Evaluation of Youth-Friendly Health Services in Universities

As part of the project:

'Strengthening Reproductive Health and Rights for Palestinian Youth'

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List of acronyms

AICS	Italian Agency for Development Cooperation
CBOs	Community-based organizations
FGDs	Focus group discussions
GBV	Gender-based violence
GoP	Government of Palestine
HIV	Human immunodeficiency virus
ICT	Information and communication technology
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
NGOs	Nongovernmental organizations
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary health care
PMRS	Palestinian Medical Relief Society
PSS	Psychosocial support
PTSD	Post-traumatic stress disorder
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infections
ToR	Terms of Reference
UNFPA	United Nations Population Fund
YFHS	Youth friendly health services

I. Introduction

UNFPA's global strategy "My Body, My Life, My World" perceives sexual and reproductive health and rights (SRHR) as cornerstones of the transition from youth to adulthood. A number of issues mold the decisions adolescents and youth make. Social, cultural and religious factors sway choices, as do available information, awareness, empowerment and access to services. These services must be integrated in comprehensive SRHR interventions, policies and programmes. All health-care providers should have accurate and adequate skills to serve adolescents and youth, and all health facilities should offer necessary commodities, services and information. Making links between health-care services and schools extends effective outreach and referrals.

Under its sixth program cycle (2018-2022), the United Nations Population Fund (UNFPA) Palestine country office seeks to achieve the output: Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings. In 2017, UNFPA started the implementation of a multi-phase project (2018-2020) on youth sexual and reproductive health and rights with support from the Italian Agency for Development Cooperation (AICS).

II. Project's scope

The project 'Strengthening Reproductive Health and Rights for Palestinian Youth' focuses on enhancing sexual and reproductive health and rights (SRHR), including health services and information, in Palestine, building on previous interventions aimed at empowering adolescents and youth with knowledge and skills, and increasing their access to SRHR. The project combines three main interventions:

1. Policy and advocacy for adolescents and youth sexual reproductive health and rights;

2. Provision of youth friendly health services (YFHS); and

3. Community mobilization aiming at outreach to hard-to-reach vulnerable young people.

The overall goal of the project is to empower every adolescent and youth, in particular, adolescent girls, to have access to sexual and reproductive health services and rights. The project's interventions are tailored to meet the needs of young people (15-29), whether married or unmarried, in or out of university, to develop, promote and institutionalize tailored health services for young people, among other objectives.

III. Country context

The Palestinian society is relatively young, with individuals aged 0-14 years constituting 38% of the total population as of mid-2020,[1] with a ratio of 105 males per 100 females. Furthermore, the results of the 2017 Palestinian Population, Housing and Establishments Census indicate that young people in the age group 15-29 years comprise over 29% of the total population of the West Bank, including East Jerusalem, and Gaza Strip.[2] This large segment of people in young ages represents a demographic opportunity if proper investments are made in their development and engagement. However, in the absence of proper policies and programs tailored to their needs, youth may become vulnerable to a wide range of negative influences affecting their prospects for healthy development and meaningful involvement in the development of their society.

Traditionally, the design of health services in Palestine has not been made taking into consideration the needs and requirements of young people. Youth seldom appear as a specific target group for health programs. However, youth have been increasingly targeted by programs addressing issues like non-communicable diseases (to promote healthy lifestyles), mother and child health (to promote a life-cycle approach), gander-based violence (GBV) and similar concerns (to support a non-violent culture). There is also an increasing recognition of issues affecting young people with immediate impact, such as psychological trauma, substance abuse, violence, early marriage, limited access to sexual and reproductive services and information, among others.

Young people are highly exposed to psychological trauma due to the dual impact of external factors, mainly the Israeli occupation, and internal ones, mainly patriarchal social norms. High rates of anxiety, depression, and post-traumatic stress disorder (PTSD) have been reported, especially in Gaza. Due to the prevailing stigma, youth requiring psychosocial support and other more specialized mental health interventions, however, are unlikely to seek help or access the available services.

A wide range of anecdotal evidence suggests a high prevalence of substance abuse among Palestinian youth, with certain areas being especially affected, such as East Jerusalem. A number of recent studies have confirmed this observation, with particular reference to alcohol and illicit drugs.[3] Data on this issue are very limited, making it even more difficult to ascertain the scope of the problem and design effective preventive and remedial measures. Other risk-taking behaviors common among Palestinian youth include tobacco use, which usually starts at an

1   Palestinian Central Bureau of Statistics, 2020. *On the Occasion of the International Population Day 11/07/2020*.
2   Palestinian Central Bureau of Statistics, 2019. *Population, Housing and Establishments Census 2017: Census Final Results*. Palestine.
3   Massad et al, *Substance use among Palestinian youth in the West Bank, Palestine: a qualitative investigation*. BMC Public Health, 16:800, 2016, https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3472-4.

early age. In the age group 15-19 years, 45% of males and 22% of females reported current use of tobacco. For older youth (20-24), the levels stand at 72% and 31% respectively.[4]

With regard to violence, the preliminary results of the 2019 violence survey conducted by Palestinian Central Bureau of Statistics (PCBS) demonstrate a decrease in the prevalence of violence in the Palestinian society compared to the previous survey conducted in 2011. Nevertheless, some of the figures are still alarming. One fourth of children aged 12-17 years reported experiencing violence in the street (36% among males and 11% among females) and a similar proportion reported experiencing a form of violence at school (36% among males and 15% among females). More than one fifth of unmarried young males (18-29 years) also reported experiencing psychological violence in the street (the corresponding figure for females is not reported). Around one tenth of young people reported being subjected to cyber violence while using social media platforms.[5]

With regard to domestic violence, 29% of ever married women reported experiencing any form of violence by their husbands (57% – psychological violence, 18% – physical violence, 9% – sexual violence, 33% – social violence and 41% – economic violence). Alarmingly, six out of 10 women experiencing violence preferred to keep silent about it. In addition, 40% of women reported knowing about any services related to protection

from violence in their areas.[6] On the other hand, 13% of ever married women reported practicing violence against their husbands. Data on violence experienced by never married individuals reveal higher incidence of violence among the younger age group (18-29) compared to older ages (30-64) for both males and females.[7]

According to the preliminary results of the 2019 Palestinian Multiple Indicator Cluster Survey (MICS), about 14% of young women aged 18-29 years were married before reaching the age of 18. This represents a significant decrease from the figure 37% shown in the 2010 Palestinian Household Survey.[8] Despite this decrease, early marriage remains an issue in the Palestinian society in view of its strong links to social norms and religious beliefs. In addition, a study of risky behaviors among Palestinian youth indicated that 25% of older (19-24) unmarried male youth and 22% of younger (17-18) male youth reported having had any sexual experience, with generally similar rates for females. Rates for sexual intercourse remain lower (9.5% of older unmarried males and 7% of females). Phone and internet sex involving another person are relatively common among unmarried youth of both genders: up to 38% among male youth and up to 30% among older female youth.[9] Against this backdrop, young people's limited access to SRHR services and education may become a barrier to their healthy development and increase the risk of unplanned pregnancies, HIV/AIDS and sexually transmitted infections (STI).

A mapping of adolescent and youth sexual and reproductive health services in Palestine

4   Glick et al, *Prevalence and Patterns of Health Risk Behaviours of Palestinian Youth: Findings from a Representative Survey*: Working Paper. Rand, 2016. https://www.rand.org/content/dam/rand/pubs/working_papers/WR1100/WR1119-1/RAND_WR1119-1.pdf.

5   Palestinian Central Bureau of Statistics, 2019. *Preliminary Results of the Violence Survey in the Palestinian Society, 2019*. Ramallah – Palestine.

6   Ibid.

7   Ibid.

8   Palestinian Central Bureau of Statistics*, On the occasion of the International Youth Day: the situation of youth in the Palestinian society*, 2020

9   Glick et al, p.5.

conducted in early 2019 identified 17 active governmental and non-governmental organizations in the field of SRHR, including the Ministry of Health (MoH). However, the study concluded that programs run by these providers often lack a systematic and holistic approach to SRHR of young people in specific and that further collaboration, partnership and coordination are needed between these providers.[10] Recently, the Palestinian Adolescent Health Coalition has been created under the auspices of the MoH to coordinate the efforts of national and international agencies working on improving services and programs targeting adolescents and youth.

UNFPA has been supporting young people's access to SRHR services and education through partnerships with a wide range of Palestinian governmental and non-governmental organizations. It has supported the Palestinian Ministry of Education and Higher Education to incorporate SRHR in the school curriculum. It also supported the MoH to develop a model and national protocol for Youth Friendly Health Services (YFHS). UNFPA also supported community initiatives led by youth and promoted a peer-to-peer approach by strengthening peer educators in and outside of schools to deliver messages to their peers on life-skills, GBV, HIV prevention and healthy lifestyles.

The Youth Peer Education Network, Y-Peer, is a prominent example of UNFPA support to youth initiatives. Established in 2013, the Y-Peer network promotes a healthy life-style among youth through peer-to-peer approach and builds partnerships between young people and adults by advocating for policies and services, such as increased access to SRHS-related information, knowledge, and services. Its membership includes thousands of young people working in many areas, including those involving adolescent and youth sexual and reproductive health.

10 Palestinian Medical Relief Society (PMRS), *Mapping Adolescent and Youth Sexual and Reproductive Health Services in Palestine*, January 2019.

