



AN ADVOCACY BRIEF ON ADOLESCENTS' HEALTH & COVID-19

The Palestinian Adolescent Health Coalition



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This publication “An advocacy brief on adolescents’ health and Covid-19” has been funded by the Italian Agency for Development Cooperation within the project ‘Strengthening Reproductive Health and Rights for Palestinian Youth’ - AID 11578.

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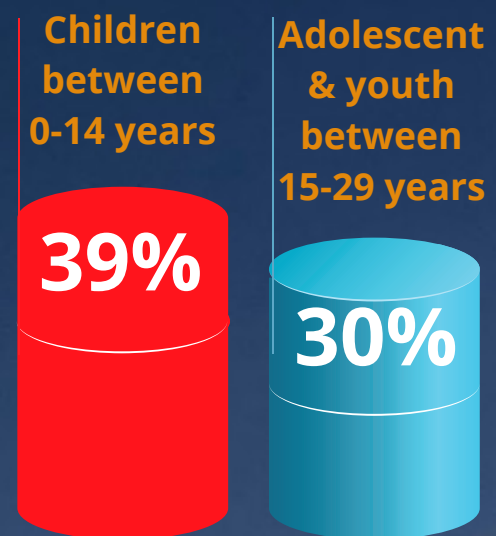
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Funded By:



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OF THE TOTAL
POPULATION

Background

Children, adolescents and youth below 29 years of age make up a very significant portion of the Palestinian population. Children 0-14 years made up 39.4% of the total population (2015) while those between 15-29 years made up 30% of the population (36% between 15-19 and 64% between 20-29)¹. According to the Palestinian Central Bureau of Statistics (PCBS), youth has previously been defined between the ages of 15-29 and PCBS recently re-defined youth to be defined between 18-29², while adolescents fall between 12 and 17³. This includes the very formative high school years. The percentage of youth between 18 and 29 years of age in Palestine⁴ was about 22% or 1.14 million of the total population of 5.10 million. The percentage of youth was about 23% in the West Bank (WB) and 22% in Gaza Strip (GS).

Education and employment

Illiteracy among youth has further reduced, from an already low 1.1% in 2007 to 0.7% in Palestine (0.8% in the WB and 0.7% in GS) overall. This trend is also reflected in an increase in higher education, with 180 in 1000 youths in 2019 in possession of a bachelor's degree or above in Palestine, an increase from 120 in 1000 in 2007. It is notable that this increase is particularly visible among young women (130 in 1000 in 2007, to 230 in 1000 in 2019), although increases can also be witnessed among young men (110 in 1000 to 130 in 1000 over the same time period).

Some 35.3% of the youth (15-29 years) are currently enrolled in education. Male enrollment in secondary education in 2019 was 71%, compared to 91% female enrollment⁵.

Unfortunately, the increase in education levels is not reflected in the employment numbers. In 2018, the female workforce participation rate was at 21%, compared to 72%. In 2013, the participation rate of women aged 15-24 years was 17% compared to 69% for males⁶. Recent unemployment among Gaza's youth (aged 15-29) reached 64% for males and 70% for females. This significantly impacts women's capacity to build resilience and recover from shocks currently exacerbated under the COVID-19 pandemic⁷. Employment of young women is concentrated in the services sector such as teaching and health care while, trade, restaurants and hotels sectors are the most accommodating for male youth employment. Less than 1% of Palestinian youth work in decision-making positions⁸. Only 0.7% of work as legislators and senior management employees⁹.

Protection and social issues

The adolescent birth rate (girls 15-19) in 2014 was 48/1000 births (35/1000 in the WB compared to 66/1000 in the GS)¹⁰. Some 20% of Palestinian females (19% in the WB and 21% in the GS) were in 2019 married before the age of 18, compared to 1% of males. The rates of child marriage have declined for both sexes; in 2010, 24% of females and 2% of males were married before the age of 18¹¹.

⁷ Ibid

⁸ Decision making positions include but not limited to leadership positions and positions in political structures such as municipal councils, Palestine legislative council and others such as heads of professional syndicates heads of non-governmental organizations or positions leading to access to higher decision making such as the general directorate levels in the public service structure.

⁹ With relatively limited experience, it is not unusual for young people not to be in senior positions especially in positions where work seniority counts and where a cumulative work experience is essential as in the employment structure in Palestine especially in the public sector. More opportunities for youth in decision making positions may be available in the private sector.

¹⁰ Multiple Indicators Cluster Survey 2014. PCBS, UNICEF, UNFPA-final report Dec 2015

¹¹ Preliminary Results of the Violence Survey in Palestinian Society, 2019, <http://www.pcbs.gov.ps/Downloads/book2480.pdf>

While the overall trend reflects a reduction, several pockets – especially in some parts of the Gaza Strip, East Jerusalem, and Area C, the Jordan Valley, the Southern West Bank, and within some communities in East Jerusalem – continue to present concerning data. The situation may be exacerbated if figures do not account for unregistered and informal marriages. A 2019 survey of Area C¹² found that 31% of surveyed women had been married before the age of 18, “with no notable decline in rates of early marriage among younger women”. The highest rates of child marriage were in camps (40%) and in the Jordan Valley (38%). These are areas with most obstacles to education, have larger families and higher rates of polygamous marriage and amongst the most deprived communities in Palestine.

Child labor (between ages 10-17) in the WB is 4% compared to 2% in Gaza¹³. The number becomes of further concern with the deteriorating socio-economic conditions under COVID-19. Organizations reported receiving reports of neglected children and “children forced to beg” due to difficult economic conditions¹⁴.

Some 89% of children are subjected to psychological aggression and 74% to physical punishment in the household¹⁵. Psychological violence, including verbal abuse and physical violence are common at schools. Over 20% of students aged 12-17 in Gaza have been exposed to psychological violence and over a fifth also exposed to physical violence (boys 28%, girls 16%). This is likely linked to traditional norms of masculinity and socialized trauma responses, as compared to higher rates of sexual violence, harassment, child marriage and other forms of exploitation and GBV for girls.

¹² Conducted by OXFAM and Bir Zeit University. OXFAM 2019

¹³ PCBS, 2019: <http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3595#>

¹⁴ OCHA, April-May 2020, COVID-19 Emergency Situation Report 7 <https://bit.ly/2DzJkgd>.

¹⁵ UNICEF. State of Palestine, Situation Report, June 2018.

More than half of the Palestinian youth population live in Area (C) close to the separation wall and the settlements¹⁶. This poses various challenges on their mobility and accessibility with impediments in accessing schools and health care amongst other vital services, moving safely, being cut off from families on the other side of the wall and their general feeling of entrapment in engulfed pockets with fear on security from settler attacks. Children, girls and women may experience most challenges due to safety and security fears and traditional norms influencing their mobility.

