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*For action*

## United Nations Children's Fund

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Item 3 of the provisional agenda\*

### Country programme recommendation for a short-duration programme\*\*

#### Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the West Bank and Gaza

##### *Summary*

The present document contains a recommendation for funding from regular resources and other resources for the programme for Palestinian children and women, with a duration of three years, to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the following amounts from regular resources, subject to the availability of funds, and the following amounts in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2003:

Programme	Amount		Duration
	(United States dollars)		
	<i>Regular resources</i>	<i>Other resources</i>	
Palestinian children and women in:			
Jordan	600 000	600 000	2001-2003
Lebanon	1 050 000	1 500 000	2001-2003
Syrian Arab Republic	600 000	355 000	2001-2003
West Bank and Gaza	2 550 000	11 400 000	2001-2003

\* E/ICEF/2000/14.

\*\* The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

## Basic data

(1998 unless otherwise stated)

	<i>Jordan</i>	<i>Lebanon</i>	<i>Syrian Arab Republic</i>	<i>West Bank and Gaza</i>
Child population (millions, under 18 years)	0.74	0.17	0.20	1.5
U5MR (per 1,000 live births)	35	49	32	33 (1995)
IMR (per 1,000 live births)	32	42	29	27 (1995)
Underweight (% moderate and severe)	5 <sup>b</sup> (1997)	-	3 (1996)	4 (1996)
Maternal mortality rate (per 100,000 live births) <sup>a</sup>	41 (1996)	-	60 (1999)	70-80 (1995)
Literacy (% male/female)	92/85 (1997) <sup>b</sup>	86/73	93/82 (1996)	92/79
Primary school enrolment (% net, male/female)	91/91 (1997) <sup>b</sup>	93/92	97/97 (1999)	91/91 (1998-99)
Primary school children reaching grade 5 (%)	98 (1997-98) <sup>c</sup>	-	83 (1999)	97 (1998-99)
Access to safe water (%)	96 (1997) <sup>b</sup>	68 (1999)	85 (1999)	84 (1995)
Routine EPI vaccines financed by Government (%)	100 (1999)	0	-	100
GNP per capita (US\$)	-	-	-	1 560
One-year olds fully immunized against (%):				
tuberculosis	99	100 (1999)	88 (1996)	91
diphtheria/pertussis/tetanus	98	100 (1999)	92 (1996)	98
measles	97	85 (1999)	86 (1996)	94
poliomyelitis	98	100 (1999)	96 (1996)	98
Pregnant women immunized against tetanus (%)	96	80 (1999)	80 (1996)	26

<sup>a</sup> The available data should be viewed with caution due to problems with underreporting and/or misclassification.

<sup>b</sup> National data for Jordan: no disaggregated statistics for the Palestinian population are available in these cases.

<sup>c</sup> Education for All 2000 report.

## The situation of children and women

1. The situation and living conditions of Palestinian children and women vary widely from country to country, but in general, they live under difficult conditions and lack many basic rights and services. The United Nations Relief and Works Agency for Palestine

Refugees in the Near East (UNRWA) is the lead United Nations agency responsible for Palestinians and is a key partner in UNICEF-assisted programmes. Following more than 50 years of insecurity, peace negotiations in the Middle East are making progress, albeit slowly.

2. In *Jordan*, there are about 1.5 million Palestinians registered as refugees with UNRWA, of which only 18

per cent live in its 10 official camps. The majority of refugees live outside the camps, are well integrated into Jordanian society and hold Jordanian passports. Many face challenges similar to those confronting poorer segments of the population, such as widespread unemployment; growing poverty (about one quarter of Jordanian households lay below the absolute poverty line 1997); and rapid population growth (an annual rate of over 2.5 per cent). Effective health control programmes have reduced the incidence of vaccine-preventable and diarrhoeal diseases, but acute respiratory infections (ARI) remain a problem among young children. Most children of pre-school age are cared for at home.

3. In *Lebanon*, some 350,000 Palestinians are registered with UNRWA, representing about 12 per cent of that country's total population. More than half of these refugees live in 12 camps. Palestinians in Lebanon face particular hardships. Strict controls on the expansion of camp boundaries and building in the camps have led to severe over-crowding and deteriorating camp infrastructure, and have forced some 32,000 Palestinians into 14 unserved squatter settlements on the periphery of the camps. The Palestinian refugees do not have access to government services and therefore rely entirely on UNRWA, UNICEF and philanthropic associations for health care, schooling and other basic services. UNRWA records define 10 per cent of the registered Palestinian population, representing some 9,000 families, as "special hardship" cases. Most of these extremely poor families are headed by divorced or widowed women, who are predominantly illiterate, unemployed and lack a regular income. Children from such families are often withdrawn from school so they can help supplement the family income. Recent surveys undertaken by the Palestinian Central Bureau of Statistics (PCBS) in 1998 revealed that more than half the working children 10 to 14 years of age were illiterate.

