



## The unfinished agenda to address social determinants for achieving Reproductive health and rights in Palestine

### Reproductive Health Proposal to the Italian Development Cooperation

#### Summary of Proposal

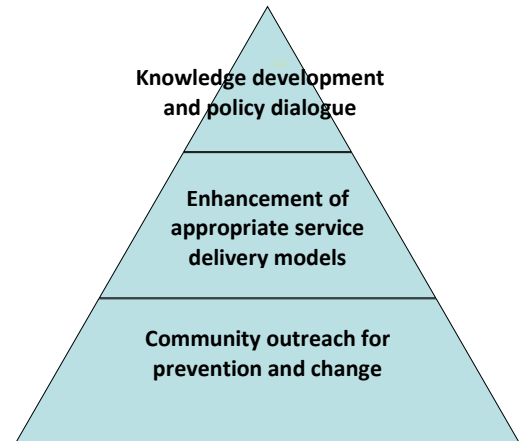
<b>Project title</b>	The unfinished agenda to address social determinants for achieving Reproductive health and rights in Palestine
<b>Country</b>	Palestine
<b>Project start date</b>	2017
<b>Total budget</b>	€ 500,000
<b>Duration of project</b>	1 year
<b>Overall goal</b>	Sexual and reproductive health rights for women and girls are uphold and greater access to quality sexual and reproductive health services is ensured.
<b>Specific objectives</b>	<ul style="list-style-type: none"> <li>• National policies and procedures' gaps related to reproductive health needs and rights of young women are strengthened</li> <li>• Tailored health services for young women are further developed, promoted and institutionalized</li> <li>• Young women have a more supportive social environment receptive to their sexual and reproductive health needs and rights</li> </ul>
<b>Partners</b>	Universities and NGOs
<b>Target group(s)</b>	<ul style="list-style-type: none"> <li>• Students of Al-Quds University (Female and Male)</li> <li>• Youth 15-29</li> <li>• Health providers</li> <li>• Community leaders</li> <li>• Educators</li> </ul>

## 1. INTRODUCTION

The following proposal aims at ensuring that sexual and reproductive health rights for women and girls in Palestine are upheld and that they have greater access to quality sexual and reproductive health service. To achieve that, the project will focus its interventions on three components:

1. Knowledge development focusing on the unfinished agenda of SRHR in Palestine and policy dialogue;
2. Scale up successful models of services that are appropriate for young women's SRH needs and rights;
3. Creation of a supportive social environment by addressing socio-cultural norms and practices hindering SRHR.

To achieve this, UNFPA will work with governmental, academic and civil society organizations to ensure that national policy and service delivery entities adopt comprehensive approach for SRHRs, support the development of local level health services for young women, and through effective partnerships, support innovative initiatives that break cultural, institutional and social barriers particularly facing young women and their right to access health care freely.



The proposed intervention will tailor its content and design to the needs of young women (14-29) whether married or unmarried. From programmatic perspective, interventions will be based on three components: knowledge formulation and Policy coordination, service delivery and outreach. Proposed interventions are linked and integrated into current UNFPA programs and will build upon proven methods and approaches.

This proposal is foreseen for three years. However, it is designed in such a way that each year can be seen as stand-alone if funding were to be unavailable for more than one year. This incremental approach allows for sustainability of yearly achievements and preparation and planning during year 1 for further activities in year 2 and 3.

## 2. CONTEXT

In spite of challenges posed by the political situation, Palestine has achieved remarkable improvement in health as demonstrated by mortality and morbidity patterns. In maternal mortality for example, Palestine has achieved the MDG 5 with 99% coverage with antenatal care, 99% institutional deliveries and 99% vaccination coverage. The country ranks highly among countries with similar socio-economic standards.

While this is true for the population level indicators and general population-based statistics, significant challenges still face women and girls due to environmental, social and economic constraints. Young women, unmarried women and women living in remote, isolated communities

suffer from limited access to services and resources impeding their attainment of SRHR. Girls and women face a variety of barriers to seeking health care. In one survey, for example, nearly 40% reported that they were unable to travel alone and 33% reported a lack of female service providers, critical given that girls' contact with non-related males is largely prohibited (PCBS et al. 2015). Furthermore, studies indicate that girls and young women suffer high rates of PTSD, anxiety and depression resulting from the economic and social stressors in Palestine.

