

# Final External Evaluation of *'Working Together to Stop Gender Based Violence'*

*1 May 2014 – 31 December 2016*

Implemented by UNFPA Palestine Country Office  
Supported by the Ministry of Foreign Affairs of Denmark



Ayesha AlRifai, PhD,  
*Evaluation Consultant*

December 2016

<b>Table of Contents</b>	<b>Page</b>
Executive Summary	8
Introduction & Background	14
Project Description	14
Purpose of the Evaluation	15
Evaluation Criteria & Questions	16
Evaluation Approach & Methodology	18
Evaluation Approach	19
Stakeholders Participation in the Evaluation	19
Evaluation Design and Methods	21
Data Collection Tools	21
Data Analysis and Synthesis	21
Ethical Considerations	21
<b>EVALUATION FINDINGS BY EVALUATION CRITERIA</b>	
<i>1: Relevance</i>	22
1.1 Relevance of the project strategy to national priorities and processes	22
1.2 Relevance of the project to regional and global legislative & policy frameworks	25
1.3 Relevance of the project design to the needs of right-holders and duty-bearers	28
1.4 Project Relevance to the Human Rights-Based Approach	30
<i>2: Effectiveness</i>	33
Output 1: “Improved availability of compassionate and confidential health and psychosocial services for GBV survivors”.	33
Output 2: “Strengthened GBV prevention and protection”.	42
Output 3: “Improved safe, ethical, aggregated, and standardized data collection and evidence to facilitate broader trend analysis for advocacy and policy”	48
Output 4: “Well-functioning GBV sub-working group supported in the West Bank and Gaza, to enhance coordination and GBV mainstreaming in the humanitarian and development sector”.	51
Project Added Value	55
<i>3: Efficiency</i>	56
3.1 Financial Management	56
3.2 Project Delivery	57
3.3 Collaboration & Coordination	58
3.4 Technical Support	58
3.5 Use of Resources	59
3.6 Quality of Monitoring and Reporting	59
<i>4: Sustainability</i>	60

CONCLUSIONS	62
1) GBV humanitarian response excellence	62
2) Gender-transformative approaches	62
3) Multi-sectoral mechanism for coordination and collaboration	63
4) Government leadership and national ownership	63
5) Improved operationalization of the national GBV-RS	63
6) Data collection and management on GBV was established	63
7) Integration within the existing RH services	63
8) Multi-sectoral training	64
9) Multi-component models	64
10) Raising awareness and visibility	64
11) Setting the stage for other partners	64
LESSONS LEARNED	64
1) <i>Programming and Service Delivery</i>	64
2) <i>Coordination and Collaboration</i>	67
3) <i>Country Ownership and Sustainability</i>	68
ANNEXES	69
Annex 1: Project Achievements by Intervention Levels	69
Annex 2: Evaluation Matrix by Criteria, key questions, indicators, and data; sources, collection and analysis methods	72
Annex 3: List of Individuals Interviewed	79

## **List of Boxes**

Box 1: WTS GBV Five Strategic Intervention Areas

Box 2: On Partnership & Relevance

Box 3: On Government Ownership

Box 4: Output 1 Key Achievements

Box 5: Institutional barriers that hinder GBV services

Box 6: Output 2 Key Achievements

Box 7: Success Story from the West Bank

Box 8: Success Story from Gaza

Box 9: Project Media Campaigns, outlets, products & visibility events

Box 10: Output 3 Key Achievements - WTS GBV Built Evidence Base on GBV

Box 11: Output 4 Key Achievements

Box 12: Efficiency Aspects Considered

Box 13: On Service Integration

## **List of Tables**

Table 1: Local, regional and global policy and strategic documents where the project has relevance

Table 2: Impact Study Key Findings of WTS GBV project supported PRCS-WHCJ Interventions at North Gaza Vulnerable Communities

## List of Figures

Figure 1: The Right to Appropriate GBV Response Operationalized

Figure 2: The ASRO GBV Strategy

Figure 3: WTS GBV Project Strategic Framework

Figure 4 : WTS GBV Multi-sectoral Multi-level Approach to GBV Prevention and Response

Figure 5: Perceptions of interviewed managers and institutional leaders of selected aspects

of WTS GBV project

Figure 6: Interviewed clinical staffs' self efficacy in responding to the needs of GBV survivors

Figure 7: Salfit clinical staff implementation of GBV referral system protocol

Figure 8: Social workers and vocational MoSD GBV trained staff perceptions of selected sexual violence issues

Figure 9: National Committee to Combat VAW most current decisions 2016

Figure 10: Project key areas of added value

## List of Images

Image 1: WTS GBV leads coordination meeting

Image2: Ishraqa “one-stop” centre Launch Observed

Image 3: Awareness raising activity for IDP women and children in Caravans in Beit Hanoun- Gaza

## Acknowledgements

The final evaluation consultant (the Evaluator) expresses her sincere appreciation to the UNFPA Country Office in Palestine for entrusting the Evaluator with the fascinating but challenging task to carry out the final external evaluation of the project “*Working together to Stop Gender Based Violence*” as well as for the cooperation and a high level of technical support to the evaluation process especially from the National Programme Officer on Gender Ms. Sana Asi.

The Evaluator was delighted at the openness and passion for the cause that she felt in the UNFPA Gender programme team, the project implementing partners – Ministry of Health, Ministry of Social Development, Ministry of Women’s Affairs, and the vibrant involvement from the civil society organizations including: Palestine Red Crescent Society, Women Health Centre at Jabalia Women Affairs Centre, Health Work Committees, Palestinian Medical Relief Society, The Palestinian Initiative for the Promotion of Global Dialogue & Democracy, and lastly Culture and Free Thought Association.

The Evaluator is grateful to Ms. Naema A’abed for taking the full responsibility for the field work in Gaza including the individual interviews, focus group discussions and group interviews.

The Evaluator extends her heartfelt appreciation to all stakeholders for their time, energy and practical inputs and perspectives without which this evaluation report could not have come into existence.

## Acronyms and Abbreviations

CBOs	Community Based Organizations
CFTA	Culture and Free Thought Association
CPD PoA	Conference on Population & Development Programme of Action
CP	Child Protection
CSOs	Civil Society Organizations
GBV	Gender-based violence
GBV AoR	GBV Area of Responsibility
GBV-IMS	GBV Information Management System
GBV-RS	GBV Referral System
GBV-SWB	GBV sub-working group
HRBA	Human rights-based approach.
HWC	Health Work Committees
MIFTAH	The Palestinian Initiative for the Promotion of Global Dialogue & Democracy
MISP	Minimum Initial Service Package
MoH	Ministry of Health
MoSD	Ministry of Social Development
MoWA	Ministry of Women Affairs
NCVAW	National Committee for Combating Violence against Women
NGOs	Non-Governmental Organizations
PCBS	Palestinian Central Bureau of Statistic
PMRS	Palestinian Medical Relief Society
PNDP	Palestinian National Development Plan
PRCS	Palestine Red Crescent Society
PCWG	Protection Cluster Working Group
RH	Reproductive Health
RTH	Right to Health
SOP	Standard Operating Procedures
SRHR	Sexual and Reproductive Health and Rights
SRHS	Sexual and Reproductive Health Services
UNFPA	United Nations Population Fund
UNDAF	United Nations Development Assistance Framework
VAW	Violence Against Women
WAC	Women's Affairs Center
WHCJ	Women's Health Centre in Jabalia
WBGS	West Bank & Gaza Strip
WTS GBV	Working Together to Stop Gender Based Violence

## Executive Summary

This is an external final evaluation of the project “*Working Together to Stop Gender Based Violence*” (WTS GBV) which is part of the regional UNFPA project entitled “*Innovations to Eliminate Gender-based Violence in Humanitarian Contexts*”. WTS GBV is a two-phased project funded by the Ministry of Foreign Affairs of Denmark. The first phase extended between 1 May 2014 and 31 December 2015. Meanwhile, the second covered the period between 1 June 2016 and 31 December 2016. With collaboration, coordination, networking and advocacy sitting at the core of the project, implementing partners included a wide range of players from government and civil society organizations in the West Bank and Gaza Strip.

Mixed method approach was adopted as the evaluation methodology guided by the notion of triangulation in; data sources, research techniques, data collection methods and tools to validate findings. The evaluation was initiated with a desk review of secondary data from written sources where project related documents were reviewed and examined. Primary data collection from direct sources followed using purposive none-random sampling design whereby the following were conducted; 20 individual in-depth interviews, 3 group interviews, 4 focus group discussions, 4 on-site direct observation and 1 validation and debriefing workshop.

The project was found packed with revolutionary achievements and brilliant successes. Summing it all up, an OCHA key staff member testified; “*It was this Danish funded project that had put GBV on the map in Palestine*”.

Key achievements include;

1. improved operationalization of the national GBV Referral System;
2. contributing to the integration of GBV as the 5th indicator under the second strategic objective of the National Health Policy 2017-2022;
3. creating political will and commitment at MoH with deliberate multi-level strategic and operational actions toward protection and response to GBV;
4. equipping health government facilities to detect and treat GBV survivors;
5. establishing 5 Safe Spaces incorporating the “one-stop” centre model in responding to GBV survivors’ needs at MoH and NGOs healthcare facilities in the West Bank and Gaza Strip;
6. development and effectuation of key protocols, guidebooks and manuals to facilitate National GBV Referral System implementation, including psychosocial guidelines for GBV and CP;
7. creating and disseminating numerous trainings and service delivery tools to ensure rights-based compliance with and implementation of GBV referral system;

8. integrating GBV services into existing health and psychosocial services and structures;
9. developing of GBV IMS system for implementing partners in both Gaza Strip and West Bank in as well as a GBV IMS system compiling data from the partners of the GBV Sub-Cluster;
10. harmonizing GBV indicators into the national health IMS and Annual Health Status Report; and
11. Establishing a national registry for GBV cases within the national health system.

**In January 2017, the Minister of Health issued a decree to exempt women survivors of GBV from any medical fee to obtain a medical certificate. This achievement is made possible through the huge efforts that WHDD made through UNFPA's support in the last two years.**

In spite of these remarkable achievements, the project evaluation revealed important institutional barriers that hinder GBV services and present planners with serious challenges that require redress. These are; lack of privacy and safe place for the GBV survivor seeking GBV relevant services, staff poor knowledge/awareness of the occurring policy changes regarding GBV, staff technical incompetence and poor information on how to handle GBV survivors, fear of service providers to intervene due to lack of any protective mechanism or legislation of service provider vis-à-vis perpetrators, overworked staff with no incentive of any kind to those cooperating and taking up additional responsibilities in relation to GBV survivors, poor attitudes of some service providers toward GBV women survivors, and infancy of functional GBV referral system intra and inter-sectorally.

The project responded promptly to the needs of displaced women and girls in humanitarian settings during and after the 2014 Israeli assault on Gaza, reached a total of 3,300 women and girls with dignity kits, and psychosocial activities with special focus on IDPs in the caravans, and make shifts in North and South of the Gaza Strip, engaged a diverse range of men as partners and change agents including from the religious establishment, mobilized community members and groups with empowering engagements in project capacity building activities, and excelled in an innovative media strategy with distinguished use of ICT & smart assortment of media outlets. An impact Study of the project supported interventions PRCS-WHCJ implemented at North Gaza Vulnerable Communities provided strong evidence on the extent of success achieved under the project. For example, GBV measurement indicator of “treating wife forcefully” was 61.5% at the baseline compared with 23% at the impact measurement. Similarly, corresponding figures for the indicator “feeling safe at home” are 49.5% & 79%, consecutively. Four most prominent success stories are about; successfully engaging men - as perpetrators - in couple counseling; successfully engaging men and women from religions establishment -

the gatekeepers - in RH; GBV and gender equality advocacy and community awareness raising; and implementing an outstanding media campaigning package with smart employment of appropriate media tools, products and outlets; electronic and else.

The project pioneered building the first evidence base on GBV first by completing the following studies and assessments; 1) country assessment for monitoring and reporting on SRHR, 2) mapping interventions preventing and responding to GBV in the oPt in 2016, 3) study of the status of internally displaced girls and women during the latest Israeli military aggression on Gaza, 4) baseline and end-line (Impact Study) for gender empowerment of vulnerable women in north Gaza, 5) needs assessment of MoSD youth centres and women protection centres in Gaza, and 6) survey analytical report on cases affected by the Israeli policies and settlers violence against women in 7 districts in area C and Hebron (H2) under the Israeli control. Second, the project produced policy briefs, datasets and fact sheets, etc. including through: 1) establishing GBV-IMS at MoH both in WB and GS; 2) national recording system for GBV cases; 3) publication and dissemination of an updated Booklet of GBV Lexicon of GBV Services providing organizations based on GBVNRS; 4) 2 fact sheets on early marriage and RH/GBV; 5) 6 policy papers; and 6) bilingual booklet documenting stories on women's rights violations during the crisis in Gaza, linking violence in health issues, and lastly, the project developed the national strategic framework for the UNSCR 1325 with clear objectives, interventions and targets, all under WTS GBV project.

The policy level interventions were marked with key achievements where the project; 1) built solid coherent coordination mechanism for the GBV sub cluster, 2) actively led GBV-SC with consistent communication and GBV advocacy including in regular meetings within the group and with partners, 3) developed GBV-SC national plan, 4) updated the mapping of GBV services conducted in 2013 with the full participation of GBV-SWG, 5) effectuated GBV-Sub Cluster role in the 2016 humanitarian response planning process, 6) guided the development of common GBV-SWG key messages including in the 16 days campaign, 7) led GBV-Sub cluster creation of a database for researches and assessments as references for information sharing, and 8) conducted capacity building trainings and activities for GBV Sub Cluster members in West Bank & Gaza.

Project strong global, regional, and local relevance to numerous policy and strategic documents was well established including by being anchored in the humanitarian response plan for Palestine (2015) where three main objectives are identified in continuance of the preceding Strategic Response Plan. These being concerned with; protecting the rights of Palestinians under occupation; providing access to basic services for the acutely vulnerable; and supporting the ability of households to cope with prolonged stresses.

The project's added value materialized most in the following; policy dialogue & policy interventions, political will building within MoH, production and dissemination of the unified National GBV-RS protocol and associated documents and forms, integration of humanitarian interventions into development, partners' capacity building, advocacy and collaborative dialogue, unique developments in core mandate areas (male engagement through active participation of religious establishment (preachers' agency for RH & GBV & counseling GBV perpetrators within couples training modality), and lastly synergies creation using multi collaborative interventions model.

Efficiency aspects considered under this evaluation included financial management, project delivery, collaboration and coordination, technical support, use of resources, and quality of monitoring and reporting. Across the board, the project fared well in every identified efficiency parameter. The only challenge this evaluation captured here was the six months delay in cash flow at the outset in 2014 and end of funds by the end of 2015 until the project was up scaled and cash flow resumed in the second half of 2016. To prevent serious support disruption or termination during the first half of the year, GBV activities were covered from UNFPA core resources but at a low scale. Yet, this could not prevent the repercussions of the delay on the continuity in the flow of support to women and girls most in need.

Sustainability in this evaluation was considered along the following lines without dividing them into separate elements to keep in view project internal synergy fostered in the interconnectedness of these components. These are; agenda and policy setting, technical capacity development, partnership and system building, financing, generating success through research, and external factors. GBV had been anchored into the national agenda and policy setting. Under the MoWA, the Government developed the Unified National GBV-RS; its authorization by the Prime Minister implies that commitment to GBV-RS institutionalisation is mandatory to all ministries involved. UNFPA's project synchronized with the recognized needs and set priorities. It invested in GBV work nationally done and owned since few years back. However, the timing, direction and scope are iconic. The project came when the matured seeds were planted waiting to be nurtured. The WTS GBV succeeded in building the capacity of many stakeholders in GBV prevention and response. According to stakeholders, WTS GBV clinical services are most likely to continue be fully developed and sustained because they are now institutionalized within the existing government service structures. Sustainability by generating success through research is an area that received great attention and enjoyed wide success in this project, as explicated above.

Multiplicity of donors funding GBV areas in Palestine was an external factor that generated success and contributed to sustainability on the one hand and created confusion for some

partners on the other. These donors are; the Italian Agency for Development Cooperation, Canada, DFID, NCT, NRC, UN Women, OCHA, UNICEF, and UNODC. This facilitated collaboration and partnership building in crosscutting GBV areas of work including reliable data collection in a joint database building with the NRC and OCHA, for example. On the other hand, however, it had caused confusion amongst partners as to who funds what in GBV including in project they implement, especially with the poor coordination among donors themselves, some government officers reiterated.

In terms of financial sustainability and country ownership, Government of Palestine officials have now become convinced about GBV response being a national priority. Therefore, they are beginning to discuss and actually initiated the means and modalities for integrating GBV prevention and response into their own planning, budgeting, and programming within existing budgets in health, social and protection (police and justice) sectors. Although funding is currently limited, there has been progress in advocating for GBV programming in government budgets.

Other sustainable achievement the project had made is the recruitment and creation of a substantial base of volunteers including from gatekeepers like volunteer preachers and imams, volunteer youth groups, and volunteer community leaders trained under the project's different components. These volunteers will be sustained because they are affiliated to UNFPA's strategic partners or they are part of Ministries with strong political will and commitment to support transform society in relation to GBV perceptions, attitudes and practices. Not only that, but to most workshop participating imams and preachers from Ministry of Endowment, for example, this was a value and faith based personal obligation not just a job assignment. This was asserted by religious leaders in the RH and GBV training conducted under the project.

Conclusions drawn from this project evaluation are summarized in the following few lines: GBV humanitarian response excellence was optimized by collaboration, coordination and active partnerships. Gender-transformative approaches were implemented with effectively engaged men as partners at a multiplicity of levels and platforms. Multi-sectoral mechanisms for coordination and collaboration enhanced project achievements big time. A significant contribution of WTS GBV was the increased leadership taken on by the Government of Palestine. Improved operationalization of the national GBV-RS is an area where substantial investments have been made and yet more to do. Data collection and management on GBV was established and made some strides in evidence building. Integration of GBV within the existing RH services was enhanced by employing multi-sectoral training and multi-component models. The project certainly set the stage for other partners with raised awareness and visibility of GBV at the policy, institutions and community levels.

Lessons learned are grounded in their context and outlined under three key titles, these being; programming and service delivery, coordination and collaboration, and country ownership and sustainability. Under programming and service delivery lessons learned include the need to; expand GBV capacity building at all levels of government, strengthen referrals and linkages across sectors, strengthen multi-component model namely the “one-stop” centre model, increase focus on community sensitization and awareness raising, and lastly more attention to quality of: care, training, data, and forensics.

In terms of Coordination and Collaboration, lessons learned are centered on a need to strengthen and expand multi-sectoral and partner synergies and engage broader range of stakeholders within GBV programming. Lessons concerning country ownership and sustainability imply integrating GBV into the standard health package and sustainability and country ownership by engaging government counterparts from the beginning in project planning, design, and implementation.

## **I Introduction and Background**

Gender-based violence (GBV) is a key protection concern in Palestine. According to the Palestinian Central Bureau of Statistic (PCBS) 2011 Violence Survey, an average of 37% of women are victims of GBV in Palestine; in the Gaza Strip this percentage increases to 51%. The protracted humanitarian crisis and its impact on gender and family dynamics has exacerbated GBV in all its forms, including sexual violence, intimate partner violence, and child marriage. Distance, mobility restrictions, fragmentation of areas and services, and reluctance to report GBV due to fear of stigma, social exclusion, honour killings or reprisal limits survivors' access to and utilization of critical services. The capacity of service providers also remains limited, and survivors and communities have minimal information on existing services and how to access them. There is a need to both scale up services and improve service quality to provide support and promote confidentiality and safeguard survivor's dignity. Only 0.7% of GBV survivors seek help due to the lack of confidential and compassionate services, and fear of stigma and reprisal.

## **II Project Description**

This project "Working Together to Stop Gender Based Violence" (WTS GBV) is part of the regional UNFPA project entitled "Innovations to Eliminate Gender-based Violence in Humanitarian Contexts". WTS GBV is a two-phased project funded by Ministry of Foreign Affairs of Denmark. The first phase extended between 1 May 2014-31 December 2015. Meanwhile, the second covered the period between 1 June 2016 - 31 December 2016. With collaboration, coordination, networking and advocacy sitting at the core of the project, implementing partners included a wide range of players from the government and civil society organizations including; Ministry of Health ( MoH) , Ministry of Social Affairs, (MoSD), Ministry of Women's Affairs (MoWA) , Ministry of Education (MoE) and NGOs (PRCS, WAC,HWC, PMRS, MIFTAH, CFTA). The project location was West Bank including East Jerusalem, and the Gaza Strip.

