UNFPA-United Nations Populations Fund

Men's Engagement Strategy 2021- 2024

Final Report

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Acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSOs	Civil Society Organizations
GE	Gender Equality
GBV	Gender-based violence
GP	Global Priority
HCYS	Higher Council for Youth and Sport
ICHR	Independent Commission for Human Rights
ICPD	International Conference on Population and Development
Miftah	The Palestinian Initiative for the Promotion of Global Dialogue and Democracy
MoH	Ministry of Health
MoE	Ministry of Education
MoSD	Ministry of Social Development
MoWA	Ministry of Women Affairs
oPt	Occupied Palestinian Territories
PA	The Palestinian Authority
PRCS	Palestine Red Crescent Society
PFPPA	Palestinian Family Planning and Protection Association
RBA	Rights-based approach
PCBS	The Palestinian Central Bureau of Statistics
PMRS	Palestinian Medical Relief Society
SOPs	Standard Operating Procedures
SRH	Sexual Reproductive Health
SYF	Sharek Youth Forum
ToT	Training of Trainers
UNICEF	The United Nations Children's Fund
UNFPA	United Nations Population Fund
UN WOMEN	The United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization
YFHS	Youth Friendly Health Services
YP	Youth Peer

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1.Executive Summary

The United Nations Population Fund (UNFPA) is an international development agency that promotes the right of every woman, man, adolescent to enjoy a life of health and equal opportunity. UNFPA supports countries including Palestine in using population data for policies and programs to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and equality. UNFPA works with men and boys around the world to advance gender equality and end violence. UNFPA programs are encouraging men and boys to abandon harmful stereotypes, embrace respectful, healthy relationships, and support the human rights of all people, everywhere.

UNFPA contracted a senior consultant to develop a "Men's Engagement Strategy." The consultant ensured that the developed strategy is in line with UNFPA County Program strategy 2018-2022, the global strategy for adolescents and youth; "My body, My Life, My World," and the Sexual Reproductive Health strategy and international gender equality and human rights conventions endorsed by the Palestinian Authority (PA) and other national and international literature and studies relevant to the Men's Engagement Strategy.

The Men's Engagement Strategy aims to support gender equality and the advancement of human rights, health, well-being, and the full participation of women and girls through strategic integration of boys, young men, and men in UNFPA programs.

Accordingly, the consultant reviewed the analyzed the proper documents and met with relevant stakeholders from civil society organizations (CSOs), ministries representatives, the UNFPA team, and other UN agencies following gender and rights-based approach (RBA). The interviews stakeholders confirmed that CSOs, governmental bodies, and international organizations made some progress towards gender equality, eliminating the impact of social norms and fighting social stereotypes and stigmas for more than three decades. However, there is still much left to accomplish. At its core, gender is about relations of social power. Since men still dominate social norms, structures, and institutions, they have a critical role to play alongside women and women's rights organizations in advancing equality, health, and wellbeing of women and in dismantling the gender status quo.

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The Men's Engagement Strategy focuses on several interventions, the most important of which are:

Strategic outcome 1 (SO1): Revised, updated, and endorsed national policies and standard operating procedures (SOPs) in Gender-Based Violence (GBV) and Sexual Reproductive Health (SRH) by all stakeholders.

Strategic outcome 2 (SO2): SRH services are provided, and service providers are capacitated to provide high-quality services.

Strategic outcome 3 (**SO3)**: Raise awareness among adolescents and men of equal gender roles, responsibilities, relationships and decision-making, gender sexual and reproductive health, and combating GBV.

Strategic outcome 4 (SO4): Men's engagement enhanced through behavioral change and advocacy interventions on SRH, GBV, and youth needs.

2.Purpose of the Strategy

The purpose of the UNFPA engagement strategy is to ensure young men and men are integrated into the UNFPA sexual and reproductive health program to empower women and girls in the journey to gender equality and combating GBV. On another level, the strategy will clarify the roles of men and youth in changing social norms that exclude women and girls from effective participation in their societies.

3.Methodology

The men's engagement strategic approach took into consideration views, perceptions, experiences, needs, and capacities of key stakeholders, in addressing men's engagement in SRH, adolescents, and youth programs and combating GBV. Furthermore, the strategy was developed using a dual approach focusing on gender mainstreaming and RBA as follows:

3.1 Strategy Approach

3.1.1. Gender Equality Mainstreaming

- Integrating gender as a core value based on equality and activating the participation of men in strategic interventions.

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- Mainstreaming a gender perspective in men's engagement strategy and indicators to eliminate gender inequality in sexual and reproductive health, adolescence, gender violence, and youth issues.

3.1.2. Right Based Approach (RBA)

- RBA is linked to gender equality and the rights of women and men, despite age, ethnicity, disability, etc.
- RBA was adopted in the process of collecting and analyzing data. This approach incorporates human rights principles and standards as a means and as an objective of the development of the Men's Engagement Strategy. This analytical approach integrates the realization of human rights into the design and development of the strategy.
- [1]The RBA meets men's reproductive and sexual health needs without prejudicing reproductive and sexual health services for women.
- Fostering zero tolerance for harmful attitudes like male preference, child marriage, and violence against women.
- Promoting positive male role models.
- Reproductive rights imply equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the individual, and require mutual respect, consent, and shared responsibility for sexual behavior and its consequences.

3.2 Data Collection Tools

- An extensive review of available literature and resources on adolescent and youth, SRH, GBV, and youth development at the national and global levels including studies, assessments, surveys, relevant strategies, policies, action plans, and reports.
- Key informant interviews with 17 key stakeholders from government organizations and CSOs and UN agencies.
- Two focus group discussions with young women and men of different ages who participated in SHR, GBV, and youth development programs implemented by Medical Relief Society (MRS).
- Conduct a major launching event with all relevant stakeholders and UNFPA partners to introduce the strategy and promote its implementation, in partnership and coordination with UNFPA.

3.3 Data collections Limitations

[1] https://www.unfpa.org/sites/default/files/pub-pdf/partnering_eng.pdf

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Some partners (3 out of 20) did not respond to the strategy expert's request to meet for an interview.

4. Strategy Rationale

4.1 An Overview of the Demographics of Palestine

4.1.1 Population Characteristics

According to the Palestinian Central Bureau of Statistics (PCBS), the population in the occupied Palestinian territory (oPt) is 5.1 million; out of which 2.59 males and 2.57 females representing 49% of the Palestinian population.[2]

4.1.2 Health Characteristics

- The life expectancy at birth for individuals has increased to 74.1 years: 73.0 for males and 75.3 for females in 2020. Yet, there is a variation in life expectancy at birth between the West Bank and Gaza Strip. Life expectancy reached 74.4 years in the West Bank: 73.3 years for males and 75.6 for females. While in Gaza Strip, life expectancy was 73.7 years: 72.6 years for males and 74.8 for females. Such an increase in life expectancy at birth is due to the improvements in healthcare and the gradual decrease of mortality rates among infants and children.

