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*For action*

## **Draft area programme document\*\***

### **Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the Occupied Palestinian Territory**

#### *Summary*

The draft area programme document for Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the Occupied Palestinian Territory is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$8,000,000 from regular resources, subject to the availability of funds, and \$24,900,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008-2009.

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\* E/ICEF/2007/8.

\*\* In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its second regular session of 2007.

Note: Submission of this document was delayed for technical reasons.

<i>Basic data†</i> (2006 unless otherwise stated)				
	<i>Occupied Palestinian Territory</i> <i>aa</i>	<i>Palestinians living in the Syrian Arab Republic</i>	<i>Palestinians living in Lebanon</i>	<i>Palestinians refugees registered with UNRWA in Jordan</i>
Child population (millions, under 18 years)	1.9	0.2	0.2	0.7 <sup>l</sup>
U5MR (per 1,000 live births)	23	28 <sup>***</sup>	31	26 <sup>†f</sup>
Underweight (% , moderate and severe)	3	10 <sup>***</sup>	5	3 <sup>l</sup>
Maternal mortality ratio (per 100,000 live births)	100 <sup>c</sup>	46 <sup>***a</sup>	150 <sup>*c</sup>	18 <sup>l</sup>
Primary school attendance/enrolment (% net, male/female)	91/92 <sup>b</sup>	87/88 <sup>***</sup>	94/93	99/99 <sup>†d</sup>
Primary school children reaching grade 5 (%)	98 <sup>e +</sup>	98 <sup>***</sup>	97	99 <sup>*e</sup>
Use of improved drinking water sources (%)	92 <sup>g</sup>	73 <sup>***</sup>	91	97 <sup>*g</sup>
Adult HIV prevalence rate (%)	..	...	0.3 <sup>l</sup>	0.02 <sup>†f</sup>
Child labour (% children 5-14 years old)	..	1.5 <sup>***</sup>	1.5 <sup>**</sup>	..
GNI per capita (US\$)	1 120 <sup>l</sup>	1 380 <sup>l</sup>	6 180 <sup>†l</sup>	2 500 <sup>l</sup>
One-year-olds immunized against DPT3 (%)	99	94 <sup>***</sup>	92 <sup>†f</sup>	99 <sup>l</sup>
One-year-olds immunized against measles (%)	99	91 <sup>***</sup>	96 <sup>†f</sup>	99 <sup>l</sup>

† More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

Compiled from various official and United Nations sources

\* Denotes host-country data.

\*\* UNRWA camp facilities only.

\*\*\* Denotes data on Palestinian refugees registered with UNRWA.

aa/ MICS 2005-2006 data: U5MR is 28.2 per 1,000 live births, safe drinking water is 87.8%, DPT3 is 98.7% and measles is 96.7%.

+ denotes retention rate to grade 4.

<sup>a</sup> 1994

<sup>b</sup> 2000

<sup>c</sup> WHO/UNICEF 2000 adjusted estimate

<sup>d</sup> 2002

<sup>e</sup> 2003

<sup>f</sup> 2005

<sup>g</sup> 2004

<sup>l</sup> Denotes host country's 2005 data, the World Bank's database, Atlas method (US\$)

<sup>j</sup> Denotes UNRWA data

## Situation of children and women

1. Palestinian children and women inside Gaza and the West Bank have been living under occupation for the last 40 years. The movement of these people is restricted by the Separation Wall and checkpoints on routine, daily basis. When incursion occurs and violence erupts, checkpoints and whole cities are closed, and this further restricts freedom of movement and access to schools, health facilities and employment. In the year that followed the January 2006 legislative elections won by Hamas, **Israel withheld the transfer of tax revenues due to the Palestinian Authority**. As a result, the Palestinian Authority failed to pay the salaries of civil servants, large numbers of whom went on strike. These events further deprived the Palestinian children and women in occupied territories of basic services. Malnutrition, which is the underlying cause of infant and under-five mortality and severe morbidity, worsened in the Occupied Palestinian Territory, especially in the Gaza Strip. One in ten children is stunted. The stunting rate has risen continuously over the past eight years, from 7.2 per cent in 1996 to 9.9 per cent in 2004. The preliminary results of a 2006 multiple indicator cluster survey (MICS) show that moderate and severe stunting have reached 10.2 per cent. The rise has been more significant in the Gaza Strip, where 13.2 per cent of children are stunted. Iodized salt consumption stands at 85.7 per cent in the Occupied Palestinian Territory, with Gaza faring better than the West Bank (86.9 per cent and 85 per cent, respectively). **Schools in the Occupied**

