REPORT

Child Protection in the Occupied Palestinian Territory

Structures, Policies and Services

Institute of Community and Public Health
Birzeit University
&
National Plan of Action Secretariat
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Executive Summary

The current study, sponsored by UNICEF/Jerusalem, was carried out by the National Plan of Action Secretariat for Palestinian Children and the Institute of Community & Public Health / Birzeit University, between November 2005 and March 2006.

One of the objectives of the study was to collect information on existing Child Rights and Protection policies and structures in five selected countries in the MENA region in addition to the occupied Palestinian territory (oPt). The other aim of the study was to carry out a survey of the different child protection services within the oPt that target especially vulnerable groups of children.

The methodology included a review of available documents on child protection systems in the five countries in the MENA region and in the oPt. For the survey on service providers, a questionnaire was designed and tested. Two hundred and thirty one institutions ranging from the Palestinian Authority, UNRWA, NGOs to the charitable sector were interviewed, mainly by telephone.

Results show wide variations among the different countries analyzed, namely Syria, Jordan, Lebanon, Egypt, and Tunisia, in their approaches to ensuring the rights and protection of children. A major difference lies with the reliance on governmental structures as opposed to non-governmental ones, while no system has proven to be most effective. Each of these countries has one main body with the primary responsibility to monitor or ensure children’s rights. In the oPt, no such body exists. Structures are still rudimentary, with a lack of development and sustained coordination between the main stakeholders and the relevant sectors.

The results of the mapping of child protection services in the oPt show that 26% of these focus on disabilities (26%) often targeting adults as well as children. Twenty-two percent of services target the poor, 20% children without family care, 12% victims of Israeli occupation and war, and 11% abuse and neglect. Three percent of services address the needs of children in conflict with the law, 3% child laborers, and 2% provide support for children in Israeli detention. Finally, 4 organizations provide support for children with special problems: children with cancer and their families and victims of substance abuse.

Of the institutions interviewed, 53% are charitable organizations. Another 33% of the institutions are Palestinian and international NGOs (60% and 17% of the institutions, respectively), with government institutions at 11% and finally, UNRWA. The overall distribution of services reveals a significant imbalance in favor of the West Bank over the Gaza Strip, with 72% of the surveyed institutions located in the West Bank and only 28% in the Gaza Strip. Distribution of services between districts and by locality is also uneven, leaving the bulk of the rural population most disadvantaged in terms of access to and quality of services. Only about half of the interviewees said they were aware of the Palestinian Child Law, while over 88% of the interviewees reported they had heard of the concept of child protection. More than half of the service providers (55%) said their institutions were unable to reach all children in need. As for challenges, the two most important ones are related to financial constraints (26%) and the Israeli military occupation (26%). Nearly a quarter of the respondents criticized the role of PA institutions, in particular for the lack of law implementation, policies and coordination especially with regard to special needs.

In conclusion, the results show a concerted effort to address the issue of child protection in five of the Arab countries. A similar attempt is made in the oPt to address this issue within both the political and social context with NGO’s as the main service providers.
Background

As a category of rights, child protection rights protect children and adolescents from all forms of abuse, neglect and exploitation. While the Palestinian Authority has taken many positive steps over the past few years to improve the status of child protection, much work remains to ensure that all the necessary components are in place nationally to make sure that child protection rights will be respected, protected and fulfilled.

As a first step towards improving the child protection framework at a national level, a number of institutions participated in the research on a Joint Position Paper on Child Protection in Palestine. These institutions included the Secretariat of the National Plan of Action for Palestinian Children working in close partnership with UNICEF, along with Child Protection Steering committees composed from ministries, NGOs, international organization and UN representatives. The purpose of this paper was to document the current situation in oPt for eight categories of marginalized children in need of protection. In addition to the legal framework, the study examined the statistics, different governmental and non-governmental services, community as well as international responsibility, and monitoring. The categories of children include the following:

1. Disabled Children
While disability is not typically considered a child protection issue, disabled children in Palestine are often exposed to abuse or neglect. The lack of data on disability in Palestine indicates the extent of marginalization of disabled children. The most comprehensive data is from a 1996 PCBS health survey that found that 1.7% of children aged 0-14 suffered some form of disability. While disabled children have strong support in the nation's laws including the Child Law and the Law on the Rights of Disabled People, the support and services guaranteed to them under these laws are often unavailable. Particularly problematic is the lack of support for their integration into schools. While the Ministry of Education (MoE) is working to address this problem through its Education for All initiative, much work still needs to be done. As it stands, of 1,577 MoE school buildings, only 523 of them are equipped for disabled children.1 Furthermore, according to data from the MoE, only 0.6% of students in governmental schools are disabled.2

2. Child Victims of Poverty
According to PCBS, 60.6% of households live below the estimated poverty line.3 Added to this, the World Bank has found that "Sixteen percent of the total population and one-quarter of all Gazans are living in deep or 'subsistence poverty.' They are unable to adequately feed themselves even with food aid."4 Despite obvious setbacks that the Palestinian Authority itself faces due to the repeated destruction of government institutions and infrastructure, the

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4 "Four Years - Intifada, Closures and Palestinian Economic Crisis - An Assessment." World Bank, October 2004. p.29. The World Bank uses a poverty line of $2.30 for the oPt, and defines subsistence poverty as and income below the "cost of satisfying the minimum caloric intake, plus an allowance for basic non-food items, such as clothes and shelter."
Palestinian Authority can be justly criticized for its conduct in the area of poverty alleviation and development. While the Palestinian Authority has taken measures to reduce poverty and its effects on children, greater efforts are needed to ensure the protection of Palestine’s children “to the maximum extent of their available resources.

3. Children without Family Care
This group includes children of unknown parentage, children in orphanages and children living on the streets. While the Child Law offers strong protection for these children, service provision lags behind. A 1999 study conducted by MoSA and supported by UNICEF addressing permanent placement orphanages found that services in these orphanages are insufficient as are the skills and experience of the staff, particularly those in the social work field. Furthermore, it is sometimes difficult for MoSA social workers to provide the assistance needed by "street children" because of the refusal of institutions to accept them. Administrators are afraid that the behavior of these children will have a disturbing effect upon the others. This refusal is particularly detrimental in view of the needs of this category of children for emergency or temporary institutionalization. If more assistance was available, social workers would be given the opportunity to identify an appropriate family environment for the child, and/or to reintegrate the child into school.

4. Child Victims of Israeli Occupation
Since the beginning of the current Intifada in late September 2000 and until May 10 2005, 703 Palestinian children have been killed and thousands more injured. Children are affected by house demolitions, bombings and shelling, closures and curfew, construction of the Separation Wall and other violations that have an impact upon their daily lives. They also face the threat of landmines and unexploded ordnances, which killed 12 children in 2002-2003 and 17 in 2004 according to DCI-Palestine. While the Child Law gives the Palestinian Authority the responsibility for rehabilitation and reintegration of child victims in armed conflicts, this area remains under-funded and under-prioritized.

5. Child Victims of Domestic Violence and Abuse
Violence of a public or private nature not directly related to the Intifada or the occupation is much less chronicled in the oPt. This form of violence includes violence within the home or the school or other institutions. In response to this problem, the Child Law explicitly states that it is the responsibility of all citizens to inform the child protection social worker with the Ministry of Social Affair if they suspect a case of violence against a child. The Child Law also names the ‘Childhood Protection Department’ as the specific office within the Ministry of Social Affairs for ensuring that children should not be exposed to violence in the public or private domains. This office is also responsible for overseeing the care of children who have been exposed to violence. Despite this strong legal framework, services are inadequate. Service delivery remains largely focused on the aftermath of violence, and it is probable that only a fraction of children who are exposed to violence are identified and have access to services.

6. Children in Conflict with the Law

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According to MoSA, 766 children were formally in conflict with the law in 2004. However, these numbers do not capture the severity of the phenomenon as many cases are believed to go unreported. Even as the judicial system is being revamped, there is still little awareness of child issues and child rights remain unprioritized. Under the current Child Law, the protection provided for children in conflict with the law has yet to meet international standards. The issue of juvenile justice will be addressed in the Juvenile Justice Law, which is currently in early draft form. There is a lack of a comprehensive national policy directly addressing the need for preventive measures and treatment of children coming into conflict with the law. Just as few financial and qualified human resources exists for the work with Palestinian children in general, this particular sector is similarly affected by the lack of resources.

7. Child Laborers
While child labor occurs in Palestinian society, it has received inadequate attention. Owners of workplaces employing children are often in violation of the law. A study by PCBS reported 22,570 child laborers, representing 1.7% of children in Palestine. Exploitation is common, and children work long hours in unsafe conditions for low pay and without set vacations. Child labor can have long term health effects. For instance, it can lead to respiratory, hearing, sight or spinal problems, skin disease or disability. According to the 2004 PCBS study on child labor, 7.6% of working children are exposed to injuries or chronic diseases at work. Both the Child Law and the Labor Law prohibit work before the age of 15 and offer protection for working children above that age. Currently efforts are underway in the prevention of child labor. The Ministries of Labor, Social Affairs and Education as well as UNRWA have begun to seek out child laborers to assist with their reintegration into society and the educational system. The NPA Secretariat launched a pilot program to intervene in cases of child labor, and had some success in reintegrating children into schools. The initial lessons learned indicate that such efforts must involve collaboration among many institutions including the MoL, MoSA, MoE, UNRWA, the NPA Secretariat and the police as well as families.

8. Children under Israeli Detention
According to the Ministry of Detainees and Ex-Detainees, Israel has arrested more than 3,000 Palestinian children since the beginning of the current Intifada in late September 2000. Currently, 288 Palestinian children are being held in Israeli prisons and detention centers. Child ex-detainees experience various psychosocial problems upon their release including a sense of isolation, weak communication skills, a fear of leaving home, little desire to play, anxiety, aggressiveness, a lack of self-control and concentration as well as an inability to discuss their experiences. There is also the feeling that people around them can no longer understand or help them. Despite the size and importance of the issue, child ex-detainees are not addressed in the Child Law. Upon their release, few services are available to help these children reintegrate into schools and their communities.

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8 ibid. p.19.
9 ibid.
10 August monthly update of MODA and DCI/PS
**Project Objectives**

The project consists of two independent but complementary components. In Part One, models of Child Rights and Protection structures and systems are explored in five countries of the MENA region. This is followed by a description of currently existing child protection resources in the oPt, taking into account the different but mutually supportive roles of major stakeholders as they create a protective environment for children. Part Two consists of a survey in child protection services in the oPt for children identified as in need of special protection. The mapping covers the formal and non-formal sectors, and the linkages between them. In addition, the mapping focuses on the geographic distribution and types of services available for these identified groups of children; referral, recording and reporting systems; service personnel; institutional awareness of the Child Law and concept of child protection, as well as the main challenges faced.

The overall goal of the Child Protection Project, of which this report is a part, is to facilitate the process of developing a child protection system. It is hoped that the combined report will serve as a basis for the planning, development and implementation of child protection policies and programs in the oPt over the next few years.

**Methodology**

In Part One, the examination of child protection policies and structures in the region is based on a review of the literature and available documentation on the mission, mandates, policies and tasks of relevant institutions, sectoral inter-linkages as well as national activity reports from Syria, Jordan, Lebanon, Egypt and Tunisia. The mapping of child protection policies in the oPt was achieved through a compilation and examination of existing written policy documents, national plans of action, and strategic papers from different actors.

For Part Two, the mapping of child protection services in the oPt involved identifying the relevant institutions and the conducting of interviews with the heads or directors of child protection programs. The interviews were conducted by the researchers themselves assisted by a trained field worker. Most of the interviews had to be done by phone because of the severe restrictions in mobility and limited time frame of two months for data collection. Face-to-face interviews could only be conducted in the Ramallah District since mobility between the different Districts in the West Bank was obstructed by military checkpoints and travel between the West Bank and the Gaza Strip was impossible.

A semi-structured questionnaire was designed in consultation with UNICEF and the MoSA focal point for child protection. The questions addressed location, organizational mandate; types of services, categories of beneficiary children; the implementation of current, past and future programs; human resources; institutional awareness of the child protection concept, Child Law; perception of met versus unmet needs; and main challenges for adequate and effective service delivery.

- The most challenging part of the mapping exercise was to identify, locate and contact as many as possible of all the institutions and organizations providing services in child protection. This was especially difficult for many small local charitable organizations that often do not even have a working telephone line and are not known to the wider public;
and a list of charitable organizations exists so far only for the West Bank. A combination of several sources was used, including:

- governmental and non-governmental institutions that cooperate with or report to MoSA directly such as orphanages, shelters, charitable schools (list obtained from MoSA);
- an index of service providers for people with special needs in both the West Bank and Gaza Strip published by MoSA in 1999;
- a recently updated list of mainly psychosocial/mental health organizations dealing with child abuse and neglect as compiled by the Institute of Community and Public Health/Birzeit University;
- a list of some 270 charitable societies operating in the West Bank obtained from the General Union of Palestinian Charitable Societies (a parallel list is still to be compiled for the Gaza Strip);
- a local and elaborate list of charitable societies in the Palestinian Union of Charitable Societies in Hebron;
- PASSIA Diary 2005 for Palestinian and international organizations working in the fields of health, education, child development, women's affairs, and the legal sector.

In addition, interviewees were asked if they had contacts with or knowledge of other institutions in the field. This not only added several respondents to our list, it revealed several referral networks of specific services such as the NGO network Collective of Rehabilitation Organizations for mentally handicapped children in Northern Gaza. Any available information was further updated with the help of the Palestinian telephone company.

Data was processed and analyzed with the Statistical Package for Social Sciences (SPSS.)

Limitations:
Some of the targeted service providers could not be included in this survey for the following reasons: the obtained lists were not completely up-to-date in the first place; some of the cited organizations did not have telephone numbers or had numbers that could be located; some of the given numbers were out of order or no longer existed either because the organizations had closed down altogether or failed to pay their bills.
Part I: Models of Child Rights and Protection Systems in the Region

A. Child Rights and Protection Structures in 5 Regional Countries

Introduction
The purpose of this section is to examine structures that exist on the national level in five regional countries (Syria, Jordan, Lebanon, Egypt and Tunisia) working to ensure children’s protection rights are fulfilled. While some of the countries examined have structures dealing exclusively with child protection, it was necessary to place these structures within the larger child rights structural framework of each country. The limited nature of the research precludes an impact assessment of these structures in terms of their effectiveness in fulfilling children’s right to protection; however, reports by the Committee on the Rights of the Child (CRC) are used in order to draw conclusions on the processes engaged by each country.

There are wide variations in the approaches of ensuring children’s protection rights among the five countries analyzed. One of the major differences was the reliance on governmental structures versus civil society and non-governmental organizations. The following table offers a simplistic breakdown of whether the main child protection/rights structures are housed in the government or civil society, and whether the government or civil society bears the responsibility for the majority of service provision (please note that in all countries, both the government and civil society provide some share of services).

<table>
<thead>
<tr>
<th></th>
<th>Structure in Gov. Services by Gov.</th>
<th>Structure in NGOs by NGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syria</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Jordan</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lebanon</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Egypt</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Tunisia</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Each country examined has one main body with the primary responsibility to monitor or ensure children’s rights, including protection rights. However, there is a vast range of activities that these bodies engage in. The following table offers a breakdown of the types of activities undertaken by the main child rights body in each country.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Syria</th>
<th>Jordan</th>
<th>Lebanon</th>
<th>Egypt</th>
<th>Tunisia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination/Networking</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Planning</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Development</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Priority-Setting</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Collection</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Research</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Referral (to outside structures)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive Complaints</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
It is important to note that globally, governmental structures working towards ensuring the rights of children, and in particular protection rights, are new. There is no one model or system which has proven to be the most effective. Rather, best practices have been developed covering one area or another and most countries have undergone a process of developing, casting-off and improving institutions and processes for children’s rights since the issuing of the Convention of the Rights of the Child in 1989. As a result, each of the five countries examined here has undergone deep and frequent institutional change in terms of child rights structures—at times developing and then abolishing a series of different institutions and structures. This research attempts to document this historical context in order to provide a framework for future examination and development of child protection structures in the Occupied Palestinian Territory.
Child Rights and Protection Structures in Syria

The Syrian Arab Republic has undergone considerable institutional change during the past ten years in terms of reformulating the institutions responsible for ensuring children’s rights.

Higher Committee for Childhood

At the time of its 14 February 1996 initial report to the Committee on the Rights of the Child, the main national body responsible for children’s issues was the Higher Committee for Child Welfare, which was established in 1982. This body was chaired by the Deputy Prime Minister and included ministers and other representatives as members. It had an extremely broad mandate including coordination, planning, providing health care, providing services for children with special needs, supporting child care institutions, providing experienced staff to the child field, and finally, to “recycle the largest possible amount of scrap production material for the fabrication of educational tools, aids and games.” However, the CRC report was not written by this body but by a National Committee chaired by the Minister of Social Affairs and Labor.

A second body was established by decree in January 1999 in order to “merge the committees responsible for the welfare of children into a single committee known as the Higher Committee for Childhood.” The Committee was made up of high-level ministry representatives and NGO representatives. It had an extremely broad mandate of concerning itself “with all child-related issues in Syria (social, health, educational, legal, cultural, and media issues),” including monitoring rights; and preparing a National Plan, overseeing its implementation and monitoring its evaluation. The Committee reported to the Office of the Prime Minister but did not have an independent budget.

Ministry of Justice

During the same period, according to a decree by the Minister of Justice, (January 1998) ‘Full-time presidents of juvenile courts shall be appointed in the governorates to monitor the implementation of the Convention on the Rights of the Child, interpret its provisions, coordinate with the public authorities and the office of UNICEF in Damascus in this domain, and represent the Ministry of Justice in committees established for this same purpose.’ Another decision by the Ministry of Justice in 1999 set up judicial committees in each district “...for the purpose of establishing in every governorate...a judicial committee to support the family and the child. These committees meet with family members who are experiencing family difficulties or have filed for divorce or separation from a spouse, and with families whose children are having family problems, are at risk of delinquency, have been prosecuted for a criminal offence, claim to have been deprived of their rights, or lodge a complaint alleging a violation of their rights. It also falls to these committees to investigate the causes of a dispute and to endeavor to reconcile differences, rectify delinquent behavior, and provide advice on ways of overcoming difficulties or on legal procedures. They submit their

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13 ibid.
14 ibid.
15 ibid.
suggestions and recommendations to the Ministry of Justice for the necessary action and for the purpose of follow up.”\textsuperscript{16}

This system created an extremely strong role for the Ministry of Justice (MoJ) in both interpreting the CRC and monitoring its implementation. The MoJ was directly involved in hearing complaints of rights violations, and thus takes a role similar to a national child rights ombudsman. The MoJ is given direct responsibility in terms of protecting children within their families and vis-à-vis society in particular areas that could expand from abuse to conflict with the law. However, there is no mention of service provision, nor referral to other ministries such as the Ministry of Social Affairs and Labor which would seem the obvious focal point for social protection and rehabilitation - at least in terms of providing needed services. Concurrently, the Chairman of the Higher Committee for Childhood is the Deputy Prime Minister for Services Affairs, the vice-chairman is the Minister of Social Affairs and Labor and the Assistant Minister of Justice is a member. This may have acted to divide responsibilities between the service provision aspect of child protections and child rights and the legal aspects. However, the mandates of these three institutions (The Higher Committee for Childhood, Presidents of juvenile courts and judicial committees) appear to overlap. The Committee on the Rights of the Child noted “a lack of coordination among these three mechanisms to ensure effective monitoring. Moreover, it is concerned at the absence of an independent mechanism with the mandate to regularly monitor and evaluate the progress in the implementation of the Convention, and which is empowered to receive and address complaints of children.”\textsuperscript{17}

**Syrian Commission for Family Affairs**

It is unclear what happened to any of the three institutions described above which were in existence at least until October 2002 when Syria submitted its second report to the Committee on the Rights of the Child. However, in 2003, the Syrian Commission for Family Affairs was established by law as a corporate body directly affiliated to the Prime Minister and taking many of the responsibilities which had previously been accorded to the Higher Committee for Childhood. According to Article 2 of its establishment law:

The SCFA aims to speed up the process of promoting the status of the Syrian family, and better empower it to contribute to the human development efforts. To that end, the SCFA shall:

- Protect the family, enhance its solidarity, and preserve its identity and values;
- Improve the living standards of the family in all aspects;
- Promote the family role in the development process through enhancing its interaction with the concerned national governmental institutions and NGOs;
- Cooperate with Arab and international institutions in the services of the SCFA’s goals; and,
- Propose amendments to family-related regulations.\textsuperscript{18}

Article 5 of the Law is more specific in terms of the activities of the organization:

The Board is entrusted with:

\textsuperscript{16} ibid.
\textsuperscript{17} “Concluding Observations of the Committee on the Rights of the Child: Syrian Arab Republic.” UN Doc. CRC/C/15/Add.212. 6 June 2003.
\textsuperscript{18} “Law No. 42 of 2003, Syrian Commission for Family Affairs.”
a) Suggesting development policies, national strategies, as well as plans and programs related to family affairs;
b) Developing field communication plans and the annual workplan;
c) Suggesting nominating the SCFA’s representatives to conferences, symposia and scientific institutions;
d) Preparing reports pertinent to plans and programmes approved by the Prime Minister;
e) Preparing studies and research related to family affairs;
f) Cooperation with Arab and international institutions in the service of the SCFA’s goals;
g) Establishing committees and taskforces and drawing up their terms of reference;
h) Accepting gifts and donations according to laws and regulations in place

The organization also describes its mission as:

1. Proposing and giving advice on legislation
2. Knowledge gathering and research
3. Playing a role as a platform organization
4. Increasing awareness on family related issues

The organization puts forth a different mission on its website: “the SCFA works with and for the Syrian family and also works towards protecting the Syrian family and the ability to build equal relationships and achieve real cooperation in the development of society.”

