



UNICEF oPt **2004** CONSOLIDATED REPORT

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY





A four year old Palestinian girl standing behind the door in a kindergarten in Tulkarem (northern West Bank).

Photo credit: UNICEF-oPt/2004- 01811/Steve Sabella

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EXECUTIVE SUMMARY

The situation in the West Bank and Gaza continued in 2004 to be characterized by ongoing violence, restrictions in movements and serious economic decline. Restrictions on mobility for children and caregivers hindered access to health care facilities and schools. Essential drugs could not be delivered to health facilities, which became over-stretched. Children and families lost their personal belongings such as clothing, toys and school materials due to house demolitions. Families had to relocate and seek shelter, requiring children to change schools and lose friends.

Many children were exposed to live fire while on their way to schools or in their classrooms. In addition many schools were damaged, including classrooms, play and sports areas as well as water and sanitation facilities. The long-lasting effect of rising poverty and unemployment in oPt gradually eroded household's coping mechanisms and increased their dependency on aid. This combination of distress and poverty put the psychosocial well-being of children under significant strain.

As part of the 2004 Consolidated Appeal for oPt, UNICEF requested US\$ 14.7 million to provide humanitarian relief to affected children and women. At the end of 2004 some US\$ 10.4 was received. Despite many obstacles to the delivery of humanitarian services, important results were achieved for Palestinian children and women through the humanitarian effort of UNICEF and its partners in 2004:

To address health and nutrition needs an emergency measles immunization campaign with the administration of Vitamin A was conducted for half a million children aged 9 months to 5 years. Over the course of the year, UNICEF guaranteed that every child in oPt was vaccinated and provided all available vaccines. Caregivers were empowered with knowledge for the prevention of illnesses and immediate response in frontline areas, particularly important, as access problems prevented caregivers from reaching medical facilities with their children. UNICEF also provided safe water storage devices and community awareness on hygiene promotion for approximately 50,000 people in Rafah. Essential micronutrient supplementation was provided for children and women at childbearing age in areas where the risk of micronutrient deficiencies increased due to the degradation of services and food insecurity.

To allow students to continue their schooling UNICEF supported compensatory education for some 90,000 students. Over 40,000 children in affected areas were provided with items including remedial worksheets, school bags and stationary as well as basic clothing items. In addition 390 school-in-a-box kits were made available to facilitate teaching and learning for over 31,000 students and 500 teachers in Gaza. Provision of emergency supplies such as education kits and textbooks to schools and families facilitated the rapid return of children to school after military incursions or closures. As a result, despite very challenging conditions, structure and routine was quickly restored.

To mitigate the impact of violence on the psychosocial wellbeing of children emergency teams were set up to provide swift psychosocial support to all children in Gaza affected by violent events and children in four Governorates of the West Bank. In addition, over 12,000 caregivers were equipped with techniques for detecting signs of distress and providing adequate support for their children, reaching over 60,000 children. Providing alternatives to the ongoing violence was another important strategy towards taking adolescents away from the conflict and mitigating the damaging effects of violence. In 2004, over 90,000 children were provided with regular access to play areas, recreation and activities promoting their constructive participation in their communities.



Father & son in the West Bank village of Harmala. More Palestinian men are accompanying their wives and children at health clinics because of fears about their security.

Photo credit: UNICEF oPt/Steve Schelle

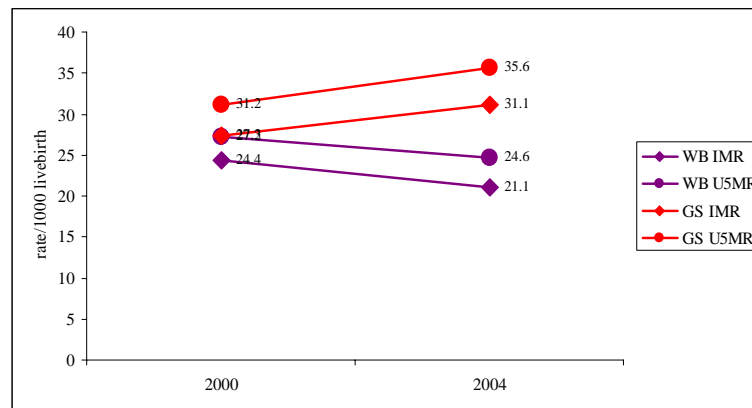
PURPOSE:

The Humanitarian Situation of Children & Women and UNICEF Focus

2004 was the fourth successive year of crisis in the occupied Palestinian territory. The situation in the West Bank and Gaza continued to be characterized by ongoing violence, restrictions in movements and serious economic decline. These closures led to the worst recession ever experienced. Poverty affected 47% of the Palestinian population, with 64% of Gazans living below the poverty line and around a quarter living in deep poverty. The combination of significant distress and long-lasting effects of rising poverty and unemployment had a negative effect on all basic indicators and put the psychosocial well-being of children under significant strain.

