MIFTAH

الهيئة المستقلة لحقوق الإنسان
"ديوان المظالم"

UNFPA
United Nations Population Fund

Country Assessment towards Monitoring and Reporting

Sexual and Reproductive Health and Rights [SRHR]

in Palestine

December2015

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1st Edition - December 2015

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LIST OF ACRONYMS

ACHPR	African Commission on Human and Peoples Rights
CPAP	Country Programme Action Plan
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEDAW	Committee on the Elimination of Discrimination against Women
CRC	Convention on the Right of Child
CESCR	Committee on Economic, Social and Cultural Rights
ECHR	European Convention on Human Rights
FWCW	Fourth World Conference on Women
FPU	Family Protection Unit
HIV/AIDS	Human immunodeficiency virus/ acquired immunodeficiency syndrome
GFATM	Global Fund to Fight HIV and AIDS, Tuberculosis and Malaria
GBV	Gender-based violence

ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICHR	Independent Commission for Human Rights
ICPD	International Conference on Population and Development
ICD-10	International Classification of Diseases
MDGs	Millennium Development Goals
MIFTAH	The Palestinian Initiative for the Promotion of Global Dialogue and Democracy
MMR	Maternal Mortality Ratio
MoE	Ministry of Education
MoH	Ministry of Health
MoI	Ministry of Interior
MoSA	Ministry of Social Affairs
MoWA	Ministry of Women's Affairs
NCCVAW	National Committee to Combat Violence against Women
NHIS	National Health Information System
NHP	National Health Plan
NGO	Non-Governmental Organisation
OHCHR	Office of the High Commission on Human Right
PAPFAM	Pan Arab Project for Family Health
PCBS	Palestinian Central Bureau of Statistics
PCP	Palestinian Civil Police
PFPPA	Palestinian Family Planning and protection Association
PFS	Palestinian Family Survey
PMMS	Palestinian Military Medical Services
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PoA	Programme of Action
PLC	Palestinian Legislative Council
PWDC	Palestinian Women Development Centre
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nation Children's Fund
UNRWA	United Nation Work and Relief Agency
VAW	Violence against Women
WHA	World Health Assembly
WHO	World Health Organisation

EXECUTIVE SUMMARY AND RECOMMENDATIONS

EXECUTIVE SUMMARY AND RECOMMENDATIONS

This "Country Assessment of the Sexual and Reproductive Health and Rights (SRHR) situation in Palestine", was conducted by The Palestinian Initiative for the Promotion of Global Dialogue and Democracy (MIFTAH) in partnership with The Independent Commission for Human Rights (ICHR), initiated and supported by United Nations Population Fund (UNFPA) as part of a global initiative. The need for this assessment appeared with Palestine's recent ratification of International Treaties and Conventions including the Convention on the Elimination of Discrimination against Women (CEDAW).

A country assessment is "a systematic review of information and data compiled through secondary sources to identify and understand the country's main human rights problems related to sexual and reproductive health and well-being and to assess the efforts (or lack of thereof) undertaken by the state as the main duty-bearer""[1]. Consequently, this country assessment provides basis on which to establish a framework for promotion and monitoring of SHRH implementation and explores the extent to which rights are realized and obligations are met

This assessment of the State of Palestine's international human rights obligations related to SRHR is the first of its kind in the country. The study mainly focuses on women's SRHR. This assessment identified relevant SRHR indicators in order to monitor progress in relation to the Plan of Action (PoA) of the International Conference on Population and Development (ICPD) and CEDAW. The analysis aimed to provide answer to three key questions, which can be found below.

1. What is the status of the population's sexual and reproductive health and rights?
2. What key laws, policies and other initiatives has the Government adopted? What is the implementation status?
3. What are the main discrepancies between the situation in Palestine and its obligations vis-à-vis SRHR under international human rights law**?** Based on this analysis, this report provides a series of legal and policy recommendations to the Government.

The assessment focuses on six key SRHR issues: access to contraceptive information and services; access to safe abortion services and post-abortion care; maternal health care to ensure safe pregnancy and childbirth; prevention and treatment of HIV and AIDS; comprehensive sexuality education; and violence against women and girls. It also focuses on three important crosscutting themes, namely: gender stereotyping, participation and accountability

1 UNFPA, 2014.A Guide in Support of National Human Rights Institutions: Country Assessments and National Inquiries on Human Rights in the Context of Sexual and Reproductive Health and Well-being. UNFPA, 2014.pp. 18 18http://unfpa.am/sites/default/files/UNFPA_NHRI_v6.pdf (Accessed August 8th 2015).

Key Areas of Progress and Remaining Problems

Palestine has made notable progress in some area;

- The maternal mortality rate has fallen significantly in the past twenty years.
- The Government is in the process of adapting new laws to address violence against women[2].
- The Government made great efforts towards addressing HIV/AIDS, still many gaps exist and need to be bridged to achieve stigma reduction, increasing accessibility to voluntary testing and community awareness.

However, there are some remaining issues, which needs to be addressed;

- Draft laws relevant to the SRHR like the Personal Status Law and Criminal Law are available but not yet ratified.
- Comprehensive and age-appropriate education on sexual and reproductive health and rights is not provided in schools although there were manuals developed for training teachers on SRHR.
- Information on family planning methods is not consistently provided to women before or after they undergo an abortion. While family planning services are widely offered by public health system, theirfull utilization is limited, especially for vulnerable women in marginalized communities because of hindrance to physical access and lack of awareness and socio economic conditions.
- Culture, economic and social factors are the main reasons behind the high rates of early marriage in Palestine. Economic hardship seems to play the larger role in the Gaza Strip and Area C.
- There is limited participation of women, youth and vulnerable groups living in the Area C, Jerusalem and Gaza Strip in public life and decision-making, and limited accountability when it comes to women issues including SRHR.

Key Recommendations

The report identifies key discrepancies between the situation of SRHR in Palestine in relation to laws and policies, mainly the Basic Law, Public Health Law, Personal Status Law, and Criminal Law on the one hand and the international human rights standards particularly ICPD, International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the CEDAW,[3] the Convention on the Rights of Persons with Disabilities (CRPD) and other international treaties related to SRHR on the other hand.

2 The new Draft Bill of "The Family Protection against violence".
3 Adopted and opened for signature and ratification by General Assembly resolution 34/180 1979. It came into force in 1981 by virtue of Article 27 (1).

This assessment makes recommendations of legal, policy and other measures that would, if adopted, help the Government meet its obligations under CEDAW and other international human rights treaties. The report's key legal reform, policy and programmes recommendations are to:

- Revise the Penal and Criminal Codes and the Criminal Procedural Law to include provisions on the particular needs and rights of women facing GBV in order to facilitate women access to justice and remedy and to provide the utmost deterrence to prevent GBV and provide proper punishment against the perpetrator. It is also necessary to promulgate the draft Family Protection Law.
- Conduct training on the implementation of the referral system for women victims of violence for all relevant personnel working in the health sector, in addition to allocating the necessary resources to ensure the effective and comprehensive implementation of the National Referral System.
- Evaluate the effectiveness of the previous training that took place on the National Referral System in order to identify the gaps and perform more focused and customized training. The Personal Status draft Law must be adopted in order to guarantee equality in marital life and prevention of early marriage.
- Continue revising and developing the educational curriculum from gender perspective, and provide the necessary training to teachers on gender-sensitivity in teaching this curriculum.
- Inspect and strengthen the proper implementation of the Labour Law in order to guarantee full respect of women's rights in practice and not only in text.
- Think of policies and programmes to address key sociocultural barriers to the right of women to access healthcare including but not limited to cost, distance, lack of transportations, and lack of female providers.
- Maintain low prevalence and incidence of HIV/AIDS; offer prevention and early detection of cervical cancer; the Palestinian government is also advised to address population at risk and offer, as deemed appropriate, an HPV vaccination program.
- Ensure access to a full range of modern contraceptives, including emergency contraception, which should also be included in the essential medicines' list to increase availability of contraceptives, thus ensuring that women and men have the right to choose and access contraceptives depending on their needs.
- Strengthen the national SRHR data collection and reporting mechanisms to take into consideration: gender issues, disability, marginalized groups, age, locality and socioeconomic status.
- Unify the methodologies for collecting, calculating and assessing maternal mortality data, in accordance with ICD-10[4], in order to enhance monitoring and accountability of health services.

4 The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes. CD-10 was endorsed by the Forty-third World Health Assembly in May 1990 and came into use in WHO Member States as from 1994. (Source: WHO, International Classification of Diseases available at http://www.who.int/classifications/icd/en/).

INTRODUCTION

INTRODUCTION

Palestine Contextual Background

Palestine has been under prolonged Israeli Occupation for over 65 years. This situation affects all facets of Palestinian life and violates the human rights of the Palestinian people mainly their right to self-determination. The Israeli Occupation's practices hinder access to health, education and social services. Therefore, this Sexual and Reproductive Health and Rights (SRHR) assessment is within the context of the Israeli Occupation and the restrictions and constraints imposed by the occupation as well as within the framework of the Oslo Accords.

The Oslo Accords divided the occupied Palestinian Territory into three zones: A, B and C. Only Zone A is under the control of the Palestinian National Authority, but at the same time, it is not immune of the control of Israel. Palestinians in Jerusalem and in the diaspora are outside the authority of the Palestinian National Authority. Traveling between the West Bank and East requires obtaining permits from Israel. Similar and further restrictions are imposed on the movement of Palestinians between the West Bank and Gaza Strip. In addition, the Palestinian Authority has no control over internal and external border crossings. This means that the Palestinian National Authority does not have full control over Palestinian lands.[5] This context has a great impact when talking about the human rights of Palestinians including SRHR.

The ongoing Israeli occupation and arbitrary practices are the most dangerous challenges faced by the health sector in the Occupied Palestinian Territory. Persecution of Palestinian citizens throughout the West Bank, including East Jerusalem, and in the Gaza Strip, settlements, Separation Wall construction, military checkpoints, and other impediments have adversely degraded the health situation and quality of life in Palestine. These also obstruct Palestinian efforts to develop an effective and efficient health care system. Further complicating the situation is that the Palestinian Government does not control borders, movement of persons and goods, land, and water resources, thereby restricting its capabilities of governance and state building.[6]

Moreover, the geographical separation of West Bank from the Gaza Strip, and the severe restrictions on movement between East Jerusalem[7] [8]and the rest of the

5 Jad, I., '*Citizenship under a Prolonged Occupation: The Case of Palestine*'. University of California International and Area Studies Digital Collection (2004). Accessed 20 August 2015: http://www.kit.nl/smartsite.shtml?ch=FAB&id=6184

6 Occupied Palestinian Territories: Consolidated Appeal 2013. UN. Available at http://www.lacs.ps/documentsShow.aspx?ATT_ID=6719 (Accessed Sept 7th 2015)

7 "Israel declared Jerusalem as its capital, later annexed East Jerusalem and declared the united city its capital. The result was, from the legal point of view, the creation of an anomaly whereby Israeli actions on the ground found full expression within the Israeli municipal legal system, altering the status of East Jerusalem and applying Israeli law and administration to it, Which also meant that the Palestinian government does not have neither Jurisdiction over East Jerusalem
nor it can deliver services including productive health services".(Source: Kuttab, J. (1995). The legal Status of Jerusalem: A flagrant violation of international law, tolerated by the international community. Palestine-Israel Journal, V2, Issue 2, 1995).

8 State of Palestine. (2104). National Development Plan 2014-216: State Building Sovereignty Palestine, 2014. Pp.9

West Bank, undermine social and economic development, increase health risks, impede the delivery of health and social services, and undermine the ability of the Palestinian West Bank cities. The closure on the Gaza Strip entails severe restrictions on movement of people and decreases Government ability to uphold human rights in general and SRHR in particular. Many communities have become marginalized due to border closures and restrictions on population movement. Checkpoints between major cities, compromise the accessibility to health services and thereby the right to health. In relation to ensuring the Right to Life by preventing maternal mortality and morbidity, WHO has identified delays in delivery care are major causes of maternal death include delays in reaching a health facility and delays in receiving care at a health facility.[9] They are the two critical potential contributing factors to the exposure to risk of maternal death as a result of checkpoints and other military blockades.[10] Checkpoints have exposed women to degrading treatment as well as discrimination based on their nationality. More tragic still is the number of women who go unrecorded; those women whose physical and psychological trauma is never counted in the official statistics. These are just statistics which do not convey the full tragedy a family faces when a mother dies during childbirth. This is a double tragedy since these deaths are not only a breach of the Right to Life, liberty and security, but also, for the most part, preventable. Moreover, women and girls were also harassed at checkpoints; forced to undress in order to pass through, which threatens the Right to be Free from Sexual and Gender Based Violence.

The Israeli occupation is under the obligation to uphold the international human rights obligation and the international humanitarian law obligation to protect women's sexual and reproductive health. The above mentioned practices amount to breach of SRHR that should be addressed by international human rights organisations. However this report will discuss the State of Palestine as the duty bearer for the promotion and protection of SRHR, in a context of political constraints imposed by the Israeli Occupation and the Oslo Accords. Therefore, this report will assess the laws and policies of the State of Palestine in accordance with human rights principles and norms in order to address the compatibility of these laws and policies with international human rights obligations.

Sexual and Reproductive Health and Rights

Sexual and reproductive health and rights (SRHR) represent a universal right to the highest attainable standard of physical and mental health, enshrined in the Universal Declaration of Human Rights (UDHR)[11], and in other international human rights conventions, declarations, and agreements. The International Covenant on Economic, Social and Cultural Rights has recognized the right of everyone to the enjoyment of

9 WHO.Maternal mortality.Fact sheet N°348 . Updated May 2014
10 WHO, 2011. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan Report by the Secretariat. Sixty-Fourth Health Assembly Provisional agenda item 15 16 May 2011..
11 Available at http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf (Accessed October 11th 2015)

the highest attainable standard of mental and physical health; No marriage shall be entered into without the free and full consent of the intending spouses.[12] Moreover, the International Covenant on Civil and Political Rights asserted the rights of "Everyone to liberty and security of person", and that "No one shall be subjected to unlawful interference with his/her privacy, and that no one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment; State parties shall take appropriate steps to ensure equality of rights and responsibilities of spouses as to marriage, during marriage, and at its dissolution."[13]

However, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) addresses gender-based discrimination. It is the only human rights treaty that specifically affirms the reproductive rights of women. It stipulates that state parties to the convention shall take all appropriate measures to eliminate discrimination against women and girls, including in the health sector; state parties shall ensure that men and women are equally able to determine the number, spacing and timing of their children—including whether to have any at all—and have sufficient and accurate information, education and supplies to enable control of fertility; prevent early marriage and eliminate discrimination against women in marriage and family issues, such as by ensuring divorce, inheritance and property rights; and preventing and responding to violence against women.[14]

In CEDAW Committee recommendation, the committee invited all member states to ensure \all women access to acceptable and good quality health services including sexual and reproductive health services. The Convention also calls upon States to work on the elimination of all legal, cultural, and social obstacles preventing women from accessing these services.

