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(13)



Vulnerable Children in Gaza
Status, Problems, Needs and Services Offered

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Preface

The population of the Middle East and North Africa (MENA) region, which comprises, for the purpose of the CPI, 22 Arab states and Iran includes a high proportion of children under 18 years, specially when compared with developed countries- the proportions being 44% and 23% respectively. This proportion is even higher for some countries in the MENA region, reaching 52.7% for Palestine and 55.8% for Yemen. This high proportion of children makes the region one of the youngest and most dynamic regions in the world. The high level of fertility in many countries of the MENA region, together with declining mortality rates, has led to very high rates of natural population increase, reaching 2.7%.

Urban areas in the MENA region have witnessed rapid rates of population growth due to high rates of natural increase, rural-to-urban migration and labor migration (primarily to Arab oil producing countries). The annual rate of population growth in some cities in the MENA region is as high as 7.0%. If this pattern of urban population growth continues, then 70% of the total population of the region will be living in urban areas by the year 2020, i.e. an increase of 86 million people. While rapid urbanization is taking place in the MENA region, many cities are still not capable of keeping up with the pace of rising needs for job opportunities, housing, environmental, social and cultural services. With increasing decentralization in many countries of the MENA region, and shifting of more responsibilities to local authorities, municipalities are expected to play a leading role in addressing the needs of their vulnerable citizens, namely children, women and the elderly. Furthermore, achieving the Millennium Development Goals requires governments, private sector and civil society associations to join forces to assist vulnerable and disadvantaged children. Such children include: the poor, working children, disabled, orphans, homeless and street children, refugees and displaced, girls and boys affected by violence.

The Child Protection Initiative (CPI) was established in response to a recommendation made at the "Children and the City" conference held in Amman in December 2002. The "Amman Declaration" called for building up the capacities of municipal authorities, and establishment of a regional fund to respond rapidly to the risks faced by vulnerable and disadvantaged children in the MENA region. The CPI, which was launched in September 2003, is supported by the World Bank and the Arab Urban Development Institute (AUDI), which hosts its secretariat in Riyadh.

One of the objectives of CPI is to build an extensive knowledge base on the main issues that face children in the MENA region, and to derive lessons and best practices from the research and programs that address vulnerable and disadvantaged children's issues, whether within the region or elsewhere. In order to fulfill this objective, the CPI commissioned scholars and researchers in the MENA region to conduct assessments of the status of children and relevant institutions in 12 MENA cities, namely, Amman, Riyadh, Khartoum, Alexandria, Sana'a, Beirut, Casablanca, Algiers, Kuwait, Gaza, Medina Al Munawara and Tehran.

The present study on the status of Children in Gaza is the 13th prepared by the CPI to fill the knowledge gap on children's issues. The main objective of Gaza study is to give an overall picture of the health, nutritional, educational and social conditions of children (0-18) by gender, age and socio-economic characteristics, with emphasis on how well their increasing

needs are met, specially for the vulnerable and disadvantaged ones. Gaza study also aims to illustrate the effect the Israeli- Palestinian military conflict, on the socio-economic, cultural, nutritional and health conditions of the children. In addition, the present study develops a profile of key institutions working with children. The profile covers the types of programs offered and reviews successful programs. The study tries to draft an action plan for developing the capacity of target institutions including that of Gaza municipality based on the findings of the study.

The study shows that the health services in Gaza strip are medically driven, limited in focus, illness oriented, and there is inadequate knowledge of children's reality and insufficient resources. The deterioration of the health sector symbolized the difficult political and economic conditions under Israeli occupation. Under -5 mortality rates are worsening and the nutritional status is threatened by household poverty and poor quality of foodstuff. Chronic malnutrition now stands at 13.9% in Gaza; more than 70% of nine-month old children are anemic.

The present study indicates that the Israeli aggression and mobility restriction imposed by Israeli army undermine the basic right of all Palestinian children to education. According to the ministry of education more that 220,000 children were unable to attend school, and students are affected when a classmate is murdered or injured. The overall atmosphere of aggression undoubtedly affects the ability of students to concentrate on their studies. Many schools operate two shifts a day, leaving students with few opportunities for sports, recreation or even remedial classes.

Gaza study reveals that marginalized and vulnerable children who are in need of special protection include diverse categories of children under 18 years. They are in need and prone to unhealthy living conditions, and facing physical, social, mental, behavioral problems. For example, access to services for disabled children is not always guaranteed specially to the poor and marginalized families. Moreover, Palestinian children are subject to arrest by Israeli forces. According to local and international statistics, 600 children have been arrested every year since the beginning of the *Intifada* in 2000. As a result of the deterioration in the socio-economic conditions in Gaza, many children have been forced into the street to help their families who lost their source of income. Children who work are subject to many risks such as heat exhaustion in summer, physical abuse, harassment, high risk health and social behaviors such as smoking, violence and drug use.

Although many local and international institutions, grassroots and non-government, provide psychosocial counseling to children and their parents, their effectiveness is impaired by the lack of financial and human resources, the continuous killing, house demolition, destruction of infrastructure, shelling, closures and siege.

We hope Gaza study makes major contribution in achieving the stated objectives of bridging the knowledge gap on the status of children and their needs.

تمهيد

تتميز التركيبة السكانية لإقليم الشرق الأوسط وشمال أفريقيا (التي تضم لأغراض المبادرة ٢٢ دولة عربية، وإيران)، بأنها تشتمل على نسبة عالية من الأطفال واليافعين دون ١٨ سنة، خاصة عندما نقارنها بالدول المتقدمة، إذ تصل النسبة إلى ٤٤% و ٢٣% على الترتيب. وتزيد هذه النسبة في بعض أقطار الإقليم، إذ تصل إلى ٥٢,٧% في فلسطين و ٥٥,٨% في اليمن. هذه النسبة المرتفعة تجعل الإقليم في عداد الأقاليم الشبابية والأكثر حيوية في العالم. ولقد قادت نسبة الخصوبة العالية في كثير من دول الإقليم ومعدل الوفيات المنخفض، إلى معدلات عالية من الزيادة الطبيعية للسكان تصل إلى ٢,٧%.

و شهدت المناطق الحضرية في هذا الإقليم معدلات متسارعة من النمو السكاني، بلغ معدله في بعض مدن الإقليم ٧%؛ وذلك بسبب ارتفاع معدل الزيادة الطبيعية، والهجرة من الريف إلى الحضر، وهجرة العمالة (إلى دول البترول العربية بصفة رئيسية). ويتوقع أن يعيش ٧٠% من إجمالي سكان الإقليم في المناطق الحضرية بحلول العام ٢٠٢٠م؛ أي بزيادة قدرها ٨٦ مليون نسمة، إذا تواصل النمو السكاني بالنمط نفسه. وعلى الرغم من أن الإقليم يتسم بالتحضر المتسارع، إلا أن كثيراً من المدن ليس في مقدورها مواكبة الحاجة المتزايدة لفرص العمل والخدمات الاجتماعية والثقافية وصحة البيئة والإسكان. وفي ظل تزايد تطبيق نظام اللامركزية الإدارية في كثير من دول الشرق الأوسط وشمال أفريقيا ونقل المزيد من المسؤوليات إلى السلطات المحلية؛ فإن المتوقع أن تتولى البلديات دوراً رئيسياً في توفير حاجات مواطنيها المعرضين للمخاطر: تحديداً الأطفال والنساء وكبار السن. أضف إلى ذلك أن تحقيق الأهداف الألفية للتنمية يتطلب تضامناً من جهود الحكومات والقطاع الخاص ومنظمات المجتمع المدني؛ لمساعدة الأطفال المعرضين للمخاطر وذوي الاحتياجات الخاصة. وهذا النوع من الأطفال يشمل الأطفال الفقراء، والعمال، والمعوقين، واليتامى، والمشردين، وأطفال الشوارع، والنازحين، واللاجئين، والمتأثرين بالعنف ذكوراً وإناثاً.

ولقد أنشئت مبادرة حماية الأطفال، استجابة لتوصية مؤتمر "الأطفال والمدينة"، الذي عقد في عمان بالمملكة الأردنية الهاشمية في ديسمبر ٢٠٠٢م. إذ نادى "إعلان عمان" ببناء قدرات الإدارات المحلية وتأسيس صندوق إقليمي يستجيب في سرعة، للمخاطر التي يواجهها الأطفال المعرضين للمخاطر وأصحاب الاحتياجات الخاصة في إقليم الشرق الأوسط وشمال أفريقيا. وقد بدأت هذه المبادرة في سبتمبر ٢٠٠٣م بدعم من البنك الدولي والمعهد العربي لإتماء المدن الذي يستضيف سكرتariatها في مقره بمدينة الرياض بالمملكة العربية السعودية.

إن أحد أهداف مبادرة حماية الأطفال هو بناء قاعدة معرفية واسعة عن الموضوعات الرئيسية التي تواجه الأطفال في إقليم الشرق الأوسط وشمال أفريقيا واستنباط الدروس وأفضل الممارسات، وذلك عن طريق البحوث والبرامج التي تتناول قضايا الأطفال المعرضين للمخاطر وأصحاب الاحتياجات الخاصة، سواء من داخل الإقليم أو من خارجه. ولتحقيق هذا الهدف فقد كلفت المبادرة بعض الباحثين من الإقليم لتقييم الوضع الراهن للأطفال والمؤسسات ذات الصلة في ١٢ مدينة في المنطقة الشرق الأوسط وشمال أفريقيا، هي: عمان، الرياض، الخرطوم، الإسكندرية، صنعاء، بيروت، الدار البيضاء، الجزائر، الكويت، غزة، المدينة المنورة، طهران.

تعد دراسة غزة الإصدار الثالث عشر التي تم إعدادها لسد الفجوة المعرفية لأوضاع الأطفال والمؤسسات التي تعمل لتحسين أوضاعهم وحمايتهم. وتهدف هذه الدراسة لاستعراض أوضاع الأطفال في مدينة غزة، وخاصة الأطفال الأقل حظاً والأطفال المعرضين للمخاطر. وتقدم الدراسة الحالية الواقع الصحي والغذائي والتعليمي والحالة الاجتماعية للأطفال في الفئة العمرية (٠ - ١٨ سنة)، وذلك حسب الفئات العمرية والنوعية وحسب خصائصهم الاجتماعية والاقتصادية، مع التركيز على كيفية تلبية

احتياجات الأطفال المتزايدة. وتهدف هذه الدراسة للتعرف على تأثير الصراع الفلسطيني-الإسرائيلي على الأوضاع الاجتماعية والاقتصادية والصحية للأطفال في مدينة غزة. كما تناولت الدراسة رصد المؤسسات التي تعمل في مجال رعاية وحماية الأطفال من حيث برامجها وتجاربها ومواردها والمعوقات التي تعترضها.

أوضحت الدراسة الحالية أن الخدمات الصحية في مدينة غزة تعاني من نقص في الإمكانيات وقلة في الخدمات وتركز الخدمات الصحية على العلاج ولا تقدم خدمات كافية في مجال الطب الوقائي. ويعزى النقص والتدهور في الخدمات الصحية إلى الأوضاع السياسية والاقتصادية الصعبة التي يعيشها المواطنون في ظل الاحتلال الإسرائيلي. كما أوضحت الدراسة أن معدلات وفيات الأطفال دون الخامسة من العمر لم تشهد انخفاضاً لأن الوضع الغذائي للأطفال تأثر سلباً بالظروف الاقتصادية الصعبة حيث ازدادت نسب الفقر وسط الأسر. ويلاحظ أن نسبة سوء التغذية الحادة قد بلغ ١٣,٩% وسط أطفال مدينة غزة. هذا بالإضافة إلى أن ٧٠% من الأطفال ممن تبلغ أعمارهم تسعة أشهر فما دون يعانون من "الأنيميا".

كما أوضحت دراسة غزة أن الاحتلال الإسرائيلي، قد قيد حركة المواطنين، مما لم يُمكن بعض التلاميذ من الوصول إلى المدرسة. وأشارت إحصاءات وزارة التربية والتعليم إلى أن أكثر من ٢٢٠ ألف طفل فلسطيني لم يتمكنوا من الالتحاق بالمدارس، كما أن معظم التلاميذ يتأثرون عندما يقتل أو يجرح أحد زملائهم. كما أوضحت الدراسة الحالية أن الوضع العام للاحتلال الإسرائيلي قد أثر سلباً على قدرة التلاميذ للتحصيل الدراسي. كما أن النقص في عدد المدارس قد أجبر السلطات التعليمية لإتباع نظام الدوريتين (صباحية ومساءلية)، مما لا يعطي للتلاميذ فرصاً لمزاولة النشاطات اللاصفية في مدارسهم.

كما كشفت دراسة غزة عن أن الأطفال المهمشين والأطفال الأقل حظاً الذين يحتاجون للحماية يتألفون من مجموعات عديدة ممن هم دون سن الثامنة عشرة، ومعظمهم يعيشون في بيئة غير صحية ويواجهون مشكلات اجتماعية ونفسية بسبب الاعتداءات الإسرائيلية المتكررة. فعلى سبيل المثال نلاحظ أن الخدمات التي تقدم للأطفال المعاقين ليست كافية. هذا بالإضافة إلى أن الأطفال الفلسطينيين يتعرضون للاعتقال الإسرائيلي، فتشير الإحصاءات إلى أن نحو ستمائة طفل قد تم اعتقالهم منذ أن بدأت الانتفاضة في عام ٢٠٠٠م. وقد لجأ بعض الأطفال إلى العمل لمساعدة أسرهم، بعد أن تدهورت الأوضاع الاقتصادية نتيجة للحصار الاقتصادي. ويواجه "الأطفال العاملون" مشكلات عديدة، أهمها بيئة العمل غير الصحية وارتفاع حرارة الطقس صيفاً، والمشكلات الاجتماعية الأخرى كالعنف والتدخين وتعاطي المخدرات.

وعلى الرغم من أن منظمات المجتمع المدني والمنظمات العالمية تقدم بعض الخدمات في المجالات الصحية والتعليمية وغيرها، للأطفال الفلسطينيين وأفراد أسرهم، إلا أن فعالية تلك الخدمات ومدى شمولها للفئات المحتاجة تواجه نقصاً حاداً في الموارد المادية والبشرية، كما أن عمل هذه المنظمات يصطدم بأعمال العنف وهدم المنازل وتدمير البنيات الأساسية.

ونأمل أن تحقق دراسة غزة الأهداف الخاصة بسد الفجوة المعرفية عن أوضاع الأطفال الفلسطينيين.

I. EXECUTIVE SUMMARY

The implementation of the Child Protection Initiative faces real challenges in the occupied Palestinian territories, especially in Gaza Strip. Children in Gaza are paying a heavy and disproportionate price as a result of the Israeli military occupation and as a result of poverty, poor services, crowded living conditions and urbanization. All Gaza children are born under Israeli military occupation, which, over the course of their lives, leaves deep psychological scars on them, their families, and society as a whole. With the outbreak of the second al-Aqsa Intifada in September 2000, children's psychosocial problems are believed to have become even more acute. Experts and studies report an increase in psychological problems among children due to mobility restrictions imposed by the Israeli occupation, which prevents them from enjoying normal living conditions like other children in the world.

This report outlines the economic, health, psychosocial and cultural dimensions of children's lives in the Gaza Strip. Also, it includes the main findings of a survey conducted to assess the type of services provided by the target governmental and nongovernmental institutions. The study revealed that majority of children lack adequate educational, cultural, recreational and health services and therefore are increasingly vulnerable to behavioral, physical and psychosocial harm. This is especially true given the absence of a national comprehensive program that can protect Gaza children from harm, danger and abuse and overall poor institutional attention to child protection rights, laws, services and guidelines. The study also found that institutions concerned with children in the city of Gaza are in need of support and capacity building programs to improve their effectiveness. The study proposes a capacity-building program to better equip these institutions to provide relevant services that address the needs of Gaza children.

The report has seven sections. The first section contains the introduction, the objective of the study, the methodology and the historical background of Gaza city and Gaza Strip; Section Three presents the political and economic situation in Gaza city and the Gaza Strip. Section Four reviews children's protection programs as well as problems and issues facing children in Gaza city. Section Five analyses and evaluates the children's programs in Gaza city. Section Six describes the children's institutions, assesses their capacity, and outlines a capacity development program with the objective of enabling these institutions to address issues and problems facing children in Gaza. Finally, Section Seven makes concluding remarks and recommendations for the development of children's institutions and of the children of Gaza city in both urban and semi-urban areas.

II. OBJECTIVES OF THE STUDY

The study's main objectives are to:

1. Describe the health, nutritional, educational, and social status of Gaza's urban children, differentiated by gender, age groups (0-5 years), (6-12 years), and (13-18 years) and selected socio-economic characteristics.
2. Develop a profile of key institutions working with children in urban and semi-urban areas of Gaza including the key actors and stakeholders. The profile includes public, semi-public, non-governmental and private institutions active in child protection and welfare. It also tackles the potential role of municipal offices including those who don't have the mandate for addressing children's issues. The profile also covers the types of programs offered; reviews successful programs worth replicating (in particular those protecting the

most vulnerable and disadvantaged groups; describes areas of overlap and duplication between institutions; and outlines the resources available to these institutions and the obstacles they face.