Vision: The SCFA is capable of contributing to the development and growth of society, relying on:
1. Listening to the needs of the family and allow their voices to reach decision-makers
2. Facilitating coordination between relevant organizations
3. Working towards transparency, high ethics and a high sense of responsibility believing in the value and quality of the work and continual work to improve their performance

Thus the mandate, mission and vision of this new organization are even vaguer than that of the Higher Committee for Childhood. Not only is the mandate expanded to include a population going well beyond children (its work in terms of protection is divided into child protection, youth protection and protection of women), but the wording of Article 2 of the law leaves questions in terms of the extent of the legal mandate of the organization to be involved with planning, coordination, monitoring, implementation and advocacy. The mission and vision are a little more specific in terms of specifying the role of coordination, advocacy/lobbing and research; and Article 5 of the Law discusses planning. However, it is unclear what the mandate of the organization is in terms of rights’ monitoring and implementation including service provision issues.

It is also unclear whether some of the concerns voiced by the CRC have been addressed by the institutional change. For instance, the president of the SCFA is appointed by decree and accountable to the Prime Minister. The Board of Directors is nominated by the SCFA president and confirmed by the Prime Minister. This may negatively impact upon the independence of the organization vis-à-vis the government. Furthermore, according to its establishment law, the organization is to be supported through “Ad hoc allocations in the public budget of the state.”

In terms of activities which the SCFA have undertaken, it has undertaken national planning as well as reporting to international human rights bodies. It developed and received endorsement from all ministers and President of a National Plan of Action 2006-mid-2007.

All ministers must abide by the plan and the SCFA is responsible for its implementation. It has also presented the first report on the First Additional Protocol of the CRC to the Committee on the Rights of the Child (June 2005). It is currently developing a Complete Syrian National Plan for Child Protection. A Committee to this end has already been formed from Ministry and NGO representatives. The proposed project involves the following components and has been presented to President Bashar Al-Assad. It includes a comprehensive cross-sector child protection system spearheaded by the Syrian Commission of Family Affairs, but with key roles assigned to many governmental ministries.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Goal</th>
<th>Details</th>
<th>Responsible Body²⁴</th>
</tr>
</thead>
</table>
| 1) Research and collect statistics on child abuse | Expand knowledge base on child abuse in Syria | o Conduct research on how often child abuse occurs and in what forms  
o Clarify reasons & responsible groups  
o Publish reports and statistics | Ministry of Higher Education |
| 2) Establish a national record for all cases of child abuse | Establish a national record for all cases of child abuse | Record all cases in national database and monitor cases | Central Office of Statistics |
| 3) Social awareness | Increase consciousness on child abuse and its negative effects on society and importance of reporting | o Media campaigns  
o Workshops  
o events | Ministry of Media  
Ministry of Waqf  
Ministry of Culture |
| 4) Child protection in the basic education curriculum | Inform children of their rights/responsibilities, duties and concept of child abuse and exploitation and help children to develop skills needed for defending themselves and reporting cases of abuse | o Enrichment of basic education curriculum  
o Develop materials  
o Teacher training | Ministry of Education |
| 5) Establish a higher education curriculum | Develop knowledge of graduates in CP field including investigation, rehabilitation, protection and research | o Enrich curriculum on CP in Medical, nursing, law, religion, social work  
o Teacher training | Ministry of Higher Education |
| 6) Develop skills of people who work directly with children | Training people who may come across cases of child abuse | o Skills training  
o Training of the trainers | Ministry of Interior  
Ministry of Justice  
Ministry of Health  
Ministry of Social Affairs & Labor  
Ministry of Education |
| 7) Establish a family protection unit | Establish a center to receive cases of child abuse and investigate and refer them to a suitable living place for the children | o Establish a center, receive cases and examine them | Ministry of Interior |
| 8) Establish | Establish center for child victims | o Choose a building and | Ministry of Social |

²² Personal Interview by Dr. Rima Merriman of Sabah Al-Hallaq, Coordinator of Women’s and Child Affairs. November, 2005.
²⁴ It is important to note that part of the CP National Plan is to require every ministry to appoint two employees to work full time on the CP National Committee
<table>
<thead>
<tr>
<th>a shelter for CP</th>
<th>that can’t be reintegrated without being rehabilitated physically, mentally, and environmental reevaluation</th>
<th>employees to work in the shelter</th>
<th>Affairs &amp; Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>9) Program to support children</td>
<td>Provide cash assistance or other support for families facing a danger of neglect or abuse in order to stop the abuse</td>
<td>o Establish a committee to study cases</td>
<td>Ministry of Waqf</td>
</tr>
<tr>
<td>10) Establish a Helpline</td>
<td>Establish a system to receive complaints from children and questions to refer them to the responsible organization such as emergency, police, experts, other</td>
<td>o Train workers who work in child help center</td>
<td>Ministry of Social Affairs &amp; Labor</td>
</tr>
<tr>
<td>11) Create complete Syrian legislation on CP</td>
<td>Create complete Syrian legislation on CP</td>
<td>o Analyze the current Syrian law and international laws about CP</td>
<td>Ministry of Justice</td>
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<td>o Develop a complete legislation proposal on CP</td>
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**Bibliography of Syrian Section:**

Child Rights and Protection Structures in Jordan

The model which Jordan has adopted to ensure that the framework for child protection is in place nationally relies much more heavily on the NGO sector than other countries reviewed. Very few of the components of the system are strictly governmental. Concurrently, Jordan’s system is the most comprehensive and cross-sectoral of those examined in this study.

Similar to other countries reviewed, Jordan’s child protection and rights system has undergone a recent fundamental change. At the time of Jordan’s Second Report to the CRC, it had two institutions with responsibility for child protection issues: the National Coalition for Children and the National Task Force for Children. However, the committee noted that coordination and linkages between these two institutions were unclear. Between that time and the submission of its third periodic report in 2004 (to be reviewed by the Committee in September 2006), it has developed a considerably stronger institutional framework for child rights and particularly protection.

National Family Affairs Counsel

The first new institution developed with the mandate of protecting children’s rights was the National Family Affairs Counsel (NFAC), which was founded by a Royal Decree under Law No. 27 for 2001. Unlike institutions with the primary responsibility of safeguarding children’s rights which tend to be governmental organs in other countries, the NFAC is an NGO “responsible for adopting policies, strategies and national plans that pertain to family protection and development and the supervision of such policies.” Its role is defined as a national policy think-tank, a coordinating and monitoring body and an advocate. Its strategy includes the following:

1. Policy Formation and Reform
   To facilitate the development, revision and appropriate reform of policies, legislations, and procedures as they impact on the attainment of an enhanced quality of life for the Jordanian family and its members.
2. Research and Data Resources Management
   To avail, made accessible and disseminate data and information to decision-makers, program managers, family affairs advocates and other concerned parties, with the intention of instituting timely and informed action focused on ensuring an enhanced quality of life for all Jordanian families.
3. Advocacy
   To increase awareness and support for family issues and policies that impact on the quality of life of all Jordanian families.
4. Coordination and Monitoring
   To facilitate, coordinate and monitor the development and implementation of national policies, strategies and programs focused on ensuring an enhanced quality of life for all Jordanian families.
5. Organizational Development
   To develop and support the capacity of the National Council for Family Affairs to technically, administratively, and financially respond to the Council’s role and responsibilities as established under Jordanian law.

While the NFAC is an NGO, according to its founding law, its Head of Council is appointed by royal decree and its council members are appointed by the Prime Minister. Furthermore, the council enjoys “all the exemptions and facilities made available to government institutions.” It is financed through national grants, government support, revenue and foreign grants.

Under the Presidency of Queen Rania, the NFAC has engaged in revising national legislation to bring it into accord with CRC. It is also considered the implementing arm of Jordan’s Early Childhood Development strategy. This last point raises the issue of the clarity of NFAC’s mandate, as implementation is not formally included.

The NFAC is also considered the “umbrella organization” for the Family Protection Project (FPP) which was established in 2002 by Queen Rania. While formally under the NFAC, the FPP is managed by the British Council. The project is “Aiming to build the capacity of governmental and non-governmental organizations working in the field of family protection in Jordan.” It has a taskforce representing all GOs and NGOs working in the field of family protection in Jordan and it has a project team made up of 11 representatives of GOs and NGOs. The FPP has taken on a coordination and advocacy role, as demonstrated in its development of the National Framework for Family Protection which provides “a comprehensive and integrated services and establish a common language among specialists and professionals in this field,” as well as outlining the role of each organization in the field of domestic violence and child abuse. It lists its other roles as placing family protection on the political agenda, policy development, developing prevention and protection mechanisms, as well as networking and relationship building. The division of labor between the NFAC and the FPP is unclear as it seems that their mandates overlap.

The Family Protection Department of the Police

A third child protection structure exists firmly within the government. The Family Protection Department (FPD) is a police department within Public Security Directorate. It was established in 1997 “to track and deal with all aspects of abuse and violence, especially sexual abuse and to follow up on violence against children within families including physical abuse and neglect within and outside the family for sexual cases.” One of its major accomplishments has been the use of advanced video technology to collect testimonies from children. It also conducts training based on developed training packages and an internal procedure manual.

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29 ibid.
33 ibid.
34 ibid.
The FPD is directly connected to social services offices that are part of the administration system in the Ministry of Social Development. These offices conduct house visits to families exposed to violence and follow procedures aimed at protecting children from violence and abuse. As of 2004, there are five permanent offices and two part-time offices for social services linked to the FPD.

The FPD is also linked to clinics for forensic investigation, which are responsible for medical examinations of victims and perpetrators. The FPD is further linked to mental health clinics which provide diagnosis, treatment and psychological consultation.

**Nahr Urdan Child Protection Program**

The FPD is also linked to the NGO sector. As stated above, many of the services which are provided by the governmental sector in other countries fall under the NGO sector in Jordan. The NGO with the greatest responsibility in this field is the Nahr Urdan (River Jordan) Organization which runs the Child Protection Program. The program runs two centers: Dar Al-Aman is a temporary shelter established with support from the Ministry of Social Development and opened in August 2000. This center provides mental rehabilitation, social, health and academic follow-up programs as well as other basic services for children exposed to any type of abuse including sexual abuse, physical abuse and neglect. The other center, Markez El Waqiyya, provides psychological counseling and awareness-raising services.

**Other Governmental Child Protection Initiatives**

Other aspects of child protection are being addressed by different ministries. For instance, the Ministry of Labor established a Child Labor Unit in 2001. The Ministry of Justice currently does not have family courts; however, many institutions are lobbying for them. The Ministry of Education trains school counselors courses on detecting and reporting child abuse to the Family Protection Directorate.

**Child Protection Legislation**

While the non-governmental National Family Affairs Counsel was established by law, other areas of child rights and protection legal development is as yet undeveloped. According to UNICEF, “There has been a lack of priority in submitting draft laws pertaining to children and juveniles to Parliament over recent years which reflects negligence on the part of the government when it comes to advancing child rights.” As of June 2004, a Childhood Act was in the final stages of revision to be presented to next session of parliament. Advocates are attempting to draft legislation on Family Counseling Offices which would require having a Family Counseling unit in every Sharia court “to encourage families to resolve their

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39 ibid.
disputes with the minimum psychological impact on family members, especially the child.”

A Judicial Council has been developed which has

- Amended legislation to allow children’s testimony to be videotaped
- Developed curriculum on domestic violence as part of training component of Jordanian Judicial Institute
- Developed capacity of judicial system to manage domestic violence cases

National Plan of Action 2004-2013

The National Council for Family Affairs (NCFA), the Ministry of Planning and International Cooperation, and the United Nations Children’s Fund (UNICEF) spearheaded the development of a National Plan of Action for Children 2004-2013. This document has defined Children in need of Protection as those deprived of parental care, in conflict with the law, addicted to narcotics and drugs, child laborers, neglected and abused children, or child victims of exploitation or of armed conflict.

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8. Jordan River Foundation Website: http://jordanriver.jo

Child Rights and Protection Structures in Lebanon

The Higher Council for Childhood
The governmental body with the primary responsibility to ensure children’s rights in Lebanon is the Higher Council for Childhood (HCC), which was founded by a Decree of the Council of Ministers in 1994. According to its internal policies, it is “the national body entrusted with following up on the implementation of the Convention on the Rights of the Child, in collaboration with international organizations.” Before the development of these internal procedures in 2001, it served as the “intermediary between children and the private sector.”

According to Lebanon’s Third Periodic Report to the CRC (2004), the HCC is “…the national body that ensures coordination between the governmental sectors, non-governmental organizations as well as international stakeholders concerned with children rights.” Its responsibilities include: preparing national reports, monitoring the implementation of the CRC, developing national strategies as well as coordination. It is sponsored by, and reports to, the Ministry of Social Affairs (MoSA). It has a consultative role, and is not an executive body.

According to MoSA,

The Higher Council for Childhood is the national framework for social work specialized in children rights issues. It aims at formulating national strategies and plans of action in compliance with the CRC through a comprehensive partnership between non-governmental organizations and the public sector and in collaboration with international organizations.

The HCC is headed by the Minister of Social Affairs, and MoSA’s Director of General Services as HCC’S Vice President. Its membership is mostly made up of representatives from a number of ministries including Social Affairs, Education, Public Health, Foreign Affairs, Interior, Justice, Information and Labor. It also has local and international NGO representatives.

The HCC undertakes a wide range of activities towards its broad mandate, including:

1. National Planning, Coordination & Networking
2. Implementing joint projects between the private and public sectors
3. Proposing joint projects among ministries
4. Research
5. Legal Drafting
6. Public Awareness: Child Rights
7. Training of Professionals
8. Monitoring and Reporting

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45 Lebanese Ministry of Social Affairs Website
47 Summary Record of 289th Meeting. CRC/C/SR.291. 29 May 1996.
49 ibid.
50 Summary Record of 751st Meeting. CRC/C/SR.751. 18 January 2002.
51 Lebanese Ministry of Social Affairs Website
52 ibid.
53 ibid.
Despite the broad range of roles undertaken by the HCC, the CRC in 1996 noted that it “is concerned at the insufficient measures adopted to ensure a permanent and effective coordinating and monitoring mechanism to ensure implementation of the Convention on the Rights of the Child.”\textsuperscript{54} It later defined the HCC’s role as a coordination mechanism as “unclear and undefined in practice.”\textsuperscript{55} Furthermore, in its Summary Record of its 291st meeting in May 1996, the CRC stated that it found the position of the HCC anomalous, “containing as it did representatives from all the relevant ministries and from non-governmental organizations. There was a danger that the roles of such representatives might overlap or, conversely, leave unfilled gaps.”\textsuperscript{56}

Finally, the HCC’s role of planning and policy development is not fulfilled in many areas. As Lebanon’s Third Periodic Report to the CRC states, “There is no national disability prevention policy, and what is available in that respect is restricted to private initiatives undertaken by local and international NGOs.”\textsuperscript{57}

**MoSA and NGOs**

While MoSA offers some services through its Development Services Centers, NGOs take on many of the responsibilities which in other countries are often undertaken by the government. For instance, while the work of the HCC is sponsored by MoSA, it is undertaken by the private sector—generally NGOs.\textsuperscript{58} Two-thirds of social funding came from the private sector.\textsuperscript{59} At times the HCC acts as a referral agent to the NGO sector, even in child protection cases.\textsuperscript{60} One NGO has even taken on the role of a child ombudsman—albeit on a local scale.\textsuperscript{61}

The system for addressing sexual abuse against children offers an example of the division of labor between MoSA and NGOs. MoSA’s Development Services Centers, which are located throughout Lebanon, conduct surveillance of cases. Cases are then referred to NGOs. MoSA also subsidizes NGOs’ day care services for child victims of sexual abuse. Finally, MoSA “indirectly supervises” residential care services for child victims of sexual abuse provided by NGOs.\textsuperscript{62}

NGOs have no authority to identify and take on cases of children requiring social services. Rather, all cases must be referred by MoSA according to criteria based on categories of children (newborns whose father and mother were both dead and who had been abandoned; children from poor families whose parents could not support them; adolescents up to the age of 18 who seemed on the verge of abandoning their studies; and juvenile delinquents). Unless cases were detected through MoSA’s Development Services Centers, parents were

\textsuperscript{54} Concluding Observations. CRC/C/15/Add.54. 7 June 1996.
\textsuperscript{55} Concluding Observations. CRC/C/15/Add.169. 21 March 2002.
\textsuperscript{56} Summary Record of 291st Meeting. CRC/C/SR.291. 24 May 1996.
\textsuperscript{57} Third Period Report to CRC: Lebanon. CRC/C/129/Add.7. 25 October 2005.
\textsuperscript{58} Summary Record of 289th Meeting. CRC/C/SR.291. 29 May 1996.
\textsuperscript{59} Summary Record of 751st Meeting. CRC/C/SR.751. 18 January 2002.
\textsuperscript{60} Third Period Report to CRC: Lebanon. CRC/C/129/Add.7. 25 October 2005.
\textsuperscript{61} ibid.
\textsuperscript{62} ibid.
responsible for launching placement procedures by contacting MoSA. Neither MoSA nor the NGOs provide services within the family.63

The NGOs contracted by MoSA to provide residential care “are not at present subject to monitoring.”64 According to Lebanon’s Third Periodic Report to the CRC, many of the NGOs’ programs are based on direct service provision towards immediate needs rather than following development objectives.65 Similarly, the report points to “weak coordination and communication between the NGOs’ institutions and the Ministry of Social Affairs, in the absence of relevant mechanisms.”66

**The Committee for the Protection of the Child from Maltreatment**

The Committee for the Protection of the Child from Maltreatment (CPCM) was established by the HCC to assist NGOs by improving the capacity of NGO social workers.67 Despite the existence of the CPCM, Lebanon reported that it faced a lack of awareness of procedures to follow when a child was maltreated.68

**The Union for the Protection of Lebanese Children**

The Union for the Protection of Lebanese Children (UPEL) is an association mandated by the Ministry of Justice to work before tribunals for children. Under the authority of a judge for children, UPEL’s social workers can receive information about cases of maltreatment.69

**Parliamentary Committee for the Protection of Childhood**

There is a Parliamentary Committee for the Protection of Childhood which is mandated to ensure that legislation on children is implemented.70 It takes suggestions from the HCC on legislation which needs amendment, and submits the suggested amendments to the Parliament’s Legislative Committee.71 However, it has mainly focused on issues of child labor.72

**National Plans of Action**

There was a 1995 National Plan of Action for Child Survival, Protection and Development in Lebanon which focused on programs related to health and education.73 However, the CRC states that “…this plan falls short of a comprehensive social policy and national strategy for implementing the Convention in line with the Committee’s recommendation, as acknowledged by the State party…”74 Since then, no national plans have been developed. In its 2004 report to the CRC, Lebanon wrote that it “didn’t rely on a national strategy that was specifically tailored for children.”75 As a result, “The majority of implemented programs by

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63 Summary Record of 752nd Meeting. CRC/C/SR.752. 17 September 2002.
64 Concluding Observations. CRC/C/15/Add.169. 21 March 2002.
66 ibid.
67 ibid.
68 ibid.
70 Summary Record of 289th Meeting. CRC/C/SR.291. 29 May 1996.
72 Summary Record of 289th Meeting. CRC/C/SR.291. 29 May 1996.
73 Concluding Observations. CRC/C/15/Add.54. 7 June 1996.
74 Concluding Observations. CRC/C/15/Add.169. 21 March 2002.
NGOs are based on the concept of direct service provision in order to meet immediate needs… in the absence of development objectives.”\textsuperscript{76}

\textsuperscript{76} ibid.
Bibliography of Lebanon Section:


Child Rights and Protection Structures in Egypt

The National Council for Childhood and Motherhood

The National Council for Childhood and Motherhood (NCCM) was established in 1988 through a Presidential Decree. It serves as “the highest government authority entrusted with policymaking, planning, coordinating, monitoring and evaluation of activities in the areas of protection and development of children.”