Different population-based and service-based records include sufficient data on girls, adolescent and married women with multiple indicators reporting on child marriage, use of contraceptive, unmet need for contraceptive, etc. However, it is important to note that data on elderly and single women are largely non-existent. Single women (either never married, divorced or widowed) represent 39.1 percent of the female population over 15 years old and women over the age of 49 represent 10.3 percent of the overall female population (Palestinian Youth Survey, 2015). These numbers illustrates that a substantial part of the female population needs are not represented in data.

In the context of maternal mortality, early marriage, particularly in rural areas and Gaza contributes to increased health and human right risks for girls and is associated with increased mortality and morbidity. Young girls are forced in to early marriage through pressure from families for economic and social reasons. In 2014, 16 percent of reported married women aged 20 to 24 married before age 18, with 22 per cent of those giving birth to a live child before 18 (MICS, 2014).

In addition to lost opportunity of education, social and economic deprivation, early marriage exposes girls to increased risk of all form of gender-based violence owing to the fact that child brides are more likely to be pressured by their partner or partner's family. Early marriage has associated with negative impact on the psychological wellbeing of young women with frequent episodes of crying, depression and despair, leading to a feeling of insecurity and fear around their family. Overall, 37% of married Palestinian women report having been victim of GBV at some point in their lives. Not only is the law largely silent on gender-based violence but given that victims can be perceived as having violated 'honor', most girls and women are afraid to report their experiences, often even to their own families. Many are afraid of damaging their prospects for marriage and those from the most conservative families are justifiably afraid of the honor killings to which some victims of abuse are still subject.

Sexual and reproductive health services in Palestine are designed to serve married couples. Youth have extremely limited access to public health systems and services, particularly when it comes to sexual and reproductive health matters. Therefore young people tend to seek care within the private sector when such care is needed if at all. As for young girls and unmarried women, such services, even within the private sector do not exist. For example, women seeking family planning services in practice often have to have the consent of her husband. Single women are often not welcome to reproductive health service-providing facility. Young girls and unmarried women are largely denied access to such services and deprived of essential information about SRHR and counselling. Denial of such services and support creates potential health concerns for prevention, early detection and treatment of many sexual and reproductive tract diseases such as breast, cervical and uterine tumors.

Lastly, an important reproductive health right issue, which has not received sufficient attention and academic study, is practices related to fertility treatment. Recent reports indicate that rather than appropriately diagnosing physiological or psychological infertility-associated factors or exploring possible issues with the man, young women are often prescribed hormone therapy and IVF. The trends around fertility treatment usage in early marriage and the short and long term impact of such exposure is not yet known and forms a clear gap in knowledge in the country.

In summary, the promotion of SRHR for all women and youth is unfinished in Palestine and this is especially the case for young women. The health needs of all women, whether single/married, pregnant/non-pregnant, menopausal and senior women deserve equal access to quality services. Women along the whole life-cycle confront medical and psychological challenges from time to time which require interventions.

### **3. ISSUE/PROBLEM STATEMENT**

The 2015 Country Assessment of the Sexual and Reproductive Health and Rights (SRHR) in Palestine highlights the fact that while Palestine made some notable progress in some area of women's health (maternal mortality, new laws to address violence against women, HIV/AIDS), there are a number of outstanding gaps and challenges that still need to be addressed.

While gains have been made to ensure medical standards and quality of services improve in maternal health, there are a range of challenges young women continue to face around accessing sexual and reproductive health services. This limitation is two-fold:

- There are a limited number of appropriate facilities serving young women and the prevalent social norms and practices impede women of availing themselves of such services where they exist.
- The patriarchy and conservative social norms lend to an environment that discriminates against young women in particular. When a young woman is denied access to services it can have dire health consequences for her.

The recently released demographic study "Palestine 2030" by UNFPA stresses even more the importance to address young women issues and ensure empowerment of young people to lead Palestine to a brighter future. In order for women to be positive agent of development, policies are essential to promote gender equality and participation by eliminating all form of GBV and discrimination but also by ensuring access to quality reproductive health services. Moreover, women that are freed from unintended pregnancies not only would enjoy better health and healthier children but are more likely to promote development.