IV. Context and objectives of the evaluation

The current evaluation is concerned with the component of youth-friendly health services of the project 'Strengthening Reproductive Health and Rights for Palestinian Youth'. It focuses on youth friendly health services provided by two YFHS centers established at Al-Quds University in the West Bank and Al-Azhar University in Gaza. UNFPA supported the establishment of these two centers in cooperation with local partners following the model created by the Palestinian MoH in its primary health care (PHC) center in Dura town, south Hebron in the West Bank and in response to the recommendations of a feasibility study commissioned by UNFPA in 2018.[11]

The evaluation covers the project duration concerning the YFHS component over a two-year period from May 2018 to April 2020. It is carried out in a view to inform efforts to scale up this model to other contexts and to adapt/improve it in terms of uptake, relevance, content and modality of operation, as well as to identify lessons learned and potential gaps to be addressed.

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11 Sayej S.Y., Feasibility Study: Youth-Friendly Health Services, December 2018.

V. Methodology

The evaluation process sought to collect and analyze a range of qualitative data on the main issues raised by the ToR (see annex 2). The methodology consisted of two major parts: 1) desk review of project documents and related study reports, and 2) consultations with the project's main stakeholders.

A. Document review

The following materials have been reviewed in order to set the stage for the evaluation process:

1. **Project documents and reports:**

   a. Current project document: Strengthening Reproductive Health and Rights for Palestinian Youth – Reproductive Health Proposal to the Italian Development Cooperation, 2019.

   b. The initial project document: The Unfinished Agenda to Address Social Determinants for Achieving Reproductive Health and Rights in Palestine – Reproductive Health Proposal to the Italian Development Cooperation, 2017.

   c. Strengthening Reproductive Health and Rights for Palestinian Youth – Progress Report Covering the Reporting Period: May 2019 – December 2019.

   d. The Unfinished Agenda to Address Social Determinants for Achieving Reproductive Health and Rights in Palestine – Final Narrative and Financial Report Covering the Reporting Period: 1 February 2018 – 25 January 2019.

2. **Project-related policies and strategies:**

   a. UNFPA. My Body, My Life, My World: A Global Strategy for Adolescents and Youth, 2019.

   b. State of Palestine Ministry of Health. The National Strategy for Reproductive and Sexual Health in Palestine, 2018-2022.

   c. The National Protocol for Youth Friendly Health Services in Palestinian Higher Education Institutions, 2018.

3. Project-related studies and research reports:

   a. Dr. Sumaya Y. Sayej. Feasibility Study: Youth-Friendly Health Services, 2018.

   b. Dr. Motasem Hamdan and Dr. Asma Imam. Mapping Adolescent and Youth Sexual and Reproductive Health Services in Palestine, 2019.

   c. Palestinian Medical Relief Society. The Social Norms Related to Sexual and Reproductive Health and Rights (SRHR) of Young Women and Girls: Field Study – Palestine, 2019.

During the evaluation process, another project-related research report became available and was reviewed: Sharek Youth Forum, Social Norms and Sexual and Reproductive Health Among Youth in Palestine, June 2020.

In addition to the above materials made available to the evaluation team, the evaluation team reviewed YFHS centers' records and reporting formats and samples of educational and community outreach materials produced under the project.

B. Stakeholder consultations

Consultations with the project's main stakeholders took the form of focus group discussions (FGDs) and individual interviews. The consultations included the following main stakeholders:

1. **Interviews:**

   - UNFPA project staff, one group interview. See interview guide in Annex 1 (4)

   - Staff (both male and female) operating the YFHS centers at Al-Quds and Al-Azhar Universities, two group interviews. See interview guide in Annex 1 (5). In the West Bank, the staff was interviewed in two separate sessions, one in person and the other online, because part of the staff have already left the project and were available for interview through distance communication only.

   - Management, teaching and other staff at both universities, four individual interviews: (two per university – one with university staff involved in the design and functioning of the YFHS center and one with staff not involved directly). See interview guide in Annex 1 (6). All these interviews were conducted in person in both Gaza and the West

Bank.

   - Project's main partners: Palestinian Medical Relief Society (PMRS), specifically PMRS staff and volunteers engaged with the YFHS centers, YPEER educators and members of change makers' bodies, five individual interviews – three in the West Bank and two in Gaza. See interview guides in Annex 1 (7 and 8). The interviews in Gaza took place in person. In the West Bank, one interview was conducted in person and two over the phone.

   - Palestinian MoH staff concerned with the provision of youth and adolescent SRHR, two individual interviews were held in the West Bank over the phone. See interview guide in Annex 1 (9).

2. **Focus group discussions:**

   - Students using the centers, four FGDs (two per university – one with male students and another with female students).12 See FGD guide in Annex 1 (1). In Gaza, the FGDs were conducted in person. In the West Bank, they took place online.

   - Volunteers assisting the centers, two FGDs (one per university, males and females together). See FGD guide in Annex 1 (2). In Gaza, the FGD was conducted in person. In the West Bank, it took place online.

   - The general student population of the universities, two FGDs (one per university, males and females together). See FGD guide in Annex 1 (3). In Gaza, the FGD was conducted in person. In the West Bank, it took place online.

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12 The ToR required the organization of only two FGDs with service users, with females constituting 50% of participants. However, it was felt more appropriate to hold separate FGDs for males and females to ensure a safer atmosphere for both sexes to discuss their issues.

Numbers of FGD participants

	Al-Quds University		Al-Azhar University	
	Males	**Females**	**Males**	**Females**
Users	3	6	5	5
Volunteers	3	5	4	4
General student population	2	5	6	6
Total	**8**	**16**	**15**	**15**

The evaluation team consisted of two members:

1. Dr. Malek Qutteina: Principal evaluator, responsible for the evaluation's design, overall management and reporting, in addition to conducting the field work and data collection in the West Bank.

2. Mrs. Inaam Abu Shammala: Assistant evaluator, responsible for conducting the field work and data collection in Gaza Strip.

VI. Evaluation limitations

During the design of the evaluation process, the country was hit with the COVID-19 pandemic in March 2020. In response, the Government of Palestine (GoP) immediately declared a state of emergency and imposed a lockdown throughout the country, restricting movement and closing all non-essential facilities. Since then, the state of emergency has been renewed by the GoP on a monthly basis. Consequently, all education facilities, including universities, have been closed since March, moving to an online instruction approach, and opening only occasionally for short periods of time to register for the summer semester and register newcomers for the fall semester.

The situation in Gaza was more calm during summer[13] and the evaluation team managed to conduct all interviews and focus groups in person. In the West Bank, restrictions continued throughout the whole period, with stricter measures taken from time to time. The evaluation team in the West Bank managed to make two visits to the YFHS center at Al-Quds University and interview part of the center's staff and university staff representatives. All other interviews and focus groups, however, were conducted online or over the phone. Such arrangement was very practical since students have already become familiarized with online communication channels for their studies. Yet the evaluation team feels that such a contingency alternative cannot fully replace interpersonal face-to-face interaction and may prevent us from capturing certain reactions and making important observations during the discussion. In addition, in several instances, the communication was not easy and with some respondents being unable to show up or connect properly. Therefore, the expected number of FGD participants from Al-Quds University was not reached, with female students exhibiting more commitment to attend than their male counterparts.

It should be noted that four persons among the interviewees in the West Bank were diagnosed as COVID-19 positive and yet agreed to participate in the consultations remotely while they were in isolation.

Another limitation relates to the lack of adequate documentation and information on part of the MoH to assess linkages of the university-based YFHS model to the initial model built by the Ministry in Dura, south West Bank.

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13 The situation in Gaza became more difficult in August and a general lockdown was ordered. At the time, data collection from the field was already competed and only follow-up communications had to be conducted remotely.

VII. Main findings

UNFPA has managed to put Youth Friendly Health Services (YFHS) on the agenda of the MoH, who agreed to adopt YFHS standards and package in line with WHO standards. In 2014, the MoH with support from UNFPA started to offer YFHS in one health center in the West Bank (Dura town) with a view of replicating the model in other locations. Although the center continues to deliver youth friendly services beyond the project duration, the MoH could not pursue replication of the YFHS model, citing financial constraints as the main reason. Nevertheless, the MoH, with support from UNFPA and other partners, continues to exhibit commitment to adolescent and youth health, integrating youth health into the national SRHR strategy, planning for the creation of an "Adolescent Health" department within the Ministry, patronizing the creation of Palestine Adolescence Health Coalition, and developing relevant policies and instruments, such as working on a national strategy for adolescent and youth sexual and reproductive health and publishing national guidelines for health providers on preconception care, among others.

Subsequent to the initial experience in building the model with the MoH, UNFPA has sought to establish the YFHS model in Palestinian universities as part of its current project "Strengthening Reproductive Health and Rights for Palestinian Youth," in a view to reach out to young people pursuing higher education.

The following are the main findings of the evaluation of this university-based YFHS model in Al-Quds University in the West Bank and Al-Azhar University in Gaza, presented along the specific aspects of the YFHS component of the project as per the ToR:

1. Quality and relevance of design

PCBS data indicate that around 18% of youth aged 18-29 years in Palestine have had a bachelor degree or above in 2019. This figure is significantly higher among females (23%) compared to males (13%) of the same age group.[14] One can expect, based on these figures, that university students may constitute a significant segment of Palestinian youth, who may also have more potential than others to play an active role as agents of change, thus justifying the decision to build a university-based YFHS model.

