

The Millennium Development Goals

Progress Report 2002

occupied Palestinian territory



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“We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more of a billion of them are currently subjected. We are committed to making the right to development a reality for everyone and to freeing the entire human race from want.

We resolve therefore to create an environment - at the national and global levels alike –which is conducive to development and to the elimination of poverty.

We are determined to establish a just and lasting peace all over the world in accordance with the purposes and principles of the Charter

We request the General Assembly to review on a regular basis the progress made in implementing the provision of this Declaration,

and ask the Secretary General to issue periodic Reports for consideration by the General Assembly and as a basis for further action”.

United Nations Millennium Declaration 2000



UNITED NATIONS

NATIONS UNIES

**The First MILLENNIUM DEVELOPMENT GOALS PROGRESS REPORT
For THE OCCUPIED PALESTINIAN TERRITORY:
An AGENDA FOR ACTION, AN AGENDA FOR PARTNERSHIP.**

Handwritten signature of Peter Hansen in black ink.

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Jerusalem, August 2003



Foreword

This document is the first report on the status of progress of the Millennium Development Goals (MDGs) in the occupied Palestinian territory (oPt). Through the setting of baselines and numerical time-bound targets, the report provides an opportunity to reflect on oPt achievements since the inception of the Palestinian Authority (PA) in 1994, and to identify challenges and formulate key priorities for development assistance.

Over the past eight years, progress has been achieved in almost all the areas covered by the MDGs. The rate of children not enrolled in primary education has been reduced to a single digit. The child mortality rate and maternal mortality rate are among the lowest in the Middle East and North Africa (MENA) region. The poverty rate declined. And action on environmental issues was starting to gain momentum.

However, the outbreak of the Second Intifada on September 28th, 2000, has wreaked havoc with all these achievements. Regression in the indicators of health, education, gender, poverty, and environment characterizes the two years succeeding September 2000. The political unrest has inflicted damage to the social and economic infrastructure and diverted the attention from development efforts into relief and humanitarian aid. Implementation of most of the long-term development programmes has been affected by the conditions of strife in the oPt. By and large, the greatest challenge facing oPt is the widespread poverty afflicting more than two thirds of the Palestinian population.

Equally important to the content of the report is the time at which the report appears. It comes out against the backdrop of a highly tense and uncertain atmosphere. It underscores the commitment of the Palestinians to the achievement of the MDGs and their willingness to exert concerted and continuous efforts despite the challenges faced in the current context. Appearing in a time of political unrest, the report raises questions intrinsic to the essence of the MDGs and thus contributes to further refinement of their concept.

The First Palestinian Progress Report on the Millennium Development Goals is, thus, an ambitious beginning. It is a step towards forging partnership under the leadership of the PA to set out a national framework for action towards the achievement of the goals outlined in the Millennium Declaration. Needless to say, the capacities for monitoring and evaluation ought to be built and strengthened. For indeed, the development process, just like any process of change and improvement, requires persistent monitoring and honest evaluation if the MDGs are ever to be achieved.

Last but not least, my thanks go to Muna Masri who researched and drafted the report and to Sufian Mushasha at UNDP who provided invaluable direction and supervision to this project.

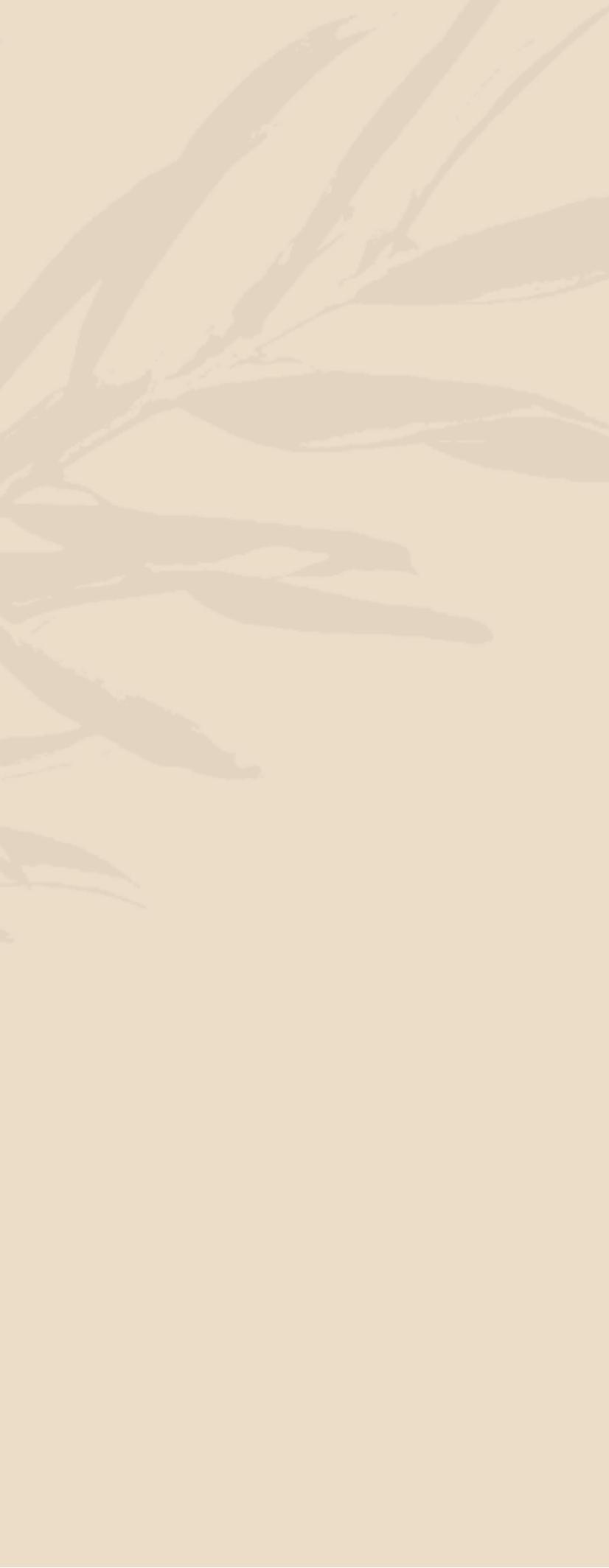
Timothy S Rothermel

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List of Acronyms

CEDAW	Convention on the Elimination of all forms of Discrimination against Women
EQA	Environmental Quality Authority
GDP	Gross domestic product
GNI	Gross national income
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
IMF	International Monetary Fund
MCM	Million cubic meters
MENA	Middle East and North Africa (region)
MEEnA	Ministry of Environmental Affairs
MDG	Millennium Declaration Goal
MMR	Maternal mortality rate
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MOPIC	Ministry of Planning and International Cooperation
NGO	Non-governmental organization
NIS	New Israeli Shekel
OPEC	Organization of Petroleum Exporting Countries
oPt	occupied Palestinian territory
PA	Palestinian Authority
PC	Palestinian Council
PCBS	Palestinian Central Bureau of Statistics
PECDAR	Palestinian Economic Council for Development and Reconstruction
PLO	Palestine Liberation Organization
PPAP	Participatory Poverty Assessment Project
STDs	Sexually transmitted diseases
TJ	Tera joules
UNDGO	United Nations Development Group Office
UNDP	United Nations Development Programme
UNEF	United Nations Emergency Force
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNRWA	United Nations Relief and Works Agency
UNSCO	Office of the United Nations Special Coordinator
WBGS	West Bank and Gaza Strip
WFP	World Food Programme
WHO	World Health Organization



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This report has been prepared on behalf of the UN system in oPt by the United Nations Development Programme, Programme of Assistance to the Palestinian People (UNDP/PAPP).

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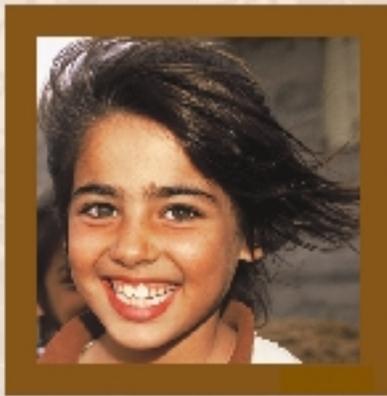
Introduction

The Millennium Development Goals
The Organization of the Report
Assessment of Monitoring
The Philosophy of the Report



photo: UNDP/PAPP - Steve Sabella





Introduction

The Millennium Development Goals

In September 2000, 147 heads of State and Government, 191 nations in total, adopted the *Millennium Development Declaration*. The Declaration outlines peace, security and development concerns in the areas of environment, human rights, and governance. The Declaration sets forth a set of interconnected and mutually reinforcing development goals as a global agenda. The development goals contained in the *Millennium Declaration* and the International Development Goals are similar in some respects but different in others. Recently, these goals have been merged under the designation of Millennium Development Goals (MDGs).

The UN General Assembly has approved the MDGs as part of the Secretary General's roadmap towards implementing the Millennium Declaration. The MDGs synthesise the goals and targets for monitoring human development. They consist of eight major goals:

- Eradicate poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

The present report records the progress that the occupied Palestinian territory (oPt) has achieved in meeting the MDGs. All but one of the MDGs are monitored in this report, the exception being the eighth goal. The eighth goal is excluded for two related reasons. First, in calling for developing a global partnership for development, the eighth goal cannot be applied to oPt. The partnership that the goal seeks to forge can materialize only among states enjoying full UN membership. The UN views the West Bank and Gaza Strip (WBGS) as territories under foreign occupation, and as such oPt is not recognized by the UN as a member state, but has an observer's status at the UN.

Second, most of the elements measured by the indicators for the eighth goal, such as external trade, are not within the control of the Palestinian Authority (PA). Under Israeli occupation, WBGS were forced into a somewhat one-sided customs union with Israel. The Paris Protocol, after the inception of the PA, replaced this arrangement with a more balanced quasi-customs union. However, access to third country markets remains restricted by the fact that exports still have to go exclusively through Israeli-controlled points of exit.



■ The organization of the report

The report is organized along the format developed by the UN Development Group Office (UNDGO) for Country Reports. The first section sketches the overall development context in broad terms and highlights the lessons learned from the Palestinian development context. The unique case of the Palestinian development effort reveals factors that might not be present in discussion of developing countries existing in peace-time conditions.

The seven sections of this report assess oPt progress towards the attainment of the MDGs. Each section contains five subsections which deal with status and trends, challenges, supportive environment, priorities for international development assistance, and the monitoring environment.

In an attempt to fully capture the turbulent situation in oPt and its repercussions on the attainment of the MDGs, the subsection dealing with challenges is adapted to incorporate challenges to both long-term development and emergency relief.

■ Long-term development challenges

The first challenges considered are those which hinder the achievement of long-term sustainable development. These challenges require the implementation of a cumulative radical change. They call for a comprehensive vision: a vision that determines the bases of radical change in accordance with the current situation, while taking into account that the bases themselves are constantly changing.¹ Short-term solutions to these challenges will bring forth disastrous results.

These challenges have faced the PA since its inception in 1994. They are the challenges of an autonomous authority constrained by an ongoing foreign military occupation and shifting political circumstances, which, when combined, make attempts at institution building and economic growth ineffective. The existing socio-economic statistics from the Office of the United Nations Special Coordinator (UNSCO), Palestine Central Bureau of Statistics (PCBS) and the World Bank reflect a situation bordering on de-development during the last two years. Thus, the impact of de-development on long-term challenges needs to be taken into account. Needless to say, achieving a political resolution of the conflict and promoting peace are necessary steps toward overcoming long-term challenges.

■ Emergency relief challenges

The second type of challenge encountered in oPt is created by the outbreak of the Second Intifada on September 28th, 2000, and the subsequent intensification of Israeli occupation. These emergency relief challenges require immediate action. Addressing these challenges is crucial; leaving them unattended would not only cause great human suffering, but would also jeopardize the progress achieved prior to the outbreak of the Second Intifada.

Whenever it is applicable, the support frameworks are similarly divided into emergency support frameworks and long-term development frameworks.

Normally, the baseline year for the MDGs is considered to be 1990. However, the PA was not formed then, as WBGs had been under Israeli occupation since 1967. Therefore, this report treats 1994, the year of the PA inception, as the baseline and monitors the progress achieved by the PA until 2002.



Trends are based on information at three points in time: 1994, 1998 and 2001. Whenever data are not available for any of these years, the estimates cited refer to years closest to these points of time. In cases in which data are scarce, information about the period prior to 1994 is given. Whichever data are provided, the report makes an effort to depict the status of progress:

- from the inception of the PA in 1994 until September 2000,
- and from the beginning of the Second Intifada in September 2000 until the end of 2002.

Assessment of monitoring

The reader should exercise caution in evaluating the data provided in this report; it should not be assumed to be absolutely and fully accurate. The primary source of data in this report is the Palestinian Central Bureau of Statistics (PCBS) founded in 1994. Most of the data was downloaded from the PCBS website or quoted from PCBS publications. It will become evident throughout the report that even data provided by PCBS require further verification because the process of data collection has faced multiple challenges. Some of these challenges are:

1. Closure imposed on oPt hinders conducting surveys in a timely fashion, as it impedes the movement of field workers collecting data.
2. Lack of financial resources for surveys focusing on specific issues means that although several population surveys have been implemented specialized surveys that focus on specific phenomena of relevance to oPt are scarce.
3. Difficulty in generating unified data results from disagreement between the Palestinians and Israelis on the extent of authority given to the PA.
4. The lack of agreement over the status and boundaries of Jerusalem creates confusion when preparing statistical studies.
5. The relatively young age of the Bureau may result in difficulties related to start-up. However, the latest publications of the Bureau reflect considerable improvement, both in terms of quality of data and in terms of presentation.

The philosophy of the report

This report is not merely a grim portrayal of hindered progress along MDG indicators. Rather, it fosters the more ambitious aim of bridging the twin objectives of emergency relief and economic and civic development. Emergency relief needs to be development-oriented. In this, the current report is inspired by the 'emancipatory human development vision' introduced in the *Palestinian Human Development Report 2002*. The emancipatory vision outlines a framework for development programmes that combines national objectives with developmental ones, social goals with economic goals, and immediate relief goals with long-term development goals.

In pursuing these goals, the emancipatory framework focuses on human welfare as the axis of development. It is based on community participation, systematic decentralization, and investment in education.