In comparison with similar structures globally, the NCCM enjoys an extremely strong mandate:

> The jurisdiction of the NCCM extends to all government bodies, including the Ministry of Justice, and NGOs on both the national and local levels. The decree establishing the NCCM stipulates that its declarations are mandatory, that is NCCM decisions are final and binding for all ministries, authorities, local administration units and public sector in implementing plans, projects and programs set by the NCCM in the fields of childhood and motherhood.

Its decisions are not subject to appeal, and are immediately implementable. The NCCM was also responsible for receiving children's complaints, and in practice takes the role of an ombudsman.

According to the decree, the NCCM is a legal entity affiliated with the Cabinet of Ministers. It is primarily responsible for planning and coordination. It does not offer direct services to children or mothers, except in special cases, or for experimental purposes. One of its major accomplishments has been the development and passing of a Children’s Code. The process was begun in 1989; and the Code was published in Act No. 12 of 1996.

The NCCM is chaired by the Prime Minister and includes representatives of seven ministries. Its policy-formulating body is the Technical Advisory Committee which is composed of experts and is chaired by the country's First Lady. Representatives of NGOs and civil society can attend that body's deliberations.

The structure of the NCCM is as follows:

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77 National Council for Motherhood and Childhood Website
78 National Council for Motherhood and Childhood Website
81 National Council for Motherhood and Childhood Website
84 National Council for Motherhood and Childhood Website
85 *This Working Group “Prepares studies and researches and compiles data that aim at producing social-economic indicators for different service sectors such as education, health, social and cultural affairs in order to demonstrate the state of childhood and motherhood. Sets the comprehensive national draft plan for childhood and motherhood in the field of social, family and health care, education, culture and information within the framework of the State Plan for social-economic development. Follows up programs and activities adopted by the Council to ensure efficient implementation, coordination and cooperation with ministries, governmental agencies and NGOs, and how effective are the Council programs, that are related to improving the conditions of childhood and motherhood on society.” Its goal is “Translating the conceptual framework for the childhood & motherhood component and the woman's component within the fourth five-year plan into programs and projects, in collaboration with ministries concerned with childhood, motherhood and women, as well as preparing periodical follow-up reports on them.” (National Council for Motherhood and Childhood Website)
NCCM Objectives:
1. Setting priorities in the fields of society, family health, education and culture.
2. Monitoring & Evaluating public policy and the national plan for childhood and motherhood
3. Research & Monitoring
4. Awareness-Raising
5. Proposing training programs
6. Cooperating with governmental and non-governmental organizations
7. Giving opinions on conventions related to childhood and motherhood

In its response to the questionnaire of the UN Secretary General addressing violence against children, the Egyptian government reported that “There is a need to increase coordination of the efforts of active partners in this field until the achievement of a protection network for every child.”85 Similarly, the CRC noted that it “is concerned that administrative coordination and cooperation at the national and local levels of government remain inadequate.”86 Furthermore, in its alternative report to the CRC, an NGO Coalition wrote: “We have many clear national strategies in some fields such as health, but lack clear strategies in others such as education...In the field of child protection, we hardly recognize the presence of any kind of strategy at all, except for scattered activities that try to deal with some of the problems.”87

The General Administration for the Legal Protection of Children
This supervisory mechanism was established under a 1997 Decree of the Minister of Justice. It is made up of five specialized directorates: the Directorate for Educational Measures; the Directorate for Legal Affairs and Legislation; the Directorate for Training and Research; the

** "The legislative working group established by the National Council for Childhood and Motherhood has reviewed and consolidated all the provisions relating to the rights of the child in a code promulgated within the framework of Act No. 12 of 1996. The code covers the following subjects: access to health care, social welfare, culture, education, provision for foster mothers, access to care for handicapped children, child labour, juvenile justice and the creation of the National Council for Childhood and Motherhood.” (Second Period Report to CRC: Egypt. CRC/C/65/Add.9. 11 November 1999)

***This includes Child Laborers, Street Children and Juvenile Delinquents.
85 “Response to the UN Secretary General’s Study Related to Violence against Children.”
87 “NGOs Report on the Rights of the Child in Egypt.”
Directorate for Cooperation with Local Organizations and Associations; and the Directorate for Information, Statistics and Communications. This body is not yet fully functional.

GALPC Objectives:
• To coordinate the implementation of the national strategy for the protection of children and to draw up plans for the prevention of delinquency among minors;
• To coordinate appropriate legal assistance for children;
• To examine the issue of children at risk and propose appropriate legal and social measures;
• To produce statistics on juvenile delinquency;
• To design training and qualification programs for members of legal institutions, sociologists and psychologists concerned with matters relating to minors.

The Ministry of Social Affairs
In comparison with other countries, Egypt’s MoSA takes an extremely limited role in terms of child protection and child rights. Other than nursery services, MoSA offers family guidance services which offer counseling to families.

NGOs
The CRC noted that “insufficient efforts have been made to involve civil society in the implementation of the Convention,” and recommended that Egypt “consider a systematic approach to involving civil society.”

National Plan of Action
Rather than developing an independent National Plan of Action for Egyptian children, the NCCM developed The Conceptual Framework for the Childhood and Motherhood Component in the Fourth Five-Year Plan. This determined the objectives and policies in the fields of education, health, culture and information. The CRC recommended that Egypt develop a comprehensive national plan of action.

Bibliography of Egypt Section:
7. “Response to the UN Secretary General’s Study Related to Violence against Children.” (No date, circa 2004.) (Arabic)

92 National Council for Motherhood and Childhood Website


Child Rights and Protection Structures in Tunisia

Of the countries examined in this research, the Tunisian government has done the most towards prioritizing children’s rights and protection issues within the government. Its system of child protection is cross-sectoral, involving many ministries such as the Ministry of Women’s, Family and Children’s Affairs, the Ministry of Youth, Children and Sports, the Ministry of Social Affairs (which provides the services and institutions for child protection), the Ministry of Justice, (“because of the global nature of its responsibilities and the extent to which it is represented throughout the country, the Judiciary remains the natural guarantor of individual rights”94) and the Ministry of Education, which prepares students and teachers to report complaints to the relevant bodies. It also has several bodies responsible for children’s rights and protection based within the various ministries.

The Observatory for Information, Training, Documentation and Studies on the Protection of the Rights of the Child

The Observatory is a public institution established by decree in 2002, with an administrative character, under the authority of the Ministry of Women’s, Family and Children’s Affairs. According to its printed materials, its objective is to consolidate protection mechanisms although it seems to use the words protection and rights interchangeably. According to its mandate, “It is a specialized structure which aims to effectively follow up children’s conditions in all fields, in order to develop the policies adopted in the field of child rights promotion and to ensure a sound and balanced education for young generations.”95

Observatory Objectives:96

- Data collection and documentation
- Enhancing communication and promoting the culture of children’s rights
- Preparing reports and issuing periodical publications concerning children’s rights
- Training
- Research
- Helping establish policies and programs

Despite this body’s focus on data collection and analysis, the CRC noted that there was a need to establish “a monitoring mechanism of an independent nature.”97 It calls on Tunisia to:

To establish an independent national human rights institution in accordance with the Principles relating to the status of national institutions for the promotion and protection of human rights (General Assembly resolution 48/134) to monitor and evaluate progress in the implementation of the Convention at the national and, if appropriate, at the local levels, including implementation by the private sector and NGOs as providers of services to children. This institution should be empowered to receive and investigate individual complaints of violations of child rights in a child-sensitive manner, and address them effectively…98

94 Core Document Forming Part of the Reports of States Parties HRI/CORE/1/Add.46. 8 June 1994.
95 The Observatory for Information, Training, Documentation and Studies on the Protection of the Rights of the Child. Ministry of Women’s, Family and Children’s Affairs. No Date.
96 ibid.
97 Concluding Observations: Tunisia. CRC/C/15/Add.181. 7 June 2002.
98 ibid.
**Higher Council for Children**

A National Council for Children was established by decree in 1995. Its aim is to assist the Minister for Youth and Infancy in drawing up general policy for the government in the area of children.\(^{99}\) This body became a Higher Council by decree in 2002.\(^{100}\) As this body had been primarily responsible for data collection and annual reporting on the situation of children, it is unclear what its relationship to the Observatory is. This body was also responsible for coordination, an area not covered by the Observatory. The CRC noted that the effectiveness of its coordination efforts remained unclear.\(^{101}\)

**Child Protection Code**

The Child Protection Code was adopted through Act No. 95-92 of 9 November 1995 and entered into force on 11 January 1996.\(^{102}\) It “is based on a new moral code establishing the right of the child to protection in view of its physical and emotional vulnerability.”\(^{103}\) All of the guidelines and policies outlined in the code are based upon five main principles:\(^{104}\)

1. Best Interests of the Child
2. Responsibility to parents
3. Respect opinion of child and participation
4. Rights of the child in conflict with the law
5. Principles in accordance with CRC

This code protects children in difficult situations, defined as the following:\(^{105}\)

(a) Loss of the child’s parents, so that he or she remains without family support;
(b) Exposure of a child to negligence and to vagrancy;
(c) Continuous and well-established lack of education and protection;
(d) Habitual ill-treatment of the child;
(e) Sexual exploitation of the girl or boy child;
(f) Exploitation of the child in organized crime;
(g) Exposure of the child to begging and economic exploitation of the child;
(h) Inability of the parents or of those with custody over the child to ensure protection and his or her education (article 20 of the Child Protection Code).

This code established the following:\(^{106}\)

(a) Establishment of a body of child protection representatives responsible for intervening in families or alongside any other person responsible for the child, in order to prevent all forms of attack or abuse threatening the security and the development of the child
(b) Institution of a “duty to report” incumbent on all persons and which consists of informing the representative of difficult situations that anyone becomes aware of
(c) Definition of specific prerogatives allowing the representative to make the necessary enquiries and assessments and to take relevant measures in the form of agreements made with the parents and the child concerned; if necessary by taking

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\(^{100}\) *Concluding Observations: Tunisia. CRC/C/15/Add.181.* 7 June 2002.

\(^{101}\) ibid.


\(^{103}\) ibid.

\(^{104}\) *Child Protection Magazine Tunisia* Ministry of Women & Family & Childhood Affairs & UNICEF. No Date.


\(^{106}\) ibid.
appropriate temporary emergency measures, with a requirement to inform the family judge in situations not regulated through joint agreements where these seriously affect the security and development of the child.

The code also addresses juvenile justice, and a specialized juvenile justice system has been developed.107

**Body of Child Protection Delegates**

The BCPD was established by decree in June 1996. The decree laid down the areas of intervention and working methods with the services and social bodies concerned. There is a BCPR in every governorate and the CPDs are responsible for “carrying out preventive missions in all cases where it appears a child is in emotional or physical danger. To this end the representative is qualified to enter into all places and buildings. The representative may collaborate with all other related services in ministries and in facilities, institutions and cultural, legal, educational, health and social bodies which deal with children.”108 They are “mandated to identify children in need of special protection and to take immediate remedial action in concert with the family and relevant authorities.”109 CPDs are authorized to receive any type of complaints from or involving children. School children, teachers and children’s organizations assist in referring complaints to the CPDs.110

While the CPRs are responsible to the Ministry of Youth, Children and Sports, they are not civil servants.111 They work in cooperation with municipal and regional authorities, judges, law-enforcement personnel, other authorities and civil society. A Delegate-General was responsible for coordinating their work. By 2002, the CPDs had already received approximately 10,000 complaints.112

**National Plans of Action**

The National Plan of Action (PNA) for the Survival, Protection and Development of Children 992-2001 was one of the priorities of the IXth Development Plan (1997-2001).113

**Bibliography of Tunisia Section:**


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107 *Conclusion Observations: Tunisia.* CRC/C/15/Add.181. 7 June 2002.
109 Summary Record of 789th Meeting: CRC/C/SR.789. 5 June 2002.
110 ibid.
111 ibid.
112 ibid.


B. National Child Protection Policies in the Occupied Palestinian Territories

Introduction
Addressing child protection issues on a national level requires systematic, cross-sectoral policies among ministries and other institutions, from the police to health professional and teachers. In the Occupied Palestinian Territory, there has been an uneven level of policy development in the field of child protection. Some institutions such as the Ministry of Social Affairs, have drafted policy documents directly addressing certain types of child protection issues. Other institutions rely on unwritten procedures leading to ad hoc treatment or neglect of cases. Currently, there are no sector-wide national policies establishing a child protection system or referral network.

The following research outlines the existing written policies of institutions responsible for child protection. In areas where there are no written policy documents, suggestions of policies have been extrapolated from strategy and planning documents as well as projects. The policies are analyzed according to the eight child protection categories as listed at the beginning of the document.

Child Victims of Violence, Abuse and Neglect
MoSA sets a strong role for itself in protecting children from violence, abuse and neglect. In the Draft Social Affairs Law, Article 26 states that “MoSA shall… protect children from violence, harm, neglect, exploitation or trafficking, and to prevent them from being subjected to physical, sexual or other harassment or abuse.” MoSA has extensive policies among its Guidelines addressing the protection of children from violence, abuse and neglect. However, in Article 66 of the Guidelines, it calls for the development of further policies through the development of a national committee.

Definition and Responsible Parties
In Article 53 of the Guidelines, it defines categories of children subject to violence, abuse and neglect and confers responsibility for these children on itself:

- The ministry works towards the care and protection of children living in difficult circumstances which threaten his well-being or physical or psychological health, including:
  1. He lost his parents and remains without family support
  2. His exposure to neglect, vagrancy, and all types of physical or psychological violence
  3. Temporary or continuing interruption in his schooling or care
  4. Habitual mistreatment or a lack of responsibility on the part of the caretaker for raising him in a correct manner
  5. His sexual exploitation or economic exploitation or systematic crimes or in begging
  6. Habitually leaving where he lives or his absence without informing
  7. Disruption in education without reason

Institutions
In terms of developing an institutional framework, the Guidelines call for the establishment of Child and Family Protection Centers in all districts (Article 54). It is important to note that as it stands, the resources do not exist for these centers. There is only one Child Protection Center (see below for further discussion). The same article outlines the working policies for the centers:
1. Easily accessible by telephone or address
2. Work continually without interruption
3. The staff must carry special cards with their names and work
4. The centers will work according to the role of raising the consciousness of families and children through lectures in gatherings of the population or schools or through media and periodic announcements
5. These centers provide all the services for children deprived of family care or who are suffering from dangerous circumstances

The Beitunia Child Protection Center
There is only one child protection center in Palestine which houses children in need of protection who are not in conflict with the law: the Beitunia Child Protection Center which opened in 2003. It is under MoSA’s General Administration for Family and Childhood. Because it is the only governmental child protection institution, its internal policies are extremely important as a national model.

The Center’s policy document (Internal System for the Child Protection Center-Beitunia) is still a draft. The document addresses the goal of the institution, the basic principles by which it works, procedures, rights and responsibilities of the children as well as terms of reference for the staff.

According to the document,
   The goal of the existence of the child protection center is to give professional services to homeless children, street children and children who are exposed to any type of violence, abuse or exploitation in order to provide a safe shelter, protection, social care and psychosocial and educational care; and work towards a solution to the child’s problems and his return to inclusion in his family.

One of the main policies addressed in the document is the length of stay for a child. That is limited to six months, except in exceptional cases, which must be decided upon by high-level officials in MoSA.

It contains a series of definitions in terms of the children that it will accept. Parts of these definitions are verbatim from the definitions contained in MoSA’s Systematic Guidelines for Child Care (2004); however the center’s definitions address further categories of children (such as homeless children and children facing neglect) and goes into greater detail in each. The center accepts the following categories of children:
• Children exposed to neglect
• Homeless children
• Children exposed to abuse
• Children exposed to any practice involving cruelty
• Children exposed to sexual assault or sexual abuse
• Children exposed to physical assault
• Children exposed to economic exploitation
• Children whose parents prevent them from being educated

The center accepts males from the age of 6-15 and may accept 15-17 year olds after confirmation of the case being from one of the victim groups and not a delinquent. Cases come to the center from the directorates of social affairs, directorates of the police and
specialized institutions that are related to the goals of the center. It is important to note that currently there is no specialized directorate of the police addressing children.\textsuperscript{114}

The Center’s policy document specifies that there must be coordination between the Center and the MoE in order to ensure the reintegration of the children into schools. However, there are no corresponding policies within the MoE.

The Center’s policy document outlines the rights of the children in the center:

- Receive complete social care and care for all needs which it is possible for the center to provide
- Protection and security
- Education
- Good food
- Good clothing
- Recreation
- Medical and psychological treatment

**Personnel**

Article 55 of the Guidelines requires that Child Protection Guides must hold a specialized degree in social or humanitarian sciences and must have experience in the field. The Beitunia Child Protection Center’s policy document goes into more detail than the general article in the Guidelines. The Center’s policy document sets qualifications for staff in terms of degrees, experience and behavior/morals. It also requires that the staff abide by the Palestinian Child Law and the Convention on the Rights of the Child.

**Public Awareness**

Article 56 requires that MoSA strengthen the social responsibility of individuals of reporting any signs of abuse of a child and help the Protection Guides in any situation.

Article 68 calls on religious leaders to explain child rights through speeches and advice in mosques and churches or meetings in schools and gatherings of the population according to the religion they follow.