The design of the YFHS centers in both Al-Quds and Al-Azhar universities was assessed as being very relevant to the needs of young people, whether in terms of their physical environment, staff attitude and capacity and types of services offered. The design allows for the provision of services related to youth wellbeing, responding to SRHR issues, psychosocial needs, physical wellbeing, nutrition and healthy life style, including issues like tobacco use and substance abuse, social skills and academic problems. These issues were mentioned by most respondents engaged with the centers or using their services, although to a varying degree.

Two important observations can be made in this regard: first, there were apparent differences in the focus of the two centers. While the YFHS center in Al-Azhar University appeared to be adopting more of a biomedical approach and the staff express

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14 Palestinian Central Bureau of Statistics, *On the occasion of the International Youth Day: the situation of youth in the Palestinian society*, 2020.

a need for more medical specialties, such as ophthalmology and dermatology, the center in Al-Quds University appeared to attach more attention to the psychosocial and personal development dimensions. This variation in approach stems from the varied design: the center in Al-Azhar is hosted by the University's clinic and medical services, therefore, become more prominent among other components, while the center in Al-Quds is separate and was not expected to replace the clinic, although some services may overlap.

The second observation is that although both universities seemed to support the SRHR component of the project, a complete buy-in on their part could not be confirmed. The universities were more interested in a center that responds to students' issues and empowers and mobilizes them but the SRHR component, promoted by UNFPA and PMRS, was accepted as 'part of the deal' only. Some staff members at the centers mentioned that they felt the university pushing more for psychosocial interventions and PMRS for SRHR ones. Even PMRS coordinators maintained that the centers do not try to push the SRHR issues to the forefront in order to avoid being labeled as SRHR centers, since this may discourage young people, especially females, from getting involved with the center.

Notwithstanding the above observations, all interviewed stakeholders affirmed that the YFHS centers respond to priority issues of youth's well-being to a large extent, including SRHR. Issues of SRHR were always mentioned unprompted, reflecting a recognition of their importance to youth well-being. In addition, both centers made focus on psychosocial support (PSS) and counseling as a major aspect of their work. This included individual and group counseling and even family sessions in certain cases (mentioned primarily in Al-Azhar center). GBV prevention, especially harassment, and healthy lifestyles were also emphasized. This included activities addressing tobacco use and substance abuse in particular. First aid training was successful and popular among students. Medical consultations, general health education and

referral for specialized services also form an important part of the service, although in Al-Quds University this part is mostly handled by the university's clinic. In Al-Quds University, special emphasis was made on holding regular sessions to advise and assess students behavior with regard to their diet and nutrition, an aspect that was not prominent in interviews held at Al-Azhar University.

According to the developed YFHS-protocol (2018) and project document, youth-friendly services should include:

- Universal access to accurate sexual and reproductive health information;

- A range of safe and affordable contraceptive methods;

- Sensitive counselling;

- Quality obstetric and antenatal care for all pregnant women and girls;

- The prevention and management of sexually transmitted infections, including HIV;

- Sexual and gender-based violence support;

- Referral for advanced care if needed.

Most of the above listed services were mentioned as being available and often provided to beneficiaries, either in the form of individual consultation or as a subject of discussion and awareness raising. Nevertheless, the provision of contraceptive methods and antenatal services to individual users did not appear to be appropriate since married couples and pregnant young women tend to seek such services from their regular health providers outside the university.

According to interviews, the centers appear to be aware of the sensitivity of SRHR issues in a such conservative society like the Palestinian and apparently needed time to break the ice and help the management of the university and the student community recognize the need to tackle these issues in a professional

manner. The same applies to psychological counseling, which is also a subject of great stigma, a barrier that the centers had to overcome over time.

At Al-Quds University, the outdoor gym installed through the project's funds was very welcomed by students and often in use. It stands as a practical way of supporting a healthy and active lifestyle among the students.

In addition to activities envisaged in the project's plan, the YFHS centers have been tackling other issues suggested by students, although originally not part of the plan, and hosting awareness raising activities offered by other NGOs. Examples include of such issues are: first aid training, environmental health issues, gender roles, among others.

In general, the design of the centers takes a gender-sensitive approach in terms of staff composition, types of activities, involvement of volunteers and outreach activities. The staff composition in Al-Quds University's YFHS center ensures availability of male and female staff in service delivery and organization of activities. The staff includes a female director and a male peer educator who are still holding their jobs, in addition to a female doctor and a male nurse/counselor who have been hired for 3-4 months end of 2019 – beginning of 2020. In Al-Azhar, however, the staff of the YFHS center is almost completely composed of males – a general practitioner (who is also the director), a counselor and a dermatologist, with only one female member assigned with administrative support functions. The male professional staff members provide services to males and females alike. They recognize the need for having a female practitioner.

More female students than male ones attend the centers' activities and engage in the services and events (females comprised 67% and 60% of recipients of individual services in Al-Azhar University and Al-Quds University, respectively). Females are also a majority among volunteers. This can be partially explained by the nature of activities that are often wrongly linked to females only, such as

GBV, menses, early marriage and pregnancy and the like. It could be also explained by the fact that women are culturally known to be more inclined to seek health services and care for the health of the family.

Both centers also appear to be accessible in an inclusive way for students with disabilities, male and female students and the married and unmarried. The location is physically accessible and the staff have no discriminatory attitudes. Opening hours are convenient for most students, with activities usually being distributed to a range of time slots during the day. In Al-Quds University, the YFHS center's director is also assigned the responsibility to attend to the affairs of students with disabilities. A few students with disabilities participated in several FGDs with students – volunteers and users – confirming an inclusive atmosphere and supportive attitudes. While activities are inclusive, a range of disability-specific activities have been offered, such as a special first aid training course for students with disabilities and sign-language training for university staff. The staff of both centers also confirmed a non-discriminatory attitude on basis of students' marital status. Yet when listing services, they tended to differentiate the offered services on this bases, implicitly citing a specific set of services for the married and another for the unmarried. At Al-Azhar, the staff tended to link SRHR services to married students only.

The design of the centers as planned ensures confidentiality in service delivery. However, some students of Al-Quds University believe the center's location does not ensure privacy because it is located in an area frequented by all students and some may feel embarrassed to go to the center with their personal problems in front of everybody.

In summary, interviewees believed that the design of the centers meets the objectives set in the original project document. The centers were seen by the interviewed users as a haven, which they seek at times of distress or severe tension. The physical atmosphere and staff attitude both account for such feeling.

Yet it is doubtful if the staff has the capacity to meet the full range of objectives, especially with the center at Al-Quds functioning most of the duration of the project without permanent health providers and the center at Al-Azhar lacking a female practitioner to attend to special needs of female students, whether related to SRHR or PSS.

The staff was trained on the YFHS protocol but for some the training was in the form of an orientation only. The strategies applied by the centers appeared to be appropriate for delivering services according to the protocol. Young people were initially sensitized around their rights and gradually encouraged to bring up and discuss sensitive issues and break social taboos that may prevent them from realizing their rights and enhancing their well-being. The creation of groups of volunteers and peer educators allowed the students themselves to become agents of change. Adopting such a watchful, gradual approach helped the centers to avoid any major risks of becoming in conflict with adverse social norms. Although this cautious navigation was seen as successful by most, some of the staff and volunteers at Al-Quds University's center felt being under scrutiny from university officials who try to hold them back whenever they raise a sensitive issue in a direct way. While such caution on part of the university can be understood and justified, this did not stop the concerned staff members and volunteers from feeling somehow discouraged or lacking support.

2. Effectiveness

A widely held belief is that both centers have been very effective in improving access to information overall and to SRHR information in specific. In fact. the centers appeared to be giving more focus to delivering health information than to responding to individual needs of students. This is a normal finding, since a YFHS center at the beginning of its functioning would need time to reach out to young people and gain their trust before it becomes able to address individual needs. Focus on information was evident in all aspects of the centers' work, through workshops, discussion sessions, exhibits, student-led initiatives, etc. All interviewed students, volunteers and users alike, affirmed that they have learned a lot about issues and concerns they never thought of before. They explained how their personality and interpersonal skills have improved in the process.

The YFHS centers have been successful in reaching out to students by using a broad network of student volunteers. This peer-to-peer approach has proven to be effective in raising awareness of the centers and their activities and engaging young people. When asked about the types of activities that attract young people the most, respondents pointed out that interactive events, training, health campaigns, research initiatives and contests have been most effective in bringing young people to the centers. The most successful strategy appears to be the youth-led initiatives, where young people select their issues, propose methods to research into them or present them, receive guidance and some material support, and assume the responsibility for the implementation of their own initiatives.

activity was a great success and I feel proud of it."

Female volunteer at the YFHS center, Al-Quds University, West Bank

With regard to the impact of the two other main components of the project on the YFHS component,[15] respondents believed that the research component of the project was useful for the design of the centers and of their services. It also encouraged students to engage in research on issues of SRHR, leading to the creation of a pool of young researchers, who received advanced training on research methodologies by specialists from universities. The community mobilization component also interacted in a synergetic way with the centers and encouraged the peer educators' approach. Members of the change makers' bodies in the community participated in activities inside the universities and university students had a chance to volunteer in their communities outside the university. For example, medical school students organized medical days in their communities. During summer 2019, a change makers' summer camp was organized bringing together activists from the university and the community and provided university students with training to become peer educators. Many students took part in community campaigns on GBV prevention. Midwifery students were engaged in community outreach activities and campaigns on related issues, such as breast cancer. Postgraduate students in psychology and other related specialties were provided with an opportunity to practice their professional skills while also assisting students with their psychological and social issues.