3. develop specific recommendations about the capacity building needs within these institutions, including financial and human resources required and human resource development needs (e.g., management of information, fund-raising for specific programs), and institutional management (e.g., developing and monitoring implementation plans).
4. Draft an action plan for developing the capacity of target institutions including that of Gaza Municipality based on the findings of the study.

III. METHODOLOGY

The study reviewed some of the available literature to obtain a general overview of the status of urban and semi-urban children in Palestine with focus on Gaza city. This review relied mainly on existing information and studies to describe the prevalent economic, health, social and cultural conditions affecting children in Gaza Strip.

For assessing the type of programs and services provided by institutions serving children in Gaza Strip, the research team designed a comprehensive questionnaire to gather information about the type and nature of services that institutions provide to children. For this purpose, forty-five (45) governmental and nongovernmental institutions were interviewed including the Municipality of Gaza. The questionnaire was developed to solicit information about different aspects of selected institutions' work including: management, target groups, scope of work and services, facilities and equipment, capacity building needs, finances and funding, obstacles faced and recommendations for overcoming these obstacles. Meetings were arranged with key representatives of the main institutions working with children, including employees of the Municipality of Gaza. The data was analyzed using the Statistical Program for Social Sciences (SPSS) to assess the institutional capacities and capabilities and to evaluate child-related programs implemented in Gaza. Responses from open-ended questions were analyzed manually. Interviews with key persons were then analyzed to validate the results of the quantitative study. As a spin off of the study, a draft action plan to improve the situation of children and upgrade of institutions working with children in Gaza City was prepared.

IV. HISTORICAL BACKGROUND

Gaza Strip is a coastal area located on the eastern extremity of the Mediterranean Sea. It is 45 kms long and between 6-12 kms wide, encompassing an area of 365 square kms (see Gaza map below). The Gaza Strip has one of the highest population densities in the world (PCBS)¹. The population is estimated at 1,323,391 persons. Recent statistics published by the Palestinian Central Bureau of Statistics (PCBS) in 2007 indicate that almost 52% of the Palestinian population in the West Bank and Gaza Strip are children below 18 years of age.

Despite the peace process, the Gaza Strip has been suffering from frequent closures since the beginning of 1990. Palestinians are required to obtain exit permits from the Israeli military authorities to leave the Gaza Strip even if they need to seek medical care. The Gaza Strip was placed under the Egyptian administration after the Israel declared

¹. Palestinian Central Bureau of Statistics, Annual Report , 2003

statehood in 1948 until 1967 when it was fully occupied by Israeli military forces. In 1994, pursuant to the signature of the Declaration of Principles between the Palestine Liberation Organization (PLO) and Israel, two-thirds of Gaza Strip lands were handed over to direct Palestinian control under the newly established Palestinian National Authority (PNA).

Gaza City is, by far, the largest urban area in the occupied territories. It was the first Palestinian city to enter the historical records. It was mentioned in ancient Egyptian texts. More than half of the population of the Gaza Strip lives around Greater Gaza City in the northern part of the Strip, with more than 5,000 persons per square kilometer, which is considered one of the highest population densities in the world. Gaza is the region with the youngest population of Palestine. Fifty-one percent (51%) of the population is 14 years old or younger. As many as 21% of all Gazans are 4 years of age or younger. Situated in a strategic location on the trade routes between Asia and Africa, between the desert in the South and the Mediterranean climate in the North, Gaza is a very fertile land that has always been an important destination for travelers by land and sea. This important location made Gaza a vital entrance to the most important trade and military route in the world. This route was known as "Via Mars Sea Route" or "Horas Route". This route connects Palestine with Egypt on one side, and the Arabian Peninsula and Southeast Asia on the other; it also connects all of these areas with Europe through the Mediterranean.

After years of occupation and denial of its historical identity, Gaza is now recollecting its flourishing past: archaeological researches as well as ancient writings have proven that Gaza is one of the oldest cities in the world. As a city at a crossroads, Gaza was also a wealthy trading place that was coveted and regularly captured by successive waves of foreign occupations.

Gaza City is the main city and administrative center of the Gaza Strip, a rectangular coastal area, on the Mediterranean Sea adjoining Egypt. It is a densely populated and impoverished region inhabited primarily by Palestinian refugees; the majority lives in large, overcrowded refugee camps and considered one of the major urban areas in the Palestinian Territories.

Gaza children, like children in all other Palestinian cities have taken active part in the struggle to liberate their land from foreign occupations since the 1920s. In 1956, the Israeli occupation forces occupied the Gaza Strip and then withdrew its forces in March 1957. In the aftermath of the 1967 defeat, the Israeli occupation forces occupied the Strip again and Gaza had ever since suffered from inadequate health care, poor education, and economic down turns.

The economic reality of the Gaza region was irrevocably altered and redefined by two critical events: the complete loss of its productive hinterland, domestic trade links, and employment opportunities; and the massive influx of refugees. The economic and social development of the Gaza Strip during the Egyptian administration falls into two distinct periods. The first, 1948-57, was characterized by immediate economic imperatives of coping with the refugee presence. It was the United Nations Relief and Works Agency (UNRWA), not Egypt that played the predominant role during this period. The second phase of the Egyptian period, 1957-67, was marked by a clear shift in policy and posture towards the Gaza Strip where Egypt played a more active role in the local daily life.

Prior to the 1967, underdevelopment was a characteristic feature of Gaza's economy exacerbated after the Israeli occupation in 1967. The Palestinian people turned into the labor force required for the Israeli economy. However, the situation started to change in the late 1980s during the first *Intifada* because the hardship caused by the Israeli continuous policy of closure in both the Gaza Strip and West Bank. According to Palestinian economists and international organizations, the Palestinian economy loses more than one million US dollars per day due to closures. Palestinian workers were released from their jobs inside Israel, which made unemployment skyrocket, especially for peasants without land. This situation requires a new approach to agriculture with an efficient use of available land and water resources.

With the outbreak of the second *Intifada* on September 28, 2000, employment dropped significantly and Palestinian daily life changed dramatically². Almost half of the active population could not find work, which forced many households to live below their usual living standards. Families tried to compensate by using their savings, borrowing money and selling assets such as jewelry. According to a Birzeit University survey in February 2002, 42% of Palestinian wives had to sell their jewelry to help their families cope with rising poverty³. This tragic development marked another stage in the history of the Gaza Strip in which almost the entire population have been enduring very difficult living conditions in violation of their human rights and the UN Convention on the Rights of the Child and the Geneva Conventions.



V. POLITICAL-ECONOMIC SITUATION IN GAZA STRIP

V.1. INTRODUCTION

Upon its establishment, the Palestinian Authority (PNA) assumed responsibility for health, education, social services and infrastructure in the parts of the West Bank and Gaza Strip over which it had jurisdiction. These sectors had suffered consistent neglect over decades and required a complete physical and institutional rehabilitation and expansion to respond

² . MA'AN Development Center- Annual Report 2000.

³ Bir Zeit University Survey, Feb 2002

to the demands of the rapidly growing population. Despite concerted efforts since 1994, all sectors still require the upgrading of physical infrastructure and facilities, the enhancement of human resources, the development of policy-making frameworks, and the standardization of operating systems.

To understand the current conditions for children in the Gaza Strip, it is essential to shed some light on the political, economic and social contexts in which they live. It is also, interesting to see how such environment is linked to what children are facing today given the rapid changes that are taking place around Palestinian children in Gaza Strip.

V.2. GAZA POLITICAL SITUATION

Gaza's political history under Israeli occupation is influenced by two major facts of particular significance for economic development: Israel's desire for absolute control over land and water, and Israel's total rejection of any independent indigenous political or economic movement. Notably, Israeli strategies and policies in Gaza were not motivated primarily by economic rationality but by political ideology.

During September 2004, the political situation continued to be rather unclear. The Palestinian National Authority (PNA) controlled around 60% of the area of the Gaza Strip, while the rest was still occupied by Israel in the form of colonies and military camps. The Gaza Strip remained a closed military area causing big strain on humanitarian and commercial activities. According to the UN, the long curfews, road closures, permit systems, security checkpoints, and back-to-back truck off-loading systems imposed by the occupying military forces contributed to a humanitarian crisis. In addition, UNICEF sources pointed out that on average more than 18 children were killed every month. This signified a considerable increase in the Palestinian child mortality rate since the beginning of June 2002. The large majority of child deaths were of children in the 15-17 year old range. The percentage of martyrs' ages 12-14 years rose to 25.9% of the total child deaths. Furthermore, the percentage of child deaths below 12 years of age totaled 12.9%.

Since the outbreak of the second *Intifada*, the Israeli military forces tightened restrictions on Palestinian freedom of movement in occupied Palestinian territories and Gaza city. Such restrictions seriously compromised the ability of Palestinian children to receive education, obtain quality health services and to participate in their communities and enjoy normal peaceful daily living as articulated by the Convention on the Rights of the Child. The Palestinian Center for Human Rights (PCHR) reported in 2004 that Israeli occupying forces intensified restrictions on the movement of Palestinian civilians in Gaza Strip, including the frequent closure of the Rafah border into Egypt, which is the only link Gaza has with the rest of the world.⁴

In August 2005, Israeli military forces were ordered by the Israeli government to withdraw from Gaza. All Israel military installations were dismantled and a total of twenty flourishing Jewish settlements were completely demolished. Palestinians were only cautiously optimistic; they knew that Israel would not give up its control over Gaza's borders and would continue to build settlements in the West Bank. Shortly, security collapsed as Israeli

⁴ . pchr@pchgaza.org : www.pchgaza.org

military forces continued incursions on the West Bank and killed or imprisoned political and resistance leaders. Palestinian militants responded to Israeli attacks and since then Israel has punished Gaza with periodic military attacks and border closures.

Political conditions deteriorated further following the victory of Hamas in the Palestinian elections of 2006. The World Bank suspended reconstruction projects planned for Gaza. These plans included the rehabilitation of 100 km of roads; building of 2,000 new housing units; installation of 85 km of new water pipes; construction of up to 560 new classrooms; and construction of 45 new health clinics.⁵ Donors suspended their contributions to government salaries, development projects and capacity building and basic health and social services.

The situation was exacerbated by fighting between Fateh and Hamas militia, which caused more killings, injuries and traumatic effects on children. In early 2007, the factional clashes in Gaza Strip killed at least 10 children in Gaza, and injured many more. The confrontation between Palestinians and Israelis continued afterwards through 2006/2007, when more than one hundred twenty (120) child deaths occurred across occupied Palestinian territory, far more than twice the 2005 total.⁶ Currently, and after the establishment of a coalition government which included most factions, many donors are still reluctant to support the PNA, especially the US government and some European countries. Fortunately, assistance through nongovernmental organizations continued to be funded by many donors; this may helped to relieve some of the economic pressure on families, children and the institutions in Gaza Strip that serve them.

V.3. GAZA ECONOMIC SITUATION

The Gaza economy depends on agriculture and light industries. The major agricultural products are citrus, olives, dates, flowers, strawberries, and other vegetables and food products. Industries include plastics, construction materials, furniture, textiles, garment and other traditional crafts such as pottery, bamboo furniture, carpets, glass coloring, and embroidery in addition to other economic activities like sea fishing.

Gaza can play as the economic center for the region that plants citrus and other fruit trees. The city has some small industry including textiles and agro alimentary products. A variety of wares are sold in Gaza such as carpets, pottery, wicker furniture and cotton clothing but despite this, commercial development in the city is minimal. Gaza serves as a transportation hub for the Gaza Strip and hosts a small port that serves the local fishing fleet.

By early 1995, 102,000 people in the Gaza Strip (approximately 12% of the total population) were dependent on some form of cash or food assistance.⁷ Since the beginning of the second *Intifada* in September 2000, the socio-economic conditions in Palestine in general and in Gaza in particular have severely deteriorated. Hostilities and border blockades imposed by the Israeli forces have had disastrous impact on the Palestinian economy including increasing poverty rates. By June 2002, two-thirds of Palestinian

⁵ Professor Nitza Nachmias: The Gaza Disengagement 2005: Good Policy, Poor Performance, Disastrous Results

⁶ UNICEF, 20 March 2007. UNICEF Humanitarian Action: oPt Donor Update

⁷ Human Rights Violations under Oslo- January 2000.

households in Palestine were living below the poverty line (less than US \$2 per day) compared with 21% before the second *Intifada*.

This has had direct impact on what children eat, whether they go to school and how they feel about themselves. It also directly influences how a family responds to any state of illness. As families sink further into poverty, health services fees, medicine and even the cost of transportation become onerous burdens. In July 2003, the United Nations Special Rapporteur on the Right to Food traveled to the West Bank and Gaza Strip to investigate the growing crisis of food insecurity for Palestinian families living under Israeli occupation. The UN mission found that, "The occupied Palestinian territory is on the verge of humanitarian catastrophe as a result of extremely harsh security measures imposed by the occupying Israeli forces. Successive generations of Palestinian children have lived under continued Israeli military occupation"⁸. This has left deep scars on the psychological well being of the Palestinian children, families and society.

According to one of Birzeit University studies conducted in 2005, 75% of adults believe children are facing more emotional problems now than before the current *Intifada*. Over 85% of the Palestinians of the West Bank and Gaza Strip were born under Israeli military occupation since 1967. According to the Ministry of Social Affairs, 72% of children suffering from psychological distress want to participate in more recreational activities, 39% express a need for toys and 37% want playgrounds. The annual reports of UNICEF and World Bank in 2003 indicated that unemployment has increased dramatically from 10 percent in September 2000 to over 50 percent in March 2003. Poverty in the West Bank and Gaza Strip has increased to alarming proportions: more than two-thirds of all Palestinians live on less than US \$2 per day.⁹ Children among those who usually feel the brunt of economic deprivation. Currently the rate of poverty among children is on the rise in the Palestinian territories. In 2006, almost two-thirds of Palestinian children live below the poverty line (US\$2 a day).¹⁰

In April 2007, PCBS published a report on children indicating that the percentage of children that were considered poor at the end of 2005 was 36.9%, (28.3%) in the West Bank and 56.8% in Gaza Strip). Where children constitute 56.8% of all the poor in the Palestinian Territories, the majority of them are from Gaza Strip.¹¹ Economic strangulation, including widespread hunger, is also a means of eroding Palestinians' will to insist on their right to self-determination. Emulating a strategy used by the US against Nicaragua, Cuba and Iraq, Israeli Prime Minister Sharon stated that: "I want an agreement, but first [the Palestinians] have to be beaten so that they get the thought out of their minds that they can impose an agreement on Israel that Israel does not want."

For Palestinians in the occupied territories, the right to food is one of many social and economic human rights -such as the right to housing, an adequate standard of living, health care, education and social security that are violated by Israel's occupation policies. The economic de-development of the Gaza Strip was the outcome of official Israel policies designed to secure military, political, and economic control over Gaza and West Bank to

⁸ July 2003, the United Nations Special Rapporteur

⁹ World Bank, 5 March 2003, Two years of Intifada, Closures and Palestinian economic crises- An assessment, World Bank.

¹⁰ IRIN, 12 September, 2006. Poverty drives children to work at checkpoints.

¹¹ PCBS, 2007 report on children.

protect Israel's national interest. Since 1967, Israel pursued a policy of integrating the economy of Gaza into its own economy as prelude to the eventual annexation of the area.

The integration policy was to the great advantage of the Israeli economy, subjugating the Gaza economy to Israeli priorities. The Gaza Strip was a source of cheap labor for Israeli economy and dump market for its manufactured products.¹² Israeli used and continue to control the economic activities and movement to and from Gaza . World Bank sources said the commercial crossings for movement of goods to and from Gaza were closed for more than 60% of all days during the first 15 months of the second *Intifada*. This consequently affects the ability of Gazans to work, earn income and meet their living requirements. After *Alaqa* Intifada, during Israeli occupation of Gaza, unemployment has increased dramatically from 10% in September 2000 to over 50% in March 2003.¹³ The situation unfortunately did not change or improve after Israeli withdrawal from Gaza because it maintained its tight control over its borders.

On the other hand, children had to pay high price for the economic hardship resulted from Israeli policies. The economic crisis at different stages of Israeli occupation and control, compelled many children to seek employment or drop out of school to help sustain their families; in many cases, their jobs are not appropriate and do not meet minimal safety criteria. The exit permit policy imposed by Israeli authorities aggravated the problem further; children under 16 years old do not have to obtain Israeli permits to enter to Israel for work purposes as they do not have ID cards. Consequently, many male children of this age group dropped out of school and entered the unprotected Israeli labor market.¹⁴ Other children sought to engage in hard work either in streets, with their families or other businesses to help their families cope with the deterioration of living conditions. Children as a result were subject to different form of abuse, neglect and harassment in the absence of national laws, policies and programs that can protect them.

