



Geneva Conference 7-8 June 2004:

**Meeting the Humanitarian Needs of the
Palestine Refugees in the Near East:
Building Partnerships in Support of UNRWA**

Working Group I

“Promoting the Well-being of the Palestine Refugee Child”

Discussion Paper

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Promoting the Well-being of the Palestine Refugee Child

I. Executive Summary

As part of the 7-8 June 2004 Geneva Conference, participants (including organisations from the UN system, member States, and civil society) will reflect on ways of improving the well-being of Palestine refugee children through a one-day workshop. Specific themes for discussion during the workshop include “Protection of the Refugee Child,” “Refugee Children’s Opportunity to Quality Education,” “Health of Refugee Children” and ‘Refugee Children’s Psychosocial Well-being’. The workshop will draw on the experience of participants active in the region and oral presentations made by participating organizations within each theme. This paper includes preliminary conclusions and recommendations relating to the work of the United Nations Relief and Works Agency for the Palestine Refugees (UNRWA) and its partners in Lebanon, Jordan, Syria, and the occupied Palestinian territory (oPt).

i. Protection of the Refugee Child

Palestine refugee children and their families face a range of challenges linked to their protracted displacement and the prevailing conditions in the locations where they have sought refuge. As a result of their often vulnerable position, refugee families face discrimination and frequent violations of their basic rights. This is particularly true in the oPt, where the ongoing conflict has exposed refugee families to violence, the destruction of their property, and economic adversity. Although limited specific data exists, there are also indications that refugee children have become victims of abuse, exploitation, and violence within their most immediate family, school and social environments. Despite these challenges, Palestine refugees within UNRWA’s areas of operation are specifically excluded from the global refugee protection regime, outlined under the 1951 Convention Relating to the Status of Refugees, while few formal mechanisms exist to safeguard child protection rights.

As such, it is recommended that UNRWA and its partners undertake a systematic review of protection requirements before building a close partnership to strengthen the protection of Palestine refugee children, using the Convention on the Rights of the Child (CRC) as a point of departure. This will involve:

- The adoption of a clear, principled approach to operations
- Stepping up advocacy efforts
- Ensuring child participation in all relevant work

ii. Refugee Children's Opportunity to Quality Education

UNRWA presently provides a basic education program, involving elementary and preparatory cycles, for over 488,000 pupils despite difficult and varying conditions in its area of operation. Considerable success has been achieved to date, particularly with regard to attaining high literacy rates and academic results among Palestine refugees and reducing drop-out rates in schools. However, UNRWA’s ability to maintain its current quality of education, or achieve significant improvements, is presently under considerable pressure due to a combination of factors, including funding shortfalls, overcrowding in schools, access

restrictions, difficult working conditions for teachers, and difficulties in adequately responding to changing host authority curricula and special needs among students.

In response to these challenges it is recommended, *inter alia*, that renewed efforts be made to enhance the learning experience and quality of education through:

- Improving learning resources and infrastructure
- Addressing access problems in the oPt
- Removing or minimizing the impact of the conflict in the oPt and closures imposed by Israeli forces therein
- Building capacity and providing better conditions for teachers

iii. Health of Refugee Children

Encouraging results have also been obtained by UNRWA with respect to the health of refugee children. Infant mortality rates among Palestine refugee children are less than half the world average and compare favourably with host authorities. Due to a heavy investment in maternal health care, women's health among Palestine refugees also compares well with standards achieved in more developed countries in the region. Certain aspects of children's health do, however, require additional attention including with regard to access to health care, nutrition, mental health and disability rehabilitation.

Identified recommendations focus on:

- Upgrading the capacity for disability rehabilitation through early detection of potential disabilities and improving access to institutions that offer assistance
- Establishing community-based mental health programs
- Addressing needs related to malnutrition and micronutrient deficiencies

iv. Refugee Children's Psychosocial Well-being

Palestine refugee children in UNRWA's areas of operation are under considerable psycho-social strain as a result of various factors relating to their day-to-day lives and uncertainty regarding their future. Depending on the particular circumstances of their situation, Palestine refugee children are exposed to the effects of discrimination, poverty, the stressful reality of camp life, and conflict-related violence. A feeling of insecurity and vulnerability is widespread among children, as is a sense that caregivers are unable to fully meet their needs related to care and protection, due to economic hardship and conflict. The situation in the oPt is of particular concern.

In order to meet the needs of children more effectively, it is recommended that:

- Interventions that ensure early detection of needs and aim to restore a sense of normalcy and predictability in children's lives should receive high priority
- Support be extended to families, communities and schools so that they, in turn, can meet the developmental needs of children and care for those requiring special psycho-social attention

The strong link between children's right to participate and their psychosocial well-being is also stressed.

II. Methodology

Within the framework of the 7-8 June 2004 Geneva Conference, participating UN agencies, member States and representatives of civil society will consider ways of more effectively promoting the well-being of Palestine refugee children¹ through a one-day workshop. The workshop, which will be held on 7 June 2004, focuses on four sub-themes related to the current humanitarian situation of children in the context of their protracted displacement within the oPt and neighbouring host states. These sub-themes, which do not cover all areas relevant to the well-being of Palestine refugee children, address ‘Protection of the Refugee Child’, ‘Refugee Children’s Opportunity to Quality Education’, ‘Health of Refugee Children’ and ‘Refugee Children’s Psychosocial Well-Being’.

The workshop will draw on the extensive experience of participants within each thematic area and within the affected geographic locations. Guided by oral presentations by participating organizations within each sub-theme, the United Nations Children’s Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organisation (UNESCO), Italy, and the Palestinian Authority (PA) National Plan of Action for Children (NPA), in addition to UNRWA’s Medium-Term Plan (MTP), discussions will aim to highlight ways of strengthening the capacity of UNRWA to respond; identify priorities within each thematic area; and increase donor and host authority support for efforts in critical sectors. This paper includes preliminary conclusions and recommendations relating to the work of UNRWA and its partners in Lebanon, Jordan, Syria, and the oPt.

