

**occupied Palestinian territory 2018 (part of 2018-2020 HRP)**

<b>Appealing Agency</b>	<b>UNITED NATIONS POPULATION FUND (UNFPA)</b>
<b>Project Title</b>	Responding to Critical Health Needs of Young People at Risk
<b>Project Code</b>	OPT-18/H/115884
<b>Sector/Cluster</b>	Health and Nutrition Cluster
<b>Refugee project</b>	No
<b>Objectives</b>	<p>1: Access to services Ensure the availability, accessibility, acceptability and quality of essential lifesaving health services to vulnerable communities in Gaza and West Bank.</p> <p>2: Preparedness Vulnerable communities and health facilities, in the West Bank and Gaza better prepared to respond to emergencies and reduce avoidable mortality and morbidity.</p>
<b>Beneficiaries</b>	<p>Total: 42,200 Direct beneficiaries: adolescents and youth including conflict with law (juveniles), out of school youth, formerly young drug addicts and spouses, orphaned youth, youth with disabilities, Bedouin youth, and health workers.</p> <p>Female: 30,000 Male: 12,200 Children (under 18): 10,200 Adult (18-59): 32,000 Refugees: 15,000 IDPs: 2,000 Host communities: 13,200 Bedouin youth: 1000, Spatially Vulnerable youth: 10000 Out of school youth: 3000 Youth with disabilities: 1000</p>
<b>Implementing Partners</b>	Ministry of Health and PMRS
<b>Project Duration</b>	Jan 2018 - Jun 2019
<b>Current Funds Requested</b>	<b>\$628,560</b>
<b>Location</b>	Projects covering both West Bank and Gaza
<b>Priority / Category</b>	NOT SPECIFIED
<b>Gender Marker Code</b>	2a - The project is designed to contribute significantly to gender equality
<b>Contact Details</b>	Anders Thomsen /Sima Alami, thomsen@unfpa.org /alami@unfpa.org, +972 54 9201341
<b>Cash transfer programming</b>	<p>Is any part of this project cash transfer programming (including vouchers)? No</p> <p>Conditionality:</p> <p>Restrictions:</p> <p>Estimated percentage of project requirements to be used for cash/vouchers: 0</p>

**Needs**

The protracted humanitarian crisis in the occupied Palestinian territory is characterized by high levels of violence and grave violations. Quality and access to basic services including healthcare are often challenging, associated with increased violence related deaths, traumas, injuries and mental health disorders. The Palestinian population is young (69% are below the age of 29). The percentage of youth in the age group of (15-29) in Palestine comprises 30% of the total population. A recent UNFPA study, Palestine 2030, has demonstrated that Palestinian youth will grow more than double by 2050, and increase by a million by 2030. The increase of youth's share in the total population for the past 20 years is the highest increase among Arab countries.

Adolescents and youth are exposed to psychological trauma due to the dual impact of the external Israeli occupation and the internal patriarchal society. There are high rates of anxiety, depression, and post-traumatic stress disorder (PTSD), especially in Gaza. 25% of women reported sexual harassment in Gaza, significantly more than the West Bank (13.8%). Societal stigma means that youth suffering from such psychological trauma are unlikely to seek critical and life-saving help, impacted by social pressures and gender norms. There is a distinct lack of youth-friendly health services offering comprehensive, dignity-preserving and quality care for youth including mental health, psychological counseling and Sexual and Reproductive Health and Rights (SRHR).

The pervasive psychological impacts of living under protracted occupation have led to unhealthy and high risk coping mechanisms which are pandemic in Palestine. These include smoking, drug usage (especially in Gaza and EJ), violence and unprotected sex (leading to STDs, HIV/AIDS and unwanted pregnancies) leading to widespread mental illness, including depression and PTSD. . Recent studies have demonstrated a prevalence of substance use and abuse among young people in Palestine. There is a clear need to gain accurate information in this arena, considering that substance abuse is known to be on the rise. Tobacco use among youth is extremely high; even among younger youth (aged 15-19), 45% of males and 22% of females currently smoke. Older youth (20-24) levels stand at 72% and 31% respectively. Alcohol and drug usage is known to be much higher in East Jerusalem, where Palestinian youth have easy access from Israel. Other factors that have led to higher drug use in East Jerusalem include: "economic stagnation, poor social services, significant social and political tensions, and the inability of Palestinian law enforcement authorities to police this area. Young people in Gaza are demonstrating high addiction to Tramadol, an opioid painkiller, and has been said to affect between 50% and 80% of the adult population. It is used as a way of dealing with stress, nervous disorders, and psychological problems caused by 10 years of siege and economic blockade. It is a highly dangerous drug which has devastating effects on the body and can lead to heart disease and liver failure.