The percentage of households headed by youth (15-29 years) in Palestine was 14.9% (13.9% in the WB and 16.5% in GS) in 2017, an increase compared to 9.2% in Palestine (9.9% in the WB and 8.1% in GS) in 2007¹⁷.

Around 2.1% (93,000 persons) of the total population have some form of disability (45% in the WB and 52% in Gaza). A fifth of people with disabilities are under 18 years of age; 18.1% of females and 20.8% of males. Both face multiple barriers to services and lives with dignity¹⁸. 38% of children with disabilities are out of school. Girls with a disability between the age of 6-15 are less likely to be enrolled in school (30% compared to 22.5% of boys)¹⁹.



¹⁶ On the occasion of the International Youth Day, the Palestinian Central Bureau of Statistics (PCBS). Press release demonstrating the situation of the youth in the Palestinian society 12/08/2018

¹⁷ According to the data of the Population, Housing and Establishments Census 2017 and PCBS press release on the International Youth Day, 12/08/2017

¹⁸ Care and OCHA. RAPID GENDER ANALYSIS TO INFORM THE 2021 HUMANITARIAN PROGRAMME CYCLE IN THE OCCUPIED PALESTINIAN TERRITORY September 2020

¹⁹ UNICEF, 2018 a: <https://www.unicef.org/mena/reports/state-palestine-out-school-children>

¹ PCBS youth survey 2015

² The United Nations defines the youth as the individuals in the age group (15-24 years) with the possibility of adjusting this category according to the specificity of each country. The Palestinian Central Bureau of Statistics (PCBS) in its press release on the occasion of the International Youth Day 2019, considered the youth as the individuals in the age group (18-29 years).

³ Alternatively, the definition of adolescence covering age groups 11-18 or 12-18

⁴ August 12, 2020 (WAFA) –referring also to the PCBS marking the International Youth Day, results of the Palestinian Multiple Indicator Cluster Survey (MICS), 2019 Labor Force Survey 2019 and the Palestinian Household Survey, 2010

⁵ Care and OCHA. RAPID GENDER ANALYSIS TO INFORM THE 2021 HUMANITARIAN PROGRAMME CYCLE IN THE OCCUPIED PALESTINIAN TERRITORY September 2020

⁶ Ibid-and PCBS 2019

The current challenges facing Palestinian adolescents and youth result from a set of root causes which underlie much of the situation presented above. These root causes include, but may not be limited to:

- The long-term and continuing impact of the Israeli occupation, which impacts adolescents and youth in diverse and complex ways ranging from immediate consequences such as restrictions on freedom of movement, to political economic and social consequences relating to Palestinian fragmentation, economic hardship and national identity;
- Gender inequality and patriarchal norms which influence and shape gender dynamics and impact developmental areas of both male and female adolescents, and which limit opportunities for women and girls to aspire to, and eventually enter, the labor force in areas such as politics and the economy²⁰.
- The current ongoing COVID-19 pandemic which may have long time effects to be explored

Since the beginning of March 2020, the COVID-19 crisis has affected the world at large. According to the Ministry of Health, the total number of citizens infected in Palestine until October 13th, 2020 was 56,467 (47% male and 53% female). Infected adolescents aged 10-19 years comprised 15.6% of total infected cases while those aged 20-29 comprised 18.5% of total infected cases²¹.

²⁰ UNFPA. Youth in Palestine: Policy and Program Recommendations to Address Demographic Risks and Opportunities
²¹ CORONAVIRUS-COVID-19 Surveillance System, Palestinian Ministry of Health, 2020

The pandemic has had enormous impact on the Palestinian population, with an already high unemployment pre the outbreak of the pandemic. The pandemic increased the number of poor families by 53% (from 275,819 to 422,915)²². Total numbers of children and adolescents in need were estimated as 554,000 boys (25%), 525,000 girls (23%)²³. With the spread of COVID-19 since March 2020, these numbers have grown as the pandemic has continued to exacerbate the already overburdened health system²⁴.

The risk of GBV, particularly in the form of threats of violence and harmful gendered practices have been on the rise amidst COVID-19 at both the regional and the global levels²⁵. GBV appears to have increased among Palestinians under the pandemic with limitations on movement, confinement and forced coexistence, economic challenges, food insecurity, fear of exposure to virus increased security concerns facing women and girls related to GBV, intimate partner violence, and domestic violence. GBV has been perceived as an increased risk for women and girls in the crisis, as well as an increase in violence reported by young males²⁶. An increase in security concerns facing women and girls related to GBV, intimate partner violence, and domestic violence have been noticed as well as an increased risk for women and girls in the crisis²⁷.

²² State of Palestine, Ministry of Social Development. Study of the Social Impacts of the COVID-19 Pandemic in Palestine and its Implications on Policies and Future Governmental and Non-Governmental Interventions –July 2020
²³ UN OCHA. 2020 Humanitarian Needs Overview, OPT
²⁴ Care and OCHA .RAPID GENDER ANALYSIS TO INFORM THE 2021 HUMANITARIAN PROGRAMME CYCLE IN THE OCCUPIED PALESTINIAN TERRITORY September 2020
²⁵ CARE International Rapid Gender Analysis MENA Region. 5 April 2020.
²⁶ CARE Palestine West Bank Gaza .The COVID-19 Outbreak and Gender – Advocacy Brief-Quoting Sawa. organisation
²⁷ CARE Palestine West Bank/Gaza COVID Rapid Gender Assessment. April 2020.

51% of households in Palestine with children between the ages (6-18 years) participated in educational activities during the lockdown; (53% in the WB and 49% in GS, with variation amongst governorates); 40% evaluated the remote/online experience as bad and did not fulfill the desired task. About half of the households surveyed reported their children were deprived from participating in remote education due to unavailability of internet²⁸. This challenge will continue with the ongoing spread of the COVID-19.

I: Coalition’s Profile and Services in Adolescent’s Health



The Palestinian Coalition on adolescents’ Health (henceforth the Coalition) has been formed with membership of governmental, non-governmental, academic, national and international organisations, institutions, societies and associations dedicated completely or in part to the promotion and protection of adolescent’s health and rights.

²⁸ Palestinian Central Bureau of Statistics (PCBS) Announces Results of Impact of COVID-19 Pandemic (Coronavirus) on the Socio-economic Conditions of Palestinian Households Survey (March-May), 2020

The Coalition was established in 2019 as an outcome of the sexual and reproductive health national conference that was held in August 2018. It currently has 23 members. Two of the members are youth-led organizations/networks and the rest are organizations that implement adolescent related health, social and economic programs.

The Coalition has evolved as a response to the need for coordinated work on adolescent health. It has no formal registration as a coalition and no permanent office. It is currently hosted by Juzoor for health and social development. Coalition member organizations’ mandates are varied, as is their work in the realm of adolescent health. The following matrix highlights direct or indirect organizational engagement in adolescent’s health.



