24 million USD has been committed to date to cover the same basic initiatives identified above. This trend has reversed in recent years with the majority of funds being allocated for budget support to cover salaries, recurrent costs, and referral costs.

155. In the National Health Strategy 2011-2013, the ministry has integrated budget and development costs into a three year plan. The plan identifies four key program areas: Governance (including public private partnership, aid effectiveness, and cross sector coordination), Human Resource Development, Healthy Lifestyles and Practices, and Access to Quality Health Services. The overall budget for these programs is 1.455 billion USD for the period of 2011-2013 of which 210 million USD is being requested as donor aid for development programs.

156. The new strategy has addressed the issue of reducing aid dependency and adopted cost efficient and effective actions to reduce the health sector bill by retrenchment, austerity measures, and increasing reliance on internal resources (increasing local referrals, expanding the General Health Insurance program) This will result in allocating government funds for needed infrastructure and human resource development according to government priorities rather than a donor agenda. The government began initiatives to allow for more national ownership of this process and harmonization with donor procedures by establishing thematic working groups under the umbrella of the Health Sector Working Groups. The ministry has been working closely with aid partners to ensure that funds are aligned with government priorities, that ministry implementation and alignment of funds through government mechanisms are enforced, and are working on improving transparency and accountability of funds and outcomes

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239 Dr. Qassem Maani- Director of International Cooperation Department- MOH
157. There are about 17-20 donors supporting the health sector (including civil society agencies), these include USA, UN Agencies, Turkey, Italy, Switzerland, Spain, South Korea, Norway, Netherlands, Arab League, Australia, Austria, Belgium, Brazil, Canada, Denmark, EC, France, Japan, Islamic Bank, Islamic Relief Fund, and Germany. These donors are coordinated through the Public Relations Unit at the MOH. The USAID funding component represents the largest share of health in 2010 with 86 million USD committed over the next 5 years targeting the health information system and the pilot upgrading of 5 hospitals in the West Bank. Japan is currently financing a mother-child health screening and reporting process in the amount of 10 million euros. France is supporting a mental health program and establishment of a central drug store. Belgium is supporting the establishment of a neonatal unit and a cardiology unit in the West Bank and a cardiology and ICU units in Gaza. Austria is supporting the establishment of a NCD center, while Spain supports dental hygiene programs and other interventions in infrastructure.

158. The large number of donors, availability of a national sector strategy, availability of financial, accounting and procurement systems within the MOH are all positive indicators that a Sector Wide Approach to Programs is possible and would offer a more cost effective and efficient mechanism for channeling donor funds to the MOH.

159. In the health sector, aid disbursements from 2002-2010 were approximately 268.8 million USD, while aid commitments for this period were 371.8 million USD. As of December 2006, 158 million USD have been disbursed. From 2008-2010, 44.8 million USD were disbursed compared with 85.9 million USD which were committed. On average, the health sector usually accounted for 5% of total aid disbursements. In 2005-2006, these donor disbursements tripled due to the emergency humanitarian situation. In 2007, aid disbursements decreased to less than 5% of overall aid disbursements. However, two thirds of these disbursements were spent on basic health care and medical services. Reproductive health and mother and child health programs received 8% of aid funds while support for basic health infrastructure accounted for 16% of aid disbursements.

160. Aid commitments and disbursements have fluctuated over the last ten years. These variances are due to the political situation at hand and donor’s willingness to fund health programs. The unreliability and unpredictability of donor aid assistance is a critical issue that the MOH deals with on a year by year basis. It is further compounded by the presence of large sums of humanitarian assistance that are not directly managed by the MOH and that are targeted primarily to Gaza and Area C. However, the MOH is providing budget support and encourages development assistance to Gaza and ensures that health services are provided for in Area C. The importance of implementing best aid practices within the health sector is critical if funds are to be used efficiently and target government priorities.

Way Forward - Specific Recommendations

1. Access, Availability and Affordability

- MOH should conduct a nation-wide assessment of access related issues and develop a long term plan to redistribute health services to match child population parameters and disregard the occupation imposed parameters like Area C, buffer zones, etc.
- MOH should submit to ICHR, IRC, and the UN Secretary General a detailed report on Israeli violations of the health and social rights of Palestinian children living in Gaza. All measures that impede the swift and immediate movement of people, goods, and services related for health and social well being should be immediately lifted.
- The MOH should use the National Council for Health Policies and Planning as a coordination mechanism to ensure full coverage of services in an equitable and cost effective manner.

240 The election of the Hamas Government resulted in Israeli withholding Palestinian clearance revenues which resulted in the MOF not being able to pay salaries or recurrent costs for health service providers.
242 Some of these recommendations are based on interviews with Dr. Anan Al-Masri, Dr. Naeem Sabra – DG of hospitals, Dr. Saeed Al-Hammouz – Director of health education, and the ICHR report on “Reality of Governmental Hospitals in the PNA territory” – November 2009.
243 This would require of the MOH to allocate services in a more cost efficient manner, allow for access through transportation subsidies, and require of the international community to support services against Israel if it continues to impede delivery of health services to the population. This includes East Jerusalem.
There are many agencies working on health related activities, but the lack of coordination and agreement on target beneficiaries (particularly children in vulnerable and marginalized communities) results in pockets of poor and marginalized children not receiving sufficient health care services. This is also reflected in data which indicates that not all groups have equitable access to resources. Marginalized regions of the country receive services, but on a much more limited scale and frequency, and at a much higher cost.

• The MOH should issue a policy that allows children to access health services without requiring specific parental approval, unless serious medical action is required.
• The MOH should develop a ten year “child health rights plan and strategy” that will identify children’s health rights and needs and allocate sufficient resources to put it into effect. This plan should be developed and costed. It should identify the child’s right to health, survival and development and be incorporated into the national agenda.
• Increase targeting of resources and services to the underserved Southern Hebron area especially within Area C to ensure children receive quality and timely health care and services.
• There is a problem of a long waiting period for surgeries. This can be solved through contracting physicians from outside the MOH or giving incentives to the available specialized physicians to work over time. But careful oversight is required to ensure physicians are not delaying surgeries to be paid more for overtime.
• The improvement in services and infrastructure is well recognized, but the issues of cleanliness and attitudes by the staff were major general complaints by many people. There is also a need to upgrade emergency services, especially during the night, holidays and for paediatrics.
• Ensure better coordination between the government, civil society organizations, UNRWA, and the private sector to guarantee better coverage, less redundancy and better use of resources for children in all regions of the country while guaranteeing coverage of children in marginalized and vulnerable situations.
• Support the passing of a comprehensive and realistic health insurance law that will ensure coverage of health services for children.
• Encourage health interventions to focus on the reduction of the financial risk of ill health, especially for the poor and disabled. (WHO)

2. Quality/ Human Resources and Delegation:

• MOH has prioritized the importance of strategic human resource development as the backbone of improving the quality and outreach of health services within the country. They have noted that the provision of care within the public sector has been negatively affected due to the lack of delegation and decentralization of responsibilities relating to human resource planning and on budgeting issues. Some medical areas (i.e. PHC) have received more attention than others. Hence, one notes that the level of clinical practice and expertise across services and medical sectors is uneven. A detailed and transparent human resource development plan should be elaborated on for the coming ten years. This should include a system for identifying areas of specialization, numbers of specialized staff required, locality where human resources are needed, criteria for identifying human resource needs, knowledge, skills and abilities and appropriate candidate selection criteria and mechanisms. This needs to be coordinated with the government retrenchment policy and pay scales. The health needs and rights of children and families should be reflected in the human resource development plan. There is still a lack of qualified staff in several places, due to brain drain and attrition and this requires placing the right person on the job.
• Execute a system of decentralization and delegation of authority especially when it comes to emergency issues and eliminate bureaucratic procedures that hinder delivery of life saving services. This requires that managerial skills be enhanced at facility levels (hospitals and health centers), and allow managers to exercise substantial decision making powers on inputs and resources. Qualifications in management, human resource management (HRM), budgeting, accounting, procurement, contracting, monitoring, and quality assurance (QA) procedures should be supported. Special attention should be given to children’s needs and rights in budget allocation, specializations, and disaggregating data and information.
• A long term health rights approach should be adopted that is reflected in policy making and strategic planning, health financing and economics, preventive medicine, psychiatry, etc. For example, there is only one health economist at the MOH. The new national health strategy is examining how to develop an equitable balance between administrative and specialized staffing within the MOH. Increasing human, financial, and material resources for child prevention based programs should take top priority, with particular emphasis on targeting children in at risk health environments.

• Improve continuous education, specializations and sub-specializations especially in paediatrics, neurology, radiology, anaesthesia and oncology, in addition to renal and vascular diseases.

• Address the shortage of physicians (currently 200), especially qualified female physicians and nurses. Develop clear mandates and job descriptions, a system for evaluating, interviewing and hiring staff according to the real need. An incentives system should be developed as well to upgrade physicians’ capabilities and improve incentive systems to halt brain drain, reduce dependency on external referrals and improve long term job commitment.

• Increase family and child confidence and use of government health services by improving diagnostic service reliability and validity, making available necessary medications, presence of qualified and specialized staff, and work hours that are consistent with family and child needs –late afternoons and nights.

• Coordination is needed between the human resources department, the personnel department, the training department, and finances.

• Improve licensing of the medical professions.

3. Mental Health

• Target empowering families with knowledge and skills to improve resiliency of children and adolescents, and raise awareness of the community on mental health issues. Train families with mentally ill children on mechanisms to help them deal with them.

• Establish a baseline database/case management system, a national coordination body, and institutionalize an official network for referrals.

• Prepare at least 3 new mental health centers, equip, and staff appropriately with professional and multidisciplinary functions.

• Ensure proper licensing of the profession, job descriptions and standards. Differentiating between the roles of psychiatry and social workers or psychologists is highly needed, to determine who should be doing what. Training should also target each group according to its experience and needs.

• Teachers, physicians and nurses in the field should be trained and educated to detect early symptoms of slow learning or hyperactivity in addition to other disorders that necessitate referrals for early intervention. This will also aid in the prevention of psychological problems that may arise due to poor coping and management skills if they do not receive early diagnosis and treatment.

4. Reporting and Documentation

• The MOH information system compiles information from multiple stakeholders within the health system. However, the reporting system is still in need of further data on chronic diseases and disabilities especially for children, and further training and commitment of health providers to submit timely, accurate, disaggregated and reliable information. Hospital discharge summaries and clinics’ files were poorly filled and lacked important information. The quality

244 Sometimes general practitioner doctors are available only 3.9 days out of 6 days, and specialized doctors 0.9 days out of 6. In one of the clinics in Hebron, the medical doctor had not showed up for 40 days. Staff workload is unequal; indicators of productivity should be set. Sometimes, lack of equipments or simple things (as an air condition or heat in remote villages) could be discouraging for the staff in the clinics. According to the MOH, there is supervision, but transportation and costs are high.

245 Salam Al-Masri - Head of Section of Mental Health Unit – MOH Nablus Directorate

246 Salam Al-Masri and Dr. Samah Jabr (MOH - Ramallah Mental Health Center)
of birth and death reporting needed improvement. Reporting on accidents and injuries was also weak. The administrative records should be filled in a timely, reliable and valid manner. This was also confirmed by the health information department, where the fact that lack of transportation to do field visits and monitor the administrative records was highlighted. To reduce data discrepancy, the Prime Minister gave an order that all statistical reports should be revised and endorsed by the PCBS. Execution of the PCBS and the MOH MoU to unify the national numbers in the health sector requires standardizing definitions, indicators, and reporting periods. Documentation of abuse, neglect, harm, suicides, and disabilities of children should be included within all reports.

- Partners (including local and international NGOs) need to coordinate research and studies with the MOH and PCBS, to guarantee real need and consistency of the results, while avoiding redundancy, waste of resources and efforts, and serving certain agendas.

5. Lack of Sustainability

- MOH should reduce projects and move to program based support over a long term of 3-5 years. This will require changing donor strategy to longer planning frameworks, longer program periods of program support, and to coordinate development and humanitarian pools of funding so that there is full coverage of health needs at all times.
- A special fund should be established for maintenance and repair of equipment to allow for full use of mobile clinics, large equipment in hospitals, and smaller equipment used on a regular basis (ultrasound, washing machines, etc.)

6. Accountability

- The MOH and ICHR should take documented action to address cases of medical negligence and support children’s right to access health services as individuals. Reports on specific medical and health violations have been reported to the ICHR, but there has been no application of legal measures against any parties regarding the ministry or other health providers accountable for the alleged instances of negligence and/or medical malpractice. The MOH and ICHR investigate cases, but frequently the Palestinian Medical Association intervenes to protect the physician if the MOH decides to take action against individuals.
- The MOH should insure its staff against medical negligence as it is a precondition for licensing private and NGO hospitals. The ministry should be responsible for oversight of cases of malpractice in the government, private or NGO sectors. The Palestinian Medical Association should only be one stakeholder in this process and the general prosecutor’s office should be involved in all cases. There have been at least 3 complaints of malpractice regarding children in the last three years that have been documented by ICHR, but there is no documented reporting on how the cases were resolved. In some instances, the MOH forms committees to investigate the complaints or review of cause of death, through Minister’s directives, but these are internal committees that may not have the necessary capabilities to conduct such investigations and there might be probably conflict of interest. Besides, the committees do not reveal the results of investigations without a judicial order, which should not be the case.
- Medical malpractice and violations should be handled through an independent board of qualified professionals to determine if alleged cases of malpractice or inappropriate health standards are being applied in government facilities. This is an important program that the government should support in order to protect children’s well being since the vast majority of

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247 Health sector review- 2007
248 Dr. Jawad Al-Bitar (the director of the Health Information System at the MOH).
249 MOH and interviews with some physicians
250 ICHR report on Human Rights Situation in the Palestinian Controlled Territory- 2009
251 ICHR Annual Report on Human Rights Situation in the Palestinian Controlled Territory (2007) noted that MOH did not get involved in following up cases of negligence and malpractice in the non-governmental and private sector. Here the MOH considers this the responsibility of the Palestinian Medical Association, p. 176.
252 The Status of Human Rights in the Palestinian Controlled Territory- pages 118,119 - ICHR 2008

141
child birthing, care and vaccinations take place within government hospitals and clinics. Defining what constitutes medical negligence should be a first step, followed by determining the penalty and the legal repercussions accordingly. Parents and children should also be aware of what types of legal recourse are available to address their allegations of malpractice. In many instances, people accept death and injury as a person’s fate and do not seek out explanations. Doctors are assumed to be competent and most people still do not challenge health outcomes.

- Put into effect a fair, unbiased system for handling alleged cases of medical negligence with the ICHR playing the role of child advocate. Establish a system and develop legislation to deal with issues of medical negligence. Reveal the findings of the investigation committees without a need to judicial orders.
- Medical personnel need to be trained on human rights, child rights, and communication skills. The sense of responsibility towards the life of the patient and the rights of patients needs to be well recognized. It was also noted that some sections in the hospitals are more developed than others in the same hospital. Improving the reliability of medical equipment must be balanced with improvements in human and technical resources.

7. Academics

- MOH and MOEHE should ensure that the quantity and quality of academic medical programs and specialized programs to be in harmony with the market needs. MOH should provide guidance to universities on the types of specializations and jobs that are needed within the health sector in the coming years in order to influence student enrollment in needed fields. Medical schools and courses are being accredited without having fulfilled sufficient qualifications, practical experience/internships, providing for well equipped labs, or the necessary preconditions.
- There are three medical schools, 6 nursing schools, 1 Pharmacy school and one PHARM. D program available in the OPT. There is overabundance in some specialties at the expense of others. The flooding of the market with unneeded professionals will not only jeopardize the dignity of the medical specialties due to increased offer rather than demand, but also will be at the expense of quality. For example, each year, more than 100 pharmacy students graduate. For such a small country as the OPT, with limited job opportunities, such numbers are much greater than the absorption capacity in the country. While there is over abundance in Pharmacy (of 2500 pharmacists), there is a lack in other specialties like pediatrics, obstetrics, and other fields like pediatric cardiology or oncology.

### Health and Health Services - Way Forward

- MOH will continue to systemize medical procedures, HR hiring, accountability, reporting, mental health services as well as monitoring and evaluation. The ministry should focus on improving quality of services and family/child confidence in the government services.
- MOH will review the PHL and finalize drafting the bylaws with detailed implementation plan.
- MOH will focus on prevention, family, and community role in ensuring children’s rights to health and a safe environment. MOH and MOEHE should continue to target adolescents’ behavior and attitudes, increase school counseling sessions especially on smoking, drug use, and sexual reproductive health and care.
- Raising awareness of mothers and caregivers at day care centers regarding the detergents and other chemicals, to be out of reach of children and clearly labeled. Please see the section on accidents.
- MOH will continue to take action regarding medical waste disposal. Medical waste disposal systems exist, but follow up is needed to guarantee that they are properly functioning and maintained. Some reports, as the ICHR report on the reality of governmental hospitals in the PNA territory, indicate that disposal of medical waste in hospitals does not take place properly, and in a way that could contribute to spreading infections.

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253 Dr. Anan Al-Masri – Deputy Minister of Health
254 The Medical unions together with the MOH should develop a system to hold private doctors or doctors working in private and NGO hospitals accountable in cases of medical negligence.
255 Discussion with Dr. Qassem Maani- Director of International Cooperation Department- MOH
256 For detailed information please see the ICHR report on Governmental Hospitals Reality in the OPT- October 2009
C. Right to Social Security and Adequate Standards of Living
(Articles 18 (3), 26, 27 (1-3))

“Despite large inflows of aid, the shrinking economy has led to increasing poverty”\textsuperscript{257}
“...the Israeli restrictions on movement and access have contributed to create an artificial shortage of productive assets.”\textsuperscript{258}

Background

1. PCBS has announced that the 2009 national poverty rate was 21.9% (17%, 0%, and 33.2% in the West Bank, East Jerusalem, and Gaza, respectively.)\textsuperscript{259} The new poverty definition estimates poverty based on a standard family including 2 adults and 4 children. The Poverty Line is based on the family’s ability to provide for basic needs (food, clothing, housing, health care, education, transportation, personal care and household needs.) While the Deep Poverty Line uses the same family make up, however, it only includes the family’s ability to provide for food, clothing and housing. The rates have been adjusted according to family size now and special weights are given for adults and children independently. They have also adopted a regional price index that reflects purchasing power parity and the variance within different regions of the country. East Jerusalem has the highest prices, while Gaza has the lowest prices. Accordingly the Deep Poverty Line is now set at 1870 NIS and the National Poverty Line is set at 2278 NIS. These rates are significantly less than those reported according to previous poverty definitions and methodologies. Previous poverty data indicated that 45.7% of the population was living in poverty (37.9%, 0.1%, and 65.1% in the West Bank, East Jerusalem, and Gaza, respectively.)\textsuperscript{260}

Table 6.8: Poverty Rates of individuals According to the Old and Revised Methodology in the Palestinian Territory, 2004 – 2009\textsuperscript{261}

<table>
<thead>
<tr>
<th>Year</th>
<th>Old Methodology</th>
<th>New Methodology</th>
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<tbody>
<tr>
<td></td>
<td>WB</td>
<td>EJ</td>
</tr>
<tr>
<td>2004</td>
<td>26.2</td>
<td>1.5</td>
</tr>
<tr>
<td>2005</td>
<td>28.6</td>
<td>1.3</td>
</tr>
<tr>
<td>2006</td>
<td>29.6</td>
<td>1.2</td>
</tr>
<tr>
<td>2007</td>
<td>32.2</td>
<td>3.9</td>
</tr>
<tr>
<td>2009</td>
<td>37.9</td>
<td>0.1</td>
</tr>
</tbody>
</table>

2. Over 50% of all families in the OPT experienced income based poverty in 2008 (45.7% in the West Bank and 79.4% in Gaza.)\textsuperscript{262} Consumption based poverty (absolute poverty) increased from 20.3% in 1998 to 34.5% in 2007. Deep poverty (less than 0.5 USD/day) increased from 12% in 1998 (127,500 families) to 23.8% in 2007 (216,000 families). While consumption based poverty increased from 75,000 families in 1998 to 149,540 families in 2007. UNRWA provides assistance to social hardship cases within the refugee population. They provide cash assistance to over 65,000 refugees in the West Bank and Gaza. Total amount of funding allocated for social assistance was 25 million USD in 2009.

3. The most vulnerable are poor children. A disproportionate number of children are not only poor, but are also orphans, disabled children, and working children. The MOSA data indicates that there are 9016 orphaned children - of whom 144 have lost both parents, 8325 have a deceased father, while 543 have deceased mothers. Disabled children are also considered to be vulnerable. The MOSA has records on 5468 disabled children (3117 males and 2351 females.) Another vulnerable and at risk population are

\textsuperscript{257} World Bank- Investing in Palestinian Economic Reform and Development 2007
\textsuperscript{258} European Commission progress report on implementing the neighborhood policy- 2008
\textsuperscript{259} Updated figures may be presented shortly by PCBS.
\textsuperscript{260} MOSA is currently in the process of reviewing its social assistance program to reflect changes in poverty definitions and lines.
\textsuperscript{262} Information based on PCBS previous poverty rates and represent estimates for Gaza since data collection was not possible in 2008.
the 6124 children suffering from chronic diseases (2482 females and 3642 males.) There are currently 417 working children who are receiving assistance from the MOSA (401 males and 16 females) who also come from dysfunctional families.\textsuperscript{263} However, there is currently no social protection database that provides reliable data on numbers of children in difficult circumstances or hardship cases. The MOSA has included the development of such a system a top priority for 2011. The incidence of poverty increases with increasing the number of children per household. Poverty rates were (54.8\%) for households with 3-4 children, (68.6\%) for households with 5-6 children, and (79.7\%) for households with 7 children or more. The lowest incidence of poverty was with households having 1-2 children. The largest number of poor families resides within the West Bank (52.8\%) while 47.2\% of poor families reside in Gaza.\textsuperscript{264}

4. In Gaza, 8 out of 10 households lived below the original poverty line of 2300 NIS (594 USD) per household per month. In 2009, eight out of ten families received humanitarian aid compared to 63\% in 2006. Three out of every four Gaza’s households are food insecure compared to one out of four West Bank households.\textsuperscript{265} In 2009, UNRWA-Gaza provided social cash assistance to over 35,000 poor refugees. This assistance amounted to over 17 million USD.\textsuperscript{266}

5. The MOSA currently administers a unified system of cash assistance that merges the EU funded program that was originally part of the government’s Special Hardship Case program and the World Bank initiated Social Safety Net Reform Project. The establishment of one national social assistance program was mandated by the Cabinet decision no. 12/96/8. These two programs provided over216 million NIS (approximately 55 million USD) to 58,000 poor households in the OPT\textsuperscript{267} (36,000 and 22,000 poor families in the West Bank and Gaza, respectively.) This includes 84,249 children in the West Bank and approximately 75,000 children in Gaza. This assistance amounts to approximately 1000 NIS per household every three months (e.g. less than 100 USD/month.)\textsuperscript{268} The original social hardship cases program targeted families with no source of income, families headed by women with no supporter, families with large family size without sufficient income, elderly over 60 years old with no supporter or income, minor orphans with no supporter, persons with special needs whose families cannot cover their needs, and families of detainees whose families have no supporter. This is based on the evaluation and assessment of the field social worker, sources of income, categorization of the beneficiaries and approval of the director of the social directorate in the district. The information is entered in a computerized system that is being developed into a national database.

6. The MOSA with the support of the World Bank and EU has evolved the social hardship cases program into a poverty based assistance program rather than a “vulnerable or hardship case” based approach using proxy means testing. The presence of children in the family are considered an essential factor in determining eligibility of households and rates of assistance.

7. Many studies have indicated that better targeting of resources and assistance to poor families is critical in alleviating the impact of poverty. Due to multitude of social assistance programs that are implemented via the government (for martyrs, unemployment programs, detainee assistance, etc.), NGOs, UN agencies, and International NGOs there are redundant funding of the same family while others are excluded, leakage (percentage going to the non needy) is high, coverage in rural areas (Area C, Gaza, buffer zones, the Israeli Separation Wall) was poor due to high administrative costs associated with distributing assistance and increased costs due to transportation and storage due to movement restrictions. However, cash assistance remains the favored and most effective form of social support preferred by Palestinians. Current estimates are that 60-70\% of the social benefits went to the poorest quintile of the population. Household perception studies suggest that under-coverage was highest in terms of medical care, while leakage was highest for medical care, food and clothing.

\textsuperscript{263}Social Protection Strategy – Second Draft- MOSA- February 2010
\textsuperscript{264}Children of Palestine- Issues and Statistics- PCBS- 2010
\textsuperscript{265}WFP/UNFPA- August 2009
\textsuperscript{266}UNRWA (2010). UNRWA in Figures
\textsuperscript{267}PCBS and MOSA information indicates that there were approximately 150,000 families living in deep poverty in 2008/9.
\textsuperscript{268}Social Protection Strategy and the Cash Transfer Strategy, MOSA, June 2010
8. Housing is an issue in the OPT that is dealt with from a political rather than poverty point of view. However, crowdedness especially in Gaza and camps is an issue. The average housing density was 1.7 persons per room in 2008 (1.6 in the West Bank, 1.9 in Gaza). The average number of rooms was 3.6. 51% live in houses, 47.2% live in apartments. The housing survey of 2007 showed that 41.9% of households live in housing units of 2-3 rooms, 32% live in units of 4 rooms. Since 2000 till end of May 2009, over 13,400 housing units have been completely and purposefully destroyed by Israelis as part of their invasions and/or as collective punishment.269 The government currently provides assistance to rehabilitate and provide temporary shelter for those whose homes have been damaged or destroyed due to Israeli aggression only. Previously, the government had initiated a program of providing subsidized housing for poor and needy families.

Legislative Framework

9. In the West Bank, the provisions of the Jordanian Social Affairs Law no. 14 of the year 1956 are valid, which specify the responsibility of the ministry regarding the care and protection of the poor and vulnerable groups, and supervision of the role of charities and institutions for the homeless. As for Gaza, the provisions of the Egyptian laws are in force. The Social Affairs Law no. 14 for the year 1956, in article (4) gives the Council of Ministers (Cabinet) the right to issue regulations related to the provision of financial assistance to the poor and needy students, provision of financial aid to the individuals, families, cooperatives, unions and institutions working in social care or supervising them, and caring for housing problems and encouraging public housing.

10. The Regulation for Assistance and Rehabilitation, no 42 for the year 1963, makes it obligatory to assist families which have no primary head of household, including the children in the family, the divorced woman and her children (if they do not receive alimony and/or child payments), widows with children under 18 years old or if the children are still studying, the sick and elderly, persons with chronic illnesses, orphans under 18 years of age, persons in emergency/catastrophic situations, death of the family head supporter, and imprisonment.

11. The amended Basic Law in article 22 states that caring for the families of martyrs and prisoners, the wounded and the disabled is a duty specified by law, and the government is to provide social assistance, education, and health insurance for them. In article 23, the right of citizens to appropriate housing and shelter is guaranteed and the government should seek to provide housing to those that do not have houses.

12. The PCL reiterated most of the aforementioned articles. Article 29 specifies social rights and includes the child’s right to food, housing, clothing, education and health by the father and/or the guardian and the role of the government to take the necessary procedures to guarantee this right. Article 30 ensures the right of every child to a proper standard of living to support their physical, mental, social, and spiritual development, and the responsibility of the government to take all necessary measures to realize this right.

13. PCL article 31 specifies the following group of children as entitled to receive social assistance - orphans, children in residential care institutions, the children of divorced or abandoned woman without a supporter, children of detainees, children with chronic diseases, disabled children, triplets and more, children without shelter or whose homes have been demolished or destroyed. However, the PCL does not explicitly state or specify what ‘social assistance’ means or how these articles are to be executed. There is no mention of the mechanisms needed to ensure children are provided for if parents do not provide for their care. Nor does it clarify what the role of the government is in protecting children from poverty or if the child does not have shelter.

14. Penalty Law no. 16 for the year 1960, articles 289 and 290, imposes sanctions for the deliberate negligence in taking care of a child, in terms of food, clothing, sheltering and other necessities, or abandoning a child under 2 years of age. The Law for Expenditures no. 6 for the year 2005 specifies actions and mechanisms in case the guardian does not or cannot take the financial responsibility.

269 PCBS press release on 30 September 2009
15. The Law of the Institution of the Administration and Development of the Properties of the Orphans, no. (14) for the year 2005 specifies the provision of housing, education, health services, and basic necessities of orphans according to their need and the responsibility of the government in ensuring that their basic needs and rights are met.

16. Articles 168 and 169 of the Law of Personal Affairs (1976) dictate the role and responsibility of the father (if capable and does not suffer from a physical or mental problem) in terms of financial responsibility and education for all children until they complete their first university degree or until the girl gets married. Article 70 also notes the responsibility of the father in terms of covering medical expenses and treatment.

17. Education is provided for free to the poor according to Cabinet decree no. 96 for the year 2007; article 1, which exempted the children of poor families registered at the MOSA from paying school fees. The Cabinet Decision (no. 113 for the year 2004) reiterates the regulations for a governmental health insurance in terms of free services to the mother and child. For more information please refer to the health and education sections.

18. A draft Palestinian Social Affairs Law was prepared in 2004, but is still not endorsed. It specifies the role of the MOSA in terms of the provision of cash or in kind assistance under normal or emergency situations. Non discrimination was clear in the law, but there are no penalties in cases of violations. This law clearly states the responsibility of the MOSA in guaranteeing children at risk or in crisis situation or in poverty with social and financial assistance and protection of their rights to having their basic needs met.

19. A draft Social Security Law is being drafted with the objective of developing a comprehensive national social security system to provide social protection and dignified life to the citizens and families as part of their right to citizenship. This includes receiving a monthly income in cases of loss of ability to earn an income. The draft law includes poverty alleviation mechanisms, supporting employment, training, and support programs that will ensure financial and psychological stability and increase opportunities of productivity.

20. The draft social security law is expected to regulate pension, disability, death, work injuries, unemployment, and social assistance targeting elderly and the needy families with no supporter, in addition to an extra package to improve life standards according to regulations by the Cabinet that include sickness, maternity, and other dispensations. There are penalties in cases of violations or misuse of the system or resources.

21. The existing laws and draft laws require synthesis and harmonization to make them consistent with one another and with international standards. Many of the existing laws lack bylaws and mechanisms of implementation, hence reducing their value. New laws need to be developed that address the allocation of resources for protection of children’s rights, protection of children in residential care, mechanisms to enforce parental responsibility and liability in cases where they neglect the rights of the child, and inclusion of specific measures and criteria when drafting laws that take the perspective of the child and are in the best interests of the child. The draft laws should be finalized and submitted to the Cabinet (eventually the PLC) for endorsement. The best interests of the child should be prioritized in all laws. For example, the new health insurance law was postponed by the PLC working group because it contradicts with the Basic Law and does not guarantee the rights of the martyrs’ families and the prisoners. However, recently it was modified and endorsed by the Cabinet, but still not by the PLC.

Policies and Strategies

22. The 13th government program, Ending Occupation and Establishing a Palestinian State, prioritizes reducing poverty and unemployment. A main objective of this program is to unify the national social assistance programs and ensure that it targets poverty cases (rather than categories of marginalized or vulnerable populations). In effect, the government through its program wanted to ensure that greater numbers of poor families received targeted social assistance. They also introduced more microfinance
programs that would support families living within deep poverty (less than 0.5 USD/day) to be able generate their own income and become less dependent on cash assistance programs. There are a number of microfinance and small and medium sized enterprise programs that target poor, marginalized groups (martyrs, unemployed youth, female headed households, and families of detainees) through initiatives that are coordinated by the MOSA, UNRWA, and NGOs.

23. These programs were included within the MOSA Social Protection Strategy that was drafted in February 2010 in cooperation with the other stakeholders including the Ministries of Health, Education and Higher Education, Labor, and Youth and Sports, NGOs, UNICEF and UNRWA to work towards eliminating the root causes of poverty and providing more immediate alleviation of the impacts of poverty on the poor and vulnerable members of society, particularly families with children. The Social Protection Strategy has also adopted a national framework for establishing a national social security system in the broader sense of including protection against unemployment, health insurance, pension funds, and social safety nets. This is linked with programs that target prevention – increasing educational attainment, enrolment in training and vocational programs, support for marginalized regions of the country, and investment in long term job creation schemes. The strategy also addresses protective, empowering and awareness raising programs in a sustainable manner that are institutionalized in government and non-governmental agencies.

24. There is a parallel assistance program, the Emergency Assistance Program, created to support families under difficult political and/or non-political disasters circumstances including house burning down, demolished, or destroyed due to weather conditions. Assistance is provided to restore homes, provide transportation costs, and provide medical prosthetics/aid tools, if needed. The government allocates 125,000 USD monthly to a national committee that decides on who will receive such assistance. Families with children are given top priority when allocating emergency assistance funds to shelter families.

### Food and Other Types of Assistance

25. Cabinet Decree 96 for 2007 exempts children who are recipients of social cash assistance from paying school fees (at a cost of approximately 1 million NIS/275,000 USD) to encourage them to remain in school, vocational centers, and universities. The ministry also provides health insurance coverage to 65,000 beneficiaries who are either impoverished members of vulnerable populations (disabled children, families with detainees, chronic illnesses, etc.) in the amount of 2.6 million NIS yearly/715,000 USD) which allows them to receive free medical treatment on a regular basis. These exemptions are provided for all members of the household if they are less than 18 years of age.

26. The MOSA also provides for public pensions, cash transfers (including special hardship cases, temporary employment schemes, injured and martyr fund, disability assistance, detainees fund, and food aid for vulnerable groups. It also distributes special food and clothing packages during holidays in cooperation with Zakat committees and donations from Arab and Muslim countries.

27. The MOSA is responsible as well for the protection of orphans in the form of ensuring that they are properly cared for either within the extended family or sheltered in a residential center. They also allocate 50 USD/month when resources are available and frequently these funds are supplemented by additional funds that are made available through seasonal donations made by individuals and/or donors. Vocational training courses are provided for women, youth, and children who are considered vulnerable – school dropouts, female headed households, and youth in conflict with the law. These training programs are matched with microfinance projects to support these individuals in becoming able to generate their own income and support their ability to be economically viable through small income-generating projects in coordination with the private and public institutions. These programs are open to refugee and non-refugee populations.

28. Food insecurity has tremendously increased since 2006. It is estimated that over 1.6 million persons within the OPT are food insecure (625,000 in the West Bank and 974,000 in Gaza) which represents one out of four persons in the West Bank and three out of five persons in Gaza. The most vulnerable groups of people to food insecurity are those living in rural households, female headed households, households
with larger numbers of females and children within them, and families with large numbers of dependents. Many of these families are supported by temporary, unskilled labor jobs when compared with families not experiencing food insecurity.270

29. In the West Bank, food insecurity and vulnerability to food insecurity is also higher among refugee households, as well as in families where the head of the household has a low level of education attainment, is unemployed, or relies on irregular or part time wage labor, low-paid jobs, or social benefits for its income. In the Gaza Strip, food insecurity affects a wider range of households, but is also closely linked to unemployment of the head of household or reliance on low-paid activities.

30. Food insecurity patterns within the West Bank have been relatively stable over the last five years. Rural areas (including Area C) and the Hebron district have the highest rates of food insecurity. These areas are highly susceptible to Israeli restrictions of movement and access, destruction of homes, property, animals, and land by Israeli forces and settlers. Furthermore, they are prevented from farming their lands and accessing local resources. In Gaza, the situation has tremendously regressed since 2006 due to the blockade and continued invasions and destructions levied against them, particularly in the buffer zones. These conditions have had a negative impact on children as reflected by increasing rates of chronic malnutrition averaging 10.2% in 2006 compared with 7.5% in 2000. Micronutrient deficiencies are also high and have resulted in the government taking strong action to fortify wheat, distribute vitamin A and iron supplements to mothers and young children, and support school feeding programs. Conditions in Gaza are more severe than those in the West Bank.271 The main effort of the government has been to demand of Israel and the international community a complete lifting of the blockade on Gaza that has resulted in these negative conditions.

31. The MOSA provided food assistance to 50,000 non-refugee families (worth 100 USD/family and totaling 45 million USD) once every two months in 2009. The World Food Program (WFP) provides food through the MOSA, UNRWA and NGOs. It also provides food to children in schools in cooperation with the MOEHE. The WFP with MOSA, MOA, and MOEHE have reached over 400,000 individuals with food aid assistance that goes directly to poor families, vulnerable groups, school food programs, and/or food for work or training programs. Prior to 2006, these kinds of interventions were unneeded on a long term basis. Institutionalization of food aid is being addressed by the government and long term development programs are being encouraged (microfinance/job creation and small and medium size enterprises).

32. The Ministry of Agriculture (MOA) implemented two of these programs; training and work for food. But the MOA was not able to sustain these initiatives which took place from 2005 to 2008. However they have continued with their program for cash assistance to farmers affected by the Israeli Wall who are prevented from accessing their land to farm. This program is funded by the Prime Minister’s Office (PMO) in the amount of 10 million USD annually. They have also supported the farmers with trees and agricultural resources to support their continued farming of land to support family income.

33. The PLO has an institution which supports martyrs and those who have been injured/disabled due to the conflict and occupation. These individuals and their families are provided cash assistance and health insurance, as well as free education through coverage of fees at universities. Over 40,311 individuals are receiving support through this program which is based on vulnerability, rather than poverty based. A similar program is managed by the Ministry of Detainees and Ex Detainees (MODED) for families of detainees and ex-detainees, but also includes the provision of legal support and advocacy for detainees imprisoned within Israel. Currently there are 10,000 Palestinian political prisoners within Israel and this includes over 300 children. This program also supports the rehabilitation and reintegration of detainees into society and provides them with vocational training to improve their job opportunities and ability to be self reliant. The ministry provides health insurance for the ex-detainee that includes the spouse, children, and parents. The cost of this program was 280 million NIS/770,000 USD for the year 2009.

271 Ibid, p.36.
Non Governmental Social Assistance Programs

34. There are a number of other organizations providing social assistance to families and children within the OPT. Some NGOs and the religious committees of Al-Zaqat provide cash assistance programs that target orphans and poor families. This also includes providing in kind and cash assistance as well as educational and health services to the orphans and the poor. In 2009, Al-Zakat committees supported 14,850 poor orphans and 8,040 poor families. They also provided food packages to needy families worth 250,000 USD especially during the holiday seasons. There are a number of UN agencies providing food assistance through the MOSA, MOEHE, UNRWA and NGOs as the WFP as mentioned earlier. The Islamic orphanage under the Ministry of Waqf provides assistance as well to the orphans. While many of these programs inform the MOSA of their interventions, there is only limited coordination in terms of identifying which groups of individuals will receive assistance according to the database at the MOSA. The assumption being that the amount of assistance reaching these individuals is minimal and that providing them with supplementary assistance will not drastically skew the population of persons who are receiving assistance from other programs. The MOSA updated cash assistance database will now include coordination with other service providers to ensure that targeted assistance reaches the neediest populations and that funds are appropriately distributed.

35. UNRWA as the main service provider for refugees has its own social safety net cash assistance which provides assistance to 4.1% of refugees in the West Bank and 8.4% of Gaza refugees. The criteria used by UNRWA (consumption, spending and poverty line) differ from the criteria of the MOSA. This creates a gap and inequity between needy groups within the country. UNRWA provides emergency assistance as well that involves, cash, food and habitat improvement. This latter program has substantially increased their numbers of aid recipients. UNRWA's social safety net assistance in the OPT allocated a basic budget that averaged at approximately 25 million USD annually since 2006. However, these funds have been topped with humanitarian assistance in the amount of 75-85 million USD since 2006 to provide food distributions, cash assistance, and job creation programs for 1.15 million refugees. Two thirds of this assistance was used in Gaza. Children were primary recipients of this aid. Food aid and social assistance funds have tremendously increased since 2006. These funds are usually obtained through humanitarian assistance based programs and are obtained through annual pledges and commitments that allow little room for planning and distribution in an efficient manner. Since 2007, social safety cash assistance programs have topped 110 million USD within UNRWA.

36. MOSA and UNRWA coordinate their lists of beneficiaries on a regular basis to ensure that they do not replicate individuals and/or households receiving assistance. However, they have yet to synchronize criteria for selecting aid recipients into their programs, package of services, or periods of distribution. Discussions are underway to coordinate these policy issues and to move towards a more coordinated and harmonious system. The information obtained from UNRWA will be included in the MOSA poverty database that is currently under development and will include information and household/individual level information that is shared with other ministries, UNRWA, and NGOs providing social assistance within the country. Eventually these programs should be merged into one comprehensive national social assistance program that has shared vision, services, and packages of assistance based on poverty. However, both MOSA and UNRWA would continue to execute these programs to their respective beneficiaries.

Social Protection Spending

37. Government spending on social protection accounts for less than 6.0% of the GDP. Allocations for social sector from the recurrent budget increased from 41.8% in 2007, to 47.1% in 2008 or approximately 165 million USD (93 million USD for social safety net support to impoverished and marginalized households, 71 million USD for provision of high quality services and 1 million for supporting economic empowerment of poor households.) The allocation for social sector development (Social, Health and Education) budget in the PRDP (2008-2010) was 583 million USD. However, only 12

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272 Social protection strategy - MOSA
273 In 2006 and 2007, UNRWA spent 102.1 and 118.9 million USD on social assistance.
275 Cash Transfer Strategy - June 2010
276 According to the national plan (PRDP 2008-2010)
277 Palestinian Reform and Development Plan (PRDP) 2008-2010
278 This includes health, education, labor, and social protection.
million USD was specifically earmarked for social protection over a three year period (5, 5, and 2 million USD, respectively, for 2008-2010). Employment generation initiatives were allocated 57 million USD (19, 20 and 18 million USD, respectively, for 2008, 2009 and 2010). It is worth mentioning that 18 million USD are allocated for social contingency funds (emergency situations.)

38. The MOSA provides aid for 3.5% of the population or 30% of the most impoverished households. Social protection spending increased in 2005 due to the temporary employment scheme, where spending reached 5 times the level in 2004. This program had been initiated in response to Israel’s preventing Palestinian laborers from working in Israel. It is worth mentioning that 75% of all beneficiaries receive free health insurance coverage. However, checkpoints and the Israeli Wall impede access to services and increase transportation costs. Since 2006, increasing amounts of funds are being spent to alleviate conditions of poverty, which in effect depletes resources for economic investment. The merging of the two social cash assistance programs and the expansion of services to a larger number of beneficiaries in 2010 and 2011 will most likely result in an increase of 15 million USD to the recurrent budget.

39. Other agencies within the government also provide social cash assistance to needy beneficiaries. For instance, the Ministry of Religious Affairs (Al Awqaf) receives approximately 33 million USD annually from the recurrent budget to implement four different programs. One of which is a program to support the social protection of the needy and underprivileged. As previously noted, the MODED receives approximately 61 million USD annually to support social protection of prisoners, ex-prisoners, and their families.

40. Many Palestinian residents of East Jerusalem are not afforded the same level and quality of social protection that is provided to Israelis living within Jerusalem. The lack of awareness and ability of Palestinian residents to demand their rights and entitlements from the Israeli Jerusalem Municipality prevents many families from being able to meet their most basic needs. However, there are a number of NGOs working within East Jerusalem that provide different forms of social protection for the poor and destitute. There is a need to improve awareness of East Jerusalemites on their rights to receive social assistance and benefits from the municipality. A number of Israeli human rights groups (ACRI and Hamoked, for instance) are now preparing reports and supporting efforts to end these discriminatory practices, but the results have been limited to date.

41. The Office of President Abbas has established a Jerusalem Unit that assists families who have had their homes demolished and/or are being transferred out of Jerusalem with financial and legal aid to assist them in asserting their rights to residency and shelter. Recurrent budget allocations include 5, 6, and 7 million USD for the years 2008-2010, respectively to be used as an effective social safety net for immediate targeted needs of the most vulnerable populations within East Jerusalem, including job creation. These allocations are insufficient to meet the dire needs of vulnerable and poor populations within East Jerusalem. This target group requires allocation of greater amounts of funds, human resources, and service delivery in order to support their social presence and well being in East Jerusalem.

42. Poverty and unemployment in the OPT are increasing, according to the World Bank. The main causes are associated with the Israeli Wall, closure of the Israeli labor market to Palestinians, 500 closures within the OPT, Israeli incursions, as well as destruction of infrastructure. This has consequences in terms of increasing numbers of school dropouts, increase in diseases/chronic illnesses, increase in unemployment, increase in crimes and insecurity, not to mention that many of the businessmen and investors who have had to shut down their work and leave the country due to high levels of insecurity. More recent information suggests that investors are once again reinvesting in the West Bank, however business conditions within East Jerusalem and Gaza remain poor.279

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279 Israeli policy of ending Palestinian labor within Israel has resulted in increasing numbers of children entering Israel to work in the stead of adults. Palestinian adults caught illegally working in Israel can be imprisoned and fined. However, children are usually allowed to work or are returned to the OPT without being charged. This practice has encouraged both Israelis and Palestinians to condone the working of children within Israel. This practice needs to end. The MOSA has now included a program to address this phenomenon in its new strategy for 2011-2013.
Gaps

- The presence of many service providers is a double edged sword. It potentially supports greater coverage for needs of poor and vulnerable groups. However, duplication, fragmentation, redundant coverage, and lack of coordination have reduced the efficiency and effectiveness of delivery. The availability of different systems with different criteria not only might cause duplication, but also affects coverage of the most needy, and reduces the efficiency of using the already limited resources and causes injustice.

- Service providers have also become self perpetuating since they continue to seek out funds to maintain their organizational presence and have not significantly developed into more streamlined, efficacious programs that can eliminate poverty or vulnerability. Many of these programs have high administrative costs. A review of 10 different programs showed that administrative overhead costs ranged from 30-50% of the overall budget.

- The number of professional supervisors and managers of children’s programs is insufficient in terms of quantity and quality. They still require additional practical experience and training on outreach and identification of best methods of reaching and assisting the poor and marginalized groups of children within the country. There is also a need for experts in social budgeting, financing and economics.

- Humanitarian assistance is not always coordinated directly through MOSA and UNRWA systems, and parallel systems are set up which are costly. The CAP and its impact on food security/insecurity should be assessed immediately and remedial actions should be taken to ensure that food security objectives are identified and phase out food aid assistance.

- Available development and humanitarian budgets are unpredictable, time insensitive, and usually have conditions placed on their use. This impedes the effective and neutral use of funds for the best interests of all children.

- Some of the laws related to social assistance and welfare are outdated, and are not adapted to the Palestinian context. The absence of a Palestinian Social Affairs Law, child protection law, and a comprehensive Social Security Law should be prioritized.

- The political situation affects access to services (as in Area C and remote areas) and wastes funds on high administrative and transportation costs to mitigate Israeli measures and violations instead of focusing on development. Closures and lack of control over borders affect the economic situation and this leads to de-development and increases dependency on aid and Israel. These costs should be charged to the Israeli government.

Right to Social Security and Adequate Standards of Living - Way Forward

- A comprehensive review of social laws, the PCL, and the budget law and social protection policies should be undertaken to ensure that children’s rights to basic social needs are met through a national program that not only targets families/households, but specifically identifies the best interests of the child by 2012.

- A database of vulnerable, at risk, and impoverished children will be established in tandem with the MOSA social cash assistance database. The numbers of children in need of assistance, type of assistance required, and counseling services should be costed so that the government has an estimate of services and assistance that are particular to children is identified and addressed specifically within the budget.
A review of humanitarian aid strategy should be undertaken in order to adjust policy in a manner that will allow for recovery and development rather than institutionalizing the welfare and dependency based approach that currently exists.

MOSA will enforce total coordination and sharing of beneficiary lists to ensure that equitable distribution of resources is being made for all children – refugee and/or non-refugee, children within the home environment or within institutions, and children with families or without families, and equitable living standards and conditions for all children – West Bank/East Jerusalem and Gaza by 2012.

Nationwide research and data should ensure that pockets of poverty and isolation are fully covered in all research so as to eliminate the need for small, community based studies that are costly and not amenable to being generalized to other populations.