4. In the *Syrian Arab Republic*, some 374,500 Palestinian refugees are registered with UNRWA, representing about 3 per cent of the country's population. A third of these live in 10 official refugee camps. The Palestinian refugees in the Syrian Arab Republic do not have citizenship or voting rights, but enjoy virtually equal rights with nationals in other areas. Almost all are also eligible for UNRWA services. Poverty is widespread: a 1996 survey found that 48 per cent of Palestinian households in the Syrian

Arab Republic lived either at or below the poverty line. Substantial disparities in social development and children's situations exist among the 10 official refugee camps and the unofficial Palestinian settlements. Neonatal mortality accounts for two thirds of deaths among children under the age of five. Diarrhoeal disease and ARI continue to pose a threat to children, owing in large part to poor environmental health conditions. Over 95 per cent of pre-school-age Palestinian refugee children are cared for at home. Primary school enrolment is high, but the drop-out rate is increasing, and quality concerns, including a dependence on rote learning and outdated course contents, remain. A 1998 PCBS survey found that 3 per cent of Palestinian children aged 10 to 14 and 23 per cent of children aged 15 to 17 worked, many in exploitative circumstances. PCBS figures indicate that around 83 per cent of Palestinian mothers in the Syrian Arab Republic receive antenatal care. A 1996 PCBS survey found that 46 per cent of births took place in the home, attended by a trained midwife, while the rest took place in hospitals or clinics.

5. In the *West Bank and Gaza*, an estimated 2.9 million Palestinians live in areas that form a geographic patchwork, where the majority of the population still live under Israeli security control. Some 41 per cent (or over 1 million) are registered as refugees and are entitled to basic services from UNRWA. The future now seems to hold promise for children, and the outcome of the peace process will significantly influence their future. Yet the dispersion of the population, as well as restrictions by Israel on movements associated with the fragmentation of land, continue to hinder access and service delivery. Despite the young age of the Palestinian Authority (established in 1994) and the limitations of its jurisdiction, it has given high priority to programmes and institutions to promote children's well-being. Examples are the incorporation of principles of the Convention on the Rights of the Child in the National Plan of Action (NPA) for Children, and the establishment of structures to implement them. Basic legislation and policies are still being formulated.

6. In recent years, improved access to health care services, near-universal immunization coverage, decreasing malnutrition rates, and a high literacy level have all contributed to declining under-five mortality rates (U5MR) and infant mortality rates (IMR). The maintenance of high primary school enrolment (above

90 per cent), despite rapid population growth, is also noteworthy.

7. Yet the high population growth rate (total fertility rate of 6.1) poses a challenge, requiring substantial investments simply to maintain current levels of social service delivery. The overall incidence of poverty is 25 per cent, with 16 per cent in the West Bank (mainly in Hebron and Jenin districts), and 38 per cent in Gaza. The U5MR varies between the West Bank and Gaza (32 and 37 per 1,000 live births, respectively) as well as between towns and villages. The relatively high maternal mortality rate (MMR) indicates problems in the quality of maternal health care services, since 95 per cent of births are attended by trained health care personnel, and the majority of women make at least one antenatal care visit. A UNICEF-supported survey showed worrying levels of goitre prevalence among children (68 per cent in Jericho). Despite the high primary school enrolment rates, national average scores for learning achievements are low. School drop-out rates and child labour are of concern: in 1998, 6 per cent of children aged 5 to 17 (some 63,600 children) were working.

8. Several factors combine to make life difficult for adolescents and youth: tensions and an uncertain future, a burgeoning young population (currently 53 per cent below the age of 18), bleak employment prospects, severely curtailed mobility, limited access to information and services, and limited opportunities for socializing and leisure. Stress within families often leads to violence and psychosocial problems. Adolescent girls are subject to early demands for domestic tasks or marriage (24 per cent of girls 15 to 19 are or have been married). Seventeen per cent of women have their first delivery during adolescence.