There is a great variation between both universities in the extent of engaging senior medical students. At Al-Azhar, medical students have been very active as volunteers and leaders. At Al-Quds, medical students

appear to be rarely involved, which was explained by the fact that these students spend the second part of their study years at hospitals outside the university and are not motivated to engage in prevention and promotion activities, On the other hand, nursing, midwifery and social service students constitute the bulk of volunteers.

"The YFHS center has been very useful for us and has provided us with correct information on reproductive health issues."

Male medical student, Al-Azhar University, Gaza

At Al-Quds University, the center's staff cite large numbers of students attending group activities and sessions, while the numbers of individual services appear relatively law (11,700 students, 60% females, receiving individual consultations during two reporting periods[16]). At Al-Azhar, the numbers of individual users are higher but mostly on the account of those who seek medical services in the clinic. (17,200 students, 67% females, receiving individual consultations during the same reporting periods, with medical and dermatology consultations accounting for more than 85%).

Students use the center in both universities as a safe and youth-friendly environment and often come with their own ideas and requests. The usual mechanism to collect feedback is by asking participants of activities to fill-in a questionnaire or by talking directly with the users of the center, who often come back for more sessions and activities. This could explain the perception on part of several respondents that the same people usually attend and take part in the activities,

15 In addition to YFHS, the project consists of two other components: advocacy and policy on SRHR (including research), and community mobilization (see Introduction).

16 Consolidated data on number of beneficiaries were not available. The report on the first year of implementation gives only totals disaggregated by gender. The progress report on the first part of the second year gives detailed numbers disaggregated by gender and types of services. The report on the second part does not give numbers.

particularly students studying medicine and other health-related professions who constitute the majority of users. FGDs with students indicated that many students, especially studying in non-health faculties, do not know about the center. They suggested that the center may assign a focal point (volunteer) in each faculty to promote its activities and serve as the link with other students. Another suggestion is to tailor certain activities to the fields of study of other students in non-health domains, such as activities on legal matters related to young people's health or violence for law school students.

The mobile application and website, under development at Al-Quds University center, could be more helpful if they were achieved at an earlier stage. These are ideas initiated by students and became part of the project. Such outlets could have been very useful in the current time during the COVID-19 crisis to keep in touch with the student community and respond to their needs in a safe manner through distance communication.

When asked about challenges facing the YFHS centers, respondents mostly cited challenges related to the financial difficulties facing the Palestinian universities in general, including Al-Quds and Al-Azhar, making it difficult for the universities to secure salaries for permanent staff in the YFHS centers. Space is also a challenge, since most activities usually involve large numbers of students and several sessions could be held at the same time, requiring additional space. In terms of staffing, the center at Al-Azhar needs to add a female practitioner to its staff and designate a separate room for consultation with female students to ensure privacy. The center at Al-Quds may benefit from appointing some administrative assistance to the director, although she is engaging volunteers to help.

Additionally, the cultural sensitivity of certain SRHR and psychosocial issues may prevent some young people from approaching the provided services or activities. These socio-cultural challenges have been partly overcome over time and the management of the universities have become more open to new ways of thinking. The case with sexual harassment is an example of such change that is taking place over time, where management of the universities were reluctant to talk on such issue openly but are now engaged actively in developing an anti-harassment code. Surprisingly, cultural barriers were cited at Al-Quds University and almost completely denied at Al-Azhar, although society in Gaza is known to be more conservative than in the West Bank. This may indirectly suggest that the YFHS center at Al-Azhar addresses culturally sensitive issues in a conservative way, such as by focusing on the medical aspect of the issues rather than the socio-cultural ones and by linking SRHR issues to married couples only, leading to minimal chances of clashes with the prevailing conservative culture.

Some respondents see that the project also has had some positive unforeseen impacts, mainly its success to revive the volunteering spirit among youth within the universities. Volunteerism has been declining among youth in the past years. The project was successful in increasing youth interest in voluntary work as a major component of their engagement with the centers. In Gaza, the functioning of the YFHS center has also enabled the creation and augmentation of links with the local community and the families of the students, especially when addressing psychosocial issues affecting some students and approaching their families to ensure a holistic approach and solicit their support.

3. Efficiency of planning and implementation

The overall project action plan is reportedly used as a basis for developing the operational plans and activities of the centers and is used as a reference for the technical/ steering committee and center's staff to assess achievement of targets. Progress in achieving the plan is usually reviewed at the regular meeting of the technical committee and staff with the implementing partner,

PMRS. The staff and coordinators all agree that the activities in the work plan have been delivered to a high extent, ranging between 75-90%. However, this was rather a subjective assessment rather than being based on progress analysis.

The project's action plan sought to reach 4,000 students (2,000 per university). Although a precise number of students reached through group activities is difficult to ascertain[17], the range of activities implemented and the average number of participants, in addition to individual services, indicate that this target has been achieved. The plan also sought to develop non-traditional innovative tools to educate youth on SRHR. The training of young researchers, the implementation of youth-led initiatives, and the introduction of the peer-to-peer approach and the application of the "edutainment" methodology are among some of the example of success in this regard. The work on the anti-harassment code and on the mobile App remains in progress as of the time of data collection. The plan also sought to train up to 100 health provider on YFHS guidelines and protocol. The actual number of persons trained was 57 in the first year and 87 in the second year. These results indicate that the project managed to achieve most of its target results, with some of the activities still in progress.

The center's staffing represented a major obstacle for the YFHS centers since the project budget did not include staff salaries (a decision UNFPA took in order to reduce dependence on external funding and enhance sustainability) and the university cited financial difficulties preventing them from hiring staff. At Al-Azhar, the University's clinic hosted the YFHS and benefited from additional capacity (psychosocial specialist) on part-time basis. At Al-Quds University, the YFHS center was established as a separate

entity not linked to the clinic (explained by the high load on the clinic's staff) and partners tried various ways to solve the issue of staffing, such as recruiting graduating students and new graduates as volunteers or outsourcing volunteers from PMRS mobile clinics and the local community to provide the services. Two staff members, a doctor and a nurse/counselor, were then appointed on a temporary basis (for 3-4 months) and later on the university planned to merge the YFHS center with the clinic. This plan has been delayed due to the COVID-19 crisis and is envisaged to be implemented whenever the university resumes its usual instruction on campus. The absence of a physician and a nurse for the most part of the project duration was reflected in the low number of individual services offered (as indicated above), such as medical consultations, SRHR and psychosocial counseling.

On the other hand, the center's staff. with support from the technical committee and PMRS project staff, were able to organize and manage the enormous work with student initiatives, recruiting and training volunteers and maintaining active communication with internal and external stakeholders. Yet the center at Al-Quds University would benefit from more administrative support, since the director of the center is overwhelmed with technical work in addition to her administrative duties.

Another capacity gap echoed in both centers relates to the space. Interviewees repeatedly mentioned that more space is needed for carrying out the planned activities, although in both cases, other university facilities have been made available to the centers to host events with large numbers of participants.

In terms of the available space, interviewees of the YFHS center at Al-Quds University indicated a rather long time and huge efforts put in the design and creation of the apace for the center in terms of finishing, furnishing and spatial design, which significantly delayed the start of service delivery. The output of these efforts was highly appreciated by users

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17 Reported numbers of group activities are very high (over 10,000 per university for the first year alone, for example). However, there is no way to ascertain the number of those reached with the activities as most students may have attended several activities.

as evident in all FGDs and the project staff managed to conduct activities and services in parallel. However, the health staff was appointed only after completion of the design and worked for 3-4 months only. The reports show a surge of numbers of services following their appointment, which reflects a missing opportunity during the previous period.

4. Potential for sustainability, replication and magnification

Based on the findings of stakeholder consultations, acceptance of the YFHS centers by the students and management of the universities appears to be varied. Students and teaching staff from medical and health-related faculties find issues raised by the center very relevant since they are directly related to their domains. Students and staff from other unrelated fields may reflect the prevailing culture in society, where certain issues such as SRHR and GBV are perceived as sensitive and private. Nevertheless, the centers have been successful in presenting culturally sensitive issues as part of youth health package and avoiding the labeling of the center or its staff as mainly a SRHR center.

In both centers, stakeholders believed that the YFHS centers are considered as delivering value for money for their present scope/scale of impact. The investment in the adaptation of the space, the training of the staff, the updated protocol, the creation of the technical committee providing synergy between different faculties, all of these investments have proved to be providing the best possible value.

The decision of UNFPA not to support salaries in order to minimize dependence on external funding seems to be more successful in Al-Azhar, where YFHS were hosted by the clinic, although this also had its negative impact in the lack of female providers[18]. In Al-Quds University, it proved difficult for the university to support salaries for both their regular clinic and the newly established YFHS center. Management of the university should consider merging the clinic and the center in one unit to ensure sustainability of YFHS.