The MOSA will conduct a human resource development review of its staffing at the central and district level to determine capacity of staff, terms of references, and responsibilities. Case management load capacity should be determined. Furthermore, MOSA must identify what kinds of resources are needed to support the execution of their work – meeting rooms, basic equipment, and transportation costs. The MOSA should also exert its national mandate and require that all cash assistance programs be fully disclosed and coordinated with the MOSA cash assistance program.

The government should increase recurrent and development budgets for social protection to support the MOSA and other ministries social protection strategies (1st there should be a unification of social protection systems and programs throughout the government agencies). Budgets should increasingly target prevention and other indirect causes of poverty and loss of productivity like eliminating drug use, unemployment, poor health and malnutrition, and reducing disability and chronic diseases that further exacerbate poverty.

The government must enforce coordination and synchronization between the providers (Ministries, UNWRA and NGOs) including unifying the criteria and standards used in granting assistance and role division. Full disclosure of funds available and beneficiaries receiving assistance should be given to the MOSA.

Empowering the local community and national councils to recognize and provide volunteer support and outreach programs for needy families and encourage decentralization (with strengthening monitoring mechanisms as a precondition) to solve the problem of access. This is important for children’s programs to encourage children to stay in school, get health examinations, participate in non-formal activities, and to integrate with other programs within the community.

Studies and research by national or international NGOs should be coordinated with the PCBS and the concerned ministry to agree on the national needs, national definitions and criteria, avoid duplication of efforts and waste of resources. Some studies are costly and meant to serve certain agendas.

Research on the impact of poverty on children’s well being should be conducted. Generational poverty and conflict have received minimal attention. These factors are core outcomes of occupation. Information on the effects of decades of poverty on families and particularly the child is essential in order to develop policies that can root out these elements and address their impact on children during the present time.
VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES  
(Articles 28, 29, 30, 31)  

A. The Right to Education (Article 28)  

Contextual Background  
1. The PNA inherited a neglected and malfunctioning education system from the Israeli Civil Administration in 1994. Palestinian education had been vastly under-funded and marginalized for decades by Israel. However, Palestinians had adopted positive and ambitious values regarding the importance of education as a tool for liberation. Great efforts have been made since that time to improve the national education system. The results of these efforts are reflected in educational indicators that have improved greatly since 1994. The improvements have occurred despite the numerous blows dealt to the system including periods of conflict, military incursions, destruction, political and financial instability all under the continuing presence of the occupation. Achievements in education are detailed below. However, occupation and internal political strife impact negatively on educational development within the country.  

2. The continuing political separation between the West Bank and Gaza Strip in 2007 is a major impediment for the national education system. The West Bank 2008/9 academic year began normally, while in the Gaza Strip, teachers’ strikes disrupted the beginning of the school year. Many of the Gaza-based teachers were replaced with new graduates with little or no training. Internal political strife and unprecedented poverty levels resulting from and compounded by the ongoing blockade and frequent, military incursions have raised fears of the deterioration and regression of the education system in Gaza. In the West Bank, the educational system is functioning well and school infrastructure and construction is underway, curriculum review and development is ongoing, and improved educational, training, and non-formal programs are being implemented and expanded. Incongruencies between West Bank and Gaza are increasing. This Situation is exacerbated by the continuing levels of violence, conflict, uncertainty, and poverty that have resulted in increased levels of trauma and stress in students and teachers alike. These situations are not conducive to positive learning and educational achievements.  

Early Childhood Education (ECE)/ Preschools  

Access to Early Childhood Education (ECE)/ Preschools  

3. The Jordanian Education Law no. 16 of 1964 is still applicable in the OPT and has not yet been substituted by the Draft Education Law that has gone through its third reading by the Palestinian Legislative Council (PLC), but has not yet been endorsed. The Jordanian Education Law only has one article that refers to the minimum qualifications of teachers in kindergartens. The draft education law focuses on issues of access to kindergartens in remote areas of the country and proper training and preparedness of teachers for early childhood development. The kindergarten system serves children between the ages of 3 years 8 months and 5 years 8 months.  

4. The MOEHE runs four kindergarten preschools (in Bethlehem, Nablus, and Gaza/Saftawi and Sheikh Ijleen) that were established as model training sites to be used in in-service training programs for preschool teachers. All other preschools and early childhood development centers are run by the private sector and civil society. The MOEHE conducts training and inspection visits of kindergartens/preschools annually, “according to a set of specifications regarding the physical facilities and criteria regarding the cadre who run the service and curriculum used.” In the Education Development Strategic Plan (EDSP) for 2008-2012, and the education sectoral strategy the Ministry has prioritized the expansion and upgrading of  

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preschools/Kindergarten services throughout the country through a gradual process of institutionalizing early childhood education as part of the basic education cycle. Marginalized areas will be top priority.

5. The number of preschools has been fluctuating since the year 1994/95. Preschools are licensed by the MOEHE. Approximately 25-30% of these preschools are not registered and/or licensed, yet they are still functioning. The Ministry is reviewing all such cases to ensure that they meet the standards and criteria determined by the Ministry or are closed until they properly register. Approximately 40% of all children between the ages of 3-6 years are enrolled at these sites. Females constituted 48.2% (67.1% in the West Bank and 32.9% in Gaza) of children enrolled in preschools in the year 2007/2008. This year witnessed a 22% increase in the number of children enrolled compared to the year 1996/1997, and a 20.6% increase in the number of preschools compared to the year 2001/2002. Average fees charged by preschools in the West Bank and Gaza are 50 NIS and 80 NIS per month, respectively. These fees are not exceptionally high, but nevertheless make preschool education unaffordable for children living in poverty. Hence, children who are in greatest need of early childhood learning and educational opportunities are not afforded a seat. The MOEHE is currently assessing means of supporting inclusion of marginalized and vulnerable children in preschools and enhancing parental roles in providing early stimulation and support for young children.

6. Preschool enrolment is not compulsory, nor is early childhood education subsidized or supported by the government other than for purposes of licensing, registering, and offering limited in-service training programs as mentioned earlier. This has not prevented many parents from enrolling their children in preschools. In 2005-2007, only 53% of students entering 1st grade had been enrolled in preschool. In the school year 2007/2008 there were 972 licensed preschools in the OPT (712 of them were in the West Bank), holding about 84,289 students. A recent study conducted by Salam Ya Saghar in cooperation with the MOEHE and PCBS (2010) indicates that preschool enrollment rates are increasing and that there are over 140,000 children between the ages of 3-5 years enrolled in 1581 (licensed and non-licensed) preschools throughout the OPT. This represents approximately 40% of the overall population of preschool aged children in the OPT. The Ministry has noted that in the last three years there has been a drop in kindergarten enrollment rates. It is assumed that “rising poverty, the Wall and the quality of pre-school programs seem to be three of the causes for these decreasing percentages. However, the MOEHE has now targeted preschool education as an important sector of education that will receive more targeted assistance and resources in its five year plan and by developing partnership with other stakeholders supporting early childhood education.

7. Marginalized and vulnerable children are less likely to attend preschool compared to their counterparts. This is due to affordability of preschool, lack of access to transportation, and parental misinformation on the importance of early childhood education in the lives of children. Poor and disabled children are inadequately represented in the preschool education sector. Most kindergartens are not equipped to accommodate disabled children. However, data indicates that more disabled children are being integrated into preschool education programs with female disabled students having higher enrolment rates compared to boys. Children with mental disabilities are the least likely to be enrolled in preschools. In 2010, the MOEHE concluded a training workshop to encourage greater inclusion of disabled children into early childhood education programs in order of issue of disability. For more information, Please refer to chapter VI on disability.

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1 It is believed that the number of preschools and enrollment in preschools are linked to the socio-economic situation (Children of Palestine, PCBS 2010).
2 Children of Palestine- Issues and Statistics- PCBS 2010
3 Ibid.
5 MOEHE: Directorate General of Planning (This is the last reliable national figure for the West Bank and Gaza)
6 Salam Ya Saghar (2010). Unpublished results of study conducted by PCBS in cooperation with the MOEHE. Preschool Education Survey in the OPT.
7 “Education Development Strategic Plan 2008-2012; Towards Quality Education for Development.” MOEHE, Palestine; July 2008
Quality of Early Childhood Education Services

8. A National Council for Early Childhood Development and Education is currently being established by the MOEHE with the following functions: supporting early childhood research, planning, strategies, policies, standards, and monitoring.\textsuperscript{10} The importance of developing clear policies and guidelines for preschool education and curriculum has been highlighted as a key function of this council. The draft has been shared with stakeholders in civil society, universities, and the international community in addition to representatives working within the MOEHE in Gaza. This council will take the lead in ensuring that early childhood education is supported at all levels of society and that it is gradually incorporated into the basic education cycle. Supporting the upgrading and professionalism of the sector is the key focus at this time.

9. Teacher student ratios are 1 teacher: 21.2 students and 1 teacher: 25.7 students in the West Bank and Gaza, respectively. The number of teachers to students is high and according to international standards a ratio of 1 teacher to 15 students would be more appropriate.

10. Three fourths (74\%) of all preschool teachers were reported to have received specialized training in early childhood education. There were no significant differences between preschool teachers receiving training and type of preschool they were affiliated with. Hence, teachers from the different types of preschools (private, NGOs, etc) were all being afforded opportunities to enhance their skills and knowledge in early childhood education. There is no specific breakdown on the types of training received and impact of training on their performance.\textsuperscript{11} This would be an interesting area to explore in more detail to ascertain where the gaps are in teacher performance in order to provide detailed and specialized training and in-service support. The Salam ya Saghar report did indicate that 42\% and 34\% teachers per West Bank and Gaza preschools, respectively, had received specialized training on general safety and emergency preparedness. This is a positive development that should be applauded\textsuperscript{12}.

11. Two out of every three preschool teachers have either completed a two year college degree (diploma) or four years of higher education (BA). These results indicate a significant increase in the number of preschool teachers who have completed higher education. The report does not provide information on the specific types of degrees they have received and whether or not they are related to education. However, this information is useful in that it suggests that preschool education is attracting more qualified individuals to their ranks with only 3\% of all teachers having less than a high school degree (3\% in the West Bank and 1\% in Gaza.) The results do indicate that in-service training programs can be more sophisticated and targeted when addressing the needs of providing specialized training for teachers.

12. The ministry will continue to provide 2-3 preschool in-service training sessions/district/year, but have not institutionalized this training as part of its National Teacher Training Strategy that focuses on training teachers from grades 1 through 12. The lack of an early childhood teacher training strategy has negative implications since it leaves curriculum and educational/learning material development to untrained personnel to develop and execute. However, civil society agencies have played a constructive role in providing early childhood pre-service training and curriculum development guidance. The MOEHE has also developed a curriculum framework that is shared with some preschools during ministry led workshops throughout the districts. On average, the ministry holds 15-18 workshops annually for preschool teachers reaching approximately 300-360 preschool teachers.

13. The MOEHE is bolstering early childhood education by allocating 4.6 million USD over the five-year period (2008-2012) for preschool education in its educational strategy, however the PRDP only addresses primary, secondary and higher education in its funding request for 2008-2010. Discrepancies in funding requests are usually explained as temporal prioritization of development funds for certain


\textsuperscript{11} For the year 2007/2008, in licensed preschools, there were 4280 teachers; 1779 holding high school certificate or less, 1267 holding a diploma, 1087 holding a BSC degree, 123 with a BSC degree in addition to an education diploma. Only 24 teachers had higher education than a bachelor degree (MOEHE date).

\textsuperscript{12} Salam Ya Saghar Preschool Study (PCBS, MOEHE, and Oman support, 2010), p. 8.
programs and sub-sectors at the expense of other programs. In general, the ECE sector remains under-funded and the Ministry has increasingly called upon the international community to directly support early childhood education (ECE) initiatives in order to achieve the following objectives in cooperation with the MOEHE:

- Improve educational capabilities and performance of preschool personnel
- Develop administrative rules, regulations, and guidelines for implementing ECE programs
- Develop information systems (quantitative and qualitative) to monitor ECE
- Enhance the level of professional performance (financial and administrative) for those working in pre-school education.
- Develop mechanisms for better coordination between the public and private sector on ECE.

14. This is in tandem with the MOEHE five year objectives of raising awareness of local communities and parents on ECE, improving the curriculum framework, educational and physical environment of preschools, raising the performance capacity of teachers to provide quality health, psychological, and recreational programs for preschools children, and the Ministry’s overall goal is to work towards inclusion of KG as part of the compulsory education cycle over the next ten years. It also encourages greater investment in parent-child educational forums. The overall support for these initiatives is less than 5 million USD, however, government and international financing has been negligible to date. Civil society is a key stakeholder with the Ministry in supporting the ECE sector.

Basic and Secondary Education

Stakeholders

15. There are three main service providers of education: the Ministry of Education and Higher Education, UNRWA, and private sector schools. The MOEHE is the main educational service provider delivering education to approximately 70% of all students with 1485, 96, and 386 government schools located in the West Bank, East Jerusalem, and Gaza, respectively. The MOEHE also oversees all education within the OPT including UNRWA and private sector schools and has full inspection rights for all schools. Basic education covers grades 1-10. However, the government continues to provide for secondary education for all students in grades 11 and 12. There are 1,141,828 students registered in schools in 2009/2010 from grades 1-12 in over 2611 schools throughout the OPT. This includes 1967 government schools, 332 UNRWA schools, and 312 private schools. Over 70% of all students attend government schools, 23% are in UNRWA schools, and approximately 7% of students attend private schools.

16. UNRWA runs 97, 17, and 221 schools in the West Bank, East Jerusalem, and Gaza, respectively, for registered refugees and non-refugee students living near their schools. UNRWA schools primarily provide educational instruction for grades 1-9, with the exception of three schools which provide for grades 1-10. Rates of student enrollment for refugees are higher in Gaza because they have higher overall refugee populations compared with the West Bank and East Jerusalem. This is also reflected in higher numbers of schools in Gaza being run by UNRWA, while the MOEHE runs larger number of schools in the West Bank. UNRWA provides the schools, salaries, and basic running costs for schools, alongside teacher training support programs. However, they fall in line with the policies, regulations, and basic system of education for the MOEHE.
17. Discrepancies in school development exist between the West Bank and Gaza. Due to overcrowding and lack of sufficient numbers of schools, government (66%) and UNRWA (88%) schools in Gaza are required to function on a double shift system.\textsuperscript{19} Less than 1% of schools in the OPT currently function on a double shift system. In addition, UNRWA schools account for less than 13% of overall number of schools in the OPT, however, they accommodate 51% of students in Gaza and 10% of students in the West Bank.\textsuperscript{20} To keep pace with natural increases in the student population in Gaza, UNRWA needs to build 15-20 new schools every year. Due to blockade-related restrictions, 120 new schools were needed in the academic year (2009-2010) to serve the student population among the refugee community in Gaza.\textsuperscript{21}

18. In order to improve access and availability of education, the MOEHE and UNRWA have supported efforts to construct new school buildings between 2006 and 2009. The government constructed 116 and 30 new schools in the West Bank and Gaza, respectively. While UNRWA constructed 4 and 35 new schools in the West Bank and Gaza, respectively during these three years. Private schools built 42 and 13 new schools in the West Bank and Gaza, respectively.\textsuperscript{22} The closure on Gaza has impeded equitable building of schools in Gaza where the need is great.\textsuperscript{23}

19. The MOEHE and UNRWA are working to improve coordination between their agencies. The MOEHE Five Year EDSP involved more coordination with UNRWA's education department; however, more efforts are needed to better coordinate strategies and objectives. This plan has detailed information for MOEHE, but does not represent UNRWA programs or a long term strategy for elaborating a comprehensive and harmonized educational system.\textsuperscript{24} Improving joint planning, monitoring, and synchronization of programs (school health, school counseling, inclusive education, teacher training strategy) will reduce costs and ensure equitable availability of quality education for all children. A point in case would be the teacher training strategy which should be inclusive of UNRWA teachers and have a joint objective of ensuring improved student achievement and performance. Similarly, the current integration of agencies in the social protection referral and network system is proving to facilitate cooperation and handling of cases between agencies.

20. The private sector provides 286, 61, and 45 schools in the West Bank, East Jerusalem, and Gaza, respectively.\textsuperscript{25} This covers approximately 7% of all students.\textsuperscript{26} Private sector schools include religious schools, schools run by charitable organizations and for-profit schools. Increasing numbers of parents are placing their children in private schools because they believe the quality of education is higher, there is considered to be a greater respect for the liberty of individuals, and because they cannot enroll their children in government or UNRWA schools because of lack of residency permits and official birth certificates for children (particularly in East Jerusalem).\textsuperscript{27} The issue of East Jerusalem residency rights was addressed under birth registration in the civil rights section.

Legal and Legislative Framework (Including Higher Education)

21. According to the 2008 education policy, the minimum age (compulsory enrolment) for government schools is 5 years 7 months, whereas for private schools it is 5 years and 5 months\textsuperscript{28} this stage ends with the

\textsuperscript{19} The blockade on Gaza has prevented the entrance of building materials needed to construct new schools. This accounts for overcrowdedness of schools in Gaza.
\textsuperscript{20} MOEHE Data, 2008-2009 School Year. UNRWA Data from Gaza.
\textsuperscript{21} Data provided by UNRWA Gaza on 28 April 2010 by Susanne Kristensen to Save the Children UK
\textsuperscript{22} PCBS (2010) Data received from MOEHE through Child Well Being and Indicator Development Project.
\textsuperscript{23} National Education Strategy 2011-2013. Ministry of Education and Higher Education.
\textsuperscript{25} Data provided by the MOEHE for the year 2009/2010 and The Education Sectoral and Cross-Sectoral Strategy 2011-2013. The ministry indicates in this most recent report that there is an increase in private sector schools compared to the previous years. The increase in number of schools may be attributed to an actual increase in private school and inclusion of Waqf schools within East Jerusalem as private schools.
\textsuperscript{27} As regards personal liberties of students, there have been reports from Gaza that young girls in some government schools are being asked by the headmasters to wear the hijab (head scarf) and other forms of religious attire, which is not an educational requirement. These are anecdotal reports by students, there are not written decisions by the MOEHE in this regard. Similarly, corporal punishment still occurs in most schools.
10th grade or at 16 years. Thus, rather than being tied to age, compulsory education is connected to class/stage. This is also affirmed in article 10 of the Draft Education Law and article 24 of the Amended Basic Law of 2003. However, the Education Law no. 16 of 1964, which is in force in the West Bank, is connected to age rather than class/stage. According to article 10 of this law, education is compulsory when children reach the age of six, and for nine years after that. The British Mandate Education Law of 1933, which is in force in Gaza, is silent on the issue of compulsory education. Passing a unified and comprehensive Public Education Law is important in order to harmonize laws across stakeholders and providers.

22. The PCL provides a strong legal framework protecting children’s right to education. Under this law, articles 37, 38, 39 and 41 require the state to provide free, compulsory basic education for all children, to undertake actions to prevent dropping out of school, eliminate discrimination, promote student participation in decision-making, protect students’ dignity, prohibit the use of violence in schools, and ensure that children with disabilities have access to schools. The MOEHE and UNRWA have been able to ensure that most students have access to schools. The MOEHE construction policy has been biased towards ensuring easy student access at the expense of implementing more long term cost efficient mechanisms that would reduce construction costs and increase school size. This may require supporting transportation costs for students, however, the savings accrued could be used to support improved teacher training and increasing the implementation of school counseling, remedial education, non-formal education, and more inclusive education, and diverse learning approaches within the educational system.

23. Furthermore, article 24 of the Basic Law states that “Every citizen has the right to education. It shall be compulsory until at least the end of the basic grades and it shall be free in public schools and institutions.” The draft Education Law is in its third reading in the PLC and is awaiting ratification. The draft law is explicit in terms of providing the MOEHE with the right to enforce school enrolment and to take legal action against parents/guardians who fail to keep their children in school. Until this law is passed, the Jordanian Law No. 16 of 1964 in the West Bank, and the British Mandate Education Law of 1933 in the Gaza Strip remain applicable, leaving the West Bank and Gaza to implement separate and disparate laws.

24. Other relevant laws include the Higher Education Law no. 11 for the year 1998 article 2, which specified the right to higher education for each citizen. The Disabled Law no. 4 for the year 1999 in articles 6 and 10, which specifies the right of the disabled to equal opportunities in terms of access to education according to their needs, and tax exemption on the educational, medical and transportation means for authorized institutions for the disabled. The MOEHE upholds these laws by ensuring that scholarships/loans are available for needy students who want to attend higher education and by supporting the gradual development of inclusive education within schools. In terms of higher education, approximately 40% of all students enter higher education. However, inclusive education is still elusive and limited in most schools. Despite these constraints the MOEHE and UNRWA have moved towards more child friendly approaches within the school setting. In 2009, 64.2% of schools were implementing child friendly criteria (safe, protected, developmentally appropriate environments that involve student participation) and 64.6% were implementing special needs friendly criteria (access for children with disabilities).

25. The Palestinian Law for Reform and Rehabilitation Centers no. 6 for the year 1998, (articles 30-36) specify the responsibility of rehabilitation centers in terms of coordination with the concerned parties to guarantee the right of the residents to continue their education, study, read, receive incentives for getting a degree, establishing a library and receiving educational and counseling sessions. In actuality, many of these centers lack adequate access to education and educational resources and there are no penalties for such violations. The MOEHE allows for these children to attend school, however, some principals

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30 The Jordanian law in articles 10 and 11 tackled the issue of free compulsory basic education in governmental institutions and defined the basic compulsory education. It also put under the responsibility of the ministry to establish or find proper educational buildings to be distributed in the cities, villages and neighborhoods.
31 Education Sectoral and Cross-Sectoral Strategy 2011-2013, MOEHE
32 There is also the Law for Detainees and Ex-Detainees (6) for the year 2005, article 5 on the right of ex-detainees especially who spent more than 3 years for females and 5 years for males in Israeli prisons, to school and university education, free of fees and to receiving rehabilitation courses. (The right to education report- Leaders and Bar association- 2009)
have been reluctant to support their presence in schools for fear that they will negatively influence other students. To date, most children within reform institutes are tutored on site by a center instructor. The educational hours are insufficient and irregular and most children only receive basic literacy skills. Ensuring appropriate educational attainment within these centers should be addressed to empower children in conflict with the law with the tools to make them successful and productive citizens.

26. Enforcement of education laws is insufficient. The MOEHE ensures a “seat at school” for every child, but does not have the means to ensure that marginalized and vulnerable children remain within school. This includes working with children in conflict with the law, disabled children, child laborers, children living in marginalized regions of the country (Area C, Seam Zone, and along the Israeli Wall). Education civil society agencies have expressed concern that the “laws exist on paper but have no meaning in reality.”33 This is in reference to the inability of the MOEHE to return school dropouts to school. There is no mechanism to enforce students’ attendance or prevent early drop-out from schools. There are no Palestinian laws to hold parents or children’s guardians accountable for ensuring their children’s school attendance.34 There is a need to pass the revised Palestinian Education Law and develop a comprehensive setoff of bylaws that require of the MOEHE to enforce school attendance compliance with students and their parents. The current system of issuing decrees and temporary guidelines is time consuming and non binding in many cases.35

27. Noted gaps in the legal framework include a lack of consistency, harmonization, and compliance with local laws and standards, (e.g. Health, age of marriage, criminal responsibility and labor laws36), the dependency of the development budget on external funding, burden of indirect costs like transportation and uniforms which are usually covered by parents, the high university fees, the lack of penalties in cases of violations, and the insufficiency of resources, equipments and infrastructure that is friendly for children with disabilities. Clear guidelines and policies need to be developed to address these gaps. Currently all teachers who are hired must receive a “security clearance” before they are hired. This is a violation of the Basic Law and the issue is being reviewed within the Supreme Court of Justice. (ICHR October 2009)

Affordability, Availability and Access to Basic and Secondary Education

28. Minimal school fees37 are charged for all grades and socially needy students are exempted from paying fee if they receive authorization from the MOSA. Many schools no longer require of students to pay these nominal fees if the student and/or parent do not have the funds available. During periods of crisis and emergency, the MOEHE has waived payment of these school fees. However, these fees are necessary since they support the basic running costs of the school usually (water, electricity, sewage fees). The ministry has not and will not turn any student away from school because they cannot pay the school fees. Additional costs affiliated with education include stationary, food, transportation and uniforms. School principals usually play a supportive role in ensuring that no child is exempted from attending school because they cannot pay such fees or cannot purchase basic supplies. Community based social support is usually involved in helping these students.

29. The MOEHE has included a poverty focused38 approach by targeting the building of classrooms, schools and non-formal education programs in geographical locations where poverty is higher or where people are isolated due to Israeli measures (as indicated in the National Poverty Report 2004).39 Although this approach is conducive to upholding children’s rights to education, they accommodate Israeli practices of isolating Palestinian communities in fragmented enclaves. The ministry has been caught between the dilemma of ensuring safe and quick access and availability of education for all children.

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33 Telephone interviews with three representatives of NGOs providing educational services. October 2008.
36 The mentioned laws all have ages that are younger than the age for compulsory education. Hence, girls can actual marry at an age where they have yet to complete their basic education in some cases.
37 50 NIS for grades 1-10 and 75 NIS for grades 11 and 12, fee waivers for social hardship cases, chronically ill children, and children of teachers.
38 Dual purpose of ensuring marginalized children have schools available and by allowing for small job creation programs through construction.
and executing a more sustainable program of increasing school size, pooling students, and supporting transportation costs. This latter approach directly confronts Israeli policies which seek to prevent students from accessing education (particularly in Area C, the Gaza buffer zone, East Jerusalem, and along the Israeli Wall.) The MOEHE is still awaiting permits from Israel to build a number of schools and classrooms in these areas. These permits are rarely obtained and to the contrary, schools are usually shut down or issued demolition orders by the Israeli civil administration under the pretext that these schools were built within the proper authorization.

30. The Ministry sets increased access to education as one of the four main goals of its new five-year educational plan. Activities supporting this goal are grouped as follows: creating new educational institutions; increasing the intake and retention capacity of existing institutions; including students with special needs; creating special TVET institutions for females, reviewing laws, regulations and mechanisms; introducing career guidance services; and strengthening the private sector role. These goals were translated into the PRDP 2008-2010; to increase access to primary and secondary education in terms of availability of equipped facilities owned by the Ministry, increasing the integration of students with special needs, and making textbooks available for all. The budget for the three years was 17, 38 and 69 million USD, respectively.

31. Access to education initially improved with the advent of the government. However, since the second Intifada, annual gross enrolment rates have fluctuated. Access to basic and secondary education is equitable in terms of gender, geographic distribution (urban, rural, refugees), and income. However, 20% of students who enroll in basic education do not complete secondary education. School construction in Gaza, East Jerusalem, and Area C are impeded by the Israeli government. Gaza has limited construction materials being allowed to enter. In East Jerusalem and Area C where the government’s jurisdiction is limited, the Israeli government builds schools for Israeli settler children, but prevents the building of schools and classrooms for Palestinian children.

**Enrolment Rates**

32. Gross enrollment rates are 94%, 93%, and 98% for the years 2007 through 2009, respectively. Equitable gender distributions exist with female enrollment rates at 49.5% in the basic stage and 53.2% in the secondary stage. The ratio of females to males was 98.1: 100; (99 in the West Bank and 96.6 in Gaza). Gross Enrolment Rate (GER) in the scholastic year 2009/2010 and for secondary education reached 77.9%. Enrolment rates in secondary education have steadily increased since 1995 (45% in the West Bank and 53.6% in Gaza) to reach (83.8% in Gaza and 77% in the West Bank) in 2007. The 2009 Net Enrolment Rate (NER) was 95.5% for males and 98.7% for females. For secondary education, the NER was 63.7% for males and 75.2% for females.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/8</td>
<td>93.8%</td>
<td>96.1%</td>
<td>91.6%</td>
</tr>
<tr>
<td>2008/9</td>
<td>93.2%</td>
<td>95.5%</td>
<td>91.0%</td>
</tr>
<tr>
<td>2009/10</td>
<td>98.2%</td>
<td>99.7%</td>
<td>96.6%</td>
</tr>
</tbody>
</table>

41 Palestinian Reform and Development Plan (PRDP) 2008-2010
42 For more information please refer to UNICEF Education Fact Sheet
43 According to the Palestinian Children Education Report 2010 and confirmed by the education strategy
44 MOEHE data- Planning department
Table 7.2: Gross Enrollment Rates According to Stage of Education, Year and Sex

<table>
<thead>
<tr>
<th>GER</th>
<th>Male %</th>
<th>Female %</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>95.1</td>
<td>98.4</td>
<td>96.7</td>
</tr>
<tr>
<td>Secondary</td>
<td>69.8</td>
<td>85.3</td>
<td>77.4</td>
</tr>
<tr>
<td>2008/9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>94.7</td>
<td>97.7</td>
<td>96.2</td>
</tr>
<tr>
<td>Secondary</td>
<td>72.7</td>
<td>86.7</td>
<td>79.5</td>
</tr>
<tr>
<td>2009/10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>96.6</td>
<td>99.7</td>
<td>98.2</td>
</tr>
<tr>
<td>Secondary</td>
<td>70</td>
<td>85.7</td>
<td>77.9</td>
</tr>
</tbody>
</table>

33. The GER and NER are less for secondary education. The drop in enrolment rates is due to boys dropping out of school to join the labor force, while the girls get engaged/married. The risk of dropping out of school increases amongst students with poor achievement and those attending schools in difficult to access regions. Some parents are hesitant to send children to school if they are located in areas where settler violence, closures, harassment at checkpoints, physical searches are done on a routine basis. Girls are more likely to be withdrawn from schools for fear of attacks against them by Israeli soldiers and/or settlers.46

34. PCBS receives administrative records from the MOEHE on student and school data and conducts national surveys and the census. However, there are discrepancies in the data which are attributed to methodology in processing data, timing and means of calculating the various indicators. The numbers available vary according to the source of information and sometimes it is difficult to find updated time series of the national GER disaggregated according to sex, educational stage, and geographic regions. This limits the use of the information in planning and strategizing. Both agencies should coordinate their data collection, systematize data collection methodology and timing, and use the new census information as a baseline.

35. MOEHE school/student records are not matched with MOI birth registration information. Hence, no accurate numbers are available on actual number of school aged children and those enrolled in schools. Coordinating between the agencies, improving timely registration of births, and identifying children who do not enroll in school is a priority. This information will be most helpful for identifying numbers of children falling between the cracks like children with disabilities and those living in marginalized communities or absolute poverty.

Inclusive Education

36. The MOEHE has operationalized the Jordanian Education Law, the Basic Law, PCL, the Disabled Persons Law, and the pending Palestinian Education Law by adopting an inclusive education component within the MOEHE 2008-2012 strategic plan and this is managed through their department for special education.47 Inclusive education programs in various forms have been included within the education sector prior to 2000. However, the resources and efforts have been constrained due to prioritization of other development programs and the slow progress being made in this sector.

37. Enrolment among special needs is limited despite the MOEHE’s efforts in providing a supportive environment for the disabled. In 2008 to 2010, approximately 1500-1600 children with disabled children were enrolled in schools. Those who do enroll do not usually complete the basic education cycle (up to grade 10) and usually drop out by grade six. School attendance rates for the mentally disabled are even lower than those of children with physical/sensory deficits – visually impaired, deaf, and physical disability.

45 MOEHE data- Planning department.
47 For more information please see chapter VI on disability / inclusive education.
38. Little attention has been given to slow learners and students with learning problems as well. Many of these students dropout either because they are expected to maintain high academic standards based on standardized testing procedures set within the educational system or feel isolated, rejected and marginalized by teachers and students. Specific training for some teachers is now underway to assist them in improving performance rates. For detailed information, please refer to chapter VI on disability.

Children Who Do Not Enjoy the Right to Education

39. Children with severe mental and physical disabilities are usually unable to attend schools due lack of capacity within schools to handle such cases, lack of transportation costs, and cultural practices which do not encourage the need for educating these children. The actual number of disabled children is not available, hence the size of this problem is not known. Most government, UNRWA, and private schools do not have the resources (human, material, or financial) to handle integration of children with severe disabilities. However, projections from other sources indicate that there are thousands of disabled school aged children currently not enrolled in schools. Further research is needed on this issue. The MOEHE has noted recently that more parents with disabled children are demanding their children’s rights to education and the ministry is currently reviewing methods of incorporating their needs. A number of disabled students have difficulty attending school due to their physical conditions; they are followed up at home by teachers and supervisors. They are considered enrolled in school, but receiving their education at home. This is limited in number, but the trend is increasing.

40. Children in conflict with the law and deprived of liberty do not fully enjoy the right to education. Only girls who are housed at the Dar Al Fatayat rehabilitation center are allowed to attend school off premises. The boys in the reform institutions are not allowed to attend school, and they receive basic literacy education for approximately three hours per day within the center. There is no cooperation with the MOEHE on these matters, and the curriculum is designed and implemented by the literacy trainers.

Higher Education (HE) and Technical and Vocational Education

41. In 2009/10, 6% of secondary school students were enrolled in vocational educational programs. This represents a 2% increase from 1999/2000 school year. All secondary school students, regardless of educational stream (science, liberal arts, and vocational) take the Tawjihi High School Exams. Furthermore, only one third of students enrolled in 2007/8 were females. These low rates are attributable to negative social perceptions regarding vocational education. As stated in the EDSP: “Traditionally, it is thought that those who fail in academic studies or who are not admitted to academic programs of study enroll in vocational and technical specializations. Career counseling in schools and post-secondary institutions is still almost non-existent which exacerbates this problem.” In order to address this, one of MOEHE’s “main policies” on Education for All calls for “increasing access to quality education at the levels of…technical and vocational education…” and one of the results related to access to education in the five year plan is to introduce career guidance services “to better guide students in secondary and post-secondary institutions to future careers especially in TVET-related areas.”

42. MOEHE’s approach is outlined in its plan to establish more vocational training institutions and to ensure the legal and policy framework for these institutions to function exists. This requires an investment of 67.7 million USD over the five-year period to meet these objectives. If these funds are properly invested, noticeable changes in the vocational enrolment rates will become evident. The PRDP also addresses vocational education, allocating an entire program specifically for it. However, its focus is much lower than the EDSP. For more information please see chapter VI on disability / inclusive education.

48  For more information please see chapter VI on disability / inclusive education.
49  The right to education of children deprived of liberty by Israeli forces will be addressed in the alternative report to Israel’s CRC report.
50  Deputy Director, Dar Al-Amal Reform Center (Ramallah- Telephone Interview, 17/11/2008)
52  Enrolment rates in this type of education are low (5%) when compared with other countries such as Germany (60%) and Israel (40%).
54  Ibid.
55  To this end, it is important to note that there are no laws which address children’s right to vocational education.
narrower, focusing only on school construction and curriculum development. The yearly budget also differs from that in the PRDP and is approximately 12.9 million USD higher in total for the three years. The enrolment targets were not finalized in the PRDP. The projects mainly focused on construction and expansion of schools and colleges (23 million USD), and on updating the curriculum to be linked to the labor market (6 million USD). The main donors funding technical vocational education and training are Belgium and Germany. But scholarships are also provided mainly by some Arab countries, Italy, Germany, United Kingdom, United States, Spain and Korea among others. Overall funding to this sector has been limited in past years, however, greater interest has now been demonstrated in supporting the upgrading and improvements in curriculum, training, and infrastructure.

43. As for higher education, the Vision for Education in the new five year plan outlines the “overall long-term direction for education developmental work including policy formulation and educational strategic planning.” It states that Palestinian education will “…build up a higher education system which is accessible, multiple, diversified, flexible, effective, efficient, sustainable, competitive and qualitative.” The same document defines accessible as “open to all individuals that are academically qualified despite their social status, nationality, residence, and/or disability.” This idea is translated into one of MOEHE’s “main policies” on Education for All, which calls for “increasing access to quality education at the levels of higher education.”

44. It is important to note that in budgeting, 97% of the funding allocated for access to higher education is aimed at poor and needy students including students released from Israeli detention, the injured, and disabled. This shows a strong commitment on the part of MOEHE to ensure equity of access to higher education.

45. The Higher Education Action Program from MOEHE’s 5-Year Plan has set the following objectives:

- Capacity expansion of the governmental higher education institutions.
- Encouraging and supporting the private and community sector in establishment of higher education institutions and developing cooperation to secure more scholarships and funding.
- Increasing attention to marginalized students or students with special needs (poor, released, injured, disabled).
- Counseling and career guidance for students’ aptitudes and willingness towards appropriate higher education enrolment programs.

46. The PRDP budgeting for access to higher education is modest, as are the projects listed under higher education. These projects mainly focus on establishing student loan schemes (12 million USD) as well as enlarging and equipping universities (10 million USD). Funding has been a priority for donors and this sector is well funded.

47. According to the education strategy, the main focus of Palestinian universities is on teaching rather than scientific research, which is restricted mainly to the academics rather than the students. It is worth mentioning that MOEHE reports that postgraduate studies where males constitute 58%, the percentage of females is higher than males. This could be attributed to the higher achievement of girls in the secondary school certificate exam, which gives them a greater chance to be accepted into universities and colleges. The fact that more males tend to study abroad more frequently than females may contribute to higher female enrolment rates locally. However, the PRDP shows that 34% of females with higher education degrees are not employed.

48. Although the ministry has prioritized scientific streams, increased resources to support scientific research, and encourage students to stay within the sciences, three out of four students usually enter into the literary stream at college, although science and technology are being prioritized as areas for educational development and future labor force market projections. This is an issue that the MOEHE is currently reviewing in order to encourage students to remain within the sciences.

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57 Ibid.
49. Staffing patterns within higher education are skewed. Staffing within higher education is male dominated – 3 male instructors for every 1 female instructor. Administrative staff accounts for half of all higher education personnel. Brain drain is a common problem under the current situation; low salaries and insecurity encourage academics to seek higher paying opportunities. So, the number of Ph.D. holders in 2006 was only 34%. More opportunities need to be afforded for females to complete their higher education locally since they are less likely to travel abroad to complete their education. This has resulted in greater representation of male Ph.D. holders within the universities.

50. In the school year 2008/2009, 27,000 students graduated from institutes of higher education. With the high level of unemployment and poverty, the absorption capacity of the labor force is low. Even though there are limited job opportunities, students continue to seek higher education since they will have a greater chance of finding employment compared to those less educated. Hence, new faculties and specialties are created within higher education, fees are rising, but students are under increasing pressure to meet these high costs. The government only provides 5.5% of the overall education budget for higher education and teacher unions continue to strike for better wages.

51. A student fund was established to aid needy students which allows students to only pay 4% of university fees each semester. After completing their education and getting a job, they begin to pay back their loan. This is complimented with a scholarships program that provides ‘presidential’ scholarships yearly to the top students in the secondary school certificate exam (50 students per year), with a budget of 400,000 JD per year (244 students are benefiting from this scholarship program.) Others are provided by the Council of Ministers or through fee exemptions by the Ministry and scholarships from other countries. A council for scientific research was also established (2% of the government revenues are to be granted for scientific research), a database was established but is not yet functioning.

52. The higher education sector still lacks proper comprehensive strategies for governance and financing. There is no joint or comprehensive strategic vision or plan to regulate the sector. The National Higher Education Council has been dealing with emergency situations related to financial crises within most of the universities. This has required universities raising tuition fees which result in student protests and strikes. Similarly, teaching staff are not satisfied with current salaries and have gone on a strike a number of times over the last three years. These events have served to delay discussions and decisions on strategic developmental issues.

53. Improvements within higher education require a thorough planning and integrated budgeting scheme that will allow for long term planning scenarios with sustainable financing mechanisms. Currently over 65% of higher education budgets are received via tuitions. This has resulted in raising tuition costs which are unaffordable for many students. A prime goal of attending universities is to be better prepared for the job market. There is still a substantial gap between the programs offered at universities and their strengths in supporting students in the job market. Universities focus on theoretical knowledge rather than creative thinking and do not correspond to market needs. Developing an educational-market scheme is essential. High expenses and lack of governmental universities and scholarships might affect access to higher education. Improving research, innovation, and creativity remain key learning outputs that are in need of support, too.

54. An increase in the enrolment of females in tertiary education was noted, even after marriage and giving birth. Post secondary education is becoming an important criterion in spouse selection. Two income households are viewed as positive and essential due to high cost of living and this has encouraged female higher education. This has supported positive social changes in acceptance of females’ education and respect for working and educated females. But all agree that the fees, transportation costs, accommodation, and costs of books and food are a burden.

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58  Education Sectoral and Cross- Sectoral Strategy 2011-2013
60  Al-Quds Newspaper- 18 August 2010- Higher Education in Palestine
Non-Formal Education and Literacy

55. The literacy rate in the OPT in 2007 was 99.1% (15-24 years) according to the PCBS, compared to 94.1% in 2008. Due to variation in measurement standards the UNDP Human Development Report (HDR) and the World Bank place literacy rates at 93.9% in 2007 (15 years and above). PCBS does not collect statistics on illiteracy for children below the age of 15. According to PCBS, “the illiteracy rates among individuals 15 years and over in the Palestinian Territory decreased in the period 1995-2007 from 15.7% to 6.1%.

56. While this rate is low, gaps remain between women and men, between different regions and among different age groups with higher illiteracy rates in women over the age of 15 (2.8% for males and 9.5% for females). One of the highest rates in the country is among rural females, where it reaches 12.9%. The district with the highest illiteracy rates is Tubas, where it reaches 8.4%. Finally, according to age groups, the rates are 58.0% for those 65 and over and 0.9% for those 15-24. From the huge gap in illiteracy rates between these two age groups, it can be concluded that the education system has vastly improved and that illiteracy is not a problem for youth in the OPT.

57. Enrolment in literacy programs increased from 1,503 in 1999/2000 to 4,292 in 2005/2006. Concurrently, the number of centers increased from 150 to 266 and teachers from 140 to 256. Other institutions running literacy programs have included Birzeit University’s Center for Continuing Education (no longer offering this service), the Palestine Red Crescent Society, MOSA, and a number of charitable societies. However, the total learners reached in 2007/2008 about 3251 students (1283 males and 1968 females) which is less than in the period 2005/2008. Examples of courses taught are: computer science and programming, business administration, and Hebrew language. The MoEHE gives permission to these centers to run courses according to specific criteria.

58. There is also “parallel education or alternative education” for those who did not complete basic or secondary stages of schooling and want to continue their education targeting those between the ages of 15-40 years old. This includes a 2-year education program. In its five-year plan, the Ministry budgets a total 8,010,000 USD for non-formal education programs, including literacy programs. Concurrently, while the PRDP states a commitment for seeking “to guarantee citizens’ access to a comprehensive education system consisting of …formal and non-formal education…..” the education budget does not have separate line item budgets for non-formal education nor literacy programs. This would also require identifying targeted budgets for other non-formal education programs that are executed in cooperation with civil society agencies and with the MOYS, including training courses, building diverse capacities, summer camps, workshops and conferences.

Budget Allocation and Spending

59. According to the Education Sector Strategy 2011-2013, donors are not harmonizing their financial and administrative procedures, and do not align with the national systems. Donors prefer to fund infrastructure. Total spending in the education sector reached 288.9 million USD (1995-2005), 26% on vocational education, 57.2% on school buildings and 15.1% on curricula development and textbooks. The differences in the procedures, the focus on emergency aspects, lack of coordination between the different departments, lack of sustainability, use of international technical assistance as well as duplication are all problematic and pose financial and administrative burdens on the Ministry and staff.

60. In the 2009 budget, the share of the education sector in the public budget was 19.33%, and accounts for 45.3% of the social sector budget. The education sector is ranked second after the security sector.

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63 Ibid.
65 Ibid.
within the national budget. The PRDP outlines the extent to which the education budget has increased since 2000, while noting that funding remains insufficient to guarantee quality education for all. The PRDP notes that, “Rapid expansion of school enrolment rates (due to high growth rates) over the last five years has driven increases in the annual education budget of 8-9% a year. Education expenditure as a percentage of GDP increased from 7.5% in 2000 to 11.5% in 2003. The government’s share of total education expenditure fell from 42% to 34% during the same period, as private expenditures have increased. However, there are concerns about variability in the quality of education, the poor state of much of the infrastructure and the lack of provision in some areas such as early childhood development programs, vocational education and education for children with special needs. The MOEHE hopes to be able to make significant investments to accommodate the expected increases in enrolment, rehabilitate school building, improve teacher training and expand the range of education services.”

61. Education, like other development sectors, is dependent upon foreign aid to support its development programs. As such, the ministry has included various scenarios for executing its program based on availability of funding. The ministry’s EDSP sets out three different funding scenarios for the education sector. The Basic Needs Scenario “represents the status quo situation and focuses on covering the basic needs to maintain the current level of education process without new developments and improvements and is based on minimum external assistance/aid.” The Medium Scenario “is designed for the case of lower availability of funding than required for the implementation of the optimal scenario. While the programs and activities of the plan in this scenario remain the same, the development targets and corresponding budgets in this scenario are lowered to the level of about 80% of the Optimal Scenario.” Finally, the Optimal Scenario “translates the goals and expected results into action programs and activities by setting progressive development targets in line with the projected development needs in the education sector for the next five years and in line with the objectives and targets of international educational plans, such as education for all (EFA) and millennium objectives.”

62. The needed budget for the education sector is determined yearly according to the operational plan. However, it must be approved by the government and readjusted if the government does not approve the total figure. The PRDP 2008-2010 set out the costs for education at 1,240 billion USD. This in effect results in an annual education budget of 413 million USD.

International Cooperation

63. The education sector was de-prioritized by the international community between 2005 and 2007, constituting a lower percentage of total disbursements in each consecutive year. The sector received 5% of total aid disbursements in 2005, 4% in 2006, and 1% in 2007. In 2005 and 2006, commitments to the sector were well above disbursements. This massive discrepancy totaled approximately 72.4 million USD over the two years. Only half of the 103 million USD committed to projects signed in 2005 has been disbursed by April 2008—three years after the signing date. Comparatively, well above 80% of the 4 million USD committed to projects signed in 2007 has been disbursed by 2008. This is partially due to the suspension of projects in 2006 due to the financial sanctions imposed on the PNA by some donor governments. As with all sectors, non-disbursements of commitments on this level can inhibit attempts at sector planning.

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69  Ibid.
70  Ibid.
64. The largest proportion of disbursements in the 2005-2007 period went to educational facilities and training. This is partially due to the fact that school building or rehabilitation, like other infrastructure projects, can be easily-implemented as temporary employment generation projects. Higher education received a surprisingly large proportion of 2005-2007 disbursements, reaching more than a quarter of the sector’s disbursements. This is largely due to a single 15 million USD project funded by Saudi Arabia in 2005 supporting universities and university students. Teacher training, an issue which directly affects quality of education issues, received only 4% of disbursements during these years. Early Childhood Education received well under 1%.

65. There were 21 different donor agencies or countries which funded the education sector in the three-year period. Of these, seventeen disbursed at least a million dollars to the sector from 2005-2007. The main donors include Norway, USA, Germany, Saudi Arabia, Spain, France, Canada, EC, Japan, Finland, Italy, Russia, Switzerland, Austria, World Bank, Belgium, and Ireland.

66. Different sub-sectors of education attracted different donors. For instance, vocational education which received 9% of total disbursements of the education sector 2005-2007 had only five donors ranked as follows:

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73 Includes educational buildings, equipment, materials; subsidiary services to education (boarding facilities, staff housing); language training; colloquia, seminars, lectures etc.
### Table 7.3 Disbursements to Vocational Education by Donor 2005-2007

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Donor</th>
<th>Disbursements 2005-2007 (Millions US$)</th>
<th>Percentage of Disbursements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Germany</td>
<td>14.5</td>
<td>73%</td>
</tr>
<tr>
<td>2</td>
<td>Canada</td>
<td>2.2</td>
<td>11%</td>
</tr>
<tr>
<td>3</td>
<td>EC</td>
<td>2.0</td>
<td>10%</td>
</tr>
<tr>
<td>4</td>
<td>Austria</td>
<td>0.8</td>
<td>4%</td>
</tr>
<tr>
<td>5</td>
<td>Ireland</td>
<td>0.3</td>
<td>2%</td>
</tr>
</tbody>
</table>

67. Conversely, the higher education sub-sector had 17 donors contributing to higher education in 2005-2007. The top five donors account for 75% of disbursements to the sector, and nine donors contributed 2% or less. The main donors included Saudi Arabia, USA, EC, Germany, Spain, World Bank and France.