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The Palestinian Development Context

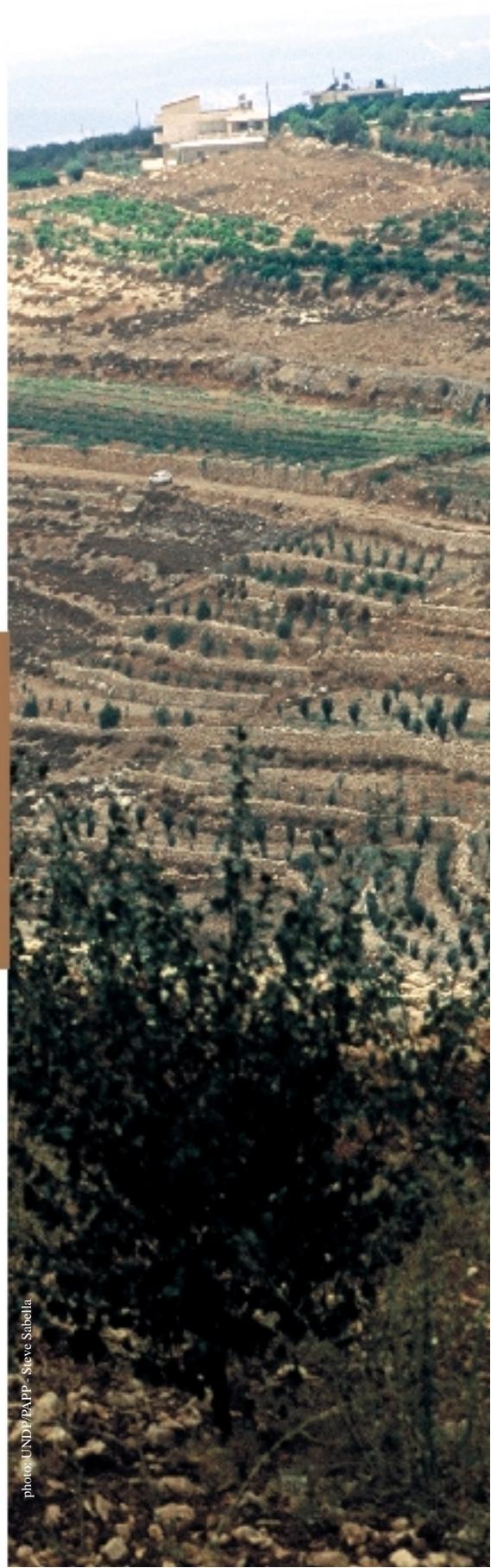


photo: UNDP/PAPP - Steve Sabella





occupied Palestinian territory:

the development context and the viability of achieving the MDGs

State, politics and PA policies

Establishing the Palestinian Authority: 1994-2000

On September 13, 1993, The Declaration of Principles was signed by the Palestine Liberation Organization (PLO) and Israel. It called for negotiations between the Palestinians and the Israelis in two stages: stage one consisted of negotiations for arrangements during a transitional five-year period, to result in the redeployment of the Israeli army from WBGS and its withdrawal to previously agreed upon military areas.²

In September 1995, the Israeli and Palestinian sides signed the *Israeli Palestinian Interim Agreement on the West Bank and Gaza Strip*. In this document, they agreed to establish a Palestinian Authority through free and direct general elections of a Palestinian Council (PC) representing the people in WBGS. The signing of the Interim Agreement paved the way for Palestinian elections for members of the PC and the President of the Palestinian Authority (PA) on January 20, 1996. President Yasser Arafat won the election, and Fateh won a majority of the PC seats (53 out of 88 seats).

The PC and the PA were accorded limited civilian authority in specified areas of the West Bank and the Gaza Strip, excluding Jerusalem. Despite its limited resources, the PA became responsible for the provision of social services such as health, and education to the Palestinians in oPt. Operating in close cooperation with the PA, the United Nations Relief and Works Agency (UNRWA) continued to extend services that are normally provided within the public sector to the refugee population. UNRWA has been in charge of the provision of education, healthcare, social services and emergency aid to refugees living in the WBGS since 1950. Serving approximately 70 percent of the population of the Gaza Strip and 27 percent of the population of the

West Bank who are registered Palestine refugees, UNRWA is the second largest provider of social services in oPt, extending its services to what is traditionally the poorest and most vulnerable segment of the Palestinian population.

The authority accorded to the PA varied depending on the degree of Israeli redeployment. It is very important to note that at its peak, the limited civilian authority of the PC and PA never exceeded 42 percent of the total area of the West Bank (not including the Israeli-defined municipal Jerusalem) and 65 percent of the Gaza Strip. This fact should be taken into consideration when accounting for the limited impact of autonomous self-governance and its consequences for achieving MDGs.

But this is not the only challenge that impedes the realization of good governance in oPt. One of the pressing concerns of the PA since its establishment has been the issue of determining lines of authority among Palestinian ministries and organizing relations among them. Another major obstacle is the fact that the constitution remains unsigned by the PA President, although it has been approved by the PC.³ The absence of a ratified constitution impedes the separation of powers. It also hinders the effective implementation of many of the enacted laws, such as *the Law of Publication and Printing, the Judicial System Law, the Administrative Structures Law, the Court System Law*, a law that permits foreign ownership of real estate in WBGS, and laws concerning investment and finance. Moreover, the law governing political parties, which provides for plurality and the freedom to form political affiliations, is still being debated.⁴



With respect to public participation in local government, the local councils are better off after the establishment of the PA than they were before. The PA has freed the local councils from the numerous Israeli measures that worked to weaken their ability to serve their communities.⁵ In 1980, for instance, “the Israeli authorities prevented new municipal elections, and actually dismantled some municipalities.”⁶

Despite these and other achievements, the PA has made little progress in involving the community in local administration and in development efforts. Little authority has been delegated to the communities, and the mechanisms necessary to enable local councils to fulfil their potential roles are not yet clearly established. PA institutions still have a tendency for centralization and bureaucracy, both

in their outlook and in their functions.⁷ As authority remains vested in high-level officials, people find themselves confused with respect to institutional jurisdiction issues.⁸

The Palestinian experience from its formal inception to September 28, 2000, supports the lessons learned from the experiences of states in peaceful situations. For the Palestinian experience during this period asserts the conclusions reached in other countries’ progress reports, namely that “progress along the MDGs is crucially contingent on further democratization of state, politics and government policies.”⁹ This is borne out by the Palestinian experience wherein the PA did not possess enough sovereignty to carry out its functions during the period in review.

The Second Intifada: 2000-today

The eruption of the Second Intifada on September 28, 2000, proved to be a major barrier in the Palestinian road to development. The past two years of political conflict have threatened the very existence of the Palestinian political system. The main consequences of the political conflict are: catastrophic human loss, physical damage and closure. Closure is a term referring to the restrictions placed by Israel on the movement of Palestinian citizens and goods across borders and within WBGS. Closure impedes the PA from exercising one of the basic functions of any political system, namely the control of a unified contiguous territory, including the control of movement of people and goods exiting from and entering into this territory.

Thus, if the Palestinian experience witnessed from 1994 to 2000 underscores the similarities between the case of oPt and the cases of other countries, the second period makes the Palestinian case stand out as unique. The development experiences of states

existing in peace conditions indicate a correlation between governance and the achievement of the MDGs, and the Palestinian experience (1994-2002) agrees with this correlation. It shows that the existence of an independent political system is a precondition for the ability to pursue the MDGs.

It follows that the framework of the Millennium Declaration and the possibility of achieving the MDGs are premised on the existence of an independent political system. The MDGs, as a roadmap towards achieving the declaration, focus purely on development goals. The Palestinian case, with its unique conflict, calls for exploring the relationship between the strength of a political system and the achievement of the MDGs. It raises questions regarding the relation between peace and political stability, and the MDGs. The relation is only tacitly hinted at in the *Millennium Declaration*, which is the source of the MDGs, as the Declaration outlines peace, security and development concerns.



Economy, Poverty, and Capability

The Palestinian economy is characterized by its heavy dependence on the Israeli economy. The dependence on the Israeli economy is reflected in Palestinian production and marketing patterns and in a heavy reliance on the Israeli labour market. This dependency has sharpened the vulnerability of the Palestinian economy to external financial crises, fluctuations in trade, or other shocks. Given the economy's limited size, the vulnerability to exogenous shocks has led to large macroeconomic imbalances, and a high and variable unemployment rate. The Palestinian economy is additionally heavily dependent on official external aid and grants for development expenditure as well as on remittances and transfers to supplement domestic income.¹⁰

The private sector is in its infancy, and is suffering from the financial constraint of a significant saving-

investment gap.¹¹ The industrial base is underdeveloped and is concentrated in traditional activities, consisting mainly of small cottage industries and sole-proprietorships.¹² There are limited natural resources. Palestinians depend primarily on non-renewable sources of energy, more than 95 percent of which are imported from other countries. Water resources are diminishing at a high rate.

Human resources are by far the most important resources in the Palestinian economy, as they have high potential to contribute to economic prosperity. Education indicators are fairly high, and there is a potential to develop a highly skilled workforce. The richness of human resources in oPt provides an opportunity for the development of economic services, infrastructure and technology-driven activities.

1994-2000

After the establishment of the PA, gross domestic product (GDP) per capita stood at US\$ 1,491.0, while gross national income (GNI) per capita stood at 1,736.2 in 1995.¹³ A study of poverty in that period show that 19.1 percent of the population then were estimated to be living under the poverty line, while only 9.5% were living in extreme poverty.¹⁴

During the four years succeeding the advent of the PA, the economy experienced a recession. GDP per capita dropped to US\$ 1,449.5, while GNI per capita dropped to US\$ 1,667.1 in 1996.¹⁵ The number of closure days was on the rise from year to year peaking in 1996 at 89 days. Many Palestinians lost employment inside Israel. Unemployment peaked in April-May 1996 reaching 28.6 percent.¹⁶ The domestic economy grew modestly in this period. The poverty level peaked in 1996. The World Bank estimates indicate that poverty level in 1996 reached 26.9 percent.¹⁷

The year 1998 was a year of economic recovery. GDP per capita rose to US\$ 1,609.9, while GNI per capita rose to US\$ 1,922.5.¹⁸ In 1998, the poverty level

dropped to 23 percent¹⁹ due to the increased employment levels triggered by changes in sectoral composition. The unemployment rate declined to 14 percent.²⁰ The principle means of subsistence in oPt was work in Israel, which employed 63 percent of the total work force, followed by the service sector, which employed 17 percent of the total work force.²¹

The effects of the economic recovery continued after 1998, although at a slower pace. GDP per capita stood at US\$ 1,532.5 while GNI per capita rose to US\$ 1,786.8 in 2000.²² UNSCO sources show that in the third quarter of 2000 (Q3/2000), unemployment rate was brought back down to the low level that dominated in 1992 prior to the establishment of the PA.

Inequality decreased, indicating that the alleviation of poverty resulted in part from redistribution of income.²³ However, real gain in economic welfare resulted mainly from higher net-factor income rather than any substantial improvements in the domestic economy.²⁴ As such, the decline in unemployment was not sustainable and could have easily been reversed by external factors.





Therefore, although the PA has engaged in a process of reconstruction and development aimed to upgrade infrastructure and improve efficiency and productivity of the economy, the “development efforts have had only a limited impact on the economy’s structure.”²⁵ The productive capacity of the economy and its ability to create sustainable employment opportunities could have been (and

still could be) improved through structural reform in the Palestinian economy to boost the private sector and encourage export-oriented growth. However, structural reform of the Palestinian economy is only possible in the situation of an independent Palestinian political authority exercising sovereign functions, including in the economic sphere.

2000-2002

Following the outbreak of the Second Intifada, poverty skyrocketed in oPt, reaching 60 percent. The effects of the current conflict over the past two years are too large to be gauged in absolute statistics. Statistical institutions have been unable to agree on data quantifying the decrease in human development indicators. The current trends towards regression generated by the conflict are long term and affect primarily social and economic infrastructures.

In an attempt to respond to the situation, the PA formulated the Six-Month Spending Plan. Spending was cut, and a ceiling of US \$90 million was imposed. This led to a situation where investment spending and operational costs were cut to the minimum, and the bulk of expenditure was spent on salaries and emergency activities. The PA monthly cash shortfall averaged US \$20 million from April to December 2001.²⁶ Because of these factors, long-term planning is no longer paramount to the PA, which has become overwhelmed with the political dimensions of the Intifada and the need to manage each day as it comes.

The financial problem and the lack of governmental vision of how to manage the crisis have generated a sense of dissatisfaction amongst members of the public. The more the calls for short-term emergency

relief intensify, the harder it becomes to allocate efforts and resources to the long-term development plans prepared at the end of the 1990s.

The progress of the MDGs is contingent upon establishing peace and terminating the closure. The current political crisis adversely affects the progress of the MDGs. First, the reversal of the progress achieved in human development over the past few years slows the pace of achieving further development. Second, and more importantly, the emergency situation created by the conflict takes precedence over the pursuit of long-term developmental goals. The result is that the MDGs are shelved in the struggle to meet immediate relief goals.

By far the greatest economic challenge for the future is generating a higher and equitable economic growth to trigger a decline in poverty. To stimulate a sustainable economic growth, a radical transformation of the economy is required through promoting the private sector, investing in agriculture and decreasing dependency on the Israeli Economy. Substantial development of the social and economic infrastructure is needed. Reform of the executive, legislative and judiciary powers is required if good governance is to be achieved.



The International context

The *UN Millennium Declaration* constitutes both a national and international commitment. While committing to the MDGs, the summit leaders have admitted a duty to all the world's people, especially the most vulnerable. In addition to this, they have expressed their determination to establish a just and lasting peace all over the world, acknowledging at the same time the right to self-determination of peoples who remain under colonial domination and foreign occupation.