	Organization ²⁹	Type	Sexual & RH	MH & Counselling	Oral Health	Diet & Nutrition	Substance use, prevention, &	Routine screening	School health / health education	Occupation & Rehab/ special needs	Special Needs including LGBTQ, GBV	Empowerment career building
1.	PFFPA	National non-governmental	X									
2.	UNFPA	UN Agency	X	X					X		X	X
3.	Y-PEER	National non-governmental							X		X	X
4.	Thalassemia Palestinian Friends Society(TPFS)	National non-governmental						X				X
5.	Sharek Youth Forum	Local non-governmental	X							X		X
6.	Palestinian Child Institute	National-Academia affiliated		X					X	X		
7.	Juzoor for Health and Social Development	National non-governmental	X	X		X			X			X
8.	Palestinian Counseling Center	National non-governmental		X			X		X			
9.	World Vision	International non -governmental		X					X			
10.	Tomorrow's Youth (TYO)	National non-governmental	X	X					X			
11.	UNRWA	UN Agency	X	X	X	X		X	X	X	X	X
12.	MAP UK	International non -governmental										
13.	War Child	International non -governmental	X	X		X						
14.	PMRS	National non-governmental	X	X	X	X	X	X	X	X	X	X
15.	Save the Children	International non -governmental	X	X					X			x
16.	Qader	National non-governmental		X						X		
17.	Palestinian Association of Family Medicine	National non-governmental	X	X								
18.	Ministry of Health	National Governmental	X	X	X	X	X	X	X	X	X	
19.	Ministry of Education	National Governmental	X	X					X			X
20.	Nafs for Empowerment	National non-governmental		X								
21.	PHWC	National non-governmental	X	X	X			X	X		X	
22.	Arab American University	National-Academia affiliated			X	X	X					X

The Coalition includes broad-based service organizations (MoH, MoE, UNRWA, PMRS and PHWC) and certain population group or focused service-based organizations (Sharek, Child Institute, UNFPA, PFFPA, Counselling center, Save the Children). Some are youth-led (Qader, Sharek and Tomorrows youth) while some are more training, research and awareness-raising oriented (Juzoor, Thalassemia). Again, others offer technical and material support such as MAP/UK. This broad focus membership offers the Coalition a platform for enhanced coordination and coverage of adolescent health especially under tight financial situations and increasing needs.

The inclusion of internationally linked organizations enhances the coalition's exposure to work in the international arena and the sharing of information and good practices, exchanging experiences as well as potential funding in support of organizational members programs and joint work.

The Coalition reflects a pool of social capital for collective work on adolescent's health, strengthened and enriched through information sharing and the formation of a collective stronger input and advocacy towards adolescents' health than each member's independent identity. The Coalition members have been actively engaged in adolescent COVID-19 related activities since the outbreak of the pandemic

²⁹ Listed organizations total 22 but include 3 Governmental organization. Two of the members are youth led networks and the rest are organization that implement health, social and economic programs reaching adolescent girls and boys and those at risk .

2: Adolescent Health and COVID-19



Feelings of fear and anxiety during the pandemic's phases have affected the whole population, including adolescents. Research from elsewhere and confirmed by an online assessment by Juzoor³⁰ has shown that adolescents who are generally active and enjoy being with peers are obliged to stay home with decreased outdoor activities and "trapped" in the same space with their families for long periods of time, with anxieties, emotions and fears³¹. Some are in lockdown in densely populated homes with siblings who are also out of school and all in the house struggling to follow up on online classes simultaneously.

With pandemics and lockdowns, at-risk groups for long-term mental health issues are: healthcare workers, young people under 30 and children, the elderly and those with disability and in poverty. The impact may be long term. The COVID-19 pandemic and the lockdown measures require dealing with intense stressors that require mitigation of its toxic effects³².

³⁰ Was held by Juzoor for Health and Social Development in May 2020 with 17 adolescents (8 Males and 9 females) to elicit their views on their thoughts and experiences under quarantine .The participants included a student studying abroad, one with special needs and one who was infected with Coronavirus. 17 participants were from various governorates in the West Bank and 5 were from the Gaza Strip. A set of questions was sent in advance to insure focus, time management during meeting insuring input by all participants including 1.General experience and feelings under quarantine, 2.needs during COVID-19 and quarantine, 3.Thoughts on life after COVID-19, 4.Online education and 5.Lessons learned

³¹ <https://www.relationshipsnsw.org.au/quaranteen-adolescence-in-lockdown/>. Research from elsewhere and not undertaken among Palestinian adolescents specifically.

³² <https://www.weforum.org/agenda/2020/04/this-is-the-psychological-side-of-the-covid-19-pandemic-that-were-ignoring/>. Lockdown is the world's biggest psychological experiment - and we will pay the price

Other vulnerable groups, such as the Bedouin and in particular Bedouin adolescents totaling 1174 from a total population of 2800 Bedouins (85% refugees), which dwell in 18 population centers in Area C around East Jerusalem without access to electricity and only half connected to water³³, detainees in Israeli prisons³⁴, adolescents with disabilities, or those from vulnerable households, refugee adolescents and others living in confined quarters and others who do not have access to online education and lack the needed electronic devices are under additional stress being unable to follow up on their educational needs and communicating with the outside world.

Lockdown potentially affects dietary and lifestyle habits. Weight gain has been reported in a recent survey on Palestinian youth and adults³⁵. Another survey during the lockdown on adolescents noted similar results on weight gain among adolescents, decreased physical activity, and increased time spent on screens among the numerous stressors challenging adolescents during lockdown³⁶. Weight gain is alarming as Palestine is already increasingly affected by the double burden of malnutrition: the persistence of under-nutrition, combined with a rapid rise in overweight and obesity.

³³ https://www.ochaopt.org/sites/default/files/ocha_opt_fact_sheet_5_3_2014_Ar_.pdf

³⁴ www.addameer.org .Total Number of political prisoners (Sept 2020)4500,Child prisoners 155 and Female prisoners39. Approximately 700 children under the age of 18 from the WB are prosecuted every year through Israeli military courts after being arrested, interrogated and detained by the Israeli army.

³⁵ AWRAD. Coping with COVID-19 Pandemic: Impacts and Coping Strategies among Palestinians-18 May 2020 reported that 54% of its survey respondents reported gaining significant or some weight: 57% of women and 51% of men.

³⁶ Juzoor. May 2020.Impact of COVID-19 lockdown on nutrition and lifestyle behaviors among adolescents in a Palestinian population. Included a random sample of 600 adolescents -300 boys and 300 girl's -aged 10-19 years in the WB including East Jerusalem between April 24 and April 27, 2020. 71.5% lived in cities and were students (96.2%), with approximately 80.0% in primary or middle school. Participants were interviewed over the telephone by trained researchers using a structured questionnaire. One adolescent participant was randomly selected from each household using the Kish Table. The sample was chosen from all WB governorates.65.7% were chosen using randomly generated phone numbers and 34.3% using the snowball technique. Verbal informed consent was obtained from parents/legal guardians and study was approved by the Helsinki Ethics Committee of the Palestinian Health Research Council in the GS.