Moreover, in 1994, the International Conference on Population and Development (ICPD) clearly defined (SRHR) to include: [15]

- Family planning;
- Antenatal, safe delivery and post-natal care;
- Prevention and appropriate treatment of infertility;
- Prevention of abortion and management of the consequences of abortion;
- Treatment of reproductive tract infections;
- Prevention, care and treatment of STIs and HIV/ AIDS;
- Information, education and counselling, as appropriate, on human sexuality and reproductive health;

12 Article 12.1, and 10.1.
13 Articles 9.1, 17.1, 7, and 23
14 Articles 12 and 16
15 United Nations. Programme of Action adopted at the International Conference of Population and Development, Cairo, 5-13 September 1994. New York: United Nations 1996. Available at:http://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf (Accessed Sept 6th 2015).

- Prevention and surveillance of violence against women, care for survivors of violence and other actions to eliminate traditional harmful practices, such as FGM/C;
- Appropriate referrals for further diagnosis and management of the above

By referring to sexual and reproductive health rights, the ICPD Programme of Action clarifies that it is not creating new sets of rights. Rather, it encompasses both entitlements and freedoms recognized in national laws, international human rights documents and other consensus statements of relevance in the context of sexual and reproductive health and well-being. Such rights are grounded in other essential human rights, including the Right to Life, the Right to Liberty and Security of Person, the Right to Health, the Right to Decide the Number and Spacing of Children, the Right to Consent to Marriage and to Equality in Marriage, the Right to Privacy, the Right to Equality and Non-Discrimination, the Right to be Free from Practices that Harm Women and Girls, the Right to Not be Subjected to Torture or Other Cruel, Inhuman, or Degrading Treatment or Punishment, the Right to be Free from Sexual and Gender-Based Violence, the Right to Access Sexual and Reproductive Health Education and Family Planning Information, and the Right to Enjoy the Benefits of Scientific Progress.

The following table shows the list of rights included in the SRHR (non-exhaustive list) and states' obligations:

Table (1) SRHR and State Obligations[16]

SRHR	Illustrative State Obligations
The Right to Life	• Prevent maternal mortality and morbidity through safe motherhood programs • Ensure access to safe abortion services when the life and health of the mother are at risk
The Right to Health	• Ensure reproductive health services are available, accessible, acceptable and of good quality (AAAQ) • Ensure sex workers have access to the full range of sexual and reproductive health care services
& The Right to Education Information	• Ensure school curricula include comprehensive, evidence-based, and non-discriminatory sexual education • Ensure accurate public education campaigns on the prevention from HIV

16 UNFPA, (2014). Lessons from the First Cycle of the Universal Periodic Review FROM COMMITMENT TO ACTION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. UNFPA: New York

The Rights to Equality and Non-Discrimination	• Prohibit discrimination in access to health care on grounds of sex, age, disability, race, religion, nationality, economic status, sexual orientation, health status including HIV/AIDS, *et cetera* • Abstain from denying access to health services that only women need
The Right to Decide the Number and Spacing of Children	• Ensure the full range of modern contraceptive methods • Provide women with comprehensive and accurate information to ensure informed consent to contraceptive methods, including sterilization
The Right to Privacy	• Ensure the right to bodily autonomy and decision making around sexual and reproductive health issues • Guarantee confidentiality and privacy with regard to patient health care information, including prohibiting third party consent, such as spousal and/or parental, to sexual and reproductive healthcare services
The Right to Consent to Marriage and Equality in Marriage	• Prohibit and punish child and other forced marriages • Set the age limit for marriage at 18, equally for boys and girls
The Right to be Free from Torture or Other Cruel, Inhuman, or Degrading Treatment or Punishment	• Guarantee access to emergency contraception, especially in cases of rape • Guarantee access to termination of pregnancy when a woman's life or health is in danger, in cases of rape and fatal impairment
The Right to be Free from Sexual and Gender Based Violence	• Ensure gender based violence, including domestic and intimate partner violence, is effectively prohibited and punished in law and in practice • Prohibit and punish all forms of rape, in peacetime and in conflict, and including marital rape • Prohibit and punish all forms of violence perpetrated because of sexual orientation
The Right to be Free from Practices that Harm Women and Girls	• Prohibit and punish all forms of female genital mutilation/cutting (FGM/C)
The Right to an Effective Remedy	• Ensure effective mechanisms are in place for women to complain of SRHR violations • Ensure access to effective counsel for women who are unable to afford a lawyer

Commitment to SRHR was later reaffirmed in various other international meetings, such as the Fourth World Conference on Women in Beijing, which took places in 1995 (from now called the 1995 Beijing Conference).[17] However, despite this international commitment, there has been slow progress towards the ICPD PoA; there have been varying interpretations of SRHR at ground level, and lack of resources, which resulted in modest advances in some countries, while in others have seen none.[18]

17 http://www.un.org/womenwatch/daw/beijing/platform (Accessed Aug 29th 2015)
18 UNFPA, FRAMEWORK OF ACTIONS of the International Conference of Population and Development Beyond 2014. Report of the Secretary -General, Feb 14, 2014.http://www.unfpa.org/sites/default/files/pub-pdf/ICPD_beyond2014_EN.pdf (Accessed Aug 29th 2015)

In 2000, the UN General Assembly rejected inclusion of SRH in the MDGs[19], while the MDGs had key omissions when it comes to SRH such as Gender Equality, GBV, unsafe abortions and family planning. In September 2005, world leaders at the World Summit reaffirmed commitment to SRHR and specifically to universal access to contraceptive services. They included goal 5b of the MGD, which is 'universal access to reproductive health, which was later adopted[20].The MDGs therefore ended up having three goals that are central to SRHR, namely Goal 5, which relates to improving maternal health, Goal 6 on combating HIV, and Goal 3 on promoting gender equality and empowering women. Additionally SRHR is critical to many of the goals of the new Sustainable Development Goals (SDG), which reconginzeICPD's mandate, especially under health (goal 3), education (goal 4) and gender equality (goal 5).

The 2004 UN Commission on Human Rights explicitly recognised women's sexual rights as essential to combating violence and promoting gender equity. ICPD, ICPD+5, and ICPD+20 underlined the importance of promoting gender equity, ICPD, ICPD+5 and ICPD+20 underlined the importance and contribution of rights to population, reproductive health and gender equality issues. The 2001 UN General Assembly's Declaration of Commitment on HIV and AIDS reinforced the ICPD commitments on sexual and reproductive health needs and placed a strong emphasis on women's empowerment.

Methodology

This assessment was undertaken by MIFTAH and the Independent Commission for Human Rights (ICHR) initiated by UNFPA as well as with support of WHO, OHCHR and UN Women, which constitutes the Advisory Committee. The key steps of the process were:

1. **Developing a conceptual framework:** The goal was to assess the status of SRHR in Palestine. The assessment therefore included a number of SRHR issues that are central to the obligations of the Government of Palestine under the CEDAW and in accordance to ICPD.
2. **Research:** The UNFPA's Guide to Support National Human Rights Institutions (NHRIs) to Conduct Country Assessments and National Inquiries on Sexual and Reproductive Health and Rights is being developed to assist NHRIs develop more comprehensive information systems on sexual and reproductive rights. The Guide provided guidance on the development of indicators set to measure progress, research methods, data analysis and report writing. The primary research method to gather data on the indicators was a desk review of national

19 United Nations. (2000). Resolution adopted by the General Assembly [without reference to a Main Committee (A/55/L.2)] 55/2. United Nations Millennium Declaration: A/RES/55/2. General Assembly Fifty-fifth session Agenda item 60. 18 September 2000. http://www.un.org/millennium/declaration/ares552e.pdf (Accessed Aug 29th 2015)

20 UN General Assembly adopts target', IPPF press release, 5 October 2006, available at, http://www.ippf.org/Content.Controller.aspx?ID=14844 (Accessed Aug 30th 2015)

laws, regulations, policies and health statistics; reports by the Government, international organisations and civil society; and documentation relating to Palestine review by the CEDAW Committee. This was supplemented by interviews with key stakeholders from the Government and independent experts.

3. **Analysis and report writing:** After analysing the data, the report on the assessment was drafted. An initial draft was reviewed by the UNFPA and Advisory Committee. The final version of the study report was developed based on the comments and recommendations provided by both agencies. Additionally, a National Consultation was held in Ramallah and Gaza to consolidate the main findings of the report as well as the recommendations by civil society (NGOs and INGOs), government stakeholders as well as UN agencies. Based on the recommendations of this assessment, a monitoring tool was developed to systematically form advocacy strategies for each recommendation (see Annex).

This assessment is not an exhaustive analysis of SRHR in Palestine. It is selective on a number of count.

- **Issues:** The report is not a comprehensive assessment of all SRHR issues in Palestine. It rather primarily focused on six key issues namely: access to contraceptive information and services; access to safe abortion services and post-abortion care; maternal health care to ensure safe pregnancy and childbirth; prevention and treatment of HIV and AIDS; comprehensive sexuality education; violence against women and girls. It also focuses on three important cross-cutting themes, namely: gender stereotyping; participation and accountability
- **Data disaggregation:** The disaggregation of data, for example on grounds of sex, age, disability, wealth quintile, education status, urban/rural residence, helps identify disparities and therefore equality and non-discrimination in relation to the enjoyment of SRHR. This can provide guidance on where actions need to be targeted to improve SRHR in an equitable manner. The assessment surveyed disaggregated data where available.
- **Government actions:** The report highlights key actions by the Government, and key discrepancies. It has not always been possible to assess the adequacy of a measure or the degree to which it has been implemented. This limitation is inherent to rapid reviews of this type. However, the National Consultations held in Gaza and Ramallah has ensured a consolidation of the findings of the report and thereby ensuring the reliability of this assessment.
- **Indicators:** The indicators have been selected based on their relevance to the key discrepancies, in other words, areas where progress is required. As some of the recommendations made by the UN bodies are general in nature, we have identified more specific indicators, which aim to address the specific legal, policy and other measures that will be required in relation to a recommendation. It could have been possible to select a much broader indicator set, also selecting indicators in relation to key SRHR issues where the Government is already

meeting its international human rights obligations. However, in order to keep the assessment process manageable, it was important to be selective and not include a very large number of indicators. Although the focus of this report is on laws and policies, the analysis covered structural, process and outcome indicators to better identify the context of laws and policies, areas of progress and areas of concern, and where laws and policies are and are not having the desired outcome. The assessment will focus on the Palestinian state as the main duty bearer to fulfil the state obligations as prescribed by international conventions. The geographic area covered in this assessment will include, the Gaza Strip and the West Bank of the occupied Palestinian territories knowing the challenges the PNA face in delivering services in the Gaza Strip, as well as Area C of the West Bank. This report does not cover East Jerusalem due to the inability of the Palestinian Authority to provide services there because of the Israeli occupation illegal measures. Moreover, the focus of this assessment is primarily on the SRHR of women of reproductive age, which include girls in this instant adolescent girl who may enter the reproduction cycle early in their lives. Due to the prevailing social, cultural, economic and legal disparity between men and women, women and girls have to face particular challenges to enjoy their SRHR. Bearing in mind the SRHR are also central human rights for men and boys. The analysis as well as number of recommendation made in this report, particularly those related to access to family planning, HIV and sex education have great relevance to SRHR of men and boys.

As a result of social, cultural, political, economic and legal disadvantages, women and girls often face particular challenges to their enjoyment of SRHR. However, SRHR are also central human rights of men and boys. The analysis and a number of the recommendations in this report, including those on improving access to family planning services, sexual and reproductive health and rights education, and HIV, also have great relevance to the SRHR of men and boys.

CHAPTER ONE:
STATE OF PALESTINE COMMITMENT TO INTERNATIONAL CONVENTIONS ON HUMAN RIGHTS

CHAPTER ONE: STATE OF PALESTINE COMMITMENT TO INTERNATIONAL CONVENTIONS ON HUMAN RIGHTS

The aim of this chapter is to provide for a general framework to describe the Palestinian obligations under international human rights law, the national commitment and the ability and constrains of the national legal system to implement the international obligations. Moreover. this chapter provides a general overview of the major laws and polices related to SRHR.

International Obligations

Regarding women's SRHR, international conventions include basic principles that emphasize the fundamentals of human rights that are key to realization of the reproductive and sexual rights. Therefore, the recognition of the major human rights conventions is essential. The State of Palestine was granted an observer state status by the United Nations General Assembly in 2012.[21] This meant that the State of Palestine is now able to sign, accede or, ratify international conventions. Accordingly, in April 2014 the State of Palestine has formally submitted to the UN its applications to accede to the 15 international conventions and treaties. The list included seven major human rights conventions such as the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the CEDAW without any reservation, and to the Convention on the Rights of Persons with Disabilities (CRPD). Moreover, in 2015, the Government has signed an agreement with UNFPA, namely Country Programme Action Plan (CPAP). This agreement intended to create cooperation with UNFPA towards the fulfilment of the recommendation of the ICPD PoA.[22] Conventions usually impose obligations on member states to take legal and practical measures to ensure the application of the principles stipulated in these conventions. Therefore, we will address the legal and political position to realize human rights and obstacles to this commitment.

National Commitments and Obstacles

There is a general commitment in the Palestinian legal system to the realization of international human rights obligations. Article (10) of the Palestinian Basic Law, which has a constitutional status, reads:

(1) Basic human rights and liberties shall be protected and respected.
(2) The Palestinian National Authority shall work without delay to become a party

21 United Nations General Assembly Resolution A/RES/67/19, 2012.
22 Draft Country Porgramme Action Plan (CPAP). State of Palestine and UNFPA. 2015

to regional and international declarations and covenants that protect human rights.[23] More specifically, with regard to women's rights, Presidential Decree No. 19 (2009) confirms the Palestinian National Authority's ratification of CEDAW and the need to respect and enforce the provisions of the convention by all parties concerned.[24]

However, these legal documents raise question about:

- The power of these conventions before the Palestinian courts and the procedures and mechanisms for incorporating international conventions into the Palestinian legal system. Until now the issues of mechanisms of domestic realization of these conventions is still and open one, particularly on the level of judicial realization of these convention as part of the domestic law. All of these questions need to be reviewed in light of Palestinian legal practice—and their answers are not readily available.
- Moreover, the general commitment on the part of legal system is not easy to translate on the ground, especially when it comes to women's rights and the intricacies of legal texts. These commitments are constrained by the complexities and context of Palestinian politics. For example, women's rights have not received support from many political forces in the Palestinian Legislative Council (PLC) when it was active, as the debates on women's rights created ideological polarizations with regard to a particular perception of Islam, Palestinian traditions and other concepts. Women's rights issues are not always easy to realise and subject to social and political polarization.
- Furthermore, these general legal commitment also constrained by the limited sovereignty the State of Palestine has and the restrictions imposed by the Israeli occupation that effect the ability of the Palestinian to implement and enforce law on the ground.[25]
- The Israeli Illegal Annexation of Jerusalem prevents the Palestinian state from being able to effect the life of the Palestinians in East Jerusalem.
- Generally, Israel as an occupying authority has obligation under international law and in accordance to the fourth Geneva Convention to provide preferential treatment to pregnant and maternity women. Therefore, there are also obligations upon the occupying power outside the ability of the Palestinian to control. Israeli measures against the Palestinian people including waging war and blockade against the Gaza Strip as well as the checkpoints and the Wall in the West Bank violates the Palestinian people rights in General and women in particular. This occupation and measures effect the ability of the Palestinian institutions to effect the sector put a high demand on it to act always under emergency conditions.

