

18 July 2014

United Nations Children's Fund

Executive Board

Revised area programme document

Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the State of Palestine (2015-2016)

Summary

The draft area programme document (APD) for Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the State of Palestine (E/ICEF/2014/P/L.7) was presented to the Executive Board for discussion and comments at its annual session 2014 (3-6 June). The Executive Board approved the aggregate indicative budget of \$8,800,000 from regular resources, subject to the availability of funds, and \$18,423,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2016.

In accordance with Executive Board decision 2006/19, the present document was revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the annual session. The revised CPD is presented to the Executive Board for approval at the second regular session 2014.

Basic data†

(2012 unless otherwise stated)

	State of Palestine	Palestinians in Syrian Arab Republic (2006)	Palestinians in Lebanon (2011)	Palestinian refugees registered with UNRWA in Jordan ^d
Child population (millions, under 18 years, male/female)	1.0/1.0	0.2 ^d	0.2 ^d	0.3/0.3
U5MR (per 1,000 live births)	23	30 ^c	17 ^c	25
Underweight (% moderate and severe) (male/female, urban/rural, poorest/richest)	4 (2010) ..	10 10/10, 11/9, 10/12	5 5/5, ..., ..	4 ..
Maternal mortality ratio (per 100,000 live births, adjusted)	64 (2010)	46 ^c	..	13
Use of improved drinking water sources (%)	82 (2011)	73 ^c	72 ^c	100
Use of improved sanitation facilities (%)	94 (2011)	97 ^c	98 ^c	93
One-year-olds immunized with DPT3 (%)	97 ^a	94 ^c	93 ^c	100
One-year-olds immunized against measles (%)	98 ^a	99 ^c	89 ^c	99
Primary school enrolment/attendance (%, net male/female)	90/90 (2011)	98/98	95/97	98/98
Survival rate to last primary grade (%, male/female)	100/99 (2011)	98/99	94/97	88/85
Adult HIV prevalence rate (% male/female)	..	..	..	..
HIV prevalence among pregnant women (%)	..	..	..	..
Child labour (% 5-14-year-olds, male/female)	7/4 (2010)	2/1	9/6	..
Birth registration (% under 5 years) (male/female, urban/rural, poorest/richest)	99 (2010) 99/99, 99/99, 99/100	99 99/99, 99/99, 99/99	99 98/99, ..., ..	..^e ..
GNI per capita (US\$)	.. ^b	..	..	..

† More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org.

^a The immunization figures reported in the above table are inter-agency estimates prepared by WHO/UNICEF. Estimates disaggregated by sex are available from survey data, as follows: DPT3, male (99%) and female (98%); measles, male (97%) and female (97%), from the Palestinian Family Health Survey, 2006.

^b Estimated to be lower-middle income (\$1,036 to \$4,085).

^c This estimate is not from the standard source used across country programme document (CPD) basic data tables for this indicator, due to a lack of data availability for this population. Thus, this estimate may not be directly comparable with others.

^d Data from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) are used here in the absence of representative data for this population. Estimates in this column have not been verified and are not comparable with other estimates presented in this or other CPD basic data tables, where estimates are representative of the respective populations.

^e A birth registration estimate for Palestinian refugees registered with UNRWA in Jordan is not available. According to the latest Demographic and Health Survey in Jordan (2012), the national level of birth registration is 99%, and the level in camps is 100%.

Summary of the situation of children and women

1. In the State of Palestine, 2.7 million people live in the West Bank and 1.7 million in Gaza. Nearly three fourths (74 per cent) of the total Palestinian population resides in urban areas, 17 per cent in rural areas and 9 per cent in refugee camps.¹ About 68 per cent of the population in Gaza receives assistance from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), compared to 30 per cent in the West Bank.² The number of long-term Palestinian refugees in the three host countries is 1.9 million in Jordan (33 per cent of the country's population), 460,000 in Lebanon and 500,000 in the Syrian Arab Republic.³ The Palestinian population is overwhelmingly young, with 45 per cent below 18 years of age and more than 20 per cent adolescents aged 10-18 years (with some country-level variations).