Within a humanitarian response, the main objective of this project is to increase access to lifesaving multi-sectoral GBV services in a functioning national referral system.

The direct project beneficiaries are: a) Palestinian women and young girls, especially those who have been subject to GBV or are likely to suffer from GBV, b) key government ministries working in the social sector including health, and c) Civil Society Organizations (CSOs) and communities where project activities were implemented.

Throughout the two years of the project life time and across its two phases, UNFPA engaged local partners including: government ministries and institutions (Ministry of Health, Ministry of Social Development, Ministry of Women's Affairs, and Ministry of Endowment), NGOs, CSOs, and other community networks. UNFPA closely coordinated with other UN agencies through the GBV sub-working group (GBV-SWG) and partnered directly with UNRWA, as an entity with responsibility for direct service provision for Palestinian refugees. UNFPA shared project plans and reports with all GBV-SWG members, the National Committee for Combating Violence against Women (NCVAW) and other relevant stakeholders to ensure their participation in the planning and coordination of

activities, avoid duplication, and ensure complementarity of interventions. Within this perspective, four outputs were set out for achievement through a series of specific activities.

*Output 1: “Improved availability of compassionate and confidential health and psychosocial services for GBV survivors”* where key interventions act at the policy and institutional levels and activities revolve around WTS GBV strategic areas of; creating an enabling/policy environment, institutions capacity building, multi-sectoral services, and coordination and collaboration.

*Output 2: “Strengthened GBV prevention and protection”* where the interventions focus point is the community with attention being placed on; humanitarian support for the IDPs and other vulnerable groups, community awareness, sensitization, mobilization, and support, male and youth engagement and activism, livelihood support and media campaigning for GBV prevention and gender equality.

*Output 3: “Improved safe, ethical, aggregate, and standardized data collection and evidence to facilitate broader trend analysis for advocacy and policy”* is concerned mainly with one strategic intervention area which is building the evidence base through conducting GBV related assessments, mappings, IMS, case registries and others

*Output 4: “Well-functioning GBV sub-working group supported in the West Bank and Gaza, to Enhance Coordination and GBV mainstreaming in the humanitarian and development sector”.* The crux of action here is to build a firm coordination mechanism that collaboratively engages a capacitated GBV-SWG in GBV mainstreaming through actively contributing to; advocacy, humanitarian response, protection & prevention, multi-sectoral services and pushing for an enabling policy environment with regards to GBV.

### **III Purpose of the Evaluation**

This evaluation purpose is to assess project achievements in terms of the four evaluation criteria of; relevance, effectiveness, efficiency, and sustainability. It highlights; project added value, collaboration, strengths, weaknesses, challenges to progress, good practices, draws out lessons learned and makes recommendations for use in the design of the GBV project in the subsequent programmatic cycle of UNFPA country Programme ensuring its coherence with NDP and UNDAF in Palestine.

The specific evaluation objectives are to:

- a) Assess the status of the corresponding Country Programmed outcome and estimation of the degree of project's contribution to it.
- b) Analyze the relevance of the programmatic strategy and approaches including as regards project management and the role of stakeholders and coordination with other development projects in the same area.
- c) Validate project results in terms of achievements and/or weaknesses toward the outcomes and outputs, with a critical examination of how/to what extent the project benefited the target beneficiaries and strengthened the capacities of CBOs as well as other partners from government and CSOs to advance women protection right with respect to GBV.

- d) Assess the potential for sustainability of the results and the feasibility of ongoing, nationally-led efforts in advancing work on GBV in Palestine
- e) Document lessons learnt, best practices, success stories and challenges to inform future work of various stakeholders in addressing GBV with the NDP & UNDAF.
- f) Document and analyze possible internal and external factors affecting the project and the extent to which the project has been able to adapt and/or mitigate the effects of such factors.

## IV Evaluation Criteria and Questions

The WTS GBV project plan provided for the commissioning of an external final evaluation to be undertaken 2-3 months before the end of project activities. Accordingly, UNFPA released TOR which denotes the understated evaluation criteria and key evaluation questions.

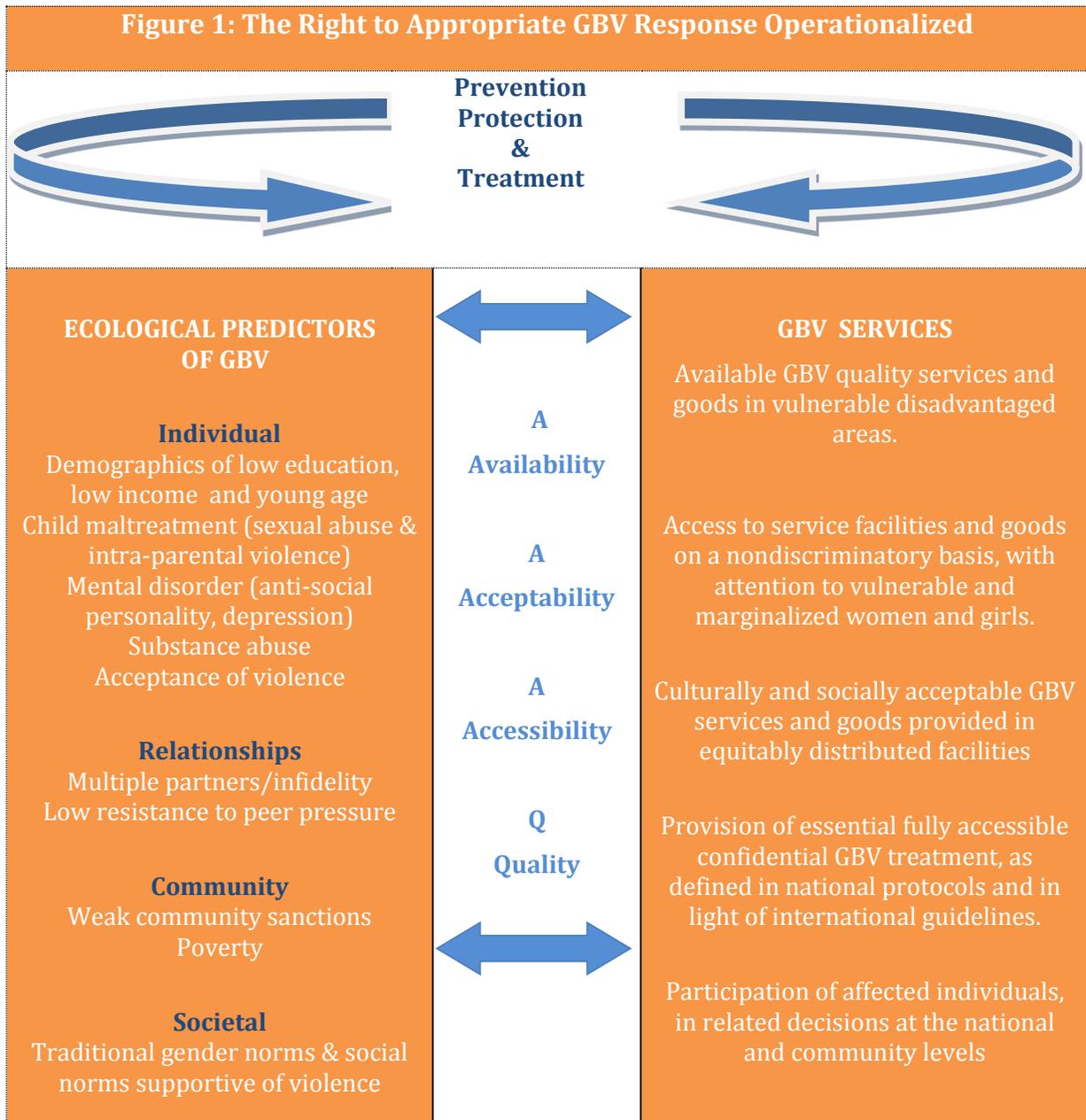
- **Relevance: The extent to which the objectives of the project correspond to the needs and interests of the population and how well these objectives align with the government priorities and with UNFPA strategies.**
  - a) To what extent the design and interventions are relevant (links to UNFPA regional strategy on prevention and response to GBV in the Arab States, the strategic objectives of the humanitarian response plan for Palestine (2015), national priorities expressed in other national planning documents, the stakeholder participation and national ownership in the design process)?
  - b) To what extent and in what ways the project helped to address and solve the problems identified in the design phase?
  - c) To what extent the project materialized the best solutions to meet the challenges outlined in the project document?
  - d) To what extent did implementing partners make a value to solve the problems of development set out in the project document?
  - e) To what extent the strategy of monitoring and evaluation of the project was useful and reliable measuring the intended development results?
- **Effectiveness: is a measure of how well the project achieved its objectives. It is realized by comparing the project's goals with the final results.**
  - a) To what extent the project helped deliver the products and achieve development outcomes originally planned / defined in the project document?
  - b) To what extent and in what ways the project contributed:
    - i. To achieve the relevant strategic objectives spelled out in the humanitarian response plan?
    - ii. To achieve the objectives defined in the project document?

- iii. To achieve the objectives of UNFPA regional strategy on prevention and response to GBV in the Arab States and other relevant strategies?
  - c) To what extent the project products (outputs) and achievements (outcomes) have been harmonized and coordinated to produce development results? What kind of results has been achieved?
  - d) To what extent have best practices, successes, lessons learned or transferable examples and success stories been identified and employed for proceeding in project implementation?
  - e) To what extent did the project have different effects depending on gender, place of residence (rural or urban), and beneficiaries in general?
  - f) To what extent did the project help to improve the dialogue between partners, actors and/or commitment issues and development policies?
- **Efficiency: The extent to which resources / inputs (funds, time, human resources, etc.) led to achievements.**
  - a) To what extent has the WTS GBV project adopted model (that is to say instruments, economic, human and technical, organizational structure, information flows, decision making at the management level) been efficient as regards to the results of development achieved?
  - b) To what extent did the existing governance structures serve the development, ownership, unity in action, and facilitated the management and production of outputs and outcomes?
  - c) What progress has been made in financial terms, indicating the funds committed and disbursed (amount total and percentage of total) to UNFPA and subsequently to partners?
- **Sustainability: Probability that the project's benefits continue long term.**
  - a) To what extent did the decision-making bodies and implementing partners of the WAT-GBV project take the necessary measures to ensure the sustainability of its effects?
  - b) To what extent the project will be reproduced or scaled up at the national or local level?
  - c) To what extent the project is aligned with national development strategies and agenda?

## V Evaluation Approach & Methodology

### A. Evaluation Approach

This results based evaluation adopts a participatory human rights based approach (HRBA) whereby the notion of triangulation is central and the right to health (RTH) principles with its four pillars of availability, accessibility, acceptability and quality, is at the heart, as elucidated in figure 1 below. Several data sources, research techniques and data collection methods and tools are employed to validate findings, pinpoint issues of interest and construct the most comprehensive and solid portrayal of the project in order to enable planners and policy makers both at the UNFPA and the government of Palestine correct pitfalls and capitalize on achievements.



The evaluation integrates a human rights-based approach (HRBA) by examining the extent to which the project integrates and enshrines the said approach by incorporating its core principles

throughout its processes as well as outcomes, with particular emphasis on the GBV affected women and their perpetrators defined as the “right holders” and government officials and civil society organizations as the “duty bearers” for the purpose of this evaluation. These principles are: 1. Expressively applies the international human rights framework. 2. Empowerment. 3. Participation. 4. Non-discrimination and prioritization of vulnerable groups. 5. Accountability.

In terms of the project intervention’s theory of change, this evaluation is informed primarily by two theories of change; first is the Coalition Theory of change where policy change is sought through coordinated activities among a range of individuals/organizations and second is the Grassroots Theory of change where policy change is sought through collective action by members of the community who work on changing problems affecting their lives. Creation of collective power by taking mutual action to achieve the needed change is the denominator between the two theories, even if from different standpoints, indeed.

## **B. Stakeholder Participation in the Evaluation**

This evaluation was guided by the conviction that perceptions of UNFPA neutrality, and at times the success of the project, depend on representatives of the different main stakeholder groups being equally consulted. Therefore, the evaluation design and data collection plan deliberately meant to include individual and group interviews, group discussion, sites visits as well as events observations where voices of stakeholders representing the; government (MoH, MoSD, MoWA ), NGOs (PRCS, WAC, PMRS, HWC, CFTA) international organizations (UNRWA & UNFPA) and project beneficiaries ( women, men and youth) are all heard and integrated into the evaluation process. The data collection section provides the details on this.

## **C. Evaluation Design and Methods.**

Mainly qualitative methods are used in collecting the data in this evaluation. This is as follows:

- *Desk review for secondary data analysis from documentary evidence:* All project related documents are reviewed. This method seeks gaining insight into the project prior to the onset of the fieldwork. Some of the key documents that were reviewed include: background materials used in project preparations, basic project document, log-frame implementation plan, progress reports, meeting minutes and emails, partners reports and studies, in addition to the UNFPA ‘s strategic Framework on Gender Mainstreaming and Women’s Empowerment 2008-2013 (revised), UNFPA Regional Strategy on Prevention and Response to GBV in the Arab States Region 2014-2017 and any other documents/reports that are brought to the attention of the Evaluator by UNFPA responsible staff.
- *Primary data collection from direct sources:* *Mixed-method approach* is adopted using purposive none-random sampling design. This is a non-probability sampling technique where the researcher selects units to be sampled based on her knowledge and professional judgment. Purposive sampling is used if the researcher knows a reliable

professional or authority that she thinks is capable of assembling a representative sample. In the case of this evaluation, the kind of purposive choice used was stakeholder sampling. This is particularly useful in the context of evaluation research and policy analysis. It implies identifying the major stakeholders who are involved in designing, giving, receiving, or administering the project or service being evaluated, and who might otherwise be affected by it. Befitting the purpose of this evaluation, this sample selection was made jointly by the Evaluator and project team by employing the following data collection methods:

- 1. Individual in-depth interviews (20):** To solicit person-to-person responses to predetermined questions designed to obtain in-depth information about the interviewees' impressions or experiences with regards to the project. For the purpose of this evaluation UNFPA project team is interviewed individually. This is in addition to key partners from the MoH, MoSD, MoWA, PRCS, WAC, PMRS, HWC, MIFTAH, CFTA and UNRWA.
- 2. Group Interviews (3 groups):** This takes the form of community meetings open to individuals from the target population that is defined as the project direct and indirect beneficiaries in this component. Small groups (6-8 people, each) are interviewed together to explore in-depth stakeholder opinions, similar or divergent points of view, or judgments about the project, as well as information about their behaviors, understanding and perceptions of its achievements, weaknesses, strengths etc and learn about WTS GBV tangible and non-tangible changes resulting from its interventions, from the participants perspectives. Namely, identified groups are; women beneficiaries as GBV survivors and men GBV perpetrators from Gaza; both having benefited from the counselling interventions completed under the project.
- 3. Focus groups discussions (4 groups):** where 8-12 participants are interviewed together to explore in-depth stakeholder opinions, reactions and feelings, similar or divergent points of view, or judgments about the project, as well as information about their understanding and perceptions of its achievements, from the participants perspective. Four different focus group discussions are held with;
  - a. Health providers who received training on prevention, detection and response GBV (MoH)
  - b. Counselors who received training to provide psychosocial support and refer GBV survivors in compliance with the national referral mechanisms (MoSD)
  - c. Youth peer educators engaged in awareness raising and training on GBV, RH and early marriage (MIFTAH/ MoSD/CFTA)
  - d. Mobilized community health workers conducting RH and GBV outreach mobile missions and referring GBV survivors who voluntarily come forward to critical care (HWC/ PRCS/ CFTA)
- 4. On-site Direct Observation (4):** Entails use of an observation form to record accurate information on-site about how the project's given component operates/ed including ongoing events, activities, processes, discussions, social interactions and observable results as directly observed during the course of the visit. Here the project

setups of multi-functional safe spaces with multi-sectoral assistance conceived as “One Stop Shop” are the prime points of attention. In this evaluation selected sites and events are;

- Half day consultation meeting between UNFPA and WTS GBV project partners.
- Coordination meeting between project partners and other stakeholders working on GBV.
- One stop shop in Jabalia Community Centre (PRCS)
- One stop Shop in Qaliqilya (HWC)

**5. Validation and Debriefing Workshop** involving key internal and external stakeholders with the view of strengthening the quality of the collected data and authenticate it in addition to promoting stakeholder engagement.

#### **D. Data Collection Tools**

- Individual interview protocol
- Group interview protocol
- On-site direct observation form
- Focus group discussion guide
- Validation workshop power-point presentation

#### **E. Data Analysis and Synthesis**

Conducting the analysis of qualitative data drawn from tape-recorded interviews, recordings are turned into textual transcripts, juxtaposed with observation field notes and open-ended questions to identify similarities and differences across several accounts, as well as directions, trends and tendencies. For interpretive content analysis, data is categorized into recurrent themes and topics that are relevant to answer the evaluation questions. The reasoning logic is therefore a deductive one working from the more general content, which are the transcripts, observation field notes and open ended questions and ending more specifically thru conclusions made from available facts and observations.

Quantitative data compiled primarily from service utilization and clinical records were extracted, compiled and analyzed employing basic statistical tests as needed to fill information gaps as per the set evaluation criteria.

#### **F. Ethical Considerations**

This evaluation is conducted in accordance with the principles outlined in the UN ‘Ethical Guidelines for Evaluation’. These can be found at the following link:

<http://www.unevaluation.org/document/detail/102>

## **EVALUATION FINDINGS BY EVALUATION CRITERIA**

## 1. Relevance

Relevance of the project was examined within the local, regional and global contexts, as illustrated in the table 1 below. Observation of the project consistency with the policy and strategic documents stated below was made.

<b>Local</b>	<ul style="list-style-type: none"><li>• The humanitarian response plan for Palestine (2015)</li><li>• United Nations Development Assistance Framework (UNDAF) for the State of Palestine 2014-2016.</li><li>• UNFPA fifth country programme action plan 2015-2017,</li><li>• Palestinian National Development Plan (PNDP 2014 - 2016)</li><li>• The National Strategy to Combat VAW (2011-2019)</li><li>• The Cross-Sectoral National Gender Strategy 2011-2013</li><li>• National Recovery and Reconstruction Plan for Gaza (2014-2017)</li></ul>
<b>Regional</b>	<ul style="list-style-type: none"><li>• Regional strategy on prevention and response to GBV in the Arab States 2014-2017</li></ul>
<b>Global</b>	<ul style="list-style-type: none"><li>• CEDAW 1979</li><li>• UNSCR 1325 on Protection and Security of Women in Wars and all those drawn from it including UNSCRs 1820, 1888, 1889, 1960 and 2106.</li><li>• Declaration on the Elimination of Violence against Women (1993)</li><li>• ICPD (1994)</li><li>• Fourth Conference on Women (1995)</li><li>• UNFPA Strategic Plan (2014-2017),</li><li>• Millennium Development Goals (MDGs)</li><li>• Sustainable Development Goals (SDGs)</li><li>• Minimum Standards for Prevention and Response to Gender Based Violence in Emergencies</li></ul>

In particular, linkages between national strategies, priority sectors, focus areas and the project were examined. This is in terms of the project design, approach and strategy, logic of intervention and means by which it sought to address the needs of the target groups (right holder and duty bearers). This is as well as its pertinence to international commitments and treaties to which the State of Palestine is a signatory and thereof accountable to innate provisos.

### 1.1 Relevance of the project strategy to national priorities and processes.

Originality in the project implementation strategy stems from its conformity with the global UNFPA's thinking logic as articulated in its Strategic Plan Outcome 3 *“Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth”*.

Drawn from it is the State of Palestine country programme 2015-2017 output number 2 that reads; *“Strengthened capacity of national health and social protection actors to promote reproductive rights and sexual and reproductive health, including protection against GBV in vulnerable communities”*. Additionally, output 1 being *“Strengthened capacity of national health institutions to provide a quality, integrated rights-based SRHS package focused on family planning and GBV response services, including in humanitarian situations”* holds substantial GBV combating elements. Under output 1, UNFPA supported integration of GBV services at the national health system. Building on achievements from the previous programme cycle, UNFPA worked with the MoH and other national healthcare providers on the inclusion of GBV detection, treatment and referral as an integral part of the comprehensive reproductive health package. Leveraging successes through six strategic intervention areas presented in Box 1, the WTS GBV project aimed at increasing access to lifesaving multi-sectoral GBV prevention and response services within a functioning national referral system including in protracted protection crisis with humanitarian consequences.

#### Box 1: WTS GBV Five Strategic Intervention Areas

1. Multi-Sectoral Services
2. Capacity Building
3. Protection & Prevention
4. Enabling/Policy Environment
5. Coordination and Collaboration
6. Building the Evidence base.