23 *Al-waqai' al-filistiniyya*, a special issue of the Official Gazette, 19 March 2003, p. 5.
24 *Al-waqai' al-filistiniyya*, issue No. 80, 27 April 2009.
25 The occupied Palestinian land is divided according to the Oslo Accords into three zones: A, B and C. Only Zone A is under the control of the Palestinian National Authority, but at the same time, it is not outside the control of Israeli occupation.

The Palestinian Legal Framework & Sexual and Reproductive Health Rights

The Palestinian legal system has inherited the legal legacy of the past, which included laws and regulations belonging to different historical periods, following successive rule and occupation of Palestine by many foreign or colonial forces. Thus, the Palestinian legal system has laws from the Ottoman Rule of Palestine until 1917, the British Mandate of Palestine from 1922-1948,[26] the Jordanian Rule in the West Bank from 1948-1967, the Egyptian administration in the Gaza Strip from 1948-1967, Israeli Military Orders in the West Bank and Gaza Strip from 1967-present. The Palestinian national laws from 1995 until present. However, one should note that Jerusalem is subject to Israeli laws and regulations. Many of these laws contain substantive normative rules that produced and belong to the periods that were made at missing in several cases on developments in human rights.

Not only are many of the laws of Palestine belongs to the above mentioned periods but most importantly many laws are different between the Gaza Strip and the West Bank. For example, in Palestine there are two Penal Codes; one implemented in Gaza inherited from the British Mandate and another one implemented in the West Bank inherited from the Jordanian rule period. There is a crucial need to complete the process of the unification of laws between the West Bank and Gaza Strip. However processes of reform of the Palestinian legal system have been put in place since the 1994 and ongoing until now.

Women's Rights: General legal and Policy frameworks

Women's rights are at the centre of debate when it comes to legal issues. Generally, women's rights movement has demanded equal treatment and elimination of all kinds of discrimination against women.[27] Many laws and initiatives were reviewed based on women's rights.[28] The Charter of Women's Rights, issued in 2008, was based on the principle of equality and has addresses a number of economic, political and social rights.[29] The Charter affirms the rights of women to equal health care and services. It affirms women's right to information regarding their health statuses that enable them to take decision in that regard. The Charter also affirms the Right of women to be free from sexual and GBV.

From policy perspective, the Ministry of Women's Affairs is the main organ in the government that deals with women's issues. The Ministry was created in 2003, and it

26 Palestine was occupied by British forces in 1917, but the League of Nations resolution granting Britain mandate over Palestine was passed in 1922.
27 Hamami, R. & Johnson, P., p. 319 (1999).
28 Ibid.
29 The Palestinian Women Charter (Bill) of Rights, issued by the General Union of Palestinian Women, Ministry of Women's Affairs & major of Women rights organizations and forums. 2008

sets and develops plans and strategies relating to gender. It also monitors the extent to which the sectoral plans of other ministries are in conformity with its gender-based plans. The Ministry's main strategy is based on the enforcement of the principles of equality and the eradication of discrimination within the framework of CEDAW and the MDGs. The MDGs call for introducing the concepts of gender in all domains of planning, programming and implementation in all sectors. The Ministry has worked on two major action plans relevant to reproductive and sexual right. The first one is the 2014- 2016 cross sector gender plan and the national strategy for combating violence against women for the years 2011-2019. The second one, which related on gender equality strategy 2014- 2017. Moreover, The Council of Ministers approved the referral system protocol for cases of violence. The Protocol addresses the system of referral of cases from health service providers, social workers and police offices. It also addresses the responsibility of these providers and the steps that they have to take deal with GBV cases. Moreover, the Ministry of Health (MoH) is responsible for governing the Palestinian health sector; ensure appropriate use of resources for a sustainable health delivery system; and responsible for ensuring that necessary laws and regulations are in place. Therefore, MoH is the responsible body for implementation of the National Reproductive Health Strategy and Action Plan (2014-2016)[30] including, maternal health, which is discussed by MoH under the National Health Plan (NHP).[31] The National Reproductive Health Strategy provides for a number of objectives to improve access to services in general. However, the strategy does not address violence against women and reproductive health nor does it plan for health providers' role in reducing and dealing with violence against women.

Generally, the legal system tries to implement rules and norms that are compatible with international standard. The Basic Law puts two obligations on the Palestinian National Authority: the national authority shall enact national laws and legislation, which include the rights and freedoms, set forth in the Basic Law, and shall take actions and measures to ensure that Palestinians enjoy their constitutional rights without discrimination.[32] The Basic law affirms the equality of the Palestinians before the law condemning discrimination based on sex, age, race or religion.[33] It also guarantees the major human rights of personal safety, prevention from harm and torture as well as it affirms in Article 29 that maternal and childhood welfare are national duties. Children shall have the right to:

1. Comprehensive protection and welfare.
2. Not to be exploited for any purpose whatsoever, and not to be permitted to perform work that might damage their safety, health or education.
3. Protection from harmful and cruel treatment.

30 National Reproductive Health Strategy and Action Plan (2014-2016). Palestine. 2014
31 ibid
32 Naser, Khadeeja Husain. *Review of Gender in Palestinian Legislation on Women's Political Participation, Ramallah, Palestinian Women's Centre for Research and Documentation*, p. 19 (2011).
33 Article 9 of the Palestinian Basic Law Amendment (2003)

4. Not to be subjected to beating or cruel treatment by their relatives.
5. To be segregated – in cases where they are sentenced to a penalty that deprives them of their freedom – from adults, and be treated in a manner that is appropriate to their age and aims at their rehabilitation.

Labour Law No. 7, for the year 2000, which applies to workers in the private sector and regulates individual work contracts and collective work relations, is in most case compatible with international principles. The law establishes a set of basic rights for a woman that include the principle of non-discrimination in working conditions.[34] The Law prohibits overtime work during pregnancy and for six months after giving birth.[35] It also provides for the right of working women to have maternity leave for 10 weeks, including at least six weeks after birth, and that they may not be fired because of the leave unless the employer can prove that they had worked during that period.[36] Furthermore, the law provides for the right of women workers to nurture their children during work.[37]

However, the major gaps and obstacles related to the way things are practiced and conceptualized:

- While policies and laws are sometimes compatible with international standards, there is often a gap in the implementation level. In practice, women face a lot of discrimination within the labour market. In practice, social, political and economic situations affect women's access to services both legal and health.
- Moreover, sometimes while laws and regulations are in contradiction with international standard, the way it is practiced formally and informally might be empowering for women on the ground.
- The sexual and reproductive health and rights are not conceptualized within the human rights of women centrally in Palestine. Thus, there is little attention to women's right to health services, there are few engagements by human rights institutions, and there are few oversight mechanisms. The talk about the quality of health services still is not a major human rights component with the work of Palestinian human rights organizations.
- From public health perspective, one should draw on a report by the Institute of Women's Studies, Birzeit University entitled: "Making Connections: Towards Integrated Strategies and Policies for Palestinian Women's Empowerment". The report highlighted important issues pertinent to reproductive health. The report has described the current health system as one that emphasizes the maternal and child health and that there are missing gaps in such a system taking into consideration the social, political and economic rights under which the

34 Article 100
35 Article 101
36 Article 103
37 Article 104

Palestinian women are living.[38] Generally, the report calls on looking at women's health from broader level policies going beyond family planning and into the formulation of socially and gender sensitive policies across all sectors that can address the intricacies of population issues in Palestine.[39]

- The above-mentioned report emphasizes the importance to bring policies to focus on the issues of early marriage.
- The lack of health services programs specifically geared to the needs of single women. Women's health should cover the health needs of all women, whether single/married, pregnant/non pregnant, menopausal or senior women.[40]
- The rise in caesarean section deliveries in Palestine from 6% of all births in 1996 to 15% in 2006. The report highlights the importance of looking further into this problem by investigating the indications used and outcomes of caesarean delivery. There is a need to investigate the way decisions are made about these operations and how well women are informed about their choices.[41]
- Post-natal care services are underused by women.[42]

Core Issues in the Laws Related to Sexual and Reproductive Health and Rights (SRHR): Personal Status Law and Penal Code

Both the Penal Code and the Personal Status Law represent a major challenge to women's rights in general. Both laws are outdated and needs reform and update. However, both laws were subjected to a great deal of reviews and debates, they were and still are an issue of disagreement between different segments of the Palestinian society. Since 1994, several drafts were circulated and commented on with no agreement to issue them. Until now the laws implemented belong to historical periods, the substantive parts of the law are different from the context today. Both laws are very relevant to the sexual and reproductive health and rights. The Personal Status Law regulates family relations and the Penal Code defines the boards of normal and criminal action.

Sexual and Reproductive Health and Rights in the field of private life and family relations

The laws that govern family related issues like marriage, divorce, custody and maintenance are the Personal Status Laws. In the West Bank, the Jordanian Personal Status Law No 61 of the year 1976 is in force,[43] and in the Gaza Strip, Order No 303

38 Birzeit University Institute of Women Studies, Ministry of Women Affairs & UNWOMEN. "Making Connections: Towards Integrated Strategies and Policies for Palestinian Women's Empowerment". May 2003.
39 Ibid
40 Ibid
41 Ibid
42 Ibid
43 Jordanian Gazette, Issue No. 2668, dated 1 December 1976, p. 551.

on Family Rights was issued in 1954.[44] These laws are old and were subject to several reviews from women rights perspective. There are several core issues related to family relations and sexual and reproductive health and rights:

- In contradiction with international standard, the minimum age of marriage in the two Palestinian Laws of Personal Status is 14 years and six months in the West Bank and 14 years in Gaza.[45] There is a request by women movement to change this law.
- The issue of guardianship (*Wali*), which means that some actions will have neither legal effect nor validity without the consent of the guardian. One such action in matters of personal status is marriage, where a woman needs the consent of her guardian to get married. This principle contradicts with human rights obligation that with regard to equality in the marriage contract and in legal capacity. Women can refuse marriage but their consent to marriage requires their guardian's approval. The guardian is usually the father if alive, or grandfather, brother, or paternal uncle.
- Divorce is one of the issues related to inequality in the marriage contract. According to the Personal Status Laws, a man has the absolute right to divorce by his own unilateral will. A woman, however, does not enjoy the same equal right to terminate the marital relationship, although she can stipulate in the marriage contract the right to divorce herself or seek judicial separation.

Reproductive rights in the Penal Code and the Protection of women from Violence

There are two Penal Codes: The law in force in the West Bank is the Jordanian Penal Code No. 16 of 1960,[46] while the law in force in the Gaza Strip is the Mandate Penal Code No. 74 of 1936.[47] There are two major issues related to reproductive and sexual rights within the Penal Code:

- The first issue relates to abortion; abortion is criminalized unless there is a medical reason for it. Article 8 of the Public Health law considered that the abortion is medically acceptable only in the case of threat to the woman's life and on a condition that it is certified by two physicians. In this case, abortion can happen only with the consent of the woman and if she is not capable, of the consent of her guardian. A woman may be punished by imprisonment from six months

44 *Al-waqai' al-misriyya*, (Egyptian Administration Official Gazette), Issue No. 35, dated 15 June 1954, p. 869.
45 The Law of Family Rights of 1954, applicable in the Gaza Strip, requires a female to be 17 years of age and a male to be 18 years of age in order to marry. However, according to a directive issued by Chief Sharia Judge Mohammed Abu Sardana in 1996, a female can marry at the age of 14 years and seven months and a male at the age of 15 years and seven months. The Jordanian Personal Status Law of 1976 stipulates that a female must be 15 years of age and a male must be 16 years of age in order to marry. However, Article 185 of the same law defines 'year' as the lunar Hegira year, meaning that in Gregorian years the minimum age of marriage for a female is 14 years and six months
46 Jordanian Official Gazette: Issue 1487, 1 May 1960, p. 374.
47 *Al-waqa'i al-filistiniyya* (British Mandate): Issue 652, 14 December 1936, p. 94.

to thee years if she aborts without a medical reason. Any person who assists a woman to abort shall be punished by impriosonment from one to three years. The penalty is increased if this person who assisted the women is a physician, nurse or paramedics. The penalty is reduced if the abortion is related to honour issues, which could include rape.[48] However, the mitigation of the penalty does not exempt the person from sanction. Moreover, anyone who causes a forced abortion to a woman without her consent can be punished by up to 10 years imprisonment and if it has caused the death of the woman, the punishment shall be minimum 10 years.

- The second issue is sexual crimes and domestic violence and in that regard there are several issues mainly, age of consent to sexual intercourse is 15. There are some claims to raise the age of consent. While the rules related to honour crimes have been cancelled, still there are inequalities in the way the law deals with men and women in adultery case. The Women Charter calls for the criminalization of rape in the marital relationship and below the age specified by the law for consent. The charter also calls for increasing penalties for offenders in order to achieve deterrence. The Jordanian Penal Code addressed the crime of rape in Articles 292 to 295. Article 292 defines rape as "forced sexual intercourse with a female other than one's wife."
- The Penal Code does not contain specific provisions related domestic violence for these two issues. Thus, beating and injury are treated with reference to the general rules.

There is a draft Palestinian Penal Code that was circulated around 2011 and reviewed several times; the draft is significantly advanced, compared to its predecessors. The new draft Penal Code provides for more equitable penalties and particularly it criminalizes violence against women.[49] The draft law is conservative in regards to sexual rights and freedoms criminalizing all sexual relations outside marriage which the current law does not do.

48 Articles 321-328 from the Jordanian Penal Code 1960
49 Al-Rayyis, Nasir, op. cit.

CHAPTER TWO:
THE STATUS OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS IN PALESTINE

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The following sections will be a discussion of whether the State of Palestine has fulfilled its obligations under the human rights framework. Each section will start with a description of the current situation followed by a discussion of government actions and a set of recommendation to be implemented by the government to fulfil its obligation in relation to sexual and reproductive health and rights, and finally a set of indicator to measure progress towards the achievement of the state obligation is provided.

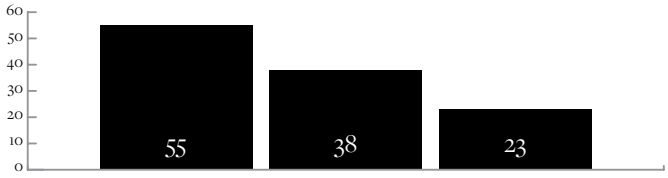
Maternal Health Care to Ensure Safe Pregnancy and Child Birth

Maternal Mortality in Palestine

Maternal Mortality ratio in Palestine varied widely due to the absences of a national well-structural monitoring system.[50] However, for the last seven years, UNFPA has worked closely with the MoH to develop the maternal mortality surveillance system and has invested significant resources and technical efforts to prevent maternal mortality under the slogan, "no woman should die while giving life."[51] For example, as a result of these efforts and the comprehensive national effort by the MoH, maternal mortality in the Gaza Strip declined markedly during the period 2009-2013. During the first six months of 2014, the MoH reported six maternal deaths due to cardiac arrest, septic shock or complications after caesarean section, an average of one death per month.[52]

The historical trends in maternal mortality ratio (MMR) in Palestine showed that MMR continued to decline, for example in 1999 WHO estimated MMR in Palestine at 55 per100,000 live births, reduced to 38 deaths per 100,000 live births in 2009 and continued to decline in 2010-2014 reaching 23 maternal deaths per 100,000 live births. In 2014, it was the war on Gaza that has led to increase in maternal mortality ratio due to disturbed capacity and quality of care.