2. The Palestinian Authority has made progress towards achievement of the Millennium Development Goals. However, the daily lives of children and their families are framed within the context of the Israeli occupation, and continue to be marked by poverty and food insecurity disparities, restrictions on the movement of goods and people, and lack of control over and access to natural resources. Reforms in recent years have considerably strengthened national capacities to provide a range of social services to Palestinians, but challenges remain regarding quality and access. The ability of the Palestinian Authority to provide coverage for the people of Gaza, Area C of the West Bank, and East Jerusalem has been severely curtailed.⁴ ~~Women and children are most vulnerable to the effects of these challenges. Children's lives are affected by the blockade in Gaza, and the separation barrier in the West Bank.~~ Women and children are most vulnerable to the effects of these challenges.

3. According to UNRWA in the Syrian Arab Republic,⁵ 70 per cent of Palestinians have been displaced, with many living in schools and public facilities, and 440,000 requiring urgent humanitarian assistance as a result of the ongoing crisis. Vaccination coverage for children under 5 years of age, especially infants under age 2, has dropped in many districts. Fewer than half of the 23 UNRWA health centres are still functioning. Almost two thirds of the UNRWA schools (76 out of 118) are closed due to damage or insecurity or because they are being used for shelter.⁶

4. In Lebanon, the arrival of additional refugees is exacerbating the resources of communities, and stretching the services supported by the Government of Lebanon and UNRWA. Palestinian refugees are mostly hosted by the poorest communities in Lebanon. The average age of those registered with UNRWA is 25, and 51 per cent are women, 26 per cent are school-age children and 15 per cent are infants.

¹ Palestinian Central Bureau of Statistics (PCBS), press release on the eve of International Population Day 11/07/2012.

² UNRWA figures, 2012: www.unrwa.org.

³ UNDP, *Human Development Report, 2013*, 'The rise of the South'. Please note that in the Syrian Arab Republic the situation of Palestinian populations is changing rapidly.

⁴ Office of the United Nations Special Coordinator for the Middle East Peace Process, 'State Building in the Occupied Palestinian Territory: Opportunities for recovery and development challenges', 2009.

⁵ www.unrwa.org/newsroom/official-statements/crossroads-crisis-yarmouk-syria-and-palestine-refugee-predicament; downloaded 11 March 2014.

⁶ Syria Humanitarian Assistance Response Plan, January-December 2014. <http://www.unocha.org/cap/appeals/syria-humanitarian-assistance-response-plan-sharp-january-december-2014>.

5. In the State of Palestine, levels of poverty remain high (39 per cent in Gaza and 18 per cent in the West Bank lives below the national poverty line).⁷ The proportion of food-insecure households increased nationally from 25 per cent in 2011 to 34 per cent in 2012 due to the economic slowdown.⁸

6. Children are exposed to various forms of violence. Between 2008 and 2013, there were 575 Palestinian children killed and 5,405 injured across the SoP due to conflict.⁹ In the State of Palestine, 27 per cent of children aged 2-14 years were subjected to severe physical punishment at home.¹⁰ Some 83 per cent of Palestinian children in Lebanon are subjected to violent discipline at home. Around 52 per cent of children in Jordan are exposed to both physical and verbal violence at school.¹¹

7. In the State of Palestine, 40 per cent of women aged 20-24 were married before age 18.¹² The rate of early marriage among Palestinian girls in Lebanon is 19 per cent¹³ and in the Syrian Arab Republic is 22 per cent.¹⁴ Among Palestinian refugees in Jordan, 20 per cent of females in camps marry by age 16, and 41 per cent marry between the ages of 17 and 20. Compliance with international juvenile justice standards is progressing at a varying pace, with legal reforms under way in Jordan and the State of Palestine. Children with disabilities have little access to health, education and other development and welfare services.

8. Progress towards achieving Millennium Development Goals 4 and 5 has been good in the State of Palestine. The under-five mortality rate in 2012 was recorded as 23 per 1,000 live births and the infant mortality rate as 20 per 1,000 live births in 2011, equating to a reduction of almost half since 1990, when under-five mortality was 43 per 1,000 and infant mortality was 36 per 1,000.¹⁵ The neonatal mortality rate¹⁶ accounted for 61 per cent of overall infant mortality. Accidents are the leading cause of death for children aged 1-4 years, accounting for 24 per cent of deaths.

9. In the State of Palestine, the stunting rate is 12 per cent for boys and 10 per cent for girls.¹⁷ Rates of exclusive breastfeeding for children aged 0-6 months remain low, at 17 per cent among Palestinian refugees in Lebanon and 29 per cent in the State of Palestine and in the Syrian Arab Republic,¹⁸ and 23 per cent in Jordan.¹⁹ According to one survey, 41 per cent of the Palestinian refugee children aged 6-12 years from

⁷ PCBS, 'Palestine in figures 2012', March 2013.