V.4. Child Protection and Welfare Programs in Gaza

V.4.1. GENERAL OVERVIEW

The population of the Palestinian territories, including Gaza, is young. Children under 18 years old account for more than half of the population in Gaza and are estimated to reach 53% in 2010, 30.5% of them in Gaza city with a sex ratio of 101.90 (49.1% female and 50.9% male). The female population in the age group 0-4 represents 49.1% of the total number of children in the same group. In addition, female children represent 49.5% and 49% of the age groups (5-9 years) and (10-14 years) respectively.¹⁵ Children have always been the most marginalized group in Palestinian society and have always paid the heaviest price in times of political unrest.¹⁶ Institutions and services that provide services to children are inadequate and lack the proper skills, resources and child friendly environment.

¹² Sara Roy (2001) , The Gaza Strip: The Political Economy of De-development. Institute for Palestine Studies

¹³ . World Bank , 5 March 2003, Two years of Intifada, Closures and Palestinian economic crises- An assessment, World Bank.

¹⁴ . PCBS- labor force statistics.

¹⁵ PBCS – Palestinian Children: Five years Under PNA. April2000

¹⁶ . MA'AN Development Center – Annual Report 2000.

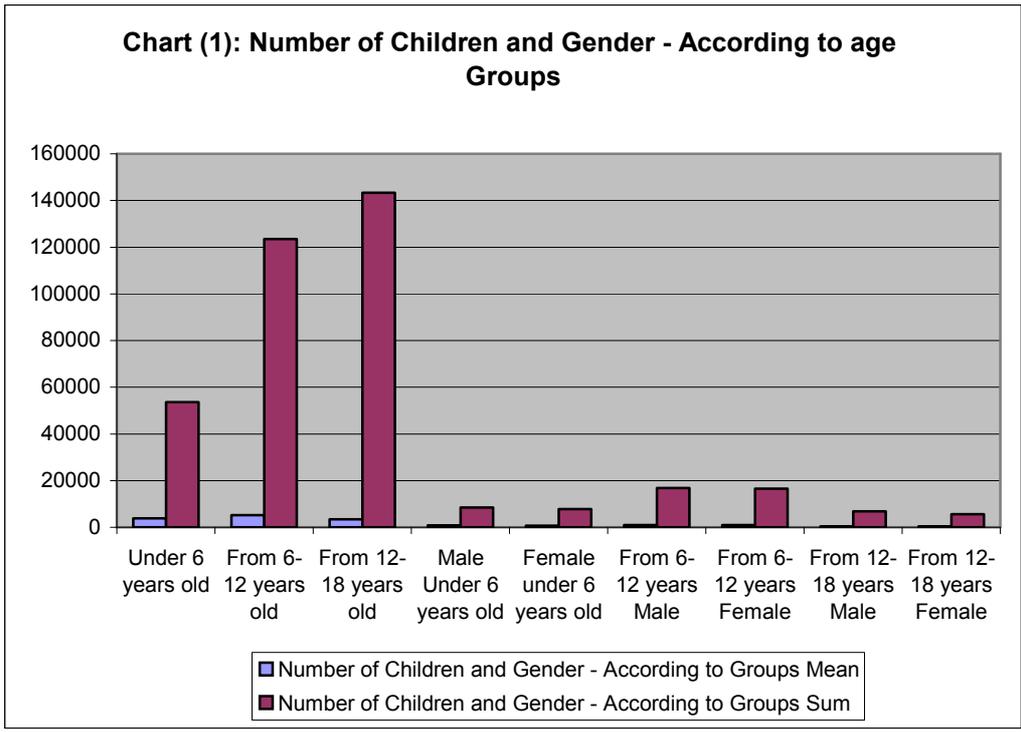
Recently, the Gaza Strip has experienced further deterioration in the security environment including the quality of services provided locally especially in year 2006. This has directly affected the ability of the society including local and international organizations to provide basic support and services to children in Gaza. Across the Occupied Palestinian Territories (oPt), the ongoing conflict, the withholding of resources to the Palestinian Authority, the decrease in donor funding, and internal conflict among Palestinians, Israeli military incursions, and frequent closures of borders have led to a massive rise in poverty and decline in the ability of institutions, including the Palestinian Authority to function. As a result, services such as health, welfare, education, protection and rehabilitation have deteriorated further and resulted in gross violations of children's rights exacerbated further by increased levels of violence both inside and outside the home. For example, by the end of September 2006, ninety-one (91) children had lost their lives due to the conflict, nearly double the number as in the same period last year (47), and 348 children were in detention facilities. Health, education, water and sanitation and adolescent and psychosocial needs are at critically inadequate levels, with a high risk of further deterioration.

Palestinian Center for Human Rights (PCHR) is concerned with the particular risks facing Gazan children. Mortality among children usually constitutes about 25% of the total mortalities in the Gaza Strip, in comparison to 12% of the total number of deaths in the West Bank.¹⁷ According to PCBS, there is little difference between boys and girls when it comes to infant mortality rate and death rates among children under 5 years of age, with just a slightly higher level among boys. Child mortality rates are highest in the refugee camps and lowest in rural areas, according to the PCBS health survey 2000. The fact that the mortality rates are lowest in rural areas does not correspond to earlier surveys and is also unusual in comparison to other locations in the region as well as in comparison with many developing countries.¹⁸

Children's exposure to continuous violence and trauma will have long-term effects on children's ability to heal and move ahead to build their future country. Although many local institutions, grassroots and non-governmental, provide psychosocial counseling to children and their parents, their effectiveness is impaired by the lack of financial and human resources, the continuous killings, house demolitions, destruction of infrastructure, shelling, closures and siege. The chart below illustrates that children from 6-12 years old, both male and female, benefit more than other groups from child institutions in Gaza city.

¹⁷ . See. pchr@pchrgaza.org : www.pchrgaza.org

¹⁸ UNICEF The situation of Palestinian Children in The OPT.



In addition, according to PCHR reports, child casualties are increasing; to date, at least 432 Palestinian children have been killed in the oPt (212 in the Gaza Strip and 220 in the West Bank). Eighty-eight percent (88%) of children killed were boys. However, there has been a constant increase in the number of girls killed in the period up to 2002, when more than 20% of victims were among girls.¹⁹ The number of injured children in Gaza Strip during the confrontation with Israeli soldiers in the period from 28 September until 10 July 2007 was estimated at 7354 most of them are in the age group 10-18 years (see table 1). As a result, child deaths have continued to increase; during 12 months of 2005/2006 children's death toll in the Gaza Strip has increased by 13%.²⁰ In some areas, almost half of those interviewed by local NGO field researchers said they knew of a child who died as a result of the violence.

¹⁹ . United Nations Children's Fund UNICEF, The situation of Palestinian Children the Occupied Palestinian Territory, July 2004.

²⁰ . See. pchr@pchrgaza.org : www.pchrgaza.org

As a result of deterioration in the health and social conditions of children, the demand for child services has increased tremendously especially those dealing with medical,

Table 1: Number of inured children during confrontation with Israeli Military in the period from 28 September 2000 until 10 July 2007

Age groups	Gaza Strip	West Bank	Total number	Percentages
<4yrs	301	439	740	3.77
5-9	595	1098	1693	8.64
10-14	2487	3830	6317	32.22
15-18	3971	6883	10854	55.37
Total	7354	12250	19604	100.00

psychosocial and educational services, the need for economic assistance, rehabilitation and recreational services. The growth in institutions and services does not match the increase in the demand resulting from the high population growth rate and the continuous emergency conditions facing children in Gaza. The results of our study indicate that most of the children's institutions are delivering unspecialized services. Institutions spread the scope of their service mandate to provide a wider range of services in order to secure adequate support and funding to sustain their operations, which in some cases can pose managerial and financial burdens on some institutions and force them to cut back on their essential services. Because of the rise in the economic hardship, most institutions have become more dependent on either international, government assistance or local community support and therefore, these institutions have unpredictable work environments that affect their ability to provide the needed services with the best possible quality. The institutions interviewed provide a range of services which include; health, educational, cultural, social, mental health, vocational training and financial aid (see table 2). The main services provided by these institutions include educational services (88.9%), cultural services (86.7%), social services (80%), and health services (57.8%). The available data from this study is not adequate to determine the percentage of children covered by these services, eligibility criteria, service environment, and whether such services are provided in a friendly child environment.

Table 2: Type of services provided by interviewed institutions in Gaza Strip

Type of Services	No. of institutions	Percent %
1. Health services	26	57.8
2. Educational services	40	88.9
3. Cultural services	39	86.7
4. Social services	36	80
5. Mental health services	28	62.2
6. Legal services	9	20
7. Vocational training	15	33.3
8. Financial aid	20	44.4

V.4.2 HEALTH, NUTRITION AND MENTAL HEALTH CONDITIONS

The PNA (Palestinian National Authority) took over control of the health system in 1994. The Ministry of Health started working with an extremely weak health system coupled with limited health facilities and minimal in-service training for health personnel. Intensive efforts have been made to upgrade the health system. Unfortunately, these investments are now unraveling because of Israeli aggressive and oppressive policies and strategies. A decade of efforts to improve the health conditions of children in Palestine is under serious threat. Israeli aggression and mobility restrictions imposed by the Israeli army undermine the basic right of all Palestinian children to have access to quality health services. In spite of the promising National Strategic Health Plan for the period of 1999-2003 and the efforts to build a more effective and sustainable health care system, the current situation underscores the PNA's challenges in advancing the development of children health and social services in the absence of freedom of movement and lack of access to health services. Palestinians realized that improving health and well being of their children is highly dependent on their ability to move freely, improve their economy and control their resources. In other words, the continuous occupation and control of the Palestinian resources and the continuous crisis and emergency conditions have resulted in compromising long-term development plans and building effective and sustainable institutions. .

The health services in Gaza Strip are medically driven, limited in focus, illness oriented, and there is inadequate knowledge of children's reality and insufficient resources. Government health services are provided mainly to children less than 3 years of age; fewer services are provided to children older than 3 years of age. No further information is provided to examine the coverage and quality of these services provided to Gaza children.

The deterioration of the health sector in the Palestinian Territories symbolizes the rapid deterioration in the political and economic conditions. The limited resources available for the health sector have decreased significantly. For example, disposable supplies became critically inadequate at the end of January 2007, 15% of the essential drugs and 8% of disposables were out of stock in Gaza. While services including immunization and child nutrition were maintained in the face of extraordinary financial and logistical challenges over the past months, a resumption of the public sector strike in early February 2007 points to further difficulties in the delivery of basic quality health care. In the West Bank, movement and access restrictions, fuel shortages including vehicle breakdowns which have derailed health care delivery in the isolated areas. Under-5 mortality rates are worsening and the nutritional status is threatened by household poverty and poor quality foodstuffs. Chronic malnutrition now stands at 9.9% across the Occupied Palestinian Territories (oPt), and at an alarming 13.9% in Gaza. More than 70% of nine-month old children in Gaza are anemic.

Moreover, health status of the Palestinians is facing major environmental challenges. Most Palestinians live with far less than the 150 liters per day of water that the WHO says is needed to drink, cook, clean and bathe. In Gaza, people access an average of 81 liters a day, while West Bankers survive on just 58 liters. Clean water is hard to obtain in Gaza because salinity and sewage have seeped into the coastal aquifer. Effluent seeping into the ground will affect generations to come. Schools and clinics have inadequate and insufficient water storage systems and sanitary facilities and poorly maintained connections to networks. In deeply impoverished communities where there are poor sanitary conditions, children face the risk of water-borne infections such as trachoma, conjunctivitis, dysentery

and gastro-enteritis, ascariasis and hookworm. A lack of clean drinking water also increases the chance of diseases such as diarrhea, hepatitis A, typhoid fever, and paratyphoid.

As a result of the deterioration in the capacity of the Palestinian health care system to deliver the basic health services and the deterioration in the overall economic and environmental conditions, malnutrition among children and the total population was inevitable. The nutritional status of the vulnerable groups of the Palestinian children and women in the occupied Palestinian territories became a major concern for UNICEF. Recently results from nutritional surveys conducted by the Palestinian Central Bureau of Statistics (PCBS) have shown an increase in the number of malnourished and anemic Palestinian children. The rate of moderate to severe acute malnutrition (wasting) among Palestinian children 6-59 months is 2.5% with an increase of 1.1% of the rate in 2000 and the rate of moderate to severe anemia among Palestinian children 6-59 months old is 15.1%. According to the interview with Constantine Dabbagh the director of Middle East Council of Churches, the cases of parasitic infections, malnutrition, anemia, hypertension, diabetes and other diseases had increased after the closure imposed by Israeli forces. He also added that they are treating more underweight and malnourished children in their clinics as a result of the economic deterioration and high unemployment rates, which reach 65%.

Almost all children suffer from one or more types of micronutrient deficiencies. Figures on micronutrient deficiencies change from time to time and highly dependent on the change in the socioeconomic conditions of Palestinian in Gaza Strip. Over one quarter of children under the age of five and 31.1% of women of child-bearing age have Iron-deficiency anemia. There are other types of micronutrient deficiencies such vitamin A, vitamin D and iodine. 22% of children under five are vitamin A deficient and 53.9% are at the threshold of deficiency. Vitamin A deficiency is significantly higher in the Gaza Strip (26.5%) than in the West Bank (18.9%). Moreover, rickets is widely reported throughout the Gaza Strip but rarely occurs in the West Bank; in 2003 and 2004, respectively 444 and 325 cases were reported in the occupied territories. Studies conducted in 2004 indicated a prevalence of iodine deficiency of 15%. However, more than two thirds of households report the consumption of iodized salt, the figures being significantly higher in the Gaza Strip (82.7%) than in the West Bank (56.5%)²¹. Food shortage, unemployment, poor health services and the rise in poverty have contributed to further deterioration in the nutritional status of children. Ten percent (10%) of children are stunted, 50% anemic and 25% of children under the age of five suffer from Vitamin A deficiency.

Regular vaccination programs have been disrupted, and in some areas, water and sewage systems have been destroyed, leaving children even more vulnerable to infection and disease. In August 2002, a study funded by the United States Agency for International Development reported that malnutrition and anemia among Palestinian children had risen to levels normally associated with emergencies in sub-Saharan Africa. In its 2003 report, UNICEF noted that children's lives, behaviors, and attitudes have changed dramatically since the onset of the current conflict²².

²¹ WHO (2006). Fifty nine World Health Assembly, 18 May 2006

²² UNICEF, 2003

As a result of the *Alaqa Intifada*, government health insurance purchased by people dropped from 70% to less than 50%, which has an impact on accessibility, quality and coverage of basic health services of children.²³ In Gaza, the majority of children under the age of 3 receive both UNRWA and government services, but the percentage is less for children who are older. By the decree from the late President Yasser Arafat, all injured and poor people are covered by government health insurance, and this generated a huge demand for the limited health services and resources. This weakened the ability of the system to cope and therefore caused affected the quantity and quality of these services.

As for mental health service providers, there were fewer than 20 psychiatrists, 15 psychologists, and 100 professional social workers for nearly 2.5 million people.²⁴ In addition, most of these services were not readily available in rural areas and there was a general lack of community-based crisis intervention services that could provide basic counseling and guidance in times of crisis. Over 15% of children under the age of five suffer from acute anemia, which for many will permanently damage their physical and mental development.²⁵

In 2006, as a result of further deterioration in the economic, environmental, social and physical security in Gaza Strip, the well being of children has suffered more deterioration. In the health sector, the lack of essential drugs and equipment, along with power, fuel and water shortages in Gaza, has cut services back significantly. Majority of infants still die in the first month of life because they are born prematurely or with low birth weight, and due to the lack of drugs and medical equipment to provide proper care. According to the Demographic and Health Survey 2004, low birth weight rates are as high as 8.2% in the West Bank and 8.3% in Gaza.²⁶

In 2007, the situation in Gaza continued to deteriorate as internal factional conflict and fighting continued exacerbated by the Israeli frequent closure of borders and military bombardment of Gaza infrastructure. The Palestinian Authority as the major health insurer of Palestinians especially the poor became increasingly incapable of meeting the increase in the demand for medical treatment and provides basic services. The Demography and Health Survey (DHS) in 2004 indicated that most Palestinian child deaths that occur before age one is due to lack of proper prenatal and neonatal care. In 2004, there were just over 24 deaths per 1,000 live births, which is comparable to infant mortality rates in Jordan or Ecuador. Except for accidents, which are the biggest cause of death for under-fives, the leading causes of death were congenital malformations, and respiratory and infectious diseases.²⁷

A report by Hanan project in September 2005, indicated that infant mortality rate (IMR) for WB/G (24 / 1,000 live births) which is relatively better than other surrounding countries like Egypt, Syria and Lebanon). The report indicated that IMR is reversing given the deterioration of the socioeconomic conditions in the OPT especially in Gaza. The main

²³ MoH Annual Report, 2005

²⁴ CIDA (2005) – Assistance to Children in the Middle East Region.

²⁵ NECOC, 2003 Annual Report

²⁶ DHS, 2004

²⁷ DHS 2004

causes of infant deaths are pre-maturity (41.1%), congenital anomalies (14.3%) and infectious diseases and acute respiratory infections (13.1%). Perinatal and neonatal deaths contribute to more than 50% of infant deaths due to illnesses associated with pregnancy complications, unsafe delivery, congenital anomalies, premature labor, un-hygienic conditions, sepsis, and lack of standardized labor practices²⁸.