## **Programme cooperation, 1998-2000**

### **Jordan**

9. In Jordan, UNICEF cooperation contributed to maintaining high immunization coverage, improving health care and knowledge, and promoting early childhood care among the population registered with UNRWA. Community empowerment models were established in four low-income urban areas. These models have proven effective in organizing and

mobilizing communities at the grass-roots level, as shown by an evaluation of this programme. These communities — primarily of Palestinian origin and previously dependent on individual relief assistance — have become well organized, contributing actively to the planning and implementation of a range of activities, including health education, training in livelihood skills, early childhood care and safe play, and legal and social counselling for women. Some 840 parents have been trained in parenting skills.

### **Lessons learned from past cooperation**

10. The evaluation noted that UNICEF should strengthen its capacity-building interventions in the target areas of the community empowerment programme. Over past cycles, the programme design has made it difficult to differentiate between the impact of the Jordan country programme and the programme for Palestinian children and women in Jordan. This was due primarily to lack of adequate baseline data, and the fact that activities from one programme also benefited the other. The new programme will need more targeted objectives, stricter differentiation of geographic zones and better setting of baselines.

### **Lebanon**

11. In Lebanon, a health and nutrition education campaign conducted in Palestinian camps and settlements reached 53,000 women (or about 80 per cent of women in the settlements) with basic information and training. An assessment at mid-term showed the positive impact of such activities. An initiative to address child labour provided 550 working children (aged 10 to 14 years, and identified as illiterate) with functional literacy training through a process involving employers, parents and the children themselves. The initiative also succeeded in shifting 77 children working under hazardous conditions, such as scavenging garbage, into safer jobs or vocational training. Continued support to the expansion and upgrading of pre-school services for refugees led to an increase from 60 to 73 per cent in pre-school enrolment from 1996 to 1999. Over 1,000 Palestinian children were made aware of child rights and the Convention on the Elimination of All Forms of Discrimination against Women. A revolving loan scheme promoted economic self-reliance for poor Palestinian women. The scheme has thus far provided 350 loans to some 1,700 persons;

women from female-headed households received more than half the loans.

### **Lessons learned from past cooperation**

12. The lack of an official government counterpart meant heavy reliance by UNICEF on Palestinian associations, often divided along political lines, with weak implementing capacities. The future programme will thus need to build local capacities and make efforts to sensitize communities to the need to provide children with a harmonious and safe environment. Lack of baseline data also hampered UNICEF ability to plan, monitor and evaluate programme activities effectively. The establishment of baseline data using clearly defined indicators will therefore be a priority.

### **Syrian Arab Republic**

13. The Syrian Arab Republic's Palestinian programme moved towards empowerment and a rights-based approach. A better-parenting initiative, which was designed to reach parents with basic messages on improving the care and stimulus given to young children, and a "good marriage" initiative, designed to equip adolescents and youth with life skills and knowledge, were introduced. UNICEF material support also helped to sustain vaccination coverage levels of over 95 per cent. Work with the Palestinian Red Crescent Society (PRCS) succeeded in introducing the Baby-Friendly Hospital Initiative to maternity facilities serving Palestinian mothers. UNICEF-supported assessments helped identify issues affecting the quality of key UNRWA health- and education-related services, such as HIV/AIDS education in UNRWA schools. An agreement was also reached with UNRWA to introduce the Global Education Initiative in UNRWA schools on a pilot basis beginning in the 1999-2000 school year. UNICEF material and training support helped improve the quality of more than 20 Palestinian kindergartens.

### **Lessons learned from past cooperation**

14. The 1998-2000 programme was found to be overly ambitious. Future cooperation should therefore focus on a smaller number of priority activities through which UNICEF can make a significant impact. Second, the lack of measurable objectives and proper indicators constrained programme planning and evaluation. Specific, measurable objectives and clear indicators would need to be developed. Finally, cooperation

focused primarily on the relatively well-served Palestinian camps in the area of Damascus, rather than on the needier camps outside Damascus and the Palestinian communities living outside official camps. Priority should therefore be given to less-served communities, and cooperation with Palestinian non-governmental organizations (NGOs) active in these communities should be strengthened.

### **West Bank and Gaza**

15. UNICEF support in training, provision of supplies and operational costs, including to the national cold-chain system and during National Immunization Days, ensured continuing immunization coverage of over 90 per cent. The management capacity of the Ministry of Health was strengthened through the establishment and functioning of a health management unit. UNICEF also contributed to: the establishment of an Education Management Information System, which is now producing reliable and timely education data; the development of the first national Palestinian curriculum, by mainstreaming life skills and gender; and the launching of the Five-Year Education Development Plan. Through training of teachers and development of teaching/learning materials, the school health project reached an estimated 25,000 children and led to physical and developmental screening for all children entering grade one (55,000 per year). UNICEF support was crucial in strengthening the outreach capacity of the Ministry of Social Affairs, thus contributing to the reintegration of some 2,000 institutionalized children with their families. The programme also made a start in addressing some of the problems facing adolescents, through support to community centres and training programmes for youth leaders.