The significance of the international context for the promotion of oPt is twofold. First, oPt is highly dependent on international financial assistance for

implementing development projects. Foreign aid formed the main source of income for the PA before the Intifada.²⁷ Since the outbreak of the Second Intifada, foreign aid has played a crucial role in cushioning the blow to the Palestinian people while preserving a governance structure for the future. The largest amount of aid was in the form of budget support to the PA. Without this assistance, 122,000 central government employees could not have been paid. The funds injected into the local economy through the PA helped preserve domestic economic activity in the private sector, even if the enormous degree of leakage from the Palestinian economy relatively muted the multiplier effect.²⁸

Key Development Indicators

Indicator	Value	year
Population size (in millions)	3.28	2001
Population growth rate (%)	3.60	2000
Life expectancy at birth (years)	71.50	2001
GNP per capita (US \$)	1,771.50	2000
Human Development Index (value)	0.70	2000
Human Development Index (rank)	100	2000
Population living below the national poverty line (%)	60.8	2001
Prevalence of HIV/AIDS in adult population (per 100,000)	1.8	2001
Population without access to safe water (%)	14.5	2000
Underweight children under five (%)	2.50	2000
Adult literacy rate (%)	89.2	2000
Net enrolment rate in basic education (%)	91.7	2000/01
Ratio of girls to boys in basic education (%)	101.60	2001
Under-five mortality rate (per 1,000 live births)	28.7	1995-1999
Maternal mortality rate (per 100,000 births)	70-80	1995
Population relying on traditional fuels for energy use (%)	30.30	2001

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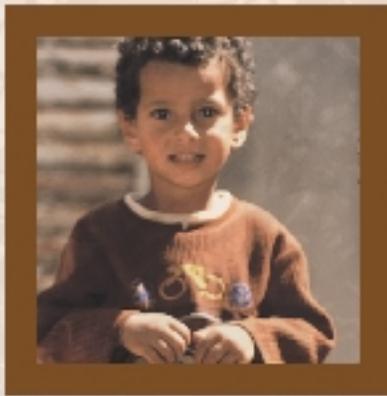


Eradicating Extreme Poverty and Hunger



photo: UNDP/PAPP - Steve Sabella





Extreme Poverty

Goal 1:

Eliminating Poverty and Extreme Poverty

Objective 1: Reduce by half, between 1990-2015, the percentage of individuals with incomes below a dollar per day (extreme poverty).

Objective 2: Reduce by half, between 1990-2015, the percentage of individuals who suffer from hunger (poverty)

Performance Summary

Will the goal be met by 2015?

Unlikely if the current political situation persists

State of Support conditions for achievement of goals

Deteriorating

Poverty and extreme poverty reduction: diagnosis and trends

Considering the economic and social effects of the current political crisis in oPt, little progress towards meeting the goal has been achieved. * This is evident in the soaring poverty rates over the two years succeeding the eruption of the Second Intifada, on September 28th, 2000. While 21 percent of the Palestinian population was poor in September 2000, this ratio rose to 33 percent by January 2001.²⁹ It is estimated that 45.9 percent of the Palestinian population fell below the poverty line by the end of 2001.³⁰ UNSCO estimates that by 2002 the poverty rate reached 60 percent, with the levels at approximately 55 percent in the West Bank and 70 percent in the Gaza Strip.³¹ The numbers of the poor living on 2 US\$ per day have tripled from 637,000 in September 2000 to nearly 2 million today.³²

In terms of economic growth, UNSCO statistics point to a significant decline. GNI declined by 19.9 percent (23.2 percent per capita) in 2001 and by 23.3 percent (26.4 percent per capita) in 2002. The decline in economic

growth has affected per capita average income. UNSCO maintains that “the primary reason the Palestinian economy is in crisis is a sharp decline in employment, primarily caused by closure and curfews.”³³

The employment status of the household head constitutes a key determinant of poverty risk.³⁴ In the absence of a comprehensive welfare system and an unemployment benefits scheme, the main source of households’ income comes from work activities.³⁵ Employment is crucial for households to provide a minimum level of economic security & prevent poverty.³⁶

UNSCO sources show that in Q3/2000, the unemployment rate was brought back down to the low level that dominated in 1992 prior to the establishment of the PA. This came as a result of expanding the public sector as well as increasing the number of Palestinian workers inside Israel. However, as a result of the Second Intifada, the unemployment rate rose from 10 percent in Q3/2000 to 33.6 percent in Q2/2002.³⁷

Quarter	Q3-00	Q4-00	Q1-01	Q2-01	Q3-01	Q4-01	Q1-02	Q2-02
Unemployment rate								
ILO Standards	10.0	28.3	26.9	23.7	25.4	26.2	28.9	33.6
Relaxed definition	23.1	39.8	37.8	35.3	36.5	35.5	38.6	44.7

Source: UNSCO October 2002: 9; quoting PCBS, Labor Force Surveys

* For a review of some of the economic indicators over the period of 1994-2000, please refer to the development context section, beginning on p. 17.



Furthermore, the rise in the poverty rate is triggered by the decline in the average monthly wages of the poor. PCBS sources show that “the percentage of employees whose monthly wages below poverty line equivalent for the year 2001 (1642 NIS, for a household composed of two adults and four children) increased from 43.5% in the 3rd quarter 2000 to 54.0% in the 4th quarter 2001 (the change rate is 19.4%). Compared with the 1st quarter 2002, the results showed an increase in the percentage to 54.2%.”³⁸

The data indicate that the outbreak of the Intifada has not only fractured the dynamics of the Palestinian

economic recovery of 1998-2000, but is also expected to impede the achievement of the goal by 2015. The political developments bear significant influences on the economic prospects of oPt. Prospects of any short-term recovery are now grim. Optimistically speaking, the best case scenario, as predicted by the World Bank, assumes an early political rapprochement leading to a lifting of closure and resumption of revenue transfers by Israel.³⁹ According to the World Bank’s estimations, this scenario would require more than two years for the formal unemployment rate to decline to its pre-Intifada level.⁴⁰

Challenges

Emergency Relief Challenges

1. Closure

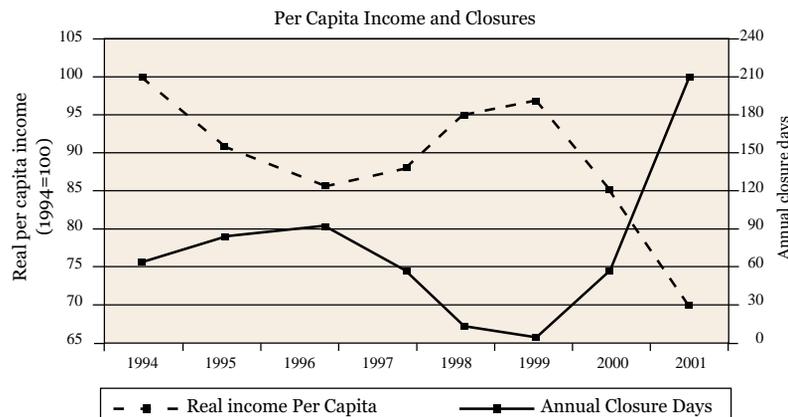
One of the major causes for the economic crisis is closure. Closure is a term referring to the restrictions placed by Israel on the movement of Palestinian goods and labourers across borders and within WBGS. The Palestinian economy has suffered US\$ 3.3 billion in income losses between the imposition of the closure policy and January 2002.⁴¹ Below is a table showing the number of effective border closure days during the period from 1993 to 2002, excluding official holidays.

Closure Days	1993	1994	1995	1996	1997	1998	1999	2000	2001
	17	64	83.5	89.5	57	14.5	7	52	100

Source: UNSCO 2002

Closure impedes economic growth, as it causes loss of productive time and raises the transaction cost of conducting business. According to the World Bank, border closure impacts employment in two ways.⁴² First, it greatly reduces the employment of

Palestinians in Israel. Second, by reducing remittances from Palestinians working inside Israel, it lowers the level of consumer demand in oPt. This factor, coupled with growing difficulties in conducting business within oPt, reduces demand for labour internally.



Source: World Bank 2002:13; quoting World Bank & UNSCO sources



2. Food security issues

In a survey of Palestinian Perceptions on Living Conditions, food was listed as the first-priority need.⁴³ In a nutritional survey conducted by PCBS in July 2002, 63.8 percent of households surveyed reported facing difficulties obtaining food during the Second Intifada due to obstacles impeding the availability, accessibility and affordability of food. Of the surveyed households, 85.2 percent indicated the siege as a cause of the difficulty. 31.1 percent indicated the curfew as a cause, while 56.0 percent reported loss of family income as a cause for the difficulty in obtaining food.

3. Physical damage

Conflict-related physical damage in oPt was estimated by the World Bank, as of the end of December 2001, at about US\$ 305 million. In terms of regions, the Gaza Strip suffered most. In terms of sectors, the agricultural sector was the most affected.

4. Unequal spread of the “new poverty” across localities

New pockets of poverty are emerging in remote villages in the West Bank and Southern Gaza since the start of the Second Intifada due to loss of contact with labour and goods markets of Israel and the larger Palestinian cities.⁴⁴ Recent estimates indicate that two thirds of the new poor are in the Gaza Strip, with half of them in Gaza city and Khan Yunis.⁴⁵

■ *Long-term development challenges*

1. Triggering high annual growth

Even if the conflict is to terminate soon, a high growth rate is required to stop the exacerbation of poverty.

2. Designing policies to address the consequences of rapid population growth

Among the major forces behind the rapid increase in poverty is the imbalance between the continued high population growth rate and the declining GNI and GDP, the latter being a direct result of the political crisis. While the population grows at a rate of 3.6 percent, growth rates among the poor are even higher. The unequal distribution of population and the subsequent unequal access to resources exacerbate poverty even further.

3. Combating the soaring rates of unemployment

To decrease unemployment in a sustainable manner, the private sector, which has been weak and unable to expand and create jobs, needs to be promoted. The increase in employment that triggered the recovery of the economy in 1998 resulted predominantly from the expansion of two specific sectors: the public sector and work in Israel. These are intrinsically unsustainable sources of employment. Work in Israel leaves the poor vulnerable to exogenous (i.e. political) shocks. Drastically increasing public sector employment can lead to the following:

- high fiscal deficits, making it difficult to achieve the growth necessary for poverty alleviation;
- less resources available for safety nets and poverty alleviation programs;
- and low future economic development, as the scope for productivity gains (and therefore higher real wages) in public sector is less than in the private sector.





4. Addressing regional disparities in poverty rates

The poverty rate in Gaza is higher than that in the West Bank, as it was even before the eruption of the Second Intifada.

■ Support Framework

■ *Six-Month Spending Plan*

The Plan was formulated by the Ministry of Finance (MOF) in April 2001 with the assistance of International Monetary Fund (IMF) staff. Under this plan the PA cut spending from a monthly average of US\$ 107 million in the third quarter of 2000 to a monthly average of US\$ 90 million. This plan has been de facto renewed since October 2001.⁴⁶

Palestinian Participatory Poverty Assessment Project (PPPAP)

Implemented by the Ministry of Planning and International Cooperation (MOPIC) and the United Nations Development Programme (UNDP) PPPAP phase one attempts to give insight into poor people's realities in oPt. A participatory poverty assessment was undertaken, in which community leaders as well as the local poor were consulted in 63 localities, representing towns, villages and refugee camps in sixteen different governorates in WBGS. Phase two, which will be launched late in 2003, will aim at promoting community participation and influencing policy through a participatory, interactive, bottom-up approach.

Food Crisis Group

The Food Crisis Response Group, operating since 2002 and chaired by WFP, will be reactivated in the second quarter of 2003. This group, divided into two distinct segments, with membership from concerned UN agencies, international and national non-governmental organizations (NGOs), and representatives from major donors, will meet periodically to collect and compile information regarding food security, the vulnerability to food insecurity, and the magnitude of food relief operations responding to the crisis.

UNRWA's Food Assistance to Refugees

In order to address basic calorific intake security, UNRWA operates an extensive emergency food assistance programme. 127,000 and 90,000 (expanded to 100,500 under the latest appeal) refugee families in the Gaza Strip and the West Bank respectively are covered under the programme.

WFP's Food Assistance to Non-Refugees

Currently the World Food Programme provides assistance to a target population of 542,000 non-refugees in the occupied Palestinian territory under its Emergency Operation 10190. Basic Food Commodities are provided to the Ministry of Social Affairs, NGOs, and local institutions to be distributed to the most vulnerable and food insecure within oPt. An average of 3,900 Metric Tons of food is delivered each month. WFP also implements a Food For Work programme to provide beneficiaries with an opportunity to build assets within their community.

Humanitarian Task Force

The Humanitarian Task Force acted as a forum for information sharing and coordination of emergency assistance among donors, UN agencies, NGOs and the PA. Through this forum, donors concentrate on sectoral issues, including an ad hoc sector working group on job creation.



Development priorities

Emergency relief priorities

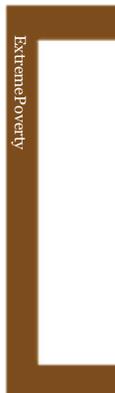
- Lifting the closure imposed on WBGS.
- Securing a commitment from Israel that it will not inflict damage on any building providing basic social services. Donor nations are advised to request this commitment and could seek financial compensation for future damages, enforceable through international courts.
- Providing emergency support in the following areas:⁴⁷
 1. Budget support
 2. Support for basic social services
 3. Private sector support
 4. Support for employment & welfare schemes
 5. Physical reconstruction
 6. Student scholarship
 7. Support for UNRWA
 8. Support to other humanitarian organizations such as WFP
- Increasing the coordination among donors and between the donors and the PA.

Long-term development priorities

- Recommitting to a medium-term development agenda.
- Reforming the public sector, and preventing its further expansion.
- Allocating more resources to planning, and making planning processes more participatory.
- Creating jobs in the private sector through adopting policies aimed at improving the capacity of the Palestinian private sector to create good jobs with higher real wages that are accessible to poor and non-poor alike.
- Developing a safety net for the poor.

Poverty and extreme poverty reduction: evaluation and monitoring capabilities

Elements of Monitoring Capabilities	Valuation		
	High	Good	Weak
Data Collection Capability		X	
Quality of the Information in Recent Polls		X	
Statistical Follow-up Capability			X
Statistical Analysis Capability		X	
Capability for Incorporation of Statistical Analysis to Policies, Plans and Resource Allotment Mechanisms			X
Monitoring and Evaluation Mechanism			X



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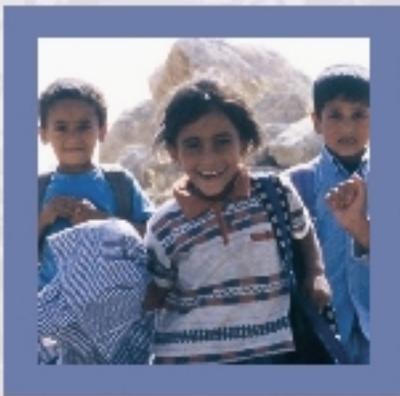


Universal Education



photo: UNDP/PAPP - Steve Sabella





Universal Education

Goal 2:

Achieving Universal Primary Education

Objective 1:

Ensuring that by 2015 all children will be able to complete primary education

Performance Summary

Will the goal be met by 2015?