⁸ PCBS, World Food Programme, Food and Agriculture Organization of the United Nations and UNRWA, 'Socio-economic and food security survey, West Bank and Gaza, Palestine', 2012.

⁹ Compiled from Reports of the Secretary-General on Children and Armed Conflict to the UN Security Council, since 2008 and up to and including 2014, S/2014/339, para 78

¹⁰ PCBS, 'Palestinian family survey', 2010. The survey defines violent discipline as "psychological aggression" or "physical punishment".

¹¹ UNICEF Jordan, 'Violence against children study', 2007.

¹² PCBS, 'Palestinian family survey', 2010.

¹³ MICS 4, Palestinians in Lebanon, 2011.

¹⁴ Palestinians Living in Syria multiple indicator cluster survey, 2006.

¹⁵ United Nations Inter-agency Group for Child Mortality Estimation. Data including 1990 baseline from: '*Levels and Trends in Child Mortality (2011 data)*', 2012 Report, IGME.

¹⁶ PCBS, 'Palestinian family survey', 2010.

¹⁷ Ibid.

¹⁸ Data for Syrian Arab Republic is dated 2006, and progress on indicators has been negatively affected by the conflict.

¹⁹ Jordan Demographic and Health Survey, 2012.

the Syrian Arab Republic now in Lebanon reported having consumed only one meal the previous day.²⁰

10. Access to safe, sufficient and affordable water continues to pose a major challenge for children and their families in the State of Palestine. In Gaza, only 14 per cent of households have access to safe drinking water and only a quarter of wastewater is treated. Due to the deterioration and contamination of the coastal aquifer, desalination of sea water has become the only viable option for safe drinking water supply for Gaza. The ability of the Palestinian Authority to transfer water to areas facing shortages is severely curtailed. In addition, with the ongoing blockade, the deteriorating water infrastructure cannot be easily rehabilitated.

11. The high value placed on education over several decades has resulted in high net enrolment and attendance rates and gender parity. Basic education is free and compulsory for Palestinian refugees in Jordan and the Syrian Arab Republic, and they have access to both public and UNRWA schools. However, the current crisis has led to stagnating enrolment rates and high dropout rates in the Syrian Arab Republic and among the recent Palestinian refugee populations in Jordan and Lebanon. In the Syrian Arab Republic, 47,000 Palestinian students of 66,000 were enrolled in 2013/2014.²¹

12. Young people drop out of school in the upper primary and lower secondary grades. In the State of Palestine 16 per cent of students who enter grade 1 drop out before reaching grade 10. The reasons for dropping out are related ~~both~~ to the school environment, ~~and to~~ family socioeconomic situations, as well as the ongoing restrictions on access. More boys than girls drop out at secondary and tertiary levels, but girls' higher educational achievement does not always translate into better employment options.

13. In the State of Palestine, the national early childhood development (ECD) strategy was endorsed by the Ministry of Education and Higher Education in 2013. Preschool classes are being institutionalized in the formal education system. In Lebanon, according to the 2011 multiple indicator cluster survey (MICS), only 57 per cent of Palestinian refugee children aged 36-59 months were attending preschool.

Key results and lessons learned from previous cooperation, 2011-2014

(a) Key results achieved

14. **New or enhanced policies and legislation.** The Palestinian Authority has integrated the provisions of the Convention on the Rights of the Child into its relevant legal frameworks, including the amended Child Law, which was enacted in 2013, providing additional protection for children.²² With UNICEF support the juvenile

²⁰ UNRWA/World Food Programme survey in Lebanon, October 2013.

²¹ UNRWA – Syria Regional Crisis Response January to December 2014, http://www.unrwa.org/sites/default/files/2014_syria_emergency_appeal.pdf; information downloaded 30 March 2014.

²² United Nations, Report of the Secretary-General, 'Assistance to the Palestinian people' (A/68/76-E/2013/65).

justice strategic framework, the policy of non-violence and discipline in schools, the social protection sector strategy and the national ECD strategy were finalized and adopted in 2013. Working with the Palestinian Authority and civil society partners, UNICEF provided support for capacity development, technical advice, resource mobilization and policy advocacy.