HEALTH AND NUTRITION

2004 added new challenges in the realization of children's right to health. A 2004 Demographic Health Survey (DHS) showed no progress in the reduction of child mortality rates, with Infant Mortality Rates (IMR) decreasing by 1% over the past four years and Under-five Mortality Rates (U5MR) increasing by 1%. In fact, in Gaza Strip mortality figures showed an increase of about 20% of the IMR and U5MR over the past 4 years (IMR: from 27.3 in 2000 to 31.1 in 2004; U5MR from 31.2 in 2000 to 35.6 in 2004). Meanwhile, in the West Bank the figures have decreased by 10-15%, as follows:



The nutritional status of children in 2004 was of equal concern, especially as malnutrition is the source of child severe morbidity and mortality. As per the DHS 2004, almost one in ten children suffered from stunting and the proportion of stunted children in Gaza was higher than the oPt average (11%). The micronutrient malnutrition also increased and some ¾ of children under the age of 5 were vitamin A deficient or at “borderline for becoming deficient. Iodine deficiency continued to be a problem especially in the West Bank where surveys have shown that more than 15% of school aged children had goiter. Despite the efforts to sustain high immunization coverage, only 2/3 of children had had the necessary immune protection against measles, the antenatal care attendance dropped by almost 10% during 2004 and the percentage of home deliveries almost doubled.

The Purpose in Health and Nutrition

As a part of a nation-wide interagency response to prevent further degradation of the health status of Palestinian children and women and to support the health sector to cope with acute and chronic crisis, UNICEF focused on:

- Sustaining high immunization coverage rates with 7 basic antigens for children under 15 months and for first grade students
- Sustaining a polio and neonatal tetanus free status through supplementary immunization
- Supporting prevention and early detection of malnutrition among children
- Supporting prevention of micro-nutrient deficiencies
- Promoting breastfeeding practices and appropriate complementary feeding
- Upgrading MCH centers with basic medical equipment and supplies e.g. growth monitoring equipment, consumables, diagnostic equipment
- Training MCH doctors, midwives and nurses on IMCI and prevention of micro-nutrient deficiencies

EDUCATION

The right of Palestinian children to education was directly threatened by the closures and restrictions of movement, hindering access to schools for both students and school staff and affecting the quality of the education provided. As a result, children lost school days or had their school days disrupted. Many children were exposed to live fire while on their way to schools or in their classrooms. In addition many schools were damaged including the water and sanitation facilities, classrooms, and play and sports areas. Three schools were converted into transition centres for those made homeless during incursions into the Gaza Strip. During 2004 more than 226,000 children from 580 schools found going to school impossible, irregular or very risky.

Enrollment rates went down by 1.5% for the second year in a row, meaning that 15,000 less children entered into the school system compared to previous years. The quality of education services was also put under strain as professional teaching staff were unable to reach their schools. Education authorities at central and district levels were pressured to recruit teachers who lived nearby, instead of those best qualified for teaching posts.

The Purpose in Education

Supporting the Ministry of Education to provide uninterrupted and quality education to all Palestinian children, UNICEF focused on:

- Ensuring availability of compensatory education and remedial activities for children whose schooling is interrupted by conflict, closures and violence
- Building the capacity of the national authorities to adapt and deliver education programmes in emergency contexts

PSYCHOSOCIAL

The crisis had a negative impact on children's psychosocial well-being. During 2004 children showed important signs of distress, including bedwetting, nightmares, aggressive behavior among children and low schooling achievement. They were exposed to violence not only in their external environment but also at home and in school. Some 30% of children reported to have been exposed to some type of violence, of which two-thirds experienced violence in the home environment and one-third from teachers. Parents reported that they felt unable to provide care and protection for their children.

Signs of distress were more prevalent in Gaza than in the West Bank and in poorer households and refugee camps. For example, aggressive behaviour among children was reported in 48% of households in Gaza compared to 29% in the West Bank. The same was observed for bedwetting (37% to 18%), nightmares (35% to 25%) and low school achievement (42% to 26%). In addition, 61% of parents in Gaza felt that they did not have the ability to meet the needs of their children for care and protection, compared to 46% in the West Bank.

Children and their families lost their personal belongings, including clothes, toys and school materials, due to house demolitions (at an average of 120 residential buildings every month). Families were forced to relocate and seek shelter, requiring children to change schools and lose friends. Children had limited opportunities to play and exercise in areas safe for them and where they could be with their peers. Close to half of the children in West Bank and Gaza spent less time on extra-curricular activities (like sports and playing outdoors) compared to previous years.



