



**USAID**  
FROM THE AMERICAN PEOPLE

**WEST BANK/GAZA**

# YOUTH STRATEGY

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT  
PROJECT

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## ACRONYMS

BCC	Behavior Change Communication
CCA	Champion Community Approach
CBO	Community Based Organizations
COP	Chief of Party
EPS	Essential Package of Primary Health Care Services
HIS	Health Information System
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
PMP	Performance Monitoring Plan
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USAID	United States Agency for International Development

## EXECUTIVE SUMMARY

The population of the West Bank and Gaza is relatively young, with approximately 70 percent of the population being under the age of 24. This indicates a strong need for youth-specific policies and planning. Young people are a vital, though vulnerable, part of any society, representing an important and significant element to development and future leadership.

The Youth Strategy will outline the Palestinian Health Sector Reform and Development Project's youth approach and identify specific activities that can be undertaken by the Project to include youth. The strategy will guide how Project results, activities, and indicators of success can be aligned with increasing youth participation and ensure full buy-in from Project counterparts.

The Project has explicitly and implicitly considered youth since its inception and has made an effort to integrate youth issues into its interventions. More specifically, the Project has pushed for promoting and strengthening the capacity of youth in the community and at an institutional level by ensuring their inclusion in Project implementation. This includes training programs, youth-targeted health education at the community level, community mobilization, and promoting youth as change agents through the Champion Community Approach (CCA).

The Youth Strategy is not an end in itself but is rather a means to mobilize young people and capitalize on the opportunities young people present as valuable resources to their communities. Youth involvement has clear benefits; participation in defining their needs and in the development, implementation and evaluation of interventions is the key to effective and sustainable improvement in young peoples' own health and the health of their communities. This strategy will serve as a starting point for the analysis of youth issues as they relate to Project activities.

The development of this strategy is based on in-depth discussions with Project staff and key stakeholders and a review of international and Palestinian literature addressing youth issues.

## BACKGROUND

The Palestinian Health Sector Reform and Development Project (the Project) is a five-year initiative funded by the United States Agency for International Development (USAID), designed and implemented in close collaboration with the Palestinian Ministry of Health (MOH). The Project's main objective is to support the MOH, selected non-governmental organizations (NGOs), and selected educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Project is helping the MOH implement the reforms needed to ensure quality, sustainability, and equity in the health sector. By addressing key issues in governance, human resources, health service delivery, and health information systems, the MOH will strengthen its dual role as regulator and main health service provider. The Project is also helping improve the health status of Palestinians in areas that are of priority to the MOH and the public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening.

To build a functioning health care system that provides regular and reliable health services to its citizens, the MOH and its parallel health service providers must harmonize health practices and regulations, and build effective linkages with the community based on the provision of quality care. Through an integrated multi-sectoral approach, the Project is facilitating the creation of these linkages to enable sustainable reform and the development of health services. These linkages are sustained by a transparent dialogue within the health sector and with the larger national community.

### Youth Policy in the West Bank/Gaza

The population of the West Bank and Gaza is relatively young. The Palestinian Higher Council for Youth and Sports defines youth as the part of the population between the ages of 15 and 30; however, the United Nations defines youth as individuals between the ages of 15 and 24. According to the Palestinian Central Bureau of Statistics (PCBS), youth (as defined by the United Nations) made up 22 percent of the Palestinian population at the end of 2011.<sup>1</sup> The population pyramid shows youth growth in the Palestinian territories, with approximately 70 percent of the population being under the age of 24. These population figures indicate a need for youth-specific policies and planning. Young people are a vital part of any society, representing an important and significant element to development and future leadership. They are also a group highly vulnerable to both social and economic external factors.

The review of literature suggests that there is no youth policy in full implementation in the West Bank and Gaza, even though youth in these areas make up the largest segment of the

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<sup>1</sup> *Assessment of Youth Friendly Health Services Needs in West Bank*, PCBS, 2011.

population and face many challenges including unemployment, access to quality education and health, and lack of affordable housing. Many municipalities in the West Bank and Gaza recognize these challenges and have created Youth Councils to increase civic participation and to give youth a voice in the community.