15. **Evidence and knowledge.** One of the main achievements of the area programme was the production and dissemination of studies and surveys, including on equity and disparities, to facilitate better targeting of services and policies. The 2010 Palestinian Family Survey was finalized and the MICS5 was initiated with the Palestinian Central Bureau of Statistics PCBS. The national survey on micronutrients and anaemia, the first survey of such magnitude to be conducted by the Ministry of Health, was completed in 2014. The study will provide a baseline for micronutrient deficiencies and will inform Ministry of Health strategic plans as well as communication strategies for behaviour change. In Jordan, the Department of Statistics, in collaboration with UNICEF and other partners, completed the 2012 Population and Family Health Survey, which provides comprehensive child and maternal health data, including on Palestinians. In Lebanon, a MICS was conducted in camps and gatherings in 2011 and launched in December 2012.

16. UNICEF and partners have generated data on the situation of Palestinian children in detention. The study on ‘Palestinian Children in Israeli Military Detention’ was released in early 2013 following a process of verification and engagement with multiple stakeholders. The study reviewed the treatment of Palestinian children from the West Bank in Israeli military detention. It offered practical measures to uphold child rights and support improvement of justice and protection of children according to international standards. The subsequent engagement and dialogue on the issue resulted in the decision of the Government of Israel to pilot test the use of summonses in lieu of night arrests, starting from February 2014. A study on children in detention in the Palestinian Authority justice system has also recently been completed. Actions in this area will be dealt with as part of ongoing UNICEF work supporting justice for children. In Jordan, a youth national survey, which also covered Palestinian youth, helped inform the national youth strategy action plan.

17. **Systems strengthening.** Technical support was offered to assist governments and partners to build capacities of service providers to deliver high-quality services aligned with international standards. In the State of Palestine, UNICEF supported the Ministry of Health in developing and adopting the first national marketing code for breast-milk substitutes, which will be the main regulatory tool to control the local and private market for these substitutes. In addition, UNICEF supported the Ministry of Social Affairs to strengthen the 13 multidisciplinary child protection networks and to develop a national protocol for the referral of children in need of protection. In Jordan, UNICEF supported the introduction of U-CAN (UNICEF Change Agents Network), an innovative tool to promote the participation and civic engagement of youth. U-CAN and other youth organizations were key to the success of the November 2013 immunization campaign, which reached over 1 million children. Furthermore, a child protection case management service system was operationalized in the Marka camp and replicated in other camps.

18. **Humanitarian action.** In the aftermath of the hostilities that escalated in Gaza in late 2012, UNICEF provided medical supplies and non-food items, supported the repairs of water supply networks, rehabilitated damaged schools, and carried out a

mine risk education campaign. Teams were deployed to provide psychosocial support to children impacted by the hostilities in Gaza, and identified through the UNICEF-led rapid psychosocial assessment. UNICEF continued to lead the water, sanitation and hygiene (WASH) and education clusters and the Child Protection Working Group. In 2013-2014 efforts are being made to build the capacity of local authorities in these areas.

19. In Lebanon, UNRWA and UNICEF provided primary and secondary health services to more than 330,000 Palestinian refugees (280,000 from Lebanon and 50,000 from the Syrian Arab Republic) through 27 UNRWA health centres. As part of the winter response in Lebanon, UNICEF provided approximately 250,400 Lebanese, Palestinian and Syrian children with winter clothing, clothing vouchers, supplies and heating in 2013. In the Syrian Arab Republic, UNICEF and partners reached over 19,500 adolescents through UNRWA adolescent-friendly spaces in Palestinian camps and UNRWA school clubs.

(b) Lessons learned

20. The quality of programmes improved as a result of efforts invested in expanding partnerships and in improving coordination in the identification of gaps, establishment of priorities, and defining indicators to assess progress.

21. The evaluation of the adolescent development and participation (ADAP) programme²³ highlighted the benefits in helping adolescents become more empowered and to act as agents of positive social change. As demonstrated in the State of Palestine, it is important to tailor programmatic approaches and strategies to the different needs of adolescent boys and girls. Furthermore, work with adolescents has to be complemented by efforts to promote an environment that is receptive to and encouraging of participation by young people.