- As for reproductive health among women aged 15-49 years, about 95% received antenatal health care at least four times by a healthcare provider during pregnancy, and about 73% of women in the same age received healthcare eight times or more during pregnancy. Moreover, most births in Palestine occur in health institutions, which is approximately 99%. Of all live births, about 100% were attended by skilled health staff.

- Use of modern family planning methods: According to a 2014 multi-indicator survey, the proportion of women using family planning methods remains low according to international and regional standards. Women reported using only three main modern methods of contraception with 35.2% used intrauterine contraceptives, 25.8% used combined oral contraceptives, 16.4% used condoms, while only 3.1% used hormonal implants. Expectations from family planning services were low as most women attending the clinic had already decided on their own contraceptive method with decisions made by husbands

[2] https://www.pcbs.gov.ps/Downloads/book2533.pdf

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(41.2%) or women jointly with their partners (33.3%), only 13.7% took advice from providers. Healthcare providers had widely noticed that women believe that modern contraceptives cause infertility and cancer. The main barriers to effective family planning services were misperceptions of potential harm, poor availability, and limited choice of contraceptive methods.

- Additionally, as stated by the World Health Organization (WHO) in 2020, 63.8% of women who demand is satisfied with a modern method of contraception. This percentage indicates a slight increase compared to 63.6% in 2019. In comparison to 2019, 88,000 individuals used modern contraceptives methods. Moreover, the prevalence rate of women who used modern contraceptive methods was 29.8%.

- Last, 26.1% of women reported an unmet need for modern methods of contraception in 2019. The percentage has remained the same for 2020.

- The number of unintended pregnancies was 99,000 in 2019 and 100,000 in 2020.
- The number of unintended pregnancies averted due to using modern methods of contraception was 137,000 in 2019 and 142,000 in 2020.

- The number of unsafe abortions averted due to using modern methods of contraception 30,000 in 2019 and 31,000 in 2020.

- The number of maternal deaths averted due to using modern methods of contraception was 20 in 2019 and also 20 in 2020.

- The fertility rates in Palestine decreased from 4.1 births per woman in 2014 to 3.8 births per woman in 2019: 3.8 in the West Bank and 3.9 in Gaza Strip. The adolescent fertility rate (age 15-19 years) in Palestine was 43 births per 1000 women in 2019, compared to 48 births per 1000 women in 2014.

4.1.3 Labor and Social Characteristics

- The labor force participation rate among women and men: The labor force participation rate for women and men decreased in 2020 compared to previous years due to the lockdown following the Corona pandemic. Women's labor force participation rate was 16% of all working-age in 2020, compared to 18% in 2019. It is worth noting that the male labor force participation rate reached 65% in 2020, compared to 70% in 2019.

- The gap in labor force participation between women and men (15 years and above) with disabilities is deepening as per the 2020 Labor Force Survey.

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Women with disabilities' labor force participation rate in Palestine was only 2%, compared to 23% of the total men with disabilities.

- Youth between 19 and 29 years of age who hold an intermediate diploma or higher suffer the most from unemployment. Unemployment rates reached 54% (69% of females compared with 39% of males).

- Data in 2020 indicated that about 28% of wage workers in the private sector earn less than the minimum average monthly wage (1,450 NIS). The percentage was 29% for men compared to 25% for women.

- About one-fourth of female employees in the private sector work without an employment contract. 23% of the female employees hired in the private sector work without an employment contract, and 62% of them get some deal of a retirement/end-of-service package. However, more than half of female employees in the private sector (60%) get a paid maternity leave for 2020.

- According to 2020 data, the participation of women in decision-making positions is still limited compared to men. The data showed that women comprise 5% of the Palestinian Central Council members, 11% of the Palestinian National Council members, and 13% of the Council of Ministers members. Also, the percentage of women ambassadors in the diplomatic service is 11%. Moreover, out of 16 governors, only a single woman is serving as a governor.

- Women-headed households in Palestine represent approximately 11% (12% in the West Bank and 9% in Gaza).

- Early marriage significantly decreased in Palestine in 2019. The percentage of girls under 18 years old registered as married was 19.3% (19.0% in the West Bank and 19.9% in Gaza) out of the total number compared to 24% in 2010. As for boys, the percentage was 0.9% out of the total number of males in 2019, compared to 2% in 2010.

4.1.4 Gender-Based Violence Status

- GBV against women and girls in Palestine remains a key concern due to the complexity of the social, political, economic, and cultural factors that lead to violence. The main reasons for GBV reasons in Palestine are the Israeli occupation of the West Bank, Jerusalem, and Gaza and the patriarchal system that dominates the political, social, economic, and legal structures reinforcing gender inequality in Palestinian society.

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- A higher level of discrimination is directed towards women and girls with disabilities since they are the most vulnerable to all forms of marginalization, discrimination, exclusion, and violence based on disability. There is insufficient data about the living conditions of this group of women and a lack of specialized indicators in most national reports and official statistics in the country.

- Most reports and specialized studies lack detailed information about murder cases under the pretext of so-called family honor. In this context, the Independent Commission for Human Rights (ICHR) recorded the death of 28 women in 2018 and 18 women in 2017. The high number of female deaths for "mysterious" reasons means that ICHR has not yet acquired reliable information regarding the reasons behind the deaths or because the case is still under investigation by the Public Prosecution.[3] The number of murder cases of women in 2019 reached 24 and 17 in 2020. Between January and April 2020, the Ministry of Social Development (MOSD) recorded 20 cases of women committing suicide due to difficult social and family conditions.[4]

- The PCBS 2019 Violence Survey in Palestinian Society showed a decrease in the violence against currently married or previously married women by their husbands from 37 in 2011 to 27 in 2019 within the measurement of sustainable development indicators 2030 and in response to Indicator 5.2.1 of the Sustainable Development Goals.

- According to the same survey, domestic violence is the most common form of violence in Palestine.

- The State of Palestine has taken facilitative measures to combat violence against Palestinian women and girls. These measures include adopting the National Strategy to Combat Violence against Women 2012-2019 and national transfer system for abused women and girls and providing shelters for abused women. Nevertheless, community and family violence against women and girls in Palestine remains significantly high.

- Although the PA has acceded to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Charter of Human Rights, the legal framework supporting women's rights is weak. The relevant authorities shall revise Palestinian laws to ensure their compliance with international conventions.

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[3] The Independent Commission for Human Rights, The Status of Human Rights in Palestine, Annual Report 24, 2018.
[4] Data from the Women's Center for Legal Aid and Counseling (WCLAC).

4.2 Key National and International Agreements Relevant to Men's Engagement

In 2014, Palestine had become a party to the Geneva Conventions of 1949 and the Additional Protocol of 1977, and acceded to more than 20 treaties, including the CEDAW; the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; the Convention on the Rights of Children and its Optional Protocol on the Involvement of Children in Armed Conflict; the Convention on the Rights of Persons with Disabilities; the International Convention on the Elimination of All Forms of Racial Discrimination; the International Covenant on Civil and Political Rights; and the International Covenant on Economic, Social and Cultural Rights. Palestine did not declare any reservations to these treaties. In 2015, the PA signed the Convention on the Political Rights of Women and the Rome Statute of the International Criminal Court.