Locked down and quarantined people may develop a wide range of symptoms of psychological stress and disorder, including low mood, insomnia, stress and anxiety not only from the nature of the virus and its spread, but also from various stressors (worrying about parents losing jobs and their ability to provide for the family, losing study days and keeping up with online classes, missing interaction with peers), loneliness, loss of pleasure and recreation and others. In cases where parents were quarantined with children, the mental health toll became even steeper. All these, and many more, are present in this current pandemic³⁷. As a consequence, their behavior may change: in sleep, appetite, mood (feeling overwhelmed, upset, frustrated or angry), difficulty focusing, lack of motivation anger, irritability, emotional exhaustion, depression and post-traumatic stress symptoms and feeling helpless and hopeless.

Several studies worldwide also point to the potential and or an actual increase in suicide during the COVID-19 pandemic. The rates of those reported having seriously considered suicide in the 30 days before the June CDC study are higher among those between ages 18-24 (25.5%), essential workers (21.7%), and minority racial/ethnic groups (18.6%) others, 15.1%)³⁸.

On the flipside, some adolescents do report certain positive factors: for them, this lockdown time has been an opportunity to spend more time with the family to, prepare food and eat and pray together³⁹.

Results from Juzoor's online session with adolescents from the WB and the GS revealed:

- General experience and feelings under lockdown and quarantine include: Stress and a sense of going through an unprecedented time. They spent their time studying, raising awareness –volunteering, polishing their skills, praying, spending time with family, walking, watching the news and playing video games. Those who stated they were stressed attributed stress to: not being used to staying at home for such a long time, not knowing about the nature of the virus and its potential impact and loneliness. Some stated use of technology and engaging in activities to release energy helped. Those who mentioned video games stated that hours spent per day were higher than before lockdown.
- Needs during COVID-19 and lockdown and quarantine include: Mental and psychosocial support, awareness-raising to understand the nature of the virus and its protective measures, need to go back to pre COVID -19-normal life and the need go out and see people and work on hobbies (handcrafts, cooking).

- Thoughts on life after COVID-19 include: On the positive side, awareness and more attention to the environment, less pollution, more love, empathy and cooperation, better hygiene and awareness, better time management, better awareness on taking care of health. On the negative side: less physical activity, poor economic conditions, no more gatherings and boredom with more stress not being able to see friends as often. Some perceive that life will never go back to normal and that social distancing will change traditional practices. For others, they believe life will return back as before and even better. Generally, participants were more positive regarding the future than negative especially in regards to taking care of their hygiene and health.
- Online education: On the positive side, it taught time management, sharpened the use of technology, is easy to engage in, can be improved and availability of teachers all the time has been helpful. On the negative side: It is a big challenge, bad or not the best experience and is difficult. It is stressful for students as it places on them a greater responsibility for their own learning. They further reported feeling that it has become more difficult to communicate with teachers, combined with a sense that teachers were unprepared for the situation and have insufficient capacities to facilitate online learning. Adolescents in Gaza reported particular problems relating to power cuts, making online education spotty and inconsistent. There were generally more negative than positive comments on online education and its effectiveness.

Lessons learned as voiced by participants include: Not to take anything for granted and not to underestimate any disease and care for health.

- **In terms of skill improvement:** time management especially with demands of online learning, computer skills, better use of technology and strengthened coping under stress and prioritizing needs. For some, it has been time used for sharpening some of their hobbies and artistic skills
- **In terms of health:** Better personal hygiene and increased awareness of hygiene needs and practices, becoming more responsible and listening to your own body.
- **Greater awareness of certain issues:** Adolescents reported becoming more aware of the inter-connectedness between physical and mental health, and feeling more conscious of the need to support community awareness-raising. They further expressed a renewed feeling of wanting to enjoy every moment as no one knows what the future brings.

The experience of COVID-19 is a stressful one for adolescents and may result in longer-term challenges reaching far beyond the immediate health impact. Financial stressors, educational consequences, and mental health concerns and other overarching challenges will continue to impact both individual adolescents and their families and communities in ways that may have far-reaching consequences, and which require a comprehensive and holistic response by partners working in this area. Adolescents are impacted especially by changes in lifestyles and social behavior. This warrants a better understanding of protective mental health needs and measures⁴⁰.

³⁷ <https://www.weforum.org/agenda/2020/04/this-is-the-psychological-side-of-the-covid-19-pandemic-that-were-ignoring/>

³⁸ www.kxan.com. Russel Falcon. Are suicides on the rise during the COVID-19 pandemic? Posted August 22 2020

³⁹ Some points were also presented by adolescents in the 1.5 hour online session with adolescents conducted at Juzoor on May 21st

⁴⁰ <https://www.wftv.com/living/family/how-does-covid-19-anxiety-impact-children/BJPFJVK4FHARLAIGZMEEPG3JI/>. By: Dwight Bain-Updated: April 6, 2020

3: Palestinian Adolescent Health Care System: Challenges and Needs Under COVID - 19 and Beyond

The Palestinian health care system is generally overstretched due to the multitude of challenges imposed by the occupation, the division between Gaza⁴¹ and the WB and decreasing budgets. Health services for adolescents are delivered through two healthcare sectors: primary care and specialty care involving multiple providers⁴² and institutions with some providers focusing on specific areas or subpopulations of adolescents. Primary care services include routine screenings and checkups, immunization, diet and nutrition, school health services and general assessment for disorders and risk factors. Specialty care services focus on specific health needs including areas of chronic illnesses, mental health, sexual and reproductive health, oral health, and substance use treatment and prevention. Some primary care settings offer specialty health services while some primary care services may be available within specialty clinics.

There are also community-based health-related organizations that feed into the health care provision to adolescents and act as a safety net. These frequently reach out to marginalized areas and communities sometimes through the use of health workers, youth leaders and others trained in adolescent health and development. Those engaging younger staff and volunteers are better able at establishing trust with adolescents and are comfortable in discussing sensitive health issues with young people.

⁴¹ The Gaza Strip (GS) is already under humanitarian and economic crisis. Its 2 million inhabitants are squeezed in less than 400sq2 with over 5000 inhabitants in one square kilometer, impoverished and subject to numerous health-related risk factors and related consequences on the health and the wellbeing of individuals and their communities at large. The wars on the GS since 2008 have destroyed much of its infrastructure and left its systems overstretched continually working to recover

⁴² For example, adolescents with eating disorders, chronic diseases such as diabetes or mental health generally require involvement and coordination of multiple specialty services for provision of comprehensive integrated care).