The area programme, 2015-2016

(a) Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Education			
State of Palestine	420	2 400	2 820
Lebanon	500	400	900
Syrian Arab Republic	280	120	400
Jordan	200	140	340
Child protection			
State of Palestine	500	3 700	4 200
Lebanon	500	400	900
Syrian Arab Republic	100	50	150

²³ UNICEF Middle East and North Africa Regional Office, 'The Right to Participation — Adolescents: Agents of positive change', 2011.

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Jordan	350	210	560
Adolescent development and participation			
State of Palestine	380	1 509	1 889
Lebanon	350	340	690
Syrian Arab Republic	150	80	230
Jordan	350	210	560
Health and nutrition			
State of Palestine	390	980	1 370
Lebanon	350	260	610
Syrian Arab Republic	330	180	510
Jordan	100	70	170
Water, sanitation and hygiene			
State of Palestine	320	5 200	5 520
Social policy and evidence			
State of Palestine	830	180	1 010
Cross-sectoral			
State of Palestine	1 860	1 554	3 414
Lebanon	200	300	500
Syrian Arab Republic	240	70	310
Jordan	100	70	170
Total	8 800	18 423	27 223
State of Palestine	4 700	15 523	20 223
Lebanon	1 900	1 700	3 600
Syrian Arab Republic	1 100	500	1 600
Jordan	1 100	700	1 800

(b) Preparation process

22. The APD has been developed following consultations with the Palestinian Authority and key counterparts based on their development priorities and strategies. The APD was informed by recommendations from programme evaluations and studies that were important to guide strategy development and refinement of priorities. In Jordan, Lebanon and the Syrian Arab Republic, consultations with UNRWA and national partners were held and agreement on priorities was reached, taking into account the analysis and priorities outlined in the Syria Humanitarian Assistance Response Plan and the Regional Response Plan. In the State of Palestine, a range of evaluations and studies and a comprehensive situation analysis were critical inputs to the establishment of priorities.

23. UNRWA is a key partner for UNICEF in Jordan, Lebanon and the Syrian Arab Republic. A memorandum of understanding has been signed with UNRWA to support

recently displaced Palestinian refugees from the Syrian Arab Republic as well as Palestinian refugees in Lebanon. The memorandum will further strengthen coordination of interventions and the monitoring of results. In Jordan, the collaboration with UNRWA is focused on a range of programmatic initiatives in Palestinian refugee camps at both strategic and service delivery levels as well as improved monitoring systems.

(c) Programme components, results and strategies

24. The overall goal of the area programme is to improve access to basic services, the protective environment and social inclusion for Palestinian boys, girls and women. This will be achieved through (a) capacity development of national and civil society partners, with a focus on legislation and social service systems strengthening; (b) research that contributes to knowledge and evidence informing social policy and social protection for children; (c) interventions that directly address barriers to equity for vulnerable and marginalized communities; and (d) support to both sustain and encourage resilience to address vulnerabilities.

25. Social inclusion will be advanced in the key sectors of education, child protection and adolescent development and participation. Specific interventions in the health and nutrition sector will also be carried out. In the State of Palestine, WASH and social policy will also be addressed as priority areas.

26. This two-year programme will build on ongoing successes and lessons learned. It will also respond to the specific vulnerabilities of Palestinian refugee children affected by the conflict in the Syrian Arab Republic, Lebanon and Jordan, with an emphasis on access to basic services. The programme design has taken into consideration both development and humanitarian needs, with a special focus on the rights of the most vulnerable and excluded children.

Education

Outcome 1: Vulnerable children benefit from improved access to learning opportunities from preschool to completion of basic education.

27. The education component will focus on boys and girls from early childhood (4 to 6 years of age) through adolescence (up to 18 years). Throughout the area, the programme will focus on early childhood learning and access to basic education and learning opportunities. In the State of Palestine and Jordan, it will provide technical support to include children with disabilities in education and promote a violence-free environment.

28. UNICEF will support these initiatives by introducing innovative methods and tools for remedial education and access to basic formal education. It will provide high-level technical expertise to improve inclusive education, in particular targeting the most vulnerable children and those with disabilities. Gender equality will be promoted by taking into account gender-specific issues in the design of interventions.

29. In the State of Palestine, this component will focus on strengthening capacity. Support to teachers and school administrators will ensure that preschools and primary schools welcome children with disabilities. It will also provide guidance for the implementation of the policy of non-violence and discipline in schools. Within the context of the recently adopted ECD strategy partners will be monitored and trained in order to increase the services available for preschool-aged children

(4-6 years). In addition, capacities will be strengthened to plan and monitor quality and inclusive education and to implement the school management information system and improve coordination.

