

The Occupied Palestinian Territory at a Glance

Estimated Population 2005: 3.9 million

Population Growth Rate: 3.3% per year (3.9% in Gaza and 3% in West Bank)

GDP per capita: \$1,210

Population Density: 635 people per square kilometer

The Palestine Occupied Territory (OPT) are beset by poverty, insecurity and continued conflict with Israel. Despite free elections and the withdrawal of Israel from the Gaza Strip, the unstable political situation, coupled with a moribund peace process and lack of investment, has deepened poverty over the past six years and reduced social services. The number of people living in poverty actually increased from 20% in 1999 to 47% in 2003, with 17% living on one dollar per day or less. Unemployment also doubled during this period, from 12% of the workforce to 26%.

Another problem is crowding. Some 40% of the entire population is confined to the claustrophobic Gaza Strip, which comprises just 6% of the land area occupied by Palestine. Here population densities reach nearly 4,000 people per square kilometer. Not surprisingly, growth rates in the Gaza Strip are higher than the national average (nearly 4% per year, compared to 3.3% nationally). At current rates, the population of the OPT will double in one generation, putting even more pressure on limited land and water resources, which are already stretched thin.

OPT is dominated by young people. About 46% are under the age of 15, while one-third are between the ages of 15 and 24. Many are marginalized because of a lack of education, no jobs, restricted mobility and poor access to health services, including reproductive health care. Because of continuing armed conflict, restrictions imposed by Israel – some 700 checkpoints separate Israel from Palestine – limit mobility, preventing people from getting to work, or accessing schools, universities and health care facilities.

Despite all the roadblocks to development, the demographic and health outlook is improving. The total fertility rate has fallen in recent years, as reproductive health and family planning services have been made available to more women. The current fertility rate is estimated at 4.5 children per woman on average, compared to 6 in 2000. Several other factors have contributed to an improvement in reproductive health: in 2004 the number of women receiving some antenatal care rose to 96.5%, while the percentage of women giving birth in health facilities reached 96% (only 3% take place at home).

Some of the country's main population and development challenges include:

- **Bringing down poverty rates.** It is fundamental for OPT's economic, social and cultural development that poverty rates be reduced. However, the World Bank is predicting a further rise in poverty to some 56% of the population by the end of

2006. Clearly many Palestinians live on the edge of poverty. Without improvements in the economy and the creation of jobs, it will be hard for the Government to maintain its umbrella of social and health services.

- **Increasing access to reproductive health services.** Though the contraceptive prevalence rate for modern methods keeps rising (reaching 34.3% in 2004), around one-third of women of reproductive age want to plan their families but cannot because of lack of access to information and services. Ways need to be found to meet this unmet need.
- **Improving maternal health.** The maternal mortality ratio has been estimated by the Palestinian Central Bureau of Statistics (PCBS) at between 60-70 deaths per 100,000 live births. However, the Ministry of Health claimed only 13 maternal deaths in 2003, a ratio of only 12.7 deaths per 100,000 live births. Whatever the real figure, maternal health is certainly improving. But morbidity remains a problem. Two-thirds of women do not access postpartum care. The most common problems reported during pregnancy include: urinary tract infections, anemia, acute headache and reproductive tract infections. These take a toll on the health of women and impair their ability to take care of their families.
- **Preventing violence against young people.** According to findings of the PCBS Youth Survey in 2003 nearly 12% of young women and men reported incidences of physical violence with a slightly higher rate for the West Bank, compared to the Gaza Strip. The highest proportion of physical violence was in the youngest age group (10-11 years old) where nearly one of every five children had been physically abused by a parent or relative. Though there is very little data about honour killings, it is a problem in the poorer areas of the OPT. The Government has approved an action plan for addressing gender-based violence but it needs to be fully implemented.
- **Developing a population policy.** The current Government's willingness to put population issues on its development agenda was reinforced by the cabinet's decision to establish a National Population Committee. But this is only the first step towards developing a national population policy that takes account of conditions in both the Gaza Strip and the West Bank. Current trends in the Gaza Strip are clearly untenable. A comprehensive population policy will set targets and facilitate the integration of the two halves of OPS. Such a policy will contribute to bringing down the high fertility levels of women in the Gaza Strip. This in turn, will help promote poverty reduction, improve the status of women and contribute to economic growth.