### **Lessons learned from past cooperation**

16. The previous programme objectives proved to be too ambitious, given the difficulties of planning in an unstable environment and the newness of Palestinian institutions. UNICEF support to the Palestinian Authority will need to be more realistic and focused, complementing assistance provided by other agencies and organizations. UNICEF supported small-scale activities, often without being able to identify those with the potential to go to scale. The programme will therefore need to integrate these various initiatives and

link them to the ongoing process of national policy development. The programme's impact was limited by the fact that capacity was built only at the central level, not paying enough attention to the district level. Future cooperation will need to promote increased decentralization in programme planning, implementation and monitoring. Finally, the programme structure was found to be too sectoral, and therefore inadequate for addressing a range of cross-sectoral issues.

17. The 1998-2000 programme of cooperation did demonstrate, however, that UNICEF strengths lay in

initiating and promoting innovative approaches to improve the quality of services and address disparities in access. The organization was also successful in advocating that child rights be placed at the centre of national policy dialogue. Concrete illustrations of "what worked" include: improving parental knowledge of child-care practices, making communities more child-friendly, introducing new learning approaches in schools through inputs to the national education plan, and improving the overall performance of health systems.

## A. Palestinian children and women in Jordan

### Recommended programme cooperation, 2001-2003

#### Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	2003	Total
Regular resources				
Child health	50	50	50	150
Early childhood care and development	60	60	60	180
Community empowerment	90	90	90	270
<b>Subtotal</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>600</b>
Other resources				
Child health	25	25	25	75
Early childhood care and development	75	75	75	225
Community empowerment	100	100	100	300
<b>Subtotal</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>600</b>
<b>Total</b>	<b>400</b>	<b>400</b>	<b>400</b>	<b>1 200</b>

### Programme preparation process

18. Close collaboration was maintained with UNRWA during the situation analysis stage and throughout the programme development process, as

well as with the local committees selected in the community empowerment programme. An evaluation of this programme formed a basis for the identification and planning of future interventions.

## Programme goals and objectives

19. The programme will aim to sustain the progress made in survival and development goals for children registered with UNRWA in Jordan. It will also seek to improve the well-being of 3,750 families of Palestinian origin living in three low-income urban areas. Using a combination of supply delivery and capacity-building strategies, the programme will work closely with UNRWA, thereby reaching the poorer population using the agency's services. A second strategy will be to organize and empower selected communities with the knowledge and skills for solving their health and social problems. The programme will continue benefiting from the advocacy efforts of the regular Jordan country programme.

## Relation to national and international priorities

20. The programme will contribute to alleviating the health and social problems of the poorer segments of the target population, a key national concern, and to addressing the traditional perception that child rearing is the mother's responsibility alone.

## Programme strategy

21. The *child health programme* will contribute to sustaining gains made in child health and survival, and will benefit some 170,000 children under 5 years of age registered with UNRWA and using its health facilities. This will be done through providing refresher training on ARI, immunization and control of diarrhoeal diseases; providing training for health professionals working with UNRWA in the Integrated Management of Childhood Illnesses (IMCI) initiative; and supplying oral rehydration salts, vaccines and cold-chain and other equipment for use in UNRWA health centres.

22. The *early childhood care and development (ECCD) programme* will aim to ensure that at least 20 per cent of children whose parents use UNRWA

outreach centres are cared for by their families in accordance with better-parenting principles. Some 30,000 children up to the age of six will benefit from the programme, which will support training in better-parenting skills. It will ensure that at least one third of parents graduating from the training courses are male; and that the selection of trainers, facilitators and better-parenting counsellors at UNRWA outreach centres is gender sensitive (at least 40 per cent male). The programme will also distribute relevant communication materials produced by the regular Jordan country programme, and will encourage the participation of UNRWA staff in supervisory and liaison committees. Supplementary funding will be used to expand the coverage of the programme.

23. The *community empowerment programme* will continue to organize and assist poor communities of Palestinian origin in identifying their needs and in developing and implementing community-based action plans to meet those needs. The programme will benefit some 3,750 families living in the urban areas of Hai Prince Hasan, Hai Mahasreh and Al-Shallalah, helping them to set up active and empowered local committees with equal male and female representation. UNICEF inputs will include training of community representatives in management and development, and selective service delivery interventions identified by the communities' plans of action. Priority will be given to the establishment and organization of safe play areas and child and youth centres. Women and youth will be trained in skills and craftsmanship. Funding from other resources will be used to expand this community empowerment model to additional communities.