**Working Methods**

Article 57 of the Guidelines outlines the role of the Child Protection Guide

1. Intervention for protection and treatment in all difficult situations which may threaten the well-being of the child physically or bodily
2. Study of the situation of child deprived of care to clarify the instruments of intervention for treatment of every situation to its limit
3. Taking the role of raising consciousness, directing and guiding the family and the child deprived of protection
4. Treatment for any child arriving at the protection center or for any cases which the center hears of by people qualified in social work or medicine who will take the appropriate measures

Article 58 outlines clear intervention procedures for the Protection Guide:

1. After information about any case of difficult situations which a child is exposed to, the Protection Guide will do the following:

\textsuperscript{114} Personal Communication Brigheet Brigheet, Director, Beitunia Child Protection Center. 17 March 2006.
a. Enter the family or the place where the child lives alone or in the company of any person who
works in this field or in the company of the person who provides services for the child or the
family according to the assessment of the protection representative
b. Talk with the child and his parent/s or his legal guardian alone or in their presence
c. From the beginning, take protective measures after a study of its situation whether the child
stays with his family or he moves to one of the care and child protection institutions
d. Preparation of final reports, and requesting the doctor of special medicine for an examination
of the child whenever necessary

2. If the owner of the house or the place where the child who is unprotected resists, the Protection Guide
has a right to enter the house and take necessary measures authorized according to the child law and
their transfer to a special court

Article 59: The Child Stays under Protection or with His Family (Agreed Measures)
1. If the situation of the child permits his staying in the house of his parents the Protection Guide will call
upon the child and his parents to arrive at a collective agreement on special further measures suitable to
the situation and needs of the child
2. Take special procedures after agreeing upon them to remove the danger and violence from the child and
keep his condition under monitoring and follow-up of the Protection Guide
3. It is necessary that the Child Guide be satisfied that the child’s staying with his family will not increase
harm or danger to his life
4. Provide the bundle of information for the child and his family if the danger or harm is repeated about
what treatments and measures are used, and specifically preventing connection between him and the
people who negatively effect his health and physical and psychological well-being
5. If in the house of the parents of the child did not provide the necessary protection for the child, the child
will be temporarily put in a trustworthy family or group or social, educational or health institution

Article 60:
1. The Protection Guide will move the child to one of the protection centers or social care institutions or
educational or health group or any trustworthy family that wants to care for the child preferably which
will be among his relatives, and the protection agent will follow-up on the situation of the child with
this person until a solution for the problems and elimination of danger, and arriving at a good
agreement with the original family
2. The Protection Guide must periodically follow up on the situation of the child and his family in order to
take a decision about continuing in the procedures and instructions that were taken or changing them
when there is improvement for the child

Article 62: Situations of rape or harassment (Sexual Harm)
When there is information about a case of rape or harassment, the following procedures must be taken:
1. Move the child or female child from the circumstances of the sexual assault and take the necessary
measures for his protection and remove him from the attacker, and immediately present him to a
forensic examiner and prepare a medical report about the incident
2. Take the necessary procedures and information about the attacker and follow up with the matter before
the court taking into consideration the complete confidentiality thereby protecting the child’s self-
respect and psychological calm
3. Move the child or female child to a safe shelter
4. Relatives’ visits to the child or female child will be with the coordination with the protection agent and
social experts
5. Care and guidance and psychological rehabilitation for the child
6. After the situation of the child and family has settled the Protection Guide decides if the child or female
child will stay in the care institution or will return to the original family and until the stabilization of the
situation with taking guarantees from the family of not attacking the child and agreeing on the best
interests of the child on the condition that the return will be in coordination and agreement with the
appropriate agencies.

Treatment
Article 63 outlines the services offered by the protection centers including health and
psychosocial care, educational, cultural, spiritual, sport and vocational activities. It also
requires work with the child’s family: “Present assistance and guidance to the child’s family
through social experts and work on solving the problems which face members of the family and their qualifications for cooperating with the child during the treatment period and/or after his return to the house.”

Referral to MoSA

UNRWA
UNRWA has no written protocols outlining clear steps to be taken if a case of abuse is suspected/discovered.115 UNRWA has no shelters for children in need of protection. These children would be referred to an NGO or private institution. Referrals can be made to private doctors or NGOs. No referrals may be made to MoSA. However, referrals to MoSA can be made by way of private doctors or NGOs.

Monitoring
Article 65 requires the establishment of databases and studies on issues of child protection. Furthermore, Article 67 calls for the establishment of a system to collect complaints from children and parents regarding the functioning of different systems of specialized child protection institutions.

Detecting and Addressing Violence and Abuse in Schools

Ministry of Education
The MoE has no written policies on child protection issues.116 However, a 1996 document on disciplinary measures calls for the avoidance of any type of physical punishments. This prohibition was strengthened in a letter written by the Minister of Education and Higher Education to school directors and teachers:

In this letter I call for strengthening care about this order which you are accountable for commitment to the non-use of beating and physical violence and psychological violence and that the schools will be free from any form of violence and free from any application of violence, with my assurance that this does not mean the non-implementation of the system and school disciplinary measures in force in cases outside of the system.117

However, there are no written disciplinary procedures for teachers or administrators who perpetrate violence against children.

There are no formal written referral channels between the MoE and MoSA. The MoE relies on its school counselors to address cases of abuse.118 However, the school counselors do not have written policies to deal with these cases. Rather, methods of working are developed during trainings and rely on basic principles rather than specific procedures or policies.119 For instance, in the schools with a School Counselor, all students attend group classes with the School Counselor. Thus, the students know about the counselors, and the counselors can begin to detect children in need of help. Referral to the School Counselor can also be made through the students themselves, the principal, teachers, parents and friends.

115 Interview with Nuha Awad, Area Nursing Officer & Muhammed Salimeh, Supervisor of Social Workers for Clinics and Schools. 14 December 2005.
117 Letter of the Minister of Education and Higher Education, April 4 2004
118 It is important to note that only 65% of MoE schools are covered by a School Counselor.
119 Interview with Basri Aboushi. 6 March 2006.
While there are no specific policies addressing child abuse, violence against children or neglect within the MoE, there are some programs that are being piloted. For instance, there is a training program for School Counselors to identify signs of abuse including sexual abuse. However, not all School Counselors receive this training.\textsuperscript{120}

UNRWA

UNRWA has several guidelines and policy documents related to the phenomena of violence and abuse in its school system. The Educational Technical Instructions: ETI No. (1/2003) Education Department Guidelines towards Corporal Punishment in UNRWA Schools and Training Centers, October 2003 is one of the main policy documents. These guidelines offer extremely clear procedures to be followed in the case of physical or verbal violence against children in an UNRWA school. It defines corporal punishment as:

\[\text{...intentional application of physical force on the students to cause physical pain as a means of changing their behavior. Various forms of corporal punishment include hitting, slapping, punching, kicking, pinching and the like. Sometimes punitive measures such as preventing a student, who is in desperate need of using a toilet, from going to the toilet are used which also constitute causing physical pain. Forcing students to stand or kneel motionless for long periods of time or preventing them from taking food or a recommended medicine at appropriate time may also be interpreted as a physical punishment. It is not possible to list every possible action which can constitute to be corporate punishment but this extended definition should provide sufficient clarification on the subject.}\]

The document then goes on to forbid corporal punishment:

\[\text{Corporal Punishment should be considered as a physical abuse of the student and is strictly forbidden in all UNRWA schools and Training Centers, at all times, under all conditions and circumstances...The Department would consider any administering of Corporal Punishment to be a serious violation of its guidelines resulting in possible suspension or termination from the Service depending on circumstances.}\]

Different censure measures depend on whether it is verbal abuse, physical punishment, serious physical punishment or severe physical punishment. Legal disciplinary measures include: written censure, suspension without pay, demotion, termination for misconduct and salary dismissal.

The document also sets out reporting and monitoring requirements. These responsibilities include ensuring that all staff is aware of these guidelines, that incidents are monitored and followed-up, organizing trainings and regular reporting. It is explicitly stated that “All incidents of Corporal Punishment are required to be reported and recorded.”

It is important to note that as a UN agency, UNRWA is committed to sets of policies and procedures which are developed within the UN system as a whole. Thus, in response to the discovery of widespread sexual exploitation cases by UN staff in West Africa, guidelines were developed addressing sexual exploitation to be implemented in every place where the UN works.\textsuperscript{121}

These guidelines state that:

\textsuperscript{120} Interview with Basri Aboushi. 6 March 2006.

(a) Sexual exploitation and sexual abuse constitute acts of serious misconduct and are therefore grounds for disciplinary measures, including summary dismissal.

(b) Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Misconception in the age of a child is not a defense.

If, after proper investigation, there is evidence to support allegations of sexual exploitation or sexual abuse, these cases may, upon consultation with the Office of Legal Affairs, be referred to national authorities for criminal prosecution.

Detecting Abuse in the Health Care System

Ministry of Health
The MoH’s main policy document addressing childcare is its Guidelines for United Work for Mother and Child. However, detection or treatment of child abuse is not mentioned within these guidelines.

UNRWA
UNRWA’s policies addressing the provision of Child Health Care are the Technical Instructions Series No. HD/FH/2/2000. These are very technical instructions addressing the check-up procedures for infants and young children. While the focus is on detection of health warnings, detection of abuse is not mentioned. The only section in which it is tangentially addressed is under case assessment for children who are not gaining weight properly. One of the steps in case assessment is a home visit to the family by the nurse to explore the social factors. However, the procedures do not address what needs to be done should the nurse detect abuse or neglect.

UNRWA’s School Health Program is based on the policies outlined in the Technical Instructions Series No. HD/HPP/04/2005. A School Health Program may serve as the first line of detection of physical or sexual abuse or neglect. However, UNRWA's technical instructions for its school health program do not explicitly mention abuse. Despite the lack of an explicit set of policies addressing detection and referral of abuse/neglect cases, the section of the technical instructions on Follow-up on Children with Special Health Needs could be used to address abuse/neglect cases.

Identification and care of children with special health needs, throughout the school cycle, represents an essential component of integrated school health services. The process of identification of such children should be based on a systematic approach targeting the following groups:

c) Children at any age who are reported by teachers, tutors or parents to show any evidence of ill-health, behavioral problems or absence from school for long periods. Such children should receive thorough medical examination by health center medical officers/school medical officers to detect or rule out major morbidity conditions that affect their wellbeing and learning abilities such as profound physical disabilities, diabetes mellitus, heart disease, bronchial asthma or growth disorders.

While the list of “major morbidity conditions” has a purely medical context, the fact is that the system for detecting problems and referring cases could easily apply to abuse cases as well. Furthermore, one of the “special programs” under the school health program addresses psychosocial wellbeing.

A program is already in place in Gaza Strip and the West Bank for providing psychological counseling and support to vulnerable groups, in particular, children. Teaching staff can play an active role in
detection of behavioral changes among school children and referring them to psychosocial counselors, who may provide the necessary support or refer students, who need psychotherapy to the appropriate specialized institutions. Trained medical and teaching personnel can also play an active role in preventing the adverse consequence of stress-related-trauma on school children by organization of promotional activities that help them develop appropriate coping mechanisms to overcome anxiety and distress.

**Document List**


7. “Psychosocial Support Program for Palestine Refugees.” UNRWA


Child Laborers

Ministry of Labor

In the area of Child Labor, there is a strong legal framework which already exists in both the Labor Law and the Child Law which need to be supported by corresponding policies within the Ministries. This work has begun through decisions by the Minister of Labor which is aimed at articulating specifically what is prohibited by the law. Article 95 of the Labor Law forbids children from working at “Dangerous or harmful industries, designated by the Minister. This article has been clarified by Decision #1 of the Minister of Labor from 2004, which specifies in detail what types of industrial work are forbidden:

Article 1:
It is forbidden to hire any juveniles in industrial work as following

1. Work below ground
2. Work in mines, quarries, or any work related to extraction
3. Working with furnaces for melting metal or glass
4. Producing fireworks, explosives or related materials
5. Producing cement
6. Producing tar
7. Producing pesticides
8. Any work involving radiation
9. Producing cigarettes
10. Butchering
11. Producing alcohol or anything related, or working where it is bought or sold
12. Welding
13. Producing car tires
14. Extracting fossil fuels or working in petrochemical factories
15. Working in factories filling gas tanks
16. Working in gas stations
17. Producing fertilizers
18. Producing electrical batteries
19. Tanning leather
20. Managing/controlling/watching/cleaning machinery while it is working
21. Painting with Dukko method
22. Working with asbestos
23. Any work with bullet materials or aluminum foil materials or any other material which contains more than 10% of bullet materials
24. Working in public bathrooms
25. Work at pools, ports or storage areas
26. Work in icy, snowy or freezing places
27. Making mirrors using mercury
28. Bleaching or dying cloths
29. Working in medical or chemical laboratories
30. Any industrial work with carcinogenic materials
31. Hard labor that require continuous physical effort such as carrying heavy things, construction or pulling anything more than 10kg in weight
32. Collecting public trash or work with wastewater
33. Working in forests, cutting trees and natural reserves.
This list represents an important step in creating the secondary legislation needed to articulate the law. However, it also requires further policy development in order to be enforceable.

The Cabinet has also issued a decision in support of the Labor Law establishing work regulations for juveniles (Decision of the Cabinet Number 167 for 2004).

A1: It is not allowed to employ juveniles for more than 6.5 hours daily and he is forbidden to be in a work place for more than 7.5 hours

A2: It is forbidden to employ the juvenile at night between 6pm and 6am.

A3: The employer of a juvenile should have the following documents:
1. A verified copy of the birth certificate
2. A written approval from the guardian
3. A certificate issued by a specialized medical committee to make sure he is fit for the job

The employer should have a special record for every juvenile including the following information:
1. The place of residence
2. The date that he was employed
3. The nature of the job
4. His salary and days off
5. His working hours and rest period
6. Year of study
7. Birth date
8. Approval of his guardian
9. Results of the preliminary medical check
10. Results of medical checks (in general)

Article 4
The Employer should give the juvenile himself his salary or compensation and other labor rights. Once he gives them, then he is free from any other obligations

Article 5
It is forbidden to employ the juvenile in far away place which uninhabited and far from buildings, and that which would require him to move from one governorate to another or change his place of residence.

Article 6
This should be implemented from the date in which it is published in the Gazette

Staff within the Ministry of Labor has begun the process of developing policies, procedures, structures and systems to address the problem of Child Labor. Thus, documents have been drafted which work towards developing a system. However, there are no resources to hire the staff necessary for the system and hence much remains on paper. Furthermore, the structure and policies on paper have not been tested (due to a lack of resources) and thus do not form a complete body.

As it stands, within the structure of the General Directorate of Labor Protection and Investigation, there is a Department for Working Conditions under which is the Juvenile Section. This section is extremely under-funded and has only one staff member. However, a project proposal gives an idea of the system and policies which will be developed when the section receives funding. The proposed idea is hiring 24 Child Labor Investigators covering each district. The Ministry of Labor will develop training courses for these investigators. The proposal also develops the idea of creating a referral system between the MoL and MoSA and the MoE in order to ensure that the children are reintegrated into school or vocational study, and to ensure that they receive the social support they and their families need. The proposal lays out clear procedures for follow-up and evaluation of specific cases as well as for the system as a whole.
A Child Labor Investigation Form has already been developed in preparation for the work laid out. This form is in a sense a prototype for the investigation and monitoring policies which the MoL will follow when it receives funding. The investigation form includes information regarding whether the child is disabled, whether legal safety regulations are met, and whether labor rights are respected. This form clearly articulates monitoring policies as well as establishing the basis for referral.

Ministry of Social Affairs

MoSA’s Draft Law, which if it passed, will form the legal framework in which social policy will be developed, has an article addressing Child or Juvenile Labor. According to Article 27, it is illegal to employ children under the age of 15. Furthermore, “MoSA, in coordination with relevant parties, shall create protection and care programs for children or juveniles above 15 years who are working in production businesses.” This suggests a limitation for future policy development as the law outlines a responsibility only to those children working legally in the production sector.

MoSA’s Systematic Guidelines for Child Care (2004), which as its main child protection policy document, addresses the issue of child labor only tangentially. Its definition section defines economic exploitation as “Subjecting the child to begging or working under illegal conditions or his being burdened with work which by nature prevents him from his education or is harmful to his physical or mental health or well-being,” but does not address the broader issue of child labor. Otherwise, the issue of Child Labor is often added to general lists of protection issues which the ministry is concerned with. At the same time, there are no specific policies to address the issue. This is clear in Article 2 of the Guidelines, which states:

The Ministry committed as a representative of the PNA in the social field to the articles of the international and Arab treaties specific to the rights of the child and their education and care and protection from forms of violence, vagrancy, neglect and economic and sexual exploitation. The ministry agreed to these conventions on behalf of the PNA which do not conflict with the guidelines of Islamic Shari3.

In the Fifth Chapter of the Guidelines (Child Protection from Violence, Neglect, Vagrancy and Exploitation), Article 53 states that “The ministry works towards the care and protection of children living in difficult circumstances which threaten his well-being or physical or psychological health.” One of the difficult circumstances which it identifies is “sexual exploitation, economic exploitation, systematic crimes or begging.” In the absence of specific policies to address child labor (which in many cases may have extremely different causes and results than the other situations with which it is listed), its inclusion in this list may not carry any practical meaning.

Article 65 of the Guidelines calls for the establishment of databases on Child Protection issues. This includes “Conducting field studies for research about forms and types of violence and exploitation and harm and vagrancy in order to categorize them”. It also calls for “Exchanging information and statistics with agencies and institutions working in the field of child protection.” This policy may provide the basis for a joint information collection and referral system between the MoL and MoSA.

Other than the two articles listed above, there are no further policies addressing detection, information collecting, interventions, rehabilitation, counseling or reintegration of child laborers within MoSA’s guidelines. The Child Protection Center in Beitunia, which is a MoSA institution, accepts children “exposed to economic exploitation.” In its policy document, it uses the same
definition of economic exploitation as MoSA’s Guidelines, with the exception that it adds that it is exploitation if it is harmful to the child’s psychological well-being. The center’s policies do not specify a separate type of intervention plan for child laborers which differs from those targeting the other categories of children which the center accepts.

The Ministry of Education
In its Five Year Plan, 2000-2005, one of the challenges identified is “maintaining high access levels to basic education.” However, under this category, the emphasis is on overcrowding and geographical distribution rather than creating policies within the school system to provide access to education for the most marginalized groups of children. Policies focus on the provision of a seat for every child rather than the development of systems to reintegrate children with different needs, such as child laborers, into school. The only category of child addressed as needing special provisions to access to schools is returnees (plan objective 1.2). The plan also outlines an objective of organizing remedial and student counseling services (plan objective 2.5) which may be used as a basis for reintegration of child laborers.

One of the main principles of the Five Year Plan is that education is a human right: “All children between 6 and 16 years of age have the right to receive free basic education, regardless of their beliefs and social or economic status. All children have equal rights to access educational facilities.” This principle may form the space needed to develop clear policies and procedures to address the most marginalized categories of children. Furthermore, the Ministry of Education has committed itself to an “Education for All” platform; however, the focus is on disabled children rather than looking at other factors which may block children from receiving an education.

Document List
2. “Decision of the Minister of Labor #1 of 2004 about Jobs and Dangerous Industrial Work which Damages the Health and is Forbidden as Juvenile Work.” April 2005.
4. Draft Social Affairs Law
**Children in Conflict with the Law**

The issue of children in conflict with the law should involve coordinated policies between MoSA, the Ministry of Justice (MoJ) and the police. However, neither the police nor the MoJ has written policies addressing children.\(^{122}\) Thus, there are no institutionalized policies enacted whenever a child is questioned or arrested for a crime. Instead, there are individual policemen unofficially responsible for dealing with juvenile justice issues according to broad imperatives rather than specific policies or procedures. Similarly, the basic structural institutions within the MoJ are missing. There are no juvenile courts or chambers. As a result, there are no written policies to regulate these institutions. Concurrently, no policies have been developed to address children in the general criminal system in the absence of specialized courts.

There are rights and safeguards within the Child Law to protect children in conflict with the law; however, these provisions must be articulated through policies within the relevant institutions in order to be implementable. Concurrently, child rights activists are working to improve the legal framework for children in conflict with the law through amending the parts of the Child Law addressing juvenile justice and through the development of a Juvenile Justice Law still in draft form. This law addresses personnel qualifications, prevention issues, diversion, pre-trial detention, trial, sentencing, institutionalization and monitoring. Policies will need to be developed to support each of the areas outlined in the law across the relevant agencies.