To this end, WTS GBV project is anchored in the humanitarian response plan for Palestine (2015) where three main objectives are identified in continuance of the preceding Strategic Response Plan. First is to protect the rights of Palestinians under occupation. Second is to provide access to basic services for those who are acutely vulnerable. And third is to support the ability of households to cope with prolonged stresses to prevent a further deterioration in their situation until more sustainable solutions are found. Mitigating the impact of violations is one key intervention area under the first objective. This is including through psychosocial support and providing services to those affected by GBV. Interventions under the second objective ensure services are provided to the most vulnerable. In Gaza, those targeted include those most affected by the 2014 Israeli aggression, and communities with least access to services. In the West Bank, those targeted include people living in Area C and East Jerusalem. Mainstreaming protection to ensure that negative coping mechanisms such as early marriage and school dropout, or shifting burdens of care for the disabled, elderly and children solely onto women are not adopted in response to shocks is central to all interventions under the third objective (OCHA, 2015). It is these areas of interventions where WTS GBV project was sketched around.

Along the same lines, the project is particularly pertinent to other significant development frameworks such as UNDAF in addition to the Palestinian national priorities and needs as stated in the PNDP and other relevant sectoral strategies. Its speedy and flexible responsiveness to the humanitarian emergency the Israeli aggression on Gaza brought about in 2014 and the alarming number of IDPs it had created was frequently commended by many respondents in this evaluation. Indeed the project responded to this particular

country need by targeting the most vulnerable and disadvantaged displaced women and children in Gaza and catered for their needs with individual emphasis on GBV survivors.

At the national policy level, the Palestinian National Development Plan (PNDP) is the guidebook to all subsequent sectoral strategies and policy documents to which they all must conform and fully align with. In this policy document, GBV is stated verbatim namely under the two sections of social protection and empowerment of women. In the first, GBV survivors are defined as a priority beneficiary population group in the allocated development spending on small loans and grants to empower poor and vulnerable households and individuals. Under the second section where gender equality is the core, the government allocated US\$ 9 million to the review and development of laws and regulations to ensure conformity with women's rights. This is in addition to implementing gender-oriented capacity building programmes and conducting analytical studies to provide evidence on gender gaps. A proportion of this investment, the PNDP espoused, *"will be designated to provide protection, care and rehabilitation to female victims of GBV"* (PNDP 2014, p.101).

#### Box 2: On Partnership & Relevance

*"UNFPA was successful in developing important partnerships with national partners from the Government and civil society organizations. WTS GBV project did a great job in placing itself in full alignment with national development agenda, goals, plans and priorities".*  
(MoWA official)

The National Strategy to Combat VAW (2011-2019) was informed by the same guiding principles and was therefore crafted along the same lines to address GBV promoting the referral pathway in GBV risk mitigation and gender equality. This national policy document was backed with the Cross-Sectoral National Gender Strategy 2011-2013 where the strategic objective 3 is to reduce all forms of violence against Palestinian women. In alignment, UNDAF outcome 5, promises that by the year 2016, more people living in the State of Palestine especially vulnerable and marginalized groups, benefit from an integrated, multi-sectoral social protection system promoting economic security, protection from abuse and violence, gender equality, social justice and equity for all.

UNFPA chairs the GBV sub-working group (GBV-SWG) that functions as a coordinator for GBV prevention and response programmes under the UN Cluster and UNDAF structures. At the same time, the National Committee to Combat VAW, chaired by MoWA, continues to oversee the implementation of the National Strategy to combat VAW and coordinate GBV development programmes.

In WTS GBV project, at least three major activities set out for the achievement of the policy level interventions are concerned with working with MoWA to strengthen, activate and engage the National Committee to Combat VAW more effectively in the current GBV agenda. This was well expressed by one MoWA official as shown in box no. 2 below.

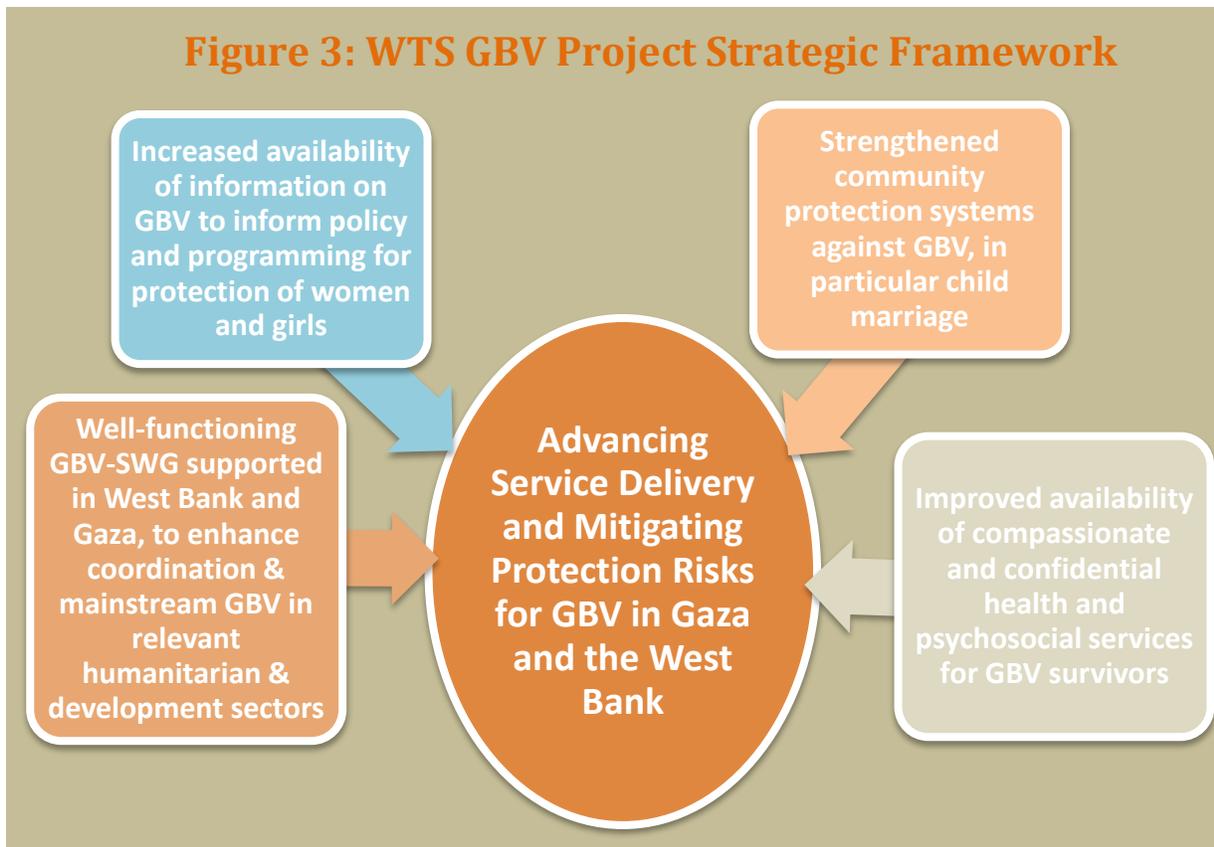
On the ground, UNFPA and its projects benefit from distinguished personality and representational status that stems in its global character and historical credibility. In spite of the UNFPA's international identity, the fact that it has a strong and distinct national presence in office staffing and subsequently interactive processes with national bodies and institutions bestows upon it an innate color and places it in an advantaged position in terms of trusted and welcomed cooperation that might not be so for similar international bodies operating in the development and/or humanitarian arenas in Palestine.

## 1.2 Relevance of the project to regional and global legislative and policy frameworks

UNFPA regional strategy on prevention and response to GBV in the Arab States Region 2014-2017 offers the regional context for the WTS GBV project. The strategy displays GBV areas of interventions map in the Arab States. The map shows that only few countries have achievements in all six identified areas, being; demonstrated commitment to CEDAW, GBV legislation, GBV strategy, GBV studies, GBV national surveys and services. Palestine made variable extent of achievements in them all except for GBV legislation. Yet, even including where some legislative interventions were made no specific legal instruments for combating GBV in the Arab states exist, and national legislation and law enforcement mechanisms for eliminating GBV are scarce (UNFPA, 2013). The connectedness and harmony between this regional strategy and the WTS GBV project stemming from it can be detected by comparing the two successive figures no. 2 and 3 below.



**Figure 3: WTS GBV Project Strategic Framework**



Furthermore, two complementary elements were incorporated into the project for its optimal harmony with the regional context. In the first, a study visit was conducted to the neighbor Arab country Jordan with the participation of 4 senior health policy makers from MoH. The main objective of the visit was to gain knowledge and learn about the Jordanian experience in setting multi-sectoral systems for quality treatment of GBV survivors. This is in order to inform the Ministry's response strategy and action plan for strengthening the health care systems response to GBV. Then, implementing 8 partners from health, social affairs and police attended the regional coordination workshop conducted in Amman on June 2014 to learn about the regional experiences in the multi-sectoral response to GBV and to strengthen partnership with other countries in the region.

The project relevance to the global legislative and policy frameworks is well evidenced. UNFPA, including in Palestine, uses global frameworks to keep their programmes relevant. Since decades starting with CEDAW on 1979 to the World Conference on Human Rights (1993), the Declaration on the Elimination of Violence against Women (1993), ICPD (1994), and Fourth Conference on Women (1995), the international community has put GBV forward as a public concern and a human rights issue. The link between GBV and human development has been identified by many international human rights principles that guide UNFPA policy and programming (UNFPA, 2013).

Speaking of the year 2000- 2013, UN Security Council adopted Resolution 1325 on women, peace and security, ensuring increased representation of women at all decision-making levels in institutions and programmes devoted to the prevention, management and resolution of conflict. UNSCR 1820 (2008), 1888 and 1889 (2009), 1960 (2010) and 2106 (2013) were all built upon 1325 and brought a sharper focus to eliminating conflict-related sexual violence. In the year 2008, launch of the 2008-2015 campaign took place, UNiTE to End Violence against Women. In the year 2013, the 57<sup>th</sup> Commission on the Status of Women (CSW) recommitted itself to the elimination and prevention of all forms of violence against women and children following the precursor 1993 Declaration on the Elimination of VAW.

Addressing national commitments and legal frameworks in effect, under the project, UNFPA funded the first and only country assessment for monitoring and reporting on SRHR. This is following Palestine's ratification of International Treaties and Conventions including CEDAW that was endorsed further by Presidential Decree No. 19 (2009) reaffirming the Palestinian National Authority's ratification of CEDAW and emphasizing the need to respect and enforce the provisions of the convention by all parties concerned. In conformity, the Palestinian Government has signed the Country Programme Action Plan (CPAP) with UNFPA towards the fulfillment of the recommendation of the ICPD PoA. This assessment was a prime WTS GBV project achievement.

Embodied in all international treaties to which Palestine has become a signatory is the State obligation to protect, fulfill and respect human rights of all its fellow citizens in addition to mandatory reporting on progress or not hitherto. Materialization of this and other associated commitments took the form of noted improvements in processes of policy developments with vibrant policy dialogue engaging a wide range of stakeholders including regarding combating violence against women, girls and children. In this evaluation, respondents unequivocally agreed that the WTS GBV project played a significant role in securing resources, mobilizing partners, engaging key players, coordinating efforts and organizing all necessary meetings and events to push the GBV policy developments ahead. Government actors in particular, flagged this activism like approach to beget the needed policy changes as a significant development in their way of work.

Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) are two fundamental global frameworks that guide UNFPA work. WTS GBV project is fully coherent with SDG 5 concerned with achieving gender equality and empowering all women and girls. Nine targets are set out for the goal achievement. Namely, the project is utterly relevant to Target 5.2 being to "eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation" and 5.3 being to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation". Equally relevant is Target 3 of SDG1

(ending poverty) concerned with the implementation of nationally appropriate social protection systems and measures for all and Target 4 on ensuring that all men and women, in particular the poor and the vulnerable, have equal access to basic services. Furthermore, SDG3 is about ensuring healthy lives and promoting well-being for all at all ages. SDG 3 builds on experience with the MDGs, which had a very strong focus on health, namely in MDGs 4, 5 and 6. Target 3.7 requires States to “ensure universal access to sexual and reproductive health care services” by 2030. This target is exceptionally difficult to capture because of the fundamental changes in sexuality and reproduction its achievement entails in many societies such as those in Western Asia including Palestine, indeed. For UNFPA, however, sexuality and reproduction sit, with varied explicitness, at the heart of its four strategic Plan outcomes: 1) Sexual and Reproductive Health, 2) Adolescents and Youth, 3) Reproductive Rights and Gender Equality, and 4) Population Dynamics. This is how all encompassing the relevance of WTS GBV project to the global development goals and agenda is.

### **1.3 Relevance of the project design to the needs of right-holders and duty-bearers**

The WTS GBV project undertook to address the question of GBV for a strategic long term perspective guided by findings from the national survey on GBV that the PCBS conducted in 2011 with UNFPA funding. The survey reported an average of 37% of women being victims of GBV in Palestine. The corresponding regional figure that includes almost all Arab countries is also 37%, which makes it the region with the second highest prevalence in the world following closely after Southeast Asia (37.7%) (UNFPA, 2013)

Operationally, the needs of the right holders are to access rights-based available acceptable and affordable GBV quality services that are offered to GBV survivors within an established and functioning referral system. Meanwhile the needs of duty bearers are to be equipped with all enablers for referral system implementation most critically the service delivery processes. These include, institutional and staff capacity building, protective laws for service providers, adequate staffing and appropriate incentives for extra workload among others. For example, in focus group discussions participants mentioned; certified trainings, on the job diploma degree awarding trainings for specialization in GBV, proper post title such as GBV expert with a recognized positioning within the sector, clear and proper communication modality amongst service partners for executing referrals especially from the community to a service setting, and monetary increment, all as possible incentives they expect for this additional sensitive role they are designated to do. More importantly, however, they stressed their need for protection against possible reprisal by perpetrators or their families.

Strategically designed and directed the project had to assume an all-inclusive holistic approach and operate at three major complimentary levels of society, these being; policy, institutions (Governmental and NGOs) and community levels as exemplified in Figure 4 below. Multi-pronged concurrent project interventions with multiple entry points and multiple partners boosted the project relevance big time.

The project integrated GBV prevention and response into reproductive health services using a multi-sectoral, multi-level approach that involved; health and social services, protection of GBV survivors, mobilization and advocacy at community, institutional/ facility, and policy levels. Figure 4 below uses the socio-ecological model to illustrate the major WTS GBV activities in Palestine and the interdependent relationship between the three levels. Every level in which the project operated was closely connected and influenced by the levels above and below it. In most cases, activity required the engagement of the different sectors and staff at all levels.

The outermost level shows the policy environment that guided the multi-sectoral GBV prevention and response activities conducted at the lower institutional levels. The WTS GBV supported the Government of Palestine by working with the MoH, MoSD, MoWA, and MoEHE to lead the life-saving GBV prevention and response services. Ministry of Endowment (MoE) was engaged to a lesser extent, yet this was a remarkable achievement the project made by investing in the credibility and profound longstanding influence of the religious establishment in society. Prior to WTS GBV project, there were no national guidelines or frameworks for the GBV response. The project supported the government to create and disseminate numerous policy guidelines, strategic planning tools, training materials, and service delivery tools for GBV prevention and response. These national guidelines and tools led the way in ensuring standardization and quality assurance in GBV training, service provision, and response at the regional levels of West Bank and Gaza.

The WTS GBV also supported MoWA, MoH, MoSD, and police with several policy dialogue meetings on the implementation status of the National GBV Referral System to define and refine GBV prevention and response pathways addressing all concomitant challenges and means for overcoming them. It also supported many partners including, MoWA, MIFTAH, PRCS-WHCJ and WAC conduct mass media campaigns and broader GBV awareness-raising efforts at all levels.

At the institutional level, the WTS GBV supported activities to integrate GBV prevention and response within the existing SRHS both in development and humanitarian contexts, build clinical and psychosocial capacity to deliver GBV services, and establish comprehensive post-GBV care services. Main activities included; capacity building of clinical and non-clinical providers at health facilities, namely the health cluster members on MISP during emergencies, training of religious leaders being women and men preachers and Imams working at the Ministry of Endowment on RH and GBV issues, developing capacity of health providers in the detection, treatment and referral of GBV cases, and developing the psychosocial manual to respond to GBV survivors. In alignment with national priorities and following relevant guidelines, three one stop shops for GBV survivors were established in WHCJ (PRCS), Jericho government hospital (MoH) and Qalqilya Health Centre (HWC) in the two regions of the West Bank and Gaza.

The WTS GBV supported community-level prevention activities by building on existing RH prevention interventions and using existing community groups. The WTS GBV used

participatory and gender-transformative approaches to increase community awareness and reduce social tolerance to GBV. Community partners worked through local mosques, schools, universities, prisons, youth centres and CBOs. Activities included; creating and disseminating information, education, and communication materials; using social and behavior change materials; using social media outlets, media campaigns and documentaries; active community engagement; and community–clinic linking activities.

#### 1.4 Project Relevance to the Human Rights-Based Approach

From the human rights perspective, the project target groups are both the right-holders with their entitlements and duty-bearers with their obligations. Therefore, as designed it catered for the needs of the two groups with some inclination to focus on the duty bearers as enablers for change in the processes and deliberate actions they have to make for the realization of the human rights of the right-holders, safeguarding their own rights as well. Espousing a HRBA in programming, UNFPA ensured that WTS GBV expressively applies the international human rights framework primarily as implied in the right-holders right to appropriate GBV response along the lines of WHO conceptualization of ( health) service availability, acceptability, accessibility and quality (figure 1). The project certainly took every possible action to prioritize the vulnerable groups in humanitarian settings with particular attention to the IDP women and girls. As a matter of fact, in this evaluation, it is upheld that the project readiness and response to the needs of the IDPs in Gaza during and after the crises including offering the dignity kits and psychosocial first aid to women and girls in shelters was an absolutely remarkable achievement. The high flexibility in the project design was very helpful in making this happen. In light of the military aggression on Gaza in 2014, UNFPA found it necessary to replace the assigned research on area C and East Jerusalem and to immediately take the lead in assessing the issue of GBV among IDP women and girls in the shelters and hosting communities.

The aim of the assessment was to understand IDP women and adolescent girls' experiences, their perception of safety and concerns during the crisis, and to identify available services to respond to GBV survivors during and after the crisis. Then the objective was to identify and undertake the priority interventions to response to GBV among IDP women and adolescent girls.



Image 1: WTS GBV leads coordination meeting

Figure 4 : WTS GBV Multi-sectoral Multilevel Approach to GBV Prevention and Response



Subsequently, an example on community empowerment actions the project took through its project partner RCS-WHCJ in Gaza include conducting a series of open days and recreational activities and resorts trips for vulnerable families "men & women" focusing on GBV prevention and women protection utilizing the first aid psychosocial support method. Participants included 70 members of the leader network in Jabalia-North Gaza, 50 fishermen and their wives, and 30 men and 65 women from RCS-WHCJ beneficiaries.

Participation is about inclusiveness. In WTS project, participation served as both a means and a goal at the same time. It can be argued that every single activity was completed with significant

participation by duty bearers and/or right holders. During the course of this evaluation, direct on-site observation was done for selected activities and events including; half a day consultation meeting between UNFPA and WTS GBV project partners, coordination meeting between project partners and other stakeholders working on GBV, one stop centre in WHCJ (PRCS) in Gaza, and the launching of "one-stop" centre named *Ishraqa* in Qaliqilya Health Centre (HWC) in the West Bank with active participation of the governorate, police, women CBOs and schools and community leaders . These observed activities and events were all living examples on how the project was; fostering a participatory approach in implementation, investing in and sustaining UNFPA's developed strategic partnerships to optimize WTS GBV, ingraining and reinforcing project local ownership, and advocating the marginalized, disadvantaged, and excluded women and girls. This will be elaborated upon under the project effectiveness section.

In terms of the principle of accountability, WTS GBV strategies included; awareness raising of rights and responsibilities, capacities development of duty-bearers at central and local levels to fulfill their obligations, promotion of national ownership among duty-bearers by involving them in analysis and consultation meetings in project planning, implementation and reviews. In addition, the project built relationships between rights-holders and duty bearers by making them work together in various interactive settings such as in open days, counseling sessions, and other service provision in emergency and regular, clinical and none-clinical

Image2: Ishraqa "one-stop" Centre Launch Observed



*Box 3: On Government Ownership*  
*"The most prominent achievement of WTS GBV was that UNFPA through the project engaged and supported the Government of Palestine to lead and own an operationalized National GBV Referral System and this did not exist from before." (MoH Official)*

set ups. On a wider scale of strategic accountability promotion the project created broader alliances for social change in society, supported advocacy for information and statistics necessary to monitor the realization of human rights, and built capacities for policy analysis and social assessments in relation to GBV prevention and response.