The State of Palestine participated in the Nairobi Summit on the 25th International Conference on Population and Development (ICPD), held on 12-14 October 2019. This participation reflects the PA's faith in the importance of the ICPD agenda and commitment to accelerating the process of achieving the goals and priorities of the ICPD held in Cairo in 1994. The State of Palestine affirmed its commitment to the following Global Priorities (GP):[5]

1. First GP: Achieve universal access to sexual and reproductive health and rights as a part of universal health coverage.
2. Second GP: Draw on demographic diversity to drive economic growth and achieve sustainable development.
3. Third GP: Address sexual and GBV and harmful practices child, early and forced marriages, and female genital mutilation.
4. Fourth GP: Mobilize the required financing to finish the ICPD Program of Action and sustain the gains already made.[6]

Despite the PA's commitment to the Nairobi Summit and other treaties, the Palestinian efforts are at stake due to the political reality that derails realizing sustainability in all sectors. The Israeli occupation, the internal division between the West Bank and the Gaza Strip, the Palestinian economic dependence on the Israeli economy enforced by the Israeli control over the Palestinian financial and natural resources are all factors that further impede any progress. Israel openly violates international humanitarian laws and human rights law and breaches both International Covenants on Economic, Social, and Cultural Rights and Civil and Political Rights. Moreover, the Covid-19 pandemic resulted in a socio-economic and developmental halt in Palestine as most government and civil society efforts

[5] UNFP, Palestine's Commitment to Nairobi Summit: between advancing the SRH and rights and eradicating gender Inequality, July 2020, prepared by Luna Saadeh.
[6] UNFP, Palestine's Commitment to Nairobi Summit: between advancing the SRH and rights and eradicating gender Inequality, July 2020, prepared by Luna Saadeh.

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have been focusing on emergency humanitarian and health interventions coinciding with the state of emergency declared in Palestine on March 04, 2020.

Unfortunately, the State of Palestine has not been able to harmonize national legislation and laws. It continues to implement several old and outdated laws that extend from the Ottoman era, the British Mandate, the Jordanian law, and the Egyptian law, which need revision and amendments. However, the Palestinian Legislative Council's work has been disrupted for nearly 15 years and so no alternative laws were drafted to replace the old ones. Additionally, the Israeli occupation continues to impose its military laws on the Palestinian people, women and men, which consequently affects the freedom of movement, property, export and import, freedom of opinion, and political participation.

4.3UNFPA Global and Country Program Strategies

4.3.1 UNFPA Global Strategy7

The UNFPA strategic plan, 2018-2021, is aligned with General Assembly resolution 70/1 on the 2030 Agenda for Sustainable Development (hereafter referred to as the 2030 Agenda) and its 17 Sustainable Development Goals.

The strategic plan also responds to other global frameworks underpinning the 2030 Agenda, including the Sendai Framework for Disaster Risk Reduction 2015-2030 of the Third United Nations World Conference on Disaster Risk Reduction, the 2015 Paris Agreement on climate change, and the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development.

The goal of the strategic plan, 2018-2021, is to *"achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Program of Action of the International Conference on Population and Development, to improve the lives of women, adolescents, and youth, enabled by population dynamics, human rights, and gender equality*". The goal is the same as that of the previous UNFPA strategic plan, 2014-2017. Evaluative evidence has confirmed that the goal remains relevant and is an effective entry point for contributing to the 2030 Agenda. This goal will also enable UNFPA to address challenges in sexual and reproductive health within the context of the Millennium Development Goal targets that were not achieved.

While overall poverty rates, maternal mortality, AIDS-related deaths, and the unmet need for family planning are declining at the global level. Inequalities and gaps in all aspects of development are evident among and within countries. These inequalities and gaps are

[7] https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_.2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf

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observed through socioeconomic and demographic characteristics, including sex, age, residence, ethnicity, disability, and income.

4.3.2 UNFPA County Program Strategy

The UNFPA sixth country program 2018-2023 aims to improve the health and well-being of women and young people within a complex and multidimensional environment. The program recognizes the unique operating environment and challenges where the target group lives.

The 2018- 2023 UNFPA sixth country program strategy will contribute to the national policy agenda and the 2030 Agenda for Sustainable Development, particularly Goals number 1, 3, 4, 5, 8, 10, 16, and 17. The program will also contribute directly to the second UN Development Assistance Framework for Palestine. This program was developed in consultation with the government, CSOs, academic institutions, and other development actors, including UN organizations.

The country program focuses on the most vulnerable while investing in reducing vulnerabilities and strengthening communities along with institutional and system resilience in the DP/FPA/CPD/PSE/ medium-to-long term. Simultaneously, it will focus on emergency preparedness and response to the protracted – and at times of acute crises that affect vulnerable communities in specific areas in Gaza, the West Bank, and East Jerusalem. Additionally, Palestine has had a humanitarian response plan for the past 15 years. Accordingly, the situation requires that UN Population Fund (UNFPA) modes of engagement include targeted capacity development and service delivery.

The program has three outcomes:

Outcome 1: Sexual and reproductive health

Output 1: Strengthened resilience of national institutions and CSOs to sustain coverage of high-quality sexual and reproductive health services targeting adolescents and youth and operating in humanitarian settings. This output will be achieved by advocacy, capacity building, expanding the youth-friendly health center model, adopting and monitoring the use of obstetric protocols, strengthening the role of midwives in sexual and reproductive health care provision, developing the capacity of national providers on prevention, early detection, and treatment of sexual and reproductive health.

Outcome 2: Adolescents and youth

Output 1: Enhanced capacity of the national government and CSOs to design and implement programs on reproductive health, empowerment, and civic engagement for adolescents and youth, focusing on the most vulnerable. This output will be achieved by advocating for the operationalization of the national youth strategy; supporting youth-led networks to promote SRH, and civic engagement programs for vulnerable adolescents and youth, effective participation of youth in conflicts and disaster risk management and

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addressing the demographic dividend and building on the generated evidence towards Palestine 2030.

Outcome 3: Gender equality and women's empowerment

Output 1: Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to effectively address gender-based violence, including in humanitarian settings. This output will be achieved by supporting national partners capacity to improve availability, accessibility, acceptability, and the quality of multispectral GBV services, including health, psycho-social and legal counseling at national and district levels, promoting civil society engagement to improve monitoring and reporting of sexual and reproductive health and GBV violations and enhancing the engagement of men and boys and community leaders in promoting reproductive rights and sexual and reproductive health and gender equality.[8]

5. Field Study Findings and Conclusions

5.1 Current Initiatives/Projects Implemented by UNPFA and its Partners

UNFPA implements three programs in cooperation with governmental and civil society organizations. Below is an overview of these programs

Youth Program

- UNFPA Youth Program staff confirmed that the program has three components:
  1. Adolescents' health to include sexual reproductive health.
  2. Involve youth in combating GBV.
  3. Develop youth skills in leadership.

- There are several youth-specific interventions under each component, and they are implemented in Palestine within the framework of the UNFPA country strategy and aligned with the UNFPA global youth strategy "My Body, My Life, My World."