Project interventions focus on health sector reform with a strong primary health care (PHC) and community mobilization component. Although young people are not a specific target group for the Project, they represent a key resource in Palestinian communities and as such require special attention and planning by the Project. Youth provide an opportunity for the sustainability of Project interventions and for the creation of change in the long-term to positively affect the health outcomes for all Palestinians.

### **Project Youth Strategy**

The purpose of the Youth Strategy is to outline the Project's youth approach and to identify activities that can be incorporated into the Project's Annual Implementation Plan to specifically target and include youth. This strategy will guide how the Project results, activities, and indicators of success can be aligned with increasing youth participation. It will ensure that full buy-in is gained from Project counterparts through a consultative process involving Youth Councils and other youth groups and through the technical assessment processes required for each Project Focus Area.

The Youth Strategy will serve as a starting point for the analysis of youth issues as they relate to Project activities. The objectives of this strategy are:

- To ensure that a youth focus is incorporated into Project activities, specifically at the community level.
- To ensure that a strategy is in place that includes youth in decision making on Project supported Community Clinic Boards.
- To provide "next steps" that will increase youth involvement and build the capacity of relevant organizations when justified.

The development of this strategy is based on in-depth discussions with Project staff and key stakeholders, and a review of international and Palestinian literature addressing youth issues.

### **Situation Analysis**

The situation of young people in the West Bank and Gaza is dominated by the unstable nature of the political reality, a less-than-ideal setting for youth development. Youth are faced with a situation that hinders their movement, education, and employment.

There are limited possibilities for young people to take part in decision making processes on issues of concern to them; possibilities for participation are only available through student councils, clubs, and community based organizations (CBOs). In response, several municipalities in the West Bank have started to establish Youth Councils to increase the possibilities for civic participation and community action. However, young people complain that the general culture is not open for broader participation. The subject of civic participation is not part of formal

education, although some universities have a community service program, where students are required to volunteer in the community for a certain number of hours.

Youth issues fall into the portfolios of two different bodies of the Palestinian Authority (PA): the Higher Council for Youth and Sports and the Ministry of Education. The PA, with the support of United Nations Children Fund (UNICEF) and other actors from the academic field and civil society, developed a youth policy in 2005; unfortunately, this policy still awaits implementation and suffers from the lack of a dedicated budget and a clear plan of action.

In the West Bank and Gaza there are approximately 507 youth clubs and centers and 250 organizations dealing with youth, in addition to international organizations offering activities and programs for youth such as Save the Children, UNICEF, the United Nations Population Fund (UNFPA), and Oxfam Novib. Most of these youth organizations are dependent on foreign funds and are therefore at the mercy of donor agendas that tend to shift and are not sustainable.

Youth literacy is as high as 99 percent; the rate of literacy among males and females is very close, with females only slightly lower (at approximately 98.8 percent). Public sector investment in education is highest in the Middle East and North Africa (MENA) region with primary and secondary education being free of charge, although the quality of that education remains in question. While higher education is not free, enrollment is still second highest in the region. Youth question the quality of post-secondary education stating that they did not gain job relevant skills.<sup>2</sup>

There is global consensus on the importance of youth health. Although there is a shortage of meaningful data and statistics on youth health and little youth-focused health programming, there is a general impression that Palestinian young people are healthy and strong. However, when this assumption is examined more closely and takes into consideration the overall social determinants of health including the health system, one realizes the health risks facing Palestinian youth. The combination of political and economic shifts in the past two decades has resulted in drastic changes in Palestinian society. While there has been a decline in infectious diseases, there has also been a dramatic increase in non-communicable diseases (NCDs) such as diabetes, hypertension, cancer, and psychological illnesses. Changes in the nutritional habits across Palestinian society have resulted in an increase in the consumption of fatty and sugary foods. In addition, the rate of physical activity has also decreased. Nutrition and psychical activity are key contributing factors to NCD rates. A recent study showed that 30 percent of youth are overweight or obese; this rate jumps to 70 percent among women of reproductive age.<sup>3</sup>

There is an information gap regarding the sexual practices of youth. Even so, risky sexual behaviors and their consequences are beginning to surface among young people. Sexual and reproductive health services are limited for youth, as this remains a culturally sensitive subject. Health practitioners are aware of this issue and are advocating for the inclusion of youth sexual and reproductive health rights on their agendas and the provision of youth-friendly reproductive health services.