PCBS report (2004) indicated that infant mortality in Gaza showed higher rates than the West Bank (Gaza Strip 31, 24 West Bank per 1000 infant lives respectively), also had higher in perinatal mortality rates (25 in GS and 20 for the WB) in addition to higher neonatal mortality per 1,000 live births (18 for Gaza Strip and 13 for the West Bank). This can be explained by the deterioration in the socio-economic conditions in Gaza Strip including the inadequacy of the primary health care services provided by both governmental and UNRWA as a result of high pressure on these services, lack of accessibility in certain geographic areas and the rise of malnutrition among infants and mothers.

However, Gender specific child mortality rates are not well -investigated in Gaza Strip. The Ministry of Health annual report (2005) indicate that male mortality rates in general are little higher than female mortality rates for reasons that are not well investigated especially children age 1-4 and above 5 years of age (see table 3)²⁹. One of the reasons can be either related to underreporting of female mortalities especially under one year of age or the fact that male children are likely to participate in Intifada-related activities and different political and military activities which expose them to higher probability of being killed especially those in the age above 12 years³⁰.

Table (3): Child mortality rates among children >20 years of age by age and ge in the West Bank an and Gaza Strip. (MoH, 2005)

Age Group	Gaza Strip		West Bank	
	Male	Female	Male	Female
1Y	50	32	28	28
2Y	18	24	20	22
3Y	16	17	17	10
4Y	15	8	7	7
5-9Y	50	32	58	32
10-14Y	47	21	37	23
15-19Y	88	29	70	14

²⁸ Child Health and Nutrition in West Bank and Gaza Strip (September 2005). Technical report published by Hanan project (National maternal child nutrition health project in the West Bank and Gaza Strip) and funded by USAID.

²⁹ MoH Annual Report (2005)

The MoH annual report in 2005, indicated that the leading causes of deaths infants per 1000 live births was higher in Gaza in the different infectious diseases. This may be explained by the poor environment, severe malnutrition, severe poverty and high unemployment, poor hygiene and sanitation, high density and poor housing. These causes are very much related to the deterioration of environmental and living conditions mainly in crowded urban areas in Gaza city especially in refugee camps. The availability of primary health care although inadequate helps to reduce the impact on the number of deaths among Palestinian infants.

The main leading infectious diseases that cause infant deaths as reported by the MoH are respiratory-related diseases, septicemia, diarrhea and gastroenteritis, meningococcal infections and others (see table 4). These mainly are related to poor services, poor accessibility of children to existing services, poor environmental conditions, crowdedness and economic hardship.

Table (4): Main leading infectious diseases as main causes of death among infants in the West Bank and Gaza Strip in 2005.

Disease by age	Gaza Death rate per 1000 live births	West Bank rate per 1000 live births
1. Diarrhea and Gastroenteritis	186	162
2. Meningococcal Infection	004	000
3. Septicemia	015	0.00
4. Other infectious diseases	124	092
5. Pneumonia & Others Resp Infections	009	009

Despite all of the above difficulties, mortality among children have declined because of high vaccination coverage, continuing the support of the nutritional and food assistance programs in Gaza and the relative strong social protection and support. In Gaza the reported IMR showed decline in infant mortality rate from 150/1,000 prior 1967 to 70-80/1,000 in 1970s. It ranged between 30-40/1,000 in 1980s to 25-30/1,000 between 1990 and 1995. It declined to about 22.8/1,000 since 1996. The IMR was 20.5 per 1000 live births in 2004³¹.

As for the psychosocial and mental health of Palestinian children in Gaza, the conditions are also deteriorating rapidly manifested by rise of post stress traumatic disorder (PTSD), violence, poor performance at school, poor nutritional status and other psychosocial related problems. All the population including children, are faced with major psychosocial problems resulting from years of sporadic violence, fear and disruption of daily life, stress within the families, and the lack of hope that the conflict can be resolved peacefully. Majority of children in Gaza have been exposed in some way to increased psychological stress as a result of the violence, increased poverty, mobility restrictions and increased economic hardship.

³¹ MoH (2004)- Annual report

Traumatic events such as the death or injury of family or friends, house-to-house searches, and detention of family members can lead to long-term, irreparable damage to children's confidence in adults, increased acceptance of violence as a method for resolving problems, and diminished hope for a peaceful resolution of the conflict. As a result of the Israeli occupation, half of all Gaza children exhibited moderate levels of Post-Traumatic Stress Disorder (PTSD), and one-third required a psychological intervention as a result. The GCMHP survey found that while 42% of the boys had developed acute levels of PTSD, a significantly higher percentage of girls had developed such symptoms. Children affected by PTSD show warning symptoms such as withdrawal, attention deficit, sleeping difficulties, nightmares, irrational fears, irritability, refusal to attend school, outbursts of anger and fighting, depression, anxiety, guilt and emotional numbing. According to another study, the most common traumatic events for children from Gaza, which include Beach Refugee Camp and other overcrowded areas of Gaza, are witnessing acts of violence against relatives and shooting. Conditions in refugee camps also cause such problems, along with the deteriorating socio-economic conditions.

Violence against Palestinian children in the Gaza Strip has serious and debilitating psychiatric and psychological effects. According to a study conducted by Queens University in August, 2006, a child in Gaza who has had a severe head injury has 4 times the risk of developing an emotional disorder than ordinary children. A child who has been severely beaten has 3.9 times the risk of developing Attention Deficit Hyperactivity Disorder than ordinary children. A child who has witnessed friends injured or killed has 13 times the risk of Post Traumatic Stress Disorder. A child in a refugee camp has 5 times a greater chance of witnessing traumatic events and 4 times a greater chance of direct physical trauma.³²

Another study conducted in 2005 by the Palestinian Central Bureau of Statistics and the Secretariat for the National Plan of Action for Children titled *Psychosocial Wellbeing Indicators for Palestinian Children and Families revealed* that children are showing signs of acute distress including anxiety, nightmares, and withdrawal. Because prolonged exposure can leave lasting impact on child development, psychosocial support for both children and their caregivers has become more important than ever.³³

More studies are confirming the impact of the deteriorating living conditions on the well being of Palestinians living in Gaza Strip and other Palestinian Territories. A recent study conducted by the Institute Universitaire des Etudes du Developement in Geneva found that 60% of Palestinian parents thought levels of stress among children living in their households had increased from 2005 to 2006. Signs of stress included anxiety, low achievement in school and disinterest in social interaction. As reported by a PCBS on children (2007), almost 65% of families believe that there is violence against children within their home (69.8% in the West Bank and 55.5% in Gaza Strip). Violence against children is mainly a result of the deterioration of security conditions. Figures reveal insufficient services to fulfill the needs of all children in Gaza City whether in urban or semi-urban areas. Five of these institutions, for instance, provide mother and child healthcare serving only two-thirds of the population in Gaza, while none of these institutions are specialized in

³² The Psychological Effects of War on Palestinian Children, Queens University, Pringles, 4 august 2006.

³³ PCBS and the Secretariat for the National Plan of Action for Children: *Psychosocial Wellbeing Indicators for Palestinian Children and Families*

healthcare for children with disabilities.

Moreover, the conflict has had a particularly damaging impact on adolescents, who comprise a large, vulnerable and volatile group. Those most directly exposed to violence have the greatest need for productive learning and recreational opportunities. Adolescents who are two or three levels below their normal grade level may end up dropping out of school and joining the unskilled labor market. Worsening socio-economic conditions point to the likelihood that the numbers of adolescents vulnerable to abuse, violence, and exploitation will increase. Most adolescents have no access to learning or recreational programs outside schools, and spend the majority of their time at home. There are around 300 youth clubs in the West Bank and Gaza, but most lack funding and are poorly managed and equipped. Programs offered by these youth clubs are usually limited to simple sporting activities.

The rise in the health and psychosocial problems of children in Gaza puts more pressure on the limited resources provided by governmental, nongovernmental and international organizations. Table (5) below shows the type of health services delivered by the child institutions and community centers that were interviewed in this study. Responses revealed that services are insufficient to meet the needs of all children in the Gaza Strip in urban and semi-urban areas. For example, five of these institutions, provide maternal child health care services to approximately two-thirds of the population in Gaza, while none of these institutions are specialized in providing health care for disabled children. Caution is needed when we interpret the results of this survey given that this is not an exclusive list of institutions serving children. The survey also does not refer to the coverage, access, quality, management structure and facilities available to make such institutions child friendly. However, it gives a general impression of the lack of adequate services that provide stable, comprehensive and adequate services available to children in Gaza.

Table 5: Type of health services provided by target institutions

Type	Number	Percentage
1. General medication	6	13.3
2. Children medication	6	13.3
3. Dental care	4	8.9
4. Mother and child care	5	11.1
5. Physiotherapy	5	11.1
6. Functional Care	3	6.7
7. Laboratories	6	13.3
8. X rays	4	8.9
9. Health Education	23	51.1
10. Hearing aid	1	2.2
11. Funding Health programs	1	2.2
12. Feeding Center	1	2.2

V.4.3. EDUCATIONAL AND RECREATIONAL ACTIVITIES

Palestinians started assuming responsibility for the education system in the oPt in 1994 after the signing of Oslo Agreements. The Palestinian Ministry of Education started working with empty buildings, schools that were falling apart, overcrowded classrooms and minimal in-service training for teachers. Efforts had been made since then to improve the curricula and the physical environment in schools. Nonetheless, these investments are now deteriorating.

A decade of efforts to improve the education of children in Palestine is under serious threat. Israeli aggression and mobility restrictions imposed by the Israeli army undermine the basic right of all Palestinian children to education. The current situation underscores the difficulty the Palestinian National Authority faces given the absence of freedom, self-determination and absence of political stability and comprehensive peace.

The government runs 74.2% of schools, UNRWA 13.9% while 13.9% are private schools (statistics on general Education in Palestine, 2004). 80.6% of students attend government schools, 10.3% UNRWA 9.1% Private schools. The situation is somehow different in the Gaza Strip whereby 50.6% attend government schools, 48% UNRWA and 6% Private schools³⁴. The number of students enrolled in schools increased from 662,627 students in the school year 1995-96 to 953,482 students in the scholastic year 2001-02. Forty-eight percent (48%) of Palestinian children's daily activities are spent on personal needs and self-care, 20% on education, 12% on social and cultural activities, 11% on mass media, and 5% on household and housekeeping activities. Forty-four percent (44%) of children 10-17 years old wish to participate in cultural activities in their spare time, but they had not had the chance to do so for lack of these activities and resources³⁵.

As the population increases demand for educational services increases. Students at the basic stage increased from 572,529 in the scholastic year 1994-1995 to 953,621 in the scholastic year 2005-2006, an increase rate of 66.6%. Females and males constituted 49.7% and 50.3% respectively. In the scholastic year 2005-2006, 70.2% (757,615 students) of total students were enrolled in governmental schools, 23.6% (254,552 students) were enrolled in UNRWA schools, and 6.2% (66,321 students) were enrolled in private schools. About 11.6% were in the secondary stage, and 88.4% were in the basic stage. Students at the secondary education stage increased from 45,339 in 1994-1995 to 124,867 students during the scholastic years 2005-2006, an increase of 175.4%. Female students constituted 52.1% of the total number of students and males constituted 47.9%.³⁶ Restrictions on access and movements continue to challenge students' and teachers' ability to reach schools. This consequently has affected the quality of teaching and level of achievement in the different subject matters. Evidence from teachers indicated that students' achievement scores in science, math and Arabic continued to fall. This is exacerbated by the fact that many schools lack basic educational materials and few teachers have the required skills to create child-friendly learning environments. In addition, violence that surrounds the school environment also is creeping into school yards and classrooms and makes it very difficult

³⁴ Education for All, 2004.

³⁵ PCBS – Palestinian Children- 2002

³⁶ PCBS. On the occasion of the Palestinian Child Day, 5 April, 2007

for students to pay attention to the educational process.

Many schools operate two shifts a day, leaving students with few opportunities for sports, recreation or even remedial classes. During the holidays, many activities are cancelled due to the non-availability of funds. Outside classrooms, students have few opportunities for sports and recreation, especially as costs for extracurricular activities are borne by parents. The educational process faced many difficulties after the eruption of the second *Intifada* in September 2000. Students lost many school days, teachers could not arrive at schools, and class timetables were severely disrupted. Since September 2000, many school days have been lost because of the ongoing *Intifada*. According to the Ministry of Education, in the first year of the school year 2002-2003, more than 220,000 children were unable to attend school. All students are affected when a classmate is murdered or injured. The overall atmosphere of aggression undoubtedly affects the ability of students to concentrate on their studies. Several studies agree that children do not feel safe nor secure at home, on the way to and from the school, or even on the school premises. Traumatic events may occur anywhere and any time, threatening not only the physical safety of school children but also their cognitive and emotional safety. More than 500,000 children no longer enjoy regular access to school.

At UNRWA schools, the impact of the current situation is very clear. The siege imposed by the Israeli occupation forces during the period 29\9\2000-16\3\2002 has caused interruption in the educational process in many schools due to inability of considerable numbers of students to reach their schools. Attendance by teachers varied from 10% to 90% of the total original number of teachers in every school. In a recent UNRWA study comparing learning achievement over time in Arabic language, mathematics and science, scores were markedly lower in 2002-2003 than in 2000-2001. The average drop in the success rate was 14.5% with credible evidence that the current situation has significantly affected the students' achievement. Data from 2000-2001 school years suggest that scores on final exams in the main subjects have fallen, in part because of the psychological effects of aggression and disruption that prohibited teachers and students from attending their classes.

The quality of the Palestinian education system has also suffered. Anecdotally, UNICEF has observed a rapid deterioration in the quality of learning environments. Schools' infrastructure has also endured damage from Israeli military attacks. At least 185 schools have been damaged, and a further 275 schools are in the direct line of confrontation. Violence has also affected all types of schools (governmental, nongovernmental including UNRWA schools). About 60% of students missed schools for at least one day with a median of 10 days of absence. About 2.4% of students have had to change schools, and 4,518 students dropped out of school.

Table (6) shows that educational and recreational services provided by institutions that were interviewed. The figures in the table below indicate that these services are severely inadequate for the children of Gaza Strip. Out of the 45 institutions interviewed, eight (7.8%) provide nursery services and 14 (31.1%) offer kindergartens services to children below six (male and female), whereas only one organization offers computer services for all children in Gaza City and 17 centers (37.8%) provide art services and 17 out of the 45 institutions (37.8%) provide social and cultural activities to children.

Table 6: Type of educational services by target institutions

Percent%	Number	Type
17.8	8	1. Nursery
31.1	14	2. Kindergarten
28.9	13	3. Schooling
26.7	12	4. Vocational training
24.4	11	5. Education for disabled
62.2	28	6. Cultural activities
2.2	1	7. Training courses
48.9	22	8. Library
37.8	17	9. Social and cultural club
37.8	17	10. Arts club
66.7	30	11. Cultural activities
37.8	17	12. Theater
2.2	1	13. Computer training

Children in Gaza lack safe places to play, learn, and develop social and vocational skills. Play theaters, sports training, youth clubs, and after school recreational activities are prone to accidents, harm, abuse and lack a clean environment. The lack of these services forces many children to learn harmful practices such as smoking, use of harmful drugs and substances, stealing, joining street gangs, and violent behaviors. These are additional factors that also expose them to car accidents and occasional Israeli military attacks and incursions. This is especially exacerbated by the latest economic boycott imposed by the international community especially after the control of \ Hamas military control over Gaza Strip and the deterioration of services provided to children.

VI. MARGINALIZED AND VULNERABLE CHILDREN

Marginalized and vulnerable children who are in need of special protection include diverse categories of children below 18 years of age. They are in need and prone to unhealthy living conditions, and physical, social, mental or behavioral problems. This category includes poor children, children with disabilities, school dropouts, child laborers, abused children, orphans, exploited and neglected children, juvenile delinquents, and children vulnerable to violence and conflict situations. Ninth grade students do not think highly of the people with special needs. In a study conducted by Alpha International on civic attitudes, 60% of the total number of students interviewed believe that people with special needs have the right to education, work and election³⁷. This high percentage of students (40%) holds a negative attitude towards children with special needs or disabled indicate social and cultural discrimination against this category of people.

Data from the Population, Housing, and Establishment Census of 1997 indicate that 41.7% of children with special needs are enrolled or registered in schools. However, the

³⁷ Alpha International for Research, Polling and Information, Education for Citizenship (2004)

percentage rises with the increase of age irrespective of gender. It seems that children with special needs in the West Bank have better educational opportunities than those of Gaza Strip. As for female children with disabilities, their enrollment in schools is still low, only 40% of these disabled children are enrolled at schools.

In 1997, UNICEF put forward estimates stating that there are around 36,500 disabled children in Palestine.³⁸ Recently, the prevalence rate of disabilities is about 1.58% of the entire population in Gaza. The average age of the disabled is 30 years, where the median age of the disabled is between 16-17 years. **About 49%** of the disabled are less than or equal to 16 years old. About 45.7% of the disabled adults are literate with at least a primary level education. Out of the disabled children 61.8% are either illiterate, (58.3%) or have only basic level reading and writing skills (3.5%). The disabilities among males comprised about 59% of all cases and 41% among females. The prevailing critical situation has double burden on the disabled persons. Disabled females suffer from combined discrimination, in terms of gender and disability. About 80.69% of the disabled aged above 18 years is unemployed (reference???)