### **4. COMPONENTS/OBJECTIVES**

UNFPA aims at upholding the SRHR for women and girls as well as affording them equal access to quality SRH services. It is envisaged that through adopting a holistic approach addressing policy, service and social determinants, the program will achieve sustainable positive change in the lives of women and girls and enable them enjoy their SRH potentials. The project proposal focuses on a one year project. If funding were to be available in the next years, this one year proposal will allow

further interventions in a comprehensive manner during three years. This proposal focuses on the following activities with the following partners:

Component 1: knowledge development, policy and coordination – Facilitating a comprehensive agenda and policies related to SRHRs

Within this component, UNFPA and national partners will develop solid foundation of evidence concerning SRHR issues and explore unmet needs within institutions and communities. Within this component and in partnership with academic institutions such as universities, research centers and the national public health institute, UNFPA will expand and deepen knowledge and evidence related to SRHR concerns of young women and unmarried women.

Four assessments will be conducted addressing SRHR unmet needs. Within the first year of the project, the following research activities are expected:

1. Research on social norms related to SRHR of young girls connected with mapping of key community influential. Establishing the knowledge base will form the foundation for national regulation and policy development but also for other project interventions including those related to services and social marketing. Based on the mandate, the community and public health institute at Bir Zeit University appears to be an appropriate partner for this research.
2. Evaluative research on youth-friendly health services connected with feasibility study on replication and scaling up Working with consultants, the second evaluation will be focusing on the Dura Youth Friendly Health Services. In order to scale up this model to other contexts and to adapt/improve it in Dura, successes, uptake, relevance, content and modality of operation, lesson learned but also potential gaps need to be properly evaluated. With its capacity and experience in youth health, Juzoor for social and health development would be considered for partnership in this research.
3. Mapping of institutions and NGOs working on SRHR with particular concern on those working with young girls.
4. Research on social and system determinants of early initiation of fertility treatment for young women. While there is a lot of information on SRHR in general, fertility issues and use of fertility treatment are still lacking proper data and analysis. While this has not been agreed, The Palestinian National Institute for Public Health (PNIPH) would form an appropriate partner for such an assessment.

Assessments/evaluation research will allow UNFPA to promote and advocate for the development of new policies, national strategy and action plan to address critical SRHRs needs of young women. It will also engage key institutions in an advocacy program aiming at raising national awareness about SRHR needs of women in terms of services and rights. Furthermore, collected evidence will assist UNFPA and partners in defining interventions at service delivery points and at community level in terms of scope and content.

UNFPA, UN partners and national agencies will also support the development and adoption of a comprehensive strategy addressing the specific needs of young women, married and unmarried women in the area of sexual and reproductive health within the frame of national SRH strategy 2017-2022. As part of this process, UNFPA will support the national and international partners define and

operationalize appropriate coordination mechanisms or entities important to help consolidate and build on best practices.

UNFPA will support national authorities and other key partners to build accountability on SRHRs through:

- Developing policies, national strategy and action plan to address critical SRHRs needs of young women. Building on results and knowledge stemming from the operational research, UNFPA and partners will engage in advocacy towards articulation of policies and strategy addressing identified needs. Key institutions that will be engaged in this advocacy program include universities, media, youth institutions, religious entities, human rights institutions and parliamentarians.
- Conduct lobbying and education aiming at raising national awareness about SRHR needs of women in terms of services and rights in support of developing policies and strategies. This will include public awareness campaigns, high policy level meetings and dialogue at the level of legislative council and regional councils advocating for women's rights in general and SRHR in particular.
- Build national and/or international coordinating entity (committee/task force/board/thematic group) to eliminate duplications and ensure synergy in programs addressing target women in the country. Through multi-layer dialogue, the intention is to create a steering body for the project and activities that is able to provide guidance and support to the project ideas and institutionalize its achievements. Composition of this body will be guided by relevance and need identified within the research component as well as community and policy dialogue.