Photo credit: UNICEF-oPt/Steve Sabella

School children checking Tel Al Zatar kindergarten that was destroyed during the Israeli incursions into Gaza.

The Purpose in Psychosocial

Supporting national partners, NGO's and communities to increase the psychosocial resilience of the population in the OPT, UNICEF action focused on:

- Reducing the negative psychological and psychosocial impact of violence on women, children and their families and other vulnerable groups
- Strengthening the capacities of communities and governments to effectively render support to children affected by the impact of violence
- Promoting self-help, local networks and empowerment programmes for social reintegration of people psychosocially affected by the conflict

RESULTS:

Humanitarian Action in 2004

OVERVIEW

Humanitarian action in 2004 was based on UNICEF's Core Commitments for Children adopted by the UNICEF Executive Board. It focused on ensuring life-saving health services for children were maintained, providing compensatory education for children whose schooling was disrupted and providing children with access to psychosocial support and safe spaces to play and learn. Overall, the humanitarian programme reached approximately 500,000 children and women in 2004, including 120,000 children under age five and 170,000 pregnant women and mothers.

In the West Bank, UNICEF humanitarian action focussed on 5 main areas - Jenin, Tulkarem, Qalqiliya, Nablus, and Hebron. In the Gaza Strip, UNICEF focused on three flashpoints - Rafah, Khan Younis and Northern Gaza. In addition three other areas (Al Mawasi, Snafu and Al Ma'Ani) were of key concern due to the total closure and very limited access for children and women to health and education services. UNICEF's zonal office structure contributed significantly to the ability to deliver effective and efficient humanitarian action even during times of closures and incursions. As an example, during the national immunization campaign, where close to half million children were immunized, UNICEF zonal officers facilitated the action with the mobile health teams, often negotiating their way through checkpoints and delivering vital vaccines to communities in difficult to reach areas.

Flexible funding was another factor that contributed towards UNICEF's ability to respond quickly during crisis situations. Significant contributions received from the Dutch and Spanish Governments and the thematic fund after the Gaza Crisis Update in October allowed UNICEF to provide critical assistance to families in Jabalya. Without this support the response would not have been as effective or as timely.

UNICEF monitored the humanitarian programme on a regular basis using the standard IMEP – Integrated Monitoring and Evaluation Plan. Indicators to measure the scope and extent of the operation included number of vaccines administered, number of MCH facilities equipped and number of caregivers or counselors trained. Basic indicators to measure changes in the lives of women and children resulting from UNICEF interventions included number of children immunized, breastfeeding prevalence rates, stunting/wasting rates, number of schooldays lost, number of UXO incidents, number of children with access to psychosocial relief sessions after acute crisis.

UNICEF ensured coordination and partnership with other agencies through sector and thematic coordination groups. Action was undertaken within the overall framework of the Local Aid Coordination Committee (comprising all donors, UN Agencies and Palestinian Authority) as well as the Operations Coordination Group (Heads of UN Agencies, co-chaired by OCHA and UNRWA). Formal and informal networks, like Health Inforum and the EU informal group on humanitarian policy, were used to strengthen the links with UN Agencies, NGOs and civil society. In the delivery of assistance UNICEF worked daily on collaboration with UNDP, WFP, WHO, UNFPA, UNRWA as well as international and local NGOs.

The following action and impact was achieved by sector as follows:



Photo credit: UNICEF-oPt/Steve Sabella

Immunization: a 2 year old girl is vaccinated against measles during the national measles and vitamin A campaign held in summer 2004 supported by USAID.

HEALTH & NUTRITION

RESULTS

Action

National Measles Campaign - an emergency measles immunization campaign with the administration of Vitamin A was conducted for almost half a million children aged 9 months to 5 years. Final results received from the Ministry of Health report coverage of approximately 98.2 per cent. The vitamin A campaign was undertaken for the first time, covering children's needs for the next 6 months, thus protecting them from the risk of micronutrient deficiency.

A sub-national mop up immunization campaign against polio was also successfully implemented.

Immunization rates - over the course of 2004, UNICEF supplied all major vaccines for oPt, sufficient to protect all children under the age of 5 and all pregnant women. All vaccines and vaccine related supplies needed for the routine immunization of all Palestinian children (i.e. 7 antigens for 1.5 million children under 15) have been procured.

To strengthen the capacity of the national health services to sustain adequate immunization, on-the-job training for 121 trainers and 440 immunization service providers from all districts was also carried out. Areas covered included immunization and mechanisms and procedures for injection safety practices.

Provision of emergency health supplies - essential emergency health supplies were delivered for approximately 50,000 people in Rafah whose regular services were disrupted during military incursions. UNICEF provided safe water storage devices, water purification kits, soap, as well as community awareness materials on hygiene promotion, thereby averting any significant risk of water-borne or diarrhoeal disease. Over 300 sessions on hygiene promotion were conducted at the community level.