Unlikely, if the political unrest persists

State of support conditions for achievement of goals

Deteriorating

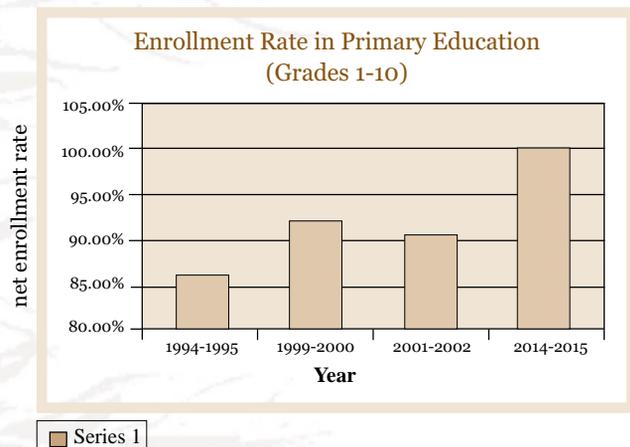
Achieving universal primary education: diagnosis and trends

Net enrolment rate in oPt is the highest in MENA region. Despite the fact that oPt has figured among the lower middle-income countries since the mid-1990s, it performs at the level of the upper middle-income countries in terms of education.

Over the period 1994-2001, significant progress towards achieving the goal is reflected in the net enrolment rate for basic education. Basic education in oPt includes grades one through ten. Starting in 1994/95 at 87.5 percent net enrolment rate, the rate peaked in the academic year 1999/2000 when it rose to 92.2 percent.⁴⁸ Simultaneously, the dropout rate declined from 2.5 percent in 1994/95 to 1.4 percent in 1999/2000.⁴⁹ The law on free education at the primary school level was a milestone in this respect. This achievement has been made possible partly by the contribution of UNRWA, which has educated three generations of refugees.⁵⁰

The literacy rate has also undergone a positive change over the period 1994-2000, rising from 84.3 percent in 1995 to 86.1 percent in 1997, and then to 89.2 percent in 2000.⁵¹ In 2000, adult (15-24) literacy rate was 98.2 percent.⁵² The gap between the general literacy rate and adult literacy rate points to the fact that illiteracy in oPt is largely confined to the older generation.

However, available data indicates that this positive trend, which has dominated since the mid-1990s, may not persist. A decline of 0.7 percent in enrolment rate is present in the data for 2001/02.⁵³ This decline can be explained in terms of the start of the Second Intifada on 28 September 2000. The Second Intifada, with the accompanying rise in unemployment, spread of poverty, destruction of economic infrastructure, and severe restrictions on movement, has created a difficult development environment for the education sector. If this situation continues, the positive trend witnessed in the second half of the 1990s could suffer a significant setback, and the net rate of enrolment will most likely decrease in accordance with the degree of the severity of the political situation.





■ Challenges

■ Emergency Relief Challenges

The irregularity of the educational process will have an immeasurable negative cumulative impact on the educational sector. This impact, which relates to the quality of education and the range of skills and capabilities acquired by students, will become obvious in the years to come. However, it is currently possible to identify the following challenges:

1. Maintaining the high levels of net enrolment rate and finding ways to compensate the losses resulting from irregular school attendance

A survey to investigate the effects of the siege, conducted on February 2nd, 2002, by the Development Studies Program at Birzeit University, shows that 11 percent of Palestinian children are forced to drop out of school and 52 percent attended school irregularly.

2. Taking measures to eradicate child labour and alleviate its impact

Child labour has intensified as a result of the increase in poverty since the beginning of the Second Intifada.

3. Protecting children on their way to and from schools and while they are in schools

As of 16 March 2002, the cumulative number of students who were killed in school or while travelling between school and home is 161 students.⁵⁴ The number of wounded students during the period from 19 September 2002 to 16 March 2002 amounted to 2,404 students.⁵⁵

4. Protecting school buildings from shells, bombs and physical occupation by Israeli soldiers

■ Long-term development challenges

The major challenge awaiting the education sector is a corollary of the population challenge, which is by far the biggest challenge that will be facing oPt over the coming decade. In 2000, the number of individuals aged less than 18 years was estimated to be 53.3 percent of the total population of the

Palestinian territory (that is 1.678 million).⁵⁶ The young makeup of the population is due to high fertility rate and short birth intervals. The population challenge re-creates itself in the primary education sector in the form of serious quantitative and qualitative challenges.

■ Quantitative Challenges

1. Preparing the physical infrastructure over the coming decade to accommodate the education of a large cohort of school students: This challenge is reflected currently in overcrowded schools and unsuitable buildings.
2. Eliminating regional disparities between the West Bank and the Gaza Strip: Despite the increase in net enrolment rate in both regions, the disparity persists.

	Regional differences in net enrollment rate	
	West Bank	Gaza
1995/1996	82.2	95.4
1999/2000	89.3	96.8

Source : PCBS 2001



■ Qualitative Challenges

1. Laying the foundation for development through developing a modern education system that meets international standards

Given the limited natural resources in oPt, human resources are of primary importance in the construction of an economy that is capable of competing in the global market. This entails creating a modern system that moves away from authoritarianism and underscores the respect for individualism, focuses on IT technology, on

changing attitudes and perceptions, and on linking vocational and formal education.⁵⁷

2. Achieving sectoral coordination among educational institutions

This can be achieved through rationalizing investment, increasing communication in the education sector, and encouraging a heightened level of performance among service providers.

■ Supporting Framework

■ UNRWA Support to Refugee Children

UNRWA operates the second largest school system in oPt and has been the main provider of basic education to Palestinian refugees for nearly five

decades.⁵⁸ The Agency provides primary and junior secondary schooling free of charge for all Palestinian refugee children in the area of operations.⁵⁹

■ The Five-Year Education Plan

This plan, which covers the period from 2000/01 to 2004/05, was prepared by the Ministry of Education (MOE). The plan targeted five main areas for development:⁶⁰

1. Increasing the capacity of the educational system by building new schools
2. Improving the quality of education by implementing the new curricula in full by 2004-2005
3. Developing formal and informal education
4. Developing managerial skills and striving for a decentralized educational system
5. Developing human resources in the education system by bettering programs to train teachers before and during service

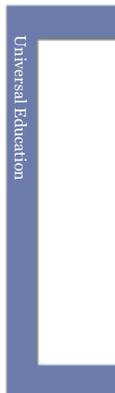
The plan is being revised to reflect the acute needs emerging from the crisis.

■ Development Priorities

■ Supporting the education sector

This is imperative for the long-term development needs of oPt. The difficult conditions in oPt will necessarily intensify the competition between meeting immediate needs and achieving educational

plans. Due to the constraints of the emergency response and by virtue of its size, the education sector is not the first priority of the donor community and thus receives little development aid.





■ **Supporting the amended Five-Year Plan**

This plan needs support both financially and technically in order to kick-start it, as the deterioration of the economic conditions looms heavily over the possibility of its realization. The support needs to include:

- assistance in acquiring the resources needed for building new schools,

- assistance in procuring the equipment required for implementation of the newly revised curricula,
- support for developing the capacities of teachers,
- support for developing the managerial capacities of heads of schools,
- and exchange of successful experiences with other countries.

■ **Avoiding duplication of efforts on the part of donors**

■ **Establishing a culture of respect for the rights of children through granting the places where children typically stay, such as schools, the status of safe-haven:**

The need for safe-havens is all the more acute given that a number of schools have been shelled and physically occupied during the crisis.

■ **Education: evaluation and monitoring capabilities**

Elements of Monitoring Capabilities	Valuation		
	High	Good	Weak
Data Collection Capability	X		
Quality of the Information in Recent Polls			
Statistical Follow-up Capability	X		
Statistical Analysis Capability		X	
Capability for Incorporation of Statistical Analysis to Policies, Plans and Resource Allotment Mechanisms			X
Monitoring and Evaluation Mechanism		X	



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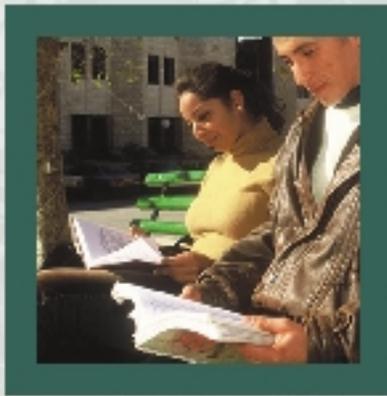


Gender Equality



photo: UNFPA - Steve Sabella





Gender Equality

Goal 3:

Promote Gender Equality and Empower Women.

Objective 1:

Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.

Performance Summary

Will the goal be met by 2015?

Highly unlikely unless the political unrest terminates in the short run

State of Support conditions for achievement of goals

Beginning to deteriorate

I. Gender Equity: Diagnosis and Trends

In the educational arena, the large gender differences witnessed in MENA region do not exist to any significant degree in oPt, at least in respect to primary and secondary education.⁶¹ At the advent of the PA, the net enrolment rate in basic education for women was 87 percent, as opposed to 88 percent for men, for the 1994/95 academic year.⁶² The gender difference in secondary education, however, was larger, as net enrolment rate for women amounted to only 32 percent, as opposed to 35.8 percent for men.⁶³

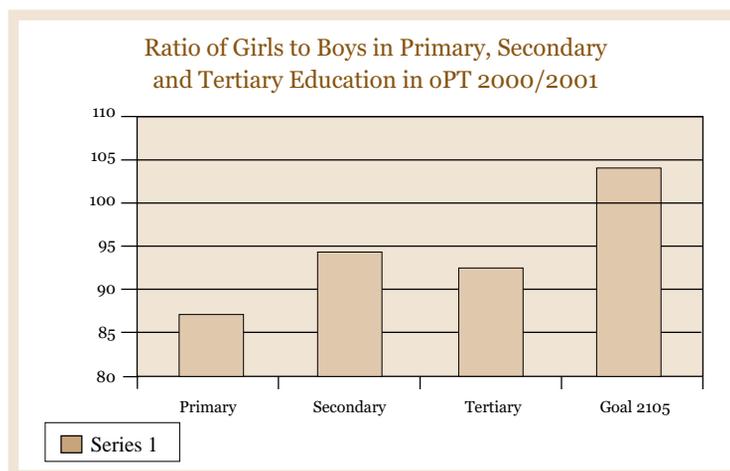
To the credit of the PA, it can be said that the positive measures it adopted not only narrowed the existing gap, but also resulted in the rate of women's enrolment rising above the rate of men's enrolment in primary, and secondary education. In 2000/01, net enrolment rate in basic education for women rose to 92.7 percent, while that of men rose only to 90.7 percent.⁶⁴ Net enrolment rate in secondary education for women rose to 47.5 percent, while that of men rose only to 40.8 percent.⁶⁵ The number of women receiving higher education increased both in absolute and relative terms. For 2000/01, the ratio of females to males in tertiary education stood at 89.9 percent.⁶⁶

This achievement is partly due to UNRWA's educational system, which has been operating in oPt since the sixties, and has laid the necessary grounds for gender equity in education. Full gender balance has been implemented since the nineteen-sixties in UNRWA-run schools.⁶⁷ This system has educated

three generations of Palestinian refugees, clearly illustrating that the contribution of UNRWA schools to social development and to the improvement of the role of women in the refugee community is significant.

Although progress was made in the last eight years in reducing gender inequity in education, improved participation of women in economic and political decision-making did not materialize. In terms of political participation, five women were elected to the PC in 1996, accounting for 5.7 percent of the eighty-eight legislative seats.⁶⁸ In terms of managerial positions in the formal public sector, although women form 13 percent of the total employees, only 3 percent of these women occupy key managerial positions.⁶⁹ The share of women in the total workforce, which peaked in 1996, did not exceed 13 percent.⁷⁰ Women participating in the formal labour sector are concentrated in specific economic activities as follows: 5 percent in the services and education sector, and 20 percent in health and social services.⁷¹ The informal labour sector remains the most easily accessible labour sector for women, and it accommodates the majority of working women in oPt.

Considering the characteristics and levels of gender equity in oPt, and taking into account the uncertainty created by the eruption of the Second Intifada in September 2000, it is highly unlikely that the goal will be met by the year 2015.



■ Challenges

■ Challenges in the educational arena

1. To reduce the increasing dropout rate of female students in secondary education

Female dropout in the secondary stage is chiefly motivated by traditional factors, such as early marriage. Two factors that encourage the trend towards early marriage are: the fact that the compulsory part of education ends with the beginning of the secondary stage, and the worsening economic situation. Unlike the Israeli Civil Administration, the Palestinian MOE has

adopted a policy of allowing married teenagers to continue schooling. However, this policy has not been turned into a law yet.⁷²

2. To encourage women to choose the scientific and vocational streams at the secondary level and to approach more scientific fields in tertiary education:

Vocational education for women should be modernized and widened to encompass fields that are traditionally deemed male subjects.⁷³

■ Challenges for political participation

Despite the unequivocal acknowledgement of the right of women to full political participation following the impressive role they played during the first Intifada, the acknowledgement has never been translated into effective policy.⁷⁴ Absence of vision on the part of decision-makers regarding gender equity leaves Palestinian women with no alternative means but seeking political participation through individual endeavours. The result is fragmented efforts dominated by male-oriented political parties.⁷⁵ Specific challenges hindering the enhancement of women in the political sphere include:

1. Designing an electoral system that ensures an

equal representation of women: Women faced difficulties in winning key positions in the first Palestinian national elections in 1996. This difficulty arose primarily from built-in election mechanisms and also from the traditional attitude towards the role of women in society.⁷⁶

2. Achieving substantive equality that pertains to the practical aspects of gender equity

A major challenge in this respect is coming up with a more egalitarian definition of the legal status of women, a term that is currently determined in a contradictory manner in different circumstances.⁷⁷



Challenges in the economic sphere

1. Enforcing the law of equal pay for equal work

Women are paid 66.2 percent of what men are paid in the West Bank and 81.3 percent of what men are paid in the Gaza Strip.⁷⁸ This is despite the fact that the law states equal pay should be given by the employer for equal work.

