The Palestinian Initiative for the promotion of **Global Dialogue and Democracy.** MIFTAH
المبادرة الفلسطينية لتعميق الحوار العالمي والديمقراطية

The MDG - ICPD

The Millennium Development Goals - International Conference on Population and Development

Palestine Report

In Preparation for ICPD

15@

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The MDG - ICPD Palestine Report In Preparation for ICPD @ 15

"Gender, Peace, and Security" Project

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TABLE OF CONTENTS

ACRONYMS

GDP	Gross Domestic Product
ICPD	International Conference on Population and Development
MDG	Millennium Development Goal
OPT	Occupied Palestinian Territory
PCBS	Palestinian Central Bureau of Statistics
PNA	Palestinian National Authority
PRDP	Palestinian Reform and Development Plan
UNDP/PAPP	United Nations Development Programme / Programme of Assistance to the Palestinian People

SYNOPSIS

In response to preparation for the International Conference on Population and Development@15 (ICPD@15) in 2009, the UNFPA country office in the Occupied Palestinian Territory (OPT) presents the following report, which is based on the MDG-ICPD inter-linkages and mutual reinforcement. As mentioned in the "original outline for MDG-ICPD country reporting in preparation for ICPD@15", the UNFPA office in the OPT has incorporated "as much of these indicators as applicable depending on relevant MDGs that UNFPA has direct or indirect involvement in achieving each goal, and depending on availability of reasonable data from various sources".

The present MDG-ICPD progress report aims at reviewing Palestinian experiences in the implementation of MDGs-ICPD agendas, best practices and constraints in the Occupied Palestinian Territory (OPT). Specifically the report aims at producing a country (OPT) progress report as UNFPA's input to the global fifteen-year review of the ICPD. The report includes the following:

- Identifying progress made on each MDG indicator;
- Documenting lessons learned and best practices in program interventions within the Palestinian context; and;
- Presenting encountered challenges and developing relevant recommendations.

The report was prepared during the same period the updated copy of the Palestinian Reform and Development Plan (PRDP) for 2008 – 2010 was released, at a time when the likelihood of achieving internal Palestinian political conciliation is considerably high, along with the launching of the Cairo Conference for Early Recovery and Development of the Gaza Strip (held on 2 March 2009). Despite the deteriorating socio-economic situation, these factors point to political opportunities as well as hope for socio-economic improvements in the lives of the Palestinian people.

The report provides a framework for monitoring and registering progress made on the basic MDGs' monitoring indicators. It indicates that despite the relatively better human development indicators previously enjoyed by the Palestinians in comparison to a few other countries in the Arab region, human development outcomes have been regressing since the start of the second Intifada in 2000. Poverty and unemployment remains the major development challenge in the Palestinian context, although the overall picture in terms of certain other MDG goals remains relatively favorable when compared with regional averages. Indicators on the incidence of impoverishment of the population in terms of income, hardship and access to basic social services are telling, while decline in other areas is also indicated.

One of the basic challenges is to measure the short term effect of decline in living standards, on numbers of the poor and other downward trends, which are likely to become more

prominent in the longer run. The special status of the Palestinian case makes projections for MDG progress difficult to predict. Without progress on the political front and without the removal of Israeli restrictions, conditions are expected to worsen, and instead of heading towards achieving MDGs, a downward trend is expected.

The report is divided into four chapters: Chapter One is a comprehensive background on the Palestinian population, MDG linkages to the Palestinian Reform and Development Plan (PRDP), and overall status of women and children in the OPT. Chapter Two reviews the progress attained under each MDG. Chapter Three presents selected UNFPA's best practices and interventions in the OPT. Chapter Four reviews the major challenges facing the achievement of each MDG and provides recommendations to enhance the enabling environment needed to overcome challenges and achieve goals.

SUMMARY

The report addresses the progress made at each MDG-ICPD relevant indicator.[1] It gives an overview of the humanitarian crisis situation in Palestine, examines progress towards realization of a number of relevant MDGs, and suggests policy recommendations towards realizing the MDGs based on the current progress in achieving the millennium goals and UNFPA's best practices in the Palestinian context.

The table below provides an overall summary and indicators on the achievements of MDGs in the OPT.

OPT MDG Achievement Summary Table

Millennium Development Goal	MDG Achievement Status	Remarks
Eradicate extreme poverty and hunger	Highly unlikely	As a result of occupation and closure, high poverty rates and clear rise in the number of new poor have detrimental effects on food security.
Achieve universal primary education	Highly likely	There was deterioration in indicator 1 (net enrollment ratio), while the second and third indicators showed good progress. In spite of good primary education enrollment, the quality of basic education is still questionable
Promote gender equality and empower women	Likely	Educational progress favorable, whereas women's economic and political participation remains low.
Reduce child mortality	Unlikely	Although there is an upward trend (13% reduction), the progress is not enough. In addition, due to increased poverty, tight closures and military barriers on access to health care, it is unlikely that child mortality will be reduced by two-thirds by 2015.
Improve maternal health	Likely	Increase in prenatal visits and drop in adolescent birth rate. However, no information on quality of health care or reliable estimates of maternal mortality. (Issues of access remain a great concern, particularly during emergencies in Gaza and due to the barrier/wall in WB)

1 It should be noted that in this report, some MDG indicators have been skipped due to unavailability of relevant data, or being irrelevant to the OPT.

Ensure environmental sustainability	Highly unlikely	Natural resources, particularly water and land, are controlled by Israeli occupation authorities. The daily amount of safe water available to Palestinians falls far below minimum levels set by the World Health Organization. Israeli Occupation Forces have systematically destroyed water infrastructure and confiscated Palestinian water sources.
Develop a Global Partnership for Development	Unlikely	Palestinians in the OPT still receive one of the highest levels of aid in the world. Nonetheless, due to political instability, a substantial amount of ODA goes to emergency and humanitarian issue.

BACKGROUND

The following section provides information on the MDG-ICPD framework, the population, MDG relevant linkages to the PRDP 2008-2010 and the status of women and children in the OPT.

MDG and ICPD

At the Millennium Summit in September 2000, United Nations members reaffirmed their commitment to working towards a world in which sustainable development and the elimination of poverty would be given the highest priority. The Millennium Declaration, adopted by 187 countries at the Summit, led to the definition of the Millennium Development Goals (MDGs) and related targets. The MDGs constitute 8 goals, 18 targets, and 48 indicators to be achieved worldwide by 2015. MDGs consider 1990 as the base-year for comparison and monitoring of achievement in progressing towards realizing the MDGs. The MDGs were guided in part by agreements and resolutions of international conferences over the past decade, including the International Conference for Population and Development (ICPD) held in Cairo in 1994. The goals are commonly accepted as a framework for measuring progress towards development. The MDGs focus the efforts of the world community on achieving significant and measurable improvements in people's lives.

The Palestinian Population

The Palestinian Population is 3.8 million - 2.4 million in the West Bank and 1.4 million in the Gaza Strip. The population growth rate is 3.0% - 2.6% in the West Bank and 3.3% in the Gaza Strip (**1**). Almost 46% of the Palestinians are under 15 years of age, while only 3% are 65 and above (**2**). The fertility rate is 4.6 children/woman - 4.2 in the West Bank, and 5.4 in the Gaza Strip (**2**). Among females 15 years old and above, 34% are single, 58% are married, 1% divorced, and 7% widowed. Among males 15 years old and above, 43% are single, 56% are married, 0.3% divorced, and 0.7% widowed (**2**).

Among children under 5 years of age in urban areas, 11% were stunted (low-height-for-age), 1.3% were wasted (low-weight-for –height), and 2.7% were underweight (Low-weight-for-age). In rural areas, 8.6% were stunted, 1.3% wasted and 3.5% were underweight. In camps, 10.0% were stunted, 2.1% wasted and 2.5% underweight (**3**). Based on DHS 2006, infant mortality was 25.3 per 1000 live births - 22.9 in West Bank and 28.8 in Gaza, divided as follows: 27.3 among males and 23.7 among females (**2**).

In 2007, among the youth (aged 15-29), 70% were employed, 75% in the West Bank and 60% in Gaza (**3**). Far less females were employed compared to males - 16% vs. 68% (**4**). The net school enrollment ratio was 85% for males and 83% for females. About 3.0% of males dropped out of secondary school compared to 3.8% of females (**5**). The ratio of girls to boys in primary, secondary, and tertiary education was 98.3%, 113.3%, and 117%, respectively (**5**). Literacy rates among youths in the 15-24 year range was 99.1% for males, and 99.0% for females (**5**).

Almost 34% of women were younger than 18 during pregnancy with their first child (**2**). About 90% of pregnant women in Palestine had four or more prenatal visits, 88% in the West Bank and 94% in Gaza (**3**). The proportion of births attended by skilled personnel was 99% - 98% in the West Bank and 99% in Gaza (**2**).

Half of women of reproductive age used contraceptives - 55% in the West Bank and 42% in Gaza. Among contraceptive users, 39% used modern methods and 25% used IUDs (**2**). Among mothers with more than one child, 27% reported average spacing between pregnancies of less than 18 months (**2**).

Palestine has unique migration patterns due to the occupation and a bad economy (**6**). Thousands have gone abroad, mostly to Europe, the Arab Gulf states and the United States. The move is easiest for hundreds of thousands of Palestinians who already hold foreign passports or have relatives abroad. In addition to external migration, thousands have moved to different towns to avoid the hardships of living too close to army checkpoints and battle zones. About 15,000 Palestinians have fled the Israeli-controlled center of the West Bank city of Hebron. Another 5,000 have moved from Gaza's battle-scarred south to Gaza City. Migrants moving to Ramallah, the West Bank's business and government hub, have left wives and children behind in other towns (**6**).

MDG Linkages to the Palestinian Reform and Development Plan (PRDP) 2008 – 2010

In its PRDP 2008 -2010, the Ministry of Planning developed a development framework that incorporated four national policy goals (**7**):

Safety and security: a society subject to law and order, which provides a safe and secure environment in which the people of Palestine can raise their families and pursue their livelihoods and businesses, free from crime, disorder, and the fear of violence.

Good governance: a system of democratic governance characterized by participation of citizens, respect for the rule of law and separation of powers, capable of administering natural resources and delivering public services efficiently, effectively and responsively, and supported by a stable legal framework, a robust legislative process and accountable, honest and transparent institutions which protect the rights of all citizens.

Increased national prosperity: economic security, stability, viability and self reliance, achieved through an increase in sustainable employment and an equitable distribution of resources, leading to the reduction and eventual eradication of poverty.

Enhanced quality of life: increases in material wealth and environmental quality are matched by the strengthening of social coherence and solidarity, so that the most vulnerable areas and groups in society continue to be supported.

The MDGs share many of the Palestinian policy goals, and thus form a tool through which Palestinians and the international community can monitor the overall strategic development objectives in Palestine.

The table below shows linkages between the MDGs and the PRDP sector policy, plans, and programs.

MDG Linkages with the PRDP 2008-1010 Programs and Agenda	
PRDP 2008 – 2010 Programs and Agenda	**Relevant MDGs**
1. Enhancing the Governance Sector	MDGs 1, 2,3, 4, 5, 7, 8
2. Improving the Social Sector and Human Well-Being	MDGs 1, 2, 3, 4, 5, 6, 7
3. Investing in Development of Economic Sector	MDGs 1, 2, 7
4. Upgrading and Investing in Infrastructure and physical Environment	MDGs 1, 2 and 7

CHAPTER ONE

OCCUPATION AND PALESTINIANS' HEALTH (8)

Pregnant women

Due to movement restrictions, 7% of Palestinian women in the West Bank reported difficulties in accessing health care facilities (**9**). In 2007, about 20% of the Palestinians reported a delay of two hours before receiving sought-out health care. About 2,500 births per year occurred amid difficulty in reaching a delivery facility. In 2006, 13% of deliveries took place outside health facilities. Israeli measures continue to be the cause of checkpoint deliveries, jeopardizing the health and life of the mother and newborn child. This led to numerous miscarriages and deaths of at least five mothers in 2007 (**10**). As a means of circumventing these travel restrictions, some deliveries take place in less safe locations with compromised standards of health care, at home or in doctors' clinics. Checkpoints, barriers and road closures have increased home deliveries by 8.2%. Since the beginning of the uprising in September 2000, at least 70 women gave birth at checkpoints; from among these deliveries, at least 34 infants and four mothers died due to complications. Another detrimental effect of movement restrictions is the increase in induced labor and cesarean sections (26% in Jericho), and discouraging women from seeking quality postnatal care. Maternal mortality is underreported in Palestine. The reported maternal mortality ratio for the West Bank and Gaza Strip per 100,000 live births is 6.2. A study on 431 women who died between the ages of 15 and 49 years in the West Bank in 2000 and 2001, found that maternal mortality ratios for 2000 and 2001 were 29.2 and 36.5 per 100,000 live births, respectively (**11**). Cardiovascular diseases and hemorrhaging were the most common causes of death. Misclassification was found in 38% of the deaths (**11**). A tentative analysis of avoidability indicated that 69% of maternal deaths could be classified as avoidable (**11**).

Pregnant women and their unborn and newborn children were one of the most underreported casualties of the recent Gaza war, says the *United Nations Population Fund (UNFPA)(**12**)*. According to an assessment made by the UN agency, the intense nature of the Israeli offensive over a 22-day period led to a high number of unnecessary miscarriages and premature labor brought on by shock and trauma (**12**). In a normal month, 4,000 babies are born in the Gaza Strip, says UNFPA's assistant representative in Gaza, Ziad Yiash. But there were 5,000 births in January, and a 51 percent increase in miscarriages. Many women gave birth at home and at local shelters under the supervision of female family members. Locals would use the mosque loudspeaker to request medical assistance for pregnant women. Some died on the way to hospitals, particularly in Gaza's north (**12**).

Women in prisons

As of May 2008, 73 Palestinian female political prisoners were held in Israeli prisons and detention centers. Additionally, to date two infants remain with their mothers in prison. Approximately one in four Palestinian female prisoners suffer from several ailments; weight loss, general weakness, rheumatism, anemia, post traumatic stress disorder, and depression. They also suffer from skin problems from poor ventilation and cockroaches. Lack or delay in access to medical care increases complications, especially in chronic and degenerative diseases like cancer. Furthermore, to date, there are no gynecological services available in Israeli prisons. Even when hospitalized, they receive culturally insensitive care, which adds to their stress. In the past five years, four women gave birth in prison under extremely difficult conditions. Numerous risk factors during pregnancy, including poor nutrition, poor obstetric history, high levels of anxiety, depression and inadequate care, could have disastrous consequences (**8**).

Access to specialized medical treatment

Based on WHO reports, from October 2007 through March 2008, 32 patients (age 5 months-78 years) died after denial of timely access or referral to health services outside Gaza. Of these patients, 19 were women (**8**).

Delay and denial of ambulance access through checkpoints during the period 1 January – 24 June 2008

Forty-seven Palestinian Red Crescent Society ambulances were delayed or denied access while transporting female patients in the West Bank. This delay has always exposed patients to higher health threats and has been the cause of death for some patients (**8**).

Living conditions of rural women

Many rural areas have been affected by water shortage, as water resources are intentionally being diverted by Israeli authorities for settlement use. Rain water is collected from dirty catchment areas and used for drinking. This contaminated collected water is causing amebas in children and pregnant women. In addition, many people used untreated wastewater for irrigation. To make things worse, due to insufficient water, people sell their livestock, which causes a loss of jobs and a worsening economic situation (**8**).

The continuous incursions and strict closure imposed on Gaza have seriously affected the lives of all citizens, especially women. For example, women were massively affected by the Israeli military strike on Gaza (27 December 2008 -17 January 2009). UNFPA warned about serious risks facing more than 40,000 pregnant women in Gaza. Stress, trauma, and poor nutrition could result in life threatening complications along with silent death and injuries for this sector of the population. UNFPA also voiced concerns about post-crisis neonatal care as many women who delivered their babies in hospitals during the crisis were sent home as early as 30 minutes after giving birth (**13**).

Women and right to education - consequences of movement restrictions

In addition to its impact on access to health care, the tight closure has adverse effects on women's access to education, particularly in rural areas. Parents will not allow their daughters to attend school if they have to travel long distances or cross checkpoints, which has led to a high dropout rate.

Furthermore, female prisoners are not allowed to take matriculation exams. For higher education, they are only allowed to enroll in the Open University of Israel that teaches in Hebrew only, which is an obstacle for those that do not know the language (**8**).

Violence against women

The main challenges to confronting gender-based violence can be summarized as follows: the Israeli occupation, the lack of a referral system, a conservative culture and society dictated by intersections of religion and patriarchy, inadequate legal protection for women victims of violence and service providers, and the short-term "project" structure of interventions as opposed to long-term program-style interventions (**14**).

During Israeli incursions into Gaza throughout the period 2000 to 2008, 194 women were killed. In 2006, 72% of Palestinians reported regular verbal abuse and humiliation by soldiers at checkpoints (**15**). Such abuse adversely impacts women's right to movement, particularly in comparison to men. This in turn affected women's participation in the work force (**16**).

There are about half a million settlers living in 149 Israeli settlements in the West Bank (**17**). The settlements, which are in violation of international law, add to the violence perpetrated against Palestinians (**18**). In 2006, more than 275 incidents of violence were reported at the hands of Israeli settlers, ranging from vandalism of crops, slaughter of livestock and poisoning of water wells to the shooting of children (**19**). Settler violence is frequently directed at Palestinians working in their fields. Palestinian women, who represent a substantial percentage of the Palestinian agricultural labor force, are thus direct victims of settler violence.