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<sup>2</sup> *Studies on Youth Policies in the Mediterranean Partner Countries*, EuroMed Youth III Programme, EuroMed, 2008.

<sup>3</sup> *Youth Health: Today Before Anytime in the Past*, Dr. Umayya Khammash, 2012

Mental health is another concern for youth. The political, social, and economic contexts have contributed to an increase in psychosocial disorders such as depression, anger, and apathy.

Improving the health and well-being of young Palestinian people is linked directly to improving their daily living conditions and reducing the disparities between men's and women's access to resources, services, and opportunities. The Palestinian health system succeeded in building a network of PHC centers, in reducing maternal and child morbidity and mortality, increasing immunization coverage, and in offering family planning services. All of these changes have reflected positively on the health outcomes of the Palestinian people. However, the system's responsiveness to changing health priorities remains below expectations and services targeting youth are few and limited only to health education. Health providers are not trained to provide services that are of high value to youth, such as sexual and reproductive health, family and gender-based violence, and psychosocial health services and counseling.

A July 2012 study by the PCBS on youth-friendly health services indicates that 50 percent of the young people surveyed believe that existing health services do not meet their needs, and that services were either lacking or do not meet their demand. Fifteen percent of surveyed youth indicated that providers showed little interest or understanding of the needs of youth. The qualitative part of the same study showed that mental, physical, and sexual health care are the priorities for youth and that more effort needs to be made in preventative health focusing on the promotion of a healthy lifestyle and the provision of information and health promotion.<sup>4</sup>

## Guiding Principles

The following are the main guiding principles that comprised the basis for the preparation of the PA's National Policy for Youth and Adolescents.<sup>5</sup> It also offers a sound framework for guiding the Project's Youth Strategy:

- **Palestinian Specificity:** The strategy must take into consideration the political, economic, and cultural context of Palestinian society, with an emphasis on human and national dimensions and the need for improvement in all fields.
- **A Developmental View:** The strategy must be seen as bringing benefit not only to youth and adolescents, but to the entire society.
- **Sustainability:** The strategy takes into account the rights of this generation as well as future generations.
- **Rights-based:** The strategy should be linked to human rights, youth and adolescent rights, and child rights.
- **Activation of Capacities:** The strategy should unleash the fullest potential of youth and adolescents in a constructive manner.
- **Enhancing Communication:** The strategy should enhance communication between senior officials and youth, and between political and community leadership and youth leadership.

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<sup>4</sup> Assessment of Youth Friendly Health Services Needs in West Bank, PCBS, 2011.

<sup>5</sup> The National Policy for Youth and Adolescents, Ministry of Youth and Sports, Bir Zeit University, and UNICEF, 2006.

- **Organization of Work:** Linking the concepts of the proposed strategy with the concept of work organization and good performance to obtain the most potential from individuals and groups.
- **Reinforcing Cooperation:** The strategy must maintain constructive working relations and cooperation between relevant organizations.
- **Encouraging Tolerance and Respecting Diversity:** The strategy should encourage social tolerance and respect for difference and diversity.
- **Participation:** The strategy must encourage participation from youth and adolescents, governmental organizations, and NGOs. Participation is vital in all stages of strategy implementation.
- **Equality and Justice:** The strategy must include trends that seek to integrate gender, achieve justice and equality, and integrate the most marginalized youth groups (e.g., persons with disabilities and others).
- **Adoptability:** The strategy must be adoptable by and acceptable to relevant stakeholders, including governmental and non-governmental organizations.
- **Applicability:** This strategy should be applicable by the concerned and entrusted actors to ensure its implementation.

## Project Approach to Youth Integration

The integration of youth by the Project refers to the processes of assessing the implications for youth in planned interventions including policies, community activities, capacity building, systems development, procurement, and training in all Focus Areas and at all levels. This strategy involves more than just increasing youth participation – it places youth at the center of decisions, work plans, budgets, and processes.

