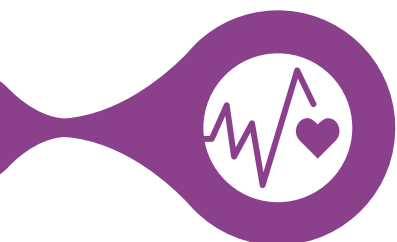




STATUS OF IMPLEMENTATION OF NATIONAL COMMITMENTS IN NAIROBI ICPD SUMMIT

PALESTINE





SECURE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AS A PART OF UNIVERSAL HEALTH COVERAGE



- The Ministry of Health provides primary care in primary health centers that are distributed throughout all governorates in the West Bank and the Gaza Strip. Most of these centers provide family planning and maternal and child care services, but their efforts to support family planning face many challenges, including shortages and stock-outs.
- The government makes available health insurance, enabling the majority of citizens to obtain low-cost health services, including SRH.
- The national indicators from 2014–18 for SRH indicate a significant improvement in the health of citizens, affecting women and girls in particular. Palestine is witnessing an increase in life expectancy 73.8, a slight decrease in the fertility rate (4.1) in 2019 compared to 5.9 in 1999.
- the Minister of Health announced that work is underway to establish a specialized unit for adolescent health to integrate and promote sexual and reproductive health for adolescent and youth through adopting the approach of youth friendly clinics (YFHS) to enhance SRH attitude among young people.
- Political instability due to the continued Israeli occupation, and the resulting deterioration of living conditions in Palestine, especially in the Gaza Strip, is causing an increase in the percentage of disabilities, injuries, amputations, and psychological suffering. Movement and other restrictions furthermore impede access to health services that are mostly absent in remote areas, such as Area C, and are exacerbated by the ongoing siege on Gaza.



Absence of sexual and reproductive health services for the elderly, people with disabilities, adolescents and youth.




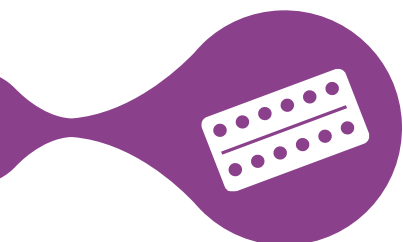
REDUCE RATES OF MATERNAL MORTALITY, DISEASES, AND IMMINENT COMPLICATIONS

- Based on a report issued by the MoH in 2019, the year 2017 witnessed a decline in the number of maternal deaths, reaching 6 deaths per 100,000 live births, followed by a rise to 19.5 deaths per 100,000 live births in 2019. In general, Palestine has witnessed a reduction of maternal mortality between 2009 and 2019 (38: 19.5). But whereas a decrease is reported in the maternal mortality rate (MMR), the 2019 MoH report also indicates a gap between estimation and surveillance rates, which could point to underreporting in surveillance efforts.



- The year 2019 revealed that MMR was higher in Gaza strip than West Bank (9 in the West Bank and 17 in the Gaza Strip).
- In 2018, high-risk pregnancies formed about 17.4% of the total number registered in the primary care centers.
- Based on MoH report, in 2019, factors contributed to maternal deaths:1) poor quality of services (including clinical management, communication and documentation, adherence to protocols and guidelines, availability of equipment and drugs, and referral management), 2) Inadequate numbers of skilled doctors, midwives, and nurses at health facilities, Lack of critical specialized health care providers and Lack of specialists in high-risk pregnancy clinics.

 Gap in monitoring and documenting maternal deaths, and the lack of specialized staff to deal with high-risk pregnancies



Decrease the proportion of unmet family planning needs to %10 by 2022



- The State of Palestine faces many problems in facilitating family planning, mainly due to two factors: First, the government does not prioritize the purchase of contraceptives, and second, the MoH faces a budget deficit.
- Although unmet needs have reached 10.9 percent, which is in line with the commitment made by the State of Palestine at the Nairobi conference, the adoption of family planning methods and the use of modern contraceptives among Palestinians remains low.

 Not allocating a budget for the purchase of family planning services.



INCORPORATE COMPREHENSIVE SEXUALITY EDUCATION PROGRAMS INTO ALL SCHOOLS BY 2030

- The Ministry of Education (MoE), in coordination with the MoH and civil society institutions, implements two programs in Palestinian public schools. First, the School Health in Schools program provides public health to students at all education levels (including vaccines for children, eye examinations, and more).
- Second, the Adolescent Health program provides adolescent health education by distributing manuals and running adolescent health centers and GBV programs in schools. But health and education counselors are available in many schools, even though there is a shortage of staff, compared to the number of schools and students, and some counselors must serve more than one school. shortage of staff led to the lack of adequate and complete application of the guide in all schools. Every school has a school health coordinator, but not every school has an educational counselor.

 Lack of information provided to adolescents and youth about sexual health by parents, teachers and society in general (United Nations Population Fund, 2020).



DRAW ON DEMOGRAPHIC DIVERSITY TO DRIVE ECONOMIC GROWTH AND ACHIEVE SUSTAINABLE DEVELOPMENT

- Statistical data related to public health indicators and other sectors are made available continuously by the Central Bureau of Statistics (PCBS), and most of these data are disaggregated based on gender and geographical distribution. This information is essential for planning processes.



- The MoH has established a database that covers health indicators and data. No data is available, however, on demographic diversity to support the national plans and policies to drive economic growth.
- Lack of awareness towards the importance of the statistical figure in planning and decision-making in many statistical units in institutions.



Lack of awareness towards the importance of the statistical figure in planning and decision-making in many statistical units in institutions. (PCBS, 2018).

ELIMINATING GENDER-BASED VIOLENCE



- The State of Palestine has taken many measures to reduce GBV, using strategies.
- Interventions such as adopting the National Strategy to Combat Violence Against Women for the years 2012–19, the 2013 National Referral System for Victims of Violence, and the Protocol for Case Management. Further measures include the formation of Family Protection from Violence Units in the police, the establishment of a Gender Unit in the Public Prosecution office, and the running of three shelters/safety houses.
- The Family protection Law was adopted by both the Ministry of Social Development and the Ministry of Women's Affairs, but to date it was not adopted by the Ministry of Cabinet.



Despite the policies, plans and measures taken by the government, domestic violence is still a high percentage in Palestinian society. The measures taken are still deficient especially in the context of adopting laws to protect the family from violence at home or/and in the workplace.



RECOMMENDATIONS:

1. Adopt the Family Protection Law.
2. Activate the decision to raise the marriageable age-with no exceptions-through procedures and monitoring tools in Shari'a Courts, and amend the Penal Code to criminalize early marriage.
3. Adopt a cross-sectoral approach towards sexual and reproductive health and rights (SRHR) in the national strategic planning, and apply a universal approach to SRH in the social, health, education, and labor sectors.
4. Develop a protocol system and adopt mechanisms to improve the monitoring of maternal mortality.
5. Provide capacity building and training for medical staff in primary health care centers on GBV to ensure SRHR for all.
6. Integrate the detection, treatment, and referral of GBV cases into the job descriptions of front-line health providers and family protection police officers.
7. Ensure the rights of youth to participate in the shaping of policies and programs related to SRH and GBV; promote youth-friendly health services.
8. Ensure the active involvement of men, young men, and boys in combating GBV.
9. Include SRHR in emergency plans during political, humanitarian, and environmental crises.
10. Support the political commitment to SRHR by strengthening the monitoring system to ensure the provision of quality, accessible, and acceptable SRH services that ensure adherence to the associated rights.

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