MMR in Palestine (per 100,000 live birth)



50 Palestinian Ministry of Health (2011). Report on Maternal Mortality in Palestine. Supported by UNFPA
51 Victims in Shadows: Gaza Post Crisis Reproductive Health Assessment. UNFPA in partnership with WHO and The Palestinian Ministry of Health, 2014.
52 ibid

These estimates rank Palestine in the 83rd place among the world countries in terms on MMR and in the 12th place among Arab countries, trailing behind the Gulf countries, Jordan, Tunisia, Libya and Egypt.[53]Based on WHO estimates, the Palestinian MMR, declined by 3.6% per year. This is higher than the average worldwide reduction of 2.3% for the same time period, and lower than the targeted reduction in MDG5 of 5.5%.[54].

Although, the rate of decline of MMR in Palestine below the MDG5 of 5.5%, the mortality rate is low compared with the SDG 3[55] to achieve MRR of 70 per 100,000live births by the year 2030, in Palestine the MMR had already reached 23 per 100,000 births in the year 2014.

Considerable under reporting is likely as MMR indicated above is based on reported cases at maternities. Deaths occurring within the community or deaths reported for other than obstetric reasons, might have been lost from this registry. Additionally, there is a problem in the documentation of reporting of maternal deaths due to errors in classification of causes of death. Most deaths are reported by various health institutions, and the cause of death is registered as cardiac arrest. In most cases the underlining reason which led to this condition would not be registered.[56]

Review of maternal deaths indicates that there are deficiencies in the clinical management of key pregnancy-related complications, and lack of adequate medical record keeping and supervision, which hinder the provision of standardized services. Interventions are required to focus on improvement of quality of services, in addition to management, supervision and accountability. This will be achieved by supporting generation of proper documentation on maternal mortality cases and support the improvement of national, district and hospital-based maternal mortality, morbidity and near-miss audit, surveillance and reporting.

Maternal Mortality in Gaza Strip witnessed a sharp increase during but also after – the war in July of 2014. The Ministry of Health reported 4 cases of maternal mortality during the 51 days of the military offensive.[57] The MoH reported a total of 17 maternal deaths in 2014. Furthermore, 20 pregnant women died during the war; four cases were due to obstetric cause, and the other 16 cases were killed as a direct result of the hostilities[58]. In the year from July 2014 to June 2015, in other words, during the war and one year after, the cumulative deaths amounted to 18[59], which compared to 2013 data where 12 cases of maternal mortality were reported, is a dramatic increase.

53 Victims in Shadows: Gaza Post Crisis Reproductive Health Assessment. UNFPA in partnership with WHO and The Palestinian Ministry of Health, 2014.
54 http://www.who.int/mediacentre/factsheets/fs348/en/ (Accessed August 6th 2015)
55 See link https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals
56 Victims in Shadows: Gaza Post Crisis Reproductive Health Assessment. UNFPA in partnership with WHO and The Palestinian Ministry of Health, 2014
57 ibid
58 ibid
59 UNFPAS, 2015. Situation Analysis: One year after the 2014 Gaza War. UNFPA, Palestine.

Government Actions

The MoH is responsible for governing and regulating the Palestinian health sector; ensure appropriate use of resources for a sustainable health delivery system; and responsible for ensuring that necessary laws and regulations are in place. Therefore, MoH is the body responsible for implementation of the National Reproductive Health Strategy and Action Plan (2014-2016)[60] including, maternal health, which is discussed by MoH under the National Health Plan (NHP).[61] Although, under both NHP and National Reproductive Strategy and Action Plan, there is no specific separate maternal health or maternal mortality reduction strategy, yet the national support for the attainment of MDGs by 2015 remained strong. The National Strategy for the MDGs reaffirming the Palestinian commitment towards the Millennium Declaration and the mobilization of resources in order to achieve the MDGs by the year 2015, NHP sets a target of 19 per 100,000 for MMR to be achieved by the end of 2016.[62]

In 2015, the Government signed an agreement with UNFPA, namely Country Programme Action Plan (CPAP). This Agreement intended to cooperate with UNFPA towards the fulfilment of the recommendation of the ICPD PoA.[63]One of the many components of the CPAP is targeting maternal mortality for the purpose of reducing MMR through increased postnatal care coverage and re-education of the unmet need for family planning.[64]

Discrepancies

Maternal mortality ratio have declined, but the significant difference between official and international definitions of maternal mortality, together with the different approaches and practices used in collecting and evaluating maternal mortality data proves to be an impediment in the use and evaluation of maternal mortality data. There has been a great deal of improvement in the reporting and documentation of maternal deaths. However, there is still a need to improve the monitoring and surveillance mechanism.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Palestine and the key relevant international conventions and treaties particularly ICPD PoA and CEDAW.

60 National Reproductive Health Strategy and Action Plan (2014-2016). Palestine. 2014
61 ibid
62 ibid
63 Draft Country Porgramme Action Plan (CPAP). State of Palestine and UNFPA. 2015
64 ibid

- The Government of Palestine should adopt and implement concrete policy measures such as policies on dealing with high risk pregnancies ensure that the factors contributing to maternal mortality are effectively addressed, paying particular attention to the human rights principles of non-discrimination and equality. (per General Recommendation 24:26)
- The Government should unify the methodologies for collecting, calculating and assessing maternal mortality data, in accordance with ICD-10 in order to enhance monitoring and accountability of health services (per PoA art 12.2).
- Data collection on maternal mortality should include questions on causes of maternal death, in order to provide information on leading causes of maternal deaths (per PoA 12.2).
- The Government should seek to establish a national data-base on maternal mortality ratio and causes. The data-base should be accessible to all health providers and other service providers (PoA art. 12.2).

Indicators to Monitor Progress

- Maternal mortality ratio (disaggregated by age, urban/rural, education and socio-economic status. and disaggregated by cause of maternal death).
- Perinatal mortality rate (disaggregated by age, urban/rural, education and socio-economic status).
- Percentage of women who attended antenatal care at least four times during their pregnancy (disaggregated by age, urban/rural, education and wealth quintile).
- National maternal mortality data-base has been established and is accessible to health providers.
- The percentage of births attended by skilled Health Professional
- Availability and number of facilities with basic and comprehensive obstetric care disaggregated by location.
- The Government has undertaken measures to intensify the efforts aimed at the reduction of maternal mortality, through the provision of accurate information on the prevalence rates, the definition and measurement of the phenomenon?
- The Government defined and implemented maternal death surveillance and response mechanisms in accordance with UNFPA guidance? To what degree the findings of these reviews have contributed to policy change and systemic changes in service delivery?

Access to safe abortion services and post-abortion care
Abortion in Palestine

Due to the legal restriction and the nature of unsafe abortion, there is no available data on unsafe abortion or cases that has been prosecuted as a result of the unsafe abortion. In fact there is a complete absence of data on abortion from official data sources.

There is a grave lack of official data on abortion in Palestine. The only source of data found estimated total abortion for the period 1995-2000 to be a total of 9,815 cases of both safe and unsafe abortion with 141 fatalities due to unsafe abortion.[65]Another source of data comes from a research study conducted by Palestinian Family Planning and protection Association (PFPPA) in 2015 of a total sample of 541 from women whom utilized PFPPA services in Hebron area. Among those who reported having gone through abortion, two thirds (66.3%) had more than one abortion; more than tenth (11.3%) had induced abortion and more than two thirds (60.5%) had it spontaneous. But then spontaneous does not necessarily imply complete abortion especially noting that around 50% of the aborted women received treatment for incomplete abortion which ranked first in the participants service utilization of post-abortion care. In addition, sever vaginal bleeding was the complication endured by most (52.2%). Furthermore, more than two thirds (67.6%) of the conducted abortions were clandestine covertly done with the prior knowledge of nobody except the woman herself. This is an extremely hazardous and vulnerable position that the woman opts for in an issue that is a fundamental human right to her: the right to choice and the right to bodily integrity. The reason/s why would a woman choose to take this risky path is a suggested area for future qualitative research[66].

However, measuring the level of unsafe abortion in Palestine where pertinent laws are highly lrestrictive remains difficult, since procedures are often carried out outside the formal health system and are not reflected in health records.

Government Actions

While, abortion is illegal in Palestine, the Public Health Law in article 8 provides some provision to safe abortion services. Article 8 states that: "it is forbidden to abort any pregnant woman by any means, unless there was an urgent reason to save her life and under the condition of having two specialized physicians as witnesses, one of them is a gynaecologist and the following should be available: a) a written approval from the

65 Global Health Council. Promises to Keep: The Toll of Unintended Pregnancy on Women in the Developing World. Washington, DC: Global Health Council, 2002. Available at: http://www.globalhealth.org./assests/publications/ (Accessed Aug 16th 2015).
66 Al Rafiai, A. (2015). Assessment of Safe and Unsafe Abortion among Palestinian Women in Hebron Governorate in Southern West Bank- Palestine. PFPPA . Jerusalem

pregnant woman. In the case of her disability to do so, the written approval should be obtained from her husband or her legal guardian, b) the process of abortion should be performed in a medical institution.

The development of National Reproductive Health Strategy and Action plan in 2014, reflects the Palestinian's government commitment toward the achievement of the ICPD and MDG goals, as well as other international development goals and targets. The Plan does include under the strategy of 'Making pregnancy and childbirth safe' eight different strategic objectives one of which is improving access, availability and quality of post abortion services. In order to achieve this goal the plan include a set of action to be implemented such as development and dissemination of protocols for the care and counselling post abortion in primary and secondary health care settings as well as incorporation of a detailed description for abortion cases as part of the medical records[67].

Recommendations

The following recommendations primarily call for policies and other measures that respond to ongoing discrepancies between the situation in Palestine and the key relevant human rights standards. It is recommended to:

- Establish a protocol on safe abortion as stipulated by the law and on data collection of abortion cases segregated by age, urban/rural, parity and other related medical information (as per CEDAW 12.2 and General Recommendation 24:31)
- Develop and implement protocols to ensure that family planning advice is routinely provided as an element of post-abortion counselling.(as per CEDAW 12.2 and General Recommendation 24: 28)

Indicators to Monitor Progress

- Number of safe abortions preformed
- Abortion rate available and disaggregated by age, urban/rural , income, and number of children
- Government developed protocols for data collection on safe abortion
- Government developed and implement protocols to ensure that family planning advice is routinely provided as an element of post-abortion counselling
- Percentage of obstetrics and gynaecological admissions owing to abortion-related complications and number of these due to illegal abortion
- Number of health providers trained on providing abortion related services disaggregated by location
- Percentage of maternal deaths due to unsafe abortion disaggregated by location.

67 National Reproductive Health Strategy and Action Plan (2014-2016). Palestine, 2014

Access to contraceptive information and services in Palestine

The vision of the MoH, as stated in the National Health Strategy of 2014-2016 is to promote better health of all Palestinian by providing integrated health services of high quality and which is accessible to all Palestinians regardless of their age, residency, sex or disability.[68]And the MoH vision for Reproductive Health Strategy and Action plan is '*to promote optimal and equitable reproductive and sexual health and rights of all people in Palestine through the development of effective reproductive health system, population policies, implementation of quality reproductive health care, public health surveillance, research, leadership, strategic partnerships, capacity building, preparedness, and access to information.*'[69] However, data analysing barriers to access of the health services reveals that the MoH has a long way to achieve its vision on providing quality and accessible health services.

While, the MoH is responsible for setting strategic priority of health services, primary health care services, especially reproductive health, are provided by five different providers, namely the government, UNRWA provides services to refugee women residing in refugee camps, the Palestinian Military Medical Services (PMMS), Non-governmental Organisations (NGO) and the private sector. The Primary health care centres distributed by providers as follows[70]

Providers	West Bank	Gaza Strip	Total
Government	418	54	472
UNRWA	41	21	62
NGO	129	8	137
PMMS	16	7	23
TOTAL	604	90	694

Despite the large number of Primary Health Centres that provides reproductive services, the data available of the barriers faced by women when accessing general health including reproductive services come from a research study conducted for the Palestinian Women Development Centre (PWDC) in 2010[71]. Results showed that lack of resources among women especially lack of access to money is the most commonly reported barrier to health care in both the West Bank and Gaza Strip. There are marked regional differences in not knowing where to go, travelling distance, transportation, not willing to go alone, and no female providers. Data also showed that:

- About 10% of women indicate that their lack of knowledge on where to go prevented them from seeking health care.
- About 10% of women indicated that they faced obstacles in seeking health care

68 National Health Strategy 2014-2016, Ministry of Health, Palestine
69 National Reproductive Health Strategy and Action Plan, 2014-2016. Palestine, 2014.
70 Ministry of Health, PHIC, Health Status, Palestine 2014, August 2015
71 Women's Health Surveillance Report: Towards a Multidimensional Look at the Health of Palestinian Women, Juzoor, Foundation for Health and Development. 2010.

since they need a permission to get out of the house to seek medical care
- 48% of women indicated that their lack of money prevented them from seeking health care
- 15% indicated that the distance from the health facility prevented them from seeking health services.
- About 15% of women indicated the lack of transportation prevented them from seeking health services
- Around 25% of women indicated the lack of female health professional prevented them from seeking health care.

Additional data on access to health services is based on the 2003 survey[72] of access to health care services. According to the survey, the most reported barriers among those who received health care were:

- Long waiting times (30%),
- Shortage of medicine (29%)
- Absence of a physician (14%)
- Transportation (11%)
- Israeli closures (11%).