- The UNFPA Youth Program targets boys and girls/young women and young men from 10 to 29 years old. UNFPA has local partner organizations responsible for implementing program interventions and activities such as the Palestinian Medical Relief Society (PMRS), Juzoor, the Ministry of Health (MoH), the Ministry of Education (MoE), and other relevant stakeholders.

[8]file:///D:/Projects%202019%20to%202021/2021%20projects/UNFP21/Desk%20phase/Reviewed%20doc/9_PalestineCPD-PSE.6-FINAL-_3Jul17.pdf

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Sexual and Reproductive Health (SRH) Program:

- The SRH is one of the strategic outcomes of the Palestine country office strategy as mentioned above. The program develops the capacities of MoH and civil society CSOs that provide healthcare services to ensure high-quality SRH services are provided to women and men. The adopted approach of the program is "*health for all"* regardless of age, sex, color, ethnicity, and social level.

- SRH topics are considered taboos and still controlled by the patriarchal culture in the Palestinian society, thus, teachers, counselors, parents, and students avoid or refrain from tackling such subjects. This reality hinders the implementation of interventions aiming at enhancing the awareness of SRH. Within the framework of SRH, the UNFPA pays attention to adolescent health through the sexual and health education program in schools. The program provides women's health services before pregnancy, during pregnancy, and after childbirth. Moreover, the program encourages women and men to use modern contraceptive methods for family planning and responds to the health needs of elderly/mature women.

- There is a lack of engagement of boys and men in SRH education at schools and the community level. CSOs implemented programs do not consider men as a target group due to the lack of awareness of the value of engaging men and limiting the reproductive health and role to women. Therefore, only 0.3% of men are enrolled in reproductive health education programs.[9]

Gender Program

In 2014, the UNFPA developed a Men's Engagement Strategy to engage boys and young men in gender issues and SRH and rights, through including sexuality education. The objective of the intervention is to question stereotypes about masculinity and male risk-taking behavior (especially sexual behavior) and promote their understanding of and support for women's rights, especially reproductive rights, and gender equality. This strategy has been adhered to some extent by UNFPA implementing partners.

Gender equality including combating GBV is a program for women and men recently involved in all UNFPA interventions. The program focuses on integrating women's health, roles, responsibilities, and empowerment into a reproductive health program. It also focuses on primary healthcare and hospitalization for victims of violence and communication within the national referral system.

The basis of the gender program is to empower women to enhance their ability to make decisions related to their health and body. The program also promotes men's role to be supportive of women's choice and opportunities to cultivate an enabling environment promoting women's agency. The program offers support to service providers that work on

[9] Palestine's Commitment to Nairobi Summit: between advancing the SRH and rights and eradicating gender Inequality, June 2020, Luna Saadeh

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combating GBV and discrimination. The program also offers mental health and psychosocial support to women affected by GBV to minimize the traumatic effects of violence.

Gender is integrated into the youth program focusing on creating balance in youth vision and objectives. It also reflects on male and female rights and roles and combats all types and forms of gender-based discrimination in the daily life of young people.

In the three programs, UNFPA focuses on international policies and agreements and puts pressure on MoH to adhere to CEDAW and Nairobi Submit regarding abortion, morbidity, early marriage, sexual education, and violence against women.

PA organizations

To ensure synergies and complementarity of services, UNFPA has partnered with MoH as a strategic partner to implement its strategy in Palestine. Therefore, the MoH is responsible for developing SRH policies and services and providing health services to girls and women victims of GBV. MoH provides various SRH services, such as, prenatal and postnatal services, pre-conception counseling services, use of modern contraceptives, and sexual education. After the Nairobi Summit 2019, MoH established an Adolescent Health Unit, which is still under establishment.

MoH's work intersects with other ministries, such as MoSD and the Ministry of Women's Affairs (MoWA), to develop policies and provide complementary services to combat GBV, and refer to the SOPs that have been adopted by the MoH as part of the Takamul National Referral System. MoH employees have been trained to provide health counseling and health services to women and victims of violence. However, this system is not implemented in Gaza effectively due to the fragmentation of the Palestinian political leadership.

MoWA formulates policies to achieve gender equality between men and women and combat GBV. It is responsible for the national referral system for victims of violence in coordination with all governmental and non-governmental partners. Currently, the national referral system is subject to review by all relevant parties.

MoSD is leading the protection sector for all marginalized social groups, including women victims of violence. It provides different social support services to vulnerable women including safe and protected shelters for abused women.

Moreover, the Higher Council for Youth and Sport (HCYS) aims to integrate youth into political and social life through sports activities. HCYS works with UNFPA on SRH education and awareness-raising on early marriage, using modern contraceptives, nutrition for adolescents, and advisory for newlyweds.

School Health Program is one of the crucial programs institutionalized in the MoH and the MoE. Introducing health education to the school system is part of the education process and is considered a significant achievement. Yet, further effort is needed to increase the

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number of schools that endorse the intervention, as only 8.6% of schools integrated health education activities into their curricula.[10]

UN Agencies and CSOs Partnership

The strategic planning expert interviewed UNFPA partner organizations to reflect on their roles and responsibilities. 5 CSOs (Family Planning, Red Crescent, Miftah, Palestinian PMRS, and Sharek Youth Forum) working in health, gender, and youth. The remaining 3 CSOs did not respond to the research interview. The CSOs interviewed have programs on SRH, GBV, and youth. All CSOs reported that they involve men in some activities regarding RSH, combating violence, and promoting and empowering youth rights in these areas.

Moreover, two UN agencies were interviewed. UNICEF focuses on the child and adolescent protection program. As for UN Women, its programs focus on protecting girls and women from all forms of discrimination practiced against them and combating GBV.

Interviews with UN agencies and CSOs confirmed that men, boys, and young men are involved in the conversation on gender and SRH and participate in awareness-raising activities and initiatives.

On another level, young men and women engage in leadership programs that allow them to build a comprehensive understanding of the local and legal context in Palestine and participate in the decision-making process. They form youth committees to combat violence and provide knowledge and awareness to other youth and society.

Moreover, young people are integrated into national awareness campaigns that showcase successful male role models supporting women as partners in all aspects of life from household chores to decision-making. Also, young people (the newlyweds) participated in couples counseling to build an understanding of the basic principles of SRH. This level of youth integration and engagement aligns with the results of the exercises on "Masculinity Issues" that aimed at building a balanced approach to masculinity and understanding stereotypes of manhood.

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5.2 UNFPA Achievements on Men's Engagement

In the last three years, UNFPA Youth, Gender, and SRH programs implemented different activities and achieved the following:

- Supported MoH to develop the SRH strategy in coherence with UNFPA objectives.
- Supported MoH to establish a youth/adolescent health unit and developed a health protocol to combat violence. MoH institutionalized the protocol at the Ministry's level.