68. The large numbers of donors and financing within the education sector requires implementation of a Sector Wide Approach (SWAP) to partnering between the government and donors. Currently a sector wide approach has been adopted and has resulted in the signing of a memorandum of understanding between the MOEHE and 15 different donors. This includes a joint financing mechanism with four donors who are working together to directly support the ministry’s EDSP. Furthermore, there is a successful Education Sector Working Group (ESWG) under the Social Strategy Group (SSG), in addition to a higher education thematic group. A thematic group on TVET is being considered. In November 2010, donors made a joint contribution of 92 million USD to the Education SWAP. This is a leading aid approach that the government wants to adopt in other sectors, also.

### B. Aims of Education (Article 29)

69. The goals of the MOEHE as outlined in its strategy include the following: improving access, quality, financial and administrative systems. The policies focus on education for all, gender equality, poverty reduction through loans and scholarships, quality education, science and technology, private sector participation, improving partnerships, harmonization and promoting economic and social development, improving planning and performance assessment, decentralization and East Jerusalem.

#### Quality Education

70. The MOEHE has identified teaching methodology and active learning processes as key areas requiring improvement. They are also working on improving education at all levels in order to ensure it prepares students for the job market. There are several indicators which measure the quality of education including teaching techniques, teacher training, student-teacher ratios, facilities, student services, and student achievements. Quality indicators also directly relate to the development of respect for the child’s personality, talents, and mental and physical abilities to their fullest. The indicators for some of these issues have improved over the past ten years; however, there are many ways in which children’s right to a quality education remains unsupported. The CRC survey showed that the reasons undermining that right come from factors both within the education system and outside it. The quality of education was perceived to be negatively affected by family poverty, occupation, poor teacher skills, and lack of parental educational level and motivation.

71. MOEHE’s five-year plan addresses some, but not all, of the obstacles to quality education mentioned by CRC Survey respondents. The focus of the plan is on improving quality within the educational...

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64 Human Development Report 2009, states that the Palestinian education system lacks active learning and does not prepare students to job market.

65 Please refer to Annexes 2 and 10.
system, and indirectly impacts on long term alleviation of poverty by enhancing student educational achievement. While it may be impossible for an education plan to directly address poverty alleviation, there is a need to address equitable access of education for all students especially the poor. The five-year plan addresses quality of education through activities including: improving the training of teachers on all levels, designing a pre-school curriculum, reviewing the curriculum for grades 1-12 and non-formal education, developing the TVET curriculum, improving educational facilities, developing new modes of learning and teaching, improving student services and activities, and improving students’ achievements on national and international tests.76

72. Each of the goals was translated into one of the two programs under the PRDP: The quality education program, which aims at improving the quality of primary and secondary education; through curriculum development (10 million USD), training strategy (13 million USD), quality monitoring and assurance (9 million USD), monitoring, targeting lowest performing schools through a holistic approach (infrastructure, equipment, textbooks, training, etc) (35 million USD), ICT equipments, computer labs and ADSL (15 million USD), libraries (12 million), schools health and nutrition (15 million USD), laboratories (11 million), facilities for special needs and counseling(9 million USD), sports and extracurricular activities (6 million USD), totaling 135 million USD over 3 years. The second program was education performance and efficiency that targets the policy making, planning and administrative resources for better service delivery through capacity development. The budget was 5 million USD over 3 years.

Teaching Facilities

73. There were 2,488 schools in 2008/2009, 1,635 for basic education, and 853 for secondary education. 74.3% of all schools are located in the West Bank and 25.7% in Gaza. 36.5% of schools are for males and 34.3% schools are for females and the remaining schools are co-educational. 75.2% are governmental schools, 12.7% UNRWA and 12.1% private schools. Data indicates an increase of 89 schools for the year 2009/2010.77 MOEHE and UNRWA include school construction as a key necessity. Overcrowdedness and lack of schools in various regions of the country (particularly Gaza) demand that more schools be built to accommodate the growing student population.

74. The percentages of schools possessing science labs, laboratories, libraries and specialized resource rooms and educational and information technology have increased significantly over the last five years, however, there are still many schools which need to be properly equipped. Furthermore, although available, these resources are still not sufficiently or adequately utilized.78 The percentage of schools equipped with computer labs, libraries and science labs have increased since the advent of the government, however for both the MOEHE and UNRWA schools, the rates are still below government criteria. According to the education strategy, governmental schools having science labs increased from 61% in 2005/2006 to 66% in 2007/2008, in private schools it decreased from 67% to 66%, while in UNRWA schools it increased to reach 55% from 46%. When it comes to libraries, governmental schools having libraries dropped from 64% to 62%79, in private schools, there was an increase from 60% to 76%, and in UNRWA schools from 65% to 86%. As for computer labs, governmental schools with computer labs increased from 57% to 73%, in private schools it decreased from 75% to 57%, and UNRWA schools increased from 25% to 71%.

77 Children of Palestine -PCBS – 2010 – In 2009/2010 there were 2577 schools (1917 in the West Bank and 660 in Gaza), 1921 Governmental (387 in Gaza), 325 UNRWA (228 in Gaza) and 331 Private schools (45 in Gaza) – Data provided by MOEHE. School construction completion during the years accounts for variations in numbers of schools reported by year.
79 Decreases are accounted for by new school building construction. Schools are built, but then are not equipped with the needed supplies and equipment. This lowers overall percentage of schools with the computer, art, laboratories, etc.
75. The physical presence of educational facilities does not guarantee that they are being used. For instance, according to the Education Sector Strategy for 2011-2013 in 2009, 0.3% of males and females used the library. Use of computer labs was 42.8% among males and 72.2% among females. However, computer use linked with application of the educational curriculum averaged 91.4% for males and 85.4% for females. Only 35% of male students and 28% of female students reported using science labs. Individual student time usage is low due to the high number of students, lack of equipment, the length of the curriculum, lack of electronic resources, and supporting materials. The ministry’s teacher training strategy has taken into consideration support practices for increasing use of educational facilities to support the learning process. In addition, as teachers have increased their familiarity and expertise in implementing the new educational curriculum, they have become more adept at budgeting time for using facilities to support the classroom teaching.

Student-Teacher Ratio

76. Decreasing student teacher ratios indicate that more student time per teacher is now more common. Despite considerable population growth and numerous challenges to the education system over the years, the Ministry has instituted a hiring process that allows for accommodating increasing numbers of teachers to meet population growth rates. Furthermore, the disparities among educational providers and regions has decreased, but not disappeared. UNRWA continues to have higher student teacher ratios compared to the government and private sector schools. See the table below for more information.

| Table 7.4: Students per Teacher 2007/8 by Region & Provider |
|-----------------|-----------------|--------------|
| PNA             | UNRWA           | Private      |
| West Bank       | 24.6            | 27.7         | 17.2         |
| Gaza Strip      | 26.1            | 30.6         | 17.7         |
| OPT             | 25.1            | 29.8         | 17.3         |

77. By 2007/2008, there were over 43,560 teachers (44.6% males, 55.4% females) with 70.2% in governmental schools, 19.5% in UNRWA schools, and 10.3% teaching in private schools. Three out of four governmental teachers had a bachelor degree or higher (74.8% in private schools, 65.1% in UNRWA schools). It is important to note that in addressing the student/teacher ratio, the MOEHE is faced

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with a set quota of 2,000-2,500 new staff/year. These teachers replace outgoing teachers and open up new classrooms to meet the population growth needs. The MOEHE has set a target of 25 students: 1 teacher by the end of 2012. The Ministry is likely to achieve this goal since there are currently 25.1 students: 1 teacher at the present time. However, the government is striving to ensure that these rates are applicable at all grade levels. Higher student: teacher ratios exist at the lower levels and this trend needs to be reversed.

**Class Density**

78. The average number of students per class (class density) is another important indicator directly impacting students’ right to quality education. Like the other quality education indicators discussed, there is disparity between the West Bank and Gaza and between UNRWA and MOEHE. The highest class density rates are for children in the secondary education stage in Gaza. Because UNRWA only provides basic education, all Gaza secondary school students must attend government or private schools. In comparison, West Bank secondary schools have the lowest class density rates.

**Table 7.5: Number of Students per Class in Governmental Schools 2005-2008**

<table>
<thead>
<tr>
<th>Year</th>
<th>Basic Education</th>
<th>Gaza</th>
<th>West Bank</th>
<th>Secondary Education</th>
<th>Gaza</th>
<th>West Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005/6</td>
<td>31.9</td>
<td>40.1</td>
<td>30.5</td>
<td>26.6</td>
<td>38.2</td>
<td>24.6</td>
</tr>
<tr>
<td>2006/7</td>
<td>31.2</td>
<td>39</td>
<td>29.9</td>
<td>26.3</td>
<td>37.7</td>
<td>24.3</td>
</tr>
<tr>
<td>2007/8</td>
<td>30.5</td>
<td>38</td>
<td>29.3</td>
<td>26.3</td>
<td>37.4</td>
<td>24.2</td>
</tr>
<tr>
<td>2008/9</td>
<td>29.6</td>
<td>37.1</td>
<td>28.7</td>
<td>25.6</td>
<td>36.8</td>
<td>23.4</td>
</tr>
</tbody>
</table>

79. Classroom density rates are slowly dropping in Gaza UNRWA schools, but not significantly (37.3 in 2008/2009 school year). The government and UNRWA are working to increase the number of schools and hire more teachers in Gaza, however the restrictions on importing construction materials has impeded building new schools to accommodate for the growing student population there. So in 2009 the number increase to 38.7 students per class. In private schools the class density in 2008/2009 was 24.4.

80. Recent data by the MOEHE showed that for the school year 2009/2010 the number of students per class by region, provider and stage were as follows:

**Table 7.6 Number of Students by Region, Provider, and Stage (2009/2010)**

<table>
<thead>
<tr>
<th>West Bank</th>
<th>Government</th>
<th>UNRWA</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>27.9</td>
<td>33.3</td>
<td>22.7</td>
</tr>
<tr>
<td>Secondary</td>
<td>23</td>
<td>-</td>
<td>18.5</td>
</tr>
<tr>
<td>Gaza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>36.3</td>
<td>38.7</td>
<td>20</td>
</tr>
<tr>
<td>Secondary</td>
<td>36.3</td>
<td>-</td>
<td>19</td>
</tr>
</tbody>
</table>

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87 MOEHE Planning Directorate General
Teacher Training

81. Studies conducted by MOEHE indicate that teachers are still in need of in-service training in order to enhance the capacity to teach the new curriculum. Practical activities specified in the textbooks and in teacher guides are not applied. Science labs and other teaching and learning resources are not sufficiently utilized. Rote learning and lecturing are the predominant methods of teaching. Although numerous in-service training courses have been organized during the period 2001-2005, they were not sufficient. Universities have pre-service teacher training programs, but they are not designed to equip teachers for the implementation of the Palestinian curriculum. The need for a comprehensive national strategy for teacher education is clear and universities are playing a leading role in teacher education and in the follow up and support system which are relevant to the needs of the education sector. A national strategy was in fact recently finalized and approved after extensive consultation. The challenge now is implementation and verification that it will improve the quality of school education. The government is now working with universities to ensure that the government’s education curriculum is used as a framework in pre service educational programs to ensure that teachers are properly educated on how to use the curriculum in the classroom.

82. Training programs target teachers, principals and supervisors. However, there is still a gap in terms of pre-service training, coordination between the graduate and postgraduate studies and needs in the education sector, lack of experienced and skilled teachers, lack of specialization in some of the topics like management, economics, and sciences. The MOEHE established a semi-independent commission for developing the teaching profession in the year 2009, based on recommendations of the Teacher Education Strategy. A draft code of conduct and professional standards were developed in 2010 for teachers and new teachers. This was based on a participatory approach including civil society and academics. The standards were based on awareness of the different abilities and developmental stages of students. But there was no specific mentioning of children with special needs, or in handling school violence, and the role of counselors.

83. The MOEHE has two specific projects to support teacher in-service training. This includes developing a unified system and training strategy and implementing the strategy. A budget of 33 million USD is required over a period of 5 years. However, the PRDP only allocates 5 million USD for developing and implementing an integrated teacher training project in 2008 and 4 million USD each for 2009 and 2010. The training strategy has now been completed, approved, and launched by the MOEHE in 2010. Teacher training programs are underway. The ministry has over 40,000 teachers. Pre service education  

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88 MOEHE Planning Directorate General.
for many was insufficient to meet the needs of the new curriculum and educational goals of the ministry. The Ministry has now introduced a teacher training assessment that measures teachers’ capacities and abilities and formulates plans for upgrading their knowledge and skills. This is an ongoing process that will eventually result in improved teaching and student performance, but requires substantial investment of financial and human resources over a long term period.

84. **Double shifts** schools are problematic. Many parents do not want to send their children to school later in the day because they are at work and cannot provide their children with the preparation and transportation needed during the middle of the day. Furthermore, children who live far away from schools will frequently have to walk home at late hours when it has become dark. Although the MOEHE has adopted a policy to eliminate double schooling they are far from their goal (particularly in Gaza). The number of schools with double shifts declined from 172 schools in the scholastic year 2005/2006 to reach 169 in 2007/2008. In UNRWA schools, double shifts increased from 77 to 94. As for private schools, there are no double shifts.90

Table 7.7: Number of Schools According to Shifts, Year and Geographic Distribution91

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>Morning Shift</th>
<th>Afternoon Shift</th>
<th>Double Shifts under one management</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/8</td>
<td>OPT</td>
<td>2157</td>
<td>263</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>West Bank</td>
<td>1778</td>
<td>28</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Gaza</td>
<td>379</td>
<td>235</td>
<td>7</td>
</tr>
<tr>
<td>2006/7</td>
<td>OPT</td>
<td>1816</td>
<td>256</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>West Bank</td>
<td>1654</td>
<td>48</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Gaza</td>
<td>162</td>
<td>208</td>
<td>4</td>
</tr>
</tbody>
</table>

**School Counseling and Health Services**
(For more information please see school health section - chapter 6-D)

85. The MOEHE has introduced many new student services and activities in schools since its establishment. These were virtually non-existent in schools prior to 1994. This is a major achievement. Still, a high percentage of schools and students (one third) do not get sufficient support in these services—the most important of which are school health, educational guidance, and career counseling. In addition, although student activities have flourished, many schools still lack proper physical, material, financial and human resources to further disseminate and improve the quality of these activities.92 There are currently over 861 school counselors who are responsible for providing school counseling services. Each school counselor is assigned responsibility for providing services in two schools due to a shortage of counselors. Over 70% of schools have access to school counselors on a part time basis. There are over 500 schools that have no school counseling services available. Additional hiring of school counselors is needed which will have at least one counselor per school or per 500 students. The importance of counselors to address individual needs and to provide classroom based counseling awareness programs is crucial in aiding students to deal with high levels of stress they face due to occupation, poverty, and dysfunctional social and family units. This is one of the few places where children have easy and safe contact with professionals.

86. The School Health Directorate General is mandated to develop, implement, monitor and evaluate school health activities in coordination with the concerned governmental or civil institutions. The programs include school environment, nutrition and canteens, community involvement, psychological and social health in coordination with the school counseling department, in addition to physical activities and sports, health education and promotion at schools through producing educational manuals and materials related to nutrition, non violence, life skills, general safety and reproductive health. Other pro-

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90 Education Sectoral Strategy 2011-2013 - MOEHE
grams include provision of aid tools (as hearing and visual aids, wheel chairs, tooth brushes and pastes, etc). In addition, the school contributes to extending and implementing the concept of a ‘child friendly school.’ It also facilitates the activities conducted by the MOH in terms of vaccination and screening. As for referrals, it developed a manual for in house referrals and external referrals in terms of mental and physical health and learning difficulties.

87. School health and medical screening are priorities for the MOEHE and MOH and a target to increase medical screening programs in the first and seventh grade to 100% coverage has been set for 2012. This requires further coordination with the MOH in the appointment of school health teams. The existing teams which now visit all schools complete hearing and visual screening for students ensure vaccinations are given, and provide basic educational services on good nutrition, and basic life skills. They have minimal time to work per school, hence increasing staffing to ensure more time and in depth training occurs within individual schools is a priority. These programs are also effective in identifying health and abuse related problems with children since they have individual contact with students and staff are trained on how to identify problems and symptoms of abuse or violence.

**Drop Out Rates**

88. The government has detailed legal measures to prevent the occurrence of students dropping out of school. Article 37 of the PCL states that: “the state shall take all appropriate arrangements and measures to prohibit the early drop out of children from school.” Although the drop-out rate remains low (1.2% overall for the OPT in the 2006/7 school year.) Higher rates of school drop outs are found in boys in Gaza with a 143% increase in their drop-out rate from the previous year to reach 1.7% in 2006/2007 compared to 0.7% in 2005/2006. Female Gaza students in the secondary education stage have the highest drop out rate which is 5%. Government schools in Gaza are not easily accessible for girls in rural areas of Gaza. Hence, when many of them complete the 10th grade they may not transfer to the high school. In addition, refugee girls only have access to grade 9 at UNRWA schools. If they want to continue their education they must transfer to a government school. Sometimes girls are discouraged from continuing their education so that they do not have to travel out of the camp or a distance from the home.

89. In 2007/2008, the dropout rate reached 0.8% (1.1% for males and 0.6% for females). In the secondary stage the rate increases to reach 3% (2.6% for males and 3.7% for females). This could be due to political, economic, social and cultural reasons. Dropout rates in secondary stage are higher than in the basic stage. Higher rates of male students dropout of the compulsory basic education cycle, but in the secondary stage (11 and 12th grade) this trend reverses and female students are more likely to drop-out.

Table 7.8: Drop-Out Rates by Year, Stage and Sex

<table>
<thead>
<tr>
<th>Drop-out</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005/6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>0.8</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Secondary</td>
<td>2.3</td>
<td>2.9</td>
<td>2.6</td>
</tr>
<tr>
<td>2006/7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>1.3</td>
<td>0.5</td>
<td>0.9</td>
</tr>
<tr>
<td>Secondary</td>
<td>3</td>
<td>3.8</td>
<td>3.4</td>
</tr>
<tr>
<td>2007/8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>1.1</td>
<td>0.6</td>
<td>0.8</td>
</tr>
<tr>
<td>Secondary</td>
<td>2.6</td>
<td>3.7</td>
<td>3.1</td>
</tr>
</tbody>
</table>

90. Dropping out of school has been attributed to social, educational, political, economic, and personal reasons relating to student’s abilities. There are issues related to the Palestinian educational system that can be addressed through improving the quality of educational methods, curricula and teachers.
interactions with students, strengthening the role of the educational counselor, preventing physical or verbal punishment, improving school sanitation facilities, strengthening the role of parents' councils, and building schools in safe areas. But the political aspect is a major constraint that affects whether or not a child remains in school. Assisting poor families to maintain children in schools (particularly in secondary stages) is critical. For instance, some Bedouin children have to walk 5-7 km to go to school. Securing transportation for these children is not easy for poor families (200 NIS/child per month). For families with five or six children this also becomes quite costly, especially because sometimes they are turned back at the checkpoints and humiliated. The financial constraint is but one aspect. Safety of the child while coming and going to school and passing closures is another problem that impedes children’s desire to go to school. UNRWA says that due to these constraints 19% of Bedouin/herder families males and 43% of females “never attend schools”. However, the ministry has limited resources to support this initiative at this time, but does coordinate with MOSA to ensure that needy families are supported with cash assistance programs and children receive minimal stipends or assistance to continue their schooling.

However, MOEHE data on reasons for dropping out of school for the year 2007/2008 in governmental, UNRWA and private schools in the West Bank, revealed that for basic education, four out of 1000 students dropped out due to the lack of ability to study, two out of 1000 students dropped out of school to work, or due to lack of desire to continue their education, and one out of 1000 students dropped out for early marriage or engagement. The same four reasons also applied for secondary education, but in a different order. There were 13 out of 1000 students who dropped due to the lack of ability to study (concentrate), 12 out of 1000 students dropped out for early marriage or engagement, eight out of 1000 students dropped out to work, while six out of 1000 students dropped out due to lack of desire to continue their education. Other reasons for school dropout include sickness and disability. Transportation was an issue on rare occasions. In general, school dropout rates are quite low for basic education students and the reasons are varied. However, school dropouts increase with grade level, particularly during the secondary stage of education.

Table 7.9 Drop-Out Rates for 2006/7 by Region, Gender and Stage

<table>
<thead>
<tr>
<th>Region</th>
<th>Stage</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPT</td>
<td>Basic</td>
<td>1.3</td>
<td>0.5</td>
<td>0.9</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td>3.0</td>
<td>3.8</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1.5</td>
<td>1.0</td>
<td>1.2</td>
</tr>
<tr>
<td>West Bank</td>
<td>Basic</td>
<td>1.1</td>
<td>0.6</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td>3</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1.3</td>
<td>0.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Gaza Strip</td>
<td>Basic</td>
<td>1.5</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td>3.1</td>
<td>5</td>
<td>4.1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1.7</td>
<td>1.1</td>
<td>1.4</td>
</tr>
</tbody>
</table>

The CRC survey through an open-ended question asked why children were not attending school. In the opinion of the respondents, 69 out of 116 respondents indicated that the children were not encouraged to go to school by their families, whether because of neglect or because the families themselves did not care about education. Poverty was also mentioned by a very large number of respondents (65) who gave examples of children not being given the pocket money they needed or families being unable to afford school supplies. Child labor was the third most common reason to be mentioned. Some respondents indicated that children entered the workforce under their own initiative and other indicated

91. However, MOEHE data on reasons for dropping out of school for the year 2007/2008 in governmental, UNRWA and private schools in the West Bank, revealed that for basic education, four out of 1000 students dropped out due to the lack of ability to study, two out of 1000 students dropped out of school to work, or due to lack of desire to continue their education, and one out of 1000 students dropped out for early marriage or engagement. The same four reasons also applied for secondary education, but in a different order. There were 13 out of 1000 students who dropped due to the lack of ability to study (concentrate), 12 out of 1000 students dropped out for early marriage or engagement, eight out of 1000 students dropped out to work, while six out of 1000 students dropped out due to lack of desire to continue their education. Other reasons for school dropout include sickness and disability. Transportation was an issue on rare occasions. In general, school dropout rates are quite low for basic education students and the reasons are varied. However, school dropouts increase with grade level, particularly during the secondary stage of education.

92. The CRC survey through an open-ended question asked why children were not attending school. In the opinion of the respondents, 69 out of 116 respondents indicated that the children were not encouraged to go to school by their families, whether because of neglect or because the families themselves did not care about education. Poverty was also mentioned by a very large number of respondents (65) who gave examples of children not being given the pocket money they needed or families being unable to afford school supplies. Child labor was the third most common reason to be mentioned. Some respondents indicated that children entered the workforce under their own initiative and other indicated

96 Situation Analysis- UNICEF- Draft of December 2009
98 Please see Annex 10. Due to the small sample size of this survey (116 respondents in the West Bank), the results are not representative. However, the fact that an open-ended question delivered with no prompting led to more than half of respondents indicating a similar response can be taken as an indication of social attitudes on education.
that it was under pressure from their parents. The fourth reason implicates the children themselves, with responses ranging from children refusing to go to school to children preferring not to go. It is surprising that conditions arising from the occupation were only mentioned by seven respondents. As an official from the National Curriculum Center noted:

*Occupation is the most important obstacle for students. There are students, who have been killed when they were going to their schools, and many were arrested or their houses were destroyed. Also checkpoints prevent them from reaching the school. All of these obstacles affect their psychological well-being. The media also affects them, when children watch programs that make them afraid of going to school. There must be a suitable psychological atmosphere to allow children to be creative.*

Repetition Rates

93. The Ministry guidelines for repetitions state that repetition in grades 1, 2, and 3 are not permitted. Repetition can be approved in grades 4-12. But students are only allowed to repeat a class twice with no more than 5% of students/class allowed to repeat a grade. This means that the number of students receiving or who should be receiving failing grades is underestimated. With this in mind, variations in repetition rates by gender and region may still be of some use to indicate general trends.

94. The following graph shows that between 1994, when the Ministry became responsible for the education system, and 2005, repetition rates decreased considerably. Also, disparities between boys and girls and the West Bank and Gaza lessened. However, this progress was reversed in the 2006/7 school year when repetition rates in Gaza shot upward nearly reaching 1994 levels. While both genders in Gaza experienced an upsurge, rates for boys increased more dramatically reaching 7% (a 268% percent increase from the previous year). Meanwhile, rates in the West Bank remained stable. Political instability may have contributed to this sharp increase in school dropout rates in Gaza.

*Chart 7.5  Repetition Rates in Basic & Secondary Levels 1994/5-2006/7*

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99 General Manager for Social and Human Curriculum. MOEHE Curriculum Center.
Table 7.10 Repetition Rates for 2006/7 by Region, Sex, and Stage\textsuperscript{101}

<table>
<thead>
<tr>
<th>Stage</th>
<th>Repetition Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
</tr>
<tr>
<td>Basic</td>
<td>1.9</td>
</tr>
<tr>
<td>Secondary</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Table 7.11: Failure Rates for 2007/8 by Sex and Stage\textsuperscript{102}

<table>
<thead>
<tr>
<th>Failure</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/2008 Basic</td>
<td>1.8</td>
<td>1.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Secondary</td>
<td>1.1</td>
<td>0.8</td>
<td>1</td>
</tr>
</tbody>
</table>

95. National tests were done in the following subjects; Arabic, Mathematics for the 8th grade, English for the 5th grade, not to mention the International Test for Math and Science (TIMSS). The results revealed better achievement by girls, as well as weakness in mathematics (to a higher degree) and science. Similar testing was undertaken in 2008/2009 and results indicated that student performance and achievement were poor in the aforementioned subjects. The final results have yet to be published.

**General Principles**

96. The principle of the best interests of the child serves to mediate between the interests of children versus other actors, and also serves to mediate among competing interests of the child him/herself. Thus, an assessment of the extent to which this principle is being applied in the education system would need to consider the extent to which children’s interests are treated as paramount to the interests of other actors (school administrators, teachers, parents, etc.) and the extent to which decision-making is based on a process of identifying children’s interests and prioritizing among them.

97. Historically, the education system in the OPT has served a number of interests beyond those of children and their right to a quality education. The education sector in the OPT is one of the largest employers—that within the government or UNRWA—and its role as a growth employment sector has at times outstripped its role in providing children with a quality education. Decisions to expand or contract the teaching force have been based on fiscal or employment policy rather than student/teacher ratios. Generally speaking, hiring remains in the hands of the Ministry of Finance (MOF) and the General Personnel Council (GPC). These are illustrations of the fact that the interests of the child are not consistently paramount to those of other actors within the education system.

98. The teachers’ strikes in the Gaza Strip at the beginning of the 2008 school year offer the clearest demonstration of subjugating children’s best interests in education to political considerations. The Palestinian Center for Human Rights reported that the strikes were political in nature and were called for by the General Union of Palestinian Teachers and represented internal political fragmentation that impacted on children’s right to education.\textsuperscript{103}

99. While implementation may be lacking, there are legal mechanisms in place calling for respect for children’s right to participation in decision-making concerning them within the education system. In order for respect for the views of the child to be anything beyond tokenism, children’s voices need to be systematically consulted to inform decision-making. The Palestinian education system has made improvements in considering children’s views; however, consultations remain ad hoc and permanent mechanisms for children to voice their opinions and have them considered are absent.

\textsuperscript{101} Children of Palestine- PCBS 2010 * http://www.pCBS.gov.ps/Portals/_pcbs/educatio/eduR.htm
\textsuperscript{102} MOEHE Directorate General of Planning
\textsuperscript{103} “PCHR Concern at Ongoing Gaza Strikes.” Palestinian Center for Human Rights. 2 September 2008.
100. The major entry point for children’s voices to inform decision-making was through the ministry’s planning process. As a part of this process, the ministry held meetings with all stakeholders, including children. According to this, a “diagnosis” of the education system was developed. An example of an outcome of these meetings was children’s perception that the curriculum was too difficult. The presence of student councils in some schools is indicative of progress towards children’s participation, however, only a limited number of schools have established student’s councils.

101. While the plan is reviewed annually, there is no formalized process for consulting with students until the development of the next five-year plan. Rather, the focus during the implementation of the plan is on achieving its goals. However, students’ opinions may be sought on more specific issues on the Director General level. Children do not participate in setting the curriculum. The opinions of their parents are, to some extent, considered. However, the main source of information for curriculum development is from the teachers. Teachers are consulted on their perceptions about the difficulty or the length of the curriculum.

102. The MOEHE has established an ombudsman or complaints department within its structure for following up on complaints. This is based on a Cabinet decision from 2005 in order to “establish good relations between citizens and the Ministry.” However, it is not set up for children to access or use, and is instead directed at community members. There is also a complaints system being piloted as part of the new non-violence policy was piloted in 2009/2010 in 80 schools in the West Bank and Gaza Strip.

103. In terms of legal measures taken to support children’s right to life, survival and development in the field of education, article 39 of the PCL addresses this issue “the state shall take arrangements to: Foster the dignity of the child, particularly when adopting decisions or developing programs, which aim at prohibiting all forms of violence in schools, regardless of the source.” Violence in schools is a considerable problem with an immediate impact on children’s right to life, survival and development. Rates of violence are high—whether perpetrated by teachers against students or among students themselves. At the same time, studies on teachers’ perceptions indicate that a high number of them view corporal punishment as a legitimate educational tool. (See Chapter IV Civil Rights and Freedom, Violence in Schools for a more detailed presentation of information on violence in schools)

104. While the Ministry has made statements and issued decisions condemning violence in schools and prohibiting the use of corporal punishment, until recently, it has been unsuccessful in setting up the systems necessary to adequately prevent and address violence in a comprehensive manner. A 1996 document on disciplinary measures calls for a prohibition on any type of physical punishments. This prohibition was strengthened in a letter written by the Minister of Education and Higher Education to school directors and teachers:

In this letter I call for strengthening care about this order which you are accountable for commitment to the non-use of beating and physical violence and psychological violence and that the schools will be free from any form of violence and free from any application of violence, with my assurance that this does not mean the non-implementation of the system and school disciplinary measures in force in cases outside of the system.

105. In 2008, for the first time, the MOEHE developed a comprehensive policy to reduce violence in the schools, which was piloted in 80 schools in the West Bank and Gaza Strip in the 2009/2010 school year. This system outlines the responsibilities of all parties including the students, teachers, school administration, and community in ending violence within schools. It also outlines a complaints procedure by which students and their caretakers can submit complaints to a committee and appeal the decisions.

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105 “Policy to Reduce Violence in Palestinian Schools.” MoEHE General Directorate of School Health & General Directorate of Guidance and Special Education. 2008.
106 Letter of the Minister of Education and Higher Education, April 4 2004
107 “Policy to Reduce Violence in Palestinian Schools.” MoEHE General Directorate of School Health & General Directorate of Guidance and Special Education. 2008.
of the committee. Finally, the policy outlines a set list of disciplinary tactics which are to be used in response to specific infractions by students. Disciplinary measures to be used against teachers who use violence in schools or otherwise violate students’ rights are not outlined in the document. (Nevertheless, high rates of violence are still being reported.)

106. The Ministry has targeted allocation of funds and necessary resources to expand this policy to the entire school system beyond the piloting phase. Projects of these sorts which are funded by external donors, in this case UNICEF, are rarely permanently integrated and institutionalized in the education system. They are vulnerable to premature cessation if funding policies change, and attempts to institutionalize them are met with a lack of political will at best and strong resistance at worst. The Ministry is including proper disciplinary techniques as part of teacher training programs to ensure that teachers are properly trained on appropriate behavior and discipline strategies to use in the classroom.

107. Protection within the education system of children’s right to life, survival and development requires the education system to reach beyond schools and ensure that children under threat are identified and referred for appropriate protection services. There are no formal written referral channels between the MOEHE and MOSA to address cases of violence or abuse; however, a system of Child Protection Networks is being piloted in five regions starting in 2009. These Child Protection Networks will be led by MOSA. Similar to the anti-violence policy discussed above, this network initiative is being funded by UNICEF and the political will on behalf of stakeholders to implement the network was initially mixed, but there is currently proper buy-in and implementation of the network. Proper and professional centers for referrals are minimal though.

108. The MOEHE relies on its school counselors to address cases of abuse. However, only 65% of schools had access to school counselors as of 2006. Furthermore, the school counselors do not have written policies to deal with cases. Rather, working methods are developed during trainings and rely on basic principles rather than specific procedures or policies. For instance, in the schools with access to school counselors, all students attend group classes with the counselor. Thus, the students know about the counselors, and the counselors can begin to detect children in need of help. Referral to the counselor can also be made through the students themselves, the principal, teachers, parents and friends.

109. UNRWA has several policy documents related to the phenomena of violence and abuse in its school system, the most prominent of which is the Educational Technical Instructions: ETI No. (1/2003) Education Department Guidelines towards Corporal Punishment in UNRWA Schools and Training Centers. These guidelines offer clear procedures for addressing physical or verbal violence against children in an UNRWA school. The document forbids corporal punishment, stating:

Corporal Punishment should be considered as a physical abuse of the student and is strictly forbidden in all UNRWA schools and Training Centers, at all times, under all conditions and circumstances…The Department would consider any administering of Corporal Punishment to be a serious violation of its guidelines resulting in possible suspension or termination from the Service depending on circumstances.

110. Different penalty measures depend on whether it is verbal abuse, physical punishment, serious physical punishment or severe physical punishment. Legal disciplinary measures include: written censure, suspension without pay, demotion, termination for misconduct and salary dismissal. The document also sets out monitoring and reporting requirements. These responsibilities include ensuring that all staff is aware of these guidelines, that incidents are monitored and followed-up, organizing trainings and regular reporting. It is explicitly stated that “All incidents of Corporal Punishment are required to be reported and recorded.” While these guidelines are arguably even stronger than those of the Ministry,

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106 “Policy to Reduce Violence in Palestinian Schools.” MoEHE General Directorate of School Health & General Directorate of Guidance and Special Education. 2008.
107 “Child Protection in the Occupied Palestinian Territory; Structures Policies & Services.” Institute of Community and Public Health Birzeit University & Secretariat for the National Plan of Action for Palestinian Children, 2006.
108 “Child Protection in the Occupied Palestinian Territory; Structures Policies & Services.” Institute of Community and Public Health Birzeit University & Secretariat for the National Plan of Action for Palestinian Children, 2006.
110 “Policy to Reduce Violence in Palestinian Schools.” MoEHE General Directorate of School Health & General Directorate of Guidance and Special Education. 2008.
higher levels of violence are reported in UNRWA schools than in public schools. This supports the idea that policies on paper—regardless of how specific and strongly worded—are meaningless without the political will of the institution and sufficient resources to enforce those policies.

111. Education is seen as a strategy to keep children out of violent clashes with the occupation. “It is difficult for schools to escape violence when surrounded by it … Amidst such despair, children and their families see education as their hope and a way to keep safe.” The quantity and quality of school counselors need to be upgraded and expanded to allow them to treat students on site. Psychosocial factors highly affect students’ achievements and behaviors unless they can directly assist children in dealing with their problems, aiding in addressing student concerns about their school and family life, and to make referrals for difficult cases then the children will continue to suffer from the trauma that accompanies occupation, violence, and poverty.

112. A survey conducted as part of this research did not reveal public concern over discrimination within the education system. The MOEHE has made strides in some of the areas which are problematic in other countries, such as gender equality. Where there is discrimination inside of the school system, it is more of a geographical phenomenon created and aggravated by Israeli closure policies. In terms of the measures adopted to ensure that children may be taught in local, indigenous or minority languages; the curriculum is only taught in Arabic, with the exception of English as a foreign language. However, this does not amount to discrimination in view of OPT’s lack of linguistic minorities.

113. Gender equality reflected in the table below should be considered a major accomplishment, particularly considering that in the 1995/6 school year; only 45.5% of students in the secondary cycle were girls.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>49.5%</td>
<td>50.5%</td>
</tr>
<tr>
<td>Secondary</td>
<td>52.9%</td>
<td>47.1%</td>
</tr>
<tr>
<td>Both Stages</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

In order to bolster these accomplishments, the Ministry is continuing to emphasize gender equality, to the extent that the second of its “main policies” states that:

Although noticeable achievement has been made in this regard in the education system at large, additional measures will be taken to bridge any remaining gaps between females and males in enrolment and completion rates at all levels and in all kinds of education. More women will be encouraged in employment in education at all levels, especially in higher decision-making positions.

The curriculum also specifically targets gender equality as a part of its underlying philosophy.

Areas of Special Concern

East Jerusalem:

114. Due to the fact that Israel has illegally annexed East Jerusalem, the Palestinian government cannot provide services there. Thus, the Jerusalem municipality manages 55% of schools however the Palestin-
ian curriculum is used. Other schools in operation in East Jerusalem include Islamic Waqf schools run by the Islamic Endowment (Waqf) department under the supervision of the MOEHE, private schools (including charitable and religious schools), and UNRWA schools.

115. According to Israeli Law, Palestinian children in East Jerusalem are entitled to receive free education from kindergarten through the 12th grade. However, many Palestinian families who have not been granted residency permits are forced to enroll their children in private schools, because they are prevented from enrolling them in public schools. Other children are not allowed to register in public schools because they are overcrowded and do not have available space in the classroom to meet the needs. There are reportedly 5500 school aged children in East Jerusalem who do not attend school. There is no compliance by the State of Israel with the court rulings in terms of increasing the number of classrooms. These results were according to a report by Ir Amim and the Association for Civil Rights in Israel (ACRI), in addition people in East Jerusalem are becoming poorer. 65.1% of the families are below the poverty line with 95,000 Palestinian children living in poverty. Families are becoming less educated and higher rates of violence and drug abuse have been reported. Student achievements rates are poor. There is a shortage of over 1500 class rooms, buildings are not safe, and there are not sufficient bathrooms, playgrounds, and libraries. Class rooms are crowded, and most are not according to standards and are in unsuitable conditions. Israel provides five times the level of educational investments in West Jerusalem compared to East Jerusalem. However, as this is a violation of Palestinian children’s rights by the Government of Israel, it is beyond the scope of this report and will be addressed in the next Alternative Report to Israel’s State Report to the CRC.

116. Despite the considerable limitations on the MOEHE’s ability to work in East Jerusalem, one of the main policies of its five-year plan states that, “Education in Jerusalem will receive special attention, especially in the areas of provision of classrooms, schools, vocational education and programs and improving employees’ salaries. Donors will be urged to invest in education in Jerusalem.” To this end, the MOEHE has set aside approximately 24.5 million USD in its five-year plan to “provide an appropriate physical and educational environment to retain students in schools in East Jerusalem.” However, education in East Jerusalem is not specifically addressed in the PRDP budgets. The government has taken steps to support the building of new schools and classrooms within East Jerusalem. This is a controversial measure that the Israeli government attempts to block.

The Gaza Strip and UNRWA Schools

117. Another one of the MOEHE’s main policies states, “Despite the current situation in Gaza, the Ministry will not neglect the Gaza Strip. Equal importance, the situation allowing, will be given to improve the education system quantitatively and qualitatively.” However, there is a total disconnect between planning and reality in this situation. While the Ministry continues to include Gaza in its planning programs, its plans in Gaza are not fully implemented. Children in Gaza are the victims of political circumstances which continue to separate the West Bank and Gaza. The ongoing blockade, occupation and political conflicts have impacted the quality of education in Gaza and should be avoided at all costs.

118. The (2007–2008) academic year saw a more than 50% increase in failure rates in standardized tests compared to the previous academic year for children registered in UNRWA schools in which 256 work days were lost due to access restrictions in the West Bank for teachers and school administrators. In Gaza, the ongoing blockade resulted in delays in the arrival of textbooks and needed stationary, uniforms and school bags. Hunger among students due to poverty and unemployment were also reported. Remedial programs for children with learning difficulties and learning disabilities is available in 13 out of 19 camps.

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115 Failed Grade- Palestinian Education System in East Jerusalem 2010 – Ir Amim and ACRI – August 2010
117 Ibid.
118 Ibid.
120 UNRWA education fact sheet November 2008 – www.UNRWAat60.org
119. According to UNRWA/Gaza, currently in Gaza, 90% of UNRWA schools are running on a double-shift basis, where the physical school building is put to use twice – in the morning and in the afternoon – to house two separate schools with an average of around 1,000 pupils each. In (2008-2009) there were 124 facilities/buildings hosting 221 schools (double shifts.) In (2009-2010) there were 128 facilities/buildings hosting 228 schools. In order to accommodate more classrooms, UNRWA had to rent government school facilities, set up classrooms in containers, and increase number of double shift schools. Only limited construction, repairs, and upgrading of infrastructure were carried out to repair the damages incurred during Operation Cast Lead. Since September 2010, a slight, temporary and limited relaxation of closure took place which allowed the transport of building materials into Gaza.

120. In Gaza, the overall learning environment for all students is characterized by severe overcrowding as illustrated by an average class size of 38 students for every teacher. Younger grades tend to be more crowded and may have as many as 45-50 pupils per classroom. Moreover, thousands of students are confined to makeshift classrooms and ad hoc solutions, including the existence of an entire school built from shipping containers and the use of 88 containers to supplement classroom capacity in 40 schools throughout the Gaza Strip. As many as 186 classes regularly rotate between classrooms and the school yard as a result of insufficient classroom space.

Area C (including the Seam Zone)

121. The Israeli Separation Wall prevents hundreds of schoolchildren from accessing their schools and has led to students dropping out, particularly girls whose families fear for their safety. The illegality of the Israeli Separation Wall and Israel’s responsibility to remove it and ensure the right of education of children living under its occupation will be addressed in the Alternative Report to Israel’s CRC report and is beyond the scope of this report. The question which must be addressed here is what responsibilities the government has to ensure the education of children whose right to education is affected by the Wall. Strict Israeli controls on building and development mean that Palestinian children are forced to learn in cramped makeshift classrooms or caravans where basics such as electricity, functioning toilets, and safe drinking water are lacking. In Area C, as in villages around At-Tuwani village in South Hebron, children attending the school there from the neighboring villages are subject to settler violence. Children are accompanied by foreign volunteers to protect them. No adults are allowed to accompany them near the fenced area of the settlement. In 2004, the Knesset mandated the Israeli Defence Forces (IDF) to provide escort for the children through that area. But sometimes the children have to wait for the escort and be late for school, or it passes too fast for the children to follow. Each year since 2007/2008, documented attacks of settler violence against children have increased.

122. The Ministry is faced with a dilemma. It is responsible for ensuring access to those children who have been denied access to their schools because the Israeli Separation Wall dissected their communities and cut off access. However, by providing children with new school facilities in their enclave they are supporting the presence of the Israeli Separation Wall. The Ministry does not take any actions that can be interpreted as mitigating the effects of the Wall, and third party states are under a legal obligation to “provide neither aid nor assistance in maintaining the situation created by its construction.” According to these criteria, donors may be dissuaded from supporting the building of new schools in communities affected by the Wall. Moreover, the Ministry has limited authority in Area C and cannot build unless it receives a permit from Israel which is rarely granted. However, the government and international humanitarian organizations have ensured that all children in these areas have access to education, but for most of them this access is difficult to reach, costly, and puts children at risk of violence by Israeli settlers and soldiers.

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120 Data provided by UNRWA/Gaza upon the request of Save the Children.
121 Child Rights in the Occupied Palestinian Territory- Save the Children- 2009 Review. For more information please see UNICEF Education fact sheet.
122 Protecting Palestinian Children from Political Violence: The Role of the International Community by Jason Hart and Claudia La Forte 2009. This was confirmed by Save the Children UK case studies in area C.
124 Ibid.
C. Cultural Rights of Children Belonging to Indigenous and Minority Groups (Article 30)

123. This is not an issue in the West Bank and Gaza, but it is an issue in East Jerusalem for Palestinian students as mentioned earlier. Israel is openly discriminating against the Palestinian residents. This issue will be addressed in the Alternative Report to Israeli CRC Reports and is outside the scope of this report.

D. Education on Human Rights and Civic Education

124. The MOEHE has shown its commitment to developing children’s respect for human rights, fundamental freedoms, and the principles enshrined in the UN Charter through the development of a new curriculum which was built on these principles. The curriculum covers human rights and children’s rights, including exposure to International Human Rights Law and International Humanitarian Law. It also directly addresses the development of respect for parents, cultural identity, language and humanistic and national values, and for tolerance and mutual respect. Increasing teacher and child awareness on the Convention should be institutionalized within the curriculum.

The Vision for Education in the Ministry’s plan states:

Palestinian education will prepare human beings who are proud of their religious values, nationality, country, and their Arab and Islamic culture; who contribute to the development of their society; who actively seek knowledge and creativity; who interact positively with the requirements of scientific and technological development and who are capable of competing in scientific and applied fields; who are open to other cultures and regional and international markets; who are capable of building a society based on equality between males and females and upholding human values and religious tolerance.

125. The curriculum introduces the idea of mutual respect among children and between children and parents. This is particularly emphasized for primary school children. It also addresses different cultures and societies. The curriculum is also designed to address the preparation of the child for leading a productive and responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of the sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin. In particular, the civic education module of the curriculum addresses rights, duties and how children should treat each other with respect, tolerance, and without religious or any other type of discrimination. Finally, the civic education curriculum also addresses respect for the natural environment.

The Right to Education - Way Forward

- The MOEHE and stakeholders including PLC education committee should review the Draft Palestinian Education Law and develop bylaws, regulations, and policies to execute the law, to be ready for endorsement as soon as the PLC is back in session. Particular attention should be addressed to MOEHE in enforcing school attendance, supervisory and regulatory responsibilities for all schools in Palestine, use of corporal punishment, and teacher training role.

- MOEHE should play a strategic role in reviewing and recommending amendments to existing laws that require harmonization and/or incorporation of articles to support children’s access to quality education. This includes the PCL, PDL, social protection system and proposed law, children in conflict with the law draft, and the health law.

130 Ibid.
131 Ibid.
132 For recommendations concerning inclusive education, please refer to chapter VI on disability. As for violence in schools, please refer to part 2 on civil rights and freedoms.
• The MOEHE should build upon its current process of including other stakeholders in the planning process by incorporating students, parents, and civil society in a strategic, formal, and institutionalized partnership in planning, monitoring, and evaluating national educational development and planning by 2012.

• Establish a surveillance mechanism to monitor child rights targets and indicators set out in the national education development strategy and plan, children’s right to education, reduction of violence in schools and dropout rates, and setting penalties in cases of violations of the law.

• The MOEHE should establish the National Council for Early Childhood Education and Development and prepare a national ECED strategy and policy paper that works towards expanding programs and services for parents and young children to enhance child development, education, and reaching their potentials during the early years as a means of enhancing development in later years. This requires greater allocation of resources to this sector.

• The MOEHE has made strides in rolling out the school counseling program. A concerted effort should be taken in the next three years to ensure that the number of counselors is increased (one counselor/school at minimum) and that the counselors are afforded the necessary training, tools, and authority to implement a preventive based counseling program that is fully integrated into the national social protection system. This also includes expanding career counseling initiatives, implementing an advocacy and awareness raising program for students on select social and psychological issues that can enhance their well being and academic performance.

• The School Health Program should receive increased support to allow for providing milk and nutritionally fortified supplements for young children. This requires in addition an increase in the number of school health workers at the central and field level.

• The School Health Program should continue to expand the breadth and depth of health awareness interventions that they are providing for students. This work should continue to be coordinated with the MOH School health program and the MOEHE School counseling and school health programs to ensure that children are informed on proper nutrition, hygiene, reproductive health, family planning, AIDS, drug use, smoking, exercise, and other relevant health issues. By 2012, the MOEHE should adopt a national school health policy and execute in all schools.

• The MOEHE should conduct an analysis of all school aged disabled children and develop a comprehensive plan that would support the gradual integration of these students into the formal educational system and/or seek alternative forms of education and support that could be provided by the family and/or community. A 5% increase in number of disabled children enrolled in schools should be achieved annually over the next five years.