Palestinian Territory are affected by the surrounding violence, incursions and restrictions on access and movements. From September 2005 to May 2006, some 64,712 students in 144 schools lost 215 school days as a result of security interruptions of access. The quality of education is declining, and Palestinian children are showing increasing signs of psychosocial distress, manifested by low school achievement, nightmares and bed-wetting.

2. In addition to the above, the internal conflict and fighting between Fatah and Hamas not only further complicated the lives of people, but also resulted in death and severe injury of children.

3. Although the 2006 study on domestic violence carried out by the Palestinian Central Bureau of Statistics (PCBS) does not provide the types of violence to which children are exposed - psychological violence (verbal assaults, insults, undermining, etc.) is the most prevalent followed by physical violence. Violence in the home environment mainly affects girls while violence in the streets and at school is mainly affecting boys.

4. The proportion of the population below the poverty line rose from 23 per cent (1998) to 34 per cent (2001) and remains high at 31 per cent (2004). Most affected is the Gaza Strip, where the percentage of the population below the poverty line increased from 37 per cent (1998) to 52 per cent (2001), and remains high at 42 per cent (2004).

5. Until the current difficult political and security circumstances change inside the Occupied Palestinian Territory, UNICEF-supported interventions will focus primarily on preventing a worsening of all basic indicators, mitigating the impact of violence and strengthening development capacity.

6. The situation of refugee Palestinian children in Jordan, the Syrian Arab Republic and Lebanon is different, although programmatic concerns exist in varying degrees in all locations.

7. There are 451,000 Palestinians living in the Syrian Arab Republic, (2006 figure from the General Administration for Palestine Arab Refugees, GAPAR), 1.8 million in Jordan, and 394,000 in the 12 refugee camps mandated by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and 16 gatherings spread throughout Lebanon. Some 20,000 displaced Palestinians from the Gaza Strip live in the Al-Salleh camp in Jordan. **Palestinians in Lebanon suffer from restricted access to employment opportunities.** Between 2003 and 2006, the Palestinian population living under the poverty line ranged from 60 per cent in Lebanon (camps) to 22 per cent in Jordan and 7 per cent in Syrian Arab Republic (camps).

8. In Jordan, Syrian Arab Republic, Lebanon and the Occupied Palestinian Territory, the situation analysis of the Palestinian refugee children has not changed significantly from that presented in the area programme document approved for the 2006-2007 programme.

### **Key Results and Lessons Learned from the Previous Cooperation (2006-2007)**

Through the **Child Survival and Development Programme** more children under-five continue to benefit from the integrated 'IMCI Package Plus' including immunization, improved health services and community and family care practices. The availability of all vaccines and immunization coverage rates was sustained at above 90%. An effective emergency response was launched for all primary health care centres in both the West Bank and Gaza with the provision of essential supplies. Consumption of iodized salt is now at 86% and children and women of childbearing age receive appropriate micronutrient supplementation.

Through the **Education Programme**, a child-friendly school environment that encourages children to enroll and complete school has been established in 90 schools, through the training of 2,000 teachers. To complement this, a nation-wide back-to-school campaign to increase community awareness of the importance of primary education was undertaken in addition to provision of supplies (stationary, school bags, uniforms etc) reaching approximately 110,000 of the most disadvantaged children, especially girls, in the West Bank and Gaza.