The following are the cross-cutting Project strategies applied to all Focus Areas during the phases of planning, implementation, and monitoring and evaluation (M&E):

- **Presence:** A substantial youth presence at community activities, within community decision making bodies, and during the planning and implementation process is required. Increasing youth visibility and mandating a youth presence during the planning and implementation of activities ensures that the specific needs and/or situations of young people are considered, thus avoiding the assumption that everyone has the same rights and needs. This presence is monitored quantitatively.
- **Participation:** Youth participation on Community Clinic Boards and in other community-based activities is required. Through the integration of youth in decision making and in activities, this strategy recognizes the value of youth contributions. Youth participation ensures greater commitment to initiatives, while youth integration within collective processes widens the impact of these initiatives and promotes their sustainability. This implies that youth related indicators should be incorporated into Project activities in a measurable manner.
- **Empowerment:** This strategy seeks to empower youth by building leadership and life skills, promoting youth as change agents in the community, and giving them the tools and information needed to effectively play this role.

- **Advocacy:** This strategy seeks to raise awareness about policies and processes that support youth access to resources, as well as promote meaningful youth participation in decision making and leadership at the community, organizational, and national policy-making levels.
- **Health Promotion:** This strategy will promote health and positive health outcomes by working toward improving health services, enhancing health services that are youth-focused, and raising awareness about youth health and well-being among youth and the general community.
- **Synergy:** This strategy will promote cooperation and collaboration with other projects and initiatives involving youth at the community and regional levels to share learning, increase efficiency, and leverage resources.
- **Rights-based Approach:** This strategy will adopt a rights-based approach that recognizes and values diversity and encourages joint responsibility in management and decision making between young adults, men, and women in order to change traditional models.

#### Operational strategies:

- **Appoint Leaders:** The responsibility for implementing the Youth Strategy is Project-wide, and rests at the highest level with the Chief of Party (COP), Deputy COPs, Directors, and team leaders. Accountability mechanisms for monitoring progress will be established, including meetings addressing progress, reporting, and M&E.
- **Review and Analyze Findings:** Youth analysis should always be carried out, separately or as part of existing analyses. Assumptions that issues and/or problems are neutral from a youth perspective should never be made.
- **Ensure Staff Buy-in:** This strategy should be shared with all Project staff, with periodic updates, and its content should be a part of the orientation of Project employees.
- **Introduce and Promote Youth Strategy Messaging:** Include language specifically related to youth in Project documents, plans, and communications products promoting youth participation and leadership in the community as change agents. This also includes publications and behavior change communication (BCC) materials.
- **Track Progress:** Include youth-related indicators in the Performance Monitoring Plan (PMP) to capture progress on implementing the Project Youth Strategy.
- **Ensure Community Buy-in:** Promote the Youth Strategy among project grantees, subcontractors, and other partners implementing Project activities and ensure that planned activities take youth into consideration and that this is reflected in their M&E plans and reports.

### Youth and Project Activities in Years 1 through 4

Youth issues have been explicitly and implicitly considered by the Project throughout the first four years of implementation. Discussions with staff and a review of Project documents clearly indicate that the Project has taken youth into consideration and that efforts have been made to integrate youth issues into Project interventions. More specifically, the Project has pushed for the promotion and enhancement of youth capacity in the community and at an institutional level by: (1) ensuring their inclusion in Project implementation and training programs, (2)

targeting young people at the community level with health education, (3) mobilizing community support, and (4) empowering young people to act as agents of change in their communities, as part of the CCA.

Youth play a key role in the Project-adopted CCA. Community Clinic Boards are required to include at least one youth member, thus ensuring youth participation in decision making and, by extension, improving youth health outcomes. The CCA's methodology also promotes the role of youth by empowering them as change agents. Through community advocacy and outreach activities, youth are working in their communities as volunteers and leaders to address health priorities, thereby promoting the role of youth in improving community health.

In addition to serving on the Community Clinic Boards, youth constitute the majority of community volunteers. Volunteering has long been a deeply rooted community value among Palestinians, with youth often seeking to build their experience through community service with local CBOs or community service programs affiliated with their universities. The Project has acknowledged the resource and opportunity present in these youth volunteers and has worked with communities to empower and involve young people in the decision making process as well as in the implementation of community initiatives. For example, the Project held Training of Trainers (TOT) seminars for youth volunteers who were trained to lead Healthy Lifestyle Summer Camps that have been conducted in communities located across the West Bank. These youth facilitators were trained in leadership skills and optimal methods to deliver health messages to camp participants. The same messages were also delivered to the mothers of camp participants during Year 4. By implementing this model, the Project was able empower youth to serve a vital role in their communities and to reach children, mothers, and other youth through their activities.