Emergency health kits were distributed to health facilities and mobile teams in other acute crisis areas of Gaza - containing drugs, medical supplies and basic medical equipment and sterilization items. Each kit provided for 30,000 beneficiaries for one month. After the military incursions in Jabaliya and Khan Younis, emergency family kits were distributed to 480 families in need of basic supplies such as clothes, shoes and personal hygiene items. Forty-five basic family water kits, collapsible water tanks and generators were also distributed in Gaza to provide families with water containers to carry and store water. The kits included water purification tablets and soap for hygiene purposes. Prepositioning of safe water supplies was also undertaken in Rafah district. Essential micronutrient supplementation was provided for children and women at childbearing age in areas where the risk of micronutrient deficiencies increased due to the degradation of services and food insecurity.

Upgrading health facilities - midwifery kits were provided to health facilities not normally equipped to respond to emergency deliveries – as pregnant women in labour were prevented from reaching appropriate facilities. Each midwifery kit facilitated the set up of a delivery room and the management of 50 deliveries. The emergency obstetric kits facilitated 100 complicated and normal deliveries, including obstetric surgery.

15 training facilities covering all districts in the West Bank and Gaza were equipped with training apparatus for continuous training purposes on IMCI and immunization. These training centers supported public health training activities conducted at the district level throughout the country, including IMCI, EPI, nutrition, maternal and child health.

Capacity building - activities were conducted to strengthen both national and local emergency response mechanisms. UNICEF supported on-the-job IMCI training for 260 health care workers from 10 districts, improving services for over 250,000 children. Areas covered include maternal and child health services, control of diarrhea and respiratory infections, and breastfeeding promotion with particular attention to case management, home care management of common illnesses, improving registration and strengthening monitoring. The skills of 45 IMCI trainers from all districts of the West Bank and Gaza were also upgraded.

Parents and other caregivers were also empowered with knowledge and skills for the prevention of illnesses and emergency treatments in frontline areas. This was particularly important as access problems often prevented caregivers from reaching medical facilities with their children. The community IMCI was therefore introduced as a first-line response when no other service was available. Over 500 caregivers received skills in managing frontline cases, serving 250,000 children under 5.

Promoting breastfeeding and appropriate supplementary feeding – UNICEF supported a national awareness campaign on nutrition with TV spots on breastfeeding, complementary feeding and iron supplementation and radio spots on exclusive breastfeeding, appropriate child feeding practices and iron supplementation. 150 theatrical shows at schools, in summer camps and community centers were also conducted, reinforcing messages on breastfeeding and iron deficiency anemia. With local authorities, UNICEF also supported the production and distribution throughout the country of posters, TV and radio spots and leaflets on breastfeeding and hygiene promotion.

Impact

A measles outbreak was successfully averted through the immunization of almost half a million children.

High immunization rates were sustained for all children aged 0-15 and across all districts. Coverage rates for the 7 basic antigens for children under 15 months and for first grade students were at 90%.

Access to quality primary health care services was provided for more than 100,000 children and their families in hard to reach districts by upgrading facilities, equipment and staff capacity in remote centres.

Further degradation of nutritional status has been prevented through reinforcement of family practices on breastfeeding, diarrhoeal diseases prevention and early home-based management.



Photo credit: UNICEF-oPt/Steve Sabella

Education Two Palestinian girls trying to cross one of the Israeli military checkpoints on their way to school.

EDUCATION

RESULTS

Action

Remedial education – UNICEF’s remedial education programme allowed some 90,000 students to continue their education despite regular interruptions to their schooling. Students from grades 1-3, 4 and 6 were provided with folders containing remedial worksheets and information supplementing school textbooks. The worksheets were reviewed and revised by a team of experts and 90,000 copies printed and distributed to most affected schools in the West Bank and Gaza. The worksheets for grades 4 and 6 are currently being reprinted for further distribution. A new approach to the distribution of worksheets was also tested. Due to movement restrictions on the ground, worksheets were printed on CD-ROMs and sent to schools located in areas most affected by the crisis including Jenin and Gaza. This allowed schools to duplicate the worksheets themselves so that learning could continue in the home or in schools.

Teachers and parent training - 1,000 teachers were trained and 200 orientation sessions for parents held on the use of remedial worksheets. This helped parents and teachers guide their children in the use of remedial worksheets during closures or curfews.

Provision of essential teaching / learning materials - UNICEF was quick to assist children and families during military incursions into the Gaza Strip (northern Gaza, Khan Younis and Rafah). Over 40,000 school bags were distributed to both UNRWA and government school students in Gaza during the October emergency in Jabaliya and education materials, play equipment and water filters were distributed for 600 children whose kindergarten was destroyed. UNICEF also made available 390 school-in-a-boxes for Gaza to facilitate teaching and learning for over 31,000 students and 500 teachers. A further 30,000 school bags are presently being purchased for pre-positioning purposes. About 120 recreation kits have also been procured to facilitate the extra curricular activities for the students.