The workshop’s Secretariat consists of Sweden (Chair), UNICEF (Vice-Chair), Canada (Rapporteur) and the Olof Palme International Center (Special Rapporteur).²

III. Themes Addressed

i. Protection of the Refugee Child: Legal Protection as a Cross-Cutting Area of Attention

Palestine refugee children and their families face a range of hardships linked to their lives as long-term refugees and the prevailing conditions in the locations where they have sought refuge. The ongoing conflict in the oPt has exposed refugee families to violence, the destruction of their property, and economic adversity. Refugee children in UNRWA’s areas of operation are also vulnerable to relentless media coverage of regional violence and, in some cases, media incitement to violence. Although Palestine refugees should enjoy rights and equal access to jobs in all fields, they are excluded from many areas of the workplace in Lebanon and rely on UNRWA to meet most basic needs.

However, despite these challenges, Palestine refugees within UNRWA’s areas of operation have been specifically excluded from the global refugee protection regime, as outlined under the 1951 Convention Relating to the Status of Refugees, due to various considerations.³ Although other relevant elements of international humanitarian and human rights law are applicable, particularly those that relate to persons subject to occupation under the Geneva Convention Relative to the Protection of Civilian Persons in Time of War (the Fourth Geneva Convention) and the Hague Convention, a very limited level of protection is presently extended to Palestine refugees within UNRWA’s areas of operation. The Fourth Geneva Convention, Article 1, refers specifically to the High Contracting Parties and their responsibility to respect, and ensure respect for, the Convention in all circumstances.

Passive protection⁴: Despite the lack of an explicit protection mandate for the refugees supported by UNRWA, an ad hoc approach has provided some level of protection for refugees, particularly during times of intense conflict.⁵ These arrangements include, but have not been limited to, programs that fielded Refugee Affairs Officers (RAO) and, to a lesser extent, Operations Support Officers (OSO), offering “passive” protection of refugees at the field level in the oPt. As protection and assistance activities are intrinsically linked, the presence of UNRWA’s more than 24,000 staff in the five Fields has also played a key role in extending “passive” protection to Palestine refugees through the Agency’s programmes in various sectors. In a number of specific areas, such as with regard to corporal punishment in school, UNRWA has taken active steps to introduce mechanisms to ensure that child rights are upheld.

The rights of the child: Notwithstanding their exclusion from the international protection regime based on the 1951 Refugee Convention, it should be recognized that Palestine refugee children are entitled to much broader protection with regard to their rights as children. These rights and related standards, linked to almost every aspect of a child’s life, are clearly formulated in the Convention on the Rights of the Child (CRC) and its Optional Protocols. As outlined in Articles 1 and 2 of the Convention, CRC rights are to be granted to all persons under 18 years of age, without discrimination of any kind.

Moreover, the 2002 UN General Assembly Special Session on Children (“World Fit for Children”) set important standards to work towards in the health, education and child protection sectors. As follow up, member States have been encouraged to develop or strengthen national and regional plans of action, which should include refugee children. Although the provisions in the “World Fit for Children” are not treaty standards, their widespread acceptance should provide the basis for further work in relation to children’s rights.

The United Nations Security Council has, in recent years, addressed the issue of protection of children in armed conflict through a comprehensive framework, and passed resolutions 1261 of 25 August 1999, 1314 of 11 August 2000, 1379 of 20 November 2001, 1460 of 30 January 2003 and 1539 of 22 April 2004. The Report of the Secretary General on Children and Armed Conflict S/2003/1053 dated 10 November 2003 noted that “the general situation for children remains grave and unacceptable on the ground,” that “parties to conflict continue to violate children’s rights with impunity” and that “in the course of 2003, this trend has been underscored by the particularly tragic experiences of terror, deprivation and utter vulnerability faced by children” in the occupied Palestinian territory, among other regions. The report also quotes the Special Rapporteur on the situation of human rights in the oPt as saying that “since September 2000, over 400 Palestinian and 100 Israeli children have been killed and thousands seriously injured in the ongoing conflict”.

Alternative framework: The CRC is of central importance, not only due to its near-universal ratification (including all states in the Middle East), but because it presents a clear alternative framework to the 1951 Refugee Convention, and a primary basis for protecting refugee children where it is not applicable. Also, there is broad recognition that as a United Nations convention, the CRC constitutes a normative frame of reference with regard to child rights for all bodies of the United Nations system. By ratifying the CRC, member States commit themselves to undertaking all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the Convention.

ii. Refugee Children's Opportunity to Quality Education

Despite difficult and varying conditions in its areas of operation, UNRWA presently provides a basic education program following host authority curricula, including elementary and preparatory cycles, for over 488,000 pupils enrolled in 658 UNRWA schools in UNRWA's areas of operation (Lebanon, Jordan, Syria, and the oPt). In addition, to address the issue of limited access of Palestine refugee children to secondary education in Lebanon, UNRWA also offers secondary-level education for approximately 2,300 pupils. Since UNRWA schools began operating, outcomes from the Agency's education program have been encouraging. Literacy rates of Palestine refugees are considerably higher than for the Arab region as a whole, and also higher than non-refugees in most of the countries where UNRWA operates. Historically, UNRWA schools have achieved relatively low drop-out rates and high success rates in required examinations in host countries and the oPt.