[10] https://www.apda.jp/pdf/p06_jinkou_kaihatu/reviewpalestine_2020_en.pdf

- Supported SRH and rights research and studies: The first national assessment of SRH and rights was developed, and the monitoring, tracking, and reporting capacity of national partners were developed with support from UNFPA.
- Supported the development of the national referral system for GBV and SOPs in cooperation with MoSD, MoH, and MoWA. Furthermore, UNFPA supported the MoWA to develop a strategy to combat violence.
- Premarital counseling to newlyweds and gender-mainstreaming were integrated into SRH.
- Led the GBV sub-cluster as part of the Protection Cluster of more than 100 national and international organizations. The Protection Cluster considers reporting on GBV.
- Improved the quality of SRH service provision, especially obstetric care; which has led to lowering the morbidity rates.
- Enhanced the partners reporting capacities to highlight women/gender issues in relevance to SRH and GBV.
- Raised awareness on women's rights as a contribution to other relevant UN agencies working on legal and rights issues.
- Peer to Peer project, which encourages adolescents to educate their peers on SRH education. Sexual education targeted adolescents between 10-17 years of age. Moreover, the peer-to-peer approach focuses on integrating its scope into extracurricular activities.
- Supported the midwife's education program (at Ibn Sina College). The program is currently under the Ministry of Higher Education supervision-- and not the MoH.
- Enabling service providers and young volunteers to promote the "My Counsellor" application that allows young people to access and ask about SRH, and the expert provides a reliable professional answer.
- Engaging youth in the decision-making process with senior leaders in which local youth committees are created. The project also funds youth initiatives. Cooperation and partnerships with key implementing partners particularly with Burj Al-laqlaq, Save Youth Future, and Sharek.
- Supported young men in SRH by creating friendly health services in universities and ministries. A Module of the program was prepared with the MoH in Dura in Hebron to find a safe space for youth but after funding has stopped. However, MoH did not replicate the module.
- Expanded youth networks, including the Young Peer Education Network (Y-PEER), which has trained more than 8,000 young people on reproductive rights and civic engagement services.
- Provided financial and technical support to youth centers that provide outreach awareness-raising activities to adolescents and youth.

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5.3 UNFPA's Partners Achievements

- Miftah stated that the organization has been integrating men and youth into their annual plans and working with local community leaders, preachers (males/females) to increase awareness on equality, justice, family planning, and reproductive health. Several meetings were conducted at the community level to discuss such topics and increase awareness. Preachers and field workers have a manual on the methods of proper communication of sensitive topics including the sensitized approach to posing questions.

- Service providers were trained to educate men and youth on reproductive health, rights, women's rights, adolescents, GBV, family planning, postnatal health care, parenting, adolescents parenting, legal rights, and dealing with parents suffering from addiction. All the mentioned training activities align with the content of the counseling workshops.

- Provided awareness-raising services for adolescents and young men in universities.

- Ministries and NGOs involved men in their programs to a limited extent, while victims of violence were not targeted by UNFPA partners.

- Integrating young women and men into PMRS' mobile clinics to promote gender equality, eliminate GBV, and address adolescents' issues through premarital counseling.

- Lobbying and advocacy at the policy level through the adolescent's health alliance. The alliance is composed of 26 local, national, and international organizations. It aims to integrate young men into the conversation on gender issues.

- Educating youth adolescents (boys and girls) at schools on sexual education and GBV by delivering awareness sessions or an extracurricular activity using performance and visual arts.

- Formulating local committees composed of different representatives from local committees from the society like educational, counseling, and youth institutions.

- MoH adopted the GBV SOP manual and trained 300 of its staff on its content. Staff also received training on providing women with consultation regarding their health, women empowerment, and health services for victims of violence. The SOPs were developed in 2018 in West Bank and have not been applied in Gaza.

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5.4 Constraints Stakeholders Face in Men's Engagement

- Limited commitment: MoH devoted negligible attention to adolescents in reproductive and sexual healthcare and services. Efforts in this field were limited to implementing health education programs. MoH announced the establishment of the Adolescent Health Unit, which comes as a step forward towards achieving the commitment to promoting adolescent health. This unit, however, is still not operational.

- The National Strategic Plan for SRH ignored any interventions to develop SRH services that target the elderly considering that they did not fall under the marriageable age.

- The National Strategic Plan for SRH neglected mental health services for women and men of different age groups.

- The National Strategic Plan for SRH does not explicitly address the rights of persons with disabilities to SRH. Persons with disabilities are often excluded from such services or education due to stereotyping and stigmatization as they are seen as non-sexual beings who cannot marry and have children. The plan only considers sex and reproductive health as important to couples/young people who are in the marriage circle.

- For men, there are no statistics indicating the number of those who use contraceptive methods such as condoms. The percentage is exceedingly small and is almost negligible because of the social norms that consider using contraceptives as a responsibility of women.

- MoH has not institutionalized providing healthcare services to women and girls before pregnancy despite its importance, neither has the private sector. Furthermore, MoH has not implemented programs targeting this service, although the SRH Strategic Plan 2017-2022 obliges MoH to develop such programs. Moreover, MoH has not identified the appropriate indicators to measure the interventions.

- Prevention and treatment of HIV and AIDS: The Palestinian society does not tolerate out-of-wedlock relationships and has strict opinions on AIDS and HIV. Society perceives such infections as diseases resulting from socially forbidden extramarital relations or homosexuality.

- MoH’s approach to integrating men into the SHR and GBV conversation remains limited and outdated and requires substantial efforts from the healthcare and social teams at the policy and implementation levels.

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- The political implications of the situation in Gaza have shifted the focus on women's issues, especially violence and protection measures, to provide basic medical services to women.

- Although MoE has integrated SRH into various courses, sexual education is still limited and/or absent at schools, especially in rural areas. The MoE has still not allocated a specific SRH course, nor has it evaluated the impact of this program on the students' attitudes and behaviors.

- Weak coordination between stakeholders engaged in GBV issues/cases.

- MoH allocated a limited budget to cover SRH and GBV program.

- COVID-19 shifted the priorities to only focus on pandemic patients.

- Some women's organizations are hesitant to integrate men into their work so as not to distract their focus and efforts from developing women's rights.

- Difficulty in accessing all locations in West Bank and Gaza when talking about sexual education and GBV. Men have limited access to SRH services due to stereotypical beliefs that these services are only directed to women. Additionally, men in rural and remote areas find it difficult to accept SRH education due to social norms, specifically sexual education and abortion.

- Coverage of social media campaigns and outreach on SRH and GBV is still limited and did not reach the planned target group.

- The circle of violence is increasing due to the deterioration of the economic situation and the high rate of unemployment among men.

- According to the Protection Network, youth do not have access to a reliable source of information regarding SRH education and mechanisms to combat violence against women.

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Conclusion:

UNFPA, other UN agencies, CSOs, and government bodies have been devoting some effort to SRH. Nevertheless, efforts are still insufficient to include men and boys in SRH and GBV services and programs. However, it is crucial to break stereotypes and misconceptions about SRH of all men especially regarding issues such as contraceptives. In addition, it is important for MoH to identify SRH as a priority, especially for the community in Gaza.

