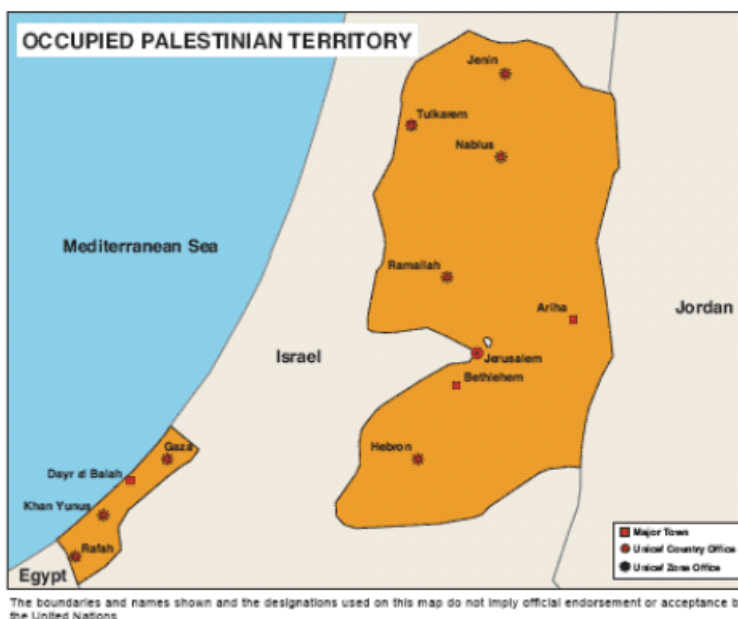


## UNICEF Humanitarian Action Occupied Palestinian Territory Donor Update 8 March 2006

### UNICEF IS APPEALING FOR US\$ 6.2 MILLION FOR IMMEDIATE ACTION IN HEALTH SERVICES, EDUCATIONAL AND PSYCHOSOCIAL SUPPORT

- Chronic malnutrition (stunting) in children under five has continuously increased and has now reached almost 10%.
- Access to education continues to be challenged by restrictions of movement
- The high prevalence of violence in homes, schools and neighborhoods continues to adversely affect children.



## 1. ISSUES FOR CHILDREN

Since the Palestinian elections in particular, there has been a sharp deterioration in the humanitarian situation. As reflected in the briefing on 28 February 2006 by the UN Secretary-General's Special Coordinator for the Middle East, Alvaro de Soto, to the Security Council on recent developments in OPT, as well as in the January Humanitarian Update by OCHA, there are significant emerging humanitarian risks.

In Gaza, there is only less than a week stock of basic food items which may impact on children's nutritional status. Children living in areas in the "no-go" zone in Northern Gaza go to school every day under increased threat and risks. Deterioration in the psychosocial wellbeing among children has been exacerbated by continued tank shells, air strikes and sonic booms. It also affects the home and learning environment. Children are increasingly exposed to the risks of UXOs. This was starkly illustrated March 6 when two brothers were killed by an explosive device in Gaza.

In the West Bank, children's rights are continuously challenged. A three-day operation in Nablus, in late February meant children were unable to attend school for a week and a school was badly damaged in the process. Drop out rates in Jenin are on the rise and there is an increase in psychosocial distress among youngsters in Hebron.

All in all, the ongoing violence, as well as the impact of distressing events from the years of conflict, means children continue to be vulnerable. Their right to education, play, health and nutrition are challenged daily. In the latest incident 3 boys were killed as bystanders during an air strike in Gaza on March 6. While the monthly tally of child deaths has fallen dramatically, since January 2006, some 50 Palestinian children were injured and 11 died due to the conflict. Some 344 children are held in Israeli detention centers an increase of 8% from the previous month.

### HEALTH AND NUTRITION

Chronic malnutrition (stunting) in children under five has continuously increased and has now reached almost 10%. Children in the Gaza Strip are most affected. In oPt, some 350,000 children are stunted with the burden of malnutrition falling mostly on the very small children – the 12-23 months old. More than 15% of them are malnourished at this critical period for their future development, making them even more vulnerable after the end of the infant period.

Newborn mortality counts for about three quarters of all infant deaths. Notably in Gaza, the under one year and under five mortality figures have increased by about 30%, mainly due to an increase in the mortality of children under 12 months. This is the consequence of poor newborn care in hospitals. For example in major Gaza hospitals about one in three newborns admitted in newborn care units are dying. About eight per cent of children have low birth weight (below 2,500g), contributing to infant and newborn mortality and severe morbidity and therefore severe constraints for child development outcomes.

Basic equipment for maternal and newborn health is lacking and practices in clinics and hospitals do not make sufficient use of cost-effective interventions for mothers and newborns in order to increase their chances of survival and healthy growth. Recent hospital surveys show that due to disruptions in the safe water

and sanitation systems, intra-hospital infections are threatening newborns. Lack of other basic equipments like incubators is equally affecting that the quality of newborn care. In addition, families and communities are insufficiently equipped with the necessary knowledge to prevent and manage the most common childhood diseases.