Inside Israeli prisons and detention centers, many cases of torture during interrogation were documented by human rights organizations in the OPt. Women reported having been shackled for nine consecutive hours while being questioned, intimidated, threatened, humiliated, prevented from sleep and even beaten. Upon their arrest, they are rarely informed of charges against them or of the location where they are being transported. To add to their suffering and abuse, female political prisoners are not entitled to family visits, including from their children, whom they cannot even call, which has detrimental effects on their well-being, especially for those with life-long sentences.

Trafficking and Prostitution

A recent study found that a number of women and girls are victims of trafficking for sexual purposes. These offences occur both from the OPt into Israel and within the Opt itself. Victims are mostly university students in their 20s, but some victims were as young as 12 and 14 years of age, who are married by an "Urfi" contract (to give prostitution an Islamic cover, where the couple enters into secret marriage contracts that are not officially registered). Others are in their 30s and 40s, who consider prostitution as the only available means for making a living and escaping domestic violence. Trafficking and prostitution operate informally, mostly in the urban areas of Ramallah and Jerusalem and in Israeli settlements and refugee camps. Poverty, domestic violence, sexually exploitative relationships, social stigma attached to crimes involving sexual exploitation and the absence of social networks and protection facilities, all play a major role in the rates of these crimes (**8**).

Domestic violence

Palestinian society is patriarchal, where discrimination between men and women is the basic component in men's violence against women. Violence from the occupation against Palestinians is often channeled through men's anger against women (**20**). In 2007, 33% of women in the OPt reported physical abuse, 27% sexual abuse by someone intimate and 52% psychological abuse (**21**). Based on a UNFPA survey in 2007, domestic violence increased with the rising political violence in 2007 (**22**), with men using women as outlets for their anger, frustrations, and powerlessness. Women with secondary and higher education and working women were less likely to be physically and sexually abused (**21**).

There are clear gender inequities in the prevailing legal framework in the OPT (**23**). Furthermore, there are no specific provisions under the prevailing penal codes in the West Bank (Jordanian Law No. 16, 1960) and Gaza (Criminal Code Ordinance No. 74 of Gaza, 1936) that address domestic violence, whether physical or sexual (**23**). Based on a national survey in 2005 of married women suffering at least one instance of abuse, the following findings were concluded (**23**):

- Women with secondary or higher education are significantly less likely to suffer all forms of abuse.
- Women in the labour force are less likely to suffer physical or sexual abuse, although psychological abuse remains common.
- Women living in large households suffer significantly more psychological and physical abuse.

Child Labour

Child employment is directly linked to the economic crisis represented in the unprecedented poverty and unemployment rates brought on by aggressive Israeli practices against Palestinian society and the deliberate siege and destruction of its economic structure and livelihood of its individuals. Furthermore, the deteriorating security situation and the violence to which children (directly and indirectly) are subjected, puts children in a psychological state characterized by frustration and loss of hope for the future, thus encouraging them to enter the labour market. These factors have not only led to an increasing demand on child employment, but also forced children to accept the most hazardous of jobs (**24**).

The Palestinian Labour Law, effective since mid-2000, prohibits the employment of children before the age of 15. The law considers children between 15-18 years of age as working juveniles and thus stipulates that it is prohibited to employ them in industries hazardous to their safety or health, in night jobs or on official holidays. The law also prohibits that they work over-time or on a units-of-production basis; neither does the law allow that they work in remote locations far from populated areas. Furthermore, the law stipulates the need for reduced daily working hours for juveniles; that daily working hours should be broken up by one or more breaks with a total resting period of no less than one hour; and that juveniles should not work continuously for more than four hours (**24**).

A survey on this subject was conducted in 1996 by the International Movement for the Defense of Children - Palestine Branch. It covered a sample of 544 girls and boys between the ages of 8 – 18 in the labour market from the West Bank. Its results indicated that one-quarter of children in the labour market were under 14 years of age and 87% of the children had dropped out of school at early stages having not passed the ninth grade. It also indicated that most of the children (74.3%) were employed by non-familial enterprises while 25.7% were employed in family-owned enterprises. The great majority of children were full-time workers, working an average of 9.6 hours a day. Over one half of the children worked in the industrial sector, 5.2% in agriculture, 17.9% in commercial activities, 20.9% in services and 3.4% in other sectors (**24**).

Another study (covering a sample of 348 boys and girls in the labour market) was conducted in 1998 jointly by UNICEF and the Ministry of Planning and International Cooperation (MOPIC) (Secretariat of the National Plan for the Palestinian Child). In this study, female children made up 9.2% of the sample. The main findings point to the presence of girls in the labour market, even though they made up a small percentage of the sample (**24**).

Another study of children in the labour market by Birzeit University in 2004 found that about 91% of the children participants were boys while 9% only were girls (76 boys and 7 girls). The research showed that 13% of the households fully depended on the work of the working

child. The research showed that 30% of the working children are still enrolled in schools, whereas 70% dropped out. The findings also showed that most of the younger children (80%) were still enrolled in school. This percentage dropped to 58% among children in the age group (10-14) and greatly decreased to 9% among children in the age group (15-17). It should be noted that the majority of dropout children is concentrated in the age group (15-17 years). Although a number of the working children lived in broken families (particularly in the Gaza Strip), the majority of the households researched were harmonious (particularly in the West Bank) and the children of these households worked out of responsibility and a sense of bearing a significant role in the family. Moreover, the majority of the children were unaware of their rights and the Palestinian laws on child employment (**24**).

Foreign-born spouses/family members (family reunion)

At the end of 2005, there were about 120,000 pending requests for family unification, in addition to thousands of unprocessed cases (**25**). These cases were for foreign-born spouses and relatives of Palestinians resident in the OPt

Women and employment

About 73% of women refugees in the West Bank and 59% of those in the Gaza Strip are outside the labour force (**26**). However, 90% of unpaid female family members work in agriculture (self employed or engaged in informal employment) (**22**). Refugee women focus on small projects in their homes or close to home. However, they face a number of challenges including: limited or no business skills, lack of access to capital to start businesses and the military closure that hinders the import of supplies to Gaza.

Poverty and living conditions in the OPT (27)

The deep poverty or absolute poverty line reflects a budget for food, clothing, and housing. The relative poverty line includes other necessities such as health care, education, transportation, personal care and housekeeping supplies. The relative poverty line and the absolute poverty line for the reference household (2 adults and 4 children) stood at US$712 and US$568 respectively. Based on 2007 data, 57% of households fell below the national poverty line - 46% in the West Bank and 79% in Gaza. About 18% of households in Palestine suffered from deep poverty - 10% in the West Bank and 35% in Gaza in addition to hindrances to the movement of material and human capital. From the total expenditure of Palestinian households, 37% was spent on food, 15% on transportation, 7% on housing, 47% on health care, 4% on education, and 5% on tobacco and cigarettes (**27**).

Despite the large inflows of aid, the shrinking economy and rising unemployment has led to increasing poverty. Unemployment in the OPT stands at nearly 23%, up from only 10% before the second Intifada in 2000. Unemployment is highest in Gaza at nearly 33% of the active work force and, at 19%, remains intolerably high in the West Bank. Under the current closure and restrictions imposed on commercial activity, unemployment is likely to become much higher as the layoffs in the industrial sector become permanent (**23**).

Poverty levels starkly illustrate the level of aid dependency in the OPT. If remittances and food aid are excluded and poverty is based only on household income, the poverty rate in Gaza stands at almost 67%. The percentage of Gazans who live in deep poverty has risen from 22% in 1998 to nearly 35% in 2006 (**23**). With the continued economic decline in 2007 and the implementation of even stricter closures on Gaza, the current deep poverty rate is likely to be higher.

An assessment by the WFP in October 2007 of non-refugee households found that poverty in Gaza has reached unprecedented levels with around eight out of 10 households living below the poverty line of NIS2,300 (US$594) per month. This represents a sharp rise compared to

the 2005 rate of 63%. More Gazans than ever before are dependent on food aid and direct assistance: 80% of Gazan families currently receive humanitarian aid compared with 63% in 2006. The increase in poverty in the West Bank is lower but is still significant.

As a result of the increased economic hardship, government spending on social protection has seen a significant rise in recent years. In 2005, it reached approximately 6.5% of the GDP, and is expected to have risen sharply during the last two years. Also, with a shrinking private sector and the loss of employment opportunities in Israel, the Palestinian National Authority (PNA) has become increasingly important as a provider of jobs (**8**).

CHAPTER TWO

PROGRESS TOWARD ACHIEVING MDG-ICPD OBJECTIVES (28)

MDG Attainment in the Occupied Palestinian Territory

The Occupied Palestinian Territory (OPT) is placed in the lower middle-income group of countries in terms of the Human Development Index. In terms of MDG attainment, the current level of attainment of some of the Goals seems favorable; although trends since 2000 show that there is a regression in most of the indicators. This regression is a particular feature of the Palestinian situation, which has been undergoing a humanitarian crisis since the second Intifada broke out. The uncertainty in the political sphere poses challenges in actually projecting and modeling progress until 2015, the cut-off date for MDG-based national strategies.

MDGs Advancement

The ongoing socio-economic and political crisis in the OPT in general and the Gaza Strip in particular are expected to cause dramatic deterioration in MDG indicators, especially with respect to poverty and hunger, health, and education. In addition to the economic and social closure of the territory, the sharp increase in the prices of major production inputs and basic food supplies together with the sharp devaluation of the USD dollar has rendered the current national poverty reduction strategies insufficient and less than adequate to face the existing crisis.

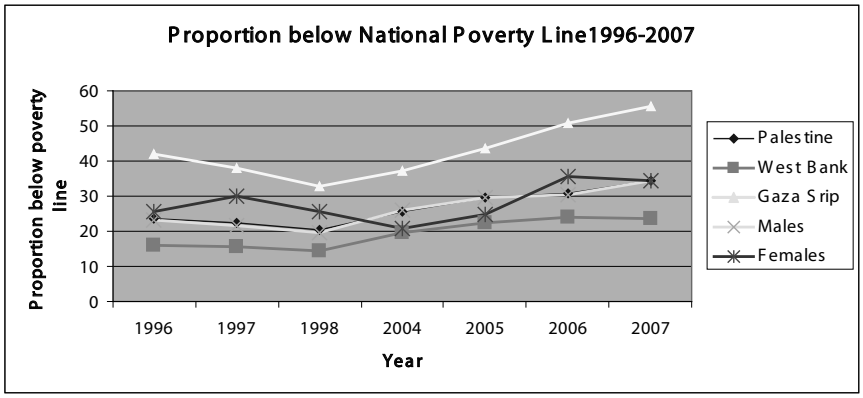
In light of the above, progress in MDG achievement was constrained in 2008. On the contrary, clear deterioration in many of the developmental indicators pertaining to MDG goals has been witnessedMDGs indicators that are not available at the time being: the proportion of people who suffer from hunger, maternal mortality ratio, the prevalence of HIV infection, universal access to treatment of HIV, the extent of integration of principles of sustainable development into country policies, reduction of biodiversity loss, improvement in the lives of slum dwellers, and access to affordable essential drugs. Not applicable MDGs indicators in Palestine: MDG8: Target 8A to 8D.

MDG1: Eradication of extreme poverty and hunger

Target 1.A. Halve, between 1990 and 2015 the proportion of people whose income is less than one dollar a day

Indicator 1: Proportion of population below national poverty line

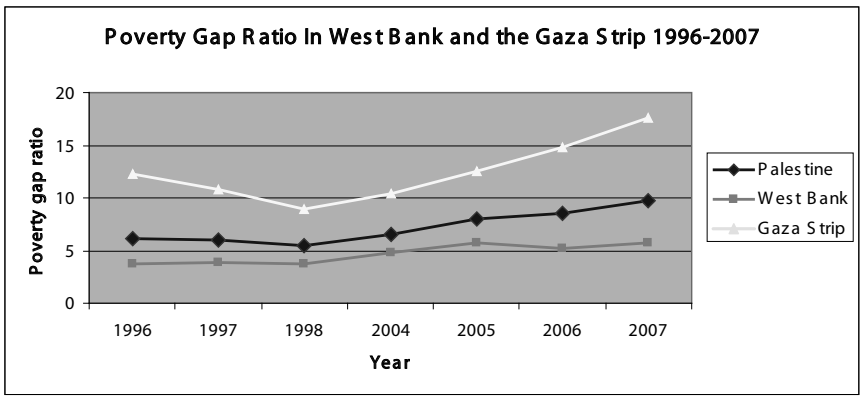
As shown in the figure below, poverty levels among Palestinians have increased drastically, especially in Gaza. Obviously, we are far from realizing the goal of reducing the proportion of the poor by half. Due to increased proportion of the poor, the suffering of women and children escalates as they are affected disproportionately by the hardships of daily living. There are no gender differences in the proportion of poor.



Target 1.A. Halve, between 1990 and 2015 the proportion of people whose income is less than one dollar a day

Indicator 2: Poverty gap ratio

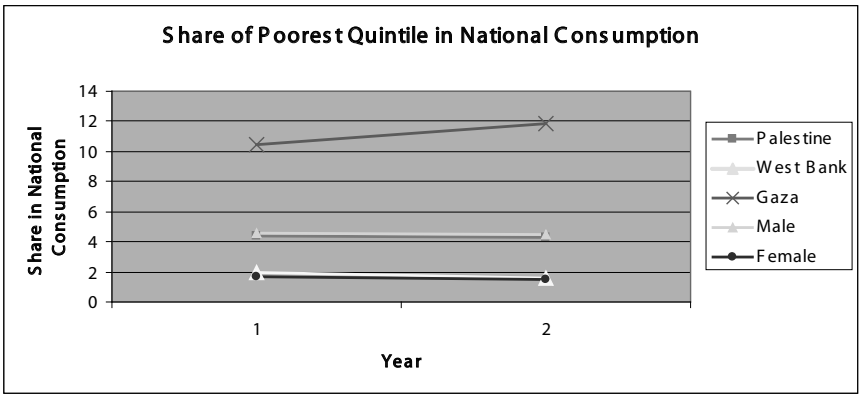
Poverty gap ratio is the mean distance separating the population from the poverty line. It measures the "poverty deficit" of the entire population, where the poverty deficit is the per capita amount of resources that would be needed to bring all poor people above the poverty line through perfectly targeted cash transfers. As is the case for proportion of those below the poverty line, the poverty gap ratio increased, especially in the Gaza Strip.



Target 1.A. Halve, between 1990 and 2015 the proportion of people whose income is less than one dollar a day

Indicator 3: Share of poorest quintile in national consumption

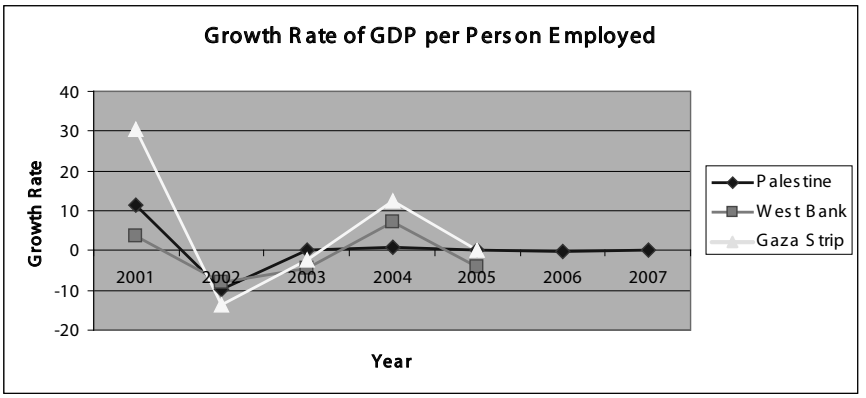
As shown in the figure below, except for Gaza, the share in the national consumption did not change between 2006 and 2007. In the Gaza Strip, the percentage of total consumption increased by 22% in a year. The relative consumption of females is almost half that of males. As shown by the graph, we are still far from the target of reducing the proportion of poor by 50%.



Target 1B: Achieve full and productive employment and decent work for all, including women and young people

Indicator 4: Growth rate of GDP per person employed

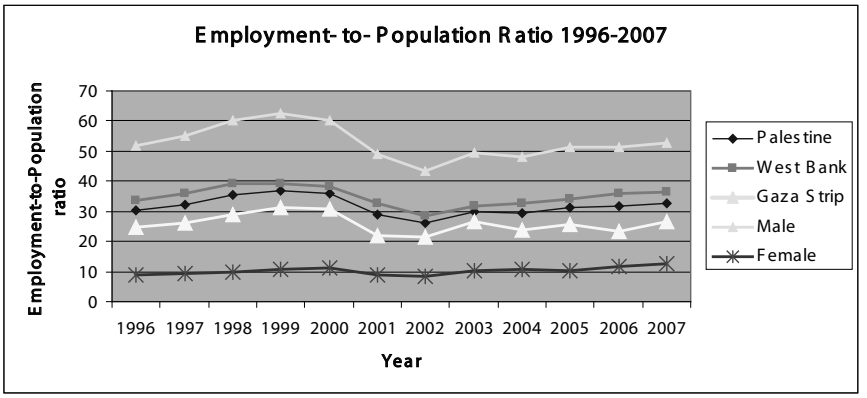
The growth rate of GDP per person employed or labour productivity is defined as output per unit of labour input. Labour productivity growth may be due to either increased efficiency in the use of labour, without more of other inputs, or because each worker works with more of the other inputs, such as physical capital, human capital or intermediate inputs. The growth rate of GDP dropped drastically following the uprising, to reach its minimum in 2002. In 2004, a clear increase was realized. After 2004, the rate started deceasing and reached 0% in 2005. This holds true for both Gaza and the West Bank. Nevertheless, due to deterioration of labor productivity, and partly due to Israeli measures, there is no progress toward achieving the 2015 target of achieving productive employment for all.