The **Child Protection Programme** continues to contribute to the improvement of mechanisms and services to detect, support and refer child victims of abuse, exploitation and violence. A child protection monitoring system is being established through 5 socio-legal defence centres that have been set up and 1,800 cases of abuse and violence were received. The legal environment was strengthened to protect children through the amendments to the Palestinian Child Rights Law and the review of the Juvenile Justice Law. Children (60,000) and caregivers (20,000) have received psychosocial support services through the work of the 12 psychosocial support teams.

The **Adolescents Development and Participation Programme** has contributed to increasing opportunities for 1,200 adolescents who can participate in decision-making through 8 Child Municipal Councils. More children (12,000) are able to recreate safely and adolescents (18,432) have access to life skills-based education and after school sports activities in 256 schools. Through the provision of adolescent-friendly learning spaces, more adolescents (1,200) have received life skills-based education and skills in IT, literacy, math, drama etc.

As part of the emergency response, the **Water and Environmental Sanitation (WES) Programme**, has ensured that an estimated 2,200 households now have access to safe drinking water and 343 schools and 35 hospitals/PHC have access to safe water and sanitation facilities. The water supply to un-served or poorly served urban and refugee populations was improved as was the coordination of emergency WES activities and the monitoring of the humanitarian situation.

Through the cross-sectoral programme, comprehensive data and information to close information gaps on children and women and support situation monitoring and assessment are now available with the establishment of the first MDG database PaInfo (a customised version of DevInfo).

### Lessons Learned

- Establishing an Emergency Essential Drug Management mechanism by the international institutions to support the MOH was critical.
- Quick impact WES interventions can be implemented in joint partnership between international & local agencies and can have a large impact on WES services for large number of beneficiaries (urban areas)
- UNICEF has demonstrated that quick WES interventions in schools can be coordinated with the MoEHE and have a direct impact on school attendance
- Joint Programming is good but its often time consuming(e.g. PAPFAM/MICS3 survey and Palestinian Perception Survey)
- Databases are most beneficial if they are regularly updated and disseminated widely and capacity building enhances performance

### The programme of cooperation, 2008-2009

#### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival, growth and development	2 280	6 790	9 070

Universal primary education	1 510	6 090	7 600
Child protection	920	3 020	3 940
Development and participation of adolescents	950	4 470	5 420
Advocacy, communication, social policy planning, monitoring and evaluation	940	2 900	3 840
Cross-sectoral costs	1 400	1 630	3 030
<b>Total</b>	<b>8 000</b>	<b>24 900</b>	<b>32 900</b>

### Goal, key results and strategies

9. The 2008-2009 area programme continues a multi-pronged approach to promoting the rights of Palestinian children, including those with disabilities. The programme supports national-level interventions as well as selected specific-area interventions in health and nutrition; water and sanitation; education; child protection and adolescent development and participation. The individual approach in various locations will be tailored to specific needs. The programme is designed to be flexible and adaptable to the prevailing operational environment. While the situation of children continues to remain serious, no major shifts were noted in the 2006 MICS findings that would warrant a change in the focus and strategic direction for the 2008-2009 programme.

10. The following are the key results expected to be achieved by end-2009 (and compared with 2006 statistics):

- (a) At least 30 per cent more Palestinian children under five benefit from health and nutrition services;
- (b) Between 5 per cent and 25 per cent more Palestinian children are benefiting from access to early childhood development (ECD) services, including community-based, family focused and child-friendly approaches and services;
- (c) Between 5 per cent and 25 per cent more Palestinian women of childbearing age are enjoying health and nutrition services;
- (d) Maternal mortality is reduced by between 5 per cent and 10 per cent;
- (e) Between 5 per cent and 36 per cent more Palestinian children and women in refugee camps, and those using health facilities and schools, benefit from access to safe drinking water and adequate sanitation facilities;
- (f) Access to quality primary education by Palestinian children, especially girls, is increased and maintained at over 90 per cent;
- (g) Protection of Palestinian children against violence, exploitation and abuse is improved through the promotion of a protective environment;
- (h) Between 5 per cent and 20 per cent more Palestinian adolescents are benefiting from an environment that enhances their development, protection and participation and includes HIV/AIDS education;
- (i) An improved knowledge and database on children and a functioning system for monitoring and analysing factors undermining children's and women's rights is available;

(j) Evidence-based policy analysis is conducted in support of effective advocacy for improved allocation of resources for children and the realization of the rights of all Palestinians.