However, UNRWA's ability to maintain its current quality of education, or achieve significant improvements in this regard, is presently under considerable pressure, particularly as funding has not kept pace with the rate of growth of the child population. UNRWA has noted that its schools already lag behind those of national authorities in a number of areas, especially with regard to the quality of the learning environment, training of staff, coverage of curriculum areas, and in resource-intensive technical subjects. Overall, it is important to note that there are major differences in the situation of Palestine refugees in UNRWA's areas of operation between camp dwellers and non-camp dwellers, and between camps within the same Field. However, there is particular cause for concern with regard to the oPt, where children's learning has been severely disrupted due to the ongoing conflict, and as a result of regular Israeli closures, curfews and other access problems.

As outlined also in UNRWA's Medium-Term Plan (MTP), five inter-related areas and trends are seen as particularly significant with regard to education:

Overcrowding, double shifting and rented buildings: Increased enrolment and the need to accommodate a growing number of students has led to serious overcrowding and increasing classroom occupancy rates in UNRWA schools, seriously affecting the quality of learning and limiting student-teacher interaction.⁶ During the 2002/2003 academic year, the average classroom occupancy rate in UNRWA schools was 42 pupils. Consequently, the average classroom area per student (1.1m²) has fallen well below minimum standards set by UNESCO (1.4 -1.5m²). In the Gaza Strip, which registered the highest rate, each classroom typically accommodates 47 students.

As enrolment exceeded the capacity of existing school infrastructure, and given a lack of resources and/or permission to build additional facilities, UNRWA has been obliged to operate a majority (77 percent) of its schools on a double-shift basis. This measure has reduced instruction time and resulted in a shorter school day for affected students. Double shift schooling also hinders the organization of extra-curricular activities and severely limits the time available to teachers to undertake preparatory and administrative work within the school's premises.

In light of growing enrolment, UNRWA has also resorted to renting buildings, mostly outside camps, to be used as schools. Presently, approximately 19 percent of schools in UNRWA's areas of operation are rented (highest rate in Lebanon 45.2 percent). The use of

such premises, which are rarely constructed for the purpose, has had a severe impact on the quality of teaching and learning. Generally, rented schools lack adequate classroom space and recreational areas, sanitation facilities, ventilation and space for extracurricular activities.

Working conditions for teachers: Overcrowding, and the resulting double shifting, places considerable strain on teachers and other school staff. This is exacerbated by a lack of pedagogical resources (e.g. laboratories, computer centres, visual aids, etc.), and administrative and clerical support. Lack of space and double shifts in schools also tends to reinforce “stand-and-deliver” approaches to teaching and limit in practice the use of new methodologies and pedagogics, such as interactive learning.

In addition, teachers in UNRWA schools are often called on to perform multiple tasks for which they have not received training. As a result of these circumstances, and given better conditions for teachers in schools run by host authorities, UNRWA is experiencing growing difficulties in recruiting and retaining experienced staff.

Responding to changing curricula and special needs: Resource constraints and limitations related to school infrastructure have also prevented UNRWA from responding quickly to changes in curricula administered by host authorities. This is particularly true with relation to the introduction of new resource-intensive subjects such as music and computer education, or related educational policy developments, and implementing new approaches to learning.⁷ In addition, less than 2,200 of an estimated 90,000 students that may require special educational services due to learning difficulties or physical disabilities receive support, as a direct result of factors described above. Funding for special education programmes is entirely dependent on support to project budgets that are additional to the Agency’s core General Fund budget.

The effect of closures and access restrictions: In the oPt, the continuing humanitarian crisis has resulted in severe disruptions to the education of approximately 250,000 refugee children in UNRWA schools. Students and teachers are routinely prevented from reaching their schools due to closures and other prohibitions on movement. During the 2002/2003 school year, over 34,000 teaching days were lost in UNRWA's West Bank schools, with a further 24,500 days lost in the Gaza Strip.⁸ Out of the 1,858 teachers in UNRWA schools on the West Bank, an average of 134 teachers were absent on any given day between September 2002 and March 2003, due to restrictions on their movement.⁹ Only 28 percent of schools in the oPt fulfilled the minimum number of working days in 2001/2002.

As a consequence of frequent disruptions, there has been a marked deterioration in test scores. Curfews, sieges, district closures, and evacuations of schools due to Israeli military action also seriously disrupt the curriculum and affect morale among students. Subjects such as art or physical education are no longer offered in many schools due to the need to make up for lost school days. In terms of additional operational costs, UNRWA's emergency programmes put in place in response to these and other factors resulting from ongoing violence, amount to over US\$ 195 million in 2004, as outlined in its Emergency Appeal.

iii. The Health of Refugee Children

Children below the age of 18 years constitute approximately 40 percent of the total Palestine refugee population living in the oPt, Jordan, Lebanon and Syria. These children have special health, nutritional and developmental needs as they move from childhood to

adolescence. Their survival during the first five critical years of life is dependent on their mother's access to quality care during pregnancy, childbirth and the post-partum period and their parents' knowledge of appropriate reproductive health practices.

Encouraging results: Between 1980 and 2002, the oPt had one of the highest population growth rates in the region at 3.8 percent.¹⁰ However, with the exception of the Gaza Strip, the higher growth rate among Palestine refugees in UNRWA's areas of operation, compared with national populations, has recently declined. It presently stands at an average of 2.3 percent as a result of increased literacy rates, increased public awareness of the need for child spacing, and wide use of modern contraceptive methods.

Infant mortality decline during the last two decades in the Arab region has been impressive. In 1980-1985, the average infant mortality rate in the region was estimated at 74.7 per 1,000 live births; this number is projected to drop to 43.7 per 1,000 live births-in 2000-2005.¹¹ Among Palestine refugees in UNRWA's areas of operation, the average infant mortality rate was 21.9 in 2003, less than half the world average of 55.6 deaths per 1,000 live births within the first 12 months. Infant mortality rates also compare favourably to those in host states and the oPt.