30. In the Syrian Arab Republic, UNICEF and partners will jointly roll out a self-learning programme, which aims to increase access to basic education for the most vulnerable children. Technical support will be provided to increase access to community-based ECD services for Palestinian children in the country.

31. In Lebanon, UNICEF will support access to quality ECD services through provision of supplies and capacity-building of the staff of non-governmental partners who provide the services. Remedial classes for children will be offered at UNRWA schools and at centres supported by other partners. UNICEF will also support the skills building of staff who supervise remedial learning for Palestinian refugee boys and girls in grades 1 to 8.

32. In Jordan, with technical assistance from UNICEF, UNRWA and the Ministry of Education will implement an action plan for providing quality and inclusive education in UNRWA community-based rehabilitation centres and schools. The plan will use a disability-related situation analysis in all official and unofficial camps as a basis for designing and implementing appropriate and effective responses by different stakeholders. To address high dropout rates, particularly of girls, UNICEF will also support violence-free schools in camps and conduct behavioural change campaigns on prevention of early marriage and corporal punishment.

Child protection

Outcome 2: Girls and boys increasingly benefit from improved child protection systems for prevention of and response to violence, abuse, exploitation and neglect.

33. This component covers the entire geographic area of the programme. UNICEF will work with national and subnational partners to ensure that more children are protected from violence through improved capacity of partners and service providers to detect, prevent and respond to acts of violence against children. It will also engage with communities to raise their understanding of how to prevent violence. Prevention of violence against children will require strong cross-sectoral collaboration, involving authorities and experts on education, health and adolescence. For example, collaboration between child protection and health officials and their ministries will be needed, where a policy and subsystem are to be developed to detect, refer and report cases of violence and abuse against children.

34. A focus in the State of Palestine programme will be on developing national capacities to provide child protection services. This includes strengthening psychosocial services, building on good practices already being implemented, to better protect children living under occupation. UNICEF will support implementation of the amended Child Law and increase capacities to legislate, plan and operationalize coordinated approaches to child protection. UNICEF will also support implementation of the Juvenile Protection Law to protect children in conflict with the law. Violations of child rights will require ongoing support to multiple partners to document grave violations against children and to protect them from armed conflict.

35. In Lebanon, UNICEF will strengthen response and preventive interventions in child protection and gender-based violence services. Child protection systems in the camps will be mapped and case management and referral systems established.

Capacity-building support will be extended to UNRWA and Palestinian non-governmental organizations (NGOs) to manage and refer cases involving child protection abuses and gender-based violence. UNICEF will involve a range of community members in providing psychosocial support services.

36. In Jordan, the programme will support students, teachers, principals, parents and members of the wider community, including in Palestinian refugee camps, to transform their schools to become more inclusive, safer and free of violence. This will involve a programme of capacity development. Particular attention will be given to changing social norms on violence against children in schools through a communication for behaviour change campaign. It will build on lessons from the Ma'An campaign against school violence. The programme will continue to strengthen the capacity of UNRWA to assess and respond to vulnerable Palestinians' needs for protection by replicating the successful model for multidisciplinary case management teams, which was previously implemented in the Marka camp. Special attention will be extended for protection and rehabilitation of abused children, children deprived of parental care and children in conflict with the law.

37. In the Syrian Arab Republic, a two-pronged approach will be adopted involving both prevention and response to the most pressing protection needs by raising awareness and building capacity. UNICEF will provide psychosocial support to Palestinian children by supporting the establishment of fixed and mobile child-friendly spaces and training young community volunteers in psychosocial support. For prevention, a child protection awareness campaign, which will also reach out to Palestinian children and communities, will address gender-based violence, child recruitment and prevention of family separation, among other issues. In partnership with UNRWA, the mine risk education module will be introduced in UNRWA schools and other schools attended by Palestinian children. In addition to UNRWA, UNICEF will partner with the Palestinian Red Crescent and other Palestinian NGOs.

Adolescent development and participation

Outcome 3: Adolescent girls and boys are enabled to contribute to community and national development and make a productive transition to adulthood.

38. This programme component, which covers the entire geographic area of the area programme, aims to further develop policies and partnerships that recognize the importance of constructive engagement with adolescents (primarily aged 10 to 19 years). An important aspect of the programme is to help them acquire skills and competencies for positive participation in their societies and to provide opportunities that support the transition to adulthood.