11. In order to achieve these results, the area programme will adopt the following strategies:

- (a) **Delivery of basic services**, including health and education, in targeted areas in the Occupied Palestinian Territory and the three countries;
- (b) **Capacity-building** at all levels for programme management, including ensuring greater accountability in order to increase the efficiency and effectiveness of the programme and to promote community participation and family empowerment;
- (c) **Social mobilization** and communication for behaviour change to promote family and community knowledge on optimal child care practices;
- (d) **Partnerships and coordination** to achieve lasting results, leverage resources, share information, including best practices, and avoid overlapping;
- (e) **Advocacy** for the fulfilment of the rights of Palestinian children.

#### **Relationship to national and international priorities and the UNDAF**

12. The Occupied Palestinian Territory is not included in the United Nations Development Assistance Framework (UNDAF) process. Nonetheless, the programme is coordinated within the United Nations country team, and is consistent with national goals expressed in the Seven-Year National Plan of Action for Palestinian Children and the 2005-2007 Medium-Term Development Plan, reflecting the Palestinian Authority's commitment to the Millennium Development Goals and the goals of *A World Fit for Children*. The Syrian Arab Republic and Jordan are aligning their interventions for Palestinian refugee children with Common Country Assessments (CCAs) and UNDAF. In Lebanon, no CCA/UNDAF is currently in place.

#### **Programme components**

13. **Child survival, growth and development.** This programme contributes to the achievement of Millennium Development Goal 4 and to supporting responsible authorities in reducing child and maternal mortality and ensuring that children and mothers can access quality health and nutrition services. Scaling up neonatal and child survival interventions, including neonatal care, immunization and Integrated Management of Childhood Illness (IMCI) **and wide dissemination of Mother-Child information booklets will also be undertaken**. The key nutrition interventions such as the Baby-Friendly Hospital Initiative, young child feeding interventions, micronutrient supplementation and food fortification (salt and flour) will be coordinated with other key players such as the World Health Organization and the World Food Programme (WFP). Advocacy measures will be emphasized in order to create an enabling environment for the development and implementation of sustainable mother and child health/nutrition policies. The development and dissemination of child care, nutrition, disability and hygiene messages will be supported. Access to safe drinking water and sanitation facilities for unserved or poorly served communities will also receive priority.

#### **Major Interventions:**

**Support the scaling up neonatal and child survival interventions, including neonatal care, immunization and IMCI and support the maintenance of high immunization coverage rates. Support the improvement of nutrition surveillance and growth monitoring systems and scaling**

up implementation of IYCF interventions. Support the advocacy measures to create an enabling environment for development and implementation of sustainable mother and child health/nutrition policies and improvement of HIS. Support the development and dissemination of child care, nutrition, disability/incidents and hygiene messages. Improve water supply and sanitation facilities for schools and public health center and support distribution of safe water and sanitation improvement for un-served or poorly served communities. Advocacy and awareness raising at all levels for improvement of WES situation and better hygiene/water use practices among Palestinian refugees.

14. **Achieving universal primary education.** The programme contributes to the achievement of Millennium Goal 2, creating school environments that encourage children, including girls, to enrol and complete school, improving education quality, and enabling young children to benefit from pre-school education. The programme seeks to ensure that children's right to education is recognized and promoted by all duty bearers. The focus includes improving school access and quality of learning by increasing enrolment, attendance and learning achievement rates for primary-school children. Girls' enrolment rates would be sustained to ensure full access to education, including at higher grades. Institutional capacity-building interventions for teacher education, including for pre-school teachers at the national and district levels, will also be a priority. The Education Management Information System (EMIS) in basic education will be strengthened through the development of a strategy and action plan for the collection of education statistics at national, district and peripheral levels.