Remaining areas of concern:¹² The health of women and child Palestine refugees compares well with the standards achieved by more developed countries in the region due to a heavy investment in maternal and child health care. The majority of mothers seek health care for their newborn infants within one month after delivery, up to three years of age. However, more than 50 percent of pregnant women still seek antenatal care after the first trimester and approximately one third of pregnant women who receive antenatal care at UNRWA clinics suffer from one or more risk factors, which could affect the outcomes of pregnancy and childbirth.

Studies conducted by UNRWA in collaboration with the World Health Organization (WHO) during the last decade, revealed that protein-energy malnutrition, which used to be the leading cause of child morbidity and mortality has been eliminated. However, nutritional assessments undertaken recently in the oPt suggest that both acute and chronic malnutrition are resurging among children below 5 years.¹³ The prevalence of iron deficiency anaemia, continued to be high among pre-school children and women of reproductive age. According to the Johns Hopkins/Care International Nutritional Assessment, 2002, over 44 percent of children in the 6-59 months age range and 52.8 percent of women in the Gaza Strip suffer from anaemia compared to 43.8 percent of children and 43.9 percent of women in the West Bank.

In spite of the notable improvements in the health status of the Palestinian population, the social, economic and cultural context of women's and children's health is in need of improvement. However, attaining further improvements in women's and children's health cannot be addressed through health interventions alone, as it is closely related to progress in the areas of poverty alleviation, sustainable development, protection against abuse and violence and improvement of environmental conditions. In this regard, a further refinement of data collected on the health status of refugee children, particularly relating to the causes of death in children aged 0-5 years, may be required.

Improvements are also needed with regard to the screening and early detection of physical disabilities. Standards of care and available physical rehabilitation and social

integration require additional support. Further, there is a need to improve mental health programmes focused on the prevention of mental distress and psychological disorders among pre-school children.

Access to health care: In many areas of the oPt, closures and restrictions on movement are having an immediate and severe impact on the health situation. In the northern area of the West Bank that is affected by the Israeli “separation barrier,” local health services only exist in approximately 40 percent of villages and towns, while access to secondary and tertiary health care is frequently blocked.¹⁴ In the West Bank, curfews and closures caused a 35 percent drop in the proportion of infants below six months of age completing immunization programs in the period from 2000 to 2002.¹⁵ Further, closures have resulted in serious delays and disruptions to emergency medical services. Prior to 2000, 95 percent of women gave birth in hospitals. This has fallen to 50 percent in some areas, and there are at least 39 documented cases of women giving birth at checkpoints (as of July 2003).¹⁶ The strain on UNRWA services is further exacerbated by the frequent loss of workdays as a result of closures and curfews (e.g. 2,061 staff workdays were lost in the West Bank during the first nine months of 2003).

Generally, hospital networks and health care systems put in place to maximize the use of scarce resources and minimize duplication have been severely affected due to the closures, particularly as moving patients to area hospitals and clinics is restricted. The additional cost of UNRWA’s emergency health operations in the oPt, introduced to meet increased humanitarian needs resulting from the ongoing conflict, resulting closures, and restrictions, amounts to over US\$ 5.4 million in 2004.¹⁷

In Lebanon, UNRWA provides additional services to Palestine refugees due to their exclusion from most areas of the national health care system. However, due to wide reliance on private health care in Lebanon, which is often of high quality although very costly, access to health services continues to present a challenge for Palestine refugees there.

iv. Refugee Children’s Psychosocial Well-Being

Palestine refugee children in UNRWA’s areas of operation are under significant psycho-social strain due to a multitude of factors related to their day-to-day lives and uncertainty regarding their future. To a varying degree, fear for their personal safety or the fate of family members, and frequent exposure to violence and threats thereof, has led to widespread feelings of insecurity among children. As in other areas affected by conflict, children are the vulnerable group most at risk of experiencing the harmful long-term affects of exposure to distressful events, violence and stress.

In the oPt, closures, curfews, sporadic fighting, and military strikes have left a deep psychological impact on Palestinian children and adults. Children have been shot, killed, beaten, harassed and intimidated on the way to or from school, near their homes, or while meeting with friends or helping their families in the fields. In the West Bank and Gaza Strip, it is estimated that over 90 percent of Palestinian children do not feel safe and believe that they are vulnerable to attack. Almost half of Palestinian children have personally experienced violence in the ongoing conflict or have witnessed violence against an immediate family member.¹⁸ Refugees are clearly among the most affected. Whereas 20 percent of the Palestinian population requires psycho-social support, this is true for as many as 44 percent of refugees; 53 percent among camp populations.¹⁹

A common feeling that neither parents nor teachers can fully meet their needs related to care and protection, due to stress and economic hardship resulting from the conflict, often further aggravates children's precarious situation. In the oPt, parents and teachers observe widespread symptoms of distress among children, ranging from nightmares and bedwetting, to increased aggressiveness and hyperactivity, as well as decreasing ability to concentrate.²⁰ Approximately two thirds of adults report feeling distressed, leading to depression and anxiety. When parents and caregivers are experiencing distress, it becomes difficult to provide adequate emotional and mental care for their children.²¹

In order to mitigate the growing psycho-social distress, UNRWA provides limited psychological support to Palestine refugee children and their families in the oPt by employing school counsellors and mental health counsellors who work in UNRWA schools and health centres as well as community-based centres. Since 2002, UNRWA has employed over 150 counsellors in two psycho-social projects (not limited to children); although there are plans to expand these activities, this has not been possible due to funding constraints. Recently, the number of counsellors has, in fact, been reduced due to a lack of funding. The Agency also provides a referral service for cases requiring more specialized treatment. These programs are not included in the agency's General Fund budget and are entirely dependent on funding from its Emergency Appeal.