To ensure control of main vaccine-preventable diseases, there is a need for mop-up immunization against polio, as well as to introduce new vaccines, i.e. against Haemophilus Influenza B which causes most of the severe morbidity and mortality among very young children. There is an urgent need for drugs and supplies including antibiotics, micronutrients, non-EPI vaccines, disposables for all level of health services including maternal and child health.

#### **EDUCATION**

Full access to high-quality learning in a child-friendly environment is important as it may help release the worries of the parents and protect children in a more organized manner by schools or communities to sustain during times of crisis. Access to education continues to be challenged by restrictions of movement, in particular in the West Bank. The quality of education is showing signs of decline and in the worst affected areas, the learning achievements for students are deteriorating. Few children have the opportunity to experience a child-friendly learning environment and opportunities for sports and recreation. In addition, children lack educational materials and schools lack good teaching aids. In addition to restrictions on access to schools due to incursions, access restrictions between the West Bank and Gaza also affect timely delivery of educational materials or capacity building such as orientation of the teachers on the use of remedial worksheets.

#### **ADOLESCENTS**

Adolescents comprise a volatile and vulnerable segment of the Palestinian society. The main problem faced by adolescents in oPt is the lack of opportunities outside school to learn and develop. There are around 300 youth clubs in the West Bank and Gaza most of which lack funding, are poorly managed and poorly equipped. Moreover, the programs offered by these youth clubs are usually limited to simple sporting activities. At least 500,000 children and adolescents in the West Bank and Gaza lack opportunities for play, recreation, or extra-curricular activities in areas that are safe for them. Instead they spend most of their time at home or are exposed to violence on the streets and could sometimes end up in direct confrontational lines. The cumulative effect of loss of school days has had a negative impact on the quality of education and resulted in adolescents in some areas lacking basic literacy and numeracy skills. Consequently, adolescents who are 2-3 levels below grade level end up dropping out of school and joining the labour market without any skills. Furthermore, adolescents in most areas have no access to information (or information technology) or life skills based education to help them adopt healthy life styles.

There is a need to activate youth clubs through creating safe and friendly learning spaces within them to foster opportunities for adolescents to play, exercise, learn, and access information so they could become active participants in the well-being of their communities.

#### **CHILD PROTECTION AND PSYCHOSOCIAL WELLBEING**

While levels of conflict-related violence, such as military incursions and house demolitions, have been generally decreasing since the disengagement in August 2005, the high prevalence of violence in homes, schools and neighbourhoods continues to adversely affect children. A study on the psychosocial well-being of children (NPAPCBS, 2005) shows that one-fifth of the surveyed children indicated that they had experienced violence perpetrated by family members. Burdened with daily constraints and pressures – such as economical difficulties, unemployment and impaired access to services and support networks – families continue to face a continuous erosion of their capacity to manage their children's distress together with their own, inevitably bringing tensions into the homes. In order to build a better protection against violence for children, the crisis intervention, family outreach support and case management capacity of professionals needs to be reinforced, as well as the institutionalisation of an interdisciplinary approach among concerned stakeholders.

## **2. ACTION FOR CHILDREN**

UNICEF's humanitarian action is based on our core commitments for children and focuses on child survival, nutrition, ensuring that children are able to continue learning despite schooling being disrupted, and to catch up once schooling resumes. Children receive psychosocial support after the occurrence of violent events and receive follow-up support for themselves and their caregivers. Safe spaces are created for children and adolescents to meet with their peers and to enjoy recreational and sports activities.

#### **HEALTH AND NUTRITION**

With a view towards ensuring that no child is left behind, UNICEF is providing vaccine and vaccine-related supplies, cold chain, training and logistic support for routine and emergency immunization for the nine major vaccine-preventable diseases through the 413 MoH Primary Health Clinics and 53 UNRWA centres. Through the Ministry of Health, UNRWA and NGOs, routine immunization services are extended to half a million children under the age of 5 as well as to 100,000 girls in schools. All vaccines for 2006 have been procured by now and existing stocks will ensure that services are covered until June 2006, when the stocks will be replenished. Beside the routine services, an immunization campaign for measles, mumps and rubella is due in Gaza for 600,000 children and a mop-up campaign to prevent the risk of poliomyelitis and sustain the polio-free status of the oPt will cover about 90,000 children in West Bank and Gaza.

In difficult to reach areas, UNICEF is supporting mobile teams as well as facilitation of the coordination with the Israeli authorities and IDF.

In order to ensure that the adequate emergency and child health care, 150 maternal and child clinic are being upgraded with medical equipment and supplies to provide better quality child health and prenatal care. Of these 4 clinics in Gaza and 2 in West Bank in former enclaves were completely equipped. Furthermore, 50 clinics are receiving equipment for health education and awareness raising, including training of medical doctors, nurses and community health workers, in emergency maternal and child health care.