**The Ministry of Social Affairs**

It is important to note that the draft MoSA law allocates responsibility to MoSA for many of the issues covered in the juvenile justice law, including coordinating and monitoring the creation of courts. The draft MoSA law does not mention the MoJ and policies will be needed with the passing of either the MoSA law or the draft juvenile justice law to clearly articulate the division of labor between the various agencies.

As it stands, MoSA has developed almost no policies addressing children in conflict with the law. For instance, Dar Al-Amal, one of the institutions that houses children in conflict with the law has no written policy documents.\(^{123}\) In terms of MoSA’s Guidelines for Child Care, there is only one article which addresses children in conflict with the law:

**Article 61:**
1. If the child perpetrates an action in violation of the law, then there will be coordination between the judge and the protection agent and/or the Juvenile Behavior Monitor towards admitting the child into one of the social care institutions
2. During any investigation of a child there will be assistance from social experts and doctors

Juvenile Behavior Monitors in the above article are neither defined nor mentioned anywhere else in the Guidelines, so their roles and responsibilities remain unclear.

**Document List**
- Draft Social Affairs Law

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\(^{122}\) The lack of written policies addressing the police was confirmed through phone interviews with three police representatives: Ali Mugrabi, Ramadan Al Shirkawi and Naqib Imad Yassin on 18 October 2005. The lack of written policies within the MoJ was confirmed by phone interview with ministry representative Iman Abdel Hamid on 13 October 2005.

\(^{123}\) Rajab Abu Musallem Director, Dar Al-Amal. Interview with Jennifer DiPiazza, September 2005.
**Disabled Children**

The field of disability has a much more defined set of policies compared to other fields addressed in this research. For instance, not only is there a body of policy bylaws which support the 1999 Disability Law, there is a clause dealing with disability in MoSA’s Systematic Guidelines for Child Care, and the MoE has guidelines addressing disability.

**MoSA’s Protection Role**

Article 38 identifies disabled children as a category of children entitled to social care. According to Article 39 “The ministry is entrusted with the care and upbringing and protection of disadvantaged children caring for entitled children using ministry services through its specialized unit in this field.” However, while there are chapters of the Guidelines addressing other categories of children, such as orphans, there is no further discussion of disabled children and MoSA’s responsibilities towards them in this document.

Article 10 of MoSA’s Disability Bylaws identifies a strong role for MoSA in guaranteeing the protection rights of the disabled. The wording of the article suggests that MoSA will take the lead role in ensuring that all organizations which work with the disabled have bylaws addressing violence, exploitation and discrimination against the disabled. The bylaws also establish that MoSA has the lead role in monitoring violations against the disabled, as well as acting as a sort of ombudsman for the disabled.

MoSA puts in place, in coordination with specialized agencies, the rules, orders and measurements which guarantee protection for the disabled from all forms of violence, exploitation and discrimination. In order to achieve that...

1. MoSA undertakes to put the necessary orders and measurements in place to prevent the exposure of the disabled to all forms of physical, emotional or psychological violence and for all organizations which care for different disabilities and for the Ministry through the establishment of a special department to receive complaints from the disabled

**The Education Sector**

Article 4 of the disability bylaws calls on MoSA to study the concept of Education for All and to provide for needs. The same article also lays out responsibilities for the MoE, calling on the MoE “to care for disabled people and their educational needs and provide an educational program to organizations and centers specialized for the mentally disabled or slow learners.” MoSA’s disability bylaws lay out a series of further requirements for the MoEHE, based on making schools accessible to the disabled and including disability issues in the curriculum. However, the ways in which MoSA and the MoEHE will cooperate on this are not specified.

While the MoE itself does not have a coherent set of policies addressing disability, it has a number of documents outlining strategies for addressing the needs of disabled students. According to one document, the MoE is

…concerned with initiating and developing a policy to provide education for all, at Ministry level and the districts level, in order to prepare and enable directorates of education to meet the needs of learners with disabilities in all schools. It aimed to increase cooperation between the Ministry and all institutions working in this field, in order to offer students with special needs, regardless of their age, equal opportunity for education.124

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Another MoE document addresses inclusive education, which it defines as “Education which does not exclude on students regardless of individual differences and difficulties and disabilities which face them, according to the individual needs of each.” The document calls for:

- The development of Inclusive Education policies
- Capacity-building of educational directorates to develop the understanding of the special educational needs in the schools belonging to it
- Cooperation between the ministry and organizations and ministries and other institutions to help and support students and youth with special needs
- Equal opportunities for every group of students

A further document outlines further strategies towards Education for All. It defines the concept of Education for All as meaning that “students with different needs have the right to fulfillment for those needs through compliance with the instructional procedures addressing individually each student…” It is important to note that the same paragraph only addresses physical disabilities.

The document outlines the following strategies:

- Increase the average entrances of this special group of students who are late or have difficulty in learning or reading…
- Develop the measurements for diagnosis of impediments and identify special educational needs and develop responses for them
- Develop a complete document outlining clear policies for Education for All because the work relies on methods and work policy and policies and official documents have not been issued on that despite the fact that the PLC has already passed the disabled law in 1995
- Develop a curriculum responding to the needs of that group with a atmosphere of education for all and qualifications for the teachers in this curriculum
- Qualify teachers in the teaching methods for those with special needs especially in light of proof from the project evaluation that they did not receive sufficient support and they felt pressure of work above their capacity…

MoSA and MoH

Article 12 of the Disability Bylaws lays out responsibilities which MoSA will undertake in coordination with specialized agencies. In the area of health, it is unclear where the division of labor between MoSA and MoH lies.

1. Health Field
   a. Identify the degree of disability of the disabled and guarantee the health services which are included in the governmental health insurance free of charge for the disabled and his family and give special care for each degree of disability
   b. Provide and develop early detection services for disability and early care and work with disabled and their families in order not to make the health situation and work situation worse
   c. Provide medical equipment essential for assisting the disabled and providing prevention and curative services which aim towards decreasing the percentage of disabled in the society
   d. Providing the necessary treatment according to the system and medical procedures and surgery add diagnosing for every disabled individual and in the case. In the case that this surgery is unavailable, the MoH will take responsibility for paying or buying the services from the private sector from inside or outside the country

MoSA and the Non-Governmental Sector

Articles 4, 5, 7 and 11 outline a strong role for MoSA in terms of ensuring the rights of the disabled vis-à-vis the NGO and private sectors. This role includes licensing, raising awareness, coordination, facilitation and monitoring centers to ensure they provide “protection of disabled people from any exploitation.”

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**Document List**

1. Draft Social Affairs Law


**Children in Israeli Detention**

The Ministry of Detainees and Ex-Detainees Affairs

The Ministry of Detainees and Ex-Detainees Affairs (MoDEDADA) has a Child and Youth Department with the mandate to address the needs of imprisoned and released children. According to its website,

The Child and Youth Department (CYD), oversees the affairs of Palestinian children detained and imprisoned by the Israeli government. Through our various departments, the CYD provides legal assistance, rehabilitation services, psychological counseling, and community integration programs, among other services.

The CYD also undertakes media and awareness campaigns and compiles comprehensive data on Palestinian child prisoners and detainees held by the Israeli authorities.

However, this department is semi-independent from the rest of MoDEDADA and does not have any written policies or procedures addressing any aspect of its work with children. Areas of policy can be broken down into the following areas:

**Prevention**

While the department does not have bylaws, policies or procedures to delineate its responsibility to, or methods of, raising public awareness on reducing the risk of child arrests, a project is being piloted in Nablus in cooperation with the Civic Forum. MoDEDADA has formed cooperation with the Ministry of Education in that region towards the same aim; however, the relationship between them has not been formalized through a documented referral system or method of operations. MoDEDADA has also held meetings with political factions in Nablus in order to discourage child recruitment.

**Referral to the Department**

While there are no written policies on case discovery, unwritten working procedures have been developed.127 Cases are discovered or referred by:

1. Families of the detained children
2. The Prisoners’ club
3. Lawyers who meet the children in court
4. Media search
5. Leaders in prison

**Referral to MoSA of Non-Political Child Prisoners**

One of the unwritten procedures followed by the department is to investigate whether each child is a political prisoner, and thus comes under the mandate of the Ministry, or a non-political prisoner. There are no policies or procedures, written or unwritten to refer cases of non-political child prisoners to MoSA. Nor is referral practiced.

**Legal Representation or Referral of Legal Cases**

The main aim of the department is to provide legal representation and legal visits for child prisoners. However, no written policies/procedures exist on working methods. Unwritten procedures determine whether cases are referred to other legal organizations and how cases are managed.

**Intervention or Referral after the Child is Released**

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127 Interview with Saleh Zakarneh, Child and Youth Department, Ministry of Detainees and Ex-Detainees Affairs. November 23 2005.
There are no written policies or procedures for developing an intervention/referral plan when a child is released. Even at an informal level, there is no communication between MoDEDA and MoSA or MoE to follow up on cases. Some psychosocial support services are offered if a child is deemed to be in need based on the report from the child’s lawyer. However, only approximately seven cases received support in 2005. It is important to note that the Ex-Detainees Rehabilitation Program has a written policy stating that ex-detainees must be above the age of 18 to receive its services.

**Monitoring/Data Collection**

No written policies exist on monitoring and data collection. However, several unwritten procedures are in place. A comprehensive database is being developed in cooperation with Defense for the Children International-Palestine. Information recorded in the database includes information from questionnaires filled out by the child’s family and verified by district offices and lawyer reports. The database includes areas such as information about the child and his/her family and socioeconomic situation, the circumstances of the arrest, treatment during different phases of detention. Basic information (name and age) is collected from private lawyers representing children so that those cases are also documented. Monthly reports are published based on the information collected. The database will only be shared between MoDEDA and DCI, with information being made to others based on certain conditions. Information collection ends upon release of the child, and there are no plans to share the information contained in the database with MoSA for follow-up purposes.

**Ministry of Social Affairs**

Along with MoDEDA, MoSA takes some responsibility for children who have been arrested by the Israeli army. Article 71 of its Guidelines states that:

The ministry in coordination with specialized governmental and non-governmental agencies follows up on cases of arrest and detention…in order to put in place tools for the protection of children’s lives and physical and mental well-being through the following:…

2. Provide sums of money specified by the ministry with information in order that those families can continue normal life

3. Send Protection Guides to those families and children for their guidance, rehabilitation to continue normal life

**Document List**

- Draft Social Affairs Law
**Children without Family Care**

The issue of children without family care falls completely within the mandate of MoSA and its Systematic Guidelines for Child Care form the body of relevant policies.

Article 38 of the Guidelines define children entitled to social care including children of unknown parentage, children in social care institutions, children of divorced or separated parents with no families, among others. Article 39 states that “The ministry is entrusted in the care and upbringing and protection of disadvantaged children through the care of entitled children by services of the ministry in the manner of its specialized unit in this field.” Articles 41-52 outline the services that the ministry should provide.

**Social Care Institutions**

**Entering the System:**

The procedures for admitting a child into a social care institution are clearly delineated in the Guidelines.

Article 15: Conditions for entering a social care institution

1. The child is deprived of family care
2. The ministry issues a decision for his entry into a social care institution
3. The acceptance committee within the organization accepts him after a study of his situation based on a social report
4. Each organization identifies the amount of monthly or yearly fee including the specific conditions and standards for it
5. Each organization identifies the cases which are free or have reduced fees based on social research

However, the Guidelines are still unclear on which children are eligible for admittance. The first point of Article 15 states that children “deprived of family care” are eligible; however, there is not a clear definition of what this means. The list of definitions at the beginning of the Guidelines does not include “children deprived of family care.” However, it does include “deprived children,” which it defines as “Children deprived of appropriate family care for the fulfillment of their different individual and collective needs temporarily or permanently.” Assuming that these are the same children meant by the later reference to children deprived of family care, the Guidelines do not seem to provide a safeguard against over-institutionalization. However, Article 40 of the same Guidelines states that the conditions which must exist for children to be entitled to assistance or care from MoSA is that the child must have lost one or both parents and there is no capable foster parents among the child’s relatives after the death of one or both parents.

**MoSA’s Responsibility towards Non-Governmental Institutions:**

Article 4 of MoSA’s Guidelines states that “The ministry has the right of supervision and following up on all social care institutions working in the field of education or care or protection of children.” This means that all orphanages, whether in the private or public sphere fall under MoSA’s supervision. To this end, the guidelines state that “the ministry works with cooperation and coordination with the administrations of these institutions to clarify modern social policies

128 For instance, a 2000 Study by the General Directorate of Family and Childhood, Ministry of Social Affairs entitled “A Study of Orphanages Providing Long Time Residential Care in Palestine,” makes the point that criteria need to be set for the referral system to orphanage care. However, these criteria are missing from the Guidelines.

129 It is important to note that a 2000 Study by the General Directorate of Family and Childhood, Ministry of Social Affairs entitled “A Study of Orphanages Providing Long Time Residential Care in Palestine,” indicated that all orphanages in existence at that time were supervised by non-governmental organizations. Thus, the placement of supervisory responsibility on MoSA may be new, and supervisory systems may need to be clearly articulated representing this change.
developed to improve the coming social services for children to guarantee their lives, growth, well-being and protection.” However, while the Guidelines state that MoSA is responsible for supervision, they do not articulate the type of supervision or system for supervision. Additionally, Article 8 of the guidelines states that non-governmental social care institutions “must be registered according to the legal guidelines of charity and implementing civil groups.”

**Personnel Issues**

The Guidelines set out general staffing requirements including lists of key staff necessary for each institution (Article 16). Article 17 states that “employees will have the best of conduct and behavior, not having been sentenced to a felony or disgraceful misdemeanor of dignity or general morals.” While it does not explicitly state a prohibition, this article would prevent the hiring of staff known to have abused children. According to Article 5, MoSA holds training courses for staff working in institutions.

**Institution Requirements**

The Guidelines specify the physical attributes required for each institution. They call on the institutions to provide educational, health, social, entertainment and counseling activities. However, there is no discussion of the system necessary to ensure that other responsible ministries (the Ministry of Education, Health, Youth and Sport or Culture) provide the necessary services for institutionalized children.130

It is important to note that the Draft Social Affairs Law calls for the development of secondary legislation for social care institutions. Article 30 of the Draft Law states: “By virtue of this law, a regulation shall be issued that determines the conditions that are to be provided in residential institutions, fostering (alternative) families, hosting families and other parties related to residential care and conditions for accepting children in fostering homes.”

**Foster Care**

**Definitions**

MoSA’s guidelines define the foster family as “The family that undertakes the education, upbringing and care of the child in the totality of aspects of life for the non-existence of the original family.” According to Article 73, the children who may be subject to foster care are children born out of wedlock (unknown father) and abandoned or lost children.

**Certifying Foster Families**

According to Article 74, there is an investigation period of less than three months, during which time a ministry Social Guide conducts interviews while other witnesses submit documentation of their suitability. Article 80 states that one of the conditions necessary for a family to become a foster family is that “the couple have virtuous and mature characters, awareness of the needs of the child and receptiveness to the emotions of motherhood and fatherhood.”

**Ministry Supervision of the Families:**

Article 80 specifies that the family must accept consultation from a ministry representative who will be allowed to speak with the child and to “follow all the developments according to the conditions and criteria prepared for the interest of the child until there is stability.” According to

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130 According to the 2000 Study by the General Directorate of Family and Childhood, Ministry of Social Affairs entitled “A Study of Orphanages Providing Long Time Residential Care in Palestine,” the dropout rate of institutionalized children was well above the national dropout rate (7.52% in institutions vs. 2.8% nationally). This suggests the need for a system of cooperation to be articulated at the policy level between MoSA and MoE.
Article 84, the child can be removed from the family if the family does not meet the conditions of the ministry. Article 85 states that,

If any member of the substitute family perpetrates any crime against the law against the child he will be moved and the police will be informed about this crime and a file will be opened by the public prosecutor in the area where the family lives and the ministry will follow up this case because the ministry has the primary responsibility for child caretaking

Finally if a child dies as a result of family actions, that family will not be able to foster another child.

**Document List**

1. Draft Social Affairs Law
**Children Victims of Israeli Violence**

Despite the prevalence of children injured by the Israeli army or whose houses have been demolished, there are few policies among the relevant ministries aimed at either protecting children from exposure to Israeli violence or reintegrating children who have experienced violence.

**Protecting Children from Exposure**

It is important to stress here that with the practice of collective punishment by the Israeli army, there is no way to ensure that children can be protected from exposure to violence from the army. However, there are geographical areas and activities that are more likely to expose children to violence, and teaching children to avoid these places or activities may reduce their exposure to violence. This being said, there are no policies within the ministries focusing on protection.

**Protecting Children who Have Been Exposed**

There are few policies addressing the needs of children who have been exposed to Israeli violence. Injured children are not among the list of disadvantaged children in need of social assistance in MoSA’s Guidelines for Child Care. However, children of families whose homes have been demolished are considered hardship cases according to the Guidelines (Article 38). Article 71 outlines further policies.

The ministry in coordination with specialized governmental and non-governmental agencies follows up on cases of arrest and detention and harm and house demolitions in order to put in place tools for the protection of children’s lives and physical and mental well-being through the following:

1. Provide secure houses for those whose houses were destroyed even if for a temporary period until the end of these problems in order to protect the family and their families from the threat of vagrancies and ruin
2. Provide sums of money specified by the ministry with information in order that those families can continue normal life
3. Send Protection Guides to those families and children for their guidance, rehabilitation to continue normal life

In terms of the first point listed addressing the provision of houses, this is an example of a policy necessary for children’s rights but which cannot be implemented due to financial strains on the ministry.

The Ministry of Education does not have set policies in terms of addressing the needs of children who have been injured. However, the ministry runs a project on Educating the Injured.

**Document List**

1. Draft Social Affairs Law
Part II: Mapping of Child Protection Services in the oPt

The number of institutions in the oPt working in the field of child protection is estimated at about 300 institutions and organizations, with different mandates, scopes, and types of services. They range from PA Ministries (MoSA, MoE, MoH, MoL), the judiciary and police, UNRWA education and health services, local, national and international NGOs of various sizes to unions (e.g. youth, disabled, women), as well as a sizable number of small local charitable societies. Many of these institutions are found to provide more than one type of service. The most common types can be summarized as the following: psychosocial support, psychiatric and medical support, physical and social rehabilitation, legal aid, cash assistance or in kind, education/special education, vocational training, extracurricular and cultural activities, shelter (long term or short term), awareness raising, human resources training and capacity building.

Services

Many of the institutions reported the provision of multiple services, in addition to addressing the needs of more than one category of children. Of all the service programs and projects offered, it was found that the largest number address special needs (145, 26%), followed by poverty (126,22%), lack of family care (111,20%), war damages (68,12%), child abuse and neglect (63,11%), children in conflict with the law and child labor (18,3%), and child prisoners in Israeli detention (13,2%). Four institutions are specialized in the needs for children with special problems: two for children suffering from cancer, and two for victims of drug abuse (children as drug addicts or victims of parental addiction.)