Working through CBOs, and with the support of the Project, young people developed and led multiple community based initiatives that promoted key health messages, such as environmental health, healthy lifestyles, exercise, and hygiene. All of these issues are priorities for youth and contribute directly to their empowerment and identity. Youth received training through the Project in order to improve their skills, knowledge, and attitudes on vital subjects, such as first aid, leadership, and effective communication of health messages.

The Project collaborated with the MOH to produce BCC messages to specifically target youth-related health issues, including brochures related to healthy lifestyles, smoking, and drug use. The BCC materials produced adopted gender sensitive language and images that highlight the importance of the roles of both men and women in the community to affect change.

Project interventions at the service provision level included organizing open health days and screening days in the community in coordination with the MOH. General health check-ups, eye exams, dental screenings, complete blood count tests, and diabetes screenings were provided to community members, including young adults.

In terms of MOH-provided youth services, the Essential Package of PHC Services (EPS) specifically includes youth and adolescents under reproductive health services. However, the Project has not worked directly with the MOH to improve the quality of or youth access to these services. Recent studies show that young adults are not satisfied with the services

provided to them and believe that these health services do not meet their needs. According to the youth surveyed, providers show a lack of interest and knowledge in youth issues.<sup>6</sup> MOH staff and other health experts in the West Bank and Gaza attest that health providers in general are not trained to specifically deal with youth issues, which includes reproductive and mental health and counseling services. In coordination with the MOH, UNFPA is in the process of developing a Youth Friendly Health Services program that will strengthen the capacity of health care providers to meet youth health needs. The Project could contribute to this initiative, resources permitting, to link it with clinical quality improvements and the CCA.

On the policy and reform level, the Project should advocate on behalf of youth by demonstrating the significance of the role that youth play in the community and by highlighting the importance of investing in youth health for the future. This can be achieved by sharing community success stories and by participating in national and international conferences.

In its work on youth issues, the Project has sought to synergize with other USAID projects working on similar topics, such as the Ruwwad Project and the Palestinian Youth Empowerment Project. The Project coordinated with the Ruwwad Project to utilize their networks and resources to mobilize youth and invest in their skills, such as the Youth Development Resource Centers in the middle, north, and south areas of the West Bank where youth organized and led Healthy Lifestyle Summer Camps for children..

In addition, the Health Information System (HIS) is designed with age and gender in mind, and can provide disaggregated data that indicates service utilization by young men and women. This allows for better, more informed decision making based on evidence and concrete data, so that services and resources can be better allocated to improve youth health outcomes.

Project interventions to date coincide with national and international trends and priorities for youth. However, issues related to youth health and participation remain in need of support by the public sector especially in the absence of a clear and implementable national youth strategy that has been formally adopted and supported with the needed resources.

### **Focus Areas: Youth and Year 5 Activities**

The Project's Focus Areas provide a sector-wide strategic and integrated approach that supports the MOH's reform and development agenda. These areas are designed to respond to the operating culture and needs of the MOH and select NGOs (as identified in their self-assessments) while promoting sustainability, accountability, transparency, integration, participation, and coordination to achieve a lasting impact on the quality of health service delivery. Project teams and Focus Area team leaders will be directly responsible for integrating the Project Youth Strategy articulated above during the planning, implementation, and M&E phases of Project activities.

Below is a suggested list of activities and ways in which each Focus Area could integrate youth activities into its Year 5 Annual Implementation Plan.

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<sup>6</sup> *Assessment of Youth Friendly Health Services Needs in West Bank*, PCBS, 2011.

### ***Focus Area A: Institutional Development***

The Project previously worked to empower the MOH as a service provider and regulator of the health sector. The Project also provided a range of professional development opportunities for health professionals and worked directly with the MOH to develop policies and procedures based on best practices. However, in the fourth year of implementation the Project's focus was significantly adjusted due to external factors related to congressional funding. Per guidance from USAID, activities have been revised to cover only the provision of grants.

Specific youth activities that can be included in the Year 5 Annual Implementation Plan include:

- Working with partner NGOs to ensure that indicators and language specific to youth health issues are included in their strategic plans.