## Monitoring and evaluation

24. An integrated monitoring and evaluation plan (IMEP) will be prepared and implemented. Data will be drawn from UNRWA routine reports, field visits and reports of community committees and other partners. A national health facility survey in 2002 will provide input for the mid-term review of the child health programme. Assessments of the community empowerment programme and of child rearing practices are also planned.

## B. Palestinian children and women in Lebanon

### Recommended programme cooperation, 2001-2003

#### Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	2003	Total
Regular resources				
Primary health care	80	80	80	240
Child protection and development	80	80	80	240
Women's development	30	40	30	100
Monitoring, evaluation and planning	30	20	30	80
Cross-sectoral costs	130	130	130	390
<b>Subtotal</b>	<b>350</b>	<b>350</b>	<b>350</b>	<b>1 050</b>
Other resources				
Child protection and development	300	300	300	900
Environmental health	200	200	200	600
<b>Subtotal</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>1 500</b>
<b>Total</b>	<b>850</b>	<b>850</b>	<b>850</b>	<b>2 550</b>

#### Programme management

25. The counterparts for this programme will be UNRWA and the Department of Palestinian Affairs in the Ministry of Interior Affairs. At the local level, management and coordination structures will be established in close collaboration with women's and other community organizations. No additional support costs are required, since staff support will be provided through the regular Jordan country programme.

#### Programme preparation process

26. The process began with a series of meetings with representatives of 14 Palestinian associations and 12 camp Popular Committees, as part of the situation analysis process, to discuss and verify results of studies and surveys conducted in 1998 and 1999. UNRWA provided much of the data for the situation analysis. The mid-term review and subsequent programme development involved close cooperation with Palestinian associations, UNRWA, the PRCS, the

General Union of Palestinian Women (GUPW) and the Popular Committees in each camp.

#### Programme goals and objectives

27. The programme will contribute to meeting the needs of Palestinian children and women in Lebanon and to empowering Palestinian youth to participate in their own development. This will be done through selected supply delivery and capacity-building interventions, working closely with UNRWA, PRCS and other entities serving the Palestinians, and through community empowerment strategies within the camps. Since UNRWA caters to the Palestinian child from age 6 on, UNICEF will target the pre-school group and working children, two groups for which UNRWA does not have programmes.



## Relation to national and international priorities

28. The programme will address the needs of the Palestinian refugee population in Lebanon, an essential strategy to reduce risks linked to potential instability.

## Programme strategy

29. The *primary health care programme* will sustain immunization coverage at over 95 per cent and improve access to health services and information among the refugee population. UNICEF will continue to provide vaccines, syringes, needles and cold-chain equipment to UNRWA; support the training of PRCS paramedical staff; and support health education in all camps. In cooperation with PRCS, UNICEF will develop a health education manual covering topics such as hygiene, healthy lifestyles for youth, family planning, consanguineous marriages, ARI, and HIV/AIDS. UNICEF will also provide some equipment to upgrade PRCS hospitals.

30. The *child protection and development programme* will aim to improve the quality of care for Palestinian children of pre-school age and increase access to services and information for the most vulnerable youth and children. This will be done through: providing support to 83 pre-school facilities in the camps and training to pre-school teachers in early childhood care; organizing monthly meetings between parents and pre-school teachers to upgrade both parental skills and community child-care services; promoting relations between Lebanese and Palestinian youth, and between physically able and disabled children; supporting community centres with leisure and study facilities that are run by youth in camps; organizing functional literacy classes for working children; and supporting counselling and protection services for delinquent and abused children. Close collaboration will continue with the Popular Committees in the camps and the GUPW. Funding from other resources will be used to extend the project to the squatter settlements outside the camps.

31. The *women's development programme* will promote the economic self-reliance of Palestinian women, particularly those heading households. The current revolving loan scheme will be expanded to benefit other needy women through providing start-up capital, training in management and administrative skills, and linking functional literacy and numeracy training to basic ECCD messages. The project will be implemented in cooperation with the Popular Committees and the GUPW, whose members manage the project on a volunteer basis.

32. For the *environmental health programme*, funding from other resources will be used for the maintenance and upgrading of environmental conditions of the unserved squatter settlements on the periphery of the camps.

## Monitoring and evaluation

33. Baseline data and monitoring mechanisms will be established within the framework of an IMEP. A number of evaluations have already been planned. Contingency planning will be carried out to enable effective programmatic response to developments relating to the peace process. Community empowerment and self-reliance will continue to be promoted as an emergency preparedness strategy.