Target 1B: Achieve full and productive employment and decent work for all, including women and young people

Indicator 5: Employment-to-population ratio

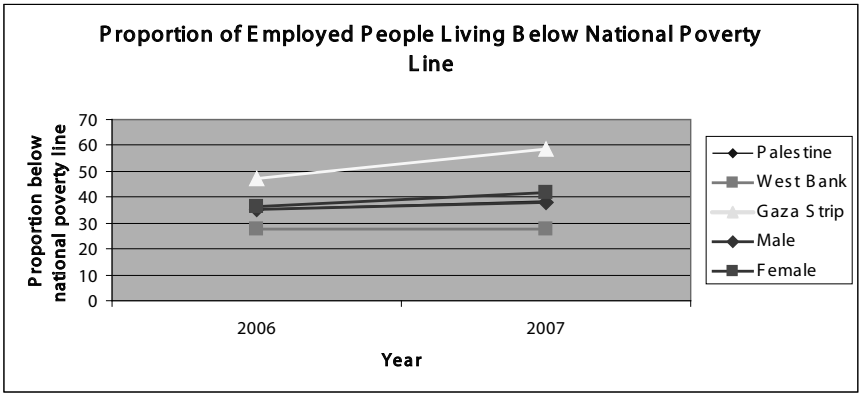
The employment-to-population ratio is the proportion of a country's working-age population that is employed. The ratio of females in the labor force was almost constant throughout the past 10 years. From 2003 till now, the ratio of employed men and women barely changed. The largest drop occurred following the uprising in September 2000. The gender gap in proportion of employment –to-population ratio persisted throughout the 10 years, 1996 to 2007. As is the case for the previous indicator, this indicator also shows the lack of progress in achievement of the 2015 target of productive employment for all.



Target 1B: Achieve full and productive employment and decent work for all, including women and young people

Indicator 6: Proportion of employed people living below national poverty line

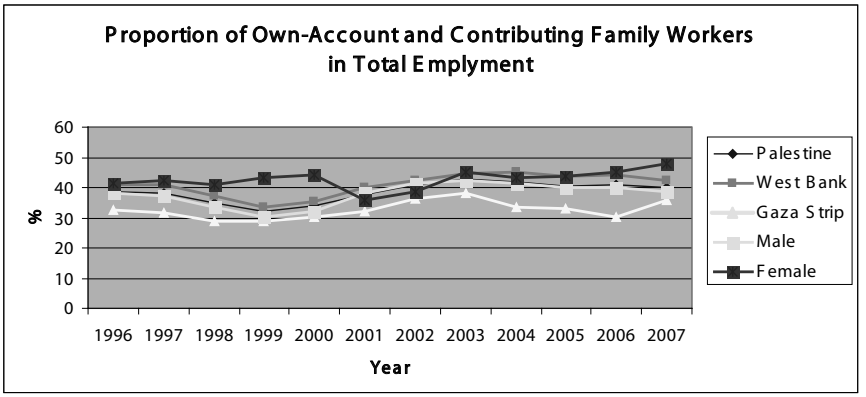
The proportion of employed persons living below $1 per day, or working poor, is the share of individuals who are employed, but nonetheless live in a household whose members are estimated to be living below the international poverty line of $1 per day. The largest increase in the proportion of working poor is among those living in Gaza. There is insignificant gender difference in the proportion of working poor. Based on 2006 and 2007 data, there is no progress done in terms of meeting this target.



Target 1B: Achieve full and productive employment and decent work for all, including women and young people

Indicator 7: Proportion of own-account and contributing family workers in total employment

Following the uprising, while proportion of males' own accounts and contributing family workers increased, the proportion of females decreased. However, following 2001, the proportion of working females in family business increased steadily, while the proportion of males was almost the same since 2001. The proportion of family workers in the West Bank is higher than that in Gaza. As shown by the figure below, the proportion of female family workers in total employment has increased from 35% following the uprising in 2001 to almost 50% in 2007. This rise may be explained by the increased need for female employment following the deterioration of economy, unemployment of the husband or father, increased number of female head of households, and the men being away in prison.



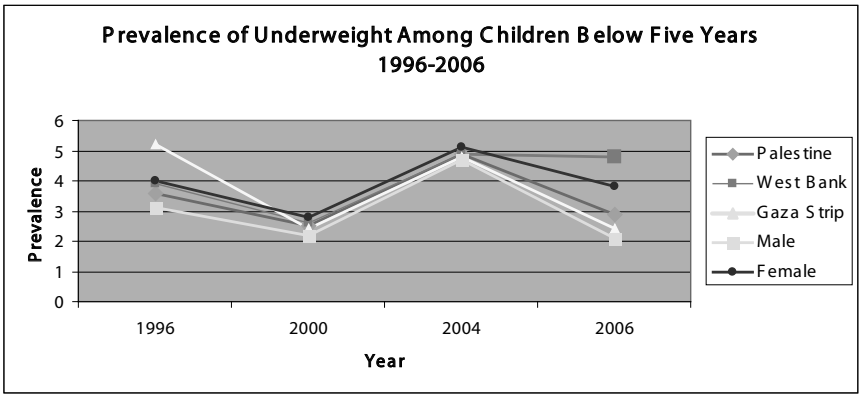
Target 1C: Halve, between 1990 and 2015 the proportion of people who suffer from hunger

Indicator 8: Prevalence of underweight among children under 5 years of age

Prevalence of (moderately or severely) underweight children is the percentage of children under five years old whose weight for age is less than minus two standard deviations from the median for the international reference population ages 0–59 months. Child malnutrition is linked to poverty, low levels of education, and poor access to health services. Malnourishment in children, even moderate, increases their risk of death, inhibits their cognitive development, and affects health status later in life. However, underweight (weight-for-age) fails to distinguish between short children of adequate body weight and tall, thin children. Therefore, when possible, we should also use the other two anthropometric measures that reflect different aspects of malnutrition; Low height for age or stunting, and low weight for height, or wasting. The prevalence of underweight increased drastically following the uprising to reach its peak in 2004, then dropped steadily, where it reached a lower level than that in 1996, except for females, where the prevalence is higher compared to 12 years ago. Underweight is mostly prevalent among females and those living in the West Bank.

Thus, the OPT met the goal of decreasing the prevalence of hunger by 50% in Gaza, where the prevalence of underweight dropped from 5% to 2%. In West Bank, the prevalence increased by 25%, which implies that there is a deterioration in the health of Palestinian children in the West Bank, rather than progress towards reducing hunger. Among males, the prevalence of underweight is less by one third, and dropped from 3% to 2%. Among females, the prevalence is compared to that 10 years ago.

It is worth noting that the drop in prevalence of hunger may be (at least partly), due to the death of malnourished children, as underweight decreases the chances of child survival.



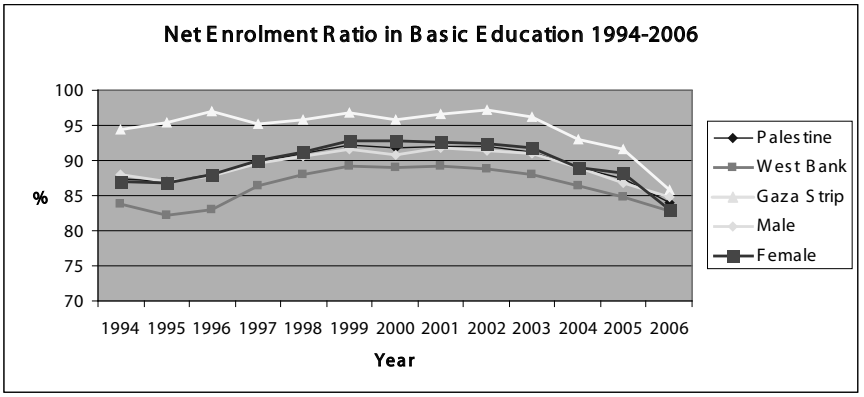
MDG2: Achieve universal primary education

Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Indicator 1: Net enrollment ratio in basic education

This indicator is used to monitor progress towards the goal of achieving universal primary education, identified in both the Millennium Development Goals and Education for All initiatives.

Following the uprising, net enrollment in basic education started to drop steadily until 2006.The largest drop was in the Gaza Strip. Now we are further away from achieving the target compared to 1994. Based on the graph, there are no gender biases leading to differential enrollment of males and females. The gap between net enrollment in basic education in the West Bank and Gaza has decreased in 2006, due to the larger drop in the net enrollment ratio in Gaza.



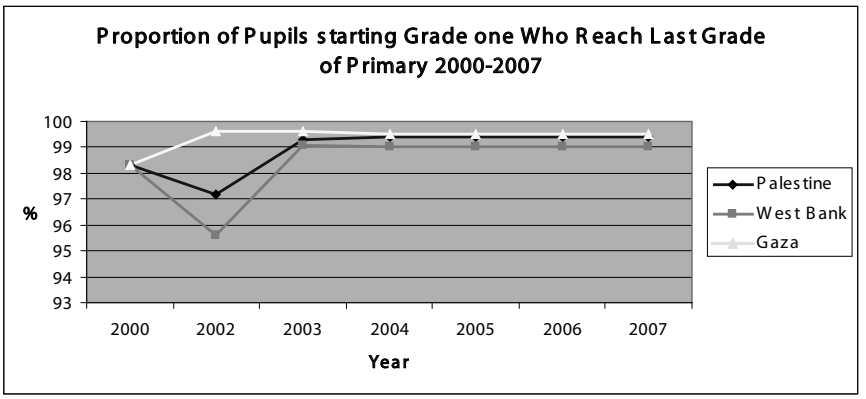
Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicator 2: Proportion of pupils starting grade 1 who reach last grade of primary.

The proportion of pupils starting grade 1 who reach grade 5, known as the survival rate to grade 5, is the percentage of a cohort of pupils enrolled in grade 1 of the primary level of education in a given school year who are expected to reach grade 5. The indicator measures

an education system's success in retaining students from one grade to the next as well as its internal efficiency. Various factors account for poor performance on this indicator, including low quality of schooling, discouragement over poor performance and the direct and indirect costs of schooling.

Following the uprising, the survival rate to grade 5 dropped in the West Bank from 98% to 96%, while at the same time increased in Gaza to more than 99%. Following 2003, survival rates were so close in both the West Bank and Gaza (around 99%) However, one should be aware of the limitations of this indicator, as new entrant, re-entrants, migration or transfers during the school year are not considered.

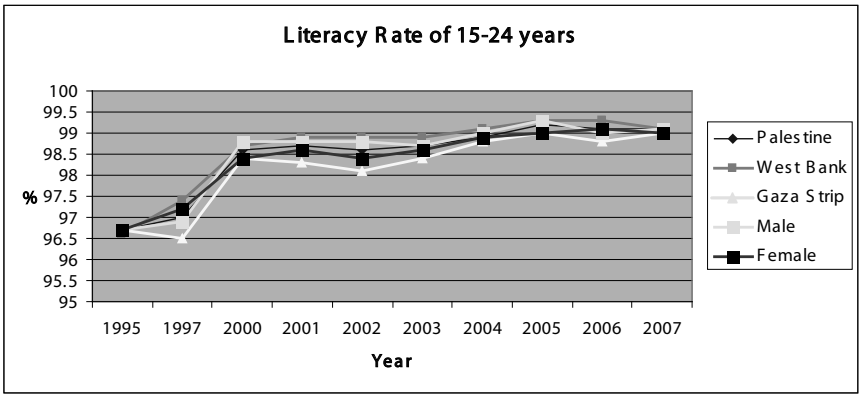


Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicator 3: Literacy rate of 15-24 year-old, women and men

In 2002, the Development Studies Program at Birzeit University carried out a survey to investigate the effects of the siege. The study showed that 11% of Palestinian children were forced to drop out of school and 52 % attended school irregularly (UNDP, 2002). Despite all impediments, data still reflect the extent to which Palestinian families value education.
The literacy rate of 15–24 year olds, or the youth literacy rate, is the percentage of the population aged 15–24 years old who can both read and write with understanding a short simple statement on everyday life. The definition of literacy sometimes extends to basic arithmetic and other life skills. The youth literacy rate reflects the outcomes of primary education over the previous 10 years or so. As a measure of the effectiveness of the primary education system, it is often seen as a proxy measure of social progress and economic achievement.

In 2007, literacy rates for both male and females increased from 96.5% in 1995 to 99.0%, which is among the highest in the region, excluding Kuwait (where the literacy rate is 99%). There is no gender gap in the literacy rate among youths. In spite of high enrollment and literacy rates achieved in Palestine, quality remains questionable (PCBS 2008).

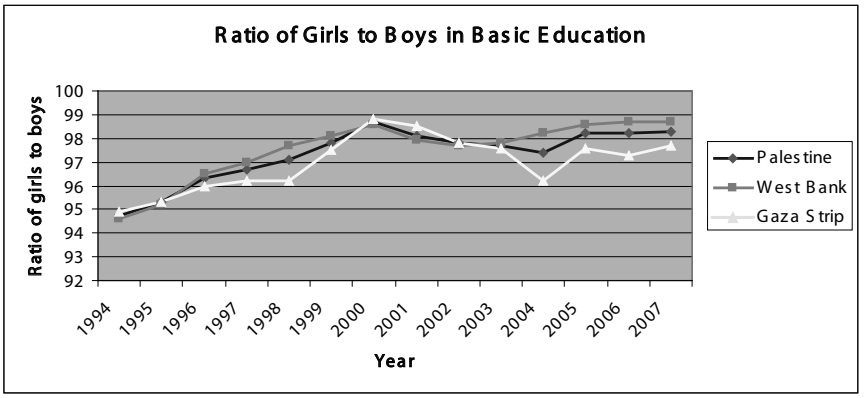


MDG3: Promote gender equality and empower women

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

Indicator 1: Ratios of girls to boys in basic education

The indicator for equality of educational opportunity, measured in terms of school enrollment, is a measure of both fairness and efficiency. Education is one of the most important aspects of human development. Eliminating gender disparity at all levels of education would help to increase the status and capabilities of women. Female education is also an important determinant of economic development. Compared to 1994, the ratio of girls to boys in basic education increased from 94% to 98% in 2007. Therefore, the OPT is on the right track in terms of achieving the target of elimination of gender disparity in education by 2015. However, this indicator is an imperfect measure of the accessibility of schooling for girls because it does not allow a determination of whether improvements in the ratio reflect increases in girls' school attendance or decreases in boys' attendance. It also does not show whether those enrolled in school complete the relevant education cycles.

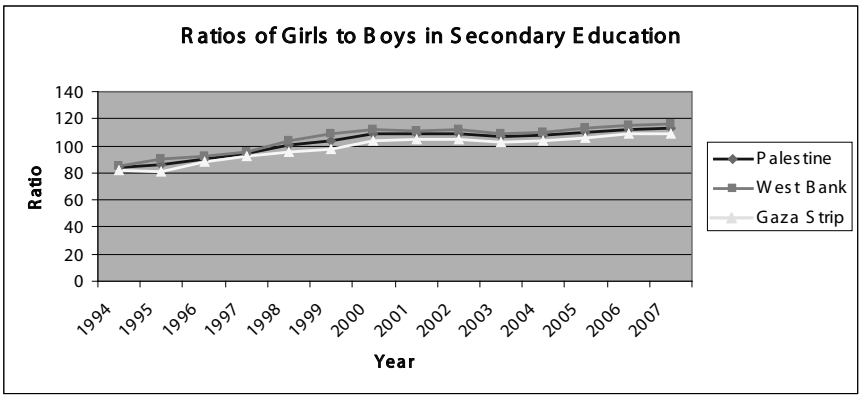


Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicator 2: Ratios of girls to boys in secondary education

Secondary education of girls provides high payoffs for poverty reduction, gender equality, labor force participation and reproductive health, including HIV prevention. In secondary

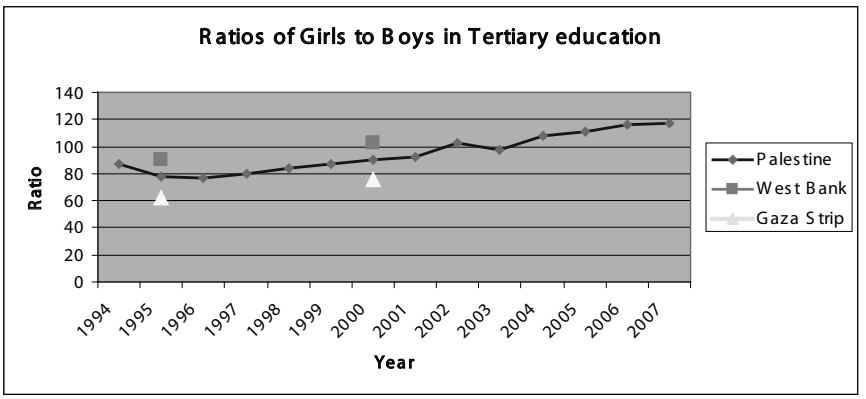
education, we have more girls than boys. The ratio increased from 80% in 1994 to 110% in 2007. The increase may be real, i.e. increase in girls' attendance, or artifact, due to decrease in boys' attendance.



Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicator 2: Ratios of girls to boys in tertiary education

As is the case in secondary education, the ratio of females increased from 90% in 1994 to 120% in 2007. Again, this increase may or may not be real.



Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicator 2: Share of women in wage employment in the non-agricultural sector

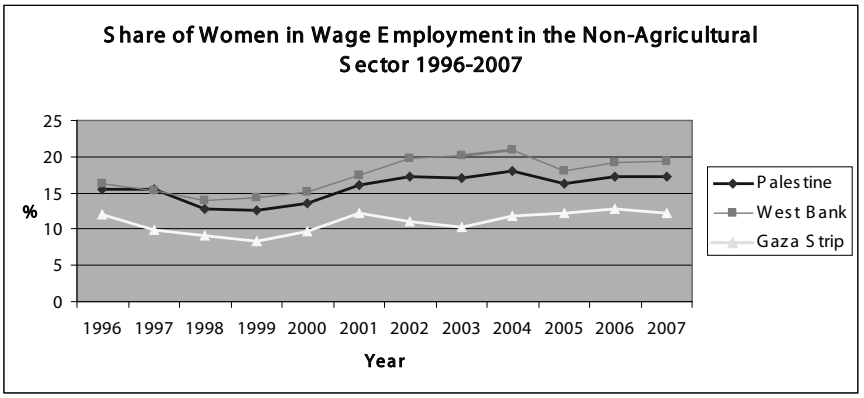
The indicator measures the degree to which labour markets are open to women in industry and service sectors, which not only affects equal employment opportunity for women but also economic efficiency through flexibility of the labour market and therefore the economy's ability to adapt to change. Based on the data released by the PCBS, over the past decade, the share of women in wage employment realized a moderately increasing trend. Nevertheless, this share is still low.

A number of studies attempted to explain the low participation rate of women in the labor market. Some researchers attribute the low rates of Palestinian female labour force

participation to weaknesses in the manufacturing sector, high unemployment rates, family-oriented nature of the agricultural sector and the negative social attitudes towards female employment in Israel (**23**). However, most women who entered the labor market found jobs that were characterized by low pay and no protection. This includes working as domestic cleaners, in nurseries or small scale textile manufacturing shops (**23**).

Jobs available for women in the labour market either require high education or little education. This is attributed to the structure of the OPT economy, which lacks a labour-intensive manufacturing sector and restricts employment opportunities for women to the agricultural and service sectors. Accordingly, women who tend to participate in the labour market, either have very high education that suits the service sector, or none at all (**23**).

In 2007, nearly 78.5% of those who were in the labor force were employed, with slightly higher employment rates for women (81%) compared to men (77.9%) (**23**). Amongst women, the group with the highest unemployment rate were those with 13 years of education or more (**23**).

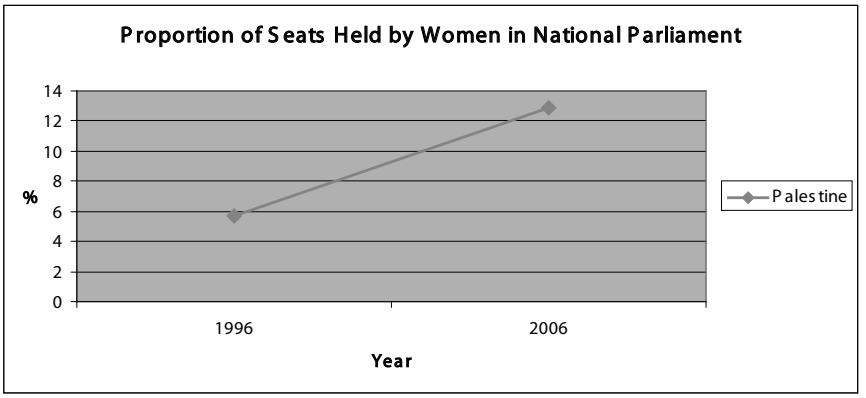


Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicator 3: Proportion of seats held by women in national parliament

Women's representation in parliaments is one aspect of women's opportunities in political and public life, and is therefore linked to women's empowerment. Parliaments vary considerably in their independence and authority. Thus, being a member of parliament, especially in developing countries and emerging democracies, does not guarantee that a woman has the resources, respect or constituency to exercise significant influence.

In the past 10 years, from 1996 to 2006, the proportion of seats held by women in national parliament has increased. However, the proportion is still low (13%).

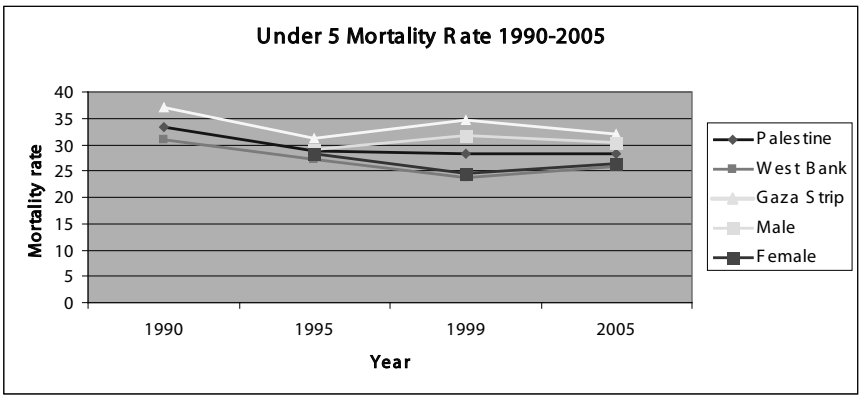


MDG4: Reduce child mortality

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
Indicator 1: Under-five mortality rate

The under-five mortality rate is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of five if subject to current age-specific mortality rates. The indicator, which relates directly to the target, measures child survival. It also reflects the social, economic, and environmental conditions in which children (and others in society) live, including their health care. The under-five mortality rate captures more than 90 percent of global mortality among children under the age of 18.

In Palestine, the under-five mortality rate dropped from 35% to 30% in 15 years, which is only a 13% drop. Much work is still needed to meet the goal in 2015. There is no gender difference in the under-five mortality rate.



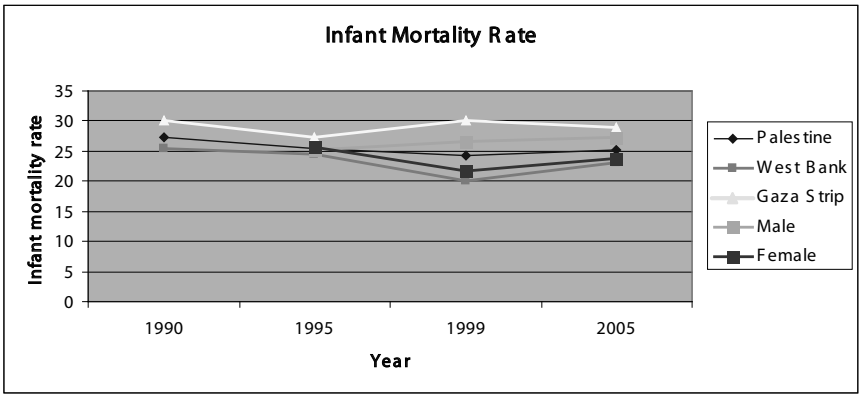
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
Indicator 2: Infant mortality rate

The infant mortality rate (IMR) is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of one if subject to current age-specific mortality rates. Infant mortality rates measure child survival. They also reflect the social, economic and environmental conditions in which children (and others in society) live, including their health care.

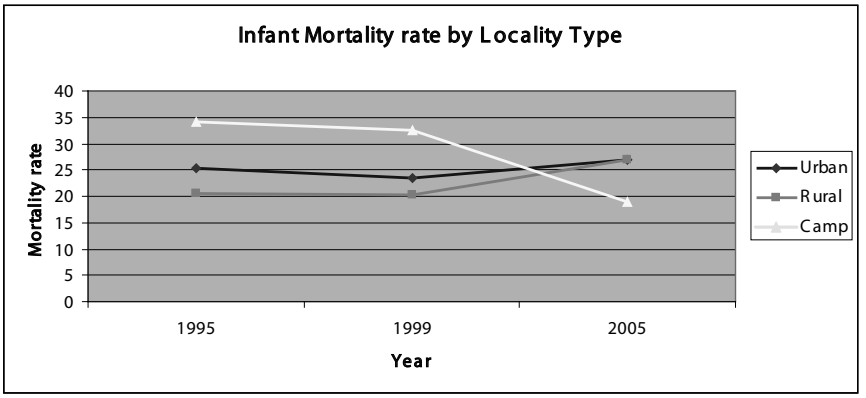
Research shows that most newborn deaths could be prevented if women had access to basic health measures such as prenatal care, a skilled attendant during childbirth who can identify and refer or treat complications and postnatal care during the first critical hours and days after birth. This includes counseling on newborn care such as exclusive breastfeeding, keeping the baby warm and seeking help for signs of illness. Simple measures — among them keeping newborns warm, and ensuring treatment for pneumonia and diarrhea can save babies' lives (**29**).

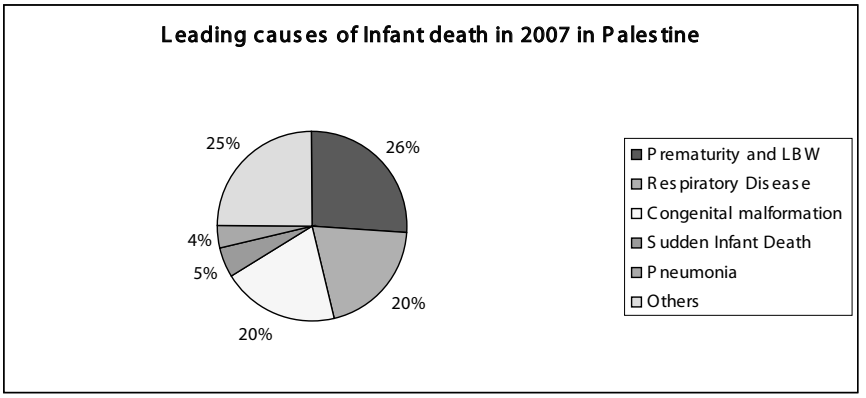
According to UNICEF, approximately 320,000 children in Gaza are under 5 years of age, including about 40,000 infants under 6 months of age **are malnourished/die**. Even before the latest outbreak of violence, 50,000 Gazan children were malnourished, more than two-thirds of all children suffered from Vitamin A deficiency and almost half of children under the age of two were anemic. Lack of access to food, clean water and medical supplies exacerbates threats to children's health and well-being

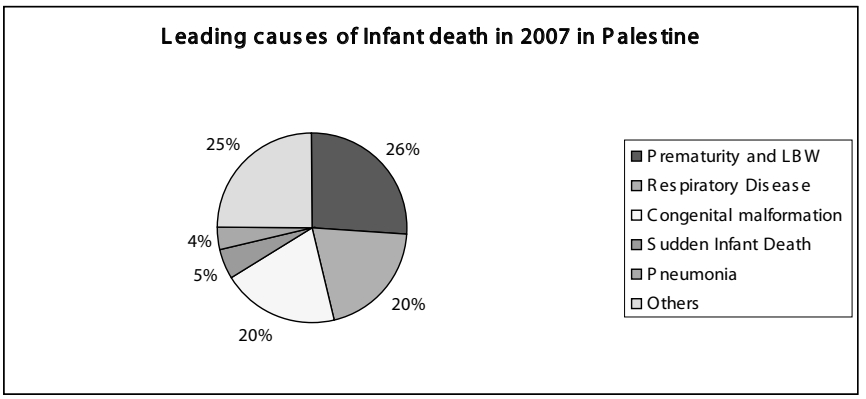
In Palestine, no gender difference in infant mortality was observed. While there was a negligible drop in IMR in the past 15 years, the rate is still high, (around 25%). The OPT has not succeeded so far in reducing the rate of IMR. There is a significant variability in IMR by locality. In 1995, the highest rate was in camps at 34%. Following 1999, the rates increased in urban and rural areas, while they decreased drastically in camps to almost half (18%). As shown in the graph below, the leading causes of infant mortality in Palestine were respiratory disease, prematurity and low birth weight, and infectious diseases. About 67% of infant mortality in both the West Bank and Gaza was due to neonatal deaths (child age 0 - 28 days). Most newborn deaths are preventable, assuming the mother has quality health care services. Access to basic health measures such as having prenatal care, a skilled attendant during childbirth who can identify and refer or treat complications; and postnatal care during the first critical hours and days after birth, including counseling on newborn care such as exclusive breastfeeding, keeping the baby warm, seeking help for signs of illness, and ensuring treatment for pneumonia and diarrhea, can save babies lives (**30**).



Nearly stagnant over the period between 1995 and 1999, the infant mortality rate started to see a slight increase in rural and urban areas in the OPT. This trend seems to be related to the progression of the Intifada, the escalation of military operations by the Israeli occupation, the limited access to health and social services in general, increase in unemployment, and impoverishment and aid dependency. By 2005, child mortality was either stagnant or worsening in some areas like in the Gaza Strip. However, progress in improving children's survival is still possible, if poverty and political instability are addressed in an effective manner.





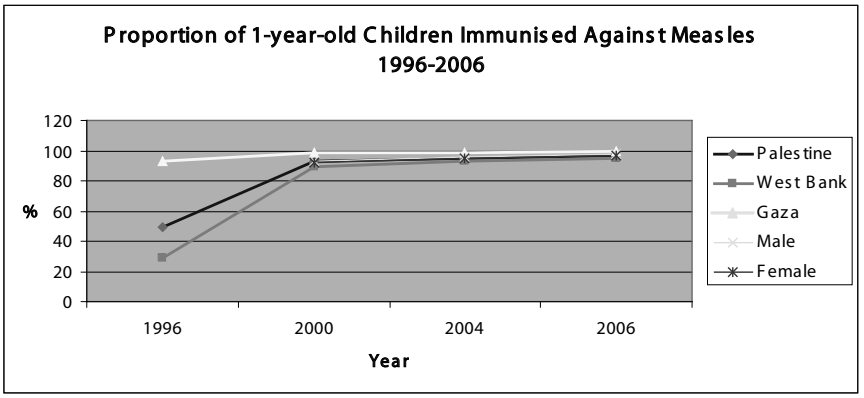


Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicator 3: Proportion of one-year-old children immunized against measles

The proportion of one-year-old children immunized against measles is the percentage of children under one year of age who have received at least one dose of the measles vaccine. The indicator provides a measure of the coverage and the quality of child health care system in the country. Immunization is an essential component for reducing under-five mortality. Among the vaccine-preventable diseases of childhood, measles is the leading cause of child mortality.

Although there were significant differences in the rates between the West Bank and Gaza in 1996, it is now close to 100% in both. Therefore, we achieved the goal of full coverage for the measles vaccine. Since 2000, there has been no gender difference in the proportion of immunized children against measles.

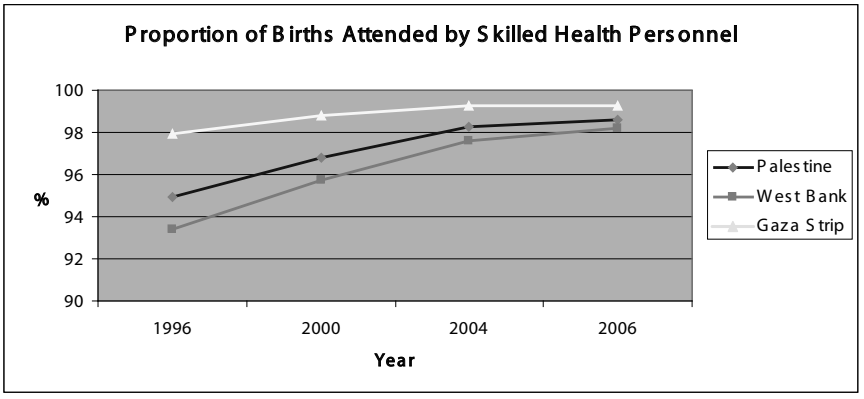


MDG5: Improve maternal health

Target 5.A. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
Indicator 2: Proportion of births attended by skilled health personnel

The number of births attended by skilled health personnel (doctors, nurses or midwives) is expressed as a percentage of births in the same period. The indicator is a measure of a health system's ability to provide adequate care for pregnant women. Concerns have been expressed that the term skilled attendant may not adequately capture women's access to good quality care, particularly when complications arise. Standardization of the definition of skilled health personnel is sometimes difficult because of differences in training of health personnel in different countries. Moreover, it is clear that the ability of skilled attendants to provide appropriate care in an emergency depends on the environment in which they work, especially in war zones like Palestine.

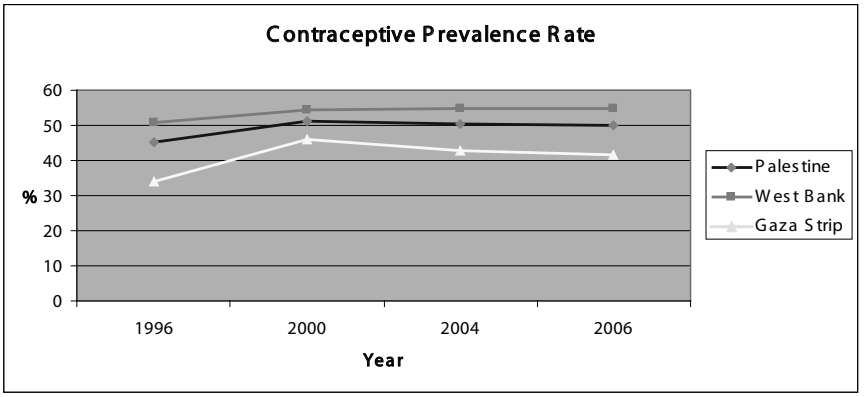
As shown in the following graph, there was an increase in the number of births attended by skilled health workers in both the West Bank and Gaza, to almost 99%. Although the OPT made good progress and met the goal for 2015, this indicator shows only numbers, which does not necessarily reflect the quality of care.