There is a high sense of ownership of the project among all stakeholders, including the management of the university, center's staff and volunteers and PMRS. University representatives were fully supportive of integrating the YFHS centers into their regular student services beyond the project. Nevertheless, it was curious to hear volunteers and users of the center at Al-Quds University referring to it as the PMRS center rather than the University's. This may reflect the intensive engagement of PMRS staff and volunteers in supporting the center but can be detrimental to the efforts of sustaining the center as an integral part of the University's structure.

Most stakeholders support scaling up the model and engaging more universities as an initial step towards turning the YFHS centers to an integral part of all universities embedded in the policies of the Ministry of Higher Education. Al-Azhar University representatives were more concerned with replicating the center in their two other branches in Gaza Strip rather than in any other university. Outside the universities, some interviewees suggested integrating YFHS into safe spaces for youth and women and integrating peer educators into mobile clinics and PHC centers to help them become youth-friendly.

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18 The same dominantly male staff of the clinic remained and were tasked with operating the YFHS center.

VIII. Lessons learned / good practices

Al-Quds and Al-Azhar University have adopted differing approaches to the provision of YFHS. At Al-Quds University, the provision of YFHS was separate from the university's clinic (contrary to the original plan). This could be seen as a minus but it freed the YFHS center from medical services and allowed it to focus on youth empowerment. On the other hand, Al-Azhar YFHS are hosted at the university's clinic, enabling the clinic's staff to adopt a youth-friendly approach to health services. The negative side of this approach was reflected in the fact that there was more focus on medical services, medical specialties, medical equipment, etc., and the staff lacked gender balance. The lesson that we should take from this experience is that while YFHS need to be integrated in the health service delivery structure of the university, attention must be paid to possible ways of increasing focus on other non-medical components of the service, such as by effecting attitudinal change among the staff, adjusting staff composition, if necessary, to ensure gender balance, and organizing staff time in a way to prevent them from getting overwhelmingly engaged in pure medical services.

Another difference between the two universities is the degree of medical students' involvement. At Al-Azhar University, medical students constitute the majority of volunteers, while at Al-Quds, medical students are seldom involved and when they do so, this takes place in their first years of studies, when they have not yet learned the basic elements of the medical profession. Despite heavy involvement of students from other health-related and social fields, the failure to engage senior medical students at Al-Quds University is a missed opportunity for both the center and the students of the medical school themselves. For the center, it is a loss of a great potential that would have helped the center increase the scope and range of its services and reduce its reliance on hiring medical staff. For medical students, volunteering with the center would provide them with an early opportunity to get in touch with health-related issues of their society at the community level, since their experience is mostly restricted to medical cases in hospitals. They can learn more about social determinants of health and perceive health in its comprehensive definition, which will eventually help them become better doctors in the future.

Project stakeholders adopted a gradual approach to integrating sensitive issues, like SRHS and mental health, by combining them with widely accepted activities, such as first aid training, mother and child health, tobacco and substance abuse, nutrition, and others. By attending such activities, students become increasingly engaged with the center and start to build rapport and trust relations with the staff. In addition, through such a gradual approach, decision-making bodies at the universities perceive issues related to SRHR, GBV and the like as part of a comprehensive package and overcome the initial reluctance to addressing them.

"Following the first visit, the students feel they have overcome the barrier and find it easy to address their personal concerns with the center's staff."

Female volunteer at the YFHS center, Al-Azhar University, Gaza

An observation made in the process of this evaluation is that more female students than male ones attend YFHS activities and engage in the services and events. In a previous section, this was explained by the nature of activities that are often wrongly linked to females only, such as GBV, menses, early marriage and pregnancy and the like. This perception appears to be in harmony with the prevailing gender-biased culture, which tends to blame women for the violence they experience and which exempts men from all reproductive roles as being a "woman's concern". In fact, men are more often the perpetrators of GBV and should be engaged more proactively in its prevention. Males also should share the responsibility for reproductive health concerns and learn how to get involved and be good supporters. Therefore, YFHS teams will have the responsibility for engaging more males than they do now, especially in activities and events on issues traditionally related to females.

Another lesson that can be learned from the evaluation is related to the mainstreaming and active engagement of students with disabilities in the YFHS center at Al-Quds University in particular. This could be an unintended outcome because it was part of the job of the center's director to assist students with disabilities. Nevertheless, this experience proved to be successful in ensuring disability inclusion and project stakeholders may wish to include this aspect (disability inclusion) in the YFHS model.

In addition to the above points, several examples of good practice were presented by interviewees as success stories. The following are some of these:

- In both universities, the student-led initiatives, in their variety, were frequently mentioned as examples of good practice. The project encouraged students to propose initiatives and supported them to implement their ideas. Through this process, the implementing students gained confidence, practiced professional skills and learned how to become peer educators. On the other hand, the initiatives managed to deliver valuable messages and information to the targeted students, thus widening the outreach of the YFHS centers.

- The creation of a technical committee at Al-Quds University bringing together leading figures from health-related faculties was instrumental in creating a strong link between the project and management of the university. The technical committee played a major role in influencing the university management to understand the importance of addressing some sensitive issues, such as the issue of sexual harassment. At the beginning, management officers were not in support of raising this issue. Reportedly, they did not give it adequate attention, believing there is no problem in the form of sexual harassment in the university. In addition, they feared that bringing this issue to the spotlight may make parents reluctant to allow their daughters to join the university and may encourage them to look for other options. In response, a number of female students protested.[19] The

19 These considerations were reported to the evaluation team by the YFHS teams and other stakeholders but were not stated in the interviews with university management. To the contrary, management representatives made their best to

technical committee intervened and helped to bridge the opposing views and secure management's approval to tackle this issue in a "professional manner" as explained by the different stakeholders. The research team understood this "professional manner" as presenting the topic from a pure academic perspective, with supporting arguments and figures from experiences in similar settings elsewhere rather than raising it as an alarming issue in the immediate context of the concerned university and its staff and students. This does not seem an optimal approach because the target group should feel the issues and problems as real and be able to relate to them in order to achieve sustainable behavior change. However, it could be an appropriate initial step in a gradual process, where all concerned parties feel comfortable and safe enough to bring up a sensitive issue for discussion in public.

- Awareness raising on substance abuse was highlighted as a success story at Al-Quds University. When the YFHS center announced the activity, some students were reluctant to attend fearing of stigma. The trainer provided a safe opportunity for any student in need to consult him afterwards and, indeed, two students having problems with substance abuse in their families approached him and sought his assistance. The center decided to implement a similar session on substance abuse every year for new enrollees.

- Al-Azhar University, the YFHS center created a PSS team made of volunteering students, who were trained and supported to serve as a link between students with psychosocial issues and the center's counselor. The work of the PSS team under the counselor's supervision helped in

detecting and addressing some serious mental disorders among students, including cases of PTSD and depression. Reportedly, six cases of attempted suicide among students were addressed in result and successfully resolved.

exhibit support and understanding, which could be a direct outcome of project's intervention.

IX. Key recommendations

Below is the list of key recommendations made by the evaluation team on the basis of main findings, lessons learned and a discussion of preliminary results with UNFPA team. The recommendations are grouped here as per the stakeholder(s) to whom they are addressed, although some of them may overlap and appear to be relevant to other stakeholders.

Recommendations for YFHS centers in both universities:

- Find effective means to reach out to students in non-health specialties and engage them in the centers' activities. Establish a mechanism to assess perceptions and needs of the wider student community and to collect feedback from students in general and not only from those who are engaged with the centers. A possible approach was suggested during a FGD with students, recommending the YFHS center to identify and engage a focal point, such as a volunteering student, in each faculty to advertise the center and its activities. Another suggestion was to engage teaching staff from other non-health fields, who would recommend the center to their students.

- Train students and volunteers on advocacy as a means to influence the management structures. Young people tend to exhibit defiance and confrontation, which may bring about negative outcomes. Proper advocacy skills will allow them learn how to influence decision-makers in a positive way and achieve their goals. Such skills are particularly important when dealing with sensitive, debatable issues like SRHR.

- Attach more importance to SRHR issues of relevance to unmarried young people, including pre-marriage counseling. Issues of pregnancy, delivery, breastfeeding and child care are more relevant to the small proportion of married students. They may be of interest and potentially useful for the unmarried but those also have actual needs that the center should identify and address. The YFHS center may choose to conduct an anonymous survey among the general student community to find out what SRHR issues may be of interest to them. When the mobile App becomes functioning and widely used, feedback from users can also provide valuable information on what issues are attracting the attention of young people on the moment.

- Establish a formal system for gathering feedback from users. Such a system should be accessible by any student whether receiving individual service or attending a group activity. It may include installing a suggestions/complaints box, where students can lodge their complaints, inquiries or suggestions privately. It may also include a user satisfaction survey asking users to rate the service received and staff attitudes and competency, as well as other elements like ease of access, privacy, waiting time, among others. Such system can be paper-based or electronic or can combine both methods.

- Ensure that all records of service delivery, numbers of users, reports on activities and

all other relevant data are digitalized and that an information system is in place to retrieve and report on them as required. In view of the potentially large numbers of volunteers who may engage in the center's functioning, the information system should be secure and accessed only by those who are concerned with its operation to ensure confidentiality.