## **2 Effectiveness**

This section focuses on project performance at the output level. It delves into planned activities as they appear in the logical framework, implementation plan and progress reports juxtaposed with respondents accounts and Evaluator’s direct observations. Evaluation process goes by project outputs, recognizing achievements, and reviewing challenges, gaps and lessons learnt. It concludes with a collective view of the project added value across outputs. In addition, project achievements by the intervention levels of; policy, institutions and community are detailed in annex 1.

### ***Output 1: “Improved availability of compassionate and confidential health and psychosocial services for GBV survivors”***

This output flows into pillar 4 of the UNFPA regional strategy on prevention and response to GBV in the Arab States region 2014-2017. This pillar is about building political will and legal capacity to prevent and respond to GBV. Output 4.1 promises that capacities of duty bearers are supported to develop/update rights-based anti-GBV laws and policies which would then open space to appropriate service availability.

Project output number 1 above comprises the broadest intervention space in terms of scope, depth and compactness with ample number of substantive achievements the key of which are summarized in box 4 below.

Under WTS GBV output 1, the project interventions lied at the policy and institutional levels. Working with MoH, MoSD and MoWA in West Bank, the project focused on better operationalization of the national GBV-RS. This is through; activation and training of the National Committee for VAW, re-printing and dissemination of the GBV-RS protocol, and training of health, social and protection cadres in the three sectors to respond jointly as one system to GBV survivors. This is where extensive training was done under MoWA. Referral pathway is one key area of emphasis for WTS GBV; it’s about the joint response to GBV survivors. In Gaza, with extensive efforts from the GBV sub-cluster UNFPA is chairing, in cooperation with the NRC, the project produced the standard operating procedures (SOPs) document to respond to child protection and GBV survivors.

At the top policy level, the WTS GBV advocated with the MoH to integrate GBV services through adoption and implementation of established health guidelines and protocols for the detection and treatment of GBV survivors. At the national policy dialogue and interventions, foundational project achievement at the MoH is one of perception, attitudes, awareness and mindset among decision makers especially doctors who always demonstrated rigidity, trivialization and belittlement concerning GBV and the need to put it on the agenda of MoH. This change resulted from the persistent internal dialogue with these ministry

officials and intensive GBV training of all Ministry staff; all with the exceptional support, perseverance, and expertise of the UNFPA national programme officer on gender, implementing partners frequently confirmed. That the approval and support of decision makers are much needed to realize the needed changes in favor of GBV survivors and care seekers makes of this change extremely crucial for a sustainable progress.

At the highest policy level, the WTS GBV project strategically pushed for and substantially contributed to the integration of GBV in the National Health Strategy for the years 2017-2022

which is a prime project achievement. Under the second strategic objective, the fifth

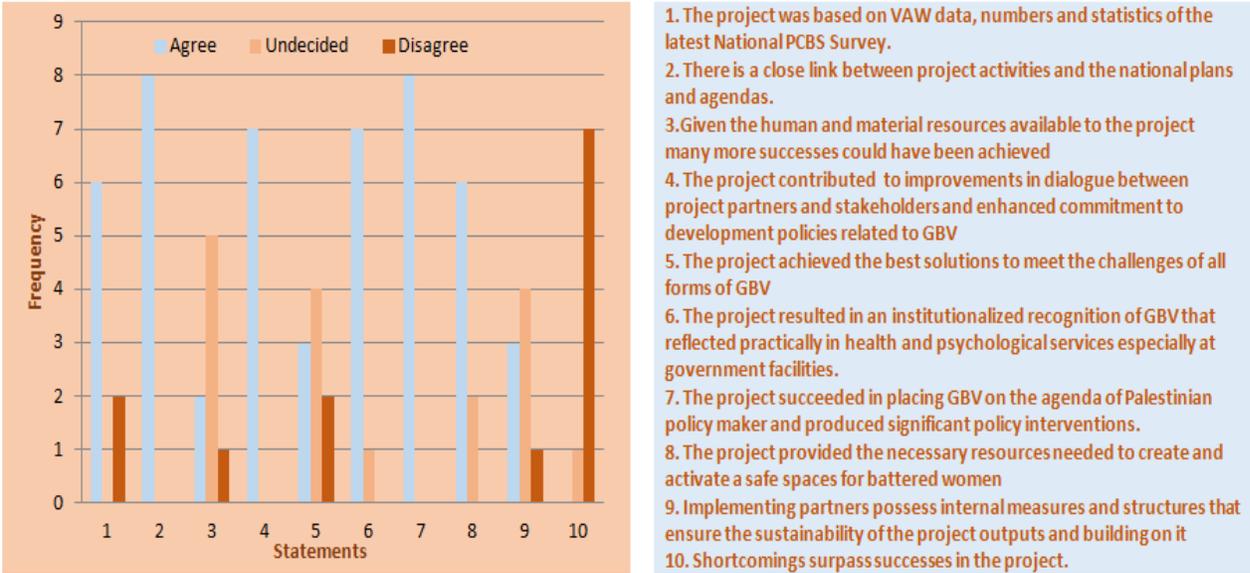
#### *Box 4: Output 1 Key Achievements*

- *Improved operationalization of the national GBV-RS.*
- *Contributed forcibly to the integration of GBV as the 5<sup>th</sup> indicator under the second strategic objective of the National Health Policy 2017-2022.*
- *Created Political Will and Commitment at MoH with deliberate multi-level strategic and operational actions toward protection and response to GBV.*
- *Equipped health government facilities to detect and treat GBV survivors*
- *Established a total of 5 Safe Spaces incorporating the “one-stop” centre model in responding to GBV survivors’ needs at MoH and NGOs healthcare facilities.*
- *Developed and effectuated key protocols, guidebooks and manuals to facilitate GBV-RS implementation, including psychosocial guidelines for GBV and CP.*
- *Created and disseminated numerous trainings and service delivery tools to ensure rights-based compliance with and implementation of GBV referral system.*
- *Integrated GBV services into existing health and psychosocial services and structures.*
- *Developed IMS system for service providers in Gaza*
- *Harmonized GBV indicators into the national health IMS and Annual Health Status Report.*
- *Established a national registry for GBV cases.*

indicator is “GBV referral system for GBV affected and survivor women and children is effectuated and implemented in cooperation with all partners”. No baseline value is stated for this indicator but the target is ambitiously set as 90% by 2022. Subsequently, policies, vision and strategic plans created such large scale shift in the cultural values that got newly adopted by the Ministry leadership and decision making officials who eventually put into action necessary guidelines and tools to ensure the infiltration of all this to staff via various modalities and approaches.

This big leap in putting GBV at the uppermost policy level could not have been made without momentum the project built amongst key players and partners, where the Fund took the lead role through this project, capitalizing on a prior UNFPA achievement under CP Output 1 on SRHR. With an obvious programme synergy, under output 1, UNFPA supported the National Reproductive Health Strategy and Action Plan 2014-2016 where the strategic objective number 3 is “improve services provided for victims of GBV”. Derived from this objective is the strategic direction number 4 that reads: “creating a referral system for GBV cases using a multidisciplinary approach at policy and service provider level” (MoH and UNFPA, 2013). This is almost the same as the abovementioned second indicator that appears to have been relayed from the RH strategy to the current National Health Strategy. While this suggests keenness of policy makers to act on this development priority it also reflects lack of conduciveness for the RH strategy to make progress in this sensitive gender equality concern of GBV.

Figure 5: Perceptions of interviewed managers and institutional leaders of selected aspects of WTS GBV project



1. The project was based on VAW data, numbers and statistics of the latest National PCBS Survey.
2. There is a close link between project activities and the national plans and agendas.
3. Given the human and material resources available to the project many more successes could have been achieved
4. The project contributed to improvements in dialogue between project partners and stakeholders and enhanced commitment to development policies related to GBV
5. The project achieved the best solutions to meet the challenges of all forms of GBV
6. The project resulted in an institutionalized recognition of GBV that reflected practically in health and psychological services especially at government facilities.
7. The project succeeded in placing GBV on the agenda of Palestinian policy maker and produced significant policy interventions.
8. The project provided the necessary resources needed to create and activate a safe spaces for battered women
9. Implementing partners possess internal measures and structures that ensure the sustainability of the project outputs and building on it
10. Shortcomings surpass successes in the project.

Prior to starting the individual interviews, managers and institutional leaders were presented with a short one page questionnaire with a Likert scale format questions about selected aspects of WTS GBV project. Results are shown in figure 5 above. The overwhelming observation is that responses are favourable and consistently reflective of the findings of this evaluation elsewhere, such as concerning statement 2 and 7 ranking



highest in respondents agreement, these being; “there is a close link between the project activities and the national plans and agendas”, and “the project succeeded in placing GBV on the agenda of Palestinian policy maker and produced significant policy interventions”. Similarly, responses to statement 5 “the project achieved the best solutions to meet the challenges of all forms of GBV” with the noted divergence in responses is indicative of the fact that the subject of GBV is only recently addressed in the comprehensive manner the GBV-RS suggests and is adopted nationally. Hence, it would be unrealistic to consider that work done under one project only, regardless of its quality, would achieve the completeness insinuated in the statement and attend to all forms of violence at once as such.

Materialization of policy decisions into rights based healthcare services aimed to ensure service; availability, accessibility, acceptability and quality is incrementally evolving. Tangible openness and positive changes concerning GBV manifested in the creation of safe spaces “one-stop” centre model also called “women empowerment clinics” to ethically and confidentially serve GBV survivors in selected MoH facilities, both in hospitals and primary health care centres and clinics. As an entry strategy at the outset, this is only in health directorates where the leadership is most progressive and supportive of the GBV survivors’ right to protection and appropriate response, one MoH government official reported. This indicates that healthcare providers (doctors and nurses) still have attitudes problems regarding GBV as was also confirmed in different accounts in this evaluation.

Capacity building in the form of training of trainers (ToT) for 56 service providers (nurses, doctors, social workers, and psychosocial counselors) on detection, treatment and referral of GBV cases using the established guidebook and protocols was completed.

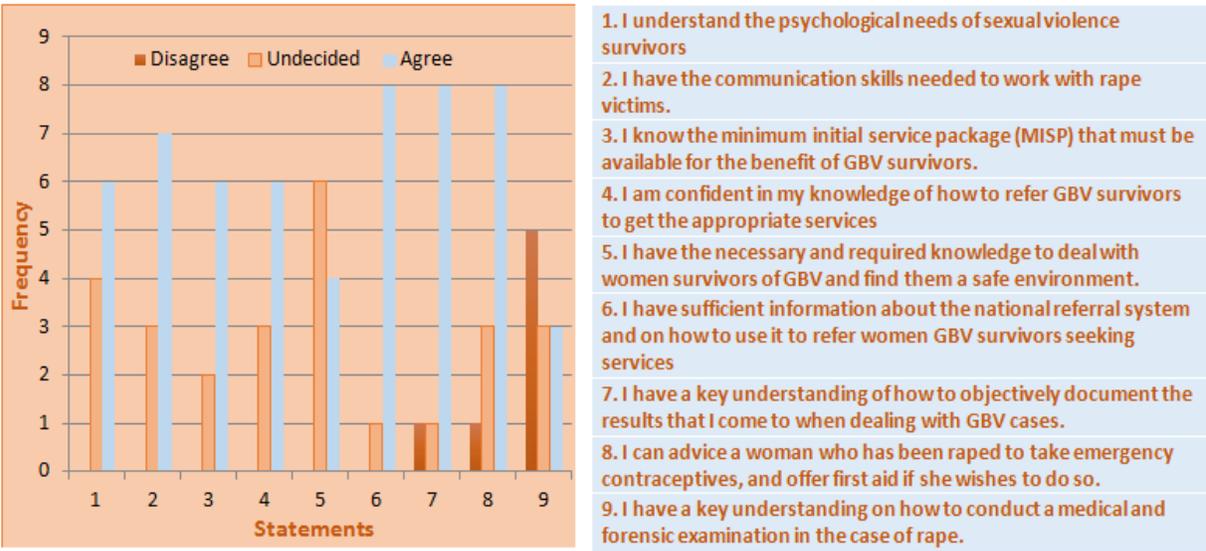
Subsequently, these trained staffs delivered the training to 1200 service providers in the West Bank and Gaza Strip on GBV detection, response, and referral utilizing the developed guidelines and the National referral protocols. They also detected and responded to 85 GBV cases referred to them by partner organizations.

Health providers who have received some or all of the above mentioned trainings, prior to being interviewed in focus groups, were requested to individually respond to a Likert scale measurement tool, in order to find out about their perception of self efficacy in responding to the needs of GBV survivors in light of the GBV-RS protocol. Findings presented in figure 6 below indicate that informational uncertainty still variably exists across all 9 points in question. Of these the highest gap manifested in points 5 on “having the necessary and required knowledge to deal with women survivors of GBV and find them a safe environment” followed by point 1 on “understanding the psychological needs of sexual violence survivors”. Conversely, respondents expressed their disagreement with statements suggesting their GBV related efficacy namely in statement 7 on GBV case documentation, and statements 8 and 9 on appropriate rape related services. This validates the findings from a senior MoH official interviewee who shared concerns over quality and outcomes of the training activities and argued for substantial improvements and specialization in this regard.

Nevertheless, significant area of progress include MoH staff detection and documentation of around 1500 GBV survivors across governorates who were detected or reported at a MoH health facility during the years 2015-2016. In Jenin governorate alone, 55-79 GBV cases were reported monthly marking the highest of all governorates. None of these cases, however, accepted to be referred to MoSD or police services except for few who agreed to referral under the condition of “no documentation”.

These numbers correspond with MoH senior staff utterance about institutionalisation of GBV within the Ministry apparatus and structures being a prime project achievement. For the first time ever, this year every GBV case gets documented electronically in the national health information management system of the Ministry and data will be integrated into the Ministry Annual Health Report, needed forms were developed and put into use, a focal point was designated at every primary health care centre and hospital, and training of clinical staffs serving in these facilities was done. At the time of drafting this evaluation report, Minister of MoH issued a decree of “Medical Certificate Fees Waiver” for all women GBV survivors; an achievement only made possible through the huge efforts led by WHDD with project support in partnership with MOWA, MoSD, Police department as well as Directors general of PHC and of Hospitals as well as GBV focal points in hospitals and PHC centres. To this purpose, WHDD conducted three workshops (north, south, middle) for all departments and service providers within MoH to share progress in the operationalization of the National GBV-RS and solicit recommendations as to the way forward.

**Figure 6: Interviewed clinical staffs’ self efficacy in responding to the needs of GBV survivors**



However, the same MoH official upholds that the question of staff capacity building and training quality continue to be an area with substantial space for improvement and specialization. What this project offers in this area are only the basics because staff are in need of advanced and specialized GBV training on such critical issues as to how to take



woman GBV survivor through the right care pathway in accordance with her specific case or to detect undeclared or unreported GBV experience among women who come seeking healthcare under alternative pretexts, for example. Therefore, she continued, GBV training needs to be taken beyond the level of basic information to that of skills building and competencies development so that staff is capable to aptly handle the GBV survivors and provide them with comprehensive care and appropriate response.

Beyond MoH, developing the capacity of all stakeholders from government and health NGOs, WTS GBV project conducted the specialized internationally recognized training of Minimum Initial Service Package (MISP) for RH services during emergencies. This was meant to strengthen the prevention and joint response to sexual violence which crosscuts clinical management of rape, of course. This is in addition to strengthening comprehensive RH services altogether. Under the project, one training workshop was conducted on MISP by UNFPA jointly with the health cluster of the humanitarian response headed by WHO. A total of 25 national and international health cluster member organizations such as UNRWA, WHO, MoH and HWC participated in a three days training in Ramallah with participation from Gaza where the MISP training was also done in cooperation with PMRS and PRCS. Subsequently, rolling team of trainers in both regions started replicating the experience and training other clinicians toward building the capacity for MISP universally in the health sector.

While this was meant to be only an introductory pilot training on MISP, UNFPA recognizes the need for a comprehensive training strategy in the coming programmatic cycle for it to fulfil capacity development objectives in this area, including the clinical management of rape component it incorporates. Doing so future efforts will build on elements already integrated in the existing services with attention to the current resistance at MoH to address the issue of rape within the context of GBV treatment and response, even though some rape services are anonymously on offer since long ago.

Focus group discussions and individual interviews revealed the presence of institutional barriers that hinder GBV services provision within the different service sectors and negatively impact this project and the whole GBV national agenda generally. As can be seen in box 5 below, the first three barriers are; lack of privacy and safe places for the GBV survivors seeking GBV relevant services, staff poor knowledge/awareness of the occurring policy changes regarding GBV, and staff technical incompetence and poor information on how to handle GBV survivors. This is exactly where WTS GBV project made revolutionary achievements. This is by creating the “one-stop” centres as a safe space for the provision with confidential GBV healthcare services at three MoH facilities in Halhoul health directorate- northern Hebron, Jericho hospital and Jericho health directorate following the successful pilot model with PRCS at WHCJ in Gaza. The project deliberate action in so doing was to ensure the integration of GBV services within the existing other services as a successful entry point for GBV service delivery. Furthermore, noting lack of service affordability as one frequented barrier, waiver of treatment fees for battered women is a pro-poor gender sensitive measure the project strongly advocated with MoH.

Beyond that, respondents frequented mobility restrictions and distance to service facilities for women from rural communities in specific, and refrainment from reporting GBV due to multiple fears stemming in the existing culture and social norms and values as prevalent barriers to GBV service utilization.

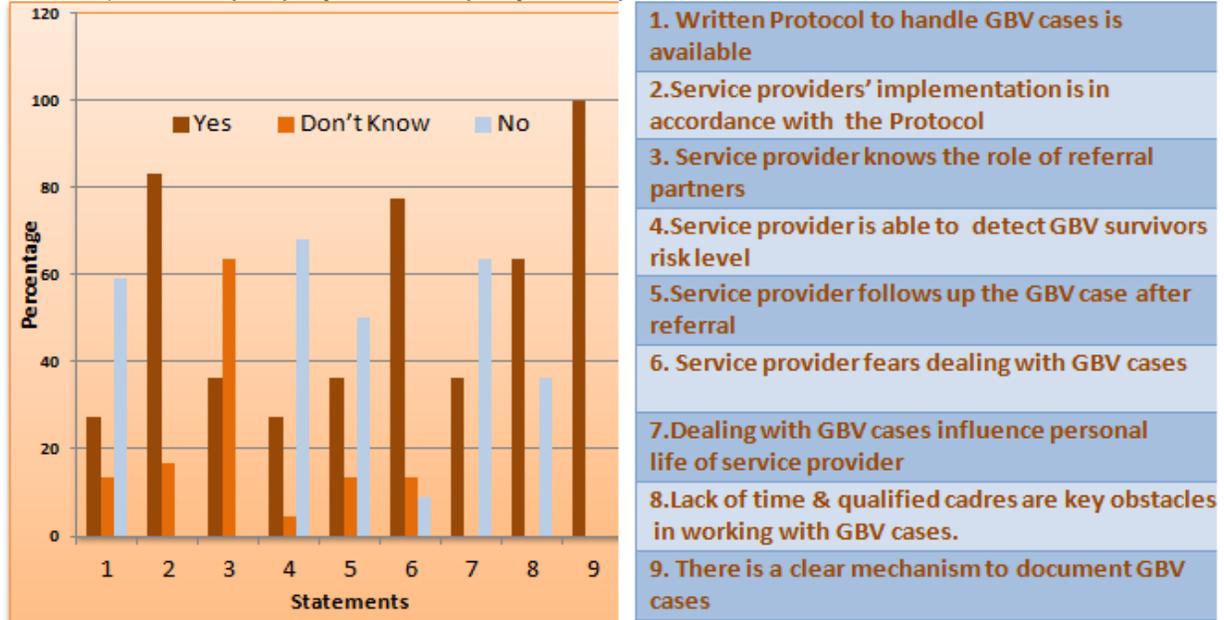
Other practice based insights are drawn from a small scale study GBV focal point at Salfit Directorate conducted to understand the context of GBV-RS implementation within the health service sector. Some 22 nurses, doctors and administrators working at Salfit directorate participated in the study (Salameh, 2016).