• The MOEHE should investigate with the MOF the possibility of offering free secondary education according to resources available (included within the PCL amendment). They should continue with their policy of guaranteeing all children the right to education and supporting those facing financial difficulties.

• MOEHE should review existing information on conditions that impede students from continuing their education (drop outs/failure to enroll) and develop an assistance and awareness program to support needy, marginalized students in continuing their education. This is particularly relevant for students living in deep poverty, in Area C, along the Israeli Wall, in East Jerusalem, near settlements, and Gaza Buffer Zone who may face additional costs and impediments in accessing education due to territorial fragmentation and occupation. A review of child laborers, child trafficking, and children in conflict with the law, children detained in Israeli prisons, and other vulnerable or at risk populations should be undertaken.
to identify risk factors associated with these phenomena and means of preventing their occurrence and/or reintegrating these children into the school environment.

• MOEHE should continue with its no-violence policy and ensure that violations are immediately addressed and remove any form of impunity for violators. This program should be integrated into a national no-violence-against-children campaign that would support an end to school, family, and community based violence against children and address cultural practices that may condone corporal punishment and violence against children. This program should be initiated in 2011 and continue for at least 5 years.

• De-politicize education. The PNA should lobby and come to a written agreement with Israel and the international community to keep the education sector and schools out of the circle of politics. Schools should be protected from Israeli violence and internal political conflicts. This includes preventing any invasions or attacks on schools, ending the continual attacks against the Palestinian curriculum and ensuring that sufficient budgetary support is sustained to cover teacher salaries and the overhead costs.

• Legal action should be initiated by the government and the international community to address all actions by Israeli soldiers and/or settlers which seek to deny children their right to education. This includes children safety and protection while going and coming to school, ensuring the safety of school premises from attacks especially in East Jerusalem, Area C, Gaza, and areas close to the Israeli Wall. This also includes ensuring the right of MOEHE and UNRWA to build sufficient numbers of schools and supportive infrastructure in hard to reach areas or where the catchment area is large and students are forced to learn in overcrowded conditions.

• The MOEHE should enforce a policy of building schools in environmentally sound and healthy environments that do not pose health hazards for students. The MOEHE should set regulations and standards on proper zoning of school areas, distance from hazardous zones (industrial or traffic areas), and ensure that these regulations are upheld. Schools in existing “unsafe” areas should be reviewed and action taken to remedy the situation or reduce children’s exposure to negative environmental conditions (this also includes excessive traffic in school zones.)

• The MOEHE and partner agencies (governmental and non-governmental) should work together to ensure that more non-formal and extracurricular activities are offered to children to enrich their cultural experiences and develop their art, music, and physical development and appreciation.

• Increased resources should continue to be targeted to expanding vocational educational programs for students. This includes expanding the types of vocational training programs offered for male and female students, making vocational education more affordable for a larger group of students, enhancing the quality of vocational and educational teaching programs, and continued expansion of “intern-based” programs by 2013.

• MOEHE should continue to expand and accredit teachers as part of its national teacher training strategy. This program should be expanded to include preschool education training and accreditation by 2012.

• The Sector Wide Approach (SWAP) has been successful. More donors should be encouraged to join in the SWAP and ensure that MOEHE priorities are addressed through this straightforward, effective and efficient mechanism that unifies aid process and resources and targets national educational goals in a strategic manner.

133 Many attacks have been levied against the curriculum as being biased and teaching Anti-Semitism. Numerous international and local studies have shown that the curriculum is not biased, yet these false allegations continue to be made to undermine the credibility of the MOEHE and PA in general.
E. Rest, Play, Leisure, Recreation and Cultural and Artistic Activities (Article 31)

Children’s Engagement in Social and Recreational Activities

1. Children’s overall participation in sport and recreational activities is low. According to a survey conducted by the PCBS in 2009, only 8.8% of children of between the ages of 10-17 years regularly visit sport clubs (13.5% males and 3.6% females). According to the Palestinian Children Report of 2009, 24.2% of children participated in sports activities compared to 37% in 2004. One out of three children participates in drawing activities (23.7% males and 42.9% females) and one in five children is a member of sports clubs (57.4% males and 35.1% females). Only one out of six children has library membership (24.9% males and 3% females) or attends learning seminars. The survey showed that only 4.2% of the children visit libraries (3.5% males and 4.9% females) and that only 3.9% regularly go to the recreational clubs. Surveys also indicate that of those children not participating in activities with centers, 78.6% of children do not want to take part in any activities during their leisure time, while 21.4% would like to take part in activities but do not do so due to a lack of facilities, their parents’ objections, cost, or lack of time.

2. In 2007, there were 227 cultural centers (166 in the West Bank and 61 in Gaza Strip). However, it is important to note that some of these registered centers are not functioning at this time due to lack of running costs. The district with the greatest number of centers is Hebron, followed by Nablus, Bethlehem, Ramallah and Jerusalem. Most of these centers are for adults, but contain some events for children.

3. Most children spend considerable time watching television and using the computer. According to the national cultural survey conducted in 2009, children tend to have free access to television and there is limited parental supervision on what children are watching. Only 6.1% of households reported that their children do not watch TV, while one out of five parents (22.2%) do not control the number of hours their children watch television. Children in rural areas had the highest percentage of unrestricted access to television, followed by refugee camps, and then urban areas. Additionally, 30.1% of parents do not control the number of hours their children spend on the computer and 19.6% do not control the number of hours spent on the Internet.

Recreational Rights and the Ministry of Youth and Sports

4. The Palestinian Child Law No. 7 of 2004 stresses the right of children to express their opinions freely on all matters that relate to them and gives children the right to participate in educational, cultural, recreational and artistic programs. The Amended Basic Law of 2003 also ensures these rights and attempts to safeguard them by considering violation of personal freedoms a crime. Moreover, the rules and principles of the existing democratic system ensure separation between powers, sovereignty of law, achievement of equality for Palestinians and the elimination of all forms of discrimination.

5. Participation rights are also touched on in laws addressing other sectors. Civil society organizations and associations that work with children fall under the authority of the Basic Law and the Associations Law No. 1 of 2000 and its bylaws issued by Decree No. 9 of 2003. At the level of political parties, the Palestinian legal system lacks a modern unified law that regulates factional work and political parties’ affairs. However, the Palestinian Basic Law, the Elections Law of 2005 and the Jordanian Political Parties Law of 1955 (which does not have its equivalent in Gaza) all regulate political parties. However, the PCL prohibits any individual or group from political interfering or influence.

6. The Ministry of Youth and Sports is the main party responsible for overseeing recreational programming for children. The target group for the Ministry includes children and young adults between the ages

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134 This included participation in school based sports activities.
of 13 to 29. The Ministry’s main activity involves supervising and managing summer camps. Each year it manages 500 summer camps, which serve 65,000 children between the ages of 6 and 17 years. This number represents only 5% of children, which indicates the limited reach of the Ministry, despite the establishment of a National Committee for Summer Camps which was formed to promote youth camps and encourage growth, participation and awareness of rights.

7. The Ministry has set a “National Policy for Youth and Pioneers” which was officially adopted by the Council of Ministers in February 2005. This policy supports a process whereby adolescents and youth are included as participants in the development process. The policy set out mechanisms for incorporating children and youth’s opinions regarding policies, programs and laws and aim at guaranteeing youth participation in decision making within government bodies in the OPT. This policy was suspended for a time during 2006; however it was revitalized and eventually formed the basis of the National Strategy Plan for Youth 2011-2013. Discussions are underway to determine the best means of implementing and monitoring the national strategy.

8. The government has prioritized the importance of youth involvement in “ending occupation and building the Palestinian State.” They have set the following objectives: to support national development and good citizenship by empowering youth to get involved in the political process and integrating them into leadership positions on elected municipal councils; encouraging youth to get involved in decision making processes involving planning, policy formation, execution, and monitoring of youth initiatives; and developing youth representation bodies and establishing youth councils. The MOYS also includes amongst its achievement the National Cross Sector Strategy for Youth 2011-2013 that sets the goals of participation, identity, civil rights, unemployment and poverty alleviation, education and training, health, environment, sports, recreation and leisure, information technology, culture and media programs for youth.

9. MOYS supports increased participation of children and youth in all types of recreational, cultural, sports, and learning programs. Their objectives are to expand and develop youth and adolescent participation, promote values of citizenship and civil rights, empower youth and adolescents economically, socially and politically, and improve the quality of services and programs accessible to them through sports, entertainment, recreation, supportive education, public and mental health, environmental, and cultural opportunities.

10. The Ministry has also suggested the formation of a youth advisory council to work with all relevant governmental institutions, as well as with youth, civil society and international organizations. This council would monitor the implementation and application of policies to support youth. These policies would be implemented through the Youth Sector Advisory Council, headed by the Ministry of Youth and Sport and would be coordinated with the other Ministries working with youth including the Ministries of Health, Social Affairs, Culture, and Education and Higher Education.

11. The Ministry of Youth and Sport is also currently working with the Ministry of Interior to transfer responsibility for registration and licensing of youth and sports organizations from the Ministry of the Interior to the Ministry of Youth and Sport.

Achievements of the Ministry of Youth and Sports

12. The Ministry of Youth and Sports has adopted a supervisory/regulatory role rather than become a service provider for youth and children. As a result, it has invested in upgrading its staff’s capabilities to identify needs, set policies, and organize strategies for youth. To date, it has prepared a comprehensive strategy for youth that cuts across several sectors including health, education, social, labor, economic, and culture. This has been done in cooperation with the concerned governmental and non-governmental parties.

13. These policies and programs are based on information and studies that have been conducted. However, comprehensive and detailed data and statistics on youth (13-29 year olds) are limited at this time. The MOYS is addressing the gap by establishing a database of youth organizations and programs. In addition, it has signed a memorandum of understanding with the PCBS to establish and develop youth
indicators. In order to meet the needs of supervising the youth sector, the Cabinet has allocated a slight increase in budget for the Ministry in 2009 which resulted in an increase from 0.3% to 0.5% of overall government expenditures.

14. The Ministry increased efficacy by merging the Departments of Children and Adolescents (Pioneers) and sharing resources across departments. Currently, the MOYS is running a program for children and youth in the 6-14 age group and the 15-24 age group which encourages volunteerism, community participation, and leadership skills. The Ministry has also begun to register all youth centers. Currently only 70% of these facilities are registered. Ten MOYS-supported summer camps have been certified to work with individuals with special needs. An additional 5% of all summer camp participants are persons with special needs, but not all summer camp personnel have received specialized training.

15. Youth participation in decision making is a key objective of the Ministry. Youth are regularly involved in decision-making processes in advisory committees and on the Ministry’s work teams. For example, youth participated in workshops to support the development of the Ministry’s strategy and plans for 2011-2013. Youth were involved in providing feedback and suggestions on the MOEHE Educational Development Strategy Program and were represented at central and district level education forums in planning and policy development. This includes the participation of girls, but their participation was less than that of male youths. The Hebron district has the lowest percentage of girls involved in youth initiatives and decision-making processes. This suggests the need for more targeted interventions in certain regions of the country to enhance gender balanced programs.

Programs and Services of the Ministry of Youth and Sports

16. The MOYS supervised 1,000 summer camps through the National Committee for Summer Camps in 2009 in which one hundred thousand children and 700 civil organizations participated. This year represented a substantial increase in number of summer camps which usually averages 500/year. The increase was due to greater allocations of funds from government and donor sources that enabled the MOYS to support larger numbers of summer camps throughout the OPT. Over 100 training courses were held for the staff working in the aforementioned summer camps with the focus on national and civic culture, child’s rights, arts and handicrafts, drama, theater, literature, and sports. This success was due to increased government and donor support for youth activities and the commitment of the MOYS to reach all children and youth with summer camps.

17. There are 350 and 408 youth clubs located in the West Bank and Gaza, respectively. Many of these clubs (60%) do not have their own physical premises and use available sites within the community like schools, sports clubs, and community centers. Additionally, the geographic distribution of clubs and youth centers does not match with population distribution since most are centrally located within the country and in urban settings like Ramallah. The presence of centers and NGOs in the central region of the country – Ramallah, Jerusalem, and Bethlehem – requires serious attention since this pattern is noted across all sectors. In part, the continued fragmentation of the territories has encouraged this approach which began in the early 1960’s.

18. MOYS also has attached importance to the youth sector through its sector strategy which includes preparing and implementing a compulsory national civic service for all youth, certifying the staff of youth organizations, and building their capacities to work with youth. This is complemented by developing awareness programs on civil rights and citizenship for youth, and developing advocacy and lobbying skills among young leaders, as well as establishing a national code of conduct for youth related activities and professionals working in the area of youth programming such as summer camps, sports clubs, youth clubs, etc.
Challenges Identified by the MOYS

19. The MOYS, like other ministries, is dependent upon foreign aid in order to support developmental initiatives. This has resulted in many projects being initiated, but if funds dry up, then implementation is not feasible. The Ministry has worked on establishing youth representation forums and coordination mechanisms. But this is costly. Hence, there are currently no institutionalized youth forums that exist on a routine or institutionalized basis. Even at the level of schools, student councils have yet to take hold. The MOYS has typically received 0.03% of the government budget. However, in 2009 the Cabinet approved a larger percentage of the budget for MOYS (0.05%). To the credit of the ministry, these funds were allocated for training and youth program costs and did not reflect an increase in the recurrent budget.

20. Youth are frustrated by the continuing presence of occupation, high unemployment rates, and high levels of poverty. This has led to their disillusionment with the political situation and lack of faith in government sponsored initiatives. Tackling issues around youth motivation and empowerment requires carrying out studies on youth attitudes and perceptions – this has been limited. The youth sector has the highest rates of unemployment within the country.

21. The PCBS gathers information on children and young adults between the ages 15 to 29. PCBS and MOYS are in the process of reviewing available data on youth and will present information on youth-related issues at a later date. Mentally disabled children and youth are not integrated in most activities. This discrepancy in target groups, the lack of available youth and child rights indicators, and lack of timely and routine collection of data has made it difficult to strategically plan for youth.

22. The lack of specialists trained in particular areas important for working with youth including sports medicine and management.

Ministry of Youth and Sports - Way Foward

• The MOYS should support the development of a Youth Law, Right to Access Information Law, Cultural Heritage Protection Law, and Right to Intellectual Property Law that ensure rights of children and youth are duly noted by 2012.

• The MOYS should continue to support youth leadership programs, awareness raising campaigns and programs that highlight the importance of including children and youth in national planning, policy, and development initiatives. This work also supports the continuation of efforts to draft a Civic Service Law that would make civic service a compulsory program for youth by 2012. This should also be linked with raising youth awareness and opportunities on the importance of voluntary work to improve the Palestinian society by 2011.

• The MOYS and partner organizations should develop policy and bylaws that govern the relationship between MOYS and civil society agencies in regards to reaching out to children and youth in non-formal, civic based activities. This would include reporting on types of programs being offered, availability of trained staff, suitable working/play environments, ensuring rights of child/youth are upheld, and providing disaggregated data and information on numbers of children and youth participating in events.

• MOYS and civil society partners should be provided with additional financial and material resources to allow them to expand initiatives into marginalized regions of the country and vulnerable populations. This includes strengthening the role of institutions working with marginalized children and improving their coordination on program implementation and funding. Area C, along the Israeli Separation Wall, East Jerusalem, and Gaza should be prime targets for these interventions. This support should be for a minimum of three years and the MOYS should adopt a SWAP approach so that all funds can be directly targeted to national priorities.
in an effective and efficient manner. A review of humanitarian assistance offered for youth in difficult situations should be undertaken, since most humanitarian programs have only focused on economic deprivation.

• Increase youth capacities by investing time in training them in the skills needed to promote participation and voluntary work in their communities. This includes offering international scholarships for higher education in the specialized areas of youth, sports, child rights, recreational activities, and youth and community empowerment.

• Encourage and promote youth participation and representation within national and municipal forums. This includes planning, policy, monitoring, and program implementation at local, region, and national levels. MOYS should conduct a review of existing national committees, regional committees, and municipalities/village councils to identify means and modalities of encouraging youth representation within these structures. Training youth on being representatives should also be undertaken that would include establishing a national code of conduct for youth related activities and professional work in the area.

• Improve children’s life skills and establish recreational and cultural centers in marginalized areas. The MOYS and MOEHE should coordinate non formal initiatives that could be housed as after school programs that would target marginalized populations of students/children/youth (poor, at risk, ex-detainees, child laborers, etc.) and provide them with life skills, fun and recreation, and sports activities to enhance their well-being and support re-integration into school and community. This would also require training staff from organizations and institutions working with children and promote specializations to address the topics and issues that children and youth view as important in their lives.

• Continue to participate in global and local initiatives that support the implementation of Convention article 12.

**Cultural Rights and the Ministry of Culture**

23. The Ministry of Culture has emphasized the importance of embedding cultural activities and resources within all levels of society. They are working on an ambitious strategy of improving the availability of community based cultural centers like libraries, art centers, etc. However, the ministry has not developed a specific plan for children’s cultural rights. They have implemented a number of cultural activities for children including drama, cinema, radio, television programs, art activities, and activities within libraries. However, the government does not provide substantial funding for the ministry to support cultural activities; hence their programs are dependent on donor support. In most instances, donors have gone directly to the non-governmental or private organizations working in culture and provided support.

24. Norway in 2007 provided cultural support funds to the MOC to support cultural initiatives through the NGO sector. Applications were submitted and then a joint committee identified which cultural activities would receive a grant. Unfortunately, a limited number of cultural activities for children were included in this grant scheme. Recently the MOC decided to merge its children's department into the other existing departments. This move was made based on the view that children’s access to the arts is incorporated within each of the different cultural forums (music, drama, cinema, visual arts.)

**Identified Gaps by the Ministry of Culture**

• Children are not directly identified as a key target population, but are considered to be integrated into specific cultural programs. It is worth focusing more attention and resources on children’s rights to cultural expression and identity.
• Children do not have access to many cultural opportunities: creative writing, literature, art, drawing, music, drama, and dance that are specifically designed to meet their developmental needs and stages within schools or cultural/community centers. Children in rural and camp areas are underserved.

• There is a lack of legislation, regulations, policies, and budget allocations, in general and those related to children in particular, regarding their right to programs like children’s libraries, cultural centers, school based art and creative activities.

• Lack of by-laws and programs to support children’s participation in cultural activities

• Lack of nationally-based, child-focused culture and recreation strategies. Consequently, it is not possible to adequately address children’s exposure to cultural issues effectively.

• There is no Childhood Unit at the Ministry of Culture. The Ministry of Culture is closed in Gaza and works through the civil society organizations only.

• Lack of a database and documentation mechanisms, accordingly, the Ministry’s achievements are not documented.

• The cultural aspect is neglected in the public sector and the Ministry of Culture is responsible for improving private public partnerships which has been negligible.

• Most of the cultural activities for children are provided by the civil society organizations, which cannot meet all children’s needs because they are underfunded.

• The MOC does not have a strategy for addressing the cultural rights of persons with special needs and there are limited opportunities for these individuals to partake in cultural events because buildings are not rehabilitated and made accessible. Nor are specific arts activities programs available with trained staff to accommodate individuals with special needs, particularly children. However, there is a department for persons with special needs at the Ministry.

• Participation of children in most cultural programs is limited.

Achievements of the Ministry of Culture

25. The MOC has now developed a sector strategy which seeks to promote cultural awareness by integrating cultural programs into the educational system through drama, children’s literature, and training of teachers on children’s literature and is working on private public partnerships to support the expansion of cultural activities within different forums like education, higher education, youth clubs, community centers, and cultural venues. They are also working on establishing a database and indicator system for measuring people’s participation in cultural activities and a deeper understanding of cultural life in Palestine. This latter initiative works towards finding new ways of promoting cultural activities as a means of solidarity and community harmony. The department of research and statistics is active in collecting and analyzing national data to enhance programming efforts within the national sector.

26. The MOC has been a leading force in supporting the establishment of cultural centers throughout the West Bank and this has included setting up libraries, cultural centers, community centers East Jerusalem, also. This was supported primarily through the Jerusalem, the Cultural Capital of the Arab World Program in 2009. This resulted in government and donor support for cultural infrastructure and programs in East Jerusalem and the West Bank, with numerous children’s cultural activities and programs. Overall, the ministry’s role is important in setting national policies and priorities; however children’s right to culture needs more targeted efforts.
Challenges Identified by the Ministry of Culture

27. The culture sector is highly dependent on foreign aid assistance. This has led to some donor driven agendas with more funds allocated to bring in outside cultural activities and experiences rather than investing in local initiatives. The absence of a comprehensive and detailed national culture program and plan has allowed for donors and others to identify national cultural priorities from their own perspective and fund. The presence of a prioritized and costed culture strategy should ameliorate this situation.

28. There are few spaces that are particularly allocated for children’s cultural activity and those that are available tend to be located in urban centers (particular Ramallah, Bethlehem, and Nablus), but less space is allocated for children’s cultural activities within rural and camp settings. Hence, child rights regarding cultural activities are seen as a luxury rather than a right. This is further compounded by difficulty in accessing all areas of the country and high transportation costs.

29. The school curriculum allocates time and culture/arts activities. However, there are limited numbers of trained and specialized teachers and frequently these classes are dropped due to time pressure to complete the “academic” portion of the curriculum. In addition, many schools lack sufficient art, music, and drama facilities and supplies to carry out for well developed, elaborate, and long term culture activities like plays, orchestra, and theatre. MOC has prioritized training of teachers (similar to the approach they used in developing literature and reading in schools with the MOEHE.)

30. The MOC is currently understaffed and under resourced which makes travel and communication between the districts difficult.

Budget Allocation

31. According to the 2009 government budget recreation and culture received the lowest amounts of budget allocations within the social sector. Hence, the MOYS received 0.492%, while the MOC only received 0.228% of the budget. These shares are quite low and serious consideration needs to be given to the importance of these programs for children’s full development, enriched life, and as a means of enhancing national solidarity and identity.

32. According to the PRDP 2008-2010, the need for development funds was set at 10 million USD for youth and sports activities, services, infrastructure and participation; while only 3 million USD has been allocated for the cultural and heritage sector (including NGOs and East Jerusalem), with an additional amount of 5 million USD allocated to the Ministry of Culture. The overall budgets allocated for cultural affairs are low and there is no clear allocation earmarked for children. However, the Ministry of Culture allocates 20% of its development budget to purchasing books and an unspecified amount for funding civil society programs, both of which provide resources for children.

Ministry of Culture - Way Forward

- A review of the National Cultural Strategy 2011-2013 should be immediately undertaken to streamline children’s programs throughout the document and ensure that support (financial, technical and material) is included that is disaggregated for children separate from adults.

- The MOC should establish a children’s culture peer group that provides the Ministry with feedback at the district level on children’s participation in cultural activities in different forums. This would include a monitoring system whereby children can report on the availability and access of children to cultural events and exposure to learning about other cultures, and learning about the fine arts. This would include developing partnerships with international cultural sponsors.
• There should be a reactivation of the Childhood Department at the Ministry of Culture as a reference for cultural issues for children in order to ensure that cultural programs are supervised and take into consideration children’s needs and best interests.

• A comprehensive quantitative and qualitative review of culture within Palestine should be undertaken that focuses on children’s perception of culture including their access to cultural events and activities. A database should be established to document cultural events and outputs—especially on traditional cultural practices.

• A comprehensive human resource development plan should be elaborated that examines ways and means of enhancing the knowledge, skills, and practices of artists and trainers who can work with young children on cultural issues.

• Allocate more funds—local and international—for child cultural events and participation. Sufficient resources are needed to assist the ministry in establishing strong private-public partnership. This includes the capacity of the MOC to provide seed funding and grants for cultural organizations to support children’s programs. This includes providing financial and technical support for cultural unions.

• Enhance children’s rights to reading, storytelling, books, and libraries.
VIII. SPECIAL PROTECTION MEASURES
(Articles 22, 30, 32-36, 37 (b)-(d), 38, 39 and 40)

A. Refugees

1. A Palestinian refugee is any person, or their descendants through the male line, who lived in Mandate Palestine between June 1946 and May 1948 and who lost both home and livelihood as a result of the 1948 Arab-Israeli war.1 UNRWA was created by the UN General Assembly in 19492 to be a relief and human development agency that provides education, health care, social services, microfinance, camp improvement, and emergency aid to Palestinian refugees living in the Gaza Strip, the West Bank, Jordan, Lebanon, and Syria.

2. The government and Palestinian people recognize the refugees’ right to return and the responsibility of the international community to implement international law and UN General Resolution 194.3 Refugees are residents within the OPT and have all the rights, duties, and responsibilities as citizens, but they remain entitled to their refugee status which allows them special protection and demands upon the international community and Israel. The resulting situation is one in which the government provides refugees access to and use of all facilities, infrastructure, institutions, and administrative functions of the country, but relies on UNRWA to provide delivery and funding of health, education, social, and emergency programs and services.

3. Currently there are 19 and 8 refugee camps in the West Bank and Gaza, respectively. Slightly less than half of all refugees reside within these 27 camp settings. Many refugees have now relocated to urban and rural areas surrounding the camps. However, change in residency within the OPT does not change their status and entitlements as refugees. UNRWA primarily offers its health, education, and social services within the camp setting, but refugees living outside of the camp are entitled to use the available services. In addition, all refugees are entitled to use public schools, health resources, and national programs.

4. UNRWA West Bank and Gaza services are made available for the 1.5 million registered refugees residing within the OPT. Refugees account for 42.6% of the overall population in the OPT with 27.3% of refugees residing in the West Bank (including East Jerusalem) and 67.9% of refugees residing in Gaza. The size of the refugee population (especially individuals of working age) has increased substantially. Unfortunately, there have been decreasing economic and job opportunities for refugees in the West Bank and Gaza.4 The poor economic situation within camps (and in the OPT in general) have been most felt in Gaza. UNRWA reported that in 2008, over 27,000 employed persons lost their jobs in Gaza. Growth rates for the refugee population increased by more than 36% from 1997 to 2007. This represents annual growth rates of 2.5% and 4.5% for West Bank and Gaza refugee populations, respectively.5 Results of the national census indicate a gradual decline in the average growth and fertility rates which will decrease the burden on the health, education, and social services in the long run.6

5. UNRWA services are provided within the jurisdiction of the government and Israel. However, UNRWA does not report to the government or Israel. It reports directly to the UN General Assembly and is held accountable by it for all actions undertaken for refugees. Nevertheless, refugees are required to abide by and respect all laws and decrees of the country. Any violations of the law by refugees are dealt with through the government judicial system and enforcement agencies. Hence, in terms of legal, judicial, rule of law and governance, refugees fall under government jurisdiction. However, when there are concerns about legal violations by UNRWA, these are addressed through diplomatic channels.

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2 UN General Assembly Resolution 302 (IV) of 8 December 1949.
3 UN GA Resolution 194 recognizes the refugees right to return or receive compensation.
4 Palestinian refugees are entitled to work, live, go to school, and participate in all spheres of life in the OPT like non-refugees. The Palestinian Basic Law does not discriminate between refugees and non refugees.

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6. UNRWA is mandated to provide basic relief, protection, and development assistance/services to refugees, while the international legal framework (humanitarian and human rights law) places responsibility for refugee care and protection with Israel because it still fully occupies all regions of the OPT. UNRWA does not have the mandate to legislate or enforce laws. This responsibility resides with the Palestinian Legislative Council and most camps fall within the jurisdiction of the local municipality council. Hence, refugee camps and their populations are in effect integrated within the national system. National laws and policies are applicable for refugee and non-refugee populations. As regards the de facto authorities in Gaza, they are currently controlling the situation in Gaza and are responsible for upholding the law and coordinating with UNRWA.

7. UNRWA is primarily a service delivery agency. It continues to provide quality health and education services for the refugee population. The government and UNRWA usually coordinate their work. Hence, the educational curriculum used in the UNRWA schools is the government developed curriculum. School policies (i.e. number of subjects/classes/semester, school health programs, school counseling programs, school feeding programs, etc.) are usually coordinated between the relevant line agency and UNRWA departments in the West Bank and Gaza Field Offices. It should be noted that UNRWA field offices in Gaza and the West Bank do separate planning and implementation since the situations are quite different between the West Bank and Gaza.

8. UNRWA provides free basic education for all refugee children (and non-refugee students in some cases). Section VII above provides detailed information on the status of refugee children and education rights. UNRWA currently manages 325 schools throughout the OPT with 261,793 students. It also provides health care in the form of primary health care, mother child health care, and disease prevention through its 61 primary health care facilities that handle over 6 million annual visits by patients. Social assistance for hardship cases is provided to 129,139 individuals from the poorest of families in the form of food aid, shelter, cash assistance, and coverage of major medical needs. Training and vocational programs are offered to support needy populations to acquire skills to enhance their livelihoods. Microfinance services are also available to help poor and needy families move out of poverty. Emergency programs have become part of the status quo within UNRWA. Core budget support was approximately 300 million USD in 2009.

9. Over the last eight years, emergency psychosocial and counseling programs, job creation programs, increased food aid assistance, remedial education programs, mobile health clinics, and temporary shelters have all been added to the list of services and programs that UNRWA provides. The scope of the emergency programs is reflected by the level of conflict, destruction, and poverty that prevails after Israeli attacks on camps and refugees. Additional humanitarian aid assistance funds were received to address the continuing violations incurred – particularly in Gaza after Operation Cast Lead which resulted in thousands of families being displaced, many for a second or third time. Due to the blockade, many families have yet to rebuild their homes which were destroyed or severely damaged.

10. The government line ministries (health, education, and social affairs) coordinate program and service delivery. Sharing of health policies, training opportunities, and harmonization of services are underway. The importance of reducing health transaction costs is essential since many patients tend to go to both UNRWA and government health clinics to receive services and medicines. This increases costs for both agencies. The government is initiating a national database that would provide each individual with an ID number that would allow for tracking health information and records for individuals regardless of where they sought out services. This will be used to eliminate redundant use of health services and exhausting health supplies and medications. Ensuring high quality primary health care for children and mothers is a top priority for the government and UNRWA. (Health data on refugee children is provided for in the Chapter VI.)

11. The UNRWA education departments in the West Bank and Gaza coordinate school policies, curriculum, and training opportunities. However, refugee children are allowed to attend public schools.

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1 The situation at this time is that the government has responsibilities towards refugees in the West Bank, the de facto Hamas government has responsibilities to refugees in Gaza, and Israel has responsibility for all refugees in the OPT, including East Jerusalem where the PA does not have jurisdiction.
UNRWA does not provide secondary education, however all students are able to attend secondary public schools. For some students, travel costs or family hesitancy on letting child travel to a school outside of the camp may impede their continuing education. UNRWA schools, like public schools, have been found to have high levels of violence and abuse amongst students and teachers. Educational trends within UNRWA are quite similar to those found in public schools.

12. Both UNRWA and the government coordinate their food aid and social assistance programs by sharing lists of participants in both programs. This is done to ensure that the most needy families inside and outside of camps receive social assistance (cash and in kind). It also protects the abuse of the social assistance programs for both sides. Increasingly, the MOSA and UNRWA are moving towards a shared set of criteria for assisting poor and vulnerable families. Both parties have limited resources and many poor families do not receive the needed assistance. Poverty remains higher within the camp setting compared to other regions of the country.

13. Children who are in need of protection are usually transferred through the child protection referral and network system. UNRWA has a representative on each of the district based networks. However, there is still hesitancy on the part of many UNRWA counselors and health workers to provide information on children who have been abused or violated for fear that the families will respond negatively to the intervention. Hence, many UNRWA social and psychological health workers tend to keep the cases within the local setting. Nevertheless, all government child care centers, orphanages, rehabilitation and vocational centers are used to provide support for refugee children in need. Refugee status is not considered a defining characteristic of the children when determining means of providing children with child protection.

14. Camp settings are overcrowded spaces with limited public recreational spaces, crowded streets, crowded homes, crowded classroom, and poor delivery of basic services (water, electricity, and sewage.) The highest rates of poverty and unemployment are also found in refugee camp settings. UNRWA is seen as the key agency in supporting initiatives that would reduce poverty and unemployment. However, the government has also supported hiring of refugees within the civil service and security forces as a means of ensuring income for families. In UNRWA based, government, and non-government supported small and medium size enterprises and microfinance schemes, poor refugee families with children are considered eligible for funds. UNRWA has initiated building and construction initiatives that offer jobs to refugees. These initiatives are included within UNRWA objectives to allow for upgrading of physical infrastructure within camps, but also serve as job creation opportunities for workers who have been unemployed and are in need of income.

15. UNRWA's activities to provide for the basic and social needs of refugee children includes the execution of programs on emergency counseling and mental health, inclusion of children with special needs into schools, providing emergency care services, shelter, emergency job creation programs, and social assistance. However, dealing with children in conflict with the law, children's right to culture, sports, and recreation, and reintegration of children into society are usually included within the remit of the government. Any and all government programs are open for use and benefit by refugees. This also applies to the government's oversight on conditions of life within camps that is included as part of the national data collection and surveys that include refugee camps. Most data is disaggregated to provide information on refugee based populations. National reports include data and information on refugee populations as an integrated population within society.

16. Despite the efforts of UNRWA to provide social services, emergency and humanitarian assistance, and some developmental support, refugee populations are still considered to be a marginalized population within the country. Previous sections of the report indicate that refugee children (due to higher rates of poverty within camp settings) tend to be more vulnerable and marginalized.
Refugees - Way Forward

• The government will coordinate and exchange information with UNRWA during its planning process to ensure comprehensive delivery of services for all Palestinians through government and UNRWA services in an efficient manner.

• The government will encourage a longer term planning and funding cycle for UNRWA and encourage the international community to provide timely and adequate resources to UNRWA.

• The government will examine options to increase the amount of land available for refugee camps and continue to encourage upgrading and renovation of needed camp infrastructure and homes.

• UNRWA and the government should work together to support initiatives to increase secondary school and higher education enrolment rates for refugees by 2012.

• UNRWA should continue to expand inclusive education, school counseling, and non formal activities and continue to reduce violence in schools.

B. Internally Displaced Persons

17. Internally Displaced People/children can be found throughout the OPT. Most IDPs come from areas that are located in Area C8 and in Gaza. Causes of displacement include inter alia evacuation of homes due to fear of attack or invasion, house demolition, forced eviction by the Israeli government to use land and property for military, security, and/or settlement purposes, buffer zones (Gaza) as closed off military/security zones by Israel, revoking residency rights particularly in East Jerusalem, lack of access to basic services like water/sanitation, electricity, schooling, and health, separation of families from communities through the Israeli Wall, closures, and/or checkpoints. Estimates indicate that over 125,000 Palestinians have been displaced since 1967 and that since 2000 approximately 1000 Palestinian homes have been demolished resulting in continuing displacement of families throughout the OPT.9 The Badil survey on refugees and displaced persons has noted that there are approximately one half million Palestinians within the OPT at risk of displacement at this time due to the continued presence of the threatening factors listed above. There are currently over 10 million Palestinians residing within the OPT, Israeli, or the Diaspora. Over 6.5 million are refugees with over 400,000 internally displaced Palestinians. Approximately one half of these displaced persons are Palestinian children.10

18. Gaza continues to provide shelter to over 1 million Palestinian refugees in overcrowded camps that have limited access to clean drinking water, proper sanitation, and electricity. This situation alone threatens human security and refugees and internally displaced or in double jeopardy. The Israeli government has imposed severe restrictions on the movement of people, services, and goods in and out of Gaza since 2000, with the harshest restrictions in place since Hamas took full control of the government in March 2007.

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9 According to the Declaration of Principles (Interim Agreement Article 27.2) stipulates that Palestinian jurisdiction will be transferred gradually to the government except for permanent status negotiation issues. However, this has not taken place. To the contrary, the Israeli government has placed the Israeli Wall, increased settlement activity and related infrastructure expansion, and prevented Palestinian building in these areas. This has resulted in families being forced to move out of areas where water, electricity, and basic services are not present or where their homes have been demolished.


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in June 2007. This has led to the deterioration of the economic, social and security well being of the population. Findings from the UN Fact-Finding Mission on the Gaza Conflict (commonly known as the Goldstone Report) explicitly state that, “In addition to creating an emergency situation, the blockade has significantly weakened the capacities of the population and of the health, water and other public sectors to respond to the emergency created by the military operations.”

19. Adding insult to injury has been the norm in Gaza for over a decade, however the Israeli offensive on Gaza in December 27, 2008 (Operation Cast Lead) killed over 1,400 Palestinians (the vast majority were civilians with over one third of them women and children) over the span of 22 days. Over 100,000 Palestinians (the vast majority being refugees already) were displaced. Over 55,000 homes were demolished or destroyed (partially or fully.) This includes 3,540 homes destroyed, 2,870 homes severely damaged, and 52,000 homes with minor damages. It should be remembered that hundreds of families had already been displaced because of ongoing bombings and invasions into Gaza that resulted in damage to homes and unsafe living areas and conditions. The latter mostly represent families who live along the “buffer zone.” The infrastructure of the Gaza Strip has been severely crippled and damaged due to the repeated bombing of homes, roads, electricity, and water and sanitation networks. The Goldstone Report has summed up the findings of the fact-finding mission as:

…the continuous and systematic abuse, outrages on personal dignity, humiliating and degrading treatment contrary to fundamental principles of international humanitarian law and human rights law. The Mission concludes that this treatment constitutes the infliction of a collective penalty on these civilians and amounts to measures of intimidation and terror. Such acts are grave breaches of the Geneva Conventions and constitute a war crime.

20. The government and UNRWA took immediate action to assist the displaced families by opening up 44 UNRWA schools and other public facilities as temporary shelters for families. These schools sheltered almost 29,000 Palestinian children with their families. The government, UNRWA, international agencies along with the international community and UN agencies has continued to ensure that food aid and emergency supplies reach the displaced families. Over 20 million USD was disbursed by the government to assist families in urgent need of health and shelter. The government developed an emergency and recovery plan to restore destroyed homes and infrastructure in Gaza. However, the blockade has prevented the movement of goods into Gaza.

21. The government was only able to make minor repairs on major water, electricity, and sewage networks in a piecemeal manner. There are still over 7,000 people who are residing in temporary shelters (living with relatives, renting out temporary homes/apartments, some tents) because their homes have not been rebuilt. Many of those who remain displaced had homes located within or adjacent to the buffer zone and in the northern and southern sections of Gaza. Many homes and basic infrastructure have not been repaired due to the closure regime and limited delivery of building and construction supplies to Gaza. Slight improvements in these conditions have taken place within the last 3 months. However, many homes remain totally destroyed or are unsafe for habitation leaving families displaced and vulnerable. The situation is dire. There are over 200 schools that were destroyed (very few have been repaired or rebuilt), two hospitals are still in need of repair, and numerous preschools, clinics, and recreational sites have not yet been rebuilt.

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12 UNDP assessment findings following the Gaza invasion.
13 This represents a 1-2 kilometer perimeter around the Gaza Strip border area that includes Palestinian homes and agricultural land controlled by Israel with limited Palestinian access allowed. Constant bombings and attacks by Israel are carried out in these regions which have resulted in the death and injury of children and adults. Along the Egyptian border the buffer zone is managed by Egypt.
14 Ibid, p. 23.
15 Many of the displaced persons feared being sheltered in public government schools for fear that these sites too would be bombed. They had a greater sense of security within UNRWA schools which they believed would be afforded greater respect by Israel due to its UN status. Unfortunately, a number of these UNRWA shelter schools were also bombed and individuals were injured, too. (See the Goldstone Report.)
16 Repairs have not been comprehensive and most are just temporary repair and renovation in order to keep basic services available. See the UNDP report One Year Later for a full discussion on repair needs.
22. Special attention and resources (legal, financial, shelter, social assistance) should be given to the tens of families that are displaced annually due to Israeli demolition of homes (in addition to the 1020 homes in the West Bank and over 5000 homes totally destroyed in Gaza) and the forced displacement of families\(^{18}\) from lands that are confiscated to allow for expansion of settlements, public areas for Israeli citizens, and for “Israeli security purposes.” Palestinian families and children residing within Area C, East Jerusalem, along the Wall and in the seam zone are the most vulnerable populations and are usually all located within “closed military zones.” This is also the area where 80% of all house demolitions in the OPT take place. These communities are receiving government services in terms of health care, education, social assistance, water, and electricity. However, Israel continues to increase the voracity and intensity of its actions to displace Palestinians through various methods. As these violations increase, a greater burden is placed on the government to provide alternative support mechanisms for families trapped in these crises situations. The government is strained in trying to find the resources needed to support families that have had their livelihoods cut off, homes demolished, clinics and schools destroyed. Consequently, the government has had to rely on international humanitarian assistance to provide emergency and urgent support for these families. The government has been calling on humanitarian groups to better coordinate efforts in order to maximize the impact of their services in these isolated and marginalized regions. Delivering tanks of water, putting up temporary shelters for homes, schools, and clinics provides a quick fix and immediate attention to basic needs of the people in these regions. However, the government is focusing its efforts on peaceful resistance and negotiations to end the continued illegal practice of confiscating lands, displacing people, and destroying the livelihoods of people who are legally and rightfully living on their own land. The government has called upon all interlocutors to invest their resources in supporting these marginalized communities while also seeking legal recourse and redress for these violations.

23. Reinstating the rights of IDPs should be prioritized. Thousands of families are receiving government resources to cover costs of displacement in Gaza and the West Bank. The government continues to lobby with the international community and Israel to prevent and prohibit all forms of Israeli violations within these areas and to lift the blockade on Gaza which has prevented the renovation and repair of homes, clinics, schools, and infrastructure damaged by the recurring Israeli military violence in Gaza. However, personal property repairs have been limited. Even support for many families has been less than optimal. Separate planning exercises have resulted in some IDPs receiving more support, while others are under supported.\(^{19}\) Similarly, various types of assistance have been more abundant (e.g. food aid) compared to support for dealing with chronic illnesses or disabilities amongst IDPs. But there are emergency programs and efforts are needed to prevent Israeli policies of forced displacement. This requires legal action.

24. The government continues to provide half of its annual budget to Gaza. This includes coverage of services in education, health, and social assistance. It also subsidizes water and electricity costs in Gaza to ensure that the basic necessities and rights of the population are addressed. However, the situation in Gaza is untenable.\(^{20}\) Tens of thousands of families (particularly those who have been displaced and refugees) are without jobs. Hence, this type of basic service coverage of costs/reduction in family expenses has directly impacted on the well being of IDPs. The private sector has basically collapsed and a “tunnel economy” has emerged.\(^{21}\) The government continues to work with the UN in implementing initiatives to support the re-building of Gaza. In October 2010, the government signed a Memorandum of Understanding (MOU) with the UN agencies to facilitate cooperation and coordination on utilizing funds to rebuild clinics, schools, roads, homes, and basic infrastructure that has been damaged through

\(^{18}\) Under international humanitarian law, it is prohibited for the occupying power to transfer its own civilians into the occupied territory. Its authority to use public resources or to implement permanent changes is limited. Although seizure of lands for immediate military purposes is permitted, confiscation of private property and transfer of ownership to the occupying power is prohibited. The UN Security Council has stated that the measures taken by Israel which change the physical character and demographic composition in the West Bank including the construction of settlements constitutes a violation of IHL. (UN OCHA Special Focus Bethlehem May 2009).

\(^{19}\) Principle 25 of the Guiding Principles on Internal Displacement states that the “primary duty and responsibility for providing humanitarian assistance to internally displaced persons lies with national authorities. International humanitarian organizations and other appropriate actors have the right to offer their services in support of the internally displaced.”

\(^{20}\) PNA Budget 2008- 2010.

\(^{21}\) The embargo and closure on Gaza prevents the entries of goods, supplies, and persons into and out of Gaza. In response to these illegal actions, the Palestinians in Gaza have built a number of underground tunnels between Gaza and Egypt. Goods, supplies, and people are moving through these tunnels into and out of Gaza. This is expensive and has raised the cost of goods within Gaza. But it has also been costly in terms of human lives since a number of people have died due to bombing of tunnels by Israel or collapse of tunnels while they were inside. Reports of children and youth working in these tunnels exist.
the offensive on Gaza. This MOU comes on the heels of a partial easing of the restrictions on the entry of goods and services into Gaza that was agreed upon by Israel. This will allow for the entry of cement, glass, wire, pipes, and other building materials to reconstruct demolished homes and infrastructure. The government already has available the Gaza Emergency and Early Recovery Plan that was developed in March 2009 to address the massive destruction that was incurred following Operation Cast Lead.

Internally Displaced Persons - Way Forward

• The government should initiate legal action (within the Israeli justice system, in international courts of justice, and through universal jurisdiction) against the perpetual violations of children’s rights and hold Israel, as the Occupying Power, legally, morally, and financially responsible for reinstating the rights of all Palestinians to their land and territory which was seized in 1967 by 2012.

• The government should explore the option of setting up a database that documents all instances of violations resulting in the internal displacement of persons and status of refugees. Information collected consistently and accurately should include the number of house demolitions in Area C and East Jerusalem; the number of Israeli-required building permits actually issued; the continued lack of access to privately-owned land and the severe restrictions on freedom of movement. Once collected, this information should be submitted to, among others, Israel, the international community and the International Court of Justice. The government should advocate for the rights of IDPs, refugees and the occupied population and continually demand Israel to meet its obligations as the Occupying Power by 2012.

• The government should lead and coordinate interventions for IDPs in cooperation with international humanitarian assistance providers and local NGOs to ensure that there is an agreed framework and comprehensive approach to addressing their needs and rights. Principles 18 and 23 of the Guiding Principles on Internal Displacement requires that IDPs be given safe and timely access to food, potable water and sanitation, shelter, clothing, and health services and Principles 28 and 29 on the right to return/restitution/reparation. This should form a jointly agreed upon component of the Consolidated Appeals Process. An emergency component of the national plan should also address likely scenarios and strategies for dealing with IDPs in the event that such conditions continue. In addition, the government should demand that Israel, whose policies are leading to displacement, meet its obligations to the occupied population by 2011.

• The government should undertake a legal analysis of the Guiding Principles on Internal Displacement and develop an integrated national policy and strategy on how to address the needs of IDPs in a holistic and comprehensive way that includes ending the practices which result in displacement as stipulated in Principle 5 “All authorities and international actors shall respect and ensure respect for their obligations under international law…so as to prevent and avoid conditions that might lead to displacement of persons by 2011.”

22 Key concerns involve discriminatory practices against Palestinian children residing within East Jerusalem, children detained and imprisoned in the Israeli military courts, acts of violence against children by Israeli soldiers and settlers, and failure of Israel to apply the Convention within the OPT on civil, education, health, social, cultural, and protection rights of children in all regions, and to hold Israel for violations of children’s rights in armed conflict.

23 The government should appoint a Ministry with the key responsibility of oversight and protection of the rights of IDPs. The MOSA is currently dealing with marginalized populations, however, in this case the Minister of State who is dealing with the Israeli Wall and settlements may be more appropriate.

24 Options could include PNA request for advisory opinions or cases raised by children or through third parties.

C. Children in Armed Conflict (Article 38), Including Physical and Psychological Recovery and Social Reintegration (Article 39)

Child Soldiers

25. PCL articles 46 and 47 prohibit the recruitment or use of children in all forms of military actions or armed conflict. It also requires of the government to take appropriate measures to promote the rehabilitation and social integration of child victims of armed conflict. There is no system of compulsory conscription and recruitment officially occurs at 18 years or above within the armed forces. The government has been active in monitoring all alleged cases of child recruitment by any military or paramilitary groups. The government’s national plan for 2008-2010 targeted security sector development and establishment of rule of law. Its aim was to re-establish control over the use of force within society. This included an immediate round up of all paramilitary units within the country, collection of arms from persons illegally bearing arms (children are prohibited from bearing arms), and ensuring that all forms of child involvement in armed conflict were prohibited.

26. The MOYS in the West Bank and Gaza has taken an active role in supervising and overseeing all summer camp activities that occur to make sure they are in line with the rights of the child. Any summer camp that encourages militaristic types of activities (even if they are simply dramatic representations of children involved in military actions) is discouraged and prohibited from such actions. However, since 2007, the MOYS in Gaza has been taken over by the de facto Hamas authorities. There have been anecdotal reports that certain summer camp activities in Gaza have encouraged children to carry out dramatic skits and activities that imitate the carrying of weapons in defending the country. However, actual military training of children less than 18 years has not been documented. The government security forces have been instructed to ensure that no children are allowed to partake in any form of involvement or assistance or servicing of security, police, or military training activities. The ICHR has the responsibility of conducting random inspection of police and security sites to review conditions and treatment of all persons who are within the remit of these organizations. They have initiated periodic reviews.