Those with unmet needs for health care (that is people who did not receive health care) reported similar barriers to health care[73]:

- High costs (33%)
- Long waiting times in the clinic or health centre (22%),
- Health service not available in the residential area (20%)
- Absence of health care providers (14.3%)

However, the main obstacle to receiving health services is the ongoing restriction on the movement of people by the Israeli Occupation Authorities. These restrictions involve the blockade on the Gaza Strip, the presence of checkpoints and barriers within the West Bank, and the travel permit regime.[74]Approximately 18% of the West Bank has been designated as a closed military zone. This fragmentation and the construction of the "Barrier" have divided communities and separated them from their health centres and land. In addition, movement of Palestinians in the West Bank is further impeded by up to 500 fixed or mobile check points and roadblocks and the fact that there is 60.92 kilometres of West Bank road that Israel has classified for the sole use of Israeli settlers. These restrictions on freedom of movement include patients, medical professionals, and ambulances between Gaza and the West Bank, and East Jerusalem.[75]

72 Survey of Access to Health Services, 2003- Main Results Palestinian Central Bureau of Statistics. Palestine 2004.
73 ibid
74 http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_41-en.pdf (Accessed August 9th 2015)
75 De Goyet, C. ;Manenti, A.; Carswell, K. and Ommeren, A. (2015). Report of a field assessment of health conditions in the

Use of Antenatal Care

The Palestinian Family Survey (PFS) of 2010[76] and the Annual Health Reports of 2014[77] provides details information and data on the use of reproductive services including family planning. Data from the Palestinian Family Survey (PFS) 2010 showed that 94 percent of pregnant women who stated receiving antenatal care visited health care centres at least four times; of which about 93 percent were in the West Bank and about 96 percent in the Gaza Strip. Attendance of pregnant women for antenatal care was lowest in the rural areas at about 90 percent compared to 95 percent in urban areas and 97 percent in Camps. In total only two percent of pregnant women didn't visit any health care provider during their pregnancy.[78]

Furthermore, 94 percent of women who gave birth to their last child in the past two years prior to the PFS 2010 received antenatal care from skilled personnel (doctor, nurse, midwife or auxiliary midwife), at least four times by visiting antenatal care centres. Among women who received antenatal care at least four times, about 93 percent were in the West Bank and 96 percent in the Gaza Strip. Results also showed, that women in rural areas were the least likely to access antenatal care during pregnancy with about 90 percent made four or more visits compared to 95 percentage urban areas and 97percent of women in Camps.[79]

Moreover, the PFS 2010 data indicates that there are increased proportions of births that are delivered in health facilities with about 98 percent of births occurring in the two years preceding the survey were delivered at health facility. Only one percent of all births were delivered at home mainly in rural areas. Seventeen percent of births were delivered through caesarean section.[80]

Contraceptive Use

According to PFS of 2010, the current use of contraception was reported by 53 percent of married couples (women between 15-49 years of age), 55 percent of women reside in the West Bank and 48 percent of women reside in the Gaza Strip. The difference in use of contraception between urban and rural population is very small with 54 percent in rural areas and 53 percent in urban areas with 51 percent residing in Camps.[81]

In 2010, 41 percent of women who are currently using contraceptives reported using modern methods, while 11 percent reported using traditional methods. The preferred

occupied Palestinian territory (oPt) , WHO. Document WHO-EM/OPT/006/E/05.15
76 Palestinian Central Bureau of Statistics 2013.Final Report of the Palestinian Family Survey 2010. Ramallah, Palestine
77 Ministry of Health, PHIC, Health Status, Palestine, 2014, July 2015
78 Palestinian Central Bureau of Statistics 2013.Final Report of the Palestinian Family Survey 2010. Ramallah, Palestine
79 ibid
80 ibid
81 ibid

modern method was the Inter uterus device (IUD) which was used by one in four married Palestinian women (26%), followed by the pill, which is used by 7 percent of married women, with 5% reported using condom and 6 percent and 3 percent using withdrawal and female sterilization as a method of contraception respectively. Couples usually use contraceptives for child spacing, limiting number of children or stop child bearing. [82]

According to the Multiple Indicator Cluster Survey (MICS, 2014)[83] by PCBS and supported by UNFPA and UNICEF, the percentage of women age 15-49 years currently married who are using or whose partner is using a modern or traditional contraceptive methods is 57.2 percentage with 59.8 percentage and 53.4 percentage of women in the West Bank and Gaze Strip respectively.

Unmet Need for Contraceptive

Total unmet need for contraception among married women aged 15-49 years is 16 percent, of which 10% wanting to postpone having children for at least two years (spacing); and 6% wanting to limit or stop having children (limiting). A higher level of unmet need is noted among married women in the Gaza Strip compared to the West Bank where the unmet need of contraceptives reached about 15 percent, 10 % of women wanting to postpone pregnancy and 5% aiming to limit pregnancies. Corresponding percentages in Gaza Strip was 17 percent with 11 percent and 6 percent respectively.[84]

In 2014, the MICS indicated that the percentage of women age 15-49 years who are currently married who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception is 10.9 percent with 11.0 percent and 10.7percent in the West Bank and Gaza Strip respectively who wanted to postpone having children.[85]

While, the contraceptive prevalence rate has slightly increased during the period 2007-2010, unmet need for family planning remains high at 15.6 percent nationally reaching 20 percent among the poorest quintile. High unmet need for family planning has been associated with 30 percent of unwanted pregnancies.[86]

A UNFPA study in 2013[87] revealed that unmet need is linked to quality of service, particularly weak counselling and negative providers' attitude towards family

82 ibid
83 Palestinian Central Bureau of Statistics, 2015, Multiple Indictor Cluster Survey, 2014. Palestine.
84 Palestinian Central Bureau of Statistics 2013.Final Report of the Palestinian Family Survey 2010. Ramallah, Palestine
85 Palestinian Central Bureau of Statistics, 2015, Multiple Indictor Cluster Survey, 2014. Palestine.
86 Draft Country Porgramme Action Plan (CPAP). State of Palestine and UNFPA. 2015
87 Unmet Needs for Modern Family Planning in. the State of Palestine. School of Public Health/Al-Quds University, 2013. Funded by UNFPA

planning, which discourage women from seeking family planning services. Also, socio-cultural factors related to misconception among women, cultural and religious beliefs, social and economic pressure and influence of husbands, deter women from using contraceptives.[88]

According to the PFS 2010, there were 38 reported cases of cervical cancer. Similar number of cases were reported in the 2010 Annual Report of the Primary Health Care and Public Health Directorate. According to the report out of 3,672 cases that had a Pap smear test, 38 cases had an abnormal results.[89]

In 2010, the PFS indicated that 8.4 percent of married women aged 15-49 in the Palestine reported infertility and of those 4.8 percent reported as having primary infertility and 3.6 percent reported as having secondary infertility[90]

Government Actions

National support for the attainment of MDGs by 2015 remains strong, the National Strategy for the MDGs reaffirms the Palestinian commitment towards the Millennium Declaration and the mobilization of resources in order to achieve the Goals by the year 2015[91]. Under MDG goal 5, the National Strategy developed a set of policies and actions to be implemented in order not only to improve the quality of maternal services including family planning, but also to increase accessibility to the services. Actions such as developing a prenatal training programme for staff and continue to provide family planning services.

In 2014, the MoH developed the National Reproductive Strategy and Action Plan in line with the Government international commitment and its commitment to achieve the MDG. The Strategy included five key strategies in order to accelerate progress towards achieving maximized sexual and reproductive health outcomes; including making pregnancy and childbirth safe: to accelerate achievement of MDG 4 and 5 by decreasing maternal and neonatal mortalities and morbidities; promoting healthy families across the life span: to improve women's and infant's health and reduce risk of death or disability (MDG3: to promote gender equality and women empowerment); promoting youth health services: to improve youth health through the increase of health behaviour activities and reducing risk behaviours; and assuring adequate number and quality of Human Resources for reproductive health[92].

88 ibid
89 Annual Report, Primary Health Care and Public Health Directorate. Ministry of Health. Palestine. 2010.
90 Palestinian Central Bureau of Statistics 2013.Final Report of the Palestinian Family Survey 2010. Ramallah, Palestine
91 Palestinian National Authority. The National Strategy to Achieve MDGs by 2015. June 2012. http://www.mopad.pna.ps/en/images/PDFs/The%20National%20Strategy%20to%20Achieve%20the%20MDGs%20-%2020150Draft-En.pdf – (Accessed August 7th 20150.)
92 National Reproductive Health Strategy and Action Plan, 2014-2016. Palestine, 2014.

In 2015, the Government of Palestine has signed an agreement with UNFPA, namely Country Programme Action Plan (CPAP). This agreement intended to cooperate with UNFPA towards the fulfilment of the recommendation of the ICPD PoA and the achievement of the MDGs in Palestine[93].One of the many components of the CPAP is targeting reproductive health services especially family planning.[94]

The MoH has developed a National Strategy on Cancer Prevention and Control (PNSCPC).[95] Early detection is one of the main components of the strategy. Early detection of cancer through implementing effective screening programs, and through expanding and promoting national screening programs, including breast cancer mammography program, and Pap smear test for early detection of cervical cancer.

Discrepancies

According to PFS 2010[96], when it came to the source of obtaining contraceptives, the majority of women obtain contraceptives through their private physician (29.2%) while only 18.7 percent obtained these services from a family planning or maternity health centre. Government needs to improve their family planning services accessibility and quality to include a comprehensive range of modern contraceptive methods, including emergency contraception.

There is no legal framework to protect reproductive rights or even regulate reproductive health services including family planning. The only legal framework that regulates health in general is the Public Health Law[97], which does not address reproductive services or family planning. The only single article that refers to maternal health is Article 5:2, which states that 'the Ministry shall care for women especially when they are pregnant, or during breastfeeding phases. It shall also support natural breastfeeding.[98] This is an immense violation not only of the right to health but also of the international acceptable definition and standards of maternal health which, according to WHO, refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death.[99]

Although the National Reproductive Strategy and Action Plan does address the Government's international commitment particularly those related to MDGs, it does not address explicitly SRHR in general and those of marginalised groups in particular. For example, there is no mention of women with lower levels of education or income.

93 Draft Country Programme Action Plan (CPAP). State of Palestine and UNFPA. 2015
94 Ibid
95 National Strategy on Cancer Prevention and Control (PNSCPC0.Ministry of Health Palestine.http://moh.ps/attach/265.pdf (Accessed August 12th 2015)
96 Palestinian Central Bureau of Statistics 2013.Final Report of the Palestinian Family Survey 2010. Ramallah, Palestine
97 Public Health Law, No 20, 2004 http://www.moh.ps/?lang=1&page=4&id=49 (Accessed August 11th 2015)
98 ibid
99 http://www.who.int/topics/maternal_health/en/ (Accessed Aug 15th 2015)

The Plan does not specify accountability arrangements and does not provide information on whether a participatory process was followed in the development of the plan, nor does it identify measures to enhance participation of the population including sub-groups in the context of access to SRHR services.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Palestine and the key relevant UN Human Rights treaties especially those relating to SRHR:

- The Government should implement the National Reproductive Health Strategy and Action Plan for 2014-2016, and should give particular attention to vulnerable groups, including those not identified in the Plan, such as people with disabilities as well as women from poorer areas, and women with lower income and educational levels (as per General Recommendation 24:7).
- The Government should establish mechanisms to ensure participation of women, including rural women, adolescents and youth and other marginalized populations, in the implementation and monitoring of the National Reproductive Health Strategy and Action Plan 2014-2016(As per PoA 7.7).
- The Government should identify and implement specific accountability arrangements for its SRHR policies including the National Reproductive Health Strategic and Action Plan 2014-2016. Accountability arrangements should be described in future policy documents.
- The Government should take policy and programme measures to address key barriers to the right of women to access healthcare identified in the PFS 2012 such as: cost, distance, lack of transport, lack of female providers, and women needing to seek permission. In line with the human rights principles of equality and non-discrimination, particular attention should be given to the barriers to accessing healthcare and reproductive healthcare for each marginalised group of women, such as those living in rural areas, from low socio-economic status, and young women. (As per General Recommendation 15:21)
- A full range of modern contraceptives, including emergency contraception, should be included into the essential medicines' list and the Government should take steps to increase the contraceptive prevalence rate for modern methods, including among marginalized groups of women, such as rural women, those with lower levels of education, and those living in poorer households. This should include action to increase demand for modern contraceptives as well as to reduce unmet need, e.g. family planning counselling for individuals and couples to support contraceptive choice; measures to make contraceptives more affordable, public awareness and education campaigns on family planning, including contraception, that reach the population, including younger women, those living in rural areas, women with lower levels of education and from poorer households.(As per PoA 7.12)

Indicators to Monitor Progress

- Contraceptive prevalence rate for modern and traditional methods (disaggregated by, for example, age, marital status, urban/rural status, region, and income).
- Unmet need for family planning (disaggregated by, for example, age, marital status, urban/rural status, region, and income).
- Percentage of Women participation in the implementation and monitoring of the National Reproductive Health Strategy and Action Plan 2014-2016disaggregated by rural/urban, adolescents and youth and other marginalized populations groups.
- Number of family planning centres including those serving particular needs of adolescents and their geographical location.
- Number of infertile women disaggregated by age, urban/rural and socio-economic status. Percentage of unmet needs for modern contraceptives method disaggregated by age, location and socio-economic status.
- Percentage of the family planning centres providing a full range of contraceptives including emergency contraceptives.
- Has the Government identified and implemented specific accountability arrangements for its SRHR policies including the National Reproductive Health Strategy and Action Plan 2014-2016? Have accountability arrangements been described in relevant policy documents?
- What laws, policies and other measures are being put in place to increase women's access to general and reproductive healthcare, including for marginalized groups such as those living in rural and remote areas, women from lower socio-economic status and adolescents, young women? such as:
    * Cost
    * Distance
    * A lack of female providers,

Prevention and treatment of HIV and AIDS
The situation in Palestine

In Palestine the prevalence of HIV/AIDS is very low. HIV case reporting began in 1988, and since then, there have been 84 cumulative identified cases in the community.[100] In 2010, 20 people were reported HIV positive, 11 of whom had AIDS. Only 9 patients were receiving antiretroviral treatment.[101] Cases were almost evenly divided between the Gaza Strip and West Bank, and were mostly male. The most common cause of HIV infection was heterosexual contact with an infected person, and the second main cause was exposure to contaminated blood or blood products. Around 80 percent of HIV cases were in the 20–49 year age group.[102]

In late 2011, 17 persons were receiving ART – West Bank (12), Gaza Strip (5). However, as elsewhere in the world, diagnosis remains an issue, as patients may not seek health care and many local physicians are unfamiliar with the disease and the pattern of symptoms.[103]

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies to prevent transmission. Correct information is the first step towards raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Broadly, Palestinians know of HIV and how it is transmitted. More than 90 percent of survey respondents, regardless of age, gender or location, knew that HIV is transmitted through sexual encounters, blood and contaminated injections. Moreover, gaps in comprehensive knowledge about HIV and transmission, as well as misinformation, persist, indicating that better information dissemination is needed.[104] Only 7.9 percent of respondents met UN criteria for comprehensive knowledge and correctly identified that using condoms prevents sexual transmission of HIV, rejected the two misconceptions that HIV is transmitted by mosquitoes and by swimming in a public pool and who also knew that a healthy-looking person can have HIV[105]. The protective role of condoms in HIV prevention was not known by an overwhelming majority (64.4% for all surveyed), with youth aged 15-19 far less aware (58%) than their elders aged 20-24 (68.1%) and 25-29 (70%). Only 34.8% of all women surveyed knew that they can protect themselves from contracting HIV both by using condoms and having sex solely with one faithful uninfected partner. Misinformation about how HIV is transmitted prevails. Forty-eight percent of respondents (44.4% of women and

100 Ministry of Health.Health Annual Reports, 2014. Palestine.
101 WHO: HIV/AIDS- tuberculosis programme;http://www.emro.who.int/pse/programmes/hiv-aids-tb-programme.html (Accessed August 15th 2015).
102 WHO: HIV/AIDS: tuberculosis programme;http://www.emro.who.int/pse/programmes/hiv-aids-tb-programme.html (accessed August 15th 2015)
103 ibid.
104 Knowledge, Attitudes and Practice: Survey: Healthy lifestyle/ UNICEF. 2011.
105 ibid

51.5% of men aged (14-49) thought that mosquitoes can transmit HIV. About half of those surveyed thought HIV could be spread by sharing toilet seats or by kissing or hugging an infected person, 40% thought HIV could be transmitted through public pools, approximately 25% thought HIV could be transmitted by shaking hands.[106]

Despite a broad knowledge of modes of transmissions of HIV/AIDS a serious concern for prevention efforts were the negative attitudes and the high levels of stigma and discrimination toward people living with HIV, or people who engage in behaviours which put them at risk for HIV, measured in the general population survey.