Inpatient hospital services are also provided for adolescents but hospitals do not have a sufficient volume of adolescent patients to create specific inpatient services for adolescents due to the general physical health status of adolescents compared to others, resulting in low demand by adolescents and youth for hospital services. Hospitals rely on a multidisciplinary team approach involving health professionals with interest and expertise in adolescent health to meet the inpatient needs of adolescents. There are however no specific guidelines for the care of adolescents in hospitals so that those with the greatest expertise in and awareness of issues pertinent to adolescence can be involved with young people's services and care.

The Palestinian adolescent health system shares the same basic characteristics as those embedded in adult health services and requires collaboration and system-level planning among various private and public health services, settings, and providers. It is also characterized by barriers to and gaps in care. Generally, examining the strengths and limitations of current health system approaches for adolescents comprises five major objectives—accessibility, acceptability, appropriateness, effectiveness, and equity—that serve as criteria for assessing the use, adequacy, and quality of adolescent health services⁴³.

Poor health habits and risky behaviors in childhood and adolescence years extend into adulthood and contribute directly to poor health conditions and significant morbidity and mortality in the short and long terms with a direct impact on individuals and the society at large and is a strain on health budgets and the social fabric and influences the perceptions of communities towards adolescents and youth.

⁴³ WHO

Some adolescent health care including mental health services may be challenged by financial barriers and mobility restrictions, limited availability of providers, associated stigma and concerns about confidentiality and privacy and lack of smooth transitions and referral across health service settings. In such a case an umbrella organization for referring adolescents may be warranted whilst ensuring service availability and equity.

Although access to health services was available to those households in need of them as surveyed by PCBS⁴⁴, yet the pandemic influences the quantity, quality, accessibility, and affordability of health services in general including adolescent's health. Multidisciplinary coordination is invariably impeded through environmental constraints. Adequacy of preventive screening, counseling, and health education for adolescents for example accessible in various geographic locations recognizing and reflecting the particular needs and interests of adolescents is questionable.

There are various additional challenges to adolescent health care under the pandemic including:

People infected with coronavirus have been challenged throughout the world with social stigma associated with being infected with the disease. Palestine is no different. While anxiety and fear surrounding the disease may be understandable, yet the confusion around it has been fueling stereotyping negatively affecting infected people, their families and communities and interfering with the course of prevention and further detection of cases. In its quest to going back to normal living with preventive measures, the issue of COVID-19 stigma and stereotyping becomes increasingly an issue to be tackled for children and adolescents going back to school.

⁴⁴ Palestinian Central Bureau of Statistics (PCBS) Announces Results of Impact of COVID-19 Pandemic (Coronavirus) on the Socio-economic Conditions of Palestinian Households Survey (March-May), 2020. 4% of households in need of health services were unable to access health services. Results indicated that the lowest percentages of access were reported for immunization and care of chronic and non-chronic conditions.

During the lockdown, adolescents similar to the population at large generally avoid seeking non-emergency health services to minimize the risk of getting infected. This may impact their ability to access accurate, safe and reliable services and advice from qualified professionals on issues relating to adolescent health. However, statistics on hotlines indicate a 24% increase in the number of calls by children under the age of 18, compared to the first three weeks of April 2020⁴⁵. Furthermore, stigma and shame in seeking care related to SRHR with the lack of confidentiality and the attitude of service providers towards (particularly unmarried) adolescents has been a challenge and remains a concern under the pandemic.

4: Adolescents Involvement During the Pandemic



Palestinian adolescents have been involved during the COVID-19 pandemic in joining in combating the spread and addressing the pandemic’s impacts in various ways and forms on their own and or as part of an organized institutional effort including: raising awareness and enhancing connections, supporting others and saving lives⁴⁶. However, women’s participation and involvement appears to fall behind male involvement. Following the onset of the pandemic, a study found that 60% of male respondents reported being involved with associations, groups, or clubs compared to only 47% of female respondents⁴⁷.

45 OCHA, April-May 2020, COVID-19 Emergency Situation Report 7 <https://bit.ly/2DzJkgd>.
46 From categories in UN IANYD STATEMENT ON COV ID- 1 9 & YOUTH
47 CARE Palestine West Bank/Gaza COVID Rapid Gender Assessment. April 2020.

Below are examples of activities involving Palestinian adolescents through coalition members and or other related organizations⁴⁸. Adolescents were involved as recipients of targeted messaging. For example, Sharek targeted children and adolescents with educational messages and daily advice on spending time and using it usefully during the pandemic.

It shed light on the mental and psychological health of young people and a number of educational publications and videos have been organized to enhance their participation in the online campaigns and actively engage adolescents⁴⁹.

PTFS created a new online platform for adolescent patients (Thalassemia Forum for Training and Development) so that their own information materials have been produced in addition to motivating them to know and participate in decision-making through this interactive participatory platform⁵⁰. For Save the Children, adolescents were engaged in participatory activities, support groups, PSS activities and awareness campaigns to support their peers. Activities were held through Save the Children partners in the field⁵¹.

48 Some points were presented by adolescents in the 1.5 hour online session with adolescents conducted at Juzoor on May 21st which focused on: the participants experience in quarantine, needs during this period, experience with distance-online learning and lessons learned.
49 In Sharek’s response to the questionnaire for this statement
50 PTFS’s response to the questionnaire for this statement
51 StC’s response to the questionnaire for this statement

Raising awareness and enhancing connections
<ul style="list-style-type: none">• Using various social media platforms for awareness-raising and disseminating fact-based information online including in making videos• Songs written and sang by adolescents• Responding to related prize announcements⁵²• Drawing caricatures and or narration with adolescents’ voices depicting the situation• Preparing and disseminating guidelines on preventive measures• Donating from own savings⁵³• Contributing to data-collection and monitoring,• Distributing hygiene kits⁵⁴• Conducting peer to peer sessions via social media platforms⁵⁵• Engaging in capacity building events and activities⁵⁶
Supporting others
<ul style="list-style-type: none">• Volunteering to help the elderly, those with disabilities, the marginalized and others. Many have joined for example supermarkets to provide people food supplies for their homes• Helping with packaging and food distribution for the marginalized and needy families• Assisting at entrances and exits of villages and towns to minimize vehicle movement.• Posting online physical fitness sessions to increase activity during confinement.• Providing support through peer to peer help. Joining family members in agricultural home-based activities during lockdown
Saving lives
<ul style="list-style-type: none">• Putting up tents in Jerusalem hospitals to receive patients for initial assessment• Sanitizing streets in Jerusalem and elsewhere

52 For example the announcement of a prize by Juzoor on May 23rd for best appreciative words on the work of medical teams in their fight against the coronavirus by adolescents
53 Several TV programs have covered gestures by children and adolescents handing in their savings to contribute to covering needs of others
54 Adolescents for example distributed through voluntary work 250 hygiene kits and Family Planning methods to PFPPA beneficiaries in various areas (including those in Area C and marginalized locations) in Hebron, Halhoul and surrounding areas.
55 Over 50 sessions were conducted during April – May reaching approximately 1000 youth (males and females), noting the majority of the sessions focused on CSE topics. Another factor worth mentioning is that following these sessions hundreds of counselling and consultation services were provided to the participants regarding issues of their concern.
56 World Vision indicated that boys and girls were engaged in model adaptations. Adolescents/ beneficiaries were engaged in planning and implementing the activities, they were also engaged in capacity building events using virtual platforms .