2. Reforming the Palestinian Labour Law to encompass vulnerable categories of workers who are employed in agriculture or in family-run workshops

Women are the majority in categories of workers excluded from legal protection in the Palestinian Labor Law, which grants legal protection for private sector workers and excludes family members working in family-run workshops, family members working with relatives to the third

degree, and women working in agriculture.⁷⁹

3. Designing policies that will increase formal employment opportunities for unemployed women

The share of unemployed women of the total female labour force is higher than the share of unemployed men of the total male labour force.⁸⁰

4. Designing poverty eradication programmes that are more sensitive to the wide-spread phenomenon of the ‘feminization of poverty’⁸¹

In 1997, 73 percent of female-headed household suffered from extreme poverty, as opposed to 63 percent of male-headed households.⁸² However, female-headed households then formed only 8 percent of total number of households.⁸³

Support Framework

The Five Year Plan for Education

This plan paid special attention to women’s education and to combating gender discrimination. This attention is reflected in the provision of more schools for women, and in the development of a national curriculum that is more gender sensitive. This curriculum was put to use in the academic year 2000/01.⁸⁴

The Married Student Policy

MOE has adopted a policy of allowing married secondary students to continue their studies at schools, thus revoking the Israeli policy of dismissing them from schooling as soon as they are married.⁸⁵

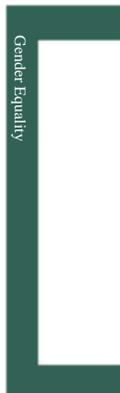
Development Priorities

Providing financial and technical support for implementing the Five Year Plan

Emphasis should be on training educators and administrators to achieve a gender sensitive education system. Otherwise, any change achieved will remain at the superficial level.

Designing measures at the level of legislative intervention to be taken in order to reduce female dropout from secondary education

These measures could include: raising the level of compulsory education, developing mechanisms for enforcing compulsory education, and backing the policy of allowing married women to continue their secondary education by turning it into a law.





- Developing women’s vocational education.
- Providing financial aid to organizations promoting women’s rights.
- Promoting awareness among women regarding their social, political and economic rights.
- Encouraging political reform.

In the political sphere, international aid needs to focus on combating gender inequity through assisting in formulating public plans that are based on gender equity rather than on component-driven plans. This includes the following:

- Designing an electoral system that assigns a quota for women and guarantees a more egalitarian representation of women.
- Reforming the law to ensure formal and substantive equality between men and women in respect to civil, legal, and political rights.
- Designing affirmative measures to be adopted when recruiting employees to key positions in the formal public sector.
- Promoting women’s labour rights
 - Reforming the Palestinian labour law to provide protection for vulnerable categories in the private sector
 - Enacting the law of minimum wage and the law of equal pay for equal work
 - Developing clear policies for supporting rural women and designing programmes for integrating women into the formal sector

Gender equality: evaluation and monitoring capabilities

Elements of Monitoring Capabilities	Valuation		
	High	Good	Weak
Data Collection Capability		X	
Quality of the Information in Recent Polls			X
Statistical Follow-up Capability			X
Statistical Analysis Capability		X	
Capability for Incorporation of Statistical Analysis to Policies, Plans and Resource Allotment Mechanisms			X
Monitoring and Evaluation Mechanism			X



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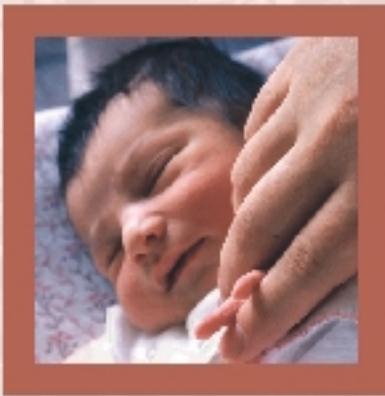


Child Mortality

photo: UNFPA - Steve Sabella







Child Mortality

Goal 4:

Reducing Child Mortality

Objective 1:

Reducing by two thirds, between 1990 and 2015, the under five mortality rate.

Performance Summary

Will the goal be met by 2015?

Unlikely, if the current political situation persists

State of Support conditions for achievement of goals

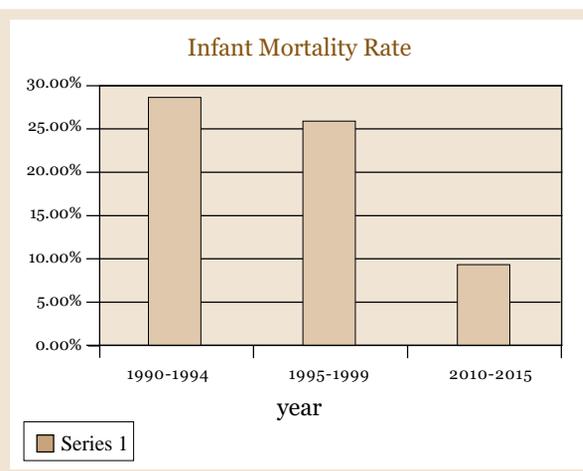
Beginning to deteriorate

Child mortality rate: diagnosis and trends

A look at child mortality rates over the past decade indicates that in terms of health services oPt performs at the level of upper middle-income countries, despite the fact that oPt is not an upper middle-income country. This is partly due to the significant role UNRWA played since 1950 as the main health-service provider for the refugees, who constitute a significant portion of the Palestinian population, in the oPt.

Prior to the establishment of the PA, the infant mortality rate reached 27.3 per 1,000 live births.⁸⁶ This rate dropped to 25.5 per 1,000 live births during the five years succeeding the establishment of the PA (1995-99).⁸⁷ The under-five mortality rate dropped from 33.2 per 1,000 live births in the period 1990-1994,⁸⁸ to 28.7 per 1,000 live births in the period 1995-1999.⁸⁹ This represents a drop of 6.6 percent in the child mortality rate.⁹⁰ This reduction constitutes a step towards meeting the MDGs in a relatively short period of time. Factors contributing to this advancement are:⁹¹

- the work of the PA and UNRWA in creating a national immunization programme for all children below three years of age,
- health education programmes,
- and an increase in the number of maternal and healthcare centres.





Yet this advancement is below the level required by the MDGs, since progress at this rate will not ensure meeting the goal on time. Moreover, the advancement achieved does not even fulfil the requirements of the National Health Plan of 1994, which stipulated that with the coming of 2000 the mortality rate should drop by 30 percent.⁹²

Like many developing countries in the middle-income range, oPt is in a stage of epidemiological transition. In this stage, the characteristic disease profile of children in a situation of underdevelopment is combined with concerns more typical of developed countries which are non-communicable and life-style related in nature.⁹³

Ministry of Health (MOH) and UNRWA records show that respiratory tract diseases, congenital anomalies and premature birth have remained among the leading causes of infant and under-five deaths since at least 1990.⁹⁴ Recently, accidents have formed an increasing cause of under-five mortality, and Sudden Infant Death Syndrome has constituted an increasing part of infant mortality.⁹⁵

However, various problems surround these records, limiting their usability. First, it is extremely difficult to be sure what the top causes of death in each age group really are, based on the age-related mortality data provided by MOH in its annual reports. This is due to the way the information is presented;⁹⁶ with the exception of senility, the causes given in age-

related tables are the same for all age groups. Second, the category 'other' accounts for around a third of the recorded deaths in each of these age groups.⁹⁷ Third, there is no unified classification between the West Bank and Gaza in registering death according to cause.⁹⁸ Therefore, there is a clear difference between the data from each region to a degree that jeopardizes the statistical quality.

It is certain that the turbulent political reality not only intensifies the causes leading to child mortality, but also poses new dangers to the lives of infants and children. Statistics regarding the period succeeding the eruption of the Second Intifada are still preliminary and unofficial. As of 31 May 2002, the number of children (less than 18 years of age) killed in the conflict amounted to 311 out of the total 1,649 victims.⁹⁹

The impact of the political unrest on child mortality will determine the path of progress towards achieving this goal. If the political situation persists, further progress will be impossible, and the progress that has been achieved will be threatened. Assuming a more optimistic scenario in which the political upheaval terminates soon, the current rates could, possibly, be preserved. Yet even in this optimistic scenario, it is unlikely that the goal will be achieved for two reasons. First, health infrastructure has been exhausted by emergencies caused by political unrest. Second, oPt has reached a level of development after which "health-related improvements become harder to achieve."¹⁰⁰

■ Challenges

■ Emergency relief challenges: closure

Strengthening the capacity of MOH for emergency and disaster management

This includes the promotion of disaster preparedness and response activities. Promoting disease preparedness needs to focus primarily on designing mechanisms to cope with the challenges posed by the constant closure and movement restrictions. These mechanisms need to secure the delivery of quality

health services in all marginalized and besieged areas, and need to include qualified personnel and the necessary facilities to:

1. Provide obstetric care to save pregnant women long journeys to central hospitals, thus minimizing the incidence of delivery and abortion at checkpoints:

MOH reported that until June 2002, delays at checkpoints in WBGS have resulted in 46 women¹⁰¹



delivering their babies while waiting for permission to pass through. In 27 of these cases, the newborns died.¹⁰²

2. Provide children with necessary vaccinations

After having reached more than 95 percent of all Palestinian children,¹⁰³ the coverage of immunization for DPT (triple antigen: diphtheria, pertussis, and tetanus) polio, measles, and tuberculosis (TB) has been disrupted by the constant closures.

■ Long-term development challenges

1. Designing health polices and allocating resources that take into consideration the young age of the population

At the end of 2001, 53.0 percent of the total population was under 18 years of age.¹⁰⁵ In 2000, 18.5 percent of the total Palestinian population (and 34.9 percent of total number of children in oPt) were children in the 0-4 age group.¹⁰⁶

2. Moving away from the current curative approach to health care, towards a preventive approach that focuses on promotion of health, education and prevention.¹⁰⁷

3. Unifying health care provision in oPt, which is characterized by a multiplicity of health providers without any unified vision

This requires transforming the fragmented approach to health care into a single cohesive strategy, targeting the health needs of the population and setting up a resource base through which this can be implemented, monitored and evaluated.¹⁰⁸

4. Striking the right balance, in finances and human resources, between the two competing directions imposed on the Palestinian health sector by virtue of

3. Provide children with primary health services that are normally available only in urban and central localities.

4. Provide first aid, medical treatment and rehabilitation services to children injured in the conflict

Data on injuries inflicted on children less than five years of age are not available yet. However, injuries among children under 18 years of age amounted to 35.4 percent of the total injuries during the period from 29 September 2000 to 25 April 2002.¹⁰⁴

its reaching the stage of epidemiological transition.

5. Combating regional and gender disparities

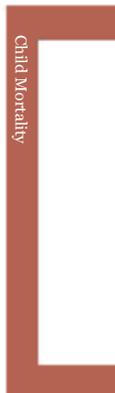
Disparities exist in mortality rates of various regions and between the sexes. This requires providing adequate and opportune access to primary health care in rural and marginalized areas. It should be kept in mind that gender-based or region-related variations are also present within the main causes of mortality.

6. Freeing healthcare providers from conflict-related burdens

The emergency has preoccupied all service-providers, exhausting all the resources available. Most plans to build on the achievements in this sector since 1994 have been shelved in the effort to respond to daily basic health needs.¹⁰⁹

7. Taking corrective and preventive measures to eradicate the prevalence of anaemia among children aged 6-59 months

Of children in oPt aged 6-59 months (about 274,600 children) 49.5 percent suffer from anaemia.¹¹⁰ Of these children, 16.5 percent suffer from moderate to severe anaemia, while the rest suffer from mild anaemia.¹¹¹



■ Support framework

■ Emergency support framework

MOH strategy

In October 2000, MOH developed a strategy for coping with the escalation of the conflict and the

subsequent increases in demand. These strategies are summarized by WHO (2001) as follows:¹¹²



1. Decentralization of services
2. Strengthening the idea of community participation in health services
3. Strengthening telecommunication
4. Consolidating cooperation
5. Upgrading emergency medical services
6. Improving community mental health services
7. Improving rehabilitation services for the disabled
8. Expanding the scope of cooperation
9. Continuing with ongoing MOH activities

Expansion to accommodate emergency needs

Approximately “540 new hospital beds were added to accommodate the crisis. 50 PHC centres in the West Bank and 14 in Gaza Strip were also upgraded and expanded to include emergency services”.¹¹³ In some remote areas, hours of operation were extended to 12 and 24 hours.¹¹⁴

■ Long-term development support framework

The National Plan of Action for Palestinian Children

The plan was begun during the first half of 1995, by a steering committee that consists of MOH, MOE, the Ministry of Social Affairs, the Ministry of Youth and Sport, the Ministry of Culture, the Ministry of Labor, UNRWA, PCBS and the NGO network. MOPIC joined as the national coordinator. United Nations Children’s Fund (UNICEF) was represented as a partner, providing technical support for program development. As a framework for development, the plan adopted two international standards for child policy: *The Declaration of the World Summit for Children*, and *The Convention on the Rights of the Child*. The second stage of the plan’s development involved the elaboration of the goals and strategies in a phased five-year program framework, in which activities were to begin in 1996/97.¹¹⁵

The National Strategic Health Plan

Developed by MOH, *The National Strategic Health Plan* shows that actions are being taken to identify the most appropriate national health system. As far as children are concerned, the plan emphasizes the need for improving the quality of widespread health services provided for mothers and children.

A unified system of classification of causes of child mortality

This system of classification was started in 2001.

MOH healthcare programmes for children and mothers

These programmes emphasized increasing health education and awareness on the household level.

UNRWA’s health programme for refugee camps

UNRWA, the second largest health provider after the PA, provides refugee children with primary health care, nutrition and supplementary feeding, assistance with secondary health care, and environmental health. One of the objectives of UNRWA’s health programme is the reduction of infant and early child morbidity and mortality through regular growth monitoring, protective immunization, and early detection and management of morbidity conditions for children registered at Mother and Child Health Clinics.