Palestine refugee children residing in Lebanon, Jordan, and Syria are also exposed to a variety of factors and events that negatively affect their overall psychosocial well-being. Significant factors in these fields range from poverty, exposure to discrimination, overcrowded living conditions, and limited access to higher education and recreational services. UNRWA currently does not provide psychosocial support to refugee children in these areas of operation.

v. Protection of the Refugee Child: Protection from Abuse, Exploitation, Violence and Deprivation of Primary Caregivers

Sensitivity in the community surrounding issues related to child abuse, exploitation, violence against children and problems experienced by children deprived of primary caregivers limits the availability of comprehensive and accurate data on these issues globally. The issue of accurate data is also a challenge with regard to the situation of Palestine refugee children. However, there are clear indications that Palestine refugee children are victims of many of the same violations suffered by children in the wider communities and host countries where they have sought refuge. Studies carried out in Syria and Jordan, which indicate that children are subject to violence and abuse within various contexts certainly necessitate a more careful review of the situation of Palestine refugee children.

Specifically, studies undertaken in Syria indicate that verbal abuse and physical punishment directed at children occurs in schools and within the home environment.²² Based on a household survey carried out in Syria in 2000,²³ 620, 000 children between the ages of 10-17 were employed, having on average almost as many working hours per week as adults. In Jordan, an examination of family protection records shows that over 82 percent of all reported sexual abuse cases are against children.

It is clearly recognized that conflict exacerbates this reality, both in terms of incidence and severity. As such, the situation of children in the oPt is of major concern. Again, available

data indicates that a closer examination of the situation is warranted. For instance, in a Birzeit University Study (2002) in the oPt, 50 percent of administrators noted an increase in violence in schools and 63 percent believed that children were ill-treated at home. In addition, the ongoing conflict has subjected children to abuse and violence, resulting in the deaths of hundreds, while schools have frequently become the stage of fighting and targets of attack. The detention of young children in the oPt is also a subject of central concern.

Despite efforts in a number of specific areas, such as with regard to corporal punishment in school, where UNRWA has taken active steps to introduce mechanisms to ensure that children's protection rights are upheld, the protective environment for Palestinian refugee children requires additional attention. As mentioned, detailed data on the precise situation of Palestine refugee children is lacking.

Although progress has been made, more needs to be done to obtain firm commitments from relevant stakeholders to fulfil children's rights, and establish mechanisms for effective monitoring, detection and response to violations, while families, communities and professionals who work with children must be empowered to protect and care for child victims. Finally, it is recognized that children's right to participate and receive basic social services and emergency assistance should be upheld.

IV. Consolidated Recommendations

Cross-Cutting Recommendation

1. **Address issue of access:** Given the fundamental importance of improving access in all above sectors, it is seen as critically important for all stakeholders to exert every effort to ensure the removal of legal and conflict-related obstacles (including closures and curfew regimes) that presently prevent Palestine refugees from receiving adequate assistance and social services. In this regard, the situation in the oPt is seen as particularly critical.

General Recommendations :

Protection of the Refugee Child

In order to strengthen the legal protection mechanisms aimed at the Palestine refugee child and protection from abuse, exploitation, violence and deprivation of primary caregivers, primarily through systematic implementation of the CRC and applicable international humanitarian and human rights laws, the following are recommended:

2. **Undertake a review of the fulfilment of the rights of Palestine refugee children:** Given the unique circumstances related to the protection of Palestine refugee children, and in order to identify specific gaps and areas needing increased attention, it is recommended that UNRWA and its partners undertake a systematic review of the protection needs of refugee girls and boys in UNRWA's areas of responsibility. The study should cover key subjects such as violence, abuse, and exploitation of children, in addition to exploring the special needs of children without care-givers. Moreover, it should examine conditions for children of various age groups, from a rights and protection perspective, within ongoing programmes. An emphasis should be placed on

the environment in schools, health clinics, camps and other relevant settings. The study should provide specific recommendations for further action and form the basis for a strategic plan to systematically monitor and address the protection needs of girls and boys.

3. **Build partnerships to provide adequate legal protection for refugee children:** Given the wide range of thematic areas covered by the CRC and other relevant legal instruments, it will be important to form a broad partnership among key actors presently providing assistance to Palestine refugees. Such a partnership will allow actors to share information and experience among UN agencies, local and international NGOs, government entities and other actors in addressing gaps and pursuing cooperation to avoid duplication of efforts. It is particularly important to ensure adequate monitoring of children's rights violations and introduce protective and rehabilitative services for victims of abuse, violence and exploitation as well as of children deprived of primary caregivers. Where possible, the work of bodies such as the Refugee Working Group of the multilateral Middle East Peace Process should be taken into account. The creation of parallel structures and processes should nevertheless be avoided.
4. **Intensify advocacy efforts:** UNRWA and its partners should place greater emphasis on promoting awareness of, and respect for, the CRC and relevant elements of international humanitarian and human rights law, particularly as they relate to refugee children and children in armed conflict. Placing particular stress on the situation of children in the oPt, renewed efforts should also be made to ensure respect for the rights of populations under occupation as embodied by the Geneva Convention Relative to the Protection of Civilian Persons in Time of War and the Hague Convention, and to highlight the responsibility of High Contracting Parties to respect, and to ensure respect for, the Conventions. In addition, a more systematic information strategy directed at the host authorities, highlighting the obligations of parties to the CRC, should be devised.
5. **Ensure principled approach:** UNRWA, its partner agencies and host authorities, should be encouraged to make the CRC and other international child protection norms and standards known, understood and applied within the scope of its mandate and by all its staff and implementing partners. The 'Action for the Rights of the Child' training package may serve as a useful tool in this regard.²⁴
6. **Promote human rights, tolerance and a conflict resolution curriculum as an essential protection tool:** Exposure to violence, political tensions and general uncertainty regarding the future is endemic in all five of UNRWA's areas of operation. Children are particularly vulnerable, as they do not have the adult coping and analytical skills necessary to make sense of their politicized and, in the case of the oPt, extremely violent environment. Continued implementation and expansion of the human rights and conflict resolution curriculum already underway in UNRWA's West Bank and Gaza schools is strongly recommended, as is the programme's expansion in selected areas in Jordan, Syria and Lebanon. Such a programme would give Palestine refugee children the tools necessary to resolve conflict peacefully through non-violent means.