5: Coalition Members Service Challenges, Service Adaptation and Opportunities during the Pandemic

Under this pandemic, services offered by members of the Coalition were invariably challenged⁵⁷.

In terms of SRH, the following services under the pandemic have been impacted at most major providers (MOH, UNRWA, and NGOs)⁵⁸: Delivery in hospital, antenatal and postnatal care for identified high-risk pregnancies, family planning services, routine antenatal, postnatal, and preconception care, IUD insertion, routine mammography and maternity outpatient clinics (continued as normal, scaled-down or halted). These services are essential at all times. SRH services, including maternal health care and gender-based violence (GBV) related services, are central to health, rights and well-being of women and girls. There is a higher risk to women and girls and their neonates when service provision is disrupted.

Challenges facing adolescent SRH during the pandemic include those as result of decrease system inputs and/or behavior changes due to fear and compromised finances⁵⁹ including: lack of access to routine antenatal and postnatal care risking high-risk pregnancies being undetected, shortages of SRH supplies and human resources diverted from SRH to the COVID-19 response and decreased family planning and pre conception care services. This may lead to increased unplanned pregnancies, which may be life-threatening for some women, especially the young.

For other organizations, certain priorities emerged unplanned for in programs including for example on disseminating information on: How to deal with children and adolescents during extended quarantine? How to cope with stress, disseminating information on the symptoms of the disease and protective measures, securing the continuity and availability of basic food and psychological and economical support, amongst others⁶⁰.

The main challenge for Save the Children was trying to reach children and adolescent beneficiaries virtually and not through face to face activities. Furthermore reaching out to those who needed protection due to GBV risks during lockdown⁶¹. Virtual interaction however comes with limitations in reaching children in schools and in marginalized areas with no activities on the ground, limited internet services and less ability to monitor even with further training of councilors to interact with children amongst others.

The pandemic resulted in many changes in previously planned activities. Some of the activities were implemented online and while others were transferred to community initiatives and some postponed or canceled⁶².

Quick adaptation with contingency/emergency plans were and continue to be warranted to enable operation under COVID-19 restrictions and protection measures. The following are measures of adaptation which coalition members have and continue to use within their mandates to the extent possible with changes in operation modes and shifting focus as needed:

⁶⁰ UNICEF-Rapid Assessments on COVID-19. 25 March-02 April. On line survey with 765 respondents was conducted and shared with community members through, local and international partners, to measure the public awareness, perceptions and knowledge on the coronavirus, COVID-19 in Palestine. Aiming to improve the performance on responding to the pandemic through enhancing social engagement.

⁶¹ Save the Children

⁶² Sharek

⁶³ Information elicited from coalition members through a questionnaire covering: changes to organizational planned activities under the Pandemic? Engagement of adolescents in organizational work, challenges in implementing your program/s under this pandemic? Amongst others

Shifting priorities: Instead of planned work, organizations shifted to responding to immediate needs and restrictions of the emergency situation and responding to target groups emerging needs as well as national needs under the pandemic⁶⁴.

Use of online technology, generally in most organizations:

- Online work became the mode of communication in the era of imposed physical /social distancing⁶⁵.
- Organizational staff relied heavily on work on line within their own organizational team or across coalition members.
- Digital and telecommunications tools such as Zoom, WhatsApp, the Academic Intervention Facebook page, phone calls, and personal messages to communicate with beneficiaries and their families.
- Webinars targeting adolescents and adolescent's participation with input by male and female adolescents
- Adolescent's webinars were utilized to elicit continued adolescents' input⁶⁶.
- Promotion and use of hotlines and digital health education were used to increase coverage.

⁶⁴ Juzoor shifted the work on a conference to focus on GBV and research on adolescents' health including nutrition under the pandemic. It stopped the field work and face to face meetings and trainings.

PFPPA was unable to keep open for 2 months their youth friendly service centers particularly in Hebron and Gaza, where adolescents have become to identify as a safe space to receive services without discrimination and stigmatization. Providing services related to SRHR and GBV has been difficult in home settings (particularly with large families in small homes) where there is lack of privacy. It was also noted that the level of commitment of adolescents during the pandemic was also a challenge particularly that a large percentage were also engaged in online learning that may also have been frustrating for them. It shifted its work from providing Sexual Reproductive Health Rights (SRHR) and Gender Based Violence (GBV) related services from 6 service delivery points to provision of services and awareness being provided remotely from homes. TPFS made a number of changes on their work plan to accommodate whereby a number of activities have been implemented online in addition to reducing some programs while expanding others in addition to introducing new activities. Save the Children carried on a reprogramming step with partners and lunched an emergency response plan activated through the education cluster and Mental Health Psychosocial Support (MHPSS) task force, in addition to all other programs. Also planned for a recovery response and fundraising specifically for crisis interventions.

Using alternate modalities for care: including hotlines and phone consultations for example pregnant women, digital health outreach/education, as well as home and mobile clinic services. For some organizations such as the MoH, centralizing services in certain locations and offering services as per set times during the day or the week.

Scheduling of service Provision: In an effort to mitigate the spread of infection and for patient safety, providers have used pre-mobile clinic services, set appointment times, a limited number of patients in waiting rooms, etc.

Closer coordination and coordinating with regional coalitions: For example, of SRH services among providers under the leadership of the Ministry of Health and Juzoor's work with the regional forum on adolescents' health.

⁶⁵ TYO made substantial changes to their programs based on initial wellness checks and needs analysis to address the most urgent needs of families under COVID-19 lockdown. They immediately reached out to over 750 beneficiaries. They shared health and safety best practices and also offered psychosocial support and identified at-risk families that required intensive and immediate intervention. All education, academic-based and entrepreneurship programs, shifted to distance and online learning and training. This presented a challenge in terms of capacity and skills building internally, but also impacted the quality and nature of interventions with families and children. It experienced some challenges due to the closure of medical centers and lockdown policies and had to figure out new ways to refer medical and health cases to community health centers and clinics. Work was also challenged while dealing with families with limited resources at home, including no internet or computer access. For some of these cases, TYO adapted its outreach and approach to ensure programs were inclusive and operational, even in resource-limited households. TYO also used storytelling and visual content with stories from at-risk families to share with its international audiences to show how Palestinians have been impacted by the pandemic. It also captured strong visual content from the refugee camps to show the social media community the life of Palestinians in refugee camps.