#### Component 2: Service delivery – Replicating Youth Friendly Health Services for young women's SR health and rights

The service delivery component will focus on replicating/scaling up successful initiatives developed and tested by UNFPA within the frame of Youth Friendly Health Services (YFHS). In Palestine, UNFPA worked with the MoH on a pioneer YFHS model using YFHS standards and package in line with WHO standards. In 2014, MoH with support from UNFPA piloted the YFHS in one center (Dura) in the West Bank. During the first months of 2016 more than 2,000 young people visited the YFHS in Dura, of which 70% were young women. While the program has not been yet formally evaluated, initial reviews and reports indicate that the model is proving successful owing to the high demand and uptake of services as well as being well received across the community where it is situated.

Building on this success, and learning from other similar initiatives in the country and beyond, UNFPA will, under this second component, work with partners to further develop, promote and institutionalize youth friendly health services within the system of care in the West Bank as well as in Gaza. Benefitting from the knowledge developed in the first component, the service delivery component will focus on replicating the Youth Friendly Health Services model within Al-Quds University.

1. As universities are an ideal context when it comes to focusing on youth needs, the established centre, within the already existing health clinic of Al-Quds University will be supported by essential commodities, medications, supplies and equipment, and

improvement to support the provision of quality reproductive health. In addition to supplies, target centers will be supported by a package of health education and information materials, which will be derived from existing materials and adapted to fit the needs of young girls.

2. While university students form a special group of beneficiaries with males and females equally represented, package of services within university will be largely tailored to address female students offering them sufficient space for both services and information related to their sexual and reproductive health.
3. Already developed protocols for YFHS have proved appropriate within the MOH setting. University setting however forms a distinct culture, where it is expected that protocols will need to be adapted and adopted. Within the starting phase of the project, such update will take place and training of healthcare providers will be then undertaken during the first year of the project.
4. To strengthen the capacity of health providers to provide quality services, UNFPA will closely monitor uptake and quality of services in order to continuously improve satisfaction of users,

Lessons learned from experience at Al-Quds University will be used to replicate this experience in other universities in year 2 and 3 if funding were to be available, particularly in Gaza as Al-Quds University in East-Jerusalem has a large branch in Gaza.

### Component 3: Outreach – Changing behaviors and perceptions

The objective under this component is to create a supportive social environment for young girls, women seeking fertility treatment and unmarried women by tackling social norms. This will be achieved through the implementation of wide range of activities involving community leaders and stakeholders. Partnering with these “change makers”, such as civil society organizations, community-based organizations and community leaders, will be essential to identify specific reproductive health issues in order to change the social perceptions linked to them and improve the lives of young women. Significant capacity building component will be added to this component as to establish the knowledge base, enhance appropriate attitudes and promote key practices pertaining to SRHR among community stakeholders. Tailored program will be developed with the help of the communities themselves and in particular with adolescents.

This third component will also focus on strengthening quality of comprehensive education and awareness for young people and communities, focusing on life skills, sexual and reproductive health as well as empowerment of women.

The outreach component will focus on geographic area around and groups that are able to reach the newly developed Youth Friendly Health Services in Al-Quds University. Benefiting from research activity on social norms, the outreach component will try to address attitudes, behaviors within the ecological system around young girls. The following broader activities are expected to form the content of the project:

1. Create a community-level critical mass of “change maker”, who are supportive of women’s SRHR and are willing to advocate and act accordingly also beyond the university’s walls. In order to raise awareness about and demand of available reproductive health services it is foreseen to work with women leaders and students’ council and committee to promote young women’s access to SRH services within the university. To achieve this, a series of

community meetings and dialogue will be conducted at local, district and regional levels. Mapping of community actors and identification of social norms pertaining to SRHR will be achieved through largely qualitative operational research addressing both aspects. This research will be conducted at the startup of the project and will inform the form, content and channel of messaging concerning SRHR in target areas and groups.

2. Implement wide community activities beyond the university context, through work with reputable NGOs, such as the Palestinian Medical Relief Society (PMRS). Building on their excellent reputation in social mobilization social marketing and health promotion demonstrated in quality school health program, HIV/STDs prevention and outreach and women's health program.
3. Contextualize existing educational materials related to needs of target groups, support school health and sexual education including counselling and peer-to-peer education to strengthen the quality provision of SRH knowledge in school curricula
4. It is foreseen that civil society organizations with wide presence in target locations will utilize a network of community health and social workers to promote and advocate for women and young girls' rights to reproductive health choices and address socio-cultural factors and norms around, early marriage and barriers to women's access to quality of care.