- Explore the possibilities to maintain and expand the YFHS center's contact with students during the COVID-19 crisis through various online platforms and alternative communication channels while students are learning through distance instruction. Young people are in a better position to identify what may work well and what may not for them in the world of information and communication technology (ICT). They can select their channels of choice and can tell what risks might be associated with their engagement in such communications while at home, probably lacking their privacy. Once made available, the mobile App developed through the project can be very useful as a means of communication and response to young people's concerns. However, it is advisable to vary commination channels based on feedback from the students.

- Include adequate security features in the design of any communication channels with students to ensure confidentiality and privacy when using ICT during COVID-19 crisis. Some students may hesitate to disclose sensitive issues or ask questions on sensitive subjects if the log-in system can reveal their identity to outsiders, such as developers, administrators or the like. The use of on-line communications for counseling purposes should be navigated with caution and the concerned professionals need to learn from international experiences and may need training and support while carrying out such counseling.

Specific recommendations for Al-Quds University

- Combine YFHS with medical/health services the university offers to its students (the university's clinic). All university's medical/health staff should be trained and equipped to provide youth-friendly services. YFHS needs to be embedded in the university's system of students' healthcare in order to be institutionalized. This may not necessarily mean physical integration of the clinic and the YFHS center, but rather integrating the staff of both units in one team and ensuring that the clinic's staff have the skills and the time to work in the YFHS for a certain part of their duty hours.

- Engage medical students in the YFHS center as volunteers. While being dominantly occupied in practical training in hospitals, senior medical staff still learn courses related to public health and can have a chance to practice these elements in the YFHS center. The idea is rejected by some on the pretext that a student with a health-related concern may not trust the service offered by a medical student who has not become a doctor yet. However, these students are entrusted to interact with hospitalized patients who have more serious conditions. Besides, midwifery and nursing students are not being perceived as students who have not become midwives and nurses yet. The technical committee in Al-Quds University is encouraged to examine the experience of their colleagues at Al-Azhar in engaging senior medical students.

- Provide administrative assistance to the YFHS director to enable her to focus on her professional duties. The recruited volunteers seemed to be very useful. However, having the administrative functions carried out systematically by a qualified staff member would ensure proper recording of data, monitoring of progress and reporting on achievements.

Specific recommendations for Al-Azhar University

- Organize the work of the YFHS center in a way to promote a more holistic approach to youth health. Seek to ensure that pure medical services (treatment of physical illness and injuries, prescribing medicines, etc.) are not interfering with staff ability to respond to the wider health needs of young people. This may require more staff training to reverse the tendency to seek biomedical solutions, as well as more promotion of the center's role among the student community to encourage them to come to the center with a wider range of issues and concerns.

- Ensure gender balance in the center's staff. It has been evident through the evaluation that the lack of a female practitioner in the center presents an important obstacle for female students to seek help. The University is encouraged to hire a female health professional as soon as possible, even if on a part-time basis. Alternatively, for the time being, female faculty members in the fields of public health, nursing and/or counseling could be asked to volunteer to offer support to female students and their contact info made available to students in need. However, this should not replace the need to add female professionals to the center's staff.

- Address the issue of sexual harassment in a more comprehensive approach. It appears from interviews that the anti-harassment measure taken by the University was mainly linked to the role of the YFHS center's counselor in offering PSS and counseling for victims of sexual harassment and conducting education/training on how to identify harassment and deal with it when it occurs. However, no reference was made on such acts as adopting a code of conduct or endorsing a policy or an instrument that explicitly defines the university's position and responsibility and sets appropriate preventive measures and disciplinary actions to be taken in cases of sexual harassment.

Recommendations for PMRS:

- Enhance synergy between the YFHS centers and the community mobilization component of the project. YFHS staff reported certain linkages with the change-makers' activities and vice versa but FGDs conducted with the students did not support this conclusion. University students volunteering with the center may also engage in serving their communities and mobilize other students to join the effort. Community mobilization activities conducted under the project can provide them with such opportunity to become community activists in tandem with their role as peer educators within the university.

- Avoid creating a sense that the YFHS centers in the universities are dependent on financial support through PMRS. Such sense of dependency will impede sustainability efforts at the long run. To sustain partnership with the universities, PMRS is encouraged to explore and engage other possible means of financial support to certain elements of YFHS centers' activities, for example, by mobilizing resources of other donors and of the private sector on the basis of social responsibility.

Specific recommendations to all stakeholders on YFHS replication/sustainability:

- Continue to scale up the model with other universities using the lessons learned from this experience. Allow other universities wishing to adopt the model to learn from the wide range of good practices in both Al-Quds and Al-Azhar universities but also from any weak points or shortcomings to help them save time and effort in the

development of their own YFHS centers.

- Ensure that the model at Al-Quds and Al-Azhar universities is sustained during the scaling up period in order to nurture the impression of a successful and sustainable model. Later on, Al-Quds and Al-Azhar universities can learn from more successful experiences in other universities to address their own shortcomings and improve their performance. AICS and UNFPA are recommended to extend their support to the YFHS centers in Al-Quds and Al-Azhar for at least one year while the model is being designed and established in other universities.

- Ensure buy-in from the management of the university from the start. Respond to all their concerns and create a climate of mutual understanding and trust. Make sure to further augment and nurture this buy-in and climate over time. The students should feel and believe that the YFHS center is part of the university that is run with technical support from PMRS rather than feeling it as a center run and owned by PMRS and hosted within the university.

- Promote the YFHS model outside universities. Although important, the university-based model does not provide adequate reach to Palestinian youth in general. Moreover, vulnerable and marginalized youth segments are often found outside the university. It is essential for project partners, like PMRS, to integrate YFHS across their services – PHC centers, mobile clinics, community activities, partnerships with CBOs, etc. Advocacy and lobbying with the MoH should continue to adopt the YFHS approach in their services.

- Adopt a dual approach in promoting youth friendly services by both mainstreaming YFHS in regular PHC services and building specific adolescent and youth services. The mainstreaming approach should seek to affect the way in which partner organizations, whether the MoH, PMRS or other providers, deliver their services

to gradually make them youth-friendly. This process should not create parallel structures or necessitate the recruitment of new staff. Nevertheless, a specific policy/strategic program for youth friendly services needs to be put in place to ensure YFHS is properly and sustainably mainstreamed.

- Ensure youth engagement in all phases. The engagement of youth themselves in developing relevant YFHS policies and programs is essential. The experience of both establishing the YFHS model with the MoH in Dura, south West Bank and the two university-based models demonstrate the importance of engaging young people in the design, implementation and monitoring phases throughout the entire process.

X. Annexes

Annex 1: Evaluation instruments

1. **FGD guide for centers' users**

   - To what extent does the YFHS center respond to priority issues of your well-being, including SRHR?

   - How often are young people using the center? For which purpose? Are they coming back? Are they telling other students to access the center?

   - What is the social environment/ acceptance of the YFHS center by the students?

   - Which services have you received or been receiving from the center? How satisfied are you with the quality of these services?

   - To what degree has the center improved your access to health information in general? And to SRHR information in particular?

   - Does the design of the services respond to your specific needs as males or females? Examples.

     Is the YFHS center and its services and information accessible for all?

   Probe: access of young people with disabilities; equal access of male and female students; equal access by married and unmarried female and male students.

   - In your view, does the center employ efficient communication channels with its intended users?

   - What activities of the center are attracting youth audience the most?

   - Are there any major risks or barriers that may prevent youth from utilizing the services of the center?

   - Identify any exceptional experiences you may have during your interaction with the center and its activities.

   - Any suggestions to improve the center services?

2. **FGD guide for volunteers**

   - In your view, to what extent does the YFHS center respond to priority issues of youth's well-being, including SRHR?

   - Which services it is providing? Are there new services, made available by the project? Are there services that have been planned but not implemented?

   - How many young people are using the center? For which purpose? Which is their feedback? Are they coming back?

   - In your view, to what degree has the center improved young people's access to health information in general? And to SRHR information in particular?

   - Has the center been successful in organizing events and campaigns to raise awareness and bring young people to the center?

   - What activities of the center are attracting youth audience the most?

   - Does the design of the services respond to the specific needs of males and females? Examples.

   - Is the YFHS center and its services and information accessible for all?

   - Probe: access of young people with disabilities; equal access of male and female students; equal access by married and unmarried female and male students.

- Are there any major risks or barriers that may prevent youth from utilizing the services of the center?

- To what extent is the approach of bringing senior medical students and volunteers into the center been successful?

- Are you aware of the overall project action plan?

- Probe: Is it being used and up to date? Which components are not being implemented?

- How efficient is the internal communication among the center's staff and volunteers?

- Describe major challenges faced by the YFHS center to date. What are their root causes?

- Describe any unforeseen impacts (whether positive or negative).

- Identify any exceptional experiences that should be highlighted e.g. case studies, stories, best practice.

- To what extent do you feel a sense of belonging to or ownership of the YFHS center?

3. FGD guide for a sample of the general student population

- How can you describe the YFHS center? What is its purpose? What services does it provide?

- To what extent do you feel that the center responds to priority issues of youth's well-being, including SRHR?

- What is the social environment/ acceptance of the YFHS center by the students?

- Does the design of the services respond to your specific needs as males or females? Examples.

- Is the YFHS center and its services and information accessible for all?

Probe: access of young people with disabilities; equal access of male and female students; equal access by married and unmarried female and male students.

- In your view, has the center been successful in organizing events and campaigns to raise awareness and bring young people to the center?