Target 5.A. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicator 3: Contraceptive prevalence rate

Access to family planning reduces health problems, prevents unwanted pregnancies and unsafe abortion. Between 1996 and 2006, the contraceptive prevalence rate increased by 30% in the Gaza Strip and 10% in the West Bank. Based on national data (PAPFAM 2006), some of the reasons behind failure to use contraceptives are the following: desire to get pregnant (46%), fear from side effects, and lack of comfort (16%). Cost was not a significant barrier to the use of contraceptives. This highlights the need to raise awareness.



Percentage distribution of women who did not use family planning method by reason and region, 2006

Reasons	West Bank	Gaza Strip	Total
Desire to become pregnant	39.8	53.3	**45.6**
Oppose family planning	0.2	1.9	**0.9**
Husband does not agree	3.8	6.3	**4.9**
Fear from side effects	8.6	7.9	**8.3**
Difficult to understand the method	0.3	0.0	**0.2**
High cost	1.8	0.4	**1.2**
Not comfortable	5.3	9.7	**7.2**
Menopause	9.7	5.1	**7.7**
Husband was absent	5.0	2.2	**3.8**
Religious reasons	0.0	0.8	**0.3**
Other*	25.5	12.4	**19.9**
Total	**100**	**100**	**100**

* Includes: Not her decision (God), postpartum period, she/her husband suffer from health problems and other un-known reasons.

** Source: PAPFAM, 2006.

Target 5.A. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicator 4: Adolescent birth rate

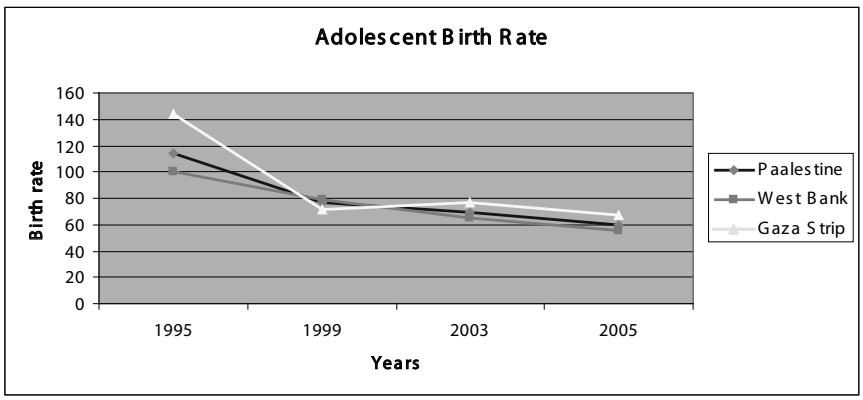
Universal early marriage is no longer the standard it once was in Arab countries. The average age of marriage for both men and women is generally rising, and more Arab women are staying single longer or not marrying at all. Changing demographic patterns of marriage in the Arab world reflect broader social and economic changes taking place throughout the region. Arab economies have increasingly moved away from an agrarian system, which supported both early marriage and an extended family structure (**31**). Over the last decade in both regions (West Bank and Gaza) there has been a two-thirds decline in women getting married by age 20 (**23**).

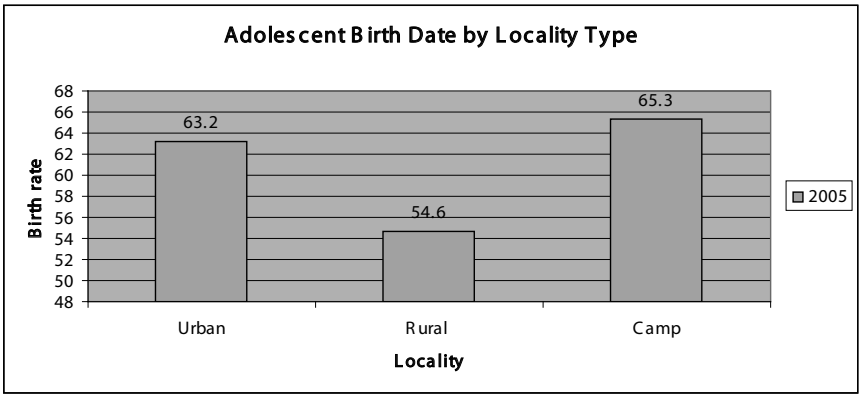
The adolescent birth rate measures the annual number of births to women 15 to 19 years of age per 1,000 women in that age group. It represents the risk of childbearing among adolescent women. Adolescent girls face considerable health risks during pregnancy and childbirth, accounting for 15% of the global burden of disease for maternal conditions, and 13% of all maternal deaths. Compared to women in their twenties, adolescents aged 15-19 years are twice as likely to die during childbirth and those under age 15 are five times as likely to die during childbirth. Unsafe abortion, pregnancy–induced hypertensive diseases and severe anemia contribute to a large extent to high maternal mortality among adolescents. Elimination of early/very early marriage reduces risks associated with too early childbearing

There are major barriers that preclude adolescents' access to maternal health care services. Failure to address these barriers and needs seriously threatens the healthy outcomes of the young mother and newborn child and further contributes to the already high maternal mortality ratio and pregnancy–related morbidities. There are three generally identified delays in accessing and receiving care that contribute to maternal and infant mortality (**32**):

1. Delay in deciding to seek care on the part of the individual, family or both.
2. The causes for delay in reaching adequate health care facilities include inability to access health facilities because of underdeveloped transportation infrastructures, nonexistent communication networks, prohibitive costs of transportation and other financial constraints.
3. Causes for delay in receiving adequate care at an existing facility include an inefficient triage system, inadequate caregiver skills, inadequate number of caregivers, inadequate equipment and supplies and lack of a referral system. Although these delays are largely systemic, and thus affect health care for most pregnant women in developing countries, their presence poses particular challenges to the care of pregnant adolescents because of an adolescent's physical and psychological immaturity and limited autonomy . Unless appropriate actions to eliminate these delays and evidence–based practices and procedures are implemented, it will be unrealistic to reduce maternal mortality ratios, especially among adolescents.

Between 1995 and 2005, the adolescent birth rate dropped in both the West Bank and Gaza, with more of a drop in Gaza, leading to a closing of the gap observed in 1995 between the two regions. In 2005, the adolescent birth rate dropped to 60 per 1,000 women. There is a significant variability by locality type, with the rate being the lowest in rural area (55 per 1000 women) and the highest in camps (65 per 1000 women). Although adolescent birth rate is still high, good progress has been made towards achieving the goal of reducing the maternal mortality ratio by three-quarters.



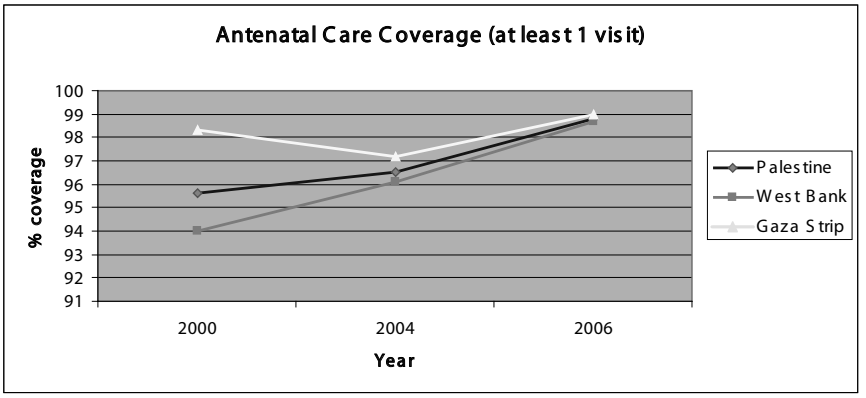


Target 5.B Achieve, by 2015 universal access to reproductive health

Indicator 5: Antenatal care coverage (at least one visit)

Antenatal care coverage (at least one visit) is the percentage of women aged 15-49 with a live birth in a given time period who received antenatal care provided by skilled health personnel (doctors, nurses, or midwives) at least once during pregnancy. The antenatal period presents opportunities for reaching pregnant women with interventions that may be vital to their health and wellbeing and that of their infants.

Antenatal care coverage increased to 99% in 2006. The regional gap in coverage observed in 2000 was closed in 2006, due to its rapid increase in the West Bank. However, receiving antenatal care during pregnancy does not guarantee the receipt of interventions that are effective in improving maternal health. Receiving antenatal care at least four times, which is the number recommended by WHO, increases the likelihood of receiving effective maternal health interventions during antenatal visits.

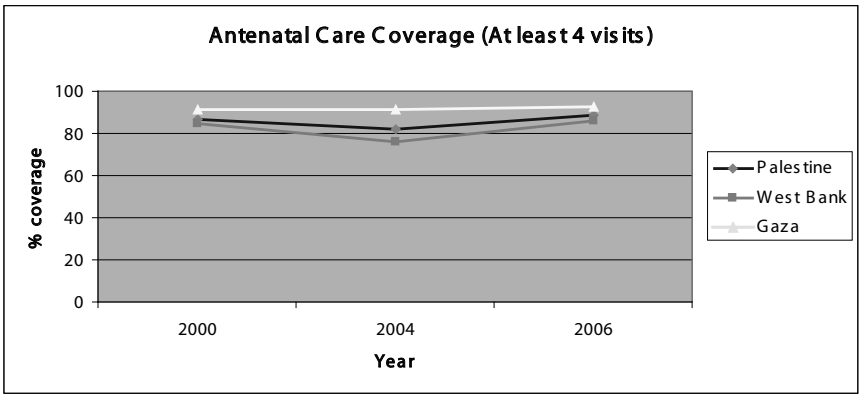


Target 5.B Achieve, by 2015 universal access to reproductive health

Indicator 5: Antenatal care coverage (at least four visits)

Antenatal care coverage (at least four visits) is the percentage of women aged 15-49 with a live birth in a given time period that received antenatal care four or more times with any provider (whether skilled or unskilled), as a percentage of women age 15-49 years with a live birth in a given time period. WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. Between 2000 and 2006,

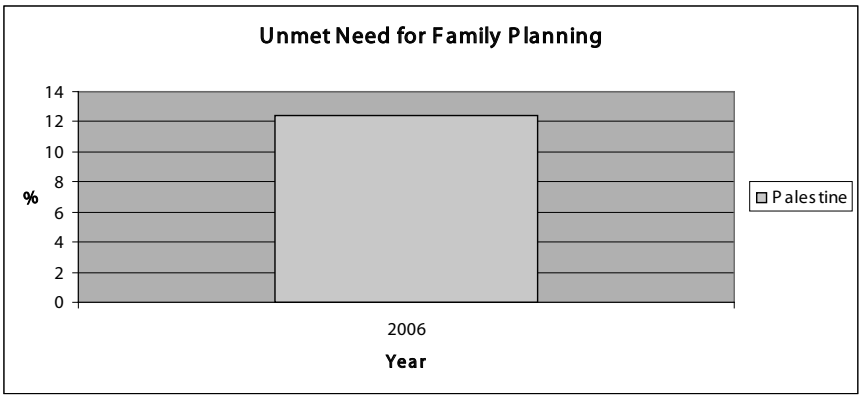
there was no increase in antenatal care coverage, which was approximately 95% in both the West Bank and Gaza.



Target 5.B Achieve by 2015 universal access to reproductive health

Indicator 6: Unmet need for family planning

Women with unmet need are those who are sexually active but are not using any method of contraception and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour. As shown in the graph below, almost 12% of married women in reproductive age had unmet need for family planning.

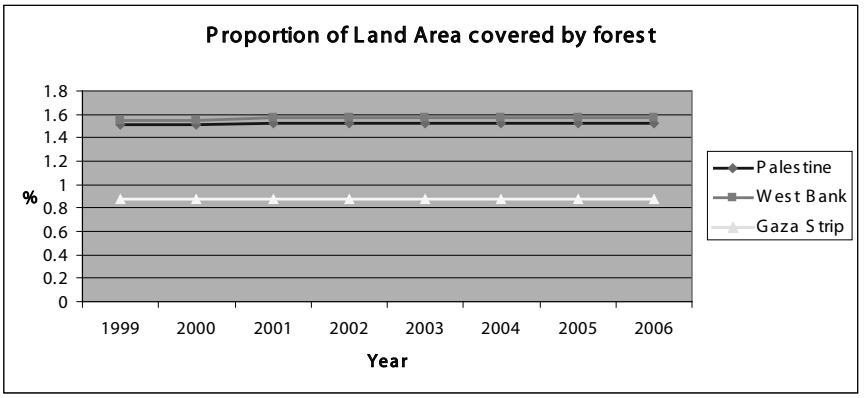


MDG7: Ensure environmental sustainability

Target 7 A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicator 1: Proportion of land area covered by forest

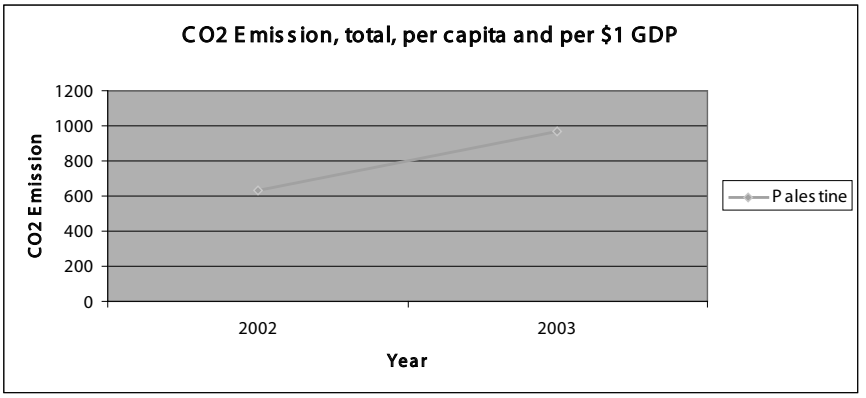
Forest is defined in the Food and Agriculture Organization's (FAO) Global Forest Resources Assessment as land spanning more than 0.5 hectares with trees higher than 5 meters and a canopy cover of more than 10 percent, or trees able to reach these thresholds in situ. It does not include land that is predominantly under agricultural or urban land use. The forest area in the West Bank is double that of Gaza, 1.6%, vs. 0.8%, respectively. Both percentages are very low.



Target 7.A. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

Indicator 2: CO2 emissions, total, per capital and per capita

Carbon dioxide emissions per capita is the total amount of carbon dioxide emitted by a country as a consequence of human (production and consumption) activities, divided by the population of the country. The indicator signifies the commitment to reducing carbon dioxide emissions and progress in phasing out the consumption of ozone-depleting chlorofluorocarbons (CFCs) by countries that have ratified the Montreal Protocol. Carbon dioxide emissions are largely a by-product of energy production and use. They account for the largest share of greenhouse gases associated with global warming. In Palestine, in one year (2002-2003), CO2 emission increased by almost 70%.

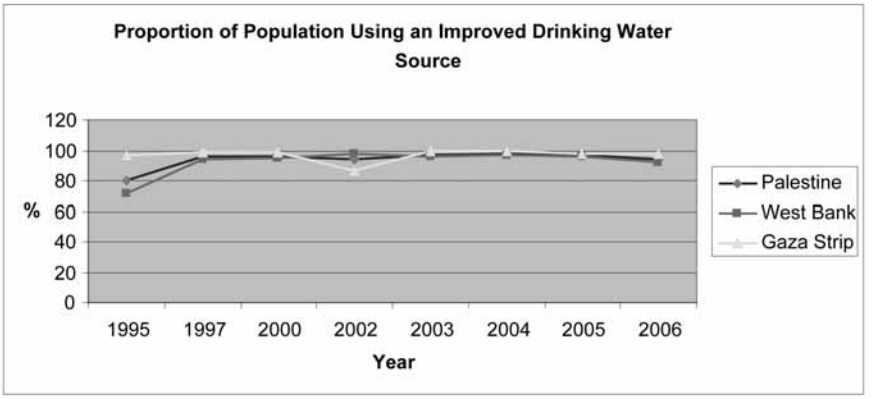


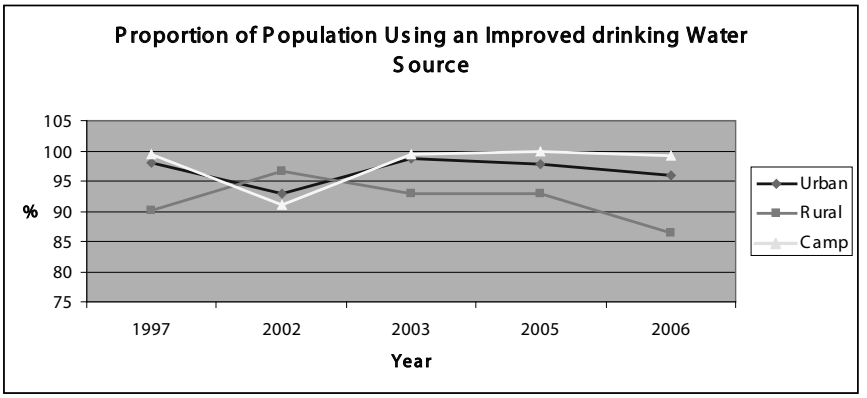
Target 7.C. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicator 8: Proportion of population using an improved drinking water source

The *proportion of the population with sustainable access to an improved water source, urban and rural,* is the percentage of the population who use any of the following types of water supply for drinking: piped water, public tap, borehole or pump, protected well, protected spring or rainwater. Improved water sources do not include vendor-provided water, bottled water, tanker trucks or unprotected wells and springs. The indicator monitors access to improved water sources based on the assumption that improved sources are likely to provide safe water. Unsafe water is the direct cause of many diseases in developing countries.