## Programme management

34. The Palestinian Associations and Popular Committees will be the implementing partners. The existing UNICEF staff support structure — one national project officer, who coordinates all elements of the Palestinian programme, and one project assistant — will be maintained.

## C. Palestinian children and women in the Syrian Arab Republic

### Recommended programme cooperation, 2001-2003

#### Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	2003	Total
Regular resources				
Disparity reduction	78	77	77	232
Improving service quality	81	81	81	243
Monitoring and evaluation	31	32	32	95
Cross-sectoral costs	10	10	10	30
<b>Subtotal</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>600</b>
Other resources				
Disparity reduction	60	60	60	180
Improving service quality	45	40	40	125
Monitoring and evaluation	15	20	15	50
<b>Subtotal</b>	<b>120</b>	<b>120</b>	<b>115</b>	<b>355</b>
<b>Total</b>	<b>320</b>	<b>320</b>	<b>315</b>	<b>955</b>

### Programme preparation process

35. Discussions relating to programme development were held during the mid-term review process, in close cooperation with key counterparts, such as the State Planning Commission, the Government Organization for Palestinian Arab Refugees (GOPAR), UNRWA, PCBS and PRCS. A situation analysis was developed in 1999 and served as a key input to discussions on the 2001-2003 programme of cooperation.

### Programme goals and objectives

36. The programme will aim to reduce geographic disparities among Palestinian women and children, as defined by a basic set of social indicators; improve the quality of health and education services available to Palestinian children; and improve local capacity to plan effectively for Palestinian children. The programme will target disadvantaged areas with specific service delivery interventions, strengthen the capacity of health and education staff serving the Palestinian population,

and support communication and empowerment strategies to educate the target population.

### Relation to national and international priorities

37. The programme will be closely linked to, and will benefit from, overall UNICEF cooperation at the national level. It will be implemented within the framework of the planned United Nations Development Assistance Framework (UNDAF) for the Syrian Arab Republic. Through its focus on needy Palestinian communities, the programme will play an important role in supporting disparity reduction, a key national developmental priority.

### Programme strategy

38. The *disparity reduction programme* will contribute to reducing geographic disparities, specifically targeting the Khan Danoun, Aleppo and

Homs official refugee camps, and the rural Damascus and Aleppo unofficial camps, where social indicators suggest poorer conditions for children and women. The programme will aim to create “healthy camps”, where Palestinian children of all ages have access to the care, basic services and information needed for their optimal growth and development. This will be done through: a pilot multi-channel communication strategy for reaching family caregivers with selected messages on promoting the survival, growth and development of young children; “second chance” learning opportunities for adolescent girls not enrolled in the formal school system; and expansion of the “good marriage initiative”, in order to reach young people in the target areas with information related to healthy lifestyles. Funding from other resources will be used to improve the physical environment in the target communities, such as expanding access to safe play spaces for young children and improving environmental sanitation conditions.

39. The *improving service quality* programme will aim to: increase the proportion of children attending UNRWA and PRCS health facilities who are treated within the framework of IMCI; increase the proportion of births attended by appropriately trained health personnel; and introduce global education and health education modules in UNRWA primary school classrooms. Technical support and training will be provided to incorporate IMCI into the health care services of UNRWA and PRCS, and to integrate traditional birth attendants into the primary health care system. Funding from other resources will be used to promote the introduction of school health education into the UNRWA primary school curriculum.

### **Monitoring and evaluation**

40. Mechanisms for monitoring the situation of target groups will be developed, and various policy-oriented studies and assessments will be supported. The programme will cooperate closely with and support the capacity-building of PCBS and GOPAR in the implementation of monitoring and evaluation activities.

### **Programme management**

41. The programme will be implemented in close cooperation with UNRWA, the PRSC, local camp committees, and concerned Syrian Arab Republic

government ministries. GOPAR will be responsible for overall programme coordination. The programme is currently being managed by existing country office staff.

### **Programme preparation process**

42. The process was a broadly participatory one, involving over 200 partners and child experts. Starting with the June 1999 assessment of UNICEF capacity-building support, it culminated in the November 1999 strategy meeting. The process brought together, in a series of meetings, Palestinian Authority counterparts, United Nations and bilateral agencies, NGOs, the media, university and individual experts and, for the first time, adolescents. The situation analysis adopted a life-cycle and rights-based approach, examining each stage of the child’s development.