**Major Interventions:**

Support the establishment of a Teacher Training System and strengthen the Education Management Information System in Basic Education by developing a strategy and action plan for the collection of educational statistics at national and decentralized levels. Improve School Access and Quality of Learning by increasing enrolment, attendance and learning achievement rates for primary school children, including pilot project for children with special needs. Strengthen children's early learning and readiness for Primary Education by contributing toward standards and policy development on school readiness, and the development of a strategy and tools to promote school readiness. Provide alternative or back-up means to ensure quality learning continues especially in the major subjects, in the affected areas in the West bank and the Gaza Strip

15. **Child protection.** The child protection programme seeks to ensure that effective mechanisms are in place to detect and address the physical, psychological and social impact of violence, abuse and exploitation on children. The programme will support the establishment of a national system to monitor abuse, exploitation and violence against children as well as the situation of children in conflict with the law. National legislation will be reviewed to bring it in line with the Convention on the Rights of the Child. Support will be given to the Palestinian Authority to build the capacity of officials in social protection, education, law enforcement and health to detect and manage child abuse. Parents will play a central role in child protection.

**Major Interventions:**

Establish a national system to monitor abuse, exploitation and violence against children, as well as the situation of children in conflict with the law and conduct awareness raising campaigns. Establish a national body for children with policy making and standards setting functions and build the capacity of policy makers in legislating, advocating and budgeting for child protection. Set up clear detection, recording, referral and follow up systems to manage child abuse in a multi-disciplinary manner within the education, health and social protection sectors; Build the capacity of social protection, education, law enforcement and health professionals in detecting and managing child abuse; and Establish child-friendly support services for abused children among other things.

16. **Development and participation of adolescents.** The programme seeks to create an environment that empowers children and adolescents, enabling them to be proactive and to participate in decision-making processes. Both at school and in their communities, adolescents will be encouraged to participate in decision-making that affects their lives. Additional efforts will be made to increase the number of adolescent-friendly spaces and programmes and improve them so that adolescents, especially girls, can engage in after-school learning, recreation, sports, socializing and participation in community development activities. Emphasis will be placed on mainstreaming gender-sensitive, life skills-based education in the educational system, including curricula at all levels. Adolescents and caregivers will have increased access to life skills-based education, including information on the prevention of HIV/AIDS. The programme will support the establishment of a monitoring and coordination body to support implementation and evaluation of work related to youth.

**Major Interventions:**

The development and implementation of a national youth policy and supporting representation of adolescents on appropriate governing bodies (in schools and communities). Provision of adolescent-friendly spaces with improved facilities and programs where adolescents especially girls can engage in after-school learning, recreation, sports etc. Promote and mainstream gender-sensitive, life skills-based education (LSBE) in the formal and non-formal educational system. Increase access of adolescents, caregivers and parents to life skills-based education including information on prevention of HIV/AIDS

17. **Advocacy, communication, social policy, planning, monitoring and evaluation.** The programme seeks to improve the knowledge base, advocacy efforts and social policies in support of children's rights and to strengthen the institutional capacity of partners in results-oriented, participatory and community-based planning and in improved performance-monitoring and evaluation. The programme will support the Government, through social policy analysis and guidance, in developing national, district and sectoral plans for reducing poverty and fulfilling the rights of the poorest children and women, as well as in planning, monitoring and evaluation of the country programme. Emphasis will be placed on developing effective advocacy and communication strategies for the fulfilment of child rights at all levels.