- 85.7% would not go to a restaurant if they knew that the owner was living with HIV.
- 78.3% would not be willing to share a meal with a person living with HIV.
- 74.2% think that individuals living with HIV should be quarantined.
- 71.2% think that a female/male teacher living with HIV should not be allowed to continue teaching.
- 70.8% would not be willing to host an individual living with HIV at home.
- 69.6% mind if a member of the family becomes friends with an individual living with HIV[107] .

HIV related practices were not measured in the survey because the issues related to sexuality, particularly sex outside marriage, and men having sex with men, are not acceptable in the society. Therefore, there is little information available on sexual risk or protective behaviours among the Palestinian population.[108]

Despite being a low HIV prevalence country, low levels of awareness and limited access to prevention including condoms, increase vulnerability and risk in Palestine. Other vulnerability factors include low socio-economic status of women, rising levels of poverty, effects of the occupation, population mobility, internal and external labour migration and changes in lifestyles and sexual behaviour.

Government Actions

The Palestinian Government has adopted the goal to maintain the low incidence levels and build awareness on prevention. Educating the young on HIV/AIDS is a priority and one way in which this can be achieved is through partnering with youth groups.

In 2008, The Global Fund to fight HIV and AIDS, Tuberculosis and Malaria (GFATM) approved a comprehensive proposal, submitted by the UN Theme Group on HIV and

106 ibid.
107 Country Progress Report: Reporting period Jan 2010-Dec 2011. Submission Date March 2012.
108 ibid

AIDS, to scale up prevention, treatment and care services in Palestine. The programme focuses on prevention of HIV and AIDS in Palestine and vulnerability reduction with most at risk population groups as well as strengthening the capacities and systems of the national counterparts in order to provide a stronger response and increase access to treatment.[109]In 2009, the Global Fund made HIV treatment possible in Palestine by providing treatment guidelines and access to costly ART medicines through special international procurement.[110]

The Government of Palestine has been able to achieve the following with aid received from the Global Fund:

- 302,400 condoms were distributed to most at risk populations for free.
- 2,556 people of the general population received HIV testing and counselling (through programme funds).
- 21 people with advanced HIV are receiving anti-retroviral (ARV) treatment (14 in West Bank and 7 in Gaza) and all of them are provided psychosocial support.
- 25 NGOs provided HIV/AIDS prevention, awareness and support services. (HIV and AIFS-Scaling-up universal access to prevention, treatment and care.[111]

Discrepancies

There is a range of shortcomings from the point of view of international human rights laws.

- There is widespread stigma surrounding HIV/AIDS.
- There is limited information about HIV amongst marginalized groups such as injecting drug users.
- There is no information indicating that marginalized groups, such as women, adolescents, and injecting drug users have been involved in the development and implementation of HIV prevention and treatment policies.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Palestine and the key relevant UN Conventions.

- The Government should develop and implement effective public information campaigns that inform how to protect oneself from HIV, including among

109 UNDP/PAPP; Combating HIV/AIDS http://www.undp.ps/en/focusareas/hiv.html
110 WHO; HIV/AIDS tuberculosis programmer; http://www.emro.who.int/pse/programmes/hiv-aids-tb-programme.html (Accessed Aug 15th 2015)
111 http://www.ps.undp.org/content/papp/en/home/operations/projects/hiv_aids/hiv-and-aids---scaling-up-universal-access-to-prevention--treatm.html(Accessed August 17th 2015)

marginalized populations, and which also counter any stigma and discrimination faced by persons living with HIV in society and in healthcare (as per General Recommendation 15: a).

- The Government should promote peer education programmes on HIV prevention and treatment and CSE amongst adolescents and youth, women and marginalized populations (as per General Recommendation 15:b).
- The Government should engage the participation of marginalized groups, such as women, adolescents and injecting drug users, in the development and implementation of HIV prevention and treatment policies (as per General Recommendation 24:18).

Indicators to Monitor Progress

- Number of people, women, and pregnant women, known to be living with HIV/AIDS.
- Number of cases of MTCT of HIV.
- Percentage of women of reproductive age has comprehensive knowledge about transmission and prevention of HIV.
- Prevalence of HIV infection in pregnant women disaggregated by age, socio-economic status and location. Prevalence of HIV infection among adolescents; drug users and others at risk groups disaggregated by age, socio-economic status and location.
- HIV prevalence in the general population disaggregated by age, socio-economic status and location.
- To what extent has the Government developed and implemented effective public information campaigns that inform on protecction from HIV, addressing the needs and rights of marginalized groups, and which counter the stigma faced by persons living with HIV/AIDS?
- Has the Government engaged the participation of marginalized groups, such as women, adolescents and injecting drug users, in the development and implementation of HIV prevention and treatment policies.

Violence against women and girls
The situation in Palestine

GBV is widespread in Palestine, both within public and private spheres. The 2011 violence survey conducted by PCBS showed that the streets are the main site of abuse suffered by youth and women.[112] When it comes to violence and abuse suffered by married women, at the hand of their husbands, the data showed that 37 percent had experienced violence in Palestine with 29.9 percent in the West Bank compared to 51 percent in Gaza Strip. .[113]

According to the UNSCR 1325, women and girls are to be protected from sexual violence and all forms of violence during conflict,. However, Palestinian women still endure violence as an effect of the ongoing Israeli occupation, which undermines women's rights and security through restrictions on freedoms and access to essential services, as well as Palestinian women report experiencing verbal and psychological abuse at Israeli checkpoints.[114] Palestinian families including women and girls are constantly and systematically subjected to both the Israeli Army and Israeli Settler's violence. For example in the West Bank and East Jerusalem, women face escalating racial harassment, assaults, shootings and attempted kidnappings by extremist settlers. This recent violence follows the 31 July arson attack on the Dawabsheh family home in which a mother, father and an infant child were killed[115], and between March 2014 and June 2015, violence against women during night raids by the IOF appeared to be on the rise.[116] While in Gaza strip as a result of the Israeli war, 260 women were killed and 2,088 are injured.[117]

Early marriage in Palestine remains problem both socially and legally. Palestinian law sets a person's legal age at 18 years. That is, according to the law, one must be 18 in order to sign legally binding documents such as a marriage contract. Nevertheless, the law is regularly ignored in the case of marriages, where instead, Sharia law is followed; indeed, two different versions of Sharia Law are in operation. In the West Bank, the Jordanian example is followed, whereby the minimum age of marriage for girls is 14.5 years and 15.5 years for boys, while in Gaza, Egyptian law is followed, where the age of marriage is set at 16.5 and 16.5 for girls and boys respectively. In addition to these differences in the laws applied in Palestine, the law lacks clear and straightforward guidelines on early marriage and many times the Sharia judge contracting the

112 Ibid
113 ibid
114 Amnesty International, Israel: Conflict, occupation and patriarchy: women carry the burden (2005), http://www.amnesty.org/en/library/asset/MDE15/016/2005/en/8037d73e-d517-11dd-8a23-d58a49c0d652/mde150162005en.htm (Accessed October 21st 2015)
115 NBC News, Mother Of Ali Dawabsheh, Killed In West Bank Arson Attack Dies, 7 September 2015
116 WCLAC, Israeli military night-raids on Palestinian residences in the West Bank and East Jerusalem, 26 June 2015 WCLAC, Israeli military night-raids on Palestinian residences in the West Bank and East Jerusalem, 26 June 2015
117 ECOSOC, Situation of and assistance to Palestinian women Report of the Secretary-General, 19 December 2014

marriage use puberty as a measurement for the age of marriage. Thus, the Sharia legal age of marriage and the social age of maturity both ignore the legal age set by the law at 18 years of age.[118]

Hence, there is a high prevalence of early and/or forced marriage in Palestine. Although statistics may not be accurate due to the illegal nature of the practice, it is estimated that 5 percent of all married women aged (15-49 years) were married before the age of 15 years, while the percentage for those married before 18 years is about 36 percent. This percentage is slightly higher in Gaza Strip with 38 percent compared to 34 percent in the West Bank, while it is 32 percent among women living in camps, 34 percent among rural women and 36 percent among urban women.[119]. Indications from studies and organisations point to an increase in the prevalence of early marriage in Area C of the West Bank and in the Gaza Strip. According to the 2014 MICS survey released before the 2014 Gaza War, 28.6% of women in Gaza were married before the age of 18. Case studies showed that economic hardship following the war is driving families to marry off their daughters early to improve the economic situation of the family.

Government Actions

The year 2003 witnessed two major commitments made by the Palestinian Government to ensure gender equality and as a first step in combating violence against women. The first commitment was in the form of amendments to the Palestinian Basic Law to codify the commitment of the Palestinian Government to respect basic rights and liberties, providing for equality before the law without discrimination on the basis of sex.[120] The second major commitment was the establishment of the Palestinian Ministry of Women's Affairs to focus on the Government's commitment to the mainstreaming and inclusion of gender and human rights issues into the policies and planning at the ministerial and legislative level.[121] As part of its international commitment to human rights and to the elimination of all forms of violence and discrimination against women, the Palestinian Government in March 2009 adopted the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) by Presidential Decree No. 19.[122]

Furthermore, the Government intensified its investment in combating violence against women. In 2005 the Palestinian Legislative Council adopted a decree demanding the provision of protection for abused women; and in 2008 the Palestinian Cabinet approved the formation of a National Committee to Combat Violence Against

118 *Stavridis, A. (2004).* The problem of early marriage in Palestine, The Palestine report, vol11, Issue 17, October 2004
119 Palestinian Central Bureau of Statistics 2013.Final Report of the Palestinian Family Survey 2010. Ramallah, Palestine
120 http://www.palestinianbasiclaw.org/basic-law/2003-amended-basic-law (Accessed Sept 5th 2015)
121 Ministry of Women's Affairs. http://www.mowa.pna.ps/en/etemplate.aspx?id=100 (Accessed Sept 5th 2015)
122 AL-HAQ, (2010).Al-Haq letter to President Mahmoud Abbas.http://www.alhaq.org/advocacy/topics/palestinian-violations/291-al-haq-letter-to-president-mahmoud-abbas-regarding-the-palestinian-national-authoritys-implementation-of-relevant-legal-obligations-resulting-from-the-palestinian-unilateral-ratification-of-cedaw (Accessed Sept 5th 2015)

Women, led by the Ministry of Women's Affairs (MoWA) and Co-chaired by Ministry of Social Affairs (MoSA). The Committee was responsible for the development of a national strategic Plan to combat violence against women.[123] Once the Strategy was a developed the Committee was also is responsible in coordination with MoWA for the implementation and monitoring of the National Strategy 2011-2019 to Combat Violence against Women.

In 2008, UN Women, in partnership with MoSA and with additional funding from the Italian Cooperation, established the first centre of its kind in Palestine for the "Protection and Empowerment of Women and Families." The focus of the Centre is to combine prevention, protection, empowerment, and community awareness activities, thereby offering a holistic approach to restoring and safeguarding the rights of women and children victims of violence.[124] Additionally, in the same year the Ministry of Interior (MoI) and the Palestinian Civil Police force (PCP) established within the police the Family Protection Units (FPU) as specialist police units to deal with cases of domestic violence and sexual abuse.[125]

In 2009, with funding from the European Commission, the Women Centre's for Legal Aid and Counselling (WCLAC) in cooperation with another NGO Juzoor, for Health and Social Development, started to work on a project to develop a sustainable legal-health-social service referral system for women victims of violence in Palestine.[126] The developed system offered a comprehensive national referral system that consists of referral procedures for women victims of violence in the police, health and social affairs sector. This system, which became known as the National Referral System was adopted by the Cabinet in session 16/10 on 10th of December2013 and since then relevant ministries started following the protocols of the system.[127]The Child Protection Working Group chaired by UNICEF and Gender Based vViolence Working Group chaired by UNFPA led by Norwegian Refugee Council (NRC) developed unified Standard Operating Procedures and Case Management System for the Gaza Strip governmental and non- governmental organizations.

In 2011, the President of Palestine decreed an amendment to both the existing Jordanian Penal Code in the West Bank and the Egyptian Penal Code in the Gaza Strip regarding "Honour killing Laws". The amendment included removing Article 340 of the Jordanian Penal Code, which grants exemption from prosecution or reduced penalties for husbands or male blood relatives who kill or assault their wives or female relatives on the grounds of what they claim as "Family Honour".[128] In 2012,

123 Gender Equality and Women's Rights in Palestinian Territories. EU, 2011.http://www.europarl.europa.eu/studies (Accessed Sept 6th 2015)
124 The Mehwar Centre WOMEN AGENTS OF CHANGE 2008 – 2012. UN Women. Palestine
125 http://www.palpolice.ps/en/content/specialized-departments/family-protection-unit (Accessed Sept 6th 2015).
126 http://www.wclac.org/english/etemplate.php?id=1124 (Accessed Sept 6th 2015)
127 National Strategy to Combat Violence against Women 2011-2019. http://www.lacs.ps/documentsShow.aspx?ATT_ID=5501 (Accessed Sept 6th 2015).
128 http://www.pal-plc.org/ar_page.aspx?id=2kOqmOa89464782a2kOqmO (Accessed Sept 6th 2015).

the National Survey Report on Violence in Palestine (2011) was published. The report provides reliable and representative data on violence against women in the country, and provides an important evidence base for targeted policies and programmes.[129]

In 2012, the Palestinian Council of Ministres established the National Coalition to implement the Security Council Resolution (SCR) 1325 supported by UNFPA. Particular interest in 1325 stems from the fact that SCR 1325 stresses the importance of women's equal and full participation as active agents in the prevention and resolution of conflicts, peace-building and peacekeeping. SCR 1325 has a gender equality agenda since it demand women's full participation in decision-making at national, regional and international levels as a critical component in the achievement of gender equality and that the pervasive nature of violence against women, which impedes the advancement of women and maintains their subordinate status. And as such, it urges States to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict (Para.10).[130]

In April 2015, the 1325 National Committee developed a National Strategic Framework to implement 1325[131], however the action plan is not finalized. One of the main strategies is to strengthen national capacity to document and report on human rights violation against women by the Israeli Occupation.

Discrepancies

Despite the fact that the Penal Code has been amended in 2011, a national implementation mechanism has not been yet developed and that the draft of the "Law of Family Protection from Violence" has been first proposed in 2008.[132] Yet it is still generating discussion and still pending approval. Unless this draft law is approved with other amendments to the Penal Code and Personal Status Laws, and the State sets specific budget for combating violence, the implementation and enforcement of the law will not take place due to lack of resources and political will.

GBV is still treated as a taboo that has to remain within the family. There are no systematic or consistent efforts towards societal transformation to address traditional gender roles and stereotypes limiting the personal, social, economic, and political freedom of women in Palestine.

Women victims of violence continue to face multiple obstacles to accessing mechanisms of support and protection. Although there is the National Referral

129 Palestinian Central Bureau of Statistics, 2012.Violence Survey in the Palestinian Society, 2011 Main Findings. Ramallah - Palestine.
130 http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N00/720/18/PDF/N0072018.pdf?OpenElement
131 National Framework for Implement 1325. Ministry of Women's Affairs, Palestine. 2015
132 http://www.wclac.org/userfiles/lawdraft.pdf (Accessed Sept 6th 2015).