Based on the above definition of improved water sources, almost all Palestinians have access to improved drinking water. There is variability by locality type in access to improved drinking water - 100% in camps, urban 95%, and rural 85%. However, this indicator is misleading, as it measures the "source of water supply", which does not reflect quality, per capita supply, or affordability.





Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicator 1: Proportion of population with sustainable access to an improved water source, urban and rural

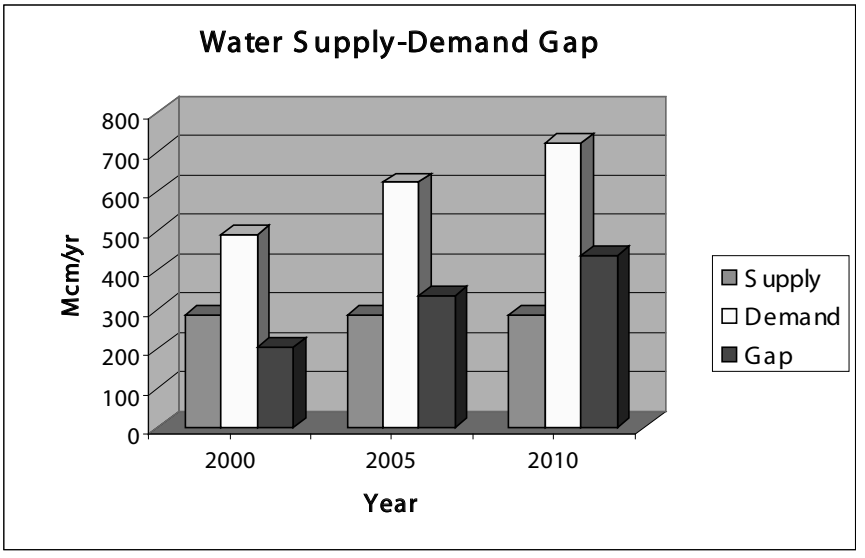
Compared to other MENA countries, the OPT has a severe water shortage. Although the number of Palestinian households connected to a water network has increased over the last decade, the daily amount of safe water available to Palestinians falls far below minimum levels set by the World Health Organization (WHO). (**33**) Due to the harsh economic situation, Palestinian schools and clinics often do not have the means to properly maintain toilets, sinks and water storage tanks (**33**).

The main water resources in Palestine are: surface water - The Jordan River, groundwater, and runoff water (**34**). Some 95% of the trans-boundary groundwater resources originating in the West Bank are being used and overexploited by Israel and by its settlements in the occupied Palestinian territory, leaving 5 percent and increasingly saline water resources to the Palestinians (**35**). According to the Palestinian Hydrology Group, 40% of the Palestinian communities are not served with essential water supplies and sanitation(**34**) In 7% of Palestinian communities (43 out of 708), per capita supply is less than or equal to 30 liters

per day; in 36% (225 communities) it is between 30 and 50 liters per day; in 41% (264 communities) it is between 50 and 100 liters per day; and finally, only in 16% (100) of these communities does the per capita supply exceed 100 liters per day, which is the minimum amount recommended by WHO (**34**).

The effects of the Israeli occupation on water access are severe, especially during the past almost seven years of the Intifada, and more severely during the past several months in the Gaza Strip. The water crisis in the Gaza Strip, intensively cultivated and one of the most densely populated areas of the world, has reached alarming proportions: the future supply of fresh water is threatened, the quality of both drinking water and recycled water used in agriculture is rapidly deteriorating and the situation is aggravated by the additional use of water by Israeli settlements (**35**). Israeli Occupation Forces have systematically destroyed water infrastructure and confiscated Palestinian water sources (**36**). As a consequence, a "manmade" water crisis has been brought about which undermines the living conditions and endangers the health situation of the Palestinian people. In areas where water resources originating in the West Bank are over-exploited in Israel as well as in most of the Gaza Strip, the imminent threat of the permanent environmental destruction of groundwater reserves and aquifers, has been reported (**35**)

The construction of the Separation Wall is in complete negation of target #10 of the MDG #7. At a time when this target calls for increasing water supply amounts and the percentages of served communities, Israeli practices on the ground are further reducing available quantities (**36**). The wall is located on the productive zones of Palestinian aquifers. 39 groundwater wells have been isolated from their Palestinian communities by the wall with an additional 14 wells threatened for demolition in the wall's buffer zone (**34**). Although there exists about 700 Mcm/yr of groundwater resources in Palestinian areas of the West Bank, only around 112 Mcm/yr (15%) are available to Palestinians (**34**). The graph below shows the gap between water demand and supply (**36**)



Due to increased economic deprivation, an increasing number of Palestinians are unable to pay their water bills. This resulted in the Israeli water provider, Mekerot, cutting off supplies to the 30+% of all Palestinian communities connected to, in many cases, very old water networks. The remaining +/-70% of the Palestinian population is forced to rely on local sources, harvesting rainwater, springs and purchasing water from expensive, privately-owned water tankers (**36**). Vulnerable to closures, curfews and checkpoints, drivers have been forced

to drive longer, more convoluted routes to get to their destination resulting in higher water prices (**36**). With the economic situation in accelerated decline, many Palestinian households are increasingly unable to buy water supplies from tankers (**36**).

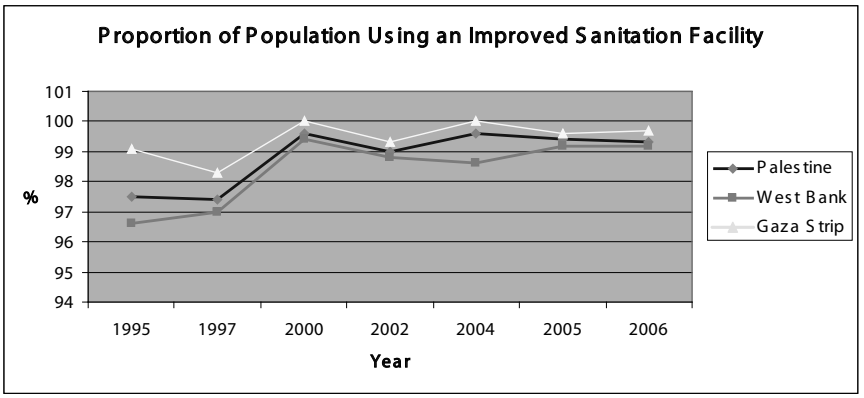
Water quality continues to deteriorate as Israeli settlers discharge untreated waste water into valleys and open spaces resulting in environmental pollution and the spread of waterborne diseases. About 85% of Palestinians infected by such diseases originate from communities without a wastewater network (**36**). Only 7% of the available water in the Gaza Strip meets WHO standards. Almost 60% of reported diseases in the Gaza Strip are water related (**34**). Diseases registered in the hospitals include cholera, dysentery, hepatitis, and yellow fever (**37**).

The instability of the political environment in Palestine has caused delays in both private and donor investments in the water sector (**34**).Donors are discouraged from funding the water sector in Palestine as new infrastructure is always under threat of destruction by the Israeli Occupation Forces and because applying for a permit to undertake a Water and Sanitation project is such a long and drawn-out process (**36**).

Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Indicator 9: Proportion of population using an improved sanitation facility

Proportion of the population with access to improved sanitation refers to the percentage of the population with access to facilities that hygienically separate human excreta from human, animal and insect contact. Facilities such as sewers or septic tanks, poor-flush latrines and simple pit or ventilated improved pit latrines are assumed to be adequate, provided that they are not public. Good sanitation is important for urban and rural populations, but the risks are greater in urban areas where it is more difficult to avoid contact with waste. Almost all Palestinians use an improved sanitation facility. This indicator is misleading, as it only measures access to facilities, with no referral to management of collected sewage, or criteria for adequate septic tanks.



Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicator 2: Proportion of population with access to improved sanitation, urban and rural

In Palestine, the increase in population and therefore in sewage production imposes a great challenge to developing and introducing sustainable sewage collection and treatment. Approximately 93% of the generated wastewater in the West Bank is released to the environment without treatment (**38**). The efforts in providing these essential services are hindered by the

shortcomings of the current concept of water management and financial limitations (**38**).

Only 12% of Palestinian communities have a waste water collection system and only one waste water treatment plant is operating well. This system does not exist in rural areas, while 43% of the population is connected to wastewater networks (**38**). The uncontrolled flow of sewage causes a number of environmental problems and health hazards (**38**). Sanitation and environmental problems are caused as a result of the lack of funds in order to install the appropriate infrastructures related to wastewater treatment and integrated management (**39**). Almost half of all water produced is unaccounted for because of losses and billing deficiencies, while leaking or overflowing wastewater collection systems are affecting environmental conditions and contaminating groundwater resources (**39**). The existing urban sewage collection and treatment facilities are mainly constrained by limited capacity, poor maintenance, process malfunction, and lack of experienced or properly trained staff (**39**). Very little progress in the construction of wastewater treatment plants has taken place on the ground. Thus far, only one project was implemented in the city of Al-Bireh, while others remain on hold and other existing plants are overloaded. The poor design and improper operation and maintenance of the treatment plants are the causes of the low purification efficiency that could be achieved by these plants. Considering this, raw or partially treated wastewater is discharged into the wadis where it is used for irrigation purposes. Nonetheless, there have been some small scale reuse projects implemented (**39**).

Wastewater collection and treatment in rural areas is virtually non-existent (**38**). Generated wastewater in most of the rural areas of Palestine is disposed in open areas, directly in the street between houses or directly in the backyard for irrigation (**38**). These wet areas attract flies and mosquitoes and their associated health risks along with producing a considerable amount of noxious odors, thus presenting a considerable public health risk. Few villages (1-2% of total villages) succeeded in installing wastewater collection systems (**38**). In rural Palestinian areas that use cesspits to dispose of waste water, the average household spends 16% of its monthly income on cesspit waste removal. Nevertheless, an accumulation of solid waste in communities continues unabated as tankers transporting this waste are turned back at checkpoints (**36**). Most of the cesspits are left without a cement basement or liner so that sewage infiltrates into the earth layers polluting the ground water, while owners avoid using expensive vacuum tanker services to empty them (**38**).

MDG8: Develop a global partnership for development

While the political aspirations of the Palestinian people remain unfulfilled, in the interim period, both Palestinians and the international community have a vital stake in improving human development outcomes in the OPT. This commitment is reflected in the local and international partnership efforts of the Palestinian Authority (PA), Palestinian NGOs and civil society institutions as well as donors and foreign governments.

Most of the focus of local and international emergency and development assistance has concentrated on basic social service delivery and supporting the PA to implement its agenda. However, there have been efforts to systematize the process through development strategies and development planning since 1998 – in the form of the Palestinian Development Plan, Socio-Economic Stabilization Plan, and most recently the Palestinian Reform and Development Plan (PRDP) 2008-10.

Target 8.A: Commitment to good governance, development and poverty reduction - both nationally and internationally.

Progress in Governance in the OPT

The Palestinian Authority has always declared commitment to building transparent and

reliable public institutions. Over the past few years, and despite the obstacles imposed by the Israeli occupation, there have been steps forward.

The ratification of the Basic Law in 2002 and 2003 allowed for the creation of the post of prime minister and the development of some reform programs. With the development of the Palestinian Reform and Development Plan 2008-2010, the PA has demonstrated its commitment to working with the international community to advance reform and governance. There have been achievements with regard to fiscal reform and the strengthening of financial and economic institutions. However, judicial reform has been clearly slower.

The free elections (municipal and legislative in 2006, and presidential in1996 and 2005) are clear examples on the advancement of this target.

Target 8.B: Address the special needs of the least developed countries. This includes more generous ODA for countries committed to poverty reduction.

Official Development Assistance (ODA)

The endeavors of ODA in supporting achievement of the MDGs in the OPT have been directly related to the Palestinian development and partnership framework needed to attain the first seven millennium goals.

Since the breakout of the first Intifada in 2000, the international community has been actively involved in alleviating the serious crisis caused by Israeli incursions and closures and the consequent deterioration in the socio-economic conditions in the OPT. This emergency response created a parallel trade-off effect against the long-term development objectives. According to a report by UNDP/PAPP, development and institution-building realized some progress until 1998, but a clear decline was witnessed during 2000-2007, with the shift of donors to emergency aid (**23**). According to the report, the share of development assistance dropped from 88 percent of total international aid in 1999-2000 to 26 percent after 2000. Further, most of what was categorized as development assistance in 2001-2002 was actually emergency assistance in the infrastructure of certain social sectors, especially health (**23**).
Gaza has been a special case. The devastating humanitarian situation resulting from the three-year closure (2006-2008), and the massive destruction caused by the 22-day Israeli military attack (December 2008-January2009) caused a complete shift to emergency. According to the PA Ministry of Planning, the early recovery plan in the Gaza Strip aims – among other activities – to generate self-sustaining, locally-owned, resilient processes for post-crisis recovery. With an active membership of the UNFPA country office in the OPT, an Early Recovery Cluster/Network was created to ensure global partnership and cooperation with the PNA (through the Ministry of Planning) on the development of an efficient early recovery approach, leading to the "Early Recovery and Reconstruction donor conference" recently held in Cairo on 2 March 2009.

Official Development Assistance (ODA) has played a major role in the Israeli-Palestinian conflict. Palestinians in the OPT receive one of the highest levels of aid in the world (**40**) where assistance funds totaled more than $6 billion at the end of the first half of 2004, resulting in an average annual per capita assistance level of $310 per person **(40)**. According to a World Bank report, after 2006, $7.7 billion in aid was pledged at the Paris Conference and this was significantly above the PRDP's requirements for 2008-10 (**23**).

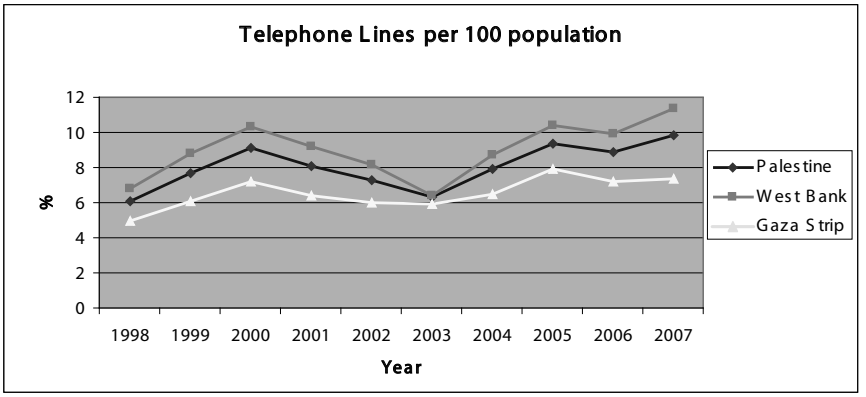
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communication

Indicator 14: Telephone lines per 100 population

This indicator is an important tool for monitoring progress towards Goal 8, because effective

communication between those involved in the development process is not possible without the necessary infrastructure. Telephones allow people to exchange experiences and learn from each other, enabling higher returns on investment and avoiding problems of duplication or missing information.

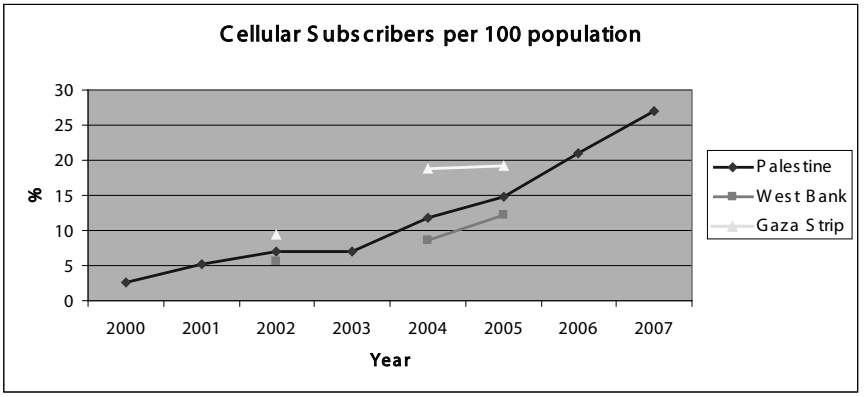
In Palestine, telephone lines increased from 1998 to 2000, then dropped following the uprising, reaching 6%, then rose again. The number of telephone lines in the West Bank is higher than in Gaza.



Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communication

Indicator 15: Cellular subscribers per 100 population

Cellular subscribers refer to users of cellular telephones who subscribe to an automatic public mobile telephone service that provides access to the public switched telephone network using cellular technology. Telephone line subscribers are less than cell phone ones. The drop in telephone subscribers following the uprising was parallel and may be explained by the increased cell phones' subscribers.