**Major Interventions:**

Support social policy analysis and guidance, to develop national, sub national and integrated sectoral plans and budgets for reducing poverty and fulfilling the rights of the children and women. Support the collection and analysis of data to monitor the situation of Palestinian women and children, using tools such as DevInfo and IMEP to gather information and track trends. Raise the level of public awareness about the conditions facing Palestinian children; strengthen the communication component of all programmes, and develop common communication strategies to address priorities.

**Major partnerships**

In the four locations, cooperation between UNICEF and various line Ministries and key counterparts, such as GAPAR in the Syrian Arab Republic, as well as national and international non-governmental organizations, will continue. UNICEF will also continue its close coordination with agencies in the United Nations country teams, including UNRWA, and expand coordination and cooperation where possible, based on windows of opportunity concerning action for children. For example, UNICEF in Opt will procure vaccines and cold chain equipment to support immunization at UNRWA clinics. In Lebanon, UNICEF will procure vaccines, syringes and cold chain supplies; library equipment and help UNRWA primary school students at risk of failing. UNICEF will also support adolescents/youth centres in

campaigns on healthy life styles, life-skills, and inter-generational dialogues, in addition to provision of Water & Sanitation services to unofficial camps (16 Palestinian gatherings not under UNRWA mandate) as need arises. UNICEF in Jordan will continue to work with UNRWA as part of the UNCT in the CCA/UNDAF process and through the standard UNICEF planning, implementation and review mechanisms, in achieving results for children and women. UNICEF in Syria provides technical support to UNRWA and is a source of know-how on approaches geared towards accelerating the fulfillment of the rights of Palestinian children. UNRWA on its part is the service provider.

18. Frameworks and/or strategies will evolve in tandem with the requirements and challenges of the operational environment.

### **Monitoring, evaluation and programme management**

19. The management of the area programme will continue to follow a decentralized approach, with oversight provided by the UNICEF office for the Occupied Palestinian Territory. Monitoring and evaluation activities will be coordinated through integrated monitoring and evaluation plans, and a database to systematize monitoring. DevInfo will be used to monitor progress on achieving the Millennium Development Goals. The List of Indicators in the CPD is a UNICEF global standard for the review of CPDs and measurement of progress or lack of it on the fulfillment of children's rights. This was also mentioned and clarified during the presentation of the draft CPD to the Programme of Cooperation Steering Committee composed of DGs in the line ministries and Ministry of Planning. There is very close coordination between UNICEF Programme/Senior Management and the Palestinian National Authority as regards the development of the 2008-2009 CPD, and the submission was made with their consent.



**Summary Result Matrix for 2008 -2009 Area Programme for Palestinian Children and Women  
in Jordan, Lebanon, Syrian Arab Republic and the Occupied Palestinian Territory**