Life skills and extracurricular activities - in crisis situations, where the daily life of children is interrupted by conflict and violence, activities promoting resilience and psychosocial well-being are critical. Towards this end, UNICEF introduced life skills education into the regular curriculum taught in

schools. Integrated into weekly lessons, children were provided with information and practical skills for dealing with stress, conflict management, aggression, peer pressure and tolerance. In 2004, life skills based education was introduced in 100 schools across the West Bank and Gaza reaching 3,000 children. Over 750 teachers and 450 school principals were trained in Life Skills Based Education for Grade 5 students and a 2-day refresher training was provided for 80 trainers.

In addition, 20,000 children participated in 100 summer camps in 2004, giving traumatized children needed relief from the tense and often violent environment in which they live and at the same time providing them with education that allows them to catch up on what they lost during the school year.

UXO and Mine Risk Education - TV spots broadcast throughout the year alerted children and families to the dangers of unexploded ordinance. Working very closely with the National Mine Action Committee, this activity was a part of the national strategy for mine action and outlined in the national plan jointly devised between West Bank and Gaza for responding to the emergency. A training of trainers in Mine Risk Education was also undertaken.

Impact

Remedial education activities ***helped to maintain the learning achievement of 90,000 children*** attending schools in areas affected by violence and closures.

Education and extracurricular activities ***helped to build resilience among children***. Over 3,000 children were equipped with important life skills dealing with stress and conflict management while over 20,000 participated in extracurricular activities that provided them with relief from the tense and often violent environment in which they live, while also providing them with education to catch up on what they lost during the school year.

Provision of emergency supplies such as education kits and textbooks to schools and families facilitated the ***rapid return of children to school*** after military incursions or closures. As a result, despite very challenging conditions, structure and routine was quickly restored. UNICEF's support to the quick reopening of schools after an emergency has been used as a strong entry point for advocacy with communities, parents and others to ensure enrolment rates for boys and girls are maintained.



Photo credit: UNICEF-oPt/Steve Sabella

Child Protection Fun
activities for children facing
psychosocial distress.

PSYCHOSOCIAL SUPPORT

UNICEF-supported psychosocial sessions help distressed children

Eight-year-old Asma Sabah plays innocently on a sea saw amid the rubble of Northern Gaza, just days after a three-week incursion ended that left almost 30 children dead and several hundred injured. Recalling one of the last nights of the incursion she said: "I am so scared. I went to mother and grandmother and we all hid in a corner of the house. It is hard to sleep and I have nightmares that the Israeli army is destroying my house." In the Gaza Strip, it is not unusual for children to get caught in house demolitions or hear live fire on a daily basis. In fact a recent survey of children in oPt showed that 93 percent reported feeling not safe.

One of the ways children cope with their distress from the violence is through psychosocial debriefing sessions supported by UNICEF. Run by trained counsellors they are held near the homes of the children and allow victims to speak about their distress – sometimes manifested by nightmares, aggressive behaviour and difficulty concentrating - and hear the stories of other distressed children. Said one young participant: "With what is happening I don't have dreams anymore; I have nightmares. I want these sessions to help fix this."



Asma Sabah, 8 years old sitting on a rubble
Photo credit: UNICEF-oPt/2004/M. Bociurkiw

RESULTS

Action

Psychosocial emergency teams - UNICEF has ensured that all children in the Gaza Strip and children in four governorates in the West Bank had access to psychosocial support following exposure to violent events. To date, emergency teams have provided individual and group counselling for over 5,000 children affected by violent events in Gaza.

UNICEF and its NGO partners established 9 psychosocial emergency teams across the West Bank (Hebron, Nablus, Jenin, Tulkarem) and Gaza Strip (Gaza City, North Gaza, Middle Gaza Strip, Khan Younis and Rafah). Each team was composed of 20 qualified and well-motivated psychosocial professionals, working under one of the relevant ministries (MoE, MoH, MoSA), NGOs or UNRWA. Team members were on stand by and ready to be immediately mobilized after the occurrence of a violent event. During the first three days of such an event, they carried out individual counseling with the most affected children, through home and hospital visits. Within the following two weeks, group counseling sessions were organized for children to express their feelings, share their experience with peers and receive support from the counselors. Children in need of acute treatment were referred to specialized services. Professionals and parents reported improvement in their children's behavior, notably in terms of better school achievement and less aggressive behavior.