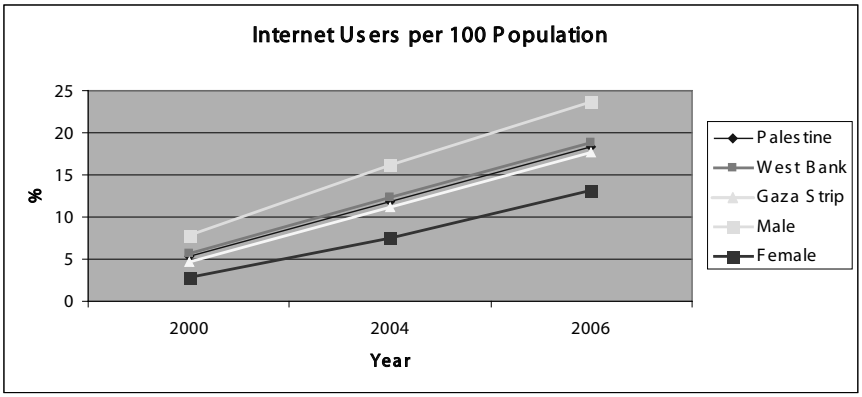
Target 8.F: In co-operation with the private sector, make available the benefits of new technologies, especially information and communication

Indicator 16: Internet users per 100 population

The Internet is a linked global network of computers in which users at one computer, if they

have permission, obtain information from other computers in the network. This indicator is an important tool for monitoring progress towards Goal 8, because effective communication between those involved in the development process is not possible without the necessary infrastructure. It can also overcome traditional barriers to better education by making books available online and opening the door to e-learning.

Gender issues: Surveys have been conducted by some countries providing a breakdown between male and female Internet users. These surveys indicate that more men than women use the Internet. Because the availability of gender-disaggregated statistics for this indicator is limited, little is known about use by gender. Male users are almost double the number of female users. There were no regional differences (West Bank/Gaza) in internet users. Internet users increased about fourfold, compared to 2000. This is good progress towards the 2015 target.



CHAPTER THREE

UNFPA's BEST PRACTICES IN THE OPT

Among other programs and projects, UNFPA interventions in the OPT included the following initiatives (**41**)**:**

The first UNFPA Programme of Assistance to the Palestinian People, 1996-1999, was approved in the total amount of $7.2 million, of which $5.2 was to be programmed from regular resources and $2 million from multi-bilateral resources. The programme was extended for one year with a total expenditure of $6.3 million. The primary achievement of the programme was in strengthening human resource and institutional capabilities of the Palestinian Authority and of NGO counterparts.

1. In the area of reproductive health, the programme helped to enhance the capacity of the Ministry of Health at the policy and service-delivery levels. The institutional and technical capabilities of the WHDD were promoted and, consequently, it was able to develop a women's health strategy (1999-2003), promote the reproductive health concept within the Ministry of Health and coordinate a series of research studies. The Ministry of Health and NGOs were able to deliver MCH/FP services and primary gynecological care in 76 service-delivery points. Reproductive health was incorporated into the curricula of nursing and midwifery schools. Population, reproductive health and gender have become integral components in the 11th grade curricula, teacher training and adult education programmes as well as in the activities of eight youth clubs and youth camps.

2. Two model women's centers were established in Al-Bureij and Jabalia refugee camps and provided integrated reproductive health, psychological, social and legal counseling on a pilot basis. The holistic approach to women's health offered by these two centers coupled with improved quality of care attracted a large number of clients and achieved an 80% client satisfaction rate in the Al-Bureij centre according to an evaluation conducted in early 2000. Initial steps were also taken to integrate psychological, legal and social counseling in an existing reproductive health centre run by the Palestinian Family Planning and Protection Association (PFFPA), an affiliate of the International Planned Parenthood Federation, in Hebron. In 2000, with support from the Government of Italy, UNFPA launched a two-year regional gender initiative that links these three women's centers with two projects in Morocco and Algeria.

3. In the area of population and development strategies, UNFPA assisted the Palestinian Authority in successfully carrying out the first Palestinian population and housing census in 1997. As a result, a reliable and up-to-date population database was established as the cornerstone of a comprehensive national statistical data system. The statistical sample

framework produced by the census is being used to undertake specialized topical censuses and surveys and to update the population registry. The sex-disaggregated data produced by the census and surveys were utilized in conducting a preliminary analysis of gender differentials, which has become a useful tool for raising awareness on gender issues and for policy formulation and planning. The census helped to promote dialogue between users and producers of data and create awareness about the need for quality statistics. It also contributed to strengthening the institutional and human resource capacity of the Palestinian Central Bureau of Statistics.

4. In the area of advocacy, UNFPA contributed to strengthening the institutional capacity of the Department of Health Education and Promotion of the Ministry of Health in planning and coordinating advocacy and IEC programmes in partnership with local NGOs. Advocacy efforts helped to create awareness among media professionals about reproductive health and gender issues and to forge an alliance between UNFPA and a core group of active media professionals who formed a "Journalists Forum". As one result, about 167 newspaper articles were published in 1999 and 2000 on reproductive health compared to only 20 articles in 1998 in the three major local newspapers. Initial progress was achieved in sensitizing policy makers and decision makers on reproductive health and gender issues.

5. Among the key lessons learned was the need to build on the tangible accomplishments of the previous programme to achieve more concrete and sustained results. Maximizing programme achievements, however, requires that UNFPA sharpen its strategic focus, particularly in the area of reproductive health by concentrating assistance in fewer provinces instead of the 11 provinces covered under the previous programme. There is also a need to continue UNFPA's strategy of strengthening the capacity of local institutions and adopting cost-recovery schemes to pave the way towards sustainability. Investment in training should be made to create a qualified cadre of specialists in population and development strategies and population communication.

6. UNFPA has been recognized as a lead agency in population and reproductive health. The Fund has a full-fledged field office in the Occupied Palestinian Territory and the services of the nearby CST can tap the expertise of the regional centers of excellence for training and transfer of know-how. The Fund has also forged strong partnerships and rapport with key Palestinian Authority institutions and NGOs and is in a unique position to advocate for population issues. Entrusted with the establishment of systems for contraceptive logistics management, health information systems, quality assurance, counseling and referral, UNFPA has reaffirmed its pivotal role in helping to lay the foundation of a sound structure for reproductive health care. Due to its lead role in supporting the census, the Fund has become a primary contributor to establishing a comprehensive statistical data system.

7. Recent research shows that both adults and youths in the Occupied Palestinian Territory are experiencing psychological and social stress. However, among all groups, adolescents are the most optimistic about their future. UNICEF and UNFPA saw this as an opportunity to jointly launch a project entitled Improving Adolescent Lives in Palestinian Society.

The first of their kind in the region were the 2001 summer camps for nearly 1,500 adolescents, of which 50 percent were girls. Developed with UNICEF assistance, the summer camps embraced the principles of equality, non-violence and freedom of expression.

Children's municipal councils have been established in three child-friendly cities, enabling children to have a direct influence on planning and decision-making. Through an open democratic process, over 12,000 adolescents between the ages of 12 and 16 went to the polls.

One hundred and fifty members, more than half of them girls, have been trained to plan community-based projects and are contributing to making their cities child-friendly.

UNFPA's activities include integrating sexual and reproductive health issues into the schools' curricula, starting counseling programmes and improving media coverage of all issues. UNFPA is doing this by:

- offering increased access to information on reproductive health to adolescents aged 12 to 18;
- training teachers on methods of teaching sexual and reproductive health and developing a manual on adolescent health for school counselors; and
- sensitizing caretakers on adolescent reproductive health needs and mobilizing support among decision makers.

The success of UNFPA interventions can be attributed to its close collaboration with ministries and governmental and non-governmental organizations, leading UNFPA to:

- partner with a women's resource centre to provide psychosocial counseling and media opportunities for adolescents;
- work with the Palestinian Family Planning and Protection Association to draw attention to adolescent reproductive health needs;
- help Palestinian ministries incorporate sexual and reproductive health information into the schools' curricular and extra-curricular activities;
- cooperate with the Ministry of Health on advocacy and policy-making aspects of adolescent health needs;
- highlight its initiatives in a series of articles on World AIDS Day in local newspapers, and publish a thematic brochure on adolescent health issues.

CHAPTER FOUR

CHALLENGES AND RECOMMENDATIONS

Goal 1: Eradicate Extreme Poverty and Hunger

Challenges

- The vulnerability of the OPT to geopolitical conditions and tensions in the region and continued forced immigration due to occupation.
- Limited job opportunities and escalating unemployment, especially among the youth.
- Persistence of income disparities among governorates in the OPT.
- Lack of relevant accurate and detailed data on poverty on a regular basis.
- Low wage levels amplified by the absence of official clear policies on wages and on linking the minimum wage with the poverty line.
- Weak coordination between local NGOs and governmental institutions addressing poverty issues. This leads to higher community costs due to negative competition and conflicting programs and projects.
- The high cost of basic needs and social services compared to limited income.
- Limited participation of citizens, especially women in development programs.

Recommendations

- Develop and improve a national strategy and socio-economic policies for pro-poor participatory regional development that would promote interventions in the most deprived Palestinian localities;
- Support research institutions and data banks to be able to provide accurate, detailed poverty-related data on a regular basis;
- Support the Palestinian national population strategy to better address linkages between population growth and the dependency ratio;
- Develop relevant mechanisms to maximize local community mobilization for poverty reduction;
- Promote programs that lead to improving the lives of refugees and other slum dwellers in other urban areas in the OPT. More focus should be given to women-related programs; especially in reproductive health and nutrition;
- Promote investment in human capital, with focus on quality health and education in rural and disadvantaged urban areas;
- Enhance the management of poverty-related initiatives within governmental and nongovernmental organizations;

- Improve the social security system to include workers in the informal sector;
- Develop and implement an employment policy conducive to the creation of new employment opportunities especially for the poor. This should include a flexible wage policy consistent with the consumer price index;
- Support employment creation through promoting small-scale credit and enterprise development programmes targeting the informal sector and widening social protection networks;
- Develop better coordination mechanisms that would optimize the role of donors and local and international organizations in poverty alleviation initiatives;
- Develop mechanism to ensure better coordination among poverty alleviation programs and projects and establish tools to monitor their effectiveness.
- Develop and improve a policy to support and address social safety nets.

Goal 2: Achieve Universal Primary Education

Challenges

- Poverty and unemployment in poor areas reflect badly on creating a low-level of social and health environment, as well as an overall poor-enabling environment for education among students;
- Limited access to modern techniques and technology in education, especially in rural areas and camps;
- Inadequate quality and number of school buildings and classrooms for students;
- Weak relevance of educational outputs to local and international labor needs and demand;
- High student/teacher ratio.

Recommendations

- Improve the reach of general education, with top priority given to creating an enabling environment for school education.
- Rationalize human and other resource allocation, based on a comprehensive strategy that takes into consideration: the current and future needs of the Ministry of Education; the continuous improvement of the educational system; a medium-term plan to ensure provision of educational premises and better access to modern techniques and technology; and the minimization of the student/teacher gap reflected by the high student/ teacher ratio.
- Establish realistic links between education and internal and external labor markets,
- Increase the expenditure budget allocated for education to cover current and future needs;
- Enhance active communication and cooperation between the community and the formal education system through reactivation of and promoting the role of parent-teacher associations;
- Create and/or activate relevant laws that would promote a lower dropout rate by giving better access to poor children to complete their basic and secondary education.

Goal 3: Promote Gender Equality and Empower Women

Challenges

- Many women are unaware of their legal rights;
- The domination of a patriarchal structure and prevalence of discriminatory gender-biased habits and norms;
- Insufficient reporting on violence against women, and lack of measures needed to stop violence;
- The Palestinian Constitution promotes gender equality; nevertheless this is not always reflected during implementation on the ground.

Recommendations

- Adopting, implementing and monitoring of legislations that raise the minimum age of marriage to 18;
- Promote constitutional and legislative initiatives that would allow for gender-related international conventions to be applied in the OPT;
- Promote gender awareness and women rights campaigns and active participation of women in community development and planning programs;
- Support programs and initiatives that promote employment generation for women; and
- Support the work of women's organizations and promote coordination and collective efforts among these organizations to raise political awareness among women especially in rural and poor areas.

Goal 4: Reduce Child Mortality

Challenges

- Shortages of incubators in hospitals;
- Insufficient awareness of infant care practices among young mothers, and
- Limitations regarding the quantity and quality of community health workers especially in rural and remote localities.

Recommendations

- Improve the delivery of child health services in remote and underserved areas. This includes:
- Promote a more participatory role of community-based clinics in monitoring the status of children and women. Focus should be given to programs for malnourished children, especially among the poor.
- Develop relevant community-based programs that would promote exclusive breastfeeding and other proper complementary feeding
- Promote community awareness programs on nutrition and child health.
- Increase efforts to reform the health sector with special priority to improved quality of primary health care services provided to children and pregnant women.
- Improve access for children to immunization and primary health care facilities especially in under-served areas.
- Promote active participation of local communities in developing and implementing local and regional child health programs;
- Support initiatives targeting improving accessibility to Ministry of Health centers especially in underserved and remote areas;
- Promote enhanced vaccination and primary health care programs;
- Improve accessibility of health decision makers to adequate data analysis through developing relevant data collection and analysis systems on child mortality and child psychosocial health; and
- Improve the quantity and quality of community health workers, especially in remote underserved areas.

Goal 5: Improve Maternal Health

Challenges:

- The Israeli Separation Wall is a major challenge that restricts the mobility of health providers in the OPT. This immobility hinders identifying high risk pregnancies and ensuring safe delivery and referral of complicated cases.
- The decline in general economic and social conditions limits the ability of families to pay for health care;
- The high cost of delivery in private hospitals;
- The decline in the quality of medical services provided by the public sector has led to a growth in the role of the private sector and contributed to the rise in health care costs, especially as there is a lack of relevant regulations.

Recommendations:
- Support programs that address building the capacity of home-based post-partum care to increase coverage especially in remote areas isolated due to Israeli restrictions or the Separation Wall;
- Promote community awareness programs on reproductive health;
- Ensure a real integration of pregnant women's health needs into the national development and sectoral plans; and
- Fully integrate reproductive health interventions in the primary health care system as part of the overall health sector reform, in order to make it of better quality, less expensive, and more equitable in its coverage.

Goal 7: Ensure environmental sustainability

Challenges:
- Limited public financial resources allocated to environmental protection.
- Absence of monitoring systems for assessing the air quality, low quality fuel, weak transport management, and poorly-maintained vehicles;
- Pollution of water resources, due to waste-water infiltration to groundwater sources; and a lack of adequate monitoring of the quality of potable water in rural and poor areas;
- The need for integrated solid waste management plans and policies;
- Overlapping of responsibilities among different public-sector administrations;
- Limited control on natural resources, and continuous confiscation of land and water resources by the Israeli occupation;
- Relatively high internal migration from rural to urban areas. As a result, land in rural regions is abandoned while pressure on urban areas is increased; and
- Absence of comprehensive national environmental programs of intervention;

Recommendations:
- Improve the provision of clean water, especially in rural, poor and underserved areas;
- Develop and enforce environment-related legislation, decrees, and integrated plans;
- Improve the institutional and technical capacities of local authorities in environmental management;
- Adopt a national policy to manage water resources and monitor usage, as well as rehabilitate infrastructure and adopt treatment technologies;
- Improve accessibility to water and sewage networks, treatment facilities and integrated solid waste management, especially in rural areas; and
- Promote community participation through increased access to information and relevant data.

Goal 8: Develop a global partnership for development

Challenges:
- Building better long-term strategic relations with the world is a major challenge to achieving MDGs in the OPT;
- A key challenge is the full implementation of the Palestinian Reform and Development Plan developed by the government, with a view to better positioning the OPT with respect to trade and regional cooperation;
- High dependency on external official development aid coupled with a weak public administration; and
- Absence of inadequate policies to manage migratory flows, both between the OPT and the outside world and within the country.

Recommendations:
- Ensure continuation of the structural reform of the public sector and the national economy through improvement of relevant laws; improved competitiveness, and public accountability. This can best be achieved by building strategic and strong partnerships in trade, finance, and technology, and ensuring active community participation; and
- Improve strategic partnership with donors and other members of the international community including citizens.

Annexes

Annex I. Gender-Based Violence Initiatives in the OPT (14)

The framework through which all successes and lessons learned should be viewed is one that makes linkages between the violence of the occupation and gender-based violence, especially the relationship between the worsening socioeconomic situation as a result of the Israeli occupation and the general rise of violence within Palestinian society. When designing and implementing projects, it is crucial that they are community based, participatory, reflect women's and girls voices and are developed out of real life experiences.

There has been good coordination and networking between governmental and nongovernmental organizations, although there is still a need for more frequent dialogue on lessons learned, best practices, successes and challenges, and further areas of cooperation among advocates, service providers and policy makers. Overall, the importance of working in coordination and planning with a multi-sectoral framework cannot be overemphasized. The intense lobbying and advocacy efforts on the part of NGOs to pressure the government to take a more proactive stand on the killing of women have resulted in a new law being drafted. The role of NGOs cannot be emphasized enough in building a model and in being the pioneer of that model on a small scale.

Social change is a step-by-step process that takes years of advocacy, the building of trustful relationships, the consistent delivery of new ideas and the proper techniques and communication skills. In order for sustainable social change to occur it is necessary to work within all levels and all sectors, recognizing linkages between society, politics, culture and religion. Below are examples of some gender-based programs viewed as best practices in the OPT.

1. The Women's Studies Center (WSC) found that their campaign on the rights of the girl child, specifically in raising awareness on the damage caused by early marriage, was met with success in some of the areas where it was implemented. Furthermore, talking about early marriage was an entry point into the community and a way of gaining the trust of the community with a potential to discuss more sensitive issues in the future.
2. Awarding of scholarships to young women in order to encourage them to pursue higher education. Often when financial resources are limited families will only pay for boys' higher education.
3. The action-oriented research conducted on women's mental health. The action-oriented study explored the impact of violence against women and how it affected their relationships with their families and society.
4. A fourth successful initiative is the Open Line Service for Individual Counseling of the Palestinian Working Women's Society for Development. The expansion of counseling services to include all family members has supported the process of social transformation that is needed to eradicate the phenomenon of gender-based violence.
5. The Women's Center for Legal Aid and Counseling's long-term program and interventions. Partnerships with the Ministries of Education and Higher Education, Health, Social Affairs, and Women have all resulted in policy changes such as working on drafting a new law to protect and uphold women's rights.