System and Family Protection Units within the police the progress on this is limited due to the following reasons:

- The Implementation of the National Referral Systems varies widely due to lack of commitment on the part of some governmental institutions, lack of committed financial resources, lack of infrastructure and human resources development and training.
- There is no 24/7 national helpline for the victims of domestic violence. Only a few NGO-funded help-lines are in place and these services are heavily dependent on donor funding.
- Law enforcement and juridical personnel are lacking a gender perspective in their treatment of cases of violence, and commonly resort to mediation as a major means of dispute resolution.
- Despite some recent trainings highlighted above, there has been no monitoring system of law enforcement personnel, health-service providers and social protection counsellors, in order to ensure that they are sensitized to all forms of violence against women and girls and can provide adequate gender-sensitive support to victims.
- There is the lack of official data on dynamics of child marriages; and investigation and prosecution of such cases.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Palestine and the key relevant international conventions and treaties.

- The Government should revise the Penal and Criminal Codes and Procedural Codes to include provisions on the particular needs and rights of women facing domestic violence (as per General Recommendation 19: 24(t))
- The Government should approve the Law of Family Protection from Violence manner (as per General Recommendation 19:24(a))
- The Government should put in place State-funded public support/referral centres for victims of domestic violence throughout the country to provide them with legal and medical assistance, psychological rehabilitation, social protection and allowances, and emergency shelter, among others. Particular attention should be paid to those regions with the highest prevalence of domestic violence (as Per General Recommendation 19:24(b))
- The Government should develop a national registry containing a standardized and centralized information system, to incorporate information on the cases of violence using the referral system as a main source of information and focusing on follow-up action and results (as Per General Recommendation 19: 24(h))
- Human resources:

    - The Government should ensure that properly trained human resources are available to identify and assist the victims of domestic violence and act in a professional manner.
    - The Government should ensure that there are adequately trained social workers, protection officers and health providers in a capacity to provide holistic and targeted social rehabilitation support to female victims of violence and their families.
- Legal Reforms (as Per General Recommendation19: 24(a, t, and h))
    - The Government should take all steps necessary to finalise and adopt the law of "Family Protection from Violence".
    - Once adopted, the Government should take all steps necessary to ensure effective implementation of the Law.
    - The Government should take all steps necessary to finalize amendment to the Penal Code, Criminal Code and Personal Status Law.
    - The Government should take all steps necessary to ensure the effective implementation of the new policy regarding age of marriage (As per CEDAW art 16.2).

Indicators to Monitor Progress

- Proportion of women aged 15-49 who have ever experienced physical or sexual violence on the hand of their husbands by age and region,
- Number of incidents of sexual violence reported to the police or health professionals annually.
- Revised Penal Code, Criminal and Criminal Procedural Codes in place.
- Family Protection form Violence " been adopted and plans for effective implementation prepared
- Systematic data collection on violence against women, disaggregated by, amongst others, region, urban/rural, and age
- Number of cases prosecuted and convicted for violence against women and girls disaggregated by age, socio-economic status and location.
- Number of complaints received on all forms of violence against women and girls investigated and adjudicated by the ICHR disaggregated by age, socio-economic status and location
- Number of complaints received by the police and percentage of investigated of those reported disaggregated by age, socio-economic status and location.
- 24/7 national helpline for the victims of domestic violence established
- Human resources:
    - trained human resources are available to identify and assist the victims and act in a professional and non-judgmental manner
    - trained social workers, protection officers and health providers in a capacity to provide holistic and targeted social rehabilitation support to the women victims of violence and their families

Comprehensive Sexuality Education
The situation in Palestine

Education on sexual and reproductive health and rights is not included in the curricula. There is no data collected in relation to relevant indicators such as: percentage of students who have received comprehensive education on sexual and reproductive health and rights in schools; percentage of adolescents who understand how to prevent unwanted pregnancy and STIs; percentage of teachers trained in education on sexual and reproductive health and rights; or percentage of health providers trained in sexual and reproductive health counselling.

Sexual and reproductive health education in Palestine is a controversial issue circumscribed by political, economic, cultural, and religious factors. Societal taboos are major obstacles to informed discussions about sexual and reproductive health issues, particularly in relation to young people.[133] Very little is known about existing health risk behaviours among youth (or others) in Palestine, reflecting social structures in addressing sensitive issues of sexual behaviour. Furthermore, the absence of sexual and reproductive health in school curricula represents a constraint to the efforts to raise children's awareness of their rights to protect their bodies and break the existing silence around sexual harassment and rape.

Government Actions

Education on sexual and reproductive health and rights does take place in schools and for out of school children. However, more efforts and steps should be taken by the MoE to address this issue in a comprehensive manner. MoE conducts an extra curricula activities including conducting workshops for students around issues of sexual and reproductive health, In addition, the Ministry developed two teacher training manuals with UNICEF addressing issues of HIV/AIDS and developed another teacher manual addressing health issue during the adolescence years with funding from UNFPA. In addition to having a subject within schools entitled 'Environment and Health' which addressed mainly issues related to prevention of HIV/AIDS.

The MoE department of adopted and published a guide for adolescent health since the year 2000, and trained school educational counsellors. The guide was developed and updated many times since then the department of educational counselling prepared trainers to train the new school counsellors and health educators.

133 Massad, S. et. al. (2014). Perceptions of sexual risk behavior among Palestinian youth in the West Bank: a qualitative *investigation BMC Public Health. 2014; 14: 1213.*

Discrepancies

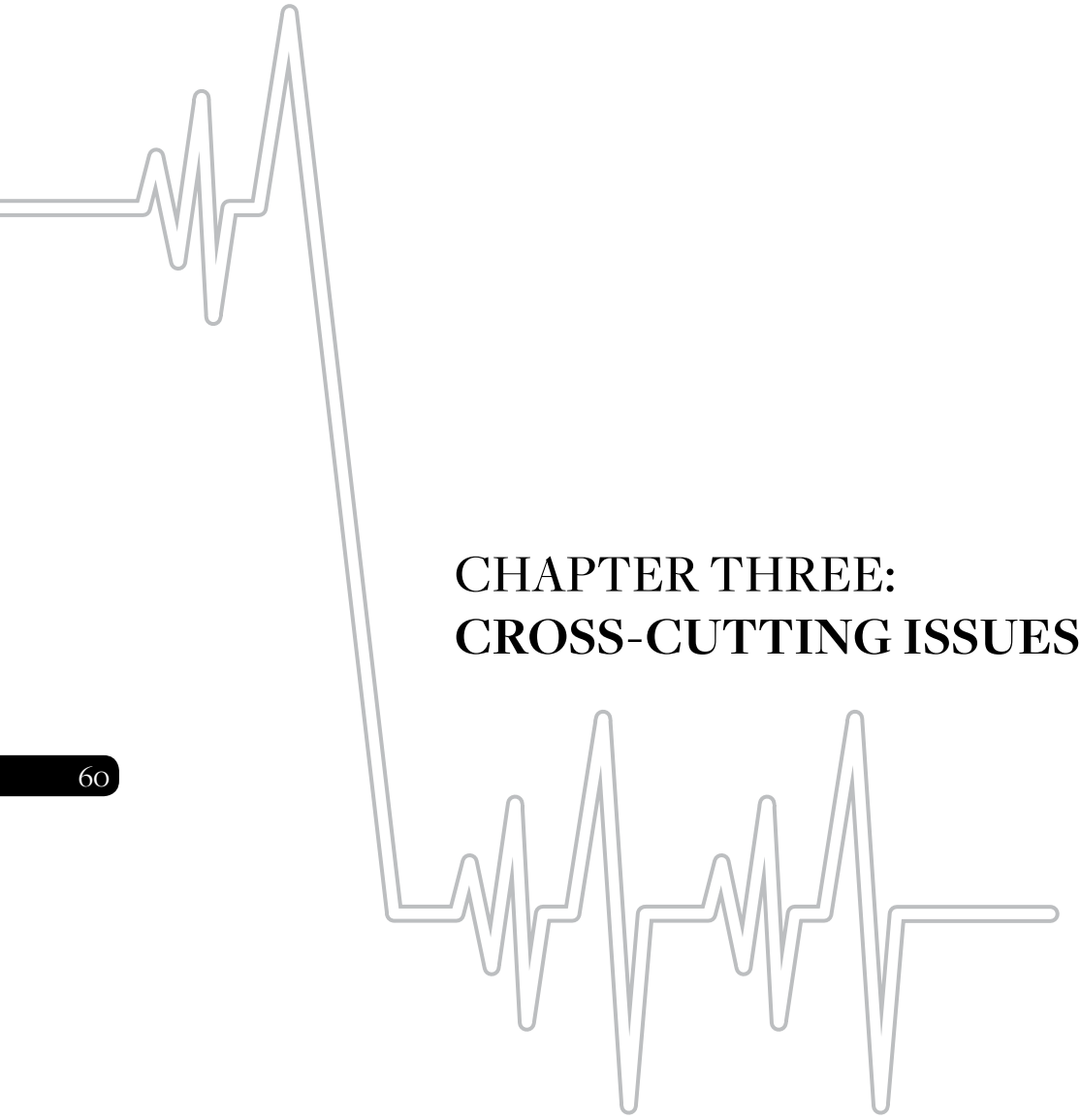
Education on sexual and reproductive health and rights is not provided in schools. Since the relevant data is not collected, it is difficult to monitor awareness of sexuality and sexual health amongst adolescents and young people.

Recommendations

- The Government should develop and fully implement a national strategy or plan to ensure access to comprehensive and accurate education on sexual and reproductive health and rights. The following considerations should apply:
  - Education on sexual and reproductive health and rights should be provided in school an age-appropriate manner.
  - The content of programs should follow international human rights norms and comprehensive sexuality education guidelines developed by UNESCO
  - The strategy should address any religious, social or other beliefs, and practices that may impede students' access to comprehensive education on sexual and reproductive health and rights.
  - Programs should be available to disabled children in a manner that is accessible to them.
- The Government should develop curricula and teacher-training material on education on sexual and reproductive health and rights.
- The Government should collect data to monitor awareness about of the different issues regarding sexual and reproductive health.

Indicators to Monitor Progress

- The Government developed and fully implemented a national strategy or plan to ensure access to comprehensive and accurate education on sexual and reproductive health and rights.
- Sexual and reproductive health and rights education are provided in schools in an age-appropriate manner.
- Percentage of students who received comprehensive sexuality education in schools disaggregated by age and location.
- Programs are available to disabled children in a manner that is accessible to them?
- Percentage of teachers trained in sexuality education disaggregated by location.



CHAPTER THREE:
CROSS-CUTTING ISSUES

CHAPTER THREE: CROSS-CUTTING ISSUES

Gender Stereotyping and Human Rights

Gender stereotyping has dire implication on upholding human rights, particularly for women. Stereotyping can influence women's or men's roles and status at home, community and workplace. Gender stereotyping, not only affects women's and men's access to justice employment, and education, but also jeopardizes their health and access to healthcare.

Situation in Palestine

Since the advent of the international human rights system in 1948, the same year that the State of Israel was established and the dispossession of the indigenous Palestinian population began, women's rights advocates across the world have been calling for domestic legislation to be brought into line with international standards[134]. In Palestine, these efforts have been vital to the advancement of women's rights and the eradication of entrenched gender inequality that did not only result from a system of patriarchal control within society, but also from the culture of militarized violence against the prolonged Israeli occupation. Legal and social discrimination in the Occupied Palestinian Territory is not only the result of the Israeli occupation, but also of an outdated, un-harmonized legal system. Women's rights advocates have been pressing for law reform since the establishment of the Palestinian National Authority in 1994. Notwithstanding the progress in the status of women where women have high enrolment rate at all levels of education, women's participation in political life remains low, as there is still a wide gap between females and males in the labour force and the public life. More work on the legislation to meet the basic requirements of international human rights law. [135].Traditionally, there is a well-defined demarcation between the roles of men and women in the Palestinian society. While men are to perform roles and assume responsibilities in the public sphere, women are restricted to roles and responsibilities within the domain of the family and the household. Movements of Palestinian women are circumscribed more than that of men. Most of the social restrictions on women appear to originate from the cultural notions of patriarchy and honour. Until the early 20th century, families who could afford it kept their women isolated from the marketplace, politics and socialisation with men.[136]The family is the primary site of patriarchal power and its operation during the socialisation process. The family is the predominant model for the gendered division of labour, power and control. It is the family which celebrates the birth of a son and moans the birth of a daughter, and which indoctrinates women to be passive and to accept their subordination.=It also restricts girl's education, encourages early marriage, arranges

134 A Review of Palestinian Legislation from a Women's Rights Perspective. UNDP, March 2012
135 .The National Strategy to Achieve the MDGs by 2015.
136 Abu-Duhou, J. (2011).Giving Voice to the Voiceless: Gender Based Violence. Berkshire Academic Press: UK.

marriages, imposes seclusion, restraints women's freedom of movement, choice and expression, employs violence and mandates that family matters never be discussed outside the home. Moreover, society's devaluation of women commences at birth and continues throughout their lives. Such devaluation is legitimised by a "culture of silence" that insures women's physical and psychological suffering will be endured without complaint.[137]

The data on access to health services presented in this report indicated a clear connection between gender roles and access to health service where 10% of women indicated that they needed to obtain a permission to leave home in order to seek medical care. They also stated that socio-cultural factors related to misconception among women, cultural and religious beliefs, social and economic pressure and influence of husbands, deterred women from using contraceptives.

Government Actions

There is no systematic approach to ensure long-term attitudinal and behavioural change at the community and family levels. Although, the Government is attempting to introduce some programs and legal changes to address gender equity and gender stereotyping. However, in recent years with the political turmoil and the election of Hamas causing the national split between the West Bank and Gaza Strip, it has been difficult to introduce changes. In fact, the overall social attitudes towards women has witnessed a backlash as the whole of the society witnessing the rise of more conservative values and attitudes.

In 2015, the Palestinian Authority joined CEDAW without reservation or limitation. In doing so, it has committed itself to protect, fulfill and promote women's rights and it has to provide governmental reports to CEDAW committee. Additionally, Gender Units were established at the Palestinian ministries. The Ministry of Woman Affairs is responsible for reviewing and endorsing women's policies and the policies and laws from a gender perspective.

Discrepancies

Gendered stereotypes remain at all level of the social structures including the family, but more important in school textbooks, the media and in the workplace. There is some work regarding this issue but not enough to eliminate the stereotyping.

137 ibid

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Palestine and the key relevant human rights including CEDAW. Since, several provisions of CEDAW create explicit obligations to address harmful gender stereotypes and wrongful gender stereotyping. Article 5 as well as Article 2(f) set out the core obligations in this area and, together, provide CEDAW's overarching legal framework for addressing stereotypes/stereotyping;[138] and Article 2(f) reinforces Article 5 by requiring states to take "all appropriate measures" to "modify or abolish ... laws, regulations, customs and practices which constitute discriminate against women."[139]

- The Government should continue reviewing and revising education materials, including textbooks, to eliminate gender stereotypes.
- The Government should continue providing gender training for teachers, with a view to eradicating gender stereotypes from both official and unofficial curricula.
- The Government should implement programmes encouraging girls to pursue education and employment in non-traditional fields.
- The Government should review labour laws with the view to eliminate all gender stereotyping in employment regulation specially when it comes to maternity leaves.
- The Government should encourage the mass media to promote changes as regards the roles and images of men and women.
- The Government should conduct a massive public campaign challenging the prevailing social gender stereotyping.
- The Government should conduct of review of Government Employment Policy.