39. UNICEF will contribute to promoting youth and adolescent empowerment and participation through innovative means of communication and capacity-building. The latter will include support to youth-led initiatives and those aimed at building entrepreneurial and life skills. In Jordan and State of Palestine, a strong communication for development effort will be undertaken to promote greater acceptance of and engagement by policymakers with young people.

40. In the State of Palestine, adolescent programming will build on the achievements from the previous cycle. It will shift the focus to provide adolescents with opportunities to be empowered to make decisions that will influence their transition to adulthood. The programme will, in a gender-sensitive manner, use

innovative approaches including social media and the arts to promote healthy lifestyles and learning opportunities. Partner capacities will be developed to implement the action plan for national standards for adolescent and youth centres.

41. In the Syrian Arab Republic, the capacities of partners, including local NGOs, will be enhanced to provide lifeskills programming to adolescents and promote their participation in developing and delivering community initiatives.

42. In Lebanon, UNICEF will make special efforts to increase engagement of the most marginalized and vulnerable adolescents. Together with UNRWA, UNICEF will scale up and institutionalize successful initiatives in the camps, and provide opportunities for volunteerism and internships.

43. In Jordan, the programme will offer expanded civic engagement and leadership opportunities to Palestinian youth and adolescents in the camps, especially to the most marginalized and vulnerable. The programme will roll out the lifeskills manual in adolescent-friendly spaces, UNRWA schools and community-based organizations. Ongoing support for networking among adolescents will be expanded through the 'U-CAN' network, in which adolescent change agents will participate in planning and evaluating programme activities through social media and other means.

Health and nutrition

Outcome 4: Women and children, especially the most vulnerable and marginalized, increasingly use improved maternal, child health and nutrition services, and apply improved health practices.

44. Across the area programme, this component will aim to increase provision of and access to maternal and child health services and promotion of appropriate infant and young child feeding practices that incorporate breastfeeding, as well as healthy nutrition, especially in early childhood.

45. UNICEF will support capacity development interventions targeting health professionals from ministries of health and/or NGOs, UNRWA and other local partners. It will also aid communication for development initiatives across a range of communities and refugee camps and among displaced populations in Jordan, Lebanon, the State of Palestine and the Syrian Arab Republic.

46. In the State of Palestine, a focus on communication for development will be applied to strengthen home-based care as part of the Baby-Friendly Hospital Initiative and neonatal health care services established during the previous cycle. Behavioural change and communication interventions targeting vulnerable communities and marginalized areas will be used to address non-communicable diseases and injury and accident prevention. Technical assistance will be refocused to support systems and capacities to ensure that supply chains are functioning. The objective is to complete the final phase of handing over the procurement processes for the national Expanded Programme on Immunization.

47. In the Syrian Arab Republic, the focus will be on improving access to health services to internally displaced Palestinian families living in Syrian host communities and to refugees living in camps, by building the capacity of local partners including NGOs and promoting service delivery. Preventing malnutrition among young children and raising families' awareness of the importance of breastfeeding and proper complementary feeding for young infants will be a key emphasis.

48. In Lebanon, UNICEF will strengthen the capacity of UNRWA, as the primary provider of health services to Palestinian refugees, to address the bottlenecks in improving the quality and coverage of immunization and nutrition services to children and women living in the camps. This will be done by expanding provision of vaccines and immunization supplies, vitamin A and oral rehydration salts. To address the critical issue of anaemia and malnutrition among newborns, UNICEF will support the UNRWA supplementary feeding programme for pregnant women and breastfeeding mothers. It will also organize information sessions for pregnant and lactating Palestinian women about breastfeeding, child feeding and care practices, and anaemia.

49. In Jordan, emphasis will be given to targeted capacity-building of health providers based in refugee camps, emphasizing the integrated management of childhood illness for children under 5 years of age. Capacity development will include establishment of guidelines for infant and young child feeding and maternal and child health. Pregnant women and mothers will improve their knowledge of the benefits of breastfeeding and learn about proper child feeding practices and better parenting approaches.

WASH

Outcome 5: Children and their families increasingly benefit from access to safe and affordable water and sanitation and adopt improved hygiene practices.