## 5. TARGETED GEOGRAPHICAL AREA AND GROUP

The policy component of the project will be implemented nationally all over Palestine (West Bank and Gaza). The service delivery and outreach components will target East-Jerusalem and more specifically the Al-Quds University campus.

The numbers of direct beneficiaries are estimated as following:

- 1000 female students using YFHS at Al-Quds University
- 1000 male students using YFHS at Al-Quds University
- 1500 East-Jerusalem households reached by SRHR education

Indirect beneficiaries

- Youth and adults living in middle West Bank area
- Community leaders and stakeholders at Palestinian academic, health and youth institutes

## 6. DURATION

The project various component will be implemented in 1 year.

As stated in the introduction, the project proposal is designed for one year. However if funding were to be available, the project could be extended for 2 more years. This incremental approach allows for sustainability of yearly achievements and preparation and planning during year 1 for further activities in year 2 and 3.



## 7. VISIBILITY

In line with UNFPA policy and practice in dissemination of information materials, the country office will make a structured effort in acknowledging and making visible the Italian Development cooperation. Specifically, UNFPA and upon signing grant agreement will:

- Issue a press release on the fund and scope of the project
- Assign a location on its website for informing about status and progress of the project
- Develop identification stickers and signs to demonstrate the Italian Development cooperation contribution to equipment, medical supplies procured and delivered to national entities through this fund
- Publish regularly progress newsletter highlighting progress made and documenting significant milestones and events
- Mark key milestones achievements of the project

It is also foreseen that key findings of research would be presented through a common event/conference organized jointly by the Italian Development Cooperation and UNFPA.

## 8. KNOWLEDGE SUPPORT AND REPORTING

In Palestine, UNFPA operates through a main office in Jerusalem and a sub-office in Gaza with a highly skilled team of professional managers who design, manage and monitor the progress of the implementation of project activities including financial management. This system and frame of monitoring activities is applicable for both developmental and emergency response programmes.

Within this project, UNFPA shall integrate project components/activities into its annual work plans with partners, in addition to UNFPA existing resources, and staffing time that will be dedicated to the project, other needs including project staffing will be recruited as needed.

Financial and progress reports will be submitted to UNFPA by implementing partners on regular basis. A mid-term report, drawn upon the monitoring framework, will be provided to the donor after 6 months of implementation in addition to the final report that will be submitted at the end of the project duration (3 months after the end of the project at the latest).

## 9. MONITORING AND EVALUATION

Under the coordination component UNFPA will run different operational researches to generate evidence and data currently missing. These researches will be focusing on SRHR issues related to young women and allow to form an evidence-based intervention centred on the identified gaps. Evidence from operational research will also allow a more relevant policy dialogue with stakeholders.

In order to monitor the project, UNFPA will develop a detailed monitoring and evaluation plan which will include the monitoring activities and appropriate tools that will be used to track project performance indicators and achievements of results. The monitoring framework shall track progress against achieving key deliverables and millstones.

UNFPA project staff jointly with implementing partners will conduct regular field monitoring visits to the implementation sites, to assess and track progress towards planned results and address

challenges that may affect implementation. Also, field-monitoring visits may be planned and done jointly with the donor.

A baseline assessment, centred particularly on the socio-cultural intervention component, will take place at the beginning of the project in order to be able to assess change. Three to six months after the end of the project, a final report will be provided. It will synthesize, jointly with implementing partners, project achievements, address challenges that may have affected realization of results, draw lessons learnt and set recommendations to inform future program.

## **10. RISKS AND MITIGATIONS**

Cultural and institutional risks are associated with the implementation of this project. From institutional side, reluctance of MOH and or other national bodies to cooperate in addressing SRHR issues affecting young girls and women due to technical and resources deficiencies stand as a critical risk anticipated. Another institutional risk stems from conflicting priorities within the health field. To mitigate these risks, UNFPA will start dialogue with national bodies including government based on the human right approach and the obligation of national institute to act as the duty bearer towards this vulnerable group of the population. Partnership with civil society organizations and human rights organization will form another mitigation measure.