Children as Victims of Conflict

27. The key issue has been the targeting of children and families by the Israeli occupation forces that have used indiscriminate and disproportionate violence and military actions against the civilian population. This has resulted in the death and injuries of hundreds of children annually. These killings take place within the homes, schools, and local communities of children who are carrying out the normal activities of childhood. There are no safe places within the country for children. Israel reports the killing of Palestinian children as part of “collateral damage.” However, they are fully aware of the nature of living conditions within the country and where civilian populations are located.

28. The continued military occupation is a physical and psychological hazard to the well-being of all children within the country. The actual and perceived threat of occupation and settler violence within the country has resulted in hundreds of thousands of children who exhibit psychological and health conditions that are deleterious to their well being. Children are not safe in their homes and schools (tens of children have died while in the comfort of their homes), and each year approximately 300 children are illegally detained, tortured/beaten, and kept in prisons and jails within settlements or Israel proper without due process of law, and in contravention of international law or Israeli laws applicable for Israel children (but not Palestinian children of the OPT). Thousands of other children are faced with humiliation and beatings by Israeli soldiers and settlers as they go to their schools which may be located near Israeli settlements or the Wall or other closed off areas of the country.

26 Israel continues to use the excuse of “security” when carrying out military action against Palestinian civilian populations. In Gaza, severe and disproportionate use of military action has been the norm when Israeli force is used to end the firing of small rockets into Israeli communities living along the borders of Gaza. The vast majority of these rockets do not result in any form of physical damage to Israeli individuals or property. However, similar Israeli violations take place in the West Bank where there are no rocket attacks. The blatant lack of respect for Palestinian life – children, women, and men – is well documented through numerous UN Human Rights Reports.
29. Children’s psychological well-being has been reported by a number of different agencies including PCBS, UNICEF, WHO, DCI-Palestine, Save the Children, and a host of other governmental and non-governmental agencies. These reports all indicate that children report high incidences of exposure to violence in their lives, that they have fears of leaving their homes, nightmares, bedwetting, and lack of concentration, hyper-vigilance, depression, anxiety, and phobias. These behaviors increase dramatically when conditions of armed conflict (Israeli-based or interfactional fighting) take place within the country. More recently studies have been initiated to examine the long term, intergenerational nature and impact of trauma on children. This refers to the fact that not only are children experiencing excessive trauma and stress in their lives, but their parents, and even grandparents have endured numerous traumatic situations in their life that have engendered depression, anxiety, and post-traumatic stress. Research on the effects of trauma and being raised by families who have experienced similar situations will assist in developing psychological treatment and intervention programs for families. However, this situation reflects the pervasive and repetitive nature of violations of children’s rights over the last six decades.

30. The government, with the support of NGOs and the international community has carried out a number of emergency psychosocial and mental health initiatives to support children and their families in coping with the continued presence of violence and armed conflict in their lives. Numerous charitable and NGO based programs exist throughout the country to provide children in need with counseling services to allow them to resume normal behaviors. The Gaza Community Mental Health Program, the Palestinian Center for Community Conflict Resolution and others have worked with the government to ensure that children in Gaza receive timely and quality mental health support. However, the magnitude of the problem and the ever increasing numbers of families and children in need of support tax the resources and capacities of these programs to provide sufficient in-depth assistance to all children and families in need.

Particularly Vulnerable Groups

31. There are certain populations who still require more focused and institutionalized assistance from the government. First are the children of collaborators who are considered a “hidden” group. Estimates by Defence for Children International-Palestine Section suggest that as many a four out of 10 collaborators may be children (these are individuals who have frequently been arrested by Israeli forces and coerced into acting on behalf of orders of Israel). However, many of these children have been compromised by the Israeli authorities. Through torture and practices of fear and intimidation of the child, they exploit children to become collaborators and provide information to the Israeli military. Also, there are children who have one or more parents who are allegedly (or actually) collaborating with the Israeli authorities against Palestinians. These children are usually stigmatized and prevented from participating in children’s groups by social exclusion practices. To the contrary, these children are victims of exploitation. They deserve to receive care and psychological services to help them reintegrate into society, continue their education, and not be stigmatized because of parental behaviors. They should be properly debriefed and assisted to reintegrate into society. No such programs currently exist.

32. Children who have been detained, arrested, imprisoned, and released by Israeli forces and settlers are a second group that requires attention. These children are usually exposed to situations of violence and the threat of violence against them. Many are beaten, humiliated, physically and sexually threatened, yet upon their release there is no systematic delivery of care and rehabilitation offered to them on a compulsory basis. The Ministry of Detainees and Ex-detainees provides support for children in Israeli prisons. They provide legal aid, food/canteen costs, clothing, books, and other personal needs for children in Israeli prisons. DCI-Palestine and various legal aid groups also support children in prison. However, there is no systematic support for these children once they are released. There are a number of NGO-based organizations (like the YMCA-Beit Sahour) that can and will provide counseling services, but it is the responsibility of the child victim or their family to approach them and seek out as-

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27 Dr. Brian Barber from the University of Tennessee is currently conducting this research.
istance. The government needs to focus on special desensitization and deprogramming sessions\textsuperscript{29} with these children to provide them with the support to understand that they are victims. They need support so that they can return to their normal childhoods and claim their rights without feeling guilt and fear about continued Israeli control over their lives. Attention should be given to providing compulsory counseling and physical examinations for all child victims. Their cases should be documented (information kept confidential) and reports should be generated in order to improve services for these children. More importantly, the government should be responsible for initiating legal action against the State of Israel for its violations of Palestinian child rights and the application of discriminatory policies against Palestinian children and Israeli children.

33. A third vulnerable group is the children of East Jerusalem. Children in East Jerusalem face daily life circumstances that highlight their discrimination as a group based on their national identity. They are not treated as equals with Jewish children and they do not have the same rights as Israeli children. Hence, the quality of their schools, health services, and social and recreational facilities are below standards, criteria, and programs that are provided for Israeli children living in the same area. These policies are part of a concerted effort to implicitly force Palestinians to emigrate from East Jerusalem because of increasingly poor standards of living and continued discrimination against them. Before, during, and after periods of armed conflict, children residing in East Jerusalem are placed in a confusing and discordant situation. They are not exposed to the direct violence that includes bombing of homes, house raids, or military invasions into their neighborhoods like those that occur in Gaza and the other parts of the West Bank. But they are also not considered or treated like Israeli citizens. Their identity is ambiguous. They identify with the violations and humiliations that other Palestinian children are faced with, and they are exposed to unfair treatment and discriminatory practices.

34. The government is prevented from working directly in East Jerusalem due to principles outlined in the Oslo Accords. Hence, the government works with youth and child based initiatives in East Jerusalem through supporting local non-governmental organizations to support these children in empowerment, continuing education, psychosocial support, and identity formation. The government has also made available funds to renovate and upgrade school facilities, health and referral clinics and hospitals in East Jerusalem, and provides funds for legal and social aid for needy families, particularly those who have had their homes demolished or are displaced. In addition, children who are separated from one or both parents because of Israeli denial of family reunification or issuing of residency permits face constant threats of being expelled from East Jerusalem and denial of access to basic health, education, and social services.

### Children in Armed Conflict - Way Forward

- The government will begin a comprehensive, systematic, and systemic approach to addressing the needs and rights of children in armed conflict/under occupation. This includes taking legal action against Israeli denial of family reunification, detaining and imprisoning children, killing and injuring of children, and preventing children in Area C, Gaza, the Seam Zone, and alongside the Israeli Wall access to basic services, standard of living, and dignity that are their rights. Regular reports should be submitted to the UN Special Rapporteur on the Occupied Palestinian Territories on all violations by 2011.

- The government will coordinate actions with the Israel/OPT Working Group on Grave Violations Against Children’s Rights (1612 Group) is recommended by 2011.

- The government will ensure that all children who are detained, arrested, or imprisoned by Israel have their cases fully documented, monitored, that they receive legal and psychosocial support, and that specialized debriefing sessions are held with these children to reintegrate them into society by 2012.

\textsuperscript{29} During detention and prison these children are exposed to ill treatment, threats, and even torture. Many are threatened that they will be detained again unless they agree to “collaborate” with Israel. Hence, guidance and counseling sessions are need to debrief children, allow them an opportunity to share their experiences, and work out their feelings and thoughts. This period of debriefing allows children to understand what they have been through and receive the necessary physical and psychological treatment needed to facilitate their reintegration into their normal lives and activities.
• The government will initiate legal action at the international level to end continued Israeli violations against Palestinian children (children recruitment including using children as human shields and pressuring children to become informants for the Israeli military, arrest/detention and ill-treatment of Palestinian children, and discriminatory practices between Israeli and Palestinian children) by 2011.

• Institutionalize emergency psychosocial and mental health services that will allow for reintegration of children following periods of armed conflict and violence. This would work hand in hand with the government and UNRWA’s proven capacity to re-establish routine attendance at schools and restart health services. This provides support for linking of psychosocial and reintegration procedures within the framework of existing educational and health services provided by the government and UNRWA by 2012.

D. Children in Situations of Exploitation, Including Physical and Psychological Recovery and Social Reintegration

Economic Exploitation, Including Child Labour (Article 32) with Specific Reference to Applicable Minimum Ages

35. PCBS carries out routine labor force surveys that identify the number of working children on a quarterly basis. However, detailed information on the situation and circumstance of working children is lacking, because many employers tend to hide child laborers or fail to provide accurate information. Employers and families who engage young children in work often hide this information and the child when data collectors or child labor supervisors are present. In addition the PCBS undertakes nationwide surveys that include information on child and youth labor participation. The results of these studies indicate that there are 13,000 child laborers (with children ages 5-11 and 12-14 representing 4.2%, and 4.6% of the labor force, respectively.) The largest proportion of these child laborers (over 90%) is in the West Bank. Reports of child labor in Gaza have decreased due to the unavailability of jobs. These same reports indicate that at least 10% of child laborers (1500 children or more) are working in hazardous and dangerous working conditions. This has included the phenomenon of "children of the gravel" where young children in Gaza go to collect gravel/sand from areas near the Eretz industrial zone and are shot at by Israeli soldiers who consider this area off limits. The children are collecting the gravel to either use in repairing holes in their homes (gravel added to cement) or to sell.30 There are also reports that organized groups of children from various regions of the country are being gathered and shepherd into Israel as a source of cheap labor. In November 2010, twenty one children from the Hebron district were caught trying to enter Israel through Tulkarem. The Israeli forces returned the children back to the West Bank.31 Most child laborers are still enrolled in school. Girl child laborers represent less than 10% of the child labor population.

36. National data indicates that more than two-thirds of working children in the OPT (67.3%) work for their families as unpaid workers (98.0% females and 63.3% males), 27.6% are paid and work outside the family, and 5.1% are self employed. Results also indicate that 47.3% of working children in the OPT work in agriculture (23.7% in West Bank, 62.9% in Gaza Strip), and 27.3% work in commerce, restaurants and hotels (23.7% in West Bank, 62.9% in Gaza Strip). In 2008, the average daily wage for children (10-17) years was 50.8 shekels with average working hours of 43 hours weekly. In 2009, the average daily wage for children (10-17) years was 43.2 shekels with average working hours of 44.6 hours weekly. Not only are child wages decreasing, but work hours are also being increased. These practices are in violation of the Labor Law (article 96) which states daily working hours shall be reduced for juveniles by one and an hour a day with an hour break, and the child should not work for more than four successive hours per day.32 Their wages are below the norm of adult laborers and this too is in violation of

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30 DCI-Palestine (September 2010) report on website. www.dci-pal.org
of the law. UNICEF is currently working with the government in examining issues of child labor and
this will include means of monitoring child laborers and eliminating illegal use of children within the
market.

37. PCL article 14 and the Labor Law no. 7 of 2000 article 93 prohibit the employment of children below
the age of fifteen. However, article 37 of the PCL entitles all children to the right to complete their sec-

   • The work does not expose them to harmful or dangerous situations or jobs. No child is allowed
to work in conditions that pose a threat to their physical and/or psychological well being.
   This includes working shorter working days and taking holidays and vacations at their
   expected times.
   • The child should receive a medical exam every 6 months, his/her well being must be
   monitored and immediate medical care be provided if needed, they are not allowed to work
during night shifts, in remote areas, or where there is no proper supervision available.
   • All of the safety and occupational protection measures determined by the minister, executive
   bylaws and policies are applicable for child labourers.

39. The Ministry of Labor is currently reviewing all child labor related laws and decrees and will har-
monize them with the draft Palestinian education law which makes education compulsory up to the tenth
grade or up to the age of 16. The review is also taking into consideration definitions of child labor that
include economic exploitation of children in begging, human trafficking, and sexual exploitation. This
would include a review of the draft penal code which should provide severe penalties for any person
(even a family member) who is found to economically exploit children or employ children under the
legal age authorized. Current penalties are set at 200-500 Jordanian Dinars (Labor Law article 134). If
the employer repeats the offense slightly higher penalties can be applied. However, the MOL does have
the authority to close institutions that are not in compliance with safety and health standards. They have
taken such action in three previous instances.33

40. Special attention needs to be given to article 99 of the Labor Law which allows juveniles (16-18
year olds) to work for their relatives according to proper health and social conditions. The monitoring
of family-based labor and the conditions of family employment are not properly monitored. Executive
orders and standards need to be developed to clearly detail what are accepted practices for child labor
and how they can be monitored. In some situations, children’s health and well being has been jeopardy-
dized because of poor knowledge on the use of pesticides in agriculture and their impact on the child’s
growth and development.

41. Economic exploitation and child labor are directly linked with poverty. Poverty data from PCBS
indicates that 47.2% and 76.9% of the West Bank and Gaza households, respectively, were suffering
from poverty in 2007 (78.9% among one child households and 63.7% among households without chil-
dren). The incidence of poverty increases consistently with higher numbers of children in households
correlated with higher rates of poverty. Households with the least incidence of poverty are those with
1-2 children. The picture remains essentially the same when other poverty indexes are used to reflect the
depth of poverty.34 This information suggests that targeting Gaza and poor families with many children
with awareness raising and cash assistance programs can serve to prevent or ameliorate conditions con-
ducive for economic exploitation of children. The MOSA has taken this information into consideration
and large, poor households with children are prioritized for inclusion in the social assistance program.

33 Ministry of Labor, Summary of Department of Juvenile Labor, 2009.
42. Research also suggests that poor children, school drop outs, child refugees, children from dysfunctional households, children in out-of-home care facilities, and child prisoners are all at risk of economic exploitation and potential cases of human trafficking. Cases of violations against children should be monitored by the MOL and reported to the MOSA. However, the MOL only has 5 juvenile labor officers tasked with monitoring child labor conditions. This is an insufficient number to carry out the responsibilities and duties they are tasked with. Also, the MOSA child protection officer per district is unduly burdened with a large case load and does not have the resources to follow up on reported cases of child labor violations-particularly within the home environment which is not open to inspection. These 5 juvenile labor officers along with ten out of the forty labor inspection officers in the West Bank have been trained on child labor issues. However, this number of staff and the resources they are provided with are insufficient and do not allow them to inspect the vast majority of private establishments were children are currently working.

43. The MOL has introduced two prevention based programs in their strategy to eliminate illegal child labor. This includes providing vocational rehabilitation for school dropouts and enhancing community awareness about the dangers of dropping out of school and child labor. There has been some internal debate between the Ministries of Labor, Social Affairs, and Education as to which agency is mandated to provide such services. Collaboration between the agencies is recommended and targeting vulnerable and marginalized groups of children at risk of economic exploitation and potential child trafficking should be given top priority. This is particularly important in the marginalized areas of the Seam Zone, along the Israeli Wall, and in Area C where children are frequently found crossing into Israel to seek labor or work in settlements. There is no form of protection for these children, they are working in communities where they are removed from their families, and have no supervision. Also, there are reports that children have been employed in the tunnels in Gaza. At least two children have died due to the bombing and/or collapse of tunnels. Reports on injuries from tunnel work are not available, but such cases are most likely occurring. Data is not available on child labor conditions in Gaza or along the parameters of the West Bank.

44. While the MOL has the responsibility to monitor child labor within the OPT, they do not have access to Area C or East Jerusalem where the phenomenon of child economic exploitation and labor is most likely to occur. According to available data, poverty is increasing in areas like East Jerusalem, Area C, along the Israeli Separation Wall and the seam zone. In parallel, the number of children who enter Israel to work from these areas is increasing. Children in these areas cross over into Israel and are found on the streets begging and in some reported cases there has been sexual exploitation/prostitution involved. The Israeli authorities need to look into these situations and coordinate action with the MOL and MOSA to prevent these actions and provide rehabilitation, reintegration and support for these children. Adult perpetrators of these crimes should be penalized. However, the MOL has limited resources (transportation, staff, etc.) to effectively monitor child labor in these areas. Economic insecurity and loss of livelihoods and homes is pushing girls and women into prostitution or rendering them extremely vulnerable to be exploited by the recruiters and traffickers which is a more extreme form of exploitative labor practices.

45. MOSA social assistance, child vocational centers for school dropouts, and the child protection program are seen as key ongoing interventions that are working to reduce the risk of economic exploitation of children. Families receiving social assistance are monitored to ensure that their children remain in school and complete compulsory levels of education. However, child protection officers report that many families encourage their children to work or beg after school hours. The best interests of the child are seen to take second place to what are perceived to be the best interests and basic needs of the family. The MOL attempted to remedy this situation by providing unemployment benefits. However, government resources were lacking and the program was terminated. Studies are currently underway in setting up a comprehensive social security system that would include unemployment benefits. A new unemployment assistance scheme will be initiated in 2011 with a start up fund of 6 million USD with the MOL and the International Labor Organization.

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36 Trafficking and Forced Prostitution of Palestinian Women and Girls: Forms of Modern Day Slavery, A Briefing Paper, June 2008
46. The MOSA runs 13 vocational centers for drop outs and poor children. The eight centers in the West Bank train 400 students annually, while the 5 centers in Gaza train 600 students annually. These training programs are outdated, poorly resourced, insufficient in space, and are two year programs that do not have a strong educational component for the youth who are typically between the ages of 12-15 years. There are no centers in Bethlehem, Jerusalem, Salfit, Toubas, and Yatta.

47. There were 1460 registered child laborers in 2010. Of these child laborers, 379 are receiving assistance through the aforementioned MOSA centers. Additional training centers include the Jericho Boys Son’s of Martyr Center that provides training for 100 boys, the El Bireh Inash al Usra vocational training center for girls, and the Qalandia women’s cooperative. MOSA estimates that 7 million USD is required to address the issue of child labor. These funds are needed to increase the number of staff at MOL who will monitor child labor within the private sector and families, conduct awareness raising campaigns highlighting the hazards of child labor, working with children who have dropped out of school to re-integrate, and develop vocational training centers for youth. Available information indicates that less than one million USD is being spent on the upkeep and maintenance of existing programs.

48. The current government has given priority attention to laborers (child and adult) working within settlements. The government wants to end all forms of Palestinian employment within the illegal settlements and to guarantee that Palestinians are not exploited by unfair Israeli hiring practices. Monitoring of child and adult laborers within settlements is currently underway. The government has provided instruction to schools that they should raise awareness amongst children and youth on the hazards and inappropriateness of working within settlements. They have also made available resources to support needy families and compensate them in part for loss of income if they stop working in the settlements.

49. Some societal attitudes play a negative role in promoting child labor amongst children. For instance, fathers sometimes pressure their children to assist in work after school, which can push them into the workforce step by step. Sometimes families encourage their children to leave school in order to learn the family trade. Broken families or other domestic problems may cause a child to leave home and join the labor force. Furthermore, there are social attitudes which push boys to “act like men” after the age of ten and take responsibility for care of the family. Girls are forced to carry out household duties and chores that sometimes exceed 6-7 hours per day or work with their mothers as domestics. It is important that social awareness campaigns are supported to increase knowledge of parents, employers, children, and youth on the short and long term hazards of child labor and human trafficking. Trade Unions can play a constructive role with the government in supporting initiatives to prevent children from joining the labor force at an early age, creating protective networks amongst laborers to safeguard them from unexpected periods of unemployment, and advocate for the child’s right with employees and families. Businesses have an important role in preventing child labor. The rise in poverty may push businesses towards exploiting children’s cheap labor; however, the business community should establish and maintain standards preventing child exploitation. Trade unions are a sector of civil society which can take a key role in preventing child labor. Unions should develop internal monitoring systems to ensure that their members do not break the law and exploit children.

37 CRC Survey conducted by the NPA Secretariat in 2007.
38 Palestinian General Federation of Trade Unions
Children in Situations of Exploitation - Way Forward

- Put the child labor issue on the government agenda of priorities and take a rights-based approach in all governmental services addressing child labor (instead of the welfare approach that is currently implied.) This requires formalizing working relations with the police to ensure that proper monitoring and patrolling of areas where children are working receive attention and support by 2012.

- Improve, modify, and harmonize the required laws related to the best interests of the child; the labor law, and education to set the compulsory age for leaving school and seeking employment at 16 by 2012.

- Policies should be formulated; documented, disseminated, and enforced that addresses the roots causes of child labor and work towards prevention based approaches. Specific attention should be given to amending the Labor Law article 99 which allows children to work within family settings with no supervisory or oversight role for the Ministry. This area needs further research to ensure that children’s rights are not being violated in the home setting by 2012.

- Ensure that Ministries of Labor, Education and Social Affairs and civil society institutions coordinate to ensure that sufficient numbers of programs are available to educate the child, raise awareness, and provide rehabilitation and reintegration and social assistance support for needy children and their families. Providing media based programs that highlight the short and long term hazards of child labor should be developed in order to provide information to a wide population of individuals who should play a role in preventing this phenomenon by 2011.

- Strengthen the school dropout monitoring system and coordination between the MOEHE and the MOSA child protection system to follow up immediately on reported cases and reintegrate children into school or additional venues which are child rights based by 2011.

- Develop a method of monitoring and reporting on all child laborers with specific attention to girls who are child laborers, children working within domestic labor, family based enterprises, and within Israel and settlements by 2012.

- The MOL should introduce more educational and healthy living style programs for younger children within the vocational rehabilitation setting by 2012.

Execution of National Legislations and Enforcement Policies and Mechanisms to Protect Children from Sexual Violence

50. The Amended Basic Law of 2003, the PCL, and the draft child protection protocols all provide explicit prohibition against all forms of sexual exploitation, abuse, and inappropriate behaviors with children. Children who are exposed to sexual violence are at risk of being exposed to other forms of sexual exploitation. In part, their vulnerability increases because their sense of safety (actual and perceived) has been violated. This can lead to the child leaving the home and/or the family thus exposing the child to other more egregious forms of sexual exploitation.

51. The Palestinian Child Law (PCL) explicitly lays out in article 53(1) the responsibility of all citizens to inform the Ministry of Social Affair’s child protection social workers if they suspect a case of violence against a child. Article 53(2) also requires educators, physicians, social workers and others entrusted with the protection and care of children to do the same. Article 54 requires all adults to assist children in notifying child protection social workers of violence or abuse.

52. In addition, article 29(4) of the Basic Law prohibits ‘beating children and cruel treatment’ by relatives. Article 316 of the Draft Penal Code also creates an offence punishable by a jail term of up to one
year in the case of a person who “injures one of his or her children, or a child who is in his or her care, by force, by being a negative role model or by any unethical act.” The Draft Penal Code also has a section on sexual offences that includes harsher punishments for perpetrators if they are a relative, caregiver or anyone with authority over the victim.

53. The MOSA National Child Protection System Referral Network of agencies work together to ensure that all cases of reported abuse, harm, and/or exploitation of children are channeled to the MOSA and relevant partners to ensure that the children receive proper family and child counseling, that action is taken to ensure that these actions are dealt with according to the law, and that future occurrences are prevented from taking place. This includes coordination with the police and office of the Attorney General. The MOSA and partners have now expanded their services to five districts and have completed intensive training of relevant partner agencies in the protocols and procedures for ensuring follow up, case management, referrals, and documentation of cases. The Beitunia Child Protection Center is currently being upgraded to become a family and child protection shelter in addition to another center in Jenin and upgrading of the Beit Jala Dar al-Fatayat to provide shelter for children and families in need. Additional technical, financial and human resources are needed to sustain and empower these institutions to carry out their full responsibilities. The MOSA has also prepared a management structure for these centers that will ensure children and family receive counseling, re-integration, training, and educational support in order to allow for their return to a safe and well functioning family environment.

Sexual Exploitation

54. The PCL explicitly prohibits all forms of sexual violence and exploitation against children and women. However, cultural and social taboos prevent children and adults from exposing such cases. Hence, the actual number of violations is hard to document. Serious attention must be given to incest, violence, and sexual exploitation and abuse of children which tend to be underreported and left untreated.

55. The MOSA Child Protection Officers are the responsible parties mandated to handle cases of sexual exploitation in cooperation with police officers. However, reports indicate that increasing cases of sexual and/or economic exploitation of children is occurring within Area C, East Jerusalem, and the Seam Zone. These regions are not accessible to the child protection officers or PNA police. This leaves children who may move freely between Areas A and B or into Israel open to further exploitation. These young children do not need IDs and permits to travel into Israel. Therefore, some families have allowed their children to go into Israel as beggars and child laborers. These children usually become further compromised because they are exploited by others to conduct illicit trade (transportation of drugs, stolen goods, etc.) or forced into prostitution.

56. The government must work to ensure that they can extend their protection to these children by enforcing the right of child protection officers and the police to move freely in these areas and exert their authority to address and end these violations against children. This will require an increase in trained personnel. Coordination with Israel on these issues is urgent. Israel is responsible for upholding the rights of Palestinian children in the OPT and within Israel. They have opted to turn a blind eye to these transgressions against children and have allowed such exploitation to continue unabated in some cases.

57. The PCL names a specific office within MOSA, the “Child Protection Department” as the body responsible for ensuring that children are not exposed to violence in public or private domains and for overseeing the care of children who have been exposed to violence. The limited number of child protection officers impeded their role in protecting children. Currently there are fewer than 13 child protection social workers in the West Bank and 8 child protection officers in Gaza.

58. Other constraints are due to cultural and social taboos that prevent exposing such cases. Serious attention must be given to incest, violence, and sexual exploitation and abuse of children which tends to be underreported. There has been limited work on establishing and institutionalizing prevention based programs and materials to raise awareness on changing negative cultural practices. This requires a review of the mandates and responsibilities of MOSA, MOH, and MOEHE in preventing the occurrence of hazard-
ous practices against children. It also requires work with the ICHR and civil society agencies to develop information, materials, programs and services that can lead to changes in harmful practices and instilling positive values and practices in their stead. Numerous short term advocacy and awareness raising campaigns have been initiated to address abuse, child labor, sexual harassment, and host of other negative practices; however they tend to be limited in time and scope and hence their impact has been minimal.

### Protection of Children from Sexual Violence - Way Forward

- The government will continue to raise awareness on the necessity of reporting violations against children, through national campaign on the importance of reporting violations (abuse, neglect, harm, exploitation of children). This could take the form of a media-based campaign, training of personnel, placing information pamphlets at local clinics, schools, and community centers. The most important is to have key political and technical personalities discuss the importance of social responsibility in reporting and not turning away from children’s violations by 2012.

- The government will identify proper mechanisms for ensuring a child right to be heard and report on violations. This can include a national hotline or complaint mechanisms that are placed in schools, community centers, or spots where children can have easy access to submitting complaints. The follow up should be by an ombudsman office and not left for the particular agency to handle by 2012.

- The government will introduce proper and swift interventions to protect children’s safety through hotlines and special protection contact points. These sites need to be interlinked with the Child Protection Network and Referral System to ensure that there are sufficient personnel available to address these violations. Each reported case should be documented in a confidential and private manner, but information should be shared with MOSA by 2012.

- The government will address and take into consideration informal mechanisms of justice that are currently prevalent and ensure that children’s rights (particularly the girl child) are implemented and respected by 2012.

- The government will support the continued institutionalization of the MOSA initiated child protection network to become a national child protection system that can ensure the safety of all children by 2013.

- The government will support research on social perceptions that explain existing patterns of child-family relations and define what is understood regarding the “best interests of the child and family.”

### E. Children in Conflict with the Law, Victims and Witnesses

**Administration of Juvenile Justice (Article 40), the Existence of Specialized and Separate Courts and the Applicable Minimum Age of Criminal Responsibility**

59. In 2009, the MOSA reported 1960 cases of accused children in conflict with the law. This is triple the number of alleged cases in 2007. Unfortunately, data from Gaza is not available for 2007-2009. The information provided indicates that these children do not work, but are still attending school. The vast majority of children are charged with theft and/or destruction of property. On average 3-5% of children are charged with murder and physical/sexual assault. Males are arrested and charged 90% of the time compared with females. Only two thirds of all children in conflict with the law were detained in holding cells by police, most are released on bail to the family. This data does not include all cases of Palestinian children from East Jerusalem or area C who may have perpetrated an offense or crime in Areas A and B. The government has no jurisdiction over them, so these children are usually handed over to their parents (no records are maintained on number of cases.)
60. The judicial system does not have a system where by one can separate out pending court cases for children in conflict with the law from adult cases. However, estimates provided by district offices suggest that there are at least 5000 pending cases that are currently being processed. Police reports indicate that the number of children in conflict with the law is increasing. Available data for 2009 shows that over 2100 children were handled through the police centers in the West Bank. However, these are the cases were formal investigations and procedures were initiated. There is likely to be three times that number of offenders, but the cases were handled through informal justice procedures or directly by the police and parties involved.

61. The main legal document in effect in the West Bank is the “Ordinance of Reforming Juveniles No. 16, Jordan, 1954”, which was further amended in 1968. The present law is grounded on the welfare of the child rather than a judicial justice approach. It is a fundamental principle of the criminal justice system that a person is innocent until proven guilty. This applies to children and adults. The age of legal responsibility in this law is set at 9 years. There is currently a proposed Draft Law awaiting the signature of the President that specifies the age of criminal responsibility at 12.

62. The Reforming Juveniles Law provides that the accused child be promptly informed of the charges against him or her, along with his or her legal guardians. All juveniles charged with an offence are taken to court. Although the Law stipulates the establishment of a specialized juvenile court within the adults’ court, to be held at different places and times, at the present time these specialized courts do not exist. The government has provided instructions that special times will be allotted for the handling of child cases. The regular court should be cleared of all individuals not directly involved in the case to protect the privacy and confidentiality of the child and family. These cases should be conducted in a way that the child and his/her family are not exposed to media and special consideration is given to holding cases when the courts are less likely to be full. Most courts within the government are overcrowded, have joint waiting spaces, and do not have private entrances for children and their families. It is recommended that the courts take special care to hold child cases during discrete periods of time (late afternoon sessions) and that special waiting rooms and entrances be made available for children and their families.

63. A juvenile defendant has an automatic right of appeal to the Appeals Court following conviction under article 16 sixteen of the current law. The right to appeal to the Court of Appeal must be sought and may be granted by a single independent judge. Data available suggest that the right to appeal has rarely been used.

64. There is no separation between juveniles and adults at any stage of the adjudication process. There are no separate written work procedures that regulate the work of the judiciary staff in the field of juvenile justice. The judicial system is being reformed, and new laws have been proposed. The juvenile system is undergoing basic changes at all levels, and child justice issues are highlighted.

65. Although the 1954 law mentions the need for preserving the secrecy of the child file, the current system does not have specific mechanisms and procedures to protect the child from the press and the adults and the community at large. There is also a need to work more closely with judges, attorneys, the general prosecution and other bodies coming into contact with children in conflict with the law to ensure that children’s privacy and confidentiality is maintained. The small working spaces and limited number of personnel handling a large number of cases is not always in the best interest of the child.

66. The amendments to the PCL sets the basis for the establishment of juvenile courts with training for those involved in the juvenile system, but no significant steps have been taken towards that end. A comprehensive revamping of the system is underway. This process is led by the MOSA that has established a steering committee composed of relevant line ministries and judicial bodies, NGOs, and other stakeholders (UNICEF, EUPOLCOOPS, etc.) to develop legislation, policies, directives, human resource development plans, prepare designs for proper infrastructure (shelters, interrogation rooms, detaining rooms, separate prison rooms, rehabilitation centers, etc.) The committee has met twice. De-
tailed reviews of the gaps in the system have been conducted by EUPOLCOPPS and DCI-Palestine/Save the Children Sweden.

67. A major constraint that must be addressed by the government is to harmonize and nationalize one set of laws, regulations, executive orders, and system that will govern juvenile justice between the West Bank, East Jerusalem, and Gaza. The current situation is characterized by three different sets of conflicting laws and systems (all of which are not in the best interests of the child nor according to international best practices). Unfortunately, the lack of any prevention based program is a common feature that all three systems share.

**Children Deprived of Their Liberty, and Measures to Ensure that Any Arrest, Detention, or Imprisonment of a Child Shall Be Used as Measures of Last Resort and for the Shortest Appropriate Time and That Legal and Other Assistance is Promptly Provided (Article 37 (b), (c) and (d))**

68. Under the Juvenile Law of 1954, no child may have his liberty restricted unless statutory criteria apply. A juvenile cannot be released on bail or probation if he committed the crime of murder or if it is in the juvenile’s best interest to prevent him from harming himself or being harmed, or if the sheriff believes that releasing the juvenile may harm the administration of justice. In the event that the juvenile was not released for the reasons mentioned above the responsible police official must take the necessary actions to detain or arrest the juvenile until he can be brought to court. The juvenile can be detained for 24 hours before being brought to the prosecutor’s office, under whose custody the juvenile can remain for an additional 48 hours. After which the juvenile can be arrested for a period of 15 days, and may be detained until the necessary procedures have been taken to transfer him to jail.

69. The judge is given the option of keeping the juvenile arrested for the crime of murder in prison with adults as long as the juvenile is over 13 years of age and deemed morally corrupt. The judge can also cancel his detention order at any time. The law of 1954 has two guarantees for juveniles during the evidence gathering process. The first is that the juvenile cannot be shackled unless doing so is necessary for his safety and the safety of those around him. The second is that juveniles under the age of 13 cannot be detained with adults.

70. As for adults, children have a right to legal representation and for those who cannot afford it, legal representation is provided. However, Palestinian law does not necessitate legal representation for misdemeanors. It also does not demand the presence of a lawyer during the preliminary investigation, but allows one to be brought in by the accused if he wishes for one. The custody officer should, as soon as practical, inform the parent of the grounds for the child’s detention and his or her whereabouts, and should ask the parent to come to the police station. It is the function of the appropriate adult to advise and assist the child and the child may consult privately with him or her at any time.

71. The 1954 Law provides judges with a few options to avoid imprisonment. These options are: release based on parents’ bail or guarantee; financial penalty or compensation for damage, and supervision by a juvenile officer. The proposed law provides detailed description of possible actions that protect children in conflict with the law from imprisonment. It provides specific measures to accommodate the generational differences within the age group governed by the law. Any child under 12 in conflict with the law will be dealt with only through the juvenile officer and will not enter the formal justice system. If the proposed law is passed then judges are given the option to resort to a large number of actions for children under the age of 15. These options include: scolding, referral to a vocational training center, commitment to conditions, probation, and housing in a child care center or a hospital. Other options that might be considered include care, guidance and supervision orders, counseling, foster care, educational

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39 Said-Foqahha, N. (2010). *A Study of Juvenile Justice in the Occupied Palestinian Territory*. The study was funded by the EU-EUPOLCOPPS. Ramallah, June 30, 2010.

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training programs, and other alternative to institutional care will be made available. The proposed law mentions no diversion measures for children between the ages of 15 to 18 years.

72. The Law necessitates that the juvenile be taken to court immediately, and if that is not possible then interrogate and release of the child to the custodian’s protection after signing a written statement, promising to attend the scheduled court hearing and or paying bail. Many children wait for a court decision for very long periods. Some children have awaited decisions for up to two years in prison. This is due in part to the large number of cases that are before the judges.

73. On average juveniles are detained between 1-11 days during the primary investigation if their case is sent to the Magistrate court. If their case is sent to a criminal court the primary investigation takes between 2 months to over a year. The delay in processing cases is due to a large caseload within the court system. The lack of specialized courts, judges, prosecutors, and lawyers all contribute to this delay.

The Sentencing of Children, in Particular the Prohibition of Capital Punishment and Life Imprisonment (Article 37 (a)) and the Existence of Alternative Sanctions Based on a Restorative Approach

74. There is no death penalty for children in Palestine. There is no life sentence for anyone found guilty of murder under the age of 18 at the time of the offence.

75. Detainees may be released under the responsibility of an adult, subject to conditions, on the recommendations of a Parole Board. The date of the release will depend on the circumstances of the case and the views of the trial judges, if available. Most children are released and there are informal procedures used to monitor the child in the home environment. Recidivism rates are unknown.

Physical and Psychological Recovery and Social Reintegration (Article 39)

76. There are only 3 rehabilitation centers in the OPT, Dar al Amal in Ramallah, the Girls Center of Beit Jala, and Dar Ar-Rabee in Gaza. These institutions are underfunded, understaffed, and have not been given priority in training of staff or provision of rehabilitative services for children to offer them better opportunities to education and reintegration into their environments upon release. To the contrary, reports suggest that many children learn negative practices at these sites, have frequently left the premises without permission, and that little follow up is guaranteed by the child probation officers who are also understaffed and under resourced.

77. The two centers for boys (Dar Al-Amal and Dar Ar-Rabee) have very limited educational and recreational facilities for the young males. A majority of the children’s time is spent watching television, taking some very basic educational classes, and loitering in the center. In 2010, the MOSA with the support of the international community began a full physical renovation and upgrading of the Dar Al-Amal rehabilitation center. This includes refurbishing and provision of resources to improve services and support for children housed within the center. Similar resources are being sought to support the upgrading of other centers throughout the country. There are approximately 5-10 children kept at these centers at any one time. Both centers are quite large and could absorb up to 40 children if sufficient equipment, furnishings and repairs were undertaken. The Gaza center had been taken over for a period of time by the de facto Hamas authorities who released the children and used the site to house security forces. The center is now functioning again, but still has limited resources and supervision available.

78. The girls’ center in Beit Jala houses girls who have been transferred by the courts because they are in conflict with the law and also as a shelter for girls who are abused or victims of violence and have no family to care for them. This center has undergone rehabilitation in the last two years and qualified staff are now managing the center. There are still limited educational and recreational opportunities for the girls.

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79. The government should take immediate action to upgrade and expand educational, recreational, and counseling services for children within these centers. Follow up of children who are released should also be undertaken to determine if the child was able to reintegrate and become a productive member of society.

Training Activities for Professionals Involved with the System of Juvenile Justice, Including Judges and Magistrates, Prosecutors, Lawyers, Law Enforcement Officials, Immigration Officers and Social Workers

80. Currently, there are very limited training activities for judges, lawyers, magistrates and prosecutors and law enforcements officials in the OPT on juvenile justice. Interviews with staff from the police, prosecutors, judges, and rehabilitation workers indicate that sporadic training has happened over the last five years. However, there is no systematic training program that deals with juvenile justice across all districts.

81. More extensive training of police enforcement units have been undertaken by EUPOLCOPPS and UNICEF to assist them in understanding the rights of the child, proper handling of cases dealing with children in conflict with the law and how to resolve cases in a manner that protects the child in conflict with the law and the victims’ rights.

82. The Chief of Police has initiated a project that will provide support to the juvenile police. This project will start with a pilot in four districts: Ramallah, Hebron, Qalqilya and Nablus. The support to the units will have several aspects: training of juvenile police officers and staff guarding children in detention, material support (office furniture, child-friendly interview rooms, upgrade of juvenile holding cells in the absence of assigned care and rehabilitation centres in the districts) and items for the children in detention, such as clothing, games and hygienic items), development of standard operating procedures, registration system development and introduction of community policing methods. This training is to support the establishment of Family and Child Protection Units within the Police. Two units have been set up in Nablus and Hebron to date. An additional four units will be ready to function by the end of 2010.

83. Child protection and probation officers are given training workshops to deal with children and their rights. The Ministry of Social Affairs has 10 child probation officers and 23 child protection officers who are involved in managing children in conflict with the law. NGO’s within the Palestinian territories also provide training workshops for child probation officers and other government employees that work with children. However, these workshops are sporadic and do not reach the majority of workers in the juvenile justice system.

84. As previously noted, many of these children tend to come from poor and low income families. However, more in depth research needs to be conducted to determine if “poor” children are the ones caught and prosecuted, while “better off” children may get preferential treatment and their cases may not always be prosecuted or are resolved through other means.

Children in Conflict with the Law, Victims and Witnesses - Way Forward\textsuperscript{42}

- The draft juvenile law that has been presented to the President should be signed and enforced immediately.
- Executive bylaws, regulations, protocols should be drafted for police, prosecution, judges, and rehabilitation centers that provide clear guidelines, criteria, and standards for executing the new law that will bring standards up to an acceptable level of compliance with internationally accepted standards in juvenile justice by the National Steering Committee by 2013.

\textsuperscript{42} These recommendations have been adopted from the recent study conducted by N. Said-Foqahha and funded by the EUPOLCOPPS since the national task force on juvenile justice has adopted the study as the framework to guide the development of a new strategy for juvenile justice in the country.
• Train relevant staff at all levels of the system in the application of the law and by-laws, regulations, and protocols. All staff working with children should sign a code of conduct when dealing with children, have been certified that they are aware of the PCL and its implications and their responsibilities, and have knowledge on the roles, responsibilities and duties of various government agencies in providing protection for children and their rights by 2013.

• Raise awareness of the general public, local community, educators, and children on issues relevant to juvenile justice, the rights of children in conflict with the law, the rights of victims, and ways to prevent delinquency. Particular attention should be afforded to child labourers, school drop outs, and marginalized areas of the country where poverty is high and children may be forced in hazardous practices by 2011.

• Support the development of appropriate infrastructure at the four different levels-police, prosecutors, courts, and rehabilitation center-to be child appropriate and meet standards in line with international guidelines (separate detention, special interrogation rooms, separate holding areas, specialized courts, rehabilitation centers.) This will require an assessment of needs and designs by 2013.

• Establish a comprehensive database/case management system that can trace, follow up, and monitor all cases of children entering into the system. Ensuring confidentiality is essential. This system should be coordinated with the HJC database and separate folders should be maintained for children that are separate from adult cases by 2012.

• Conduct a review of informal justice mechanisms and restorative justice opportunities within the country. Pending the results of these studies MOSA and the national committee for children in conflict with the law should address means of integrating these systems into the formal legal system for handling children in conflict with the law by 2012.
ANNEXES

Annex 1 : Map of the Occupied Palestinian Territory
Annex 2 : Public Perceptions of Children’s Rights
Annex 3 : Summary Recommendations of the Workshop “Building a State:
Children’s Rights is the Foundation”
Annex 4 : Palestinian Child Law Amendments
Annex 5 : Palestinian National Authority Expenditures 2009
Annex 6 : Freezing Donor Aid Violates Children’s Rights
Annex 7 : Local Aid Coordination Structure
Annex 8 : The Well-Being of Children in Palestine- A Rights Based Approach
Annex 9 : Health, Nutrition and Access to Water – Additional Information
Annex 10: Education and Aims of Education
Annex 11: List of Laws that Address the Rights of Children and Well Being
Annex 12: Basic Demographic Information and Poverty Rates According to the
Revised Methodology
Annex 13: Institutions Working in the Area of Child Rights
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Public Perceptions of Children’s Rights

Preliminary Descriptive Statistics (selected)

West Bank Survey

The Study

First PNA state report to the UN Committee on the Rights of the Child
Methodology

- West Bank (will be conducted in Gaza)
- 116 Respondents

<table>
<thead>
<tr>
<th>Type</th>
<th>Frequency</th>
<th>Valid Percent</th>
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<td>Public Sector</td>
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</tr>
<tr>
<td>NGO Sector</td>
<td>35</td>
<td>35.0</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>25.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Respondents: Employer

- Agricultural Institution
- Al Quds University
- Arab Orphan Institution
- Bethlehem University
- Birzeit University
- Burj Al-Luq-Luq Center
- Christian Youth Institution
- Family Protection Association
- Faquoa Boys' School
- Handala Institution
- Institute for the Care of Families of the Martyred
- Islamic Safety
- Jenin Mosque
- Land Research Institute
- Medical Relief
- Military police
- Ministry of Agriculture
- Ministry of Culture
- Ministry of Education
- Ministry of Health
- Ministry of Information
- Ministry of Interior
- Ministry of Justice
- Ministry of Labor
- Ministry of Local
- Ministry of Planning
- Ministry of Detainees and Ex-Detainees Affairs
- Ministry of Social Affairs
- Ministry of Youth and Sports
- Mutual Expense Institution in Jericho
- Palestinian Agriculture Relief Committees
- Palestinian Central Bureau of Statistics
- Palestinian Culture Institute for Journalism
- Palestinian Energy Authority
- Palestinian Medical Relief
- Palestinian Red Crescent Society
- Palestinian Research and Study Institute
- Palestinian Special Needs Union
- Psychosocial Union
- Salfit Children's Club
- Sharek
- Social and Sports Club in Jericho
- Tubas Charity Institution
- Tubas Municipality
- Tulkarem Municipality
- United Nations
- Union of Health Workers
- UNRWA
- Village Women's Institution
- Women's Club in Halhool

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### Respondents: Position

- Accountant
- Administration
- Agricultural Engineer
- Charity Institutions Coordinator
- Community Based Rehabilitation
- Computer Teacher
- Coordinator of Women & Child Programs
- Director of International Organizations & UN Agencies Dept.
- Doctor
- Engineer
- Farmer
- Financial Manager
- Grocery Owner
- Head of Household
- Health Education
- Housewife
- Imam
- Inspector
- Legal Officer
- Librarian
- Manager
- Nurse
- Planning Officer
- Prisoners Department Head
- Professional for Child Care Program
- Program & Activities Coordinator
- Project Coordinator
- Psychologist
- Psychosocial worker
- Religion Teacher
- Social Researcher
- Social Worker
- Soldier
- Student
- Teacher
- Trader
- Unemployed
- Writer

### Respondents: District

<table>
<thead>
<tr>
<th>District</th>
<th>Frequency</th>
<th>Valid Percent</th>
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<td>Jerusalem</td>
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<td>9.5</td>
</tr>
<tr>
<td>Ramallah</td>
<td>11</td>
<td>9.5</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>12</td>
<td>10.3</td>
</tr>
<tr>
<td>Hebron</td>
<td>10</td>
<td>8.6</td>
</tr>
<tr>
<td>Qalqilya</td>
<td>10</td>
<td>8.6</td>
</tr>
<tr>
<td>Nablus</td>
<td>11</td>
<td>9.5</td>
</tr>
<tr>
<td>Jericho</td>
<td>10</td>
<td>8.6</td>
</tr>
<tr>
<td>Salfit</td>
<td>10</td>
<td>8.6</td>
</tr>
<tr>
<td>Tulkarem</td>
<td>11</td>
<td>9.5</td>
</tr>
<tr>
<td>Tubas</td>
<td>10</td>
<td>8.6</td>
</tr>
<tr>
<td>Jenin</td>
<td>10</td>
<td>8.6</td>
</tr>
<tr>
<td>Total</td>
<td>116</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Best Interests of the Child

1. *Does the PNA make the Best Interests of the Child a primary concern in all of its work?*
   
   (1= Strongly disagree, 4= Strongly agree)
   
   Mean = 2.02

2. *Does the International Community prioritize the Best Interests of the Child in its policies?*
   
   (1= Strongly disagree, 4= Strongly agree)
   
   Mean = 2.41

Respect for Children’s Views

1. *Do parents usually take children’s opinions into account in decisions concerning them?*
   
   (1= Strongly disagree, 4= Strongly agree)
   
   Mean = 2.36
Ramallah: “Discrimination is not on a policy level within the PNA; rather, there is a sort of patronage system in terms of positive geographical discrimination, ‘helping out’ those like you, or penalizing those outside of your group, however defined.”