Child Protection service providers in the oPt, by target groups

<table>
<thead>
<tr>
<th>Child protection services</th>
<th>Numbers of services</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with special needs</td>
<td>145</td>
<td>26%</td>
</tr>
<tr>
<td>Children as victims of poverty</td>
<td>126</td>
<td>22%</td>
</tr>
<tr>
<td>Children without family care</td>
<td>111</td>
<td>20%</td>
</tr>
<tr>
<td>Children as victims of Israeli occupation and war</td>
<td>68</td>
<td>12%</td>
</tr>
<tr>
<td>Children as victims of abuse and neglect</td>
<td>63</td>
<td>11%</td>
</tr>
<tr>
<td>Children in conflict with the law</td>
<td>18</td>
<td>3%</td>
</tr>
<tr>
<td>Child labor</td>
<td>18</td>
<td>3%</td>
</tr>
<tr>
<td>Children as victims of Israeli detention</td>
<td>14</td>
<td>2%</td>
</tr>
<tr>
<td>Children with special problems (2 drug abuse, 2 cancer patients)</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>567</td>
<td>100%</td>
</tr>
</tbody>
</table>
1. Services for Children With Special Needs

Of the 231 institutions included in the survey, 145 (62.8%) offer services for children with special needs. Looking at the specific types of services offered to children in each category, the following table shows that children with special needs such as the blind, deaf and mentally disabled are mainly offered services related to psychosocial (17%) and rehabilitation (16%) followed by culture and recreation (12%) as well as education and training (11% each). On the other hand, some of the most important components for the support of the disabled such as advocacy (3%), outreach (3%), awareness creation (2%), secondary prevention (1%) and primary prevention (0.4%) are at the bottom of the list.

<table>
<thead>
<tr>
<th>Services</th>
<th>Frequencies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial</td>
<td>86</td>
<td>17%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>79</td>
<td>16%</td>
</tr>
<tr>
<td>Culture/recreation</td>
<td>58</td>
<td>12%</td>
</tr>
<tr>
<td>Education</td>
<td>56</td>
<td>11%</td>
</tr>
<tr>
<td>Training</td>
<td>55</td>
<td>11%</td>
</tr>
<tr>
<td>Cash/in kind assistance</td>
<td>44</td>
<td>9%</td>
</tr>
<tr>
<td>Case management</td>
<td>40</td>
<td>8%</td>
</tr>
<tr>
<td>Short term shelter</td>
<td>17</td>
<td>3%</td>
</tr>
<tr>
<td>Advocacy</td>
<td>16</td>
<td>3%</td>
</tr>
<tr>
<td>Psychiatric/medical treatment</td>
<td>14</td>
<td>3%</td>
</tr>
<tr>
<td>Outreach</td>
<td>13</td>
<td>3%</td>
</tr>
<tr>
<td>Awareness</td>
<td>10</td>
<td>2%</td>
</tr>
<tr>
<td>Secondary prevention</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>Orphanage/long term residence</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>Various</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>Primary prevention</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Legal aid</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Total</td>
<td>504</td>
<td>100%</td>
</tr>
</tbody>
</table>
2. Services for Child Victims of Poverty

Nearly 55% of the institutions (126) provide services for children of poor families, and usually address the family as a whole. More than half of these providers offer assistance in cash or in kind (71, 56%) followed by psychosocial support (57, 45%); culture and/or recreation (51, 40.4%); free education (50, 40%); training (32, 25%); case management (25, 20%); advocacy (21, 16.6%); orphanage/long term residence (16, 12.6%); disabled care (16, 12.6%); awareness workshops (9, 7%), and shelter/short term residence (8, 6.3%). Only six institutions (1.6%) said they provide outreach services for the poor.

<table>
<thead>
<tr>
<th>Services</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash/in kind assistance</td>
<td>71</td>
<td>19.2</td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>57</td>
<td>15.4</td>
</tr>
<tr>
<td>Culture/recreation</td>
<td>51</td>
<td>13.8</td>
</tr>
<tr>
<td>Education</td>
<td>50</td>
<td>13.5</td>
</tr>
<tr>
<td>Training</td>
<td>32</td>
<td>8.6</td>
</tr>
<tr>
<td>Case management</td>
<td>25</td>
<td>6.8</td>
</tr>
<tr>
<td>Advocacy</td>
<td>21</td>
<td>5.7</td>
</tr>
<tr>
<td>Orphanage</td>
<td>16</td>
<td>4.3</td>
</tr>
<tr>
<td>Disabled</td>
<td>16</td>
<td>4.3</td>
</tr>
<tr>
<td>Awareness</td>
<td>9</td>
<td>2.4</td>
</tr>
<tr>
<td>Shelter/short term</td>
<td>8</td>
<td>2.2</td>
</tr>
<tr>
<td>Outreach</td>
<td>6</td>
<td>1.6</td>
</tr>
<tr>
<td>Legal support</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Psychiatric/medical</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Various</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Prevention</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td></td>
<td>370</td>
<td>100.0</td>
</tr>
</tbody>
</table>
3. Services for Children Without Family Care
Forty-eight percent of the institutions (111) deal with children without family care (CWFC). The most common services offered to this category are similar to those offered to child victims of poverty (CVP). These services are cash-and-in-kind assistance (18% for CWFC vs. 19.2% for CVP), psychosocial support (16% vs. 15.4%, resp.), culture/recreation (15% vs. 13.8 resp.), education (15% vs. 13.8%, resp.), and case management (6% vs. 6.8%, resp.), while orphanages (8% vs 4.3%, resp.) and even short term shelters (3% vs. 2.2% resp.) are more common choices for children without family care.

<table>
<thead>
<tr>
<th>Services</th>
<th>Frequency CWFC (vs CVP)</th>
<th>Percent CWFC (vs CVP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash/in kind assistance</td>
<td>56</td>
<td>18% (vs 19.2%)</td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>50</td>
<td>16% (vs 15.4%)</td>
</tr>
<tr>
<td>Culture/ recreation</td>
<td>46</td>
<td>15% (vs 13.8%)</td>
</tr>
<tr>
<td>Education</td>
<td>40</td>
<td>13% (vs 13.5%)</td>
</tr>
<tr>
<td>Training</td>
<td>27</td>
<td>9% (vs 8.6%)</td>
</tr>
<tr>
<td>Orphanage/ long term residence</td>
<td>24</td>
<td>8% (vs 4.3%)</td>
</tr>
<tr>
<td>Case management</td>
<td>18</td>
<td>6% (vs 6.8%)</td>
</tr>
<tr>
<td>Advocacy</td>
<td>13</td>
<td>4.2% (vs 5.7%)</td>
</tr>
<tr>
<td>Shelter/ short residence</td>
<td>8</td>
<td>3% (vs 2.2%)</td>
</tr>
<tr>
<td>Disabled</td>
<td>7</td>
<td>2% (vs 4.3%)</td>
</tr>
<tr>
<td>Awareness</td>
<td>5</td>
<td>1.6% (vs 2.4%)</td>
</tr>
<tr>
<td>Legal support</td>
<td>5</td>
<td>1.6% (vs 0.8%)</td>
</tr>
<tr>
<td>Outreach</td>
<td>4</td>
<td>1.3% (vs 1.6%)</td>
</tr>
<tr>
<td>Psychiatric/ medical</td>
<td>3</td>
<td>1% (vs 0.5%)</td>
</tr>
<tr>
<td>Prevention</td>
<td>1</td>
<td>0.3% (vs 0.3%)</td>
</tr>
<tr>
<td></td>
<td>307</td>
<td>100</td>
</tr>
</tbody>
</table>

4. Services for Children Victims of Occupation and War
Twenty-nine percent of the institutions (68) offer services to child victims of occupation and war. The most common services are psychosocial followed by culture/recreation and cash assistance. On the other hand, education and case management are less frequently provided as options (11% and 7% respectively).

<table>
<thead>
<tr>
<th>Services</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial support</td>
<td>42</td>
<td>20%</td>
</tr>
<tr>
<td>Culture/recreation</td>
<td>32</td>
<td>16%</td>
</tr>
<tr>
<td>Cash/in kind assistance</td>
<td>29</td>
<td>14%</td>
</tr>
<tr>
<td>Education</td>
<td>23</td>
<td>11%</td>
</tr>
<tr>
<td>Case management</td>
<td>15</td>
<td>7%</td>
</tr>
<tr>
<td>Training</td>
<td>14</td>
<td>7%</td>
</tr>
<tr>
<td>Advocacy</td>
<td>12</td>
<td>6%</td>
</tr>
</tbody>
</table>
5. Services for Child Victims of Abuse and Neglect

Twenty-seven percent of the institutions (63) offer services to children suffering from abuse or neglect. Again as for child victims of Israeli occupation, the most common service offered is psychosocial support (26%); followed by culture/recreation (12%), training (10%), and advocacy (10%). Long term ‘orphanages’ (5%) are slightly more frequently reported than other essential services for this category, such as short-term protection shelters (4%) and legal aid (4%).

<table>
<thead>
<tr>
<th>Services</th>
<th>Numbers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial</td>
<td>52</td>
<td>26</td>
</tr>
<tr>
<td>Culture/recreation</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Training</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Advocacy</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Case management</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>Cash/in kind assistance</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Awareness training</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Orphanage/long term residence</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Shelter/short term residence</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Legal aid</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Disabilities</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Various</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Psychiatric/medical treatment</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Outreach</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Secondary prevention</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>203</td>
<td>100</td>
</tr>
</tbody>
</table>

6. Services for Children in Conflict With the Law

Eight percent of the institutions (18) reported dealing with children in conflict with the law in various ways. We note that the types of services offered are very scattered over a wide range, most of them relating to some kind of psychosocial support (18%). Services that are more appropriate to the needs of these children including legal support (9, 16%), education (3, 5%) and case management (2, 4%) are again not as frequently offered. In fact, very few institutions can offer services that address the complex needs of these children, who often tend to be lumped with other deprived and at risk groups such as abandoned, poor and orphaned children.
There are only three rehabilitation centers for juvenile delinquents in the oPt: one in Ramallah (Dar al-Amal), one in Bethlehem (Female Child Care Institute), and one for boys in Gaza (Rabeeh Juvenile Delinquent Institute.)

As of one respondents observed, juvenile delinquency and crime have been rising dramatically over the past few years. However, only a fraction of cases can be absorbed and treated, and follow-up after release from the police or corrective institutions is minimal, mostly due to structural inadequacies and the lack of resources.

### Type of services for Children in Conflict with the Law

<table>
<thead>
<tr>
<th>Services</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial</td>
<td>10</td>
<td>18%</td>
</tr>
<tr>
<td>Legal support</td>
<td>9</td>
<td>16%</td>
</tr>
<tr>
<td>Culture/recreation</td>
<td>7</td>
<td>13%</td>
</tr>
<tr>
<td>Training</td>
<td>6</td>
<td>11%</td>
</tr>
<tr>
<td>Cash/in kind assistance</td>
<td>5</td>
<td>9%</td>
</tr>
<tr>
<td>Advocacy</td>
<td>5</td>
<td>9%</td>
</tr>
<tr>
<td>Shelter short term (3 rehab. centers, 1 ‘Safe Home’)</td>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>Education</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Visits to child prisoners in PA jail</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Case management (social rehabilitation)</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Orphanage</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Awareness</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100%</td>
</tr>
</tbody>
</table>

7. Services for Child Laborers

Another 8 percent of the institutions (18) reported that they deal with the issue of child labor, often in connection with school-leavers, but there is no institution specialized for this group.

By definition of its role, MoSA in the West Bank appears to offer the widest spectrum of services for these children to include psychosocial support, long and short term shelter, recreational activities and advocacy. However, it is not clear how many of these children are actually being reached. MoSA in Gaza reports some preventive action (awareness raising) and case management. Although there is awareness of needs in this area, the Ministry of Labor is poorly equipped in terms of human and financial resources. So far, it has been unable to establish a sustainable program for child laborers (both in the GS and in WB including the district of Jerusalem.)

Nearly one third of those institutions addressing the concerns of child labor provide some kind of psychosocial support (27%), followed by training and capacity building (18%), culture and recreation (18%), assistance in the form of cash and/or in kind (11%), and advocacy (11%). MoSA in the West Bank mentioned one short term shelter (the Safe Home for Boys in Beitunia), and al-Atah Society for Orphans reported sheltering some children who were exposed to labor exploitation.
It is not clear why education is not mentioned; it is possibly taken for granted that these children will receive an education even though it is not easy to get them into mainstream education especially after they have worked for some time.

Services offered for the protection of child laborers

<table>
<thead>
<tr>
<th>Services</th>
<th>Numbers</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial</td>
<td>12</td>
<td>27</td>
</tr>
<tr>
<td>Training &amp; capacity building</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Culture/recreation</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Cash/in kind assistance</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Advocacy</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Legal support</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Short term shelter</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Orphanage/long term residence</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Awareness raising</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Case management</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>100</td>
</tr>
</tbody>
</table>

8. Services for Children in Israeli Detention and Ex-detainees

There are 13 (6%) out of 231 institutions included in this survey that offer special services for children under Israeli detention or after prison release.

Seven institutions provide legal support: including a special section for child prisoners at the Ministry of Detainees and ex-Detainees, Defense for Children International/Palestine Section, four Palestinian human rights organizations, and the International Committee of the Red Cross. Two of the local human rights organizations are located in the Gaza Strip and two in the West Bank. The International Committee of the Red Cross also offers mediation with prison authorities and facilitates visits of parents to their children in prison. In addition, five organizations send their lawyers to visit children inside the prison. Six institutions offer some kind of psychosocial relief after the children are released from prison while only one NGO provides psychiatric and medical services.

Assistance in cash and/or in kind like clothing, food, books etc. is offered by three community-based NGOs, and the ‘Safe Home for Children’ in Beitunia sponsored by the Ministry of Social Affairs contributes pocket money in addition to providing full shelter, nutrition and health care. Training is provided by two NGOs, the Palestinian Youth Union and the ICRC.

In addition to offering direct services to the children, seven of these organizations are engaged in advocacy (7).

Type of services for child prisoners in Israeli detention

<table>
<thead>
<tr>
<th>Services</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal support</td>
<td>7</td>
<td>17%</td>
</tr>
<tr>
<td>Advocacy</td>
<td>7</td>
<td>17%</td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>6</td>
<td>15%</td>
</tr>
</tbody>
</table>
9. Services for Children with Special Problems

In contrast to other organizations, four were singled out for serving children with special problems: two that support children suffering from cancer (Maher Center for Children and Zeina Center, operating mostly in the West Bank), and two that help children as victims of drug abuse (Old City Counseling Center/Jerusalem, Life and Hope anti-Drug Society/Jabalia.) Children can be drug users themselves but in most cases they are the victims of an addict parent or older sibling.

About one third of the services are focused on psychosocial support (29%), followed by awareness raising (21%), case management and recreational activities (14.5% respectively), and assistance in cash and in kind (mostly medical) as well as primary prevention and legal support (7% respectively.)

Services offered for children with special needs

<table>
<thead>
<tr>
<th>Services</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial support</td>
<td>4</td>
<td>29%</td>
</tr>
<tr>
<td>Awareness</td>
<td>3</td>
<td>21%</td>
</tr>
<tr>
<td>Case management (medical)</td>
<td>2</td>
<td>14.5%</td>
</tr>
<tr>
<td>Culture/recreation</td>
<td>2</td>
<td>14.5%</td>
</tr>
<tr>
<td>Cash/in kind assistance</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Primary prevention</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Legal support</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
**Age Groups Receiving Protection Services**

Looking at age groups of children receiving specific services, it is obvious that most children tend to receive services when they are of a school age. This meets the needs as in children in conflict with the law, child labor victims and child victims of Israeli detention. However, there are categories whereby early identification, prevention and intervention are crucial such as for children with special needs or victims of abuse and neglect, as young children are most vulnerable. Yet, no more than 9% of service providers in this survey said they serve children from 0-school age, and only 1% at pre-school age. On the positive side, interventions at school age may suggest that some schools have a pro-active system (formal or informal) of identifying children in need of specific services, which needs to be further explored.

### Age groups receiving services

<table>
<thead>
<tr>
<th>Target groups</th>
<th>School age</th>
<th>All ages</th>
<th>Preschool /school age</th>
<th>0-school</th>
<th>0-adolescence</th>
<th>Preschool age</th>
<th>Total / 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children with special needs</td>
<td>76, 52%</td>
<td>20, 14%</td>
<td>24, 17%</td>
<td>13, 9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Children victims of poverty</td>
<td>66, 52%</td>
<td>19, 16%</td>
<td>15, 12%</td>
<td>16, 13%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Children without family care</td>
<td>56, 50%</td>
<td>18, 16%</td>
<td>14, 13%</td>
<td>11, 10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Children victims of Israeli occupation and war</td>
<td>32, 46%</td>
<td>17, 25%</td>
<td>9, 13%</td>
<td>7, 10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Children victims of abuse and neglect</td>
<td>34, 30%</td>
<td>13, 21%</td>
<td>8, 13%</td>
<td>5, 8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Children in conflict with the law</td>
<td>14, 78%</td>
<td>3, 16.5%</td>
<td>1, 5.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Child labor</td>
<td>13, 72%</td>
<td>3, 16.7%</td>
<td>1, 5.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Children victims of Israeli detention</td>
<td>12, 92%</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Children with special problems (2 drug abuse, 2 cancer patients)</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average of total age groups</td>
<td>305, 54%</td>
<td>95, 17%</td>
<td>72, 13%</td>
<td>52, 9%</td>
<td>36, 6%</td>
<td>6, 1%</td>
<td>566, 100%</td>
</tr>
</tbody>
</table>
How Cases Reach the Service Providers

This depends on who identifies the cases in the first place. Looking at the categories of children and how they reach service providers, it appears that one third of children with special needs, victims of poverty, those without family care, victims of Israeli occupation and detention, and over 20% of the other categories are brought in by family members. The rest are referred through MoSA (20-30 percent), educational institutions (10-15 percent), non-governmental institutions (10-15 percent), and less than 10% by the police or health professionals. Between 10 and 15 percent of cases are identified through outreach. This indicates patterns of existing systems whereby cases can be reported to and referred through certain institutions, but the system lacks comprehensive institutional connectedness.

### How cases reach service providers

<table>
<thead>
<tr>
<th>Target groups of children</th>
<th>Family</th>
<th>Schools/education</th>
<th>NGOs</th>
<th>Outreach</th>
<th>MoSA / PA institution</th>
<th>Police</th>
<th>Israeli institution</th>
<th>Hospitals and specialists</th>
<th>Orphanages</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children with special needs</td>
<td>125</td>
<td>62</td>
<td>62</td>
<td>65</td>
<td>71</td>
<td>5</td>
<td>19</td>
<td>10</td>
<td></td>
<td>419</td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td>15%</td>
<td>15%</td>
<td>15.5%</td>
<td>17%</td>
<td>1%</td>
<td>4.5%</td>
<td>2%</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>2. Victims of poverty</td>
<td>104</td>
<td>53</td>
<td>41</td>
<td>50</td>
<td>61</td>
<td>8</td>
<td>7</td>
<td>2</td>
<td>326</td>
<td></td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>16%</td>
<td>13%</td>
<td>15.3%</td>
<td>19%</td>
<td>2.5%</td>
<td>2%</td>
<td>0.6%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>3. Children without family care</td>
<td>89</td>
<td>28</td>
<td>36</td>
<td>35</td>
<td>54</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>255</td>
<td></td>
</tr>
<tr>
<td></td>
<td>35%</td>
<td>11%</td>
<td>14%</td>
<td>14%</td>
<td>21%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>4. Victims of Israeli occupation/war</td>
<td>56</td>
<td>27</td>
<td>24</td>
<td>27</td>
<td>28</td>
<td>2</td>
<td>6</td>
<td>170</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>33%</td>
<td>16%</td>
<td>14%</td>
<td>16%</td>
<td>16%</td>
<td>1%</td>
<td>3%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Victims of abuse and neglect</td>
<td>54</td>
<td>30</td>
<td>28</td>
<td>31</td>
<td>43</td>
<td>12</td>
<td>2</td>
<td>4</td>
<td>210</td>
<td></td>
</tr>
<tr>
<td></td>
<td>26%</td>
<td>14%</td>
<td>13%</td>
<td>15%</td>
<td>20%</td>
<td>6%</td>
<td>1%</td>
<td>3%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>6. Children in conflict with the law</td>
<td>11</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>13</td>
<td>8</td>
<td>1</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23%</td>
<td>10.4%</td>
<td>10.4%</td>
<td>10.4%</td>
<td>27%</td>
<td>17%</td>
<td>2%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Child labor</td>
<td>12</td>
<td>10</td>
<td>4</td>
<td>9</td>
<td>12</td>
<td>4</td>
<td>2</td>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>22.5%</td>
<td>19%</td>
<td>7.5%</td>
<td>17%</td>
<td>22.5%</td>
<td>7.50%</td>
<td>4%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Victims of Israeli detention</td>
<td>12</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>2</td>
<td>3</td>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>5.4%</td>
<td>14%</td>
<td>11%</td>
<td>24%</td>
<td>5.4%</td>
<td>8%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Referral Patterns by Target Group

Most of the institutions, ranging between 65-83 percent of those serving different target groups, refer cases of children for services that they themselves cannot offer. This reflects the existence of networks between different types and levels of specialty at national, regional and/or district levels. At the governmental level, a referral network for child protection has been established between MoSA and a number of non-governmental and charitable organizations in WBGS. They provide services for children without family care, of poor families, and victims of abuse and neglect – mainly boarding schools and orphanages - and victims of drug abuse.¹³¹ In five selected regions in WBGS, a loosely interconnected collective of major NGOs runs the Community-Based-Rehabilitation program with an elaborate referral system that provides 60-70% of rehabilitation services at the community level, approximately 20-30% at the regional level, and refers 10-20% to specialist centers at the national level.¹³² At the district level, one institutionalized local network of NGOs, charitable organizations and UNRWA as a funder was found in northern Gaza Strip, the (Collective of Rehabilitation Organizations) with thirteen local member organizations that work mostly with light mental and sensory disabilities. Some spontaneous informal referral networks also exist, like in the Ramallah district between various organizations caring for the mentally disabled.