**Box 5: Institutional barriers that hinder GBV services.**

- *Lack of privacy and safe place for the GBV survivor seeking GBV relevant services;*
- *Staff poor knowledge/awareness of the occurring policy changes regarding GBV;*
- *Staff technical incompetence and poor information on how to handle GBV survivors;*
- *Fear of service providers to intervene due to lack of any protective mechanism or legislation of service provider vis-à-vis perpetrators;*
- *Overworked staff with no incentive of any kind to those cooperating and taking up additional responsibilities in relation to GBV survivors;*
- *Poor attitudes of some service providers toward GBV women survivors;*
- *Infancy of functional GBV referral system intra and intersectorally.*

Figure 7: Salfit clinical staff implementation of GBV referral system protocol

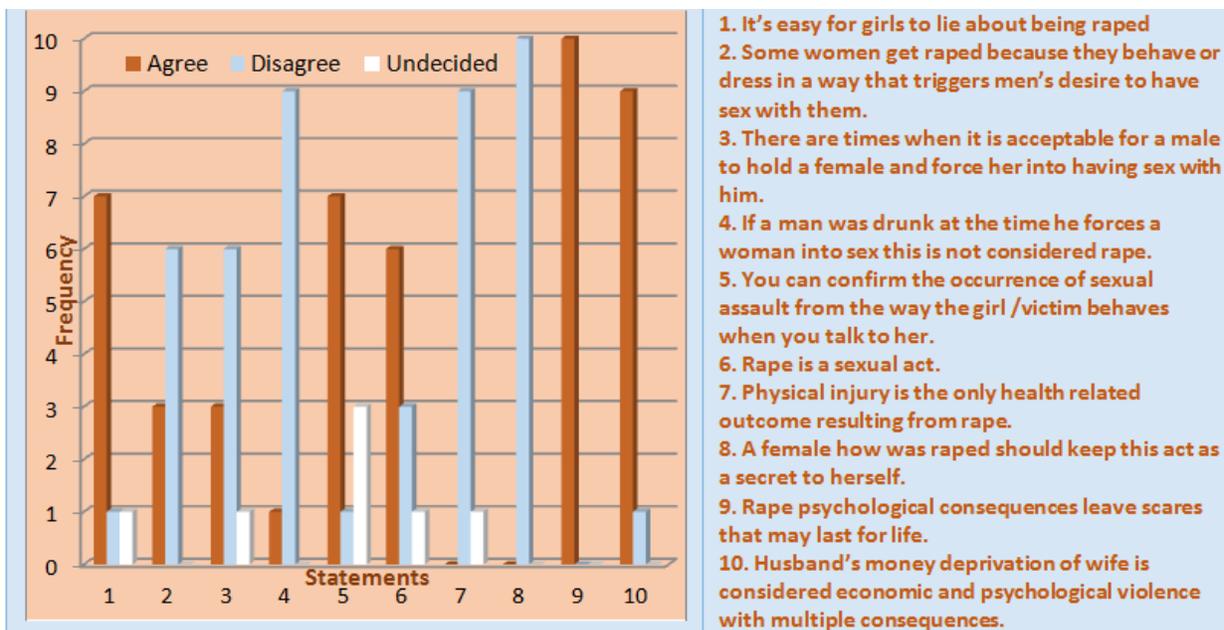
Source: Majida Salameh (2016), unpublished data (with permission)



Looking into figure 7 above, important information gaps can be seen with clear implications for GBV-RS protocol implementation. Only 27.3% of the respondents know about the availability of written protocol for GBV treatment and response; 63.6% do not know about the role of referral partners; 68.1% are not able to detect GBV survivors risk/danger level, only 50% of service providers follow up the GBV case after they refer it, and 77.3% fear dealing with GBV cases mainly fearing the perpetrator’s reaction in the complete absence of any form of staff protection to staff, and lastly same as in the focus group discussion in this evaluation 36.6% recognize the presence of barriers to implementation again being lack of time and qualified cadres (Salameh, 2016).

UNFPA supported MoSD in developing psychosocial and case management manual, 59 social counselors in West Bank and Gaza were trained using the developed Manual. In addition, MoSD will utilize the developed psychosocial manual to build the capacity of MoSD social counselors. However, in focus group discussion conducted in this evaluation, trainees said that the manual hasn’t been distributed yet and noted the inadequacy of the received training in addition to its lack of universality within and across departments. This blocks common understanding and unified practice among staff who received the training compared to those who did not. They too pointed out high workload coupled with lack of incentives as additional barriers to implementation.

Figure 8: Social workers and vocational MoSD GBV trained staff perceptions of selected sexual violence issues



Perceptions of the interviewed social workers and vocational counselors regarding selected sexual violence issues were examined prior to the group discussion session. Responses displayed in figure 8 below revealed alarming attitudes amongst professional groups whose fields of practice are at the heart of GBV-RS. They agreed with gender insensitive statements like this: “It’s easy for girls to lie about being raped”, or “some women get raped because they behave or dress in a way that triggers men’s desire to have sex with them”. In other cases their responses indicated high level of ignorance such as when they agreed to the statement “rape is s sexual act”. These highly indicative responses should present projects planning and management with insights in setting specialized training agenda in programming.

The project supported MoSD in Gaza to conduct an assessment of the capacity of its women and youth centres, for future planning and priority setting of the development needs of these centres. However, scattered implementation of GBV work at the MOSD caused by the multiplicity of donors who work with the Ministry on GBV but with differing emphasis and priorities and lack of coordination among them is seen as a serious effectiveness and efficiency deterrent. Implementation of GBV related projects at the Ministry, bound by these priorities, is inefficiently spread by portfolio over the directorates of; protection, women, social welfare, shelter, childhood etc, and so work on GBV is made quite fragmented based on these divergent and sometimes competing donor priorities. Therefore, a “needs assessment” of the MoSD GBV priorities was conducted under the WTS GBV project to map who does what under which directorate and how can all GBV components be brought together under one reference/focal point and directorate at the Ministry to facilitate funding priority setting and support focused and efficient projects implementation. To this end, in a workshop with donors, MoSD identified GBV manuals automation, GBV survivors’ database building, preparation of early marriage strategic framework for integration into the National Strategy for Child Protection against

violence, and targeted national awareness campaigns on GBV as its funding priorities before donors. More importantly, MoSD stressed the need to target women prisoners in particular at the PA jails in order to provide them with appropriate training in vocational specializations. To this purposes specialized vocational training units are suggested to be established inside the Jails where these women can receive the training of interest to them and a tool kit that helps them make a living and reintegrate in society after prison life. This also serves the purpose of economic empowerment of such an extremely vulnerable women group who could otherwise be easy targets for GBV. Also, MoSD brought to the table the need to support interventions targeting GBV survivors who are not covered by the national protection plan and are not allowed into shelters. These are; prostitutes, women with infectious diseases, woman at less than 18 years old who is unmarried except if accompanying mother who had survived GBV, a woman who presents other women with certain dangers, is attending court for a crime, mentally or psychologically ill, and drug or alcohol addict. These women need to be targeted, as individual severely vulnerable subgroups perhaps, with specially tailored GBV projects.

On the whole, implementing partners across sectors and institutional levels expressed awareness and concern about referrals and the current disconnect departmentally within sectors and across sectors on the one hand and overall referral pathways lack of clarity on the other, including in the work of the NGOs. There still is a lot of ambiguity and vacuums in referrals flow in the system, one government official said. Also, even with the occurring coordination it is very hard with the current system to track the outcomes for clients. If in the health sector for example, they stay within the health sector. But if they are linked say to legal or social, there is no way to track that. There is no way to have a systemic response to an individual client and trace how the system worked or not for her.

### ***Output 2: “Strengthened GBV prevention and protection”.***

This output relied heavily on successful community level approaches that are participatory and gender transformative, with institutional level interventions especially with civil society partners. Here the project outshone itself with the numerous events and creative initiatives it led engaging countless number of people; men and women of different ages both in the West Bank and Gaza in the four key areas of achievements shown in box 6. These being; prompt responsiveness to the needs of displaced women and girls in the humanitarian emergency during and after the Gaza crisis that resulted from the 2014 Israeli assault; engaging a diverse range of men as partners and change agents in the most creative and comprehensive manner, community mobilization and groups active engagement including in peer-to peer activities especially in Gaza ; and lastly, media strategy where WTS GBV excelled in employing ICT (information and communication technology) and other media outlets in conveying influential transformative GBV messages .

WTS GBV partners' most reported contributions at the community level included awareness raising and sensitization. With project funds, community partners created and disseminated information, education, and communication materials and used peer education, daily radio spots, drama groups, and art gallery in community clubs, schools, universities and mosques to reach a broad range of community members.

Training providers at the community level, the project always focused on sustainability.

**Box 6: Output 2 key achievements**

- Responded promptly to the needs of displaced women and girls in humanitarian settings during and after the 2014 Israeli assault on Gaza
- Reached a total of 3300 women and girls with dignity kits and awareness raising activities with special focus on IDPs in the caravan and make shifts areas in the North and South of the Gaza Strip.
- Engaged a diverse range of men as partners and change agents including from the religious establishment.
- Mobilized community members and groups with empowering engagements in project capacity building activities.
- Excelled in an innovative media strategy with distinguished use of ICT & smart assortment of media outlets.

This led to a strategy of some implementing partners using the existing community structures and influential community leaders and groups while other implementing partners such as PRCS-WHCJ established “youth support intervention team” in Gaza and the Y-Peer members in West Bank, both made up of many existing volunteers in the community.

PRCS-WHCJ is one key implementing partner in Gaza with a wide target population base. Under this UNFPA project, WHCJ subcontracted TAMI, a local consulting firm, and conducted an impact study at North Gaza vulnerable communities where both men and women were targeted in community based awareness activities. The study included a baseline measurement before implementing the project interventions and another one after implementation completion. Table 2 below includes a summary of the key positive and negative results and demonstrates the value of community interventions in achieving social change including concerning sensitive issues.

Table 2: Impact Study Key Findings of WTS GBV project supported PRCS-WHCJ Interventions at North Gaza Vulnerable Communities		
Measurement Indicators	Baseline (%)	Impact (%)
<b>Key Positive Results</b>		



Appropriate living environment and high attention to wife	47	65
Treating wife forcefully	61.5	23
Family cares about the health of the wife	44.3	71
Feeling safe at home	49.5	79
Receives protection when subjected to violence	24	53
Receives threats	44	23
Men's knowledge about laws and treaties concerning women rights	40	56
Women's knowledge about laws and treaties concerning women rights	31	51
<b>Key Negative Results</b>		
Women discriminate between offspring	18	18
Consulting psychologists	51	46
<b>Less than desired level Results</b>		
Wife thinking of suicide	24	14
Men's awareness about RH	41.5	47
Effectiveness and dynamism of women targeted at CBOs	6	16

Men as partners in combating GBV were engaged and working as allies to promote gender equality and SRHR. Around 180 male community leaders including services providers, academics, journalists, Imams, and preachers were skilled in RHR and GBV information sharing and dissemination including about early marriage as well as advocates and lobbyists for making the needed relevant changes. Trained men served as focal points for advocacy efforts on women rights especially through awareness raising sessions and outreach meetings targeting males of all ages. More than 600 outreach meetings took place in West Bank and Gaza covering topics of GBV and RHR and reaching at least 8000 people of both sexes. Furthermore, more than 50 couples with GBV experience received family counseling, and couple therapy (see success story from Gaza in box 8). These couples developed innovative awareness raising initiatives in their neighborhoods promoting women's rights and combating GBV. This indicates that changes in social norms and attitudes are resulting from this as apparent in the GBV combating engagements of former perpetrators, partners reported.

WTS GBV project particularly invested in religious leaders for agency in social change concerning RH and GBV. Four partners from civil society organizations, namely; MIFTAH, HWC, PFPPA and PMRS support involving religious leaders in community awareness on gender related matters. PFPPA and PMRS conducted two training workshops in Hebron and Nablus with the participation of 9 preachers and 14 Imams. Consequently, the trainees conducted 132 community outreach meetings to share information with their peers, families and acquaintances. More broadly, in a collaborative effort between MIFTAH, HWC and Ministry of Endowment, a total of 30 (female 18, male 12) preachers and imams working in Jenin and Nablus Governorates received awareness raising on issues related to RH and. Afterward, they held community outreach sessions in their communities with a total of 1216 females and 345 male beneficiaries in Jenin and 537 females and 290 males in Tulkarem. Box 7 tells a success story of one imam who managed to be *social change agent* in his own village by employing his learning gained from RH and GBV training under the project.

### Box 7: Success Story from the West Bank

Ibrahim is a religious leader (*Imam*) who participated in the gender equality, RH and GBV training that MIFTAH conducted under the project. Using the information he received in the training, he completed numerous outreach sessions in the communities he preaches as the Imam. In the subsequent evaluation workshop, he reported having chosen to focus on early marriage in his successive awareness raising sessions due to its widespread in these communities where any woman who completes her 18<sup>th</sup> birthday without being married is considered to have lost the chance. Ibrahim voiced his full conviction in the importance of intensifying such training courses. He also shared how pleased and satisfied participating community members were with courses held and the size of the interest and knowledge they have acquired as a result of their participation in the awareness sessions that have been implemented.

Ibrahim explained about how he successfully employed the information he received in the training in convincing the people in his village of the drawbacks of early marriage and the negative consequences it has on individuals, on families and on society in general. He proudly declared that since he started doing this one year ago not even one early marriage case was registered in the village. This he believes is a big achievement for a village like this, sitting in the highly conservative Governorate of Jenin with a total population of 13 thousand people and where women early marriage was the norm until not before long ago.

Furthermore, in their evaluation workshop, they agreed on the need to enact laws that ban domestic violence. They also called for publishing guidelines for RH in coordination with various institutions such as schools. They reaffirmed the need for female [Muslim] preachers and imams to be involved in more training workshops and for materials on this subject to be incorporated into curricula at universities. These recommendations coming from religious leaders are indeed a significant progress that should be built upon.

As mentioned earlier, prompt responsiveness to the needs of the displaced women and girls in humanitarian emergency during and after the 2014 Israeli assault on Gaza was a prime achievement in this project. Almost 3300 women and girls were reached with dignity kits and awareness raising activities with special focus on IDP women and girls in the caravan and make shifts areas in the North and South of the Gaza Strip. In addition, PRCS-WHCJ "Youth support intervention team" implemented 49 sessions, in the collective centres and rural areas targeting 1,228 people (men and women) in Gaza. The sessions addressed how to manage health and psychosocial concerns post crisis.

In schools, 75 students were trained on peer-to-peer education. These students serve as peer educators in education sessions within the schools. In addition, 43 orientation sessions were conducted outside the schools by Y-Peer members, targeting 645 young male/female youth in Gaza.

As for MoSA in Gaza, 112 adolescent girls and boys from MoSA youth vocational centres were trained on life skills, RHR, gender awareness and GBV. The youth were equipped with "Start Your Work Kit" which is expected to reduce both the risk of early marriage and adolescent pregnancies and to increase the economic independency among them. In addition, WAC in cooperation with MoSA produced a booklet for girls enrolled in the youth centres on ways to deal with violence, start a project, and select a life partner including information on available services and organizations.

In **media campaigning**, WTS GBV employed a strong condense blend of innovative media products and outlets making it a remarkable achievement area that benefited the cause of the project greatly. This is being dissemination of GBV prevention and gender equality messages. Active multi media outlet strategy promoting GBV initiatives on UNFPA Palestine's Facebook with 321,000 views and YouTube channel with 386.901 in addition to Instagram and Twitter kept the project in the light throughout its life time and



Image 3: Awareness raising activity for IDP women and children in Caravans in Beit Hanoun- Gaza

contributed to interactive information sharing and lively discussions on GBV issues, especially among social media users who tend to be the younger generations where the potential for changing harmful social norms is higher. Production of 4 documentaries on youth, women and males as alliances for gender equality hold indications on the extent of gender integration versus women only classical approach espoused in addressing the question of GBV.

The rap song clip produced and disseminated on the subject of eliminating GBV titled “Who you are?” reaching over 400,000 views on social media; the production of three different films on; the experience of the targeted community and religious leaders in combating GBV and RH, the hardship of women living in Area C, and stories of women during the Gaza crisis covering key issues in relation to GBV: delivery, displacement and living conditions in the shelters all provide evidence on the comprehensive scope of the project design and the revolutionary implementation of its activities.

Furthermore, a conference on women’s rights violations in Gaza Strip during the latest crisis and another on the impact of the recent crisis in Gaza on women including health, psychological, economic, and laws violations were conducted; both employing a wide range of media tools earning substantial media coverage and putting energy into the existing discourse and shaping it.

Electronic banner published on different online media outlets, radio episodes on “the impact of the latest crisis in Gaza on women and daily radio spot on women’s rights and available protection mechanisms from GBV boosted up the media campaign and kept it present within discussion circles.

Implementing partners CFTA and RCS-WHCJ creatively established an art gallery on violence against women during the crisis in Gaza where 27 young male and female artists from the IDPs including refugees at UNRWA shelters participated with 56 paintings. The produced art pieces were displayed in two different exhibitions one in Gaza and another in West Bank. More than 900 people (500 men and 450 women) attended the two-day gallery in addition to different media outlets. The young artists having put so much creativity and passion into the completed art works received many purchase requests from institutions and individuals from the West Bank and Gaza but refused them all; “*they are so dear to us*”, they said. Around 1000 copies of a specially designed brochure and poster on GBV were distributed as part of the gallery’s activities that gained utter visibility including concerning its cause.

### Box 8: Success Story from Gaza

Shahinaz is a 23 years old married woman; newly married and 4 months pregnant, used to come to the antenatal unit in 2016 with bruises on her body and when she was asked, she said her husband beats her though he loves her, but his mother and sisters are inciting him to do so. One day she came to the unit and said she wants to divorce because her husband keeps beating her. This time the bruises were very bad on her face. She left “his house” to her parents’. That same day, she was clinically examined to ensure that she and the baby were both fine and was then referred by the gynecologist to the legal counseling unit. The specialist there listened to her story and started to educate her and increase her awareness of her legal rights and collected data about her and the husband then referred her to the psychological specialist for psychosocial counseling. The psychosocial specialist helped her to do stress relief by asking questions and let her answer in details then helped her relax by using relaxing techniques and scheduled her for body and mind relaxing session with the specialist.

At that time, the legal counselor scheduled a series of visits for the victim and her husband and his family and scheduled marriage counseling sessions at the center away from families. The legal and psychosocial specialists both visited the husband and his family where they conducted awareness sessions about; the legal rights of the wife, self confidence and control and how to deal with stress and anger. Then, couples sessions were initiated with the victim and her husband only as he was prepared by then. They went through 5 sessions before the wife decided to return to her husband. The husband became caring and loving and promised not to beat her ever again. The sessions were with legal and psychological consultants with the content areas being: legal counseling on rights and needs, psychosocial support, dealing with stress, problem solving, and health monitoring.

The psychologist diagnosed the roots of the problem being the husband family continuous interference in the couple’s life. So the condition for the wife to be back with him is to secure a house independent from the extended family. He promised to do so by building their own apartment on the roof of his parents' house. The wife went back on Nov 24<sup>th</sup>, 2016. Two days later their baby was born. She now is waiting for her apartment to be completed. The lateness is because of the closure and the disallowance of building materials into Gaza, in addition to the economic hardship of the husband who will build little by little and she is fine by that as long as it is occurring, she said.

The psychologist and legal counselor succeeded to decrease conflict between the wife and the husband family till she was able move back with her husband. They continue extending support by visiting her where they also remain observant of her violence free life ensuring that no violence goes on her and her new baby.

These tremendous efforts were crowned with establishing a high profile network of media women under the Ministry of Women's Affairs media unit to strategically and systematically conduct media campaigns on GBV and increase public awareness about it in the community; later in 2016 the Network member organizations signed a public Charter of Honour with the Minister of MoWA. Alongside, and right after this media network

**Box 9: Project Media Campaigns, outlets, products & visibility events**

- Social media (Facebook, You Tube, Instagram and Twitter)
- Rap Clip song
- 3 conferences with Local TV channels coverage (2 in Gaza & 1 in West Bank)
- 1 Art Gallery with 56 paintings (Gaza) with 2 exhibitions in Gaza and West Bank, on each.
- 4 documentaries
- 3 films
- Theatrical performances
- Brochures, booklets, posters, billboards
- Electronic banner published online on multiple media outlets
- Lighted banner showing the theme of the campaign "Protection– Dignity–and freedom for Palestinian Women".
- Radio episodes
- Daily Radio spots

event the third national conference on GBV was held in the West Bank as the last mobilization and visibility event under the project with the theme being human rights of refugee women where GBV was kept central in the predominant discourse.