Development Priorities

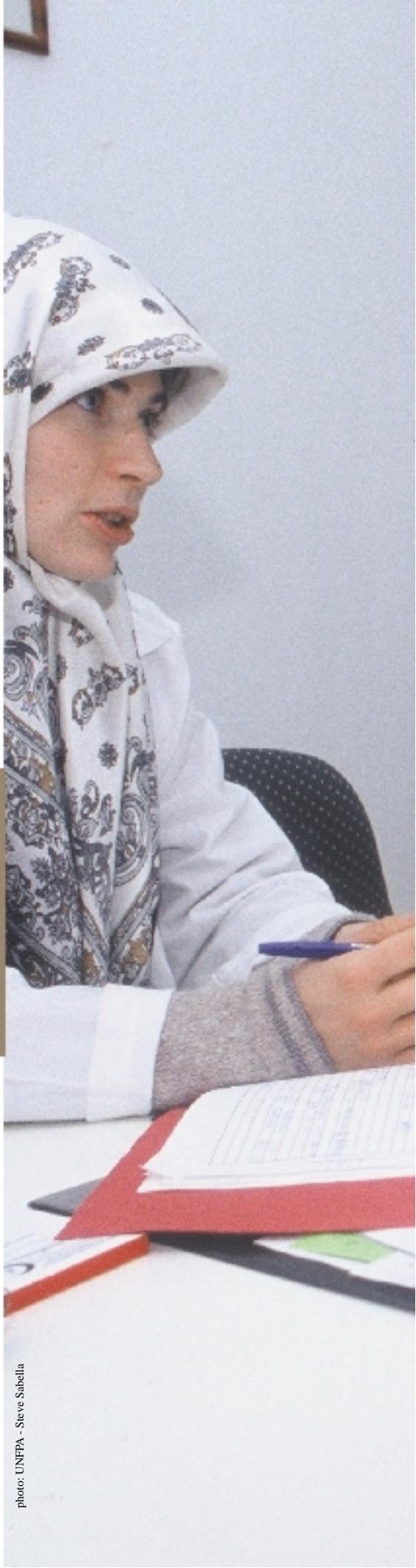
- Providing financial aid, as well as technical assistance, for the Palestinian MOH, in order to implement its strategy for coping with the escalation of conflict: Technical assistance should aid in designing an emergency plan that is most in line with the long-term development goals stated in the National Strategic Health Plan.
- Providing assistance in acquiring medicine and medical equipment
- Improving and expanding community mental health services and psycho-social counselling programmes for children, in order to cope with the negative mental effects of the violent conflict on Palestinian children: About 596,000 children (less than 18 years) showed signs of excessive crying, 788,800 children showed fear of abandonment, 172,000 suffered from bedwetting; all of these are symptoms of Post-Traumatic Stress Disorder.¹¹⁶
- Providing financial assistance to ensure the continuity of the National Plan of Action for Palestinian Children and the National Strategic Health Plan
- Encouraging research into the causes of infant and child mortality in order to develop more effective health policies

Child mortality: evaluation and monitoring capabilities

Elements of Monitoring Capabilities	Valuation		
	High	Good	Weak
Data Collection Capability			X
Quality of the Information in Recent Polls			X
Statistical Follow-up Capability			X
Statistical Analysis Capability		X	
Capability for Incorporation of Statistical Analysis to Policies, Plans and Resource Allotment Mechanisms			X
Monitoring and Evaluation Mechanism			X

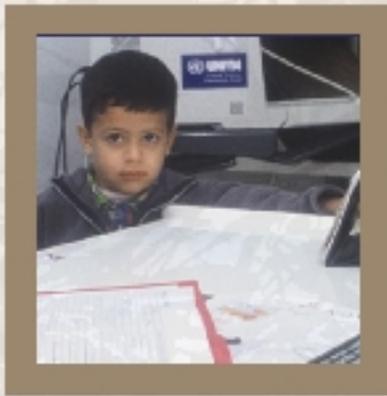


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Maternal Health





Maternal Health

Goal 1:

Improving Maternal Health

Objective 1:

Reducing by three-quarters, between 1990 and 2015, the maternal mortality ratio

Performance Summary

Will the goal be met by 2015?

Unlikely if the political unrest persists

State of support conditions for achievement of goals

Deteriorating

Reduction of Maternal Mortality: Diagnosis and Trends

Information on the maternal mortality rate (MMR) is highly debatable, as there is no reliable registration system of causes of death. The ambiguity surrounding the concept of maternal death has hindered any serious debate about it.

The first national demographic survey by the PCBS has provided the most commonly accepted figure for MMR since 1995. Using the sisterhood method, PCBS estimates maternal mortality rate for the year 1995 at 70-80 maternal deaths per 100,000 births.¹¹⁷ This figure should be viewed as the baseline for oPt because the PA took over the responsibility for the provision of health services in May 1994 in Gaza and in November of the same year in the West Bank.¹¹⁸ Recently, data released by MOH indicate that MMR has decreased in 1997 to 37.3 deaths per 100,000 births, and then slightly increased in 1998 to 42 deaths per 100,000 births.¹¹⁹ However, these two figures await validation in the next demographic survey. Moreover, against every incident of maternal death, 30 cases of maternal morbidity develop.¹²⁰ This amounts to an average of 210-240 morbidity incidences per 100,000 births.

Prior to the Second Intifada, 90 percent of the total births took place in hospitals.¹²¹ For the year 2000, 96.8 percent of deliveries were assisted by skilled personnel, as opposed to 93 percent in 1996.¹²² The percentage of

women who received antenatal care rose from 94.6 percent in 1996 to 95.6 percent in 2000.¹²³

The figures indicate that prior to the outbreak of the Second Intifada progress was made toward meeting the goal. Rather than performing at the level of comparator countries, oPt performed then at the level of upper middle-income countries in terms of MMR. Again, this is partly due to UNRWA's health programme that has been in operation in oPt since 1950s.

Major causes of maternal mortality seem to indicate poor quality of healthcare in general. Poor quality healthcare results in high levels of anaemia, and low coverage of Tetanus Toxoid vaccinations among pregnant women.¹²⁴ UNRWA maintains that severe anemia in women is the main causal factor in up to 20 percent of maternal deaths according to data from the World Health Organization (WHO).¹²⁵ UNRWA also views birth pacing as a factor contributing to maternal mortality.¹²⁶

Poor quality healthcare results in low numbers of women seeking postnatal care.¹²⁷ While only 4.4 percent of pregnant women did not receive any type of antenatal care in 2000, postnatal coverage has always been low, even before the Second Intifada. PCBS data register an increase in the percentages of women receiving postnatal care from 19.5 percent in



1996 to 26.3 percent in 2000.¹²⁸ However, this increase is significantly below the required level.

According to the *Annual Report of the Ministry of Health 2002*, complications of unsafe abortion feature among the causes of maternal death.¹²⁹ According to the Jordanian Criminal Law, which is adopted by the PA, abortion is prohibited unless the continuation of pregnancy endangers the mother's life.¹³⁰

Extremely relevant to the context of oPt is the fact that maternal mortality rates vary according to age. "The 1995 Census found that the proportion of deaths due to pregnancy and birth complications per hundred thousand births amongst women aged 15-19 was 104, decreasing to 74 for women aged 20-24 and 66 for women aged 25-29. Early pregnancy is thus a health risk."¹³¹ Early pregnancy is frequent in oPt due to the

widespread phenomenon of early marriage.

Since the start of the Second Intifada, it is likely that MMR has increased. As of yet, no exact data are available regarding MMR. Due to restrictions on movement, however, there has been a decrease in hospital deliveries, which declined to 67 percent of total deliveries. Home deliveries, by contrast, have increased by 30 percent.¹³² Many cases of home deliveries are not attended by skilled health personnel. Moreover, the percentage of pregnant women (15-49 years) who did not receive antenatal care increased 4.5 times, from 4.4 percent during 2000 to 19.6 percent during the crisis.¹³³

As to whether the goal will be met by 2015, it is difficult to predict. If the political unrest persists, MMR is likely to rise and the goal is unlikely to be met.

■ Challenges

■ Emergency relief challenges: closure

1. Difficulty to reach hospitals for delivery

The restrictions imposed on the movement of Palestinians adversely affect the ability of pregnant women to reach hospitals to deliver their babies. MOH reports that by June 2002, 46 women delivered their babies at checkpoints while waiting for permission to pass through. As a result, 24 women have died.¹³⁴

2. Difficulty to access primary healthcare centres

The restrictions imposed on the movement of the Palestinians also adversely affect the ability of pregnant women to reach primary healthcare centres to receive antenatal and postnatal care. After the outbreak of the Second Intifada, antenatal and postnatal clinic attendance rates decreased, and the MOH estimates that as few as 30 percent of all eligible women are now attending maternity services.

■ Long-term development challenges

1. Expanding the coverage of basic health insurance

In 2002, 25 percent of women in oPt still did not have any type of basic health insurance.¹³⁵

2. Decentralizing the provision of antenatal and postnatal health services

Antenatal and postnatal health services are concentrated in urban central areas.¹³⁶ A large number of women from rural or marginalized areas are blocked from adequate and opportune access to antenatal and postnatal healthcare, and are thus at high risk of experiencing birth complications.



3. Improving the quality of the health services provided¹³⁷

4. Increasing the capacity of the obstetric sector

The total number of beds allocated for women amounted only to 519 in 1998. This number is inadequate to cater to the large number of births that take place yearly.¹³⁸ Women are, therefore, allowed a maximum of six hours stay in the hospital for delivery and are checked out even before ensuring that the critical period is over.¹³⁹

5. Empowering women to make informed decisions and to realize their reproductive health rights

A large proportion of Palestinian women are still not making the most crucial decisions related to their sexual and reproductive health. Of Palestinian women, 43.5 percent did not make the decision regarding their marriage.¹⁴⁰ Moreover, 44 percent do not participate in decisions related to pregnancy.¹⁴¹

6. Raising awareness among women of the risk factors during pregnancy and modern child upbringing

7. Combating the widespread phenomenon of early marriage

Measures at the level of policy making and legislative intervention need to be taken against this phenomenon.

8. Taking measures to counter the spread of anaemia among women

The prevalence of anaemia among women aged 15-49 years is 48 percent (about 361,600 women).¹⁴² The problem of anaemia is endemic and should feature as a high priority intervention area, particularly with reference to health education and women and child health.

Support framework

Emergency relief support framework

The United Nations Population Fund (UNFPA) initiative to address emergency obstetric care

The Fund has supported community-based emergency obstetric care programmes, providing training for more than 160 health personnel. The trainees were equipped with delivery kits to provide services within their communities. Community awareness campaigns were launched to inform the public about availability of services and promoting connectivity between clients and health providers. Training in emergency obstetric care has a fundamental long-term impact in developing a qualified cadre of health attendants who will help reduce maternal mortality and morbidity.

UNFPA, UNICEF and WHO advocacy group on health

MOH video on the impact of closure on pregnant women

UNFPA assisted the MOH in the production of a video documentary on the adverse impact of closures on access of women in labour to hospitals. The video is being used as an advocacy tool for easing access to vital and lifesaving services, such as obstetric care.





■ Long-term development support framework

The National Health Strategic Plan

This plan was put forward by MOH and local health NGOs. UNFPA assisted MOH to develop and update the women's health strategy as part of the National Health Strategic Plan for 1994-1998 and 1999-2003. This strategy contains clear goals for reducing maternal mortality ratio including:¹⁴³

- improving the quality of services provided;
- introducing preventive programs focusing on teenagers' mental health, and sexual-reproductive health;
- and providing support to laws impacting on women's health.

Integration of reproductive healthcare into primary healthcare

In cooperation with WHO and UNFPA, MOH has worked to integrate reproductive healthcare within primary healthcare services.

UNRWA maternal health services

Maternal health care, including antenatal and postnatal care and family planning, constitutes an important focus of UNRWA's primary health service provision to the refugee community in oPt. The agency health programme aims to:

- Reduce pregnancy-related morbidity and reduce maternal mortality from preventable causes by regular monitoring of women registered at Mother and Child Health Clinics, with special attention devoted to identification of women at risk, management of morbidity conditions, and assistance for safe delivery.
- Reduce maternal, perinatal and infant morbidity and mortality by offering family planning services to refugee women of reproductive age, with special emphasis on child spacing by providing modern contraceptive methods to avoid early, too late, too frequent and too close pregnancies.

Development Priorities

Emergency relief priorities

- Exerting international pressure upon Israel to facilitate the movement of patients – especially pregnant women – to reach hospitals
- Establishing mobile health clinics to provide health services to areas in which residents have no access to health facilities: There is an initiative being undertaken by UNRWA and partner NGOs, which can be evaluated, further developed and expanded.¹⁴⁴
- Improving availability of and access to maternal care, safe delivery and newborn care

Long-term development priorities

- Reactivating the National Maternal Mortality Committee and providing support to health institutions that target women's well-being

Due to the ongoing political unrest, there is a tendency to give priority to civil and political rights over social rights. The lack of attention to women's welfare is a typical example of the marginalisation of vulnerable groups in times of conflict.



■ Decentralizing maternal health services

■ Expanding the capacity of the obstetric sector in particular and the primary healthcare sector in general to cope with the increasing number of births

■ Designing programmes to decrease anaemia among women.

Such programmes could include supplementary iron-programmes and supplementary food assistance for pregnant and nursing mothers. These programmes should also focus on health education with reference to dietary preferences.

■ Improving the quality of services provided to women through:

- setting quality standards and enforcing quality assurance mechanisms;
- adopting a preventive approach rather than a curative approach;
- and adopting a holistic approach that does not only focus on women’s physical and reproductive health, but also attends to their psychological and social health.

■ Providing financial and technical support to expand the following programmes initiated by MOH:

- The Women Empowerment Program
- Safe motherhood programs
- Postnatal awareness programmes
- Home visits programmes
- Early detection of maternal morbidity

■ Building the capacity for reliable reporting and recording of maternal deaths, in order to enhance the capacity for monitoring this goal:

Reliable monitoring requires the development of a consensus over the concept of maternal mortality.