In relative terms, the highest rate of referral takes place for children in conflict with the law (with 15 of the 18 institutions referring, 83%) as only one institution is specialized to deal this group; followed by service providers for the disabled (114 of 145 / 79%), where many specialties exist, and children victims of abuse and neglect (47 of 63 / 75 %.)

However, conditions for developing a comprehensive formal referral system in child protection include mandatory, accurate recording and reporting systems and a central information system.

Number of institutions that refer cases by target group

<table>
<thead>
<tr>
<th>Target groups</th>
<th>No. of institutions working with this target group</th>
<th>No. of those who refer</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in conflict with the law (oPt)</td>
<td>18</td>
<td>15</td>
<td>83%</td>
</tr>
<tr>
<td>With special needs</td>
<td>145</td>
<td>114</td>
<td>79%</td>
</tr>
<tr>
<td>Abuse and neglect</td>
<td>63</td>
<td>47</td>
<td>75%</td>
</tr>
<tr>
<td>Without family care</td>
<td>111</td>
<td>77</td>
<td>69%</td>
</tr>
<tr>
<td>Children in Israeli detention</td>
<td>13</td>
<td>9</td>
<td>69%</td>
</tr>
<tr>
<td>Victims of Israeli occupation</td>
<td>69</td>
<td>46</td>
<td>67%</td>
</tr>
<tr>
<td>Child labor</td>
<td>18</td>
<td>12</td>
<td>67%</td>
</tr>
<tr>
<td>Victims of poverty</td>
<td>126</td>
<td>82</td>
<td>65%</td>
</tr>
</tbody>
</table>

* the percentage is the proportion of the organizations that offer particular services

Reporting of Cases

Overall, less than 50% of institutions working in child protection report cases. This indicates a very weak information system. The highest rate of reporting is done by organizations and institutions that deal with children in Israeli detention (46%), followed by those dealing with children in conflict with the law in the oPt (44%). Victims of abuse and neglect are reported by 41% of institutions and child labor cases by 39% of institutions. Children without family care are reported

¹³¹ Pending the area and authority of jurisdiction, the ‘Old City Counseling Center’ refers victims of drug abuse through MoSA in Ramallah or the Israeli Social Affairs Department in Jerusalem.
by 36% and victims of poverty by 33% of institutions. There is much room for improvement in this area.

Institutions that report cases by target group

<table>
<thead>
<tr>
<th>Target groups</th>
<th>No. of institutions working in this category</th>
<th>Number reporting</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Israeli detention</td>
<td>13</td>
<td>6</td>
<td>46%</td>
</tr>
<tr>
<td>Children in conflict with the law</td>
<td>18</td>
<td>8</td>
<td>44%</td>
</tr>
<tr>
<td>Children of abuse and neglect</td>
<td>63</td>
<td>26</td>
<td>41%</td>
</tr>
<tr>
<td>Child labor</td>
<td>18</td>
<td>7</td>
<td>39%</td>
</tr>
<tr>
<td>Children without family care</td>
<td>111</td>
<td>40</td>
<td>36%</td>
</tr>
<tr>
<td>Victims of poverty</td>
<td>126</td>
<td>42</td>
<td>33%</td>
</tr>
<tr>
<td>Children with special needs</td>
<td>145</td>
<td>45</td>
<td>31%</td>
</tr>
<tr>
<td>Victims of Israeli occupation</td>
<td>69</td>
<td>15</td>
<td>22%</td>
</tr>
</tbody>
</table>

The percentage is the proportion of the organizations that offer particular services.
Where Cases are Reported

About two thirds of the reported cases go to MoSA (66%), followed next by MoE with only 8%. Few cases are reported to other institutions notably UNRWA, the second main public service sector (3%), and especially to the police (4.4%) and to the Palestinian judicial system as the law implementing agencies.

To whom cases are reported by target groups

<table>
<thead>
<tr>
<th>Institutions/organizations reporting to</th>
<th>Special needs</th>
<th>Victims of poverty</th>
<th>Without family care</th>
<th>Victims of Israeli occupation</th>
<th>Child abuse &amp; neglect</th>
<th>Cases in conflict with law</th>
<th>Child labor</th>
<th>Total 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoSA</td>
<td>32.24%</td>
<td>33.25%</td>
<td>32.25%</td>
<td>10.7%</td>
<td>17.13%</td>
<td>5.3.5%</td>
<td>5.3.5%</td>
<td>134.66%</td>
</tr>
<tr>
<td>MoE</td>
<td>7.44%</td>
<td>4.25%</td>
<td>4.25%</td>
<td>1.6%</td>
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<td>16.8%</td>
</tr>
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<td>UNRWA</td>
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<tr>
<td>Total</td>
<td>55</td>
<td>48</td>
<td>44</td>
<td>15</td>
<td>22</td>
<td>9</td>
<td>10</td>
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</table>

133 only the ‘Defense for Children International/Palestine Section’ said they report cases to the judiciary
**Distribution of Services by Types of Institution**

What stands out about the distribution of child protection services is the high participation of charitable organizations with all the target groups except for victims of child abuse and neglect, juvenile delinquents and child prisoners in Israeli jails. The latter categories of protection target children that need specially trained personnel for the detection, prevention and management of such cases, more likely to be found at specialized NGOs (44.4%).

On the whole, the number of charitable societies adds up to nearly 50% of all the organizations active in child protection, followed by the NGOs with 28%, the government agencies with 11%, international organizations with 8%, and UNRWA with 4%. Government, UNRWA and specialized NGOs are more centralized, reach large numbers of beneficiaries, and provide secondary and tertiary levels of services.

On the other hand, charitable societies tend to be small, local and rooted in the community. The specialties of caring for special needs (58.6%), the poor (56.3%), and orphaned and neglected children (55%) have been traditionally the domain of community-based charity. These generate their resources in large part through community participation, and provide an important economic and psychosocial safety net for the weakest sectors of society.

During the first *intifada* the mostly political NGO community took over a semi-public role in providing some basic services in health and education. After the establishment of the Palestinian Authority, there was an evolution of roles and a competitive-complementary relationship began to develop between the governmental and non-governmental sectors.

At the time of data collection for this survey (winter 2005-6), the charitable societies provided more than double the number of services (58.6%) for the disabled compared to NGOs (27.5%), while the government participation appears to be only 4%, and UNRWA 1.3%. Charitable societies also bear a significant responsibility for collective coping with poverty (56.3%) and caring for children orphaned or with broken homes (55%), as compared to NGOs (21.4%, 21.7% respectively) and government providers (12%, 13.5% respectively) with.
## Distribution of services by types of institution

<table>
<thead>
<tr>
<th>Children targeted for</th>
<th>Charitable</th>
<th>NGO</th>
<th>Government</th>
<th>International</th>
<th>UNRWA</th>
<th>Jordanian</th>
<th>Union</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special needs</td>
<td>85, 58.6%</td>
<td>40, 27.5%</td>
<td>6, 4%</td>
<td>10, 7%</td>
<td>2, 1.3%</td>
<td>2, 1.3%</td>
<td>2, 1.3%</td>
<td>145</td>
</tr>
<tr>
<td>Poverty</td>
<td>71, 56.3%</td>
<td>27, 21.4%</td>
<td>15, 12%</td>
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<td>2</td>
<td>2</td>
<td></td>
<td>126</td>
</tr>
<tr>
<td>Without family care</td>
<td>61, 55%</td>
<td>23, 21.7%</td>
<td>15, 13.5%</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td></td>
<td>111</td>
</tr>
<tr>
<td>Victims of Israeli occupation</td>
<td>32, 46.3%</td>
<td>23, 33.3%</td>
<td>7</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>69</td>
</tr>
<tr>
<td>Abuse and neglect</td>
<td>20, 31.7%</td>
<td>28, 44.4%</td>
<td>7</td>
<td>7</td>
<td>1</td>
<td></td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>Conflict with the law</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Child labor</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Victims of Israeli detention</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>279, 49.6%</td>
<td>160, 28.4%</td>
<td>64, 11.3%</td>
<td>46, 8%</td>
<td>8, 1.4%</td>
<td>4, 0.7%</td>
<td>2, 0.3%</td>
<td>563</td>
</tr>
</tbody>
</table>
Distribution of Providers by Region and District, and Locality

- Distribution of service providers in child protection by region and district:
  71.5% of surveyed institutions are located in the West Bank (165/231), with only 28.5% in the Gaza Strip (66/231).
  In the West Bank, 73% of service providers are concentrated in four districts in the Center and South, where the central region has the largest number of institutions with 37 in Jerusalem (22.4%) and 36 in Ramallah (22%) Districts; followed by Hebron (25/15%) and Bethlehem (23/14%) Districts in the South. Only 27% of service providers are located in the North and East (Jordan Valley), primarily in Nablus City (14/6%), while just 3% each in Qalqilia (8), Jericho, Tulkarm (8), and in Jenin District (6), and none in Toubas and Salfit Districts.
  Jerusalem and Hebron have a comparatively high percentage of charitable organizations caring for orphans (21%, 20% respectively), and poor families (20.4% both). Organizations addressing children ‘in conflict with the law,’ ‘child labor,’ and ‘victims of Israeli detention’ are concentrated in Ramallah.
  In the Gaza Strip, 51.5% of service providers in the survey are located in Gaza City District (34/66), 21% (14/66) in Gaza North, 12% (8/66) in Khan Younis, 9% (6/66), and 5% (4/66) in Deir al-Balah.

- Distribution of service providers in child protection by locality:
  In the West Bank, 83% of service providers are located in urban centers where 51% of the population lives; only 12% of the service providers are located in rural areas where 42% of the population lives; 5% of service providers are located in refugee camps where 7.3% of the population lives.
  In the Gaza Strip, 81% (54/66) of service providers are located in urban centers where 62% of the population lives; 18% (12/66) of service providers are located in refugee camps where 32% of the population lives; and none of the surveyed service providers are located in rural areas where 5.5% of the population lives.
  Distribution of services by locality appears to be highly disproportionate in favor of the urban population, with over 80% of service providers being located in urban centers where the population accounts for 55.4% on average for the oPt (West Bank 51%, Gaza Strip 62%). On the other hand, in rural areas and especially in the West Bank, the percentage of the population is 3.5 times higher than that of the service providers.
### Number of service providers by region, sub-region, district and locality

<table>
<thead>
<tr>
<th>Region</th>
<th>Sub-region</th>
<th>Districts</th>
<th>Locality</th>
<th>refugee</th>
<th>Total</th>
<th>service providers/district</th>
<th>service providers/ sub-region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ramallah/al-Birch</td>
<td>Urban</td>
<td>Rural</td>
<td>1</td>
<td>36 / 22%</td>
<td>73%</td>
</tr>
<tr>
<td>West Bank</td>
<td>Center &amp; South</td>
<td>Jerusalem</td>
<td>30</td>
<td>5</td>
<td>2</td>
<td>37 / 22.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bethlehem</td>
<td>21</td>
<td>1</td>
<td>1</td>
<td>23 / 14%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hebron</td>
<td>22</td>
<td>2</td>
<td>1</td>
<td>25 / 15%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>North and East</td>
<td>Tulkarm</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>8 / 4.8%</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Qalqilia</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>8 / 4.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nablus</td>
<td>13</td>
<td>1</td>
<td>0</td>
<td>14 / 8.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jenin</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>6 / 3.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jericho</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>8 / 4.8%</td>
<td></td>
</tr>
<tr>
<td>Total Service providers WB</td>
<td></td>
<td>137 / 83%</td>
<td>20 / 12%</td>
<td>8 / 5%</td>
<td>165 / 100%</td>
<td>71.5%</td>
<td></td>
</tr>
<tr>
<td>Gaza Strip</td>
<td></td>
<td>North GS</td>
<td>8</td>
<td>0</td>
<td>6</td>
<td>14 / 21%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gaza City</td>
<td>33</td>
<td>0</td>
<td>1</td>
<td>34 / 51.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deir al-Balah</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4 / 4.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Khan Younis</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>8 / 12%</td>
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<tr>
<td></td>
<td></td>
<td>Rafah</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6 / 9%</td>
<td></td>
</tr>
<tr>
<td>Total service providers GS</td>
<td></td>
<td>54 / 82%</td>
<td>12 / 18%</td>
<td>66 / 100%</td>
<td>28.5%</td>
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</tr>
<tr>
<td>Total service providers WBGS</td>
<td></td>
<td>191 / 82.7%</td>
<td>20 / 8.6%</td>
<td>20 / 8.6%</td>
<td>231 / 100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Distribution of Services by Region and District

- **Special needs:**
  In the West Bank, the majority of service providers for the disabled are located in the central and southern Districts of Ramallah (23, 22.3%), followed by Hebron (19, 18.4%), Bethlehem (17, 16.5%), and Jerusalem (16, 15.5%). In the North and East, most of the institutions are found in Nablus (9, 9%), and half of these in Qalqilia, Tulkarm and Jericho Districts 5 (5%) each, and only 4 (4%) in Jenin District. In the Gaza Strip, most institutions are concentrated in Gaza City District (19, 45%), followed by North Gaza (Jabalia) with 12 (nearly 29%). The southern Districts (Deir al-Balah, Khan Younis and Rafah) have altogether only 11 (26%) organizations for disabled.
• **Victims of poverty:**
  In the West Bank, the largest numbers of organizations that help the poor are found in Jerusalem and Hebron Districts (over 20% in each.), while in the Districts of Ramallah there are 17%, Nablus 11%, and Bethlehem 10%. The other Districts east and north have between 7% (Jericho) and 3% (Jenin).
  In the Gaza Strip, 43% of the organizations are located in Gaza City, 25% in North Gaza and 21% in Khan Younis.

• **Children without family care:**
  In the West Bank again, most institutions were found in Ramallah (22%), Jerusalem (21%), and Hebron (20%) Districts.
  In the Gaza Strip, over half (53%) providers are found in Gaza City, 16.7% in North Gaza and 16.7% in Khan Younis Districts.

• **Victims of Israeli occupation:**
  In the West Bank, one third of institutions are found in Ramallah District (31.7%), followed by Bethlehem and Hebron Districts with 19% in each, Jerusalem (12%), and Nablus (10%) Districts. In Jericho none was found.
  In the Gaza Strip, nearly 57% of service providers are in Gaza City, and the rest are distributed between Khan Younis (13%), Rafah (13%), and less than 5% in Deir al-Balah.

• **Child abuse and neglect:**
  In the West Bank, 26% of the organizations working in child abuse and neglect are based in Ramallah, 24% in Bethlehem, and 21% in Jerusalem Districts, while less than 10% in Nablus and Hebron, and less than 5% in all other Districts.
  In the Gaza Strip, 57% of the organizations are located in Gaza City, 24% in North Gaza, and less than 10% in Khan Younis, 5% Rafah, and 5% in Deir al-Balah.

• **Children in conflict with the law**
  While only 18 organizations do work for children in conflict with the law, they are evenly distributed between West Bank and Gaza Strip.
  In the West Bank, there are mostly legal aid organizations and one correction home in Ramallah (5/56%) and two social rehabilitation centers in Jerusalem (2/22%), one home for children in Bethlehem and one in Qalqilia that also receive some juvenile delinquents.
  In the Gaza Strip, 6 organizations are in Gaza City (68%), of which 4 provide legal aid, one in North Gaza and 2 in Khan Younis.

• **Child labor**
  The three main actors are the Ministries of Social Affairs, Education and Labor, which operate in Gaza and the West Bank. Ramallah and Gaza City are the main locations where some activity addressing child labor issues takes place.
• Child victims of Israeli detention
  Most of the few organizations, 8 of 13 in total, are concentrated in the West Bank District of Ramallah.

• Special problems
  Of two organizations helping child cancer patients, both are located in the West Bank (Bethlehem and Nablus), while there is one organization supporting drug abuse victims in Jerusalem Old City and one in Jabalia, North Gaza.
### Types of services by district and region

<table>
<thead>
<tr>
<th>District</th>
<th>Special needs</th>
<th>Victims of poverty</th>
<th>Without family care</th>
<th>Victims of Israeli occupation</th>
<th>Abuse and neglect</th>
<th>Conflict with the law</th>
<th>Child labor</th>
<th>Victims of Israeli detention</th>
<th>Special problems</th>
<th>Total WB / GS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WEST BANK</strong></td>
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</tr>
<tr>
<td>Ramallah/al-Bireh</td>
<td>23, 22.3%</td>
<td>17, 17.3%</td>
<td>18, 22%</td>
<td>13, 31.7%</td>
<td>11, 26%</td>
<td>5, 55.5%</td>
<td>6, 46%</td>
<td>8, 89%</td>
<td></td>
<td>101, 25.3%</td>
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<tr>
<td>Jerusalem</td>
<td>16, 15.5%</td>
<td>20, 20.4%</td>
<td>17, 21%</td>
<td>5, 12%</td>
<td>9, 21%</td>
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<td>1</td>
<td>2</td>
<td>73, 18.3%</td>
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<td>Hebron</td>
<td>19, 18.4%</td>
<td>20, 20.4%</td>
<td>16, 20%</td>
<td>8, 19%</td>
<td>4, 9.5%</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>68, 17%</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>17, 16.5%</td>
<td>10, 10%</td>
<td>9, 11%</td>
<td>8, 19%</td>
<td>10, 24%</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>58, 14.5%</td>
</tr>
<tr>
<td>Nablus</td>
<td>9, 8.7%</td>
<td>11, 11%</td>
<td>7, 8.6%</td>
<td>4, 10%</td>
<td>4, 9.5%</td>
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<td>36, 9%</td>
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</tr>
<tr>
<td>Qalqilia</td>
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<td>5</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Jericho</td>
<td>5, 4.9%</td>
<td>7</td>
<td>5</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>19, 4.8%</td>
<td></td>
</tr>
<tr>
<td>Tulkarm</td>
<td>5, 4.9%</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jenin</td>
<td>4, 3.9%</td>
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<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>14, 3.5%</td>
<td></td>
</tr>
<tr>
<td><strong>Total WB</strong></td>
<td>103 / 71%</td>
<td>98 / 24.5%</td>
<td>81 / 20%</td>
<td>41 / 10%</td>
<td>42 / 10.5%</td>
<td>9 / 2%</td>
<td>13 / 3%</td>
<td>9 / 2%</td>
<td>3 / 0.75%</td>
<td>399, 100%</td>
</tr>
<tr>
<td><strong>GAZA STRIP</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gaza City</td>
<td>19, 45%</td>
<td>12, 43%</td>
<td>16, 53.3%</td>
<td>17, 56.7%</td>
<td>12, 57%</td>
<td>6, 66.7%</td>
<td>2</td>
<td>2</td>
<td></td>
<td>86, 50.6%</td>
</tr>
<tr>
<td>North Gaza</td>
<td>12, 28.6%</td>
<td>7, 25%</td>
<td>5, 16.7%</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>37, 21.8%</td>
</tr>
<tr>
<td>Khan Younis</td>
<td>3, 6.21%</td>
<td>6, 16.7%</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>24, 14%</td>
</tr>
<tr>
<td>Rafah</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td></td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>15, 8.8%</td>
</tr>
<tr>
<td>Deir al-Balah</td>
<td>3, 1.1%</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>8, 4.7%</td>
<td></td>
</tr>
<tr>
<td><strong>Total GS</strong></td>
<td>42 / 29%</td>
<td>28 / 16%</td>
<td>30 / 18%</td>
<td>30 / 18%</td>
<td>21 / 12%</td>
<td>9 / 5%</td>
<td>5 / 3%</td>
<td>4 / 2%</td>
<td>1 / 0.6%</td>
<td>170, 100%</td>
</tr>
<tr>
<td><strong>Total WBGS</strong></td>
<td>145</td>
<td>126</td>
<td>111</td>
<td>69</td>
<td>63</td>
<td>18</td>
<td>18</td>
<td>13</td>
<td>4</td>
<td>569</td>
</tr>
</tbody>
</table>

### Distribution of Services for Specific Target Groups by Locality in Relation to Population Distribution

In the oPt, 83.6% of services are located in urban centers where 55.4% of the population lives; only 8.5% are located in rural areas where 27. % of the population lives; and 7.9% are located in refugee camps where 16.9% of the population lives.