The following recommendations are related to (MDG 3), particularly the gender-based violence in the OPT, and are based on the principles of gender equality and women's rights and empowerment, two of the most important elements needed for genuine social transformation that would eradicate all forms of gender-based violence. The recommendations will be made on three levels: national, regional and international.

1) National

a. Focus should be on long-term policy, advocacy, and community mobilization strategies with key messages related to gender equality, women's rights, and an end to gender based violence. Sexual and reproductive health should be linked with gender equality within school curricula, establishing a well-functioning referral system and operational protocols by strengthening policy, networking and coordination, ending impunity for those who commit acts of gender-based violence, and promoting legal reform and legal empowerment for women. A project-based approach is not enough to eradicate gender-based violence from Palestinian society. It is necessary to look towards more long-term policy, advocacy and community mobilization efforts that maintain gender equality and women's right as their primary focus.
b. Establishment of a referral system and operational protocols is an essential step to building functional, multi-sectoral and holistic support networks for victims of gender–based violence. The system cannot be developed by one ministry or NGO alone but must be the result of a collaborative partnership that reaches consensus on issues such as gender–based violence terminology.
c. Strengthen the rule of law and end impunity in order to support social transformation, which can only occur if the instruments of justice and law enforcement are strengthened. The police must enforce the law and the justice system must end impunity for those who commit acts of gender–based violence. In addition to reforming the systems of justice and law enforcement, legal literacy and empowerment for women, in conjunction with socio-economic support for victims of gender-based violence seeking justice must be pursued.

2) Regional

There are many common issues facing women in the region such as human rights, law and educational reform along with confronting cultural and gender stereotypes that could serve as a platform for launching greater regional initiatives for women that strengthen the linkages with other global initiatives such as the millennium development goals.

There is a need to strengthen regional initiatives on gender and human security. The MDGs, the International Conference on Population and Development (ICPD), and the fourth World Conference on Women – and their corresponding platforms for action should be used as a guiding framework for development within the region.

3) International

At the international level, diplomatic efforts for a comprehensive, just, and lasting settlement to the Palestinian Case remain a priority. Implementing UN Security Council Resolution 1325 will ensure that Palestinian women have a much stronger influence on the future political, social, and economic developments of their country.

Annex II. Domestic Violence in the OPT(42)

Following are the main and relevant recommendations under this topic:

1. *At the policy and legislative levels:*
    a. Finalize the Law for the Protection of the Family against violence.
    b. Seek to incorporate gender and domestic violence concepts in school curricula at all educational levels in order to curb domestic violence.
    c. Formulate social and economic security and health insurance policies that encourage women victims of violence to make decisions that determine their future and destiny.

2. *At the level of governmental and non-governmental organizations that provide services to women victims of violence*
    a. Raising social awareness and legal education must be carried out concurrently in order to create a fundamental change in the misconceptions that surround relationships between men and women and to alleviate violence
    b. Raise the awareness of the police and judges of gender issues through training courses on dealing with domestic violence
    c. Involve religious clerics and shari' judges in discussions and encourage their participation in workshops pertaining to violence against women in particular and to domestic violence in general.
    d. Redeploy counseling institutions in Palestine to facilitate access for women beneficiaries.
    e. Provide integrated services and follow up at the economic, social, psychological and other levels to women victims of violence.
3. *Police procedures that address violence against women*
    a. Establish an investigative department for domestic violence.
    b. Take immediate measures to provide protection for women victims of violence upon approaching police stations or once they make telephone calls.
    c. Set up a domestic violence department within the organizational police structure that provides protection to violated women and families.
4. *At the media level*

There is a need for enhancing partnership and cooperation among media institutions in order to improve citizens' knowledge on issues related to different forms of domestic violence afflicted on women including mental, physical and sexual violence.

Annex 3. Overall and youth-specific attainment of MDG 5 at the regional level with a focus on gender issues (32)

The situation of pregnant adolescents varies tremendously by age, marital status, whether the pregnancy is wanted or unwanted, social class, educational attainment, urban or rural residence, and regional and cultural context. Policies must address the underlying social, cultural, and economic factors that contribute to pregnancy and childbearing among adolescents. They must improve the status of adolescent girls and expand their opportunities through promoting the following recommendations:

a. Opportunities for formal education should be provided and reproductive health education introduced into the school curriculum. Special efforts are needed to overcome barriers that preclude young girls from attending school. Greater political commitment and resources are required to improve the overall status of girls.
b. Existing laws on the minimum age of marriage should be publicized and enforced towards establishing statutory marriage law applicable to all marriages.
c. Reproductive health information and youth–friendly services for married and unmarried, non- pregnant and pregnant adolescents should be available and widely accessible.
d. Health providers should be trained particularly in counseling and interpersonal communication skills to better work with adolescents. Adolescents should particularly be given adequate social support during pregnancy, labor, delivery and the postpartum period.
e. Safe motherhood programmes need to be particularly vigilant, sensitive, and responsive to the physical abuse of adolescents during pregnancy and the postpartum period.

f. Maternal health care for adolescents should be provided early and include pregnancy tests, counseling, early detection and management of complications; psychological support and nutritional, iron and vitamin supplementation should be a component of antenatal care provided to adolescents.
g. In light of the higher incidence of premature delivery in adolescents, planning for the birth should be undertaken, including the place of birth, availability of transportation and costs involved.
h. Postpartum care should be provided as it is particularly important for adolescents in order to promote and support breastfeeding and provide the contraceptive method of choice.
i. Individuals, families and communities, including social and religious leaders and other key decision–makers should be targeted to increase their knowledge on the health and social burdens associated with adolescent pregnancy. This intervention should help ensure provision of the required support to pregnant adolescents.

Early marriage in Palestine (43)

1. Empower youth to reject this phenomenon and focus instead on their education and future
2. Encourage remaining in school and combating dropping out before finishing high school
3. Raise awareness to prevent early marriages (before 18)
4. Raise parents' awareness on the detrimental impact of early marriage
5. Work with the different ministries, NGOs and the media to produce programs that target Palestinian families that discusses challenges family members may face at the different stages in life.

Palestinian children in armed conflict (44)

1. Demand from the international community to provide rights and safety for Palestinian children and expose all inhumane acts perpetrated by Israel against children.
2. Provision of rehabilitation services for all injured, disabled. detained and orphaned Palestinian children.

Reproductive Health and Rights (45)

Women adhere more to their cultural identity in areas of armed dispute. They believe this adherence to their cultural identity is a means of self-defense and resistance. They link occupation with the need to defend the means of preserving this identity (**46**).

Culturally sensitive approaches are essential for reaching the MDGs, including MDG 5, to improve maternal health. The challenge for reproductive health services is providing not only more skilled birth attendants, but also attendants who have a cultural connection with the women they serve, as well as offering culturally acceptable emergency and obstetric care backup and referral. Lower maternal mortality and avoiding injuries such as obstetric fistula, depend on better care in pregnancy and childbirth, emergency services in cases of complication and access to family planning. Cultural sensitivity helps to mitigate and overcome cultural resistance from couples and individuals towards using modern contraceptives. It prepares the ground for empowering women in particular with control over their fertility. Getting men involved in the design, implementation and delivery of reproductive health programs is a way to ensure that the programs are culturally sensitive.

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تعزيز المساواة بين الجنسين وتمكين المرأة	كبير	التقدم التعليمي جيد. لكن مشاركة المرأة الاقتصادية والسياسية ما تزال منخفضة.
تخفيض معدل وفيات الأطفال	ضعيف	رغم وجود اتجاه نحو التحسن (انخفاض بنسبة 13%)/ فإن التقدم غير كافٍ. علاوة على ذلك، فإنه وبسبب تزايد الفقر وتشديد الإغلاق والحواجز العسكرية أمام الوصول إلى الرعاية الصحية، من غير المحتمل أن يتم تخفيض معدل وفيات الأطفال بنسبة الثلثين مع حلول عام 2015.
تحسين الصحة الإنجابية	كبير	ارتفاع في عدد زيارات الرعاية أثناء الحمل، وانخفاض في معدل الولادات لدى المراهقات. ولكن لا توجد معلومات حول نوعية الرعاية الصحية أو تقديرات يعول عليها حول الوفيات النفاسية. (تظل مسألة الوصول إلى الرعاية مقلقة، وخصوصاً في حالات الطوارئ في غزة، ونتيجة لبناء الجدار الفاصل في الضفة الغربية).
كفالة الاستدامة البيئية	ضعيف جداً	إن الموارد الطبيعية، وخصوصاً المياه والأرض، هي تحت سيطرة الاحتلال الإسرائيلي. وإن كمية المياه الآمنة المتوفرة للفلسطينيين يومياً هي أقل بكثير من الحد الأدنى الذي وضعته منظمة الصحة العالمية. تقوم قوات الاحتلال الإسرائيلي بتدمير البنية التحتية المائية بشكل منهجي وتصادر مصادر المياه الفلسطينية.
إقامة شراكة عالمية من أجل التنمية	ضعيف	ما يزال الفلسطينيون في الأراضي الفلسطينية المحتلة يتلقون أحد أعلى نسب المساعدات في العالم. ولكن بسبب عدم الاستقرار السياسي، فإن نسبة كبيرة من المساعدات الإنمائية الرسمية توجه إلى حالات الطوارئ والإغاثة الإنسانية.

بداية الانتفاضة الثانية في عام 2000. وما تزال أزمتا الفقر والبطالة تتصدران التحديات التنموية الرئيسية التي يواجهها الفلسطينيون. على الرغم من أن صورة بعض الأهداف الإنمائية للألفية ظلت إيجابية نسبياً عند مقارنتها بالمعدلات الإقليمية، إلا أن مؤشرات إفقار السكان من ناحية الدخل، والحرمان، والقدرة على الحصول على الخدمات الاجتماعية الأساسية لها دلالاتها. كما أن التراجع في المجالات الأخرى واضح.

إن إحدى التحديات الأساسية هي قياس الأثر قصير المدى لتدهور مستوى المعيشة على أعداد الفقراء والاتجاهات الأخرى المتراجعة، والتي يرجح أن تصبح ملموسة بشكل أكبر على المدى البعيد. إن خصوصية الحالة الفلسطينية تجعل من الصعب توقع التقدم الذي قد يتم إحرازه في تحقيق الأهداف الإنمائية للألفية. فبدون تحقيق تقدم على المستوى السياسي، وبدون رفع القيود الإسرائيلية، من المتوقع أن تتفاقم الأوضاع، وبدل الاتجاه نحو تحقيق الأهداف الإنمائية للألفية، من المتوقع أن نشهد اتجاهاً نحو الانخفاض.

يتكون التقرير من أربعة فصول. يتضمن الفصل الأول خلفية شاملة حول السكان الفلسطينيين، والصلات بين الأهداف الإنمائية للألفية وبين خطة الإصلاح والتنمية الفلسطينية، وحول أوضاع المرأة والطفل في الأراضي الفلسطينية المحتلة. ويتضمن الفصل الثاني مراجعة للتقدم الذي تم إحرازه في كل من الأهداف الإنمائية للألفية. أما الفصل الثالث، فهو يعرض الممارسات الفضلى والتدخلات التي أجراها صندوق الأمم المتحدة للسكان. ويستعرض الفصل الرابع أهم التحديات التي تواجه تحقيق كل من الأهداف الإنمائية للألفية، و يقدم توصيات تهدف إلى توفير البيئة المواتية اللازمة للتغلب على هذه التحديات وتحقيق الأهداف.

ملخص

يعالج التقرير التقدم الذي تم إحرازه في كل من المؤشرات ذات الصلة للأهداف الإنمائية للألفية- المؤتمر الدولي للسكان والتنمية. وهو يقدم لمحة عامة عن الأزمة الإنسانية في فلسطين، وينظر في التقدم الذي تم إحرازه باتجاه تحقيق عدد من الأهداف الإنمائية للألفية ذات الصلة، ويقترح توصيات حول السياسات الهادفة لتحقيق الأهداف الإنمائية للألفية، وذلك بناءً على التقدم الحالي نحو تحقيق هذه الأهداف وبناءً على الممارسات الفضلى لمنظمة الأمم المتحدة للسكان في السياق الفلسطيني.

يتضمن الجدول أدناه ملخصاً إجمالياً ومؤشرات حول تحقيق الأهداف الإنمائية للألفية في الأراضي الفلسطينية المحتلة.

ملخص تحقيق الأهداف الإنمائية للألفية في الأراضي الفلسطينية المحتلة

الهدف الإنمائي للألفية	احتمال تحقيق الهدف الإنمائي	ملاحظات
القضاء على الفقر المدقع والجوع	احتمال ضعيف جداً	نتيجة للاحتلال والإغلاق، فإن المعدلات المرتفعة للفقر والازدياد الواضح في أعداد الفقراء الجدد لهما أثر ضار على الأمن الغذائي
تحقيق تعميم التعليم الابتدائي	كبير جداً	شهد المؤشر 1 (صافي نسبة الالتحاق) تراجعاً، بينما شهد المؤشران 2 و 3 تقدماً جيداً. على الرغم من وجود نسبة جيدة للالتحاق بالتعليم الابتدائي، فإن جودة التعليم الأساسي ما تزال محل تساؤل.

ملخص

في سياق الإعداد للمؤتمر الدولي للسكان والتنمية +15 وذلك خلال هذا العام 2009، يتقدم صندوق الأمم المتحدة للسكان في الأراضي الفلسطينية المحتلة بهذا التقرير حول الصلات القائمة والتعزيز المتبادل بين أهداف الألفية الإنمائية وبين المؤتمر الدولي للسكان والتنمية . وكما ذكر في «المخطط الأصلي للتقرير القطري للأهداف الألفية الإنمائية-المؤتمر الدولي للسكان والتنمية تحضيراً للمؤتمر الدولي للسكان والتنمية+15».[1] فقد قام مكتب الأمم المتحدة للسكان في الأراضي الفلسطينية المحتلة «بإدماج أكبر قدر من المؤشرات الملائمة، وذلك تبعاً للأهداف الإنمائية للألفية ذات الصلة التي تشارك في تحقيقها منظمة الأمم المتحدة للسكان بشكل مباشر أو غير مباشر، وشرط توفّر قدر معقول من البيانات من المصادر المختلفة».

يرصد التقرير الحالي التقدم الذي تم إحرازه في تحقيق الأهداف الإنمائية للألفية-المؤتمر الدولي للسكان والتنمية. وهو يهدف إلى مراجعة التجارب الفلسطينية في تنفيذ برامج العمل الخاصة بالأهداف الإنمائية للألفية-المؤتمر الدولي للسكان والتنمية، وفي الممارسات الفضلى، والقيود المفروضة على الأراضي الفلسطينية المحتلة. ويهدف التقرير على وجه التحديد إلى إنتاج تقرير قطري يرصد التقدم في الأراضي الفلسطينية المحتلة، ويشكل أحد مدخلات المراجعة العالمية للمؤتمر الدولي للسكان والتنمية التي تتمّ كل خمس عشرة سنة. ويهدف هذا التقرير إلى:

- رصد التقدم الذي تم إحرازه في كل من مؤشرات الأهداف الإنمائية للألفية؛
- توثيق الدروس المستخلصة والممارسات الفضلى في برامج التدخل في السياق الفلسطيني؛ و
- تحديد التحديات القائمة ووضع التوصيات ذات الصلة.

وقد أعد هذا التقرير في نفس الفترة التي تم فيها نشر النسخة المحدثة من خطة الإصلاح والتنمية الفلسطينية 2008-2010، وفي ظل تزايد احتمالات تحقيق مصالحة سياسية داخلية فلسطينية، ومع انطلاق مؤتمر القاهرة الدولي لدعم الاقتصاد الفلسطيني لإعادة إعمار غزة (والذي انعقد في 2 آذار 2009). وعلى الرغم من تدهور الأوضاع الاجتماعية والاقتصادية، فإن هذه العوامل تشير إلى وجود فرص سياسية وأمل في حدوث تحسن اجتماعي واقتصادي في حياة الشعب الفلسطيني.

يشكل هذا التقرير إطار عمل لرصد وتسجيل التقدم الذي تم إحرازه في المؤشرات الأساسية للأهداف الإنمائية للألفية. وهو يلاحظ أنه على الرغم من أن مؤشرات التنمية البشرية للفلسطينيين كانت أفضل نسبياً من مؤشرات بعض البلدان في المنطقة العربية، إلا أن نتائج التنمية البشرية بدأت بالتراجع منذ

1 تجدر الإشارة إلى أن هذا التقرير قد أغفل بعض مؤشرات الأهداف الإنمائية للألفية إما بسبب عدم توفر البيانات، أو بسبب كونه غير ذي صلة بالأراضي الفلسطينية المحتلة.

الصلات القائمة والتعزيز المتبادل بين أهداف الألفية الإنمائية وبين المؤتمر الدولي للسكان والتنمية
مشروع "النوع الاجتماعي، السلام والأمن"

الطبعة الأولى كانون أول 2009
منشورات مفتاح 2009

The Palestinian Initiative for the promotion of **Global Dialogue and Democracy**
المبادرة الفلسطينية لتعميق الحوار العالمي والديمقراطية

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بدعم من صندوق الأمم المتحدة للسكان UNFPA

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