■ Maternal health: evaluation and monitoring capabilities

Elements of Monitoring Capabilities	Valuation		
	High	Good	Weak
Data Collection Capability			X
Quality of the Information in Recent Polls			X
Statistical Follow-up Capability			X
Statistical Analysis Capability		X	
Capability for Incorporation of Statistical Analysis to Policies, Plans and Resource Allotment Mechanisms			X
Monitoring and Evaluation Mechanism			X



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HIV/AIDS

Malaria and other Diseases

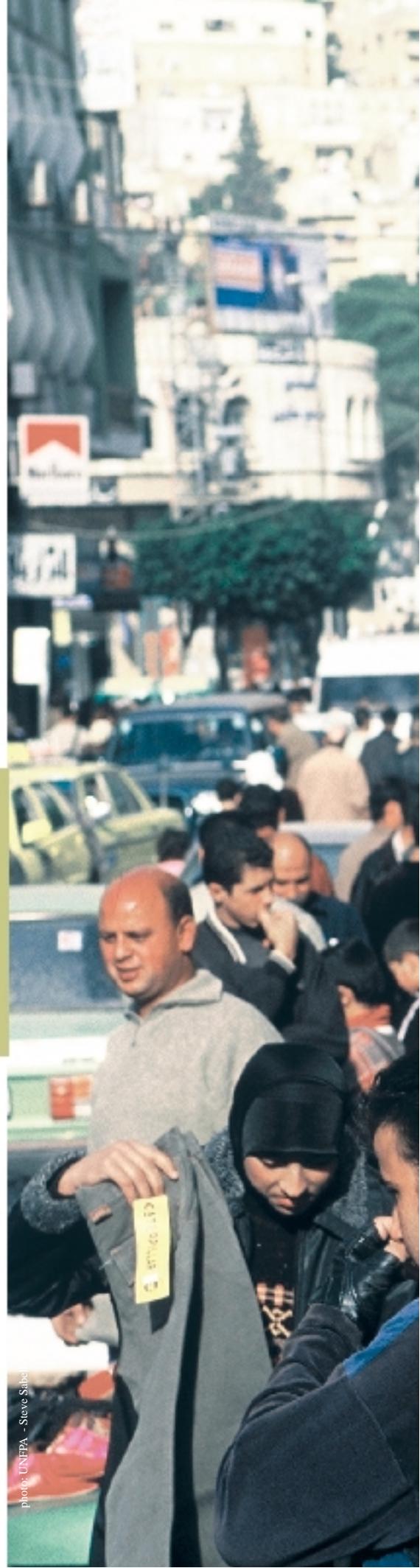
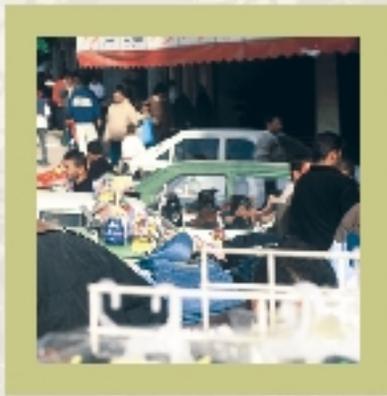


photo: UNFPA - Steve Sabat





HIV/AIDS, Malaria and other Diseases

Goal 6:

Combating HIV/AIDS, malaria & other diseases

Objective 1: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS.

Objective 2: Have halted by 2015, & begun to reverse, the incidence of malaria & other major diseases.

Performance Summary

Will the goal be met by 2015?

Difficult to Predict

State of support conditions for achievement of goals

Rudimentary

AIDS, sexually transmitted diseases (STDs) and epidemic diseases (malaria, and Tuberculosis): diagnosis and trends

MOH records show that oPt, as is typical of MENA region, shows “low incidence rate of cases and carriers” of HIV/AIDS infection.¹⁴⁵ Reporting of HIV/AIDS cases started in 1986. The cumulative number of all cases detected between 1986 and 2001 is only 53 cases.¹⁴⁶ MOH reports that out of these 53 cases, 37 are AIDS cases and 16 are asymptomatic HIV.¹⁴⁷ The cumulative prevalence rate per 100,000 of HIV/AIDS is 1.8 (AIDS is 1.3 and HIV carriers is 0.5).¹⁴⁸ The highest number of cases detected was in 1997, when eight cases were reported.¹⁴⁹ Another source states that the number of AIDS cases has amounted to 69 in 2002.¹⁵⁰

These rates show that as of yet HIV/AIDS does not constitute a public health problem for oPt. However, two facts need to be taken into consideration when looking at these rates. First, HIV infection rates for oPt, as typical of MENA region, are often only estimates because of insufficient data. Second, recent evidence suggests that the incidence of STDs, including AIDS, is increasing in MENA region and that the total number of AIDS deaths has increased almost six-fold since the early 1990s.¹⁵¹ There is no evidence that oPt could be different in this respect. The figures above indicate that the number of AIDS cases could easily increase in the near future if AIDS is not properly and immediately addressed.

In terms of communicable diseases, oPt has fared well since 1994. However, it is important to stress that the low rates of communicable diseases at the onset of the review period is partly due to the significant role played by UNRWA’s health programme which has extended its services to the refugee population since 1950s.

According to MOH,¹⁵² no cases of malaria have been reported in the last several years. There is a continuous decline in the incidence rate of pulmonary TB. Pulmonary TB declined from a rate of incidence of 3 per 100,000 in the period of 1993-1996 to a rate of incidence of one case per 100,000 in 2001.¹⁵³ The reported incidence rate of extrapulmonary TB per 100,000 ranged between 1.5 in 1994 and 0.8 in 2001.¹⁵⁴ Like other countries in MENA region, oPt falls in the region of intermediate prevalence rate of Hepatitis B infection and enjoys a very low prevalence rate of Hepatitis C Virus (HCV) infection.¹⁵⁵

The only source of concern is the viral meningitis outbreak reported in 1997, mainly in the southern governorates, and an annual incidence rate of 117 per 100,000. This rate dropped to 22.1 per 100,000 in 2001.¹⁵⁶ However, cases of bacterial meningitis, including meningococcal disease, are increasing annually. The incidence rate of meningococcal



disease per 100,000 increased gradually from 0.5 in 1992 to 3.8 in 2001.¹⁵⁷ Other bacterial meningitis, caused by a variety of bacterial infections, primarily *Streptococcus pneumoniae*, increased from an incidence rate of 2 per 100,000 in 1992 to 10 per 100,000 in 2001.¹⁵⁸

The political situation makes it difficult to predict whether the goal will be attained by 2015. It is likely

that the goal will not be achieved. The continuation of the political conflict, with the accompanying closure, lack of access to sufficient nutrition, and lack of adequate sanitation and health services might wreak havoc with the achievements made so far and trigger other epidemics. Moreover, in the absence of greater candour, political commitment and improved prevention programmes, wider spread of HIV/AIDS can be anticipated.

■ Challenges

■ Emergency relief challenges

1. Probability of building up pockets of un-immunised or under-immunised communities due to obstacles to the immunization programme created by the conditions of strife

MOH maintains that the success in monitoring and controlling communicable diseases is threatened by Israeli occupation activities.¹⁵⁹ The closure, the siege and the curfew imposed on Palestinian districts adversely affect health services, delay the surveillance activities, and stop vaccination programmes in remote and isolated cities and villages.¹⁶⁰

2. Military conflict, which has damaged water and sewage systems in many areas of the oPt, representing an additional health risk

■ Long-term development challenges

1. Adopt a preventative approach

Given the difficulty of controlling STDs, it is imperative to adopt a preventive approach to halt HIV/AIDS by 2015. Early intervention to curb the spread of HIV/AIDS is crucial. Once the prevalence of the infection exceeds a certain threshold, the virus spreads very fast. The earlier the intervention, the less costly and the less difficult prevention and treatment are.

2. Establish an adequate surveillance system for HIV/AIDS

Such a system needs to be developed in order to enable oPt to accurately track the development of the epidemic and mount effective responses.

3. Prevent the political crisis and the lack of resources from pushing the issue of STDs down the agenda for national action



Support framework

Action plan for STDs

By the end of 1997, MOH took the first step towards formulating a comprehensive action plan for STDs for the first time in oPt, as the Ministry agreed to establish STD and infertility units in primary healthcare.¹⁶¹ Each unit includes two clinics: one for infertility and another for sexually transmitted diseases. The STD unit was planned to work as a referral clinic, providing health care for STD patients from all primary healthcare centres.¹⁶² The objectives of STD unit are:¹⁶³

- establishment of STD clinics;
- provision of care to STD and HIV/AIDS patients;
- provision of health education and counselling to STD and HIV/AIDS patients and contacts;
- reduction of the incidence and prevalence of STDs, including HIV/AIDS;
- and creation of a recording system for STDs and HIV/AIDS.

UNRWA's Programme on HIV/AIDS

UNRWA has carried out a health education programme on HIV/AIDS and is working to maintain active surveillance of HIV/AIDS in close co-ordination with the national programmes.

STD/HIV/AIDS campaign

UNFPA and the Vienna-based OPEC Fund have launched a two-year (2003-2004) regional campaign to raise awareness about AIDS.¹⁶⁴ The campaign, with a budget of one million dollars, includes six Arab countries: Lebanon, Syria, oPt, Morocco, Somalia, Sudan and Yemen. The UNFPA-OPEC project component for oPt aims at:

- improving the STD/HIV/AIDS surveillance system by reviewing and modifying recording and reporting systems, and by strengthening referral systems;
- strengthening screening, diagnosis, and management of STDs/HIV/AIDS by incorporating STD-related elements in reproductive health protocols and counselling manuals, training health personnel, and providing drugs, condoms, HIV testing and TB kits;
- and conducting awareness campaigns on STDs/HIV/AIDS prevention and treatment.

UNRWA's disease prevention activities

UNRWA health programs implement, in coordination with MOH, an expanded programme on immunization. The Agency also undertakes disease prevention activities that aim at preventing vector borne and vehicle borne diseases transmitted through environmental channels, such as human brucellosis and intestinal parasites, as well as controlling re-emerging infectious diseases such as TB.





■ Development Priorities

■ Financial support for STD units

■ Technical and financial support to design and implement a holistic and preventive approach to STDs and other communicable diseases. This includes:

- Designing policies on the legislative level to control the entrance of infected people to oPt.
- Enhancing the surveillance system for accurate tracking of the development of the epidemic.
- Monitoring and evaluation mechanisms to check the quality of blood donated from abroad.
- Designing programmes to raise awareness of transmissible diseases, particularly among high-risk groups. These programmes should also aim to increase recognition of the need for more effective and far-reaching preventive efforts; the continuous inclination to exaggerate the protective effects of social and cultural conservatism hampers an adequate response.

■ HIV/AIDS, malaria and other diseases: evaluation and monitoring capabilities

Elements of Monitoring Capabilities	Valuation		
	High	Good	Weak
Data Collection Capability			X
Quality of the Information in Recent Polls			X
Statistical Follow-up Capability			X
Statistical Analysis Capability			X
Capability for Incorporation of Statistical Analysis to Policies, Plans and Resource Allotment Mechanisms			X
Monitoring and Evaluation Mechanism			X

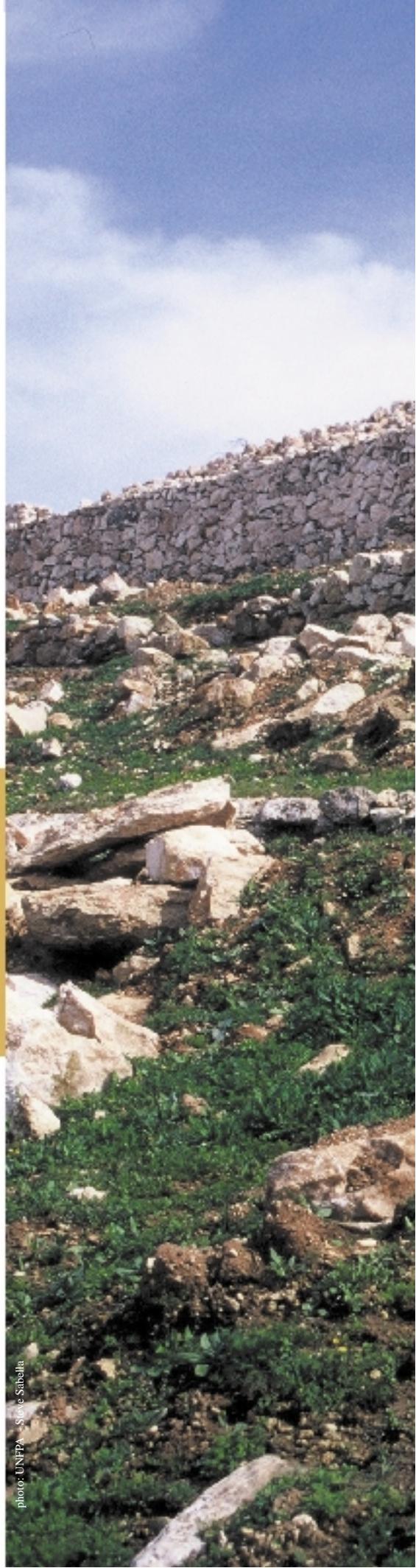


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Ensuring Environmental Sustainability

photo: UNFPA - S. & Sabella







The Environment and Sustainable Development

Goal7:

Ensuring Environmental Sustainability

Objective 1: Integrate the principles of sustainable development into country policies and reverse the loss of environmental resources

Objective 2: Halve, by 2015, the proportion of people without sustainable access to safe drinking water.

Performance Summary

Will the goal be met by 2015?

Unlikely

State of Support conditions for achievement of goals

Rudimentary and Deteriorating

The environment and sustainable development: diagnosis and trends

Environmental protection is still in its preliminary phase in oPt. Environmental protection is a recent concern that emerged at the forefront of the global agenda a decade ago, and the PA took over the responsibilities of governing the Palestinian areas only eight years ago. The responsibility of producing regulations for environmental protection rests entirely with the PA, as almost no laws, policies, or programmes were inherited by the PA from the Israeli authorities, nor from their Jordanian, or Egyptian predecessors.

A recent institutional restructuring turned the Ministry of Environmental Affairs (MEnA) into the Environmental Quality Authority (EQA). However, the conversion did not change MEnA's original mandate to supervise the environmental situation and draft the laws, rules, and regulations necessary to protect the environment.¹⁶⁵ In 1999, the environmental law, known as Palestinian Environmental Law No (7) 1999, was approved, signed by the PA President, and published in the Official Gazette.¹⁶⁶

The Palestinians depend primarily on non-renewable sources of energy, most of which are

imported from other countries. Energy consumed in oPt has increased from 12,696 Tera Joules (TJ)¹⁶⁷ in 1996 to 32,791 TJ in 2000.¹⁶⁸ There is little production of biomass, solar heat or private generation of electricity.¹⁶⁹ About 95 percent of electricity consumed and all petroleum products are imported from Israel through Israeli companies.¹⁷⁰ Domestic consumption is about 45 percent of the total electrical energy used, while 20 percent goes to industrial uses, 15 percent to commercial uses, 5 percent to agricultural purposes and 15 percent to public services.¹⁷¹

Since the establishment of the PA, some progress has been made with respect to water and sanitation services. The table below shows that halving the proportion of people without access to safe water was achieved by 2000. Less progress, however, was attained with respect to connecting households to public sewage networks, as an increase of only 11.1 percent has been achieved.

The data below show that the percentages of people with access to safe water and public sewage networks were not low at the advent of the PA. UNRWA's work for refugees in this sector prior to the advent of the



PA played a significant role in maintaining low rates in 1994. Since 1950s, UNRWA has provided essential environmental health services in refugee camps including sewage disposal, management of storm water runoff, provision of safe drinking water for

domestic use, collection and disposal of refuse and control of insect and rodent infestation. These initially moderate percentages, together with the progress achieved over the past eight years, partly explain the absence of epidemics in oPt.