On another level, MoH and MoE shall develop a standard module on SRH in schools. A better approach is needed to target audiences to have a more influential role among youth

in all governorates. It is recommended to use influencers, activists, and journalists to effectively influence the youth community.

5.5 Young People's Perspectives on Men's Engagement

Two focus group discussions segregated by gender were conducted to reflect on perceptions, beliefs, values, and challenges towards SRH, GBV, and youth programs. Youth have expressed the following issues:

- The high unemployment rate among young men and women graduating from universities, the low minimum wage, which can reach ILS1,450, and the limited job opportunities, all increase frustration leading to violence among males which is then projected onto their family members, partners, and women.
- The social conflict that results from depression and lack of job and life opportunities leads to drugs addiction problems among young men.
- The increase in the level of social crimes and different forms of violence such as cyber blackmailing, verbal violence, and physical and sexual violence.
- Females are hesitant to file a GBV complaint due to social stigma, girls also face early marriage or forced marriage.
- Lack of trust between young men and women in police performance especially after Israa Abu Gharib case. Israa, a young woman, was killed in the name of family honor in a public hospital in the south of West Bank.
- Victims of violence/survivors are reluctant to seek psychological support due to social stigma. Although young people react differently to sexually abused women/girls depending on their background, they often do not have an understanding mindset and blame the victim for the violence/rape.
- In a patriarchal society, men do not trust women in leadership positions. As a result, men reinforce the stereotypical roles of women in parenting, cooking, and doing housework while they rarely participate in any.
- Women and girls struggle with low wages, sexual harassment, and exploitation in the work environment.
- Existing laws do not protect women and girls from rape and abuse.

Interviews indicated that young men are more receptive to discussing SRH than older men, specifically, through mobile digital applications or online one-on-one counselling from other men/young men.

Young men responded to a digital mobile application called "My Counsellor" because of the confidentiality and accessibility of answers about sexual counseling, health information about their bodies, sexual diseases, and premarital counseling.

The interviews confirmed that men/youth may contribute through sharing their knowledge with other peers, to changing social norms by shifting individual believes regarding

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"masculinity and manhood," participating in protection committees to protect from GBVs, and reshaping the beliefs system of the younger generation to that of a more respectful and empowering to women. Men can become agents of change by becoming successful role models to other youth.

Conclusion:

- Young people (both males and females) confirmed that they suffer from the influence of patriarchal social norms that force them to abide by the rules and regulations that distinguish between males and females and suppress people who are trying to break free from these societal restrictions. These social pressures affect the mentality and behavior of young people and men towards girls and women in general.
- The lack of job opportunities for young males increases the level of frustration and widens the cycle of violence against women, especially in the poorest environments.
- A preventive legal framework is needed to protect victims of rape and abuse.
- Establishing rehabilitation programs for the aggressors to narrow the cycle of violence.
- Modify the behaviors and attitudes of young males towards SRH and violence.

5.6 Recommendations for engaging men in SRH, youth & combating GBV

- Target male community leaders to advocate against early marriages. Community leaders shall refrain from signing marriage agreements of females/males under 18 years of age.
- Use relevant religious context to encourage men to participate in household chores and responsibilities.
- Enhance the role of the influential men groups to work with perpetrators or other violent men in different approaches to change their negative behaviors to minimize abusive acts towards women and girls.
- Increase men and youth's participation in reproductive/sexual health programs that will raise their awareness and change discriminatory norms.
- Enhance men's participation in community campaigns to stop all forms of violence and discrimination against women and to show the negative consequences of violent crime.
- Adopt and apply paternal leaves in all institutions as a starting point for fathers to support mothers after birth.
- Target men in youth and social clubs and centers.
- Target males' preachers to enhance working on SRH and GBV and adolescents.
- Build the capacity of service providers on techniques to enhance men's participation in SRH.
- Continue working on the school health program to raise students' awareness of SRH.
- Train teachers and service providers on combating violence and reproductive health issues.

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- Utilize the social media platforms effectively to change men's attitudes on topics related to SRH such as preventing early marriages, using contraceptives, pre-marriage counseling, abortion, sexual diseases, etc.
- Improve national policies and procedures to ensure men engage effectively in SRH and GBV conversations.
- Resume the efforts made on the national referral system and exert more pressure for updating and reforming it.
- Build the capacity of service providers who respond to GBV in cooperation with police, public prosecution, and prison administration.
- Design and implement comprehensive rehabilitation programs for perpetrators and abusers.
- Improve access to safe and confidential services
- Continue developing the survivors' centers/ safe shelters that provide services for violence survivors and conduct social engagement programs.
- Create safe spaces for young men to address sexual and reproductive health issues and violence. These topics have been neglected during the COVID-19 period or emergency.
- Enhance men and young men knowledge and skills on the following topics:
    - Family planning (using condoms)
    - Sexually transmitted diseases
    - Pre-marriage counseling
    - Division of labor between women and men
    - Childcare and fatherhood
    - Child marriage
    - Eliminating violence against girls and women
    - Access to safe and confidential health services and sexual education.
- Involve young women and men in the decision-making process and leadership.

5.7 Suggested Interventions to Increase Men's Engagement

1. Raise awareness among boys, young men, and men on gender equality (men and women's rights), specifically on:

- Gender definition
- Men and women roles, responsibilities, relations, and decision-making at the domestic and community levels
- Social, economic, health, and political rights.

2. Enhance adolescents' knowledge and practices on sexual education including:

- Personal hygiene and body integrity
- Body changes in adolescence
- Sexual counseling for young men before marriage

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- Sexually transmitted diseases

3. Enhance men's knowledge and experiences on SRH specifically in:

- Use of modern contraceptives (condoms)
- Consensual marriage
- Supporting women during pregnancy and after childbirth
- Safe and pleasurable sexual life among the married couples
- Participation in childcare
- Men taking care of domestic responsibilities equally with women
- Raising men's awareness of combating GBV by educating other men and youth to combat violence against women
- Protecting women exposed to violence
- Psychological support for men and youth exposed to war conditions
- Comprehensive rehabilitation of abusers of women and girls from the social, health, and psychological aspects

4. Raise the awareness of decision-makers in ministries and government institutions of the need to formulate and adopt policies to protect women's rights, reduce violence, facilitate men's participation in SRH issues and combating social violence.

5. Train preachers and counselors to educate men on sexual and reproductive issues such as distribution of domestic roles and responsibilities, protecting women from violence, preventing marriage for girls under 18 years of age, sexual diseases, sexual life between consensual partners, and combating verbal, physical and sexual violence.

6. Provide psychological support for men with social tensions that may lead to domestic violence.

7. Design and implement community and media campaigns using replicative modules of men at a national level.

8. Use community leaders, journalists, and influencers to support men's engagement in SRH, GBV, and youth leadership. Use men-to-men approach to inform each other's with knowledge about reproductive health and masculinity

9. Exert pressure on decision-makers to include an SRH comprehensive curriculum targeting school students.

10. Empower youth economically to reduce tensions that may lead to violence against women.

11. Service providers need to develop their capacities in:

I. In-depth knowledge of subjects like SRH.
II. Communication with local conservative communities including methods and approaches of delivering sensitive content.
III. In-depth training on the philosophy of change to enable them to influence others and believe in the program's values.
IV. Supportive tools and equipment.
V. Coordination and networking with other alliances to get exposed to other experiences.
VI. Working with victims of violence between women and men at the family and society levels.