Sensitization sessions for caregivers - 12,000 caregivers were equipped with basic skills on how to detect signs of distress among children and how to provide them with adequate support. Caregivers also learned how to manage their own stress in crisis situations and how to maintain a stable family environment.

Approximately 60,000 children were reached indirectly through this project and thereby received an increased protection within their home environment. A pre and post testing before and after the sessions showed a 30% increase in caregivers' knowledge and confirmed that the project responds to a very high demand from parents and teachers. To the extent that they feel that their family is able to protect them and provide for their emotional and physical needs, children's level of distress is likely to be reduced.

Child friendly spaces and structured activities - providing constructive alternatives to the ongoing violence was another important strategy towards mitigating the damaging effects of violence on children. To this end, UNICEF worked with local authorities and NGOs to establish or rehabilitate 17 play areas in the West Bank and Gaza, providing over 50,000 children with access to playgrounds and activities in their neighbourhoods. Sporting programmes were also introduced allowing over 55,000 school children to participate in after school volleyball and football activities. Activities were concentrated in areas most affected by closures and conflict, including the southern Gaza Strip and northern West Bank towns including Jenin and Nablus.

Peer to peer programmes for adolescents - approximately 50 university students were trained to provide psychosocial support, mentoring and recreational activities for adolescents living in areas most affected by the conflict. Following the training, the peer counselors conducted a series of psychosocial support sessions with over 1000 adolescents, providing them with opportunities to relieve their stress and frustration, learn stress management techniques and express their opinions, views and concerns. In addition to the peer to peer sessions conducted in the field, a toll free hotline managed by the trained university students was supported by UNICEF. The hotline was open six days a week, 7 hours a day and was accessible for all adolescents living in the West Bank and Gaza Strip.

Legal support – legal support was provided to Palestinian children in Israeli detention centres and prisons, one of the most vulnerable groups of children in oPt. Approximately 60% of arrested children

at any given time received support through this project. Most of these children were deprived of due process and without this intervention would have been deprived of legal representation. As well as providing the children with the necessary legal aid, lawyers sought access to courts, detention centres and prisons enabling better monitoring and reporting of rights violations.

Impact

Mitigating the impact of violence on the psychosocial wellbeing of children, all children in the Gaza Strip and in four Governorates in the West Bank had access to psychosocial support following exposure to violent events. All adolescents had access to peer to peer hotline psychosocial support services.

Approximately 60,000 children benefited from increased ***care and protection in their home environment***.

Over ***100,000 children had access to structured activities and opportunities for play*** and recreation, providing relief from the daily stresses associated with violence. Providing children and adolescents with opportunities for play and physical exercise reintroduced routine and structure into their daily lives. Occupying children with structured activities also gave relief to overwhelmed parents and caregivers.

60% of children arrested at any given time had ***access to legal representation***.

EXPERIENCE GAINED

In acute crisis areas where all humanitarian access was restricted (for example in Rafah during May and Jabaliya in October) it was crucial to have critical supplies pre-positioned. Supplies pre-positioned by UNICEF, including health kits, midwifery kits as well as family water kits, were particularly effective, as they supported the full range of health services. The family water kits were very useful since they were small and easy to be delivered and filled with water even during periods of tight closure. They provided families with the only source of water during critical periods and also carried messages on the jerry cans pertaining to management of safe water. Together with the availability of critical supply, pre-existing partnerships with NGOs / CSOs as well as with the MoH were essential in ensuring that critical humanitarian supplies reached children and families in time.

For large-scale public health operations like the national immunization campaign, detailed micro planning was critical for ensuring safe passage of staff and vaccines and vaccine supplies. In addition, using the UNICEF zonal offices for the daily dispatch of mobile teams pre-coordinated with the Israeli IDF vehicle-by-vehicle ensured that the teams could reach target areas without being kept at checkpoints. For the first time the measles campaign was used as an entry point for introducing Vitamin A which protected children from the risk of micronutrient deficiency.

Remedial worksheets proved to be useful not only for children who could not reach their schools but also for distribution to children affected by house demolitions. This was combined with a school-in-a-box which also ensured that the affected children received basic educational supplies. Providing remedial worksheets, schools bags and basic schooling supplies quickly restored a sense of normalcy into the lives of children who had lost all of their personal belongings. This activity also encouraged parents to send their children back to school as quickly as possible.

Emergency teams set up in the West Bank and Gaza were an innovative means for providing psychosocial support to children and families living in crisis areas. Two important lessons were drawn from this experience. First, it was important to empower teams to continue activities both during times of acute crisis as well as during times of relative calm. This kept the team functioning on a regular basis, promoting exchange of experience whilst reinforcing their skills. Second, providing assistance to the parents as well as children significantly increased the reach and impact of the programme – as all family members were provided with support, not only the children.