7. **Extend children's classroom time and access to extracurricular activities:** Children in overcrowded refugee communities – often in the classroom for less than four hours per day due to double-shifted schools – often lack physical protection from conflict in the camps or a safe, nurturing environment where they can explore creative outlets. Increased time in the classroom and increased access to extracurricular activities has not been put into effect by UNRWA due largely to funding shortfalls (see also Education below). The international community should increase funding for UNRWA's education programs and explore new types of after-school programming for children (e.g. centres for the creative and performing arts, computer labs, sports facilities and libraries). In this regard, it may be useful to build partnerships with schools run by national authorities.
8. **Ensure child participation:** It is recognized that child participation represents a central theme throughout applicable international human rights law. Article 12 of the CRC provides that: "States Parties shall assure to the child who is capable of forming his or her views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child." As such, it will be critical to establish channels through which refugee girls and boys are given the opportunity to participate in decisions affecting them, and provide inputs with regard to all efforts aimed at improving the protection provided for them. It will be particularly important to ensure the participation of vulnerable groups such as disabled children.

Refugee Children's Opportunity to Quality Education

In recognising the vital importance of a quality education to the development of children, and the status of education as a basic right enshrined in the Universal Declaration of Human Rights and the CRC, the following areas should receive priority attention:

9. **Improving access to quality education:** There is a need for UNRWA to more effectively match host authority curricula, primarily through the introduction of new subject areas and disciplines, such as information and Communications Technology (ICT), and foreign languages. In this regard, it will be essential to enhance the quality of student learning experiences through improved learning resources (e.g. laboratories, extra curricular activities, and playgrounds), and by improving conditions for teachers. Activities that challenge the traditional emphasis on rote learning should be encouraged.
10. More specifically, UNRWA's ongoing efforts to improve access to ICT facilities within its areas of operation should be supported. As part of this effort, UNRWA should solicit support from ICT business enterprises. In addition, UNRWA, in cooperation with donors, should explore ways to build public-private partnerships that would bring more ICT assistance to UNRWA schools. Greater efforts should also be made to provide for children with special educational needs. In general, children's inputs on quality of educational opportunities available to them should be sought and incorporated into planning activities. Moreover, refugee adults should be assisted to initiate or further develop extracurricular and recreational activities in cooperation with school staff, making use of school premises, where possible (note above recommendations on Protection of the Refugee Child regarding the need to extend classroom time and provide access to extracurricular activities as a protection tool).

11. **Improving infrastructure for learning:** UNRWA has identified two critical factors affecting opportunities for safe and quality learning - classroom overcrowding, and a high proportion of rented and double shifted schools. In this regard, UNRWA should be supported in providing the necessary additional facilities to reduce class sizes and obtain its target classroom occupancy rate of 40 students. In addition, priority should be given to reducing the number of double shifted schools and phasing out rented schools, where possible. Greater effort should also be made to generate community support for UNRWA schools. Parents and other members of the community could, for instance, contribute labour and other resources, where possible, to ensuring that the school environment is improved.
12. As a basis for this work, UNRWA should undertake a detailed analysis of the impact of overcrowding on the performance of schools and affected pupils' academic results, throughout its area of responsibility. UNRWA should also consider including required upgrades to its education programmes – including new curricula requirements and classroom space – in its General Fund budget, to increase the likelihood that donor contributions keep pace with steadily growing needs in the education sector.
13. **Building capacity and improve conditions for teachers:** To fully utilize improvements to the teaching environment, and to implement changes to the curriculum, UNRWA should be supported in its efforts to provide a broad training programme for school staff which embraces pressing curriculum-related needs, supervisory, and longer term management and administrative requirements. In this regard, UNRWA and its partners, including international organizations, should review available training material for inclusion in the Agency's training program.

Health of Refugee Children

14. **Upgrading the refugee community's capacity for disability rehabilitation:** Efforts should continue to enhance UNRWA's capacity for screening and early detection of physical disabilities with a special emphasis on vision and hearing impairments. These efforts should also involve facilitating early access to medical appliances such as hearing aids and artificial limbs, at low cost. UNRWA should work with the international community to ensure appropriate support is directed to the community-based rehabilitation centres in the refugee camps. Local production capacity in this regard should be upgraded.
15. In addition, the standards of care and available physical rehabilitation institutions should be reviewed in order to identify gaps and areas requiring additional resources. Additional technical and financial assistance may be needed to upgrade the standard of tertiary care in specialized areas such as restorative and reconstructive surgery. Finally, technical assistance should be provided towards established community-based programmes for social integration of the disabled.
16. **Establish a community-based mental health programme:** There is a need to provide additional technical and financial assistance towards the establishment of mental health programmes focused on the prevention of mental distress and psychological disorders among preschool children and adolescents. The choice of services and the kind of care delivered should be based on an analysis of the situation,

and on needs assessments, and should provide the most effective and efficient care, according to the principles of evidence-based health care. Community-based recreation opportunities that help build coping mechanisms and social integration should also be developed (see also Refugee Children's Psychosocial Health below). Moreover, training should be provided for teachers, health and social workers and community volunteers to enable them to support risk groups, where feasible.