### Services for specific target groups by locality (WBGS)

<table>
<thead>
<tr>
<th>Urban</th>
<th>Rural</th>
<th>Refugee camp</th>
<th>Total</th>
</tr>
</thead>
</table>

134 No institutions were found for interviewing in Salfit and in Toubas districts.
<table>
<thead>
<tr>
<th>Issue</th>
<th>Cases</th>
<th>West Bank</th>
<th>Gaza Strip</th>
<th>WBGS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special needs</td>
<td>114</td>
<td>78.6%</td>
<td>15, 10.3%</td>
<td>16, 11%</td>
<td>145</td>
</tr>
<tr>
<td>Victims of poverty</td>
<td>106</td>
<td>80%</td>
<td>11, 8.7%</td>
<td>9, 7%</td>
<td>126</td>
</tr>
<tr>
<td>Without family care</td>
<td>96</td>
<td>86.5%</td>
<td>10, 9%</td>
<td>5, 4.5%</td>
<td>111</td>
</tr>
<tr>
<td>Victims of Israeli occupation</td>
<td>57</td>
<td>82.6%</td>
<td>8, 11.6%</td>
<td>4, 5.8%</td>
<td>69</td>
</tr>
<tr>
<td>Victims of abuse and neglect</td>
<td>53</td>
<td>84%</td>
<td>4, 6.3%</td>
<td>6, 9.5%</td>
<td>63</td>
</tr>
<tr>
<td>Children in conflict with the law</td>
<td>17</td>
<td>94.4%</td>
<td>0</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Child labor</td>
<td>16</td>
<td>89%</td>
<td>0</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Victims of Israeli detention</td>
<td>12</td>
<td>92%</td>
<td>0</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Special problems</td>
<td>3</td>
<td>100%</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>474</td>
<td>83.6%</td>
<td>48, 8.5%</td>
<td>45, 7.9%</td>
<td>567, 100%</td>
</tr>
</tbody>
</table>

Population by locality type and region

<table>
<thead>
<tr>
<th>Locality Type</th>
<th>Region</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>West Bank</td>
<td>51.2%</td>
</tr>
<tr>
<td></td>
<td>Gaza Strip</td>
<td>62.2%</td>
</tr>
<tr>
<td></td>
<td>WBGS</td>
<td>55.4%</td>
</tr>
<tr>
<td>Rural</td>
<td>% within Region</td>
<td>41.5%</td>
</tr>
<tr>
<td></td>
<td>West Bank</td>
<td>5.5%</td>
</tr>
<tr>
<td></td>
<td>Gaza Strip</td>
<td>27.7%</td>
</tr>
<tr>
<td>Camps</td>
<td>West Bank</td>
<td>7.3%</td>
</tr>
<tr>
<td></td>
<td>Gaza Strip</td>
<td>32.2%</td>
</tr>
<tr>
<td></td>
<td>WBGS</td>
<td>16.9%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Human Resources

It is worth noting that many of those working in child protection, about 5000 are university graduates including 9 with Ph.Ds, 2794 with a minimum of B.A., over 1000 with Diploma and/or B.A, and 210 health professionals with various specialties including 30 nurses and 1 practising alternative medicine.

Summary of number of staff and their qualifications

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Numbers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ph.D</td>
<td>9</td>
<td>0.2%</td>
</tr>
<tr>
<td>Minimum B.A.</td>
<td>2794</td>
<td>56.7%</td>
</tr>
<tr>
<td>B.A. and or Diploma</td>
<td>959</td>
<td>19.5%</td>
</tr>
<tr>
<td>Diploma</td>
<td>379</td>
<td>7.7%</td>
</tr>
<tr>
<td>Univ. student</td>
<td>25</td>
<td>0.5%</td>
</tr>
<tr>
<td>Tawjihi and above</td>
<td>324</td>
<td>6.6%</td>
</tr>
<tr>
<td>Tawjihi Max.</td>
<td>33</td>
<td>0.7%</td>
</tr>
<tr>
<td>Had practical training/on the job</td>
<td>195</td>
<td>4.0%</td>
</tr>
<tr>
<td>Health professionals</td>
<td>210</td>
<td>4.3%</td>
</tr>
<tr>
<td>Total</td>
<td>4928</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

In looking at the type of work that is done, it seems that many of the workers are teachers and caregivers including those who work at boarding schools. Almost a thousand are counselors, social workers and psychologist (19.5%) but thereafter a small number of different specialists exist. For example almost 6% works in disability, outreach and community work.

Summary of number of staff and their work title

<table>
<thead>
<tr>
<th>Work Titles</th>
<th>Numbers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher, caregivers (school, boarding or KG)</td>
<td>1905</td>
<td>38</td>
</tr>
<tr>
<td>Counselor, social worker, psychologist</td>
<td>980</td>
<td>19.5</td>
</tr>
<tr>
<td>Various</td>
<td>544</td>
<td>10.8</td>
</tr>
<tr>
<td>Trainer’s supervisors, leader, expert, librarian, legal advisor, media and advocacy (specific tasks).</td>
<td>465</td>
<td>9.3</td>
</tr>
<tr>
<td>All those who work with disability</td>
<td>286</td>
<td>5.7</td>
</tr>
<tr>
<td>Head of unit director, manager, coordinator, board member</td>
<td>249</td>
<td>5.0</td>
</tr>
<tr>
<td>Outreach and counseling, home visiting, field worker, community development</td>
<td>247</td>
<td>4.9</td>
</tr>
<tr>
<td>Medical team, health educator and workers, women's health, nurses, nutritionist</td>
<td>177</td>
<td>3.5</td>
</tr>
<tr>
<td>Physicians Pediatrician, Ophthalmologist, Surgeon, dentist, psychiatrist, alternative medicine</td>
<td>114</td>
<td>2.3</td>
</tr>
<tr>
<td>Lawyers</td>
<td>34</td>
<td>0.7</td>
</tr>
<tr>
<td>Expressive art therapist, drama, animator</td>
<td>16</td>
<td>0.3</td>
</tr>
<tr>
<td>Total</td>
<td>5017</td>
<td>100</td>
</tr>
</tbody>
</table>

Many of those employed are working on a full time basis; while a small number of 175 (3.5%) are volunteers.

Number of employees according to their type of contract

<table>
<thead>
<tr>
<th>Types of contracts</th>
<th>Numbers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>4396</td>
<td>87.7</td>
</tr>
<tr>
<td>Part Time</td>
<td>165</td>
<td>3.3</td>
</tr>
</tbody>
</table>
Volunteers | 175 | 3.5
Mixed full time and part time | 274 | 5.5
Total | 5010 | 100

**Awareness of Child Law and the Concept of Child Protection**

As expected, not many of the institutions are aware of the Child Law issued by the Palestinian Legislative Council in 2005. Although it has been passed through the Legislative Council, it is neither distributed widely enough nor implemented.

Are you aware of the new Child Law in the OPT?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of institutions</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>117</td>
<td>50.6</td>
</tr>
<tr>
<td>Yes</td>
<td>114</td>
<td>49.4</td>
</tr>
<tr>
<td>Total</td>
<td>231</td>
<td>100</td>
</tr>
</tbody>
</table>

Of those who have heard of the Child Law, only 61 (54%) said they have read it.

Of those who said yes, 56 (49%) said they have a copy. This means that not all of those who have read it have a copy.

When asked about the child protection concept, most people said yes they have heard of it (88.3%).

Have you heard of the child protection concept?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of institutions</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>27</td>
<td>11.7</td>
</tr>
<tr>
<td>Yes</td>
<td>204</td>
<td>88.3</td>
</tr>
<tr>
<td>Total</td>
<td>231</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Bylaws That Govern the Institutions’ Work**

When the institutions were asked if they have bylaws that govern their action concerning children whom they work with, a small number of 84 (36.4%) said yes. This suggests that many institutions lack a framework to guide their actions towards children they deal with.
Does your institution have any bylaws that govern your actions concerning children that you see?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of institutions</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>146</td>
<td>63.2</td>
</tr>
<tr>
<td>Yes</td>
<td>84</td>
<td>36.4</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Total</td>
<td>231</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Of the 84 institutions that answered yes, 73 elaborated upon their answers (87%).

One third (26, 35.6%) gave answers that were not relevant to the question asked, for example the child must be poor, must be accompanied by one parent…etc

Less than one third (22, 30.1%) follow laws that govern ministries such as MoSA, MoE, Awqaf etc.

The next group either has an internal policy or is working on one (9, 12.3%).

The rest either use International law or child law (is this the Child Law mentioned earlier and so must be in capital letters) (6, 8.2%), Disabled law or CBR protocol (5, 6.8%). A small number mentioned the Holy Quran, the needs and best interest of the child at 2.7% each, and finally one institution cited the legal system in Israel and the rules of the church.

Bylaws as stated by respondents

<table>
<thead>
<tr>
<th>Bylaws</th>
<th>Numbers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>International laws and agreements, Child's Rights Convention</td>
<td>6</td>
<td>8.2</td>
</tr>
<tr>
<td>Laws of Ministry of Education, Awqaf, Social Affairs, Labor and youth.</td>
<td>22</td>
<td>30.1</td>
</tr>
<tr>
<td>Not relevant, e.g.; must be poor, no violence allowed etc</td>
<td>26</td>
<td>35.6</td>
</tr>
<tr>
<td>Disabled law, disabled protocol and disabled needs</td>
<td>5</td>
<td>6.8</td>
</tr>
<tr>
<td>Holy Quran</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Legal system in Israel and rules of the church roles</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Internal</td>
<td>9</td>
<td>12.3</td>
</tr>
<tr>
<td>Child’s need and best interest take priority over the law (e.g. reporting duty)</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Do Institutions Serve All Those in Need, and If Not, Why?

When the question was asked if the institution provides services for all who are in need, less than half (45%) said yes. The rest said no (55%).

Does your institution serve all those in need?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of institutions</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>127</td>
<td>55</td>
</tr>
<tr>
<td>Yes</td>
<td>104</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>231</td>
<td>100</td>
</tr>
</tbody>
</table>
Those institutions that said that they do not provide services for all those in need gave the following reasons: The main reason (113, 74.8%) was limited resources and services; this includes a lack of experts, capacity and space as well as being unable to give immediate protection; inability to reach all the children; and the capacity to provide services only for those who come to the clinic. Another explanation is related to the heavy demand with institutions reporting large numbers of orphans, poor and disabled children. Lack of funds or irregular funds made a small contribution at 2.6%; this figure is similar to the lack of support from medical teams, PA and other institutions.

Why can the organizations not serve all those in need?

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not accepting academically weak students</td>
<td>5</td>
<td>3.3</td>
</tr>
<tr>
<td>Limited services for urgent needs, can’t reach all, lack of capacity, only children that come to the clinic Limited resources, lack of experts, limited space, unable to give immediate protection (Anita, are there two reasons here, limited services and limited resources)</td>
<td>113</td>
<td>74.8%</td>
</tr>
<tr>
<td>Too many poor, orphans and disabled children</td>
<td>13</td>
<td>8.6</td>
</tr>
<tr>
<td>Children from Gaza can’t reach, the Separation Wall, access and check points</td>
<td>11</td>
<td>7.3</td>
</tr>
<tr>
<td>Irregular funding, no funding</td>
<td>4</td>
<td>2.6</td>
</tr>
<tr>
<td>No medical support, need PA and institution support</td>
<td>4</td>
<td>2.6</td>
</tr>
<tr>
<td>Cannot find the children in need</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>151</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Are There Children in Need of Particular Services That Are Not Available?**

Many of the institutions said yes at 89.2% to the question for those children in need of a particular service

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>25</td>
<td>10.8</td>
</tr>
<tr>
<td>Yes</td>
<td>206</td>
<td>89.2</td>
</tr>
<tr>
<td>Total</td>
<td>231</td>
<td>100.0</td>
</tr>
</tbody>
</table>

If yes, what services are needed?
The lack of services suggested by the institutions include unavailable services such as physiotherapy or facilities like playground for children. This was followed by the lack of medical and psychological treatment, followed by issues related to the education of disabled (differently able) children.

Other issues raised were small in numbers such as special categories of children like street children, child labor and orphans after mother’s death; a category not usually listed for orphanages.

Surprisingly, financial aid and the occupation were not high on the list as both scored low at around 5% each.
<table>
<thead>
<tr>
<th>Responses</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services as in facilities and actual services (play ground, 24 hours</td>
<td>141</td>
<td>49.3</td>
</tr>
<tr>
<td>care, safe play area, library, physiotherapy for disabled, services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for autistic children, routine medical checks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment as in surgery for disabled, psychologist for children,</td>
<td>45</td>
<td>15.7</td>
</tr>
<tr>
<td>psychiatric service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education as in vocational training for blind children, integration in</td>
<td>41</td>
<td>14.3</td>
</tr>
<tr>
<td>education.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others as in child labor, street children, awareness raising, caring</td>
<td>29</td>
<td>10.1</td>
</tr>
<tr>
<td>for orphans after mother’s death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political situation as in segregating children living in Jerusalem,</td>
<td>16</td>
<td>5.6</td>
</tr>
<tr>
<td>protection from rights violation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial as in financial aid is weak (lack of money to purchase basic</td>
<td>14</td>
<td>4.9</td>
</tr>
<tr>
<td>items like pampers!!)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>286</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Main Challenges Faced by Service Providers in Child Protection**

When challenges were addressed, rather than services, the occupation and financial constraints were the most common categories at 26% each. Technical issues, facilities and capacity scored low at 10.6%, similar to limited services at 9.1%. A good number of respondents (56) criticized the role of PA institutions and the law in terms of a lack of implementation and coordination as well as the lack of policies, especially for those related to the disabled.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Numbers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial as in low salaries, non continuous support, unemployment</td>
<td>191</td>
<td>26.3</td>
</tr>
<tr>
<td>Occupation such as check points and the Separation Wall</td>
<td>190</td>
<td>26.2</td>
</tr>
<tr>
<td>Cultural issues as in lack of parental awareness, stigma.</td>
<td>106</td>
<td>14.6</td>
</tr>
<tr>
<td>Technical support, capacity, facilities</td>
<td>77</td>
<td>10.6</td>
</tr>
<tr>
<td>Limited services</td>
<td>66</td>
<td>9.1</td>
</tr>
<tr>
<td>Law and lack of policies by PA institutions</td>
<td>56</td>
<td>7.7</td>
</tr>
<tr>
<td>Coordination between institutions and evaluation</td>
<td>20</td>
<td>2.8</td>
</tr>
<tr>
<td>Others such as no creativity, no special needs topics at university.</td>
<td>19</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td>725</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Main Conclusions and Recommendations

• The structures for the development of child protection policies in the oPt are rudimentary, with a lack of development and sustained coordination between the main stakeholders and the relevant sectors. This is perceived as a main challenge for the implementation of services by nearly 25% of the surveyed institutions in Part Two. For an effective policy development, there is a need for both governmental and non-governmental institutions working in the field of child rights and protection and in all the relevant sectors to participate and cooperate together.

• Partners: Under the coordination of the Ministry of Social Affairs, other main actors to be involved are the Ministries of Education, Health, Labor, Youth and Sports, Justice, UNRWA, NGOs, community-based charitable organizations, and human rights organizations.

• An information system does not currently exist at either the national or regional level, as the reporting of cases is limited, inconsistent and selective. Referral works best at the local and district levels. For the development of an effective referral system, accurate and comprehensive centralized databases for recording and documenting cases are imperative. This is particularly the case for children with all types of special needs, victims of child abuse/neglect and poverty, children without family care, children who are victims of Israeli occupation, child prisoners in Israeli jails, children in conflict with the law, and child labor.

• Charitable organizations play an important role during this current period with such difficult conditions as increasing poverty, lack of geographic accessibility, the poor quality of public services as a consequence of the Israeli military occupation and the political impasse. Charitable organizations found in nearly every locale are community-based as the providers themselves are members of their own communities. Not only are these organizations excellent sources for assessing local needs, they have the flexibility to respond to some of the most pressing problems like poverty and unemployment through their support of income generating projects for women and youth. In addition, these charitable organizations provide cash or in kind assistance, offer preschool childcare and free education for the children of the needy. Yet, despite the services they offer, community-based charitable organizations are forced to rely mostly or almost entirely on local resources. They seldom receive support from external donors and are often ignored by governmental institutions. For effective community participation in planning, charitable organizations should be primary partners who have to be fully involved in the decision-making processes and given the support they deserve in relation to their role.

• The geographic distribution of services in child protection is highly uneven at the national (WB 72%/GS28%), regional (WB Center-South 73%/East-North 27%), district (Jenin with least services), and locality levels (urban 84%, rural and refugee camps 8% each). In the West Bank, the northern and eastern districts are severely disadvantaged in terms of service availability and access. Depending on the effectiveness and coverage of outreach programs as well as transportation facilities to the nearest towns and cities where services are concentrated, most of the rural population of the West Bank are left with limited access to services. For the most sophisticated diagnostic and support services, however, Jerusalem remains the main center followed by Ramallah, Bethlehem, Hebron and Nablus. Equity of access is a major issue that has to be taken into consideration in all future planning for all levels of services.

• The fact that over half of the surveyed institutions declared that they could not reach all children in need is a greater reflection of need rather than a limitation of financial resources. At the same time, non-governmental service providers indicate a need for more effective and
efficient support from the governmental institutions to all those working in the field.

- Although child labor exploitation in the oPt has been explored by local research and is often quoted by service providers as a serious problem, particularly in the Gaza Strip, it appears to be the least addressed issue in child protection. In 2004, the Ministries of Labor, Social Affairs, Education and UNRWA in cooperation with the then National Plan of Action for Palestinian Children, carried out a limited monitoring project to assess the success rate for the reintegration of school dropouts by persuading them either to leave their jobs or to reduce their workload. The government allots no public resources to child labor rights and protection thereby making such projects an unsustainable effort.
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