50. Implemented only in the State of Palestine, this programme component aims to support national capacities in planning, budgeting and managing the equitable delivery of safe water and sanitation systems. This will be done through three areas. First, continued support to achieve the optimal effectiveness of the Palestinian Water Authority's water information system for water and sanitation management. Humanitarian coordination functions will continue to be transitioned to national authorities for both sudden- and slow-onset crises involving access to safe water and sanitation. UNICEF will continue to advocate for environmentally sustainable approaches for increasing access to water.

51. Second, the successful WASH in Schools initiative will be extended into a second phase. Evidence on successful practices and lessons learned on WASH in schools will be obtained from a planned evaluation of the project and from a study on knowledge, attitudes and practices study on WASH in Schools.

52. Third, the large-scale sea water desalination project in Gaza, supported by UNICEF and partners, will complete phase one and potentially expand into phase two. Behavioural change communication and hygiene awareness will continue to be integrated into all infrastructure activities.

Social policy and evidence

Outcome 6: Children increasingly benefit from an improved policy environment based on research and data.

53. This programme component will be implemented only in the State of Palestine, with a focus on building the capacities of authorities to legislate, plan and budget for inclusive social policy and social protection for children. UNICEF will continue its role as technical advisor to the Social Protection Sector Working Group as well as the lead agency for the UNDAF social protection theme group. Through cooperation with

the Ministry of Social Affairs, key donors and implementing agencies, this component will engage in and influence policy dialogue and advocacy related to UNICEF programming interventions.

54. The strong partnership with the Palestinian Central Bureau of Statistics will continue to be pivotal. The focus will be on increasing the capacity of the Palestinian Authority to manage research and analysis related to priority issues affecting children.

Cross-sectoral

55. Despite the small geographic area covered by the area programme, the complexities of the political and operational environment, in terms of the ongoing occupation and regional political instability, require strong cross-sectoral support. Heightened focus on security is crucial in a context in which major and minor conflicts threaten the safety of staff and assets. Cross-sectoral costs also cover supply management, routine administration, finance and human resources and support for information and communication technologies.

Relationship to national priorities and the UNDAF

56. The APD is aligned with the first UNDAF for the State of Palestine (2014-2016). The Palestinian National Development Plan 2014-2016 is a key reference, as is the 2013 situation analysis prepared by the Ministry of Planning and Administrative Development and UNICEF. The outcomes included in the relevant UNDAFs encompass several priorities of the UNICEF Strategic Plan, 2014-2017: health, education, nutrition, WASH and protection of children and women. The area programme has been informed by key priorities outlined in relevant sector strategies and programme working groups.

57. Across the area programme and especially in Jordan, Lebanon and the Syrian Arab Republic, the situation requires a dual focus on development and humanitarian approaches to meet immediate needs. The 2014 Syria Humanitarian Response Plan and the Regional Response Plan were important references in this context.

Relationship to international priorities

58. Programme priorities are informed by the Convention on the Rights of the Child, Convention on the Elimination of all Forms of Discrimination against Women, Convention on the Rights of Persons with Disabilities and the Millennium Development Goals and Millennium Declaration. Where relevant they are also informed by Security Council resolutions [1612 \(2005\)](#), [1882 \(2009\)](#) and [1998 \(2011\)](#) on children affected by conflict.

Major partnerships

59. UNICEF maintains strong partnerships with the Palestinian Authority and national authorities, and with UNRWA across the area programme. Both the United Nations country team and the humanitarian country team in the State of Palestine are forums for further promoting partnerships in pursuit of important results. Other key stakeholders include Red Crescent societies and a range of NGOs and civil society and faith-based organizations.

Monitoring, evaluation and programme management

60. Each country office will monitor the performance of its component of the area programme by developing monitoring and evaluation plans focused on measuring progress towards the achievement of its outcomes. Joint studies and evaluations will be conducted as appropriate. In Lebanon a number of innovative monitoring tools have been developed for facilitating monitoring and reporting in the context of humanitarian interventions, and these can be adapted to the development context for use by other country offices and partners. These tools include online partner tracking and monitoring and data collection using tablets and smartphones to enhance rapid data entry and analysis for quick action.

61. Considering programmatic synergies across the area, there are opportunities for closer collaboration among the four offices, ranging from joint efforts on communication for development campaign materials to resource mobilization and fundraising efforts. The APD also offers a common platform for reporting and conducting joint communication and advocacy efforts.