6. Results Framework for the Men's Engagement Strategy

Overall objective: Enhance men's engagement and improve the quality of their involvement to be partners in the desired change in UNFPA Gender Equality, Combating GBV, SRH, and Youth programs.

Strategic outcome 1 (SO1): Revised, updated, and endorsed national policies and SOPs in GBV and SRH by all stakeholders.

Assumption: Governmental support and willingness to update national policies is needed in addition to collaboration from all relevant stakeholders.

Risks:

- Governmental bodies are not committing to updating national policies or implementing the relevant action plants.
- Stakeholders insufficient commitment to coordination and collaboration.

Indicator for SO1: The number of national polices endorsed and type of these polices

Output1.1 Develop a national policy focused on the rehabilitation of aggressors and perpetrators of GBV in a comprehensive approach, through the formulation of a national rehabilitation program that provides treatment, social and psychological support to alter violent behavior	Indicators: • The number of aggressors and perpetrators eligible to benefit from the national rehabilitation program. • The number of stakeholders who have approved signing in the rehabilitation program and are ready to integrate it into their programs.

Activity 1.1.1: Establish a national committee to oversee the preparation of the comprehensive rehabilitation program.

Activity 1.1.3: Hire a team of experts to design and develop the detailed intervention, expected results, eligible criteria for selecting beneficiaries from this program, estimated figures about the number of perpetrators, coordination between stakeholders, and estimated cost for the national comprehensive rehabilitation program.

Activity 1.1.4: Conduct a national workshop to discuss the draft national program for the comprehensive rehabilitation of aggressors and abusers. Modify the programs based on the participants' feedback so all relevant governmental and non-governmental agencies adopt them, with support from UNFPA and other international agencies.

Activity 1.1.5: Hold a policy dialogue between governmental and non-governmental agencies with the participation of international organizations to ensure the implementation of the comprehensive national program for the rehabilitation of aggressors.

Output 1.2 Revised SOPs to the National Referral system of GBV to include operational procedures relevant to men's engagement	Indicator: • The number and type of operational procedures added to the national referral system.

Activity 1.2.1: Revise the SOPs of the national referral system and adding practical procedures to engage men in protecting victims of violence.

Output 1.3: Provide support to enhance the activation of Adolescent's unit as part of the school health directorate in MoH	Indicators: • The number of staff recruited. • The number of beneficiaries served by the unit.

Activity 1.3.1: Activate the role of health workers to engage men in accessing SRH services.

Activity 1.3.2: Integrate youth-friendly health services (YFHS) at the primary health care level focusing on males' beneficiaries in planning and implementation.

Strategic outcome 2 (SO2): Sexual reproductive health services are provided, and service providers are capacitated to provide high-quality services.

Assumptions: Governmental bodies such as MoH prioritizing SRH and continue allocating budgets for it. Support is provided from implementing partners and SCOs. The local community leans towards accepting the SRH services.

Risks:

- Governmental bodies are not prioritizing SRH.
- Insufficient budgets allocated for the SRH services.
- Social rejection to receiving such services.

Indicators for SO2:

- Type of improvement added at the SRH services
- The number of men who benefited from the expanded SRH services

Output 2.1: SRH services are provided to all men (safe, private, confidential, respectful, non-judgmental, and appropriate services).	Indicators: • Type of SRH services provided to young men and men. • The number of men and young men benefited from government and non-government SRH services.

Activity 2.1.1: Establish local committees including Influential leaders, religious leaders, social media influencers, preachers, and media workers. The purpose of the local committees is to raise men and community members knowledge and skills in the following topics:

- Labor division between men and women (men participation in childcare/ domestic work)
- Combating verbal, physical, and sexual violence
- Preventing marriage for girls under 18 years of age
- Consensual marriage
- Sexual life between consensual husbands
- Support women's during pregnancy and after childbirth
- Use of contraceptives
- Access to SRH information
- Sexually transmitted diseases
- Use of modern contraceptives (condoms)
- Personal hygiene
- Bodily integrity
- Adolescence
- Sexual counseling for young men before marriage

Activity 2.1.2: Conduct refreshing training days for the local committees' members on the above topics. Pay incentives for the local committees' members to ensure the effectiveness of their work.

Activity 2.1.3 Local committees conduct awareness sessions with men at the community level to raise their awareness of the above topics.

Activity 2.1.4 Provide counseling services to men and adolescents inside the primary health clinics/mobile clinics.

Activity 2.1.5: Train male service providers such as teachers, counselors, health, education, and social development service providers on SRH; specifically:

- Boys' and girls' sexual rights
- Access to sexual education and services
- SRH topics (agency over the body, productive roles, and personal hygiene)
- GBV and protection mechanisms

Activity 2.1.6: Conduct awareness-raising events at boys' schools on SRH and GBV following topics. An Awareness activity will be implemented by project coordinators in cooperation with teachers and health service providers:

- Boys' and girls' sexual rights
- Access to sexual education and services
- Full control of bodies and reproductive role
- GBV and protection mechanism

Activity 2.1.7: Provide life skills to youth and university students to change their behaviors on SRH and to transfer knowledge to their peers.

Activity 2.1.8 Create safe spaces where men can try new ways of being men under the guidance of positive male leaders and role models, as they do not seek to shame and humiliate men.

Output 2.2 Male decision-makers in MoH, MoE, MoSD, and HYSC are capacitated to address adolescent and youth SRH. needs and rights through specialized services.	Indicator: Type of capacity building and training provided to men in decision-making positions.

Activity 2.2.1 Conduct community debates and group discussions on issues related to gender equality, SRH, and GBV.

Strategic outcome 3 (SO3): Raise awareness among adolescents and men of equal gender roles, responsibilities, relationships, and decision-making, gender, SRH and combating GBV.

This strategic outcome works at the awareness level. In other words, it focuses on outreach activities by providing men and adolescents with gender-related information, communication, and knowledge in the equitable roles, responsibilities, decision-making, and health-related information specifically in SRH and relation for both genders. The outcome also contributes to providing men with the right information to support in combating/eliminating GBV. The awareness-raising will be implemented at different levels, starting with adolescents aged 10-18 through schools and community youth centers, and moving to work with young men aged 18-29 through universities, CSOs, youth centers, and work with adult men above 29 years of age through community outreach.

Assumption:

The target audience would hear and be influenced by the awareness-raising materials and activities.

Risks:

- The target audience does hear of the awareness campaigns nor is affected by them.
- The target audience hears about the awareness campaigns but is not influenced to modify behaviors or beliefs.

Indicator for SO3:

- Number of adolescents raise their awareness
- % Of adolescents change their behaviors towards gender and SRH and GBV

Output 3.1: Review studies and need assessment done by different stakeholders to assist in designing communication campaign.	Indicator: Key findings/messages developed from the revision to previous studies.