The available reported data indicate that the main disabilities occurred in Gaza among children in particular include hearing impairments (2-3 per 1000), mental disorders (23 per 10,000), epilepsy 1-2 cases per 1000, cerebral palsy (1-2 cases per 1000), speech impairments such as aphasia, autism, dysphasia, hearing loss, motor-speech disorder, stuttering and other related disorders (28 per 1000), blindness and Vision Impairments (1 per 1000) and others (unpublished sources). Available data do not provide accurate and complete picture on the services provided to different types of disabilities among children. Additionally, the data are not clear when it comes to types of schools and whether the schools are ordinary schools or specialized institutions. However, it is possible to say that mostly specialized institutions exist because disabled children have not been accommodated properly at government schools. Disabled children tend to attend special education institutions since government schools are still under-prepared to accommodate disabled children.

Children with disabilities are amongst the most vulnerable in a society and more so in the OPT under restrictions of mobility and inaccessibility to needed services. In 2003, Save the Children's study indicated 30-40% reduction in services by specialized centers servicing the disabled and difficulties in physiotherapy outreach programs. Rehabilitation and treatment have been severely hampered and school attendance by the disabled is estimated to have decreased. Additionally, children with mental disabilities are least serviced. Inadequate services for such highly vulnerable children leave them unprotected and subject to mistreatment and abuse³⁹.

Disabled children in Gaza receive fragmented and limited services from different institutions that are mainly nongovernmental organizations. By mid 2006, only 62% of disabled received community based rehabilitation services (13,140 clients), (Diakonia, 2006). Access to services is not always guaranteed especially to the poor and marginalized people. Care provided is rarely coordinated among providers; duplication is common and most of them compete for funding since governmental support is limited. Unfortunately,

³⁸ . United Nations Children's Fund UNICEF, Status of Palestinian Children and women in the West Bank and Gaza Strip.

³⁹ Save the Children Study, 2003

data and information about such services, beneficiaries and institutional needs are limited and usually not shared. Coordination and collaboration among existing organizations are also limited. Only 20.3% of all technical aid items needed are available. Hearing aids are the second greatest number of technical aid items needed (15% of all items needed) and 2.08% of disabled persons are in need for eye glasses. Studies indicate also that 8.9% of disabled persons need adaptation for slanting home and school entrances, 9.0% for bathroom-toilet area in homes and schools, 8.6% for halls, 8.6% for kitchens and 8.94% need other adaptations to physical premises like lighting adaptations (unpublished local statistics).

As for **orphanage children**, the number of children living in orphanages in 1999 dropped considerably in comparison to the previous years. This number dropped from 1,980 to 1,714 orphans. This is due to the policy of child re-integration adopted by the Ministry of Social Affairs. The number of orphanages increased from 22 orphanages in the year 1998 to 26 orphanages in the year 2000. The increase was mainly in the West Bank. The number of orphanages in Gaza Strip remained unchanged with only 3 orphanages in 2000. In the period 1998 and 2000, the percentage of male children living in orphanages constituted 55% of the total number of children living in orphanages. In 1999, the percentage of female children living in orphanages constituted 55% of the total number of children living in orphanages.⁴⁰ Overall 55% of children in orphanages are male and 45% female.⁴¹

Continuous displacement put children at high risk of dropping out of school, develop stressful signs and symptoms, disrupt their social support system, face difficulties in accessing basic services and prone to health and behavioral problems. Israeli military raid and incursions force many Palestinian families to leave their houses due to hostilities and demolition of houses carried out by the Israeli army. This situation had seriously impacted children's well-being and stability⁴². PCBS, statistics, 2001 showed that about 56,000 Palestinians changed their places of residence due to the current crises, 53% of them were children. The results revealed that 14% of total number of students 5-17 years reported that their schools were exposed to Israeli attacks (e.g., closures of schools, bombarding). According to Al-Qattan Center's report (2004), there is a great body of evidence, some published and some anecdotal, confirming the critical need to extend library and cultural provision for Palestinian children in Gaza City.

Moreover, **children are also subject to arrest** by the Israeli forces and Palestinian security and factional forces. According to local and international statistics, 600 Palestinian children have been arrested every year since the beginning of the *Intifada*. Most children have been released after a maximum of 18 days, according to military order 1500. Probably more arrests were never reported as these children were released within a few hours. There have been around 330-350 children detained at any given time over 2002 and in the first six months of 2003. The ages of detainees have fluctuated over the years but more than 50% of detainees have been 16 years old or less. Around 20% of child detainees have been 14 years old or less with a marked difference over the first six months of 2003, when around 10% belonged to this age group.⁴³

⁴⁰ . PCBS- Palestinian Children, Issues and Statistics, 2001.

⁴¹ . UNICEF, the Situation Analysis of Palestinian Children, Young People and Women in the WB&GS, August, 2000.

⁴² PCBS (2001)

⁴³ .United Nations Children's Fund UNICEF, The situation of Palestinian Children the occupied Palestinian territory, July 2004.

V1.1. SOCIAL STATUS AND CHILD LABOR

Children need special care because they are in process of developing their character and many of their physical, psychological and mental capabilities. The number of children aged 10-18 years inside the labor force in Palestine is estimated at 34,061 children or 5.9% of the total number of children in the same age group. The Gaza Strip is known for its high population density, high rate of unemployment and high rate of poverty. The continued harsh restrictions imposed by Israeli army made tens of thousands penned into their miserable concentrated warrens and tents. Almost all of the labor force has been turned away from jobs in Israel, and tens of thousands of others have lost local work mainly in construction, agriculture and small industry because of the frequent siege and closures, the uprooting of fruit trees, the prevention of farmers from reaching their fields, and the destruction of workshops and small factories. More families in the Gaza Strip became refugees once again as thousands of houses were completely demolished and their belongings lost, while several thousands suffered major damage to their homes.

The effect of this economic collapse was felt first in the erosion of family savings, followed by increased indebtedness and then forced sale of household possessions if any things of a value was left. According to MECOC 2001, the Palestinians in the Gaza Strip are suffering mainly from micro-nutrient deficiencies what the World Health Organization calls the "hidden hunger." Micronutrient deficient children fail to grow and develop normally. The situation in the Gaza Strip is being described by international organizations as not better than the condition in African countries suffering from dire poverty.

As a result of the deterioration in the socioeconomic conditions in Gaza, many children have been forced into the streets to help their families who lost their source of income. The number of children in the Palestinian territory estimated in the labor force was approximately 34,061, 33,297, and 22,525, of children in the age range 10-17 years old could not find work during 1999, 2000 and 2001 respectively, and were seeking employment (PCBS, 2000). In 2000, the percentage of employed children aged 10-17 years amounted to 82.3% compared to 65.7% in 2001. The percentage of children looking for and ready to work was 15.9% in 1999 as compared to 17.7% in 2000 and 34.3% in 2001.⁴⁴ Reports about the prevalence of child labor are conflicting. According to PCBS labor force statistics, the percentage of children from 10-14 years old within the labor force has dropped quite substantially over past 4 years from 8,000 in 1999 to less than 3,000 today in 2004. The problem fluctuates depending on the political, economic changes and social changes. Street children is not only related to the economic factors but also related to limited space, recreational, child informal educational programs and others. The surveys that were carried out in November 2001 and November 2002 by PCBS show an increase in child labor among children of less than 18 years estimated at 10% in 2001 to 20% 2002. Furthermore, these surveys indicate that the most dramatic increase is among non-refugee children in the Gaza Strip. Although figures on child labor may differ from one source such as PCBS to other sources could be explained by the different definitions used and the reference periods used. The great majority of employed children in Palestine are waged employees (57.9% compared to 36.7% for children employed in family enterprises).

⁴⁴ UNICEF & BZU, the Palestinian Children in the Labor Market, October 2004.

The percentage of male children classified as waged employees was 60.9% compared to 33.6% for male children employed in family business. On the other hand, the great majority of employed female children were unpaid family members—68.8% compared to 27.0% for female children classified as waged employees (1999). PCBS Labor Surveys finds that while less than 70% of the girls in the labor force worked as unpaid within the family in 1999, the figures rose to more than 80% in 2001.⁴⁵

The few available literature on street children phenomenon suggests several factors that force children to stay in the street. These factors include; economic factors, family relations; poor education level of parents; large family size, migration from the villages to the city, wars and natural disasters and others. In Palestine, the international definition of street children does not apply completely on children in Gaza. According to the United Nations Children's Fund (UNICEF, May 2007)⁴⁶ there are three categories of street children; children inhabiting streets, children working on the streets and the children of street families. Moreover, available studies on child labor or street children in Palestine including Gaza utilize different operational definitions of child labor or street children and the number can go up or down accordingly. Based on the findings of the survey, Of the total of 120 children surveyed, only ten children do not sleep regularly in their parents' home. Only few children are considered street children if we use the strict definition of street children. In the UNICEF survey, only 4 out of 120 surveyed children don't sleep regularly in their family home or with relatives. Child labour in Palestine is associated with poor economic situation. This was confirmed by the annual report of the Palestinian Central Bureau of Statistics (PCBS) indicates that economic hardship is the main factor forcing families to send their children to work. According to PCBS, 71% of children in the labour market between the ages of 5 – 17 years work out of economic necessity

In a recent press report published in the local AlQuds newspaper (4 April, 2007), 4.4% of the total number of children aged 10-17 was classified as workers during 2006. Seventy-three percent (73.4%) of the employed children were classified as family workers (unpaid family employee), and 21.5% of them as wage-employees. The majority of the employed children were classified as agricultural, fishing and forestry workers (53.6%), followed by workers in commerce, restaurants and hotels (26.6%), mining and manufacturing (9.5%), and construction (6.7%).⁴⁷

In general terms, child labor in Palestine does not follow trends like those in the international community. Palestinian children enjoy high political and social awareness and those who are forced to work do so because they want to support their families and to help them cope with the rising rates of unemployment and economic hardship. Children who work are subject to many risks such as heat exhaustion in summer, physical abuse, harassment, high risk health and social behaviors such as smoking, violence, drug use, and others.

Legally, the new Palestinian Child Draft Law stipulated in Article 14 that 'It is forbidden to employ children less than 15 years old', while article 43 also prohibits begging. Article 44

⁴⁵ United Nations Children's Fund UNICEF, The situation of Palestinian Children the Occupied Palestinian Territory, July 2004.

⁴⁶ UNICEF (7 May 2007). Children in the street: The Palestinian case

⁴⁷ Press Report by PCBS, 4 April 2007

enumerates different categories of children considered to be in 'difficult circumstances' (including homeless children, school dropouts and beggars), and then stipulates that the state 'should take all appropriate procedures to rehabilitate physically and psychologically and to socially reintegrate' these children (article 46/2). Unfortunately, the unstable political situation and economic hardship have weakened the ability of the Palestinian Authority to implement this law given that children are obliged to help their families when the father is imprisoned, dead, severely ill, or prohibited from reaching his work because of the frequent closures.⁴⁸

V1.2. CHILDREN'S PROBLEMS AND ISSUES IN GAZA CITY

After the outbreak of the Second *Intifada* in September 2000, Palestinian children have become increasingly concerned with political events and nationalist issues. A great deal of children's discussion between themselves and with others, whether in the street or their schools and houses, concentrates on political events, and very young children are often surprisingly familiar with political/military terms. Such concern with political events can help to build children's national and personal identity, and help to develop maturity and cognitive abilities. However, an obsession-like preoccupation with political events can be a sign of psychological distress (if other signs of psychological distress are also present). For children who become concerned with political events to the exclusion of other childhood concerns, such as playing, school, or friends, this can undermine their development as rounded human beings and the development of Palestinian civil society as a whole. According to UNICEF, at least 75% of Palestinian adults think children are experiencing greater emotional problems and behavioral changes compared with one year ago and 80% of parents think their children's behavior has changed.

Consequently, all the surrounding environment around Palestinian children in Gaza lack the basic requirements for healthy development of children and on the contrary make children very vulnerable, unprotected and living in unsafe environment that violates all international laws and UN conventions concerning children rights. This includes lack of safe environment at home, school, street and play grounds. The continuous deterioration in the surrounding environment is also accompanied by continuous deterioration in the services available for children which force children to despair and high risk behaviors.

According to PCBS report (2007), two out of three households in the Palestinian territory believe that there is violence against children. In the first half of 2006, while 65% of the households in the Palestinian territory stated that there was violence against children (69.8% in the West Bank and 55.5% in Gaza Strip). For 56.8% of the households, the current crisis in the Palestinian territory represented the main source of violence against children compared to 9.6% who believed violence was due to the absence of security. Slightly more than half (52.2%) of Palestinian households believed that they are able to provide security for their children. The majority of children were exposed to assault mainly at home followed by school and then the streets⁴⁹.

Furthermore, children and children's institutions encountered many problems such as scarcity of funding and financial resources, political problems, inadequate buildings and

⁴⁸ A report by the Civil Society Forum for North Africa and the Middle East on Promoting and Protecting the Rights of Street Children, Cairo-Egypt, 3-6 march 2004.

⁴⁹PCBS. Palestine Child Day, 5 April 2007

infrastructure, lack of equipment (under-equipment) and insufficient space, in addition to lack of qualified staff, and low public awareness; coupled with the absence of recreation and cultural centers, children libraries, parks and community centers, not to mention problems with donors, the Palestinian National Authority registration, and poor follow up.

V11. ANALYSIS OF CHILDREN'S PROGRAMS

In order to assess the child protection initiative in Gaza city, there is a need for a framework that can serve as guide in analyzing the protective services addressed in this report. UNICEF has put forward eight elements that need to be taken in consideration to ensure the presence of protective environment. This includes; supportive attitudes, traditions, customs and practices; government commitment to fulfillment of protection rights; active engagement with child protection issues; protective legislation and enforcement; capacity to protect those helping children; protective legislation and enforcement; children's life skills, knowledge and participation; monitoring and reporting and availability of services for recovery and reintegration⁵⁰.

Although this study did not intend to address the eight elements, one can argue that the societal attitude towards children in general is supportive and protective despite the fact that Palestinians think of children as minors incapable of making their own decisions. The educational and social system is not capable of integrating children as active players in the society and therefore, their voice can be overlooked and ignored.

The Palestinian Authority within the past ten years has ratified and endorsed many related international laws concerning the convention on the rights of children and related laws, unfortunately the ability to execute such laws is still facing many challenges despite their efforts to do so. This can also be expressed with regards to the ability of the Palestinian Authority to protect children who are subject to abuse; harassment or violence. It would not be possible by the Palestinian Authority to promulgate and execute laws that can protect effectively both children and institutions serving vulnerable children should the political situation continue to deteriorate.

However, one argue that although children are considered unable minors, child participation in the struggle against occupation has contributed to strengthening their positions in negotiating their role and making their voices heard especially at the political front. Unfortunately this has not been translated equivalently in other spheres such as in the social sphere such as in education, labor and marriage.

Despite the rapid changes in the environment surrounding children, there has more attention and resources given to monitor the Palestinian children situation especially those related to the impact of the political violence on the psychosocial health, educational and economic conditions. Still little is known about the size of physical, sexual and social abuse of children especially vulnerable and poor children. Still research and data on children are fragmented despite the wealth of information produced by PCBS and professional bodies.

Unfortunately, the right of Palestinian children to obtain the basic health and social services

⁵⁰http://www.unicef.org/protection/index_environment.html

is grossly violated under the deteriorating conditions in the oPt. As stated in the Convention on the Rights of the Child, "States should recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services"⁵¹. The United Nations consider Israel as solely responsible for protecting the rights of children and it is the duty of the occupying force to protect children in war situation given that still there is no recognition of Palestine as an independent state. Therefore, child rights should be seen as an integrated as a precondition for the well-being of children especially in situation like Palestinian children who live continuously under occupation that humiliate them. Palestinian children are not enjoying human rights granted to them by the international law which are necessary tools to facilitate conducive environment for providing children with enjoyable, safe, stable, predictable and sustainable healthy environment. Under the current prevailing conditions, institutions are unable to provide such kind of environment and programs that can be responsive to children's peculiar needs and concerns.

Moreover, institutions that provide services to children should be considered essential players in the Child Protection Initiative and in providing basic services to children. These institutions should play an advocacy role in supporting children's rights-based policies, programs and laws that help protect children from being harmed, abused, neglected, and becoming ill. These institutions should be governed, managed, operated and monitored by qualified and able bodies to ensure that they are able to provide a safe, developmental, healthy, happy and protective environment that respects children's rights. For example, the Children Act of 2004 in UK, which is an extension of the Children Act 1989, developed a framework of duties and accountabilities that will help in the development of quality services relating to the needs of children⁵². Under this act, the Child Protection Initiative calls for establishing a core of skills and knowledge for the workforce that serves children. This can cover effective communication and management, child and young person development, safeguarding and promoting the welfare of the child, supporting transitions, multi-agency working, coalition building and information sharing. These institutions and programs should have three basic competencies: knowledge of basic child protection, strategies to identify children at risk, and skills and resources to help children they serve. Unfortunately, most of these competencies are lacking among institutions in Gaza Strip as most of these institutions suffer from lack of resources and unskilled staff, unsafe environments. In many ways, they are not in line with the standards of child-friendly institutions.