Given the high demand from caregivers to be equipped with techniques to support their children, as well as the success of ongoing sessions, it was recommended that the sensitization sessions be expanded to reach more caregivers – and therefore more children - in 2005. Addressing recurrent requests from the parents, the content of the sessions will be broadened to include information on nutrition, growth and development as well as concerns related to adolescents.

RESOURCES

As part of the 2004 Consolidated Appeals Process, UNICEF requested US\$ 14.7 million to provide humanitarian relief to affected children and women in oPt. To date, some US\$ 10.4 million has been received as follows:

a) Funding Summary by Donor and Sector/Programme Area

Donor	Contribution (US\$)	Sector/Programme Areas
Austria	436,800	Psychosocial Support
Belgium	125,995	Gaza Crisis Appeal" in OPT
Canada	2,695,800	Teacher Training/Education in OPT
Comite Francais pour l'UNICEF	93,066	Safe Play Zones in OPT
German Committee for UNICEF	340,815	Safe Places for Children in OPT
Global - Thematic Humanitarian/ Japan NC, Norway Govt. & Sweden Govt.	1,465,653	Support to Humanitarian Aid Activities in OPT
Italian Committee for UNICEF	122,549	Development and Participation of Adolescents.
Japan	2,612,900	Expansion of Immunization Programme in OPT
Luxembourg	448,276	Back to School Campaign in OPT
Netherlands	1,000,000	Support to Humanitarian Aid Activities in OPT
Spain	704,244	Support to Humanitarian Aid Activities in OPT
Tunisia	65,574	Education for Children in Crisis Situation in Jenin (OPT)
United Kingdom Committee	205,224	Health Activities
USAID/Washington	100,000	Support to UNICEF IDD Programmes
Total 2004 CAP Funds	10,416,896	

b) 2004 Funding Status Summary by Donor Sector/Programme Against the Target Appeal

Sector	Appeal Target	Funds in US\$	% Funded
Education	6,039,000	3,898,540	65 %
Health	6,643,091	4,125,033	62 %
Psychosocial & Cross Sectoral	2,065,000	2,393,323	116 %
Total	14,747,091	10,416,896	71 %

c) 2004 Funding by Donor for each Sector/Programme Area:

i) Contribution to Education

Donor	Contributions to UNICEF Education Response
Canada	2,695,800
Luxembourg	448,276
Netherlands	433,334
Spain	255,556
Tunisia	65,574
Total	3,898,540

ii) Contribution to Health

Donor	Contributions to UNICEF Health Response
Belgium	125,995
Spain	111,111
Netherlands	178,000
Global - Thematic Humanitarian/ Japan NC & Norway Govt.	791,803

USAID/Washington	100,000
Japan	2,612,900
United Kingdom Committee	205,224
Total	4,125,033

iii) Contribution to Psychosocial and Cross Sectoral

Donor	Contributions to UNICEF Psychosocial Response
Comite Francais pour l'UNICEF	93,066
German Committee for UNICEF	340,815
Global - Thematic Humanitarian/ Sweden Govt.	673,850
Italian Committee for UNICEF	122,549
Austria	436,800
Spain	337,577
Netherlands	388,666
Total	2,393,323

d/ 2004 Thematic Funding

Donor	Country-specific Thematic Humanitarian Funds in US\$
Sweden Government	629,915
Japan Committee for UNICEF	285,720
Norway Government	459,725
Austria Government	329,779
Total	1,705,139

FUTURE WORKPLAN: 2005 Humanitarian Action and Resources

Overall humanitarian assistance in 2005 is expected to reach 500,000 children and women, including 120,000 children under five and 170,000 pregnant women and mothers.

In health, the focus is on emergency preparedness and response, including measles vaccination (with Vitamin A supplementation), polio, medical and obstetric kits, supplementary feeding, safe water and hygiene promotion. For psychosocial support, primary action includes rapid response mobile teams and community based interventions as well as provision of recreational materials. In education, the action is centered on providing school-in-a-box (for children, teachers and school administrations), remedial education materials, teacher training and establishing a safe and child-friendly learning environment.

Health, Nutrition and Safe Water (US\$ 5,533,000)

Some 700,000 affected persons will benefit from the following key activities:

- Maternal and child health needs assessment and participatory emergency preparedness planning;
- Upgrade of maternal and child health services (provision of supplies and equipments, upgrade of skills of health professionals, logistic support) in order to provide an extended range of front line health services, i.e. management of child emergency conditions, emergency obstetric care, outbreaks, in closed and difficultly accessible areas;
- Provision of vaccines, related campaign supplies, vitamin A and support for planning and evaluation;
- Distribution and pre-positioning of medical supplies in areas susceptible to acute crisis;
- Distribution of safe water supplies (collapsible water tanks, family water kits, oral rehydration salt);
- Production and distribution of materials for social mobilisation and health education on key hygiene matters and breastfeeding promotion;
- Advocacy, orientation, awareness raising and social mobilisation for caregivers and managers;
- Logistics, coordination and technical support through Zonal Offices.