**Output 3: "Improved safe, ethical, aggregate, and standardized data collection and evidence to facilitate broader trend analysis for advocacy and policy"**

Data collection and management on GBV was a prime area of concern and phenomenal achievement for WTS GBV. There is ample number of service providers. With it there is also severe lack of documentation about who does what and where in GBV and about the scope, trends, and incidence of different types of GBV. This project provided a reliable tool for data collection on GBV. Through OCHA data collection system, all partners including this project have access to OCHA database where organizations can do their own data entry on GBV regularly and directly into the system. On another front the project provided support for Al-Muntada, currently headed by HWC, in a collaborative effort to jointly build GBVIMS on five NGOs selected as a pilot. To this purpose, special software is currently under construction so that the selected NGOs may enter their data and all data will be

accessible to all. In spite of the huge collaboration and coordination requirements of this activity yet the expected outcomes will contribute to setting stage for a national database on GBV.

Under this output the project excelled in many other ways. In the third activity on supporting research and assessments and in order to identify gaps in service provision, WTS GBV made concrete contributions to build evidence base and create knowledge products to inform programming and policy decisions through the execution of carefully selected information rich data that were effective decision making tools as regards to subsequent interventions.

**Box 10: Output 3 Key Achievements- WTS GBV Built Evidence base on GBV**

**A: Conducted Studies and Assessments**

- *Country assessment for monitoring and reporting on SRHR.*
- *Mapping interventions preventing and responding to GBV in the oPt 2016*
- *A study of the Status of Internally Displaced Girls and Women during the Latest Israeli Military Operation on the Gaza Strip.*
- *Baseline and End-line Study for Gender Empowerment of Vulnerable Women in Northern Gaza*
- *Needs Assessment of MoSD youth centers and women protection centers in Gaza*
- *Survey analytical report on cases affected by the Israeli policies and settlers violence against women in 7 districts in area C and Hebron (H2) under the Israeli control.*

**B: Produced Policy Briefs, Datasets and Fact Sheets etc**

- *GBVIMS at MoH both in WB and GS*
- *National recording system for GBV cases*
- *Publication & dissemination of an updated Booklet of GBV Lexicon of GBV services providing organizations based on GBVNRS.*
- *2 fact sheets on early marriage & RH /GBV*
- *6 policy papers*
- *Bilingual booklet documenting stories on women's rights violations during the crisis in Gaza, linking violence in health issues.*

**C: Developed the national strategic framework for the UNSCR 1325 with clear objectives, interventions and targets**

The used four tools were 1) 18 Focus group discussions with 219 women, adolescent girls, and men who fled to emergency shelters and host families; 2) GBV service mapping with 22 organizations; 3) Key informant interviews with representatives from 19 organizations including local NGOs, INGOs, UN agencies, and government bodies; and 4) security and safety assessment of 13 emergency shelters. A validation workshop of the findings of the GBV assessment was held in the West Bank and Gaza with the participation of 49 representatives of national NGOs, INGOs, and UN agencies. Feedback on the assessment report was provided. This activity was very much vital to validate and ensure stakeholders accountability for the results.

The assessment key findings were related to women's roles and responsibilities, their vulnerabilities and their access to services, most critical of which were the followings: 1) Women and girls suffered from violence before, during and after they fled homes to emergency shelters and hosting families. They further experienced increased violence against them as women and girls, especially physical violence, justified by insecurity and lack of privacy, extreme overcrowding, and frustration; 2) Women and girls have limited space and privacy in crowded shelters, and there has been a number of reported cases of sexual harassment to women and adolescent girls in shelters and in Al Shifa hospital; 3) There is a huge need for primary health care and psychological support services yet services availability is limited; 4) The current crisis left health-care centres critically damaged, without adequate medical equipment or basic drug stocks to clinically manage cases of GBV; 5) Women and girls have increased responsibilities as caregivers and often feel overwhelmed, stressed or depressed by sudden loss and increased burden of responsibilities; and 6) There is a need for protection and legal assistance for "war widows" who lost their spouses during the later crisis and have suddenly become household heads . These findings were the cornerstone pieces of evidence that supported all humanitarian response interventions that followed in Gaza which couldn't have been possible without the project coherence and concreteness; each component pours into the other, with utter flexibility nonetheless.

Likewise, implementing partner MIFTAH accomplished a thorough update of the GBV survivors' referral *Lexicon* which was a collaborative national product where all institutions offering health, legal and social services for GBV surviving women in the West Bank and Gaza are indexed by governorate. This is along with a bilingual booklet. The lexicon is meant to be disseminated widely among the protection cluster members and national organizations as a referral mechanisms strengthening tool.

Drawn from the rich research and assessments are policy papers addressed at selected audiences with prescriptive questions and persuasive arguments for advocacy purposes. Implementing partners from the West Banka and Gaza produced a total of 6 policy papers on the following subjects: child marriage, national referral system, dealing with GBV as part of the health system; domestic violence, female human rights defenders; reproductive maternal Health selectively focusing on early marriage/pregnancy, Women's health postpartum, reproductive health culture, and increased pregnancy rate post-wars.

On another facet, before the WTS GBV, health registries did not track GBV incidence in a standardized format, if at all. The project increased the capacity of health facilities to collect data on GBV survivors. MoH, supported by the project, created a GBV registry for use in hospitals, health directorates and centres. As part of this effort, the WTS GBV provided training to selected service providers on how to report data properly and fully. However, service providers' comfort level with the registries and the frequency with which they are used varies. Government officials at MoH recognize that more technical support is needed at MoH across levels and departments for accurate and full documentation of GBV data. The project agreed to extend support to WHDD-MoH and other implementing partners to ensure harmonization and rollout of GBV data collection tools at the national level. Although there are still substantial challenges in terms of scale-up, quality, and data collection, the close collaborative working relationship between partners fostered in this project remain a big asset to make an achievement in this direction.

***Output 4: “Well-functioning GBV sub-working group supported in the West Bank and Gaza, to enhance coordination and GBV mainstreaming in the humanitarian and development sector”***

The great achievements in this project output relied heavily on the dynamism and diligence of the WTS GBV project manager. Her skillful leadership and creative activation of the group including through the remarkable coordination mechanism she'd created is commendable, indeed.

Under this output the project built a solid coherent coordination mechanism for the GBV sub cluster. Historically when it was founded in 2012 the group functioned as a GBV subgroup under the gender taskforce chaired by Un Women and UNCT but not much

***Box 11: Output 4 Key Achievements***

- *Built solid coherent coordination mechanism for the GBV sub cluster.*
- *Actively led GBV-SW with consistent communication and GBV advocacy including in regular meetings within the group and with partners*
- *Developed GBV-SWG national plan.*
- *Updated the mapping of GBV services conducted in 2013 with the full participation of GBV-SWG*
- *Effectuated GBV-SWG role in the 2016 humanitarian response planning process.*
- *Guided the development of common GBV-SWG key messages including in the 16 days campaign.*
- *Led GBV-SWG creation of a database for researches and assessments as references for information sharing*
- *Conducted capacity building trainings and activities for GBV-SWG members in West Bank & Gaza.*

attention was given to GBV then. Eventually, it was turned into a subgroup which is the GBV subgroup and UNFPA took its chair up. This project provided UNFPA with the opportunity to respond as a humanitarian sub cluster under the protection cluster where membership expanded beyond the UN agencies to include national actors, more international NGOs and all other actors working in the area of GBV bringing the total number of member organizations to more than 40. This made of GBV sub cluster the strong GBV umbrella body that leads all GBV related processes or interventions, across the board. This presented UNFPA with a huge responsibility because of the sharp rise in demand for services from the subgroup such as request for more regular meetings, assisting national partners in responding to calls for proposals or funds, and training for capacity building. For example, UNFPA invited international trainers from the international protection cluster also known as the GBV area of responsibility (AoR) to train the GBV sub-cluster in coordination, specifically how to better coordinate for GBV in humanitarian settings. The training was done in two sessions one in Gaza and another in West Bank. Also, thematic or ad-hoc meetings under the GBV sub cluster are held as and when needed to accomplish specific tasks. In addition the sub cluster has become a core member of the protection sub cluster and is required briefing on the status of GBV in Palestine under the humanitarian settings. This eventually led the GBV programme at UNFPA to immensely exceed its capacity especially when compared to similar sister organizations like UNICEF for example where child protection is a big programme headed by a P5 level director with a very big team of national and international staff. This challenging position compelled the recruitment of additional staff in the GBV programme. Two national posts of programme associates were created and joined the team; one in Gaza and one in West Bank in addition to a (Danish) government officer (GO) employed for the project under the GBV programme.

Assuming its lead role in the GBV Working Group, UNFPA aggressively injected energy into the GBV sub-working group and called for six GBV-SWG meetings during the first year of the project lifetime. In March 2014, UNFPA conducted two coordination meetings with the GBV-SWG members both in West Bank and Gaza. The outcome of these meetings were: an agreement on the groups' activities for 2014; to update the GBV service providers mapping exercise conducted in 2013; to draft key messages for the group's activities to stop GBV; and to conduct one training session for the national committee to combat VAW on multi-sectoral response to GBV in humanitarian settings.

As a result of the crisis in Gaza and the urgent need to respond to the humanitarian situation, UNFPA called for two GBV-SWG coordination meetings for both West Bank and Gaza members. The first meeting took place on August, 2014 with the following outcomes: to update the GBV service providers mapping exercise conducted in 2013 to coordinate with the GBV-SWG to submit the GBV indicators related to the Protection Cluster reporting; and UNFPA to lead a GBV rapid assessment among IDP women and girls in Gaza in emergency shelters and host families in consultation with a steering committee of UNFPA, UNICEF, UN Women, UNRWA, and national partners (CFTA and WISSAL coalition). Convening only two months later, the Group focused on discussing the activities of the 16 days campaign of activism against GBV and developing a joint calendar of activities that include the GBV-SWG members' activities and their partners for this occasion. In addition, UNFPA updated the SWG members on the GBV assessment and the national damage needs

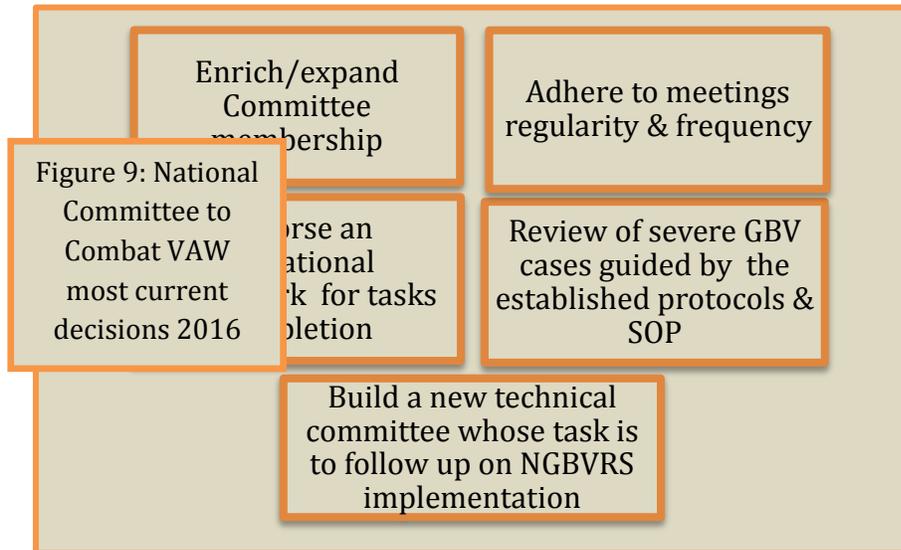
assessment that is led by the Palestinian National Authority and where UNFPA is a participant in the social protection group.

Eventually, the GBV-SWG increased its role intensively and the Working Group became fully integrated as a Sub-Cluster under the Protection Cluster Working Group. This is with the aim of mainstreaming GBV actions into other key clusters. More than 60 active members representing UN Agencies, INGOs, NGOs and ministries are attending the meetings and participating actively in various activities such as coordination and joint activities marking different occasions and information sharing. This serves as a GBV accountability mechanism.

The GBV-SWG members in West Bank and Gaza received capacity building trainings and activities including: 1) a professional training on managing GBV in emergency situations conducted by the regional GBV Area of Responsibility (AoR) coordinator 2) monitoring and documentation of women's rights violations through OCHA system; 3) case management training through NRC; 4) gender markers training through UN Women; 5) humanitarian response planning jointly with the AIDA (gender group for INGOs).

The GBV-SWG had an active role in the 2016 humanitarian response planning process to ensure GBV is well reflected. This included drafting the humanitarian needs overview and humanitarian response strongly reflecting GBV. Furthermore, the GBV-SWG is providing input to the monthly PCWG updates.

As part of a UNICEF lead Child Protection Working Group intervention to develop child protection and GBV Standard operating procedures (SOP) and case management forms in Gaza and in collaboration with Norwegian Refugee Council (NRC), UNFPA leads the efforts on the GBV part through the GBV-SWG. Case management forms were developed and currently piloted in 2 GBV-SWG member organizations and the SOPs manual was finalized. Furthermore, the GBV-SWG actively participated in the emergency preparedness task force co-lead by UNICEF and UNFPA. This intervention included developing emergency SOPs for child protection and GBV in government lead shelters in case of any emergency as well as training on GBV and child protection issues provided to focal points from MoSD and NGOs.



UNFPA, in cooperation with the GBV-SWG, is working

closely with OCHA and the PCWG to provide feedback on the expected online 4Ws system. The system will allow the GBV-SWG to report and monitor GBV services and targets on a regular basis.

Also, as part of UNFPA's leading role of the GBV-SWG and to ensure coordination and promote advocacy, UNFPA in cooperation with the GBV-SWG members developed a joint calendar of activities for the "16 days campaign of activism against gender violence". The calendar is being regularly updated and was widely circulated among various stakeholders. Furthermore, the GBV-SWG created a database for researches and assessments as a reference for all the group members and to ensure ongoing information sharing.

MoWA chairing the National Committee to Combat VAW, continues to oversee the implementation of the National Strategy to combat VAW and coordinates GBV development programmes; currently developing Al-Marsad: the National Observatory on VAW. Under the WTS GBV project, the role of National Committee to Combat VAW was activated, its new amended bylaws were endorsed, and new members were authorized to the committee.

Ideally the committee must convene trimonthly. The last meeting took place on the 30 August, 2016 where five significant decisions were made including concerning GBV as illustrated in figure 9.

First key decision is to enrich Committee membership with representatives from sectors whose work intersects with the agenda of the committee as stipulated in its mandate. Second is to adhere to the meetings regularity and frequency as indicated in the bylaws. Third is to endorse an operational framework for the work of the committee. Fourth is to construct a new technical committee particularly to follow up on the implementation of the Unified National GBV Referral System (NGBV-RS) to be headed by MoWA with the membership of MoH, MoSD and relevant others. And fifth is continue working on the review of severe GBV cases and identify a new case study to review in light of the established guidebooks, protocols, and SOP. These decisions if put into practice, will enhance wider collaboration among stakeholders and activate the role of the Committee in such a pressing national cause as the GBV. UNFPA must continue to actively engage this

influential national body and mobilize it as and when needed in advancing the GBV agenda, operationally and politically.

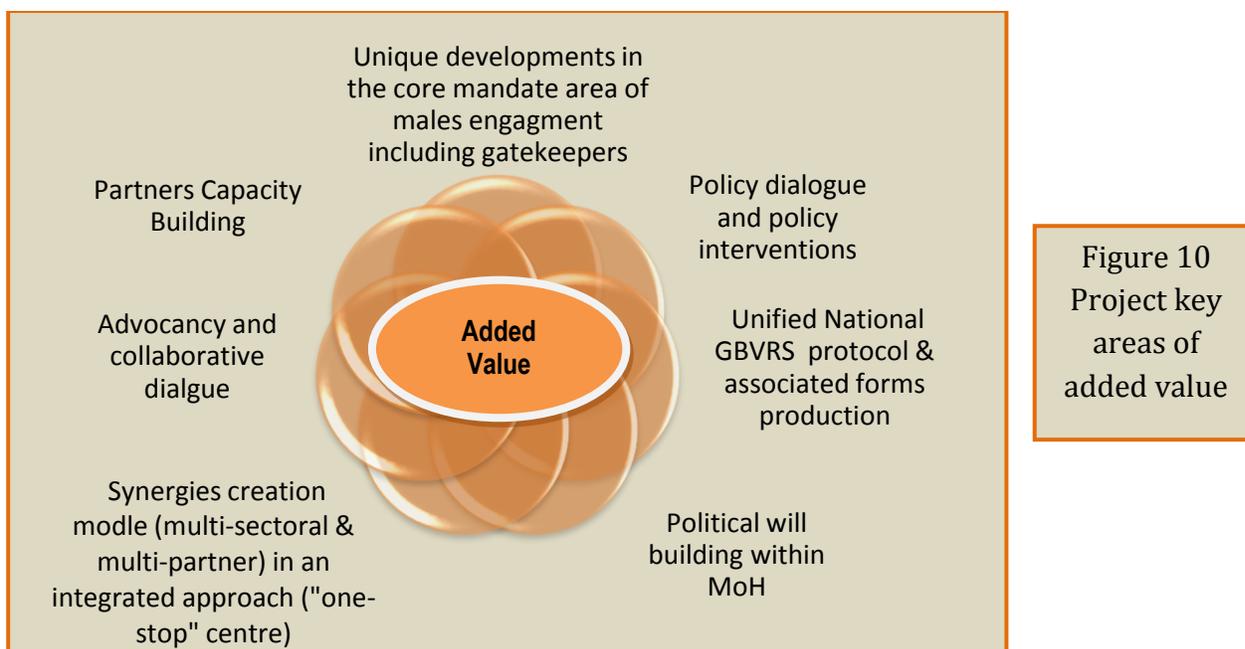
The Unified Protocol for GBV-RS which serves as a national covenant for providing GBV female survivors with the needed services in a complementary manner was printed under the project. A total of 1000 copies are being disseminated to all the concerned parties. To facilitate coherence, focus group discussions were held in specialized workshops whereby first draft protocols for standard operation procedures (SOP) for service providers and recipients (duty bearers and right holders) in the areas of health, social and police referral sub-systems were produced. Logistical barriers related to experts' lack of interest, poor timing in terms of end of year budget limitations obstructed making progress in the finalization and endorsement of this, it was stated.

Overall, this output is a place where the technical expertise, competencies and skills of UNFPA staff made all the difference. In this evaluation individual and group accounts testify for the exceptionality of the national programme officer on gender personal and professional qualities and her networking and organizational abilities in making this output a huge success in the projects.

### ***Project Added Value***

Added value is defined as the extent to which a programme/project adds benefit to the results of other agencies. It is about unique contributions WTS GBV project made bolstering multi-sectoral and partners' synergy. In this evaluation, it can be argued that the project added value is an exceptional achievement. Other players can invest in these achievements and build upon them to further relevant development priorities through their projects. Although the project added value is pretty broad and interconnected, as can be seen in figure 10 below, key aspects where the project excelled at are in the areas of;

- Policy dialogue & policy interventions
- political will building within MoH
- Production and dissemination of the unified National GBV-RS protocol and associated documents and forms
- Integration of humanitarian interventions into development
- "One-stop" centre model creation
- Partners capacity building
- Advocacy and collaborative dialogue
- Unique developments in core mandate areas (Male engagement through active participation of Religious establishment ( preachers' agency for RH & GBV& counseling GBV perpetrators within couples training modality)
- Synergies creation model (Multi-sectoral, partner and programme) also served project efficiency big time.



### 3 Efficiency

Efficiency measurement in this evaluation considers aspects of; financial management, project delivery, collaboration and coordination, technical support, use of resources, and quality of monitoring and reporting.

#### 3.1 Financial Management.

This is approached by looking into cost effectiveness comparing project budget with actual expenditure; overall and per selected items based on project outputs. The total budget for implementation for the first phase was \$946,072 for the period May 2014-December 2015. This was followed by \$300,000 to implement the second phase of the project during the second half of the year 2016. The Ministry of Foreign Affairs of Denmark is the sole donor of this project which is part of the global UNFPA programme “Innovations to Eliminate Gender-based Violence in Humanitarian Contexts”. The proportion between project costs versus operations plus evaluation is 75%: 25% in actual expenditure. This means that a much greater part of the budget is dedicated to project outputs and activities which is a sensible fair distribution of project financial resources. Obvious savings in spending are seen in capacity building activities, namely training of health providers in GBV management protocol including referral budgeted at 90,000 USD versus 41,660 USD of actual spending. This applied also to training MoSD, MoE and NGO partners including social and school counselors budgeted

**Box 12**

*Efficiency aspects considered*

- *Financial management*
- *Project delivery.*
- *Collaboration and coordination*
- *Technical support*
- *Use of resources*
- *Quality of monitoring & reporting.*

at 60,000 USD versus 41,505 USD actual expenditure. It should be noted that responding to the needs of people in humanitarian emergency during and post the Israeli aggression on Gaza entailed introduction of serious cross-subsidisation within available budget items which impacted some activities more than others.