UNICEF MTSP Focus Area	Expected Key Results (by end-2009, compared with 2006 statistics)	Key Progress Indicators	Means of Verification of Results	Major Partners, Partner Frameworks & cooperation Programmes	Expected Key Results in this component will contribute to:
<b>1. Young child survival and development</b>	<p>1. At least 30% more of Palestinian children under five benefit from health and nutrition services (30% Occupied Palestinian Terr., 25% Syria, 1% Lebanon, 13% Jordan).</p> <p>Baseline Jordan 2%</p> <p>Baseline oPt-Exclusive Breastfeeding 26.5%</p> <p>Baseline Syria: U5MR 28/1000 live birth % of infants exclusively breastfed for 6 months 16.2% ; complementary feeding rate 49.7%</p>	<p>% of primary health care facilities implementing the elements of the integrated maternal and child health approach, including the Integrated Management of Childhood Illness and growth monitoring;</p> <p>% of infants exclusively breastfed for 6 months;</p> <p>complementary feeding rate</p>	<p>Routine data</p> <p>Surveys</p>	<p>Ministry of Health, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), WHO, Palestinian Red Cross/Crescent Society, NGOs, General Administration for Palestine Arab Refugees (GAPAR)</p>	<p><b>WFFC:</b> Promote Healthy Lives and Combat HIV AIDS</p> <p><b>MDG:</b> Goal 4</p>
	<p>2. Between 5% and 25% more Palestinian children are benefiting from access to ECD services including community-based, family focused and child friendly approaches and services. (30.8% Occupied Palestinian Terr., 25% Syria, 5% Lebanon, 8% Jordan).</p> <p>Baseline Jordan 6%</p> <p>Baseline oPt: preschool attendance 37% (confirm PCBS)</p> <p>Syria Baseline: KG enrollment 16%</p>	<p>Existence of early childhood development (ECD) standards</p> <p>% of children benefiting from ECD services</p>	<p>Policy documents</p> <p>Periodic programme reports</p>	<p>Ministry of Education, UNRWA, UNESCO, NGOs, Ministry of Social Affairs, Ministry of Women's Affairs, women, GAPAR</p>	<p><b>WFFC:</b> Provide Quality Education and Promote Health Lives</p> <p><b>MDGs:</b> Goals 2 and 4</p>
	<p>3. Between 5% and 25% more of Palestinian women of child bearing age enjoy health and nutrition (25% Occupied Palestinian Terr., 25% Syria, 5% Lebanon, 10% Jordan).</p> <p>Baseline Jordan: Prevalence of Anemia among pregnant women: 22.4%</p> <p>Baseline oPt: Anaemia prevalence is ?? in 0</p> <p>Syria Baseline: Anaemia among women UNRWA records 17%</p>	<p>Prevalence of anaemia in women aged 15-49</p> <p>% pregnant women attending 4 antenatal/ postnatal care visits</p>	<p>Routine monitoring reports.</p>	<p>Ministry of Health WHO, UNRWA, UNFPA, NGOs, Ministry of Social Affairs, Ministry of Women's Affairs, GAPAR</p>	<p><b>WFFC:</b> Promote Healthy Lives and Combat HIV AIDS</p> <p><b>MDG:</b> Goal 1, 4 and 5</p>

UNICEF MTSP Focus Area	Expected Key Results (by end-2009, compared with 2006 statistics)	Key Progress Indicators	Means of Verification of Results	Major Partners, Partner Frameworks & cooperation Programmes	Expected Key Results in this component will contribute to:
	Institutional deliveries 92.6%				
	4. Maternal mortality is reduced by between 5% and 10% (10% Occupied Palestinian Terr., 5% Syria, 5% Lebanon, 0% Jordan). Baseline oPt: MMR was 100 in 2000; Deliveries attended by trained attendants is 98.5% in 2004 Baseline Syria: MMR is 46% per 100,000 live births	% of deliveries attended by trained attendants; % of women with access to basic and comprehensive emergency obstetric care	Survey on maternal mortality ratio Surveys Census 2008	Ministry of Health WHO, UNRWA, UNFPA, NGOs, Ministry of Social Affairs, Ministry of Women's Affairs, GAPAR	<b>WFFC:</b> Promote Healthy Lives and Combat HIV AIDS <b>MDG:</b> Goal 4
	5. Between 5% and 36% more of Palestinian children and women in refugee camps, and those using health facilities and schools, benefit from access to safe drinking water and adequate sanitation facilities (36% , N/A Syria, 5% Lebanon, N/A Jordan). Baseline oPt: Use of safe source of drinking water (88%) in 2006; Access to improved sanitation (50%) in 2006	% of Palestinian children having access to hygiene and environmental education. % of children/women having access to functional water and sanitation facilities	Routine monitoring reports Programme reviews	Ministry of Health, Ministry of Education, UNRWA, Palestinian Water Authority, GAPAR, NGOs	<b>WFFC:</b> Promote Healthy Lives <b>MDGs:</b> Goals 4 and 7
<b>2. Basic education and gender equality</b>	6. Access to quality primary education by Palestinian children, especially girls, increased and maintained at over 90% (5% Occupied Palestinian Terr., completion 25% Girls Syria, 5% Lebanon, N/A Jordan) Baseline oPt : Primary school NER is 89% in 2004; % reaching minimum level of achievement (year) Syria Baseline: Primary School NER is 87.5%	Net enrolment rate and completion rate (primary)  % reaching minimum level of learning achievements	Routine national reporting systems  Studies/Survey	Ministry of Education, UNRWA, UNESCO, GAPAR, local NGOs	<b>WFFC:</b> Provide Quality Education <b>MDG:</b> Goal 2
<b>4. Child Protection from violence,</b>	7. Protection of Palestinian children against violence, exploitation and abuse is improved through the promotion of a protective environment (for Occupied	Progress achieved in establishing various components of the system (protective environment)	Periodic reports Programme reviews	Ministry of Social Affairs, Ministry of Planning, GAPAR, UNRWA, Ministry of Justice	<b>WFFC:</b> Protect against Abuse, Exploitation and Violence