Culture and social norm form clear risk for this progressive project addressing sensitive issues of SRHR for women in a conservative society. To mitigate negative impact of culture, a deliberate and evidence based dialogue on rights with community influential will start at the early phases of the project, namely following the social mapping planned early in the project. Help of community leaders and religious leaders will be sought to support community efforts and formation of community groups is thought to minimize resistance.

## **11. SUSTAINABILITY**

While sustainability of one-year intervention is difficult to assure, this project is expected to deliver sustainable knowledge and services that can be summarized below:

- YFHS model has created government interest to sustain and support. Giving more time for the model to mature and replication within university setting is a proper strategy for its sustainability both within MOH and universities.
- Knowledge base that will be created as a result of operational research within the starting phase of the project form a clearly sustainable product that will inform next years of this project, but also offer significant knowledge to other programs and interventions beyond the life of the project.

## **12. METHODOLOGY & MANAGEMENT**

The objectives, target population and comparative advantage of respective partners guide partnership plan under this project. Partners mentioned within this proposal were selected based on their relevance in terms of working with vulnerable youth, community outreach capacity and credibility to address sensitive issues such as SRHR among youth and capacity to undertake credible research and evaluation studies.

Further work on partnership modality and assigning tasks to implementing partners will take place upon the start of the project. At this initial stage, the following frame will be used to guide partnership development:

Partner	Comparative advantage	Areas of engagement
<p>Al-Quds University</p>	<p>A well-established University hosting 13000 students from the south West Bank communities</p> <p>Located in a geographic area close to Jerusalem and the wall with a proximity to communities affected by high prevalence of social problems and poverty</p> <p>In addition to a medical, nursing and midwifery faculty, Al-Quds university hosts a variety of scientific and social studies</p> <p>With good orientation to social determinants of health, the University has a good potential to accommodate and sustain a YFHS model</p>	<ul style="list-style-type: none"> <li>• Host a replicate model of YFHS within the University Campus</li> <li>• Implement a wide range of information sharing and health education program addressing priority areas for students</li> <li>• Lead youth activities within and outside the university addressing youth issues</li> <li>• Academic dialogue within and outside the university to advance dialogue on SRHR</li> </ul>
<p>Palestinian Medical Relief Society</p>	<p>Health NGO with good reputation in community health and health promotion</p> <p>Physically present in all areas of West Bank and Gaza including east Jerusalem and area C</p> <p>Very well positioned and staffed to undertake SRH education programs</p> <p>Well respected by communities and able to efficiently communicate messages even with sensitive content</p>	<ul style="list-style-type: none"> <li>• Undertake community and policy stakeholder analysis</li> <li>• Implement community dialogue and policy dialogue on SRHR</li> <li>• Implement community education and outreach activities</li> </ul>

<p>Bir Zeit University- community and Public Health Institute</p>	<p>Leading institute in community and public health education and research</p> <p>Well positioned in the area of social determinants of health and behavioural sciences</p> <p>High level of engagement in policy formulation and knowledge sharing</p> <p>Advanced capacity in quantitative and qualitative research</p>	<ul style="list-style-type: none"> <li>• Undertake evaluation of youth- friendly health services model</li> <li>• Undertake research on early initiation of IVF services in the country</li> </ul>
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### Steering committee

The Steering Committee (SC) will meet twice a year to provide overall guidance to the programme team on implementation, general policy and strategy guidance, oversight on the programme processes and priorities and decide on any budget or activity adjustments or corrective measures needed.

The SC will be responsible for:

- The approval of annual working plan;
- The approval of cost-free budget variations;
- Measuring the impact of the project in compliance with the expected results;
- Providing solutions to possible problems encountered during the implementation of the initiative;
- Direct the strategic choices considering changing of priorities and needs.

The Steering Committee comprises representative of:

- The Italian Agency for Development Cooperation (AICS)
- UNFPA
- Other project partners, both representatives of Palestinian authorities and Civil Society.

SC members will take decisions unanimously. Other civil society or institutional actors and donors shall take part in the SC as observers.