Psychosocial (US\$ 2,671,564)

Some 700,000 affected persons will be reached through the following key activities:

- Supporting psychosocial teams in Hebron, Nablus, Tulkarem, Jenin and Gaza consisting of professional team members who are ensuring coordination of action plans and outreach. Teams are dispatched following an incursion, or any type of violent event, to provide counselling sessions to children. Counselling sessions are subsequently continued in groups. In parallel, caregivers are equipped with basic skills on how to detect signs of distress among children and to provide support. Caregivers also learn how to manage their own stress in crisis situations;
- Supporting child friendly spaces including safe play areas and adolescent friendly youth clubs. These child friendly spaces provide an outlet for stress and tension and a child friendly environment in which children can feel safe to play. They also equip children and adolescents with life skills like stress management, tolerance and conflict resolution that enables them to deal with everyday challenges.
- Children affected by house demolitions will be provided with basic supplies such as recreational kits, drawing materials, clothes, shoes and toys;
- Peer-to-peer support groups will be formed and adolescents trained and mobilised for peer-peer support;
- Logistics, coordination and technical support through Zonal Offices.

Education (US\$ 4,516,320)

A total of 340,000 children and 15,000 teachers will benefit from the following key activities:

- Provision of school-in-a box and stationary items for 45,000 primary school students;
- Provision of teaching kits and associated training for 10,000 teachers from 1,000 primary schools to facilitate teaching and learning processes and to ensure that quality learning continues;
- Provision of recreation kits to 900 schools and organization of recreation activities to reduce psychological stress;
- Provision of teacher training equipment for training programmes and improving teaching and learning processes during emergencies;
- Training for teachers on remedial education activities to help children catch up due to the reduced school time;
- Through a cascade programme, training of 4,000 teachers on psychosocial counselling for students;
- Mobilisation of media and other communication channels to encourage parents and communities to ensure that children continue learning;
- Logistics, coordination and technical support through Zonal Offices.

ACRONYMS

ARI	Acute Respiratory Infection	SOWCR	State of the World Children Report
CCCs	Core Corporate Commitments	SWG	Sectoral Working Group
CDC	Centers for Disease Control	U5MR	Under-five mortality rate
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women	UN	United Nations
CO	Country Office	UNHCR	United Nations High Commissioner for Refugees
CRC	Convention on the Rights of the Child	UNIFEM	United Nations Development Fund for Women
DCI-PS	Defense for Children International / Palestine Section	UNDP	United Nations Development Programme
EFA	Education For All	UNESCO	United Nations Educational, Scientific and Cultural Organization
EPI	Expanded Programme of Immunization	UNICEF	United Nations Children's Fund
ECHO	European Community Humanitarian Office	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
EMOPS	Office of Emergency Programmes	UNSCO	United Nations Special Coordinator Office
FAO	Food and Agriculture Organization	UNSECOORD	United Nations Security Coordinator
GCMHP	Gaza Community Mental Health Programme	UNRWA	United Nations Relief Work Agency
GS	Gaza Strip	UXO	Unexploded Ordnance
IASC	Inter Agency Standing Committee	WB	World Bank
ICRC	International Committee of the Red Cross	WES	Water and Environmental Sanitation
IDD	Iodine Deficiency Disorder	WFP	World Food Programme
IECD	Integrated Early Childhood Development	WHO	World Health Organization
IFRC	International Federation of the Red Cross	ZO	Zonal Office
ILO	International Labor Organization		
IMEP	Integrated Monitoring & Evaluation Plan		
IMCI	Integrated Management of Childhood Illnesses		
IMR	Infant Mortality Rate		
IUED	Graduate Institute of Development Studies, University of Geneva		
KGs	Kindergartens		
LSBE	Life Skills Based Education		
M&E	Monitoring and Evaluation		
MENARO	Middle East & North Africa Regional Office		
MMR	Maternal Mortality Rate		
MOE	Ministry of Education and Higher Education		
MOH	Ministry of Health		
MOJ	Ministry of Justice		
MOSA	Ministry of Social Affairs		
MOSS	Minimum Operating Security Standards		
MOU	Memorandum of Understanding		
MOYS	Ministry of Youth and Sports		
MTSP	Medium-Term Strategic Plan		
NGO	Non Governmental Organizations		
NPA	National Plan of Action Secretariat		
PA	Palestinian Authority		
PCBS	Palestinian Central Bureau of Statistics		
PLO	Palestinian Liberation Organization		
PRCS	Palestine Red Crescent Society		
PHC	Primary Health Care		
SCF	Save the Children Fund		