UNICEF MTSP Focus Area	Expected Key Results (by end-2009, compared with 2006 statistics)	Key Progress Indicators	Means of Verification of Results	Major Partners, Partner Frameworks & cooperation Programmes	Expected Key Results in this component will contribute to:
exploitation and abuse	Palestinian Terr. and the three countries) Baseline oPt: Children <18 is 52%(1.4m) Progress on the establishment of the 8 components by end 2007 Syria Baseline: Components of the protective environment established is zero	Proportion of reported cases that are followed up			MDG: Millennium Declaration, Section VI
3. HIV/AIDS and children - and - 4. Child protection from violence, exploitation and abuse	8. Between 5% and 20% more of Palestinian adolescents are benefiting from an environment that enhances their development, protection and participation, including HIV/AIDS education (20% Occupied Palestinian Terr., 20% Syria, 5% Lebanon, 20% Jordan) Baseline Jordan: 5% Baseline oPt: Adol 13-18 is 16%(0.64m) – Target is 128,000 Baseline Syria: 2,000 adolescents trained on life skills and HIV/AIDS prevention.	Percentage of adolescents participating in decision-making, life skills-based education, learning and recreational activities  Percentage of adolescents with correct knowledge on HIV/AIDS prevention	Periodic monitoring reports  Programme reviews  Knowledge, attitude, behaviour and practice survey (2009)	Ministry of Education, Ministry of Youth and Sports, UNRWA, municipalities, Palestinian Central Bureau of Statistics, UNRWA, GAPAR	WFFC: Protect against Abuse, Exploitation and Violence  MDG: 6 and Millennium Declaration Par. V. 25, and III 20
5. Policy advocacy and partnership for children's rights	9. An improved knowledge and database on children and a functioning system for monitoring and analysis of factors undermining children's and women's rights is available (Occupied Palestinian Terr. and the three countries) Baseline oPt: First DevInfo database produced 2006	Use of DevInfo to monitor and report progress on MDGs, and national development goals  Availability of analysis of factors undermining the realization of children's and women's rights	Rapid Assessments (2007,2009)  Policy analysis reports	Palestinian Central Bureau of Statistics, Ministry of Planning, UN Agencies, line Ministries, GAPAR, UNRWA,	WFFC: Promote Healthy Lives; Provide Quality Education; Protect against Abuse, Exploitation and Violence and Combat HIV AIDS MDGs: All Goals
	10. Evidence-based policy analysis is conducted in support of effective advocacy for improved allocation of resources for children and the realization of the rights of all Palestinians (Occupied Palestinian Terr., Syria, N/A Lebanon, Jordan) Baseline oPt to be established on: Social Sector budget allocations :	Availability of budget analysis and monitoring systems to promote improved resource allocation for the realization of children's and women's rights. Progress achieved in implementing the advocacy and communication strategy.	Programme reviews (2008 and 2009)  Government Budget Reports  Programme reviews	Ministry of Planning, GAPAR, UNRWA, line Ministries	WFFC: Promote Health Lives; Provide Quality Education; Protect against Abuse, Exploitation and Violence and Combat HIV/AIDS MDGs: All Goals