Ramallah: “Discrimination starts within families and then goes to the community level.”

Bethlehem: “The government takes bribes, relies on *wasta*, and governmental services are only centered in Ramallah because the officials live there.”

Jerusalem: “The PNA does not have enough services for citizens in East Jerusalem despite their bad life there due to the Israeli military, and the PNA thinks that they are in a good situation because of their blue ID.”

Tulkarem: “The PNA provides only 8% of its budget to the Gaza Strip; discrimination is political and not due to other reasons.”
Does the PNA provide sufficient services for those who have been injured, disabled or had their homes destroyed by Israel?

(1= Strongly disagree, 4= Strongly agree)

Mean = 2.50

What are the mechanisms provided by the government, civil society, the community, religious groups or any other sources which help parents in their role towards children?

- **Ramallah:** "None. Or, if any, they are from the private sector, but these are expensive."

- **Qalqilya:** "All mechanisms are far from the Palestinian family and far from children themselves."

- **Nablus:** "There aren't any because the PNA is busy collecting money."

- **Nablus:** "Only through educational lectures, but there is no practical training."

- **Nablus:** "Mechanisms exist on paper but not in practice."
Basic Health and Welfare (Arts. 18, 23, 24, 26, 27)

Do you know any child who did not receive needed health services?

Why did children not receive health services?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Reasons for no service</th>
<th>No. of Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family poverty/ Economic situation</td>
<td>35</td>
</tr>
<tr>
<td>2</td>
<td>No specialized services/ Services not offered by PNA are too expensive or patients cannot access them due to lack of permits</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>Parental ignorance/ Neglect</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>Lack of medical equipment/ supplies/ medicines/ health centers</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>PNA doesn’t prioritize children’s health rights</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>Low quality of health services</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Lack of access due to occupation</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>Corruption/ Wasta</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>No insurance</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Long wait for services</td>
<td>2</td>
</tr>
</tbody>
</table>

Education, Leisure, and Cultural Activities (Arts. 28, 29, 31)

Open-Ended Question: What are the greatest obstacles preventing children from receiving a quality education?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Obstacles to Quality Education</th>
<th>No. of Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family poverty/ Economic situation</td>
<td>50</td>
</tr>
<tr>
<td>2</td>
<td>Occupation/ Political situation/ Dangerous commute</td>
<td>35</td>
</tr>
<tr>
<td>3</td>
<td>Unqualified teachers/ Teaching techniques</td>
<td>29</td>
</tr>
<tr>
<td>4</td>
<td>Education level or motivation of parents</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>Curriculum</td>
<td>16</td>
</tr>
<tr>
<td>6</td>
<td>Weak school system/ Lack of PNA prioritization</td>
<td>15</td>
</tr>
<tr>
<td>7</td>
<td>School Facilities/ Resources</td>
<td>13</td>
</tr>
<tr>
<td>8</td>
<td>Class Size</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Psychology of the student</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Too few study tracts/ Lack of educational programs</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Violence in school</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>Teacher strikes</td>
<td>2</td>
</tr>
</tbody>
</table>
Education, Leisure, and Cultural Activities (Arts. 28, 29, 31)

Do you know of Palestinian children between the ages of 6 and 16 who do not go to school?

Open-ended question: Why are these children not attending school?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Reason not attending school</th>
<th>No. of mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not encouraged to go due to ignorance, neglect or family problems</td>
<td>69</td>
</tr>
<tr>
<td>2</td>
<td>Poverty</td>
<td>65</td>
</tr>
<tr>
<td>3</td>
<td>Working</td>
<td>29</td>
</tr>
<tr>
<td>4</td>
<td>Kids don't want to go</td>
<td>22</td>
</tr>
<tr>
<td>5</td>
<td>Poor quality of Schools/ Teaching</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>Occupation/ Checkpoints</td>
<td>7</td>
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<tr>
<td>7</td>
<td>Distance of school from home</td>
<td>6</td>
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<tr>
<td>8</td>
<td>Violence in school</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>Special Needs/ Psychosocial problems</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>Early Marriage</td>
<td>1</td>
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</tbody>
</table>

Special Protection Measures (Arts. 22, 30, 32, 33 , 34, 35, 37, 38, 39, 40)

Open-ended question: Where can children find protection if they are exposed to abuse in their homes, schools or community?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Place</th>
<th>No. of Mentions</th>
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<tbody>
<tr>
<td>1</td>
<td>Family</td>
<td>31</td>
</tr>
<tr>
<td>2</td>
<td>Nowhere</td>
<td>29</td>
</tr>
<tr>
<td>3</td>
<td>Unspecified institutions</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>NGOs/youth clubs</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>PNA Services</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>Police</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>Private institutions</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>Friends</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>School</td>
<td>4</td>
</tr>
</tbody>
</table>
Where can children find protection if they are exposed to abuse in their homes, schools or community?

- **Bethlehem**: "Maybe from the police, but they aren't trained to deal with children, which requires special skills. Abuse is usually hidden. It is a taboo subject and is dealt with within the extended family--based on compromising rather than providing what the child needs."

- **Hebron**: "There is no safe place in Palestine."

- **Qalqilya**: "There are no private institutions and there is no law to make the police to fulfill their role as there is in other countries."

- **Jerusalem**: "Children find protection inside Israeli institutions because citizens do not trust Palestinian institutions, particularly inside Jerusalem. These institutions do not provide enough for Jerusalem ID holders."

- **Qalqilya**: "If the family does not have enough protection for itself, where will they find protection for the children?"

- **Nablus**: "There are no organizations except the streets and the irresponsible people."

- **Nablus**: "There isn't any place to protect the Palestinian people in general because in this country every Palestinian is targeted. Even in his own house, he doesn't feel safe."

What protection exists for girls under the age of 18 who become pregnant without being married?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Open-Ended Response</th>
<th>Number of Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
<td>55</td>
</tr>
<tr>
<td>2</td>
<td>A specific NGO or institution</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>Killing them</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>MoSA safehouses</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>Marriage</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>Parents/Family/Relatives</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Other families</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Police</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>Legal protection</td>
<td>2</td>
</tr>
</tbody>
</table>
What protection exists for girls under the age of 18 who become pregnant without being married?

- **Ramallah:** "There is no protection for girls unless their parents want to help and are well-educated. Girls are often uninformed about sex. If they become pregnant they are not viewed as victims. Girls who become pregnant may be killed or forced to abort."

- **Ramallah:** "They could find it in Bethlehem's women's shelter, but most would be killed."

- **Ramallah:** "There are not enough institutions for women or to help women; there is a lack of family protection and even these institutions cannot protect girls because of their families. There is no law to protect them."

- **Tulkarem:** "If the family was educated enough they would force the man to marry her."

- **Qalqilya:** "There is no protection because there is no law and because of that, there is no one to implement the law."

- **Nablus:** "There is no protection except killing because of honor and the safehouses are not safe."

- **Jenin:** "There is only one association to protect girls which is located in Beit Jala which is 140 km from Jenin."

Have you heard of any cases of forced marriage of Palestinian girls?

- Many: 44%
- Sometimes: 32%
- Twice: 11%
- Never: 13%
Where can children find protection from the armed conflict?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Where children can find protection from the armed conflict</th>
<th>No. of Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nowhere</td>
<td>49</td>
</tr>
<tr>
<td>2</td>
<td>Home/Family</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>School</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Institutions</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Police/Security forces</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Mosques</td>
<td>2</td>
</tr>
</tbody>
</table>

Ramallah: “Nowhere, or under the sea!”
Jericho: “They don’t have enough protection, and their only protection is prison or drugs.”
Bethlehem: “There is insufficient refuge for children and adults from the conflict; the conflict does not distinguish between children and adults.”
Tulkarem: “In the current situation, in my opinion, they will not find any protection except if they stand side by side as Palestinian people.”
Qalqilya: “There isn’t any protection for children, especially in war and internal conflicts, and the proof is that many are killed.”
Nablus: “There isn’t any, except joining gangs and hiding between mountains and cities.”
Tubas: “There is no place to protect Palestinian children from armed conflict and they are always targeted.”
Jerusalem: “Under the protection of another armed group.”

What types of exploitation are children exposed to?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Type of Exploitation</th>
<th>No. of Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Labor/ Financial/ Economic</td>
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<td>2</td>
<td>Sexual/ Prostitution/ Rape</td>
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<td>3</td>
<td>Physical/ Beating</td>
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<td>4</td>
<td>Collaboration with Israel</td>
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<td>5</td>
<td>Begging/ Stealing</td>
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<td>Psychological/ Emotional/ Verbal</td>
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<td>Political</td>
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<td>8</td>
<td>Not attending school</td>
<td>5</td>
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<tr>
<td>9</td>
<td>Violence from Israel/ Occupation</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Drugs</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>By the PNA</td>
<td>2</td>
</tr>
</tbody>
</table>
What types of exploitation are children exposed to?

- **Ramallah**: "Trauma from Israeli incursions and checkpoints. Other things, such as trafficking, are not such a problem here. Even drugs are new and attributable to Israel."

- **Bethlehem**: "Children are not raised how they should be raised. They are not having fun. They are not considered part of the family with a real role. They are not raised to be critical thinkers."

- **Ramallah**: "Even families exploit children, for instance by not sending them to school to work; the government exploits them to get resources which it then doesn’t use on them."

- **Tulkarem**: "Collaboration, stealing, some families try to exploit their children to drop out of school and work with them. I don’t know who is to blame—the family or society."

- **Qalqilya**: "Through the occupation, which uses them as human shields and among Palestinians where governmental institutions sometimes use children to gain sympathy to get what they want."

- **Nablus**: "Exploits the ignorance of children in transporting drugs and sexual exploitation and raping of both boys and girls; exploiting their hard economic situation and training them to work with the occupation."
ANNEX 3

Summary Recommendations of the Workshop “Building a State: Children’s Rights is the Foundation” 1

**Objective:** To present and review the initial findings of Save the Children UK’s research on the Palestinian Authority’s efforts to ensure the fulfilment of children’s rights as guaranteed in the UN Convention on the Rights of the Child. The purpose of this research, supported by Save the Children Norway, is to produce both a report on the steps taken by the Palestinian Authority to fulfil children’s rights and a series of recommendations of specific steps that can be taken to improve the provision of services to and the protection of children.

The sessions discussed four main topics: Health, Education, Participation and Special Protection.

**Conclusions:**

1. The principles of ownership, alignment and harmonization were re-asserted.
2. Awareness raising about child rights is necessary as well as establishing a committee to follow up on children’s rights.
3. Unified procedures for the police, the judges and the social workers are needed.
4. Addressing poverty and the deteriorating socioeconomic situation as well as the lack of resources put the PNA in a difficult situation in terms of prioritization.
5. There is a need to consolidate efforts to improve the situation, unify the data and achieve national goals based on the CRC principles.

**Recommendations:**

- Establish a body or ombudsperson for the children
- Establish a reporting mechanism for cases of abuse
- Necessity of having specialists in dealing with children in the different sectors
- Establish special detention centers for children and have judges for children
- Activate the higher council of disability and the higher council of mother and childhood
- A national human development and retention strategy is needed
- Update and strengthen data recording in administrative records
- Reconciliation of the different sources of information to fill the gaps at the national level
- Establish child friendly clinics and safe playgrounds
- Decentralization
- Predictability of resources and donor harmonization and alignment
- Raise awareness about disability at community and policy levels
- Establish a body to deal with children’s issues and a committee on statistics

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1 For the full record, please contact PCBS or Save the Children UK.
• Political will is needed and placing the child’s interests above all considerations
• More studies are needed on the impact of environmental wastes from the settlements and the war on Gaza on children’s health.
• Outreach programs
• Ending occupation and its violations and practices.
• A strategy to deal with the children of Gaza
• Clear instructions to implementers
• Review and develop laws and endorse the amendments on the child law.
• Monitoring and evaluation mechanisms
• Focus on education outcomes
• Expose violations of the Israeli occupation
• Establish a child/ disabled friendly environment
• A national database and reporting system
• Increasing the number of social protection counsellors and centers
• Justice for children in conflict with the law
• Budgeting for early childhood and Jerusalem in particular, and for children in general
• Having a unified strategy for children
President of Palestine
Chair of the Executive Committee of the PLO
President of the Palestinian National Authority

Having examined the Amended Basic Law of 2003 and its amendments,
And the Palestinian Child Law No 7 of 2004;

Based on a recommendation from the Council of Ministers on    /    / 2009,
And based on the powers vested in us,
And in pursuit of common interest,
We issued the following law:

Article 1
In this amended law, and for amendment purposes, reference shall be made to the Palestinian child law No 7 of 2004 as the original law.

Article 2
The term “state”, wherever present in the original law, shall be replaced by the term “Authority”.

Article 3
Article 11 in the original law shall be amended to be as follows:
The following phrases and terms, wherever present in this law, shall have the meanings specified below unless evidence indicates otherwise:
Child: Every human being below the age of 18 years.
Authority: Palestinian National Authority.
Child protection counselor: Public servant in the Ministry of Social Affairs working in the Child Protection Department with the duty to assess the status of children and follow up with their cases according to this law and bylaws issued hereunder.
Competent judge: Judge competent to examine children’s cases;
Imminent danger: Any act that threatens a child’s life, physical or mental wellbeing or health or subjects a child to the risk of delinquency in a way that cannot be avoided over time.

Article 4
Article 11 in the original law shall be amended by adding two new paragraphs as number 3 and 4 as follows:
3. Carrying out medical or scientific experiments on children is prohibited.
4. Without prejudicing penalties stipulated in the penal code in respect to crimes against persons or any other law, any person in breach of the provisions of item 3 above shall be penalized by a fine no less than one thousand Jordanian Dinars and no more than two thousand Dinars or their equivalent in currency in circulation legally. In addition, a ruling can be made to close the shop where the person committing the breach practices his/her work for a temporary period not exceeding one month.
Article 5
Article 11 in the original law shall be amended to become as follows:

1. While considering the criteria and controls stated in the labor law and its bylaws, employment of children before reaching the age of fifteen is prohibited.
2. It is prohibited to employ, use or assign children to do any dangerous works or professions or other works and professions that would hinder their education or adversely affect their physical or mental health or wellbeing, including working for first degree relatives, as specified by the Ministry of Labor.
3. Any person in breach of the provisions of this article shall be penalized by a fine no less than one thousand Jordanian Dinars and no more than two thousand Dinars. The penalty shall multiply by number of children involved in the breach and shall be doubled in case of recurrence. In addition, in case of recurrence, the Minister of Labor should shut down the establishment completely or partly.

Article 6
Article 21, repeated, shall be added to this chapter, stated as follows:
Without prejudicing any harsher penalty stipulated in any other law, any person failing to provide the due attention to a child under his/her custody shall be penalized by imprisonment for a period ranging from one month to three years.

Article 7
Article 22 in the original law shall be amended to become as follows:

1. By adding the phrase “Public Health Law” to paragraph 1, to become as follows:
The child has the right to obtain the best possible level of free health services, taking into account the Public Health Law and the Health Insurance Law and regulations in force.
2. By adding a new paragraph as number 3, stipulating the following:
The Ministry of Health should provide free health services to children under the age of six according to controls and criteria set out by the Ministry and without any conflict with the Public Health Law and the Health Insurance Law.

Article 8
Article 23 in the original law shall be amended by adding a new paragraph as number 3 as follows:
The health card should be kept in the child’s school file and presented to the school physician at every occasion when the child has a medical exam; all details related to monitoring the child’s health status should be recorded in the card.

Article 9
Articles 27 and 45 in the original law shall be canceled and replaced by a new article to be Article 27, which shall stipulate the following:
The following acts shall be considered as prohibited and under penal liability:

1. Using or assigning a child to do any work, in whatsoever form, including in the production, sale, possession, promotion or transport of cigarettes, narcotics or psychotropic drugs.
2. Producing, promoting or importing toys or materials incompatible with health or environmental specifications and standards set out by competent bodies or those harming community values.
3. Without prejudicing any harsher penalty stipulated in any other law, any person in breach of the provisions of this article shall be penalized by a fine no less than one thousand Jordanian Dinars and no more than two thousand Dinars or their equivalent in currency in circulation legally in addition to confiscating the toys or materials in breach. The penalty shall by doubled in case of recurrence. In addition, a ruling can be made to close the shop or establishment where such prohibited acts are practiced for a temporary period not exceeding one month.
Article 10
Paragraph 3 of Article 29 in the original law shall be amended to become as follows:
The Maintenance Fund shall assume payment of child maintenance in case the person obligated to pay
maintenance is unable to do so or the person ruled by court to pay maintenance refuses to comply.

Article 11
Article 44 in the original law shall be amended as follows:

1. By deleting the term “intentionally” stated in the introduction to the Article, so that the
introduction shall become as follows:
Difficult situations that threaten a child’s physical or mental health or wellbeing, to
which it is prohibited to expose children, shall include:
2. By adding a new item to the article as number 8, stipulating the following:
Exposing him/her to forced marriage.

Article 12
Article 47 in the original law shall be amended as follows:

1. By canceling items (a) and (f) and replacing them with a new item to be item (a), stipulating
the following:
Found or lives or works in an environment related to acts of begging, prostitution, debauchery,
moral corruption, gambling, drugs or the like of illegal works or in serving those practicing them.
2. By adding a new item as item (g) stipulating the following:
Does not have a legal means of livelihood or a reliable provider.
3. By adding a new item as item (h) stipulating the following:
Has committed a criminal act which would have made him/her under penal liability haven’t
he/she been under the age of twelve at the time of committing the act.

Article 13
Paragraph 2 of Article 50 in the original law shall be amended to become as follows:
Upon a recommendation from the Minister of Social Affairs, the Council of Ministers shall issue bylaws
on mechanisms and measures that define the specifications and competences of child protection coun-
selors and how they should deal with the relevant social bodies and structures.

Article 14
Paragraph 1 of Article 53 in the original law shall be amended to become as follows:
Every person should notify a child protection counselor whenever he/she finds that something is threat-
ening a child’s physical or mental wellbeing or health or subjects a child to the risk of delinquency.

Article 15
Paragraph 1 of Article 54 in the original law shall be amended to become as follows:
Every adult should help any child that asks him/her to notify a child protection counselor about the
suffering of the child or one of his/her siblings or any other child as per any of the situations stated in
articles 44 and 47 of this law.

Article 16
The following article shall be added to the original law following article 55 to be Article 55, repeated,
as follows:

1. If a notification submitted in accordance with Articles 53 and 54 of this law involves an
imminent danger for the child, the child protection counselor should carry out an initial
investigation to verify seriousness of the notification within 24 hours from the time when the
notification was received. In other cases, the investigation shall take place within 72 hours
from the time the notification was received.
2. For the purposes of enforcing the provisions of this chapter, notification shall be made in any pos-
sible means.
Article 17
Article 56 in the original law shall be amended to become as follows:

1. Upon receiving a notification, the child protection counselor shall have the right to;
   a. Interview the child and his/her caretaker in order to listen to their statements and responses
      to issues stated in the notification.
   b. Enter, alone or accompanied by others he/she believes their presence to be useful, to any
      place where the child might be, while displaying a card to prove his/her capacity. If he/she finds
      it not possible to enter, he/she may obtain an urgent warrant even if by resorting to the police.
   c. Carry out the investigation and take the appropriate preventive measures in regard to the
      child, including banning any contact between the child and persons who would cause a threat
      to his/her physical or mental wellbeing or health or subject him/her to the risk of delinquency.

2. Any person preventing a child protection counsellor from performing his/her duties or
   hampering the investigation progress, such as by providing false information or deliberately
   hiding the truth about the situation of the child, shall be penalized by a fine not exceeding
   five hundred Jordanian Dinars and not less than two hundred Dinars or their equivalent in
   currency in circulation legally, without prejudice to penalties stipulated in the penal code
   related to attacking a public servant while carrying out his/her duties.

Article 18
Article 57 in the original law shall be amended to become as follows:
If it is proved to a child protection counselor that nothing is threatening the child’s physical or mental
wellbeing or health or subjecting the child to the risk of delinquency, he/she shall submit a report on
this to the childhood protection department and convey this to the child, the caregiver and the person
making the notification.

Article 19
Article 58 in the original law shall be amended to become as follows:
If it is proved to a child protection counsellor that something is threatening the child’s physical or mental
wellbeing or health or subjecting the child to the risk of delinquency, he/she shall take the appropriate
action by suggesting appropriate measures of reconciliation nature or deciding to refer the case to the
competent judge.

Article 20
Articles 48, 49 and 59 of the original law shall be canceled and replaced by a new article to be Article
59 as follows:

In order to remove the threat to the child’s physical or mental wellbeing or health or what may subject
him/her to the risk of delinquency, the child protection counsellor may suggest to the child’s parents or
caregiver one of the following measures of reconciliation nature:

1. Keep the child in his/her family, provided that:
   a. The child’s parents or caregiver abide by taking the necessary measures to remove the threat
      or the risk to the child and keep him/her under periodic monitoring by the child protection
      counselor,
   b. Social intervention is organized by bodies that can offer the needed social services and
      assistance to the child and his/her family,
   c. All necessary precautions are taken to prevent any contact between the child and persons
      who would cause threat to his/her physical or mental wellbeing or health.

2. Take one or more of the following measures of care:
   a. Hand over the child temporarily to any of the following persons or agencies that can take care
      of the child and can provide ethical guarantees:
         - A custodian or a guardian
         - A family member or a relative
         - An alternative family that is committed to caring for the child according to criteria and controls
stated in special bylaws issued by the Council of Ministers
- An officially recognized agency specialized in child care.
b. Ban the child from attending certain places.
c. Ban the child from practicing a certain work.
3. Take one or more of the following measures of reform:
a. Place the child under social control in his/her normal environment.
b. Compel the child to carry out certain duties, such as joining suitable vocational, cultural, sports
or social training courses.
c. Temporarily place the child with a suitable family or public or private social, educational or
health agency or institution.

Article 21
Article 63 of the original law shall be amended by adding a new paragraph to be paragraph 2 as fol-
lows:

Considering the provisions of article 59 of this law, the competent judge may decide taking any nec-
essary measure to protect the child.

Article 22
Article 64 of the original law shall be canceled.

Article 23
Article 65 of the original law shall be amended to become as follows:
1. In cases of an imminent risk, a child protection counselor, prior to obtaining a warrant, should
take the initiative to remove the child from the place, in which he/she is present, even if
by resorting to compulsory force, and place him/her in a safe place, while respecting the
sanctity of residences.
2. A child protection counselor cannot continue applying the measure taken in case of imminent
risk without obtaining an urgent warrant issued by a competent judge within a maximum
of 24 hours.

Article 24
The following article shall be added to the original law following Article 66 to be Article 66, repeated,
as follows:

Article 66, Repeated:
1. Before issuing any decision by the competent judge:
   a. The child’s parents or caregiver shall have the right to attend before the judge.
   b. The child of concern shall have the right to attend before the judge if his/her age and level
   of maturity allow. Otherwise, the child protection counsellor or any other person deemed
   suitable by the judge shall be assigned to convey the child’s views.
   c. Any person proved to have what to say that may ensure the interest of the child shall be given
   the right to talk before the judge, and the judge may give this right as long as this does not
   cause harm to the best interest of the child.
3. Any party may apply to the judge to ask for reconsidering the decision he/she has issued in
regard to a child in need for protection or care. The judge may accept or reject this request and
his/her decision of either acceptance or rejection becomes binding.

Article 25
Article 67 of the original law shall be amended to become as follows:
There shall be no penal liability for any child under the age of twelve.
Article 26
The following article shall be added to the original law following Article 69 to be Article 69, repeated, as follows:

Article 69, Repeated:

1. Cases of delinquent children shall be examined only by competent courts, which will be created by a special law defining their levels, competences and trial procedures.
2. Peace courts and courts of first instance shall continue to examine cases of delinquent children until the time when courts stipulated in paragraph 1 of this article are created.

Article 27
Article 70 of the original law shall be amended to become as follows:

1. Under the provisions of this law, a council shall be established to be called “The National Council for Childhood” and shall have the status of a corporate body.
2. The Council shall have an independent budget within the Authority’s general annual budget to be prepared and approved by the Council and submitted to the Council of Ministers for endorsement.
3. The Ministry of Social Affairs shall act as the Council’s secretariat.

Article 28
The following article shall be added to the original law following Article 70 to be Article 70, repeated, as follows:

Article 70, Repeated:

1. The Council shall be formed in the following way:
   a. The Minister of Social Affairs as a chairperson.
   b. Ten representatives of relevant ministries as members, to be at the level of senior staff, appointed by the corresponding ministers for each ministry, while considering in their selection that their work is linked to childhood as much as possible. These ministries are:
      - Ministry of Planning
      - Ministry of Education
      - Ministry of Health
      - Ministry of Labour
      - Ministry of Interior
      - Ministry of Youth and Sports
      - Ministry of Justice
      - Ministry of Information
      - Ministry of Culture
      - Ministry of Islamic Waqf
   c. Five representatives of local nongovernmental agencies and institutions working in the field of childhood as members, to be appointed periodically for a two year term by a decision made by the Council of Ministers according to a recommendation by the Council’s chairperson. In their selection, consideration shall be given to geographic distribution and diversity in fields of work and activities.
   d. A representative of the Independent Commission for Human Rights stipulated in the amended basic law as an observer without voting rights.
2. The Council of Ministers shall issue a decision on the formation of the Council indicating specific names.

Article 29
Article 71 of the original law shall be amended to become as follows:
The Council shall have the competence to draft and propose national policies for childhood. To this end, it may:
1. Follow up the endorsement of policies related to childhood by Council of Ministers.
2. Follow up and coordinate efforts required for childhood protection and care and implementation of related policies.
3. Endorse criteria for the protection of the rights of the child in line with international conventions and developments at the global level.
4. Contribute to legislations, plans and programs related to childhood and child protection.
5. Set bylaws, regulations and instructions required for the functioning of the Council and for achieving its objectives, and submit those to Council of Ministers in order to be issued.
6. Develop and submit the required reports to Council of Ministers.
7. Develop and coordinate international, regional and bilateral technical cooperation programs in the field of childhood, hold conferences and seminars and represent Palestine in international and regional meetings in this field.
8. Any competences or tasks assigned to it under the provisions of laws or bylaws and regulations in force.

Article 30
All what contradict the provisions of this law shall be considered null and void.

Article 31
All competent bodies, each within their respective competence, should implement the provisions of this law. It shall enter into force from the date of its publication in the official gazette.

Issued in Ramallah City on / / 2009

Mahmoud Abbas
Chair of the Executive Committee of the PLO
President of the Palestinian National Authority
# Palestinian Authority 2009 expenditures, percentage share

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<th>Transfer Expenditure</th>
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Memorandum item
Share of type of expenditure in total expenditure

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<th>Share of type of expenditure in total expenditure</th>
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<tbody>
<tr>
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</table>


Note: Spending entities are ranked in descending order by share of total 2009 expenditure. Includes all other spending entities.

Note: Table is cited in the World Bank report to the AHLC meeting in September 2010
Freezing Donor Aid Violates Children’s Rights

May 2006
Freezing Donor Aid Violates Children’s Rights

Ministry of Planning
May 10, 2006

Nearly every state in the world has committed itself to the UN Convention on the Rights of the Child, which, as a source of binding international law, requires that the best interests of the child be a primary concern in all state actions which affect children. Children comprise more than half of the population of the Occupied Palestinian Territory (OPT). This is the demographic reality in which donor countries’ aid freezing policy must be understood. A second reality is that these children live under occupation—a situation which structurally violates their most basic rights. Beyond enduring Israel’s illegal collective punishment measures including closure, the wall and indiscriminate military actions, Palestinian children are now also being subjected to collective punishment from the international donor community. They are being severely punished for the democratic choice made by their adult community members in elections termed free and fair.

The UN Commission on Human Rights defines the freezing of development aid as a form financial sanction.\(^1\) According to the Commission, “The ‘theory’ behind economic sanctions is that economic pressure on civilians will translate into pressure on the Government for change. This ‘theory’ is bankrupt both legally and practically.”\(^2\) Legally, the Commission maintains that the right to impose sanctions is limited—sanctions must meet human rights standards. Sanctions which lead to violations of other rights by virtue of the economic distress they cause, or which do not conform with other international human rights treaties, are illegal.\(^3\) This applies equally whether the sanctions are imposed through the UN Security Council or unilaterally.

In addition to Human Rights Law, International Humanitarian Law (IHL) applies to sanctions regimes: “Sanctions that would result in an abrogation of Geneva Convention rights are void; there can be no effective, presumed or actually waiver of these rights.”\(^4\) This means that “Sanctions may not target civilians who are uninvolved with the threat to peace of international security.”\(^5\) Article 77 of the First Optional Protocol of the Fourth Geneva Convention specifies special protection for children stating that “The Parties to the conflict shall provide them [children] with the care and aid they require...” In view of Israel’s unwillingness to fulfill its legal obligations under IHL, a withholding of funds by international donors would be a further violation of children’s rights under IHL.

States are the primary duty-bearers in fulfilling rights. The PNA carries the responsibility of formulating national development plans and ensuring that the institutions which form the enabling factors for development are in place. By withholding aid in order to undermine the government and its institutions, the international donor community is directly violating

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\(^1\)Bossuyt, Marc. “Review of Further Developments in Fields with which the Sub-Commission Has Been or May Be Concerned: The adverse consequences of economic sanctions on the enjoyment of human rights.” Commission on Human Rights; Sub-Commission on the Promotion and Protection of Human Rights. E/CN.4/Sub.2/2000/33. 21 June 2000. While the Commission offered this as a generality, the freezing of development aid in the context of the OPT carries particular weight as a sanction in light of the fact that the OPT is already subject to a regime of de facto economic sanction.\(^1\) Aid in the OPT has a different function than aid in developing countries not subject to occupation. Because Palestinians do not control any of the tools of development (control of their borders allowing important and export, control of natural resources etc.), aid in the OPT takes the place of revenues which would exist if there were a normal economic development context.

\(^2\)Bossuyt, Marc. 21 June 2000.

\(^3\)Ibid.

\(^4\)Ibid.

\(^5\)Ibid.
children’s rights. The following offers an example of how children’s rights would be—and in fact are already—affected by aid cuts.

**CRC Art. 27.1: States Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development.**

Poverty rates have reached approximately 43%, and it is estimated that 15% of the population is living in deep poverty, which means they are unable to meet subsistence needs.\(^6\) With the freezing of development assistance by some donor countries, these poverty rates are apt to increase rapidly, and the international media has already offered warnings of an impending famine.\(^7\) The World Bank projects that if reduced aid flows were combined with the continuing non-transfer of tax revenues and trade and labor restrictions, the result would be “…a one-year contraction of economic activity equivalent to a deep depression. Under this scenario, unemployment hits 47 percent and poverty 74 percent by 2008. By 2008, the cumulative loss in real GDP per capita since 1999 has reached 55 percent.”\(^8\) A further World Bank report notes that this projection was “rosy”, and due to recent developments, it projects that “the key aggregates seem likely to decline by several additional percentage points; this would make 2006, by a margin, the worst year in the West Bank and Gaza’s dismal recent economic history.”\(^9\)

Children are disproportionately affected by poverty. With no control or decision-making power over family or other resources, they are the poorest of the poor. Furthermore, as UNICEF maintains, the effects of poverty on a child can be permanent. “Biological and intellectual growth cannot wait until a family escapes from poverty.”\(^10\)

**CRC Art. 24: States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. State Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services**

The health status of children in the OPT has declined since the start of the current Intifada. Chronic malnutrition in children under five has continuously increased, reaching 10%; and mortality in children under five has increased by approximately 30%.\(^11\) Cutting aid to PNA health sector institutions will exponentially increase the worsening of child health indicators by leading to an immediate disintegration of existing services. The World Health Organization (WHO) has warned that cutting aid to the health sector will lead to a “Rapid decline of the public health system towards a possible collapse.”\(^12\) Children’s health services will be particularly impacted as 71.3% of pediatric beds are located in Ministry of Health (MoH) hospitals and WHO projects that “140-252 maternal and child health clinics (208 in WB and 44 in Gaza) will be affected, leading to an important or drastic reduction of their

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\(^11\) “Humanitarian Situation in Gaza Continues to Deteriorate Six Months after Israeli Redeployment.” Association of International Development Agencies. 4 May 2006.
\(^12\) “Possible Consequences of the Health Sector Due to the Reduction of Support to the Public Services.” World Health Organization. 7 April 2006.
service provision capacity towards their closure.” 13 Specific vital child health programs likely to be effected include: 14

- MoH immunization programs
- Supplementation programs providing Vitamin A and D to children and pregnant women
- Growth monitoring of children under age three

Additionally, children’s right to health will be impacted by reduced antenatal and postnatal care, delivery services and health education and promotion programs. In Gaza, movement towards the collapse of the health care system has already begun. A New York Times article observes that “With a sudden shortage of everything from disposable needles and adhesive tape to vital drugs, Gaza’s once impressive public health system is running down fast under the dual pressure of aid cutoffs and the closing of the Karni crossing point with Israel.” 15

CRC Art. 28: State Parties recognize the right of the child to education

Just under 70% of students are enrolled in governmental schools. 16 The right of each of these children to education is being threatened by the cutting of aid to the school system. As the Association of International Development Agencies notes, “The school system is currently under considerable duress as teachers and administrator salaries have not been paid, seriously impacting the school system’s ability to continue operating.” 17 The UN Office for the Coordination of Humanitarian Affairs projects that continued non-payment of teachers’ salaries could lead to the privatization of their services, which will automatically exclude impoverished students. It will likely also lead to reduced hours, increased classroom size, increased drop-out rate and a general decline in the quality of education. 18 The World Bank notes that it is not only the present generation of students whose right to education will be effected: “International experience in ‘fragile states’ contexts shows that mainstream institutional breakdown is very hard to reverse: complex structures such as school systems are not machines to be switched on and off at will.” 19

Conclusion

Development assistance is generally viewed as charity rather than a right or responsibility; however, in the OPT it is an obligation under international law. As an international expert advisor to the UN Human Rights Commission maintains: “If a policy ‘P’ has a large positive impact on the right ‘R,’ and a non-action ‘-P’ leads to a regression of the right ‘-R,’ then such non-action would be equivalent to violation, provided of course the duty-bearer is aware of that effect.” 20 The impact that the freezing of development aid would have on Palestinian children’s rights is well-known to the international community.

Palestinian children have the same rights as any other children, regardless of the democratic political choices of the adult community in which they live. International human rights and humanitarian law is explicit in defining the scope of economic rights due to children, in assigning responsibility for fulfilling these rights and in condemning any policy which would violate these rights. Like all children, Palestinian children have a right to economic development, which forms the basis for the scope of other rights—from the right to health and

13 “Possible Consequences of the Health Sector Due to the Reduction of Support to the Public Services.” World Health Organization. 7 April 2006.
14 Ibid.
17 “Humanitarian Situation in Gaza Continues to Deteriorate Six Months after Israeli Redeployment.” Association of International Development Agencies. 4 May 2006.
education to the right to protection. Development requires strong governmental institutions; and efforts to undermine these institutions amounts to collective punishment and a severe and lasting violation of children’s rights.

Recommendations
1. The international community must meet its responsibilities under international human rights law by lifting financial sanctions violating children’s rights
2. The government has the primary responsibility for the development planning which creates the basis for children’s rights. International donors have a responsibility to support children’s rights by supporting the government institutions which create the enabling factor for those rights
3. The international community has a responsibility to pressure Israel to respect its commitments under international human rights and humanitarian law
4. Support for continued and improved government and local community services necessary to fulfill children’s health, educational, social, protection, recreational and participation rights is requested
ANNEX 7

Local Aid Coordination Structure

The local aid coordination structure was revised in 2007 and is organized around four strategy groups. It is supported by the Local Aid Coordination Secretariat (LACS), which also maintains the [web portal](#) of the Local Development Forum (LDF) supporting the members of the aid coordination structure in the oPt. The Ministry of Planning and Administrative Development has the primary responsibility of overseeing aid coordination within the country. Humanitarian coordination has been linked with the Social Development Strategy group and has its own task force led by UNSCO. This structure is led by the Ad Hoc Liaison Committee which coordinates aid at the international level and includes MOPAD, UNSCO, World Bank, and Norway.

![Diagram of Local Aid Coordination Structure](image-url)
ANNEX 8

The Well-Being of Children in Palestine - A Rights Based Approach
November, 10th 2010 (Information Produced by PCBS//Khaled Abu Khaled and Selwa Massad)

Overall Objectives
• To provide baseline information
• To present a system of indicators
• Collect and present disaggregated data
• To recommend additional children centered statistics

Study Design
• Identify indicators based on conceptual framework that are related to child survival, child protection and rights, and child development.

Conceptual Framework:
• UN Convention on the Rights of the Child
• UNICEF MICS4
• Well Being Child Rights
• Child Survival Child Development Child Protection and Rights

Key National Indicators of Well-Being

I) Child Survival
Vaccination: In 2006, 96% of children 12–23 months received the recommended combined six vaccines series. The coverage was above CDC target level of 90% (Diphtheria, Tetanus, Polio, Measles, Rubella, Mumps and Pertussis).
Vitamin A &D: In 2006, only 27% of children 0-11 months received vitamins A & D based on mothers’ reports (39% in WB, 9% in Gaza).

Child Survival
• Low Birth Weight: In 2006, about 7% of newborns in in both WB and Gaza had LBW (6% of Males and 8% of Females).
• Infant Mortality: In 2006, infant mortality rate was 28/1000 live births; 26 IMR in WB & 32 IMR in Gaza.

Most IMR occurs in the first 28 days of the child life, mostly early neonatal (in 1st week). In Gaza >20% of deaths were congenital, compared to no reported deaths due to congenital problems in the WB.

Child Survival
Breast feeding. In 2006, only 25% of children in West Bank and Gaza 0-5 months were exclusively breastfed, 25% in West Bank, and 25% in the Gaza Strip.
Needed health indicators

- % of children with health insurance
- % of Accidents, injuries and poisoning
- Prevalence of anemia and IDA by age and gender
- Prevalence of underweight, overweight, and obesity
- Proportion of households with children < 18y that use iodized salt and fortified flour
- Prevalence of waterborne diseases among by age and gender
- Prevalence of non-communicable diseases by age and gender
- % of children below 18 that are on drugs

Child Survival-Health Services Delivery
Health Care Providers in WB/10,000 inhabitant

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<th>Midwives</th>
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Health Care Providers in Gaza/10,000 inhabitant

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<th>Nurses</th>
<th>Midwives</th>
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<tr>
<td>2008</td>
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% Expenditure of MOH 2009

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<td>24.7</td>
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<tr>
<td>Materials &amp; Supplies</td>
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<tr>
<td>Others</td>
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</tbody>
</table>

Source: MOH Annual Report 2010
Jordan: 38% salaries, 50% Goods and services, EMRO

Needed health services indicators
- Number and geographical distribution of nutritionists
- Number and geographical distribution of rehabilitation centers (all sectors)
- Number and geographical distribution of family planning centers (all sectors)
- Number and geographical distribution of mental health centers (all sectors)
- Satisfaction with health care delivery
- % Births at checkpoints, and % deaths at checkpoints

II) Child Development
- Stunting
  Based on PFHS 2006,
  - 10% of children suffered from stunting (8% in WB, 13% in Gaza),
  - 1% suffered from wasting
  - 3% were underweight.
  - The highest prevalence of malnutrition was in urban areas (11% vs. 9% camps), among the poor (14%), and among those with illiterate mothers (19%) and children 10-11 months
**Child Development - Education**

Number of Students in Schools between 2006-2009

School Dropouts
- Compared to the year 2005-2006, drop outs from both basic and secondary education increased in the school year 2007/2008, from 0.6 to 0.8%, and from 2.6 to 3.1%, respectively (MOE & HE 2010).
- In both basic and secondary education, dropout rates were higher in government schools and are the least in private schools.
- No gender difference in dropouts in private school, but marked differences in government and UNRWA; 2-3 folds higher among males in basic education, while higher among females in secondary education (3% vs. 2%).

School Availability
- Greater increase in WB school building compared to Gaza.
- Government schools increased between 2006 and 2009
- OPT: 2337-2577 schools
- WB: 1755-1917 schools
- Gaza: 582-660 schools
- Jerusalem: 188-198 schools

School Availability
- Increase in number of schools in WB 2006-2009
- Gov: 1418-1534 schools
- UNRWA: 93-97 schools
- Private: 244-286 schools

- Increase in number of schools in Gaza 2006-2009
• Gov: 357-387 schools
• UNRWA: 193-228 schools
• Private: 32-45 schools

School Availability
Increase in number of schools in Jerusalem 2006-2009
• Gov: 94-96 schools
• UNRWA: 16-17 schools
• Private: 78-85 schools

Crowding in Schools
Elementary schools
• WB: 31.3-30.1 students/classroom
• Gaza: 40.4-37.5 students/classroom
• Jerusalem: 27.3-26.9 students/classroom

Secondary schools
• WB: 26.4-25.4 students/classroom
• Gaza: 39.8-39.3 students/classroom
• Jerusalem: 22.9-22.0 students/classroom

Student Teacher Ratio
Ratios were more or less stable in the different sectors between 2006 and 2009
The ratios in 2009:
Gov: 20.2
UNRWA: 26.7
Private: 17.8
Kindergarten: 22.8

More female teachers have BA degrees or less, while more males have Masters or Ph.D.

School Facilities
In 2007/2008 school year, there was a minimal increase in the number of schools with libraries, laboratories, and computer laboratories, compared to the previous school year.

In 2007/2008, % schools with the following facilities:
• Canteen: 76%
• Library: 66%
• Laboratories: 59%
• Computer Labs: 65%

Needed education indicators
• School readiness: # of children in first grade of primary school who attended preschool during the previous school years
• Children 36-59 m who are attending an early childhood education programs/total children 36-59 months
• An indicator on family reading to young children between the ages of 3 to 5 years suggests the extent of home support for early learning.
• High school completion and college enrollment rates for parents

**Child Development-Technology**
• 2006 -2009, dramatic increase in computer use by children 10-17y in both regions and among both males and females (from 70% to 95%)
• **Internet use** doubled between 2006 and 2009 in both regions and among both boys and girls (from 16% to 36%)

**Needed home environment indicators**
• Proportion of children exposed to inappropriate and exploitative information via media by age, gender, region, type of residency, and income.

**III) Child Protection and Rights - Poverty**
• There is no national indicator on poverty at the child level, only at the household level.
• Based on PCBS national survey 2006 and 2007, poverty rates increased in households with larger number of children

### **III) Child Protection and Rights**
#### Poverty rates by # children in household

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<td>1 to 2</td>
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<td>7 to 8</td>
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<tr>
<td>9 or more</td>
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<td>60.7</td>
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</table>

**Deep Poverty**

**III) Child Protection and Rights- Child Labor**
• In 2006, 6% of children < 15 in WB were working illegally, compared to 1.7% in Gaza.
• Similar proportion of children 5- 11 and 12-14 year olds were in labor force, 4.2%, and 4.6% respectively.
• Among children below 15 years a smaller proportion of females were in labor force compared to males, 3.2 vs. 4.2%, respectively.
• Higher proportion of children in labor force were among those enrolled in schools compared with school dropouts.
• Far less females were engaged in illegal work (below 15y), 3.2% vs. 5.4% among males
• Number of children engaged in hazardous work was higher among older children (15-17 years), 5200 vs. 1400 in 2008 in OPT.
• The number of children engaged in hazardous work is on the rise in WB. There were 4100 child laborers in 2006 and this increased to 5500 child laborers in 2009.
• In the Gaza Strip, there were 500, 200, and 500 cases of reported child labor between 2007-2009, respectively.

III) Child Protection and Rights- Children in Conflict with the Law
• Children who were institutionalized within the rehabilitation centers tend to be males from large families and were accused of theft and assault.
• Between 2006 and 2009, the number of children in conflict with the law almost doubled for children under the age of 16 years (284 vs. 650), and almost tripled among those 16-18 years (388 vs. 1310)
• Number females also more than tripled between 2006 and 2009, from 6 to 19 children in conflict with the law.

Child Protection and Rights- Children in Conflict with the Law

![Graph showing number of accused juvenile offenders in correction institutions, MoSA 2010](image)

• The least reported felony in both regions was rape or attempted rape.
• Based on 2006 data, larger numbers of children in conflict with the law were reported for the WB compared with Gaza (673 vs. 445, respectively.)
• Number accused children in conflict with the law and released on bail increased from 211 to 659 cases from 2006-2009.
• Children in conflict with the law in institution do not go to school nor receive parallel education.
Child Protection and Rights- Children in Conflict with the Law

- Accused Juvenile Offenders in Correction Institutions in OPT in 2006 and 2007

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<tr>
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<td>Total</td>
<td>M</td>
<td>F</td>
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- Accused Children in conflict with the law in Correction Institutions in WB by Felony (N=1960), PCBS 2010
  - Murder 37
  - Assault 629
  - Destroy property 230
  - Rape/Attempt 61
  - Immoral offence 147
  - Theft 523
  - Drug possession 7
  - Legal Contravention 312

- Number of Children Reporting Ill treatment in Palestinian jails during interrogation, 2006-2009, Ministry of Social Affairs 2010
  - 2006: 461
  - 2007: 606
  - 2008: 1107
  - 2009: 1307

Needed child protection and rights indicators
- Proportion of children who live below poverty line (calculated from number of families with children below 18 living below poverty line)
- Proportion of children exposed to violence (by type and age group, sex, region, etc.)
- Proportion of children exposed to sexual abuse
- Proportion of children who were informed of their sentence by region, age, and gender
- Proportion of children whose care giver was present during interrogation and trial by region, age, and gender
• Number of institutions working with vulnerable children by region 2006, 2007, 2008, 2009 (providing shelter, legal counseling, recreation, assistance)
• Number of well-trained professionals that work for children with conflict with the law
• Number of physicians that pay regular visits to the correcting institutions
• Total number of children arrested
• Proportion of arrested held in custody for more than 48 hours following arrest
• Proportion in custody for less than 48 hours
• Proportion in custody for more than 1 week
• Proportion of children arrested but no further action was taken
• Average bail amounts for children
• Proportion of arrested children placed under house arrest
• Proportion of children at first appearance who have legal presentation/or counselor/or guardian
• Average detention cycle before appearing in court
• Existence of specialized courts for children
• Proportion of children who have access to a social services professional during the period of custody and while awaiting trial

III) Child Protection and Rights- Orphans

Number of Orphans in West Bank who were Adopted, MoSA 2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Adopted</th>
<th>Adopted Outside the country</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>2007</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2008</td>
<td>1716</td>
<td>1</td>
</tr>
<tr>
<td>2009</td>
<td>377</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>2093</td>
<td>5</td>
</tr>
</tbody>
</table>
### Children in Institutions and shelters, MoSA 2010

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutions</td>
<td>1500</td>
<td>1480</td>
<td>1302</td>
<td>1413</td>
</tr>
<tr>
<td>Shelters</td>
<td>50</td>
<td>60</td>
<td>70</td>
<td>65</td>
</tr>
</tbody>
</table>

### Needed indicators to monitor the well-being of orphans

- Proportion of orphans: children < 18 whose mother, father, or both parents have died (stratified by gender, age (0-4, 5-9, 10-14, 15-17 years) (to be collected every 5 years by PCBS)
- School attendance of orphans: number of children 10-14y who have lost both parents and are attending school

### Child Protection and Rights- Abandoned Children

- Number of registered abandoned children in WB who live in institutions, MOSA 2010
  - 2006- 1 child
  - 2007 – 1 child
  - 2008- 2 children
  - 2009- 3 children

### Child Protection and Rights- Children with Disabilities

- Vision disability: most reported impairment among children < 18.
- Impairments slightly more prevalent among males, and considerably more prevalent among older
- Visual and movement impairments were considerably more prevalent in the camps
- More than 40% of disabilities were congenital in nature
### Prevalence of Disabilities/Impairments among Children < 18 in the WB (PCBS 2010)

<table>
<thead>
<tr>
<th></th>
<th>Seeing</th>
<th>Hearing</th>
<th>Movement</th>
<th>Comprehension</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M</strong></td>
<td>1.1</td>
<td>0.5</td>
<td>0.6</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>F</strong></td>
<td>1.1</td>
<td>0.3</td>
<td>0.5</td>
<td>0.4</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-4</td>
<td>0.4</td>
<td>0.2</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>5-9</td>
<td>1.0</td>
<td>0.5</td>
<td>0.6</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>10-14</td>
<td>1.5</td>
<td>0.5</td>
<td>0.6</td>
<td>0.7</td>
<td>0.6</td>
</tr>
<tr>
<td>15-17</td>
<td>1.7</td>
<td>0.5</td>
<td>0.6</td>
<td>0.6</td>
<td>0.6</td>
</tr>
</tbody>
</table>

### Needed indicators to monitor child protection and rights-Children with Disability
- Accessibility of local authority facilities to disabled children by examining compliance with accessibility principles in transport, entrances, exits and insides of buildings, housing, etc. (To be collected every 5 years.)
- Proportion of disabled children requiring rehabilitation services and those who currently receive rehabilitation therapy. Data sources: surveys conducted every 5 years in selected facilities; hospital and clinical records, outpatient files.