Table (7) below shows that the number of institutions and activities serving children in Gaza still severely insufficient. There are 40 places (sites) for educational and recreational activities, which inhabitants think do not fulfill the needs of children in Gaza's urban and semi-urban areas. Seven institutions offer nurseries for infants below three years old while 15 others provide kindergartens for early childhood development for children under six years old. We found only one place that has a video display room among all surveyed institutions whereas and found only 17 suitable outdoor or indoor playgrounds. The study of institutions does not look at the services in terms of their relevance, quality, safety, child friendliness aspects and the percentage of children covered by these services. It is

⁵¹ Convention on the Rights of the Child –General Assembly resolution, November, 1989

⁵²Children Act of 2004 in UK

worthwhile that future studies look at such dimensions including the extent of which these institutions adopt bylaws and policies that promote child protection culture and procedures as well as percentage of children satisfied with such services.

Table 7: Distribution of services offered by surveyed institutions

Type of services	Number	Percentage
1. Nursery	7	15.6
2. Kindergarten	15	33.3
3. Schooling	9	20.0
4. Library	21	46.7
5. Vocational Training	14	31.1
6. Outside play ground	8	17.8
7. Inside Play ground	9	20,0
8. Open Areas	14	31.1
9. Computers	19	42.2
10. Health Center	7	15.6
11. Functional Care Clinic	5	11.1
12. Video Room	1	2.2
13. Lecture Room	2	4.4
14. Renting Places for activities	1	2.2

V11.1. SHORT OVERVIEW OF THE PROGRAMS

In Gaza, there are welfare and protection institutions including programs and activities directed towards the 16 groups of children who are in need for protection. The percentage of services delivered by children institutions vary-from one group of children to another. The percentages of such groups based on the finding of the study are as follow: children under poverty line (18%), children without parents (15%), children deprived of normal family life (12%), prisoners and martyred children (12%), disabled children (10%), mentally abused children (9%), physically abused children (6%), sexually abused children (3%), street children (3%), children in general (3%), orphanage children (2%), juvenile delinquents (3%).⁵³ See table (8).

Table 8: Type of groups served by the interviewed institutions

	No. of Institutions	Target Children Groups
1. Children under poverty line	31	68.9
2. Children with disabilities	26	57.8
3. Prisoners and martyred children	23	51.1
4. Children prisoners	20	44.4

⁵³ Ministry of Social Affairs 2003.

5.Children with mental health problems	18	40.0
6. Physically abused children	12	26.7
7. Sexually abused children	10	22.2
8. Orphans	23	51.1
9.Children deprived of normal family life	14	31.1
10. Street kids	10	22.2
11. Illegitimate children	9	20.0
12. Juvenile delinquents	8	17.8
13.Children affected by the occupation	1	2.2
14. Slow-witted children	1	2.2
15. Sick children under 5 years old	1	2.2
16. All groups of children	5	11.1
17. School children	1	2.2

Several studies show that NGOs and community development organizations are more effective in serving children in need in Gaza as they provide 72% of the services for children living below the poverty line. However, in Table (5), we notice that only 68.9% of such institutions are actually providing such services for children below poverty line. On the other hand, other studies show that 73% of the children's institutions provide services for children without parents which are not in line with the results shown in table (5) where only 20% of the institutions deliver services for this category of children. Furthermore, studies indicate that 61% of institutions provide services for children deprived of normal family life, but table number 5 shows that only 31.1% provide services to them. In addition, 60% of them provide services for imprisoned children while 51.1% provide services for both martyrs and imprisoned children. Finally, the studies talk about 74% of the institutions deliver services for disabled children but results show that only 57.8% actually provide such services.

Other similar studies on the services provided for child protection in the occupied territories conducted by Birzeit University's Institute of Public Health and Community Health and National Plan for Action Secretariat in April 2006 indicated that 26% of these organizations focus on disabilities often targeting adults as well as children at the same time. Twenty-two percent (22%) of services target the poor, 20% children without family care, 12% victims of Israeli occupation and war, and 11% abuse and neglect. Three percent (3%) of services address the needs of children in conflict with the law, 3% child laborers, and 2% provide support for children in Israeli detention.

These studies indicate that services available and offered to vulnerable, poor and marginalized children are still severely inadequate, underdeveloped and lack the protective environment that can assist these children to lead normal and healthy life as possible. Again, these results do not provide clear picture on the percentage of children covered by such services and the percentage of children benefiting from such services. There are many overlapping services while suffer inadequate documentation and updated information

on their target groups. In other words, many of the institutions that are providing services to children compete with each other for funding and other resources since that most NGOs and Governmental services depend to great extent on outside financial assistance. This dependency force such organizations to tailor its programs to what the donors are interested to support and less on the needs, priorities and concerns of children. This exacerbates the redundancy of services, minimize coordination and cooperation, hinder creative strategies to sustain such services and risk continuity, effectiveness and ability to adopt developmental approaches in improving and designing child related programs.

The organizational and management style of the majority of child service organizations lack the appropriately trained human resources who are equipped with skills, knowledge and attitude that can understand the developmental, psychosocial and peculiar needs and world of children. This is resulted from lack of adequate planning and capacity building programs which can prepare these institutions to be child friendly in terms of policies, staffing, facilities and consequently protocols and guidelines that can take into consideration the realities of these children. Still children are dealt with as targets and not partners and active players in shaping and evaluating such services.

V11.2. GENREAL ASSESMENT OF THE PROGRAMS

Programs provided by all national and international governmental or non-governmental organizations do not respond sufficiently to the needs of all children in Gaza city whether in urban, semi-urban areas or refugees living in camps. Gaza City hosts more than 40% of the total population in the Gaza Strip. It is the heart of a compact area where borders between different parts (Gaza City, Northern Governorate, Middle area Governorates) are hardly definable. Although most institutions concerned with children in the Gaza Strip are located or have offices in the city, still they are unable to cover all of the children's needs.

In July 2004, field workers covered 45 institutions that specialize in serving children around Gaza City including urban and semi-urban zones in the area from Shati' Refugee Camp in the West to Shija'iyah in the East and from Sheikh Radwan in the North to Zaitoun and Tal El-Hawa in the South. Field workers explained to the contact persons in these institutions the objective and the importance of the study and the project. Furthermore, they explained to them how to answer the questions on the comprehensive questionnaire. Most of institutions responded to the questionnaire.

V11.3. INSTITUTIONAL PROFILES

Field workers visited and studied 45 institutions and programs addressing children's issues and problems. These institutions deliver services for all children from 0-18 years old and for 16 groups of children in the urban and semi urban areas of Gaza city. The surveyed institutions had different missions and objectives as illustrated by annex 9.1.

The study illustrates that institutions face many challenges and obstacles which can range from lack of resources, limited staffing, limited funding, high demand on their services and lack of specialized services, (see annex 9.2). The study concludes those children's institutions in Gaza City need to overcome a number of weaknesses. The vast majority (about 95%) of the institutions visited by the team believe that they have many weaknesses. There are not enough institutions in all urban and semi-urban areas to fulfill the needs of children of all ages and groups. The responses spelled out many weaknesses

that institutions had including:

- 1- Interviewed institutions' representatives believe that the existing institutions do not suffice to meet all the needs of children in Gaza. There is not enough staff working or volunteering in these institutions to effectively deliver their programs and activities mandated by their institutions.
- 2- Institutional budgets are too low to execute their proposed programs. The majority of the institutions pointed out those resources available are not sufficient to provide the services demanded by the target children.
- 3- Networking and coordination between these institutions needs to be developed and strengthened to meet the needs of target children.
- 4- Capacity building, including staff and institutional development, are among the requirements to enable these institutions to execute their current and future programs. The interviewed representatives of target institutions believe that current staff should enroll in training programs to enhance their managerial and professional skills.
- 5- There is also a need to expand existing programs and establish new ones to meet the needs of children from both sexes and urban and semi-urban areas of Gaza City.

V11.4. Child Services provided by Gaza Municipality:

Municipality of Gaza is the largest local authority in Palestine in terms of population of approximately 500,000 inhabitants living in an area of 45 sq. km as well as hired staff of about 1,800 employees (229 employees with high education) of total salary of 1 million US\$ per month. The municipality serves more than 40% of the Gaza Strip population (around 16% of the whole population of West Bank and Gaza) in addition to the beneficiaries of various PA' ministries, public and private associations, local and international organizations, NGOs and universities, etc situated in the city. Collected fees and taxes from citizens constitute the main source of the municipality's revenues to cover the running and operational costs of provided services including staff salary (Gaza Municipality report, April 2007)⁵⁴. The Municipality of Gaza provides range of core services including:

- Provision of water supply and sanitation services,
- solid waste collection, transfer, disposal and treatment,
- local road pavement and maintenance,
- libraries, parks and recreation facilities management,
- slaughterhouse management,
- market supervision,
- land use planning and development, building approvals, and
- business & professional licensing.

The report also refers to the high demand on services given the expansion of population and urbanization activities in the Gaza city. This puts pressure on the limited financial and human resources available at the Municipality and suffer for 2007 from almost 5 million dollars deficit. The main reasons for such deficits is the inability of people to pay for the services received from the Municipality resulted from the siege of the entry of

⁵⁴ Gaza Municipality Emergency Report (April 2007):Review of Public Services Situation & Urgent Needs

money, goods as well as the fighting between Hamas and Fateh factions which exacerbated the economic and security situation.

Most municipalities in Gaza have child health related services provided through; 1- Health and Environment Department; A specific department that deals with environmental health issues, garbage collection and disposable, cleanness, water safety, rodents control, community health are almost existed in every municipality. Most health and environment departments regularly conduct/implement health education programs, community initiatives such as community mobilization activities through local community committees. For example, in Gaza City there are formal community committees which are managed by the municipality and contain community influential leaders and community members. Table (9) shows the following activities that were carried out and recorded by Gaza Municipality.

Table (9): Main activities provided by programs affiliated with Gaza Municipality by number of target groups.

Activity	Beneficiaries
Working in schools	59320
Summer camps	26529
Child to child	330
Theatre for children	57011
Play for all	1400
Swage disposable	40
Awareness for parents	1200
Open days	600
Computer TOT	20
Computer training	200
Safe environment	23,000
Environmental clubs	300
BCC- MARAM	2470

Additionally, specific programs are also available in municipality which carryout specific children related activities. Other services are provided to children under the umbrella of Gaza Municipality such as children theatre, drawings, psychological support, school theatre, Palestinian folklore, cultural projects, health education projects, healthy environment project and others. Each year 1500 children benefit from such the healthy environment project especially aged (8-14 years). Moreover, Gaza municipality operates a recreational and cultural centre called HOLIST and provides services similar to the ones mentioned above plus library for children, sport, music and educational programs for children aged from 6-12.

The Gaza Municipality has five children's programs and divisions managed and coordinated by the Director General's office. The programs cover different areas of Gaza City and specialize in a variety of issues. Annexes number X.1-X.5 give detailed information on the mission and vision, the general goals, strategies, future plans, and the strengths and the needs of these programs. Therefore, Gaza Municipality can act as a focal point, coordination body and host of such programs upon election of the Steering Committee that will be charged with management of the capacity building program.

Capacity building for Gaza Municipality should focus on crisis management, strategic planning, problem-solving, fund-raising, quality management and income generating projects, solid waste management and urban planning.

V11.4. CAPACITY BUILDING NEEDS

Results of the institutions' capacity building assessment, show a need to develop the management capacity of children's institutions in Gaza City (see table 9). The training courses may include project planning; strategic planning; setting up mission, vision and objectives; recruiting staff and volunteers; organizational management; and financial skills to help the institutions and their staff and managers meet the needs and address the problems of children in Gaza. The board members and managing staff of the children's institutions should participate in these training courses. Each of these training courses will be customized to meet the needs of the institutions. The package will contain a comprehensive program to develop the capacity of the institutions addressing children needs and problems.

Prior to implementation, it is necessary to form a steering committee comprising key figures from children's institutions and the Gaza municipality. Selection criteria must be defined to select participants in each of the courses. Upon completion of the training, it is important to conduct follow-up with participants to assess how useful the training was for their jobs and to ensure they fully benefited from the training in their work. The follow up will take 10 hours for each of the 45 institutions and the training consultant will meet, observe and stay with the trainees inside the institution. The full training program is supposed to be completed within one year. There should be a minimum 12 and maximum 16 participants in each training course. It will be necessary to re-conduct some of the training courses such as planning, strategic planning, mission, vision and objectives, as well as management and financial skills to allow more institutions benefit from them. It is expected that more than 960 persons will benefit from this program.

After completion of the training, it will be important for a team of qualified and professional consultants to evaluate the impact on participants and on institutional capacity. The evaluation team will meet with participants, board members and staff of the institutions and with children benefiting from such institutions as well as with key personalities from the local community in Gaza.

Table (10): Training needs of the surveyed institutions

No	Course Name	No. Hours	Cost Hours in USD	Total Cost
1-	Planning For children's institutions	24	45	1080
2-	Strategic planning for children institutions	28	45	1260
3-	Setting mission, vision, goals & objectives	18	40	720
4-	Project and programs planning and management	20	45	900
5-	Fundraising and project proposals writing	28	45	1260
6-	Managing staff and planning	18	40	720
7-	Organizational management	18	45	810

8-	Decision making and delegation	20	40	800
9-	Conference and meeting management	15	40	600
10	Staff and volunteer recruitment	24	40	960
11-	Effective communication skills	18	40	720
12-	Collective work and teambuilding	25	40	1000
13-	Time management	15	40	600
14-	Financial management for institutions	28	45	1260
15-	Budgeting for institutions	25	45	1125
16-	Report writing	20	40	800
17-	Board meetings	15	40	600
18-	How to take minutes of meetings	12	40	480
19-	Networking and coordination	16	40	660
20-	Media and public relations	18	40	720
21-	Conflict resolution and problem solving	24	40	960
22-	Addressing children's needs and issues	28	45	1260
23-	Gender and children	24	40	960
24-	Democracy and children's rights	24	40	960
25-	Needs assessment process	20	45	900
26-	Dealing with children during crises	20	45	900
27-	Staff motivation and productive work	15	40	600
28-	Monitoring and evaluation of development programs	24	40	960
29-	Different professional and technical courses	500	50	25.000

It is evident that capacity building is rather a priority for most of service providers while there is a need to stress the employment of the child-centered model and child rights framework. Unfortunately, most service providers look at children as a targets and not as partners in the process of identifying their capacity building needs. The training should consider integrating child rights as the main leading framework in conducting the development of services and programs. This necessitates building resource trainers and managers who appreciate the world of children and sensitive to the concept of child-friendly institutions that are geared to provide quality of services that are likely to have better and positive impact on the children health and development. General guidelines should be made available for training teachers, health educators, counselors, physicians and nurses, project managers, trainers, families and youth leaders and others who are likely to be working in child institutions. More work is also needed to make the institutions' physical environment much safer and conducive to learning and enjoyment. Counseling services are still under developed and requires formal and informal training on continuous basis while adopting the child rights framework and child-centered management. Financial and technical support should be provided by international organizations to ensure the

proper development of such services taking into consideration the necessity to build on local experience and the reality on the ground. Many of these institutions should also re-design their management style to introduce policies, legislations and programs that consider active participation and representation of children based on the framework of children's rights and well being and encourages reform in the traditional paternalistic management to encourage better coordination and mobilization of resources that are available within Gaza city.