17. With the overall guiding principle of developing a multi-disciplinary programme focused on prevention, the programme should seek to integrate the concepts of mental health at the primary care level and help at-risk groups to develop useful coping mechanisms, and involving them in constructive activities. The programme should also forge partnerships with local NGOs, specialized centres and community organizations and strengthen capacity building. This approach will help mobilize additional resources from within the communities.
18. **Address malnutrition and micronutrient deficiencies:** Within the context of an overall food and nutrition policy that addresses immediate emergency measures and long-term intervention strategies, it is important to establish additional food fortification facilities to fortify bread and other food items with minerals and vitamins to combat iron deficiency, anaemia and vitamin deficiencies. This is currently being done on a limited scale, targeting vulnerable groups. In addition, current programmes that provide medicinal iron supplements for at-risk groups (mainly children and women of reproductive age) should be expanded.
19. **Provide life skills education:** Additional investment in life skills education should be made. This could include promoting the concepts of healthy practices, such as healthy diet, physical activity, smoking prevention and reproductive health education, in the school curricula. It may also be beneficial to developing extra-curricular enrichment material to develop children's skills and sense of responsibility with regard to their health, the health of their families, and the broader community.
20. **Improve health information systems:** The wide use of basic information technology should be introduced in a phased manner and expanded to all primary health care facilities, in order to enhance data management with regard to mother and child health care. The accuracy of data collected should be improved through quality controls, the use of standard international systems of classification, as well as training of the health care personnel.

Refugee Child's Psychosocial Well-Being

In order to help Palestinian children cope with emotional stress, it is suggested that ongoing measures be incorporated into a three-pronged strategy that focuses on children, parents and teachers/schools. As the emotional well-being of children is largely dependent on the protection and care that primary caregivers, particularly parents and communities can provide, interventions should involve assistance programmes that target these groups, as well as children directly. Interventions should contain both preventive elements and special remedial assistance for children who have been harmed or have special needs.

It is also recognized that poor living conditions in most refugee camps (i.e. overcrowded homes, a lack of recreational space, poor water and sanitation, and inadequate

lighting and ventilation), a subject covered by Working Group II and therefore not repeated here, affect the general psychosocial well-being of refugee children living in camps.

21. **Coordination:** The National Mental Health Plan for the occupied Palestinian territory has been endorsed and released. The plan places special emphasis on building the institutional capacity of the Ministry of Health at the primary, secondary, and tertiary care levels. Consistent with the system-wide approach to psychosocial health, special emphasis should be placed on fostering cooperation between the various providers of mental and psycho-social services including UNRWA, the public sector, NGOs and grass-root community organizations, to ensure complementarity and a wider mobilization of resources.
22. **Early detection:** Renewed efforts should be made to promote the early detection and screening of children who have psycho-social needs (e.g. in schools and health clinics), along with their physical and psychological recovery, and social reintegration. As stated in Article 39 of the CRC, such recovery and reintegration shall take place in an environment that fosters the self-respect and dignity of children. Particular attention should be paid to the different needs of girls and boys.
23. **Restoration of normalcy:** With regard to prevention, interventions should aim to restore normalcy and ensure predictability within children's environment, where possible. This includes creating regular opportunities for children to meet with each other, play, go to school and eat. Support should be extended to existing community-based initiatives that seek to provide such opportunities. Children should also receive accurate information concerning their present situation, rights, responsibilities and possibilities for durable solutions to their problems. Interventions should also aim to identify preventable factors that cause distress and help to remove them from children's environment.
24. **Ensure access to developmental essentials:** In assisting children directly, it is critical to ensure access to essentials such as play and school, given the importance to the healthy development of children of constructive stimulation and as a way of coping with stressful situations. As such, it is recommended that programmes that strengthen children's resilience, encourage a positive outlook, and empower them to take control of their lives be supported. This includes providing opportunities for girls and boys to participate in regular recreational, cultural, sport-related activities and other non-formal activities that develop life skills. Support groups in which children can openly discuss their problems and traumatic experiences and ways of addressing them should also be encouraged. This may require the establishment of additional recreational centres and safe spaces for children's activities.
25. **Support to parents:** In terms of assisting families, it is important that further steps be taken to provide parents with the necessary skills and resources to meet the developmental needs of their children, and to care for children requiring special psycho-social attention. This may involve strengthening their ability to cope effectively with the challenges they face (e.g. through personal counselling). In situations where such professional counselling and therapy may be difficult to provide, the focus of interventions should be on building basic diagnostic and remedial skills within the community. Extra help should be given to single parent families (e.g. through the creation of parental support networks).

26. **Support to communities:** As mentioned, communities should also be assisted to organize preventative recreational and social activities that help reduce psychosocial pressure on children. Efforts should continue to make refugee families and communities as self-sufficient as possible. In this regard, freedom of movement and the right to employment or other forms of self-support are vital. It was recognized that measures which enable families and refugee communities to live as normally as possible in economic, social and cultural terms will benefit refugee children. Access to the wider world by allowing freedom of movement outside of camps can be extremely valuable for children.
27. **Assisting teachers and schools:** Building on ongoing initiatives, teachers and school counsellors should be provided with guides to in-classroom psycho-social exercises that allow children to express themselves and improve their ability to participate in class. Furthermore, the school's capacity to serve the recreational and social needs of children should be bolstered, allowing children to study, play and socialize throughout the day, under adult supervision. This may require improvements to school infrastructure, making schools more child-friendly; training of psychosocial facilitators who can support children in the context of school and extracurricular activities; and programmes that train teachers to deploy psychosocial methods in caring for children in stressful situations. Lastly, teachers themselves should be provided with psychosocial services, including counselling and debriefing.
28. **Participation:** It is further recognized that there is a strong link between the right to participate and psychosocial well-being of children, particularly in stressful situations (see also Protection above). Matters affecting children's day-to-day life should be effectively communicated to them in a way that allows feed-back to be given. Both girls and boys should be given the opportunity to participate effectively in planning activities together with their families and members of their community. In order to facilitate such exchanges, counselling to reduce stress may be necessary before children can focus on and absorb information fully.