In chronological terms the project extended over three years. In practical terms it was implemented over two years, with half a year delay in cash flow at the outset in 2014 and end of funds by the end of 2015 until the project was up scaled and cash flow resumed in the second half of 2016. In specific, UNFPA annual work plan for the year 2016 shows that a total of \$ 304,600 additional funds were donated by the Government of Denmark and used for implementing more activities, indicating warranted use of financial resources. At the meantime, during the first half of the year, to prevent serious support disruption or termination, GBV activities were covered from UNFPA core resources but at a low scale. Yet, this could not prevent the repercussions of the delay on the continuity in the flow of support to women and girls most in need.

Across the two years of project lifetime (excluding the upscale), an attention drawing observation relates to the substantial discrepancy in the overall project budget and expenditure by year sequence. First year budget in 2014 was set at 561,600 USD and 2<sup>nd</sup> year's was set at 496,800 USD. Conversely in actual expenditure, corresponding figures were 323,784 USD in the 1<sup>st</sup> compared to 688,006 USD in the 2<sup>nd</sup> year. Delays in funds disbursement was the answer to this imbalance as validated in personal accounts and project 1<sup>st</sup> progress report stating May 2014 as the commencement month for project implementation in addition to stating this as the first implementation challenge during the first reporting period.

Project procurement and financial transactions are carried out by UNFPA Palestine Country Office in accordance with the strictly monitored and mandatory global UNFPA financial policies, procedures and regulations. On the other hand, project partners from government and NGOs confirmed their full adherence to open bidding systems in all subcontracted activities and contracts between UNFPA and selected partners are duly signed and executed.

Cost effectiveness is confirmed by, among others, the fact that project activities are implemented in the facilities and premises of different partners whose contribution include salary copayment of activities implementing staff, facilities running costs, infrastructure and existing relevant resources all covered from the partners own budgets.

### **3.2 Project Delivery**

Project design allowed for flexibility in implementation to fine tune activities and bend them to befit the specificity of the Palestinian context where separation between development and humanitarian work is almost impossible. In Gaza the besiegement and the repeated military aggressions and in the West Bank the Wall, area C and East Jerusalem all pour into ever growing vulnerabilities among the Palestinian population. This much needed flexibility served to enhance project delivery and optimize outputs in many ways. In addition, national execution approach was employed through strategic partners from the Government and civil society organizations that are very equipped,

strong and capable of dealing with the project and meet its requirements. Partnerships are core efficiency element for the project and UNFPA work in general.

WTS GBV tested systems by applying suited piloting strategies in many components before national rollout. For example, under the protection cluster chaired by UNICEF and in collaboration with Norwegian Refugee Council (NRC), UNFPA through the GBV-SWG led the efforts on the GBV part of the standard operating procedures (SOPs) and case management forms in Gaza, Case management forms were developed and currently piloted in 2 GBV-SWG member organizations. In another example, the safe space for the provision with confidential GBV healthcare services, known as the “one-stop” centre model was first piloted with PRCS at WHCJ in Gaza and then three MoH facilities in Halhoul health directorate- northern Hebron, Jericho hospital and Jericho health directorate were created following the successful pilot model. And the list goes on and on and on.

In principle, projects implementation at UNFPA does not occur in a compartmentalized manner but rather in a complementary one toward programmatic synergy. In this specific project, centrality of the project subject area to the UNFPA mandate created a situation where the project is particularly well positioned at the core of the mandate with tangible presence across all programmatic areas. This structural programmatic synergy served as efficiency enhancer in this project given that available capacities within the Fund are already equipped with all what it takes to actively support this project. Qualified UNFPA staff with strong gender background, expertise and interest at UNFPA offices in Gaza and West Bank contributed to the project by shouldering activities that relate to the theme of their programme. For example, youth programme shouldered early marriage related activities and youth awareness activities in schools as well as school counselors with MoE, and there are many such examples in other programmes too.

### **3.3 Collaboration & Coordination.**

This is what the entire project is about and this is one of its distinguished point of strengths: without excelling in collaboration and coordination, the project would have been a complete failure. That the case was completely the opposite is in itself evidence on the extent to which the project team, manager and the UNFPA Palestine Country Office altogether did a great job. For example, in order for the national GBV-RS to function, it requires substantial collaboration and coordination between partners who must jointly provide services to GBV survivors, jointly in one package as one system even though operating in different sectors, locations and levels. What’s more is that this way of work is completely new to the country which makes it yet another challenge in this project. The solid coherent coordination mechanism the project built for the GBV sub cluster that it had also brought back to life including by expanding membership to more than 40 member organization and the great achievements this sub cluster evidently brought into the project is another piece of evidence in this respect. Thirdly or may be firstly in its life saving impact is the project prompt response to the needs of the displaced women and girls in humanitarian settings during and after the 2014 Israeli assault on Gaza where it reached more than 3000 displaced women and girls and another 1228 men and women

targeted by the “Youth support intervention team” with psychosocial counseling and support sessions under the project. These extremely vulnerable population groups were accessed only by collaborating and coordinating with project partners whose strong local rootedness in the communities equipped them with unique instruments that served as enablers in project execution and accomplishments.

### **3.4 Technical Support.**

This project is part of a regional innovation to eliminate GBV in humanitarian contexts. Ensuring systematic and strategic support to field operations at the CO level, within the scope of this innovation, UNFPA HQ proposed scaling up current human resources, creating critical national posts in selected countries and ensuring adequate consultant support for ensuring monitoring and evaluation. In essence, this is basically extending technical support for and mentoring GBV projects implementation in countries of interest including Palestine. WTS GBV project benefited from these developments at the HQ and resorted to HQ reference specialists for consultation and guidance as needed while keeping an eye on local experts and national human resources for contextual knowledge and expertise. For example, one national post of programme associate was created in Gaza and in addition to a (JPO) appointed by the Government of Denmark under the GBV programme.

Locally, the total number of the UNFPA Palestine team both in WB and Gaza is 27 people. At least 5 staff members are directly supporting the project in various technical capacities. These being a national programme officer in UNFPA Jerusalem Office, project associate in Gaza, JPO appointed by the Danish Government, human resources administrative associate and the operations manager. Furthermore, both the Representative and Deputy Representative extend support to the project on regular basis and as needed and consulted.

Management support extended by the National Programme Officer on Gender is seen efficient in the implementation of the project as indicated by the interviewed partners. The Evaluator notes that the composition and size of the project team and other involved CO staff is adequate for implementing project activities especially given the partnership structures and complementary forms upon which the project rests.

### **3.5 Use of Resources.**

Resources were efficiently used to produce particular targeted activities far ahead of the number specified in the project document (more IEC materials, more community awareness sessions, more IDP women and girls accessed, and more advocacy campaign activities) to the practical benefit of the project at both output and outcome levels. This fact speaks about a high efficiency in using project resources, considering a relatively small size of the project team for such a complex work with numerous partners and national stakeholders. The Evaluator believes women preachers and imam’s from the Ministry of Endowment, youth groups, and community leaders were all great assets for the project.

Exceptionally useful resource in this project was the GBV-SWG supported in the West Bank and Gaza, to enhance coordination and GBV mainstreaming in the humanitarian and development sector. As a matter of fact, this GBV-SWG and the numerous functions it assumed and the key role it played in mainstreaming GBV made of it genuinely invaluable resource for the project that it utterly used.

### **3.6 Quality of Monitoring and Reporting.**

UNFPA global monitoring and tracking tool is obligatory for quarterly submission by every implementing partner. And only based on it implementing partner may request subsequent quarter installment. However, the tool does not comprise narrative components which could make it modestly informative and hinder tracking the details of implantation of activities. UNFPA programme manager and other team members conduct field visits and attend activities executed by project partners and do field visits reports for monitoring implementation quality and project progress. Thirdly, all project documents and reports produced by implementing partners must be reviewed, commented on and amended if needed and finally approved by UNFPA. In case an implementing partner fails to implement an activity for any legitimate reason and seeks UNFPA's support in this such as the case was in the Gaza humanitarian crises in consultation with the headquarter reallocation of fund is done.

## **4. Sustainability**

In this evaluation, sustainability is considered along the following lines without dividing them into separate elements to keep in view project internal synergy fostered in the interconnectedness of these components. These are; agenda and policy setting, technical capacity development, partnership and system building, financing, generating success through research, and external factors.

Sustainability of the WTS GBV project is dependent on multiple factors within Palestine. The project focused on sustainability throughout its lifetime. However, there is still work to be done to ensure sustainability of the Government of Palestine and civil society organizations GBV programmes.

GBV had been anchored into the ***national agenda and policy setting***. Under the MoWA, the government developed the Unified National GBV-RS; its authorization by the Prime Minister implies that commitment to GBV-RS institutionalisation is mandatory to all ministries involved. Commitment at MoH for example materialized in; the integration of GBV into the new National Strategic Health Plan, creation of 3 safe spaces known as “one-stop” centre in 3 different healthcare facilities, designation of GBV focal point in all health facilities; directorates and hospitals, generation and effectuation of GBV cases documentation forms, and staff capacity building for GBV response, to name just a few.

UNFPA's project synchronized with the **recognized needs and set priorities**. It invested in GBV work nationally done and owned since few years back. However, the timing, direction and scope are iconic. The project came when the matured seeds were planted waiting to be nurtured.

Operationalization of the GBV-RS including protocols development, SOPs documents production, manuals and guidelines drafting and staff capacity building are examples on where **system building** through appropriate interventions were needed and worked upon under the project.

The great achievements in project output number 4 on well-functioning GBV Sub Cluster including the group regular and ad-hoc meetings, active engagement in every national event to do with GBV including in humanitarian

response and data collection, investments in members' capacity building, and the GBV Sub Cluster expertise built under this project hold serious sustainability risk after the WS GBV funding ends and this will be a real challenge to the UNFPA and nationally as well. This group has become a national asset rooted across sectors with multiple operational arms. Letting go with it will be a real waste of invaluable human resources with important GBV expertise.

Beyond this group, the WTS GBV succeeded in **building** the **capacity** of many stakeholders in GBV prevention and response. According to many stakeholders, WTS GBV clinical services are most likely to continue be fully developed and sustained because they are now institutionalized within the existing government service structures. Nurses and doctors have been trained, also along with police for protection and social services for GBV survivors' psychosocial welfare including in providing safe space in shelters when needed. Joint response mechanism has been introduced for the first time and continues to be an area for substantial investments and strengthening to ensure sustainability.

Sustainability by generating success through **research** is an area that received great attention and enjoyed wide success in this project.

**Data collection and management** on GBV was a prime area of concern and phenomenal achievement for WTS GBV where the project successfully built evidence base on GBV. The project produced unique pieces of **research** (listed in box 10) including survey studies and assessments, policy briefs, and created important datasets (at MoH for example) and fact Sheets that now serve as reference documents on GBV. These reports hold no sustainability risk as they are already documented, disseminated and in wide use within the development and academic community amongst others.

### Box 13

#### On Service Integration

*"GBV integration into existing clinical services will continue. No activities will stop because we applied the model of integrating services using same hospitals, same facilities and same fulltime staff."  
(Implementing partner)*

**Multiplicity of donors** funding GBV areas in Palestine was an **external factor** that generated success and contributed to sustainability on the one hand and created confusion for some partners on the other. These donors are; the Italian Agency for Development Cooperation, NCT, NRC UN Women, OCHA, UNICEF, and UNODC. This facilitated **collaboration** and **partnership** building in crosscutting GBV areas of work including reliable data collection in a joint database building with the NRC and OCHA, for example. It also helped donors to set the stage for one another by creating needed complements in different areas of GBV work such as in the case of UNODC currently working on criminal justice reform with the police department and Ministry of Justice with a component on forensic medicine of rape crimes, and this supports the CMR component of this project. On the other hand it had caused confusion amongst partners as to who funds what in GBV including in project they implement, especially with the poor coordination among donors themselves, some government officers reiterated.

In terms of **financial sustainability** and country ownership, Government of Palestine officials have now become convinced about GBV response being a national priority. Therefore, they are beginning to discuss and actually initiated the means and modalities for integrating GBV prevention and response into their own planning, budgeting, and programming within existing budgets in health, social and protection (police & justice) sectors. Although funding is currently limited, there has been progress in advocating for GBV programming in government budgets.

Other aspects of the WTS GBV that will be sustainable include volunteer preachers and imams, volunteer youth groups, and volunteer community leaders trained under the project's different components. These volunteers will be sustained because they are affiliated to UNFPA's strategic partners or they are part of Ministries with strong political will and commitment to support transform society in relation to GBV perceptions, attitudes and practices. Not only that, but to most workshop participating imams and preachers from Ministry of Endowment, for example, this was a value and faith based personal obligation not just a job assignment. This was asserted by religious leaders in the RH and GBV training conducted by MIFTAH under the project.

Volunteers should be sustained through other initiatives, funding mechanisms, and government programmes and embedded within the local communities where they live and work. According to implementing partners, these volunteers will continue to provide training for other volunteers on social-psychosocial support, RH and GBV using the same manuals and guidelines on psychosocial support developed by the MoSD, as well as other relevant training materials provided in workshops and other capacity building activities under the project.

**Challenges in sustainability** include a **commitment by all levels of the Government** of Palestine to keep GBV a priority within the national agenda and proceed with the improvements in the operationalization of the GBV-RS including by applying the developed tools. This includes **committing to financial and human resources, changing laws and policies and social norms, and increasing awareness** in regards to GBV. Respondents expressed hesitancy as to the national government's commitment to continue this support after WTS GBV funding ends. GBV programming, awareness, and sensitization have increased dramatically over the last three years. Nonetheless, the

government emphasizes other health priorities over GBV especially with the declining funding support along with the continually growing and competing population needs. In addition, relevant laws obstructing GBV prevention and treatment must be amended, implemented, and enforced at national and regional levels. These are all sustainability challenges not to be underestimated.

## CONCLUSIONS

The WTS GBV project in Palestine accomplished remarkably significant amount of work within its two-year time frame. This evaluation outlined the project numerous successes and contributions to GBV prevention and response in the context of a humanitarian setting as well as opportunities for improvement in future.

- 1) **GBV humanitarian response excellence.** The project readiness and response to the needs of the IDPs in Gaza during and after the crises including offering the dignity kits to women in shelters and psychosocial first aid to displaced men, women and children was remarkable to the extent of being a model for learning and replication in similar contexts.
- 2) **Gender-transformative approaches are implemented with effectively engaged men as partners at a multiplicity of levels and platforms.** Gender-transformative plans and activities in (community awareness, couple counseling, joint psychosocial counseling for the IDPs- men and women, and recreational activities, theatrical performances on GBV, and religious leaders -men and women- public teachings on early marriage & other RH and GBV issues etc) were used successfully in RH and GBV awareness raising and gender sensitization of national, regional, and community target groups of both sexes and different ages. When religious leaders, who are highly influential in society, voice gender transformative message to the community they automatically re-position themselves from gender opponents to gender allies and advocates. The message this sends out to the public is not insignificant for such behavior coming from these leadership figures confers religious approval of the substance and direction of issues at hand.
- 3) **Multi-sectoral mechanism for coordination and collaboration:** Regular and ad-hoc planning, consultation and coordination meetings monthly, quarterly and annually with the MoH, MoSD, MoWA, GBV-SWG, PRCS, PMRS, WAC, HWC and all other partners have enhanced relationships and collaboration among ministries and between partners and those ministries. Engagement of the Ministry of Endowment and Ministry of Education could be better, however.
- 4) **Government leadership and national ownership:** A significant contribution of WTS GBV was the increased leadership taken on by the Government of Palestine. Nationally, MoWA, the policy ministry provided leadership in coordinating across sectors, supported by WTS GBV. The project worked directly with ministries and NGO partners across sectors using an approach of collaboration and cooperation continuously

encouraging partners to share successes, challenges, lessons learned and activities implemented to the furthest possible extent, in order to cultivate a collective sense of national ownership.

- 5) **Improved operationalization of the national GBV-RS** is an area where substantial investments have been made and yet more to do. This is through activation and training of the National Committee for VAW, re-printing and dissemination of the GBV-RS protocol, training of health, social and protection service providers in the three sectors to respond jointly as one system to GBV survivors. Yet, this can only be seen as a pilot for all new way of work and new instruments and applications where more efforts short and long term need to be put.
- 6) **Data collection and management on GBV was established and made some strides in evidence building.** There is ample number of service providers. With it there is also severe lack of documentation about who does what and where in GBV and about the scope, trends, types and incidence of different types of GBV. This project; provided reliable tool for GBV data collection through partnerships; initiated standardized documentation on GBV response cases in institutions (with MoH & AlMuntada); and created GBV evidence to be used as reference in planning and basis for further research on the subject. In specific, GBV data collection registry were established at MoH but service providers' comfort level with the registries and the frequency with which they are used varies.
- 7) **Integration within the existing RH services:** Using the existing SRH service points for screening and services. There should be a stronger focus on integration of GBV into other health care entry points, such as MCH clinics, maternity wards, outpatient departments and others. This include screening for GBV and provide post-GBV services
- 8) **Multi-sectoral training:** Training done by MoWA jointly for MoH, MoSD, and police department included social welfare officers, health care providers, and police officer and as such enhanced cross-sectoral collaboration. However, respondents were skeptical whether this would be adequate to guarantee GBV clients consistent survivor-friendly services. Across the board in the health and social services sector, staff capacity building and training quality and adequacy continue to be an area with substantial space for improvement and specialization.
- 9) **Multi-component models:** "One-stop" centre where GBV survivors can receive comprehensive services in one place was piloted with success in PRCS-WHJ- Gaza then replicated in three government health facilities in West Bank. The model is a significant element in the institutionalisation process of the National GBV-RS that must be strengthened.
- 10) **Raising awareness and visibility:** Guidelines, policies, community education, and media campaigns have all led to increased visibility of GBV in Palestine. Harmful gender

norms persist and national government advocacy campaigns remain limited except in funded projects.

- 11) **Setting the stage for other partners:** Policy interventions and guidelines created by WTS GBV partners eased work for other partners operating in the area of GBV in Palestine. However, more systematic approach could have been used to engage other donors outside the UN system from INGs and others achieving more synergy through better coordination among donors

## Lessons Learned

In this evaluation, lessons learned are developed out of the evaluation process taking the form of describing what should or should not be done, or describing the outcome of different processes, as needed and applicable. At all times, however, lessons learned are grounded in their context and outlined under three key titles, these being; programming and service delivery, coordination and collaboration, and country ownership and sustainability

### *First: Programming and Service Delivery*

#### **1. Expand GBV capacity building at all levels of government.**

By prioritizing training only to service providers directly involved in GBV services within the health system (GBV focal persons) a conceptual, perceptual, and practice gap is created between the two groups regarding GBV. More critically, those who do not receive the training continue to be lacking the capacity to offer services at any stage of GBV care along with persistence of attitudes and mindset issues. This training approach needs to be modified and expanded to incrementally cover all; clinical and non-clinical staff, so that every level of the organization, from administration to leadership, understands and can provide GBV-friendly services to survivors. This is using a specialized quality curriculum for the health sector; the ideal entry point for GBV survivors. Mandatory pre-service certified participation in this training that should be regularly held bi or tri annually under the HWDD can be very helpful. The second is a national cross-sectoral curriculum to be delivered only jointly across sectors with special emphasis on clear referral mechanisms and pathways targeting health, social, and protection services (police and justice). MoWA continues to lead this component in close collaboration with MoH for harmonization purposes. The justice system cannot continue to be working on GBV forensics in isolation of this national project, with incidental sharing of information on GBV forensics with other sectors. This holds the risk of compartmentalising sexual violence services and may create disconnect in the supposedly intact GBV service and protection system. This sector should be engaged in this national effort in order to increase collaboration and engagement among the police, justice, and health and social welfare sectors. Joint training in forensic management, referrals, and GBV services within the highest levels of the police and justice system can ensure buy-in and institutionalisation of GBV policies and can increase momentum in changing harmful norms at all levels of

government. That said, implementation of such a comprehensive, specialized capacity building plan requires integration of a well developed capacity building strategy with detailed monitoring and evaluation component in future projects.