V111. KEY CONCLUSIONS & RECOMMENDATIONS

This study provides a general description of the political, economic, health and psychosocial conditions of Gaza city under the Israeli occupation and after. It is obvious that children are the hardest hit segment of the population and considered as the most vulnerable group given the socio-cultural context and the prevalent political conditions. Children protection under such conditions require that existing institutions need to consider the following in order to be more responsive to the growing needs and demands in Gaza

Based on the results of the study, the researchers can conclude the followings:

1. The current situation of children in Gaza and the Opt calls for a national and international efforts to enforce the international law, the convention of Child Rights and Geneva Convention to protect Palestinian children and population that are still under military occupation.
2. Child protection policies, laws and programs are still inadequate and poorly framed to serve the best interest of Palestinian children especially the disabled, imprisoned, orphanages and poor.
3. Institutions in Gaza are poorly equipped to provide the basic services for child protection and can't cope with the increase in the demand for more services as the situation worsens.
4. The meetings, interviews, experiences and the analysis of the information obtained from the institutional survey, provide an overview the type of services that are provided for children and their needs for capacity building. These institutions have played an important role in fulfilling the needs of male and female children in both urban and semi-urban areas of Gaza City and in the surrounding areas. Programs need to be tailored as much as possible to re-establish a sense of normalcy in the lives of Palestinian children by enabling them to fully and effectively participate in on-going recreational, cultural, sporting and other extra-curricular activities. It is important to extend assistance to existing children's institutions and community-based initiatives concerned with creating such opportunities.
5. Institutions should foster children's resilience and encourage them to have a positive attitude about their future. Programs must be prepared to empower children and develop their ability to cope with the stress and hard conditions they live in so that they can have control over their lives and their future. It is therefore important to focus on activities that motivate them to express themselves and help them solve psychological, social and behavioral problems so that they develop the desire to change into positive and supportive members of the community and to contribute to community development.
6. The vast majority of children's institutions and community centers need to secure core funding to cover their running costs in the form of grants that pay for their

- expenses over two years at least. The size of the grants needed vary according to the size and nature of every institution and activity ranging from US\$ 20,000-30,000.
7. Moreover, these institutions need IT equipment and other technologies (including computers, photocopying machines, faxes, televisions, videos, satellite receivers, etc.) to upgrade their technical capabilities.
 8. It is also essential to provide them with indoor and outdoor playing facilities like parks, sports centers, libraries, theaters, etc, which can be established in the specialized institutions in Gaza City.
 9. There will be a need to elect a central body to act as coordination and networking committee for all children's institutions. These institutions will form the general assembly that shall elect such committee.
 10. It will be necessary to set up a coordination and managing team comprising a program director, two coordinators and a secretary to assist both the elected body (Steering Committee) and funding agencies to manage and coordinate all capacity building programs and activities.
 11. Future studies require addressing the different needs and priorities of children at different developmental stages against the type and scope of services provided to identify age-specific service gaps in the different regions of Gaza city.
 12. Future studies require assessing the extent of which existing institutions are integrating the convention of the rights of the child in the policies, programs and services offered to children. This would help existing organizations to design such services to become more sensitive to child protection initiative that best suit children's rights living in unstable and crisis situation.
 13. A more comprehensive and rigorous evaluation study is needed to come up with more specific capacity building plan that takes into consideration the child initiative framework in the context of child rights convention. Such study is essential to develop an integrated study that address the current policies, human resources, programs and services required to promote the well being of children in Gaza.
 14. Children should be involved as partners in the assessment, planning and evaluation of programs offered to children by local institutions and not to be dealt with as passive recipients of services.
 15. Institutions that are involved in providing services to children should attract skilled human resources that are equipped with the basic skills and knowledge of children peculiar needs within the context of the convention of child rights. Continuous continuing education and capacity development should be integrated in the framework of child institutions to provide relevant, effective and safe services to children.
 16. Psychosocial services should be integrated in almost all the work of children's institutions given that majority of these children has been exposed to some degree of psycho trauma or to violence.
 17. Protection laws and programs are not yet well-developed and executed for protecting vulnerable children despite the efforts exerted by the Palestinian Authority and the NGOs.

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- 7- [http:// www.pcbs.org](http://www.pcbs.org/)
- 8- ¹http://www.unicef.org/protection/index_environment.html

X. ANNEXES

X.1. Objectives of institutions surveyed

Hölst Cultural Center	Increase the number of community awareness courses Organize new activities that match the current situation
Gaza Municipality Public Library	Establish a multi-purpose cultural hall to implement different activities, especially for children Establish a computer and internet center for children and other segments of the society to provide training Develop and expand a children's library Work on linking the library's electronic net with other libraries in the Gaza Governorate Establish a mobile library that reaches the marginalized areas of the Gaza Strip
Environmental Counseling Section/ Environmental Health Department	Preserve and develop the achievements in ideas and projects Work on the implementation of children's friendly cities initiative Implement and expand the idea of children's safe play areas to include all neighborhoods of the City of Gaza Work on implementing what was achieved through the study on extending children's priorities Work with other organizations to apply needs of persons with special needs in different facilities
Arts and Crafts Village	Support exhibitions of talented artists Organized specialized workshops (silk-screening, crayon painting, use of material from the environment)
Gaza Municipality – Is'ad Attufulah Center	Reach children in areas of confrontation Train human resources on all modern techniques related to dealing with children Develop the children's out-door play ground by installing wooden games Develop different activities for the center for creativity Improved the center's buildings

X.2. PROGRAMS OFFERED BY INSTITUTIONS

Organization Name	Programs currently implemented by the organization
Tadamun (solidarity)	1. A project to improve the visual abilities in the schools of northern Gaza 2. Development programs for women and families in rural areas 3. Summer camps for English language 4. psychological support programs for children
Near East Council of Churches Committee	1. provision of health services 2. Vocational training in carpentry, smothery, aluminum and general electricity 3. provision of in-kind and cash aid
Alamal Institute for Orphans	1. Social programs 2. Psychological 3. Cultural 4. sporting
Da'ouna Nafrah (Let us have fun)	1. Social programs (permanent like the orphans care "custody"), (seasonal like distributing in-kind assistance) 2. Cultural programs (children's dreams band to train children on theater work, Dabkah (Palestinian dance) and puppet

	shows) 3. Recreational programs 4. Awareness programs 5. educational programs
Holy Family School	1. Kindergarten 2. Academic education from grade one up to grade eleven scientific section 3. developed and variant extra-curricular activities
Deaf children Association	1. Vocational rehabilitation 2. Educational vocational rehabilitation 3. Check of hearing abilities 4. Counseling 5. in-kind assistance
Altawheed (monotheism) Society	1. Programs to teach memorizing the Koran 2. Programs for talent development 3. In-kind and financial aid programs 4. summer clubs
Tabarak (Blessed) for Child development	1. Summer tutorial classes 2. cultural seminars for women
Muslim Young Women Association	1. Cultural programs in all areas 2. Programs for memorizing the Koran 3. Computer centers 4. Summer camps 5. aerobics and fitness classes in addition to hairdressing courses
Youth Future Saving Association	1. Educational and awareness programs 2. Computer classes 3. Workshops in health 4. Painting classes 5. courses in Dabkah
Children World Refugees	
Union of Women's Work Committees	1. Kindergarten, nursery 2. Sewing centers 3. Women awareness and rehabilitation 4. Education of youngsters 5. Summer camps 6. Training courses (administration, finance, projects, elections, etc.) 7. psychosocial support programs for children
Palestinian Academy (Almarsad)	University education
Palestinian Association for Mother and Child Care	Care (financial custody) of orphans
Children's organization for development and education	Seasonal relief programs including school bags, food packages, gifts on special feasts Nutrition programs for children in partnership with local organizations Transportation of children in remote areas Developmental programs Health programs
Ministry of Education and Higher Education	
Alnoureen Society for Rehabilitation	Education, entertainment, health, psychosocial and nutrition programs

of the Disabled	
Palestinian Higher Council for Mother and Child	
Palestinien Charitable Terre des Hommes Association	Support pure breastfeeding Treat children with malnutrition to halt any complications and side effects Treat asthma (lung allergies) Ensure balanced diet at household level in times of emergency Develop policies and protocols related to nutrition and treatment of anemia among children and mothers nationwide
Association of Friends of the blind and rehabilitation center	Kindergarten and elementary school Integration program detection and family awareness
Al-shams Center for rehabilitation of the Disabled	Special education programs Vocational training Counseling and awareness care
Educational Programs Society	Rehabilitation of children in pre-school age Rehabilitation of disabled children Rehabilitation and training of kindergartens teachers Raising awareness of women and educate them on handling their children under difficult circumstances
Palestinian Progressive Youth Union	Summer camps for children and adolescents in the Gaza Strip Awareness and educational programs for children and young persons Educational and psychological support programs International exchange programs to support the struggle of the Palestinian people Festivals, seminars and cultural and social workshops
Youth horizons	Psychological support program for children in Alzaytoun area Project to distribute clothes to children
Culture and Light Center	A public library for all ages including children Summer club for children (two weeks) English language teaching at different levels by recruiting foreign volunteers
Hölst Cultural Center	Library Computer courses Music and theater courses Awareness and cultural courses Sports activities
Right to Live association.	Early intervention program Kindergartens program Special education program Pre-vocational training Vocational training
Ministry of Social Affairs	Individual and group counseling Psychosocial intervention among children and families at risk Awareness programs on the law on the rights of children Recreational programs for children
Gaza Municipality Public Library	Cultural competitions Painting of all kinds Writing stories and poetic dialogues Video shows, making puppets and Lego Calligraphy and painting workshops

Environmental Counseling Section/ Environmental Health Department	Field visits Environmental clubs and summer camps Follow up of small projects of the children's municipal council Application of the child-to-child approach Health and environmental awareness in schools
Arts and Crafts Village	Organize a program for development of painting in schools during school year Organize summer camp for talented children Organize an exhibition for their works Issue a book on implemented activities
Gaza Municipality – Is'ad Attufulah Center	Program for early childhood care in coordination with nurseries and kindergartens Different activities to preserve Palestinian legacy and culture Theater, drama and music programs Sports programs Health programs
National community rehabilitation center	Home care of physically disabled persons Hearing clinic Programs of speech and language Vocational rehabilitation of the disabled Fadwa Touqan program for creative women
Shaza Culture and Arts Association	School trips and summer camps to the zoo Theatrical shows and artistic spectacles on the association's stage Training, cultural and religious programs for children Training certificates for Palestinian women to enable them find work opportunities Public cultural and educational library in the association
Women activity center	Courses in cosmetics Library Recreation Kindergarten Nursery
Palestinian Charitable Benevolent Working Committees	Cultural programs in the area of environmental, health, cultural and social action.
Association of Blind Graduates	Speaking library Children's library Computer programs Music Sports
Union of Health Work Committees	Educational and social programs for children Reproductive health programs Primary health care programs Health education and social awareness Treatment through hospital
Alqattan Child Center	Dependent on the inauguration, to include A huge library specialized for children A multi-purpose hall Handicrafts
Child health – Division	
Palestinian Association for Rehabilitation of the Handicapped	Individual academic teaching Vocational rehabilitation Extra-curricular activities Outdoor programs Summer activities
Saeed Almishal Association for Culture and	Courses in plastic arts Theater shows Educational cinema shows Artistic and folkloric courses (Dabkah) Computer courses and tutorial classes

Sciences	
Young Journalist Club	Adolescents forum of the 30 members creative in journalism, plastic arts and theater Environmental media camp Summer media camp Radio and TV programs for children and adolescents Promoting questions of interests for children and adolescents in the media through TV, radio and newspapers
Palestine venire Society	Physiotherapy and special education Psychosocial research Vocational training and integration and development of children in addition to family counseling Outreach activities on speech and language abilities Cultural unit

X.3. OBSTACLES FACING INSTITUTIONS

Organization Name	What in your opinion, are the obstacles facing your organization?
Tadamun (solidarity)	Routine in dealing with other organizations Lack of transparency and credibility in dealing with other organizations and the business language used in their name
Near East Council of Churches Committee	Increasing number of persons in need of the services provided in reason of the deteriorating economic and social situation in the Gaza Strip and lack of financial capacities to provide services to such huge number of persons
Alamal Institute for Orphans	Sufficient care for the goals of the institution
Da'ouna Nafrah (Let us have fun)	
Holy Family School	Parents of students do not fully commit to payment of fees and financial dues Laws of the Ministry of Education Lack of cooperation of governmental institutions with private schools
Deaf children Association	Absence of stability and closure of the areas Unstable funding and donor agencies Increased demand on services with limited capacities
Altawheed (mono-theism) Society	An increased number of persons wishing to benefit from our services
Tabarak (Blessed) for Child development	Lack of basic needs of children (toys, open large play areas, specialists to deal with children and assess their needs)
Muslim Young Women Association	Freezing (of funds?) Insufficient financial resources to increase activities
Youth Future Saving Association	

Children World Refugees	
Union of Women's Work Committees	The current bad economic situation Lack of centers that are owned by the union Unstable sources of funding Women's views of volunteer action
Palestinian Academy (Almarsad)	Lack of funding
Palestinian Association for Mother and Child Care	Lack of funding
Children's organization for development and education	
Ministry of Education and Higher Education	Israeli blockade and the war declared against the Palestinian people
Alnoureen Society for Rehabilitation of the Disabled	Lack of funding Insufficient space in the premises Piece of land and a car
Palestinian Higher Council for Mother and Child	Absence of a clear plan for the institution Personnel members do not have sufficient authorities or encouraged to take initiative Lack of organizational structure No budget
Palestinien Charitable Terre des Hommes Association	Repetitive closures prevented employees from reaching workplace Purchases are delayed Funding delayed and conditional by non-payment of operational costs Increased number of beneficiary group while buildings and human resources are insufficient
Association of Friends of the blind and rehabilitation center	The serious security situation in the areas and repetitive closures causing delay in implementation of programs, receipt of equipment needed in the center
Al-shams Center for rehabilitation of the Disabled	Lack of funding
Educational Programs Society	Financial crisis because the Ministry of Finance did not pay 25% of the salaries causing a three-month deficit
Palestinian Progressive Youth Union	Funding and lack of premises Current situation and the impact thereof on children and youngsters
Youth horizons	Donor agencies do not deal with newly established organizations unless unacceptable conditions that do not match their work are imposed Funding and working opportunities
Culture and Light Center	Lack of funding Lack of books in local markets
Hölst Cultural Center	Lack of financial resources

Right to Live association.	Occupation Financial crisis
Ministry of Social Affairs	Lack of funding
Gaza Municipality Public Library	Funding
Environmental Counseling Section/ Environmental Health Department	
Arts and Crafts Village	
Gaza Municipality – Is'ad Attufulah Center	
National community rehabilitation center	Irregular funding The center's premises are leased and not owned
Shaza Culture and Arts Association	Some high expenses Members do not all commit to taking part in the activities of the organization The general economic situation that affects negatively the organization's activities
Women activity center	Lack of governmental, self, or external funding and reliance on UNRWA funding
Palestinian Charitable Benevolent Working Committees	Funding
Association of Blind Graduates	Lack of funding Closures Authorities of some decision makers who are not aware of the needs of blind persons
Union of Health Work Committees	Increased unemployment and poverty rates raising thus the financial burden of health services
Alqtan Child Center	Difficulty to bring in Arab and international children experts Closures
Child health – Division	Insufficient trained and qualified human resources
Palestinian Association for Rehabilitation of the Handicapped	Bad situation in the local community as a result of poverty and unemployment Increased needs in the local community
Saeed Almishal Association for Culture and Sciences	Financial impediments Different organizations do not understand the role of the institution because of their views of its director
Young Journalist Club	The club does not have permanent premises Occupation checkpoints Lack of permanent budget
Palestine venire Society	Limited funding in comparison to community needs for rehabilitation of handicapped children The current situation Closures and checkpoints that impede work and expansion to southern parts of the Gaza Strip

X.4. SERVICES PROVIDED BY INSTITUTIONS

Hölst Cultural Center	Entertainment and education of children
Gaza Municipality Public Library	Services
Hölst Cultural Center	Group work to achieve a healthy and safe environment to all. Provide services to children and families in addition to extra-curricular education to children.
Gaza Municipality Public Library	A service institution aiming to provide and communicate information to the public.
Environmental Counseling Section/ Environmental Health Department	Work on raising public awareness of environment and health among children and all individuals; encourage a spirit of community participation and cooperation between the organization and local community to achieve a health, clean and safe environment for children.
Arts and Crafts Village	Preserve Palestinian folklore and raise awareness.
Gaza Municipality - Is'ad Attufulah Center	Provide educational leading services to children.
Environmental Counseling Section/ Environmental Health Department	
Arts and Crafts Village	Preserve and develop folklore and provide care to the fine arts movement
Gaza Municipality – Is'ad Attufulah Center	Contribute to upgrading children's cultural and educational level in particular

X.5. STRATEGIES CONTRIBUTE TO SUCCESS OF INSTITUTIONS

Hölst Cultural Center	Conciliation between plans and needs of families and children
Gaza Municipality Public Library	Full cooperation between the library's management and administration of the municipality Reinforced trust in personnel
Environmental Counseling Section/ Environmental Health Department	Presence of a law that is applied to all Presence of clear and specific plans for the near and long-term future Presence of a financial system Full cooperation at local and international levels
Arts and Crafts Village	

Gaza Municipality – Is'ad Attufulah Center	Participation of the cultural committee with the educational team in designing plans Questionnaire to solve impediments Citizens are committed to their work Continued fundraising to develop the plans of the center
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Hölst Cultural Center	Diversification of activities Location of the organization
Gaza Municipality Public Library	Existence of administrative structures and the fact that the administration understands needs of personnel Job descriptions for employees who all understand their duties Highly qualified human resources The director general of the municipality is fully aware of the personnel problems and works on solving them promptly
Environmental Counseling Section/ Environmental Health Department	Organized administrative structure Presence of financial, administrative and legal system Qualified personnel Existence of several facilities and services centers for all programs
Arts and Crafts Village	Strong and quality exhibitions Success of the painting programs in schools
Gaza Municipality - Is'ad Attufulah Center	The institution's educational programs that rely on experiences and qualifications of personnel Persistent participation of center's visitors Reinforcement factors for children and citizens Salaries of employees are paid by the municipality Strategic location of the center