Simultaneously, a technical working group will work on a regularly basis in order to ensure a constant communication and a smooth coordination among all the project actors and their activities. Namely,

AICS will promote synergies between this initiative and other on-going projects in both the gender and health sectors.

### 13. TIMEFRAME

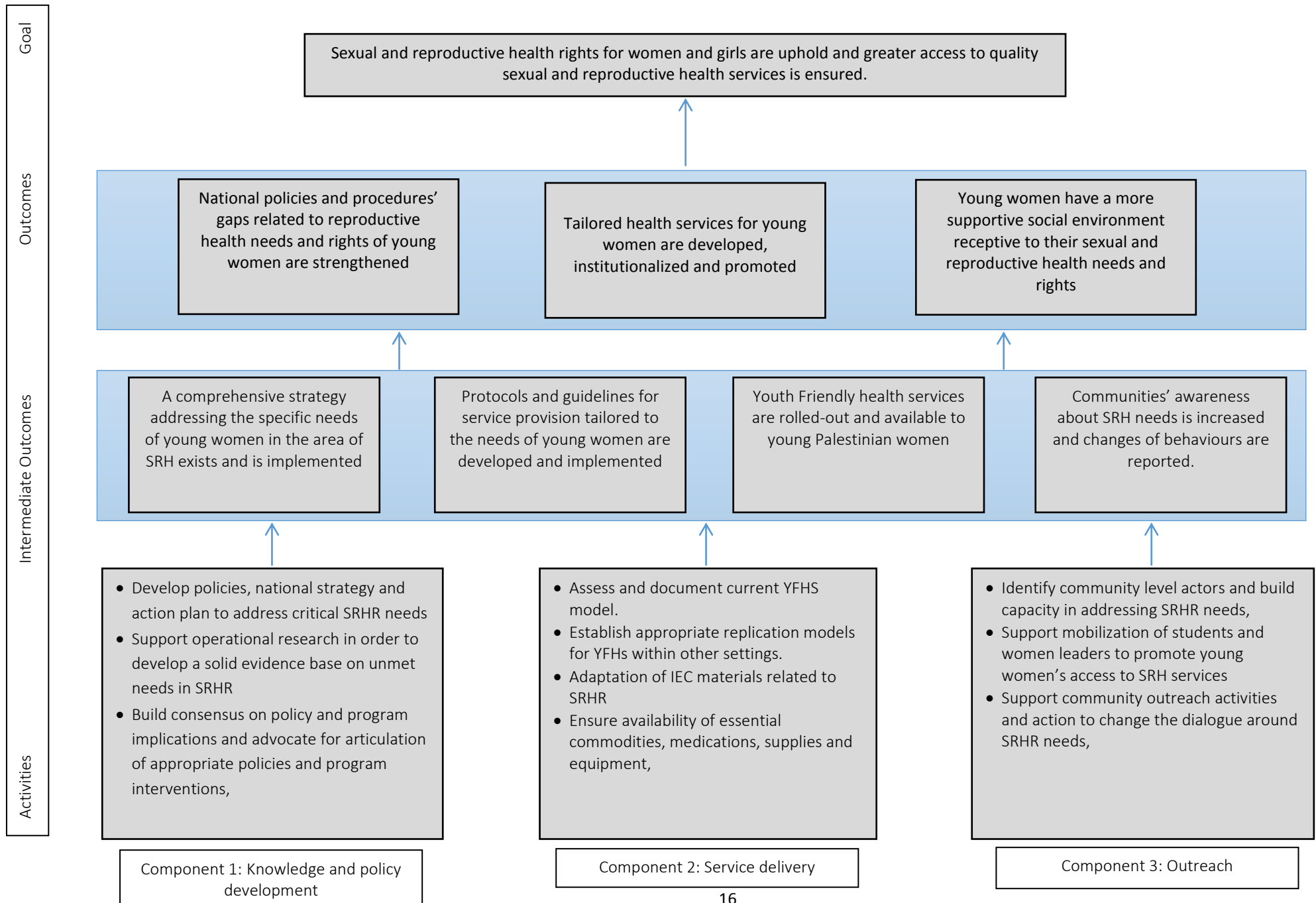
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<b>Component 1: Knowledge development and policy dialogue – Facilitating a comprehensive agenda and policies related to SRHRs</b>												
Conduct research in partnership with relevant institutions		X	X	X	X							
Develop national strategy and action plan and promote policies addressing SRHR						X	X					
Conduct lobbying and advocacy program						X	X	X	X	X	X	X
Establish and support national and sub-national coordination body						X	X	X	X	X	X	X
<b>Component 2: Service delivery – Replicating Youth Friendly Health Services for young women’s SR health and rights</b>												
Establish appropriate replication models for YFHS within University (Al-Quds)			X	X								
Support expanded delivery point with needed equipment and supplies				X	X	X	X					
Develop protocols and guideline for service provision tailored to the needs of young women				X	X	X						
Support operation of service delivery point					X	X	X	X	X	X	X	X
Provide training to health providers on protocol			X	X								
<b>Component 3: Outreach – Changing behaviors and perceptions</b>												
Conduct qualitative research on community actors and social norms				X	X							
Establish community-level bodies in support of women’s right (Student council and committee)				X	X	X	X	X	X	X	X	X
Community outreach activities (PMRS)			X	X	X	X	X	X	X	X	X	X
Contextualize already existing education material			X	X								
<b>Knowledge support and monitoring</b>												
Project start up and planning	X	X										
Knowledge support and monitoring	X	X	X	X	X	X	X	X	X	X	X	X