Sexual activity, 25% of older (19-24) unmarried male youth and 22% of younger (17-18) male youth report having had any sexual experience. Rates for females were generally similar. Rates for sexual intercourse remain lower (9.5% of older unmarried males and 7% of females). East Jerusalem shows elevated risk levels compared to other areas. While HIV/AIDS and STD prevalence remains relatively low across Palestine, the lack of SRHR education is likely to lead to increases in these communicable diseases. It is therefore critical to take preventive action now, as well as ensure that integrated health services include SRH and non-discriminatory counseling.

Vulnerable youth groups at severe risk:

Spatially vulnerable , youth with disabilities, young women and adolescent girls, Bedouin youth, orphaned youth, out of school youth

### **Activities or outputs**

Outputs:

- 1) Ensure access of vulnerable adolescents and youth in the Gaza Strip, East Jerusalem, Area C and H2 to quality mental health information and services; and
- 2) Emergency plans are better prepared to integrate Adolescents and youth critical health needs including SRH.

Activities:

Develop the capacity of primary healthcare to detect and treat youth with mental health problems, develop counselling initiatives, and community services for reproductive and mental health, organize awareness campaigns on mental/ psychological health issues to minimize stigma, and expanding human resources and research capacity into mental and reproductive health.

Support the implementation of adolescent inclusive MISP (Minimum Initial Service Package): training of health providers

Improve the quality and accessibility of healthcare for marginalized youth through the provision of mobile services and other initiatives.

Conduct public awareness campaigns to encourage better family planning, the use of contraceptives, and sexual health testing, including for HIV/AIDS and STDs, free of stigma, discrimination, and violence.

Enhance nuanced youth awareness of the dangers of unhealthy coping mechanisms, such as substance abuse (drugs, alcohol, and tobacco), unsafe sexual activity, and violence, and develop educational campaigns on healthy alternatives.

Provide mental health services to the adolescents and youth at severe risk groups including adolescents in conflict with law (juveniles), out of school youth, formerly young drug addicts and spouses, orphaned youth, youth with disabilities, and Bedouin youth.

Provide sanitary materials for adolescent girls and young women in H2, Area C, Gaza, East Jerusalem

Identify safe spaces for adolescents in the specific marginalized locations including H2, Area C, Gaza

Advocate for integration of ASRH in emergency preparedness plans developed by MoH and relevant NGOs

The project's activities will focus on the vulnerable young people, of which young women and adolescent girls are on the top of this list. The campaigns will target adolescent girls and boys in selected schools in Gaza, H2, East Jerusalem and Area C. In addition, the support to safe and family spaces will ensure the focus of activities on both young women and girls through new innovative activities aiming at reducing beneficiaries' vulnerabilities and promoting social well-being.

**Indicators and targets**

Indicators:

# of mental health initiatives. Target: 700

# of adolescents and youth benefited from psychosocial support and mental health initiatives. Target: 10,000

# of adolescent girls and young women received sanitary materials. Target: 2000

# of staff in primary health care centers equipped with information and skills on Adolescents and youth SRH including mental health. Target: 200

# of campaigns conducted. Target: 3

# of safe spaces offering Adolescents and youth SRH services. Target: 25

# of emergency plans integrated ASRH. Target: 2

Targets:

Direct beneficiaries: Total of 42,200

2000 adolescent girls and young women (including divorced and widowed women)

10,000 adolescents and youth including, conflict with law (juveniles), out of school youth, formerly young drug addicts and spouses, orphaned youth, youth with disabilities, and Bedouin youth

200 health providers

Indirect beneficiaries: 30,000 community members including children, women, elderly, men, girls and boys

Indicator	Project target
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<b>United Nations Population Fund(UNFPA)</b>	
<b>Original BUDGET items</b>	<b>\$</b>
Staff and other personnel costs	80,000
Direct inputs and services to beneficiaries (including trainings, awareness raising campaigns, menta	482,000
General operating and other running costs	20,000
Indirect/overhead costs (8%)	46,560
<b>Total</b>	<b>628,560</b>

<b>United Nations Population Fund(UNFPA)</b>	
<b>Current BUDGET items</b>	<b>\$</b>
Staff and other personnel costs	80,000
Direct inputs and services to beneficiaries (including trainings, awareness raising campaigns, menta	482,000
General operating and other running costs	20,000
Indirect/overhead costs (8%)	46,560
<b>Total</b>	<b>628,560</b>