World Vision also used virtual platforms which was challenging in the beginning. They managed to implement some activities virtually, but do not believe it yields the same benefit while some interactive activities were not possible to implement.

⁶⁶ One such webinar was conducted by Juzoor on Youths experiences under COVID-19 with virtual participation by 13 females and 11 males

⁵⁷ All coalition members who have responded to a short questionnaire for preparing this statement indicated that changes in their organizations planned activities have taken place under the Pandemic

⁵⁸ The impact of COVID-19 on sexual and reproductive, including maternal health in Palestine. April 17, 2020. Situation overview

⁵⁹ Ibid

6: Opportunities and Lessons Learned

Organizational opportunities and lessons learned during the pandemic as reported by some Coalition members include:

Opportunities

Health and related services

- Developing strategies that allow everyone to have equal opportunities and equal access to health and psychological services
- Opportunity in networking and strengthening relationships with MOE, MOSD and MOH.
- An opportunity for MHPSS work and protection at quarantine centers.
- Creating interactive, participatory youth programs and using the participatory therapeutic approach within specific groups and with medical and psychological supervision and programs with teenagers enhancing their participation in the planning process.

Outreach and awareness regarding COVID-19

- Investing in wider outreach to adolescents through online and virtual interventions including online capacity building.
- Reaching out and influencing adolescents through tips on how to better use time, invest it, and achieve goals by taking advantage of the home quarantine period.

Engaging adolescents as volunteers

- Finding alternative work mechanisms and programs to continue work through social media and to provide psychological support and advice to all segments of society.
- Promoting gender equality messages and family dynamics by launching several online campaigns on principles of participation and cooperation in the family.
- Tailored and catchy programs targeting adolescents and youth to increase their interaction and engagement with organizations and service providers giving people a youth platform to express their opinions and aspirations whilst reaching out for adolescents through a preferred tool of communications (social media) with a higher reach with less operational cost.
- Better involvement of adolescents in awareness campaigns and interventions through online programs with enhanced adolescent's participation and voluntary related initiatives.
- Presenting positive examples to a large number of people who contributed to this pandemic and were able to create hope and achieve achievements under these conditions.

LESSONS LEARNED INCLUDE:

Needs and services

- Researches/studies conducted highlighted many gaps and needs that should be tackled in any coming emergency situation.
- The pandemic accelerated mental health issues, anxiety and stress at home, posed educational and learning challenges, and caused a shortage of basic resources at home from food to medical care. It has been essential to approach these factors as interrelated and treat children holistically⁶⁷. An appeal to fundraise for food, medical kits, and basic supplies for example was initiated. If families are able to meet basic needs, it becomes easier to make progress on education and mental health⁶⁸.

Education and awareness-raising

- Education has been significantly disrupted and mental health issues will continue to be a main priority, both in Palestine and around the world. To tackle this crisis and its aftermath, need to build relationships, strengthen partnerships within the coalition, and work together to support Palestinians.
- Providing awareness sessions, counselling and consultation remotely via social media platforms was cost-effective and a means to wide reach a larger geographical coverage. A lesson to prepare and plan more similar virtual interventions in future programs.

Networking, lobbying and advocacy

- Adolescent's interventions were not prioritized (by donors, organizations, government, clusters), it's time to give it more focus⁶⁹.
- Working with and for adolescents proved to be very effective. Empowering and supporting them during the pandemic is crucial for their wellbeing. The presence of a large number of young people who are able to make a difference and contribute to societal initiatives, especially in light of the pandemics. In addition to the importance of using and directing these energies positively and properly.
- Networking and advocacy was the most added value and a great lesson for the need for collaborative work between sectors during the crisis⁷⁰.
- Need to develop an emergency plan, with the participation of young people, for the coalition to facilitate and coordinate response as a strong influencer body in fundraising and humanitarian assistance and networking and advocacy⁷¹.

⁶⁷ Holistic package of services considered: prevention, protection, engagement, monitoring and evaluation with and for adolescents and youth. Holistic services also include food and supplies distribution, MHPSS, medical services, awareness raising.

⁶⁸ TYO

⁶⁹ World Vision

⁷⁰ StC

⁷¹ Juzoor

7: Coalition's Call for Action to Support Healthy Adolescence Under COVID-19 Pandemic, its Immediate Aftermath

The Coalition will continue to support adolescent and youth efforts to continue to safely and actively engage as change agents in service provision, as active seekers of services and instrumental stakeholders in rehabilitation efforts under COVID-19, in the recovery period and beyond. Measures will be taken to insure their inclusion and investment in their initiatives for maximizing their potential whilst aware of their protection from risks related to COVID-19 and the upholding of their rights now and beyond the pandemic including their right to: health, safety, inclusion and participation, education, employment, healthy environment, food security and nutrition and peace and security. Recommendations and calls for action should also focus and reflect the realities of the lives of girls and boys; examining the differences between them, and promoting policies and measures to reduce inequalities in the society.

The Coalition will continue to work under the motto of **“Collective efforts are more efficient and effective”**. It will further elaborate its participation strategy with role division and strengthened responsiveness to community needs. It will continue to build and strengthen coordination amongst member organizations, identify indicators of success or positive change and develop measurement tools to track these indicators. It will also address the challenge of every member's involvement (or lack of) by identifying, through a consultative process, capacities and interests and consider how/whether these interests can be met through the Coalition.

Supporting healthy adolescence needs to be framed within the human rights approach as an overarching principle. Challenges and difficulties as a result of the pandemic must not be considered excuses for jeopardizing rights. Despite the significant negative impact of the pandemic and especially on the deteriorating economy advocacy needs to be directed towards allocating resources in the best interest of population strata's including adolescents. **In this context:**

- **Advocate for human rights and rights-based services for adolescents. With extended school closures and increased poverty, there is a risk of the most marginalized may not return to schools. Additionally, increased risk of instability and violence.**
- **Advocate for access to water especially with increased utility due to protective hygiene measures and electricity in light of increased internet utility for online learning and general communication in light of social distancing.**
- **Campaign for the release of all Palestinian detainees in Israeli jails particularly children and adolescents**
- **Join other coalitions in the region including adolescents to advocate for human rights and peacebuilding in the region.**
- **Support job creation, internships and on the job training and poverty reduction, towards strengthening the economy to welcome the adolescents who will be the future propellers of the economy.**

Short term

Food and Nutrition

Extended lockdown, school closures and limited activity affect childhood obesity and increase obesity risk⁷². The Coalition will support healthy eating and active living of school-age children and adolescence promoting school health:

- Lobby towards addressing food insecurity within the constraints of the pandemic, the Gaza Siege and deteriorating economic conditions
- Stream online classes including physical education/exercise classes
- Research childhood/adolescents obesity and obesity-related consequences of extended school closures and minimal activity
- Strengthen school health services and health awareness in schools
- Work on physical activity programs for adolescents with an extended homestay
- Build on health and hygiene awareness promoted under COVID -19 for accumulative effect on adolescent's health awareness and practices

SRH⁷³

SRH services are important especially for those with early marriage and early pregnancy.