Indicator*	1995 ¹⁷²	1996 ¹⁷³	1997 ¹⁷⁴	1998 ¹⁷⁵	1999 ¹⁷⁶	2000 ¹⁷⁷
Percentage of households with a connection to public water networks	81.1	84.1	83.6	85.9	84.8	89.8
Percentage of households with a connection to public sewage networks	31.7	34.0	32.9	37.9	39.3	42.8
Percentage of people with access to secure tenure	83.5	80.0	78.1	79.8	—	85.6

(—) Not available

* The footnotes attached to the years indicate the source from which the data regarding that year

However, examining green land issues reveals a grimmer picture. Little progress was recorded with respect to the proportion of people with access to secure tenure. The percentage of this proportion rose by 2.1 percent from 1995 to 2000.¹⁷⁸ Even worse, a

regression of 2.9 percent has been detected with respect to the percentage of land area covered by forests. A grave loss of 28.8 square kilometres of land protected to maintain biological diversity has occurred.

Indicator	1995	1996	1997	1998	1999	2000	2001
Percentage of land area* covered by forests ¹⁷⁹	--	--	4.4	4.3	1.5	1.5	--
Land Area protected to maintain biological diversity (square kilometres). ¹⁸⁰	--	83.2**	--	--	--	54.4	--

(—) not available

* Forests wooded land data for 1998 represent the actual old registered area in the Ministry of Agriculture while the closed and the military areas were excluded from 1999 and 2000 data according to the data source.

** For West Bank only

The regression in green land issues reflects the larger political conflict between the Israelis and the Palestinians over land, and highlights the link between politics and the environment. Most of these setbacks originally derive from issues that require radical solutions at the political level. Any

solution that does not address the political origin of these questions will not prove to be sustainable. These solutions should resolve the question of control over land, space, water, and borders. Determining whose authority lies over these resources is a necessary step towards maintaining



and protecting them. In addition to this, good management of natural resources needs to be developed to ensure their sustainable utilization.

The unresolved political issues not only impede progress of environmental protection regarding green land and biodiversity, but also render the progress achieved with respect to water and sanitation unsustainable in the long run. Due to the

scarcity of water in the region, the control over water resources and water management feature among the most critical issues on the political agenda.

Considering the history, evolution, characteristics and levels of environmental protection in oPt, it is unlikely that the goal will be met by 2015. The continuation of political unrest in the region impedes oPt from meeting the goal.

Challenges

1. To develop non-conventional water resources to cope with the increasing scarcity of water

Water resources are diminishing in oPt. The total amount available to the Palestinians is only 216 Million Cubic Meters (MCM).¹⁸¹ Almost 70 percent of water is allocated for agriculture, leaving only 56 MCM for domestic use.¹⁸² This averages less than 70 litres per capita per day, far below the water deprivation level defined by WHO, which is 120 litres per capita per day.¹⁸³ Desertification features have been identified in various parts of oPt.¹⁸⁴

2. To recruit financial resources to support sustainable environmental development efforts, which have so far received inadequate attention due to high levels of poverty and low standard of living

3. To promote and mainstream effective and sustainable environmental management through:

- Reaching a solution for the political dispute over land, defining the borders of the land under the control of the PA, and gaining full control over this land constitute major preconditions to starting sustainable environmental management.
- Integrating sustainable environmental development instruments in governmental institutions.¹⁸⁵
This calls for immediate policy integration, including effective formulation, integration, and implementation of multi-sectoral sustainable development policies. The centralized and compartmentalized nature of governance at present hinders achieving environmental integration. The fact that MENA is generally assigned responsibility for policy formation and implementation regarding environmental issues renders social and economic ministries less engaged and less committed to sustainable development goals.¹⁸⁶ The heavy reliance on regulatory mechanisms, rather than economic instruments and voluntary arrangements, also impedes attaining integration.¹⁸⁷
- Enhancing the coordination between national and local sustainable development policies and programmes.¹⁸⁸
The ability of NGOs to integrate social, economic and environmental dimensions is limited and needs to be developed.

4. To develop environmental monitoring systems for each of the environmental themes included in the National Environmental Action Plan.¹⁸⁹ :

These themes are depletion of water resources; deterioration of water quality; depletion of natural resources; air pollution and noise; land degradation; landscape distortion; and deterioration of nature, biodiversity and cultural heritage.



■ Support framework

■ **The National Environmental Strategic Plan and its action plan**

In the latter plan, remedial actions have been identified and prioritized on the basis of evaluation criteria.¹⁹¹

■ **Environmental Impact Assessment Policy**

This policy was developed in 2000 to conserve and to enhance environmental quality.¹⁹²

■ **Environmental Emergency Response Plan**

Responses have been prepared to protect the environment from the spills of hazardous substances in oPt and to monitor major environmental issues, such as persistent organic pollutants and other contaminants that threaten the food chain.¹⁹³

■ **The Coastal and Marine Protection Plan**

This plan aims at reversing and preventing further depletion and deterioration of the Gaza Coastal Zone and marine environment. The direct purpose of the study is to develop a Coastal Marine Action Plan.¹⁹⁴

■ **Assessment of Land-based Pollution Sources**

This study was published to be used as a comprehensive instrument to promote national environmental priorities as well as the desired pattern of physical, economic and socio-cultural development.¹⁹⁵

■ **United Nations Environment Programme (UNEP) Seventh Special Session/Global Ministerial Environment Forum**

At the forum, the UNEP Governing Council adopted decision GCSS.VII/7, 'Environmental Situation in the Occupied Palestinian Territories'. By this decision, the Governing Council requested the following:

1. The Executive Director to visit the area as soon as possible, with a view to establish a framework and modalities of the study requested by the Governing Council in Decisions 20/2 and 21/16.
2. The Executive Director to designate a team of UNEP experts to identify major areas of environmental damage requiring urgent action.
3. The Executive Director to undertake field studies with the objective of proposing remedial measures to improve the environmental situation through implementing existing agreements.



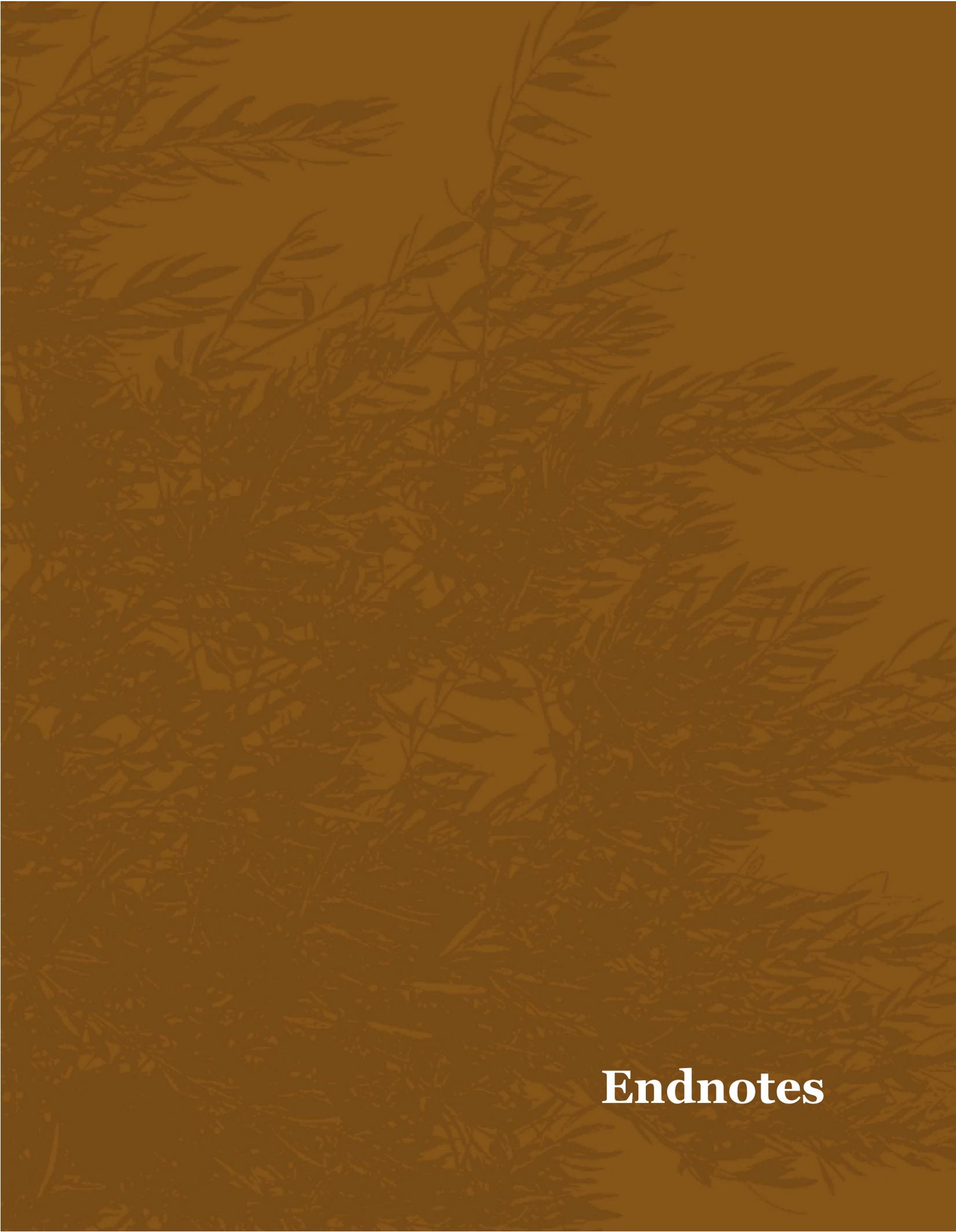
Development Priorities

- Financial support to programmes and projects targeting environmental protection: This is particularly important for those programmes which are advocated in the National Environmental Strategic Plan.
- Transfer of sound environmental technologies in agriculture, industry and construction
- Strengthening relations with the international scientific community, and encouraging local research
- Technical support in developing non-conventional water resources
- Institutional capacity-building for more effective and decentralized resource management: This should be coupled with support for NGOs that provide basic social services, so that they will be able to integrate social, economic, and environmental dimensions.

The environment and sustainable development: evaluation and monitoring capabilities

Elements of Monitoring Capabilities	Valuation		
	High	Good	Weak
Data Collection Capability		X	
Quality of the Information in Recent Polls		X	
Statistical Follow-up Capability			X
Statistical Analysis Capability		X	
Capability for Incorporation of Statistical Analysis to Policies, Plans and Resource Allotment Mechanisms			X
Monitoring and Evaluation Mechanism			X





Endnotes

Endnotes

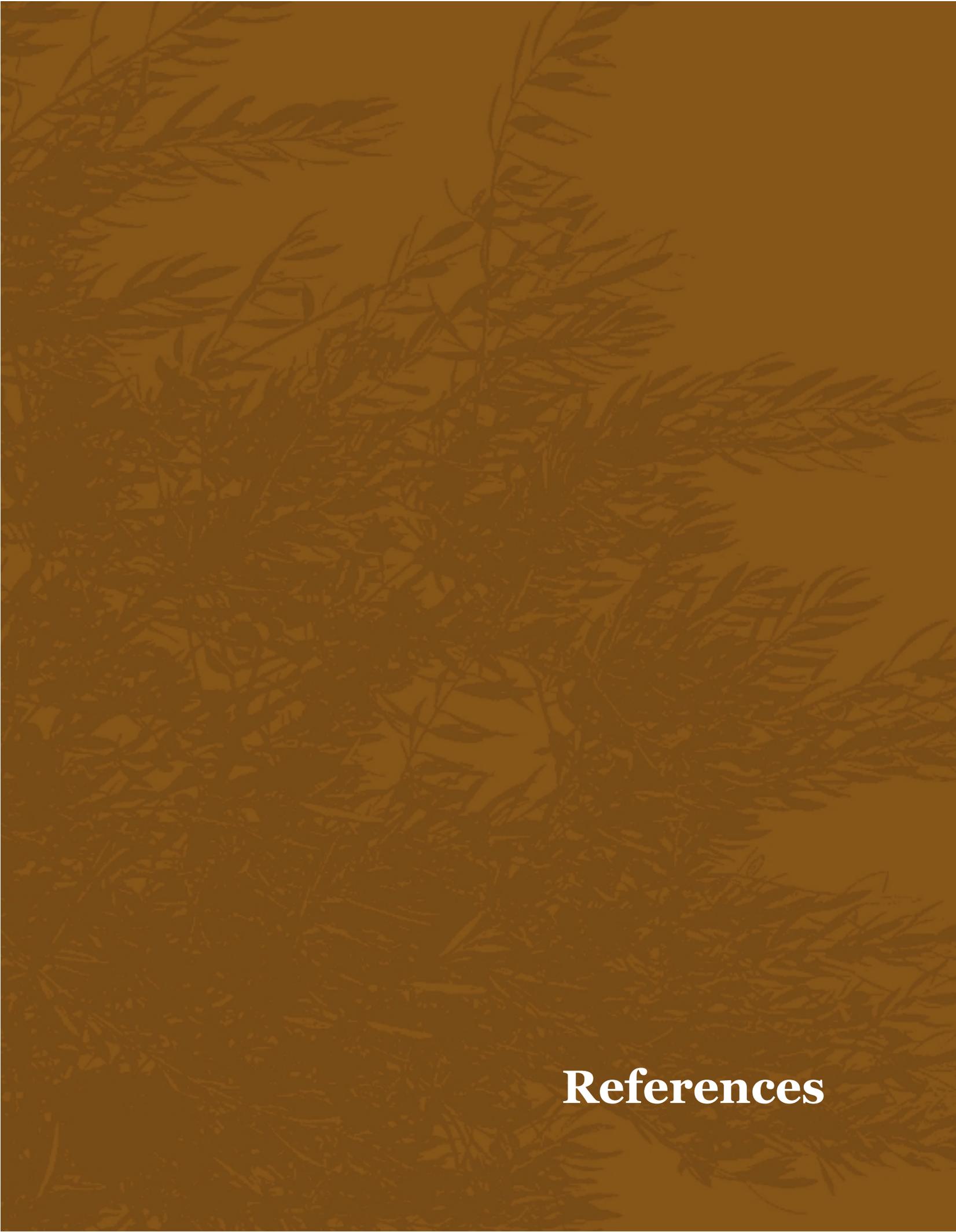
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The Millennium Development Goals

Progress Report 2002

occupied Palestinian territory

The cover shows an olive tree in shadow. Around 80% of agricultural lands in oPt grow olive trees.