## **2. Strengthen referrals and linkages across sectors.**

The WTS GBV in Palestine illustrated the importance of investing financial and human resources to strengthen referrals. Ensuring that the GBV focal persons are properly trained in GBV-friendly services and the appropriate referral mechanisms and that referral data is entered into the specified monitoring tools stimulates greater ownership and awareness of these referral mechanisms within institutions and sectors and amongst them. Referrals among facility-level providers can be achieved by working with nurses, doctors and clinical providers to change their attitudes toward GBV and by working to ensure consistent and correct use of forms as well as completing correct and thorough reporting.

## **3. Strengthen multi-component model.**

“One-stop” centres in Palestine proved to be successful in providing GBV survivors with comprehensive services in one location. This is upon piloting it in Gaza with an NGO (PRCS-WHJ). In the later phase of the project, three new “one-stop” centres were established in the West Bank with MoH and a fourth one with HWC- NGO in northern Palestine. Monitoring “one-stop” centres for quality and impact based on number of clients, services provided, and referrals completed allows for greater documentation and the data to support greater advocacy for these centres in the future. Having a clear picture of the financial and human resources needed to establish a “one-stop” centre will enhance partners’ ability to advocate for these centres within existing government and donor budgets.

## **4. Increase focus on community sensitization and awareness raising.**

Awareness-raising activities allowed the WTS GBV to produce a shift in harmful gender norms. By focusing on community-level interventions and using a combination of existing community structures (mosques, youth clubs, schools, town halls and women CBOs) and male and female volunteers including from religious establishment, to carry out awareness-raising and sensitization activities, the project simultaneously increased community volunteer capacity and reached a wider range of individuals at the community level including the most vulnerable IDPs in Gaza .

By giving awareness-raising and sensitization activities importance equal to that of clinical and facility-level activities from the beginning, it can be ensured that the capacity built at the facility level is being utilized as a result of the demand driven by awareness-raising activities at the community level. Using schools in the community as platforms for sensitization allows for shaping of positive gender norms at critical socialization points early in children’s lives. The same applies to the use of mosques in terms of the wider public. Findings in this evaluation provide strong evidence on the high receptivity of the religious establishment in its formal representation as the Ministry of Endowment to contribute to advancements in gender norms, RH and GBV. Its inclusion as a key more visible partner in future programmatic cycle could be a

smart move for a more comprehensive engagement and wider influence and long term impact.

Attention to national-level media campaigns using radio, television, and billboards as well as the more innovative approaches of social media must continue. Text messaging and hash tags campaigns and blogs competition on GBV targeting university students could be other innovations to add. This should continue to be a focus from the beginning of the project in order to shift norms, particularly around the most harmful and most prevalent issues. In Palestine, the focus was on physical and psychological violence including early marriage and psychological GBV among youth. Indicators to monitor the effectiveness of awareness-raising activities should reflect a variety. Under the current project indicator these campaigns and media products are counted, and innovative approaches to this important activity were well documented. Incorporating a detailed communication strategy in programming will be a great asset in optimal achievement here.

#### **5. More attention to quality.**

Focusing on quality of care, training, data, and forensics (integrating the work of Ministry of justice as part of the national effort) by incorporating quality improvement measures into every step of implementation will ensure that programme quality is high from the onset. Using supportive supervision and mentoring as quality improvement methods can ensure that health care providers, social welfare officers, lab technicians, and police officers are employing quality standards in every part of their service provision. Increasing training in forensic quality throughout the health care system ensures that evidence is usable throughout the judicial processes.

### ***Second: Coordination and Collaboration***

#### **1. Strengthen and expand multi-sectoral and partner synergies.**

Building strong multi-sectoral and partner synergies from the beginning and working frequently and consistently on coordination and collaboration improved the project potential for increased GBV integration in government programming big time. The WTS GBV project was able to invest in strategic UNFPA partnerships and engage with new sectors and to ensure consistent contact with government counterparts by putting particular focus on the relationship between the MoH, MoWA, MoSD, MoE in addition to civil society partners including PMRS, PRCS, WAC, MIFTA, HWC, and others. The brilliantly-functioning GBV sub-working group the project supported in the West Bank and Gaza enhanced coordination and GBV mainstreaming in the humanitarian and development sector to an unprecedented extent and this must be sustained and built on. Strengthening collaboration and coordination with the justice system by engaging the Ministry of Justice in planning, multi-sectoral meetings, and coordination among implementing partners can increase the likelihood that survivors will receive comprehensive care down the line. At the same time, at the community level strengthening and expanding collaboration with the Ministry of endowment will

eventually lead to social intolerance of GBV and engender higher demand for GBV services at the institutional level.

## **2. Engage broader range of stakeholders within GBV programming.**

Expanding training, outreach, and sensitization to engage more youth and men can ensure that a broader group of key stakeholders is trained in GBV prevention and response. Engaging the MoE to incorporate GBV training and sensitization into national school curricula sets the stage for greater involvement of teachers, principals, and other school staff; enables them to become trainers on GBV sensitization within their classrooms; and helps creating safer schools. UNRWA's developed curricula and training package on violence free schools could be particularly useful here. Through MoSD and community organizations such as PRCS, reaching children outside school allows for more sensitization and awareness raising in informal settings. This has particular relevance to the humanitarian context in Gaza as well as impoverished communities in area C West Bank. Expanding men's involvement in GBV training and sensitization by investing more in couple counseling and psycho-social first aid activities can enhance the shifting of harmful norms around gender inequality and GBV within communities. Encouraging participants to form community groups affiliating them to local NGOs that have presence in these communities to continue volunteering in education and outreach within their communities enhances possibility for sustainability in these programmes. In fact, HWC particularly expressed interest and intention to invest in this later notion.

### ***Third: Country Ownership and Sustainability***

- 1. Integrate GBV into the standard health package.** Use the model of the WTS GBV to integrate GBV guidelines, screening, and training curricula into the standard package of health services across the broader health and social welfare sector. This will help ensure that GBV care is seen in the same light as other health services, and providers will become more comfortable providing post-GBV care and treatment. Integrating health services most likely to be in contact with GBV survivors, such as family planning, maternal and child health care, and outpatient departments, allows for a greater number of survivors to be screened, identified, and linked to services. This can be accomplished by working with key stakeholders overseeing these health services at the regional and national levels. For example, WTS GBC worked closely with the MoH WHDD to integrate GBV into the standard service package, which included reproductive and child health services. Ensuring clinical and non-clinical providers are trained at each entry point allows for a greater awareness of post-GBV care and services among all providers and allows for greater sensitivity within the health care system overall. It's basically about creating new corporate culture within the health sector regarding GBV.

## **2. Sustainability and country ownership.**

Engaging government counterparts from the beginning in planning, design, and implementation allows for greater likelihood that UNFPA CP will be relevant and sustainable. Putting the government (i.e. MoWA) in the leading coordination role across sectors and partners and placing special emphasis on MoH where the most effective entry point sits resulted in institutionalisation of guidelines and policies into national protocols over a relatively short period of time. Proceeding with this taking a systematic approach to engaging government stakeholders more during the process allows for greater ownership and can increase the likelihood that they advocate within their ministries to get a budget line into national budgets for making advancements in GBV prevention and appropriate response.

## Annex 1: Project Achievements by Intervention Levels



### Policy Level Achievements

- WTS GBV project launch (visibility) event held and attended by all stakeholders.
- Rapid assessment of GBV among IDP women and girls in emergency shelters and host families during the Gaza crisis in July 2014.
- Study visit to Jordan was conducted with the participation of 4 senior health policy makers from the MoH.
- 8 partners from health, social affairs and police attended the regional workshop in Amman to learn about the regional experiences in multi-sectoral response to GBV .
- Psychosocial manual was developed to guide the social counselors at MoSD respond to GBV survivors.
- Six coordination meetings for the GBV-SWG members were held in WBGS.
- A notebook documenting RH related stories of women during the 2014 crisis in Gaza was produced.
- A conference on women’s rights violations was held in Gaza during the crisis
- 3 policy dialogue meetings and 1 capacity building workshop targeting key actors from the Police, MoH, MoSA and MoWA were held to discuss promoting and overcoming national GBVRS challenges
- Active participation in the 2016 humanitarian response planning process.
- Full integration of the GBV-SWG as a Sub-Cluster under the Protection Cluster Working Group with more than 60 active members representing Gov, NOGs and UN Agencies
- Capacity building of GBV-SWG group member including professional training on managing GBV in emergencies by the regional GBV AoR coordinator and training on MISP.
- Active participation in the 2016 humanitarian response planning process to ensure GBV is well reflected.
- Launching a media network that is sensitive and responsive to gender issues, with 17 media institutions.
- Printing 1000 copies of the National Referral System of GBV survivals.
- Coordination meeting with 20 participants (18 females and 2 males) from partner organizations that offer services to GBV survivals with the purpose of refining and strengthening collaboration modalities between these organizations and the MoH.
- The Conference “Activation of National GBV Referral System: Prospect for Development” took place with active participation from ministries and deputy ministries of; MoH, Mol, MoSD, and MoWA.
- Establishment and development of IMS to document GBV survivors and to ensure harmonized data collection, monitoring and reporting of GBV cases based on the National Referral System. This was piloted by the case managers in PRCS WHCJ at the North Gaza Strip.
- Conducting two policy dialogue workshops with partner originations for the institutionalisation of the GBVIMS, resulted in the development of a policy brief on new mechanisms for cooperation and coordination between public and civil society actors to enhance GBVIMS.
- Launched the National Observatory of VAW to collect and analyze information with rich data in order to provide recommendations for policies and decisions concerning battered women.
- Produced GBV mapping report of service providers with a general overview of existing types of GBV projects and protection services that combat GBV in Palestine.
- Conducted gender programme evaluation under the Danish fund 2014-2016 to help assess results achieved, challenges, generate recommendations and feed into the planning for next cycle activities during years 2018-2022.



## Institutions Level Achievements

- GBV mapping of services updated with 45 completed mapping forms received.
- Capacity building and ToT for 56 health providers on detection, treatment and referral of GBV cases.
- 13 MoSA counselors (Gaza) were trained on GBV, SRHRs, life skills and vocational training.
- Marking *International Women's Day*, honoring ceremony for MoWA staff and selected women leaders in Gaza in recognition of their contribution to Gaza resilience during the crisis
- Training of 800 service providers in WBGS on GBV detection, response, and referral utilizing the developed national GBV-RS guidelines and protocols.
- Detection and response to at least 85 GBV cases by partner organizations.
- 25 health cluster members trained on MISP including in emergencies
- One stop center for GBV cases was established in Jabalia- Gaza as a pilot safe space for GBV survivors, adopting national case management and referral forms. Another one followed in Qalqilya with HWC and 3 others were founded within MoH West Bank health facilities.
- Trained 59 vocational supervisors and social counselors in Gaza on life skills and psychosocial counseling using the developed psychosocial and life skills manual.
- Development of CP and GBV SOPs and case management forms in coordination with the GBV-SWG members in Gaza.
- Training of 291 service providers in WBGS on GBV detection, documentation, response, and referral utilizing the guidelines developed under GBVRS protocols & SOPs
- Establishment of men ambassadors' group to combat VAW through the NGO's Forum to Combat GBV (Al- Muntada).
- Conducted a training workshop organized in Nablus with the participation of 30 Imams and preachers and community leaders (12 Males and 18 Females)
- Conducted 2 workshops in West Bank for 84 teachers and social counselors in schools and universities to introduce the national GBVRS
- Held 3 workshops in Ramallah, Hebron, and Nablus in West Bank for "institutionalisation of GBV programme and the referral system within MoH, with the participation of 286 (196 females and 90 males) staff members.
- Development of and training on a documentation system (registry) within WHDD for MoH clinics where GBV cases report or get detected.



## Community Level Achievements

- Production of three documentaries on youth, women and male as alliance for gender and GBV.
- Song clip produced and disseminated on GBV in cooperation with the Palestinian “DAM” band titled “Who you are?”
- documentary film on women experiences during the 2014 crisis in Gaza
- Active social media strategy promoting WTS GBV on UNFPA Palestine’s Facebook, Instagram, Twitter and YouTube channel
- Capacity building for community leaders and religious figures on gender equity, SRHR and relevant international conventions.
- Awareness raising sessions, family counseling and couple therapy for 50 couples in Gaza.
- 112 adolescent girls and boys from MoSA youth vocational centers in Gaza were trained on life skills, RHR, gender awareness and GBV. The youth were equipped with “Start your Work Kit” which is expected to reduce the risks of early marriage and adolescent pregnancies and to increase the economic independence among them.
- Reached 3300 women and girls with dignity kits and awareness raising activities with special focus on IDPs in the caravan and make shifts areas in the North and South of the Gaza Strip
- Conducted 100 outreach awareness sessions on protection and prevention of GBV in Qalqilia, Habla, Azzoun, Kufor Thulth (Qalqilia governorate) and in Nablus, for students (males and females) and women.
- 2000 copies of ElGhayda magazine were designed and disseminated among GBV partners in Gaza strip.
- Around 5000 community members were reached with advocacy and community initiatives implemented by the project partners.

**Annex 2: Evaluation Matrix by Criteria, key questions, indicators, and data; sources, collection and analysis methods**

<b>Relevant evaluation criteria</b>	<b>Key Questions</b>	<b>Data Sources</b>	<b>Data collection Methods</b>	<b>Indicators / Success Standard</b>	<b>Methods for Data Analysis</b>
<p>Relevance:</p> <p>The extent to which the objectives of a development intervention being that on GBV corresponds to the needs and interests of the people and the country and the Sustainable Development Goals (SDGs)</p>	<ul style="list-style-type: none"> <li>• To what extent the design and interventions are relevant (links to the SDGs, UNFPA regional strategy on prevention and response to GBV in the Arab States, national priorities articulated in NAP NSHP, NSVAW and the stakeholder participation and national ownership in the design process)?</li> <li>• To what extent and in what ways the project helped to address and solve the problems identified in the design phase?</li> <li>• To what extent the project materialized the best solutions to meet the challenges</li> </ul>	<p>- Desk review</p> <p>- Partners</p>	<p>- Written policy &amp; planning, documents review.</p> <p>- Interviews ( semi structured individual &amp; fully structured by use of Likert scale measure of perception)</p>	<p>- Extent of alignment between the project objectives and national strategies, policies and plans on the one hand and with links to the SDGs, UNFPA regional strategy on prevention and response to GBV in the Arab States, national priorities articulated in NAP NSHP, NSVAW on another.</p> <p>- Perception of partners and stakeholders of the existence (or not) of such alignments.</p> <p>Number/type/nature of channels and mechanisms the project has created</p>	<p>- Secondary data analysis</p> <p>-Qualitative content thematic analysis</p> <ul style="list-style-type: none"> <li>• Quantitative univariant data analysis</li> </ul>

	<p>outlined in the project document?</p> <ul style="list-style-type: none"> <li>• To what extent did implementing partners make a value to solve the problems of development set out in the project document?</li> <li>• To what extent the strategy of monitoring and evaluation of the project was useful and reliable measuring the intended development results?</li> </ul>			for dialogue between key players and partners reflecting the intended alignments	
<p>Effectiveness:</p> <p>The extent to which the objectives of the development intervention on GBV have been achieved.</p>	<ul style="list-style-type: none"> <li>• To what extent the project helped deliver the products and achieve development outcomes originally planned / defined in the project document?</li> <li>• To what extent and in what ways the project contributed to achieve the</li> </ul>	<ul style="list-style-type: none"> <li>- Project output data</li> <li>-Beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>- Project progress &amp; annual reports</li> <li>- Individual and group interviews</li> </ul>	<ul style="list-style-type: none"> <li>- Total number of “One-Window shop” safe spaces</li> <li>- Number of women who survived GBV and benefitted from using the “One-Window shop” service</li> <li>- Number of war affected women the project served</li> </ul>	<ul style="list-style-type: none"> <li>-Quantitative data analysis</li> <li>- Qualitative content thematic analysis</li> </ul>

	<p>relevant SDGs at the local and national level, the objectives defined in the project document, the UNFPA regional strategy on prevention and response to GBV in the Arab States, and other relevant strategies?</p> <ul style="list-style-type: none"> <li>• To what extent the project products (outputs) and achievements (outcomes) have been harmonized and coordinated to produce development results?</li> <li>• What kind of results has been achieved?</li> <li>• To what extent have best practices, successes, lessons learned or transferable examples and success stories been identified and</li> </ul>	<ul style="list-style-type: none"> <li>- Media products materials of the project</li> <li>- Capacity development activity reports</li> </ul>	<ul style="list-style-type: none"> <li>- Focus groups discussions</li> <li>- Desk Review and assessments</li> <li>- On site observation of events</li> </ul>	<p>in shelters (Gaza specific).</p> <ul style="list-style-type: none"> <li>- Number of awareness and advocacy project activities/events</li> <li>- Number , quality, depth, contents and completeness of capacity building activities undertaken by the project during its life time in the areas of GBV</li> <li>-changes in right-holder’s ability to claim rights and how/in which areas</li> <li>- availability of GBV services to women GBV survivors</li> <li>- Changes in access to information related to GBV</li> </ul>	
--	---	--	--	--	--

	<p>employed for proceeding in project implementation?</p> <ul style="list-style-type: none"> <li>• To what extent did the project have different effects depending on gender, place of residence (rural or urban), and beneficiaries in general?</li> <li>• To what extent did the project help to improve the dialogue between partners, actors and/or commitment issues and development policies?</li> </ul>	<p>of partners institutions</p> <p>-Partners</p>	<p>-Interviews (individual and group)</p>		
<ul style="list-style-type: none"> <li>• Efficiency:</li> </ul> <p>The extent to which resources / inputs (funds, time, human resources, etc.) led to</p>	<ul style="list-style-type: none"> <li>• To what extent has the WAT-GBV project adopted model (that is to say instruments, economic, human and technical, organizational structure, information flows, decision making at</li> </ul>	<p>-Project management staff</p> <p>-Implementing partners</p>	<p>-Interviews</p>	<p>-Extent to which the allocation of resources to targeted groups took into account the need to prioritize those most marginalized.</p>	<p>- Qualitative data</p> <p>- Quantitative data</p>

achievements .	<p>the management level) been efficient as regards to the results of development achieved?</p> <ul style="list-style-type: none"> <li>• To what extent did the existing governance structures serve the development, ownership, unity in action, and facilitated the management and production of outputs and outcomes?</li> <li>• What progress has been made in financial terms, indicating the funds committed and disbursed (amount total and percentage of total) to UNFPA and subsequently to partners?</li> </ul>	<p>-Project financial records</p> <p>-Training participants</p>	-Desk review	<p>-percentage of expenditure on project management</p> <p>- Adequacy of staffing, infrastructure and other resources</p> <p>- Actual compared to planned expenditure by project intervention area</p> <p>- Investments made in ToT in the area of GBV</p>	
Sustainability:	<ul style="list-style-type: none"> <li>• To what extent did the decision-making</li> </ul>	- Project records	- Desk review	- Proportion of individuals from	- Quantitative



			- Desk review of relevant documents	ces into their own programmes	
Impact:  Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.	<ul style="list-style-type: none"> <li>• What measurable changes , intended and unintended, have occurred as results of addressing the question of GBV and supporting the needs of GBV women survivors , as well as other national partners from government and civil society to advance the women’s right to protection from GBV including appropriate collaborative responses and services ?</li> </ul>	<ul style="list-style-type: none"> <li>-Project reports</li> <li>-Beneficiaries &amp; Partners</li> </ul>	<ul style="list-style-type: none"> <li>- Desk Review</li> <li>- Individual Interviews</li> <li>_Groups interviews</li> </ul>	<ul style="list-style-type: none"> <li>- Accountability mechanisms operating on GBV in place</li> <li>- Self-perceptions of changed confidence or capacity in women who survived GBV and sought protection and services</li> <li>- Reported positive changes among different targeted stakeholders with regards to GBV.</li> </ul>	-Qualitative content thematic analysis

### Annex 3: List of Individuals Interviewed

Name	Institution
<b>West Bank</b>	
Sana Asi	UNFPA
Somoud Yasin	MoWA
Ilham Sami	MoWA
Maha Awwad	MoH- WHDD
Dr. Kholoud Assayed	MoH- WHDD
Hanan Abu Qtaish	HWC
Hanan Saed	MIFTAH
Daoud Edeek	MoSD
Khawal Abu Diab	UNRWA
<b>Gaza Strip</b>	
Ameera Mohana	UNFPA
Dr. Thana Al Khouzondar	MOSD
Mona Al Ijla	MOSA
Amal Siyam	WAC
Naema Suidan	MoSA
Firyal Thabet	CFTA
Naema Abu Shamallah	CFTA-WHC Bureij
Mariam Shaqura	PRCS-WHCJ
Lorina Tarazi	PMRS
Dr. Sawsan Hamad	MoH-WHDD
Mona Skaik	MoWA

END OF REPORT