- What activities of the center are attracting youth audience the most?

- What communication channels is the center using with success to communicate with the general student population?

- In your view, what are the main barriers that may prevent youth from utilizing the services of the center?

4. Interview guide with UNFPA project staff

- Please, explain UNFPA approach to YFHS in Palestine. What specific interventions have you implemented?

- Please, explain how the present university-based YFHS model has made use of the previous model built by the MoH in south West Bank.

- How did the feasibility study and other research activities contribute to the building / modification of the model?

- To what extent do the present YFHS centers respond to priority issues of youth's well-being, including SRHR?

- Does the design of the centers meet the objectives set in the original project document?

- In your view, to what extent are the interventions of the centers effective in achieving their objectives?

- Are the centers' teams planning the most appropriate strategies for delivering services according to the plan and objectives as per the YFHS

project document and developed YFHS-protocol?

- Are there any major risks or 'killer assumptions' that are currently not being taken into account?

- How do you assess the level of communication and coordination among project partners?

- In your view, what is the social environment/acceptance of the YFHS centers by the students, management of the university?

- What is the level of ownership among key stakeholders: university, volunteers, PMRS?

- In your view, are the YFHS centers delivering value for money for their present scope/ scale of impact? Are there savings that could be made without compromising delivery?

- Do you have any specific plans or recommendations on the key strategic options for the future of the project with a focus on YFHS, i.e. exit strategy, scale down, replication, scale-up, continuation, major modifications to plan?

5. **Interview guide with YFHS centers' staff**

- To what extent does the YFHS center respond to priority issues of youth's well-being, including SRHR?

- Which services it is providing? Are there new services, made available by the project? Are there services that have not been implemented, in comparison to the original design of the YFHS center? Why?

- How many young people are using the center? For which purpose? Which is their feedback? Are they coming back? Do you your records capture such data and disaggregate them by age and sex?

- In your view, to what degree has the center improved young people's access to health information in general? And to SRHR information in particular?

- Has the center been successful in organizing events and campaigns to raise awareness and bring young people to the center?

- What activities of the center are attracting youth audience the most?

- Does the design of the YFHS take a gender-sensitive approach to the delivery of services? Examples.

- Is the YFHS center and its services and information accessible for all?

Probe: access of young people with disabilities; equal access of male and female students; equal access by married and unmarried female and male students.

- Is the overall project action plan used and up to date?

- What percentage of activities in the work plan is being delivered?

- Do you feel yourself able to plan the most appropriate strategies for delivering services according to the YFHS-protocol?

- Is there regular monitoring for center activities? Documentation, reporting, etc.?

- To what extent is the approach of bringing senior medical students and volunteers into the center been successful?

- What are the capacity gaps in the center to meet the needs of students?

Probe: Does the center have the capacity to satisfy student's preference of staff's sex? To ensure meaningful involvement of volunteers and peer educators? To maintain an adequate level of internal and external communication with stakeholders?

- What is the social environment/ acceptance of the YFHS center by the students, management of the university?

- To what extent do you feel a sense of belonging to or ownership of the YFHS center?

- Are there any major risks or barriers that may prevent youth from utilizing the services of the center?

- Describe major challenges faced by the YFHS center to date. What are their root causes?

- Describe any unforeseen impacts (whether positive or negative).

- Identify any exceptional experiences that should be highlighted e.g. case studies, stories, best practice.

- In your view, is the YFHS center delivering value for money for its present scope/ scale of impact? Are there savings that could be made without compromising delivery?

- Do you have any specific plans or recommendations on the key strategic options for the future of the YFHS center, i.e. exit strategy, scale down, scale-up, continuation, major modifications to plan?

- Do you have any specific recommendations on potential replication of this model in other settings (universities, other venues)?

6. **Interview guide with university management and staff**

- How can you describe the YFHS center? What is its purpose? What services does it provide?

- To what extent do you feel that the center responds to priority issues of youth's well-being, including SRHR?

- In your view, to what degree has the center improved young people's access to health information in general? And to SRHR information in particular?

- What activities of the center are attracting youth audience the most?

- Is the YFHS center and its services and information accessible for all?

Probe: access of young people with disabilities; equal access of male and female students; equal access by married and unmarried female and male students.

- What is the social environment/ acceptance of the YFHS center by the students?

- In your view, what are the main barriers that may prevent youth from utilizing the services of the center?

Additional specific questions for university staff involved in the design and oversight of the YFHS center:

- How does the YFHS center fit within the university's vision of youth health in general? How it is positioned within the university's system of students' services?

- Is the center's team planning the most appropriate strategies for delivering services according to the plan and objectives as per the YFHS project document and developed YFHS-protocol?

- In your view, to what extent is the YFHS center abiding by the overall project action plan?

- What are the capacity gaps in the university to meet the needs of students?

Probe: Does the center have the capacity to satisfy student's preference of staff's sex? To ensure meaningful involvement of volunteers and peer educators? To maintain an adequate level of internal and external communication with stakeholders?

- To what extent is the approach of bringing senior medical students and volunteers into the center been successful?

- Describe major challenges faced by the YFHS center to date. What are their root

causes?

- Describe any unforeseen impacts (whether positive or negative).

- Identify any exceptional experiences that should be highlighted e.g. case studies, stories, best practice.

- To what extent do you feel a sense of belonging to or ownership of the YFHS center?

- In your view, is the YFHS center delivering value for money for its present scope/ scale of impact? Are there savings that could be made without compromising delivery?

- Do you have any specific plans or recommendations on the key strategic options for the future of the YFHS center, i.e. exit strategy, scale down, scale-up, continuation, major modifications to plan?

- Do you have any specific recommendations on potential replication of this model in other settings (universities, other venues)?

7. **Interview guide with PMRS project coordinators**

- To what extent does the YFHS center respond to priority issues of youth's well-being, including SRHR?

- Does the design of the YFHS take a gender-sensitive approach to the delivery of services? Examples.

- Is the YFHS center and its services and information accessible for all?

Probe: access of young people with disabilities; equal access of male and female students; equal access by married and unmarried female and male students.

- How does the design of the center meet the objectives set in the original project document?

- In your view, to what extent are the

interventions of the YFHS center effective in achieving their objectives?

- How does the YFHS component of the project benefit from other component

Probe: How did the conducted studies inform the design and functioning of the YFHS centers? How are community activities and youth-led initiatives contributing to the success of the model?

- Is the overall project action plan used and up to date?

- What percentage of activities in the work plan is being delivered?

- What are the capacity gaps in the targeted universities to meet the needs of students?

Probe: Does the center have the capacity to satisfy student's preference of staff's sex? To ensure meaningful involvement of volunteers and peer educators? To maintain an adequate level of internal and external communication with stakeholders?

- In your view, what is the social environment/acceptance of the YFHS center by the students, management of the university?

- To what extent do you feel a sense of belonging to or ownership of the YFHS center?

- Are there any major risks or barriers that may prevent the center from achieving the expected outcomes?

- Identify any exceptional experiences that should be highlighted e.g. case studies, stories, best practice.

- In your view, is the YFHS center delivering value for money for its present scope/ scale of impact? Are there savings that could be made without compromising delivery?

- What other improvements could be made on the short run and for long-term results?

- Do you have any specific recommendations on the key strategic

options for the future of the project with a focus on YFHS, i.e. exit strategy, scale down, replication, scale-up, continuation, major modifications to plan?

8. **Interview guide with representatives of YPEER and change-makers' bodies**

- How can you describe the YFHS center? What is its purpose? What services does it provide?

- In your view, to what extent does the YFHS center respond to priority issues of youth's well-being, including SRHR? What services could be added to respond better?

- Does the design of the YFHS and associated youth-led activities respond to the specific needs of males and females? Examples.

- Is the YFHS center and its services and information accessible for all?

- Probe: access of young people with disabilities; equal access of male and female students; equal access by married and unmarried female and male students.

- What is the social environment/ acceptance of the YFHS center by the students?

- In your view, has the center been successful in organizing events and campaigns to raise awareness and bring young people to the center?

- What activities of the center are attracting youth audience the most?

- How are community activities and youth-led initiatives contributing to the functioning of the YFHS center?

- How do you assess the level of communication and coordination among project partners?

- To what extent do you feel a sense of

belonging to or ownership of the YFHS center?

- In your view, what are the main barriers that may prevent youth from utilizing the services of the center/taking part in the associated youth-led activities?

- Identify any exceptional experiences that should be highlighted e.g. case studies, stories, best practice.

9. **Interview guide with MoH representatives**

- How can you describe an YFHS center? What is its purpose? What services does it provide?

- Please, describe MoH experience with establishing YFHS as part of its primary health care system.

- Probe: Staffing, community role, political will and support.

- Probe: Achievements, gaps, lessons learned.

- To your knowledge, how did (or could) MoH experience inform the design of YFHS centers by other providers, such as university-based centers?

- Probe: Sharing of lessons learned, staff training, protocol development, other.

- Do communication channels exist with the project? If yes, how do they work?

- How do such YFHS centers fit within the national health system in general, particularly MoH approach to SRHR?

- In your view, what should UNFPA do to make the model of YFHS centers sustainable in the Palestinian context?

- Do you have any specific recommendations on how to build on the university-based model for potential continuation and replication at a national level? What role should the MoH assume in this regard?