Indicators to Monitor Progress

- Revision of the content of school teaching materials and the curriculum to address gender stereotyping.
- Gender training is included in teacher training curriculum?
- The number of women perusing non-traditional education?
- The number of a massive public campaign conducted that challenges the prevailing social attitudes and gender stereotyping.
- The Number of media outlets that promote changes as regards the roles and images of men and women.

138 http://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf (Accessed August 25th 2015).
139 ibid

Participation
Situation in Palestine

Participation in Palestine is guaranteed under the Basic Law of the State of Palestine. The Palestinian Basic Law of 2003 has two articles dealing with the personal freedoms to express opinions and to establish political parties and civil society organisations. Article 11 states that "personal freedom is a natural right, shall be guaranteed and may not be violated", and Article 26.2 states that Palestinian have the rights "to form and establish unions, associations, societies, clubs and popular institutions in accordance with the law".[140]

In 2007, The President decreed an amendment to the Elections Law, mainly Article (5), which relates women's representation in the Legislative Council. The Article states that "Women's Representation in each electoral list nominated for the elections shall include a minimum limit for the representation of women that is not less than one woman in: 1. The first three names in the list; 2. The next four names that follow; 3. Each five names that follow."[141] This guarantees about 20% women among the candidates (through the party-based part of the elections).

In 2003, the Government of Palestine established the Ministry of Women's Affairs as the main governmental body responsible for promoting and protecting women's rights in Palestine The ministry's goal is to integrate gender, democracy and human rights into the policies and programmes of the various ministries and to promote reform of discriminatory laws.

Government Actions

Although the Right to Association is guaranteed in the Basic Law, there is no clear legal or constitutional prevision in regard to participation. However, historically, Palestine has strong civil society organisations that are active in all aspect of development planning as well as services provision including reproductive Health services. For example, civil society organisations were consulted in the process of development of the "National Development Strategy", and in the process of development of the National Health Strategy 2014-2016, a series of consultation meeting with civil society organisations working in the health sector were conducted and their views on priorities were taking into consideration.

In 2008, the National Committee to Combat Violence Against Women (NCCVAW) was established by the Council of Ministries, to be responsible for follow-up and monitor the implementation of the National Strategy Combat Violence Against Women 2011-2019. The NCCVAW has a wide range of government and no-governmental organisations.

140 http://www.palestinianbasiclaw.org/basic-law/2003-amended-basic-law (Accessed August 30th 2015)
141 https://www.elections.ps/Portals/0/pdf/Election_Law_%282007-Sept_02%29-EN.pdf (Accessed August 30th , 2015).

Discrepancies

From data available on participation, it appears that right-holders do participate in the planning, development, and implementation and monitoring of relevant laws, policies, and programmes, however, there is no legal or constitutional provisional for such participation.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Palestine and the key relevant human right treats and conventions:

- The Government should enact procedures to promote public participation.
- The Government should put in place mechanisms to ensure the active and meaningful participation of groups in a particular situation of marginalization and exclusion, including but not limited to women and adolescents, in contexts of policy and law making and implementation.
- The Government should collect data on participation. Data should be disaggregated, including according to gender, urban/rural status, region, age and disability.

Indicators to Monitor Progress

- What type of mechanisms and procedures are in place to ensure the participation of affected populations, including women and adolescents, in the formulation, implementation and monitoring of SRHR laws, strategies and programmes?
- What measures have been put in place to ensure the active and meaningful participation of groups in a particular situation of marginalization and exclusion, including but not limited to adolescents?
- Has the Government collected data on participation including participation by marginalized groups?

Accountability
Situation in Palestine

In Palestine, the right to hold authorities, and different governmental department and personnel accountable is guaranteed by the Basic law[142]. Article (33) of the Basic Law, states that litigation is a right guaranteed to all, by the state. Each individual shall have the right to resort to his natural judge to defend his rights and freedoms and to receive compensation for a violation thereof'.[143] Although this Article 33 guarantee the right for all citizens to litigation demanding their right and entitled them to compensation, however, there is no specific constitutional or legal accountability framework for the protection of SRHR as there is no law on reproductive health as the only law covering areas of violence against women, The Family Protection Law is still in draft form and under discussion. It's worth noting here, that the Family Protection law does not have any specific accountability procedures on SRHR.

In 1993, a Presidential Decree created the Independent Commission for Human Rights (ICHR). In accordance with the Presidential Decree, the duties and responsibilities of ICHR are as follows: "to follow-up and ensure that different Palestinian laws, by-laws and regulations, and the work of various departments, agencies and institutions of the State of Palestine meet the requirements for safeguarding human rights".[144]The ICHR in practice receives complains on violation of human rights from men and women.

In 2004, ICHR started to work on a draft law, which was submitted to the PLC in May 2005 for discussion and approval. This draft law confirms ICHR as the National Human Rights Commission for Palestine with a core-function as an Ombudsman. The draft law provides ICHR with a broad mandate in accordance with national and international norms to deal with cases of human rights violations as well as integration of human rights into Palestinian legislation and practices. The draft law also empowers ICHR to take cases to court and grants the commission access to information.[145]

Government Actions

Besides establishing the ICHR, research for this report could not identify any significant measures undertaken by the Government in recent years, especially in regard to SRHR or human rights in general.

142 http://www.palestinianbasiclaw.org/basic-law/2003-amended-basic-law (Accessed August 30th 2015)
143 http://www.palestinianbasiclaw.org/basic-law/2003-permanent-constitution-draft (Accessed August 31st 2015)
144 http://www.ichr.ps/en (Accessed August 31 2015)
145 Ibid

Discrepancies

There are no specific legislative or otherwise provisions as regards to SRHR and the Family Protection Draft law only addresses issues of Violence against Women and provides some legal recourse for women's victim of family violence.

Recommendations

- The Government should provide the Commissioner on Human Rights with additional resources and modify its mandate to ensure the adoption and implementation of a programme of work on SRHR (as per CEDAW 12.2).

Indicators

- Number of cases SRHR violation been decided by the courts.
- Number of Complaint about SRHR received and Investigated by ICHR.

CONCLUSION

This assessment focuses on seven key SRHR ranging from access to contraceptive information and services to violence against women and girls. It also focuses on three important cross-cutting themes, as they related to SRHR namely: gender stereotyping; participation and accountability. The assessment pointed to many areas were the government had significant progress and to problem areas remaining for the government to put more efforts in policy, strategy and implement programmes towards improvements in order to meet its obligation toward achieving optimum SRHR outcomes. While, Palestine has made notable progress in some areas such maternal mortality ratio has fallen significantly in the past twenty years and the Government is in the process of adapting new laws to address violence against women, yet, there are still some remaining, which needs to be addressed such providing comprehensive and age-appropriate education on sexual and reproductive health and rights in schools; information on family planning methods is not consistently provided to women before or after they undergo an abortion and culture, economic and social factors are the main reasons for increasing early marriage in Palestine and economic hardship seams to play larger role in Gaza Strip as well as Area C.

ANNEX



Annex (1) Advocacy Plan to Implement Recommendations of the Sexual and Reproductive Health Rights Report

Recommendation	Prioritized	Type of Follow-up and Main Activities	Responsible Organisations and Resources	Timeframe	Indicator(s)
The Government should revise the Penal Code and the Procedural Code to include provisions on the particular needs and rights of women facing domestic violence; it should also finalise the Law on "Family Protection from Violence".	Yes Important since this would tie into the proposed bill on "Family Protection from Violence" and encouraged by CO and International Community	Advocacy, Lobbying Government official particularly Legislative Council and participate in meetings of the Legislative Committee drafting the legislation	Civil Society Organisations(CSO) Particularly those working in human rights and GBV	2016-2017	• Penal Code revised • Implementation procedures and guidelines are developed • Training conducted to Judges and Public Prosecutor on the new law
The Government should provide the Commissioner on Human Rights with additional resources and modify its mandate to ensure the adoption and implementation of a programme of work on SRHR.	Yes Important since the ICHR has no clear mandate on SRHR	ICHR should lobby with the government for extra resources and clear mandate to follow up cases of SRHR and build partnership with CSO The Government should establish a training program for SRH service providers, on violations and the monitoring mechanism as well as on complaints and punishments - The Government should devise accountability measures known to all sectors in the field of sexual and reproductive health - The Government should develop a complaint system to help victims of violation of SRHR to be submitted to the authorities.	ICRH and SCO particularly those working in health	2016	ICHR able monitor the implementation of the different SRH programmes, policies and regulation in particular: • Maternal Mortality: investigate cases of Maternal mortality to ensure that the highest standard of care was offered to the case and indentify gaps • Cases of GBV: investigate and follow-up cases in particular where a death is occurred due to GBV • Investigate cases of discrimination in the SHR services based on locality, disability, age or any other factor • Investigate cases of Medical Negligence in relation to SRH

The Government should monitor the implementation of Labor Law with the view to eliminate all gender stereotyping in employment practices.	Yes as sexual harassment exists and no proper actions are taken Women are afraid of complaining from sexual harassment	Government should create a system of complaints in the workplace about sexual harassment, and mechanisms to protect those who are complaining, and sanctions while maintaining the privacy and confidentiality of information • Government should develop an occupational health and safety system that protects the sexual and reproductive rights of women	Governmental institutions Civil organizations Private sector Labor unions	-2016-ongoing	• Existing Complaint system • Number of complaints classified by age, gender, place of work, disability, description of abuser, his age and occupation • Results of the complaints • Existing SRH complies with the SRH occupational health systems • Number of violations for the SRH occupational and safety systems
The Government should draft confidentiality and privacy regulation	Yes, Government may overlook if not encouraged by CSO	Advocacy and lobbying the government	CSO	Next three years	Advocacy and lobbying have been implemented regulation have been drafted
The Government should take policy and programme measures to address key barriers to the right of women to access healthcare identified including cost, distance, lack of transport, lack of female providers, and women needing to seek permission.	Yes, government should be encouraged to improve access to Reproductive Health Services	Monitoring and Advocacy, Monitor initiative proposed by the MoH, Monitor implementation of the National Reproductive e Health Strategy and Action Plan Monitoring on the application of the National Referral system for women victim of Violence	Women's Organsiaitons with partnership with CSO working in Health	Ongoing over the next 3 or 4 years	• No. of PHC centres increased in rural and remote location • NO. of mobile clinic reached remote areas • No. of females doctors increased • Statistics on accessibility improved
The Government should take all steps necessary to revise the age of marriage and ensure the effective implementation of the amendment	Yes, Government should be encouraged to revise the age of marriage and enforce the implementation of the revised age of marriage	Monitor Government's actions in the area of personal status legislation with particular interest to the age of marriage. Lobbying and advocacy with the Justice sector	Women's organizations in partnership with CSO particularly those working in the human rights and legal services	Next year	Campaign implemented and age of marriage revised

The Government should identify and implement specific accountability arrangements for SRHR.	yes	• -Similar to what mentioned in the area of violation and complaints • -Monitor the Governmental budget and resources allocated for SRHR • -monitor resources allocated for people with disability and the coverage of their SRHR	Government CSO Organizations for People with Disabilities	Ongoing	Accountability arrangements in place.
The Government should take a range of appropriate measures to enhance non-discrimination and equality, including disaggregation of data on sexual and reproductive health on a disability; age, locality and socioeconomic status and ensure that the SRHR marginalized groups are promoted and protected by laws, policies and programmes on sexual and reproductive health and rights.	Yes, Government should be encouraged to review its laws, policies, strategies in order to enhance non-discrimination and equality within the SRHR	Monitoring and advocacy Monitor budget allocation for services targeting people with disability; young women; in remote location Monitor initiative tie proposed and implemented by the MoH to address issues of discrimination	CSO with partnership with Women's Org; orgainsations working in disability and human rights organization	Next two years	• Resources allocated to programs targeting people with disability; young women • Data collected disaggregated by age, disability, location .etc. • Legislation to ensure protection of SRHR in been enacted
The Government should pledge the financial and resources needed and otherwise should ensure the effective and comprehensive implementation of the National Referral System.	Yes, The government should be encouraged to allocate financial resources to the referral system especially since there have been much effort and financial resources spent on the system thus far	Monitoring and advocacy Campaign targeting women to inform them of the referral system Participation in monitoring and follow-up of the implementation of the referral system in different ministries.	Women's organizations in partnership with human rights groups and organizations working in GBV	Next year and forward	• Campaign implemented • Ministries allocated the needed resources for implementation • Yearly evaluation of the implementation is carried out

The Government should make systematic efforts towards addressing traditional gender roles and stereotypes limiting the personal, social, economic, and political freedom of women.	Yes, Important that the government might overlook if not encouraged by CSO and international community to address issues of gender stereotyping	Advocacy and lobbying government officials Participation in a campaign targeting the general public and schools to address issues of gender roles and equality between men and women	CSO and; Women's organizations	Next year and forward	Campaign implemented and type and number of people reached.
The Government should ensure that teachers receive gender training, with a view to eradicate gender stereotypes from both official and unofficial curricula.	Yes, Important there is an element of gender training for teachers, counselors and school principles	Advocacy and lobbying Monitoring of 'Teacher Training Curricula"	CSO and Women's organizations especially those working in education like Teachers' Union and health	In the next three years	Gender training is developed and implemented
The Government should develop and fully implement a national strategy or plan to ensure access to comprehensive, accurate and age-appropriate education on sexual and reproductive health and rights in school settings.	Yes, Government must be encouraged to develop curricula and teach SRHR in school	Advocacy and lobbying Monitoring school curricula Advocacy to make teaching SRHR mandatory in schools	Women's organizations in partnership with CSOs, especially those working in Education like Teachers' Union and health	Over the next three years	SHRH are integrated into school curricula
The Government should adopt male involvement policy in SRHR	**Yes , as most Decision related to SRHR taken by males -male needs related to SRHR not well addressed in the SRHR programs**	**The Government endorsed male needs in SRHR -Campaigns targeting males for SRHR involvement**	**Government CSO CBOs**	**2016-on**	**Special Program on SRHR on males' needs, targeting men, is prepared and implemented** **• campaigns conducted** **• No. of males utilize SRHR services** **• Disaggregated data based on the types of service , location, age**

Government should provide safe abortion services regulated under a modern law that is more flexible than the Public Health Law	Yes, there are many cases of illegal abortion in primitive methods that threaten the women's life	• Conduct a study on the primitive methods of abortion and their extent and consequences. • Update the Public Health Law to increase the [legal] reasons for women to abort in a safe place. • Provide safe abortion services including counselling, psychological services and family planning services • work on extending the leave for women who have abortion more than what is stated in the existing Law	Government Civil society rights and health organizations Private sector	2016-ongoing	• Data on unsafe abortion is available • Health system that responds to the needs of women who undergo abortions • Modern law suits women's sexual and reproductive rights to abortion