### Needed indicators to monitor Child Protection and Rights-Children with Disability
- Proportion of school-age disabled learners requiring specialized educational support. *Data to be collected every 5 years.*
- Proportion of disabled children who are members of youth, recreation, sports, religious and other groups to monitor levels of participation and social inclusion of disabled children.

### Needed indicators to monitor Child Protection and Rights-Children with Disability
- Number of trained pediatric rehabilitation staff per 100,000 disabled children, to assist in monitoring the quality of special rehabilitation services for disabled children. Data to be collected every 5 years.
- Data on children living in Seam Zone (Seam Zone is a term used to refer to a land area in the WB located east of the Green Line and west of Israel's Separation Wall

### Indicators that need revision
1. Proportion of children 6-9 months who received complimentary feeding
2. All indicators pertaining to children in conflict with the law
3. All indicators related to orphans
4. All indicators pertaining to children with unknown families
5. Number of children in institutions and shelters
Recommendations

1. **Conduct regular nationwide and national monitoring of child well-being**
   Set up a special survey of children, in which children are the primary unit of analysis and data is collected on their family, school and neighborhoods.
   
   Such survey will **collate data into a routinely produced comprehensive report** on the well-being of Palestinian children including health, education, social, recreational, participation, and judicial, information, and cultural rights of children based on the PCL and the Convention.

2. **Training of persons involved in data collection and registration** in the different ministries and providing them with user friendly entry forms for a more comprehensive, accurate and valid routinely collected data.

3. **More collaboration** is needed between ministries and PCBS in terms of data sharing to enhance quality, confidence, and integrity of the administrative data.
ANNEX 9

Health, Nutrition and Access to Water and Sanitation-Additional Information

Anemia/ Vitamin A, Vitamin D and Iodine deficiency\(^1\): The MOH statistics for 2009 revealed a percentage of 43.5% of anemic children registered in the PHC centers. Among pregnant women, the percentage was 28.6%.\(^2\) In 2009, anemia among children (9-12 months of age) reached 57.2 % (47.7% in the West Bank, 74% in Gaza).\(^3\) Anemia in children under 5 years of age reached 65.8% in 2006. Higher rates were reported in Gaza than in the West Bank. Vitamin A Deficiency Disorder (VADD) afflicted 75% of children according to data of 2006\(^4\). In 2007, 22% of children (12-59) months of age were Vitamin A deficient.\(^5\) 85.7% of the families used iodized salts +15 PPM (85% in the West Bank, 86.9% in Gaza). In camps the percentage was higher (88.6%) and in the urban areas it was lowest (84.6%).\(^6\) Iodine Deficiency Disorder (IDD) was 20% in the last NS5. According to UNRWA, the percentage of anemia in 2006 among children (6-36 months of age) was 57.5% in Gaza and 37.1% in the West Bank camps, despite the long term supplementation program by UNRWA. Perhaps, one of the investigations needed might be the effect of toxic environmental pollutants (leading to increase in methemoglobin) as nitrates or Thalassemia in addition to nutrition practices and the impact of family income.

Causes of anemia could range from micronutrient deficiencies (Iron, Zinc, Niacin, Vit. B12, Vit. B1, Vit. B2, Vit. B6), having worms and parasites to bad nutritional behavior (consumption of inhibitors to the absorption of micronutrients as tea). Yet further studies are needed to confirm. A mission from the WHO recently finalized an assessment on the causes of anemia in Gaza, but in the West Bank, it is still under preparation. A micronutrient deficiency disorder biomarker survey is recommended to be done.\(^7\)

FAO/ UNRWA/ WFP survey (2008) estimated that 1.4 million Palestinians were food insecure and 500, 000 were at risk (56% are in Gaza and 25% are in the West Bank.) Parents are eating less to keep food for their children. Decreased spending on food was reported; 89% reduced quality of food they intake, 75% reduced quantity of food since January 2008, and reduced consumption of fresh vegetables and animal protein to save money. This would increase vulnerability to certain diseases. 16% in the West Bank are at risk of being food insecure. The highest rate of food insecurity was in the northern governorates (28.6%), and Southern governorates (24%) compared to 18.7% at central West Bank, and for refugees (29.5%) compared to (22.8%) non refugees. As for Gaza, a survey conducted by FAO/ WFP in November 2009 revealed that 60% were food insecure and 16.2% were vulnerable to food insecurity. The rate was higher among non refugees (64.2%) compared to refugees (58.1%). Prevalence in rural areas (67%) was higher compared to refugee camps (62%) and urban areas (60%). Female headed households are more at risk of food insecurity than male headed households. The survey revealed that poverty rather than unavailability of food was the problem, 80% depended on food aid. 66% of income in Gaza was spent on food.\(^8\)

HIV/ AIDS: In 2006 the prevalence was 0.45/100,000\(^9\), in 2009 the rate was 1.6/ 100,000 and not a single case was reported since 2007.\(^10\) However, HIV/AIDS is expected to increase due to high fertility rates, low level of knowledge of preventive measures, low perception among women (65% of the cases were married), not to mention the increase in openness, tourism, communications and technology. Reported cases increase among drug users. Confidential Voluntary Testing is important for early intervention. Few cases were attributed to migrant workforce in Israel. Some Palestinians were infected outside Palestine.\(^11\)

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1 Please note that some of the data is outdated and goes back to 2006 or 2007
2 Health Annual Report 2009
3 Nutrition Surveillance System (NSS) report 2009
4 According to nutrition department Vit A deficiency among children 9-12 months old is 22%
5 UNICEF Report - Situation Analysis - Draft of February 2009
6 Family Health Report- PCBS- 2006
7 Mr. Ala’ Abu Rub- Director of Nutrition Department
8 Situation Analysis of Palestinian Women and Children in the OPT, Jordan, Syria and Lebanon- 2009
9 UNICEF report Situation Analysis – Draft of February 2009
10 Health Annual Report 2009
11 UNICEF report- Situation Analysis – Draft of February 2009
The highest number was in Jericho followed by Ramallah and Bethlehem. The lowest was in Jerusalem. The data is confusing since Jerusalem has higher reported rates of drug use and prostitution. But perhaps reporting by the Israeli MOH is not sufficient. It might be needed in the future to ask for AIDS free certificates for visitors to OPT and for workers in Israel as well. Still the OPT faces challenges related to medical awareness, lack of qualified experts and access to clinics and special centers. Lack of awareness about this issue and means of transmission might cause social stigma and exclusion (one anecdotal case).

Infant Mortality Rate (IMR)/ Under 5 Mortality Rate (USMR): The Family Heath Survey (2006) showed an increase in IMR and USMR from 2001 till 2006 (this applies to both the West Bank and Gaza). This could be attributed to the starting of the second Intifada and the Israeli incursions, blocking access from one place to another, lack of vaccines, shelling, etc. The IMR and child mortality increased in the period 2002-2006 to reach 27.6 and 31.6. According to the Millennium Development Goals (MDGs) report by PCBS, the rate decreased for USMR to reach 28.2 in (2005-2006). The rate was higher for males (30.3) compared to females (26.3) and in the Gaza Strip (32) compared to the West Bank (26). IMR reached 25.3 (2005-2006). According to statistics from the Palestinian Children Report (PCBS, 2009), the rate was higher for males (27.3) compared to females (23.7) and for Gaza (29.1) compared to the West Bank (23.2).

Public Health Law: In article 5, the PNA is responsible for providing preventive, diagnostic, curative, and rehabilitative services to both the mother and the child. It also deals with pre-marriage testing, care for pregnant women, supports breast feeding and monitoring of child growth. Articles 6 and 7 deal with vaccinations, while article 8 deals with abortion. Articles 9, 10, 11, 12, 13, 14 and 15 specify the role of the MOH and all concerned stakeholders to combat communicable and non-communicable diseases through proper surveillance and collecting identified indicators. The ministry must secure all required arrangements to avoid the spread of infectious diseases as enforcing mandatory immunization or necessary treatment, confiscation of polluted materials or any other materials that could be a source of infection, and to ensure disposal in collaboration with the concerned stakeholders, burial of the dead in an appropriate way identified by the ministry, etc.

Communicable Diseases: The last case of polio was reported in 1984. Acute Flaccid Paralysis (AFP) incidence was 1.28 per 100,000, in children under 15 years of age, 6 cases were in Gaza and 16 in the West Bank, it reached a minimum in 2004 but then increased dramatically in 2005 to reach 1.04. As for Measles, no cases were reported in 2008, one case was reported in 2006, the cases reported in 2005 and 2006 were from Hebron. As for Tuberculosis (TB), in 2008, 34 cases were reported with incidence of 0.9 per 100,000, 15 in the West Bank, 29 in Gaza. There have not been reported cases of neonatal tetanus in the last four years. As for mumps, in 2003 there was an outbreak in Nablus among children less than 15 years old, 72.9% were previously immunized, about 4000 children refugees and non refugees. This could be due to spoiled vaccines during the second Intifada, and Israeli incursions, curfews and closures. In 2006, 260 cases were reported with an incidence of (7.8/100,000), compared to (192.8/100,000) in 2005 in the West Bank. Reported cases in Gaza reached 69 cases with an incidence of (4.7/100,000) in 2006 compared to (3/100,000) in 2005. In 2007, there was 5.05/100,000 incidence, of 190 cases (134 in West Bank, 56 in Gaza). In 2008, 105 cases were reported (97 cases in the West Bank, 8 in Gaza); with an incidence of 2.79/100,000 of the population. For Haemophilus influenza meningitis, one case was reported in 2008 (0.03/100,000). As for

<table>
<thead>
<tr>
<th>AIDs/ HIV Cases 1988-2009</th>
<th>Carriers</th>
<th>Males</th>
<th>Alive</th>
<th>Dead</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>15</td>
<td>80.3%</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>Heterosexual transmission</td>
<td>Blood/ blood products transfusion</td>
<td>Drug use/ injections</td>
<td>Mother to child</td>
<td></td>
</tr>
<tr>
<td>34 (51%)</td>
<td>11 (16.6%)</td>
<td>4.5%</td>
<td>1 (1.5%)</td>
<td></td>
</tr>
</tbody>
</table>

12 Health Annual Report 2009
13 Health Annual Report
Meningococcal Meningitis in 2008, 148 cases (3.93/100,000) were reported (5 in the West Bank, 143 in Gaza). While Viral meningitis, in 2008 was reported in 558 cases, with an incidence of 14.83/100,000. Higher incidence was in Gaza with the peak in 2004.

School Health\textsuperscript{14}: The number of students who received medical services reached 151,498 (135,792 in the West Bank, 15,706 in Gaza) during the school year 2008-2009. 8.6% were referred to special medical exams in the West Bank. 13.6% were sick (18,792 in the West Bank and 1,824 in Gaza). 872 students in schools under the supervision of the MoL, MOSA and Aqwaq were examined as well, 96 were sick and 76 were referred. 36 private schools were visited, 4370 students were examined, 387 were sick and 262 were referred. The most common problems were decreased visual acuity and lice, followed by stunting, wasting and un-descended testicles. The main dental problem in Gaza and the West Bank was cavities.

Health education for the year 2008-2009 for the basic education included 58,998 activities (21,577 for males, 37,421 for females) for grades 1-6. There were 323 sessions of 45 minutes held for students. For the higher grades, 36,545 activities were done (16,605 for males, 19,940 for females). Sessions reached 363 (45 minutes each). Community health counselors followed up the referred cases, had 247 home visits for awareness raising of the families, conducted 918 sessions that targeted 29,032 students.

As for school mental health, the team visited 356 schools in Hebron, Tulkarem and Tubas. 14,816 students were examined mainly in Hebron. More than half of the students examined were sick, 8.1 % were referred. Health education and promotion in this field reached 367 sessions: 14,440 students benefited. The topics varied from depression, anxiety and tension, uncontrolled urination, violence and abuse, adolescent health, smoking, addiction and epilepsy. The cases discovered were higher among males due to the higher number of males in these schools. Cases were higher in areas close to areas with extensive present of the Israeli occupation army.

As for vaccination, 329,195 students were vaccinated (192,512 in the West Bank, 136,683 in Gaza). For first grade students, 97,952 students had the DT vaccine (56754 in the West Bank, 41,203 in Gaza (coverage of 99.2%). Rubella vaccine was given to 45,286 students (27,100 in the West Bank, 18,186 in Gaza), coverage in Gaza was less than in the West Bank. As for OPV, coverage was 99.2% as well. Coverage for Rubella and DT reached 98.3% and 98.4% respectively.

Access to Clean Drinking Water and Sanitation

Contextual Background:
The per capita water withdrawal by Palestinians has declined over the past 10 years, to reach one fourth that of Israelis. According to regional standards, this is considered the “\textit{lowest access to fresh water resources}”. Not only is the availability low, but also at higher cost. Some coping strategies were accessing springs, cisterns and tanks.\textsuperscript{15}

Unconnected communities pay very high prices, almost 4 times more than those connected to networks. 10% of the population (one third of the communities) across the West Bank still lack network services. 31% of the West Bank Palestinians are connected to a sewerage network. 4 towns only have Waste Water Treatment Plants, producing poor quality effluent with no plans or regulated re-use. About 25 MCM of raw sewage is discharged in 350 locations. Not to mention that settlements discharge raw sewerage as well to the environment, especially the industrial settlements.

As for expenditure on water, about 8% of West Bank household income is spent on water. This equals twice the globally accepted standards, considering the low capacity to pay. The poor unconnected pay one sixth of their income on water.

\textsuperscript{14} Health Annual Report 2009
\textsuperscript{15} World Bank Report –Assessment on restrictions on Water Sector Development - 2009
In Gaza, only 5-10% of aquifer is yielding drinking quality water. Private well drilling and desalination for domestic supply purposes became coping mechanisms. Since 2005, water supply has been intermittent due to the political and security situation, which limits access to power, fuel and spare parts. Unconnected households use cesspits not properly emptied. Water is contaminated with high levels of nitrates which have health impacts. Cases of blue baby syndrome were reported. Moreover, 5 people died in 2007 in flood sewerage. One of the two temporary lagoons built after 2007 accident collapsed in March 2009.

Bombing and use of white phosphorous during the Cast Lead operation against Gazans further contributed to the contamination of the environment, which might have a long lasting impact on health and environment and future generations. Further investigations on the repercussions of these factors on pregnant women’s and children’s health in Gaza, as well as studies on congenital malformation are needed.

**Connections:** In 2006, 63% of household were connected to public water networks (78% for West Bank, 33% for Gaza). 40% of households had access to public sewer system (50% in the West Bank, 69% in Gaza). In 2004 this was 51%, in Gaza it reduced but improved in Gaza. In 2008, up to 75% of the West Bank population is not connected to sewerage networks, 5% of sewerage is properly treated. Cesspits are used in 89% in rural areas, 37% in urban areas and 18% in camps. Statistics from the PCBS census showed that the population served with network water supply in 2003 reached 90%. As for communities served, the percentage was 64%. By region, in 2005 the population served in the northern area reached 82%, and 58% of the communities. In the central area, 99% of the population and 94% of the communities were served. As for southern area, the population served was 94% and 54% communities. One third of communities still lack network services, especially in Nablus, Jenin and Tubas. In Hebron, 60% of communities lack access. The best area served is Jericho. 16

**High Prices:** 84% of the households in the West Bank are connected to water systems. 6.6% of the unconnected households buy water from tankers with average cost of 12 NIS/ m3 and a median quantity of 9 m3. 19.2% use rainfall collection wells, yielding a median quantity of 4 m3 at a cost of 6 NIS/m3. 0.6% use spring water, yielding a median quantity of 4 m3, at a cost of 3.5 NIS/ m3. 1% use other sources, yielding a median quantity of 3 m3 and at a cost of 13 NIS/ m3. 17

In north eastern Jenin villages, water is at higher cost and of poorer quality. The community encounters health and environmental problems due to lack of proper water and sanitation services. Some villagers pay one sixth their income on water. According to the PCBS surveys, 69% of West Bank relies on septic tank.

According to a report of B’Tselem–the Israeli Information Center for Human Rights in the Occupied Territories—there are three cases where the toxic wastes of Israeli settlements are affecting nearby villages as Azmuth, Wadi Fukin and Salfit. In Salfit for example, the “untreated waste water from the settlement of Ariel flows just 15 metres from the spring of Salfit. The sewage recently flooded the spring which is the source of Salfit water supply, and the Palestinian community had to build a 15 m high protection wall. Germany allocated money for a treatment plant for Salfit itself, but for three years Israeli authorities demanded a joint project. Eventually the project was approved. However, when work started, it was said to be close to site of future settlements, and construction halted in 2000. Israel paid 1 million shekels in compensation to Germany. Now a new site has been proposed, but this has been held up by “planning considerations”, because the new site is also in Area C. Now Germany is withdrawing – and sewage is still running untreated in the wadi”. 18

In Qalqilya, 45,000 persons are connected to the sewerage network. The outflow goes to Israel for treatment. In 2005 when a trunk line was blocked, it took 3 days to get permission from the army to clear the blockage. The city was flooded with sewerage and waste water. (ibid)

16 Family Health Survey- PCBS 2006
17 According to MAS (2009) / PCBS household environment survey conducted in 2006
Consumption: Palestinian children have access to limited, irregular, and insufficient quantities of potable water. Communities are reducing water consumption by one half. Cost of tanker water is estimated to be 1% of the GDP. A survey by Wash MP on 85 communities revealed that water prices increased by a minimum of 60% and a maximum of 300%. Closures further increased the cost. According to the Center on Housing Rights and Evictions (COHRE), by 2008, the average cost of tanker water in the West Bank reached 5.5 times that for piped water supply. In Gaza, it is 150% higher than in West Bank. In 2007 according to the Palestinian Hydrology Group (PHG), consumption in the West Bank decreased by 12% and 29% in Gaza. According to UNICEF in its feedback to the AHLC in 2008, water consumption has fallen below minimum requirements, to reach less than 10 liters per person per day in the most vulnerable areas, compared to WHO standards of 50-100 Liters. Average consumption in the West Bank is 70 liters per day for domestic use, while an Israeli citizen consumes 320 liters per day. In Gaza as of January 2008, the per capita consumption reached an average of 52 liters, and some consumed only 14 liters. (This was before the war).19

Contamination:
According to the World Bank report “public health costs associated with waterborne diseases in children below the age of 5 alone are estimated of 0.4 % of GDP”. 26% of diseases in Gaza is water related according to WHO, which revealed that the proportion of contaminants is growing fast, which affects young children, pregnant women and increases certain types of cancer. 16 sewage outfalls go directly to the sea, 70-80,000 m3 of waste water daily, which accounts for 50% of total waste water. Fecal coliform bacteria cluster around the outfalls. Fish are infected as well and aquifers polluted.

Area C: Area C constitutes 60% of the West Bank, which is under the control of Israel. There is a severe lack of access to water and sanitation services and infrastructure. The Water, Sanitation and Hygiene cluster in the OPT estimates that 60,000 of those living in Area C are not connected to the water network. 25% of connected homes in the OPT receive less than 50L per capita per day, while some receive as 10-15. Only 31% of West Bank communities have access to sewage networks, much less in Area C. In the Jordan Valley, 90% of communities in Area C, only 2% stated that sanitation services were available compared to 61% among West Bank population20. In Area C the PNA needs permits for implementing any project from the civil administration comprised of 13 Israeli ministries including defense which must agree. Settlements in the West Bank are exempt from the joint approval of the Joint Water Committee. Israeli pipes are larger and set well below the Palestinian pipes that can only draw smaller amounts and run out of water before settlers (CoHRE). Establishing waste water treatment plants is usually prohibited by Israel to push the PNA to treat sewerage in Israel at a higher cost.

Bedouins have limited access to water, so they buy it at a high cost. Many households do not have toilets. Settlers’ violence and restrictions set on Bedouins movement forced the Bedouins to allocate the segregated areas for women and girls closer to living areas. This has health risks. This targeting of Bedouins and their lands in Area C by Israelis needs further intervention by the UN and the PNA.

Current Gaza Health/ Water Situation:
28,000 children are not receiving any running water due to damage to water networks. Approximately 56,000 children receive water every 7-10 days only21. WASH advocacy task force fact sheet (the impact of the blockade on water and sanitation in Gaza) warned that Israel’s restrictions on movement and access to Gaza had a severe impact on the water and sanitation services in Gaza which pose a public health risk. The main service provider for Gaza is the Coastal Municipalities Water Utility (CMWU) which needs at least 1,250 tons of cement to repair damaged water tanks. 50-80 million liters of partially treated sewage is released to the Mediterranean daily. People in Gaza use on average 91 Liters per day compared to 280 L in Israel for domestic consumption.

21 Save the Children and OCHA
A WHO survey in July 2009 revealed that 7 separate beach areas in Gaza were contaminated with Fecal Coliforms and Fecal Streptococcus. This poses a health risk to those who swim in the seawater or eat seafood, due to the contamination of the seawater with bacterial, viral or protozoan. In Khan Yunis, the average nitrate level in wells in 2008 was 168 mg/L which is more than 3 times the WHO standards of 50 mg/L. According to the CMWU, 65% of water wells are contaminated with nitrates, 57% of water wells are contaminated with chloride, some wells have high values of fluoride. There are no specific data on the impact of these risks on children per se.

The release of large quantities of untreated sewage (around 80 MCL/day) together with the fertilizers causes high concentrations of nitrates in the ground water, which reaches 331 mg/L, almost 6 times the WHO guidelines of 50 mg/L. Overabstraction of the coastal aquifer, which is the only source of water available, leads to increased salinity. As for fluoride, the concentration of fluoride in Gaza except for the northern area reaches 2.7 mg/L in Khan Yunis and 2 mg/L in Rafah. The WHO standards are 1.5 mg/L.

Continuous contamination water at levels over safety standards for years leads to chronic diseases such as cancer, liver diseases, renal failure, kidney problems as well as reproductive difficulties due to the accumulation of chemicals in the body. According to UNRWA, watery diarrhea and acute bloody diarrhea and viral hepatitis are major causes of morbidity among refugees in Gaza. Lack of access to safe water and adequate sanitation and proper hygiene, cause children to be at risk of sickness by waterborne diseases. Diarrhea is behind 1% of young deaths according to UN Humanitarian Country Team and AI/DA. Not to mention malnutrition and its effect on cognitive and physical development.
ANNEX 10

Education and Aims of Education

CRC Survey Results: What are the reasons that children do not attend school

<table>
<thead>
<tr>
<th>Rank</th>
<th>Mentioned Reasons for Not Attending School</th>
<th>No. of Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not encouraged to go due to parental ignorance, neglect or family problems</td>
<td>69</td>
</tr>
<tr>
<td>2</td>
<td>Poverty</td>
<td>65</td>
</tr>
<tr>
<td>3</td>
<td>Working</td>
<td>29</td>
</tr>
<tr>
<td>4</td>
<td>Children do not want to go</td>
<td>22</td>
</tr>
<tr>
<td>5</td>
<td>Poor quality of schools/ teaching</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>Occupation/ checkpoints</td>
<td>7</td>
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<tr>
<td>7</td>
<td>Distance of school from home</td>
<td>6</td>
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<tr>
<td>8</td>
<td>Violence in school</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>Special Needs/ Psychosocial problems</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>Early Marriage</td>
<td>1</td>
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</tbody>
</table>

CRC Survey: What are the greatest obstacles preventing children from receiving a quality education?

**Key Quotations: Why are these children not attending school?**

- A respondent from Jericho: "The children do not like to study, and sometimes their parents encourage them not to, just to make them work."
- A respondent from Qalqilya: "Because children see that in the Palestinian situation education has no benefit, except to join political parties."
- A respondent from Qalqilya: "Parents do not care about their children's studies because they cannot provide them with the basic requirements for school."

<table>
<thead>
<tr>
<th>Rank</th>
<th>Obstacles to Quality Education</th>
<th>No. of Mentions</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Family poverty/ Economic situation</td>
<td>50</td>
</tr>
<tr>
<td>2</td>
<td>Occupation/ Political situation/ Dangerous commute</td>
<td>35</td>
</tr>
<tr>
<td>3</td>
<td>Unqualified teachers/ Teaching techniques</td>
<td>29</td>
</tr>
<tr>
<td>4</td>
<td>Parents’ education level or motivation</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>Curriculum</td>
<td>16</td>
</tr>
<tr>
<td>6</td>
<td>Weak school system/ Lack of PNA prioritization</td>
<td>15</td>
</tr>
<tr>
<td>7</td>
<td>School Facilities/ Resources</td>
<td>13</td>
</tr>
<tr>
<td>8</td>
<td>Class size</td>
<td>4</td>
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<tr>
<td>9</td>
<td>Psychology of the student</td>
<td>4</td>
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<tr>
<td>10</td>
<td>Too few study tracts/ Lack of educational programs</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Violence in school</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>Teacher strikes</td>
<td>2</td>
</tr>
</tbody>
</table>

**Key Quotations: What are the greatest obstacles preventing children from receiving a quality education?**

A respondent from Ramallah: "The weak school system, unqualified teachers; the system of districting prevents kids from going to better schools. They can’t get to better schools due to checkpoints and other dangers or because schools are located in Area C. The curriculum is boring and the style of teaching is recitation. There are too few options for study tracks and the tawjihi creates pressure and dropouts."
A respondent from Ramallah: "The system as a whole: bad teaching techniques and curriculum, unprofessional staff, insufficient facilities, children are hungry, and they have a hard and dangerous commute."

A respondent from Ramallah: "Teachers receive low salaries which is de-motivating."

A respondent from Ramallah: "The schools are no good. Teachers don't know how to teach or how to treat the kids. Teachers don't want to be teachers."

A respondent from Jerusalem: "The financial situation in families. Good education is only found in private schools."

A respondent from Salfit: "Neglect from the Ministry of Education and parents also. Resources go other places."

A respondent from Tulkarem: "There isn't any connection among different institutions in Palestine, and each institution works according to its own interests."

A respondent from Qalqilya: "Crowded classes, with a very large number of students—up to 50 per class; and no professional teachers to teach students in school."

A respondent from Qalqilya: "There is no policy for Palestinian children."

A respondent from Qalqilya: "Poverty. There is no financial support for poor students."

A respondent from Nablus: "The beating of students by teachers and among students themselves; political violence in general and wanting to be martyrs."

A respondent from Nablus: "Unemployed parents, poverty, bad residences, bad situation, bad curriculum, and unprofessional teachers in schools."

A respondent from Jenin: "The political situation; there is no one that encourages or provides for children's rights and builds their self confidence."
ANNEX 11

List of Laws that Address the Rights of Children and Well Being

The Palestinian Child Law (PCL) has been based upon the Convention. There are articles on: Basic Rights (Each child shall have the right to life and security, right to freedom of expression and opinion, in a manner that is compatible with public order and morals, right to respect for his or her private life, the child shall be registered immediately after birth in the Civil Register, right to respect his legal character, and nationality). Family Rights (right to live in a cohesive and supportive family, the right to know his or her parents and to be cared for by them). Also included are Health Rights, Social Rights, Cultural Rights, Educational Rights, Protection Rights, Protection Mechanisms, Protective Measures, and children in conflict with the law and victims ‘who also have the right to be protected and receive rehabilitation.

Legislation

1. General Measures of Implementation [Articles 4, 42 and 44, Para. 6]

1.1 Presidential Decree No. (5) 2010 concerning the formation and organization of the National Committee for Summer Camps.

1.2 Presidential Decree No.( 22) 2009 on the Palestinian Medical Complex, the complex includes a pediatric ward and hospital.

1.3 Presidential Decree No. (5) 2003 concerning the Formation of the Higher Health Commission

1.4 The Presidential Decrees No.(1) and (2) for 1999 on the establishment of the High Council for Motherhood and Childhood.

1.5 Resolution Regarding Constitution of the Higher National Palestinian Independent Commission for Human Rights (No.59), 1994 (ICHR)

1.6 Prime Ministers’ Decree No. 2/69/13/2010 Formation of the National Committee for Juvenile Justice

1.7 Prime Ministers’ Decree No. 7/2010 on custom - free for vehicles for persons with disabilities.

1.8 Prime Ministers’ Decree No. 13/2009 concerning regulations for consumers’ protection.

1.9 Palestinian Reform and Development Plan 2008-2010 Aims to deliver high level national policy goals and supporting objectives. These goals and objectives are set out in the PNPA on a sectoral basis (Economy, Governance, Infrastructure and Social).

a. Palestinian National Policy Agenda (PNPA) – This sets out national policy goals, objectives and targets.

b. Medium Term Fiscal Framework (MTFF) – This sets out the macroeconomic Framework and indicators, and determines resource availability (from both domestic and external sources).

c. Medium Term Budget (MTB) – This allocates multi year recurrent and development resources on the basis of policy priorities.

1.10 The Amended Basic Law, 2003 (Article 29)

a. Maternal and childhood welfare are national duties. Children shall have the right to:

i. Comprehensive protection and welfare.

ii. Not to be exploited for any purpose whatsoever, and not to be permitted to perform work that might damage their safety, health or education.

iii. Protection from harmful and cruel treatment.

iv. Not to be subjected to beating or cruel treatment by their relatives.

v. To be segregated – in cases where they are sentenced to a penalty that deprives them of their freedom – from adults, and be treated in a manner that is appropriate to their age and aims at their rehabilitation.

b. (Article 31) An independent commission for human rights shall be established pursuant to a law that will specify its formation, duties and jurisdiction. The commission shall submit its reports to the President of the National Authority and to the Palestinian Legislative Council

1. For full text in Arabic and a translated draft in English, please visit Al-Muqtafi website / Birzeit University at http://muqtafi2.birzeit.edu. The translation is a non-official translation by ARD (PLC 2 project).

2. All of the laws and decrees are available at Al-Muqtafi website, unless otherwise stated


Military courts shall be established by special laws. Such courts may not have any jurisdiction beyond military affairs.

1.11 PCL(Article 3) provides for the state’s non-discrimination, equal rights for all children, and the best interests of the child:
   a. Every child shall enjoy all rights stipulated in this Law without any form of discrimination, irrespective of their race, color, religion, national, religious, or social affiliations, or their wealth, disabilities, birth, parentage, or any other types of discriminations.
   b. The State shall take all suitable measures to protect and safeguard children from all forms of discrimination in order to secure actual equality and benefit from all the rights stipulated in this Law.

2. Definition of the Child (Article 1)

2.1 Palestinian Public Health Law No. 20 of 2004 (Article 1) Child: Each human being who is not over the age of eighteen.

2.2 PCL, Palestinian Child Law No.7 for the year 2004 (Article 1) A Child is every and each human being who did not complete the age of eighteen years.

2.3 Palestinian Labor Law No. 7 of 2000 (Article 1) The minor Each person who reaches fifteen years of age but has not exceeded eighteen years.

2.4 Jordanian Personal Status Law No. 61 of 1976 (Article 6) A woman who has passed 18 years of age can get married without the consent of her guardian, but a woman who has not yet passed 18 years of age cannot get married without his consent, even if he withholds his consent for no legal reason.

2.5 Gazette of Justice Rulings
   (Art. 967) The second group of children is those who have reached the "age of consent" and thereby have the right to take legally binding actions which are beneficial, even if those actions are not permitted by the caregiver
   (Article 985) defines puberty according to physical developments, and (Article 986) sets the limits of those developments between 12-15 years old for boys and 9-15 for girls

2.6 Draft Education Law (Art. 10) and (art. 24) of The Amended Basic Law, 2003, Jordanian Education Law No. 16 of 1964, (art. 10), education is compulsory when children reach the age of six, and for nine years after that.

2.7 Jordanian Personal Status Law No. 61 of 1976 (art. 5), males must be 16 years old to marry and females must be 15 years old to marry

2.8 The Family Rights Law of 1954, (art. 5), sets the marriage age at 18 for males and 17 for females

2.9 The Body of the Byzantine Law of Family for Greek Orthodox Christians sets the age of marriage at 12 years old for females and 14 years old for males (art. 30).
2.10 The Personal Status Law of the Assyrian Orthodox Church, for Assyrian Orthodox Christians sets the marriage age at 18 for males and 16 for females (art. 4).

2.11 The Law of the Personal Status and Endowments of the Arab Anglican Community of 1954, sets the marriage age at 17 for males and 16 for females (art. 12).

2.12 The Law of the Personal Status of the Catholic Communities of 1924, defines minors as those who have passed 14 years for males and 12 years for females (art. 17). Art. 121 states that minors may marry with some restrictions.

2.13 Articles 208-209 of the Draft Penal Code sets prison terms for those who are involved in performing a marriage of a female less than fifteen years old and for those involved in the marriage of a female between the ages of 15-17 without the permission of a judge or her guardian. Furthermore, art. 469 of the Egyptian Penal Law No. 58 of 1937 in force in the Gaza Strip sets out penalties including a fine and prison term for participation in the marriage of those below the legal age without the permission of a judge or the legal guardian. In the West Bank, Jordanian Penal Law No. 16 of 1960 sets punishments for husbands who marry women below the age of 16, or anyone who assists in such a marriage; and for husbands who marry women below the age of 18 without the consent of her guardian, or anyone who assists in such a marriage (Art. 279). Under all Palestinian law, the legal age of sexual consent is inherently subsumed under the marriage age as sex before marriage is illegal.

2.14 Palestinian Law to Reduce Smoking No. 25 of 2005 (Article 6) It is forbidden to sell, to distribute, to present or to advertise to persons who are less than 18 years of age.

3. General Principles [Articles 2, 3, 6 and 12]

3.1 Non-Discrimination

3.1.1 The Amended Basic Law, 2003 (Article 9): Palestinians shall be equal before the law and the judiciary, without distinction based upon race, sex, color, religion, political views or disability.

3.1.2 Palestinian Concerning the Civil Status Law No. (2) for the Year 1999 (Article 22)

1. If a newly born infant with unknown parents is found, he should be immediately handed over in the condition he has been found in to one of the following parties:
   a. One of the Institutions which are prepared to receive and medically care for the newly born infants. The Institutions should notify the competent Police Authority.
   b. The Police Authority in whose area of jurisdiction he was found.
   c. Head of the Local Authority

2 a. The Police or the Local Authority should prepare a process verbal of the surrounding conditions and circumstances in which the infant was found wherein the place where he was found, date thereof, approximate age of the infant, sex (male or female), the condition he was found in, his descriptions, any distinguishing marks, description of the clothes, material things which are found with him, the place where he was found should be shown. The Police or the Local Authority should hand over the infant and the process verbal to a Welfare House which is approved by the Ministry of Social Affairs.

   2b. The Welfare House shall, in collaboration with the Ministry of Social Affairs, take the measures for his recording in the civil register in a fictitious quadruple name, record his religion as Muslim
after the lapse of three months of his discovery unless the context provides otherwise. It shall also take the measures for nursing in a manner suitable with the best interest of the infant.

2.c. If the found newborn is dead, the Police or Head of the Local Authority should prepare a process verbal thereof and attach same with the report of the forensic physician on the age of the infant, time of his death and causes of death. The Police or Head of the Local Authority should send a report of the death with a copy of the process verbal to the competent Department for recording of same in a special register.

3.1.3 **Jordanian Ministry of Social Affairs Law No 14 for the Year 1956** (Article 4/ section 13) The Cabinet has the right to establish a system for "establishing, funding and administering any institution which implements any goal among the goals of MOSA.

3.1.4 **Law No. (4) for the year 1999 On the Rights of the Disabled** This law deals with disabled persons with all age groups, no articles on disabled children’ right.

(Article 2) The disabled have the right to enjoy a free life, dignified living, and various services in a manner equal to that of other citizens and he/she shall have the same rights and obligations that are within his/her capabilities. It is not permissible to prevent any disabled from enjoying these rights because of his/her disability.

(Article 3) The state shall guarantee the protection of the rights of the disabled and shall facilitate their attainment. The Ministry shall coordinate with the competent bodies to prepare an awareness program for the disabled a his/her family, and his/her local environment regarding the rights stipulated in this Law.

(Article 6) Pursuant to the provisions of the law, the following shall be exempt from fees, customs, and taxes:

- a. All medical and education equipment as well as aid instruments, and transportation means necessary for the registered schools and organizations of the disabled.
- b. Private transportation means for use by the disabled individuals.

(Article 9) the state shall set the regulations and limitations that guarantee the right of the disabled to be protected against all forms of violence, exploitation, and discrimination.

(Article 10) The Ministry, in coordination with concerned bodies, shall be in charge of care and rehabilitation of the disabled in the following areas:

In the social area:

- a. The nature and degree of the disability as well as its impact on the family of the disabled shall be defined to provide proper assistance.
- b. Provide special services to the disabled in the areas of care, relief, training and education while giving the disabled priority in family development programs.
- c. Provide social care and accommodation services for persons with severe disability who have no guardian.
- d. Provide support to the rehabilitation reserves programs
- e. Issue the disabled card.

In the area of health:

- a. Diagnose and classify the degree of disability.
- b. Guarantee access to governmental health insurance that is free of charge for the disabled and his family.
- c. Provide and develop services for early detection of disabilities.
- d. Provide necessary medical instruments and equipment to help the disabled in compliance with Article (5) of this law.
e. Provide preventive and therapy services aiming to reduce the percentage of disabilities in the community.

In the area of education:
a. Insure that the disabled benefit from equal opportunities for enrollment in pedagogic and education institutions and in the universities within the framework of the curricula applicable in these institutions.
b. Provide necessary pedagogic diagnosis to define the nature and degree of the disability.
c. Provide adequate curricula, educational and pedagogic means and proper facilities.
d. Provide education of all types and levels to the disabled according to their needs.
e. Train professionals in rehabilitation of the disabled based on the nature of disability.

In the area of rehabilitation and empowerment:
a. Prepare qualified technical staff to work with the different disabled groups.
b. Guarantee access to rehabilitation facilities and vocational training centers in compliance with the laws and regulations in effect and the basis of equal opportunities and provide suitable vocational training programs to the disabled.
c. Oblige governmental and non-governmental organizations to absorb a number that is not less than 5% of its staff among the disabled in a manner that is conform to the nature of activity in these organizations while making workplaces suitable for the use of the disabled.
d. Encourage recruitment of the disabled in private institutions by deducting part of their salaries from the income tax paid by these institutions.

In the area of entertainment and sports:
a. Provide the disabled with opportunities for sports and entertainment by adapting playgrounds, halls, camps and clubs and the facilities thereof for the use of the disabled, and by providing these establishments with the necessary equipment and instruments.
b. Support participation of the disabled in national and international sports events.
c. Reducing entry fees for the disabled into governmental cultural, entertainment, antiquity places by 50%.

In the area of public awareness:
a. Conduct public awareness campaigns about disabilities covering the different aspects thereof including the causes, outcome and needs.
b. Disseminate information and data related to prevention with the objective of reducing the percentage of disabilities in the society.
c. Use the sign language on TV.

3.2 Best Interest of the Child

3.2.1 Jordanian Education Law No. 16 of 1964 (Article 3)
a. Respect for individual dignity & freedom and assessing the general interests of society should be on par together, whereby one does not supersede the other.
b. To assist every student towards equal levels of physical, mental, social and emotional development, to become a citizen responsible for himself and for society.
c. This is in addition to a number of goals outlined for the mental and physical capacities of the child which guarantee his complete development among the planned targets.

3.2.2 The Amended Basic Law, 2003 (Article 29): Maternal and childhood welfare are national duties. Children shall have the right to:
a. Comprehensive protection and welfare.
b. Not to be exploited for any purpose whatsoever, and not to be permitted to perform work that
c. Might damage their safety, health or education.
d. Protection from harmful and cruel treatment.
e. Not to be subjected to beating or cruel treatment by their relatives.
f. To be segregated – in cases where they are sentenced to a penalty that deprives them of their
g. freedom – from adults, and be treated in a manner that is appropriate to their age and aims at
their rehabilitation

3.2.3 Jordanian Law of Juvenile Reform No. 16 of 1954, Lays out a number of procedures which
could be considered for juveniles and which take their best interest into consideration when they are
accused of a crime and which and their interests had taken into account.

3.2.4 Palestinian Draft Juvenile Justice Law No…. for the Year….: lays out a number of
procedures for the children’s courts despite his violation or crime and it calls for special procedures
which are different than those procedures used in normal court. This is in addition to putting children
in a special place that isn’t prison. This means that there are types of harmonization.

3.2.5 Palestinian Law of Reform Centers and Qualifications No. 6 of 1998
Law No. (6) for the Year 1998 AD, Concerning the Reform and Rehabilitation Centers “Prisons”
: Many procedures that take the best interest of the child into account include the following: where an
inmate of a prison is a child, the place of his birth is not recorded or registered; instead the place of the
hospital in which he was born is recorded. Also, the law gives the child’s legal guardian the right to
hand over the child to a Care Center in a situation (where he cans no longer deal with the child).

3.2.6 Palestinian Concerning the Civil Status Law No. (2) for the Year 1999 (Article 22)
1. If a newly born infant with unknown parents is found, he should be immediately handed over in the
condition he has been found in to one of the following par ties:
   a. One of the Institutions which are prepared to receive and medically care for the newly born
      infants. The Institutions should notify the competent Police authority.
   b. The Police Authority in whose area of jurisdiction he was found.
   c. Head of the Local Authority

2. a. The Police or the Local Authority should prepare a process verbal of the surrounding
   conditions and circumstances in which the infant was found wherein the place where he was found,
   date thereof, approximate age of the infant, sex (male or female), the condition he was found in, his
   descriptions, any distinguishing marks, description of the clothes, material things which are found with
   him, the place where he was found should be shown. The Police or the Local Authority should hand
   over the infant and the process verbal to a Welfare House which is approved by the Ministry of Social
   Affairs.

2. b. The Welfare House shall, in collaboration with the Ministry of Social Affairs, take the measures
   for his recording in the civil register in a fictitious quadruple name, record his religion as Muslim after
   the lapse of three months of his discovery unless the context provides otherwise. It shall also take the
   measures for nursing in a manner suitable with the best interest of the infant.

3. If the found new born is dead, the Police or Head of the Local Authority should prepare a process
   verbal thereof and attach same with the report of the forensic physician on the age of the infant, time of
   his death and causes of death. The Police or Head of the Local Authority should send a report of the
death with a copy of the process verbal to the competent Department for recording of same in a special
register.

3.3 The Right to Life, Survival and Development

3.3.1 Gazette of Justice Rulings (Article 967) indicates the non healthy behaviors of the child that has
al little recognitions.

3.3.2 Jordanian Ministry of Social Affairs Law No 14 for the Year 1956 (Article 4/ Sec 7) Care for Motherhood and Childhood and Family Affairs.

3.3.3 Palestinian Labor Law No. 7 of 2000 (Article 93) Employment of children before becoming fifteen years old is prohibited.

(Article 94) Juveniles should be medically examined before joining any work to ensure that they are physically fit to undertake such work. This medical checkup must be repeated every six months.

(Article 95) Juveniles should not be employed in:
   a. Hazardous or harmful industries specified by the Minister.
   b. Night work or on days off, public or religious holidays.
   c. Overtime hours or on the basis of production unit.
   d. Remote places or places away from built-up areas.

(Article 96)
   a. Juvenile’s daily working hours are reduced by no less than one hour daily.
   b. One rest break or more should occur in between daily working hours provided that the total of these breaks is not less than one hour, taking into consideration that the juvenile does not work more than four consecutive hours.

3.3.4 Palestinian Public Health Law No. 20 of 2004

(Article 4) Mother and child health care shall be regarded as an integral part of the developmental strategy of the Palestinian National Authority

(Article 5) the Ministry shall provide preventive, diagnostic, curative and rehabilitative services to the mother and child:
   a. Pre-marriage medical test to be provided by the Ministry. While the marriage contract would not be approved without conducting the pre-marriage test to ensure that the couples are not carrying any diseases that would affect the life and health of their offspring.
   b. The ministry shall care for women especially when they are pregnant, or during breastfeeding phases. Also, it shall support natural breastfeeding.
   c. The Ministry shall monitor the child growth and development. 4. the ministry shall make the family and society aware of child care and protection during his/her growth and development

(Article 6)
   1. The Ministry should perform the following:
      a. Form and implement preventive vaccination programs
      b. Ensure the quality of vaccines during transportation, storage and usage.
   2 Not charges any fees in return for vaccination or immunization of children or pregnant women

(Article 7) According to the law, parents or those who are the legal guardian of the child should meet the terms of the vaccination programs formed by the Ministry.

(Article 8)
   1. it is forbidden to abort any pregnant woman by any means, unless there was an urgent reason to save her life and under the condition of having two specialized physicians as witnesses, one of them is a gynecologist and the following should be available:
      a. A written approval from the pregnant woman. In the case of her disability to do so, the written approval should be obtained from her husband or her legal guardian
b. The process of abortion should be performed in a medical institution.

2. The medical institution where the abortion took place should keep a record of the pregnant woman’s name, the date when the operation took place, the operation’s type, and justifications. This data should be kept in addition to the testimony of the two doctors and the written approval for the period of ten years at least.

3.3.5 Jordanian Personal Status Law No. 61 of 1976 (Article 168)
   a. If the son has no way to support himself, his expenses should be from his father if the father is not poor or disabled.
   
   b. Parents continue paying until a female marries as long as she is engaged in work or earning, and also son’s must receive funds as his peers even if he is out of school. (Article 169) Parents that have the responsibility of paying for their children. If you are a wealthy parent you are also committed to paying for your child’s education in all levels of education until the son reaches the first university diploma. This is conditional on the boy succeeding and can continue his study and appreciates the situation of the father.

3.3.6 Jordanian Penal Law No. 16 of 1960
   (Article 287) anyone who kidnaps a child less than 7 years old or replaces one child with another or gives a woman child who she did not give birth to is punished by prison for three months to three years. The sentence will not be less than six months if the goal was criminal intentions or its result was the removal or alteration of data related to the personal status of the child or changing an official registration.

   (Article 290) Anyone who does the following will be punished by jail for one month to one year:
   a. Anyone who is charged with the care of a small child and refuses or neglects to provide him with food, clothing, furniture, and other harms for things he should be able to have causing harm to his health;
   b. Anyone requiring caretaking of a child by someone who is younger than 12 years old.

3.3.7 Palestinian Labor Law No. 7 of 2000, the 6th Chapter addresses juvenile work: – It is forbidden for a child who is less than 15 years old to work. – It is necessary that there is a medical examination related to the work and it should be repeated every 6 months. – It is permitted for a child to work but in a limited sense, in anything that harms the child’s health, or to work at night, on official or religious holidays, or on official vacation days.– Also, it is not legal for a child to work overtime.– it is forbidden to work in far places.– Daily work hours are limited for juveniles to have at least one hour for rest and to get a yearly vacation that last for three weeks. – The owner of the place of work has to develop a work schedule for the juveniles and has to register it.– The exception to all of this is children who work with their immediate family.

3.4 Respect for the Views of the Child

3.4.1 The Amended Basic Law, 2003 (Article 29) Maternal and childhood welfare are national duties. Children shall have the right to:
   a. Comprehensive protection and welfare.
   b. Not to be exploited for any purpose whatsoever, and not to be permitted to perform work that might damage their safety, health or education.
   c. Protection from harmful and cruel treatment.
   d. Not to be subjected to beating or cruel treatment by their relatives.