- Increase access to SRH services, potentially through alternate modalities, such as home visits, mobile clinics, online services, helplines and by supporting the development and implementation of a revised MOH emergency action plan for SRH.

- Provide PPE for SRH providers in maternity wards, primary health centers, and for home visits/ mobile clinics.
- Ensure planning and adaptation of quarantine centers and COVID-19 hospitals to address the needs of pregnant and lactating adolescents in quarantine or with suspected/confirmed COVID-19.
- Provision of mental health and psychosocial support (MHPSS) services for pregnant/lactating adolescents.
- Provide lifesaving SRH pharmaceuticals and disposables, particularly in Gaza.
- Lobby with the MoE to push for Comprehensive Sexuality Education (CSE) including a digital one for schools. This entails capacity development for teachers/ counselors and students through formal and non-formal education as well.

Mental Health

Lockdown, social distancing, disruption of routine, fear and anxiety, family's loss of income, the unknown and uncertainties may result in mental health and psychological challenges to young people while adolescents with pre-existing mental health conditions may be at higher risk with tremendous health burden for this population:

- Promote coordinated work of psychiatrists, psychologists, social workers, and others for a more effective complementary mental health services. Work on incorporating trained individuals organized into networks of providers.
- Strengthen the provision of counselling and hotline services.
- Create online and offline opportunities for recreation and play for children to enjoy their rights to leisure and recreation.

⁷² COVID-19–Related School Closings and Risk of Weight Gain Among Children. Andrew G. Rundle 1, 2, Yoosun Park3, Julie B. Herbstman4, Eliza W. Kinsey1, and Y. Claire Wang- 2020. The Obesity Society. Received: 25 March 2020; accepted: 26 March 2020; Published online 18 April 2020.doi:10.1002/oby.22813

⁷³ The impact of COVID-19 on sexual and reproductive, including maternal health in Palestine. April 17, 2020 Situation overview

- Engage with adolescents and youth to plan and design age and sex tailored and friendly interventions which encourage peer to peer programs and support psychosocial related interventions

Adolescents with disabilities

Mainstream primary care services for adolescents who have difficulty gaining access to or who require additional support in engaging with health care providers

Physical and Sexual violence

Lockdown may increase physical and sexual violence towards adolescents. This may be coupled with the inability to seek supportive services. Also with increased poverty and unemployment, there is a risk of sexual exploitation and child marriage.

- Strengthen helplines and online services
- Increase awareness of parents and media sensitization to related issues
- Target perpetrators in psycho educative programs to raise men's awareness of the consequences that the violence has on adolescents (boys and girls)
- Target men who are not abusive (fathers, teachers, husbands, religious leaders, politicians...) to challenge men who are abusive and engage them to stop the silence: society need men who speak out and say that violence against adolescents (boys and girls) is unacceptable, not just because it is illegal, but because it is wrong
- Target adolescents and invest in Generation Equality and peer to peer education to stop GBV and raise awareness on gender equality

General

- Awareness-raising on COVID -19 in an adolescent-friendly and accessible formats with adolescents' input
- Exploring options as a coalition and along with other stakeholders for safely returning to the provision of routine adolescent's related services.

Long Term

While it is a priority is to respond to the immediate needs and impact of the pandemic, yet the Coalition calls attention to the pandemic's longer-term effect on adolescent's health. This requires the inclusion of adolescents in processes and related interventions and the integration of mental health, sexual and reproductive health, oral health, and substance use treatment and prevention interventions into routine adolescent health care practices.

Adolescents Health services

- Work on specific guidelines for the care of adolescents in hospitals so that those with the greatest expertise in and awareness of developmental issues pertinent to adolescence can be involved with young people's services and care
- Work on protocols on confidentiality of adolescents' health services: This will affect the willingness of adolescents to seek health care and disclose information to health care professionals and will affect a variety of health outcomes with potentially adverse consequences including STIs and mental health.
- Study adolescents access and use of health services: This is useful in identifying differences between service capacity and utilization. Such information can also be helpful in understanding variations in unmet need and the quality of care available to young people.
- Promote substance use treatment and prevention: especially substance use among adolescents in East Jerusalem and the Gaza Strip. This includes professional training and certification in working with adolescents;

- Promote adolescents' positive dental health behaviors through dental services: promote dental visits/ contacts as an opportunity to engage adolescent patients in raising awareness on health behaviors related to eating disorders and risky behaviors;
- Promote adolescents' positive health behaviors: volunteerism among adolescents and community work, employability, life skills;
- Mental Health: Promote and support training of mental health professionals, coverage of mental health and psychosocial support services for adolescents, particularly for the marginalized, and promote effective coordination among providers from different disciplines.

Employment and preparation for work/ capacity building

Unemployment in Palestine has been on the rise and youth and adult unemployment are expected to stay high with the continuing pandemic and afterward. Adolescents are at risk of increased poverty and of being exposed to child labor and labor market vulnerabilities.

- Support youth-based initiatives and start-ups
- Support safety nets and social protection mechanisms implemented in the context of the COVID-19 crisis and in its aftermath to safeguard minimal incomes at all times.
- Support initiatives of remedial classes especially for students who have had challenges within online classes
- Advocate on lowering interests on student loans

Education

Lockdown has disrupted schooling and affected all school levels and higher education including student's plans for their graduation and enrolling in higher education.

With domestic care roles at home, young women and girls are less likely to go back to school than males and thus the likeliness of increasing child marriages increase and thus early childbearing.

Additionally, online learning has come with numerous challenges including those related to lack of electricity, internet and access to technology, preparedness and readiness of tutors and or parental support. Children and adolescents with disabilities face the highest risk⁷⁴, who are facing learning difficulties, and children with disabilities. Alternative solutions should be available for such children to benefit from the guidance and support provided:

- Support initiatives on assessment of lessons learned from online learning as an alternative to classroom learning for future preparedness as needed
- Support /advocate for investments towards school children's accessibility to online learning especially those in underprivileged and marginalized areas to ensure all have access if and when the pandemic continues or erupts again.

Food and Nutrition

- Deteriorating economy and loss of family income during and in the aftermath of COVID-19 –in the recovery period will negatively affect food accessibility and affordability affecting children, adolescents and the marginalized. This in the longer term requires:
- Further input by the MoSD to ensure reaching families to ensure accessibility to basic food
- Explore potential for a School meal scheme for children in schools
- Promote home and school-based farming

⁷⁴ Ministry of Social Development. The rights of children amid COVID-19. Joint guidance note by United Nations Human Rights oPt, the Ministry of Social Development, UNICEF, and the Independent Commission for Human Rights. Also confirmed in online meeting with youth conducted by Juzoor on May 22nd.