Charting Progress

Indicators	1990-95	2000-05
Proportion of population living in poverty (%)	20 (1999)	47 (2003)
Total fertility rate (lifetime births per woman)	6.1 (1996)	4.7 (2005)
Maternal mortality ratio (deaths per 100,000 live births)	-	60-70
Infant mortality rate (deaths per 1,000 live births)	25.5	25.2
Child under five mortality rate (deaths per 1,000 live births)	28.7 (1995)	29.1 (2003)
Enrolment ratio in elementary school (%)	95.3	97.8
Contraceptive prevalence rate; married women, modern methods (%)	-	34.5
Births attended by skilled health personnel (%)	94.9 (1996)	96.8
Women in Parliament (%)	-	-

Sources:

- 1) Situational Analysis for UNFPA Country Program Development, OPT, third cycle, UNFPA, Jerusalem, 2005, pp.1-100.
- 2) UNFPA Annual Report, 2005, UNFPA, Jerusalem, 2006, pp. 1-6.
- 3) Country Programme Action Plan 2006-2009, UNFPA, Jerusalem, 2006, pp. 1-29.

UNFPA in OPT

UNFPA has operated in the Occupied Palestinian Territory since 1986. The current programme covers the period 2006-2009. The Ministry of Health, the UN Relief and Works Agency and NGOs provide health services through a network of some 630 primary health care centers. The public health system relies on donor assistance for 50% of its operating costs. Sweden, Italy, USA and the EU are among the main donors.

During the previous programme (2001-2005) UNFPA assistance was credited, among other things, with improving contraceptive commodity security by providing some \$9.5 million worth of modern contraceptives. This covered the needs of the public sector for family planning commodities.

The new programme focuses on: improving access to comprehensive reproductive health services, including family planning, in poor communities; integrating the needs of victims of gender-based violence into reproductive health services; providing youth-

friendly services; integrating reproductive health and gender issues into the Health and Environment curricula in middle and secondary schools; building the Government's capacity to develop population policies and programmes; facilitating the empowerment of young women from poor families by providing vocational training and economic opportunities; and improving the Government's capacity to take account of gender issues when designing policies.

UNFPA is also working in the context of the difficult and ever changing political environment, propelled by internecine conflict. This necessitates that UNFPA commit resources for long-term development and also for short term emergency assistance. On-going conflict and political turmoil make it extremely difficult for the Government of OPT to develop and implement long-term development programmes. UNFPA is assisting Government efforts to put in place population policies that address the reproductive health needs of the population, while addressing immediate emergency needs.

Improving Access to Reproductive Health Care

UNFPA assistance will improve the accessibility of comprehensive reproductive health services in 10 village health posts, 39 Ministry of Health primary health care facilities, three women's centres and six hospitals. All of these facilities are located in poor areas, with limited accessibility. The programme will also:

- Strengthen the capacity of doctors and nurses to provide better quality reproductive health services;
- Upgrade the infrastructure of health facilities, including provision of reproductive health commodities, advocacy and information materials, and training of staff.
- Enhance monitoring by establishing a supervisory committee in each facility.
- Widen the scope of services to include adolescent-friendly services, the diagnosis and treatment of sexually transmitted infections and gender-based violence.
- Integrate gender-based violence into 11 comprehensive reproductive health centres by improving the capacity of managers, doctors and nurses to deal effectively with it.
- Increase community awareness of reproductive health issues in 10 communities where services are hard to reach because of restrictions on mobility.

Introducing Reproductive Health Services for Young People

Working with the Ministry of Health, Ministry of Social Affairs, Ministry of Youth and Sports and NGOs, UNFPA assistance will focus on providing youth-friendly reproductive health services. Special counselling for vulnerable groups of young people will be provided through the Ministry of Social Affairs. Specific activities include:

- Integrating reproductive health and gender issues into the curriculum of middle and secondary schools (grades 7-10). Some 90 teachers will be given "Training of Trainers" courses. They, in turn, will train 1,500 teachers on how to use the new curriculum.
- Developing a network of teachers, counsellors and school health staff for facilitating in-school counselling on reproductive and sexual health to students.

- Raising awareness of youth on reproductive and sexual health issues by expanding youth peer education activities and training 150 peer educators, establishing health clubs in youth centres, promoting the development of a National Youth Policy and developing special advocacy activities to prevent STIs and HIV infection.

Population and Development

UNFPA is working with the Government to:

- Develop a National Population Policy and institutionalize it within the Ministry of Planning.
- Set up a network of parliamentarians, journalists and influential local leaders to advocate for a comprehensive population policy.
- Improve the capacity of national institutions to integrate gender, population and reproductive health needs into emergency planning processes.
- Enhance the Government's capacity to collect and utilize gender-disaggregated data for development planning.

Promoting Gender Equity

UNFPA with its partners is working to improve the legal and social status of women by promoting the rights of women and girls, eliminating gender-based violence, and increasing women's roles in decision making and political participation.

Specifically, this programme will:

- Empower women in six pilot communities to play a more significant role in helping to build their communities.
- Provide vocational training and income generating activities for women in poor communities. Six women's centres will be selected initially as test sites.
- Improve the capacities of the Ministry of Women's Affairs and NGOs to institutionalize gender principles and human rights.
- Establish coordinating mechanisms between line ministries and the Ministry of Women's Affairs to strengthen the role of gender focal points within selected line ministries.