## 14. BUDGET

Item	Component	Measurement	Quantity	Unit cost	Total cost €
<b>Component 1: Knowledge development and policy dialogue – Facilitating a comprehensive agenda and policies related to SRHRs</b>					<b>110,000</b>
Activity 1.1	Conduct research in partnership with relevant institutions		4	21,250	85,000
1.2	Develop national strategy and action plan and promote policies addressing SRHR		1	10,000	10,000
1.3	Conduct lobbying and advocacy program		1	10,000	10,000
1.4	Establish and support national and sub-national coordination body		1	5,000	5,000
<b>Component 2: Service delivery – Replicating Youth Friendly Health Services for young women’s SR health and rights</b>					<b>120,000</b>
Activity 2.1	Establish appropriate replication models for YFHS within University (Al-Quds)		1	30,000	30,000
2.2	Support expanded delivery point with needed equipment and supplies		1	40,000	40,000
2.3	Develop protocols and guideline for service provision tailored to the needs of young women		1	10,000	10,000
2.4	Support operation of service delivery point		1	30,000	30,000
2.5	Provide training to health providers on protocol		1	10,000	10,000
<b>Component 3: Outreach – Changing behaviors and perceptions</b>					<b>150,000</b>
Activity 3.1	Establish community-level bodies in support of women’s right (Student council and committee)		1	30,000	30,000
3.2	Community outreach activities (PMRS)		1	110,000	110,000

3.3	Contextualize already existing education material		1	10,000	10,000
<b>Knowledge support and monitoring</b>					<b>80,000</b>
Subtotal					<b>460,000</b>
UNFPA Overhead cost 8%					40,000
<b>Grand Total (€)</b>					<b>500,000</b>

# Theory of change: The unfinished agenda to address social determinants for achieving Reproductive health and rights in Palestine





### Monitoring and evaluation frame

	Measurable indicator	Baseline	Target
<b>Component 1: Knowledge development and policy dialogue – Facilitating a comprehensive agenda and policies related to SRHRs</b>	No. of analytical studies produced and disseminated with evidence for policy guidance	0	2
	No. of draft policies/strategies developed addressing SRHR	0	2
	No. of advocacy and policy dialogue events/activities conducted by the coordination body	0	3
<b>Component 2: Service delivery – Replicating Youth Friendly Health Services for young women’s SR health and rights</b>	No. of young people benefiting from YFHS desegregated by age and sex.		tbd
	No. of health centres upgraded into youth friendly health services	1	2
	No. of IEC materials developed by type	0	tbd
	No. of providers that gained knowledge and skills on providing YFHS in the university setting	0	50
<b>Component 3: Outreach – Changing behaviors and perceptions</b>	No. of community committees created	0	5
	No. of people reached by community education	0	10000