3.4.2 Jordanian Education Law No. 16 of 1964 (Article 3)
   a. Respect for individual dignity & freedom and assessing the general interests of society should be on par together, whereby one does not supersede the other.
   
   b. To assist every student towards equal levels of physical, mental, social and emotional
development, to become a citizen responsible for himself and for society.

c. Number of goals outlined for the mental and physical capacities of the child which guarantee his complete development among the planned targets.

3.4.3 **PCL - Palestinian Child Law No.7of 2004 (Article 11)**

a. Each child shall have the right to life and security.

b. The State shall guarantee the growth, development, and care of the child to the maximum and possible extent.

3.4.4 **Palestinian Disability Law No. 4 of 1999**

(Article 2) Any disabled person has the right to enjoy honorable and decent life and to benefit from the variant services like any other citizen; he shall enjoy the same rights and fulfill the same obligations within the limits of his abilities and capacities. Disability shall not be a cause to deny any disabled the right to enjoy these rights.

(Article 3) The state shall be responsible for the preservation of the rights of the disabled as well as facilitating access thereto; the Ministry shall coordinate with concerned bodies to prepare awareness programs for the disabled, his family and surrounding in all matters related to the rights set forth in this law.

3.4.5 **The Amended Basic Law, 2003**

(Article 19) Freedom of opinion may not be prejudiced. Every person shall have the right to express his opinion and to circulate it orally, in writing or in any form of expression or art, with due consideration to the provisions of the law.

(Article 32) Any violation of any personal freedom, of the sanctity of the private life of human beings, or of any of the rights or liberties that have been guaranteed by law or by this Basic Law shall be considered a crime. Criminal and civil cases resulting from such violations may not be subject to any statute of limitations. The National Authority shall guarantee a fair remedy to those who suffer from such damage.

3.4.6 **Palestinian Press and Publication Law (PPL)1995**

(Articles 2 and 4) provide for freedom of the press and publication.

(Article 7) prohibits the dissemination of materials that oppose the principles of national responsibility, freedom, human rights and respect for the truth.

3.4.7 **Palestinian Penal Procedures Law No. 3 of 2001** (Article 83)

a. Persons below the age of fifteen may be heard for information only without taking the oath.

b. The parents, offspring and spouse of the accused are exempted from taking the oath unless the crime was committed against any one of them.

3.4.8 **Jordanian Education Law No. 16 of 1964** (Article 13) forbids the separation of students before the age of 16 years from school.

3.4.9 **Jordanian Law of Juvenile Reform No. 16 of 1954** The law lays out a number of procedures for the children’s courts despite his violation or crime and it calls for special procedures which are different than those procedures used in normal court. This is in addition to putting children in a special place that isn’t prison.

3.4.10 **Juvenile Justice Law (Draft) No.... of ....** The law lays out a number of procedures for the children’s courts despite his violation or crime and it calls for special procedures which are different than those procedures used in normal court. This is in addition to putting children in a special place that isn’t prison.
3.4.11 **Palestinian Labor Law No. 7 of 2000** (Article 93) *Employment of children before becoming fifteen years old is prohibited*

4. **Civil Rights and Freedoms** [Articles 7, 8, 13-17 and 37(a)]

4.1 **Palestinian Concerning the Civil Status Law No. (2) for the Year 1999** (Art. 16) *The birth should be reported to the Department or the Palestinian Legation in the area where the birth has taken place within ten days from the date of its occurrence provided that the notification be accompanied with the substantiating documents. (Art 36) It is not permissible to make any change or correction in the civil status entries except by a final court judgment passed by the competent court*

4.2 **Gazette of Justice Rulings** (Article 967) *this outlines an indication of the respect of legal personality in the Gazette, especially related to rulings related to children who have the ability to discern things for themselves. It has already been indicated that the beneficial behavior of the recognized child is among his own right, while the non-harmful behavior among his right is not considered. While the behaviors in between beneficial and harmful to him returns to his guardian.*

4.3 **Jordanian Citizenship Law No. 6 of 1954** (Article 9) *Jordanian children are Jordanian regardless of where they were born. While this law is enforced in Palestine, it addresses the issue of Palestinian children born of a Palestinian father, who will take up Palestinian citizenship at the moment of birth.*

5. **Family Environment and Alternative Care** [Articles 5, 9-11, 18, pars. 1 and 2; 19-21, 25, 27, pars. 4 and 39]

5.1 **Palestinian Public Health Law No. 20 of 2004**

(Art. 5) *The Ministry shall provide preventive, diagnostic, curative and rehabilitative services to the mother and child, including:

a. Pre-marriage medical test to be provided by the Ministry. While the marriage contract would not be approved without conducting the pre-marriage test to ensure that the couple are not carrying any diseases that would affect the life and health of their offspring

b. The ministry shall care for women especially when they are pregnant, or during breastfeeding phases. Also, it shall support natural breastfeeding

c. the Ministry shall monitor the child growth and development

d. the ministry shall make the family and society aware of child care and protection during his/her growth and development*

(Art.7) *According to the law, parents or those who are the legal guardian of the child should meet the terms of the vaccination programs formed by the Ministry*

5.2 **Jordanian Penal Law No. 16 of 1960** (Article 290) *Any of the following actions will be punished with prison from one month to a year:

a. If the parent or caregiver for a small child who is not able to take care of himself refuses or neglects to provide the child with food, furniture, clothing or other necessities and he has the resources to do so and this causes harm to the child’s health;

b. If the father or caregiver of a child who has not passed 12 years old abandons him w/o a legal or rational reason and he has the capacity to care for him and he moves him without giving him way to support himself.*

5.3 **The Amended Basic Law, 2003** (Art. 29) *Maternal and childhood welfare are national duties. Children shall have the right to:*

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a. Comprehensive protection and welfare.
b. Not to be exploited for any purpose whatsoever, and not to be permitted to perform work that might damage their safety, health or education.
c. Protection from harmful and cruel treatment.
d. Not to be subjected to beating or cruel treatment by their relatives.
e. To be segregated – in cases where they are sentenced to a penalty that deprives them of their freedom – from adults, and be treated in a manner that is appropriate to their age and aims at their rehabilitation.

5.4 Jordanian Personal Status Law No. 61 of 1976:
(Article 147) It is not permitted to make an allegation about the relationship of a son to his steady-mother lacking a divorce between her and her husband by contract and no for the son’s mother after a year of the husband’s absence from her and no for the son the divorce and her husband’s leaving her.

(Article 148) Says that the son of the wife of the true or false marriage after it has been consummated or after true seclusion if the boy for 6 months or more from the date of the consummation or true seclusion the child stays to the husband or if the child had been born after farewell his parentage will not approved except the mother came with the child among the year from the date of farewell.

(Article 149) (Has something to do w/ sickness and death)

(Article 163) equalizes the rights of the mother and the rights of the father or the paternal grandfather in seeing the small child when he is in the hands of another who has the right of custody over him.
(Article 164) Indicates that “a young child’s caretaker cannot travel to any cities inside the kingdom with the right of taking the child except in cases in which that travel is in the best interest of the child

5.5 Palestinian Concerning the Civil Status Law No. (2) for the Year 1999 (Article 23) If the new born is with an unknown parents, his entry shall be according to the particulars reported by the Informant and under his responsibility. It shall not be permissible to mention the names of the parents or one of them in the register pertaining thereto except upon their or his request or based upon a judicial judgment. If the same is not available, the new born shall be treated according to article (22). Any birth registration contrary to this article in respect of the name of the father and mother shall be void.

5.6 Jordanian Penal Law No. 16 of 1960 (Article 287) States that
a. Anyone who kidnaps a child less than 7 years old or replaces one child with another or gives a woman children who she did not give birth to is punished by prison for three months to three years.
b. The sentence will not be less than six months if the goal was criminal intentions or its result was the removal or alteration of data related to the personal status of the child or changing an official registration.
(Article 288) whoever puts a child in a foundling shelter and obscures his identity or the case of his existence in records will be put in prison for two months to two years

The Penal Procedures Law for 2001 (Article 289) obligates the government to provide a monthly allowance to the family of a fugitive.

6. Basic Health and Welfare [Articles 6,18, para.3, 23, 24, 26, and 27, pars. 1-3]

6.1 Palestinian Public Health Law No. 20 of 2004 (Article 5) The Ministry shall provide preventive, diagnostic, curative and rehabilitative services to the mother and child, including:
   a. Pre-marriage medical test to be provided by the Ministry. While the marriage contract would
not be approved without conducting the pre-marriage test to ensure that the couple are not carrying any diseases that would affect the life and health of their offspring.

b. The ministry shall care for women especially when they are pregnant, or during breastfeeding phases. Also, it shall support natural breastfeeding.

c. The Ministry shall monitor the child growth and development.

d. The ministry shall make the family and society aware of child care and protection during his/her growth and development.

(Art. 6) The Ministry should perform the following:

a. Form and implement preventive vaccination programs.

b. Ensure the quality of vaccines during transportation, storage and usage.

c. Not charges any fees in return for vaccination or immunization of children or pregnant women.

6.2 Jordanian Education Law No. 16 of 1964 (Articles 96, 97) which address the importance of a school health department and commit the Ministry of Health to insure free medical services for children, and to establish a school health department which is committed to providing periodic health tests for the student body.

6.3 The Amended Basic Law, 2003 (Article 33) the enjoyment of a balanced and clean environment is a human right. The preservation and protection of the Palestinian environment from pollution for the sake of present and future generations is a national duty.

6.4 Law No. (7) For The Year 1999 Concerning The Environment, (Article 4)

The Ministry shall circulate, in cooperation with the competent authorities, the concept and objects of the environmental consciousness through schools, universities, entities and cubs as well as encourage the collective and individual initiatives towards the voluntary work that aims at the protection of the environment.

(Article 5) This law guarantees:

a- The right of every human being to live in a sound and clean environment as well as enjoy the highest extent of public health and welfare.

b- Protect the country’s natural wealth’s and its economic resources as well as maintain its historical and civilization heritage without damage or side effects which may appear sooner or later as a result of the different industrial, agricultural or constructional activities on the basic life species and the environmental systems such as air, water, soil and sea, animal and botanical wealths.

7. Education, Leisure and Cultural Activities [Articles 28, 29 and 31]

7.1 Jordanian Education Law No. 16 of 1964 (Articles 10, 11, 13) ensures the right to free education in governmental schools in all levels of education and compulsory education for the primary level in order to prohibit the phenomenon of dropping out of school.

7.2 PCL No. 7 of 2004 (Art 46)

It shall be prohibited to use children in military actions, or armed conflicts. The State shall take necessary measures and arrangements to guarantee this.

The State shall take appropriate measures to promote physical and psychological rehabilitation and the social reintegration of the child victim of armed conflicts or of any hardship cases stipulated in Article (44) of this Law.

7.3 Palestinian Law No. (4) for the year 1999 On the Rights of the Disabled

Article (6/1) In accordance with the provisions of this law, the following bodies shall be exempted from payment of fees, customs or taxes: All teaching material, medical equipment, aids, and means of
transportation necessary for licensed schools and organizations of the disabled (Article 10) In the area of education

a. Insure that the disabled benefit from equal opportunities for enrollment in pedagogic and education institutions and in the universities within the framework of the curricula applicable in these institutions.

b. Provide necessary pedagogic diagnosis to define the nature and degree of the disability.

c. Provide adequate curricula, educational and pedagogic means and proper facilities.

d. Provide education of all types and levels to the disabled according to their needs.

e. Train professionals in rehabilitation of the disabled based on the nature of disability.

7.4 **Palestinian Law of Reform Centers and Qualifications No. 6 of 1998** Law No. (6) for the Year 1998 AD, Concerning the Reform and Rehabilitation Centers “Prisons”

(Article 30) The Directorate General shall, in coordination with the competent education authorities, organize illiteracy fighting education courses to the illiterate inmates and shall provide the educational opportunities to other inmates in order to continue their education through the various educational stages whether in the schools attached to the Center or in the public or vocational schools outside same according to the available potentials, requirements of safeguarding the inmates and the Centers security.

(Article 31) The Directorate General shall, in coordination with the competent education authorities, provide the necessary pre-requisites to the inmates in order to enable them to study, memorize and find the means which would ensure the continuation of their university study as an exception from daily attendance and enable them to sit for the examinations under the direct supervision of the competent education authorities whether inside or outside the Center.

(Article 32) The academic or vocational certificate awarded to the inmate should not contain any particulars which would indicate that it was awarded to him while he is in the Center or from a school annexed to the Center.

(Article 33) The Directorate General shall grant suitable encouraging incentives to the inmate who obtains the general or university certificates during his stay in the Center.

(Article 34) The Directorate General shall, in coordination with the Center’s management, hold cultural seminars, deliver directive, moral, religious, educational and cultural lectures as well as provide the opportunity to all inmates to take part therein.

(Article 35) A public library shall be established in every Center aimed at culturing and refining the inmates provided that it contains useful printed publications whose circulation is legally permitted. The inmates shall be encouraged to read and make use of such books and printed publications at their leisure time and shall be afforded the appropriate opportunities for the realization of same.

(Article 36) The inmates may bring in, at their expense, books, magazines and newspapers whose circulation is legally permitted according the controls determined by the Center’s management in this regard according to the by-laws and instructions issued by the Directorate General.

7.5 **The Law of Prisoners and Released Prisoners No. 19 of 2004** (Article 5) exempts all Released Prisoners (no. of years that prisoners spend it in Israeli jails ; Male not less than five years Female Not less than three years) from Education ,Health insurance and Training Courses fees
7.6 Draft Palestinian Education Law No…… for the year 2004 (Article 10/F.G) ensures the right to free education and education is compulsory for all children, the Ministry will take the necessary Procedures to implement it including legal accountability for parents

8. Special Protection Measures [Articles 22, 30, 32-36, 37 (b)-(d), 38, 39 and 40]

8.1. **Palestinian Law to Reduce Smoking No. 25 of 2005** (Articles 5, 6 and 9) which forbid smoking in places that are special for children and prohibits selling or displaying to those who are less than 18 years old. Also, it prevents importation of games for children which are categorized as a type of tobacco. In Article 12 for punishing those who violate the rulings of this Article.

8.2 **Palestinian Labor Law No. 7 of 2000** (Article 96) Juvenile’s daily working hours are reduced by no less than one hour daily.
  a. One rest break or more should occur in between daily working hours Provided that the total of these breaks is not less than one hour, taking into consideration that the juvenile does not work more than four consecutive hours

8.3 **Palestinian Law No. (4) for the year 1999 On the Rights of the Disabled** (Article 6) In accordance with the provisions of this law, the following bodies shall be exempted from payment of fees, customs or taxes:
  a. All teaching material, medical equipment, aids, and means of transportation necessary for licensed schools and organizations of the disabled.
  b. Personal vehicles for use by disabled individuals.

8.4 **Jordanian Personal Status Law No. 61 of 1976**
  (Article 168) 1: If the son has no way to support himself, his expense should be from his father if the last was not poor or disable.
  2: Parents continue paying until a female marries who is not engaged in work or earning, and also sons must take the expense as his peers even if he is out of school.
  (Article 169) Parents that have the responsibility of paying for their children. If you are a wealthy parent you are also committed to paying for your child’s education in all levels of education until the son reaches the first university diploma. This is conditional on the boy succeeding and can continue his study and appreciates the situation of the father.
  (Article 170) The children which their required provisions on the parents are required to provide required treatment.” And in a case in which the father is poor it will be upon the wealthy mother but must be as debt among the son and in the case where the father and the mother are wealthy the provision of treatment and medical treatment on the provision from the providing caregivers to the child in the case of the absence of the father where the mother is staying in debt to him. There is also an article of this law stating that the provision of the son is upon his father until the time when he reaches the age in which he is able to work and provide for himself. Also, this article is related in the provision of education in which the law state to the child from the father in addition to the provision of treatment.

8.5 **Jordanian Penal Law No. 16 of 1960** (Article 290) Any of the following actions will be punished with prison from one month to a year:
  a. If the parent or caregiver for a small child who is not able to take care of himself refuses or neglects to provide the child with food, furniture, clothing or other necessities and he has the resources to do so and this causes harm to the child’s health;
  b. If the father or caregiver of a child who has not passed 12 years old abandons him w/o a legal or rational reason and he has the capacity to care for him and he moves him without giving him way to support him self.
There are a number of laws which address indirectly the rights of children and well being:

- Palestinian Standards Law No.6, 2000.
- Palestinian Medical Council Law no.1 in 2006.
- The Child Orphan Law no. 69 of 1953.
- Ministry of Social Affairs Law no. 14 of 1956.
- The Law of Midwifery, Mother and Child Care Professions, no. 7 of 1959.

8.6 **Palestinian Public Health Law No. 20 of 2004** (Article 6)  
1. The Ministry should perform the following:  
   a. Form and implement preventive vaccination programs  
   b. Ensure the quality of vaccines during transportation, storage and usage.  
2. Not charges any fees in return for vaccination or immunization of children or pregnant women. (Article 7) According to the law, parents or those who are the legal guardian of the child should meet the terms of the vaccination programs formed by the Ministry.

8.7 **Jordanian Penal Law No. 16 of 1960** (Article 67) Prohibiting Criminal Penalty  
(Art. 94) children below the age of seven cannot be criminally prosecuted and children below the age of 12 cannot be criminally penalized unless it can be proved that at the time of the crime they were able to discern that the crime was wrong.

8.8 **General Intelligence Law No. 17 of 2005** (Art.26) forbids recruitment before the age of 18.

8.9 **Jordanian Law of Juvenile Reform No. 16 of 1954** (Art.5) prohibits the constraining of juveniles.

8.10 **The Amended Basic Law, 2003** (Article 29) paragraph 3, *Protection from harmful and cruel treatment*

8.11 **Jordanian Ministry of Social Affairs Law No 14 for the Year 1956** (Article 4) paragraph five *the ministry protect juvenile delinquents and monitor criminal behavior and care for them until their expulsion*

8.12 **The Law of Support Funds, No. 6 for 2005** (Article 4) the goal of the funds is to guarantee the implementation of a ruling of support that is impossible to implement because of the absence of the one who is sentenced to provide the support or ignorance of his location or lack of money to implement the ruling or any other reason. (Article 8) Indicates the manner in which one pays and furthermore:  
   a. The law relies upon disbursement to the funds and according to the accountable essential in Palestine.  
   b. the disbursements occur within a maximum of 15 days from the time of the request; and  
   c. The disbursements occur although the rule of funds was inoperable and must stopped if there no necessity.

There are a number of laws which address indirectly the rights of children and well being:

- Palestinian Standards Law No.6, 2000.
- Palestinian Medical Council Law no.1 in 2006.
- The Child Orphan Law no. 69 of 1953.
- Ministry of Social Affairs Law no. 14, of 1956.
- The Law of Midwifery, Mother and Child Care Professions, no. 7 of 1959.

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ANNEX 12

Basic Demographic Information

Population information

1. PCBS 2007 census survey results indicated that there are 4,016,416 residents in the OPT
   a. 2,350,583 residents in West Bank (62.1%) and 1,499,369 (37.9%) residents in Gaza
   b. 49% of population is under 17 years of age
   c. 69.5% live in urban areas
   d. 364
   e. 96
   f. 28
   g. 59.3%
   h. In 41.9%
   i. 48.9% of the population are under the age of 18 years.
   j. Mean at first marriage is 19.5 years for females and 24.8 years for males
   k. In academic year 2008/2009, 1,109,126 students were enrolled in schools.
   l. 50% of all students were female
   m. 59.3% and 40.7% of students were enrolled in basic education in the West Bank and Gaza, respectively.
   n. In 2009, 3.7% of children under 18 year olds were employed (paid and unpaid work).
   o. 5.4% and 0.9% of children were employed in the West Bank and Gaza, respectively.
   p. Majority of working children (67.3%) were an unpaid family member
   q. 98% of working girls and 63.3% of working boys were working within the family setting

2. Children 0-14 years of age represent 41.9% of the population
   a. 40% and 44.9% respectively in West Bank and Gaza
   b. In 2009, PCBS estimated that there are 1.9 million Palestinian children under the age of 18 years
   c. 48.9% of the population are under the age of 18 years.
   d. Mean at first marriage is 19.5 years for females and 24.8 years for males
   e. In academic year 2008/2009, 1,109,126 students were enrolled in schools.
   f. 50% of all students were female
   g. 59.3% and 40.7% of students were enrolled in basic education in the West Bank and Gaza, respectively.
   h. In 2009, 3.7% of children under 18 year olds were employed (paid and unpaid work).
   i. 5.4% and 0.9% of children were employed in the West Bank and Gaza, respectively.
   j. Majority of working children (67.3%) were an unpaid family member
   k. 98% of working girls and 63.3% of working boys were working within the family setting

3. Localities
   a. 505 Palestinian localities
   b. 472 and 33 localities in WB and Gaza, respectively.
   c. 113 urban localities
   d. 364 rural localities
   e. 28 refugee camps
   f. 96 urban, 356 rural, and 20 refugee camps in WB
   g. 17 urban, 8 rural and 8 refugee camps in Gaza
   h. Almost 50% of the population live in rural localities in WB
   i. Majority of Gaza residents live in urban areas

4. Refugees
   a. 1,862,075 registered refugees in OPT (45% of overall population)
   b. 771,143 (18.8%) and 1,090,923 (26.2%) in the West Bank and Gaza, respectively or
   c. 50.2% of overall WB population and 69.2% of Gaza population
   d. 25% and 46% of refugees reside within camps in WB and Gaza respectively
   e. 3 and 2 training centers in WB and Gaza operated by UNRWA
   f. 41 and 20 health care clinics in WB and Gaza operated by UNRWA

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1 In 2009, PCBS re-estimated overall population size and reported that there is a population of 3.9 million Palestinians residing in the OPT compared to census results which estimated the number of Palestinians at 4 million in 2007.
5. Household information
   a. There are a total of 675,524 households in the OPT
   b. There are 445,684 and 229,840 households in the West Bank and Gaza, respectively.
   c. 8.8% of households are headed by females in the OPT
   d. 9.7% and 7.1% of households are headed by females in the West Bank and Gaza respectively.
   e. On average female headed households are composed of 3.5 persons, compared to average family of size of 6.5 persons in male headed households
   f. 48.6% of all households have children
   g. Average household consumption averaged 608 JD/month. Consumption was 708 JD and 415 JD for West Bank and Gaza, respectively.
   h. 86.3% of households own their homes (83% and 93% in the West Bank and Gaza, respectively
   i. One third of cash expenditures were on food for OPT households

6. Total fertility rate in 2007
   a. Overall 4.6 births, with 4.1 in WB and 5.3 births in Gaza
   b. Population natural increase in 2009 was at 2.9%

7. Average family size in 2007
   a. Overall 5.8 persons, with 5.5 persons in WB and 6.5 in Gaza (both rates lower than in 1997)
   b. Crude birth rate dropped from 42.7 births/1000 population in 1997 to 32.7 births/1000 population in 2009.
   c. 30.1 births in WB and 36.9 in Gaza
   d. Total crude death rate dropped from 4.9/100 in 1997 to 4.3/1000 in 2009

8. Unemployment rates have ranged between 24-29% in the OPT over the last two years.
   a. West Bank unemployment rates range between 19-20% during the last two years
   b. Gaza unemployment rates range between 36-41% in the last two years.

9. Labor force participation rates are low
   a. In 2009, there was a labor force participation rate of 41.4%
   b. Males account for 66.9% of the labor force (68.5% in West Bank and 63.8% in Gaza)
   c. Females account for 15.4% of the labor force (16.5% in the West Bank and 13.5% in Gaza)

10. Poverty rates\(^2\)
    a. Per capita expenditures in West Bank and Gaza for 2007 were 117 JD and 60 JD respectively.
    b. In 2007, one out of every three households in the OPT suffered from poverty
       i. 34.5% overall poverty (23.6% in the West Bank and 55.7% in Gaza
       ii. Income based poverty in 2007 was 57.3% (47.2% in the West Bank and 76.9% in Gaza)

\(^2\)See Table 1 below for revised poverty data that PCBS introduced in 2010 based on revised definition of poverty.
ii. 23.8% of households in the OPT suffer from deep poverty\(^3\) (13.9% in the West Bank and 43% in Gaza)

11. Illiteracy rates  
   a. In 2008, female (above 15 years) rate of illiteracy is 3 times greater than males (above 15 years)  
   b. 2.9% of males and 9.1% of females are illiterate  
   c. 6.1% and 5.6% of West Bank and Gaza (above 15 year olds) are illiterate, respectively  
   d. 2.9% and 2.7% of males are illiterate in the West Bank and Gaza, respectively  
   e. 9.4% and 8.6% of females are illiterate in the West Bank and Gaza, respectively

12. Basic services\(^4\)  
   a. Public water network connections are found in 88.2% of homes (84.2% in the West Bank and 97% in Gaza)  
   b. Public electricity network connections are found in 99.8% of homes (99.7% in the West Bank and 99.9% in Gaza)  
   c. Public sewage network connections are found in 45.4% of households (30.2% in the West Bank and 75.1% in Gaza)

### Table 1: Poverty Rates of individuals according to the Old and Revised Methodology in the Palestinian Territory, 2004 – 2009 (Source: PCBS Press Release on Revised Poverty Methodology, November 2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Old methodology</th>
<th>Revised methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WB</td>
<td>Jerusalem (J1)</td>
</tr>
<tr>
<td>2004</td>
<td>26.2</td>
<td>1.5</td>
</tr>
<tr>
<td>2005</td>
<td>28.6</td>
<td>1.3</td>
</tr>
<tr>
<td>2006</td>
<td>29.6</td>
<td>1.2</td>
</tr>
<tr>
<td>2007</td>
<td>32.2</td>
<td>3.9</td>
</tr>
<tr>
<td>2009</td>
<td>37.9</td>
<td>0.1</td>
</tr>
</tbody>
</table>

\(^3\) Deep Poverty: Household has income 50% below the poverty line.  
\(^4\) Presence of water, electricity or sewage networks does not necessarily mean that water; electricity or sewage services are being delivered. Many times services are cut off due to Israeli management of the resources.
ANNEX 13

Institutions Working in the Area of Child Rights

- **Health:**

  **Stakeholders:** Ministry of Health (MOH), UNICEF, UNFPA, WHO, World Bank, UNRWA, WFP, FAO and NGO health providers

  Number of hospitals differs according to the source, but the average is 77 in the WB and Gaza (WBGS); 53 in the WB, and 24 in Gaza

  Number of Clinics in the WBGS: 693

  Number of MCH Clinics in the WBGS: 261

  Number of Well Baby Clinics WBGS: 358

  **Distribution of Clinics and hospitals by region and provider**

<table>
<thead>
<tr>
<th>Clinics/ Centers</th>
<th>Hospitals WBGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gov.</td>
<td>381</td>
</tr>
<tr>
<td>UN</td>
<td>41</td>
</tr>
<tr>
<td>NGO</td>
<td>137</td>
</tr>
<tr>
<td>Private</td>
<td>-</td>
</tr>
<tr>
<td>Military</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>559</td>
</tr>
</tbody>
</table>

- **Education:**

  **Stakeholders:** Ministry of Education and Higher Education (MOEHE), UNICEF, UNRWA, local organizations and private-sector service providers

  Number of Schools in the WBGS: 2577

  **Distribution of Schools in the WB for the year 2009-2010**

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Male</th>
<th>Female</th>
<th>Mixed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gov.</td>
<td>345</td>
<td>241</td>
<td>293</td>
<td>1534</td>
</tr>
<tr>
<td>UN</td>
<td>34</td>
<td>0</td>
<td>47</td>
<td>97</td>
</tr>
<tr>
<td>Private</td>
<td>16</td>
<td>13</td>
<td>11</td>
<td>46</td>
</tr>
<tr>
<td>Total</td>
<td>395</td>
<td>254</td>
<td>351</td>
<td>1917</td>
</tr>
</tbody>
</table>

  **Distribution of Schools in Gaza for the year 2009-2010**

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Male</th>
<th>Female</th>
<th>Mixed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gov.</td>
<td>121</td>
<td>58</td>
<td>91</td>
<td>387</td>
</tr>
<tr>
<td>UN</td>
<td>100</td>
<td>5</td>
<td>44</td>
<td>228</td>
</tr>
<tr>
<td>Private</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>222</td>
<td>6</td>
<td>136</td>
<td>660</td>
</tr>
</tbody>
</table>

- **Participation:**

  **Stakeholders:** Ministries of Youth and Sports, Social Affairs, Education, Health, Labour, Culture, Information, and High Judicial Council, UNICEF.

  Number of specialized clubs that are **“Child Friendly”** for the National Committee for Summer Camps: 30 Clubs in all districts (11).
Number of MOYS Sports Clubs and Youth Centers: 395, distributed as follows:

- Jerusalem (56)
- Nablus (49)
- Hebron (39)
- Ramallah (73)
- Bethlehem (43)
- Jenin (40)
- Tulkarem (22)
- Salfeet (34)
- Qalqilya (17)
- Jericho (17)
- Tubas (5)

Number of MOC Cultural Centers and Libraries: 123 libraries and 34 cultural centers (WBGS)

- Child Protection:

  According to the records of the MOSA there are 27 institutions for child care and protection centers with 23 centers in the West Bank and 4 centers in Gaza.

  **Juvenile Justice**
  - Boys’ Rehabilitation Centre (Dar Alamal) - Ramallah
  - Girls’ Protection Centre – Beit Jala
  - Police Stations: (11 district and one in Al-Ram and on in Abu-Dees)
  - Detaining Rooms (All districts)
  - Prisons for children (Jenin, Nablus /Divisions within adult prisons)
  - Courts in every district with specialized times for children’s courts, but no special rooms.

  **Care and Protection Centers**
  - Child Protection Centre – Bitunia (Ramallah)
  - Child Protection Centre – Jenin (not functioning fully)
  - Crèche (Sister’s Center) - Bethlehem
  - Mabarah El-Rahma for Children Care - Gaza
  - Red Crescent Society - Child Protection Center-Tulkarem
  - Mother Care and Guidance Society - Nablus
  - Women Charitable Association - Nablus
  - 14 vocational training centers for MOSA
  - 60 registered nurseries

- Orphanages/residential institutions: 22 in the WB and 4 in Gaza.

- Centers for Persons with Disabilities
  - Sheikh Khaleefa Center - Nablus
  - Al Dar Al Bayda’ – Salfeet
  - Al-Alaiyeh School - Bethlehem
  - Youth Rehabilitation Center - Hebron

- Organizations affiliated with NGOs, there is the Creative Child Club in Nour Shams Camp – Tulkarem and Jabal Alnajma in Ramallah and Al-Bireh Governorate; it is an association of the Union of World Churches in Germany, licensed by the MOSA

- Child Labor
  - Government (Ministry of Labor child labor units / All districts (12), Ministries of Social Affairs and Education), UNRWA, UNICEF, UNDP and other UN and community-based organizations and local NGOs
  - 10 Vocational Training Centers in West Bank for rehabilitation of child laborers also.

- Gaza Blockade
  - Updated information was not provided.

- National Organizations
  - Al-Haq Human Rights Agency
  - ICHR-Independent Commission for Human Rights
  - Palestinian Medical Relief Society
List of UN agencies working in the oPt:

UNRWA
UNESCO
UNDP
UNIFEM
UNFPA
UNICEF
UNSCO
WHO
UNHABITAT
FAO
WFP
ILO
World Bank/ IMF

The main international and donor agencies supporting child care institutions:

British Consulate
UNDP Program of Assistance to the Palestinian People
Norwegian Ministry of Foreign Affairs
SPAR
DIAKONIA
UNICEF
Blind Friends’ Society
Norwegian Disabled Organization
European Commission
World Bank
Australian Agency for International Development
Belgian Technical Cooperation
Bologna Book Fair
Book Aid international, UK
CIDA
Swedish International Development Agency (SIDA)
CCNGO/ EFA
Christian Aid, UK
DCI- Palestine
ICRC
UNIFEM
UNDP
Save the Children UK, Sweden, US
## ANNEX 14

### List of Interviewees

<table>
<thead>
<tr>
<th>Institution</th>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoI</td>
<td>Mr. Hasan Alawi (Ramallah)</td>
<td>Deputy Minister of Interior</td>
</tr>
<tr>
<td></td>
<td>Ms. Fadwa Al-Shaer (Ramallah)</td>
<td>Assistant Deputy Minister of Interior</td>
</tr>
<tr>
<td></td>
<td>Dr. Khaled Sabateen (Police/Ramallah)</td>
<td>Responsible for the file of juvenile justice</td>
</tr>
<tr>
<td></td>
<td>Mr. Abdel Jabbar Tafesh</td>
<td>Director (Police Department- Jenin)</td>
</tr>
<tr>
<td>MoSA</td>
<td>Ms. Majeda Al-Masri</td>
<td>Minister of Social Affairs</td>
</tr>
<tr>
<td></td>
<td>Ms. Maysoon Whaidi</td>
<td>Consultant</td>
</tr>
<tr>
<td></td>
<td>Ms. Kawthar Mughrabi</td>
<td>DG of Childhood Directorate</td>
</tr>
<tr>
<td></td>
<td>Ms. Khuloud Abdel-Khaleq</td>
<td>Head of the Legal Affairs Unit</td>
</tr>
<tr>
<td></td>
<td>Ms. Mai Mustafa</td>
<td>Legal Assistant</td>
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<tr>
<td></td>
<td>Mr. Jameel Abu Zeitoun</td>
<td>Deputy DG of Care and Rehabilitation Directorate</td>
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<tr>
<td></td>
<td>Ms. Mai Abdel-Hadi</td>
<td>Director of Orphans Unit</td>
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<tr>
<td></td>
<td>Mr. Saleem Qawareeq</td>
<td>Director of Social Defense Unit</td>
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<tr>
<td></td>
<td>Mr. Ayman Sawalha</td>
<td>DG of Minister’s Office</td>
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<tr>
<td></td>
<td>Mr. Assem Khamees</td>
<td>Deputy DG of Human Resources Directorate</td>
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<tr>
<td></td>
<td>Mr. Khaled Barghouthi</td>
<td>Director General of Poverty Department</td>
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<tr>
<td></td>
<td>Mr. Ahmad Maharmeh</td>
<td>Director of Social Assistance and Medical Insurance</td>
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<tr>
<td></td>
<td>Ms. Hana’ Al-Qaimari</td>
<td>DG Disability Directorate</td>
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<tr>
<td></td>
<td>Ms. Sonia Al-Hilou</td>
<td>Director - Disability Department</td>
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<tr>
<td></td>
<td>Mr. Nabeel Kabaha</td>
<td>Director of Drug Combating Unit</td>
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<tr>
<td>MoH</td>
<td>Dr. Fathi Abu Mogli</td>
<td>Minister of Health</td>
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<tr>
<td></td>
<td>Dr. Anan Al-Masri</td>
<td>Deputy Minister of Health</td>
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<tr>
<td></td>
<td>Dr. Asaad Ramlawi</td>
<td>DG of Primary Health Care and Public Health</td>
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<tr>
<td></td>
<td>Dr. Faisal Abdel Latteef</td>
<td>Director of Non Communicable Diseases Department</td>
</tr>
<tr>
<td></td>
<td>Dr. Bassem Rimawi</td>
<td>Director of Health Directorate- Ramallah/ Al-Bireh</td>
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<tr>
<td></td>
<td>Dr. Jawad Al-Bitar (Nablus)</td>
<td>Director of Palestinian Health Information Center</td>
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<tr>
<td></td>
<td>Dr. Qassem Maani (Nablus)</td>
<td>DG International Cooperation Department</td>
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<tr>
<td></td>
<td>Dr. Hazem Ashour</td>
<td>DG of Mental Health Department</td>
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<tr>
<td></td>
<td>Dr. Saeed Hammouz (Nablus)</td>
<td>DG of Health Education Department</td>
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<tr>
<td></td>
<td>Dr. Waleed Al-Khateeeb</td>
<td>Director of School Health</td>
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<tr>
<td></td>
<td>Dr. Khalidah Khaled</td>
<td>Head of School Heath Dental Hygiene</td>
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<tr>
<td></td>
<td>Ms. Hiyam Saeedi</td>
<td>Preventive Medicine Dept.</td>
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<tr>
<td>Position</td>
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<tr>
<td>DG of Women’s Health Directorate</td>
<td>Dr. Suzan Abdo (Nablus)</td>
<td></td>
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<tr>
<td>Director of Hebron Directorate of Health</td>
<td>Dr. Khaled Sidder (Hebron)</td>
<td></td>
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<tr>
<td>Mental Health</td>
<td>Dr. Iyad Al-Azeh (Hebron)</td>
<td></td>
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<tr>
<td>Director of the Nutrition Department</td>
<td>Mr. Ala’ Abu Al-Rub</td>
<td></td>
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<tr>
<td>Director of Community Health Department</td>
<td>Dr. Ghidyan Kamal</td>
<td></td>
</tr>
<tr>
<td>Psychiatrist – Ramallah/ Al-Bireh Health Directorate</td>
<td>Dr. Samah Jaber</td>
<td></td>
</tr>
<tr>
<td>DG of Pharmacy Department</td>
<td>Dr. Rania Shaheen (Nablus)</td>
<td></td>
</tr>
<tr>
<td>DG of Hospitals</td>
<td>Dr. Naeem Sabrah</td>
<td></td>
</tr>
<tr>
<td>Nutrition Department</td>
<td>Ms. Leena Bahar</td>
<td></td>
</tr>
<tr>
<td>Nutrition Department</td>
<td>Ms. Ruwaida Al-Qadi</td>
<td></td>
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<tr>
<td>Director of Nablus Health Directorate</td>
<td>Dr. Khaled Qadri</td>
<td></td>
</tr>
<tr>
<td>Head of Division of Mental Health</td>
<td>Ms. Salam Masri (Nablus Directorate)</td>
<td></td>
</tr>
<tr>
<td>Head of Division of Cardiovascular Unit</td>
<td>Ms. Ayda Zawahreh</td>
<td></td>
</tr>
<tr>
<td>Director of Health Education and Promotion</td>
<td>Ms. Lubna Al-Sadder</td>
<td></td>
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**Anti Torture**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Psychiatrist Torture Rehabilitation Center</td>
<td>Dr. Asaad Abu Ghaliaoon (Hebron)</td>
</tr>
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</table>

**MOEHE**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Minister of Education and Higher Education</td>
<td>Ms. Lamis Al-Alami</td>
</tr>
<tr>
<td>Assistant Deputy Minister for Planning &amp; Development</td>
<td>Mr. Basri Saleh</td>
</tr>
<tr>
<td>Director of Deputy Minister’s Office</td>
<td>Ms. Khuloud Nasser</td>
</tr>
<tr>
<td>DG of Planning</td>
<td>Mr. Saadeh Hammaddeh</td>
</tr>
<tr>
<td>Head of Division of Statistics</td>
<td>Mr. Munjed Suleiman</td>
</tr>
<tr>
<td>DG of School Counseling</td>
<td>Ms. Rima Kilani</td>
</tr>
<tr>
<td>Head of department on early childhood programs</td>
<td>Ms. Suhair Awad</td>
</tr>
<tr>
<td>Director General of School Health</td>
<td>Dr. Mohammed Rimawi</td>
</tr>
<tr>
<td>Health Education and Services Director</td>
<td>Ms. Khadija Abu Khadr</td>
</tr>
<tr>
<td>Head of Division of School Health and Environment</td>
<td>Mr. Amjad Hmeidat</td>
</tr>
<tr>
<td>Head of Division of Health Education and Awareness</td>
<td>Ms. Hanan Abed</td>
</tr>
<tr>
<td>Director of Inclusive Education</td>
<td>Ms. Shifa Sheikha</td>
</tr>
<tr>
<td>Youth and Reproductive Health - UNFPA Project Coordinator</td>
<td>Ms. Leena Saadeh</td>
</tr>
<tr>
<td>General Manager for Social and Development Curriculum</td>
<td>Mr. Ali Manasraha</td>
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</tbody>
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**MoYS**

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Deputy Minister of Youth and Sports</td>
<td>Mr. Mousa Abu Zaid</td>
</tr>
<tr>
<td>DG of Adolescents and Childhood Directorate</td>
<td>Mr. Fathi Khader</td>
</tr>
<tr>
<td><strong>MoC</strong></td>
<td><strong>Director of Planning Department</strong></td>
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<tr>
<td>Mr. Fathi Abdel Rahman</td>
<td>DG of Development and Planning Directorate</td>
</tr>
<tr>
<td>Mr. Ryadh Saif</td>
<td>DG of Planning</td>
</tr>
<tr>
<td>Ms. Iman Odeh</td>
<td>Director of Libraries Department</td>
</tr>
<tr>
<td><strong>PCBS</strong></td>
<td><strong>Acting President of the Palestinian Central Bureau of Statistics</strong></td>
</tr>
<tr>
<td>Ms. Ola Awad</td>
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</tr>
<tr>
<td>Mr. Mohammad Omari</td>
<td>Deputy Director General of Planning and Development Directorate</td>
</tr>
<tr>
<td>Mr. Khaled Abu Khaled</td>
<td>Director of Health Statistics Department</td>
</tr>
<tr>
<td>Ms. Faten Abu Qare’</td>
<td>Head of Child Statistics Division</td>
</tr>
<tr>
<td>Ms. Khitam Bizreh</td>
<td>Head of Division of Statistical Coordination</td>
</tr>
<tr>
<td>Ms. Haleema Saeed</td>
<td>Deputy Director General of International Relations</td>
</tr>
<tr>
<td>Dr. Salwa Masaad</td>
<td>Consultant</td>
</tr>
<tr>
<td><strong>ICPH/ BZU</strong></td>
<td><strong>Director of Institute of Community and Public Health</strong></td>
</tr>
<tr>
<td>Dr. Rana Khatteeb</td>
<td></td>
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<tr>
<td>Dr. Rita Jiaqaman</td>
<td>Research Unit Coordinator -Women’s Health</td>
</tr>
<tr>
<td>Dr. Samia Hleileh</td>
<td>Research Unit Coordinator -Child Health</td>
</tr>
<tr>
<td><strong>Independent Commission for Human Rights (ICHR)</strong></td>
<td><strong>Executive Director of the ICHR</strong></td>
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<tr>
<td>Ms. Randa Siniora</td>
<td></td>
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<tr>
<td>Mr. Maen Dais</td>
<td>Legal Researchian</td>
</tr>
<tr>
<td>Ms. Saheel Rimawi</td>
<td>Data Reviewer</td>
</tr>
<tr>
<td>Mr. Yasser Alawneh</td>
<td>Legal Researchian</td>
</tr>
<tr>
<td><strong>Defense for Children International (DCI)</strong></td>
<td><strong>Juvenile Justice and Media Coordinator</strong></td>
</tr>
<tr>
<td>Mr. Jihad Shomali</td>
<td></td>
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<tr>
<td><strong>High Judicial Council (HJC)</strong></td>
<td><strong>Head of Planning and Project Management Unit</strong></td>
</tr>
<tr>
<td>Ms. Thurayya Al-Wazeer</td>
<td></td>
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<tr>
<td>Mr. Daoud Dir’awi</td>
<td>Judge &amp; child advocate</td>
</tr>
<tr>
<td>Mr. Amjad Lubbadeh</td>
<td>Vice President of Jenin Court</td>
</tr>
<tr>
<td><strong>MOJ</strong></td>
<td><strong>Legal Advisor</strong></td>
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<tr>
<td>Samah Sawalha</td>
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<tr>
<td><strong>General Attorney (GA)</strong></td>
<td><strong>Chief Prosecutor (Jenin)</strong></td>
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<tr>
<td>Mr. Thaer Khalil</td>
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<tr>
<td><strong>Qadi Al-Qudah</strong></td>
<td><strong>Director of Legal and Al Feqh Research Department</strong></td>
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<tr>
<td>Ms. Najah Amro</td>
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<tr>
<td><strong>PMRS</strong></td>
<td><strong>Director of Rehabilitation Program</strong></td>
</tr>
<tr>
<td>Dr. Allam Jarrar</td>
<td></td>
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<tr>
<td>Organisation</td>
<td>Name</td>
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<tr>
<td>Palestine Broadcasting Corporation</td>
<td>Ms. Salwa Abu Libdeh</td>
</tr>
<tr>
<td>TV (PBC)</td>
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<tr>
<td>Palestinian Legislative Council</td>
<td>Ms. Khalida Jarrar</td>
</tr>
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<td>(PLC)</td>
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<td>Elections</td>
<td>Mr. Ashraf Shuaibi</td>
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<tr>
<td>Palestinian Standards Institute</td>
<td>Mr. Ahmad Jallad</td>
</tr>
<tr>
<td>(PSI)/ telephone interview</td>
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<tr>
<td>UNRWA</td>
<td>Mr. Thomas White</td>
</tr>
<tr>
<td></td>
<td>Dr. David Hutton</td>
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<tr>
<td></td>
<td>Ms. Giulia Pianigiani</td>
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<tr>
<td>UNICEF</td>
<td>Ms. Saudamini Siegrist</td>
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<td>Ms. Asmahan Nasser</td>
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<tr>
<td>LACS</td>
<td>Ms. Iman Shawwa</td>
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<tr>
<td>Save the Children</td>
<td>Dr. Felicia Saleh</td>
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<tr>
<td>Para-Olympic Committee</td>
<td>Mr. Majid Abdelftah</td>
</tr>
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### Site Visits:

<table>
<thead>
<tr>
<th>Name of Site/ Institution</th>
<th>Person Interviewed</th>
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<tbody>
<tr>
<td>Dar Al-Amal / Ramallah</td>
<td>Mr. Imad Omran</td>
</tr>
<tr>
<td>Beitunia Protection Center/ Ramallah</td>
<td>Mr. Brigheeth Brigheeth</td>
</tr>
<tr>
<td>Charitable Organization for Orphans in Hebron</td>
<td></td>
</tr>
<tr>
<td>General Union of Palestinian Women in Nablus</td>
<td>Ms. Ohoud Qanadilo</td>
</tr>
<tr>
<td>Sheikh Khaleefa Center/ Nablus</td>
<td>Ms. Ghania</td>
</tr>
<tr>
<td>Tomorrow’s Youth/ Nablus</td>
<td>Neil/ Suhad Jabi/ Futoon Qadri</td>
</tr>
<tr>
<td>Swedish Organization for Individual Relief (SOIR)/ Ramallah</td>
<td>Ms. Lillrut Sarras</td>
</tr>
<tr>
<td>Sweden Organization for Individual Relief (SOIR)/ Ramallah</td>
<td>Ms. Lama Abu Baker</td>
</tr>
<tr>
<td>Al-Alaeya Blind school /Bethlehem</td>
<td></td>
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<tr>
<td>Home for Abused Women</td>
<td>Ms. Falak Al-khayat</td>
</tr>
<tr>
<td>AMAN</td>
<td>Dr. Azmi Shuaibi</td>
</tr>
</tbody>
</table>

### Summer Camps:

- **Happy Child Center:**
  - Mr. Saed Abu Baha’,
  - Mr. Ghannam Ghannam

- **Protection Center:**
  - Ms. Jameelah Shaheen
  - Ms. Iman Adawi

### Clinics/ PHC centers:

- **Birzeit –**
  - Ms. Faten Qadoumi (nurse)
  - Dr. Raed Tamimi
  - Ms. Nisreen Abdel Qader
  - Ms. Salam Husein (nurse)

- **Beit Rima –**
  - Dr. Shatha Rimawi
  - Ms. Laila Rimawi (nurse)

- **Ramallah –**
  - Ms. Huda Safadi
  - Ms. Khawlah Hamad
  - Dr. Munther Shahwan (Diabetes)
  - Dr. Ghada Khouri (General)
  - Mr. Taha Rasras (nurse)

  - **Ramallah:** (Family Planning and Pregnant Care)
  - **Down Town:**

- **Mental Health Center – Hebron**
  - Dr. Iyad Al-Azze and team

- **Bani Zeid Municipality**
  - Mr. Hazem Rimawi

- **Evaluation of the Technological Summer Camps Ceremony - 12 MOYS Directorates**

- **Juvenile Prison (Jenin)**
  - Mr. Moayyad Abu Hasan