Activity 3.1.2 Commission a communication expert to carry awareness outcome and outputs.

Output 3.2: Review all existing educational outreach materials used by UNFPA and its partners at the national level to ensure that modified materials are tailored to suit the	Indicator Type of training documents developed.

needs and perspectives of men, youth and adolescents, and ensure effective participation.	

Activity 3.2.1: Contract a training expert to review all existing documents and education materials to ensure the revised version is tailored to men, young men, and adolescents' knowledge, needs, and perspectives.

Activity 3.2.2: Conduct a dissemination workshop by the training expert with all relevant stakeholders to discuss the education materials prepared and verify that these materials will be the national education material to raise men's awareness of their roles, responsibilities and enhance their knowledge of SRH.

Output 3.3: Awareness-raising of SRH and GBV is conducted among adolescents aged 10-18 in schools.	Indicators: • The number of adolescents who attended awareness events/activities • Type of topics discussed during the awareness sessions

Activity 3.3.1 Select the pilot schools to conduct awareness sessions throughout the West Bank, East Jerusalem, and Gaza in boys' schools using the peer-to-peer approach.

Activity3.3.2 Recruit health, gender, and communication awareness field staff to implement awareness activities

Output 3.4: Awareness raised among youth aged 18-29 of SRH (including STDs, contraceptives, and reproductive health), roles, responsibilities, and GBV in universities and youth centers.	Indicators: • The number of young men (youth) who attended awareness events/activities • The percentage of young men who have changed their ideas and perceptions • Type of topics discussed during the awareness sessions.

Activity 3.4.1 Select the pilot universities, mainly the universities which already integrated the YFHS model, to conduct awareness sessions across the West Bank, Gaza, and Jerusalem, using the peer-to-peer approach to enhance the awareness-raising

Activity 3.4.2 Recruit health, gender, and communication awareness team to implement the awareness activities.

Output 3.5 Awareness raised at the community level through community	Indicators:

awareness campaigns targeting men over 29 years of age.	• The Number of men over 29 age attended awareness events/activities • The percentage of men over 29 years of age who changed their perceptions, ideas, etc. • Type of topics discussed during awareness sessions

Activity 3.5.1 Conduct awareness-raising campaigns through utilizing all media tools, workshops, and meetings suitable for the targeted audience.

Activity 3.5.2 Use successful replicative modules from men to focus on men who succeeded in supporting women.

Output 3.6 Community initiatives and partnerships are developed to change the prevailing patriarchal attitude towards women which allowed discussing patriarchal thought and adopted mechanisms at the household and community levels to reduce violence against women.	Indicators: • The number of community initiatives implemented • Type and description of community initiatives topics

Activity 3.6.1: Provide funding support to community initiatives.

Activity 3.6.2: Implement community initiatives by UNFPA partners.

Strategic outcome 4 (SO4): Men's engagement enhanced through behavioral change and advocacy interventions on SRH and GBV

Assumption:

- The target audience is committed to participating in the relevant activities, aware of the advocacy campaigns, and willing to participate.

Risks:

- The target audience rejects using the established platform or participates in the relevant activities.
- The target audience hears the advocacy messages but does not respond positively**.**

Indicator for SO4: The percentage of men who have changed their attitudes and behaviors regarding SRH and GBV.

Outputs 4.1: Establish an online dialogue platform for capacitated and supportive men to discuss SRH and women's protection against GBV.	Indicator: The number of online dialogues conducted.

Activity 4.1.1: Establish online platforms and applications, such as Mustashari, to facilitate the communication and disseminate messages among men regarding GBV and SRH.

Output 4.2 Established peer-to-peer network that allows active participants to work with other conservative men to try and shift their perspectives towards respecting women and supporting SRH rights.	Indicators: - The number of peers who participated in Youth Network - The number of new peers recruited by other peers

Activity 4.1.2: Coordinate with local and national networks that support SRH and GBV.

Activity 4.1.3: Conduct activities per network that assist in changing men and adolescents' behaviors.

Output 4.3: Conduct media advocacy campaigns that involve influencers, journalists, and community leaders to support men's engagement and promote SRH rights. The media advocacy campaign aims to promote a culture of rights and collective knowledge among boys and men and stimulating and sustaining dialogue at the community level on adolescents and youth' SRH rights.	**Indicators:** • The number of people involved in the advocacy campaign • The Percentage of coverage of the media tools • Type of messages

Activity 4.3.1 Identify media tools and messages

Activity 4.3.2 Disseminate media tools targeting different types of male groups.

7. Implementation and Cost Plan

Annex 1

8. Tables

Table1: Definitions

Gender equality[11]

This refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development**.**

Gender equality: Gender equality is a human right. Women are entitled to live with dignity and with freedom from want and from fear. Gender equality is also a precondition for advancing development and reducing poverty: Empowered women contribute to the health and productivity of whole families and communities, and they improve prospects for the next generation.

Gender equality is unattainable unless the sexual and reproductive health and rights of women and adolescent girls are realized. A woman's ability to control her own decisions about her sexual and reproductive health and rights is at the heart of other forms of empowerment, decision-making and participation at all levels. There is no gender equality without sexual and reproductive health and rights, and no sexual and reproductive health and rights without gender equality.

Sexuality: a central aspect of being human throughout life (that) encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all these dimensions, not all of them are always experienced

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[11] https://eige.europa.eu/gender-mainstreaming/concepts-and-definitions#Discrimination_against_Women

or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors[12]

Reproductive health: is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so[13].

Men Engagement: referred to as men's engagement is a programmatic approach that involves men and boys a) as clients and beneficiaries, b) as partners and c) as agents of change, in actively promoting gender equality, women's empowerment and the transformation of inequitable definitions of masculinity. In the health context, this comprises engaging men and boys in addressing their own, and supporting their partners' reproductive, sexual and other health needs. Male engagement also includes broader efforts to promote equality with respect to caregiving, fatherhood, and division of labor, and ending gender-based violence[14]

Adolescents: is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health.[15]

Table2: List of stakeholders consulted during the field mission

Organization Name	Contact person	Contact details: E-mail or Mobile number
UNFPA-Gender staff	Sana Asi Amira Mohana Sahar Natsheh Amany Haniya Reem Amarneh	asi@unfpa.org mohana@unfpa.org natsheh@unfpa.org haniya@unfpa.org amarneh@unfpa.org

[12] http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/
[13] https://www.who.int/westernpacific/health-topics/reproductive-health
[14] https://www.globalhealthlearning.org/taxonomy/term/2810
[15] https://www.who.int/health-topics/adolescent-health#tab=tab_1

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UNFPA-Youth staff	Sima Alami Mohammad Nasr Farah Jibreen	alami@unfpa.org nasr@unfpa.org jibreen@unfpa.org
UNFPA-SRH staff	Reem Miqdadi Osama Abu Eita May Abu Mghaiseb Yahia el Ziq	amarneh@unfpa.org abueita@unfpa.org abumughaiseb@unfpa.org el-ziq@unfpa.org
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PMRS-Bethlehem and Hebron	2 focus groups	List will be provided

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