### ***Focus Area B: HIS***

The HIS is an integrated and automated health information management system that underpins the MOH's reform agenda for Palestinian health care. It is a core element of the Project, and will assist all actors in the health sector to provide more efficient, effective, and better quality health services for all Palestinians.

Specific youth activities that can be included in the Year 5 Annual Implementation Plan include:

- Ensuring that data concerning age and gender are accurately entered by training users and including youth-specific language in the HIS User Access Manual. This will enable service utilization analysis for youth at the primary and secondary health care levels.

### ***Focus Area C: PHC Support***

The Project is implementing an integrated multi-sectoral approach to health care reform bringing all health service providers together, including the MOH, NGOs, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the private sector, health education institutions, and civil society organizations. The Project is also directly involving the community in decisions on health care services. Supporting the MOH in implementing health sector reforms through this approach directly addresses issues of quality, sustainability, and equity in the health sector.

Specific youth activities that can be included in the Year 5 Annual Implementation Plan include:

- Actively seeking youth participants for training workshops that are related to youth health and empowerment in order to build their capacity to act as change agents in their communities.
- Building on the success of the CCA by increasing youth participation in implementing community interventions and targeting youth for health promotion sessions. The Project should engage youth in leading community initiatives on topics that interest and affect them directly (e.g., smoking, nutrition, the environment, and healthy lifestyles) and

conduct awareness-raising activities directed at the community as a whole on issues affecting youth health, as well as on the positive role youth play in the community.

- Linking active youth volunteers and community representatives to other organizations and projects that will assist them in continuing to play vital roles in communities (i.e., other USAID youth-related projects and international and local organizations that support youth such as Sharek, Payalara, The Ruwwad Project, and other local CBOs).
- Reviewing Project-produced BCC materials to ensure that youth issues are addressed appropriately and young people are involved in giving feedback on the messages (i.e., content, priority, and design).

### ***Focus Area D: Hospital Support***

The Project has worked closely with the MOH to improve secondary health care services at selected MOH hospitals. In Year 5, activities under this Focus Area target Neonatal Intensive Care Units (NICUs); therefore, no youth-related activities are suggested.

### ***Focus Area E: Procurement Support***

Adequate and planned provision of medical equipment, supplies, and pharmaceuticals is at the heart of a functioning health system. For that reason, procurement is a significant component of the Project's activities. No specific youth interventions are suggested in this area. However, should the Project decide to support the provision of youth-friendly health services, procurement needs of participating facilities will be assessed so that needed items can be procured.

## **Monitoring and Evaluation**

Integrating youth and implementing the Youth Strategy will be tracked by the Project. Youth-sensitive indicators currently used will be analyzed and redesigned, as necessary, to better reflect youth-related activities. The Project will track the participation of youth in all activities and report on progress in Quarterly and Annual Progress Reports.

The Project communications strategy will include deliberate language and activities for sharing how Project activities promote youth health and participation.

In the Quarterly and Annual Progress reports, the Project will specifically report on activities reflecting the Youth Strategy, such as:

- Youth-led community initiatives
- Youth-targeted campaigns and community events
- Youth-related health messages and BCC
- Youth participation as volunteers and on Community Clinic Boards

## **Suggested Next Steps**

The Project will share this strategy with staff and partners to ensure that youth are considered during all stages of implementation. The Project will conduct a short orientation session for all

staff to share the Youth Strategy and start an internal discussion on youth-related issues. This session will constitute the start of an internal dialogue to ensure that a youth perspective continues to be included in all activities.

### **Recommendations for Additional Technical Assistance and Research**

The following are suggested areas for further investigation to support Project interventions regarding youth:

- Review the EPS of and the Standards of Care and their relation to youth in order to provide suggestions for improving the quality of and youth access to these services. This review also ensures that the youth needs are addressed.
- Advocate within the MOH for youth health priorities and programs by providing data and sharing success stories and lessons learned, both locally and internationally, regarding youth health.
- Collaboratively prepare an exit strategy (with CBOs and youth volunteers) in communities currently implementing the CCA that provides a sustainable framework for future health-related activities.

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## **ANNEX A: DOCUMENT REVIEW**

*The National Policy for Youth and Adolescents*, Ministry of Youth and Sports, Bir Zeit University, and UNICEF.2006.

*Youth Health: Today Before Anytime in the Past*. Dr. Umayya Khammash. 2012

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