### **Programme goals and objectives**

43. The programme of cooperation will aim to promote and monitor children and women’s rights within Palestinian society. It will support national efforts to ensure the fulfilment of the rights of children and adolescents to development, protection and participation; and contribute to further reduction of IMR and U5MR by 30 per cent, and to reduction of MMR by 25 per cent.

### **Relation to national and international priorities**

44. The proposed programme of cooperation will contribute to the implementation of the Palestinian Development Plan, the NPA for Children, and sectoral national plans and policies.

## D. Palestinian children and women in the West Bank and Gaza

### Recommended programme cooperation, 2001-2003

#### Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	2003	Total
<b>Regular resources</b>				
Promoting and monitoring children's and women's rights	170	178	168	516
Early childhood care for survival, growth and development	210	210	210	630
Promoting learning in child-friendly environments	180	180	180	540
Development and participation of adolescents	100	120	120	340
Cross-sectoral costs	190	162	172	524
<b>Subtotal</b>	<b>850</b>	<b>850</b>	<b>850</b>	<b>2 550</b>
<b>Other resources</b>				
Promoting and monitoring children's and women's rights	800	800	800	2 400
Early childhood care for survival, growth and development	1 220	1 220	1 220	3 660
Promoting learning in child-friendly environments	1 000	1 000	1 000	3 000
Development and participation of adolescents	730	730	730	2 190
Cross-sectoral costs	50	50	50	150
<b>Subtotal</b>	<b>3 800</b>	<b>3 800</b>	<b>3 800</b>	<b>11 400</b>
<b>Total</b>	<b>4 650</b>	<b>4 650</b>	<b>4 650</b>	<b>13 950</b>

### Programme strategy

45. Strategies to achieve the objectives will comprise advocacy and national capacity-building to improve the quality of services; empowerment of families with knowledge and skills to improve child-care practices; and participation of key stakeholders, in particular adolescents and women, in programmes affecting their development. Emergency preparedness will be ensured through contingency plans for each sector. Using a life-cycle perspective and rights-based approach, the proposed programme will support priority interventions for each of the major developmental stages of childhood: early childhood, primary school-age children and adolescence. Equity and participation form cross-cutting themes throughout.

46. The *promoting and monitoring children's and women's rights programme* will aim to improve the quality and use of social data; promote the adoption and implementation of national policies and legislation that are in accordance with the principles of the two Conventions; and strengthen capacities to support and monitor children in need of special protection. The planning, monitoring and evaluation project will support the establishment and maintenance of a rights-based national monitoring system capable of generating data disaggregated by gender and geographic areas, and will aim to improve the quality of operational research. In addition, through participatory processes involving children, UNICEF will support the development and implementation of local action plans to transform 20 communities in 4 poor districts into "child-friendly communities". The second project will support

planning, legislation and policy formulation in the area of child protection; the training of social workers, judges and police; the supply of selected equipment and educational materials to specialized institutions for disabled children and orphans; and the development of community-based alternatives for disabled children and orphans in child-friendly communities. The third project will aim to build the capacity of various media (television, radio, print and theatres) to promote children's and women's rights. The main partners for this programme include: counterpart ministries, the NPA for Children Secretariat, the Higher Council for Childhood and Motherhood, the PCBS, national and international NGOs, the media, municipalities, and other United Nations agencies.

47. The *early childhood care for survival, growth and development (ECC-SGD) programme* will contribute to reducing maternal and neonatal deaths by one third, from the 2000 baseline in 6 disadvantaged districts — North, Middle Area and Rafah in Gaza Strip, and Hebron, Qalqilia, and Jericho in the West Bank — covering an estimated population of 400,000. It will also contribute to the goals of sustaining a national polio and neonatal tetanus-free status; eliminating measles by 2003; increasing exclusive breastfeeding by 25 per cent; eliminating iodine deficiency disorders; reducing iron deficiency anaemia from the current 28 to 20 per cent; and promoting nationwide policies, services and practices that foster early childhood development. The contribution to national goals will be made through promoting policies and interventions that are based on approaches developed in these six target districts.

48. The first two projects in this programme will focus on improving the availability of quality maternal and child health services and promoting preventive health measures within the six target districts. The IMCI approach will be introduced in 60 primary health care facilities in these districts, and support continues to immunization and promotion of breastfeeding. Maternal health services in these six target areas will be upgraded through training and provision of essential supplies. At the national level, support will be provided to the implementation of legislation regarding the production and distribution of iodized salt; research on micronutrient deficiencies; and inputs to health and nutrition policy development. The third project will promote policies, services and practices fostering early childhood care, through support to the development of

a national policy; the establishment of two reference centres for childhood development; and the sensitization of approximately 6,000 families on child-care practices in 150 disadvantaged communities within the same 6 target districts. Main partners for the programme will include the counterpart ministries, the NPA for Children Secretariat, the PCBS, local NGOs (such as the Early Childhood Research Centre), the PRCS, Union of Palestinian Medical Relief Committees (UPMRC), the Palestinian Family Planning and Parental Association, health professionals and associations, the media, adolescents and United Nations agencies.