Hölst Cultural Center	Abundance of experiences of children and families The area is popular, highly crowded with a population that needs awareness
Gaza Municipality Public Library	Personnel trained locally and abroad Administration understands needs Full cooperation between management and personnel Effective support by the top administration in the Gaza Municipality
Environmental Counseling Section/ Environmental Health Department	Presence of an administrative and legal system Presence of funding Continued development of human resources Cooperation between the different sections and departments of the municipality
Arts and Crafts Village	Its uniqueness
Gaza Municipality - Is'ad Attufulah Center	The Gaza municipality ensures administrative, financial and technical supervisions\ Service provided by management team Facilities by the municipality Follow-up and supervision The municipality owns the center, which is a distinguished idea
Hölst Cultural	Development of management team Provide a high

Center	capacity electricity generator Establish a closed sport hall and a swimming pool
Gaza Municipality Public Library	Financial sponsorship of activities Budget to purchase books and periodicals Air conditioning of the library Linking the library with other libraries Provide a specific budget to develop and maintain the library
Environmental Counseling Section/ Environmental Health Department	Financial support to implement future plans Develop and improve scientific and practical abilities of the organization Exchange experiences with other similar local and international organizations Provide equipment and machinery to contribute to realizing a clean and safe environment
Arts and Crafts Village	External support to improve the current situation Stable employees pay Increase the number of buildings Establish an in-door sports gymnasium Out-door play area
Gaza Municipality - Is'ad Attufulah Center	

LIST OF CHILDREN INSTITUTION

- 1) Alamal Institute for Orphans
- 2) Alnooreen Society for Rehabilitation of the Disabled
- 3) Alqtan Child Center
- 4) Al-shams Center for rehabilitation of the Disabled
- 5) Altawheed (mono-theism) Society
- 6) Arts and Crafts Village
- 7) Association of Blind Graduates
- 8) Association of Friends of the blind and rehabilitation center
- 9) Child health – Division
- 10) Children World Refugees
- 11) Children’s organization for development and education
- 12) Culture and Light Center
- 13) Da’ouna Nafrah (Let us have fun)
- 14) Deaf children Association
- 15) Educational Programs Society
- 16) Environmental Counseling Section/ Environmental Health Department
- 17) *Gaza Community Mental Health Program*
- 18) Gaza Municipality – Is’ad Attufulah Center
- 19) Gaza Municipality Public Library
- 20) Ghasan Kanafani Development Association
- 21) *Holem Association for Heritage (Dream).*
- 22) Hölst Cultural Center
- 23) Holy Family School
- 24) Ministry of Education and Higher Education
- 25) Ministry of Social Affairs
- 26) Muslim Young Women Association
- 27) National community rehabilitation center
- 28) Near East Council of Churches Committee
- 29) Palestine avenir Society
- 30) Palestinian Academy (Almarsad)
- 31) Palestinian Association for Mother and Child Care
- 32) Palestinian Association for Rehabilitation of the Handicapped
- 33) Palestinian Charitable Benevolent Working Committees
- 34) Palestinian Charitable Terre des Hommes Association
- 35) Palestinian Higher Council for Mother and Child
- 36) Palestinian Progresses Youth Union
- 37) Right to Live association.
- 38) Saeed Almishal Association for Culture and Sciences
- 39) Shaza Culture and Arts Association
- 40) Tabarak (Blessed) for Child development
- 41) Tadamun (solidarity)
- 42) Union of Health Work Committees
- 43) Union of Women’s Work Committees
- 44) Women activity center
- 45) Young Journalist Club
- 46) Youth Future Saving Association
- 47) Youth horizons

**Questionnaire on Organizations working in childhood development and care
In Gaza City
CADR - Consultants for Administration and Development Research**

I. Organization's Profile

1. Organization name:		2. Acronyms/ abbreviations if any	
3. Year established		4. Neighborhood	
5. Headquarters		6. Phone Number	
7. Fax Number		8. Postal address	
9. E-mail		10. Web Site	
11. Manager/ Director		12. Name and position of person in charge of data entry	
13. Supervisory Authority: 1. Governmental (); 2. Non-Governmental (); 3. Foreign (); 4. Other ()			
14. Contact person/ officer			
15. Is the organization registered? Yes () No () If yes, at which authority is it registered and what is the registration number?			
16. Does your organization have internal by-laws (standing orders)? 1. Yes () 2. No () Are such by-laws (orders) used in the management of the organization? 1. Yes () 2. No ()			
17. Type of ownership: 1. own property (self-owned) (); 2. Leased/ rented (); 3. Endowment (waqf) (); 4. UNRWA (); 5. Other ()			
18. Does your organization have branches or subsidiaries? 1. Yes (); 2. No ()			

II. Management, administrative and organizational structure:

19. A. Management	Yes	No
1. Is access to the organization easy and well-known?		
2. Does your organization have clearly regular working hours?		
3. Does your organization have a system for in-coming and out-going mail?		
4. Does your organization have a records-keeping (archive) system?		
5. Do you record and file minutes of your meetings?		
6. Do you have an officer in charge of establishing a table of contents of the office?		
7. Do you use your equipment efficiently and do you maintain them with care?		
8. Do you have a list of the organization's employees (staff)?		
9. If any employee violates administrative rules, will he/ she be disciplined (corrected)?		
10. Are the form and contents of reports circulated within your organization clear to your staff members?		
11. Is it clear to staff members when and to whom reports must be sent?		
B. Mission and Goals		
What are your organization's mission statement and vision, if any? (A)		
Are the mission statement and vision of your organization clear to members and staff? (B) 1. Completely clear (); 2. Partially clear (); 3. unclear ()		
20. What is your organization's general objective?		
21. What are the specific objectives/ for the establishment phase? 1. 2. 3. 4. 5. 6.		
22. Does your organization have any specific reference to design policies, mission statement and mission? 1. Yes (); 2. No ()		
23. If yes, who is your reference authority that designs policies and conceptualizes the organization's		

vision? 1. A general assembly (); 2. A board of trustees (); 3. a board of directors ()		
24. What is the authority in charge of daily work? 1. Executive Administration/ Management () 2. Board of Directors () 3. Director General () 4. Other ()		
25. Do you hold regular elections or have you elected the present members of your Board of Directors?		
26. How do you select members of your board of trustees and general assembly?		
27. Does your organization prepare regular (periodic) follow-up reports on its activities? 1. Yes () 2. No () 3. Sometimes		
28. Has your organization issued an annual report for the year 2003? 1. Yes (); 2. No (); 3. Under preparation ()		
29. In what language was your report issued? 1. Arabic (); 2. English (); 3. Both languages ()		
30. Has your organization issued any leaflets or brochures on its programs and goals? 1. Yes (); 2. No ()		
31. In what language have these publications been made? 1. Arabic (); 2. English (); 3. Both languages (); 4. others ()		
32. Place of publication: 1. Newspapers (); 2. Leaflets circulated to targeted audience (); 3. Web site (); 4. Others (), specify		
33. Does your organization publish an annual financial report? 1. Yes (); 2. No ()		
34. Does the financial report (statement) include	Yes	No
* Resources (revenues)		
* Source of such revenues		
* Manner of expenditure of such revenues		
35. Does your organization employ a certified accounts auditor?		
36. Is the accounts auditor employed by: 1. The Director General (); 2. Board of Directors (); 3. Board of Trustees/ General Assembly (); 4. Others (), specify		
37. Planning	Yes	No
1. Does your organization have a written plan for the next year?		
2. Does the planning process take into account the organization's mission		
3. Do staff members participate in the planning process?		
4. Does your organization have written goals for the coming three or five years?		
5. Do the plans cover:	Yes	No
What will be achieved? • For whom? • By who? • When? • How? •		
6. What are your organization's future plans? 1. 2. 3. 4. 5.		
38. Are your plans prepared according to specific time schedules (timetables)? 1. Yes (); 2. No (); 3. Sometimes (). What is the time ceiling for any plan?		
39. Does your organization have any administrative structure that specifies functions, mandate and responsibilities? 1. Yes (); 2. No ()		
40. If the answer is yes, do you consider that the existing organizational structure facilitates work in the organization? 1. Totally (); 2. Relatively (); 3. Does not facilitate work (); 4. Does not relatively facilitate work ()		
41 Main documents that regulate work in your organization:	Yes	No
1. Program document (a document that reflects vision, goals and work plans)		
2. a document specifying organizational structure and job descriptions.		
3. An administrative procedures manual		

4. A financial procedures manual		
5. Periodic administrative and financial reports		
6. An assessment system for employees and workers of the organization		
7. Special internal bylaws (standing orders)		
8. All of the above		
9. others, specify		
42. Are your organizations activities being implemented according to: 1. An annual plan (); 2. A bi-annual plan (); 3. A quarterly plan (); 4. A monthly plan (); 5. other (), specify		

Beneficiary or Targeted Groups .III

43. Does any of the following groups benefit from your organization?	Yes	No			
a. poor children					
b. handicapped (disabled) children					
c. Children of prisoners and martyrs					
d. Children of detainees					
e. Children who endured psychological trauma					
f. Children who were subject to physical harm					
g. Children who suffered from sexual abuse (harassment)					
h. Orphan children					
i. Children of dysfunctional families					
j. Street kids (beggars)					
k. Illegitimate children (of unknown kinship)					
l. Juvenile delinquents					
m. Others, specify					
44. What is the number of children benefiting directly from your organization’s services?					
Age Group	Sex		Total	Beneficiary Group	Neighborhood (Area)
	Male	Female			
Less than 6 years					
6 – 12 years					
13 – 18 years					
45. How do you assess the role of beneficiary group in your organization’s activities? Is it	Yes	No			
a. Participating in assessing developmental needs and priorities?					
b. Participating in designing and planning projects?					
c. Participating in implementing activities?					
d. Participating in follow-up and evaluation?					
e. Just recipient and beneficiary of services?					
f. Others, specify					
46. When your organization is implementing a project for a specific beneficiary group, what is the developmental approach you adopt? Is it					
a. A joint commission comprising your organization and the local partner	()				
b. A joint commission comprising your organization, an elected or concerned committee of the local community	()				
c. A joint commission composed of your organization and members of the local community	()				
d. Your organization’s staff alone implements work	()				
e. Your organization establishes subsidiaries in the targeted areas	()				
f. Others, specify					

IV. Your organization’s scope of work, services and programs:

47. What is your organization’s scope of work	Yes	No
a. At the local community level in neighborhoods		
b. At the City level		
48. What are the services provided by your organization	Yes	No
1. Health		
2. Educational		

3. Cultural		
4. Social		
5. Psychological (mental)		
6. Legal		
7. Vocational rehabilitation		
8. Financial or in-kind assistance		
9. Others, (specify)		
49. If your organization provides health services, what are these services?	Yes	No
1. General Practitioner clinic		
2. Pediatric clinic		
3. Dental care		
4. Mother and Child care		
5. Physiotherapy		
6. Functional therapy		
7. Medical labs		
8. X-ray		
9. Health education		
10. Others (specify)		
50. If your organization is supplying educational services, what are they?	Yes	No
1. Nursery (Day Care center)		
2. Kindergarten		
3. Academic education		
4. Vocational training		
5. School for persons with special needs		
6. Education and public awareness		
7. Others (Specify)		
51. If your organization is providing cultural services, what are they	Yes	No
1. Children library		
2. Cultural, social and developmental club		
3. Artistic club (music, folklore, painting, etc.)		
4. Educational and public awareness programs		
5. Theater		
6. Others (Specify)		
If your organization is providing social services, what are they?	Yes	No
1. Social counseling		
2. Financial/ in-kind assistance		
3. Sheltering		
4. Educational and social awareness programs		
5. Others (Specify)		
If your organization is providing psychological (mental) services, what are they	Yes	No
1. Field psychological counseling		
2. Psychological services in office		
3. Psychotherapy clinic		
4. Educational and awareness programs		
5. Others (Specify)		
54. If your organization is providing legal services, what are they?	Yes	No
1. Defense of child's rights/ awareness		
2. legal studies on children's rights		
3. Follow-up of children's cases (suits)		
4. Others (Specify)		
55. If your organization is offering vocational rehabilitation services, what are they	Yes	No
1. Rehabilitation of children who dropped out of school		
2. Rehabilitation of juvenile delinquents		
3. Rehabilitation of disabled children		
4. Rehabilitation of children detainees		
5. Others (Specify)		
56. What are the programs your organization is currently offering to beneficiaries?		
1.		

2.
 3.
 4.
 5.

57. Does your organization have joint programs or cooperate with other organizations? Yes (); No ()

58. What is the nature of other organizations you have cooperative or partnership relations with? You can choose more than one of the following answers.
 a. Local () b. Arab () c. International ()

V. Your organization's premises and staff

59. Which of the following facilities does your organization have and designate for children	Yes	No
1. Nursery (day care)		
2. Kindergarten		
3. School		
4. Children's library		
5. Vocational training workshops		
6. Equipped outdoor playgrounds		
7. Equipped indoor play facilities		
8. Open-air areas		
9. Computers		
10. Clinic		
11. Functional Therapy Room		
12. Others (Specify)		

60. Your organization's staff members according to position, academic degree and working hours?

Name	Sex	Academic Qualification	Specialization	Position	Working Hours	
					Full Time	Part time
					Yes	No
* Do you recruit staff based on applications, CV's and interviews?						
* Do your employees have work contracts?						
* Do they hold positions that comply with their skills and experiences?						
* Does each employee have a job description?						
* Do seniors follow up on their sub-ordinates to assess their performance and encourage them on their achievements?						
* Do you review your staff functions to amend them when needed?						
* Do your employees enjoy health insurance and insurance against work accidents?						
* Is your salaries payroll in compliance with payrolls in similar organizations?						
* Do you have any pension or savings funds?						
* Has any of your employees quit work in the organization during the past year? Number () Reason for leaving work						
* Have any new employees joined your staff in the past year? Number ()						

VI. Training and capacity building:

61. Have your staff members attended training courses to improve their capacities? 1. Yes (); 2. No ()
 If your answer to the previous question is (yes), kindly answer the following questions 62 – 64:

62. Type of courses (you can select more than one answer):
 1. Internal inside the organization (in-service) () 2. Local in participation with other organizations ()

3. At the Arab level	()	4. At the international level	()
5. Others (Specify)			
63. What areas did these training courses cover?			
1. Administration/ management	()	2. Technical and professional	()
3. Finance	()	4. Others ()
64. What was the percentage of participation of staff in these training courses of all levels?			
1. Less than 25%	()	2. 26% - 50%	()
3. 51% - 75%	()	3. 76% - 100%	()
If your answer to question No. 61 was (No), kindly answer the following question:			
65. What are the reasons that your organization does not take part in training course for capacity building?			
1. You did not receive any invitation to participate	()		
2. Staff members do not have time to participate in these training courses	()		
3. Your organization refuses to participate in such training courses	()		
4. Difficult access to the places where such courses are held	()		
5. Lack of funding	()		
6. Others (Specify)			
66. Does your organization have a plan/ vision for staff training? 1. Yes (); 2. No ()			
67. If your answer to the previous question is (yes), is this plan			
1. Short term ();		2. Medium term ();	
3. Long term ();		4. Others ()	
68. Does your organization have a training department? 1. Yes (); 2. No ()			
If the answer to the previous question is (No) kindly specify the reasons for lack of such department			
.....			
.....			
69. If you have the opportunity to participate in training courses for capacity building, what areas or courses do you wish to attend?			
1. Administration and finance	()	
2. Technical and professional	()	
3. Others	()	

Finance and sources of Funding

70. Finance	Yes	Sometimes	No
1. Does your financial officer keep records of expenses, invoices, cash expenditure and bank statements?			
2. Do you keep regular records of financial transfers with support documents (transfer letters, invoices, expeditions, contracts, etc.)?			
		Yes	No
3. Does your financial officer keep records of pity cash daily, weekly or monthly?			
4. Does your organization have bank account (s)?			
5. Does your financial officer check on bank account (s) weekly or monthly?			
6. Does your financial officer prepare a paper on cash needs for the next period?			
		Yes	No
7. Does your organization have a draft budget?			
8. Does your chair or manager ensure that payments are made in compliance with guidelines and budget outlines?			
9. Does your organization keep regular records of its different projects and programs?			
10. Does your organization prepare monthly financial statements explicating expenses in compliance with the budget outlines?			
71. Funding			
What are the sources of funding? What is the percentage of every source? (you can select more than one answer)			
1. Self-finance%	2. Governmental%
3. Local (donations and gifts)%	4. External (foreign)%
5. External (Arab)%	6. External (Palestinian expatriates)%
7. Others (Specify)			
72. What were your organization's revenues in 2003 (in US \$)			
73. How much were your expenses in 2003 (in US \$)			
74. If you have self-financing sources, are they secured by:			

VII. Obstacles and needs:

75. In your opinion, what obstacles has your organization faced or is it facing?

-
 -
 -

76. What are your organization's needs?

-
 -
 -
 -
 -

77. Has your organization conducted an assessment study to measure the impact of its programs on the targeted group?
 1. Yes (); 2. No ()

78. If the answer is (Yes), what was the last study conducted by your organization and what was the result thereof?

.....

VIII. Summary

1. Strengths of the organization

-
 -
 -
 -

2. What has your organization acquired these strengths (why is it strong in these areas)?

-
 -
 -
 -

3. What are the strategies that helped our organization succeed?

-
 -
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4. What are your organization's management weaknesses?

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5. How can you overcome these weaknesses?

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