  Probe: Within MoH services, within NGOs, within schools/universities, other settings.

  Probe: MoH role, other stakeholders.

Annex 2: Terms of Reference

UNFPA

Terms of Reference (ToR)

Evaluation of Youth-Friendly Health Services in Universities

Project: 'Strengthening Reproductive Health and Rights for Palestinian Youth'

Background

UNFPA Palestine country office is implementing a project on youth sexual and reproductive health and rights within its sixth program cycle (2018-2022) which contributes to the national policy agenda and the 2030 Agenda for Sustainable Development, in particular, Goals 1, 3, 4, 5, 8, 10, 16 and 17. The program also contributes directly to the second United Nations Development Assistance Framework for Palestine. The main relevant program output in the document is output 1: Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings.

Introduction on project

The project focuses on enhancing sexual and reproductive health and rights, including health services and information, in Palestine and builds on the previous interventions aimed at empowering adolescents and youth with knowledge and skills and increasing their access to sexual and reproductive health and rights, with a focus on those vulnerable young people in marginalized locations in Palestine. To achieve that, the project focuses its interventions on the following:

1. Policy and advocacy for Adolescents and Youth Sexual Reproductive Health and Rights;

2. Provision of Youth Friendly Health Services (YFHS); and

3. Community mobilization aiming at outreach to those hard to reach vulnerable young people.

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

The project's interventions are tailored to meet the needs of young people (15-29) whether married or unmarried, in or out of university to realize the following three outcomes:

A. Enhanced capacities to develop and implement policies, and mechanisms that prioritize access to information and services for sexual and reproductive health and reproductive rights for young people especially for those furthest behind

B. Tailored health services for young people are further developed, promoted and institutionalized

C. Improved leadership and participation of adolescents and youth on SRHRs interventions.

This project builds on the previous project phase (Jan 2018-Jan 2019). However, it is designed in such a way that it is a stand-alone project to allow for sustainability of yearly interventions. One of the project's achievements is the development and adoption of a YFHS-protocol (2018), which was tailored to meet the universities' settings based on the 2015 YFHS protocol adopted by the Ministry of Health (MoH).

Scope

UNFPA is conducting this evaluation jointly with relevant stakeholders and implementing partners. The evaluative research will be on YFHS established centers connected with the Feasibility Study on replication and scaling up working with consultants. The evaluation of the Youth Friendly Health Services at Al-Quds and Al-Azhar universities in the West Bank and Gaza will be carried out in order to scale up this model to other contexts and to adapt/improve it, successes, uptake, relevance, content and modality of operation; lessons learned but also potential gaps need to be properly evaluated.

The evaluation will cover the project duration concerning the YFHS component from 30 May 2018 to April 2020.

Project Review Methodology

i. Desk Review: The country office project's team will collect a complete database from implementing partners on YFHS centers and on the set project indicators.

ii. Focus Group Discussions: Data will be collected from the field through FGDs with users of the center (two FGDs will include a group of 25/30 youth, 50% females), and two other FGDs will include 20 volunteers, 50% females, engaged with the centers). Two FGDs shall be also planned with the general student population of the universities. In total, six focus groups will be conducted; three in Gaza, three in East Jerusalem.

iii. Interviews: The consultant shall conduct interviews with the project's partners and other relevant stakeholders: universities both the management, professors and other staff within the university as a whole, asking them if they know about the center, what they know about its services, in addition to the center's staff, PMRS staff and volunteers, YPEER educators and members and some representatives of the change makers' bodies who have contributed to some of the activities in the center. An interview with MoH will also be planned to see how those centers are connected to the national health system.

The purpose of the focus groups discussion and interviews is to assess the following:

Evaluation Issues and Key Questions

Assess the continuing appropriateness and relevance of the design. The project context, threats and opportunities may have changed during the course of the project. Assess what adjustments have been made and what others might be necessary. All data should be disaggregated by sex and age and analysed from a gendered perspective. In particular:

1. **Quality and Relevance of Design:**

   o To what extent does the YFHS center respond to priority issues of youth's well-being including SRHR?

   o Which are the services provided? Are there new services, made available by the project? Are there services which have not been implemented, in comparison to the original design of the YFHS center?

   According to the developed YFHS-protocol (2018) and project document, youth-friendly services should include:

   • Universal access to accurate sexual and reproductive health information;

   • A range of safe and affordable contraceptive methods;

   • Sensitive counselling;

   • Quality obstetric and antenatal care for all pregnant women and girls;

   • The prevention and management of sexually transmitted infections, including HIV

   • Sexual and gender-based violence support

   • Referral for advanced care if needed.

   o Does the design of the YFHS take a gender-sensitive approach to the delivery of services? This could include gender breakdown of service providers, 'appropriate 'menu' of services, types of outreach to ensure both young men and young women are aware of the existence of the centers, etc.

   o Is the YFHS center and its services and information accessible in an inclusive way *(By looking at if services and information are provided under discriminatory circumstances including access of people with disabilities; equal access of male and female students; equal access by married and unmarried female and male students, etc.)?*

   o Does the design of the center meet the objectives set in the original project document?

   o Is the center's team planning the most appropriate strategies for delivering services according to the plan and objectives as per the YFHS project document and developed YFHS-protocol?

   o Are there any major risks or 'killer assumptions' that are currently not being taken into account?

   o What is the level of ownership among key stakeholders: university, volunteers, PMRS?

2. **Effectiveness:** Assess the major achievements of the YFHS center to date in relation to its stated objectives and intended results: (Refer to the project document, YFHS-protocol, and conducted assessments: Social norms and Feasibility of YFHS)

o To what the extent the interventions of the YFHS center is showing a good promise:

- To what degree has access to health information overall been improved?

- To what degree has access to SRH information improved?

- Has the center been successful in organizing events and campaigns to raise awareness and bring young people to the center?

- To what extent is the approach of bringing senior medical students and volunteers into the center been successful?

- What other approaches, if any, have been successful in raising the profile of the center?

o How many young people are using the center? For which purpose? Which is their feedback? Are they coming back?

o Describe major challenges faced by the YFHS center to date, with an assessment of the root causes of these challenges, from the point of view of staff and management of the university

o Describe any unforeseen impacts (whether positive or negative).

    o Identify any exceptional experiences that should be highlighted e.g. case studies, stories, best practice.

3. **Efficiency of Planning and Implementation:** Assess to what extent human and economic resources are being used to deliver the YFHS in the two centers.

Are plans being used, implemented and adapted as necessary? For example:

o Is the overall project action plan used and up to date?

o What percentage of activities in the work plan is being delivered?

o What are the capacity gaps in the targeted universities to meet the needs of students (staff's capabilities including student's preference of staff's sex, and the involvement of volunteers and peer educators)?

o Internal and external communication.

4. **Potential for sustainability, replication and magnification:** Assess the key factors affecting sustainability of the YFHS centers, such as:

o What is the social environment/ acceptance of the YFHS center by the students, management of the university?

o Assess whether the YFHS center is considered as delivering value for money for its present scope/ scale of impact. Are there savings that could be made without compromising delivery?

o Assess and make recommendations on the key strategic options for the future of the project with a focus on YFHS i.e. exit strategy, scale down, replication, scale-up, continuation, major modifications to plan

o Comment on any existing plans

o Make recommendations in addition

o What is the level of ownership among key stakeholders: university, volunteers, PMRS?

Output

After the interviews and focus group discussion, a validation meeting will be conducted with implementing partners, universities who hosted youth initiatives, a number of youth who benefited from the project and the donor, Italian Agency for Development Cooperation. The purpose of this meeting is to present and discuss achievements, targets reached; challenges, good practices and lessons learned and set recommendations for similar future models.

The consultant will produce:

1) An inception report including the detailed methodology and questions to be posed during the interviews and focus group discussions for the evaluation. UNFPA will review and provide feedback to the inception report and methodology.

2) A final report, in English, of the evaluation's findings and recommendations. The report should include the following sections:

   - A brief description of the project's scope

   - The context of the country, related projects, years of implementation, and complementary national or partner programs

   - Basic description of context and purpose/objectives of the evaluation

   - Evaluation limitations

   - Scope and methodology

   - The most important findings and conclusions in relation to quality and relevance of YFHS centers design; their effectiveness; the efficiency of planning and implementation in delivering the YFHS in the two centers; potential for sustainability, replication and magnification of the centers.

   - Lessons learned

   - 2-3 good practices

   - Key recommendations related to the findings, including for future scale-up

   - Annexes

3) The consultant will prepare a PowerPoint presentation with key findings and results for presentation and validation prior to finalization of the report

Duration

The duration of the evaluation is for three months starting from the date of the contract signing.

Evaluation Team Composition

It is recommended that the composition of the evaluation team consists of a multi-disciplinary team with specific competencies based on the requirement for the evaluation objective, focus, and methods. At least one member of the team should be a specialist in gender issues and/or adolescent sexual and reproductive health. The qualifications and skill areas of the evaluation team should meet all of the following:

> ➢ Areas of technical competence (sector, issue areas)
>
> ➢ Language proficiency (Arabic and English)
>
> ➢ In-country work experience particularly with governmental institutions and civil society
>
> ➢ Evaluation methods and data-collection skills
>
> ➢ Analytical skills and frameworks, such as gender analysis
>
> ➢ Process management skills, such as facilitation skills
>
> ➢ Gender mix