49. The *promoting learning in child-friendly environments programme* will address the equity, quality and relevance of basic education. More specifically, it will ensure basic education coverage for 98 per cent of children in the West Bank, with special attention to gender equity, geographic disparities, and children with special needs. It will also aim to increase the proportion of children in grade 4 with good scores, from 35 per cent in 1999 to at least 50 per cent in 2003. Specific UNICEF support will be directed towards: establishment of a school mapping system; monitoring the implementation of the national five-year education plan and providing policy inputs; implementing surveys on out-of-school children; developing tools for monitoring of learning achievement; and providing basic life skills education to drop-outs in selected disadvantaged areas. UNICEF will also support the gradual mainstreaming of life skills throughout the national curriculum for grades 1 to 3, and in pilot schools for grades 4 to 6; the training of 4,500 teachers; the development of criteria for schools to ensure that they are safe, protective, supportive and respectful of children's rights; the implementation of school policies based on these criteria; and the strengthening of parental involvement in their children's education. The main partners will include counterpart ministries, the media, local and international NGOs, universities, the NPA for Children Secretariat, UPMRC and other United Nations agencies.

50. The *development and participation of adolescents programme* will address the lack of resources and human capacity that has so far prevented the development of clear policies and programmes for this important group. A 1999 UNICEF-supported study on Palestinian young people highlighted the need for their

increased participation in the development process and the need for special programmes to improve their health, education, access to information and safe environments for socializing, learning and recreation. The programme will aim to give adolescents a more prominent role in Palestinian society and prepare them to be responsible citizens and parents. This will be done through encouraging their participation in society and supporting appropriate development activities.

51. The “society for adolescents” project will support the development of a coherent national policy on adolescents and will promote legislation that will take into account available research on lifestyles, mental health and such issues as honour killings, violence and substance abuse. The project will sensitize parents, teachers of secondary and vocational schools and social workers to adolescent issues; expand leadership programmes for adolescents; promote participation of Palestinian adolescents in regional, international and Internet forums; and establish children’s parliaments in disadvantaged areas. The second project will help adolescents acquire critical skills that will enable them to adopt healthy lifestyles and deal with the complex challenges of Palestinian society. Life skills will be progressively integrated into the curriculum of 70 pilot secondary and vocational schools and 10 nonformal education programmes, and will also be promoted through peer programmes and innovative “edutainment” programmes on television and radio, which entertain and educate young people. Through NGOs, the project will build the skills of, and provide counselling to, marginalized and at-risk adolescents, such as disabled youth, orphans and victims of violence and abuse. The main partners for the programme will include counterpart ministries, the NPA for Children Secretariat, the media, universities, local NGOs, the PRSC, UPMRC, other United Nations agencies, and Palestinian adolescents themselves.

### **Monitoring and evaluation**

52. An integrated monitoring, evaluation and research plan has been designed to assess progress regularly and measure the impact of projects and programmes. The programme will benefit from the establishment of baseline data as a result of the multiple indicator cluster survey (MICS) in 2000. The plan includes operational research on child protection issues, as well as knowledge, attitudes and practices

surveys, to be conducted among different population groups, including professionals, parents and adolescents. The plan will be updated during annual programme reviews. Programme monitoring results, including field visits, as well as the findings of major evaluations, will feed into the mid-term review in 2002.

### **Collaboration with partners**

53. The programme of cooperation will continue to be coordinated with the respective programmes of the other agencies of the United Nation system, through active participation in sectoral working groups coordinated by the United Nations Special Coordinator’s Office. In addition, it will benefit from exchange of resources and information in United Nations thematic task forces, such as the gender task force. Programme activities will complement those supported by other agencies and donors.

### **Programme management**

54. The Ministry of Planning and International Cooperation will be responsible for the coordination of the programme. Annual reviews will be held during the last quarter of each year, and a mid-term review will be held in 2002. Regular consultations with bilateral and multilateral organizations will be held within sectoral working groups. UNICEF will develop a resource mobilization strategy, which will involve bilateral and multilateral donors, as well as National Committees for UNICEF. The cross-sectoral costs will cover the salaries of the monitoring and evaluation officer, a driver and supply assistant.

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