Recommendations to the International Community

29. **Support key initiatives aimed at improving access to quality education:** Donors are encouraged to provide increased support for UNRWA General Fund activities and special projects that significantly affect the educational opportunities enjoyed by Palestine refugee children. Areas of particular concern include improving access to quality education by more effectively matching host authority curricula, providing access to adequate school infrastructure, improving conditions for teachers and building capacity among school staff. Donors may also wish to consider providing scholarships to refugee students and teachers, in order to enable them to pursue higher education.
30. **Improved information flow to facilitate financial planning:** Donors should work closely with UNRWA to establish a more effective exchange of information regarding educational issues and critical areas, to facilitate better financial planning and support for key initiatives.

31. **Health improvements contingent on overall development:** It is recognized that major, long-term improvement in children's health among Palestine refugees cannot solely be achieved through interventions in the health sector, as it is closely related to the progress attained in the areas of poverty alleviation, sustainable development and improvement of environmental health conditions. The International Community should support UNRWA in achieving these objectives.

Recommendations to Host Authorities

32. **Encourage greater refugee participation in national educational institutions :** Host authorities are encouraged to work closely with refugee communities in order to increase the participation of Palestine refugees in host authority schools and educational institutions, where beneficial.
33. **Build partnerships on capacity building and training:** Host authorities are encouraged to cooperate and coordinate with UNRWA in its efforts to develop a broad training program for school staff, particularly with regard to curriculum-related needs, and management and administrative requirements.
34. **Improved coordination on primary health care:** Host authorities are encouraged to work closely with UNRWA on order to coordinate the delivery of effective primary health care to Palestine refugee children. The use of common technical guidelines, based on scientific data, should be supported in this regard.

End Notes

¹ The Convention on the Rights of the Child defines as children all human beings under the age of 18, unless the relevant national laws recognize an earlier age of majority.

² Additional members of the Formal and Informal Working Groups included Jordan, Syria, USA, Italy, Palestine Liberation Organisation (PLO), Palestinian Authority (PA) NPA, UNESCO, DCI-Palestine, Save the Children (SCF)-Sweden, the UN Office for the Coordination of Humanitarian Affairs (OCHA), the Palestinian Red Crescent Society (PRCS) and Diakonia.

³ See Article 1D of the Refugee Convention.

⁴ For the purpose of this document, the term “passive protection” suggests that despite the fact that UNRWA lacks a specific mandate to provide formal, legal protection to Palestine refugees, certain actions and programmes do provide a measure of protection and play an important role with regard to monitoring and meeting the protection needs of Palestine refugees.

⁵ See for instance GA Resolution 37/120J of 16 December 1982 regarding the camps at Sabra and Shatila.

⁶ The refugee student population has risen from 33,000 in 1950 to 488,000 in 2003.

⁷ Such as, the introduction of a tenth grade of compulsory schooling by the PA and in Jordan, and curricula development in Lebanon. UNRWA provides education in the compulsory cycle only, covering Grades 1-9 in Syria and the oPt, and Grades 1-10 in Jordan. In Lebanon, UNRWA provides education for Grades 1-12 because refugees are not allowed access to government schools. In the oPt, the PA raised the compulsory cycle to include grade 10 in 1995. Due to shortages of funding, UNRWA has been unable to accommodate Grade 10 in its schools in the oPt.

⁸ UNRWA Emergency Appeal 2004, p.17.

⁹ 2004 UN Inter-Agency Consolidated Appeal for the occupied Palestinian territories, p. 41.

¹⁰ Population and Development: The demographic profile of the Arab countries, ESCWA, 2003. Regional average population growth rate is 2.6 percent.

¹¹ Births per 1,000 for the total Arab population stood at an average of 29.5 compared to 39 births per 1,000 population in the occupied Palestinian territories.

¹² See also UNRWA’s Medium Term Plan.

¹³ Johns Hopkins University, Al Quds University and Care International.

¹⁴ 2004 UN Inter-Agency Consolidated Appeal for the occupied Palestinian territories, p. 35.

¹⁵ UNRWA Emergency Appeal 2004, p.13.

¹⁶ “Special Report on the West Bank Security Barrier”, UNRWA, July 2003.

¹⁷ UNRWA Emergency Appeal 2004, p.15.

¹⁸ See “A Psychological Assessment of Palestinian Children”: Secretariat of the Plan of Action for Children in collaboration with Save the Children-US, 2003.

¹⁹ 2004 UN Inter-Agency Consolidated Appeal for the occupied Palestinian Territories, pp. 37-38.

²⁰ “A Psychological Assessment of Palestinian Children”: Secretariat of the Plan of Action for Children in collaboration with Save the Children-US, 2003.

²¹ 2004 UN Inter-Agency Consolidated Appeal for the occupied Palestinian Territories, p. 37.

²² In a UNICEF and University of Damascus study conducted in Syria, 91.6 percent of children interviewed claimed they had been verbally abused by their parents, 79 percent said they are physically punished by parents, 53 percent threatened, 53 percent are punished with social isolation, and 47.1 percent are made fun of. Around two thirds reported being abused verbally or beaten in schools with rulers/sticks.

²³ “Finding Means: UNRWA’s Financial Crisis and Refugee Living Conditions,” Report by The Fafo Institute for Applied International Studies, 2003.

²⁴ Developed by SCF-Sweden, the UN High Commissioner for Refugees (UNHCR), the UN Office of the High Commissioner for Human Rights (OHCHR) and UNICEF