The increase in intrahospital infections which causes an increased burden on the child and newborn mortality, will be addressed through equipping facilities with infection prevention materials (filters, antiseptics, sterilization kits) and providing orientation of health staff in infection prevention practices. A quick assessment of the needs of the newborn and maternity units is under preparation with a view to upgrade with the most urgently needed equipments and supplies.

Malnutrition and anemia for the most vulnerable will be addressed through growth monitoring and provision of micro nutrients (iron, folic acid and vitamin supplements). Mobile clinics and outreach services for children in marginalized and isolated communities. Beside the countrywide immunization services, the overall package of health and nutrition services will benefit 150,000 children under 5 and 15,000 children in the difficult to reach areas.

#### **EDUCATION**

Humanitarian intervention to basic education include providing schools in crisis affected areas with required educational equipment and supplies to facilitate teaching and learning processes, including supplementary reading materials. In addition, some 10 schools in the former enclaves of As-Seafa, Al-Mawasi, Abu Nahia and Abu al Ajin and in particular vulnerable areas, will receive a comprehensive education package that include teacher training on curriculum, evaluation, remedial education in addition to provision of sports equipment, computers, school-in-box, science lab equipment, and library furniture and books.

Extra-curricular school activities will be initiated to help normalize children's lives, including remedial education to enable education to continue despite constraints. Remedial education activities are crucial for ensuring that children are able to continue the learning process when they are not able to reach school and, at the same time, will be able to catch up once they are able to return to school. One element of these activities is to provide children at risk of not reaching school with a colourful remedial worksheet folder that supplements the textbooks in Maths, Arabic, English and Science –Children can continue their learning with the help of their parents or elder brothers and sisters at home. In-service teacher training will be conducted on teaching methodologies and approaches to meet the learning needs under emergency situation. In the training, teachers will also examine their own ways of teaching and revisit how children learn, and see how else they can improve their performance.

Social advocacy to mobilize communities, parents and religious leaders, to support school education under emergency situations and prevent drop outs is

another important education component.

## ADOLESCENTS

To empower adolescents and engage them in learning activities outside school, adolescent-friendly learning spaces are established in connection with youth clubs. Youth clubs are activated through training of management committees and implementation of 1) learning activities including literacy, reading and information technology, 2) extra-curricular activities such as sports, music and drama, and 3) life skills based education. Teachers are trained on a literacy intervention program and its delivery. The youth club is provided with a library and a computer center which are utilized for this purpose. Facilitators for extra-curricular activities are trained and relevant sporting and other supplies are provided. Additionally, in order to provide opportunities for children and adolescents to spend free time in play, recreation and social activities as an outlet for their stress and frustration, child-friendly safe play spaces are established. Local management committees are formed to oversee the activation of these play areas and are trained alongside animators on child's rights with a focus on the right to play. Bi-weekly activities for children are held in these spaces.

Mapping of the youth clubs and safe play areas is underway using a set of criteria to allow reaching out to a bigger number of the most underprivileged adolescents.

## CHILD PROTECTION AND PSYCHOSOCIAL

Twelve psychosocial emergency teams are operating in oPt: seven in the West Bank and five in Gaza, covering 12 out of 15 districts. Children and adolescents participate in activities aimed at reinforcing their capacity to protect themselves and to cope with violence. In parallel, caregivers are equipped with skills on how to support their children in distress and how to promote a harmonious family environment, as well as on how to deal with their own stress. Home visits are carried out in the aftermath of violent family disputes in Gaza. Events for children are organized in the communities in order to reinforce the message of the sessions and encourage discussion between children and their parents. While the emergency response capacity of the teams will be maintained over the next six months, a legal support component will be added, further operating a transition towards the broader socio-legal protection of children against violence in all its forms. Psychological, social and legal support will hereby be provided to children & adolescents affected by violence. In addition, professionals such as social workers, police officers, community leaders and lawyers will have training courses prevention and management of cases of abuse and violence against children.

## 3. 2006 APPEAL REQUIREMENTS AND SUPPORT

UNICEF is requesting US\$ 8.4 million of which US\$ 6.2 million is needed urgently. The overall appeal amount will shortly be reviewed in view of the evolving situation oPt.

PROGRAMME	Other Resources Emergency	Immediate Requirement
Child Survival, Growth & Development	3,360,000	2,500,000
Universal Primary Education	2,560,000	1,500,000
Child Protection	1,431,818	1,100,000
Development and Participation of Adolescents	1,068,636	1,068,636
<b>Grand Total</b>	<b>8,420,454</b>	<b>6,168,636</b>

The following donors have indicated that support is being considered and/or in pipeline (agreements not yet signed or confirmed): Italian National Committee for UNICEF (US\$ 0.3 mill.), Japan through HSTF (0.8 mill.), Netherlands (US\$ 1.8 mill.), Spain (Euro 700,000), Sweden (US\$ 600,000). In addition, the European Commission Humanitarian Aid Department (ECHO) is considering supporting the psycho-social teams.

Further details of the emergency programme can be obtained either by visiting the UNICEF OPT website at [www.unicef.org/opt](http://www.unicef.org/opt) or from:

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